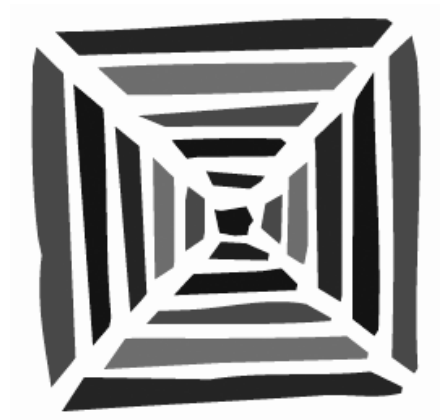


# Abstracts



**2003 National HIV Prevention Conference**

July 27–30, 2003

Atlanta, Georgia

**Control Number:** 03-A-53-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** F20 Secondary Prevention of Opportunistic Infections

**2nd Category Choice:** F05 Early HIV Diagnosis and Treatment

**Population 1:** P46 People Living with HIV/AIDS

**Population 2:**

**Presentation Preference:** Single Oral

**Title:** Use of natural bee propolis for the management of HIV/AIDS Patients

**Author Block:** *getao, d*

Mogira Medical services, Nairobi, Kenya

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Propolis is the bee glue that the bees use to cover the inside of the bee hive. They collect it from barks and twigs of trees then mix it with their salivary secretions to give this sticky substance with generalized antifungal, antiviral and antibacterial properties. A study done in Germany in 1999 revealed that propolis alcohol extract gives 100% inhibition of the HIV multiplication at non toxic dilutions of 1:10,000. The bees use propolis to create a sterile environment within the bee hive. The bee hive is a perfect breeding environment for micro-organisms, warm, moist and sugary etc, yet it remains sterile despite occupation of about 70,000 bees. It is said to be the most sterile environment known to nature, more sterile than the cleanest hospital in the world due to the antimicrobial properties of propolis. It is the bee's immune system. In HIV/AIDS, a patient has lost the immune system and dies mainly due to opportunistic infections. The hypothesis to be tested is to investigate whether propolis can be used for the protection against opportunistic infections in HIV/AIDS as well as stop further multiplication of the virus.

**METHODS:** 50 bedridden confirmed AIDS patients, discharged from Hospitals not on any treatment because they couldn't afford antiretrovirals were started on propolis at the dose of 3g a day. Those with oral Candidiasis were treated with propolis mouth paint and 5% propolis lotion was used for Herpes zoster.

**RESULTS:** Most symptoms in 45 patients (oral thrush, herpes zoster, vomiting, body weakness) disappeared in a week and they were back to normal life in a month. There was incredible increase in appetite and body weight. One particular patient's weight increased from 38 to 50kgs in a month. The five who died managed to take only a few doses of propolis i.e. it was too late. More encouraging results are still coming in.

**CONCLUSIONS:** Propolis can be useful in the management of HIV/AIDS especially prevention of opportunistic infections, in other words it is possible to enhance the lost immunity due to HIV/AIDS with the bees immune system. Its strong appetite stimulant properties play a major role in the restoration of lost weight due to the many nutrients it contains i.e. vitamins, minerals, Amino and Fatty acids most of all, 21 different bioflavonoids (anti oxidants) which are very essential for the healing process of opportunistic infections.

**Control Number:** 03-B-63-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** F08 HIV Prevention Opportunities in Primary Care Settings

**2nd Category Choice:** F23 Other (Please specify on Additional Info page)

**Population 1:** P43 Outpatient Clients

**Population 2:** P12 Communities of Color

**Presentation Preference:** Poster Session

**Title:** Routine HIV testing project in a primary care clinic.

**Author Block:** Keenan, PA

Univ. of MN, Dept FP and Comm. Health, Minneapolis, MN

**Abstract Body:**

**ISSUE:**

Routine HIV testing in acute care settings (urgent care, emergency rooms) has been shown to be an effective means of finding new HIV patients at an earlier stage of their disease process. It has also led to a higher percentage of newly diagnosed cases accessing medical care.

**SETTING:**

Minnesota is a state with a low to moderate rate of HIV/AIDS infection. However, there are significant racial and geographic disparities. In 2000 African Americans had new-onset HIV infections that was 20 times higher than whites. Minneapolis accounted for almost half of new HIV cases. Our clinic is located in North Minneapolis, a predominantly African American community.

**PROJECT:**

The objective of our project was to promote "routine" HIV testing. We used multiple interventions. We defined routine testing to mean testing of sexually active patients between ages 12 to 50. First, we hired a half-time LPN who received training in HIV prevention. She was empowered to talk with patients about HIV prevention as they waited for their physician in the exam room. She counseled them on the advantages of knowing HIV serostatus.

Second, we offered "user friendly" means of HIV testing, including urine and oral fluid testing. Third, we publicized the project to staff and patients. We held inservices on HIV prevention for provider and nursing staff. The front desk gave each patient a small card advising them the clinic advocated routine HIV testing and that we used convenient, non-invasive testing. We put up similar notices within the clinic.

**RESULTS:**

We compared the number of HIV tests done at our clinic during the 6 months of the project with the number of tests done during the same 6 months of the year before. The total number of patients seen during this time did not significantly change.

We excluded antenatal HIV tests since we were already doing routine obstetric HIV testing.

During the 5 months of the project non- obstetric HIV tests increased from 298 to 493 (65% increase).

We found three new cases of HIV. All went on to access medical care.

**LESSONS LEARNED:**

Significant barriers were encountered. Administration was concerned because of the higher cost of urine and oral fluid HIV testing. Because of HIV stigma, front desk persons were sometimes hesitant to hand out cards. Laboratory personnel were initially not accepting of the change. They were required to learn oral fluid testing and to send specimens to a different reference laboratory. Providers were hesitant to use the oral fluid test because of quality concerns. They also often felt they did not have time to routinely address HIV prevention. Interestingly, patients did not object to being contacted by the HIV prevention specialist as they waited in the exam room. A few patients were initially concerned that they had been "singled out" for HIV prevention discussion but were felt better when the HIV prevention

specialist reassured them HIV prevention was "routine" at our clinic.

The project succeeded in increasing the number of HIV tests and finding 3 new cases.

**Control Number:** 03-B-84-NHPC  
**Format:** Abstract Format II - Descriptive Summary  
**1st Category Choice:** F05 Early HIV Diagnosis and Treatment  
**2nd Category Choice:** C05 Community Level Interventions  
**Population 1:** P46 People Living with HIV/AIDS  
**Population 2:** P12 Communities of Color  
**Presentation Preference:** Group Oral

**Title:** Helping Assess and Improve Client Services

**Author Block:** *Harmond, BT; Childs, TW*  
DeKalb County Board of Health, Decatur, GA

**Abstract Body:**

**ISSUE:** How can we better serve our clients?

**SETTING:** Ryan White Clinic of the DeKalb County Board of Health, Decatur, GA

**PROJECT:** Consumer Needs Survey

**RESULTS:** The Ryan White Early Care Clinic Needs Assessment Survey was designed to capture the clients needs and see if they were adequately met from 6/10/02-7/10/02. Of the 105 participants who completed the survey, 65% strongly agreed that their medical needs were met. Most of the participants (56%) also stated that their ADAP/medication needs were adequately begin met. During this period, 44 participants did not use our dental services but the 29 participants that did (28%) strongly agreed that our dental services were adequate.

Furthermore, 67 (64%) strongly agreed that the laboratory facilities were adequate. 30 (29%) agreed and one person strongly disagreed. As far as the need to participate in a support group, 25% strongly agreed and 36.5% did not find this service as a need.

The second section of the survey explored areas such as Social Service, Outreach and Educational Needs. When asked does the insurance, disability claim, housing and emergency assistance services provided by social workers meet your needs, 27.7% strongly agreed and 0 disagreed. 46.5% did not use those services from 6/10/02-7/10/02. Although most of the surveyed clients did not use the educational services, 29.4% strongly agreed that the educational services meet their needs and 25.3% strongly agreed that the outreach activities met their needs. 58% did not use the Outreach services.

The final section addressed Administration and Transportation Needs. 71 of the participants did not use the RWC transportation services, but 24% strongly agreed that transportation adequately met their needs. One person disagreed. 34.3% strongly agreed that they could easily obtain copies of their medical records while none disagreed. As it relates to privacy and confidentiality needs being adequately met, 63.5% strongly agreed, 26% agreed and one person disagreed.

**LESSONS LEARNED:** We discovered that it was best to form a Client Advisory Board to insure that patients rights and responsibilities were met and maintained. Furthermore, this continues to allow us to ask the clients to be involved in activities such as peer to peer counseling and the outreach activities that take place at our four Rotating Clinics. For a time many of our clients wanted to get involved but were not because no one had asked them. Some clients may also fear that stigma and discrimination will become evident if they show representation in the community.

In conclusion, we must understand our past relationships with clients in order to better serve them in the future.

**Control Number:** 03-B-143-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** F08 HIV Prevention Opportunities in Primary Care Settings

**2nd Category Choice:** F07 HIV Prevention Case Management

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P46 People Living with HIV/AIDS

**Presentation Preference:** Single Oral

**Title:** **HIV Prevention Case Management**, an Intensive Intervention Targeting Those Demonstrating High Risk Behavior and Those in High Risk Groups (MSM, IDU, and Ethnic Minorities), Combines Prevention and Care Issues Into Treatment Goals and Outcomes.

**Author Block:** Rollison, MSW, MN

VCUHS Infectious Disease Clinic, Richmond, VA

**Abstract Body:**

**ISSUE:** Prevention Case Management (PCM), modified to an HIV-care setting, integrates prevention and healthcare.

**SETTING:** Infectious Disease Clinic, Virginia Commonwealth University Medical College of Virginia Hospitals, Richmond Virginia.

**PROJECT:** PCM, based on an intensive prevention model developed by the Centers for Disease Control, is a client-centered intervention targeting those at greatest risk for HIV/STD transmission, who have not responded to traditional prevention methods, mental health treatment, or substance abuse treatment. This program utilizes Motivational Interviewing theory and Harm Reduction concepts to identify goals and measure progress respectively for HIV+ individuals. Comprehension of basic HIV healthcare elements, such as HIV disease process, meaning of CD4 count, viral load, and requirements for effective Antiretroviral treatment were identified as knowledge deficits during PCM participant interviews. Modified PCM not only addressed behavioral risk taking, but also provided assessment of health literacy and appropriate health education based on degree of health literacy deficits.

**RESULTS:** Of those who have received PCM services from 1/01 to 12/02 (n= 147), upon initial assessment 93% (137) demonstrated knowledge deficits related to HIV disease process, CD4 count, HIV viral load, and ARV mechanism of action. Patients who reported poor understanding of HIV health components frequently displayed high incidences of undertreated mental health and chemical addiction conditions, in addition to reporting high risk sexual behaviors. When PCM was modified to include individualized education targeting defined deficits, a comprehension-seeking, non-judgemental teaching method allowed for a non-coercive relationship to develop between PCM case manager and patient, such that behavioral high risk issues were then more easily addressed. Results from individually tailored HIV health education and increased time spent discussing prevention/transmission issues: approximately 70% of PCM (118) patients reported previously being unaware of super-infection risks, 91% (134) reported having improved understanding of the demands of effective Antiretroviral treatment and an improved conceptual understanding of medication resistance. Perhaps more dramatic, approximately 25% (n=37), who received PCM, achieved viral loads below the level of detection. Improved medication adherence, resulting from modified PCM, is worth noting given PCM-participants poor adherence history previously and given viremic control averages within the clinic population per provider ranging 22-49% (n=1500).

**LESSONS LEARNED:** Correlations may exist between poor understanding of care related issues and behavioral risk taking. Providing clear, personalized health education related to HIV-care may establish a relationship, from which behavioral issues could be better addressed. Additionally, Motivational Interviewing approach encourages patients to define their own issues, and further solicits from patients ways to resolve them. Intensive interventions afford more time to address health education deficits and

develop relationships that assist patients in examining behavioral change. The application of Harm Reduction methods further allows patients to measure their own progress, define their own priorities, and identify certain health system aspects that inhibit or impede successful health and behavioral outcomes. Given PCM demographics show 95% of referred patients are Black-American, 47% men who have sex with men, and 37% women of color, this may speak to poor delivery of interventions and health education sensitive to culture, race and gender.

**Control Number:** 03-B-169-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** F02 Campaigns (Media and Non-media) to Encourage Early HIV Diagnosis or Promoting Knowledge of Serostatus

**2nd Category Choice:** D12 HIV Prevention Programs for Communities of Color

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P12 Communities of Color

**Presentation Preference:** Poster Session

**Title:** Delaware's HIV Social Marketing Efforts

**Author Block:** *Epstein, JG*

Delaware Division of Public Health, Dover, DE

**Abstract Body:**

**Issue:**

The HIV/AIDS epidemic has dealt a severe blow to Delaware African Americans. Statistics show that sixty-six percent of adult Delaware AIDS cases are African American. Among female AIDS cases, 51% are injecting drug users.

To increase HIV/AIDS awareness and encourage testing, the Delaware HIV Prevention program engaged a marketing communications firm to strengthen our HIV message and enhance our methods of communication. Through a coordinated program of educational brochures, fans, posters and postcards we accomplished our goal of raising awareness.

**Setting:**

Delaware's first wave of communications materials was marketed through Division of Public Health clinics, community-based organizations and faith-based organizations. The second wave of marketing utilized busboards in Northern Delaware. Busboards will be used in Southern Delaware during the third part of the marketing campaign.

**Project:**

The Delaware Division of Public Health and our marketing communications firm, Janet Hughes and Associates, reviewed potential marketing campaigns. In 2001, the decision was made to use the "we make the change" model from Florida. Janet Hughes and Associates developed the materials and recommended appropriate distribution methods and venues. Through focus groups and informal interviews regarding brochure photos and text, issues of cultural sensitivity were identified. This enabled us to educate HIV Prevention Program staff on these issues.

**Results:**

We are hopeful that this marketing campaign will have an impact in creating long-term increased awareness about HIV/AIDS -- and result in increased testing. An initial review of calls to the state HIV/STD hotline indicates that the distribution of our materials has resulted in a 27% increase in calls between February and July 2002.

**Lessons Learned:**

Drawing on the insights and capabilities of organizations close to our target audience was key in assuring the effectiveness of the program. The Delaware HIV Prevention staff worked closely with both the HIV Consortium, and with key leaders in the African American community, and incorporated the views of both groups in revising the marketing materials. Community-based organizations played a critical role in taking the materials to the streets. Additionally, expanding the marketing campaign to include busboards enabled us to increase the visibility of the campaign and encourage additional people to seek testing.



**Control Number:** 03-B-180-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** F11 Integrating Planning for HIV Prevention and Treatment

**2nd Category Choice:** G08 Integrated HIV Prevention/STD Treatment Services

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P50 Program Administrators

**Presentation Preference:** Single Oral

**Title:** Integrating Planning in Delaware

**Author Block:** *Epstein, JG<sup>1</sup>; Forestieri, J<sup>2</sup>*

1 Delaware Division of Public Health, Dover, DE; 2 Delaware HIV Consortium, Wilmington, DE

**Abstract Body:**

Issue:

In a small state, Delaware HIV Prevention and Treatment programs are able to work with community based organizations and planning groups to maximize efficiency and productivity. The Delaware HIV Consortium coordinates planning activities for Treatment Services (Ryan White Title II Consortia) and HIV Prevention Planning (community planning group) committees. Consolidating the efforts increases opportunities for cross-communication between planning bodies and networking community based organizations.

Setting:

Delaware Division of Public Health working with the Delaware HIV Consortium and community based organizations.

Project:

Epidemiologic profiles, consumer and provider surveys and needs assessment activities are common activities of both the prevention and treatment planning processes. Reducing duplication in efforts is cost-efficient, time-friendly and maximized the staff involvement in activities. The Delaware HIV Consortium provides an excellent venue to inform all committee members of the epidemiologic data, through one presentation of the epidemiologic profile, and provides technical assistance in prioritization and consensus building at one meeting.

Results:

With integrated presentations and training for both the treatment and prevention committee members, Delaware Division of Public Health and Delaware HIV Consortium staff are able to limit duplication of efforts and increase knowledge of important epidemiologic trends among all participants.

Lessons Learned:

Along with networking with colleagues not familiar to their respective treatment and prevention roles, the integrated meetings provide one-stop learning opportunities for skills needed in both planning groups. Scheduling joint meetings with prevention and treatment committee co-chairs and coordinators allows information to flow between the two groups. Small initial planning steps can lead to larger goals that will maximize joint efforts and eliminate unnecessary duplication of work.

**Control Number:** 03-B-192-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** F13 Linking Therapy (e.g., HAART) with Other Prevention Services (i.e., behavioral counseling, drug treatment, etc.)

**2nd Category Choice:** F23 Other (Please specify on Additional Info page)

**Population 1:** P46 People Living with HIV/AIDS

**Population 2:** P32 Injecting Drug Users

**Presentation Preference:** Poster Session

**Title:** Issues Affecting Decisions Regarding Accessing HIV Health Care

**Author Block:** *Damon, SA*<sup>1</sup>; *Lockaby, T*<sup>2</sup>; *Sloop, K*<sup>2</sup>; *Lewis, M*<sup>3</sup>

1 CDC, Atlanta, GA; 2 Macro, Atlanta, GA; 3 Macro (at time of study), Atlanta, GA

**Abstract Body:**

**ISSUE:** Despite improvements in treatment for HIV/AIDS infection many people who are aware of their positive serostatus do not seek care. This exploratory study examined factors affecting PWA's decisions to forego potentially helpful treatment.

**SETTING:** Atlanta, Denver, and Miami, in 1998 and 1999.

**PROJECT:** Eleven focus groups were conducted with criteria for participation including a minimum age of 18, HIV infection, and a current or past decision not to seek HIV-related medical care.

Individuals using drugs were interviewed separately from those not using, and men separately from women. Participants were asked to discuss how they make decisions regarding accessing HIV-related health care, including reasons for and against accessing care.

**RESULTS:** Previous studies in this field largely focus on specific topics concerning care and barriers to care, most particularly medication adherence and financial or insurance barriers. The present study was designed with care more broadly defined as inclusive of all efforts to seek medical redress for the condition of being infected with HIV. Five thematic areas were identified in analysis of focus group transcripts: resources (finances and competing priorities such as rent and other health issues), treatment (side effects, alternative therapy and other issues), "the system" (a collection of concerns on convenience and quality of care), the experiences of being diagnosed with and living with HIV infection (including stigmatization), and psycho-social issues (such as the influence of social support, religion, drug abuse, depression and other factors on care-seeking decisions).

**LESSONS LEARNED:** A number of issues were identified that would benefit from quantitative analysis, including attaining and maintaining health, facilitators of and barriers to care, medication and care adherence, and population-specific concerns. Methods for various stakeholders to increase care accessing were also identified.

**Control Number:** 03-B-195-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** F07 HIV Prevention Case Management

**2nd Category Choice:** F08 HIV Prevention Opportunities in Primary Care Settings

**Population 1:** P4 Alcohol and Other Drug Users

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Single Oral

**Title:** A Continuum of HIV Services: Linking the Hard-to-Reach to Care and Treatment

**Author Block:** *Strauss, DR; Strauss, DR; Allende, CE*

VIP Community Services, Bronx, NY

**Abstract Body:**

**ISSUES:** VIP serves African American and Latino substance users from the Bronx, New York. This hard-to-reach population often presents with multiple issues including HIV, poverty, and homelessness. Having multiple issues makes it difficult to prioritize needs and obtain services. The population's transient and unstable lifestyle makes it difficult to adhere to a structured routine for managing health care and accessing services from multiple agencies with varied schedules. VIP has developed a comprehensive continuum of services that walks members of the community from the street and into care and support.

**SETTING:** Inner-city, multi-service, community-based organization in the Bronx, New York.

**PROJECT:** Services are designed to engage community members through outreach, meet them where they are at, offer them a range of possibilities, reduce barriers, and link them to the care they need and desire. In a low-threshold, early intervention environment, we offer HIV counseling/testing, HIV risk reduction workshops, and prevention case management, with the purpose of assisting members in developing a readiness for treatment and change. Our strategy is to be structured enough to move members along the continuum and advance through the stages of change, while flexible enough to be tailored to specific and individual conditions of each client.

**RESULTS:** Since March 2000, over 3,000 members of the target population have been outreached and referred for HIV counseling/ testing, of whom: 77.65% returned for their test results; 10.84% tested positive for HIV; and 29% were linked to prevention case management for ongoing HIV counseling and referrals for medical care and/or other substance abuse treatment, housing, mental health services, etc.

**LESSONS LEARNED:** Integrated and coordinated prevention/care services improve client outcomes and reduce gaps in services. A continuum of services, from low- to high-threshold, effectively reaches this hard-to-reach population and helps retain them in services longer. It allows for multiple opportunities to remain engaged in the program, drop out and return, receive more intensive care as needs are identified, and develop a rapport with the staff and agency and a readiness for treatment in themselves.

**Control Number:** 03-A-211-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** F01 Approaches to Strengthening Adherence to HIV Therapy

**2nd Category Choice:** B04 Epidemiology of Adherence

**Population 1:** P22 Health Care Workers

**Population 2:**

**Presentation Preference:** Single Oral

**Title:** MD, EIS Officer

**Author Block:** *Teshale, EH; Campsmith, M; Nakamura, G; Begley, E; Swerdlow, D*  
Division of HIV/AIDS Prevention, NCHSTP, CDC, Atlanta, GA

**Abstract Body:**

**BACKGROUND/OBJECTIVES:**

HIV-infected persons who adhere to antiretroviral therapy (ART) have better clinical outcomes than those who do not. Clinicians recommend using reminders to increase adherence. We examined whether use of reminders is associated with adherence.

**METHODS:**

Using data from the Supplement to HIV/AIDS Surveillance project, a multisite behavioral surveillance project in which persons with HIV/AIDS are interviewed, we selected participants who were taking ART and were interviewed between May 2000 and July 2002. We defined adherence as not skipping any doses in the 48 hours before interview. Using participant response as to which reminders they used (from a list of 13 reminders), we performed logistic regression analysis, controlling for demographic and clinical variables.

**RESULTS:**

Of the 3152 who were taking ART, 2549 (81%) adhered to ART and 1749 (56%) used one or more reminders. The most commonly used reminders included using a pill box (56.2%), taking medicines at the same time (47.1%), and putting pills out so they are visible (36.3%). Higher adherence was associated with use of two or more reminders (86%) compared with only one reminder (79%), (OR; 1.5, 95% CI=1.1-1.9) or no reminder (80%), (OR; 1.4, 95% CI=1.1-1.8). In the regression model, adherence was associated with attending adherence programs (AOR; 1.9, 95% CI=1.0-3.4), taking medicines at the same time every day (AOR; 1.5, 95% CI=1.1-1.9), and having someone remind the patient to take medicines (AOR; 1.5, 95% CI=1.1-2.1).

**CONCLUSIONS:**

We found an association between adherence to ART and the number of reminders used. Adherence was also associated with attending adherence programs. Promoting use of reminders may improve adherence to ART, which could decrease morbidity among HIV-infected persons and have significant public health importance.

**Control Number:** 03-B-231-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** F20 Secondary Prevention of Opportunistic Infections

**2nd Category Choice:** G02 HIV/STD Prevention Programs for Sex Industry Workers

**Population 1:** P11 Commercial Sex Workers

**Population 2:** P46 People Living with HIV/AIDS

**Presentation Preference:** Poster Session

**Title:** Effectiveness of Cheap triple drug combination therapy

**Author Block:** *Kulkarni, AS*

AIDS AYURVEDIC CARE & COUNSELLING CENTER, Ichalkaranji, India

**Abstract Body:**

**Issue:**

The situation is clearly daunting, especially in the absence of a vaccine or cure for AIDS. Antiretroviral treatment (ART) is not affordable to all HIV infected persons in developing countries like INDIA. HIV infection is spreading more and more giving rise to increasing number of infected persons. In future these all infected persons are going to develop AIDS. As we know AIDS patient suffer various opportunistic infections, they can spread epidemics of infectious diseases like diarrhoea, tuberculosis, herpes etc. So in present situation at least we should be able to avoid opportunistic infections in HIV infected persons by stimulating IMMUNE SYSTEM. The maximum burden of HIV infection is in developing countries which have very poor access to anti retroviral therapy and less affordability to buy drugs.

Combination of B complex, chloramphenamine maleate and clotrimazole sulphamethoprim are cheap drugs have been shown major role in HIV infection to prevent opportunistic infections in HIV infection

**Methodology**

This is a pilot phase randomized, placebo controlled double blinded prospective study. 30 sex workers (detected HIV negative) received above Cheap triple drug combination therapy (combination of B complex, chloramphenamine maleate and clotrimazole sulphamethoprim) as a prevention to STDs and other infections. 20 sex workers (detected HIV positive) received same combination daily from three years.

Blood investigations were repeated every three months for Hb%, WBCs, Lymphocytes and ESR.

**RESULTS**

Total no of sex workers selected -30

Not detected HIV -----10

Only STDs diagnosed -----8

Only diagnosed TB -----4

STDs with TB -----2

HIV detected positive ----20

HIV and STDs together-----12

HIV with TB -----9

Blood investigations were repeated every three months for Hb%, WBCs, Lymphocytes and ESR.

Observations show that Cheap triple drug combination therapy (combination of B complex, chloramphenamine maleate and clotrimazole sulphamethoprim) play an vital role in HIV infected sex workers. These medicines are useful in controlling disease stage by improving general health condition. In most of the patients white blood cell count is raised, Lymphocyte count is increased and ESR is reduced. It seems that immune system is definitely stimulated by above Medicines. On this subject laboratory investigations like CD4, CD8 count and viral load should be done but the cost of

investigations is not affordable to most of the patients. So there are limitations for research work in developing countries.

Conclusion:

This pilot project provides useful information about the role of b complex, chloramphenamine maleate and clotrimazole sulpha methoprim as a cheap alternative for treatment of HIV infection. It provides increased resistance power to improve general health condition.

**Control Number:** 03-B-302-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** F01 Approaches to Strengthening Adherence to HIV Therapy

**2nd Category Choice:** F23 Other (Please specify on Additional Info page)

**Population 1:** P46 People Living with HIV/AIDS

**Population 2:** P64 Other (Please Specify)

**Presentation Preference:** Single Oral

**Title:** Pediatric IMPACT: A multi-component intervention to promote antiretroviral (ARV) adherence among children with HIV/AIDS.

**Author Block:** *Dominguez, KL<sup>1</sup>; Freedman, D<sup>1</sup>; Simoni, JM<sup>2</sup>; New, M<sup>3</sup>; Demas, P<sup>4</sup>; Rakusan, T<sup>3</sup>; Wiznia, A<sup>4</sup>; Roa, J<sup>5</sup>; Gavin, L<sup>1</sup>*

1 CDC, Atlanta, GA; 2 University of Washington, Seattle, WA; 3 Children's National Medical Center, Washington, DC; 4 Jacobi Medical Center, New York, NY; 5 Howard University Hospital, Washington, DC

### **Abstract Body:**

**Issues:** Existing studies indicate that adherence rates among HIV-infected children are often low, which can lead to development of ARV resistance and subsequent treatment failure. Major barriers to adherence in this population are known to include medication regimen, individual, and family characteristics. Below, we present a multi-component, needs and family-based intervention to promote ARV medication adherence among HIV-infected children ages 5-12 years.

**Setting:** Pediatric IMPACT is a CDC-funded interventional clinical trial being implemented to parents/caregivers and their HIV-infected children at three urban pediatric HIV clinics in New York City and Washington, DC.

**Project:** The development of the protocol was informed by prior findings, formative research with focus groups, and the clinical experience of the funded investigators. Previous research indicated that there are multiple barriers to adherence that differ across families. Key issues were lack of skills and knowledge needed for: administering and/or taking the medication regimen; appropriately disclosing HIV status to the child and others; managing children's refusal of medication; swallowing difficult regimens (e.g., large pills, poor tasting liquids, large quantity of medications); managing adverse side effects; remembering to take medications; and addressing broader social issues and family needs that may interfere with medication taking (e.g. mental health, social services, and access to care). Additionally, adherence efforts were neither systematic nor assigned to dedicated personnel, were not adequately tailored to the needs of families, and were clinic- rather than home-based.

**Results:** Based on these findings, the Pediatric IMPACT protocol has been developed to test the efficacy of an enhanced multi-component intervention compared to a more minimal intervention. The enhanced intervention utilizes a dedicated adherence coordinator (AC) to carry out a needs assessment and then tailor an intervention plan to the unique circumstances of each family. When feasible, the needs assessment and intervention sessions may be delivered in the home to better identify barriers to adherence in the context in which they occur. Intervention modules, which are designed to be interactive, address the following six issues: HIV education, diagnosis disclosure, behavior modification, medication swallowing, medication management, and referrals to social and mental health services. The intervention will be delivered to both parents/caregivers and children over a maximum of 12 weeks. This intervention is being tested in a randomized clinical trial in three urban pediatric HIV clinics. Approximately 240 pairs composed of an HIV-infected child and his/her parent or primary caregiver will be randomized into the enhanced or minimal

**adherence intervention beginning spring 2003. All participants will continue to receive the comprehensive standard of care available at the sites throughout the study. Medication adherence will be monitored with Medication Electronic Monitoring System (MEMS®) caps, self-report interview, and a medical care team assessment.**

**Lessons Learned: This represents one of the first randomized intervention studies aimed at improving pediatric ARV medication adherence. Unique aspects of this intervention include a standardized needs- and home-based approach; a dedicated adherence coordinator; and the use of multiple methods, including MEMS®, to monitor adherence.**



**Control Number:** 03-B-312-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** F12 Linking HIV Prevention and Treatment in Correctional Settings

**2nd Category Choice:** F07 HIV Prevention Case Management

**Population 1:** P21 General Population

**Population 2:** P56 Staff of Community-Based Organizations

**Presentation Preference:** Single Oral

**Title:** Working With Angry Hiv+ Ex-inmates: How To Defuse Their Anger Before It Becomes Violent

**Author Block:** *Fauteux, KT*

CONTINUUM, San Francisco, CA

### **Abstract Body:**

#### Issue

HIV+ inmates often return to the community with significant anger and potential for violence, and those who work with them--social workers, nurses, doctors—need to be able to defuse their anger in order to provide needed services and to ensure their own safety.

#### Setting

Homebase works with HIV+ inmates both within San Francisco jails and once released at our housing/office site in San Francisco's inner city.

#### Project

Homebase provides social services, HIV prevention intervention, housing, counseling, money management and primary care for HIV+ inmates transitioning out of the San Francisco jail system. Common to these men and women—and to many people with low income, HIV, mental health and substance abuse issues--is anger and potential violence. Case managers, nurses and doctors frequently are confronted and even threatened with this anger. Homebase's task is twofold: how to ensure caseworkers' ability to manage clients' anger so as to prevent it from disrupting delivery of services and how to do so ensuring their own personal safety.

#### Results

Homebase case managers have learned how to approach angry clients with sensitivity and professionalism, and how anger is escalated when they do not. Through training and supervision they learn 1) how to identify the nature of a client's anger (healthy, dangerous, defensive, limit testing, etc.); 2) the skills to deescalate angry clients and to intervene with violent clients, 3) understanding how their own issues around anger affect their work with angry clients (countertransference); and 4) how to work with anger in particular issues such as substance abusers, borderline personalities, schizophrenics and socio-paths.

#### Lessons Learned

Homebase case managers have learned the insights and appropriate intervention tools to help a client who becomes defensively hostile when they talk to him about HIV prevention, or who is angry because her dementia makes it frustratingly difficult to remember when to take her numerous anti-virals, or who becomes threatening when he is off his psychiatric meds. So too participants at this conference presentation will be able to return to their clinics and offices applying their newly learned skills to defuse angry clients and deescalate violence. As a result they will feel more physically secure and less stressed in their work, while the HIV+ men and women with whom they work will feel that their anger is better understood and treated professionally.

**Control Number:** 03-B-320-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** F08 HIV Prevention Opportunities in Primary Care Settings

**2nd Category Choice:** F07 HIV Prevention Case Management

**Population 1:** P46 People Living with HIV/AIDS

**Population 2:**

**Presentation Preference:** Group Oral

**Title:** Prevention for Positives in California: The Early Intervention Project

**Author Block:** *Russell, C<sup>1</sup>; Mumford, J<sup>2</sup>*

1 California State Office of AIDS, Sacramento, CA; 2 Orange County HCA/Public Health/HAS, Santa Ana, CA

**Abstract Body:**

PLEASE NOTE: This abstract is submitted as part of a Group Oral Presentation with Control/Tracking Numbers 03-A-600-NHPC (Prevention for Positives in California: The HIV Transmission Prevention Project ) and 03-A-599-NHPC (Prevention for Positives in California: The Bridge Project)

**ISSUE:** The California State Office of AIDS has been at the forefront of prevention services for HIV-positive people since the establishment of its Early Intervention Program (EIP) in 1988. In 2000 the EIP implemented two programs as part of the Center for Disease Control and Prevention's Prevention for HIV-Infected Persons Project (PHIPP): the HIV Transmission Prevention Project (HTPP) and the Bridge Project. These three programs represent a continuum of HIV prevention for HIV-positive persons that spans the time from testing through treatment as well as addressing the needs of individuals for whom standard risk reduction interventions are ineffective.

**SETTING/PROJECT:** The Early Intervention Project integrates HIV-prevention services into its comprehensive medical and social service clinics in 34 programs in 16 California counties. All clinic medical and social services providers such as social workers, counselors and health educators assess clients for HIV transmission risks and intervene to reduce and eliminate those risks.

**RESULTS:** The Early Intervention Project serves about 8000 clients per year. About 80% of the clients were men and 20% women. Forty-six percent of clients were white, 20% African American, and 30% Latino/a. Each of these clients is receiving an HIV transmission risk assessment at least every six months as well as psychosocial, health education and other services designed to help them reduce their risky transmission behavior.

**LESSONS LEARNED:** Successful prevention for HIV-positive people begins with a thorough integration of prevention services into HIV care and treatment setting

**Control Number:** 03-B-335-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** F12 Linking HIV Prevention and Treatment in Correctional Settings

**2nd Category Choice:** G18 STD Screening & Treatment in Correctional Settings as an HIV Prevention Strategy

**Population 1:** P14 Correct.Settings,Persons in(Incarcer.Popul.)

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Group Oral

**Title:** A Collaborative Approach to HIV CTR with Adjudicated Adolescents in the District of Columbia

**Author Block:** *Nestor, RN,MSN,CS, L<sup>1</sup>; McPherson-Corder, M.D., M<sup>2</sup>*

1 STEPPIN' UP, MOVIN' ON, INC., Lorton, VA; 2 Oak Hill Youth Center Medical Unit - Youth Services Administration, Washington, DC

**Abstract Body:**

**ISSUE:** Low HIV test-rate among incarcerated adolescents

**SETTING:** Youth Maximum Security Detention Facility, Washington, D.C.

**PROJECT:** Steppin' Up, Movin' On, Inc. (SUMO) collaborates with the District of Columbia Dept. of HIV/AIDS Administration and the D.C. Youth Services Oak Hill Youth Center to provide a HIV counseling, testing, and referral (HIV CTR) program that targets one of the most at-risk and hardly-reached populations - incarcerated adolescents and those most at-risk for incarceration. J. Nesmith, L. Klerman, M. Kim and R. Feinstein (1997) found that behaviors of incarcerated adolescent males, in particular, include "early sexual experience, multiple sexual partners, inconsistent contraceptive use, and drug use that increases their risk of sexually transmitted diseases (STDs), human immunodeficiency virus (HIV) and early fatherhood"(p.198). Their behavior can also lead to premature death from violence or drug abuse. The component of the program that will be described is the pilot for the use of OraSure in the maximum security, custodial, juvenile detention facility for the District of Columbia and the various determinants that must be considered when working with this unique population. The test and counseling rate for the adolescents, using the OraSure method, was compared with the customary blood sampling approach to determine if the adolescents were more willing to be counseled and tested for HIV when offered the oral test for HIV. The need for HIV CRT partnerships and a clear understanding of confidentiality when working in the adolescent penal environment will also be described.

**RESULTS:** There was an increase from 33 youth receiving blood sampling and no HIV pre and post test counseling in the comparison year to 279 youth receiving OraSure testing, HIV pre and post-test counseling.

**LESSONS LEARNED:**

1. Adolescents will avoid tests that require a needle stick.
2. The *adolescent* custodial setting is unique and requires a thorough knowledge on the part of HIV counselors and staff re. to issues of confidentiality as they relate to minors and institutional mandates that affect HIV CTR.
3. Line staff need as much inservice education as the medical staff in order to ensure "buy-in" and to reduce the anxiety related to the transmission of HIV to themselves and others in a custodial setting.
4. It is imperative to maintain a chain of custody re. specimens and test results to ensure confidentiality in order to resist the pressure to expand the circle of "need to know."
5. Strong collaborative relationships for medical follow-up need to be in place and must address issues of confidentiality re. to staff who may transport the adolescent for care, etc.
6. HIV counselor is now referred to as "Life Coach" to lessen the stigma and resulting resistance to case management.

**Control Number:** 03-A-337-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** F19 Referral from HIV Counseling and Testing Sites to Primary Care Settings

**2nd Category Choice:** F07 HIV Prevention Case Management

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P48 Policymakers/Legislators

**Presentation Preference:** Single Oral

**Title:** Timely linkage to HIV treatment and care: impact and costs of ARTAS case management.

**Author Block:** *Sansom, SL<sup>1</sup>; Gardner, L<sup>1</sup>; Gaul, Z<sup>1</sup>; Sadek, R<sup>1</sup>; Anderson-Mahoney, P<sup>2</sup>; del Rio, C<sup>3</sup>; Loughlin, A<sup>4</sup>; Metsch, L<sup>5</sup>*

1 Epidemiology Branch, DHAP, NCHSTP, CDC, Atlanta, GA; 2 Los Angeles County Department of Health Services, Los Angeles, CA; 3 Emory University School of Medicine, Atlanta, GA; 4 Johns Hopkins University, Baltimore, MD; 5 University of Miami School of Medicine, Miami, FL

### **Abstract Body:**

#### **BACKGROUND/OBJECTIVES:**

Individuals diagnosed with HIV may not seek care soon after their diagnosis when treatment may be most beneficial. From March 23, 2001, through Aug. 31, 2002, the Antiretroviral Treatment and Access Study (ARTAS) randomly assigned HIV-diagnosed clients in Atlanta, Baltimore, Los Angeles and Miami to an intensive case management intervention arm or to a standard-of-care arm. Case managers worked one-on-one with clients to identify and address any barriers to HIV care initiation.

#### **METHODS:**

This analysis describes the proportion of case-managed clients linked to care within the first 90 days of case management. For each client, case managers recorded the number of face-to-face visits and telephone contacts, and whether clients were linked to HIV care. We assessed program costs based on reported wages for case managers and supervisors, and the costs of transportation, communication, supplies, rent and overhead. All costs are expressed in 2002 dollars.

#### **RESULTS:**

Among 135 clients assigned to case management, 99 (73.9%) were linked to HIV care within 90 days of enrollment, 16 (11.9%) were not linked to care, linkage status was unknown for 18 (13%), and data were missing for one (.7%). Clients linked to care had a median of 3.0 face-to-face visits with case managers (range: 0 to 5 visits), compared with a median of 1.5 visits (range: 0 to 5 visits) among 16 clients not linked to care. Case managers spent a median of 343 minutes (range: 13 to 1,140 minutes) working directly with clients who were linked to care within 90 days, compared with 95 minutes (range: 0 to 720 minutes) with clients not linked to care ( $p < .01$ ). ARTAS sites varied in the average number of clients receiving case management during each 90-day period. With an average enrollment of 10 clients per 90-day period, average program costs were \$2,230 per client; with 20 clients per 90-day period, average program costs were \$1,151 per client.

#### **CONCLUSIONS:**

Most HIV-diagnosed clients who received case management were linked to HIV care within 90 days of enrollment. Clients not linked to care typically spent considerably less time with case managers. Overall, case management costs per client appeared to be modest. The assessment of program costs will permit a cost-effectiveness analysis of the ARTAS intervention when final effectiveness outcomes are determined.

**Control Number:** 03-B-365-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** F08 HIV Prevention Opportunities in Primary Care Settings

**2nd Category Choice:** F23 Other (Please specify on Additional Info page)

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P22 Health Care Workers

**Presentation Preference:** Group Oral

**Title:** Linking and Integrating HIV Prevention and Care Services: An analysis of the organizational, financial/reimbursement, and legal factors associated with Medicaid, CARE Act, and CDC-funded programs.

**Author Block:** *Palen, JG<sup>1</sup>; Rauch, K<sup>2</sup>; Lara, A<sup>1</sup>; Wood, K<sup>3</sup>; Murphy, W<sup>4</sup>*

1 George Washington University, Washington, DC; 2 CDC, Atlanta, GA; 3 Heartland Cares, Paducah, KY; 4 Ryan Health Center, New York City, NY

**Abstract Body:**

**Issue:** In order to better coordinate and integrate HIV prevention and care systems, key system-related issues must be considered. These include the identification of organizational models that support the linking of service providers and the integration of services; methods of acquiring reimbursement for HIV prevention services through Federal programs (e.g., Medicaid and CARE Act); and legal or policy restrictions associated with the use of Federal funds for the provision of HIV prevention services.

**Setting:** Numerous prevention and care provider agencies and sites located in NY, FL, NM, KY, KS, MO, SC, and D.C. **Audiences:** Medicaid and public health funded prevention and care CBOs and providers.

**Project:** The project was an 18 month assessment of legal, financial, and organizational factors associated with Medicaid, CARE Act, and CDC funds and providers. The goal of the analysis was to identify factors that support the coverage and payment for HIV prevention services through various Federal programs and the identification of effective HIV prevention and care system models. The legal analysis was completed through a review of statutory and regulatory documents. Organizational models were identified through site visits to numerous prevention and care providers. Reimbursement methodologies were identified through a review of Medicaid coding procedures, consultations with billing experts, and site visits.

**Results:** The organizational models examined include (1) networks of linked prevention and care providers and (2) the integration of prevention services into the care setting. Several essential and distinct organizational features were identified for each model type. These features will be presented. Based on the legal review, the Medicaid and CARE Act statutes give States significant flexibility in the types of preventive services that may be reimbursed. There are very few HIV-related prevention services that cannot be covered through Medicaid or the CARE Act. States are limited in their ability to use Medicaid and CARE Act funding by only a few general restrictions. These will be presented. To the extent that prevention services are a covered benefit for Medicaid and CARE Act programs, existing billing codes and reimbursement mechanisms (direct reimbursement, capitation, and unit cost reimbursement) provide both opportunities and challenges.

**Lessons Learned:** We conclude that ample opportunity exists to reach the goal for more closely integrated and linked prevention-care systems. Organizational models, reimbursement mechanisms, and legal and regulatory authority exist to support the goal. Technical assistance and training materials to assist State health planners and grantees in developing these types of systems need to be identified and developed.

**Control Number:** 03-B-407-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** F05 Early HIV Diagnosis and Treatment

**2nd Category Choice:** D08 HIV Prevention Community Planning

**Population 1:** P50 Program Administrators

**Population 2:** P64 Other (Please Specify)

**Presentation Preference:** Poster Session

**Title:** The Ryan White Nurse Case Manager Program

**Author Block:** *Tucker, BG*

Shands Jacksonville, Jacksonville, FL

**Abstract Body:**

**ISSUE:** The nurse case manager program goal is to provide access to services in all participating emergency departments who identify clients with HIV/AIDS. This service will link clients to a primary care provider and social services for medical care and treatment management, which will decrease hospital admission and preventable repeat emergency room visits, for persons living with HIV/AIDS and lessen the economics impact on resources.

**SETTING:** Hospital emergency departments in Duval County Jacksonville, Florida. The program will target adults age 18 and up.

**PROJECT:** This program will be a multidisciplinary comprehensive framework of medical and social assessment and treatment services coordinate through emergency departments in which a nurse case manager links and integrates new and existing clients into and through community-based organizations and the Ryan White Network. This linkage system fill in the gaps of individual client needs for medical and social resources and services after leaving the hospital. Shands Jacksonville has been providing Ryan White nurse case manager services to persons living with HIV/AIDS through the emergency department since 1995. The Shands model has been successful and funded by the Ryan White Title 1 Grant since it begun.

**RESULTS:** According to the Florida Department of Health, there were 1,415 HIV cases and 4,537 AIDS cases reported in Duval County from July 1, 1997 through January 22, 2003 (Duval County Health Department, 2003; Surveillance Report, 2003). The Shands nurse case manager program has already shown last year through the emergency department at least 1,082 non-duplicated HIV/AIDS clients being served through community-based organizations and outpatient Ryan White services. While over the last 3 years the Shands emergency department program model documented a total of 3,198 clients served and out of that number 911 clients were new clients. The criteria for being a new client is one who was new to the Shands hospital system, newly diagnosed with HIV/AIDS, or new to the Ryan White database of the nurse case manager.

**LESSONS LEARNED:** There is a great need to expand this unique program from one emergency room to all collaborating emergency departments in Duval County because it would allow an already successful and documented program to reach and serve the unknown and known HIV/AIDS clients for outpatient services. This program is a valuable mechanism that can prevent most patients from "falling through the cracks". It affords the HIV/AIDS client the opportunity to obtain education, early intervention, prevention, drug rehabilitation, mental health care, medical and social services, as well as access to community and financial resources they would not otherwise have.

**Control Number:** 03-B-419-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** F18 Rapid Testing as a Tool to Promote Entry Into Care

**2nd Category Choice:** F09 HIV Testing in Healthcare Facilities Programs

**Population 1:** P51 Public Health Workers

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Single Oral

**Title:** Lessons Learned from Rapid HIV Testing on a Mobile Health Unit Within an Urban Setting.

**Author Block:** *Wicker, H<sup>1</sup>; Jacob, CA<sup>1</sup>; Baker, G<sup>1</sup>; Genther, D<sup>2</sup>; Ellen, J<sup>2</sup>*

1 Baltimore City Health Department, Baltimore, MD; 2 Johns Hopkins University, Baltimore, MD

**Abstract Body:**

**ISSUE:** Logistical factors in providing a rapid HIV test, such as SUDS (Single-Use Diagnostic System), determine the effectiveness of improving the access to health services for hard-to-reach clientele on a mobile health unit. Since over 80% of the clientele have been found to be active substance abusers and over 60% are homeless or transient, strategies must include innovative approaches to reaching this targeted population. **SETTING:** Mobile Health Van ( Multiple urban sites, Baltimore, Maryland)

**PROJECT:** Ujima Demonstration Project -- A collaborative effort between the Baltimore City Health Department, Johns Hopkins University School of Medicine and the Maryland Department of Health and Mental Hygiene / State AIDS Administration. The project helps to improve access to health and social services with a major goal of increasing the number of city residents at high-risk for HIV who are tested for the virus by offering access to rapid testing, counseling and results. This five-year demonstration project provides a comprehensive array of preventive services that includes screenings for sexually transmitted infections such as gonorrhea, syphilis and chlamydia; screenings and vaccinations for hepatitis; and physical examinations for women of child-bearing age. The project is a part of a referral network of community-based health and social service providers that allow clients to have access to a comprehensive continuum of care.

**RESULTS:** Of 337 clients tested between October 2002 and January 2003, 217 (64%) clients were offered the option of rapid HIV testing and results (within 24 hours) versus the regular two-week turnaround for results. Of this pool, 86 (40%) clients accepted the rapid testing with 40 (47%) clients having returned and received their results.

**LESSONS LEARNED:** When testing for other communicable diseases and sexually transmitted infections along with HIV, it has been noted that clients / patients tend to opt for the regular HIV test (vs. SUDS). One observation is that for the sake of convenience, clients prefer to receive all test results at one time (confirmatory tests usually take a couple of weeks for certain sexually transmitted diseases) and consequently do not want to wait a couple of hours for their results. There is limited space available on the mobile unit and clients do not have the luxury of a waiting area (seating capacity @ 5 clients at a time). In addition, logistical constraints during the late hours of operation do not allow access to resources during non-traditional hours (e.g. after 9:00 p.m.). Consequently, the batching of tests twice a day and the lack of access to supportive services during the evening hours preclude clients from opting for the rapid tests and subsequent results. An active staff and the use of incentives have been found to encourage clients to wait for their results. It is believed that clients would benefit from individual testing strategies that allowed for the shorter turnaround time in providing the results (e.g. OraQuick).

**Control Number:** 03-A-421-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** F05 Early HIV Diagnosis and Treatment

**2nd Category Choice:** F01 Approaches to Strengthening Adherence to HIV Therapy

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P32 Injecting Drug Users

**Presentation Preference:** Group Oral

**Title:** Accessing, Diagnosing and Enrolling HIV+ Drug Users Into A Health Game To Increase Their Utilization of Primary Care?

**Author Block:** *Broadhead, RS<sup>1</sup>; van Hulst, YC<sup>1</sup>; Houser, RL<sup>1</sup>; Altice, FL<sup>2</sup>*

1 University of Connecticut, Storrs, CT; 2 Yale University School of Medicine, New Haven, CT

**Abstract Body:**

**Background/Objectives:** (This panel consists of three presentations, and 30 minutes will be devoted to panel members' interaction and discussion with the audience.) HIV+ Drug Users (HPDUs) suffer from low utilization of, and adherence to, primary care. Drug treatment programs that offer primary care on-site reduces this problem significantly by providing a social support structure. But in the United States, few HPDUs receive this demonstrably effective form of care. With support from NIDA (RO1 DA12112), we examine a functionally-equivalent, alternative support structure to on-site care for increasing active drug users' adherence to HIV therapeutics. HPDUs, randomly assigned to the experimental intervention, are invited to work with one another in accessing and keeping-up with their care by playing a Health Game, compared to respondents assigned to a usual-care intervention. The primary outcomes being examined include respondents' enrollment and retention in primary care, adherence to HIV therapeutics, entry and retention in drug treatment, reduction of drug and sex-related HIV risk behaviors, and enhancement of medical knowledge and self-management skills.

**Methods:** Active IDUs are recruited to the project for an HIV Counseling and Testing (C&T;) Session using Respondent Driven Sampling (RDS) - a coupon-based chain referral mechanism that uses active IDUs to recruit peers who know, think they know, or would like to know their HIV-status. Respondents who test positive for HIV are invited into the second phase of the project - a "health game" in which small teams of HPDUs work with each individual member to keep-up with his/her medical care by reaching objectively-documented health care goals per week. Teammates receive direct monetary rewards depending on how well each member plays the health game.

**Results:** During the 2001 operating year in New Haven, Connecticut, the project recruited and HIV test-counseled nearly five times the number of active IDUs (N=370) than did the New Haven Health Department (N=76). Seventy of the project's subjects test results were HIV+ (18.9%) versus 4 (5.3%) reported by the New Haven Health Department, a rate of 17 times. Thirty-eight HIV+ subjects enrolled in the second phase of the project. Access to health care was examined by comparing the experimental to the usual-care subjects' care data. The experimental subjects show an increase in HIV-related diagnoses, as well as enrollment in drug treatment during enrollment in the health game. At entry into the project both experimental and usual-care subjects show an increase in drug/alcohol-related diagnoses. For experimental subjects, however, such diagnoses decrease upon completion of their year-long involvement in the project.

**Conclusions:** The RDS demonstrated to be a powerful method for accessing and recruiting active IDUs into HIV C&T; who might otherwise not be tested. While enrollment of HIV+ subjects into the Health Game has been sporadic, the data demonstrate an increased utilization of health care by respondents who do. On a qualitative level, the experimental subjects have also expressed many interesting positive experiences in being given the opportunity to help others get into and keep-up with their care. Additional results will be reported as our analysis of the data continues.



**Control Number:** 03-B-423-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** F12 Linking HIV Prevention and Treatment in Correctional Settings

**2nd Category Choice:** F11 Integrating Planning for HIV Prevention and Treatment

**Population 1:** P14 Correct.Settings,Persons in(Incarcer.Popul.)

**Population 2:** P56 Staff of Community-Based Organizations

**Presentation Preference:** Single Oral

**Title:** Meeting the Needs of Female Offenders with HIV/AIDS

**Author Block:** *Behning, SR*

The Women's Lighthouse Project, Glendale, CO

**Abstract Body:**

**ISSUE:** Meeting the Needs of Female offenders with HIV/AIDS

**SETTING:** Denver, Colorado

Colorado Women's Correctional Facility.

Community based organization, correctional facility staff and PWA's.

**PROJECT:** In April 2002, The Women's Lighthouse Project (WLP), an organization that provides education, support, and advocacy for women living with HIV/AIDS, and the Denver Women's Correctional Facility (DWCF), developed a collaborative treatment system to specifically address the needs of female offenders. Staff representing medical providers, mental health professionals and the community, worked intimately to facilitate, identification of female offenders diagnosed with HIV/AIDS, education and one-on-one counseling, opportunities for peer support, weekly support group activities and linkages between women with HIV/AIDS and community agencies upon release. WLP also offers educational presentations to special treatment populations such as intensive residential substance use treatment and to DWCF medical and correctional staff focusing on HIV/AIDS prevention and treatment.

This presentation will address the incidence, identification, and treatment of incarcerated women diagnosed with HIV/AIDS. Outline the development of a treatment partnership between DWCF and WLP.

HIV/AIDS as a significant health care concern for women in prison, and how DWCF has developed a unique, full spectrum clinical service relationship with WLP to educate, treat, support, and advocate for women while in prison and preparing for their release

The development of linkages between incarceration and the community to enhance healthy living  
The training needs of professionals, both in prison and in the community, working with female offenders with HIV/AIDS to recognize, empathize, treat, and to be sensitive to the health care needs of female offenders.

Provide prevention education for the general incarcerated population as well as the staff.

**RESULTS:** Women who are HIV positive are taking an active role in their own healthcare, exploring options around both treatment and prevention of transmission to future partners, as well as protecting themselves from future infections. Upon release, the transition from custody to community is often chaotic and eventful with health care concerns often taking a lower priority than the search for jobs and housing, rebuilding personal relationships, on top of a myriad of other chores. Due to efforts put forth through this program, discharge plans for each client are put into place to decrease the overwhelming sense of chaos.

Success has also been found through the HIV prevention education presentations made available to prison staff in addition to the inmates. Participants in these programs, both staff and inmates alike, have reported the following: a greater understanding of the disease, its transmission and treatment; a sense of empowerment around prevention options; and a decrease in ignorant and hurtful behaviors directed at an

inmate who has disclosed her status.

**LESSONS LEARNED:** During the implementation of this program, WLP has been presented with numerous opportunities to learn valuable lessons for future endeavors with correctional facilities, for general purposes, and to share with colleagues. Four fundamental lessons learned are as follows:

TRUST is paramount.

CONFIDENTIALITY is challenging, but very coveted.

CREDIBILITY and follow-through is essential.

RESPECT is non-negotiable.

**Control Number:** 03-B-451-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** F12 Linking HIV Prevention and Treatment in Correctional Settings

**2nd Category Choice:** C30 Prevention Interventions in Correctional Settings

**Population 1:** P14 Correct.Settings,Persons in(Incarcer.Popul.)

**Population 2:** P30 Incarcer.Popul.(Correct.Settings,Persons in)

**Presentation Preference:** Group Oral

**Title:** HIV/AIDS & STI Supportive Services for Offenders/Inmates

**Author Block:** *Onuonga, A; Guy, SD; Cregg, J*

Delaware Center for Justice, Wilmington, DE

**Abstract Body:**

**ISSUE:** HIV/AIDS & STI Supportive Services for Offenders/Inmates

**SETTING:**Correctional facilities in the State of Delaware

**PROJECT:**Delaware Center for Justice (DCJ) addresses many needs of those infected with and affected by HIV/AIDS in corrections. They include the following:

- 1) HIV/AIDS Prevention Education and Outreach: Is provided by trained and certified offenders and DCJ staff. Seminars focus on defining and classifying HIV statistics, HIV/STI transmission and prevention, counseling and testing, and discharge planning (transitional case management) services.
- 2) Transitional Case management: Helps HIV+ offenders have a seamless transition to the community upon release. Discharge planning starts thirty days prior and following release.
- 3) HOPWA Short-Term (Bridge) Housing: DCJ assists HIV+ offenders obtain short-term housing upon release. This service is meant to provide stable housing to offenders during the first 30 days following release.
- 4) Advocacy Support Group: Support group for HIV+ offenders are implemented weekly at four correctional facilities to provide a forum for them to discuss treatment and social issues in a private and confidential environment.

**RESULTS:**Peer Education: 2001: Total educated- 8763. Of the total educated 3130 (36%) were Caucasian, 4900 (56%) were African American, and 733 (8%) were classified as Other. Additionally, 6390 (73%) were male, and 2326 (27%) were female.

2002: Total educated- 8923. Of the total educated 2961 (33%) were Caucasian, 4578 (51%) were African American, and 1384 (16%) were classified as Other. Additionally, 6597 (73%) were male and 2326 (18%) were female, 429 (9%) undetermined.

Transitional Case Management

2001: Total assisted 57, 49 (86%) were African American, 5 (9%) were Caucasian, and 3 (5%) were Hispanic

2002: Total assisted 67, 54 (80%) were African American, 9 (13%) were Caucasian, and 4 (6%) were Hispanic

Support group:

2001: Total participants- 1109, 347 (31%) were female and 762 (69%) were male.

2002: Total participants- 909, 359 (39%) were female and 550 (61%) were male.

HOPWA Bridge Housing\*

\*HOPWA started in July 2001

2002: Total assisted 43, 40 were (93%) African American, and 3 (7%) were Caucasian.

**LESSONS LEARNED:**The four functions of our HIV/AIDS & STI supportive services compliment one another in providing effective approaches to preventing the spread of this epidemic. All functions must be implemented in order to achieve a successful supportive services project. It is evident that the

more education and risk reduction counseling given to the inmates, the less likely they are to engage in at risk behaviors.

**Control Number:** 03-B-467-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** F02 Campaigns (Media and Non-media) to Encourage Early HIV Diagnosis or Promoting Knowledge of Serostatus

**2nd Category Choice:** C36 Social Marketing

**Population 1:** P3 African Americans

**Population 2:** P12 Communities of Color

**Presentation Preference:** Single Oral

**Title:** *The New Faces of HIV in Houston: a Social Marketing Campaign*

**Author Block:** *Mitts, BJ<sup>1</sup>; Mendiola, R<sup>2</sup>; Torma, TL<sup>3</sup>; Russell, KH<sup>4</sup>*

1 Harris County Hospital District, Houston, TX; 2 Houston Department of Health and Human Services, Houston, TX; 3 Torma Communications, Houston, TX; 4 Incremental Marketing, Inc., Clear Lake Shores, TX

**Abstract Body:**

**ISSUE:** Since January 1, 1999, 6 out of 10 new reports of HIV infection are among African Americans in Houston/Harris County. The Harris County Hospital District (HCHD) and the Houston Department of Health and Human Services (HDHHS) launched a social marketing campaign to raise awareness and increase HIV testing among this population.

**SETTING:** A social marketing campaign in Houston/Harris County, Texas.

**PROJECT:** *The New Faces of HIV in Houston* was created to increase HIV testing among African Americans in their 20s and 30s. The campaign was launched on World AIDS Day, December 1, 2002. Creation of the campaign began with a focus group comprised of target audience members. A message evolved from the focus group: "We look just like you, but you don't have to be like us." Campaign materials included: 1) brochures specifically targeting African American women distributed in beauty salons, 2) posters distributed in barber and music shops, 3) large stickers distributed in bars and community restrooms, 4) small stickers distributed in condom packets, 5) bus placards displayed on local public transportation, and 6) radio spots on two local African American stations. A new HIV information line was established for this campaign, which is answered 24 hours a day/7days a week by the United Way Helpline. Callers to the information line are referred to HIV testing locations within Harris County nearest their zip code. The HCHD and the HDHHS provide HIV testing and counseling, as do several community-based organizations. Local media outlets (including television, radio, and print) provided campaign coverage, garnering increased public awareness.

**RESULTS:** Actively seeking media coverage successfully increased campaign exposure, which features members of the target audience who are HIV positive. Their willingness to share their stories and put a face on the issue strengthened the campaign impact and generated intense media interest. The Houston Chronicle covered the campaign launch on the front page of the Sunday, December 1 edition. Five television stations and three radio stations attended the campaign launch press conference. During 2002, the HCHD performed an average of 88 HIV tests per month with a 7% rate of positivity; however, 144 HIV tests were performed during the month of December 2002. During 2002, the HDHHS performed an average of 1,657 HIV tests per month with a 1.4% rate of positivity; however, 1,434 HIV tests were performed during the month of December 2002. The HDHHS has a long-standing HIV/STD information line that receives an average of 120 calls per month. The newly established HIV information line received 79 calls during December 2002 and 44 during January 2003.

**LESSONS LEARNED:** When developing a social marketing campaign, input from members of the target audience is vital. Focus groups help determine the most effective way to reach the target audience, help construct the campaign message, and help refine campaign materials. There are many ways that an

agency can broaden the campaign impact, including collaboration with another agency to increase the campaign budget and generation of media interest to expand the reach of the campaign.

**Control Number:** 03-A-490-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** F23 Other (Please specify on Additional Info page)

**2nd Category Choice:** F23 Other (Please specify on Additional Info page)

**Population 1:** P46 People Living with HIV/AIDS

**Population 2:**

**Presentation Preference:** Group Oral

**Title:** Using Chinese Breathing Exercises as a Stress Reduction tool for People Living With Aids (PWLA)

**Author Block:** *Trotter, JC<sup>1</sup>; Ali, N<sup>1</sup>; Carter, J<sup>1</sup>; Kondwani, DA<sup>2</sup>; Rasheed, T<sup>2</sup>*

1 Wholistic Stress Control Institute, Inc., Atlanta, GA; 2 Morehouse School of Medicine, Atlanta, GA

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Recent findings suggest a need for more specific stress management skills in HIV/AIDS treatment. Because few studies have measured the effects of a stress management program using Qi-Gong (chee-kong), Chinese Breathing Exercises, Tai-Chi and Meditation with PWLA, we use a small pilot study to measure the stress reduction effects among 25-54 year old PLWA in Metro Atlanta.

**METHODS:** As of August 2002, we recruited thirty-two PLWA's to participate in a ten session series of whom 12% white and 88% African American. The age range was from 25-64 years of age and there were 15 males and 16 females. Of the recruited, 21 completed the 10 sessions and the pre and post evaluation.

Participants were recruited from three community programs, one of which was residential. The stress management curriculum consisted of ten sessions of didactic and direct experience and practice of Qi-Gong and Tai-Chi (gentle movement and breathing exercises), mini-lecture on stress management, meditation and self massage.

Blood pressure and pulse were measured using a lumiscope at the 1st, 5th and 10th session and health questions from a Standardized Perceived Stress Scale at Home and the SF-36 Health Survey were completed.

**RESULTS:** There was significant decrease between pre and post evaluations in the SF-36 on a variety of quality of life outcomes. No difference was found in systolic or pulse measures, however, there was a significant reduction in diastolic blood pressure ( $p=.001$ ). There were no significant difference in any of the perceived stress at Home scale ( $p=.05$ ).

**CONCLUSIONS:** Participants reported a significant reduction in pain and significantly more pep, calmness and energy.

**Control Number:** 03-A-518-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** F23 Other (Please specify on Additional Info page)

**2nd Category Choice:** E07 Evaluation Policies

**Population 1:** P48 Policymakers/Legislators

**Population 2:** P12 Communities of Color

**Presentation Preference:** Single Oral

**Title:** Race-related knowledge-gap about treatment for HIV/AIDS, United States, 2001

**Author Block:** *ebrahim, sH; Anderson, J; Weidle, P; Purcell, DW*  
CDC, Atlanta, GA

**Abstract Body:**

Background/Objective: Access to and utilization of treatment for HIV/AIDS and opportunistic infections has remained suboptimal for Blacks and Latinos. We assessed racial/ethnic disparities in knowledge about treatment for HIV/AIDS in the United States.

Methods: From the 2001 Behavioral Risk Factor Surveillance System, we obtained the percentage of men and women aged 18 to 64 years who responded “True” to the statement “There are medical treatments available that are intended to help a person who is infected with HIV to live longer”. We calculated the difference in knowledge rate (knowledge gap) between Blacks or Latinos compared to Whites.

Results: Overall, 86.4% of 162,962 respondents answered correctly the question about treatment for HIV/AIDS. Knowledge about treatment for HIV increased with increasing education and average annual income. The highest rate of knowledge (93.3%) was noted among people with the highest level of income and education; even higher than that among people who have had an HIV test (90.8%). The knowledge level among Blacks (80.9%) and Latinos (78.0%) was significantly lower than that among Whites (89.6%) (Blacks: adjusted odds ratio [OR]=0.58, 95% confidence interval [CI]=0.52-64; Hispanics: OR=0.67, 95%CI=0.59-0.75). The knowledge gap among Blacks narrowed with increasing income and education. Geographically, the difference in knowledge between Whites and Blacks was smallest in Northeastern states (90.4% vs 86.1%) and largest in western states (92.7% vs 80.9%). The difference in knowledge between Whites and Latinos was smallest in midwestern states (89.9% vs 82.7%) and largest in northeastern states (90.4% vs 75.7%).

Conclusions: Knowledge about the availability of antiretroviral treatment was very high among Whites and significantly lower among Blacks and Latinos.



**Control Number:** 03-B-538-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** F02 Campaigns (Media and Non-media) to Encourage Early HIV Diagnosis or Promoting Knowledge of Serostatus

**2nd Category Choice:** F08 HIV Prevention Opportunities in Primary Care Settings

**Population 1:** P37 Managed Care Providers

**Population 2:** P22 Health Care Workers

**Presentation Preference:** Poster Session

**Title:** Increasing HIV Testing Among High Risk Patients: the "Be Safe. Get Tested." Campaign

**Author Block:** *Eck, EK; McCready, JA; Ivie, GM; Zhang, D*

Kaiser Permanente, Pasadena, CA

**Abstract Body:**

**ISSUE:** Improved risk assessment and increased HIV testing result in earlier detection and treatment among members at high risk.

**SETTING:** Kaiser Permanente, a non-profit managed care organization in Southern California comprised of 2.8 million members and 6,000 physician providers.

**PROJECT:** "Be Safe. Get Tested." is a non-media, multi-staged campaign targeted to physicians with the goal of improving early HIV diagnosis. Educational interventions were implemented in phases, beginning in 2000. The first of these, a CSG (Clinical Strategic Goal), strives to increase HIV testing among males being tested for gonorrhea. A subsequent corollary CSG was added in 2001: encouraging HIV screening among both males and females who test positive for any of 5 sentinel STDs (GC, Chlamydia, genital Herpes, syphilis and HPV). Other promotional methods included lab testing prompts, physician contacts through mailings, symposia and administrative meetings and printed materials for stimulating patient interchange.

**RESULTS:** We utilized the CSG measures to assess the impact of our interventions. During the baseline year of 2000, HIV testing among males tested for gonorrhea remained stable. Of approximately 2,600 males tested for GC each quarter, 1,100 (42%) received concurrent or subsequent HIV screening tests. With the introduction of educational activities, this rate increased steadily. By the 3rd quarter of 2002, 1,536 of 3,073 males tested for GC (50.0%) received HIV screening. For the 2nd CSG measure, quarterly rates showed more variation and apparent correlation with specific interventions. Following a spike of HIV screening among both males and females with one or more positive STDs during 1st quarter 2001 (rates 50.9% and 50.0%, respectively), rates declined in subsequent quarters with compliance among females notably lower. However, by 3rd quarter 2002, a significant increase from baseline was noted for both genders (males,  $p < 0.005$ ; females,  $p = 0.000$ ). Among 779 males with a positive STD, 412 (52.9%) received HIV screening while for 2,245 females testing positive for an STD, 1,047 (46.6%) were screened for HIV.

**LESSONS LEARNED:** The most effective educational interventions included some form of 'personalized' messages and/or organizational emphasis. Subsets of the targeted population of providers may require additional efforts, particularly to achieve HIV screening among high risk female members.

**Control Number:** 03-B-553-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** F09 HIV Testing in Healthcare Facilities Programs

**2nd Category Choice:** C14 Interventions that Influence Care-Seeking Behavior

**Population 1:** P21 General Population

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Single Oral

**Title:** Evaluation of Voluntary Counseling and testing (VCT) in HIV/AIDS Research Centre.

**Author Block:** *Byaruhanga, RK; Otim, TW; Mugenyi, PN; Kityo, CM*

Joint Clinical Research Centre, Kampala, Uganda

**Abstract Body:**

**ISSUE:**Evaluation of Voluntary Counseling and Testing in HIV/AIDS Research Centre

**SETTING:**Joint clinical Research Centre in kampala, Uganda was established in 1990 as a Joint venture between the Ugandan ministries of Defence, Health and Makerere University to carry out Research and Health care related to HIV/AIDS

**PROJECT:**To evaluate the reasons why clients prefer to come for VCT in HIV/AIDS Care and Research Centre

**RESULTS:**During the period between June 2002 and December 2002, a total of 402 clients were counseled. 52%(211) were Females and 48%(191)were Males.These were further categorised in to the following:- 1)Those who came because they wanted to start on HAART were 68%(275) of these 46%(126) were Male while 54%(150) were Female. 2)Those who did not trust their partner were 19%(76).Of these 54%(41) were Male while 46%(35) were Females. 3) those who came seeking HIV test before Marriage were 13%(51). Of these 49%(25)were Male while 51%(26) were Females.

**LESSONS LEARNED:**The majority of clients come seeking HIV testing because they are very sick and need treatment. There is a need for further information and education to the general population to go seek for early HIV testing and counseling. Early detection and Counseling will reduce the spread of HIV/AIDS. There is no significant difference between Females and Males across the three categories of VCT seekers in HIV/AIDS Care Research Centre.

**Control Number:** 03-B-557-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** F20 Secondary Prevention of Opportunistic Infections

**2nd Category Choice:** C20 Interventions that Promote Mental Health

**Population 1:** P12 Communities of Color

**Population 2:** P45 Parents/Families

**Presentation Preference:** Poster Session

**Title:** "The ruin of a nation begins in the homes of its people":

Empowering Families headed by HIV Positive African American and Latina Women

**Author Block:** *Elcock, S; Cato, K*

Harlem United, New York, NY

**Abstract Body:**

Issue: Alarming, rising rates of HIV transmission amongst African American and Latina women creates chaos in family systems.

Setting: The Empowering Families Program serves African American and Latina HIV positive and "at risk" women and their families struggling with the co-morbidities of substance abuse and mental health issues. Families served are living in New York City's Harlem and South Bronx communities - two areas that are some of the hardest hit by HIV/AIDS.

Project: The program has four components which are integrated to break the cycle of risk in order to produce behavior change in substance use and address the mental issues that compromise the family unit. The four components consist of individual level and group level interventions.

**Home Based Mental Health Services:** The foundation of this program is built on this intervention which takes mental health counseling to the families in their homes.

**Weekend Skill Building Workshops:** The second component of the model provides another avenue for clinical assessment of the issues that impact the parent's ability to cope and manage the family, health and recovery issues, using the vehicle of skills building activities.

**Mentoring & Stipend Work:** This component of the program is a critical part of the strategy to attract and engage families into a comprehensive clinical program while simultaneously providing a venue to use the skills developed in the workshops.

**Family Retreat:** Retreats explore and provide techniques to address issues of communication, sex and sexuality, drug abuse, disclosure and domestic violence in a supportive and stress free environment for the entire family.

Results: Many of the outcomes identified in the evaluation tool were achieved, for example:

Based on measures of coping skills, participants showed an increase in their coping skills on three of these measures. 64 percent of the women who were HIV+ completed permanency plans. On average, 75 percent of participants showed an increase in self efficacy. Based on data from unmatched groups on ten measures of risk/protective behaviors, **indicate a percent of** participants showed a decrease in alcohol use, illegal drug use, and sex while under the influence of alcohol. They showed an increase in condom use during vaginal and oral sex.

Lessons Learned: In order to stabilize the lives of women living with AIDS and their families, one must create a program that addresses the entire family system. Creating interventions that build on each family's dynamics, along with the women's needs, strengthens their ability to effect positive behavior change.

The need for intensive case management is great in the community. In general, families struggling with mental illness, substance abuse and risky sexual behavior are not psychologically motivated to focus on breaking dysfunctional patterns of mental illness, substance abuse and HIV transmission; instead, their energies are focused on meeting their basic needs in short ---- food, clothing, shelter and transportation.

**Control Number:** 03-A-586-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** F05 Early HIV Diagnosis and Treatment

**2nd Category Choice:** F08 HIV Prevention Opportunities in Primary Care Settings

**Population 1:** P46 People Living with HIV/AIDS

**Population 2:**

**Presentation Preference:** Poster Session

**Title:** Effectiveness of Antifungals in the treatment and prevention of oro-pharyngeal candidiasis in the HIV positive patient.

**Author Block:** *Shetty, K*

LSU Health Sciences Center, New Orleans, LA

**Abstract Body:**

**BACKGROUND/OBJECTIVES:**

Oropharyngeal candidiasis (OPC) is the most common oral opportunistic infection in HIV disease. Over 90% of patients with AIDS develop OPC during the course of their illness. Despite the overall decrease in the prevalence of OPC since the advent of multi antiretroviral drug therapy, the longer life expectancy might be associated with increasing number of episodes in susceptible individuals. The aim of this systematic review was to investigate the effectiveness of antifungal for the prevention and treatment of oropharyngeal candidiasis in HIV-positive patients.

**METHODS:**

The review was prepared according to Cochrane Collaboration guidelines. The Cochrane Oral Health Group Specialist Register and the Cochrane Controlled Trials register were searched (Cochrane Library 2002, Issue 2), together with Medline from 1966 and Embase from 1974. Several journals and proceedings of all Infectious Disease Conferences in the past two years were manually reviewed.

**RESULTS:**

Fluconazole, clotrimazole and itraconazole are more effective at managing oropharyngeal candidiasis particularly when mycological response rates and relapse rates are taken into account. Routine primary prophylaxis is not recommended, however, because of the effectiveness of therapy for acute disease, the low mortality associated with mucosal candidiasis, the possibility of drug interactions, and the cost.

**CONCLUSIONS:**

Future studies are warranted to assess the cost effectiveness of various antifungal drugs for the treatment of OPC.

**Control Number:** 03-A-600-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** F07 HIV Prevention Case Management

**2nd Category Choice:** C21 Interventions that Reduce Sexual Risk

**Population 1:** P46 People Living with HIV/AIDS

**Population 2:**

**Presentation Preference:** Group Oral

**Title:** Prevention for Positives in California: The HIV Transmission Prevention Project

**Author Block:** *Crump, C*<sup>1</sup>; *Molitor, F*<sup>2</sup>

1 California State Office of AIDS, Sacramento, CA; 2 ETR Associates, Sacramento, CA

**Abstract Body:**

PLEASE NOTE: This abstract is submitted as part of a Group Oral Presentation with Control/Tracking Numbers 03-A-599-NHPC (Prevention for Positives in California: The Bridge Project ) and 03-B-320-NHPC (Prevention for Positives in California: The Early Intervention Project)

**BACKGROUND/OBJECTIVES:** The HIV Transmission Prevention Project (HTPP) was developed by California as part of the Prevention for HIV-Infected Persons demonstration project (PHIPP) funded by the Centers for Disease Control. HTPP takes place within California's Early Intervention Program (EIP) which provides medical care, case management, and risk reduction counseling, and targets EIP clients at high risk for transmitting HIV. Our objectives include presenting preliminary data and summarizing lessons learned about conducting intensive risk reduction in care settings.

**METHODS:** Master's level Risk Reduction Specialists (RRS) in EIP sites are given training in harm reduction, solution-focused counseling, motivational interviewing, and other risk reduction skills. High-risk clients are assigned to an RRS and complete a baseline risk assessment. RRS and clients negotiate a risk reduction plan emphasizing incremental behavior changes with the potential for immediate or eventual reduction of HIV transmission risk. Subsequent risk assessment questionnaires are collected at six-month intervals.

**RESULTS:** Of more than 150 participants to date, 39% are Latino, 33% are white, and 22% are African-American. 36% are MSM, 13% IDU, 4% MSM/IDU, and 44% heterosexual. Preliminary results indicate increases in condom use, decreases in unsafe sexual behaviors, and decreases in needle sharing and injection drug use overall. Important qualitative themes include integrating individualized counseling within treatment settings, client recruitment and retention, staff training, and evaluating behavior change.

**CONCLUSIONS:** HIV-positive persons at high risk for HIV transmission may achieve lower risk behaviors through individualized prevention case management emphasizing incremental steps toward behavior change

**Control Number:** 03-B-601-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** F12 Linking HIV Prevention and Treatment in Correctional Settings

**2nd Category Choice:** D30 Peer-Based Prevention

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P56 Staff of Community-Based Organizations

**Presentation Preference:** Single Oral

**Title:** A Community Leadership Opportunity: Improving Public Health Through Prevention and Care

**Author Block:** *Mizwa, MB*<sup>1</sup>; *Miles, JR*<sup>2</sup>

1 AIDS Foundation Houston, Inc., Houston, TX; 2 Centers for Disease Control & Prevention., Atlanta, GA

**Abstract Body:**

**Issue:** Corrections and their public health impact continue to be the focus of HIV prevention and continuity of care issues throughout the country. Texas leads the United States in incarcerated populations, with over 150,000 offenders in the Texas Department of Criminal Justice (TDCJ) system alone. Correctional populations offer unique opportunities for establishing better disease control *in the community* by providing health care and prevention interventions to inmates *while they are still incarcerated*. Public policy makers are frequently unclear on how to realize these opportunities through program and funding decisions. They typically do not have the information to make the link between focused health care efforts behind bars (prevention, treatment and continuity on release) and the health of the community. Mike Mizwa, CEO, AIDS Foundation Houston (AFH), was awarded the 2001 Price Fellowship for HIV Prevention Leadership with the Centers for Disease Control and Prevention to develop a comprehensive prevention and continuity of care plan for HIV+ offenders released to the greater Houston area. As a result, AFH sponsored a Public Health and Corrections Leadership Forum in Houston as an initial step in bringing key local and state corrections, public health, and community representation to the table to identify, acknowledge and commit to working collaboratively in implementing comprehensive systems and community needs assessment. The findings from this assessment project, as reported by John R. Miles, MPA, in collaboration with Deborah Scott, MPH, and Michael Ross, MPH, PhD, will outline key findings framed to assist in the development or refinement of strategies that address access to care, continuity of care, and the linkage of services between corrections and the community.

**Setting:** Texas Department of Criminal Justice prisons and community-based service organizations.

**Project:** AIDS Foundation Houston sponsored a Public Health and Corrections Leadership Forum in Houston as an initial step in bringing key local and state corrections, public health, and community representation to the table to identify, acknowledge and commit to working collaboratively in implementing comprehensive systems and HIV+ offender needs assessments. The data and recommendations from this comprehensive assessment project will outline key findings framed to assist in the development or refinement of strategies that address access to care, continuity of care, and the linkage of services between corrections, public health, and the community.

**Results:** Prevention and continuity of care models of care specific to newly released offenders is a critical public health need. Integrating corrections, public health, and community-based services can allow for seamless continuity of care for newly released offenders living with HIV disease, as well as co-morbidity issues specific to HCV, substance abuse, and mental health issues.

**Lessons Learned:** 1) Prevalence of infectious disease among inmates is many times higher than in total population; 2) Correctional facilities are critical settings for prevention and treatment interventions; 3) Interventions will benefit not only inmates, their families, and partners, but also the larger public health; 4) Collaborations among correctional, public health, and community-based organizations are needed to

take full advantage of this opportunity.

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**Control Number:** 03-B-653-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** F01 Approaches to Strengthening Adherence to HIV Therapy

**2nd Category Choice:** F17 Prevention Training Needs of Persons Providing Care for HIV Positive Persons

**Population 1:** P2 Advocates

**Population 2:** P9 Clients of Community-Based Organizations

**Presentation Preference:** Single Oral

**Title:** HEALTH WORKERS LIVING WITH HIV/AIDS - A personal experience

**Author Block:** *Kalyebara, JN*

The Mildmay Centre Uganda, Kampala, Uganda

**Abstract Body:**

**ISSUE:**

ISSUES:

Health workers caring for persons living with HIV/AIDS (PWLHA) never stop to think what their needs would be were they to know their status. The presentation aims at sharing the experience of a health worker her status, her needs and seeking support.

**PROJECT:**

PROJECT.

After reading literature on HIV/AIDS and relating it to my experience of opportunistic infections, I decided to take an HIV test. The results were positive.

12 years after knowingly living with HIV, I began to seek for support for myself by being open.

Through my employers, I was blessed with a sponsor for Anti Retroviral Therapy.

**RESULTS:**

RESULTS:

My initial blood counts were CD4 (81cells/ml), viral load (24,918copies/ml). After using a combination of Stavudine, Lamivudine, and Niverapine for 24 months, my blood counts were Cd4 (532cells/ml) Viral load (<400copies/ml).

Anti Retroviral therapy has improved my well-being and clinical health. My courage, hope and vigor in advocacy for accessibility of treatment have also been boosted.

**LESSONS LEARNED:**

LESSONS LEARNED:

Personally dealing with the challenges and fears during treatment has enhanced my enthusiasm to counsel.

Care and support given to a health worker living with HIV improves their effectiveness.

Relating with the clients is easier with my insight of the challenges.



**Control Number:** 03-B-657-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** F08 HIV Prevention Opportunities in Primary Care Settings

**2nd Category Choice:** F17 Prevention Training Needs of Persons Providing Care for HIV Positive Persons

**Population 1:** P22 Health Care Workers

**Population 2:** P46 People Living with HIV/AIDS

**Presentation Preference:** Poster Session

**Title:** Successful Implementation of Risk-Reduction Discussions in a Primary Care Setting for those Living with HIV.

**Author Block:** *Thrun, MW; Burman, WJ; Britt, DE; Rietmeijer, CA*  
Denver Public Health, Denver, CO

**Abstract Body:**

**Issue:** HIV care providers may be able to decrease HIV transmission by effective risk-reduction discussions with persons in HIV care. However, there are a number of barriers to HIV prevention through HIV care providers, including lack of training and lack of perceived need to be involved in prevention activities. We evaluated attitudes of HIV care providers about a program to incorporate HIV prevention messages into HIV care.

**Setting:** Large public HIV care clinic in an urban area

**Project:** We developed a curriculum for incorporating HIV prevention into HIV care. In December of 2000, HIV care providers attended a one-day workshop on initiating discussions about sexuality and needle-sharing and on providing client-centered counseling to promote risk-reduction. A form was developed to guide providers in subsequent risk-reduction discussions. We suggest that providers complete this form at least annually for each patient. In the first two years, for 508 patients, 653 forms have been completed. One-hour long follow-up sessions have been presented annually since the initial workshop to refresh providers and to obtain feedback on the process. Providers were surveyed of their opinions of this program at the end of the second year.

**Results:** At the end of the second year of this program, most providers believe that the program has been helpful in the initiation of risk-reduction discussions. Prior to the development of the risk-reduction form and introductory workshop, 67% (18/27) providers stated that they were comfortable discussing high-risk behaviors. Two years after the implementation of this program, 85% (17/20) providers stated that they never or only sometimes felt uncomfortable asking their patients about high-risk behaviors at the initial intake. This percentage increased to 95% (19/20) when providers were asked if they were comfortable asking about these issues following the initial intake. Most providers (75%, 15/20) stated that the majority of their patients responded positively to having risk-reduction discussions.

**Lessons Learned:** Both providers and patients have responded favorably to the implementation of a curriculum encouraging providers to incorporate prevention counseling into HIV care. In collaboration with our HIV/STD Prevention Training Center, we are now developing a curriculum to use with other interested HIV care providers in our region.

**Control Number:** 03-B-661-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** F07 HIV Prevention Case Management

**2nd Category Choice:** D17 HIV Prevention Programs for Seropositive Persons

**Population 1:** P46 People Living with HIV/AIDS

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Group Oral

**Title:** Prevention Case Management: Lessons Learned from a Multi-Site Prevention with Positives Demonstration Project.

**Author Block:** *Bonhomme, JJ<sup>1</sup>; Cardona, G<sup>2</sup>; Crump, C<sup>3</sup>; LLanas, MR<sup>4</sup>; Richardson, DA<sup>5</sup>; Stately, AL<sup>2</sup>*  
1 Rollins School of Public Health, Emory University, Atlanta, GA; 2 AIDS Project Los Angeles, Los Angeles, CA; 3 Office of AIDS, California Department of Health Services, Sacramento, CA; 4 Wisconsin AIDS/HIV Program, Wisconsin Department of Health and Family Services, Madison, WI; 5 AIDS Administration, Maryland Department of Health and Mental Hygiene, Baltimore, MD

**Abstract Body:**

**ISSUE:** The Prevention with HIV-Infected Persons Project (PHIPP) has been able to glean valuable lessons learned from Prevention Case Management (PCM) interventions for purposes of informing similar projects and future Prevention with Positives (PWP) interventions.

**SETTING:** In conjunction with several PWP interventions under PHIPP, PCM is being implemented in HIV/AIDS service agencies, HIV early intervention clinics, correctional facilities, and mobile vans.

**PROJECT:** PHIPP is a five-year national demonstration project funding Health Departments providing PCM in Maryland, Wisconsin, Los Angeles, and the State of California. Cross-site commonalities in PCM include focus on behavior change to reduce HIV transmission, linkage and coordination with other services, client-centered approaches, and rapport building.

**RESULTS:** Nearly 500 HIV-positive clients have participated in PCM through the PHIPP demonstration project, almost half of which have completed multiple risk assessments. Demographic and HIV risk behavior characteristics of PCM clients vary according to site. Data collected from baseline and follow-up surveys in some sites reveal declines in clients' HIV risk behavior attributed to their participation in local PCM programs. These results include increased condom use during vaginal and anal intercourse, decreased diagnosis of a sexually transmitted disease, decreased unprotected sex with persons of unknown or negative HIV serostatus, decreased sex with injection drug users, decreased injection drug use, and decreased use of other illicit substances.

**LESSONS LEARNED:** The PCM approach may fill a gap in HIV transmission reduction efforts, as a hybrid intervention combining active case management targeting basic life needs with education promoting HIV transmission risk and harm reduction. PCM design, implementation, and recruitment strategies vary widely according to each site's structural setting, target groups, local resources, and client needs. Whereas client retention in PCM interventions is strengthened through rapport building with providers, gaining participants' trust during recruitment needs considerable attention when developing programs. PCM may conceptually and structurally be hard to integrate into existing case management and other programs. Strategies can be employed to maintain the risk-reduction and HIV prevention aspects of PCM when attempting to meet the HIV-positive client's basic life needs. Incremental PCM client progress may be captured utilizing specialized follow-up data collection survey tools. However, measurement of small incremental change in behavior presents a challenge. Qualitative methodologies may be useful in assessing and understanding PCM clients' progress and clarifying the underlying meaning of conclusions derived from quantitative data.

**Control Number:** 03-A-665-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** F06 Early HIV Diagnosis and Treatment for Adolescents

**2nd Category Choice:** A01 Age, Developmental, and Life Course Factors

**Population 1:** P22 Health Care Workers

**Population 2:** P45 Parents/Families

**Presentation Preference:** Single Oral

**Title:** Emotional and behavioural problems of adolescents living with HIV/AIDS as seen in Uganda

**Author Block:** *Musisi, S-; Kinyanda, E-*

African Psycare Research Organisation, Kampala, Uganda

**Abstract Body:**

**Background/Objectives:** Chronic somatic illness including HIV/AIDS is known to interfere with the normal development process of children and adolescents leading to emotional and behavioural disorders (Rutter,1989). A study to investigate the psychological and social functioning of HIV-1-seropositive adolescents and their parents/guardians was undertaken at the Mildmay Centre, Kampala, Uganda.

**Methods:** A cross-sectional descriptive study design was employed in which 82 HIV-1-seropositive adolescents attending this centre and their guardians were subject to a semi-structured questionnaire. Data was collected on; their psychological and social functioning, socio-demographics, family background, academic performance, HIV associated clinical symptoms and their coping mechanisms. We present data on the adolescent aspect of the study.

**Results:** Among the adolescents, males were 36 (44.4%) giving a male to female ratio of 1:1.3 while among the guardians the male to female ratio was 1:3.6. Only 2 ( 2.4% ) of the adolescents had both parents alive. Most of the adolescents 75.6% were attending school with 65 (79.3%) reported to have above average academic performance . One (1.2%) adolescent had stage I HIV Clinical disease, 31 (37.8%) stage II HIV Clinical disease, while 48 (58.3%) had stage III HIV clinical disease (prognostic classification). Forty two ( 51.3%) of the adolescents had significant psychological distress ( scores of 6 and above on the WHO-SRQ-25). The psychological disorders reported among the adolescents included; depression 34 (41.5%), generalized anxiety 47 (53.7%), panic anxiety 1 (1.25%), somatoform disorder 15 ( 18.3%), alcohol abuse disorder 2 (2.4%), and suicidal ideation 8 ( 9.8%). None of the adolescents had a personality disorder. Factors significantly associated with psychological distress in the adolescent included; age (  $p= 0.015$ ), attendance at school (  $p= 0.026$ ), academic performance (  $p=0.001$ ), playing a sport at school (  $p=0.000$ ), the HIV associated symptoms of; – severe weight loss (  $p=0.015$ ), oral- pharyngeal candidiasis (  $p= 0.002$ ), chronic herpes simplex (  $p= 0.03$ ) and the HIV status of the guardian(  $p=0.03$ ). The mean scores of the adolescents were less than 50% on all the sub-scales of the social adjustment scale (SAS-M).

**Conclusion:** HIV/AIDS is associated with considerable psychological and social impairment in adolescence. There is therefore a need to develop adolescent sensitive rehabilitative and supportive HIV/AIDS care programmes in this country and sub-region as a whole.

**Control Number:** 03-B-669-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** F11 Integrating Planning for HIV Prevention and Treatment

**2nd Category Choice:** D17 HIV Prevention Programs for Seropositive Persons

**Population 1:** P3 African Americans

**Population 2:** P46 People Living with HIV/AIDS

**Presentation Preference:** Poster Session

**Title:** The Role of HIV CTRPN in Prevention With Positives

**Author Block:** *Stewart, RS; Colomb, M*

Jackson State University, Jackson, MS

**Abstract Body:**

**ISSUE:** In light of growing recognition that efforts to reduce new HIV infection must target both individuals at risk of infection as well as those living with the disease, new programs are emerging that link HIV positive individuals with risk-reduction services. Many CBOs are faced with developing programs that focus on positives in accordance CDC's Strategic Plan. Capacity building assistance (CBA) programs relative to "Prevention With Positives" (PWP) have recently been funded by CDC to enhance local prevention efforts.

**SETTING:** Capacity building assistance (CBA) in Priority Area 2 (Intervention Design, Development, Implementation and Evaluation) among African-American community-based organizations (CBOs)

**PROJECT:** Jackson State University's Mississippi Urban Research Center's (JSU MURC) African-American Prevention Intervention Network (APIN) has developed the Positive Prevention Intervention Center (Positive PIC) to sustain, improve and expand local HIV prevention services for racial/ethnic minority individuals who are HIV positive. Requests for these CBA services are facilitated through APIN's four regional Prevention Intervention Centers (PICs) located in Jackson, MS, Brooklyn, NY, Chicago, IL and Los Angeles, CA.

**RESULTS:** JSU's Positive PIC, in response to its cooperative agreement, has developed a flow chart to illustrate for CBOs the role of HIV Counseling, Testing, Referral and Partner Notification (CTRPN) in Prevention With Positives (PWP). The purpose of this flow chart is to provide CBOs with a visual of how they can integrate their existing HIV CTRPN programs into PWP programs. This information transfer also includes methods for involving private medical practice in the PWP process as well as ways to encourage private medical practitioners to assess the HIV risk behavior of their patients.

**LESSONS LEARNED:** There continues to be a great deal of information about the continuum of care that is encompassed in PWP programs that needs to be conveyed to CBOs. JSU's Positive PIC is committed to expanding CBA services that increase CBOs' ability to design, develop, implement and evaluate PWP programs for African-Americans. Currently in its second year of funding, Positive PIC is awaiting new CBA requests for services.

**Control Number:** 03-A-687-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** F10 Impact of Gender Issues on Early HIV Diagnosis and Care

**2nd Category Choice:** F23 Other (Please specify on Additional Info page)

**Population 1:** P22 Health Care Workers

**Population 2:** P61 Women

**Presentation Preference:** Poster Session

**Title:** Surviving AIDS and Experiencing Menopause

**Author Block:** *Del-Rose, LC*

New England Aids Education & Training, Boston MA, North Shore AIDS Health Project, Gloucester, MA, Author resides Watertown, MA

**Abstract Body:**

**ISSUE:** Perimenopausal and Menopausal Women Living with HIV/AIDS

**SETTING:** HIV Community based service agencies and clinics where women of diverse age, ethnicity, social or economic status gather.

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**PROJECT:** Implementing an educational plan focused around perimenopause, menopause, and hysterectomy issues facing women who are HIV+ or have an AIDS diagnosis. Perimenopause starts between the ages of 41-50- years of age (approximately). It can last from 6 months to 10 years. Combined with HIV infection, either newly diagnosed or long- term menopause can be more difficult to manage. Shifts in hormones are a major contributor to a sense of physical, emotional and mental imbalance that may characterize a woman's experience with menopause. Hot flashes, stress, mood swings, high anxiety, and an unsafe feeling combined with an AIDS diagnosis and HAART (High Active Anti Retroviral Therapy) is a very difficult situation to experience. Educating a woman about the potential problems in advance can make the experience less frightening and more manageable.

**RESULTS:** The author's personal experience of this situation led her to work to empower women she meets on a one-to-one basis concerning this situation. She approaches women at various locations, be it in an agency or clinic waiting room and starts a conversation that leads to informing them of symptoms of menopause combined with HAART and to inquire to their primary care physician what their options may be. Educating patients will make it easier for them to inform their physicians about their needs and concerns and work with a team approach.

**LESSONS LEARNED:** Interacting with this diverse group of women identified their lack of knowledge of what to expect prior to the actual experience of menopause in combination with HAART. Entering menopause with no information makes this transition a difficult experience. We must provide information about what is to be expected when an HIV + woman moves through menopause to avoid panic and fear. The education needs to begin early to avoid surprise and confusion. Otherwise, it is like finding out after you are already pregnant about birth control, it's too late. The time and energy that is spent providing information and guidance to women will avoid emergency room visits due to new onset of symptoms they don't understand, i.e. night sweats and severe mood swings. Good education and advocacy will lead to a more positive experience for older women with HIV.

**Control Number:** 03-A-690-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** F04 Cultural Attitudes/Beliefs and their Impact on Early HIV Diagnosis

**2nd Category Choice:** G21 Other (Please specify on Additional Info page)

**Population 1:** P54 Senior Citizens and Adults Over 50

**Population 2:** P21 General Population

**Presentation Preference:** Poster Session

**Title:** The Transparent Need for Social Support and The Older Infected Adult

**Author Block:** *Caporiccio, TA*<sup>1</sup>; *Del-Rose, LC*<sup>2</sup>; *Huch, JJ*<sup>3</sup>

1 Advocate, Watertown, MA; 2 New England Aids Education & Training, Boston MA, North Shore AIDS Health Project, Gloucester, MA, Watertown, MA; 3 Advocate, Watertown, MA, MA

**Abstract Body:**

**ISSUE:** Mental Health Support: A Critical Need for the Long-term HIV Survivor/ Older Adult (50+) and Their Extended Family Members.

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**SETTING:** One of the co-authors has been exploring a 16-year journey of living with an HIV/AIDS diagnosis. It greatly affects the relationship of the immediate and extended family members as well as oneself. Disclosure of an AIDS diagnosis during the “golden years” of life is a traumatic experience. Extended family members are greatly affected, often more intensely than immediate family members. Many lack the knowledge and social skills to deal with an HIV diagnosis and run due to fear of the unknown. Revealing one's HIV diagnosis along with other life events, such as births, deaths, or divorce may bring family members closer together physically but not necessarily emotionally.

**RESULTS:** The involvement of my extended family members in my care has impacted my personal survival. Having the support and love of my immediate and extended family has given me the courage to defy the terminal diagnosis that was given to me 16 years ago. The opportunity to help others has resulted by attending and participating in conferences at local, state, national and international levels.

**LESSONS LEARNED:** HIV infection is having devastating effects on the world population. After personally experiencing this journey, I recommend that psychological counseling, otherwise known as “mental health care,” become an accepted part of the prescription of life. Mental health issues pose a significant problem for PLWHIV dealing with them will enhance the ability to deal with HIV/AIDS. The needs of PLWHIV around the world are similar. Mental health care needs to be made available throughout the world for it has been overlooked too long in this pandemic. No matter where we live in this world today, the same humane issues continue to manifest. We all have the same needs of food, clothing, shelter and love. Basic human needs of care, both physical and emotional, need to be addressed. With greater emotional support around the HIV + family member and the entire family, one can lead a more stable HIV life. Prevention and planning equal knowledge and power.

**Control Number:** 03-A-729-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** F08 HIV Prevention Opportunities in Primary Care Settings

**2nd Category Choice:** F17 Prevention Training Needs of Persons Providing Care for HIV Positive Persons

**Population 1:** P22 Health Care Workers

**Population 2:** P50 Program Administrators

**Presentation Preference:** Poster Session

**Title:** Factors associated with HIV primary care physicians recommending use of the female condom to their HIV-positive patients in three South Florida counties

**Author Block:** *Gooden, LK; Metsch, LR; Wohler-Torres, B*  
University of Miami School of Medicine, Miami, FL

**Abstract Body:**

**BACKGROUND/OBJECTIVES:**

Several studies indicate that patients view their physicians as valuable resources for health information and that patients are willing to discuss sensitive issues with their physicians, especially when the physicians raise these issues. Physicians serving HIV-positive patients are in prime positions, then, to decrease transmission of HIV by broaching sensitive issues with their HIV-positive patients and by recommending protective behaviors, including the use of female condoms. Our study sought to identify the factors that influence physicians' decisions to recommend use of the female condom to their HIV+ patients.

**METHODS:**

We conducted a mail survey of all physicians providing care to HIV-positive patients in three South Florida Counties. We achieved an 81% response rate (65/80 surveys returned). Physicians were asked if they recommend using a female condom during intercourse to their HIV+ patients.

**RESULTS:**

Univariate analyses were conducted to describe categorical, continuous and interval-level variables. Bivariate analyses were run between all key independent variables and the dependent variable, "very often" recommending use of female condoms, to identify significant relationships.

Univariate analysis indicates that only 22.6% of physicians "very often" recommend that their HIV+ patients use the female condom; 14.5% "often", 24.2% "sometimes" and 38.7% "never" recommend that their HIV+ patients use the female condom. Bivariate analyses reveal that Non-White physicians (58.3%) are more likely than White physicians (14.0%) to recommend that their HIV+ patients use female condoms ( $p < 0.003$ ). Physicians who feel moderately or very encouraged by their clinic administrator(s) to provide HIV transmission risk reduction counseling are more likely to recommend that their HIV+ patients use female condoms ( $p < 0.01$ ).

Although not statistically significant, it is interesting to note that a greater proportion of male physicians (23.9%) reported recommending use of female condoms to HIV+ patients than did female physicians (18.8%). Only 15% of Infectious Disease (ID) physicians vs. 31% of non-ID physicians reported recommending that their HIV+ patients use female condoms.

Other factors associated with physicians "very often" recommending that their HIV+ patients use female condoms, although not statistically significant, include: 1) having received formal training in the past five years on assessing patients for sexual risk factors for HIV transmission; and (2) having received formal training in the past five years on HIV transmission risk reduction counseling.

**CONCLUSIONS:**

Few HIV primary care physicians are recommending the use of female condoms to their HIV+ patients.

This is especially disappointing considering the recent increase in the U.S. HIV/AIDS incidence and rise in heterosexual transmission. Interventions and policy implementation are needed to develop, evaluate and enforce strategies to improve the delivery of HIV prevention messages within the HIV care setting.



**Control Number:** 03-B-762-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** F19 Referral from HIV Counseling and Testing Sites to Primary Care Settings

**2nd Category Choice:** C14 Interventions that Influence Care-Seeking Behavior

**Population 1:** P9 Clients of Community-Based Organizations

**Population 2:** P46 People Living with HIV/AIDS

**Presentation Preference:** Single Oral

**Title:** From Testing to Treatment: Integration of Prevention and Primary Medical Care in a Public Health Clinic

**Author Block:** *Buckendahl, H; Gibson, C*

Kansas City Free Health Clinic, Kansas City, MO

**Abstract Body:**

**ISSUE:** The integration of HIV prevention and care

**SETTING:** Free health clinic in Kansas City, MO providing free medical, dental, and HIV services to over 4000 patients annually

**PROJECT:** Integrating prevention and primary care has been the culture of the Clinic since the beginning of the HIV epidemic. The Clinic performs over 2000 HIV tests and counseling sessions each year and provides primary medical care to approximately 450 HIV+ individuals. Primary care and case management staff have been cross-trained to handle prevention and primary care services. Persons at high risk for HIV are targeted through outreach efforts and via referral from the clinic's general medicine clinics. All persons receiving a positive result are immediately scheduled for primary care and case management appointments within two days of result. All staff (20) providing HIV services— Case Management, Primary Care, Outreach, Prevention Case Management, and Counseling and Testing— receive the following trainings that support service integration: Orasure and clinic based HIV testing procedures, client centered prevention counseling, needle exchange, partner elicitation, and ongoing educational updates. Most job descriptions include counseling and testing as a responsibility of the job. To meet the challenges of an integrated system, the clinic developed an internal Program Team, quarterly HIV services staff meetings, staff access to client scheduling software systems, and creation of a master calendar.

**RESULTS:** This model ensures continuity of care from initial HIV testing to medical care and case management. The benefits of integration include: (1) client receipt of HIV prevention information from many diverse angles; (2) seamless service delivery for clients (3) normalization of risk reduction; (4) "one stop shopping;" and (5) increased patient follow-up.

**LESSONS LEARNED:** In addition to staff training and development, this model requires a philosophy shift on the part of staff and management so that all involved perceive the importance of integrating prevention and care. Other considerations must be made for office space coordination and front office staff procedures. Lastly, clarifying boundaries, roles, and responsibilities among professional staff must be an ongoing process.

**Control Number:** 03-A-765-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** F17 Prevention Training Needs of Persons Providing Care for HIV Positive Persons

**2nd Category Choice:** F20 Secondary Prevention of Opportunistic Infections

**Population 1:** P22 Health Care Workers

**Population 2:** P46 People Living with HIV/AIDS

**Presentation Preference:** Single Oral

**Title:** Results From a Regional Needs Assessment on Dental Services for HIV+ Consumers

**Author Block:** *Godin, SW*

East Stroudsburg University, East Stroudsburg, PA

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Consumers living with HIV disease and AIDS require regular preventive dental services due to risk for various opportunistic infections. Anecdotal information collected by case managers suggested that HIV+ consumers in northeastern Pennsylvania were not receiving adequate dental care. To validate case managers' perceptions, a dental services needs assessment survey was constructed and administered to 243 HIV+ consumers residing in six counties (i.e., Berks, Carbon, Lehigh, Monroe, Northampton, and Schuylkill) in Pennsylvania.

**METHODS:** HIV+ consumers (N=277) currently in active case management were asked to participate in a dental services needs assessment. Surveys were completed by 243 HIV+ consumers (88% return rate) during regularly scheduled appointments with their case managers. Consumers were provided with \$5 telephone calling cards for completing the 10 minute survey.

**RESULTS:** Of the 243 completed surveys, the majority of the participants (63%) indicated they had not seen a dentist within the past six months. Almost one-third (29%) of the HIV+ consumers indicated it had been more than two years since their last dental visit. Over half (57%) of the participants reported experiencing dental pain within the last 12 months. Of those who had not visited a dentist in the last two years, the primary reason was "fear of rejection by their dentist" (Chi-Sq=20.54; p<.001). Furthermore, many of these consumers had not disclosed their HIV serostatus to their dentist (ChiSq=19.29; p<.001). In the months that followed the completion of this study, case managers from all six counties reported anecdotal information received from HIV+ consumers reporting difficulty securing dental services after they disclosed their HIV status to their dentist. Furthermore, consumers indicated that they had educated each other that in order to receive dental care, it is best not to disclose their HIV status to dentists.

**CONCLUSIONS:** This presentation will discuss the implications of the survey findings for providing HIV+ consumers with education regarding proper dental hygiene. Attention will also be given to methods for providing HIV/AIDS education to dentists.

**Control Number:** 03-B-773-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** F17 Prevention Training Needs of Persons Providing Care for HIV Positive Persons

**2nd Category Choice:** D17 HIV Prevention Programs for Seropositive Persons

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P46 People Living with HIV/AIDS

**Presentation Preference:** Single Oral

**Title:** Staffing Prevention with Positives Programs: Issues and Strategies for Recruitment and Retention

**Author Block:** *Bryant, LO<sup>1</sup>; Cribbin, M<sup>1</sup>; Powell, CL<sup>1</sup>; Crump, C<sup>2</sup>; Davis, E<sup>3</sup>; Esquivel, M<sup>4</sup>; Kaplan, M<sup>5</sup>; LLanas, MR<sup>6</sup>; Richardson, DA<sup>7</sup>; PHIPP Demonstration Project Group*

1 Emory University, Atlanta, GA; 2 California Department of Health Services, Sacramento, CA; 3 San Francisco Department of Public Health, San Francisco, CA; 4 Los Angeles County Office of AIDS Programs and Policy, Los Angeles, CA; 5 Academy for Educational Development, Washington, DC; 6 Wisconsin Department of Health and Family Services, Madison, WI; 7 Maryland Department of Health and Mental Hygiene, Baltimore, MD

### **Abstract Body:**

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**ISSUE:** The Prevention with HIV-Infected Persons Project (PHIPP) has demonstrated that careful attention to staffing strategies is needed in order to effectively serve the special needs of people living with HIV/AIDS (PWLHA).

**SETTING:** Providers of PHIPP interventions are working in agency, clinic, street corner, correctional facility, and mobile van settings.

**PROJECT:** PHIPP is a five-year national demonstration project funding health departments in Maryland, Wisconsin, San Francisco, Los Angeles, and California. PHIPP programs consist of an array of interventions, including prevention case management, counseling and testing, street and community outreach, social marketing, group and community level interventions, referral and linkage services, partner counseling and referral, and provider training.

**RESULTS:** Findings stem from qualitative interviews that were conducted with PHIPP administrators, front-line staff, and stakeholders. Additional lessons learned were gleaned from project documents. Themes related to staff turnover, boundary issues, and supervision needs were identified. For many interventions, members of the target population are hired as employees for their ability to locate, engage, and work with hard-to-reach clients. However, special consideration and supervision are needed to address personal issues that can surface among staff. Furthermore, local government human resource policies can make it difficult to employ full-time equivalent personnel, resulting in the hiring of individuals on a contractual basis with little or no benefits. These challenges along with long work hours and employee compensation may affect staff retention.

**LESSONS LEARNED:** PHIPP grantees have incorporated useful recruitment and support strategies in response to staffing challenges. When hiring new staff, some sites not only screen applicants according to their skills, but also for personal qualities that are necessary for working with PLWHA. Technical assistance programs have been available to teach new hires how to interact more effectively with specific populations. Training can be provided to prevent front-line staff from transferring their personal issues to clients and to build capacity for the provision of appropriate supervisory support. In addition, PHIPP Learning Communities were created so that providers could establish peer support networks, share lessons learned, and express concerns.

**Control Number:** 03-B-784-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** F09 HIV Testing in Healthcare Facilities Programs

**2nd Category Choice:** E14 Improving Methods of Targeting HIV Resources to Communities in Need

**Population 1:** P46 People Living with HIV/AIDS

**Population 2:** P54 Senior Citizens and Adults Over 50

**Presentation Preference:** Single Oral

**Title:** Need of NGO based counseling support in Chandigarh, India.

**Author Block:** *James, I; C. Sandhu, R. Bhardwaj, U. Datta, S. Sehgal and S.K. Arora*  
PGIMER, Chandigarh, India

**Abstract Body:**

**ISSUE:**

At the Voluntary Counseling and Testing Centre (VCTC) in the Department of Immunopathology, PGIMER, Chandigarh, during June 1987 - December 2002 a total of 1,69,202 individuals were screened for HIV. 2932 (1.73%) seropositives were detected with atleast 995 (33.93%) of them suffering from full blown disease (AIDS). Care and Social Support are practically negligible or are in absolute infancy.

**SETTING:**

A Voluntary Counseling Testing Centre was identified in June 1987 and affiliated to National AIDS Control Organization (NACO), Govt. of India is located in the Department of Immunopathology, PGIMER, situated in Chandigarh . The centre is actively involved in all the programs on AIDS Control including training of Health care workers.

**PROJECT:**

At the time of inception of this centre, the G.O.I's National AIDS Control Program was in its infancy The G.O.I. through its nodal agency National AIDS Control Organization (NACO) and its subordinate agencies i.e. the State AIDS Control Societies (SACS) evaluated the data generated by the BTC's, Sentinel Survilance and realised that there existed a need for intense intervention and prevention programes as well as counseling services and active involvement of dedicated Health Care Workers and NGO's. These BTC's were then redesignated to Voluntary Counseling & Testing Centre, by instilling counseling services offered by trained HIV/AIDS Counselors, to educate the infected about the treatment available and support provided by the G.O.I. to the PLWHA and their families.

**RESULTS:**

During the period of this study i.e., from January 1998 – December 2002, we have seen at our centre approximately two fold increase in the number of HIV cases detected i.e., 252 cases in 1998 and at the end of 2002 we had 449 cases. It was observed that out of 29540 individuals tested 1871 (6.33%) individuals were infected with HIV. In Children 17 were orphans, 10 suffered from full blown disease (AIDS) 46 children had both parents infected with HIV.

In the 1390 industrially and sexually productive individuals were in their third and fourth decade of life, 391 had full blown disease (AIDS) 286 individuals were suffering from various opportunistic infections. In 234 individuals above the age of 40, 76 individuals were suffering from full blown disease (AIDS), 21 had lost their life partners, 14 were alcoholics and many of them were addicted to drugs.

Of the 102 adolescents a few had contracted the disease from Blood or drugs.

**LESSONS LEARNED:** The tragedy of the situation as perceived at our centre is that as most of the infected individuals were uneducated, low socioeconomic status and lack of insight into the disease. We feel that IEC intervention is not enough keeping inview the rising trend of the disease. Only about 5% of these individuals can afford Therapy, and since the Health budget of the country is only 2% of the total budget we need Dedicated Non Governmental Organizations to set up Hospices where professional help on all aspects can be provided and effectively implement intervention and management programs.

**Control Number:** 03-A-789-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** F17 Prevention Training Needs of Persons Providing Care for HIV Positive Persons

**2nd Category Choice:** F08 HIV Prevention Opportunities in Primary Care Settings

**Population 1:** P4 Alcohol and Other Drug Users

**Population 2:** P22 Health Care Workers

**Presentation Preference:** Single Oral

**Title:** *Screening for Drug Use at HIV medical care settings in four US cities*

**Author Block:** *Metsch, LR<sup>1</sup>; Pereyra, MR<sup>1</sup>; Loughlin, AM<sup>2</sup>; del Rio, C<sup>3</sup>; Anderson-Mahoney, P<sup>4</sup>; Brewer, TH<sup>1</sup>; Gardner, L<sup>5</sup>*

1 University of Miami School of Medicine, Miami, FL; 2 Johns Hopkins School of Hygiene and Public Health, Baltimore, MD; 3 Emory University School of Medicine, Atlanta, GA; 4 Los Angeles County Department of Health Services, Los Angeles, CA; 5 Centers for Disease Control and Prevention, Atlanta, GA

**Abstract Body:**

**Background/Objectives:** The medical care visit provides an opportunity for physicians to identify patients with substance abuse problems, address their prevention and medical care needs and discuss options for drug treatment. To better understand screening practices among physicians, we conducted a mail survey of HIV care providers to assess their substance abuse screening practices with newly diagnosed HIV-positive patients.

**Methods:** In 2000-2001, questionnaires were completed by 317 HIV primary care physicians in 4 U.S. cities (Atlanta, Baltimore, Los Angeles, and Miami) who provided primary care and/or prescribed antiretroviral treatment to HIV-positive adults. Physicians were asked to report the percentage of newly diagnosed patients whom they asked about illicit drug use during the past month. In addition, physicians' demographic and practice characteristics were assessed.

**Results:** Multivariate logistic regression was used to identify factors associated with screening more than 90% of newly diagnosed patients. Bivariate analysis was used to identify variables to include in the model; variables with p values less than 0.25 were included in an initial model. A parsimonious model was developed by reducing the original model by a backward stepwise method. Variables included in the final model were site, urban location, providers' self-perceived familiarity with ART guidelines, providers' perception of proportion of patients with mental health and substance abuse problems, and a 1 to 4 scale of provider's beliefs about patient-related barriers to care. Almost one-fourth (24%) of physicians did not consistently ask their new patients about drug use. Multivariate analysis indicates that physicians surveyed in Baltimore (OR=5.4, 1.1-25.3), physicians who believed that the most important barriers to care are patient related (i.e., lack of social support, mental health problems, substance abuse problems) (OR=2.0, 1.2-3.4) and physicians who reported being very familiar with ART guidelines were more likely to screen patients for drug use (OR=2.3, 1.1-4.7). Providers serving patient populations with 25% or more of patients with mental health and/or substance abuse problems were not more likely to screen newly diagnosed patients.

**Conclusions:** Screening practices among HIV provider's remains less than optimal. Increased levels of screening in Baltimore, where injection drug use is a more common HIV risk factor, may reflect greater physician experience with drug users. Physicians who believed that barriers to care are patient-related may demonstrate an increased sensitivity to drug using and other vulnerable populations. Increased familiarity with ART guidelines may reflect physicians' awareness of the guidelines' recent attention to drug users.

**Control Number:** 03-A-803-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** F08 HIV Prevention Opportunities in Primary Care Settings

**2nd Category Choice:** F11 Integrating Planning for HIV Prevention and Treatment

**Population 1:** P43 Outpatient Clients

**Population 2:** P46 People Living with HIV/AIDS

**Presentation Preference:** Group Oral

**Title:** Special Projects of National Significance (SPNS) Initiative on Prevention with HIV-Infected Persons Seen in Primary Care Settings

**Author Block:** *Morin, S<sup>1</sup>; Koester, KA<sup>1</sup>; Maiorana, A<sup>1</sup>; McLaughlin, M<sup>1</sup>; Myers, JJ<sup>1</sup>; Steward, WT<sup>1</sup>; Vernon, K<sup>1</sup>; Kahn, JO<sup>1</sup>; Chesney, M<sup>1</sup>; Malitz, FE<sup>2</sup>; Bush, C<sup>2</sup>; Duggan, S<sup>2</sup>; Eldred, L<sup>2</sup>*

1 AIDS Policy Research Ctr. ARI, University of California, San Francisco, San Francisco, CA; 2 Health Resources & Services Adm., HIV/AIDS Bureau, Rockville, MD

**Abstract Body:**

**ISSUE:** HIV primary care settings provide a venue for prevention activities with HIV-infected individuals.

**SETTING:** 16 Ryan White CARE Act funded clinics in 9 states and primary care settings serving at least 300 HIV-infected clients per year and providing continuing, comprehensive, and preventive personal medical care.

**PROJECT:** The Ryan White CARE Act Prevention Project assessed current practices of providers regarding prevention with HIV-positive patients in CARE Act primary care settings, barriers to providing such services, and perceptions of patients regarding their need for such services. Interviews regarding services received were conducted with 618 HIV-positive patients after exiting a primary care visit. In addition, qualitative interviews were conducted with 16 clinic administrators, 32 primary care providers, 32 support service providers and 64 patients recruited from the 16 clinics. Results from this study led to the development of the SPNS HIV Prevention Initiative. Under this initiative, demonstration sites select, implement and evaluate interventions with HIV-positive individuals in primary care settings. The goal of the initiative is to determine if behavioral interventions in primary care clinical settings help HIV-positive clients reduce the risk of transmitting HIV to others. A typology characterizing the initiative's prevention interventions will be presented. Components such as behavioral risk assessment, behavioral intervention, training protocol, model fidelity and intensity and duration of the intervention (dose) will be compared. An evaluation center (the Center) has been established to provide support and leadership in the selection, implementation and evaluation of interventions. The goal is to gain a better understanding of theory, practice and policy of HIV prevention in primary health care settings. The Center will coordinate a multi-site evaluation to determine: the efficacy of the variety of funded interventions; which models are most appropriate with different populations and in different settings; cost effectiveness; and, provider and patient behavior change. The multi-site evaluation design, a web-based data collection system, technical assistance, and plans for development of communication networks to support sites in the collection of process, outcome and impact indicators will be described.

**RESULTS:** One-quarter of Prevention Project's participants discussed "safer sex and ways to prevent transmission to others" with their provider during that day's primary care visit. However, only 6% reported discussing specific sexual activities. Twenty-one percent of sexually active patients reported being worried that they may have given HIV to someone else in the last six months. Clinics differed significantly in the provision of prevention services. Barriers to providing prevention services identified included lack of time, training, funding for staffing, and providers' understanding of their roles and responsibilities.

**LESSONS LEARNED:** HIV primary care settings may provide an opportunity to reduce new

transmissions during regular clinical encounters. However, the Prevention Project revealed that the concept of “prevention with positives” is not clearly understood or defined in most clinics, and such services are not routine on an ongoing basis. Before evidence based HIV prevention interventions can be established, administrators, providers and patients must agree that this activity is consistent with the clinic's role and decide who is responsible for delivering the service.

**Control Number:** 03-B-810-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** F08 HIV Prevention Opportunities in Primary Care Settings

**2nd Category Choice:** G16 Models of Integrating HIV Prevention into Youth Services

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P56 Staff of Community-Based Organizations

**Presentation Preference:** Single Oral

**Title:** Teen Connection: A Model HIV Prevention Support Group

**Author Block:** *Wyman, A; Darius-Mesilien, L*

University of Miami School of Medicine Department of Pediatrics, Miami, FL 33101, FL

**Abstract Body:**

**ISSUE:** *HIV affected children and youth cope with many complex issues associated with caring for family who are diagnosed with HIV/AIDS.*

**SETTING:** The University of Miami Division of Pediatric Infectious Disease & Immunology HIV specialty care program.

**PROJECT:** Since 1998, 42 adolescents 13 through 18 years of age have been members of Teen Connection, a mutual aide support group that addresses the emotional needs and concerns of HIV affected adolescent siblings and relatives of HIV infected children/youth. The Program goal is to create an environment through group support for these adolescents to express their feelings, offering each other mutual support and understanding. While coping with this emotional hardship, their life stressors become more exacerbated when they assume the care-taking role for the family, experience survivor guilt, and live in constant fear of abandonment. They also struggle with other difficulties related to normal adolescent development. Such issues may include the search for self-identity, living with domestic and teen violence, delinquency, sexual experimentation, spirituality, drug use, and peer pressure to conform.

**RESULTS:** Teen Connection targets adolescents who live in Miami-Dade County's poorest inner city neighborhoods. Since the group's inception in 1998, 11 males and 33 females comprised the current and past membership. These adolescents consist of African-Americans (57%), Haitian-Americans (31%) and Hispanics youth (12%). Forty percent (17) of the members have lost one or both parent (s) to AIDS, fifty-five percent (23) have siblings and/or cousins who are infected with HIV, and five percent (2) have both parents and siblings living with HIV. The HIV infected siblings receive their healthcare services through the UM Pediatric HIV Program. Teen Connection promotes HIV/AIDS prevention and education by placing special emphasis on social, life and problem-solving skills development. The HIV prevention message is delivered through various treatment modalities within the group setting: psycho-educational presentations; music therapy (they wrote a song and made a CD); Life-Skills Training (moving towards independent living); and Health Promotion workshops.

**LESSONS LEARNED:** Support groups, as a primary intervention for HIV prevention, appears to be effective in some areas with this small sample of affected teens. Of the 42 members: no cases of HIV infection (everyone is routinely voluntarily tested for HIV), with five testing positive for STD's; one is attending college, three dropped out of high school, and 36 are attending/completed high school; three young women were pregnant; no cases of drug use; and 10 are active church members.



**Control Number:** 03-B-839-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** F19 Referral from HIV Counseling and Testing Sites to Primary Care Settings

**2nd Category Choice:** F02 Campaigns (Media and Non-media) to Encourage Early HIV Diagnosis or Promoting Knowledge of Serostatus

**Population 1:** P61 Women

**Population 2:** P62 Youth

**Presentation Preference:** Single Oral

**Title:** From Test to Care: Utilizing Consumer Advocates to reach HIV+ women, youth and men with children.

**Author Block:** *Montoya, AP*

New Mexico AIDS Services, Albuquerque, NM

**Abstract Body:**

**ISSUE:** HIV Consumer Advocates assist HIV+ women, youth and men with children in accessing and maintaining medical and social care.

**SETTING:** ASO, clients' homes, many diverse community locations

**PROJECT:** N.O.W., Notice Our Worth, seeks to empower women, youth and men with children to prioritize their own medical and social needs through a harm reduction approach. The program employs people living with HIV/AIDS to assist with all of the following outreach which seeks to serve at every step from testing through care: We conduct free and anonymous HIV testing/counseling/results on a drop-in basis at our office, bars, cafes, drug treatment centers, shelters, concerts, raves, college campuses, community centers, methadone clinics, syringe exchange programs, gyms, and at other community programs/events. We tend tables, conduct presentations and distribute materials to promote HIV testing and medical and social care throughout the community. We create "positive packets" with referral information and other materials to help people who just received a positive result. We network with other HIV/AIDS professionals to keep from duplicating services and to maintain current referral information. We seek to educate all providers who give HIV results on current referral information. We work with PLWH/A to help them acknowledge and get around their barriers to care. We offer someone to talk and relate to, transportation, home visits, support groups, someone to help complete paperwork, encouragement, referrals, tours of care facilities and introduction to staff, and more for PLWH/A. PLWH/A participate in every level of the N.O.W. program from consultation to direct services.

**RESULTS:** N.M.A.S. has 90 women, youth and men with children currently enrolled in HIV services; N.O.W. helps them to maintain their enrollment. We have done outreach to 2,156 women and youth. We have performed 300 outreach HIV tests. Through the testing N.M.A.S. had done prior to this program, no woman nor youth tested positive. Since the N.O.W. program began, one woman and one youth tested positive, resulting in a 200% increase. The linkage to care program is relatively new and has worked with 8 women to help them access medical and social care. There are 60 women, youth and men with children currently disenrolled from services who we are currently assisting.

**LESSONS LEARNED:** Many women, youth and heterosexual men do not know that ASOs exist. Many women and youth do not know that they are at risk for HIV. Many women and youth do not prioritize their own needs and care. People Living With HIV/AIDS are highly effective in reaching their peers.

**Control Number:** 03-A-845-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** F13 Linking Therapy (e.g., HAART) with Other Prevention Services (i.e., behavioral counseling, drug treatment, etc.)

**2nd Category Choice:** F01 Approaches to Strengthening Adherence to HIV Therapy

**Population 1:** P43 Outpatient Clients

**Population 2:** P27 Homeless

**Presentation Preference:** Single Oral

**Title:** Improving Care for HIV Positive Patients at a "Transition Center": preliminary results from an innovative model

**Author Block:** *Petraro, P<sup>1</sup>; del Rio, C<sup>2</sup>; Ford, J<sup>3</sup>; Barragan, M<sup>1</sup>; Franco-Paredes, C<sup>1</sup>; Vuchetch, A<sup>3</sup>; Lennox, J<sup>2</sup>*

1 Emory University CFAR, Atlanta, GA; 2 Emory University CFAR and Grady Health System, Atlanta, GA; 3 Grady Health System, Atlanta, GA

**Abstract Body:**

**Background:** The Transition Center (TC) was started in 2001 at the Grady Health System Infectious Disease Program (IDP) to test a new approach for the treatment of HIV-infected patients who have a history of repetitive noncompliance with medical care.

**Objective:** To describe the characteristics of the TC population and the ability of the TC to link patients to care including antiretroviral therapy. **Methods:** Retrospective study of patients who enrolled in the TC between 4/1/01 - 8/30/02. To be eligible for the TC HIV-infected patients had to have documented noncompliance with scheduled medical visits, plus a history of frequent admissions or incarcerations or mental health or substance abuse problems. The TC intervention included availability of walk-in appointments; incorporation of nutritional, mental health and drug addiction counseling into each visit; housing assistance; and prophylaxis and therapy reminder systems. **Results:** During the study period a total of 159 patients received TC services. Patients in the TC were primarily African-American (96%) males (86%) compared to the regular clinic population which 74% African-American and 75% male. Fifty five percent had active drug use (55%), homelessness was present in 84 (53%) and 70 (44%) had "triple diagnosis" (HIV, active drug use and mental health disorder). Forty-nine patients (31%) were started on antiretroviral therapy (ARV), of whom 28 were treatment naïve. The median pre-therapy CD4 count was 84 cells/uL. Among patients started on ARV's, 15 (31%) achieved an undetectable plasma viral load. During the study period 89 (56%) patients were admitted to the hospital. Active drug use, homelessness, or triple diagnoses were not associated with an increased number of admissions. However, patients started on ARV's were less likely to be admitted during the study period (16/49 vs. 73/110;  $p < 0.001$ ), despite the fact that a majority had not achieved an undetectable plasma viral load. **Conclusions:** The TC intervention successfully transitioned almost one third of patients onto antiretroviral therapy. As a result, hospital admissions were reduced compared to those who did not start therapy. The TC concept is an effective intervention for improving care in this hard to reach population.

**Control Number:** 03-B-905-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** F12 Linking HIV Prevention and Treatment in Correctional Settings

**2nd Category Choice:** D19 HIV Prevention Programs for Women

**Population 1:** P14 Correct.Settings,Persons in(Incarcer.Popul.)

**Population 2:** P56 Staff of Community-Based Organizations

**Presentation Preference:** Group Oral

**Title:** An Inside and Outside Approach of Linking Women to Care: Incarcerated and Newly Released Women Living With HIV/AIDS/STDs

**Author Block:** *Short, J<sup>1</sup>; Booth, B<sup>2</sup>; Turman, S<sup>2</sup>; Felix, L<sup>2</sup>*

1 DHHS/OPHS Office on Women's Health, Washington, DC; 2 Catholic Social Services, Atlanta, GA

**Abstract Body:**

**ISSUE:** Linking care both inside and outside of correctional settings increases opportunities for incarcerated and newly released women living with HIV/AIDS/STDs to maintain healthy lifestyles

**SETTING:** Prison setting in Atlanta, GA

**PROJECT:** Office on Women's Health funded One Church One Family in collaboration with Catholic Social Services to pilot a gender-centered pre-release, discharge, and transitional planning processes for incarcerated and new released minority women living with HIV/AIDS/STDs

**RESULTS:** During the project year in 2001-2002, volunteers were trained and assembled into teams to assist 15 newly released minority women living with HIV/AIDS/STDs link to HIV and primary care services, substance abuse prevention, child care, legal, and transportation to name a few.

**LESSONS LEARNED:** Employing a Peer Educator and training volunteers were primary keys to the success of reaching incarcerated and newly released women living with HIV/AIDS/STDs with pre-release, discharge, and transitional planning services. There were two major challenges: adequately projecting the number of women living with HIV/AIDS/STDs to be released during the project year and project administration occurring in a different state than project services. The Office on Women's Health granted an extension for the project to reach targeted women. Project administration improved over time due to the expertise and commitment of project staff and trained volunteers to serve the needs of incarcerated and newly released women living HIV/AIDS/STDs.

**Control Number:** 03-B-920-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** F08 HIV Prevention Opportunities in Primary Care Settings

**2nd Category Choice:** G13 Models of Integrating HIV Prevention into Mental Health Services

**Population 1:** P63 Youth in High Risk Situations

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Single Oral

**Title:** Integrating Mental Health Services in a Prevention Program

**Author Block:** *Cordero, MSW, RA; Barrett, MPH, F*

William F. Ryan Community Health Center, New York, NY

**Abstract Body:**

**ISSUE:** The challenges of integrating mental health services into HIV/AIDS prevention interventions for targeted populations, including young men of color who have sex with men and adolescents into an established and busy prevention education and outreach program in a primary care setting will be addressed. Issues of program planning, implementation, and evaluation will be reviewed.

**SETTING:** The William F. Ryan Community Health Center (Ryan Center) in New York City is a progressive, multi-site primary care provider serving the uninsured and those who have traditionally lacked access to high quality health care, and utilizes a comprehensive HIV prevention and care model, including peer education, to serve people whose behavior puts them at highest risk for HIV infection. Interventions occur during street and community outreach at single residence occupancy hotels, shelters, gay bars, health fairs, and onsite at the Ryan Center. The intended audience for this session is program administrators and front-line staff.

**PROJECT:** The Ryan Center's comprehensive HIV/AIDS prevention and care model utilizes evidence-based, effective HIV prevention interventions, (i.e. intensive outreach, individualized interventions, oral HIV testing, group level interventions, primary care and support services) with targeted populations being served in a primary care setting, and in the surrounding community. Specifically, the Ryan Center's Peer Training Institute (PTI) Program utilizes brief behavioral interventions and group counseling conducted by a clinical social worker to support peer educator trainees from targeted high risk populations as they train to conduct peer-led HIV/STD prevention education. In addition, clinical social workers in Ryan White Title I-funded programs utilize HIV prevention risk reduction techniques with HIV positive clients.

**RESULTS:** The Ryan Center's innovative model for assuring access to health care and social services, integrates effective peer-led HIV/STD prevention strategies with high quality case managed primary care and mental health services is adaptable to other community-based and primary care settings.

**LESSONS LEARNED:** Implications of integrating mental health services into established HIV prevention education programs will be reviewed.

**Control Number:** 03-B-962-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** F23 Other (Please specify on Additional Info page)

**2nd Category Choice:** F16 Prevention Impact of Early Diagnosis and Treatment for HIV

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P27 Homeless

**Presentation Preference:** Group Oral

**Title:** HIV Prevention and Access to Care-A Community-Based Model

**Author Block:** *Neville, MN; Quinones, H; Cummins-Martinez, P*  
Settlement Health, New York, NY

**Abstract Body:**

**Issue:** Approximately 95% of all HIV/AIDS cases in East Harlem are African-American or Latino a reflection of the community itself, and it is estimated that 40% are unaccounted for or are not in care. The primary modes of transmission are intravenous drug use and unprotected sex. The social ills of homelessness, substance use, mental illness and differences in culture limit their ability to navigate the health care system and pose barriers to accessing or maintaining care.

**Setting:** Community-Based Health Center; Homeless Shelters; outreach throughout East Harlem New York.

**Project:** HIV Prevention and Access to Care is a Community Based Model which utilizes individual, group and community level HIV prevention interventions designed at educating the target population about the risks of HIV infection or “superinfection” (re-infection) and helping persons at risk to reduce their probability of becoming infected along with using an adapted prevention case management model to facilitate access to and promote maintenance in HIV care to the target population in East Harlem who would otherwise not seek HIV care unless there is close guidance, encouragement and the necessary skills and resources provided to do so. The HIV prevention component of the model focuses on being ongoing and consistent with all educational sessions grounded in behavioral change theory aimed and to increase condom usage among the target population, raise community awareness on the impact of HIV/AIDS, reduce the incidence of HIV infection and unprotected sex, and to increase access to HIV/AIDS services. This is accomplished through street outreach, individual and group health education/risk reduction presentations and community forums. Utilizing the HIV prevention component to engage clients and connect them to the access to care program, access to care counselors conduct risk and need assessment interviews to develop a service delivery plan that includes counseling and testing services if the client HIV status is unknown, primary care and supportive services.

**Results:** Since the community-based model inception in September 2002, 6,571 participants have participated and accessed HIV prevention services at Settlement Health. Of the 6,571 participants, 57 participants are currently enrolled in the access to care program. Of the 57 participants participating in the ATC program 46 are currently receiving primary care services at Settlement Health, a 37% increase in our current primary care caseload. Of the 46 clients receiving primary care services at Settlement Health, 98% have remained consistent in achieving their service delivery plan goals while 2% have been lost to follow-up.

**Lessons Learned:** The integration of the access to care along with dedicated staff employed in our HIV program has meant a 37% increase in patient caseload in a matter of months. One major difficulty in delivering this model to the target population is socioeconomic burdens due to poverty, homelessness, and substance abuse history sometimes rendering them powerless to be consistent with following their service delivery plans and accessing primary care services. Additional prevention efforts need to be focused on reaching clients where they are at-the places where they congregate to meet their social and drug treatment needs.

**Control Number:** 03-B-972-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** F11 Integrating Planning for HIV Prevention and Treatment

**2nd Category Choice:** F23 Other (Please specify on Additional Info page)

**Population 1:** P50 Program Administrators

**Population 2:** P51 Public Health Workers

**Presentation Preference:** Single Oral

**Title:** HIV Prevention and Treatment Interface Using Web-based Resources through the HRSA HIV/AIDS Bureau's New Technical Assistance Library

**Author Block:** *Bourassa, VM; Beasley, PG*

Health Resources and Services Administration, Rockville, DC

**Abstract Body:**

**ISSUE:** With the abundance of websites providing information and tools, many working in HIV prevention and treatment have no way to determine the reliability of information or the usefulness of tools. As HIV/AIDS prevention and treatment focused resources and technical assistance tools are increasingly being developed with a view toward application and transferability between both fields, there is a need for disseminating appropriate materials relevant to both sectors.

**SETTING:** Internet information users and Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau (HAB) Web-based TA library.

**PROJECT:** HAB recently launched the CARE Act Technical Information and Education (CATIE) web-based TA library. Users are now able to search and download both HAB and Ryan White CARE Act (RWCA) program contributed documents in a wide range of topics relevant to Prevention and Treatment communities. These tools are used for program planning, implementation and evaluation. HRSA training and technical assistance staff demonstrate the utility of the TA library through an overview of several key documents including: the HRSA/CDC CARE/Prevention Collaboration Guide, the Consumer Digest for the Participation of Persons Living with HIV, Reports from Special Projects of National Significance and the Ryan White CARE Act Needs Assessment Guide.

**RESULTS:** Training participants have learned to access the TA library and locate relevant models and tools for use as prevention/treatment resources. They have identified transferable examples of parallel protocols such as the needs assessment/priority setting processes used by both community planning groups (CPG's) and planning councils. Given CPG's and RWCA planning councils have combined membership in many areas of the country, TA library tools have proven to be effective single reference sources particularly for groups with dual roles. Training participants have also indicated that scarce materials related to hard-to-reach and high-risk groups like the incarcerated/prison population are easily available to them through the site.

**LESSONS LEARNED:** The full spectrum of Internet information users which include practitioners, researchers, grantees, consultants, project officers, and the general public rely upon collaboration of the government, community and academic communities to share effective resources. Presentation of the TA Library at various community-based and national venues helps to support the efficient dissemination of critical resources. In addition, users have successfully contributed samples of relevant TA solutions, methods, and models including: needs assessments, comprehensive plans, evaluations, and strategic plans with universal applicability.

**Control Number:** 03-B-32-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** A12 Media and Its Influence on HIV Risk

**2nd Category Choice:** C22 Interventions that Reduce Harm of Injecting Drug Use

**Population 1:** P32 Injecting Drug Users

**Population 2:**

**Presentation Preference:** Group Oral

**Title:** Using Media to Organize Support for Needle Exchange Programs

**Author Block:** *Farrell, J*

Positive Health Project, Inc., New York, NY

**Abstract Body:**

**ISSUE:** Needle exchange programs have been shown to lower incidence of HIV among injecting drug users while not increasing drug use. However, many communities remain opposed to needle exchange programs for a variety of reasons including moral opposition, lack of information and fear. This session will show how using printed media advertising can be used to educate the general public and target population about the efficacy of needle exchange programs.

**SETTING:** Public media campaign including transit ads, public service announcements, postcards and magazine advertisements.

**PROJECT:** PHP developed advertisements with the intent of increasing awareness of needle exchange programs among the general public, policy makers/local elected officials and injecting drug users.

**RESULTS:** Increased partnerships with community board, local police precincts, and local elected officials; increased visibility of needle exchange programs as effective prevention services; and decreased stigma of needle exchange services.

**LESSONS LEARNED:** Low levels of knowledge about needle exchange in New York; increased awareness among target population; media campaigns are effective ways to reach high numbers of people and impact basic knowledge about needle exchange programs.

**Control Number:** 03-B-33-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** A06 Cultural Factors and HIV Risk

**2nd Category Choice:** C14 Interventions that Influence Care-Seeking Behavior

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P13 Community Educators

**Presentation Preference:** Poster Session

**Title:** Hiv Transmission And Risk Factors Associated With Circumcision Practiced By The Bamasaba Community, Uganda

**Author Block:** KATAAMI, AS

JOINT CLINICAL RESEARCH CENTRE, Kampala, Uganda

**Abstract Body:**

**ISSUE:** Uganda is known for a declining HIV prevalence. However, there are still practices that lead to spread of HIV. The Bamasaba living on the slopes of Mt Elgon in the Eastern part of Uganda circumcise boys from age 12 - 18 years for initiation into manhood. This practice is done every even year and the major activity is dancing to traditional music and drinking alcohol. Circumcision is done by a local "surgeon" using a local knife. The Bamasaba risk contracting HIV through their circumcision practices.

**SETTING:** Visited Bamasaba "Imbalu" sites to assess the practices involved.

**PROJECT:** To examine the risk factors for HIV transmission caused by traditional circumcision.

**RESULTS:** Promiscuity during circumcision festivities and intensive drinking of alcohol lead to spread of HIV. The use of the same unsterilised knife to circumcise one "candidate" after another is a risk of spreading HIV in case one is infected.

**LESSONS LEARNED:** Basic education is paramount to increase on the level of understanding of the population. HIV/AIDS awareness programmes should be emphasised more in the rural setting than the urban.



**Control Number:** 03-B-34-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** A06 Cultural Factors and HIV Risk

**2nd Category Choice:** D40 Other (Please specify on Additional Info page)

**Population 1:** P5 American Indians/Alaskan Natives

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Group Oral

**Title:** Results of HIV Testing Survey in a Native American Urban Population

**Author Block:** *Scott, D; Masters, K; Weyland, B*

Sage Associates, Houston, TX

**Abstract Body:**

**ISSUE:** Identification of HIV risk behavior and testing practices among a Native American urban population

**SETTING:** Greater Houston area

**PROJECT:** The CDC HITS instrument was modified for cultural appropriateness and sensitivity and administered to over 100 Native Americans living in the greater Houston area. The participants were recruited through advertisements and word of mouth and agreed to an intensive one-on-one interview that included questions on demographics and questions to assess HIV knowledge, risk behavior and testing patterns.

**RESULTS:** Preliminary trends indicate that the majority of the participants, representing numerous Nations, were between 20-30 years old with some high school education. Most report a history of HIV testing and getting the results. High risk behaviors include regular alcohol use, body piercing, and a history of incarceration.

**LESSONS LEARNED:** In a highly acculturated community, Natives were frequently misclassified and often did not self-identify ethnicity to providers without appropriate prompting. As such, little has been reported about Native American urban populations and HIV. Final data from this study will inform prevention providers and policymakers of: 1) the reasons/barriers that influence HIV testing practices, 2) knowledge of State policies for HIV surveillance, 3) HIV testing patterns of a high risk population, and 4) risk behavior patterns. Data will help inform local HIV prevention and community planning and assess prevention effectiveness.

**Control Number:** 03-A-37-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A21 Quantitative Methods in Formative or Basic Prevention Research

**2nd Category Choice:** B17 Methods for Ascertaining and Categorizing Transmission Risk Information

**Population 1:** P61 Women

**Population 2:** P25 Heterosexuals

**Presentation Preference:** Poster Session

**Title:** Dual contraceptive method use for pregnancy and disease prevention among HIV infected and HIV uninfected women: The importance of an event-level focus for promoting safer sexual behaviors

**Author Block:** *Wilson, TE<sup>1</sup>; Koenig, L<sup>2</sup>; Walter, E<sup>3</sup>; Fernandez, I<sup>4</sup>; Ethier, K<sup>2</sup>*

1 SUNY Downstate Medical Center, Brooklyn, NY; 2 Centers for Disease Control and Prevention, Atlanta, GA; 3 Duke University Medical Center, Durham, NC; 4 University of Miami School of Medicine, Miami, FL

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Women often use multiple contraceptive methods (i.e., dual methods) such as condoms and oral contraceptives to simultaneously reduce the risk of unintended pregnancy and STD/HIV transmission. We sought to document consistency of dual contraceptive method use among HIV-seropositive and HIV-seronegative women, and assess factors associated with condom only versus dual contraceptive use.

**METHODS:** At six-months postpartum, 361 sexually active women enrolled in the Perinatal Guidelines Evaluation Project were interviewed regarding sexual behavior, male condom and other contraceptive use, and psychosocial factors.

**RESULTS:** Dual contraceptive method use was reported by 39% of sexually active women; 30% reported using condoms only. Almost two-thirds of dual method users (64%) reported always using these methods together (simultaneously) during vaginal sex. Compared to condom only users, simultaneous dual users were more likely to report consistent condom use (OR = 4.2; 95% CI = 2.5 - 7.1), while those who alternated methods (i.e., tended to use different methods on different occasions) were less consistent users (OR = 0.2; 95% CI = 0.1 - 0.3). Among dual users, those who used methods simultaneously were more likely to be HIV-seropositive (OR = 2.7, 95% CI = 1.1 - 6.4), to believe that a pregnancy would be very upsetting should it occur in the next six months (OR = 2.5, 95% CI = 1.1 - 5.7), and to report no alcohol use (OR = 3.6, 95% CI = 1.5 - 9.0).

**CONCLUSIONS:** To improve condom consistency, dual method users should be encouraged to use methods together at every episode of vaginal sex. Interventions promoting simultaneous use should include pregnancy attitudes and the role of alcohol use, as well as a consideration of HIV-serostatus as it impacts on dual use.

**Control Number:** 03-B-39-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** A21 Quantitative Methods in Formative or Basic Prevention Research

**2nd Category Choice:** F10 Impact of Gender Issues on Early HIV Diagnosis and Care

**Population 1:** P59 Transgendered Persons

**Population 2:** P21 General Population

**Presentation Preference:** Poster Session

**Title: HIV/STD Prevention Needs and Barriers Among Transgenders: Results of a Needs Assessment in Pennsylvania**

**Author Block:** *Kizzie, GA; Anthony Silvestre, John Encandela & Mark Freidman*  
PA Prevention Project, University of Pittsburgh, Pittsburgh, PA

**Abstract Body:**

**ISSUE:**

To describe HIV prevention needs and barriers among transgender persons (TGs) in Pennsylvania.

**SETTING:**

Focus groups conducted in urban and rural sites, throughout the Pennsylvania, providing a cross reference of this diverse population.

**PROJECT:**

Qualitative data analysis: the results of literature reviews, key-informant interviews with health & human service providers in Pennsylvania, San Francisco, Washington DC and New York, as well as, focus group interviews throughout Pennsylvania with diverse transgender persons, including male-to-female and female-to male needs assessments

**RESULTS:**

Transgender persons (TGs) are a minority population with multiple, seemingly, fragmented subgroups. Many TGs--like cross dressers--do not view themselves as gay. But like gays, TGs are often included within the category of sexual minorities. Therefore, TGs are potentially from diverse backgrounds. In 1985, when HIV prevention was being disseminated within the Gay communities, most TGs were likely not part of the target population and certainly their special needs were not identified or addressed. The lack of HIV/AIDS information directed at this population lead to a misperception that TGs were not at risk. With respect to sexual behaviors, it appears that TG street sex workers, involved in high-risk behaviors, and TG/IDUs are particularly vulnerable for HIV infections.

**LESSONS LEARNED:**

Data suggest that transgender persons are experiencing increasing rates of HIV infections. At the same time, our data show that transgender street workers minimize their risk for HIV disease while participating in risk-taking behaviors--namely, exchanging sex for drugs and money, as well as, participating in unprotected sexual activity with multiple partners.

Effective HIV prevention efforts need to address (both) high-risk behaviors that place many TGs at risk for HIV/AIDS and barriers that prohibit access to needed health & human services.

**Control Number:** 03-A-51-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A24 Religion, Spirituality, and Religious Institutions and Their Influence on HIV Risk

**2nd Category Choice:** A30 Stigma and Discrimination

**Population 1:** P18 Faith Community

**Population 2:** P19 Gay and Other Men Who Have Sex With Men

**Presentation Preference:** Single Oral

**Title:** The Black Church and it's Influence on African American Men Who Have Sex with Men in the Era of AIDS

**Author Block:** *Bryant, L*

Emory University, Decatur, GA

**Abstract Body:**

**Objective:** To examine the experiences of African American men who have sex with men (MSM) in the Black church, along with issues relating to the HIV/AIDS epidemic in the African American community. In addition, this research study explores the impact of traditional religious doctrine usually espoused in the Black church relating to MSM. The Social Cognitive Theory constructs of environment and situation are used to illustrate how these constructs play an important role in providing social, spiritual and psychological support for MSM. Also, the Health Belief Model construct of perceived barriers were ascertained to examine barriers to acceptance and fulfillment of MSM in the Black church.

**Methods:** A qualitative formative research study of MSM who attend Black churches in the metro Atlanta area during January through March of 2001. Data from in-depth semi-structured interviews with MSM (range=30-50 years) was obtained (n=30), and relevant themes extracted. The interview guide was developed by myself and consisted of questions based on the constructs of the Social Cognitive Theory, the Health Belief Model, review of the literature and focus groups. In addition, questions relating to MSM, the Black church and sexual orientation are explored as they relate to environment, situation and perceived barriers.

To maximize the diversity of the sample, key participants were recruited from clubs, where MSM congregate, organizations in gay communities, and private parties.

In addition, some respondents were recruited through discussion with others in the study (snowball effect).

**Results:** Most MSM in this research study (93%) describe their experiences regarding their sexual orientation in the Black church as oppressive, alienating, psychologically discomforting and humiliating. Many respondents (80%) reported that there were negative environmental issues in the Black church relating to MSM. All of the respondents reported perceived barriers in terms of leadership opportunities in the Black church. In addition, respondents identified situations and activities that promoted feelings of isolation and alienation in regard to theological teachings.

**Conclusions:** The church is one of the most influential institutions in the African American community. Therefore, it stands to reason it should be a strong catalyst of intervention in the AIDS epidemic. The Rev. Kenneth T. South, Executive Director of AIDS National Interfaith Network is quoted as saying the following about the African American church: "While the faith community generally supports the response of compassion where care of the person with AIDS is concerned, the faith community ethics surrounding sexuality, specifically sexual orientation is quite another matter.

Despite a historic resolve to offer support to diverse populations within and beyond their congregations, the literature reflects no sustained effort to support church going MSM. Although present and very active in the Black church, MSM comprise a marginalized population that receives infrequent public discussion or acknowledgment (Woodard, 2000).

**Control Number:** 03-B-55-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** A32 Other (Please specify on Additional Info page)

**2nd Category Choice:** C41 Other (Please specify on Additional Info page)

**Population 1:** P19 Gay and Other Men Who Have Sex With Men

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Single Oral

**Title:** The HIV/STD Prevention Technical Guidance for Men who have Sex with Men: A Web-Based Tool to Guide Program Development.

**Author Block:** *Prejean, J; Storch, PK; Collins, Jr, CB*  
CDC, Atlanta, GA

**Abstract Body:**

**Issue:** Increased rates of sexually transmitted diseases (STDs) have been reported among men who have sex with men (MSM) in several urban areas. This increase signals a return to riskier sexual behavior among MSM and is supported by survey research. Without a renewed emphasis on STD/HIV prevention for MSM, HIV infection rates can be expected to rise concomitantly.

**Setting:** A web-based tool for HIV/STD prevention

**Project:** In 2001, the CDC conducted four regional meetings among stakeholders in HIV/STD prevention for MSM to determine the needs for HIV/STD prevention information targeted to this community. *The HIV/STD Prevention Technical Guidance for Men Who Have Sex with Men* is a direct response to the community's call for the CDC's leadership on issues of relevance to HIV/STD prevention for MSM. It is intended to be a comprehensive document designed for use as a capacity building tool for community based organizations, local and state health departments, and community planning groups (CPGs).

**Results:** *The HIV/STD Prevention Technical Guidance for Men Who Have Sex with Men* will be distributed in two forms, both as a navigable web-based service, and as a hard-copy document. The initial page of the web-based document describes the history of and reasons for the document and outlines the content and potential uses for the information. Links lead to fact sheets which can be downloaded and distributed to grantees, CPG members, or others who desire information regarding the groups addressed within the document. Topics include: MSM of color, transgendered individuals, youth, rural MSM, substance abuse, hepatitis and other STDs, and correctional populations among others. The hard-copy format will match the topics presented on the web. This document will be updated as new information arises through research and program implementation.

**Lessons Learned:** Obtaining the cooperation and utilizing experiences of community members is vital to meet the capacity building needs of prevention providers. Collaboration between providers of services to MSM is essential for comprehensive HIV/STD prevention interventions for MSM.

**Control Number:** 03-A-57-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A24 Religion, Spirituality, and Religious Institutions and Their Influence on HIV Risk

**2nd Category Choice:** C31 Prevention Interventions in Faith Communities

**Population 1:** P3 African Americans

**Population 2:** P18 Faith Community

**Presentation Preference:** Single Oral

**Title:** Attitudes and Practices Regarding HIV/AIDS Prevention Education in African American Churches:

A Pilot Study of Faith Leaders in Metropolitan Atlanta, Georgia

**Author Block:** *Thomas, KR*

Johns Hopkins University, Baltimore, MD

**Abstract Body:**

**BACKGROUND.** The national incidence of HIV/AIDS continues to rise each year. The state of the disease has been categorized as an epidemic, especially with regard to the African American population. Numerous prevention education activities at the national, state and local levels have sought to curb the increase with what appears to be minimal progress. Yet, in the midst of the disappointment, a movement has evolved with hopes of changing this. Faith-based initiatives, which have gotten the support of political and social leaders, have been proposed as a way to address the HIV/AIDS epidemic. The church's historic impact on the African American culture has sparked a surge in the number of HIV/AIDS prevention education programs housed within African American churches. With more than 6600 cases of AIDS, and a far greater number of undocumented HIV cases in the 5-county metropolitan Atlanta, Georgia area, it is no surprise that many of the faith-based HIV/AIDS prevention education programs are being implemented there. Similarly, numerous HIV/AIDS prevention education training programs for faith leaders have emerged, with little evaluative documentation of their efficacy.

**OBJECTIVES.** The objective of this study was to assess whether HIV/AIDS prevention education training of faith leaders impacts the attitudes and practices regarding HIV/AIDS prevention education within the African American church in metropolitan Atlanta, Georgia. This study also sought to determine the number of faith leaders who had been trained and the means by which HIV/AIDS prevention education is carried out within churches in the stated community.

**METHODS.** A 25-item pilot study was designed to survey a convenience sample of faith leaders from varying African American denominations about their attitudes toward and their church's practices regarding HIV/AIDS prevention education. The survey asked about prior prevention education training, barriers to prevention education, the church's prevention education ministries, and the faith leader's desire for prevention education programs. The faith leaders were located in Georgia Public Health District 3.

**RESULTS.** There was no relationship between denominational affiliation and the respondent's having had training in HIV/AIDS prevention education ( $p=.254$ ). The author found, however, that a faith leader's having had HIV/AIDS prevention education training was positively associated with having a favorable attitude toward HIV/AIDS prevention education in the church ( $p<.05$ ).

**CONCLUSIONS.** It appears that faith leaders surveyed are open to HIV/AIDS prevention education within their churches. Additionally, it appears that this training could be used to develop and implement programming within the ministries of the church. Information about faith-based HIV/AIDS prevention education training programs and program implementation techniques need to be widely publicized so that leaders have the opportunity to utilize them.

**Control Number:** 03-B-70-NHPC  
**Format:** Abstract Format II - Descriptive Summary  
**1st Category Choice:** A12 Media and Its Influence on HIV Risk  
**2nd Category Choice:** A06 Cultural Factors and HIV Risk  
**Population 1:** P6 Asian and Pacific Islanders  
**Population 2:** P6 Asian and Pacific Islanders  
**Presentation Preference:** Single Oral

**Title:** The Breaking Silence Project

**Author Block:** Bernas, B  
APICHA, NEw York, NY

**Abstract Body:**

**ABSTRACT**

Nearly one in every 10 New York City residents describe themselves as Asian, up from 14 in 1990, according to the 2000 census. The numbers grew at a faster rate than those of any other racial or ethnic group, yet health education and services for them are woefully lacking. This is especially true in the case of HIV - where a combination of cultural taboos/stigma, language and cultural barriers, and neglect from social service and health care providers work together to make access to HIV prevention information and services for A&PIs exceedingly difficult.

Objectives of the "Breaking Silence" project are:

To raise awareness about HIV

To change social norms that prohibit discussion of HIV and HIV- related issues

To increase access to HIV information and services for Asian and Pacific Islander communities in New York, particularly immigrant A&PIs who speaks little or no English.

The two main activities are:

*Activity 1:*

Create a poster ad campaign in six (6) A&PI languages (Chinese, Bengali, Urdu, Korean, Tagalog and Japanese) altering A&PI communities about HIV/AIDS and directing them to an informative and referral mutli-lingual telephone line. A Coalition approved the final poster design in August 2000. They decided on the following statement: "**AIDS and HIV AFFECT YOU AND ME. TALK.ASK.CALL TOLL FREE: 1 866-274-2429.**" This message was translated into six A&PI languages. In July 2001 the poster ad campaign was implemented. A total of 2,000 posters were posted in the subways and buses throughout New York City.

Furthermore, the poster ads were converted to advertisements and were published in various ethnic newspapers.

In July 2002, the second media campaign was implemented. An ad message of "**I am...(Filipino, Chinese, Japanese, Korean, Pakistani, Bangladeshi). I can't get HIV. Think Again! Get Tested. Call Toll Free 1 866 274 24 29**" was translated to five specific AP&I languages, with the exception of Filipino and were then published to the various ethnic newspapers.

*Activity 2:*

Implement a multi-lingual Information and Referral Line (Info-line) where A&PIs can learn more about HIV risk reduction in their reduction in their own language and receive referrals for testing and other HIV-related services.

Info-line received a total of 788 calls from November 2000 thru September 2002. Forty-three percent of those calls were conducted in an AP&I language. Sixty-six percent of the calls were in reference to HIV testing. Of this number, 367 of the callers were referred to APICHA's HIV testing and counseling program. Furthermore, APICHA has conducted a total of 421 HIV testing and counseling from May 2001 to September 2002. Eight clients were identified HIV positive. While all of them were referred to

APICHA's case management program, 6 of them accepted the referral and are following through.

***Conclusion***

The Breaking Silence Project was successful in increasing awareness of and access to HIV information, testing and services.

The higher seropositivity rate suggests that APICHA's culturally relevant and linguistically appropriate intervention facilitates access to HIV testing among traditionally marginalized and/or hard-to-reach A&PI populations.



**Control Number:** 03-A-75-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A08 Educational Institutions and Their Influence on HIV Risk

**2nd Category Choice:** B02 Behavioral Surveillance

**Population 1:** P10 College and University Students

**Population 2:** P25 Heterosexuals

**Presentation Preference:** Single Oral

**Title:** Evaluation Of The Impact Of Prevention Messages On Hiv-aids On Sexual Behaviours Of Young Adults Of School Age In Yaounde, Cameroon.

**Author Block:** *CHICHOM, AM<sup>1</sup>; LAKOUDJEU, EK<sup>2</sup>; TAKUEFOU, B<sup>1</sup>*

1 Central hospital, Yaoundé, Yaounde, Cameroon; 2 PIVS, Yaounde, Cameroon

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** The AIDS pandemic was officially declared in Cameroon in 1986; a national program of fight against AIDS developed a program based on prevention with messages directed to the youth and centered on the use of the preservative.

Despite this program, the progression of HIV prevalence still follows an **exponential** curve.

The aim of this inquiry conducted in the program of a non governmental organisation was to assess the impact of these messages on **sexual behaviour** of the pupils aged above 15 years in a college in Yaoundé, Cameroon.

**METHODS:** During the month of **April 2002**, a college was randomly selected in the town of Yaoundé; 3 classes of upper six with 60 pupils each were also randomly selected in the college. All the pupils selected were given an anonymous form containing questions on their comprehension of prevention messages on HIV infection and questions on their personal choice of method of prevention; their opinion on other prevention messages was also required.

These informations were analysed on Epi Info 2000.

**RESULTS:** A total of 180 pupils were analysed; they all participated and all the forms could be analysed; their mean age of pupils was 16.7 years with extremes from 15 to 23 years; they were 112 male and 68 female, giving a sex ratio of 1.64.

87% of them believe that the use of a condom is the **key** to prevention, but 43% of condom users remember that they often remove it before the end of sexual intercourse because they are **not satisfied**. In addition, many young people believe that with the condom, they are free to deal with many sexual partners.

**CONCLUSIONS:** The use of a preservative must be presented to the youth as an **alternative** to the basic principles of "no sex before marriage" and "fidelity to one seronegative partner".

**Control Number:** 03-A-91-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A18 Pre-Clinical Research on Other Chemical and Physical Barrier Methods

**2nd Category Choice:** A25 Role of STDs in HIV Acquisition

**Population 1:** P58 Teachers

**Population 2:** P61 Women

**Presentation Preference:** Poster Session

**Title:** **The Role of Cervical Barriers and Microbicides in HIV and STDs Prevention.**

**Author Block:** Shihata, AA

Scripps Institution of Medicine and Science,, San Diego, CA

**Abstract Body:**

**OBJECTIVES:**

To block, mechanically and chemically, the CERVIX--the main portal of entry used by STD organisms and the HIV virus.

**METHODS:**

The CERVIX was found to be the main portal of entry for the HIV virus. This is due to the presence a of high concentration of chemokine receptors CCR-5 and CXCR-4 in the endocervical columnar epithelium. This is in contrast to the almost complete absence of these receptors from the stratified squamous epithelium of the vagina. These receptors must be present in order for the HIV virus to enter and infect the CD4 cells. The presence of gonorrhea and chlamydia infection in the endocervical epithelium was found to further enhance invasion by the HIV virus.

**RESULTS:**

Clinical, epidemiological, and histological studies, have proven that the cervix, cervical ectopy, genital ulcers, and gonorrhea and chlamydia infections increase the risk of HIV transmission.

Currently, the use of an effective mechanical barrier such as the condom is the only proven method that can reduce the transmission of HIV.

**CONCLUSIONS:**

Women want and need an alternative to the condom that they, themselves, can control. To minimize the transmission of HIV, in women, it is critical to use a microbicide and a mechanical barrier, such as the *FemCap*, that covers the cervix completely and delivers the microbicide on the cervical and, most importantly, on the vaginal side. This is to ensure immediate exposure of bacteria and viruses to the microbicide as soon as they are deposited into the vagina.

**Control Number:** 03-A-97-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A06 Cultural Factors and HIV Risk

**2nd Category Choice:** A22 Race, Racism, Ethnicity and Vulnerability to or Protection from HIV

**Population 1:** P3 African Americans

**Population 2:**

**Presentation Preference:** Poster Session

**Title:** Are HIV/AIDS Conspiracy Beliefs a Barrier to HIV Prevention Among African Americans at Increased Risk for HIV?

**Author Block:** *Bird, ST<sup>1</sup>; Bogart, LM<sup>2</sup>*

1 Oregon State University, Corvallis, OR; 2 Kent State University, Kent, OH

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Prior research has found that substantial proportions of African Americans endorse conspiracy beliefs about HIV/AIDS (e.g., “HIV is a manmade virus” and “the government is using AIDS as a way of killing off minority groups”). Yet, no studies have examined whether such beliefs are a barrier to HIV prevention. Thus, we are conducting a study to assess the relationship between HIV/AIDS conspiracy beliefs and sexual behavior and attitudes among African Americans of reproductive age.

**METHODS:** We are conducting a cross-sectional telephone survey with a national, random sample of 500+ African Americans, aged 15-44 yrs. The 30-minute interview includes questions about HIV/AIDS conspiracy beliefs (14 items;  $\alpha = .84$ ), attitudes toward condoms, sexual behavior including condom use, and other topics. The following are preliminary results for the first 373 respondents (136 men, 237 women), of which 95 (32%) are considered to be at increased risk for HIV based on a composite risk variable.

**RESULTS:** Large percentages of respondents endorsed HIV/AIDS conspiracy beliefs. Among the subgroup at increased risk for HIV, stronger HIV/AIDS conspiracy beliefs were associated with a greater number of partners in the past 3 mos. ( $r = .23, p < .05$ ) and lifetime ( $r = .27, p < .05$ ), with never having used condoms for intercourse in the past 3 mos. ( $r = .27, p < .05$ ), and with more negative attitudes toward male condoms as a birth control method. However, among this subgroup at increased risk, stronger HIV/AIDS conspiracy beliefs were also associated with greater intentions to use condoms at next intercourse ( $r = .24, p < .05$ ), in the next 3 mos. ( $r = .28, p < .01$ ), and in the next year ( $r = .32, p < .01$ ).

**CONCLUSIONS:** Preliminary results suggest that, among African Americans at increased risk for HIV, those with stronger HIV/AIDS conspiracy beliefs have more sexual partners and are less likely to have recently used condoms, but they have greater intentions to use condoms in future. Longitudinal research is needed to better understand the role of conspiracy beliefs in HIV prevention behavior among African Americans at greatest risk for HIV.

**Control Number:** 03-B-124-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** A25 Role of STDs in HIV Acquisition

**2nd Category Choice:** C21 Interventions that Reduce Sexual Risk

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P56 Staff of Community-Based Organizations

**Presentation Preference:** Single Oral

**Title:** "Sex in the City: An Inside View": The Development and Computerization of a Exercise to Help HIV Prevention Providers Understand the HIV-STD Connection.

**Author Block:** *McGrath, P<sup>1</sup>; Heath, B<sup>2</sup>*

1 Center for Health and Behavioral Training, Rochester, NY; 2 Centers for Disease Control and Prevention, Atlanta, GA

**Abstract Body:**

**Issue:** Science has proven that testing and treating STDs is an important HIV prevention intervention. Many HIV prevention providers have a limited understanding of STDs and how they contribute to HIV transmission. There is a need for training methodologies that can help HIV prevention providers better understand the HIV-STD connection and how to use this information in their prevention interventions and services.

**SETTING:** This group-level, educational theatre exercise may be conducted in community, clinical, and criminal justice settings using a group facilitator/trainer. The electronic, animated CD-ROM version of this exercise can be utilized for internet-based, computer-based, and distance learning. Target audiences include HIV prevention providers, STD prevention providers, clients at risk for HIV and other STDs, and clients living with HIV.

**PROJECT:** This is a two Part Project. Part I - The Center for Health and Behavioral Training (CHBT) in Rochester, New York is part of the New York State STD/HIV Prevention Training Center. CHBT adapted an educational theatre technique and developed a group exercise to increase knowledge and awareness of STD/HIV inter-actions. The exercise, named, "Sex in the City: an Inside View" is used to train HIV and STD prevention providers to understand the HIV-STD connection and how to incorporate these concepts into their prevention interventions and services. Workshop attendees will participate in the group exercise, and then learn how to conduct similar groups with other prevention providers and/or targeted client populations.

Part II - The CDC's Division of STD Prevention created an electronic, animated version of the exercise and put it on a CD-ROM. Attendees will also have an opportunity to observe the electronic version of the "Sex in the City" exercise and discuss it's uses as a distance learning/computer-based methodology.

**RESULTS:** CHBT has used " Sex in the City: an Inside View" in many HIV/STD prevention training courses and presentations. Participants uniformly give high ratings to this method of experiential learning and respond qualitatively that they have heard many lectures on this topic, but as the result of this experience, understand the information for the first time. The CDC's Division of STD Prevention has utilized the CD-ROM for distance learning with a variety of CBOs.

**LESSONS LEARNED:** Didactic (lecture) presentations are often effective for health care providers with professional training; however experiential methods may be more effective to meet the learning needs of CBO and other providers with varying educational backgrounds. The educational theatre, experiential learning as a result of the "Sex in the City" exercise, is well accepted and can be easily utilized by HIV prevention providers in community settings. The CD-ROM electronic, animated version will result in wider diffusion of this exercise to hard-to-reach audiences.

**Control Number:** 03-A-133-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A06 Cultural Factors and HIV Risk

**2nd Category Choice:** C35 Skills-Building Interventions

**Population 1:** P3 African Americans

**Population 2:** P61 Women

**Presentation Preference:** Single Oral

**Title:** HIV Risk Reduction Among African-American Women: Development of a Gender and Culture-Specific Prevention Model

**Author Block:** *Yancey, EM; Goodin, LM; Wang, M*

Morehouse School of Medicine, Atlanta, GA

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Recent data continues to highlight the disproportionate rate of HIV/AIDS infection among African-Americans, as well as, the continued escalation and prevalence of HIV/AIDS infection among women and women of color. Even though the annual HIV/AIDS infection incidence began to decline in 1996, the rate for African-American women continued to increase, with African-American women representing nearly half of all reported AIDS cases in 2000. Because few studies exist focusing on this population, we developed and implemented a culture, gender-specific model that assessed the psychosocial indices of HIV risk behavior reduction among 17-44 year old African-American women from five different communities in Atlanta, Georgia.

**METHODS:** This five-year study used qualitative (focus groups) and quantitative (surveys) methodologies to examine HIV risk behavior, assessing the types, prevalence and predictability of HIV risk behavior that relate to identified psychosocial variables among a sample of 405 African-American women. Respondents were asked to anonymously complete the HIV Risk Reduction Women's Survey, developed for the study, which included ten constructs that assessed HIV risk knowledge, attitudes, and behavior. Seventy-eight women of the total sample were randomly selected to participate in focus groups, which explored factors that supported or hindered condom usage identified in initial survey data. Intervention (N=226) and control (N=179) groups were established. Intervention participants engaged in the culture and gender sensitive prevention/intervention model developed from survey and focus group data. Control participants received monthly contact calls with no prevention education. Post-intervention surveys were administered to both intervention and control participants.

**RESULTS:** Focus group results indicated participants believed most African American women understood importance of condom use, but viewed it as more a symbol of mistrust than HIV prevention. The women often did not see themselves as solely having the power to choose safer sex practices. They believed prevention activities must involve men and women together.

Women in the intervention significantly increased HIV knowledge, increased understanding of personal HIV risk and began to increase their HIV risk reduction intentions.

Intervention participants' post-survey HIV/AIDS knowledge scores were significantly higher than pre-survey scores (10.01 vs. 8.66),  $p < .01$ . Overall, the intervention high behavioral risk group scored significantly higher than the low behavioral risk group,  $F = 7.03$ ,  $p < .01$ . Personal HIV risk estimation was significantly higher for the high behavior risk group (2.15 vs. 1.80),  $F = 6.96$ ,  $p < .05$ . Although risk reduction behavior intention increases were not statistically significant, mean score increases occurred. Control participants' post-survey findings indicated no significant HIV knowledge increase. The perceived risk estimation score was significantly greater for the high behavior risk group (2.33 vs. 1.96),  $F = 5.03$ ,  $p < .05$ . Overall perceived risk was significantly higher for post-survey than pre-survey (2.24 vs. 1.90),  $F = 4.99$ ,  $p < .05$ .

**CONCLUSIONS:** Study findings support the need for a balanced prevention and intervention model

that encompasses both clinical aspects and interpersonal dynamics when educating persons about HIV. The model needs to assist participants in understanding the context of sexual relationships between partners; address culture, gender and power issues; and teach skills that build partner communication and trust.

**Control Number:** 03-A-141-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A07 Drug Use, Addiction and HIV Risk

**2nd Category Choice:** B23 Assessment of Special Population Needs

**Population 1:** P32 Injecting Drug Users

**Population 2:** P27 Homeless

**Presentation Preference:** Single Oral

**Title:** Prevalence and correlates of crack-cocaine injection in young injection drug users in the United States – CIDUS II, 1997-1999.

**Author Block:** *Santibanez, S; CIDUS II*  
CDC, Atlanta, GA

**Abstract Body:**

**Background/Objectives:** Crack-cocaine is injected by injection drug users (IDUs) who may engage in other high-risk injecting and sexual behaviors. We sought to estimate the frequency of crack-cocaine injection (CCI) among young IDUs in the US, and to identify bloodborne infections and risk behaviors associated with this practice.

**Methods:** An interviewer-administered cohort study of 18-30 year old street-recruited IDUs was conducted in five cities to assess risk factors for and prevalence of HIV, HBV, and HCV infection. In a secondary analysis of all IDUs in this study, we calculated the overall and site-specific CCI prevalence. After excluding sites with CCI prevalence <10% to reduce bias due to site differences, we calculated the CCI prevalence in various socio-demographic groups. Lastly, we compared behavioral and serological differences between crack-cocaine injecting IDUs (CC-IDUs) and non crack-cocaine injecting IDUs (NCC-IDUs) using cross-tabulation and Chi-Square.

**Results:** Overall, 15% (329/2198) of IDUs reported ever injecting crack-cocaine: New Orleans (28.0%), New York's Lower East Side (24.6%), Los Angeles (16.7%), Chicago (12.3%), Baltimore (1.6%), and Harlem (1.5%).

In sites with CCI prevalence  $\geq 10\%$ , this behavior was most common among white (21.5%) followed by African-American (14.2%) and Hispanic (8.3%) IDUs. By sexual preference, CCI was most common among men who have sex with men and inject drugs (24.1%), followed by women who have sex with men and inject drugs (19.5%), heterosexual male (19.1%) and heterosexual female (14.3%) IDUs ( $p = 0.067$ ). By drugs injected, CCI was most frequent among IDUs who also injected methamphetamine (30.9%), cocaine (28.9%) or speedball (28.6%). No IDUs reported injecting crack-cocaine exclusively. Regarding risk behaviors, CC-IDUs were more likely than NCC-IDUs to have shared syringes (54.2% vs. 40.1%;  $p < 0.001$ ) or cookers, cotton or water (79.2% vs. 66.1%;  $p < 0.001$ ) in the past 6 months, ever injected in a shooting gallery (56.7 vs. 34.5%;  $p < 0.001$ ), and ever initiated another person into injection drug use (49.7 vs. 30.2%;  $p < 0.001$ ). Stratified by gender, male CC-IDUs were more likely than male NCC-IDUs to have unprotected sex with high-risk partners (75.1 vs. 49.2,  $p < 0.001$ ), while female CC-IDUs were more likely than female NCC-IDUs to exchange sex for money or drugs (34.7 vs. 22.2,  $p = 0.009$ ). HBV (25.4% vs. 16.5%,  $p = 0.001$ ) and HCV seropositivity (46.2% vs. 28.0%,  $p < 0.001$ ) were more common among CC-IDUs than NCC-IDUs, while HIV prevalence was < 5% in both groups.

**Conclusions:** Although CCI prevalence varied significantly, it was reported in all sites. CC-IDUs reported more risk factors for HIV, HBV, and HCV infection and were more likely to be infected with HBV and HCV than NCC-IDUs. CCI is a supplemental behavior among IDUs that may be a marker for other high-risk behaviors which could be used to target prevention efforts.

**Control Number:** 03-A-146-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A07 Drug Use, Addiction and HIV Risk

**2nd Category Choice:** A32 Other (Please specify on Additional Info page)

**Population 1:** P32 Injecting Drug Users

**Population 2:** P63 Youth in High Risk Situations

**Presentation Preference:** Group Oral

**Title:** Correlates of safe syringe acquisition and disposal among young IDUs

**Author Block:** *Sherman, SG<sup>1</sup>; Rusch, M<sup>2</sup>; Golub, ET<sup>1</sup>*

1 Johns Hopkins University, Baltimore, MD; 2 University of British Columbia, Vancouver, BC, Canada

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Syringe acquisition and disposal are important elements of safe syringe practices. This study aims to examine the relationship of syringe utilization patterns with acquisition and disposal and to expand our notion of risky syringe practices.

**METHODS:** Drug users aged 15 – 30 years old who had initiated injection use of heroin and or cocaine within the prior 5 years were studied in Baltimore, MD, USA (n = 341). Eligible participants completed a baseline interviewer-administered questionnaire pertaining to drug and sexual behaviors within the past 6 months. Safe acquisition was defined as obtaining syringes from the needle exchange program (NEP) or a pharmacy. Safe disposal was defined as disposing of syringes at the NEP or in a closed container. In two separate logistic regression models, factors associated with safe syringe acquisition and disposal were identified.

**RESULTS:** Participants were primarily male, white, and had low levels of education. Over three quarters of the sample injected heroin daily. 38% of the sample reported safe syringe acquisition, 47% reported safe disposal, and 21% of the sample reported both behaviors. In the presence of other variables, factors significantly associated with safe acquisition were: using new syringes for more than half of all injections, obtaining  $\geq 2$  syringes per pick-up, and disposing of syringes safely. In the presence of other variables, factors that were that were significantly associated with safe disposal were injecting daily and safe syringe acquisition.

**CONCLUSIONS:** A large number of young IDUs do not acquire syringes from safe sources nor do they dispose of them safely. But safe disposal and safe acquisition were significantly related to each other in multiple logistic models. These behaviors have implications for the spread of HIV and HCV and need to be emphasized in risk reduction campaigns to young IDUs.



**Control Number:** 03-A-162-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A26 Sex and Gender Factors and HIV Risk

**2nd Category Choice:** C18 Interventions that Target Youth in High Risk Situations

**Population 1:** P20 Gay, Lesbian, Bisexual, Transgender, Question. Youth

**Population 2:** P59 Transgendered Persons

**Presentation Preference:** Single Oral

**Title:** HIV prevention and educational needs of trans youth

**Author Block:** *Sausa, LA*

University of Pennsylvania, San Francisco, CA

**Abstract Body:**

**BACKGROUND/OBJECTIVES:**

Findings are presented from a qualitative study that examined the HIV prevention and educational needs of 24 trans youth (ages 16-21) in Philadelphia. Trans youth were defined as including people who reassign the sex they were labeled at birth, and/or people whose gender expression is considered nontraditional for their sex. This study focused on the distinct needs of trans youth related to HIV prevention, health care services, and education from their point of view, the different needs among the sub-identity groups of trans youth, and specific recommendations for health service providers, sexuality educators, and researchers.

**METHODS:**

In-depth interviews were conducted, audio-taped, transcribed verbatim, and analyzed. Major themes were generated, and sub-themes explored.

**RESULTS:**

Findings highlighted how trans youth place themselves at risk for HIV transmission, examined the different health care needs among various trans youth identities, and identified the need for trans-specific HIV/AIDS outreach, services, education, and training for health service providers. A majority of trans youth (63%) reported not being at risk for HIV transmission, though 96% of participants engaged in unsafe behaviors in the past year. In addition, 13% of trans youth reported being HIV positive.

**CONCLUSIONS:**

Guidelines and recommendations to improve and create new outreach, education, and HIV/AIDS services for trans youth, and suggestions for improving trans-related research will be presented.

**Control Number:** 03-A-176-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A02 Alcohol Use, Addiction and HIV Risk

**2nd Category Choice:** A01 Age, Developmental, and Life Course Factors

**Population 1:** P1 Adolescents

**Population 2:** P14 Correct.Settings,Persons in(Incarcer.Popul.)

**Presentation Preference:** Group Oral

**Title:** Assistant Professor of Psychology

**Author Block:** *Bryan, A*

University of Colorado, Boulder, CO

**Abstract Body:**

**Background:** Adolescents are at great risk for sexually transmitted diseases (STDs) including the human immunodeficiency virus (HIV) (CDC, 2000a; DiLorenzo & Whaley, 1999). Though the CDC (2000b) reports that overall AIDS incidence is on the decline, there has been no comparable decline in the number of newly diagnosed HIV cases among young people aged 13-19, and young people of color are particularly at risk. Compared to the general adolescent population, adolescents involved with the criminal justice system are younger at first intercourse, have a greater number of sex partners, and lower rates of condom use, resulting in higher rates of unintended pregnancy and STDs (e.g., St. Lawrence et al., 1999). Alcohol use is commonly cited as a reason for lack of condom use among high-risk adolescents such as those involved in the criminal justice system (e.g., Morris et al., 1998) and recent data from our research suggests that it is heavy alcohol use in concert with sexual activity that is most strongly related to lack of condom use (Bryan, Rocheleau, & Robbins, 2002). The goal of this research is to design, implement, and test a successful HIV/STD/Alcohol risk reduction intervention that is theory-based, empirically targeted to adolescents, and articulated to a criminal justice setting.

**Methods:** The study compares a sexual risk reduction intervention that incorporates an alcohol risk reduction component to a standard sexual risk reduction intervention and an information-only control condition. The alcohol component is based on the principles of motivational interviewing (Brown & Miller, 1993; Miller & Sanchez, 1994) and is conducted in a group format. The interventions are conducted with adolescents in short-term detention, and behavioral follow-ups are conducted over the one year following release.

**Results:** Participants are 480 adolescents from three detention centers in the most ethnically diverse county in Colorado (Denver County). The intervention is based upon a theoretical model of condom use intentions which, in this population, accounted for 62% of the variance in condom use intentions, a large effect size for multivariate models in the social sciences (Cohen, 1988). Further, intentions and condom attitudes were significant predictors of actual condom use prospectively. Hypotheses to be tested include that 1) The combined sexual and alcohol risk reduction intervention will result in larger decreases in sexual risk behavior than a sexual risk reduction alone, 2) The intervention will exert effects through reductions in alcohol use during sexual encounters and changes in other mediators derived from the theoretically-based model of condom use intentions and behaviors, and 3) A sexual risk reduction intervention including an alcohol component will be especially effective for those adolescents with higher levels of existing alcohol problems.

**Conclusions:** The long-term objectives are both theoretical and practical. We hope to increase our theoretical and empirical understanding of the mechanisms of effective interventions to decrease risky sexual behavior among high risk adolescents. Practically, we hope to disseminate the intervention curricula and materials for use in adolescent detention facilities throughout the state.

**Control Number:** 03-A-179-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A01 Age, Developmental, and Life Course Factors

**2nd Category Choice:** C16 Interventions that Promote Healthy Behaviors

**Population 1:** P10 College and University Students

**Population 2:** P39 Men

**Presentation Preference:** Single Oral

**Title:** Public Sex on College Campuses: An HIV Prevention Issue?

**Author Block:** *Reece, M<sup>1</sup>; Dodge, B<sup>2</sup>*

1 Indiana University, Bloomington, IN; 2 Columbia University, New York, NY

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Behaviors associated with seeking anonymous sexual partners in public places, commonly referred to as “cruising,” and their associations with HIV transmission risk, have received attention in the research and erotic literatures over the past century. To date, little to none of this work has specifically studied these behaviors in the context of college campus venues and the men who use them for sex.

**METHODS:** A mixed methods design was used to conduct an exploratory study on the phenomenon of cruising for sex on a college campus. In-depth interviews and detailed sexual behavior inventories were conducted with 30 men who identified as having participated in sexual activity with other men in public campus spaces.

**RESULTS:** Across the men having sex in these venues, three behavioral themes emerged: 1) campus specific sex encounters represented a significant proportion of the male’s overall sexual repertoire, 2) characteristics of the behaviors and the spaces simultaneously facilitated for some, and prevented for others, participation in HIV-risk behaviors, and 3) participants described behaviors and correlates that placed them at increased risk for STD infection.

**CONCLUSIONS:** Although previous literature has characterized public sex venues as facilitating increased risk for HIV transmission, the findings of this study suggest that risky sexual behavior is a function of individual characteristics and is not systematically associated with the space where behaviors occur. Given the popularity of college venues for sexual activity by a range of men, they may be appropriate venues for the introduction of HIV prevention interventions. However, to be effective, they should consider the complexity of the social and cultural characteristics of cruising and include strategies that are realistic given the physical and structural characteristics of the venue itself.

**Control Number:** 03-A-201-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A20 Psychological Factors and HIV Risk

**2nd Category Choice:** A27 Sexuality and Sexual Identity

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P19 Gay and Other Men Who Have Sex With Men

**Presentation Preference:** Single Oral

**Title:** Sexual behavior among HIV-seropositive men who have sex with men: What's in a label?

**Author Block:** *Hart, TA*<sup>1,2</sup>; *Wolitski, RJ*<sup>1</sup>; *Purcell, DW*<sup>1</sup>; *Gomez, C*<sup>3</sup>; *Halkitis, P*<sup>4</sup>

1 Centers for Disease Control and Prevention, Atlanta, GA; 2 Emory University, Atlanta, GA; 3 University of California, San Francisco, San Francisco, CA; 4 New York University, New York City, NY

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Although there is an extensive literature documenting the prevalence of specific sexual practices among men who have sex with men (MSM) these studies provide little insight into MSM's identification with, and preference for, specific roles during sexual intercourse. This study examines the relation between sex role label, and HIV transmission risk and psychological functioning among HIV-seropositive MSM.

**METHODS:** Data were collected as part of the Seropositive Urban Men's Study, which was designed to examine factors associated with safer sex behaviors among HIV-seropositive MSM. Participants ( $n = 205$ ) were recruited from community venues and were administered an interview that included questions about their sexual practices, substance use, and other risk-related issues. Participants were also asked if they identified as a "top," "bottom," or "versatile," (indicating preference for insertive anal, receptive anal, or both forms of anal intercourse). Participants were also given the option of indicating they did not identify with any of the three self-labels.

**RESULTS:** Seventy-one percent of participants were men of color, and they ranged in age from 21 to 62 years ( $M = 37.5$ ,  $SD = 7.7$ ). Of the 205 participants, 36 (18%) self-identified as tops, 47 (23%) as bottoms, 97 (47%) as versatiles, and 25 (12%) reported that these labels did not apply to them (hereafter referred to as the "no label" group). Tops were more likely to engage in insertive anal intercourse than bottoms, and bottoms were more likely to engage in receptive anal intercourse than tops, with versatiles reporting intermediate rates of both behaviors. However, self-label groups were highly overlapping in sexual behavior, with 41% of tops engaging in receptive anal intercourse and 39% of bottoms engaging in insertive anal intercourse in the past 3 months. Further, among those who engaged in insertive or receptive anal intercourse, there were no differences among self-label groups in prevalence of unprotected sexual behavior.

Self-label also predicted several psychological variables even when controlling for differences in sexual behavior among self-label groups. Tops were less likely to identify as gay ( $OR = 0.25$ ,  $95\% CI = 0.07 - 0.87$ ) and had higher internalized homophobia ( $F(1, 96) = 16.25$ ,  $p < 0.001$ ) than versatiles. Versatiles had higher sexual sensation seeking ( $F(1, 111) = 8.07$ ,  $p < 0.01$ ) and lower anxiety than the "no label" group ( $F(1, 114) = 19.47$ ,  $p < 0.001$ ).

**CONCLUSIONS:** The data show that identification with a self-label (top, bottom, or versatile) is common among HIV-positive MSM. Self-label groups were highly overlapping in sexual behavior, suggesting that self-labels may be inadequate as proxies for asking about actual sexual behavior. However, self-label appears to provide some insight into the psychological adjustment of HIV-positive MSM.

**Control Number:** 03-A-204-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A07 Drug Use, Addiction and HIV Risk

**2nd Category Choice:** D13 HIV Prevention Programs for IDUs

**Population 1:** P32 Injecting Drug Users

**Population 2:** P63 Youth in High Risk Situations

**Presentation Preference:** Single Oral

**Title:** HIV and Hepatitis C Virus (HCV) Prevention for New Injection Drug Users (IDUs): An Assessment of Opportunities for Intervention

**Author Block:** *Garfein, RS<sup>1</sup>; Ouellet, L<sup>2</sup>; Des Jarlais, D<sup>3</sup>; Kerndt, P<sup>4</sup>; Strathdee, S<sup>5</sup>; Swartzendruber, A<sup>1</sup>; Hagan, H<sup>6</sup>; Morse, E<sup>7</sup>; Vlahov, D<sup>8</sup>*

1 Centers for Disease Control and Prevention, Atlanta, GA; 2 University of Illinois, Chicago, Chicago, IL; 3 National Research and Development Institute, New York, NY; 4 Health Research Association, Los Angeles, CA; 5 Johns Hopkins University, Baltimore, MD; 6 Seattle and King County Health Department, Seattle, WA; 7 Tulane University, New Orleans, LA; 8 New York Academy of Medicine, New York, NY

**Abstract Body:**

**Background/Objectives:** We previously found that the length of time between initiation of illicit drug injection and consequent HCV infection was so short that primary prevention only seemed feasible for very recently initiated IDUs. This analysis assessed opportunities for prevention of HIV and HCV infection in new IDUs in the U.S.

**Methods:** Data from 18-30 year-old IDUs were analyzed together from two multi-site studies of young and new IDUs from the CDC-funded Collaborative Injection Drug Users Study II (CIDUS-II; six sites, 1997-1999, n=2198) and CIDUS-III/Drug Users Intervention Trial (DUIT; five sites, 2002-present, n=1558 to date) studies. Similar methods were used to recruit community-based samples of IDUs and determine HIV and HCV serostatus. Baseline behavioral risks were assessed for the prior six months during face-to-face interviews in CIDUS-II and for the prior three months using audio-computer assisted self interviewing in DUIT.

**Results:** Of the 3,756 total participants, 65% were male; 63% White, 16% Black, 19% Hispanic; median age was 24 years; median duration of injecting was 4.5 years. The prevalence of infection with HIV was 4.1% and HCV was 34.8%. Heroin was the most commonly injected drug (96%), followed by cocaine and speedball (both 67%). Sharing used syringes (51%) and injection paraphernalia (70%) was very common, as was unprotected vaginal/anal intercourse with steady (72%) and non-steady (40%) sex partners. In CIDUS-II, 62% reported ever injecting with a person  $\geq 5$  years older; this question was not asked in DUIT.

**Conclusions:** These studies demonstrate that it is possible to access large numbers of IDUs early in their injection careers who are practicing high-risk behaviors for HIV and HCV infection, and that the rate at which new injectors become HCV-infected is sufficiently low to justify expanding prevention efforts with new injectors. The high prevalence of HIV and HCV infection among older, longer-term IDUs coupled with the high proportion of younger IDUs who injected with older IDUs suggests that prevention strategies should also be developed for older IDUs who may otherwise serve as a source of infection or injection initiation for younger IDUs.

**Control Number:** 03-A-205-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A07 Drug Use, Addiction and HIV Risk

**2nd Category Choice:** D07 HIV CTS Programs

**Population 1:** P3 African Americans

**Population 2:** P19 Gay and Other Men Who Have Sex With Men

**Presentation Preference:** Single Oral

**Title:** Drug Use and Unprotected Anal Sex Among African American HIV Positive MSM in Dallas County.

**Author Block:** *Chng, C<sup>1</sup>; Myers, K<sup>2</sup>*

1 University of North Texas, Denton, TX; 2 Renaissance III, Dallas, TX

**Abstract Body:**

**BACKGROUND/OBJECTIVES:**

To increase testing and referrals among African American MSM, Project R.I.S.E, funded by CDC in 2000, administered Orasure testing to at-risk clients in Dallas County, using multiple venues and innovative recruitment strategies.

**METHODS:**

At outreach venues in the community, trained African American staff interviewed and counseled clients before administering Orasure tests. All HIV positive clients were subsequently referred to community resources. The following are preliminary results.

**RESULTS:**

We have tested 953 African American MSM, identifying 30 positive results. Chi-square analyses established a significant relationship ( $X^2 = 46.69$ ,  $df = 2$ ,  $p = .001$ ) between *those who tested HIV positive with alcohol use during sex in the past year*. Among HIV positives, 57% reported that they have used alcohol during sex. A positive relationship ( $X^2 = 65.06$ ,  $df = 2$ ,  $p = .001$ ) was also found between those who *tested HIV positive and marijuana use during sex in the past year*. Among HIV positives, 47% reported using marijuana during sex in the past year. Chi-square analysis comparing means of *those who tested HIV positive with having unprotected anal receptive sex in the past year*, produced significant results ( $X^2 = 42.49$ ,  $df = 2$ ,  $p = .001$ ). Among HIV positives, 60% had unprotected anal receptive sex in the past year. Finally, a significant relationship ( $X^2 = 23.59$ ,  $df = 2$ ,  $p = .001$ ) was also found between being *HIV positive and engaging in unprotected anal insertive sex in the past year*. Among HIV positives, 47% had unprotected insertive anal sex last year.

**CONCLUSIONS:**

There appears to be a significant relationship between drug use and unprotected anal sex among HIV positive MSM in Dallas County. A need for concerted prevention efforts on drug use and anal sex targeting HIV positive MSM has been demonstrated.

**Control Number:** 03-A-208-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A25 Role of STDs in HIV Acquisition

**2nd Category Choice:** A07 Drug Use, Addiction and HIV Risk

**Population 1:** P53 Researchers

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Single Oral

**Title: Risk Factors for Sexually Transmitted Diseases among Men who have Sex with Men Recruited through the Internet: A Nested Case-Control Study**

**Author Block:** *Hirshfield, S<sup>1</sup>; Chiasson, M<sup>1</sup>; Remien, RH<sup>2,3</sup>*

1 Medical and Health Research Association of New York City, Inc., New York, NY; 2 HIV Center for Clinical and Behavioral Studies, New York State Psychiatric Institute, New York, NY; 3 Columbia University, New York, NY

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** A resurgence in the transmission of HIV and other sexually transmitted diseases (STD's) among men who have sex with men (MSM) is a cause for concern. This study was undertaken to learn more about risk factors that may be associated with the recent increase in transmission.

**METHODS:** To investigate risk factors for incident STD's, a nested case-control study was conducted using data from a large cross-sectional Internet survey of MSM who meet new sexual partners on the Internet. In June-July 2002, 2,934 MSM recruited through chat room banners on a gay website completed an anonymous, 60-item online questionnaire about sexual, drug- and alcohol- using behaviors during a recent six-month period. Newly diagnosed STD's that were reported included syphilis (n=10), genital herpes (n=9), genital warts/anal warts/HPV (n=64), gonorrhea (n=48), hepatitis A (n=5), B (n=10), and C (n=7), chlamydia (n=28), non-gonococcal urethritis (n=24), and trichomonas (n=1). Statistical differences were assessed using Chi-square tests and odds ratios.

**RESULTS:** Overall, 164 (5.6%) subjects reported being diagnosed with an STD during the study; 2 controls were selected at random for each case, making a total sub-sample of 492. By age group, 45% were 18-29, 28% were 30-39, and 27% were 40+. Most men were white (84%) and almost half (48%) had at least a college degree. Most reported meeting new sexual partners online (84%); 9% were HIV+. Regarding multiple STD's, 18 men had 2 STD's, 9 had 3 or more. Cases were almost twice as likely as controls to report being HIV+ (13% vs. 7%, OR 1.86, p<.05). Compared to the men aged 40+, the two younger age groups were significantly more likely to have an STD (18-29: OR 1.82, p<.05; 30-39: OR 1.79, p<.05). MSM with STD's were also significantly more likely to have unprotected anal intercourse (UAI) (OR 3.55, p<.001), to have had 10 or more sex partners during the study period (OR 2.22, p<.001), to have used club drugs [Ketamine, Ecstasy, GHB, Crystal Meth] (OR 2.77, p<.001), to use drugs prior/during sex (OR 2.10, p<.001), and to be drunk 1-3 days on average (OR 1.92, p=.001).

**CONCLUSIONS:** HIV+ men were over-represented in the STD group, whose multiple high-risk drug and sexual behaviors demonstrate the importance of targeted primary prevention. There is a need for the integration of HIV/STD and substance use prevention into primary healthcare settings. Furthermore, these findings have implications for structural interventions that may facilitate healthier sexual behaviors among this network of MSM. As the Internet facilitates meeting new sex partners, potentially increasing transmission of HIV and other STD's, web-based and community-based behavioral interventions and safer sex messages are urgently needed.

**Control Number:** 03-A-209-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A19 Prisons and Other Correctional Facilities and Their Influence on HIV Risk

**2nd Category Choice:** C30 Prevention Interventions in Correctional Settings

**Population 1:** P30 Incarcer.Popul.(Correct.Settings,Persons in)

**Population 2:** P14 Correct.Settings,Persons in(Incarcer.Popul.)

**Presentation Preference:** Single Oral

**Title:** Pre-incarceration risk behavior among incarcerated young men

**Author Block:** *Margolis, AD<sup>1</sup>; MacGowan, RJ<sup>1</sup>; Sosman, JM<sup>2</sup>; Flanigan, TP<sup>3</sup>; Grinstead, O<sup>4</sup>; Askew, J<sup>5</sup>; Dey, A<sup>1</sup>; Project START Study Group*

1 Centers for Disease Control and Prevention, Atlanta, GA; 2 University of Wisconsin Medical School, Madison, WI; 3 Department of Medicine, The Miriam Hospital and Brown Medical School, Providence, RI; 4 Center for AIDS Prevention Studies, University of California, San Francisco, San Francisco, CA; 5 Jackson State University, Jackson, MS

**Abstract Body:**

**BACKGROUND:** Approximately 2 million people in the United States are incarcerated. Many people entering correctional facilities have a history of substance use and risky sexual behavior, in addition to high rates of HIV and STDs. Nine out of ten inmates are eventually released and return to the community from which they came.

**OBJECTIVES:** (1) describe pre-incarceration sexual behavior and substance use of incarcerated young men; and (2) identify correlates of unprotected vaginal sex.

**METHODS:** Men, 18 to 29 years of age, (N=519) were recruited and interviewed while incarcerated in state prisons located in California, Mississippi, Rhode Island, and Wisconsin. Data were obtained from each participant on risk behaviors that had occurred before this incarceration. Logistic regression was used to identify correlates of unprotected vaginal sex during the 3 months before this incarceration.

**RESULTS:** During the three months prior to incarceration, 71% of the men had multiple (>1) sexual partners, 66% had sex with a partner they perceived as risky (history of IDU, crack cocaine use, exchanging sex for drugs/money, multiple partners, STD, HIV+), 82% had a main female partner, 70% had a casual female partner, more than half (56%) of the men had both main and casual female sexual partners, and most (85%) had unprotected vaginal intercourse. Of the men, 72% indicated heavy alcohol use (drinking  $\geq 5$  drinks per day), and 34% drank heavily at least 3 times per week during the 3 month reporting period. During the 3 months prior to incarceration, 79% used marijuana, and 24% ecstasy or powder cocaine. In addition, 8% of the men had injected drugs during their lifetime. In logistic regression analyses, unprotected vaginal sex was associated with heavy drinking (OR, 1.74, 95% CI 1.01-3.00), having a risky sex partner (OR, 2.39, 95% CI 1.42-4.00) and using marijuana (OR, 1.89, 95% CI 1.07-3.36).

**CONCLUSIONS:** The majority of the participants engaged in behaviors that could result in HIV or STD transmission or acquisition. Effective HIV and STD prevention programs should be provided to incarcerated men, particularly to those with a history of substance abuse.



**Control Number:** 03-A-210-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A19 Prisons and Other Correctional Facilities and Their Influence on HIV Risk

**2nd Category Choice:** F12 Linking HIV Prevention and Treatment in Correctional Settings

**Population 1:** P14 Correct.Settings,Persons in(Incarcer.Popul.)

**Population 2:** P30 Incarcer.Popul.(Correct.Settings,Persons in)

**Presentation Preference:** Single Oral

**Title:** Corrections- public health partnership: assessment of barriers to infectious disease control

**Author Block:** *Runyon, KL; Vasiloff, J*

Ohio Department of Health, Columbus, OH

**Abstract Body:**

**Background and Objectives:** A high prevalence of infectious diseases exist in correctional institutions. State health departments have traditionally been charged with statewide infectious disease control. However, partnerships between public health and correctional institutions have been impeded by several barriers to collaboration. It is paramount to identify these barriers so that efforts can be made to overcome them in the interest of infectious disease control in this vulnerable population.

**Methods:** The Ohio Corrections Infection Control Survey (OCICS) is a multi-site survey of Ohio prisons and jails. The project is ongoing and analysis of questionnaires will be performed by May 1, 2003.

**Results:** Survey findings will be presented at the Conference. Issues of major interest that are addressed by survey questions include: 1. knowledge of correctional medical standards; 2. barriers to compliance with standards; 3. security concerns; 4. financial constraints; 5. medical care capability and logistics; 6. over-crowding; 7. under-staffing; 8. legal and jurisdictional issues; 9. home rule caveats; 10. contraband issues (e.g., condoms); 11. privacy concerns; 12. consent issues; 13. current inmate health education; 14. opportunities for and barriers to inmate health education.

**Conclusions:** Major barriers that impede collaboration between public health and correctional institutions will be delineated as well as strategies to overcome them in an effort to improve infectious disease control among this vulnerable population.

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**Control Number:** 03-A-234-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A07 Drug Use, Addiction and HIV Risk

**2nd Category Choice:** D13 HIV Prevention Programs for IDUs

**Population 1:** P56 Staff of Community-Based Organizations

**Population 2:** P53 Researchers

**Presentation Preference:** Single Oral

**Title:** HIV and Hepatitis Risk among Injection Drug Users (IDUs) Tested at Public HIV Testing Sites in California: Implications for Structural Interventions

**Author Block:** *Stopka, TJ; Heusner, CM; Chen, H; Truax, SR*

California State Office of AIDS, Sacramento, CA

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Assess the reported HIV risk behavior, HIV prevalence and HIV prevention efforts among self-identified injection drug users (IDUs) who received counseling and testing services in California.

**METHODS:** The California Information System was revised in 2001 to improve risk assessment and data collection procedures. These data now provide the most detailed and systematic HIV risk behavior surveillance information available for publicly-funded testing clients. Analyses are based on over 43,000 HIV client visits in which clients reported injection drug use or were non-injecting sex partners of IDUs. Data were collected between January 2001 and June 2002 at Office of AIDS-funded test sites in California.

**RESULTS:** The HIV positivity rate for all IDUs was 1.21%. Non-IDU clients with IDU sex partners had a positivity rate of 1.24%. These rates have decreased from those reported during the late 1990s. Self-reported hepatitis C infection was high among IDUs (18.26%) compared to their non-injecting sex partners (4.19%). White IDUs represent 55% of all IDUs who tested in public venues in California while Latinos and African Americans IDUs represent 22% and 13% of IDU testers, respectively. Overall, African American IDUs represented 51% of all positives among female IDUs and 30% of all positive male IDUs. Forty-one percent of white, 33% of Latino and 21% of African American HIV-positive non-injecting males reported having an IDU sex partner. Among HIV-positive non-injecting females, 38% reported having an IDU sex partner. The drugs most often reported as injected by IDUs were heroin (61%), methamphetamines (48%) and cocaine (23%). Of those responding to questions related to syringe exchange (n=19,258), 33% of IDUs reported exchanging syringes at a syringe exchange program (SEP) in California. Twenty-five percent of IDUs reported that SEPs were not available to them in their geographical area. Seventy-one percent of IDUs who tested for HIV reported sharing syringes and 68% reported not cleaning their works prior to every injection. African American IDUs (54%) in this sample reported utilizing SEPs more than other ethnic/racial groups (29%) and were more likely to report cleaning their syringes and less likely to report sharing syringes. Finally, HIV-positive IDUs were more likely to report using SEPs (47%) than HIV-negative IDUs (32%).

**CONCLUSIONS:** IDUs and their sex partners continue to demonstrate elevated risk for HIV and hepatitis infections. Of particular importance is the high proportion of female African American IDUs testing positive for HIV in California. IDUs and their partners appear to be at risk for HIV infection due to both unsafe injection practices and unsafe sexual encounters. The data suggest that there are differential levels of access to and interest in utilizing SEPs among IDUs of different ethnic/racial groups and among IDUs of differing HIV serostatus. Implications and suggestions for HIV prevention will be discussed with a specific focus on structural interventions to decrease HIV risk among IDUs.

**Control Number:** 03-A-247-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A32 Other (Please specify on Additional Info page)

**2nd Category Choice:** C27 Peer-Based Intervention Models

**Population 1:** P4 Alcohol and Other Drug Users

**Population 2:** P61 Women

**Presentation Preference:** Poster Session

**Title:** Methods to Achieve a 97% 16-month Follow-Up Rate in Out-of-Treatment Drug Using Women

**Author Block:** *Meeks, CC; Cottler, LB; Women Teaching Women Study Team*

Washington University School of Medicine, St. Louis, MO

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Since 1988, the Epidemiologic Prevention and Research Group (EPRG) has focused on HIV prevention research among high-risk groups in St. Louis, Missouri. Women Teaching Women is an HIV prevention intervention project focused on drug using women.

**METHODS:** Cocaine, opiate or heroin using women are recruited into a women's HIV prevention study using street outreach procedures. Eligible respondents complete baseline interviews and are randomly assigned to a three-arm intervention. All participants receive HIV/STD testing and counseling, while participants assigned to group B receive a well-woman examination and participants in group C receive an exam and four peer-delivered educational sessions based on a holistic health model. Participants are asked to return for follow-up interviews 4- and 16-months post-intervention.

**RESULTS:** Since 2001, 410 women have completed baseline interviews. The sample is predominately African American (88%), with 100% of the respondents reporting drug use within 30 days of enrollment. We have achieved a 97% follow-up rate 16 months post-intervention among these hard-to-reach respondents by completing 105 of the 108 interviews eligible for follow-up. Of the 3 interviews that were closed out as incomplete, 2 of the women had moved outside of our range, and 1 refused the interview. Tracking and locating techniques crucial to achieving these exceptional follow-up rates, including our locator form and tracking matrix, will be presented.

**CONCLUSIONS:** The participants captured in this HIV prevention study are among the most difficult to reach for prevention efforts. These women are active drug users, identified by a positive drug screen or drug court referral at the baseline interview, with few socio-economic resources. However, we have been able to reach and enroll these women in a study requiring contact with the research team for at least 18 months, and have surpassed traditional long-term follow-up rates. The techniques utilized by this team for staying in contact with this hard-to-reach population will be presented. We expect that these techniques can be applied by other agencies to boost follow-up contacts with other hard-to-reach client populations.

**Control Number:** 03-A-254-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A10 Family Circumstances and HIV Risk

**2nd Category Choice:** D20 HIV Prevention Programs for Youth

**Population 1:** P45 Parents/Families

**Population 2:**

**Presentation Preference:** Single Oral

**Title:** Predicting Mother-Child Communication About Sexuality Education and Sexual Risk Reduction: The Role of Positive Parenting

**Author Block:** *Armistead, L<sup>1</sup>; Kotchick, BA<sup>2</sup>; Forehand, R<sup>3</sup>; Miller, KS<sup>4</sup>*

1 Georgia State University, Atlanta, GA; 2 University of Georgia, Athens, GA; 3 University of Vermont, Burlington, VT; 4 Centers for Disease Control and Prevention, Atlanta, GA

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Parent-child discussions about sex are associated with reduced sexual risk behavior among adolescents, particularly when they occur prior to the onset of sexual activity. Several aspects of “protective” parenting (e.g., monitoring, warmth, support) also are related to decreased sexual risk among adolescents. The current study investigated whether parents who engage in protective parenting are more likely to discuss sexuality education (SE) and sex risk reduction (SRR) with their children.

**METHODS:** Data are from the baseline evaluation of a CDC-funded intervention program to promote parent-child communication about sex within African American families (The Parents Matter! Program). 583 mother-child dyads (260 boys, 323 girls) comprised the current sample. All children were in the 4<sup>th</sup> or 5<sup>th</sup> grade (Mean age = 10.05 yrs.). Mothers and children independently completed audio-assisted computerized surveys. Mothers’ reports of mother-child relationship quality, monitoring of children’s activities, use of positive reinforcement strategies, and general parent-child communication were examined as predictors of mother- and child-reported communication about SE (e.g., puberty, menstruation, peer pressure) and SRR (e.g., HIV/AIDS, pregnancy prevention).

**RESULTS:** There were significant correlations between protective parenting and mother and child report of communication about SE and SRR. Hierarchical multiple regressions were performed to further examine these relationships. Block 1 included mothers’ education and child gender. Block 2 contained the protective parenting variables. Block 3 consisted of interactions between child gender and the parenting variables. More communication about SE (mother report and child report;  $\beta = .19$  &  $\beta = .31$ , respectively,  $p < .01$ ) and SRR (mother report:  $\beta = .09$ ,  $p < .05$ ) were associated with the target child being female. For mothers' report of communication, better mother-child relationship quality and use of positive reinforcement strategies were related to more communication about SE and SRR ( $\beta = .15$  to  $.19$ ,  $p < .01$  in all cases). Child gender did not qualify any of the main effects.

**CONCLUSIONS:** Greater mother-child communication about SE and SRR appears to occur in the context of mother-child relationships characterized by warmth, support, and the use of positive reinforcement strategies. Interventions designed to promote parent-child communication about SE and SRR may benefit from considering the broader parenting context in which that communication occurs.

**Control Number:** 03-A-266-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A07 Drug Use, Addiction and HIV Risk

**2nd Category Choice:** A26 Sex and Gender Factors and HIV Risk

**Population 1:** P26 HIV Prevention Providers

**Population 2:**

**Presentation Preference:** Poster Session

**Title:** Risk for Hepatitis C among street-recruited substance abusing women

**Author Block:** *Cottler, LB; Meeks, C; Ben-Abdallah, A*  
Washington University School of Medicine, St. Louis, MO

**Abstract Body:**

**Background/Objectives:** Public health efforts to reduce STDs are especially important in areas at high risk for HIV. However, less attention is paid to HCV. These analyses determine risk factors for HCV in a population of 18 to 47 year olds street recruited women who either drank heavily or used drugs at the time of enrollment.

**Methods:** As part of 2 ongoing behavioral prevention studies to reduce HIV risk behaviors, heavy drinkers (NIAAA) and drug using women (NIDA) receive HIV/STD testing after a baseline interview. Women are followed at 4 and 16 months post-intervention.

**Results:** To date, we have enrolled 650 women. Approximately 15% have a lifetime history of injection. Of them, 90% have tested positive for an STD vs. 78% among non-injectors. To date, 150 have tested positive for HCV. HCV was remarkably, though not surprisingly, higher among injectors compared to non-injectors (82% vs. 10%); differences were not found for gonorrhea or syphilis. Women with HCV were more likely than women without HCV to have been arrested (88% vs. 68%), to have been in drug treatment (71% vs. 50%); to report bingeing (51% vs. 39%), and to have used sedatives, cocaine, opiates, PCP, hallucinogens and inhalants. HCV+ women were also more likely to have a history of sex trading. Although the association between HCV and injection drug was strong, a significant proportion of lifetime non-injectors tested positive for HCV (37%). This analysis concludes with a model that predicts HCV among both injecting and non-injecting women to understand the unique contributions associated with HCV.

**Conclusion:** A better understanding of the predictors of this illness is important for prevention efforts.

**Control Number:** 03-A-278-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A02 Alcohol Use, Addiction and HIV Risk

**2nd Category Choice:** A07 Drug Use, Addiction and HIV Risk

**Population 1:** P15 Counselors

**Population 2:** P22 Health Care Workers

**Presentation Preference:** Single Oral

**Title:** Alcohol Abusing HIV+ Men Who Have Sex With Men

**Author Block:** *Parsons, JT<sup>1, 2</sup>; Kutnick, A<sup>1, 2</sup>; Punzalan, JC<sup>1, 2</sup>; Carbonari, JP<sup>3</sup>; Positive Choices Study Team*

1 Hunter College of the City University of New York, New York, NY; 2 Center for HIV Educational Studies and Training (CHEST), New York, NY; 3 University of Houston, Houston, TX

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** The study examined the sexual risk practices and alcohol/drug use behaviors in a sample of HIV+ men who have sex with men (MSM) with alcohol-related problems.

**METHODS:** An ethnically diverse sample (79% men of color) of 253 HIV+ MSM was enrolled into a behavioral intervention designed to reduce alcohol use and increase safer sex. Baseline self-report surveys were analyzed.

**RESULTS:** The majority of participants met DSM-IV criteria for alcohol disorders: 73% for dependence and 5% for abuse. The mean (*SD*) number of standard drinks consumed on drinking days was 7.81 (5.76), although 20% of the sample reported more than 11 standard drinks per drinking day. Men with a detectable viral load (>500 copies/ml) reported significantly more drinks per drinking day than men with undetectable viral loads ( $F(6, 233) = 2.635, p < .05$ ). Comorbid drug dependence was common, with 51% meeting DSM-IV criteria for dependence and 7% for abuse.

Most (80%) reported having sex with a non-primary male partner in the past three months. Unprotected anal insertive (UAI) sex was significantly less likely to occur with HIV seronegative (HIV-) partners (19.2%) than with HIV+ partners (40.8%) or with partners of unknown status (46.8%) ( $p < .05$ ).

Significantly more participants reported unprotected anal receptive (UAR) intercourse with HIV status unknown partners (41.9%) compared to HIV+ or HIV- partners ( $p < .05$ ). Further, repeated measures ANOVA indicated a significant difference ( $F(1, 196) = 17.75, p = .000$ ), between the number of unknown HIV status partners ( $M = 6.85, SD = 17.79$ ) compared to HIV+ ( $M = 1.42, SD = 2.83$ ) and HIV- ( $M = 0.91, SD = 3.30$ ) partners.

The number of unknown status casual partners that participants engaged in UAI with was significantly related to the use of stimulants, hallucinogenics, opiates, inhalants, and "other" drugs (all  $F$ 's(1, 193)  $\geq 6.78$ , all  $p$ 's  $\leq .01$ ). In addition, the number of acts of UAR with unknown status casual partners was related to the use of stimulants, hallucinogenics, opiates, inhalants and "other" drugs (all  $F$ 's(1, 193)  $\geq 8.54$ , all  $p$ 's  $\leq .01$ ). With HIV- casual partners, substance use was related to an increased number of acts of UAR, but not UAI. Stimulants, hallucinogenics, opiates, and "other" drugs (all  $F$ 's(1, 193)  $\geq 5.19$ , all  $p$ 's  $\leq .05$ ) were significantly related to number of acts of UAR. Inhalants were not significantly related to any HIV sexual risk behavior with HIV-negative casual partners.

There were no significant effects between alcohol use and unsafe sexual behaviors.

**CONCLUSIONS:** The men in the sample were unique in that they were HIV+ MSM with alcohol problems, but were not recruited from alcohol/drug treatment programs. Special attention should be paid to the use of recreational drugs among HIV+ MSM with alcohol use disorders, as it was drug use, rather than alcohol use, that was related to sexual risk practices. Because alcohol use was related to viral load, harm reduction interventions focused on reduced drinking could be effective.

**Control Number:** 03-B-279-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** A24 Religion, Spirituality, and Religious Institutions and Their Influence on HIV Risk

**2nd Category Choice:** D12 HIV Prevention Programs for Communities of Color

**Population 1:** P3 African Americans

**Population 2:** P18 Faith Community

**Presentation Preference:** Group Oral

**Title:** Engaging the Faith Community in HIV/AIDS Prevention and Care

**Author Block:** *Jackson, BG; Latimer, SS*

Love Alive, Greenville, SC

**Abstract Body:**

**ISSUE:**

Engaging the Faith Community in HIV/AIDS Prevention is Paramount When Addressing the Needs of the African American Community.

**SETTING:**

Community-based Organizations, public health organizations, Any agency involved in HIV prevention and care

**PROJECT:**

The individual capacity of faith-based organizations and public health/community-based organizations is impressive; but their combined capacity to promote community health is enormous. Therefore, it is important for public health organizations to engage faith organizations in the effective resolution and prevention of HIV infection. />

**Lessons Learned:**

1. Start with priorities decided on by the church/faith-based organization
2. Outside resources should be present at the beginning stages of a program
3. Work WITH leaders.
4. Health, in its truest sense, is an integration of the aspects of the body, mind and spirit.
5. Transformation(change) is only valid if it is carried out WITH the people not FOR them
6. Know what the community's past experiences are with similar programs
7. Know the credibility of the sponsoring agencies and organizations
8. Know other competing priorities of the community at the time the activities are initiated
9. Know the experience of and have familiarity with the target population
10. Understand the social and political influences within the community.

**Control Number:** 03-A-282-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A04 Communities, Neighborhoods, and Environments and HIV Risk

**2nd Category Choice:** A08 Educational Institutions and Their Influence on HIV Risk

**Population 1:** P1 Adolescents

**Population 2:** P10 College and University Students

**Presentation Preference:** Poster Session

**Title:**

Knowledge and Attitude to HIV/AIDS among trainee students of Hotel Industry in Chandigarh (India)

**Author Block:** *Wanchu, A; Kohli, A*

PGIMER, Chandigarh, India

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Since the time the first case of HIV infection was diagnosed in India, there has been a large increase in the number of people infected. Educational aids have been imparted to several categories of individuals like commercial sex workers. People working in the Hotel industry are especially likely to encounter situations where sexual contact is possible especially dealing with tourists. Adequate knowledge about HIV/AIDS is essential for these individuals. In this study we determined knowledge and attitude to HIV/AIDS among students studying at a school, training students to join the hospitality industry in North India.

**METHODS:** A cross sectional, self-administered and standardized questionnaire was administered to the entire batch of students of the Food Craft Institute in Chandigarh in North India. Total anonymity was of the participants was kept. Questions were cleared at that instant only.

**RESULTS:** In all 108 students participated in the study. Their mean age was  $20.3 \pm 1.3$  years and 81 were males. Out of 55 questions posed to the students a mean of  $40.7 \pm 5.4$  (74%) responses were correct. Despite such a good response, 63% students believed that patients with AIDS should be isolated to prevent their contact with public and 9% believed that if the affected individual is a student then he/she should not be allowed to attend classes. Seventy two percent individuals believed that individuals should test for HIV infection before marriage and 44% never discussed the issue of HIV infection or discussed it occasionally.

**CONCLUSIONS:** The results indicate that there is adequate information among students regarding HIV/AIDS. However, some misconceptions, especially regarding isolation of individuals who have been infected need to be corrected.



**Control Number:** 03-A-289-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A01 Age, Developmental, and Life Course Factors

**2nd Category Choice:** A10 Family Circumstances and HIV Risk

**Population 1:** P45 Parents/Families

**Population 2:** P62 Youth

**Presentation Preference:** Single Oral

**Title:** Sexual intentions of pre-teens: Associations with problem and conventional behaviors

**Author Block:** *Forehand, R*<sup>1</sup>; *Miller, KS*<sup>2</sup>; *Armistead, L*<sup>3</sup>; *Kotchick, BA*<sup>4</sup>

1 University of Vermont, Burlington, VT; 2 Centers for Disease Control and Prevention, Atlanta, GA; 3 Georgia State University, Atlanta, GA; 4 University of Georgia, Athens, GA

**Abstract Body:**

**Background:** Problem Behavior Theory postulates, and the data from studies testing the theory support, that adolescent drinking, smoking, using illicit drugs, committing delinquent behavior, and engaging in sexual intercourse are behaviors which co-exist and form a syndrome of risk taking behavior. Other data, based on the theory of Reasoned Action, have demonstrated that the best predictor of sexual initiation is sexual intentions (i.e., the intent of engaging in sexual intercourse in the near future).

**Methods:** The current study, which is drawn from the baseline assessment of a program to prevent adolescent sexual risk behavior, examines whether sexual intentions co-occur with other problem behaviors and are less likely to occur when conventional behavior (i.e., good school performance) is high among fourth and fifth graders who reported never engaging in sexual intercourse.

**Results:** Six hundred and seventy-six African American pre-teens and their primary caregivers served as reporters of pre-teen behavior and pre-teens reported their sexual intentions. Pre-teen reported alcohol use, tobacco use, having been in trouble with the police, and disruptive behavior in the home and school were positively associated with pre-teen reported intentions to engage in sexual intercourse in the next year ( $r$ 's = .09 to .20,  $p < .05$ , in all cases) and pre-teen reported conventional behavior (positive school performance) was negatively associated with such intentions ( $r = .09$ ,  $p < .05$ ). A logistic regression analysis indicated that, when all problem behaviors and conventional behavior were considered simultaneously, alcohol use emerged as the primary predictor of sexual intentions (Odds Ratio = 2.19;  $\chi^2 = 12.95$ ,  $p < .01$ ). Pre-teen gender did not qualify the findings. Based on mother report, having been in trouble with the police ( $r = .11$ ,  $p < .01$ ) and disruptive behavior in home and school ( $r = .14$ ,  $p < .01$ ) were positively associated with child sexual intentions whereas good school performance ( $r = -.16$ ,  $p < .01$ ) was negatively associated with such intentions. Logistic regression indicated good school performance, but only for girls (Odds Ratio = .50;  $\chi^2 = 6.67$ ,  $p < .01$ ), was the primary predictor of sexual intentions.

**Conclusions:** The findings suggest that the presence of problem behaviors and poor school performance may be early indicators of pre-teen initiation of sexual activity, signaling the need for early prevention efforts with fourth and fifth graders.

**Control Number:** 03-A-291-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A11 Ethnographic Research Methods in Formative or Basic Prevention Research

**2nd Category Choice:** A07 Drug Use, Addiction and HIV Risk

**Population 1:** P32 Injecting Drug Users

**Population 2:** P35 Latinos/Latinas, Hispanic

**Presentation Preference:** Poster Session

**Title:** Injecting Shared Drugs: An Observational Study of the Process of Drug Acquisition, Preparation, and Injection by Puerto Rican Drug Users

**Author Block:** *Finlinson, A<sup>1</sup>; Colon, HM<sup>1</sup>; Robles, RR<sup>1</sup>; Cant, J<sup>2</sup>*

1 Center for Addiction Studies, School of Medicine, Universidad Central del Caribe, Bayamon, PR; 2

School of Medicine, University of Puerto Rico, San Juan, PR

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** The practice of injecting shared drugs, in which drug users prepare, divide, and inject portions of a drug solution, is a means of transmitting HIV, HCV, and other blood-borne pathogens. Differential power relations, and in turn, exposure to HIV/HCV are apparent in some of the “partnerships” that injection drug users (IDUs) form to inject shared drugs. This study used ethnographic methods to examine the nature of “investments” made by different drug-sharing “partners,” and the costs and benefits experienced by different “partners” in a sample of Puerto Rican IDUs.

**METHODS:** Between May 2001 and May 2002 data were collected from: 1) detailed observations of 25 episodes of the injection of shared drugs involving a total of 57 Puerto Rican IDUs residing in Bayamón, Puerto Rico; 2) informal interviews conducted with episode participants and other IDUs, including managers of the public shooting galleries in which the drug-sharing episodes were observed.

**RESULTS:** All participants were Puerto Rican, 94.7% male, and 63.1% ages 18 to 34. Speedball (heroin and cocaine) was prepared in 92.0% of episodes; episode “partner” relationships were characterized as family (8.7%), friends (30.4%), or acquaintances/strangers (60.9%). Primary “partners” controlled the preparation and division of the shared drugs, including the selection of the preparation syringe; 68% of primary “partners” employed a previously used preparation syringe. Primary “partners” exerted considerable control over the process but they injected a portion of drug solution worth, on average, \$6.67, which was less than the average amount they contributed, \$8.63. By contrast, secondary “partners” injected, on average, a portion of drug solution worth \$5.13, which was more than the average amount they contributed, \$3.17. Managers of shooting galleries preferred to be paid with a small amount of drug solution, which usually contained some heroin and was worth more than a cash payment for services provided to gallery clients. IDUs moved between the roles of primary and secondary “partners,” and gallery managers sometimes assumed the role of a “partner.”

**CONCLUSIONS:** Study participants, most of whom were strangers or only acquaintances, formed temporary “partnerships” to pool drugs or money. Primary “partners” typically possessed heroin, and rather than expend time and effort to buy an entire bag of cocaine, they attempted to locate an IDU who possessed the small amount of powder cocaine needed to prepare a speedball. Secondary “partners,” leveraged the small amount of cocaine powder they possessed to obtain a portion of drug solution that contained heroin and was worth more than the cash value of their cocaine powder. The fact that IDUs moved between “partner” roles suggests that their risks of HIV/HCV infection might be quite similar. The ethnographic data collected in this study provide insight into Puerto Rican IDUs' motivations for sharing drugs, and their reasons for engaging in certain drug-preparation practices that likely facilitate disease transmission.

**Control Number:** 03-A-298-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A10 Family Circumstances and HIV Risk

**2nd Category Choice:** A27 Sexuality and Sexual Identity

**Population 1:** P45 Parents/Families

**Population 2:** P62 Youth

**Presentation Preference:** Single Oral

**Title:** Caregiver expectations and pre-teen beliefs about pre-teen dating, abstinence and HIV risk behavior

**Author Block:** *Long, N<sup>1</sup>; Forehand, R<sup>2</sup>; Miller, KS<sup>3</sup>; Kotchick, BA<sup>4</sup>*

1 University of Arkansas for Medical Sciences/Arkansas Children's Hospital, Little Rock, AR; 2

University of Vermont, Burlington, VT; 3 Centers for Disease Control and Prevention, Atlanta, GA; 4

University of Georgia, Athens, GA

**Abstract Body:**

**Background:** Caregivers typically have expectations regarding their pre-teen children's dating and sexual behavior; however, pre-teens may have a different set of beliefs or standards about their own behavior, perhaps in part because they inaccurately perceive their caregiver's expectations.

**Methods:** The current study, which is drawn from the baseline assessment of a program to prevent adolescent sexual risk behavior, compares the expectations of fourth and fifth graders and a primary caregiver concerning dating, abstinence and HIV. The study also examines whether pre-teens' accurately perceive their caregiver's expectations. African American pre-teens (304 boys & 376 girls) and a primary caregiver completed a variety of instruments, including questions about dating and sexual behavior.

**Results:** Both boys and girls were more likely than their caregivers to report it was acceptable (1) to have a boyfriend/girlfriend now, (2) to date now, and (3) to have sex before marriage ( $\chi^2(1) > 8.82$ ,  $p < .01$ , in all cases). Children and caregivers agreed on the importance of children waiting until older to initiate sexual intercourse ( $\chi^2(1) < .80$  in both cases); however, more children viewed (1) AIDS and (2) teen pregnancy as less serious problems than caregivers ( $\chi^2(1) > 4.73$ ,  $p < .025$  in all cases). Children's perceptions of their caregiver's expectations differed significantly from their caregiver's actual expectations for acceptability of having a girlfriend/boyfriend and dating ( $\chi^2(1) > 10.82$ ,  $p < .01$ , in all cases) but not for having sex before marriage and waiting until older to have sex ( $\chi^2 < .86$  in all cases).

**Conclusions:** Fourth and fifth graders and their caregivers do not agree about the acceptability of the precursors of sexual behavior (boyfriend/girlfriend and dating), at least in part associated with pre-teens misperceiving caregiver expectations. Pre-teens also see AIDS and teen pregnancy as less serious problems than do their caregivers. The findings emphasize the importance of caregivers clearly communicating their expectations and their concerns over potential outcomes (AIDS & pregnancy) of sexual behavior.

**Control Number:** 03-A-299-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A22 Race, Racism, Ethnicity and Vulnerability to or Protection from HIV

**2nd Category Choice:** A27 Sexuality and Sexual Identity

**Population 1:** P3 African Americans

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Single Oral

**Title:** Go Tell It On the Mountain: HIV Risk and African American MSM within the NIH/DAIDS Explore Clinical Trial

**Author Block:** *Madison, MT<sup>1</sup>; Skinner, J<sup>2</sup>; Mayer, K<sup>3</sup>; Victorienne, G<sup>2</sup>*

1 Abt Associates, Cambridge, MA; 2 Howard Brown Health Center, Chicago, IL; 3 Fenway Community Health Center, Boston, MA

### **Abstract Body:**

#### **Background/Objectives**

*In many ways the complex relationship of African American men who have sex with men and the disproportionate effect of HIV/AIDS speak to Baldwin's "Go Tell It on The Mountain." Baldwin's writing looks at the role and aspect of the Black man in society and where they are constrained by the societal frameworks and ideas of propriety.*

Over the last 15 years the proportion of AIDS cases among blacks has increased by approximately 50% while the reported AIDS cases among whites has decreased by approximately 50%. In 2002, African American men compose 40 percent of the infections among gay and bisexual men, according to data from 25 states. And in a separate study of high-risk populations in six major cities, 91 percent of HIV-infected African Americans who are gay or bisexual did not know their status, compared with 60% among HIV-infected white males. This is viewed as a "stunning number, including that over half of them had not been using condoms".

From January 1999 to February 2001, the National Institutes of Health Division of AIDS launched the largest behavioral intervention clinical trial among HIV-negative men who have sex with men, called Explore 390 African American men who have sex with men (AAMSM) volunteered to be screened for participation in the Explore study (total volunteers screened = 4,868).

Baseline data provide information on the ethnic disparities among individuals screened for the Explore clinical trial. The objective of the baseline analysis was to compare the risk factors between AAMSM and White MSM at screening. Factors under study included social support networks, economic status and employment, depression, stress, alcohol, substance abuse, and percent female sexual partners.

#### **Methods:**

Individuals were recruited and screened across six U.S. cities using standardized data collection tools including (A-CASI) and tested for HIV. Logistic regression with serostatus as the response variable was performed as an exploratory analysis.

#### **Results/Conclusions**

Contrary to the more public recruitment venues of other Explore ethnic groups, AAMSM were primarily recruited through mailings (19%). African Americans were most likely (7%) and whites least likely (1%) to test positive for HIV at baseline ( $p < .0001$ ). Compared to Whites, African Americans were more likely to have lower socioeconomic status (no college education [21% AAMSM & 8% Whites;  $p < .0001$ ], represent the lowest relative income [ $< \$29,000$  63% AAMSM & 35% Whites;  $p < .0001$ ]), be unemployed [15% AAMSM & 9% Whites;  $p < .0001$ ], report using injection drugs, crack, and heroin (19%, 14%, and 3% respectively for AAMSM & 9%, 4%, and 1% for Whites;  $p < .0001$ ), have trouble sleeping (62% AAMSM and 55% Whites;  $p < .0001$ ), have oral herpes (99% AAMSM & 96% Whites;

$p < .0001$ ), and report more heterosexual activity ( $\geq 1$  female sex partner 10% for AAMSM & 4% for Whites;  $p < .0001$ ).

**Control Number:** 03-B-309-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** A27 Sexuality and Sexual Identity

**2nd Category Choice:** A21 Quantitative Methods in Formative or Basic Prevention Research

**Population 1:** P19 Gay and Other Men Who Have Sex With Men

**Population 2:** P53 Researchers

**Presentation Preference:** Single Oral

**Title:** Quantitative and Qualitative Research Methods for Accessing Rural Men who have Sex with Men (MSM)

**Author Block:** *Cain, RE<sup>1</sup>; Preston, DB<sup>2</sup>; Schulze, F<sup>3</sup>; D'Augelli, AR<sup>2</sup>; Starks, M<sup>2</sup>*

1 Rhode Island College, Providence, RI; 2 The Pennsylvania State University, University Park, PA; 3 Lock Haven University of Pennsylvania, Lock Haven, PA

**Abstract Body:**

**ISSUE:** The social-cultural issues affecting rural men at risk for HIV infection are different from men who live in urban societies. Men who have sex with men (MSM) who live in rural areas constitute a diverse and hidden population. Some identify as gay or bisexual, but some do not, despite engaging in same-sex sexual practices. Some are in same-sex partnerships of varying kinds, some are single, and some are heterosexually partnered or married. Stigma, social isolation, rejection are present among men in urban areas, but a higher population density means that there are more "networking" opportunities where men can meet and get to know one another. In rural areas, these "networking" opportunities are far more limited and, in some places, can be non-existent.

**SETTING:** Rural or non-urban areas of the United States

**PROJECT:** Effects of Stigma on Risk Behaviors of Rural Men who have Sex with Men (MSM)

**RESULTS:** The purpose of this presentation is to discuss some of the methods used to access a rural MSM population - successes and limitations - for a research study evaluating stigma, sexual behavior and orientation characteristics.

**Control Number:** 03-A-315-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A05 Context of Sex Work and HIV Risk

**2nd Category Choice:** A27 Sexuality and Sexual Identity

**Population 1:** P51 Public Health Workers

**Population 2:** P2 Advocates

**Presentation Preference:** Single Oral

**Title:** Gay/Bisexual Male Escorts: Sexual Risk Takers or Sex Educators?

**Author Block:** *Parsons, JT<sup>1,2</sup>; Bimbi, DS<sup>3,2</sup>; Koken, JA<sup>3,2</sup>; Halkitis, PN<sup>4,2</sup>; Kelleher, J<sup>2</sup>*

1 Hunter College of the City University of New York, New York, NY; 2 Center for HIV/AIDS

Educational Studies & Training (CHEST), New York, NY; 3 Graduate Center of the City University of New York, New York, NY; 4 New York University, New York, NY

**Abstract Body:**

**BACKGROUND/OBJECTIVES:**

This study examined sexual risk behaviors and other factors among gay/bisexual male sex workers who advertise their services on the Internet (male "escorts").

**METHODS:**

Fifty gay/bisexual male escorts were recruited through Internet postings and emails sent to men advertising as escorts on the Internet. Participants completed self-report quantitative surveys and in-person qualitative interviews.

**RESULTS:**

Participants reported a mean (SD) of 45.50 (43.27) work related and 24.20 (48.25) non-work related sex partners in the past three months ( $p = .02$ ). Men were more likely to report unprotected anal insertive (UAI) and receptive (UAR) sex without ejaculation than with ejaculation.. UAI and UAR were more commonly reported with non-work related partners than with work partners, however the opposite was true for unprotected oral sex with ejaculation (all  $p$ 's  $< .05$ ). Qualitatively, escorts reported many benefits from sex work: enjoying a wide variety of sexual encounters with clients, exploring their own sexuality and becoming more comfortable with it, and increased feelings of confidence and self-worth. Many discussed an altruistic perspective towards their work, stressing qualities of empathy, caring, affection, and having a non-judgmental attitude when interacting with clients. Escorts talked about educating clients about safer sex when unsafe practices were requested and described themselves as playing the role of sex educator in explaining to clients why they would and would not perform certain sexual activities due to their relative safety for HIV/STD transmission. When asked what they needed in terms of intervention programs, these Internet escorts tended to describe a need for information on business practices and financial planning. However, nearly half (48%) called for a reliable, accessible source of information about safer sex, STDs, vaccine studies, and health care providers who would be sensitive and non-judgmental regarding their profession as a sex worker.

**CONCLUSIONS:**

Male escorts in this study reported relatively low levels of HIV sexual risk practices, particularly with their paying clients. Employment in the sex industry need not imply deviancy or pathology, but sex workers may in fact have much to teach others about sexuality and HIV risk reduction practices. Nonetheless, interventions may benefit sex workers by focusing on increasing safer sex with non-paying partners, as well as providing factual safer sex information on the Internet.

**Control Number:** 03-A-324-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A25 Role of STDs in HIV Acquisition

**2nd Category Choice:** A20 Psychological Factors and HIV Risk

**Population 1:** P13 Community Educators

**Population 2:** P3 African Americans

**Presentation Preference:** Poster Session

**Title:** The Role of Geographic Information System in HIV/AIDS Prevention and Syphilis Elimination.

**Author Block:** *Morrison-Jones, J*

UNT Health Science Center School of Public Health, Murphy, TX

**Abstract Body:**

**Objective:** The techniques of geographic information system combined with the principles of epidemiology, sociocultural linkages (race, gender and ethnicity) and demographic factors were studied to gain insights into the geographic distribution of syphilis and HIV/AIDS among the affected groups, and intervention strategies for syphilis elimination were developed.

**Design and Methods:** Surveillance data on cases of syphilis (P&S) and congenital syphilis reported to The Dallas County Health Department were analyzed to show distribution and trends by geographic location, racial and ethnic groups, and gender. Reported cases (1998-1999) of primary and secondary syphilis (P&S) and congenital syphilis were obtained from STD clinics following the CDC reporting scheme (Dallas County Health, 1999). After cases were assigned to appropriate geographic units such as census tracts and zip codes, case per geographic unit were enumerated to assess where most cases occur. A geographic information system (GIS) which included data layers for street addresses, zip codes, 1990 census tracts and demographic data linked to each census tract and number of syphilis cases was then established. Syphilis frequency by spatial unit was then used to create thematic maps of syphilis for the study area.

**Results:** A total of 1204 cases of syphilis were processed by geographic information system. The resulting maps showed the syphilis cases by zip code region, census block group, street address and syphilis rate. The map showing syphilis cases by zip code region showed a high concentration (75-127 cases per 100,000) in the South Central zip codes (75216, 75232, 75241). Zip codes in the Southwest bordering the south central zip codes showed the second highest number of cases (50-75 per 100,000). The zip codes areas in the northern region of the map showed the lowest syphilis rates (1-10 per 100,000).

**Conclusion:** Routinely collected syphilis data coupled with geographic information system can define the geographic patterns of syphilis in core areas. Results showed that zip codes with high incidence of cases were generally adjacent to each other. In addition, statistically significant results confirmed that poverty, minority-race ethnicity and geographic core areas are factors associated with the transmission of syphilis.



**Control Number:** 03-B-326-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** A07 Drug Use, Addiction and HIV Risk

**2nd Category Choice:** A32 Other (Please specify on Additional Info page)

**Population 1:** P32 Injecting Drug Users

**Population 2:** P57 Street Outreach Workers

**Presentation Preference:** Single Oral

**Title:** The need to introduce a device to replace current drug preparation equipment and reduce transmission of blood-borne pathogens among IDUs

**Author Block:** *Colon, HM<sup>1</sup>; Finlinson, HA<sup>1</sup>; Robles, RR<sup>1</sup>; Rios, E<sup>2</sup>*

1 Center for Addiction Studies, UCC School of Medicine, Bayamon, PR; 2 Department of Microbiology, UCC School of Medicine, Bayamon, PR

**Abstract Body:**

**ISSUE:** Even when IDUs inject with their own syringes, the methods they use to prepare drug solutions can result in infections with blood-borne pathogens. There is a growing body of evidence showing that a substantial fraction of HIV and HCV transmission among IDUs can be accounted for by drug preparation practices. There is a need to identify preventive strategies that can modify drug preparation practices and reduce the risks of infection.

**SETTING:** Communities in San Juan, Puerto Rico, characterized by high rates of injection drug use and HIV and HCV seropositivity and limited availability of injection materials.

**PROJECT:** We have conducted qualitative and quantitative formative research to identify the predictors of drug preparation practices and examine alternative prevention strategies. Research activities have included focus groups, participant observations, elicitation interviews, and a prospective quantitative survey. Current drug preparation practices have been observed in detail and information on IDUs' preferences and beliefs has been collected. The features that make current drug preparation materials and practices useful and desirable to IDUs have been systematically identified. Alternative prevention strategies have been considered in light of the findings.

**RESULTS:** The risks of infection of current drug preparation practices stem mostly from having syringes make contact with and contaminate the other drug preparation materials: water containers, cookers and cotton filters. Syringes are used during preparation to measure the water before putting it in the cooker and to extract the drug solution from the cooker, thus potentially contaminating all the preparation materials with the contents of the syringe. Expecting IDUs to use a new syringe to prepare every single injection dose does not seem realistic in many communities. Without finding ways to eliminate contact of the syringe used to inject with the other preparation materials, interventions distributing new cottons and cookers are not likely to have risk reduction effects. In addition, some IDUs prefer to reuse preparation materials, especially cotton filters. We have concluded that there is a need to introduce a device to replace the current drug preparation equipment. Such a device must allow IDUs to prepare and distribute drug shares without necessitating the use of syringes used to inject. In consultation with laboratory researchers and pharmaceutical representatives, we have identified several candidate devices including laboratory pipettes, needleless syringes with filter tips, and water containers. The devices have been evaluated in terms of the features required to be protective, reusable, easy to use, accessible, and acceptable to IDUs.

**LESSONS LEARNED:** There are devices that can effectively separate the preparation and division of injectable doses from contact with the injection syringe and that can be adapted to current practices and preferences, and be acceptable to IDUs. Successful introduction of these devices could substantially reduce viral transmission among IDUs in Puerto Rico and in other communities. Further steps to field test the candidate devices and determine their acceptability and efficacy among IDUs are discussed.

**Control Number:** 03-A-353-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A07 Drug Use, Addiction and HIV Risk

**2nd Category Choice:** A07 Drug Use, Addiction and HIV Risk

**Population 1:** P32 Injecting Drug Users

**Population 2:** P57 Street Outreach Workers

**Presentation Preference:** Single Oral

**Title:** HIV Risk-Taking: IDUs vs. Non-IDUs, and Opiate vs. Stimulant Injectors in Denver, CO

**Author Block:** *Corsi, KF; Mikulich, SK; Booath, RE*

University of Colorado Health Sciences Center, Denver, CO

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Despite recent advances in the prevention of and treatment for HIV, AIDS is still a major problem in the United States, with many cases attributable to injection drug use. This study was designed to compare HIV-related risk behaviors and knowledge among 235 injection drug users (IDUs) and non-IDUs in Denver, CO. Opiate injectors were also compared to stimulant injectors on HIV sex- and needle-related risks, and HIV knowledge.

**METHODS:** Subjects were recruited through street outreach, using targeted and snowball sampling. Recruitment methods were based on the Indigenous Leader Outreach Model, where outreach workers who were familiar with the drug-using community gained access to IDUs. Questionnaires were conducted with a computer-administered self-interview, with audio (audio-CASI). Questions about HIV-risk behaviors and HIV knowledge were asked. Unadjusted bivariate analyses were conducted to compare responses, and then multivariate analyses were conducted after adjusting for demographics.

**RESULTS:** Overall, non-IDUs reported more condom use during vaginal sex than IDUs ( $p < .0005$ ), but IDUs scored higher on HIV knowledge than non-IDUs ( $p < .050$ ). Opiate injectors reported more sharing of drug paraphernalia ( $p < .012$ ), but also more safe vaginal sex than stimulant injectors ( $p < .001$ ). Findings suggest that HIV sex-related risk behaviors differed among non-IDUs and IDUs as well as HIV knowledge. Furthermore, HIV knowledge was not found to be an important marker for risk behavior, as IDUs reported a substantial amount of knowledge (even higher than non-IDUs). Also, the findings showed that stimulant and opiate injectors differed in both the needle- and sex-related risks in which they engaged.

**CONCLUSIONS:** Findings support prior research examining sex- and drug-related risk behaviors. The observation that IDUs in this study engaged in more unsafe vaginal sex than non-IDUs, despite more HIV knowledge, may mean that IDUs were exposed to those messages but that they did not also have the corresponding appreciation for risk (risk perception) necessary to change behavior. This gap between knowledge and understanding of risk should be addressed in HIV prevention programs. The findings here also suggest that prevention programs should target both sex- and drug-related risks, as well as how these risks vary by drug of choice. Treatment programs have a relatively captive audience of IDUs and could therefore target specific types of injectors and focus on HIV risks, for example needle risks for opiate injectors and sex risks for stimulant injectors. These findings also suggest that, 15 years into the HIV epidemic with many successful prevention programs in place and much HIV knowledge in this population, HIV risk behavior is still occurring among IDUs.

**Control Number:** 03-A-355-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A06 Cultural Factors and HIV Risk

**2nd Category Choice:** A04 Communities, Neighborhoods, and Environments and HIV Risk

**Population 1:** P19 Gay and Other Men Who Have Sex With Men

**Population 2:** P35 Latinos/Latinas, Hispanic

**Presentation Preference:** Single Oral

**Title:** A Qualitative Exploration of the Experiences of Latino Men in Project Explore - Chicago

**Author Block:** *Bird, JD; Hopwood, JA*

Howard Brown Health Center, Chicago, IL

**Abstract Body:**

**BACKGROUND/OBJECTIVES:**

Explore, the largest behavioral intervention clinical trial studying men who have sex with men (MSM) in the US, is being conducted by the Division of AIDS at the Institute of Allergy and Infectious Diseases (at the National Institutes of Health,) and was designed to evaluate an intensive HIV prevention intervention over 2 ½ to 4 ½ years of follow-up. Two significant challenges experienced by the Chicago Explore site were the retention of Latino MSM and the delivery of culturally appropriate interventions to this population. Therefore, a focus group was developed to examine the reasons for dropout among Latino Explore participants. The objectives of the research were to identify major cultural issues and challenges related to HIV infection and prevention, obtain recommendations for increasing the cultural competency and relevance of Explore material, obtain suggestions for improving retention, and highlight the benefits and challenges related to the participants' involvement in Explore.

**METHODS:**

A qualitative study using focus groups was developed to collect data. The participants were recruited from Project Explore and were selected based on their self-reported identification as Latino and their having indicated permission to be contacted for further research. Sixteen participants were divided into 1 of 2 groups based on their previous assignment to either the control or intervention arm of Project Explore. Data was collected via verbatim transcription and a qualitative analysis was conducted from the focus group discussions.

**RESULTS:**

The participants identified 4 key issues related to the challenges facing HIV infection within the Latino community: family support, access to health care, religious stigma, and the lack of community resources due to homophobia and perceived bias. The participants identified a lack of fact-based information and culturally appropriate providers available to the Latino MSM community. Through the participants' reflection on their experiences with Explore, recommendations were developed regarding culturally appropriate HIV prevention and community support resources.

**CONCLUSIONS:**

Current HIV prevention programs do not address the culturally specific challenges to HIV infection within the Chicago Latino MSM population. Significant issues regarding stigma in healthcare acquisition and the lack of family and community support for MSM were identified by participants as having an affect on HIV risk taking behavior and decreasing the ability for Latino MSM to access HIV prevention information. This research suggests a significant need for further assessment of the specific challenges and barriers regarding HIV prevention in the Latino MSM population in Chicago.

**Control Number:** 03-A-356-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A20 Psychological Factors and HIV Risk

**2nd Category Choice:** A07 Drug Use, Addiction and HIV Risk

**Population 1:** P32 Injecting Drug Users

**Population 2:** P35 Latinos/Latinas, Hispanic

**Presentation Preference:** Single Oral

**Title:** Impact of comorbidity on HIV risk behaviors among a cohort of Hispanic drug injectors in Puerto Rico

**Author Block:** *Robles, RR; Reyes, JC; Colón, HM; Matos, TD; Sahai, H; Marrero, CA; Calderón, J*  
Center for Addiction Studies, School of Medicine, Universidad Central del Caribe, Bayamón, Puerto Rico

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Comorbidity due to multiple health conditions has been associated with homelessness, mortality, and low completion rates of drug treatment and prevention programs among drug users. However, the role of comorbidity in understanding HIV risk behaviors has been under-researched. This study assessed the association between comorbidity and HIV risk behaviors among a cohort of Hispanic drug injectors in Puerto Rico.

**METHODS:** The study sample consisted of 556 injection drug users (IDUs), not-in-treatment, recruited in poor communities in Puerto Rico. A six-item comorbidity index was constructed from various health scales. HIV risk behaviors were measured using an instrument adapted from the NIDA Risk Behavior Assessment Scale.

**RESULTS:** The overall sample mean for the comorbidity index was 8.3 (range 0-17, SD=3.8). IDUs with the higher scores on the comorbidity index were more likely to be female, older, less educated, homeless, and have more years of injection. Logistic regression analysis showed that IDUs with higher scores on the index were more likely to pool money to buy drugs (OR=5.3, CI: 2.6-10.8), share needles (OR=3.0, CI: 1.1-8.1) and inject drugs in shooting galleries (OR=3.9, 1.6-9.3).

**CONCLUSIONS:** Health risk behaviors among drug users should be taken seriously by clinicians and preventive programs as indicators of underlying conditions that could increase risk for HIV seropositivity and other illnesses.

**Control Number:** 03-B-383-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** A23 Recruitment and Sampling of Research Participants in Formative or Basic Prevention Research

**2nd Category Choice:** C25 Methodological Issues in Intervention Studies

**Population 1:** P19 Gay and Other Men Who Have Sex With Men

**Population 2:** P15 Counselors

**Presentation Preference:** Single Oral

**Title:** Project EXPLORE: Researcher Collaboration in Recruiting High Risk MSM

**Author Block:** *Barresi, P<sup>1</sup>; Bozeman, S<sup>2</sup>; Camacho, M<sup>3</sup>; Gage, R<sup>4</sup>; Osteen, P<sup>5</sup>; Powers, C<sup>6</sup>; Verano, P<sup>7</sup>; LeBlanc, D<sup>8</sup>; Borris, P<sup>6</sup>*

1 University of California, San Francisco, San Francisco, CA; 2 Abt Associates, Cambridge, MA; 3 New York Blood Center, New York, NY; 4 San Francisco Dept of Public Health, San Francisco, CA; 5 Denver Dept of Public Health, Denver, CO; 6 Howard Brown Health Center, Chicago, IL; 7 University of Washington, Seattle, WA; 8 Fenway Community Health Center, Boston, MA

**Abstract Body:**

**Issues:** We describe the combination of national and local resources in recruiting high risk men who have sex with men (MSM) and offer recommendations for similar nationwide, multi-site trials and programs.

**Setting:** EXPLORE was conducted at six domestic U.S. sites: Fenway Community Health Center (Boston, MA;) Howard Brown Health Center (Chicago, IL;) Denver Department of Public Health (Denver, CO;) New York Blood Center (New York, NY;) San Francisco Department of Public Health (San Francisco, CA;) and University of Washington - HPTU; (Seattle, WA.)

**Description:** EXPLORE is a randomized controlled trial of a counseling intervention to prevent HIV infection among MSM. Enrollment target was 4,350 (approximately 725 per site.) 98.7 % was attained between February 1999 and February 2001.

**Lessons:**

1.

Share best practices across study sites. Use conference calls and annual meetings.

2.

Assess strategies continually - be flexible in choice of foci. Rotate foci to keep the study 'fresh' in the public's mind.

3.

Use multiple strategies (e.g., multi-media advertising, person-to-person outreach in venues likely to attract eligible participants, mailings, etc.) consistently throughout the accrual period to keep the study in the public eye.

4.

Employ social marketing principles for planning and fielding of recruitment.

5.

Deploy socially and culturally relevant recruiters consistently.

6.

Reinforce consistent presence with strong advertising.

7.

Allocate sufficient resources - marketing, advertising, and appropriate staff

EXPLORE researchers collaborated to reframe working assumptions about best staffing (e.g., hourly workers were more effective than part-time staffers;) required resources for staff and advertising; marketing of EXPLORE to MSM through multiple channels; recruitment plans and goals, and the

efficient division of labor at sites. Centralized coordination of this approach and local coordination of local recruitment activities were critical.

Results: 8,150 pre-screens were conducted: 74% completed screening appointments and 89% of screened subjects enrolled (N=4,295). Ethnically and age diverse MSM were recruited: 61% 35 years or younger; 7% Black, 15% Hispanic; as well as high risk -- 42% had  $\geq 10$  partners in past 6 month period, 10% IDUs, 28% sex with HIV+ male, 27% unprotected anal sex with partner of unknown status. Best sources for recruitment included clubs (23%), ads (14%), mailings (14%), and peer referrals(14%),

Recommendations: Resources invested locally are strongly enhanced with concurrent inter-site communication and coordination.

**Control Number:** 03-B-389-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** A22 Race, Racism, Ethnicity and Vulnerability to or Protection from HIV

**2nd Category Choice:** C16 Interventions that Promote Healthy Behaviors

**Population 1:** P3 African Americans

**Population 2:** P19 Gay and Other Men Who Have Sex With Men

**Presentation Preference:** Group Oral

**Title:** A Promising Approach to HIV Prevention for Black Men who Have Sex with Men (BMSM): Theory and Practice

**Author Block:** *Malebranche, DJ<sup>1</sup>; Manago, C<sup>2</sup>*

1 Emory University Division of General Medicine, Atlanta, GA; 2 African-American Advocacy Support-Services and Survival Institute (AmASSI), Los Angeles, CA

**Abstract Body:**

**Issue:** Young black men who have sex with men (BMSM) are disproportionately impacted by HIV in the United States, with a prevalence of 32% reported in some major cities. Many of these men are not aware of their HIV status, and an underestimation of their personal and partner's risk is reported to be part of the problem. Despite increased funding for this targeted population, current HIV prevention efforts focused on sexual identity labels and risk groups have proven ineffective. Prevention and research efforts based on qualitative exploration of issues of black masculinity, mental health and psychoneuroimmunology hold promise for the future of HIV prevention in this population.

**Setting:** South Central Los Angeles, California at the African-American, Advocacy, Support-Services and Survival Institute (AmASSI). One hundred fifty black men were recruited from barbershops, malls and other locations and activities in African-American communities. Four focus groups were conducted, using open-ended questions exploring perceived barriers to safer sex behaviors. Screening surveys identified 67/150 (46%) of the volunteers who were engaging in high risk sexual behavior with other men. Thirty-nine of these men were eligible for participation in the intervention, of which 32 accepted.

**Project:** The Critical Thinking and Cultural Affirmation Model (CTCA) is a 6 month HIV risk-reduction program, composed of weekly individual psychotherapy sessions and tri-weekly group intensives focused on: 1) the history of accomplishment and cooperation among black people of diverse sexualities and philosophies; 2) media and environmental literacy (deconstructing mainstream institutional and media influence on black self-concept, manhood, culture and sexual prejudice); 3) the benefits of critical thinking and self-respect; and 4) HIV 101 (educational information on modes of HIV transmission). Pre- and post-tests utilizing structured and open interviews, support group workshop discussions, and case worker notes were analyzed to assess the effectiveness of participation in the intervention. Outcomes measured were self-concept, self-esteem, cultural affirmation and risk behaviors.

**Results:** Barriers to consistent safer sex included: conflicting attitudes about same-sex desire, concerns about compromised manhood, feelings of loneliness/isolation, feelings of sexual shame, high overall stress levels, substance abuse and low survival expectations. Before the intervention, 75% reported being a black male was "traumatic," and 90% reported no positive value to homosexuality. Following the intervention, 80% demonstrated increased levels of positive self-concept and proactive commitment to protecting self and community from HIV; there was also a 40% decrease in men reporting willingness to put themselves or their partners at risk for HIV (70% to 30%). Twenty percent of the participants reported not fully benefiting from the intervention.

**Lessons Learned:** Barriers to safer sex for the BMSM in this study involved issues of mental health, particularly anxiety about homosexuality and masculinity. The CTCA strategy was successful in improving the self-image and self-concept of the BMSM who participated, and reduced their willingness to engage in HIV risky sexual behaviors. More innovative HIV prevention strategies for BMSM are

needed that begin with cultural and gender-specific affirmation, general mental health services, and critical thinking empowerment that emphasizes the importance of sexual health, responsibility and safety.



**Control Number:** 03-A-397-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A14 Mobility and Migration and HIV Risk

**2nd Category Choice:** D14 HIV Prevention Programs for Migrant Populations

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P48 Policymakers/Legislators

**Presentation Preference:** Single Oral

**Title:** "Los hombres no mandan aquí": Changing Gender Roles Among New Central American, Mexican and Dominican Immigrants to Suburban and Semi-Rural New York

**Author Block:** *Decena, CU<sup>1</sup>; Decena, CU<sup>1</sup>; Shedlin, MG<sup>1</sup>; Deren, S<sup>1</sup>; Oliver-Velez, D<sup>2</sup>; Oliver-Velez, D<sup>2</sup>*

1 National Development and Research Institutes, Inc., NY, NY; 2 City University of New York Graduate Center, NY, NY

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Research on immigrant populations can enhance our understanding of what factors involved in migration and a new environment might place these populations at risk for HIV. This presentation will describe and compare changes in gender roles and expectations among newly arrived Guatemalan, Honduran, El Salvadorian, Dominican and Mexican immigrants to suburban (Westchester/Putnam Counties) and semi-rural areas (the North Fork section of Suffolk County in Long Island) of the New York Eligible Metropolitan area.

**METHODS:** The study employs a qualitative approach and methods to identify and describe new Hispanic migrant and immigrant populations and factors affecting HIV risk. These methods include: observation, in-depth interviews and focus groups. The research examines these new communities in urban, sub-urban and rural locations, focusing on cultural and environmental factors that influence risk and prevention. The following are preliminary results of the ongoing fieldwork:

**RESULTS:** As of 2/1, we have conducted 6 focus groups (with 46 participants, 23 men and 23 women) and 5 key informant interviews in the two sites. By the time of the presentation, we will have obtained and analyzed data from 5 additional focus groups, 15 additional key informant interviews and 52 individual interviews. Preliminary data suggest that although single men predominate in these immigrant populations, more women are migrating with, or soon after their partners to protect their relationships and help in sustaining their families. The migratory and adaptation processes offer women opportunities for independence and empowerment through renegotiation of gender roles and modified role expectations by both men and women. Differences in the degree of women's empowerment appear to be related to the point of origin (urban or rural), points of destination (suburban or semi-rural), levels of education and employment, access to information as well as languages spoken (English, Spanish or Mixtec). Our research so far also suggests that an analysis of reported changes in gender roles must consider contextual factors (e.g. permanent vs. temporary settlement) that might help or hinder individuals from sustaining normative and behavioral changes over time and in different environments.

**CONCLUSIONS:** We have found that although the experience of migration and adaptation to a new environment can result in changes in gender roles and expectations, women experience empowerment differently. Culture, urban-rural origins, new environments, existing networks, levels of education, employment, access to information and language/literacy all work to affect both change and its manifestations. Data illustrate the importance of designing interventions that attend to the varying degrees of empowerment women achieve in the receiving society and to

**contextual factors that might encourage or discourage men and women from sustaining change in gender roles and expectations that contribute to protective behaviors for HIV and other STIs.**

**Control Number:** 03-A-403-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A29 Socioeconomic Factors and HIV Risk

**2nd Category Choice:** A26 Sex and Gender Factors and HIV Risk

**Population 1:** P61 Women

**Population 2:** P46 People Living with HIV/AIDS

**Presentation Preference:** Poster Session

**Title:** Competing life concerns and condom use among HIV-infected women

**Author Block:** *Mizuno, Y; Moore, J; the HERS study group*  
CDC, Atlanta, GA

**Abstract Body:**

**BACKGROUND/OBJECTIVES:**

Studies indicate that HIV-infected (HIV+) women are predominantly persons of color with disadvantaged socioeconomic background. It appears that many of the women have a variety of life concerns that are not necessarily HIV-related. In the present analysis, we investigated how women's competing life concerns were associated with consistent condom use. Specifically, we hypothesized that 1) having many competing, non-HIV related life concerns (such as concerns about not having sufficient food, money, and housing) would take women's attention away from concerns about infecting others and 2) having many competing life concerns would result in more inconsistent condom use, particularly among women who also had a low level of concern about infecting others.

**METHODS:**

Data are reported from the HIV Epidemiology Research Study (HERS), a prospective, longitudinal cohort study in which HIV+ women and women at high risk for HIV infection in four U.S. cities (Baltimore, New York, Detroit, and Rhode Island) were followed up for 7 years. At 6-month intervals, women underwent face-to-face interview, physical examination, medical record abstraction, and specimen collection. The present analysis used data collected from 239 HIV+ women who reported having HIV-negative or unknown serostatus partner at their 3<sup>rd</sup> visit. The outcome variable was condom use data (consistent condom use or not) collected at visit 3 whereas data for predictor variables were collected at visit 2.

**RESULTS:**

Sixty-six per cent of the 239 women reported consistent condom use. Forty-seven per cent reported that they had many competing life concerns and 60% said they had high level of concern about infecting others. Contrary to our first hypothesis, bivariate analysis suggested that women who had more competing life concerns were more, rather than less, likely to be concerned about infecting others ( $r = .35$ ;  $p < .01$ ). In partial support of our second hypothesis, logistic regression analysis found that women who had many competing life concerns were less likely to report consistent condom use with HIV-negative or unknown serostatus partners, even after controlling for sociodemographics and drug use ( $p < .05$ ). However, this effect held for all women, not just those who had low level of concern about HIV transmission. Further analysis indicated that women who had many competing life worries were more likely to be depressed ( $p < .01$ ).

**CONCLUSIONS:**

HIV+ women who had many competing life concerns were actually more worried about infecting others. Regardless of the level of concern about HIV transmission, however, women with many competing life concerns were less able to use condoms consistently. These results point to the need to develop an intervention that addresses multiple life issues and one that would help women translate their HIV transmission worry into safer condom use behavior.

**Control Number:** 03-A-431-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A06 Cultural Factors and HIV Risk

**2nd Category Choice:** A20 Psychological Factors and HIV Risk

**Population 1:** P8 Caribbean Americans

**Population 2:** P12 Communities of Color

**Presentation Preference:** Poster Session

**Title:** AIDS Risk Behavior Among Haitian-Americans

**Author Block:** *Augustin, G; Derlega, V*  
Old Dominion University, Norfolk, VA

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Recent data indicate that there is a high level of HIV infection among Haitian-Americans. Our goal was to apply the Information-Motivation-Behavioral (IMB) skills model (Fisher & Fisher, 1994) to predict the psychological determinants of AIDS risk behavior in this population. We examined how HIV/AIDS knowledge, motivation to practice safer-sex and perceived behavioral skills are associated with engaging in AIDS preventive behaviors.

**METHODS:** Haitian-Americans (N = 88) recruited from Bridgeport, CT, Atlanta, GA and Brooklyn, NY completed assessments of their level of HIV prevention information, motivation, behavioral skills and safer sex behavior. Three safer sex behaviors were examined as outcome variables: condom use during sexual intercourse, condoms accessibility and safer-sex discussion with partners.

**RESULTS:** The results of the study confirmed some model associations proposed by the IMB model. Motivation to engage in AIDS preventive acts had the greatest predictive power in Haitian-Americans' safe sex behaviors. Haitian-Americans with greater levels of motivation were more likely to discuss safe sex with their partners ( $r = .23, p < .05$ ) more likely to have access to condoms ( $r = .37, p < .001$ ) and more likely to use condoms ( $r = .38, p < .001$ ). Information about HIV/AIDS facts had no significant direct associations with safe sexual behaviors. However, a path analysis indicated that HIV/AIDS knowledge was indirectly associated with condom use via the mediating effects of behavioral skills.

**CONCLUSIONS:** The current results suggest that interventions strategies focusing particularly on motivation factors may be valuable for the English-speaking Haitian-American population. For instance, interventions aimed at increasing positive attitudes toward safe sex behaviors such as teaching how to use condoms erotically may be effective. Subjective norms may be targeted by encouraging participants to discuss sexual concerns regarding safe sex practices with significant others.

**Control Number:** 03-A-446-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A20 Psychological Factors and HIV Risk

**2nd Category Choice:** A32 Other (Please specify on Additional Info page)

**Population 1:** P46 People Living with HIV/AIDS

**Population 2:** P64 Other (Please Specify)

**Presentation Preference:** Single Oral

**Title:** Is the availability or use of highly active antiretroviral therapy (HAART) associated with increased sexual risk behavior? Implications for HIV prevention

**Author Block:** *Crepaz, N<sup>1</sup>; Marks, G<sup>1</sup>; Hart, TA<sup>1,2</sup>*

1 CDC, Atlanta, GA; 2 Emory University, School of Medicine, Atlanta, GA

**Abstract Body:**

**BACKGROUND/OBJECTIVES:**

Ecological studies show that sexual risk behavior (especially among men who have sex with men) increased after the availability of highly active antiretroviral therapy (HAART). These findings prompt concern that being on HAART or perceiving that one's viral load is "undetectable" may increase HIV+ persons' tendencies to engage in risky sex. Additionally, the increased unsafe sex may stem from general beliefs about HAART and transmission risk among HIV+ as well as HIV-negative persons. A meta-analysis of the empirical literature was conducted to examine these issues.

**METHODS:**

Literature published from 1996 through 2002 was searched through computerized databases including AIDSLINE, MedLine, PubMed, CINHALL, and PsycInfo. Inclusion criteria were studies that examined unprotected sexual intercourse or sexually transmitted infections (STI) in association with (1) being on HAART or having an "undetectable" or low viral load in HIV+ persons and (2) beliefs about HAART in HIV+ and HIV-negative persons. A random effects model was used to combine weighted effect sizes.

**RESULTS:**

Twenty-one studies (77% from the U.S.) met the inclusion criteria and were evaluated. Some studies contributed more than one independent sample. Findings from 9 cross-sectional and 6 longitudinal samples of HIV+ persons found that being on HAART was not significantly associated with increased unprotected sex or STI (OR = 0.97, 95% CI = 0.70, 1.32 for cross-sectional studies; RR = 1.09, 95% CI = 0.67, 1.76 for longitudinal studies). Seven additional HIV+ samples found that having an "undetectable" or low viral load was not associated with increased sexual risk behavior (OR = 1.26, 95% CI = 0.88, 1.81). However, the prevalence of unprotected sexual intercourse was significantly higher among HIV+ or HIV-negative persons (1) who had reduced concerns about engaging in unprotected sex given availability of HAART (6 samples, OR = 4.12, 95% CI = 1.91, 8.86) or (2) who believed that low viral load reduces transmission risk (9 samples, OR = 1.77, 95% CI = 1.35, 2.31).

**CONCLUSIONS:**

The data do not support the assumption that increases in sexual risk behavior are due to HIV+ persons being on HAART or having an undetectable viral load. Rather, increases may be explained by beliefs about HAART and reduced concern about unsafe sex because of HAART among HIV+ and HIV-negative persons. Prevention messages need to focus on decreasing sexual risk-facilitating beliefs about the availability of HAART or having an undetectable viral load.

**Control Number:** 03-A-447-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A01 Age, Developmental, and Life Course Factors

**2nd Category Choice:** A06 Cultural Factors and HIV Risk

**Population 1:** P12 Communities of Color

**Population 2:** P13 Community Educators

**Presentation Preference:** Single Oral

**Title:** What our mothers and grandmothers *don't* know about HIV/AIDS *can* hurt them: HIV knowledge and risk behaviors among older African American women

**Author Block:** *Winningham, AL*<sup>1</sup>; *Richter, D*<sup>2</sup>; *Corwin, S*<sup>3</sup>; *Moore, C*<sup>2</sup>; *Sargent, R*<sup>2</sup>

1 Center for AIDS Intervention Research (CAIR), Milwaukee, WI; 2 University of South Carolina Norman School of Public Health, Columbia, SC; 3 University of South Carolina School of Medicine, Columbia, SC

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** African American women age 50 and older are disproportionately affected by the HIV/AIDS epidemic. In 2001, they comprised 11% of the U.S. population of older women, but accounted for more than 50% of AIDS cases and more than 65% of HIV cases among older women. Using the AIDS Risk Reduction Model (ARRM) as a conceptual framework, this study investigated the association of knowledge and HIV risk/risk reduction behaviors among African American women (n=184) between the ages of 50 and 81.

**METHODS:** Women living in three rural counties of South Carolina completed a paper-and-pencil questionnaire assessing their HIV knowledge, potential HIV risk behaviors (injection drug use, multiple partners, specific at-risk sexual behaviors, risky sexual partners, and blood transfusion) and HIV risk reduction behaviors (condom use and HIV testing).

**RESULTS:** Seventy percent of the women reported at least one HIV risk behavior in the last five years and 65% reported at least one HIV risk reduction behavior in the last five years. Knowledge was significantly correlated with both HIV risk and risk reduction behaviors. Women with higher HIV knowledge reported fewer risk behaviors and more risk reduction behaviors. Results indicate that a number of HIV-related myths and misperceptions are perpetuated within this segment of the population. For example, nearly 40% of the women believed that only gay men needed to worry about HIV/AIDS and 45% of the women believed that a person had to have many sex partners to get HIV.

**CONCLUSIONS:** An alarming number of older African American women reported behaviors that put them at increased risk for HIV infection. Therefore, there is an urgent need for HIV prevention efforts, including education, that focus on the unique needs of older African-American women. Moreover, this study adds to the growing evidence that older adults are indeed a population at risk for HIV and therefore, can no longer be ignored in terms of HIV prevention.

**Control Number:** 03-A-468-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A07 Drug Use, Addiction and HIV Risk

**2nd Category Choice:** B08 HIV/AIDS Surveillance

**Population 1:** P61 Women

**Population 2:** P35 Latinos/Latinas, Hispanic

**Presentation Preference:** Poster Session

**Title:** Risk Exposures and Drug Use Behaviors Among Females with HIV/AIDS in Bayamón, Puerto Rico: time trends (1992-2000)

**Author Block:** *Amill, A; Gomez, MA; Fernandez, DM; Hunter-Mellado, RF*  
Universidad Central del Caribe, Bayamon, Puerto Rico

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Studies have suggested that the HIV epidemic is changing among females due to their sexual related risks and drug use. This current study explored and analyzed different markers of risk exposure and drug use behaviors of females across the years.

**METHODS:** A cross sectional study was performed from baseline data in a cohort sample of females with HIV/AIDS. Patients were recruited in the HIV Central Registry and in the Adult Spectrum of Disease project at the Retrovirus Research Center in Bayamón, Puerto Rico. They were clustered in three periods according to year of entry; from 1992 to 1994 (n1=308), 1995 to 1997 (n2=255), and 1998 to 2000 (n3=186). Trends were analyzed by performing Chi-Square for Lineal Trends, Kruskal-Wallis and Spearman correlation significance tests.

**RESULTS:** Study subjects comprise 26.4% of the total registry (N=2841). From constructed mutually exclusive variables we found that the proportion of females reporting to have sex with an injecting drug user (IDU) had increased (Chi-square for trend  $p=0.0373$ ) across time. Also, upward trend was observed for females that report IDU and to have sex with a male, in contrast to a decrease in the report of been IDU and to have sex with an IDU or an HIV patient or both. The report of others not mutually exclusive variable of drug use such as heroin, speedball and amphetamines consumption were found to be increasing (Chi-square for trend  $p<0.05$ ) across the years. In addition, within the female group that reports to be IDU, significant increase was also assessed in the use of injecting drugs during last year, practice of needle sharing, in the median of age at IDU onset and practice of needle sharing during the last year.

**CONCLUSIONS:** Study shows and increment of sexual practice with an IDU, and also females IDUs that possibly know less about their sexual partners. As well, increases in drug use patterns were found. Prevention and education efforts should be focus on the possible interactions and complexities of risky practices to address an HIV epidemic decline among females.

**Control Number:** 03-A-469-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A01 Age, Developmental, and Life Course Factors

**2nd Category Choice:** A11 Ethnographic Research Methods in Formative or Basic Prevention Research

**Population 1:** P54 Senior Citizens and Adults Over 50

**Population 2:** P19 Gay and Other Men Who Have Sex With Men

**Presentation Preference:** Single Oral

**Title:** G(r)aying: Exploring Contexts for HIV Prevention Interventions among 50+ MSM's.

**Author Block:** *Coon, DW<sup>1</sup>; Catania, JA<sup>2</sup>; Rebchook, GM<sup>2</sup>*

1 Institute on Aging, San Francisco, CA; 2 University of California San Francisco Center for AIDS Prevention Studies, San Francisco, CA

**Abstract Body:**

**BACKGROUND/OBJECTIVES:**

MSM still constitute the overwhelming majority of HIV/AIDS cases in the 50 and older population. However, older MSM's sexuality and primary prevention needs, as well as their unique situations and contexts for HIV risks, are relatively unexplored. This formative research examines key themes to aid in the development and evaluation of HIV interventions for older MSM's.

**METHODS:**

MSM 50 years of age and older who reported having male sexual partners in the last 5 years were invited to participate in either a focus group or an in-depth individual interview. Men were identified through their participation in a recent probability based epidemiological study of adult MSM residing in San Francisco, as well as through snowball sampling and local advertisements. The project systematically gathered data to clarify our understanding of older MSM's HIV risks and the contexts that place them at risk for HIV transmission.

**RESULTS:**

85 eligible MSM's age 50 and over participated in the project. Recruitment resulted in a substantially diverse sample with 63.5% of the study participants being age 50-59, 36.5% over age 60, and 33% of the total sample self-identifying as MSM of color (10.8% Latino/Hispanic, 12.9% African American, 4.7% Asian/Pacific Islander; 3.5% Native American and 1.2% as multiracial). Fifty-five MSM participated in five separate focus groups and 30 in in-depth interviews. Participants ranged in age from 50 to 80 (mean age = 57.9 years), and reported an average of 8.8 sexual partners in the last year. Approximately a third of all participants were in a committed relationship. Several key themes emerged including: pervasive internalized and externalized ageism; social support losses due to the AIDS epidemic (particularly among 50-59 year olds) and other social losses that increase loneliness, limited social venues for older MSM; an increased desire for intimacy; and, an interest in mentoring opportunities to give back to younger generations of MSM.

**CONCLUSIONS:**

Results suggest new HIV campaigns need to be launched that target older MSM. These interventions need to address the tremendous stigma older MSM experience in the community as well as a number of their social and informational needs (e.g., housing, medical, sexual functioning and financial needs). Providing mentoring opportunities with younger generations of MSM's may prove beneficial across age groups. Finally, more men in their 50's reported substantial losses from the HIV/AIDS epidemic; this and other differences across cohorts indicate an array of strategies is needed.



**Control Number:** 03-A-480-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A11 Ethnographic Research Methods in Formative or Basic Prevention Research

**2nd Category Choice:** C08 Female Condom

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P44 Outreach Workers

**Presentation Preference:** Poster Session

**Title:** Adoption and rejection of female condom use among women at high risk for HIV

**Author Block:** *Corbett, M; de Moura Castro, H; Mosack, K; Weeks, MR*

Institute for Community Research, Hartford, CT

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Since the introduction of the female condom in 1993, widespread use has been limited despite numerous studies showing its acceptability. This study explores factors that serve as either facilitators or barriers to initial and continued use of female condoms among high-risk women.

**METHODS:** Experience from an ongoing study investigating microbicide readiness and diffusion of female condom use through networks of high-risk women will be discussed. Participants are primarily low-income urban Puerto Rican, African American, and White women including crack users, IDUs, sex workers, or sex partners of IDUs aged 18 years and older. Elicitation, survey, and ethnographic methods have been used.

**RESULTS:** Qualitative and quantitative results show limited awareness of the female condom as a HIV/STI or pregnancy prevention method and much less actual use as one. Preliminary findings from ethnographic interviews indicate several facilitators and barriers to female condom adoption. Among the facilitators identified are the ability to negotiate male condom use and a successful first attempt at using the female condom. Barriers include relationships in which the woman's role, real or perceived, is to please her partner regardless of the risks to herself, and low or no perceived risk of HIV/STIs. Women also report lack of female condom information from their healthcare providers.

**CONCLUSIONS:** Findings indicate that in order to increase female condom use in women at high risk for HIV, several personal, social, and cultural barriers to adoption must be addressed.

**Control Number:** 03-A-488-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A06 Cultural Factors and HIV Risk

**2nd Category Choice:** A07 Drug Use, Addiction and HIV Risk

**Population 1:** P32 Injecting Drug Users

**Population 2:** P33 International Populations

**Presentation Preference:** Single Oral

**Title:** HIV Seroprevalence and Risk Behaviors in Three Ukrainian Cities

**Author Block:** *Booth, RE<sup>1</sup>; Corsi, KF<sup>1</sup>; Salomonsen-Sautel, S<sup>1</sup>; Brewster, JT<sup>1</sup>; Semeryk, O<sup>2</sup>*

1 University of Colorado School of Medicine, Denver, CO; 2 The Futures Group, Kiev, Ukraine

**Abstract Body:**

**BACKGROUND/ OBJECTIVES:** Along with Central Asia, Eastern Europe has the fastest-growing HIV/AIDS epidemic in the world. Ukraine is the epicenter of AIDS in the region, with an estimated 230,000 infected, approximately 80% of whom are drug injectors. In the past two years, however, the rate of infection through sexual transmission has steadily grown. There are a number of reasons for the rapid rise of HIV in this region, including the social and economic conditions caused by the collapse of the Soviet Union. The explosive increase in HIV among IDUs could also be attributed to the injection practices of users. The purpose of this study was to explore these practices and how they relate to HIV infection, as well as to examine differences according to city. It is part of a longitudinal project assessing the effectiveness of outreach interventions in reducing HIV-related risk behaviors in the US and Ukraine.

**METHODS:** A Non-Government Agency (NGO) in each of three Ukraine cities (Odessa, Kiev and Makeevka) was contracted to conduct the research. After extensive training in outreach methods, subject recruitment, research instruments and interviewing techniques, project staff recruited 100 IDUs at each location. Participants were interviewed using an audio-CASI Russian-translated version of the Risk Behavior Assessment questionnaire developed by NIDA. Prior to the collection of survey data, five focus groups were conducted with IDUs and drug dealers in Odessa to gain insight into drug use practices.

**RESULTS:** Participants averaged 28.1 years of age and included 28% females. More than 97% reported injecting liquid poppy straw (a weak and crude opiate derivative) and 79% shirka (an ephedrine-based drug) in the previous 30 days. More than 75% purchased their drugs in preloaded syringes from gypsies. Nearly two-thirds reported always or usually injecting with others and 68% had used a syringe that another injector had previously used. Focus group findings revealed that rinsing needles/syringes with urine was the most common method for cleaning. Among those sexually active, 91% did not always use a condom and 62% had a high-risk sex partner, defined as someone who was either an IDU, HIV infected or having sex with someone else. Thirty percent of females and 24% of males had been told they were HIV positive. Participants who were HIV+ were more likely to have used a dirty needle, shared a cooker and shared the drug solution with another IDU in the past 30 days. HIV-infected IDUs were also more likely to have reported sex with a high-risk partner. Major differences were found according to site, with IDUs from Kiev generally at higher risk than those from other cities.

**CONCLUSION:** Drug injectors from the three Ukraine cities in this study had very high rates of HIV-related risk behaviors. Perhaps most disturbing was the finding that HIV-infected IDUs engaged in the highest rate of risk behaviors, thus ensuring the continued epidemic of HIV in this region of the world. Interventions are needed to prevent the further spread of this disease to those who are vulnerable, including the heterosexual non-drug using population.

**Control Number:** 03-A-489-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A26 Sex and Gender Factors and HIV Risk

**2nd Category Choice:** B24 Spectrum of HIV Disease

**Population 1:** P35 Latinos/Latinas, Hispanic

**Population 2:** P46 People Living with HIV/AIDS

**Presentation Preference:** Poster Session

**Title:** Identifying Sociodemographic and Risk Behavior changes in HIV/AIDS patients in Bayamon Puerto Rico between 1992-2002

**Author Block:** *Velazquez, M; Gomez, MA; Fernandez, DM; Amill, A; Baez, DV; Hunter-Mellado, RF*  
Universidad Central del Caribe, Bayamon, Puerto Rico

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** The present study aims to analyze changes in sociodemographic and risk behavior (RB) variables across the years in a population of HIV/AIDS patients.

**METHODS:** This is a cross-sectional study from a longitudinal cohort of patients recruited since 1992 throughout 2002. This is a convenience sample of 3108 subjects, attending our health care facilities (Dr. Ramon Ruiz Arnau University Hospital and the Immunologic Clinic in Bayamón Puerto Rico).

Comparative analysis was accomplished to determine differences in proportions with Chi-square for linear trends and Kruskal-Wallis (KW) test. Spearman Correlation test ( $\rho$ ) was performed to analyze the correlation among variables.

**RESULTS:** The median age of patients at first encounter was 34 in 1992 and 39 in 2002, with a range of age from 18 to 89 years. Statistical differences were found showing an increase of age across the years (KW  $p=.001$  |  $\rho=0.178$ ). A significant increase through the years was observed in the following variables: gender, education, housing, number of children and the RB (chi-square  $p\leq.05$ ). We address increasing proportions of women, people with less or equal high school level education, of parents with children and in the risk behaviors. The two RB groups that incremented across the years were bisexual practice and intravenous drug use.

**CONCLUSIONS:** Changes are observed in the sociodemographic and RB profile of our HIV/AIDS population across the years. There is an increment of women and older adults patients diagnosed with HIV/AIDS entering to our study. Level of education tends to be lower across the years and increase in the numbers of patients with children is also observed. These changes underline the importance of assessing health disparities within our population, suggesting the importance of developing prevention strategies for those specific groups. These changes, also could impact the health deliver care services and the family composition of our society.

**Control Number:** 03-A-492-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A01 Age, Developmental, and Life Course Factors

**2nd Category Choice:** A10 Family Circumstances and HIV Risk

**Population 1:** P3 African Americans

**Population 2:** P45 Parents/Families

**Presentation Preference:** Single Oral

**Title: Family, Development and Society: Implications for HIV Prevention Among Early Adolescent African American Females**

**Author Block:** *Aronowitz, T; Rennells, RE*

Syracuse University, Syracuse, NY

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Approximately 25 percent of new HIV infections in the US occur in teenagers. African American females make up a disproportionate number of AIDS cases in the adolescent age group. The purpose of this formative research was to gain insight into family, developmental and societal factors that could foster delaying sexual debut and thus decrease HIV risk.

**METHODS:** Fourteen African American mother-daughter dyads were recruited from two inner-city community centers in CNY. Adolescent participants were between the ages of 11 and 14. Separate focus groups were conducted for mothers and daughters according to standard procedures, with 5-6 participants in each group. Focus groups were continued until saturation was reached. Verbatim transcripts were color coded to distinguish mother versus daughter data. Data were coded and organized into themes according to qualitative data analysis principles.

**RESULTS:** Seven themes emerged from the data: knowledge, parenting behaviors, nature of communication, community context, exposure, subconscious motivators (attitudes), and conscious motivators. Nonmonitored exposures were the primary source of sexual knowledge and attitudes for girls, while monitored exposure dealt mainly with puberty and development. Community played a key role in facilitating exposure. Parenting behaviors such as monitoring, limit setting, distraction and nurturing/instilling values were used for protection. Influencing the behaviors of mothers and daughters were subconscious motivators including attitudes about nonvirgins, males and sex, as well as conscious motivators such as mother's history, community and fear of consequences. These motivators impacted the nature of mother-daughter communication including their level of disclosure, tone and use of mixed messages.

**CONCLUSIONS:** The interaction of societal exposure and girls' development created a dissonance in the nature of mother-daughter sexual communication. Facilitating open communication could promote healthy sexual development and thereby decrease risk behaviors. The study results also illustrate the complexity of dyadic relationships and warrant further formative research prior to intervention development.

**Control Number:** 03-A-503-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A12 Media and Its Influence on HIV Risk

**2nd Category Choice:** D09 HIV Prevention on the Internet

**Population 1:** P19 Gay and Other Men Who Have Sex With Men

**Population 2:**

**Presentation Preference:** Single Oral

**Title:** Exploring the sexual behavior and Internet use of chatroom-using men who have sex with men (MSM) through online qualitative and quantitative research.

**Author Block:** *Rebchook, GM; Curotto, A; Kegeles, SM*

Center for AIDS Prevention Studies/UC San Francisco, San Francisco, CA

**Abstract Body:**

**Background/Objectives:** High rates of unprotected anal intercourse (UAI) have been reported among MSM who use the Internet to meet sexual partners. This online study describes chatroom-using MSM's Internet use and sexual behavior, and gauges the feasibility of future online HIV-prevention interventions.

**Methods:** We recruited MSM from Internet chatrooms to participate in an online qualitative interview and brief online survey. The recruiter entered gay-oriented chatrooms to advertise his presence and describe the study. Interested men contacted him via Instant Messaging or similar technologies. Potential participants were then screened for eligibility. Participants gave their consent electronically before taking a web-based survey and completing a 1-2 hour online interview in real time.

**Results:** Participants' mean age was 31 (range 18-52; n=91). Their race/ethnicity was: 47% white, 23% Latino, 12% African American, 11% Asian/Pacific-Islander. 38% had at least a college degree. 73% identified as gay and 25% as bisexual. 74% reported being HIV-negative, and 11% HIV-positive. While 33% reported having a boyfriend, only 27% (n=8) of these men were in mutually monogamous relationships lasting > 6 months. These 8 men were excluded from the remaining descriptive analyses. Respondents reported an average of 7 sexual partners in the previous 2 months, and 58% reported UAI. On average, participants used the Internet 20 hours/week for personal purposes. 78% reported, that in the previous 2 months, they had in-person sex with a man they met online (mean number of partners = 5). 39% of the men reported UAI with these "online" partners.

Preliminary results of a thematic analysis of the interviews reveal the Internet has allowed respondents to socialize and to access resources and support anonymously, and it has been vital to the sexual identity development and self-expression of many participants. Additionally, many developed and sustained supportive interpersonal relationships via the Internet. Respondents felt their online activities have increased their number of sexual partners and changed their sexual self-expression and/or practices. A variety of HIV risk-reduction strategies were reported, including: 100% avoidance of anal sex; 100% condom use for anal sex with no discussion of HIV status/safer sex; 100% condom use for anal sex after mutual disclosure/discussion of safer sex. Examples of less safe behavior include men who: engage in occasional UAI (without discussing HIV status or condoms); use condoms with their Internet partners but engage in UAI with "known" partners; have UAI with Internet partners after mutual disclosure of HIV negative status; and have UAI with Internet partners with no discussion of HIV status or condoms unless their partners insist. Many men left condom use decisions to their partners. Nearly all men said that they would participate in online prevention programs but were unaware of current projects.

**Conclusions:** The Internet plays an important and multi-faceted role in the lives of the men in our study. Since study participants spend a significant amount of time online and report high rates of UAI and multiple sex partners, the Internet may be a compelling medium through which to deliver HIV-prevention services to a difficult-to-reach population.

**Control Number:** 03-A-510-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A30 Stigma and Discrimination

**2nd Category Choice:** A13 Mental Health/Mental Illness and HIV Risk

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P35 Latinos/Latinas, Hispanic

**Presentation Preference:** Group Oral

**Title:** "...it's a secret we have to keep": Measuring HIV/AIDS Stigma among Latino Gay Men

**Author Block:** *Garcia, DJ<sup>1</sup>; Ramirez-Valles, J<sup>1</sup>; Valbuena, N<sup>2</sup>*

1 University of Illinois at Chicago, Chicago, IL; 2 Illinois Institute of Technology, Chicago, IL

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** The stigma that people with HIV/AIDS encounter can have serious consequences. The stigma associated with HIV may influence people's decision regarding whether and when to be tested for the virus, it may deter people from seeking medical, social and psychological care, and preventing disclosure of serostatus to others, which in turns may increase isolation when social support is needed.

**METHODS:** This study analyzed 80 life histories of Latino gay men (40 in Chicago; 40 in San Francisco) of which 41% were HIV positive. Using content and interpretative analysis, HIV-related stigma was examined.

**RESULTS:** The analysis of the data resulted in the identification of three areas of HIV/AIDS-related stigma: perceived (e.g., most people are uncomfortable around someone with HIV/AIDS), experienced (e.g., my family is ashamed of me because I have HIV/AIDS), and internalized (e.g., I am embarrassed to tell others that I have HIV/AIDS). An instrument with 49 items was developed in English and Spanish to measure the 3 areas of stigma (17 perceived, 17 experienced, and 15 internalized), and will be pilot-tested to assess psychometric properties.

**CONCLUSIONS:** Measures of HIV/AIDS stigma need to be culturally and context based to increase validity. The items developed may be used to assess and test hypotheses about HIV/AIDS stigma.

**Control Number:** 03-A-527-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A11 Ethnographic Research Methods in Formative or Basic Prevention Research

**2nd Category Choice:** A06 Cultural Factors and HIV Risk

**Population 1:** P3 African Americans

**Population 2:** P4 Alcohol and Other Drug Users

**Presentation Preference:** Single Oral

**Title:** A RESEARCH-BASED VIDEO FOR AFRICAN AMERICAN SUBSTANCE USERS IN NEWARK, NJ: RAPID ETHNOGRAPHIC ASSESSMENT FINDINGS

**Author Block:** *Marks, JP<sup>1</sup>; McGrath, JW<sup>2</sup>; White, E<sup>3</sup>; Miller, LP<sup>4</sup>*

1 Public Health Productions, Inc., Cleveland Hts., OH; 2 Case Western Reserve University, Cleveland, OH; 3 University Hospitals, Newark, NJ; 4 University of Medicine and Dentistry of New Jersey, Newark, NJ

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** HIV infection rates in Newark, NJ are among the highest in the country, and whereas AIDS units across the country are closing, Newark's are full. Too often an HIV-infected individual's first encounter with the medical system in Newark is in an intensive care unit. The chief risk factors for HIV in this population are behaviors associated with substance use/abuse. To stop the spread of the virus, it is critical that interventions encourage substance users to be tested for HIV, return for results, and enter care. One such intervention employed formative ethnographic research with members of the target audience to develop a 40-minute video intended to encourage these behaviors. Outreach workers will use the video in presentations to Newark's substance users in multiple venues, including the street.

**METHODS:** Medical anthropologists designed and completed a rapid ethnographic assessment (REA) of barriers and facilitators to seeking HIV testing, returning for results, and entering care among substance users in Newark. Participant observation activities and 24 individual semi-structured interviews were conducted over a 3-month period in Newark. Data were analyzed using QSR's NVivo qualitative data analysis software to discern themes and patterns. From this a working script was developed that outlined the culturally competent informational, visual, artistic, stylistic, and thematic content of the video. Target audience members critiqued a video prototype and changes were made according to their comments. The anthropologists and outreach worker remained involved throughout production and post-production to ensure that the video remained faithful to the ethnographic research findings.

**RESULTS:** Barriers to testing and returning for results included: fears that the stress of knowing one's status is more damaging than the infection itself; believing that since HIV is a death sentence, there is no need to know one's status; fear of needles and the misperception that initial testing required a blood draw; reluctance to tell others their status if they "come up positive"; and worries about stigma. Barriers to treatment included: distrust of doctors; misconceptions about the virus and the complexity and costs of treatment; fear that the medications are lethal; fear of being sent to detox; and fear that providers and staff will spread rumors about patients. Beliefs facilitating testing and treatment included: "finding the light within," which leads to caring about one's life; believing that if someone has survived in a dangerous environment for years, God must have a purpose for them on earth that individuals must discover and fulfill; and empowering oneself by accepting one's status, and educating oneself and others.

**CONCLUSIONS:** The research identified common myths, misunderstandings, and fears, and determined how to use cognitively and emotionally compelling themes, visuals, music, and analogies gleaned from the ways members of this community actually talked about HIV and AIDS in the video.

Basing the video on ethnographic research findings and involving the anthropologists and the outreach worker in the entire production and post-production process yielded a video that addressed the information needs and concerns of African American substance users in culturally competent ways.



**Control Number:** 03-A-531-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A20 Psychological Factors and HIV Risk

**2nd Category Choice:** A07 Drug Use, Addiction and HIV Risk

**Population 1:** P53 Researchers

**Population 2:** P51 Public Health Workers

**Presentation Preference:** Group Oral

**Title:** Barebacking among Gay/Bisexual Men in New York City

**Author Block:** *Parsons, JT<sup>1,2</sup>; Bimbi, DS<sup>3,2</sup>; Koken, JA<sup>3,2</sup>; Punzalan, JC<sup>3,2</sup>; Van Ora, J<sup>3,2</sup>; Whitney, M<sup>3,2</sup>; Vicioso, K<sup>3,2</sup>; Halkitis, PN<sup>4,2</sup>*

1 Hunter College and the Graduate Center of the City University of New York, New York, NY; 2 Center for HIV Educational Studies and Training (CHEST), New York, NY; 3 Graduate Center of the City University of New York, New York, NY; 4 New York University, New York, NY

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Nearly two decades after the initial diagnoses of HIV in the United States, gay and bisexual men continue to engage in unsafe sexual behaviors. Specifically, the practice of unprotected anal intercourse, the riskiest of HIV transmission related behaviors, has been reported with increased frequency in the last several years, due in part to relapse from safe sex, but also to the increasingly popular behavioral phenomenon of intentional unsafe anal sex, referred to as “barebacking.” This study was designed to better understand barebacking among gay/bisexual men in New York City.

**METHODS:** Data on barebacking were collected on an ethnically diverse sample (35.1% men of color) of 787 single and/or non-monogamous gay/bisexual men at two large community events in New York City in late 2002.

**RESULTS:** Ninety-six (12.2%) of the men identified themselves as “barebackers.” Within self reported HIV status 9% of HIV negative men (55 of 614) and 33% of HIV positive men (31 of 95) labeled themselves as barebackers. Univariate analyses revealed that barebackers, compared to other men in the sample, reported significantly more sexual partners in the last three months ( $F(1,729) = 28.61, p = .001$ ; 17.77 partners versus 7.83 partners). More barebackers, compared to other men, reported unprotected anal insertive (60% versus 24%,  $p = .000$ ) and receptive (46% versus 15%,  $p = .000$ ) sex. Results were the same when examined by participant's self-reported serostatus. Men who reported barebacking were significantly (all  $p$ 's < .01) more likely to report a lifetime history of genital herpes (20% versus 8%), syphilis (16% versus 6%), and HPV/genital warts (37% versus 21%).

Barebackers perceived that their peers were more accepting of unprotected anal sex ( $F(1,749) = 99.86, p = .001$ ). In addition, compared to other men, barebackers scores higher on measures of sexual compulsivity ( $F(1, 763) = 20.72, p = .001$ ) and romantic obsession ( $F(1, 745) = 8.92, p = .003$ ).

Barebackers were significantly more likely than other men to report the use of club drugs (e.g., crystal methamphetamine, ecstasy, GHB, ketamine) (all  $p$ 's < .05).

**CONCLUSIONS:** Public information campaigns should address barebacking among gay/bisexual men. Interventions could focus on impacting peer norms for unprotected sex, reducing the use of club drugs, as well as address the potential for sexual compulsivity among men who identify as barebackers. Additional HIV and STD risk reduction interventions in the gay community, where barebacking has become an identity status as well as a risky behavior, are clearly needed.

**Control Number:** 03-A-535-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A27 Sexuality and Sexual Identity

**2nd Category Choice:** C36 Social Marketing

**Population 1:** P19 Gay and Other Men Who Have Sex With Men

**Population 2:**

**Presentation Preference:** Group Oral

**Title:** Why HIV Infections Have Increased Among Men Who Have Sex with Men and What to Do About It

**Author Block:** *Morin, SF; Vernon, K; Harcourt, J; Steward, WT; Volk, J; Riess, TH; Neilands, TB; McLaughlin, M; Coates, TJ*

University of California, San Francisco, San Francisco, CA

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** A resurgence of sexual risk-taking, STDs and HIV incidence has been reported among men who have sex with men (MSM) in several countries. We conducted this study to better understand what MSM perceive as the reason why HIV infections are increasing and what they think can be done about it.

**METHODS:** We asked 113 MSM in 12 focus groups conducted in five California cities--San Francisco, Los Angeles, San Diego, Fresno, and Sacramento--to identify factors leading to increased risk-taking and assess prevention messages to reduce risk in this population.

**RESULTS:** Participants perceived that HIV risk-taking has increased because 1) HIV is not the threat it once was due to more effective therapies; 2) MSM communicate less about HIV, and social support for being safe has decreased; and 3) community norms have shifted such that unsafe sex is more acceptable. A number of other reasons for risk-taking were identified along with issues specific to MSM of color. Prevention messages were grouped into themes, and significant differences were found in the preference rankings of the themes ( $\chi^2(4) = 24.18, p < .001$ ). Across cities, prevention messages ranked most likely to motivate risk reduction encouraged individuals to seek social support from friends or countered images presented in pharmaceutical advertisements. Themes ranked least likely to succeed were those that described the negative consequences of HIV or reinforced existing safer sex messages.

**CONCLUSIONS:** While for many years much of the advocacy among MSM has focused on treatment, prevention must once again be a central concern. Fortunately, we have been able to identify several strategies that hold promise for framing prevention messages and revitalizing community-level interventions that could respond rapidly to this reemerging challenge.

**Control Number:** 03-B-542-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** A24 Religion, Spirituality, and Religious Institutions and Their Influence on HIV Risk

**2nd Category Choice:** D06 Faith Based Programs

**Population 1:** P18 Faith Community

**Population 2:** P3 African Americans

**Presentation Preference:** Single Oral

**Title:** Church Women as Leaders: HIV Prevention in Grassroots, Rural, African American Communities

**Author Block:** *Moore, EL*

Iowa State University, Ames, IA

**Abstract Body:**

**ISSUE:**

Women church leaders are proactive in promoting HIV prevention. In rural African American communities, local women leaders along with women ministers are mobilizing to develop church based programs for HIV prevention.

**SETTING:**

Rural, African American communities in coastal South Carolina

**PROJECT:**

Previous research in grassroots, rural communities showed that local leaders were not always helpful in developing HIV prevention strategies. However, further analysis indicates that women church leaders are both respected and proactive in promoting HIV prevention.

A partnership of an academic researcher with female church leaders is mobilizing grassroots communities to develop culturally sensitive HIV prevention strategies.

**RESULTS:**

There are a growing number of women ministers, fully accepted in the communities, whose ranks are growing. Sexism and lack of ordination in some denominations has not been a barrier to their ministry. They have pursued their spiritual calling

These ministers were more likely to become proactive against the presence of HIV and AIDS in their communities, and especially in their congregations. They were less likely to turn against those infected with the disease. They were open to learning more about what they could teach their congregations about taking action to prevent the spread of the disease.

They are supported by groups of churchwomen who are also key influentials in the community.

Together they are promoting a variety of strategies for HIV prevention.

**LESSONS LEARNED:**

The unique insights of women ministers and religious leaders provide a perspective that is culturally sensitive and insightful. These are often women who were socialized to be “helpmates” and supporters rather than actors. However as they assume leadership roles they become actors with unique perspectives, which are culturally sensitive, and factually informative. They are models of achievement and perseverance in HIV prevention strategies.

**Control Number:** 03-A-544-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A07 Drug Use, Addiction and HIV Risk

**2nd Category Choice:** E14 Improving Methods of Targeting HIV Resources to Communities in Need

**Population 1:** P19 Gay and Other Men Who Have Sex With Men

**Population 2:** P32 Injecting Drug Users

**Presentation Preference:** Single Oral

**Title:** Ecological Perspectives Regarding methamphetamine and “Club Drug” use among West Coast Men Who Have Sex With Other Men: Prevention, Outreach and Treatment Implications

**Author Block:** *Gorman, E<sup>1</sup>; Pach, A<sup>1</sup>; Nelson, K<sup>1</sup>; Hutchcroft, K<sup>2</sup>; Williams, C<sup>3</sup>*

1 San Jose State University, San Jose, CA; 2 Santa Clara County HIV/AIDS Program, San Jose, CA; 3 Santa Clara County HIV/AIDS Program, San Jose, CA

**Abstract Body:**

**Background:** Between 1992 and 2002 public treatment admissions for methamphetamines and club drugs especially, especially ecstasy (MDMA), in many Western US states increased 1000%, exceeding the number of admissions for cocaine. Men who have sex with men (MSMS) represented the majority of all incident AIDS cases in this US region and a large plurality of incident IDU AIDs cases between 1996-2001 with methamphetamine and use of MDMA, GHB and ketamine. (Special k) being widely documented.

**Methods:** The NIDA funded Substance Use Risk Exploration (SURE) project undertook ethnographic and epidemiological research in western Washington and San Jose, CA between 1998-2001 in both urban and rural settings. Two hundred fourteen (214) interviews were completed , of which 132 (62%) were MSMs.

**Results:** Ages ranged from 18-59, with a mean age of 32; nearly forty percent (40%) were non-white, including Latinos, African-Americans, Native Americans and Asian-Pacific Islanders. All men reported using MA alone or in combination with a “club drug” or alcohol during the previous 60 days. Sixty percent (60%) reported IDU histories primarily of MA , and occasionally of heroin, and/or cocaine. Men described considerable social pressure to experiment and use drugs recreationally for many purposes: to enhance sexual prowess, to engage in repetitive tasks, as well as to self-medicate symptoms of HIV, depression and to cope with grief and multiple loss. Urban and rural MSMS exhibited different patterns of drug use; as did men < 35 Vs men >35; there were racial/ethnic differences.

**Conclusions:** This multi-ethnic two site ethnographic study of MSMS revealed a complex world of contiguous and overlapping social ecologies, some age based, others geographical, sex or drug venue oriented, remarkable in their intensity and diversity and in the complementarity of drug use in combination with sex. Findings have important implications for both HIV and drug related outreach and prevention for MSMs and for developing linkages to both HIV early intervention, treatment and appropriate, gay culturally informed substance abuse treatment programs.

**Control Number:** 03-B-548-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** A11 Ethnographic Research Methods in Formative or Basic Prevention Research

**2nd Category Choice:** B20 Rapid Assessment Tools

**Population 1:** P3 African Americans

**Population 2:** P35 Latinos/Latinas, Hispanic

**Presentation Preference:** Poster Session

**Title:** **Rapid Ethnographic Assessment: assessing risk and evaluating HIV prevention programs with ethnography**

**Author Block:** *Graff, RJ; Gonzalez, O*

AIDS Arms-Peabody Health Center, Dallas, TX

**Abstract Body:**

**Issue:** Rapid assessment project designed to identify risk factors, and evaluate current prevention efforts, in two communities with high numbers of new HIV cases.

**Setting:** Two predominately minority communities in Dallas.

**Project:** As an initiative of the U.S. Department of Health and Human Services' Office of HIV/AIDS Policy, RARE (Rapid Assessment, Response and Evaluation), was developed to assist urban areas across the country in responding to the disproportionate impact of HIV/AIDS on African American and Latino populations. A field team was assembled in Dallas and trained in the RARE methodology. Beginning in August 2002, the team collected data for 12 weeks through observations, street surveys, focus groups and interviews with community experts, community leaders, and service providers. Recommendations, to enhance prevention efforts in the target areas, were made by the field team and presented to local officials.

**Results:** A total of 91 surveys, 7 focus groups, and 35 in-depth interviews were completed by the field team. The key results include; 1) Communities targeted within each of the two zip codes studied, were found to be largely unaware of HIV prevention efforts occurring in their neighborhoods. A "mismatch" between the hours of prevention activities and the hours when risk behaviors were highest fueled the communities' perception that few prevention efforts were taking place. 2) Along with a low awareness of prevention efforts, the field team found that numerous misconceptions and misinformation about HIV continue to persist in the target areas. Many respondents equated partner familiarity with risk reduction and were thus not using condoms. Additionally, many monolingual Spanish speaking Latinos in these areas were found to be unfamiliar with the word "HIV" and its Spanish equivalent. 3) When team members inquired about HIV, African American respondents in both target areas were quick to relate attitudes/beliefs about HIV to personal faith. HIV was commonly said to be prophesized in the Bible and that nothing could be done to stop it. Respondents also stated that, regardless of the behaviors they participate in, their faith would protect them from infection. 4) The field team found ample evidence of IV drug use in both target areas, despite the high social stigma of this behavior. This stigma, along with the general distrust intra-venous drug users (IDU's) had of persons outside their social network, prevented the field team from learning the extent to which IV drug use impacts HIV transmission in these areas. Respondents however, frequently stressed the need for needle exchange programs. 5) Uncertainty was found to exist among providers with regard to the kinds of programs and activities occurring at other prevention agencies. This may lead to valuable prevention efforts being underexposed and under utilized. Providers candidly spoke about territoriality, and a resulting lack of communication, as being a cause of at least some of this confusion.

**Lessons Learned:** An ongoing rapid assessment and evaluation project, utilizing ethnographic methods, can be a useful tool for monitoring both the effectiveness of prevention programs and the dynamics of local HIV/AIDS epidemics.

**Control Number:** 03-B-549-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** A12 Media and Its Influence on HIV Risk

**2nd Category Choice:** A22 Race, Racism, Ethnicity and Vulnerability to or Protection from HIV

**Population 1:** P3 African Americans

**Population 2:** P4 Alcohol and Other Drug Users

**Presentation Preference:** Single Oral

**Title:** Social Marketing in the African American Community

**Author Block:** *Young, A*<sup>1</sup>; *Wagner, M*<sup>2</sup>

1 Community Education Group, Washington, DC; 2 Promotions West, San Francisco, CA

**Abstract Body:**

**ISSUE:** Social Marketing to the African American Community

**SETTING:** 18 Focus Groups

**PROJECT:** **Building Bridges**

**RESULTS:** Ms. Ellie Campaign

**LESSONS LEARNED:**

the findings, evaluation, and lessons learned from *Building Bridges*, a culturally specific social marketing planning grant to redress the high rates of HIV infection and substance abuse among African Americans in San Francisco. A summary of the project and findings is provided, followed by lessons learned for use in future HIV and substance abuse prevention social marketing campaigns within the African American community, as well as for future planning grants of this type. The 2001-2002 *Building Bridges* planning process was conducted through a collaboration between the Community Education Group (CEG), a not-for-profit agency with local, State, and National HIV/AIDS experience, and Promotions West, an African American social marketing firm in San Francisco.

A qualitative design, involving focus groups with both consumers and providers, was selected to gain individual and community insights on which to base future social marketing campaigns. Support for the project was gained from within the participating agencies and churches, as well as from the San Francisco HIV Prevention Planning Council (HPPC) and the San Francisco Treatment on Demand Council (TOD).

“Chat ‘n Chew”

A series of eighteen focus groups with African American providers and consumers of HIV/AIDS and Substance Abuse services in San Francisco were held in the first six months of 2002. Participants were identified through convenience and snowball sampling methods. To increase individual and community participation, these interactive sessions, or “Chat ‘n Chews”, were conducted at existing service organizations and community locations in the Tenderloin, Outer Mission/Ingleside, Bay View Hunters Point, and Western Addition neighborhoods of San Francisco. Sites included substance abuse treatment programs and clinics, HIV/AIDS prevention programs, the San Francisco Drug Court, and local churches. A meal was provided for all participants, and a \$25.00 cash incentive was offered.

**Control Number:** 03-B-560-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** A24 Religion, Spirituality, and Religious Institutions and Their Influence on HIV Risk

**2nd Category Choice:** D19 HIV Prevention Programs for Women

**Population 1:** P3 African Americans

**Population 2:** P18 Faith Community

**Presentation Preference:** Single Oral

**Title:** Developing Support for Prevention Research in an Urban African-American Community

**Author Block:** *Mallory, CM; Stampley, CD*

Illinois State University, Normal, IL

**Abstract Body:**

**ISSUE:** Exploratory research is needed to examine factors related to risk taking and HIV infection among middle-aged African-American women to develop culturally sensitive effective intervention programs. Prior research has been hampered by a lack of investment, and skepticism regarding researchers' motivations, among African-American faith-based and community service organizations.

**SETTING:** Two urban/city centers in central Illinois

**PROJECT:** African-American Women Choosing Wisely is a pilot study exploring the risk taking behavior and prevention practices of middle-aged African-American women related to HIV infection. Quantitative and qualitative data will be collected using a four-stage multi-method design that includes grounded theory and a cross sectional correlational study components. The study is guided by the Afrocentric paradigm, social cognitive theory and the theory of gender and power. Focus groups and interviews will be used for instrument development and revisions for use in a large-scale survey.

Research questions include:

?

What factors influence middle-aged African-American women's risk taking and prevention behaviors?

?

What risk taking behavior and prevention behavior do middle-aged African-American women engage in?

**RESULTS:** Investigators [one African American and one of European descent] sought cooperation with a variety of community organizations to promote recruitment and retention of participants, to outline the study, and answer questions. Church leaders voiced concerns about the sensitive nature of participants' questions, possible influence of the study on the women in the congregation, and investigators' motivations surrounding individual faith/spiritual and religious viewpoints.

**LESSONS LEARNED:** Investigators were prepared for questions about the structure of the study, and the treatment of study participants; but were unprepared to address individual spiritual/faith motivations and religious beliefs. In retrospect, these questions were well intentioned and directed at ensuring that participants were protected from exploitation. In striking a balance between maintaining the investigators' privacy and promoting trust to establish a working relationship with faith-based organizations, we found that open and honest discussion of differences and commonalities best served to promote the founding of productive relationships with church leaders.

**Control Number:** 03-A-561-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A06 Cultural Factors and HIV Risk

**2nd Category Choice:** A22 Race, Racism, Ethnicity and Vulnerability to or Protection from HIV

**Population 1:** P35 Latinos/Latinas, Hispanic

**Population 2:** P1 Adolescents

**Presentation Preference:** Poster Session

**Title:** High-Risk Behavior among Latino Youth Attending a Community Drop-in Center

**Author Block:** *Mueller, K<sup>1</sup>; Shillington, A<sup>1,2</sup>; Lehman, S<sup>1</sup>; Hovell, M<sup>1</sup>; Clapp, J<sup>2</sup>; Blumberg, E<sup>1</sup>; Sipan, C<sup>1</sup>*

1 Center for Behavioral Epidemiology and Community Health, San Diego, CA; 2 San Diego State University, School of Social Work, San Diego, CA

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Although Hispanics accounted for only 13% of the U.S. population in 2000, they accounted for over 19% of new AIDS cases.[i] Risk behaviors of Hispanic youth need to be examined given the high incidence of HIV among this age group in California and nationwide. As part of the Centers for Adolescent Risk Reduction Evaluation Project (CARRE Project; a longitudinal evaluation of youth drop-in centers in southern California), the current study explored HIV-related risk-taking behaviors among Hispanic youth who attended an urban youth drop-in center. These youth, who voluntarily attend a drop-in center represent a unique sample of young people in which to study HIV risk.

**METHODS:** Youth were recruited into the CARRE Project while at the drop-in center and were screened for age and center attendance (youth had to be between the ages of 14 and 24 years old and could not have attended the drop-in center more than 2 times to participate). An audio-computer assisted survey instrument (A-CASI) was used to measure HIV-related risk behaviors. Those behaviors included: (a) sexual activity, (b) condom use, (c) number of sexual partners, and (d) substance abuse.

**RESULTS:** Seventy-four Hispanic/Latino youth completed an interview. Of those, 54.1% were female and the mean age was 15.9 years old. With respect to sexual orientation, a majority of the youth self-identified as heterosexual (81.7%). Over ½ of the youth (54.1%) reported that they had ever engaged in vaginal sex. Of those youth, the mean age at first vaginal sex was 14.9 years and the mean number of partners was 3.1. Over ¾ of the youth (77.5%) reported that they had engaged in vaginal sex in the previous 3 months and of those youth, 54.8% 'always' used condoms during vaginal intercourse and 45.2% 'sometimes' or 'never' used condoms. In terms of lifetime substance use, 60.8% reported cigarette use, 48.6% reported marijuana use, and 82.4% reported alcohol use. The average age at which youth started using cigarettes, marijuana, and alcohol was 12.8, 13.1, and 13.2 respectively. In terms of illicit drugs, 12.2% reported methamphetamine use (mean age of onset = 14.2), 5.4% reported ecstasy use (mean age of onset = 16.8), 2.7% reported inhalant use (mean age of onset = 13.0 years), and 4.1% reported needle sharing.

**CONCLUSIONS:** The data suggest a high prevalence of sexual activity and substance among Latino youth who voluntarily attend the youth center. Given that Hispanics are one of the fastest growing ethnic groups in the United States, these findings suggest further sexual and substance abuse prevention efforts for Latinos during adolescence.

[i] CDC National Center for HIV, STD and TB Prevention: Division of HIV/AIDS Prevention website.



**Control Number:** 03-A-567-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A07 Drug Use, Addiction and HIV Risk

**2nd Category Choice:** A21 Quantitative Methods in Formative or Basic Prevention Research

**Population 1:** P4 Alcohol and Other Drug Users

**Population 2:** P25 Heterosexuals

**Presentation Preference:** Single Oral

**Title:** Perceived Behavior Of Others And Aids Risk Behavior Among Heterosexually-Identified Methamphetamine Users

**Author Block:** *Patterson, TL; Semple, SJ; Grant, I*  
University of California, San Diego, La Jolla, CA

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Few studies have examined sexual risk behavior in non-injecting drug using populations. Methamphetamine use is associated with increased high risk behavior and its use is increasing world wide.

**METHODS:** This study examined perceived risk behavior of social network members as a determinant of AIDS risk behavior in a sample of 103 heterosexually-identified, methamphetamine (meth) users.

**RESULTS:** The highest ratings of risk behavior within participants' social networks were associated with meth use and non-use of condoms. Primary partners and friends received the highest ratings in terms of overall perceived involvement in drug and sexual risk behaviors. Participants with more sexually risky networks were significantly older, more likely to be living alone, consumed more meth, and had lower scores on positive social norms and attitudes toward AIDS preventive behaviors as compared to those with less risky social networks. In a multivariate analysis, perceived risk behavior of others, social norms, and attitudes were significant predictors of intentions to always use condoms.

**CONCLUSIONS:** Strategies for addressing negative social influences in the context of sexual risk reduction interventions are described.

**Control Number:** 03-A-572-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A06 Cultural Factors and HIV Risk

**2nd Category Choice:** A10 Family Circumstances and HIV Risk

**Population 1:** P8 Caribbean Americans

**Population 2:** P25 Heterosexuals

**Presentation Preference:** Poster Session

**Title:**

**AIDS preventive behaviors in Haitian-Americans not in a monogamous marriage.**

**Author Block:** *Augustin, G*

Old Dominion University, Norfolk, VA

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** In Haiti, due to widespread cultural factors, it is a common occurrence for a Haitian man to have other sexual partners and children outside of his marriage. This is usually an affirmation of his virility to himself and others. Consequently, the chances of contracting HIV disease and passing it along to their spouses are increased. Our goal was to obtain preliminary data on a small sample of married Haitian-Americans individuals to determine whether those in non-monogamous relationships practiced adequate AIDS preventive behavior.

**METHODS:** Forty-six English-speaking Haitian-American individuals living in Brooklyn, NY and Stamford, CT completed a survey assessing whether their marital relationship was monogamous, discussion of safe sex with their spouses, condom use and recent HIV testing behavior.

**RESULTS:** Thirty-nine percent (18/46) of respondents reported that they were not in a monogamous marriage or were uncertain that their partners had no other sexual partners. Despite the uncertainty about their partners' monogamy, 72% (13/18) reported inconsistent or no condom use. Only 33% (6/18) reported discussing safe sex with their partners and trying to persuade them to use a condom. Regarding HIV testing, 33% (6/18) reported being tested recently or having made an appointment to be tested within the next month.

**CONCLUSIONS:** The high proportion of married Haitian-American individuals not involved in a monogamous relationship from this sample suggests a need for interventions targeted at this group. Interventions aimed at increasing HIV education, assertiveness skills in negotiating condom use and early HIV testing behavior may be of benefit. Although, the sample size was small for this study and limited to English-speaking Haitian-Americans, the results suggest a need to continue research on AIDS risk behaviors and cultural factors that may affect this population.

**Control Number:** 03-A-585-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A04 Communities, Neighborhoods, and Environments and HIV Risk

**2nd Category Choice:** A32 Other (Please specify on Additional Info page)

**Population 1:** P19 Gay and Other Men Who Have Sex With Men

**Population 2:**

**Presentation Preference:** Group Oral

**Title:** Sun, Sand and Sex: Risk Behavior Among Gay and Bisexual Men In A Resort Community.

**Author Block:** Seeley, SC

CAMP Rehoboth, Rehoboth Beach, DE

**Abstract Body:**

**BACKGROUND/OBJECTIVES:**

A survey of 551 gay and bisexual identified men who vacationed in the Rehoboth Beach, DE gay resort area during the 2001 summer season was conducted to compare their rates of unprotected anal intercourse (as well as other factors associated with sexually transmitted infection factors among gay and bisexual men) during their time in Rehoboth Beach relative to a 60 day period while in their main or home residence

**METHODS:**

We will explain the per day incidence of unprotected anal intercourse reported by these men in these two residential contexts, and using analysis of variance (ANOVA) provide the statistical significance of the rate differences for these interval level data. Non-parametric, and Student's T-tests will be used to evaluate ordinal level data and Chi Square test procedures will be used to examine nominal and categorical level items.

**RESULTS:**

Preliminary analysis of these data has revealed heightened sexual and other risk behavior in Rehoboth Beach compared to the comparison time period. Multiple regression analysis will be used to identify factors associated with this heightened risk

**CONCLUSIONS:** To be discussed.

**Control Number:** 03-B-587-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** A06 Cultural Factors and HIV Risk

**2nd Category Choice:** C18 Interventions that Target Youth in High Risk Situations

**Population 1:** P1 Adolescents

**Population 2:** P11 Commercial Sex Workers

**Presentation Preference:** Single Oral

**Title:** the First step Towards Aids Prevention Is Education

**Author Block:** BOSOMPEM, k

AUTHOR, Silver spring, MD

**Abstract Body:**

### **OBJECTIVE**

To provide education, training and economic opportunities for street adolescent girls in the cities of Africa as a way to prevent them from unwanted sexual affairs and HIV.

### **Women in Ghana and Africa**

Despite recent gains, gender inequalities continue to constrain women's ability to participate and contribute in African societies. School enrollment and retention rates in Ghana have increased for both boys and girls, but the gender gap in enrollment and retention has persisted, and it widens at higher grade levels. Girls' access to education is hindered by the high overall cost and culture. There is a high drop out rate for women, as such, some unfortunate girls may engage in prostitution.

The general problems facing women in Ghana include the following:

\*Adult illiteracy rates are higher for women than for men.

\*Girls receive less education than boys.

\*The incidence of human immunodeficiency virus (HIV) is high among young girls.

\*Parents are more likely to seek health care for boys than for girls

### **PROBLEMS ARISING OUT OF PROSTITUTION**

Due to the high percentage of dropouts, several women who have rushed to the cities have resorted to a high rate of prostitution and a consequent HIV/Infection.

### **SUPPORT FOR WOMEN IN AFRICA AS WAY TO REDUCE PROSTITUTION AND AIDS PREVENTION**

Studies show large social returns to invest in women's education and health. Women who are healthier and more educated will not prostitute.

### **CASE STUDY**

The paper will examine the case study of a young woman who was neglected by her family and went on the streets in Ghana and Nigeria. She took control of her life after being abused and overcame a tradition of neglect, overwork and gender discrimination to better herself. The study highlights conflicts between old traditions and the aspirations of young women. In confronting these challenges in life transitions, some young women are forced to run away and undertake great risks including sexual activities. The paper expresses the concerns, needs, rights and opportunities of women. It attempts to consolidate the need of neglected women and to facilitate their full integration into the economic mainstream and independence. This paper will highlight a case study of a woman from Ghana in Africa as exemplifies in the book "Confessions of Neglected African Daughter"

### **THE PRESENTER**

Kwasi Bosompem was born in Ghana and received a B.S in Planning from the University of

**Science and Technology in Ghana. He also has Master' degree in Planning from University of Maryland and is the author of the book “Confessions of a Neglected African Daughter”.**

**Control Number:** 03-A-588-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A07 Drug Use, Addiction and HIV Risk

**2nd Category Choice:** A20 Psychological Factors and HIV Risk

**Population 1:** P51 Public Health Workers

**Population 2:** P44 Outreach Workers

**Presentation Preference:** Single Oral

**Title:** Relationship Between Sexual Motivations for Alcohol/Drug Use and HIV Sexual Risk Behaviors among MSM

**Author Block:** *Bimbi, DS<sup>1,2</sup>; Vicioso, K<sup>1,2</sup>; Parsons, JT<sup>3,2</sup>; Punzalan, JC<sup>1,2</sup>; Koken, J<sup>1,2</sup>; Van Ora, J<sup>1,2</sup>; Whitney, M<sup>1,2</sup>; Tider, D<sup>3,2</sup>*

1 Graduate Center of the City University of New York, New York, NY; 2 Center for HIV/AIDS Educational Studies & Training (CHEST), New York, NY; 3 Hunter College of the City University of New York, New York, NY

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Many studies have examined the relationship between alcohol/drug use and HIV sexual risk behaviors. Fewer studies have examined specific sexual motivations to engage in alcohol/drug use. This study examined sexual motivations for alcohol and substance use and their relationship to sexual risk behaviors and other psychosocial factors.

**METHODS:** Data were collected on an ethnically diverse sample (35.9% men of color) of 836 single and/or non-monogamous men who have sex with men (MSM) in New York City to assess sex behaviors. Items derived from previous qualitative interviews with MSM were used to develop two new measures: the Sexual Motivations for Alcohol and Substance Use Hedonism (SMASH) and the SMASH-R, which focused questions on sexual risk behaviors.

**RESULTS:** Both scales demonstrated internal consistency ( $\alpha > .85$ ). HIV+ men scored significantly higher on the SMASH-R, but not the SMASH. Scores on these two scales did not differ by race/ethnicity. Men who scored high on measure of sexual compulsivity (SC) scored significantly higher on both the SMASH ( $F(1,787) = 35.17, p < .001$ ) and the SMASH-R ( $F(1,790) = 54.22, p < .001$ ). Similar results were found for men scoring high on a measure of romantic obsession (RO) ( $F(1,767) = 25.65, p < .001$ ;  $F(1,769) = 25.76, p < .001$ ). For HIV- men the SMASH and SMASH-R were predicted by both SC and RO ( $R^2 = .13$  and  $.11$ , respectively,  $p$ 's  $< .001$ ). For HIV+ men the SMASH was predicted by RO ( $R^2 = .10, p < .002$ ) and the SMASH-R was predicted by SC ( $R^2 = .17, p < .001$ ). The SMASH was significantly correlated with four measures of sexual risk behaviors (all  $p$ 's  $< .01$ ). Men with a history of STDs ( $n=473$ ) scored higher on the SMASH ( $F(1,807) = 9.04, p < .01$ ) and SMASH-R ( $F(1,814) = 5.29, p < .05$ ) than men with no STD history.

**CONCLUSIONS:** Sexual motivations to use alcohol and other drugs were significantly related to sexual risk behaviors and STD history. Intervention programs focused on alcohol, substance use and unsafe sex should address such motivations, as well as other related psychosocial factors, such as SC and RO. These factors appear to impact the use of alcohol and/or other substances before or during sex.

**Control Number:** 03-B-592-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** A07 Drug Use, Addiction and HIV Risk

**2nd Category Choice:** C23 Interventions that Encourage Drug Abuse Treatment

**Population 1:** P3 African Americans

**Population 2:** P4 Alcohol and Other Drug Users

**Presentation Preference:** Single Oral

**Title:** Denial of HIV Risk among Out-of Treatment African-American Crack Abusers: Implications for Interventions.

**Author Block:** *Luseno, WK; Lam, WK; Edwards, JM; Wechsberg, WM; Zule, W; Hall, GC;*

*Middlesteadt-Ellerson, R*

Research Triangle Institute, Rtp, NC

**Abstract Body:**

**ISSUE:** Crack abusers who report high-risk sex behaviors have been found to underestimate their risk for HIV.

**SETTING:** Community-based field site in Wake County, North Carolina.

**PROJECT:** A community-based, randomized field experiment was conducted among out-of-treatment African-American crack cocaine abusers, a population that traditionally is both difficult to reach and engage in treatment. This study, funded by the National Institute on Drug Abuse (1 R01 DA11517), tested the effectiveness of a brief intervention to enhance treatment readiness. Participants were assessed by self-report and drug testing at intake (two sessions), and at 3- and 6-month follow-up interviews. This analysis examines the intake data to determine whether participants' perceptions of their risk for HIV are associated with high-risk drug use and sex behaviors.

**RESULTS:** Of the 461 participants who completed both the first and second intake interviews, a substantial proportion (36%) perceived themselves as having no risk for HIV, while a smaller proportion (9%) perceived themselves as having a high or sure chance of contracting HIV. Female participants were significantly more likely to perceive themselves as having no risk for HIV than males (91% vs. 76%,  $p < 0.05$ ). Overall, compared with those who reported a low perceived risk for HIV, those with a high perceived risk for HIV reported using drugs more times on average before or during sex in the past 30 days (14 days vs. 8 days,  $p < 0.05$ ) and reported being more likely to have sex with a stranger when using crack (50% vs. 19%,  $p < 0.05$ ). However, no differences were observed in the two groups in number of sex partners, trading sex for drugs or money, desire for treatment, and treatment readiness.

**LESSONS LEARNED:** These data indicate that both risk-perception groups engage in high-risk behavior and that only a small proportion of the sample had an accurate perception of their risk for HIV. Of great concern is that a large proportion of participants with a low perceived risk for HIV reported engaging in high-risk sex behaviors, including more unprotected vaginal sex. Findings suggest that African-American crack abusers may harbor a strong denial of HIV risk.

Therefore, in addition to assessing crack abusers' perceptions of HIV risk, intervention efforts need to focus on helping clients to overcome their denial of risk for HIV and understand how high-risk drug use and sex behaviors put them at increased risk for HIV.

**Control Number:** 03-A-598-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A05 Context of Sex Work and HIV Risk

**2nd Category Choice:** A07 Drug Use, Addiction and HIV Risk

**Population 1:** P3 African Americans

**Population 2:** P61 Women

**Presentation Preference:** Poster Session

**Title:** HIV Risk Behaviors among African American Women Accessing Counseling and Testing Sites in the State of California

**Author Block:** *Chen, H; Webb, DS; Truax, SR*

Office of AIDS, Department of Health Services, Sacramento, CA

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Assess the prevalence of HIV infection among African American women receiving counseling and testing services at publicly funded testing sites in California. Explore the demographic characteristics of those women and analyze the association between HIV infection and risk behaviors in order to develop and implement HIV interventions that are culturally appropriate.

**METHODOLOGY:** Utilizing data collected through the HIV Counseling Information System on African American women who tested for HIV at publicly funded HIV testing sites from January 1999 to December 2001. Study sample includes 65,355 client visits with valid HIV test results. Analyses included descriptive and multivariate logistic regression.

**RESULTS:** The HIV/AIDS infection rate among this sample of African American female clients was 1.1%. The association between HIV infection and having a HIV infected sex partner, cocaine use and crack use was statistically significant. Women who reported having had a HIV infected sex partner were almost 5 times more likely to be infected with HIV than those who did not. Women who reported crack use and cocaine use were almost 2 times and 1.5 times more likely to be infected with HIV respectively. Women who injected drugs were more than 2.5 times more likely to be infected. Fifty-four percent of the women reported having had more than one sex partners in the past 2 years. Among those (3.1%) who had a HIV infected sex partner 2.4% knew their partners' status. For overall barrier use during sexual encounters, 86.6% reported never or only sometimes using barrier protection for anal receptive sex, 83.2% for vaginal sex and 93.4% for oral sex. Fifty-three percent reported using alcohol, 32.4% used marijuana, 24.5% used crack, 15.7% used cocaine, 7.9% used heroin, 5.4% used amphetamine and 7.2% used other drugs. Eight percent reported injecting drugs while 13.4% had an injection drug using (IDU) sex partner. Twenty-seven percent reported Los Angeles County as their residence county, followed by Alameda county (22%), San Diego (8%), Sacramento (7.3%), San Francisco (6.3%), San Bernardino (4.8%) and other counties (25%). The largest age group was 30 to 39 years old (29.5%) followed closely by 20 to 29 years old (25.7%) and 40 to 49 years old (23.1%).

**CONCLUSION:** Unprotected sexual intercourse with a HIV infected sex partner and cocaine and crack use put African American women at risk for HIV infection. These analyses will assist in designing interventions that are culturally appropriate to African American women and will inform prevention policy.



**Control Number:** 03-A-603-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A30 Stigma and Discrimination

**2nd Category Choice:** A04 Communities, Neighborhoods, and Environments and HIV Risk

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P12 Communities of Color

**Presentation Preference:** Poster Session

**Title:** Service Providers' Perceptions of the Most Challenging Groups in Providing HIV Prevention Services

**Author Block:** *Brooks, RA*

UCLA Center for HIV Identification, Prevention, and Treatment Services, Los Angeles, CA

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Social and contextual issues as well as behavioral factors may contribute to increased HIV risk behaviors among different behavioral risk groups. This study examined the extent to which different factors contribute to increased HIV risk behaviors, from the perspective of community-based organizations offering HIV prevention services.

**METHODS:** We used a short, mail-administered survey to gather information from 35 managers of HIV prevention programs.

**RESULTS:** Among program managers, the top three most challenging behavioral risk groups included: 1) MSM/W, 2) MSM, and 3) Women at-risk. From the perception of program managers, stigma and discrimination, inconsistent condom use, and substance use prior to or during sex were the greatest contributors to HIV risk for all three groups. In addition, for MSM and MSM/W, homophobia and anonymous sex were also risk factors.

**CONCLUSIONS:** Social/contextual and behavioral factors should be considered in designing HIV prevention interventions, particularly for communities of color.

**Control Number:** 03-A-608-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A06 Cultural Factors and HIV Risk

**2nd Category Choice:** A27 Sexuality and Sexual Identity

**Population 1:** P60 Volunteers

**Population 2:** P35 Latinos/Latinas, Hispanic

**Presentation Preference:** Single Oral

**Title:** "It's mutual, no?": Motivation for HIV/AIDS-related community involvement among Latino gay men

**Author Block:** *Kuhns, LM; Ramirez-Valles, J; Cantu, C*  
University of Illinois at Chicago, Chicago, IL

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Community involvement (volunteerism, activism) has played a central role in the fight against HIV/AIDS. The aims of this study were to: 1) examine the motives for HIV/AIDS-related community involvement of Latino gay men and 2) develop a measure to test these motives.

**METHODS:** Community-wide recruitment was used to select a convenience sample of 80 community-involved Latino gay men (40 Chicago, 40 San Francisco); semi-structured life history interviews were conducted in English and Spanish. Data were analyzed using ethnographic methods for narrative and life histories. Motives were identified and compared with existing measures.

**RESULTS:** Analysis of community involvement resulted in the identification of twelve categories of motives including: value of community involvement, social change, helping others, reciprocity, personal development, making social connections, career development, gay community concern, feeling better about oneself, understanding HIV/AIDS, concern about HIV/AIDS, and experience with HIV/AIDS. In total, 61 items assessing these motives were developed in English and Spanish.

**CONCLUSIONS:** Many of the motives for HIV/AIDS-related community involvement found in this study are similar to those identified in previous studies. However, we found that motives such as reciprocity and those regarding personal development and gay community concern are culturally and contextually specific. Based on these findings an instrument was drafted to obtain more comprehensive and detailed measurement of motives for community involvement. The instrument will be evaluated and revised in future research.

**Control Number:** 03-B-612-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** A12 Media and Its Influence on HIV Risk

**2nd Category Choice:** D31 Public Information

**Population 1:** P38 Media Spokespersons

**Population 2:** P56 Staff of Community-Based Organizations

**Presentation Preference:** Single Oral

**Title:** Working With Media to Gain Timely, Accurate Coverage of HIV/AIDS and Prevention

**Author Block:** Pirovano, DL

Public Communications Inc., Chicago, IL

**Abstract Body:**

**ISSUE:** Media coverage focuses on HIV "the problem," not to prevention

**SETTING:** Any organization or advocate who works with media to gain coverage of prevention

**PROJECT:** This short course offers tips and tactics to successfully work with media to gain coverage of prevention programs and to generate coverage that encourages prevention among those at risk

**RESULTS:** By understanding the basics of serving as a media spokesperson, participants will be better prepared to work with media, to understand what reporters want and need, and to be effective in interview situations so their messages are understandable and actionable.

**LESSONS LEARNED:** The session will cover basic media relations, how to approach and work with media, preparing for print and broadcast interviews, interviewing techniques and following up on stories that are aired or published.

**Control Number:** 03-A-615-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A27 Sexuality and Sexual Identity

**2nd Category Choice:** A06 Cultural Factors and HIV Risk

**Population 1:** P19 Gay and Other Men Who Have Sex With Men

**Population 2:** P35 Latinos/Latinas, Hispanic

**Presentation Preference:** Single Oral

**Title:** All in the family: Sexual orientation stigma among Latino gay men

**Author Block:** *Kuhns, LM; Ramirez-Valles, J; Valbuena, N; Cantu, C*  
University of Illinois at Chicago, Chicago, IL

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Recent findings suggest that stigma regarding sexual orientation may be particularly prevalent in the Latino community. This stigma may have a major impact on individual health and sexual risk behavior. The aim of this study was to develop a comprehensive measure of sexual orientation stigma among Latino gay and bisexual men that includes three dimensions: perceived, experienced, and internalized stigma.

**METHODS:** Community-wide recruitment was used to select a convenience sample of 80 community-involved Latino gay and bisexual men (40 Chicago, 40 San Francisco); semi-structured life history interviews were conducted in English and Spanish. Data were analyzed following ethnographic methods for narrative and life histories. Sexual orientation stigma items were developed and compared with existing measures. A total of 63 items were created in English and Spanish.

**RESULTS:** Analysis across the life history and along the three dimensions of stigma (perceived, experienced, and internalized) uncovered family life as an important source of stigma. Societal expectations and norms regarding gender are channeled through the family resulting in attempts to change behavior, verbal abuse, alienation, and displacement of Latino gay men.

**CONCLUSIONS:** Many aspects of sexual orientation stigma identified in previous research were also found in this study. In addition, these data reflect culturally specific sources of stigma. Based on these findings an instrument was drafted to obtain more comprehensive and detailed measurement of sexual orientation stigma which reflecting perceived, experienced and internalized stigma. The instrument will be evaluated and revised in future research.

**Control Number:** 03-B-622-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** A06 Cultural Factors and HIV Risk

**2nd Category Choice:** C09 Group Level Interventions

**Population 1:** P35 Latinos/Latinas, Hispanic

**Population 2:** P19 Gay and Other Men Who Have Sex With Men

**Presentation Preference:** Single Oral

**Title:** Prevention for Positives Program

**Author Block:** Pagan, IR

San Ysidro Health Center, San Ysidro, CA

**Abstract Body:**

**ISSUE:** Creating a prevention for positives program that reduces the culturally specific barriers faced by HIV positive Latino MSM

**SETTING:** Community-based ASO along the Tijuana/San Diego border region

**PROJECT:** ¡POSITIVO ACTIVO Y VIVO! is a group-based intervention designed to help HIV positive Latino MSM: (1) to gain a better understanding of what motivates them to engage in unsafe sexual practices, (2) to identify the results of their unsafe sexual practices, and (3) to create strategies for overcoming unsafe sexual practices. A general model was developed to explain the sexual behavior of Latino MSM along the Tijuana/San Diego border region. Twenty-nine motivators of unsafe sexual behavior were identified. These fell into four categories (in order of importance from most to least important): emotional factors, physical factors, cultural factors, and secondary factors. Twenty-eight results of unsafe sexual behavior were identified. These fell into three categories (in no order): emotional results, social results, and physical results. Thus far the first two objectives have been achieved. In 2003 the focus of the group will turn to objective 3, strategy building.

**RESULTS:** The primary result of the program thus far was the methodology employed to develop the model of the sexual behavior of Latino MSM along the Tijuana/San Diego border region. The first step is to use a guided interview within the group setting to help each participant develop a model of an individual sexual experience. The second step is to aggregate the results of the individual models to form a collective model. The third step is to engage in a categorization exercise to organize the motivators of unsafe sexual behavior; do the same with the consequences or results of unsafe sexual behavior. The model that is developed can then be used to help group participants more easily understand their sexual practices, and this understanding can be used as a foundation for strategy building. This methodology can be employed with different populations (e.g., Latino women) or in different settings (e.g., with IDUs) to gain an understanding of the behavior of one's particular target population.

**LESSONS LEARNED:** The main lesson learned by this formative research is the importance of listening to the participants. The research was started with the intention of exploring the culturally specific barriers preventing HIV positive Latino MSM from engaging in safer sex practices. What the research has uncovered is that while cultural factors are important, other factors—emotional and physical factors—play a more critical role in safer sex practices for this particular target population.

**Control Number:** 03-A-623-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A32 Other (Please specify on Additional Info page)

**2nd Category Choice:** B03 Behavioral Surveillance in the Era of Highly Active Antiretroviral Therapy (HAART)

**Population 1:** P19 Gay and Other Men Who Have Sex With Men

**Population 2:** P46 People Living with HIV/AIDS

**Presentation Preference:** Single Oral

**Title:** Beliefs about HIV reinfection (superinfection) and associated risk behaviors among a diverse cohort of HIV-infected (HIV+) men who have sex with men (MSM)

**Author Block:** *Colfax, G<sup>1</sup>; Mansergh, G<sup>2</sup>; Guzman, R<sup>1</sup>; Marks, G<sup>2</sup>; Wheeler, S<sup>1</sup>; Rader, M<sup>2</sup>; Buchbinder, S<sup>1</sup>*

1 HIV Research Section, San Francisco Dept. of Public Health, San Francisco, CA; 2 National Center for HIV, STD, and TB Prevention, Centers for Disease Control and Prevention, Atlanta, GA

**Abstract Body:**

**BACKGROUND:** There are no data on beliefs about reinfection (a.k.a. secondary infection, or superinfection) among HIV+ persons, or how such beliefs may influence unprotected sexual activity. We assessed beliefs about reinfection in a diverse sample of HIV+ MSM and determined whether concern about reinfection was associated with decreased sexual risk behavior, prior to the release of recent studies documenting reinfection. **METHODS:** San Francisco/Bay Area MSM were recruited through street outreach and community-based organizations and completed an interviewer-administered questionnaire. HIV serostatus and most recent CD4 count were determined by self-report. **RESULTS:** 193 HIV+ MSM were enrolled; 33% were Latino, 29% were African-American, 26% White, and 11% of other race/ethnicity. The median CD4 count was 425, and 64% of participants were on anti-retroviral therapy. 86% of the HIV+ MSM had heard of reinfection; of these, 81% reported they believed reinfection could occur, 64% reported they were concerned about becoming reinfected, and 83% reported they believed that reinfection was damaging to health. Compared with those who did not believe reinfection was damaging to health, participants who did believe reinfection was damaging to health were less likely to report unprotected anal sex with any partner in the prior 3 months (68% vs. 36%,  $p = .002$ ) and less likely to report unprotected anal sex with an HIV+ partner (50% vs. 25%,  $p = .009$ ).

**CONCLUSIONS:** Many MSM believe reinfection does occur, and most believe it is harmful to health. Belief about reinfection is associated with protected sexual practices. Health care providers and patients should discuss current data and beliefs about reinfection and how they influence sexual behavior. Current and future work on the biology of reinfection should address how findings could influence the risk behavior of HIV+ persons.

**Control Number:** 03-A-624-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A07 Drug Use, Addiction and HIV Risk

**2nd Category Choice:** A32 Other (Please specify on Additional Info page)

**Population 1:** P19 Gay and Other Men Who Have Sex With Men

**Population 2:** P4 Alcohol and Other Drug Users

**Presentation Preference:** Single Oral

**Title:** Substance use during sex is associated with high-risk behavior for HIV acquisition: an occasion-specific analysis.

**Author Block:** *Colfax, G<sup>1</sup>; Husnik, M<sup>2</sup>; Vittinghoff, E<sup>3</sup>; Buchbinder, S<sup>1</sup>; Huang, E<sup>2</sup>; Koblin, B<sup>4</sup>; and the EXPLORE Study team*

1 HIV Research Section, San Francisco Dept. of Public Health, San Francisco, CA; 2 SCHARP - FHCRC, Seattle, WA; 3 Division of Biostatistics, University of California, San Francisco, CA; 4 New York Blood Center, New York, NY

**Abstract Body:**

**Background:** Prior reports associating substance use with high-risk sexual behavior have generally used summary measures without examining the timing of substance use and sexual behavior, or adjusting for type of sex partner. We determined whether use of substances during sex was associated with increased sexual risk behavior compared with sexual episodes when substances were not used, adjusting for participant and partner characteristics. **Methods:** Baseline data from were analyzed from EXPLORE, a behavioral intervention that enrolled 4,295 HIV-negative men who have sex with men from six US cities between 1/99-2/01. Computer-assisted self-interviewing technology was used to collect risk data, including questions about sex with participants' three most recent partners and use of substances with these partners just before or during sex. Repeated measures normal logistic models were used to examine the relationship of substance use and sexual risk by each participant, adjusting for participants' sociodemographic characteristics, partner type (primary, non-primary) and partner age and desirability. The main outcome measure was serodiscordant unprotected anal sex (SDUA), defined as unprotected anal sex with an unknown or HIV+ partner. **Results:** 32% of participants reported anal sex with one partner; 30% with 2, 24% with 3; 20% reported SDUA with at least one of these partners. 89% of participants reported alcohol use at any time in the prior 6 months, 46% marijuana, 35% amyl nitrites, 24% hallucinogens, 19% snorted/sniffed cocaine, and 13% amphetamines. Substance use during sex was less prevalent: 37% reported using alcohol during sex; 26% reported using at least one other substance during sex, including marijuana (14%), amyl nitrites (poppers, 12%), hallucinogens (6%), amphetamines (4%), and snorted/sniffed cocaine (2%). In multivariate analysis, substances used during sex that were associated with SDUA were alcohol (OR 1.11 per drink, 95% CI 1.08-1.14), amyl nitrites (OR 1.9, 95% CI 1.5-2.4), amphetamines (OR 1.5, 95% CI 1.0-2.3), and snorted/sniffed cocaine (OR 2.4, 95% CI 1.6-3.5). **Conclusions:** Substance use during sex is independently associated with increased sexual risk, after adjusting for both participant and partner characteristics. Interventions that address the link between substance use and sexual risk are needed, and should target MSM who drink heavily, or use amphetamines, amyl nitrites, or cocaine in sexual situations.

**Control Number:** 03-B-625-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** A27 Sexuality and Sexual Identity

**2nd Category Choice:** C05 Community Level Interventions

**Population 1:** P19 Gay and Other Men Who Have Sex With Men

**Population 2:** P29 Immigrants, Documented and Undocumented

**Presentation Preference:** Single Oral

**Title:** Disproportionate rates of infection among young men of color

**Author Block:** *Fabian, AC*

Clinica Monsenor Oscar A. Romero, Los Angeles, CA

**Abstract Body:**

**In 1991-92, findings from the first Young Men's Survey revealed the "second wave" of AIDS among young gay and bisexual men in nine counties in the Bay Area. In this study, 425 men who have sex with men ages between the ages of 17 and 22, were tested for HIV and hepatitis. HIV infection was found to be highest among African-American men (21.1 percent) followed by Latino men (9.5 percent).**

**In 1993-94, similar disproportionate rates of infection among young men of color were reported in a second Young Men's Survey in the Bay Area, administered to 719 men who have sex with men between the ages of 15 and 22. Last year, federal officials published findings stating that in six of the nation's biggest cities, 30 percent of young black men are HIV+, thus validating the reality that once again HIV infection is still impacting young men of color at disproportionate rates.**

**It is unfortunate that there still is a lot of misunderstanding from both the gay and straight community about individuals who have sexual and/or emotional attraction for both men and women whether they choose to identify as "open minded", "on the down low," bisexual, straight, lesbian or even gay. If individuals choose to reveal their preferences, they often get labeled as confused, liars, deceivers, sick, players, "fence sitters," and often times as it relates to HIV, propagators of the disease. As a result many individuals fear losing their positions in their community, jobs, families, wives, girlfriends, lovers, children, homes, and groups of friends who may not accept or understand the complexity of their preference. Consequently, many of them choose and often feel forced to either go to great extents to hide their sexual preference and/or let people assume what they want about their sexuality.**

**In the June 2001 issue of the Village Voice from New York City an article entitled "A New Black Sexual Identity May be an Incubator for AIDS: The Great Down-Low Debate," focused on the national discussion about young black men who do not identify with gay culture nor identity, who are often in a relationship with women and have sex with men on the side. This article highlights the findings from a study released early this year that revealed 30% of young black men who have sex with men were HIV positive.**

**Similarly, in the July 2001 issue of VIBE Magazine, a national hip hop magazine, the story "Homo Thugz," the world of young black men who frequent hip-hop clubs in New York City, featured a young man who has sex with other men but feels remorse and anger towards them once the sexual act is over.**

**Thus the bashing of men on the down low, who may or may not take on the bisexual label, too often associated with the white community, to seep further into secrecy which makes it even more difficult to reach these men with any type of sexual health and mental health messages virtually impossible.**



**Control Number:** 03-A-629-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A06 Cultural Factors and HIV Risk

**2nd Category Choice:** A22 Race, Racism, Ethnicity and Vulnerability to or Protection from HIV

**Population 1:** P49 Pregnant Women

**Population 2:** P29 Immigrants, Documented and Undocumented

**Presentation Preference:** Single Oral

**Title:** Who and Why? HIV-Testing Refusal During Pregnancy: Implication for Prevention of Pediatric HIV Infection

**Author Block:** *Aynalem, G; P. Mendoza, L. Mascola, T. Frederick*

LA County Department of Health Care Services, Los Angeles, CA

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Despite the improvements in perinatal HIV transmission in the US, 280-370 infants are born with HIV infection each year largely because of missed opportunities for prevention, particularly among those with little or no prenatal care, those who are not being offered HIV-testing, and those who refuse testing. Therefore to identify characteristics of pregnant women who refuse HIV-testing and determine predictive factors and the reasons for refusal, we conducted face-to-face interviews of pregnant women at prenatal clinics of public and private hospitals.

**METHODS:** Between June 2000 and July 2001, face-to-face interviews of 826 pregnant women at prenatal clinics of public and private hospitals were conducted in Los Angeles County.

Approximately 40% of the interviews (n=327) were conducted in private hospitals and 60% (n=499) in public hospitals. All women seeking prenatal care at participating hospitals were approached individually and asked to participate in the study. Most interviews were conducted after the woman's first prenatal visit either in English or Spanish. All participants were 18 years or older. Each interview was conducted in an area isolated from the general waiting room and lasted approximately 30 minutes.

**RESULTS:** Eight percent (n=65) of 826 pregnant women interviewed refused HIV-testing. In bivariate analysis, foreign-born pregnant women residing in Los Angeles County were twice more likely to refuse HIV-testing than US-born pregnant women (OR=1.97, 95% CI 1.11-3.49,  $p < 0.05$ ). In a multivariate stepwise logistic regression model analysis, variables that were independent predictors of HIV-testing refusal during pregnancy were being foreign-born (OR=2.11, 95% CI 1.07-4.38), not receiving general information about HIV (OR=7.48, 95% CI 1.86-30.01) and not receiving specific information about HIV and pregnancy (OR=3.54, 95% CI 1.91-6.57). The most common reasons for testing refusal were being in a monogamous relationship for foreign-born women (41%) and already being tested for US-born women (65%).

**CONCLUSIONS:** Physicians, other health care providers, and policymakers need to be aware of the concerns and issues of foreign-born pregnant women, especially their social, cultural and behavioral characteristics that impact their decision for HIV-testing during pregnancy.

**Control Number:** 03-A-640-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A20 Psychological Factors and HIV Risk

**2nd Category Choice:** A26 Sex and Gender Factors and HIV Risk

**Population 1:** P53 Researchers

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Single Oral

**Title:** HIV, STD, and Pregnancy-related Risk Perceptions: Understanding ‘Main Partner Bias’ in a Large Random Sample of Young Adults

**Author Block:** *Noar, SM; Zimmerman, RS; Palmgreen, P; Matuza, M; Lustria, MA; Allard, SL*  
University of Kentucky, Lexington, KY

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Previous literature demonstrates that individuals tend to use condoms less often with main as compared to casual partners. However, the perceptions that underlie this behavior are not well understood. The current study sought to examine HIV, STD, and pregnancy-related risk perceptions across varying partner types, focusing on an understanding of ‘main partner bias.’

**METHODS:** Baseline data (N=1,548) collected through a random digit dial procedure and as part of a large-scale mass media safer sex intervention in 2 cities (Lexington, KY and Knoxville, TN) were utilized. Respondents were sexually active and aged 18-26 (M=20.83), were primarily female (56%), white (83%), current college students (61%), and employed (69%). 13% had an STD in the past year, 24% had been pregnant or gotten a partner pregnant in the past, and 74% of the sample used condoms inconsistently in the past 3 months.

**RESULTS:** Descriptive results demonstrated that individuals viewed unsafe sex with casual partners as more risky in terms of HIV (M=3.74) and STD’s (M=4.11) as compared to main partners (HIV, M=2.61, STD’s, M=2.81). Using condoms every time with partners was viewed as least risky in terms of HIV (M=1.81) and STD’s (M=2.19). A repeated measures ANOVA and follow-up contrasts examining comparisons between conditions was significant ( $p < .001$ ). Contrasts demonstrated that young adults perceived: pregnancy as a more likely risk than disease ( $p < .001$ ), casual partners as riskier than main partners ( $p < .001$ ), STD risk as greater than HIV risk ( $p < .001$ ), and no difference in casual versus main partners in terms of pregnancy (n.s). A multiple regression revealed that men, whites, those with more education, sexual sensation-seekers, those with less risky partners, and those with lower condom self-efficacy were more likely to believe that unsafe sex with main partners was safe in terms of STD’s ( $p < .01$ ).

**CONCLUSIONS:** Young adults’ risk perceptions are complex, and vary by outcome (HIV, STD, pregnancy) and type of partner (main, casual). In general, young adults appear to have fairly accurate perceptions of the risk of various negative outcomes. However, the results suggest that certain individuals (e.g., men, whites, sensation-seekers) have a ‘main partner bias,’ such that they may underestimate the risk of STD’s from a main sexual partner. Prevention programs should attempt to disabuse these individuals of the notion that main partners are necessarily safe partners.

**Control Number:** 03-A-646-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A27 Sexuality and Sexual Identity

**2nd Category Choice:** A06 Cultural Factors and HIV Risk

**Population 1:** P35 Latinos/Latinas, Hispanic

**Population 2:** P19 Gay and Other Men Who Have Sex With Men

**Presentation Preference:** Poster Session

**Title:** Unprotected Sex in HIV+ Latino Men who have Sex with Men

**Author Block:** *Poppen, PJ; Zea, MC; Reisen, CA*

George Washington University, Washington, DC

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Latinos are disproportionately affected by AIDS in the U.S., accounting for 19 percent of cases but only 13 percent of the population, with male-male sexual contact a common means of transmission. The current paper explores rates as well as correlates of unprotected sex in a sample of HIV-positive Latino men who have sex with men (MSM), a sample that is able to transmit HIV because of their serostatus.

**METHODS:** This study is a cross-sectional, multisite survey of HIV-positive Latino MSM in Washington, DC and New York City, 18 years and older. Participants completed a survey in either English or Spanish, using touch-screen audio-enhanced computer assisted self interviewing (A-CASI).

**RESULTS:** Participants were 155 HIV-positive Latino MSM, 57% from New York, 43% from Washington. About 90% were immigrants. Average age was 38.5; 80% had completed at least high school, 75% earned \$800 or less per month. Over 80% of the sample reported having sex with a man at least once in the last 12 months; the average number of partners was 18.4. Nearly half reported unprotected anal sex in the last 12 months, with about the same proportion as the insertive (48%) or as the receptive (43%) partner. Ten percent reported having had sex with a woman in the last 12 months, with about half of those reporting unprotected sex episodes. Regression models predicting number of unprotected partners were significant ( $F(6,129)=3.24$ ,  $P < .01$  when participant was insertive partner,  $F(6,129)=3.30$ ,  $p < .01$  when participant was receptive); however, the specific predictors varied by role. Participants reported more partners, in both the insertive and receptive role, if they used substances during sex and if they were depressed. Participants who did not currently have a main partner also had more unprotected receptive partners (i.e. participant was the insertive partner) than those with a main partner; participants who were low in Latino acculturation (identity, language use, and cultural competence) reported more unprotected insertive partners (i.e., participant was receptive partner) than those with higher Latino acculturation.

**CONCLUSIONS:** Most of this sample of HIV+ Latino MSM reported having sex in the past year, with nearly half indicating they had some form of unprotected anal sex or other risky sexual experiences. Depression, substance use, having a main partner, and Latino acculturation were factors associated with unprotected sex, and are suggestive of continued needs for intervention for these MSM.

**Control Number:** 03-A-647-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A04 Communities, Neighborhoods, and Environments and HIV Risk

**2nd Category Choice:** E29 Other (Please specify on Additional Info page)

**Population 1:** P27 Homeless

**Population 2:** P46 People Living with HIV/AIDS

**Presentation Preference:** Single Oral

**Title:** Housing Status And Hiv Risk Behaviors: Implications For Prevention And Policy

**Author Block:** *Aidala, AA*<sup>1</sup>; *Cross, JE*<sup>1</sup>; *Stall, R*<sup>2</sup>; *Sumartajo, E*<sup>2</sup>

1 Columbia University, New York, NY; 2 Centers for Disease Control and Prevention, Atlanta, GA

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** It is increasingly recognized that broader structural or contextual factors influence individual behaviors need to be considered when designing effective interventions to reduce the spread of HIV infection. This paper examines housing as a contextual factor affecting drug and sexual risk behaviors among HIV positive people.

**METHODS:** Researchers pooled interview data from 3191 HIV positive clients presenting for services at agencies participating in a national, multi-site, evaluation study. Current housing status was coded as homeless, (sleeping on the street, public place, emergency shelter, n=1021), unstable (temporary housing program or doubled up with others, n=734), or stable (regular apartment or house, n=1436). Follow-up data collected 6 -9 months after baseline were available for 891 cases. All models control for demographic, economic, health status and service use variables.

**RESULTS:** HIV positive people who were homeless at baseline were 4.65 times (CI 3.16-6.82) more likely to have used needles and 5.62 times (CI 3.08-10.23) more likely to have shared needles than persons with stable housing. The unstably housed but not literally homeless were two to three times more likely to use needles and to share needles than adequately housed clients. Homeless clients were almost four times as likely (OR 3.84, CI 2.56-5.77) and the unstably housed almost three times as likely (OR 2.72, CI 1.83-4.02) to have exchanged sex for money or drugs during the past 6 months. The homeless were 2.67 times (CI 2.4-5.72) as likely as the stably housed to report unprotected sex. Analysis of data over time shows that, controlling for baseline HIV risk behaviors, clients whose housing status improved between baseline and follow-up were significantly less likely to have recently used drugs, used needles, shared needles, or had unprotected sex compared to individuals whose housing status did not improve. br/>

**CONCLUSIONS:** Improved housing is associated with lower rates of drug risk and sex risk behaviors among HIV positive people controlling for recent history of high risk behaviors, sociodemographic characteristics, and concurrent receipt of health care and a range of supportive services. Findings suggest that the condition of homelessness and not simply traits of homeless individuals influences risk behaviors. Provision of housing is a promising structural intervention to reduce the spread of HIV.

**Control Number:** 03-A-650-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A11 Ethnographic Research Methods in Formative or Basic Prevention Research

**2nd Category Choice:** A12 Media and Its Influence on HIV Risk

**Population 1:** P38 Media Spokespersons

**Population 2:** P64 Other (Please Specify)

**Presentation Preference:** Group Oral

**Title:** The AIDS crisis in Pennsylvania

The Hidden Epidemic Among African American and Latina Women

**Author Block:** *Yamasaki, Y; Hochendoner, L*

The Philadelphia AIDS Consortium, Philadelphia, PA

**Abstract Body:**

**BACKGROUND/OBJECTIVES:**

This is a study of the changing face of the AIDS epidemic and issues related to prevention efforts, risk behaviors, attitudes and perspectives of African American and Latina women. It focuses on the fastest growing and most at-risk groups within the HIV/AIDS population. These two groups represent a disproportionately high percentage of the AIDS cases among women in both the United States and in Pennsylvania.

Reaching these populations through effective prevention efforts must involve a clear understanding of social, cultural and economic forces impacting HIV/AIDS risk factors of African American and Latinas leading to a dramatically high disproportionate representation among women with HIV/AIDS.

**METHODS:**

Surveys were conducted with professionals and paraprofessionals in HIV/AIDS fields serving the target populations. This survey was mailed to organizations working with persons who were HIV positive or with AIDS within the TPAC five county area—Bucks, Chester, Delaware, Montgomery, and Philadelphia. The survey consisted of closed and open-ended questions focused on the providers' view of the at-risk behaviors, attitudes and perspectives of African American and Latina women. The respondents represented a broad cross-section of 57 HIV/AIDS organizations in the five county area.

**RESULTS:**

The hidden killer--Fear of stigma and discrimination and the lack of community reaction and media attention.

The research and feedback from participants indicate that there still exists ignorance leading to stigmatization and discrimination in both communities. Therefore, many women with HIV/AIDS keep their status hidden to reveal it only to a small group of family and friends. Denial and feeling of invulnerability. "It won't happen to me."

This hidden epidemic has allowed women to remain generally unaware of the level of risk they face. Most participants were not aware that AIDS was the leading cause of death for significant segments of African American and Latina women and that the issue was even more serious in Pennsylvania for Latinas. Also exists a level of denial leading to an avoidance of getting tested. They express "that ignorance is bliss".

Also, denial or invulnerability is a blind trust of their mates and the belief that HIV/AIDS is primarily a gay disease.

**CONCLUSIONS:**

**Effective Media Outreach to Target Populations**

Our research of the literature, provider surveys and interviews, and focus groups indicate that

**television advertising would be the most effective tool for conveying prevention messages to African American and Latina women. The use of radio appeared as the second most effective media. While radio has its own unique benefits, in particular the lower cost and therefore increased frequency of getting messages on the air. Yet, to rely solely on radio would not be the most effective approach to a media campaign.**

**Television ads have more impact and can produce a powerful message that the target audience can identify with. Our research found that effectively reaching Latinas and African American women requires a personalized message they can identify with on a cultural level...a message that's specifically directed to them.**

**While television can have the most impact, cultural differences must be taken into consideration when designing these messages.**

**Control Number:** 03-B-652-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** A31 Workplace and Its Influence on HIV Risk

**2nd Category Choice:** C41 Other (Please specify on Additional Info page)

**Population 1:** P50 Program Administrators

**Population 2:** P13 Community Educators

**Presentation Preference:** Single Oral

**Title:** Roadmapping and deploying a HIV/AIDS workplace programme and prevention strategy using ICT.

**Author Block:** *du Preez, ND*

Stellenbosch University, Stellenbosch, South Africa

**Abstract Body:**

**ISSUE:** How to effectively manage the complex HIV/AIDS prevention and treatment problems in the workplace.

**SETTING:** The South African industries are challenged with detrimental effects of HIV/AIDS on productivity and sustainability in a global market place. ICT and a set of roadmaps are used to assist companies in creating and deploying and managing HIV/AIDS workplace programmes

**PROJECT:** A project was launched to develop roadmaps for managing HIV/AIDS workplace programmes.

**RESULTS:** A comprehensive software application has been developed and are being tested in a number of companies. Examples of the roadmaps and templates that are offered in this integrated deployment environment will be discussed in detail. Comparisons with experience in the American Industries could be made by the audience.

**LESSONS LEARNED:** Generic Roadmaps are not necessarily compatible, thus some reconfiguration is required to make this programme suitable for different sectors in the industry.

**Control Number:** 03-A-667-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A32 Other (Please specify on Additional Info page)

**2nd Category Choice:** A01 Age, Developmental, and Life Course Factors

**Population 1:** P63 Youth in High Risk Situations

**Population 2:** P22 Health Care Workers

**Presentation Preference:** Poster Session

**Title:** Screening Practices for Adolescent Dating Violence in Psychiatry and Psychology

**Author Block:** *Brown, LK; Vazquez, EA; Lescano, CM; Puster, KL*

Rhode Island Hospital and Brown University Medical School, Providence, RI

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Adolescent dating violence is associated with increased risk for a number of health concerns. This includes engaging in sexual risk, which may lead to greater susceptibility for contraction of HIV. This study explored the screening practices of adolescent risk behaviors among child and adolescent psychiatrists in order to delineate factors that influence the ways clinicians assess issues of dating violence with adolescent patients.

**METHODS:** Psychiatrists were invited via email or mail to complete a questionnaire regarding screening practices for dating violence and risk behaviors. The survey consisted of demographic information and ten items estimating the percentage of patients screened for and who have experienced a variety of risk behaviors (e.g., substance abuse, suicidal ideation, dating violence). Participants also indicated identification of dating violence in a patient and personal contact with someone who experienced dating violence.

**RESULTS:** Eight hundred seventeen (Web respondents = 629; Mail respondents = 188) psychiatrists completed the survey. Approximately 81% of respondents reported screening for suicidal ideation/attempts "more than 90% of the time," while only 21.4% of respondents screened for dating violence at the same rate. Of behaviors associated with dating violence, clinicians were most likely to ask about "forced sex" (22.2%) "more than 90% of the time." Multivariate logistic regression indicated that Caucasian females working within a medical setting or psychiatric hospital were more likely than other respondents to screen for dating violence. Respondents who routinely screened for substance abuse (OR = 3.03) and parental domestic violence (OR = 6.28) were dramatically more likely to screen for dating violence.

**CONCLUSIONS:** Despite the prevalence of adolescent dating violence, it is screened far less often than other risk behaviors or adverse experiences. Clinicians were less likely to report assessing for physical or verbal abuse or controlling behaviors and may equate "forced sex" with dating violence. Psychiatrists who identified dating violence were more likely to screen for other risk behaviors overall, emphasizing the necessity and importance of systematic screening.



**Control Number:** 03-A-675-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A04 Communities, Neighborhoods, and Environments and HIV Risk

**2nd Category Choice:** B23 Assessment of Special Population Needs

**Population 1:** P29 Immigrants, Documented and Undocumented

**Population 2:** P3 African Americans

**Presentation Preference:** Single Oral

**Title:** The 2002 HIV/AIDS Survey of African Immigrants in Seattle & King County

**Author Block:** *Wood, RW; Eteni, L*

Public Health - Seattle & King Co., Seattle, WA

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Worried about prevention and care needs of reportedly increasing populations of African immigrants, potentially numbering over 10,000 in our urban region of Washington State, about surveillance data showing that about 40% of blacks recently reported (2000-2002) to be living locally with AIDS and HIV were born outside the US, mostly in African countries, and knowing of the high HIV seroprevalence rates in sub-Saharan Africa, we conducted a survey of black immigrants.

**METHODS:** We designed an anonymous survey of African Immigrants to yield cross-sectional data on 42 variables, including: the relative sizes of immigrant populations from the countries of Africa; the demographic variables age, sex, zip codes of residence, and marital status; knowledge about HIV/AIDS; year of immigration to the US; sexual and other risk experiences in Africa; sexual risk experiences in the US; whether respondents would be willing to be tested for HIV, or whether they had tested for HIV (including when last tested and test results); and whether HIV-infected respondents were receiving care, and were aware that care and treatment was available to all. Several thousand legal-sized surveys were distributed in 5 languages (English, French, Swahili, Amharic, and Somali), designed to be self-completed without identifiers, folded, taped, and returned free by franked mail. We used a snowball method to access populations through local organizations and groups of immigrants.

**RESULTS:** Of 203 respondents, 58% were male, ages ranged 17-64 (mean 36) and they had been in the US from 1-54 (mean 8.3) years. Over half (51%) were single; 28% were married; and 20% previously married. Nearly all (93%) reported having sex with persons in Africa before coming here (the estimated average number of sex partners of 15). Only 5% reported using condoms consistently; 52% never used condoms with African partners. Other reported risks in Africa included: receiving a blood transfusion (41%), receiving injections with possibly used needles (81%), and a history of surgery (44%). Only 35% of respondents had ever tested for HIV (an average of 6 years ago), and 11 (15% of those tested) reported that they were HIV-seropositive. Only 4 of these 11 said they were getting HIV/AIDS care.

**CONCLUSIONS:** This survey confirmed high HIV seroprevalence rates among respondents tested and high risk generally among local black immigrants. Of great concern, only 4 of 11 persons who reported they were HIV-infected are receiving care services. Clearly more testing and care services should be recommended to these populations who may be better reached knowing more about where they live.

**Control Number:** 03-A-676-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A11 Ethnographic Research Methods in Formative or Basic Prevention Research

**2nd Category Choice:** C38 Structural and Environmental Interventions

**Population 1:** P3 African Americans

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Single Oral

**Title:** Social Factors Associated with High Risk HIV Behaviors Among Urban African Americans

**Author Block:** *Plowden, PhD, KO*

University of Maryland School of Nursing, Baltimore, MD

**Abstract Body:**

**BACKGROUND/OBJECTIVES:**

Urban African Americans are disproportionately affected by HIV, the virus associated with Acquired Immune Deficiency Syndrome (AIDS). While incidence and mortality appear to be decreasing in some populations, they continue to remain steady in inner city African Americans. Following a constructionist epistemology, this study used ethnography to explore social structure factors that influence high-risk behaviors among inner city African Americans. Leininger's Culture Care Diversity and Universality Theory guided the study.

**METHODS:**

Qualitative interviews were conducted with inner city HIV positive individuals and others in the community to explore understanding, attitudes, and beliefs about HIV. Specifically, motivators and barriers associated with high-risk behavior.

**RESULTS:**

Social factors identified by informants were family/kinship, economic, philosophy/belief, religion, and education. The data showed a relationship between risk critical social factors and risky behavior among urban African Americans.

**CONCLUSIONS:** Findings from this study can be used to develop outreach programs targeting hard to reach individuals.

**Control Number:** 03-A-680-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A07 Drug Use, Addiction and HIV Risk

**2nd Category Choice:** A02 Alcohol Use, Addiction and HIV Risk

**Population 1:** P19 Gay and Other Men Who Have Sex With Men

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Single Oral

**Title:** Stimulant and Alcohol Use as Potential Predictors of HIV Risk Taking Behavior among Young Men Who Have Sex with Men - Dallas Young Men's Survey (1994-2000)

**Author Block:** *Shehan, DA; Kershaw, D; Sharma, CP; Shaw, KL; Freeman, A; Funderburgh, OK*  
UT Southwestern Medical School at Dallas, Dallas, TX

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Substance use has historically been considered as an antecedent to high-risk sexual behaviors among young men who have sex with men (MSM). This presentation describes frequent substance use and risk behaviors among young MSM in two phases of the Young Men's Study (YMS) in Dallas County.

**METHODS:** YMS was a cross-sectional, venue-based sampling survey developed by CDC with collaborating researchers. Phase 1 (Ph1) surveyed 15-22 year old MSM (1994-1995) and Phase 2 (Ph2) surveyed 23-29 year olds (1998-2000). Demographic, behavioral, and psychosocial data were collected. Associations between frequency of substance use and HIV risk-taking behaviors were explored. Frequent stimulant use (FSU) is defined as using cocaine, crack, speed or ecstasy at least once per month in the past 6 months. Frequent alcohol use is defined as drinking alcohol at least 2-3 times per week in the past 6 months. Variables investigated include number of lifetime sexual partners and partners in the past 6 months, types of partners, and condom use during anal sex.

**RESULTS:** Six-hundred thirty-two men were enrolled in Phase 1; 532 reported sex with a man (n=532). Five-hundred twenty-four men were enrolled in Phase 2; 518 reported sex with a man (n=518). Frequent stimulant [Ph1 20% (108); Ph2 15% (79)] and alcohol use [(Ph1 26% (138); Ph2 27% (139))] were similar in both age groups. FSU was higher for Whites than Hispanics or African Americans (Ph1,  $p < .001$ ; Ph2,  $p < 0.028$ ).

In both phases, FSU was significantly associated with 15 or more lifetime partners (Ph1 OR 1.7, 1.1-2.6; Ph2 OR 2.7, 1.6-4.8) and 5 or more partners in the past 6 months (Ph1 OR 2.0, 1.2-3.2; Ph2 OR 2.8, 1.7-4.6). In Phase 1, individuals reporting FSU were also more likely to have 1 or more exchange partners in the past 6 months (OR: 2.2, 1.04-4.5).

Frequent alcohol use was associated with 15 or more lifetime partners in Phase 1 (OR 1.9, 1.3-2.9); though significance diminished in Phase 2 (OR 1.5, 1.0-2.3). In Phase 1, frequent alcohol users were more likely to report 5 or more past 6-month partners (OR 1.9, 1.2-2.9).

When asked why a condom was not used during anal sex, frequent stimulant (Ph1 OR 3.6, 2.0-6.3; Ph2 OR 6.5, 3.7-11.7) and alcohol users (Ph1 OR 3.1, 1.8-5.4; Ph2 OR 3.0, 1.7-5.1) were more likely to include being high or buzzed as a reason. In Phase 1, individuals reporting FSU were more likely to recount unprotected insertive or receptive anal sex with a past 6-month non-steady partner (OR 1.7, 1.1-2.9).

**CONCLUSIONS:**

These analyses demonstrate relationships between frequent substance use and HIV risk taking behavior among young MSM, particularly in the number and type of sex partners, which have been previously associated with higher rates of HIV. Evidence for a relationship between frequent substance use and unprotected anal sex was observed and warrants further study. Substance use

**as a predictor of increased risk for HIV infection should continue to inform the design of future prevention efforts among young MSM.**

**Control Number:** 03-B-683-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** A11 Ethnographic Research Methods in Formative or Basic Prevention Research

**2nd Category Choice:** C21 Interventions that Reduce Sexual Risk

**Population 1:** P1 Adolescents

**Population 2:** P10 College and University Students

**Presentation Preference:** Poster Session

**Title:** Factors Related To Condom Use As A Strategy For Hiv/ Aids Prevention

**Author Block:** *Lekolwane-Tsalaile, LL; Lekolwane-Tsalaile, LL*

Botswana- Harvard partnership, Gaborone, Botswana

**Abstract Body:**

### **INTRODUCTION**

Botswana is one of the hardest hit countries in Sub-Saharan Africa as far as prevalence of HIV/AIDS is concerned. According to the 1999 Sentinel Surveillance Report, it is estimated that 17% of the total population was affected as opposed to 14% in 1997. Out of the 17% total population affected in 1999, the economically productive age group (15 – 49), were HIV positive compared to 25% in 1997. AS a result of human misery caused by HIV/ AIDS and other STDs provide a compelling rationale for enlisting the support of family planning and other health related program efforts against these diseases, with emphasis being placed on preventive strategies for behavioural change. Condom utilization has so far been the only strategy that can be used to prevent STDs including HIV.

### **METHODOLOGY**

The purpose of this descriptive study was to ascertain factors related to condom use, such as knowledge about HIV/AIDS behavioural interactions, perceived susceptibility, perceived threat, perceived barriers and benefits of condom use as strategy for prevention of HIV/AIDS.

Using a self-administered close-ended questionnaire, data was collected from a convenience sample of 100 students (N=100). Data was analysed using a descriptive statistics, which included frequencies, percentages and cross-tabulations.

### **POPULATION**

The study was conducted in the University of Botswana among full- time students. The study was selected due to media allegations of high prevalence of HIV/ AIDS, and also the findings from Jack et al (1999), which indicated that while there was high factual knowledge on HIV/ AIDS among students, students still engage in risky sexual behaviours.

### **RESULTS**

The findings of the study indicated that students are highly knowledgeable about HIV/AIDS (97%), but still engage in risky sexual behaviours regardless of religion, sex and marital status. Notably, though students perceived AIDS as a threat to their health, they outlined some significant barriers to condom use such as interference with sexual pleasure (60.8%), condoms promoting promiscuity (51%) and promotion of immorality among couples .Students have further indicated problems in condom use and the commonest being condom rapture (67%), which raises concern of whether the concerned students are knowledgeable on the correct technique of putting on a condom and its storage.

It is recommended that there should be more information dissemination on correct condom use techniques. Counselling services on the issue of

Condom use should be reinforced and there should be regular filling of condoms containers within campus.

**Control Number:** 03-B-684-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** A08 Educational Institutions and Their Influence on HIV Risk

**2nd Category Choice:** C27 Peer-Based Intervention Models

**Population 1:** P10 College and University Students

**Population 2:** P64 Other (Please Specify)

**Presentation Preference:** Single Oral

**Title:**

Making Positive Choices: Providing HIV Prevention to Racial and Ethnic Students on Predominantly White Campuses

**Author Block:** *Martinez, YG; Williams, L; Davis, S*

Orange County Health Department, Ocoee, FL

**Abstract Body:**

**ISSUE:**

Colleges are charged with the task of preparing students for leadership roles in our society. This task has been compounded with the advent of HIV/AIDS, as colleges and universities lack the infrastructure to respond to the AIDS crisis with effective interventions. Even more challenging is the differential impact on African Americans-particularly college students. AIDS is the second leading cause of death among Americans 25-44 years of age. Among African Americans, HIV/AIDS is the leading cause of death in this age group. Given the long incubation period of this disease, it is likely that many of these persons infected (25-44), contracted the virus during their college years. It is imperative that colleges and universities face this challenge by providing or facilitating the dissemination of appropriate risk reduction information.

**SETTING:**

Colleges and University in Central Florida

**PROJECT:**

This project targeted Black and Hispanic students and their sex partners on four college and university campuses. A phone survey of five African American community-based organizations revealed that none of these agencies provide consistent on-going risk reduction education targeting African American college students in Orange County. UCF provides HIV counseling and testing services to its student body. However, 1997-2000 data indicates that a low percentage of Blacks and Hispanics are accessing these services that are available on campus. It is important to note that from 1997-2000, heterosexuals comprised over 50% of risk exposure groups, then men who have sex with men.

**RESULTS:**

A total of 644 students participated in the project by completing the assessment tool. Of these 45.8% were male, 53.9% female, and .3% transgender. All of the students who participated in the assessment were of minority background (88% Black and Hispanic) and another 10.9% from various other ethnic groups. Approximately 1.1% were White/Caucasian. Most of the respondents (73%) were single. Responses to the assessment reveal a real need to work with this population regarding awareness and prevention. It is interesting to note that while only less than half of the respondents (40.7%) said they use condoms "all of the time" when engaging in sexual activities, more than half (57%) have never been tested for HIV. Furthermore, for the 40.5% of the respondents who do not wear protecting during intercourse, 38.8% of them said that the reason was that they "knew the person and had no reason to think I would be at risk," and another 10% said they were drunk or under the influence of alcohol.

**LESSONS LEARNED:**

**While much education and awareness campaigns have been designed to address the risk behaviors of various groups in the community, young adults from minority backgrounds still lack adequate information regarding HIV prevention. Collaboration with this age population provided very useful data. The goal is to incorporate this data into a message campaign that targets this age group.**

**Control Number:** 03-A-691-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A07 Drug Use, Addiction and HIV Risk

**2nd Category Choice:** A20 Psychological Factors and HIV Risk

**Population 1:** P61 Women

**Population 2:** P12 Communities of Color

**Presentation Preference:** Single Oral

**Title:**

**"Your immune system is on low": Knowledge, perceptions, and HIV risk reduction strategies among crack cocaine-using women at sexual risk of HIV infection.**

**Author Block:** *Brown-Peterside, P; Lucy, D; Koblin, BA*  
New York Blood Center, New York, NY

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Women who smoke crack cocaine are at high sexual risk of HIV infection. Thus there is an urgent need to better understand what they know about HIV/AIDS, how they assess their risk for HIV, what strategies they employ to reduce their risk of HIV and how they have been affected by the epidemic.

**METHODS:** Qualitative in-depth interviews were conducted with 20 HIV negative heterosexually active crack-using women (18-44 years). Content analysis was used to identify their knowledge of HIV/AIDS, their perceptions of their own HIV risk, and strategies they use to decrease their HIV risk were assessed. The impact of the AIDS epidemic on their lives was also ascertained.

**RESULTS:** Women were likely to have accurate basic knowledge about modes of HIV transmission and ways to reduce the risk of HIV infection though these were not always personalized. Confusion was evident with respect to understanding the difference between the window and incubation periods. This lack of knowledge translated into a widespread inability of the women to assess their risk for HIV infection based on their own behaviors. Some women believed HIV infection was inevitable for them, despite their behaviors or their change in behavior, resulting in a lack of self efficacy. For them, a fear of HIV and of being tested for HIV was pervasive. Others believed their chance of becoming infected was minimal despite the risk behaviors they continued to engage in. Risk perceptions were related to how personally affected a woman had been by the HIV/AIDS epidemic.

**CONCLUSIONS:** HIV risk reduction programs for crack-using women need to be more thorough and creative in explaining concepts relevant to HIV infection and disease progression, and in helping women to more accurately assess their risk of HIV.



**Control Number:** 03-A-694-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A02 Alcohol Use, Addiction and HIV Risk

**2nd Category Choice:** A20 Psychological Factors and HIV Risk

**Population 1:** P1 Adolescents

**Population 2:** P4 Alcohol and Other Drug Users

**Presentation Preference:** Group Oral

**Title:** Alcohol Abuse Severity and HIV Sexual Risk Among Juvenile Offenders

**Author Block:** *Devieux, JG; Malow, RM; Rosenberg, RK; Lerner, BD; Jean-Gilles, MM*  
Florida International University, Miami, FL

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** The incidence of HIV among adolescents has been one of the prominent exceptions to the overall trend of decline observed in many of the groups most affected by the AIDS epidemic in the United States. We can now expect at least half of all new infections to occur among those under age 25. While the literature supports an association between alcohol abuse and sexual risk behavior as a possible leverage point for interrupting this disturbing trend, the dynamics of this relationship remain to be elucidated, particularly as personality and situational dimensions vary among the most at-risk adolescent subgroups. Juvenile offenders are among the greatest at risk, engaging in unprotected sex at an earlier age than their peers, even without the added risk factor of alcohol. HIV prevention research has increasingly sought to delineate the risk contributions of different levels of severity in such risk factors; however, little is known about how alcohol abuse severity influences HIV sexual risk behavior in juvenile offenders. We specifically examine this severity-risk relationship for juvenile offenders in Miami and test whether certain situational (e.g., drinking proximal to sex) and personality factors (i.e., impulsivity and psychopathy) may affect the association, including the factors of gender and age.

**METHODS:** HIV sexual risk behavior was analyzed according to the severity subgroups of (a) no alcohol abuse, (b) low alcohol abuse, and (c) high alcohol abuse, using baseline data from 428 inner city adolescents in a juvenile detention program and a court-ordered treatment center. Participants included 30.6% African American, 9.3% Non-Hispanic White, 31.7% Hispanic, 8.4% Haitian, and 19.8% of other ethnic backgrounds. Ages ranged from 13 to 17 years ( $M=15.67$ ;  $SD = 1.23$ ). Multivariate analyses of covariance (MANCOVA) were performed to test for significance between high and low alcohol severity abuse groups across several indices of HIV sexual risk behavior.

**RESULTS:** Multiple alcohol severity characteristics (e.g., drinking proximal to sex, overall alcohol use) were found to be associated with a range of HIV risk behaviors. As expected, those with the most severity reported sexual behavior of significantly higher risk, including greater proportions of total and unprotected sexual activity and sex acts proximate to intoxication or drinking. However, personality factors, gender, and age did not significantly modify the association between alcohol severity and HIV sexual risk.

**CONCLUSIONS:** Alcohol abuse problems may limit the effectiveness of HIV risk reduction interventions and be more pivotal than individual and personality-related factors in explaining HIV risk behavior among juvenile offenders.

**Control Number:** 03-B-697-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** A08 Educational Institutions and Their Influence on HIV Risk

**2nd Category Choice:** A08 Educational Institutions and Their Influence on HIV Risk

**Population 1:** P10 College and University Students

**Population 2:** P10 College and University Students

**Presentation Preference:** Single Oral

**Title:** Creating network of HIV educators among students

**Author Block:** *adegbola, aO*

university of ibadan, Ibadan, Nigeria

**Abstract Body:**

**Issue:**

The gap between the knowledge and action of youths about HIV and AIDS has been a subject of concern to program managers and student leaders. Interactions with youths and students show that many of them could mention some ways HIV can be transmitted but this is not necessarily translated into action on their part. The difference between knowledge and action is attributable to the way the messages were acquired by the students. There is often suspicion and many students do not take the messages serious since the convener is either not known to them or he is someone they never interacted. Thus there is need to make HIV messagea to pass among friends so as to create some trust.

**Setting:**

The project took place within the University of Ibadan, Ibadan, Nigeria. The university is the premier university level educational institution in Nigeria having been established in 1948 as a college of the University of London. It has a population of over 14,000 registered degrees (undergraduate and postgraduate) students with a staff of about 5,000. The university is divided into 9 faculties and several academic departments. The students are quartered in 11 hostels (6 males, 2 females and 3 mixed) with each accommodating specific number of students. The students were the primary targets of the intervention.

**Project:**

Using the Christian approach of *win-one save-one*, the project purposed to reach students with HIV messages through one-on-one approach. Peers were trained to reach their closest peers with messages and each peer is expected to form a network of people reached. The idea behind the project was that a trained student should speak to his/her peers with whom he/she shares things - classes, hostel, newspaper joint, buttry, eatery - on daily basis. A student spoken to, if convinced, is expected to join the network by speaking to his/her own trusted friends or peers. This way information on HIV will be received from trusted friends. The project was supported with the distribution of Behaviour Change Communication (BCC) materials sourced from international and local non-governmental organisations based in Nigeria.

**Results:**

Ten students were trained as the nucleus of the network at inception and these increased to over 3,000 students through one-on-one messages. The network created is seen as a rallying point by many students already reached. Over 5,000 BCC materials have been distributed within 12 months. An evaluation carried out show that students spoken to are convinced of the content of the messages and they understand the import.

**Lesson Learnt:**

The conventional peer education approach would only achieve much if emphasis is put on trained peers meeting ONLY with their closest peers. The goal of youth focussed intervention should be

**the creation of an invisible *network of soldiers* to carry HIV messages to the private lives of their peers.**

**Control Number:** 03-A-726-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A03 Biology of HIV Transmission and Acquisition

**2nd Category Choice:** B03 Behavioral Surveillance in the Era of Highly Active Antiretroviral Therapy (HAART)

**Population 1:** P19 Gay and Other Men Who Have Sex With Men

**Population 2:** P35 Latinos/Latinas, Hispanic

**Presentation Preference:** Group Oral

**Title:** The relationship between HIV treatments and clinical information and high risk UAI

**Author Block:** *Westacott, RJ<sup>1</sup>; Castellanos, D<sup>1</sup>; Munoz-Laboy, M<sup>2</sup>*

1 Gay Men's Health Crisis, New York, NY; 2 Mailman School of Public Health, Columbia University, New York, NY

**Abstract Body:**

**Background/Objectives:** The HIV/AIDS epidemic has disproportionately affected Latino gay men in the United States. By December 2001, Latino men who have sex with men (MSM) represented the second highest prevalence of cumulative AIDS cases nationwide. Various studies report increases in unprotected anal intercourse (UAI) among gay and other men who have sex with men (MSM) without fully exploring factors that may be associated with this behavior. Moreover, recently there have been debates in the literature that the introduction of antiretroviral therapies and technologies to delay AIDS, has created a wave of positivism about HIV/AIDS. It is speculated that this positivism may be linked to increases in HIV high risk behavior among gay and other MSM. With this in mind, we decided to conduct a survey to explore the frequency and multiple dimensions of unprotected anal intercourse, and to examine whether this behavior is related to HIV treatments and clinical information, such as viral load, as well as knowledge of HIV and personal relatedness to the epidemic, among Latino gay self-identifying men in New York City.

**Methods:** In consultation with the literature, experts in the field and members of the target population, a two-page self-administered anonymous survey was designed. This was administered to a non-random sample of three hundred and ninety five (395) Latino gay self-identifying men from multiple venues of New York City, including Gay Pride events and outreach in beaches, street and nightclubs in New York City during the summer and early fall of 2002. The survey was in English, Spanish and Portuguese. Recruitment and administration of the survey was conducted by a trained group of volunteers from Gay Men's Health Crisis (GMHC).

**Results and Discussion:** We are in the process of analyzing the results from this survey. The preliminary results indicate that 33% of the sample engaged in high risk sex, i.e., UAI, including insertive and receptive, with partners of unknown or discordant sero-status to themselves, in the six months prior to the study. Younger men, those aged 21 and younger, were more likely to report high risk insertive and receptive UAI, compared to older men, aged 40 - 59. In this presentation, we will discuss the key research findings of the survey and we will examine the relationship between HIV treatments and clinical information and high risk UAI for our target population. Descriptive statistics, logistic and regression models will be used to analyze our research findings.

**Conclusions:** The findings from this study will inform GMHC's Proyecto PAPI (program for Latino gay men) to develop and implement interventions that address not only the issue of UAI, but some factors that may be associated with this behavior. This will ensure that our messages are targeted and precise, rather than broad and non-engaging. Further, the findings from the study will contribute to the overall body of literature on UAI and related factors.

**Control Number:** 03-A-731-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A11 Ethnographic Research Methods in Formative or Basic Prevention Research

**2nd Category Choice:** A07 Drug Use, Addiction and HIV Risk

**Population 1:** P53 Researchers

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Single Oral

**Title:** The Burden of Violence in the Lives of Drug-Using Women: An Integrated Ethnographic Approach to Contextualizing Epidemiological Data

**Author Block:** *Simmons, JE; Duke, M; Clair, S.; Singer, M.*  
Hispanic Health Council, Hartford, CT

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Ethnographic fieldwork and interview data contribute invaluable contextual data to HIV risk and prevention studies as stand alone or integrated quantitative/qualitative studies. This study utilizes an integrated ethnographic approach to contextualizing epidemiological data in a NIDA-funded study on the relationship between intimate partner violence, substance use and HIV risk behavior (Singer, Principal Investigator). The major aim of this presentation is to demonstrate how this integrated approach can help us better understand the relationship between violence, drug use and HIV.

**METHODS:** The survey study sample includes 500 drug-using women (heroin, cocaine) recruited through street outreach in Hartford, CT. Ethnographic data (field observations, in-depth interviews) has been collected on 40 of these women, many of whom were sexually abused as children. SPSS was utilized to analyze the quantitative data. The ethnographic data was coded using NU\*DIST software which aides in content analysis of textual data.

**RESULTS:** Of the 500 drug-using women recruited for the survey, 25% were sexually abused as children and 80% have been victims of intimate partner violence. (Of these, 57% were victims of extreme partner violence.) In addition, in-depth interviews with the sub-sample reveal subsequent rapes and other forms of community violence (including the witnessing of extreme forms of violence) as well as the perpetuation of violence by women themselves in some cases. In regards to HIV/AIDS, 15% of the women in our study report positive test results. Content analysis of the ethnographic data reveals the extent and impact of frequent and severe violence throughout the life course of these women, and makes visible the structural, socio-cultural and psychological processes whereby violence becomes normalized in their lives. Under these conditions, HIV risk is difficult, if not impossible, to avoid.

**CONCLUSIONS:**

In order to effectively curb the spread of HIV among women, it is necessary to fully recognize the impact of violence throughout the lives of drug-using women and the processes by which it is normalized and reproduced. Epidemiological data combined with ethnographic descriptions and analyses can play a needed role in contesting conceptions of illicit drug use as resulting from life-style choices, raises policy questions about one-system-fits-all public health approaches to illicit drug use, and foregrounds the necessity of dealing with the actual context of drug-using women's lives in HIV prevention and treatment efforts.

**Control Number:** 03-A-733-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A20 Psychological Factors and HIV Risk

**2nd Category Choice:** A27 Sexuality and Sexual Identity

**Population 1:** P1 Adolescents

**Population 2:** P19 Gay and Other Men Who Have Sex With Men

**Presentation Preference:** Poster Session

**Title:** The importance of considering individual differences, in addition to social environmental factors, when designing prevention programming for YMSM

**Author Block:** *Dudley, MG<sup>1</sup>; Smith, G<sup>1</sup>; Zimmerman, RS<sup>1</sup>; Rostosky, SS<sup>2</sup>; Hampton, BR<sup>3</sup>; Gray, BE<sup>1</sup>*  
1 Institute for HIV Prevention, Lexington, KY; 2 University of Kentucky, Lexington, KY; 3 Louisville-Jefferson County Health Department, Louisville, KY

**Abstract Body:**

**BACKGROUND/OBJECTIVES:**

This study tested the hypothesis that even beyond the contributions of social environmental factors (such as number of partners, dating status, and affiliation with a GLBT organization), personal differences (such as impulsive sexual decision-making, sexual sensation seeking, and internalized homophobia) contribute to engagement in unprotected anal intercourse by young men who have sex with men (YMSM).

**METHODS:**

As part of a larger study testing the effectiveness of a behavioral intervention, survey data were collected from a sample of 280 Midwestern YMSM. From this sample, data from 171 young men who have anal sex with men were extracted for analysis on the basis of the men's recent sexual activity.

**RESULTS:**

Hierarchical regression suggested that among these men both personality and environmental factors contributed to overall number of instances of unprotected anal intercourse. In particular, sexual sensation seeking, in addition to dating status, was shown to be significantly correlated with the number of times the young men had unprotected anal intercourse over the past three months.

**CONCLUSIONS:**

The study's findings point to the importance of considering individual differences, in addition to social environmental factors, when designing prevention programming for YMSM. Specifically, the study suggests that HIV prevention programming should target and appeal to high sensation-seeking individuals, who may engage in more frequent risky sexual behavior.

**Control Number:** 03-A-738-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A07 Drug Use, Addiction and HIV Risk

**2nd Category Choice:** A11 Ethnographic Research Methods in Formative or Basic Prevention Research

**Population 1:** P51 Public Health Workers

**Population 2:** P53 Researchers

**Presentation Preference:** Single Oral

**Title:** What Do They Mean, When They Say Clean? When They Say New? A Qualitative Analysis of IDUs' Perceptions of the Risk Status of Syringes

**Author Block:** *Eiserman, JM; Santelices, CC; Singer, M; Navarro, J*  
Hispanic Health Council, Hartford, CT

**Abstract Body:**

**Background/Objectives:** Injection drug use is the most commonly documented source of HIV infection in the United States. In Hartford, Connecticut, 64% (2,366) of the 3,697 total reported AIDS cases resulted from transmission through injection drug use. HIV infection among IDUs has been shown to be the direct outcome of barriers to safely acquiring, using and discarding syringes. Indeed, various factors limit injection drug users' accessibility to sterile syringes from reliable sources. In response to the demand for greater accessibility to workable, clean syringes, the black market syringe seller role emerged. Based on the lack of easy accessibility to syringes and the spiraling AIDS rate among IDUs in Hartford, Connecticut, the Syringe Access, Use, and Discard Study aimed to examine the syringe acquisition process of local IDUs, among other goals.

**Methods:** We collected quantitative and qualitative data with approximately 350 IDUs and a small sub-sample of street syringe sellers, using longitudinal surveys and qualitative instruments. Laboratory bioassays for DNA on syringes purchased from street syringe sellers were also conducted. We performed coding and analysis on the qualitative data using NUD\*IST 4.0, a content analysis software package. We utilized SPSS to analyze the quantitative data.

**Results:** The results of our laboratory assays of syringes showed an extremely low incidence of human DNA. Yet, the qualitative data showed that the IDUs' belief system about how to determine the status of syringes purchased on the street (whether they are new, clean, or used) might lead to the use of second-hand syringes and therefore, the transmission of HIV. We discovered that the seemingly universal terms, "new," and "clean", are part of a complex network of meanings in the minds of Hartford IDUs and street sellers. For example, at times, in the context of an interview, the term "new" was used by a participant to mean a syringe that had been cleaned (with water or bleach) rather than one that had never been used. In addition, the term "clean" was utilized to mean a syringe that "looked clean", e.g. had no blood, dirt, or liquid residue, rather than, known to have been cleaned with water or bleach. As a result, an IDU might buy a syringe that was said to be "new" but had been previously used, without any intentional deception on the part of the syringe seller.

**Conclusions:** The nature of IDUs' and syringe sellers' interpretations as to what constitutes a "clean" syringe is cause for alarm. The qualitative results of our study demonstrate the importance of choice of language in research instrument design as well as in risk reduction education. Accordingly, those of us who are a part of the AIDS Harm Reduction movement need to take a step back and consider the complex differences between what is said and what is heard and its implications for HIV prevention. Finally, these data point to the reality that, despite years of HIV risk behavior research, adequate knowledge, about the qualitative meanings behind language and beliefs of the populations at risk, still looms in the distance.

**Control Number:** 03-A-740-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A24 Religion, Spirituality, and Religious Institutions and Their Influence on HIV Risk

**2nd Category Choice:** A06 Cultural Factors and HIV Risk

**Population 1:** P32 Injecting Drug Users

**Population 2:** P3 African Americans

**Presentation Preference:** Single Oral

**Title:** Does Religiosity Affect the HIV Risk Behaviors of Injection Drug Users?

**Author Block:** *Hasnain, M<sup>1</sup>; Levy, JA<sup>2</sup>*

1 Department of Family Medicine, University of Illinois at Chicago, Chicago, IL; 2 School of Public Health, University of Illinois at Chicago, Chicago, IL

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Previous studies have established the role of spiritual beliefs in promoting the adoption of positive health behaviors, including recovery from drug addiction. Nonetheless, despite research indicating that increased religiosity inversely affects levels of drug use among chronic illicit drug-users, its possible influence on HIV risk-behavior has yet to be established. This cross-sectional study explores religiosity as a predictor of sex and drug-related HIV risk among a sample of active injection drug users (IDUs) in Chicago (USA). Specifically, we hypothesized that high religiosity would be associated with a lower likelihood of engaging in HIV high-risk sexual and drug-related practices.

**METHODS:** Snowball sampling techniques, using neighborhood outreach strategies, were used to recruit 1095 active IDUs for HIV counseling, testing, and partner notification. Information on study participants' demographic characteristics, drug-use, and sexual behavior were collected using structured interviews administered prior to HIV counseling and testing. A single-item Likert scale measured participants' strength of religious beliefs according to self-reports of being very, somewhat, and not at all strong. HIV risk was measured based on respondents' self-disclosures of engaging in one or more of 12 unsafe sex and drug-related practices. Logistic regression was used to examine the relationship between religiosity and HIV risk behaviors.

**RESULTS:** Subjects who reported very strong religiosity were more likely than their less religious counterparts to report engaging in HIV risk behaviors through sharing injection paraphernalia. Compared to the reference group of IDUs reporting low to no religiosity, those who reported very strong religiosity were more likely to share injection outfits, OR=1.72 (95%CI: 1.11-2.65),  $p=0.014$ ; cookers, OR=1.60 (95%CI: 1.09-2.37),  $p=0.017$ ; cotton OR=1.75 (95%CI: 1.18-2.59),  $p=0.005$ ; and water, OR=1.56 (95%CI: 1.05-2.30),  $p=0.027$ . No significant associations were found between religiosity and any of the sex-related behaviors.

**CONCLUSIONS:** Contrary to expectations, high religiosity did not predict lesser HIV risk behavior. While it had no apparent influence on sexual practices in either direction, increased religiosity was associated with greater HIV risk through sharing drug-paraphernalia. These findings raise questions about the role of spirituality in promoting HIV risk-reduction among IDUs and call for further research to explore the relationship between religious beliefs and HIV/AIDS risk among high-risk populations in general.



**Control Number:** 03-B-758-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** A04 Communities, Neighborhoods, and Environments and HIV Risk

**2nd Category Choice:** E07 Evaluation Policies

**Population 1:** P13 Community Educators

**Population 2:** P12 Communities of Color

**Presentation Preference:** Single Oral

**Title:** Sustaining Community participation in AIDS activities in Rural areas of Uganda.

**Author Block:** *Kityo, JS*

Nkumba AIDS Community Initiative, Kampala, Uganda

**Abstract Body:**

**ISSUE:** Community participation is of key importance to the sustainability and effectiveness of AIDS prevention projects. The specific factors influencing the development and strength of community participation in Uganda are not clearly known.

**DESCRIPTION:** In 1996 Nkumba AIDS Community Initiative (NACI) conducted an AIDS Control and Prevention Project jointly with the National AIDS Control Programme (ACP). The goal of this project was to stimulate sustained community activities aimed at AIDS control and prevention. Revisiting the involved communities three years later after completion of the initial project provided an opportunity to assess the nature of ongoing community participation and factors which promoted it. Project staff conducted focus group discussions and semi-structured individual interviews with selected community respondents. Fifty-four men and thirty-eight women served as respondents. Cross-sectional community surveys were also used on a more limited basis. Qualitative data gathered from the discussion, interviews and surveys were compiled and evaluated after all discussions and interviews had been concluded.

**CONCLUSION:** Sustained community participation emerged as a process in which community groups first interacted with Nkumba AIDS Community Initiatives and subsequently initiated, coordinated and implemented activities relatively independently. Individual leadership, prior involvement of the leaders in social work activities and perceived effectiveness of the leaders in implementing plans were important factors leading to ongoing community involvement. Sustainability was also improved by the fact that (NACI) was familiar with the community's locale and enjoyed pre-existing reputation within the community. Sustained community participation was built upon positive interactions with the community and experienced and effective local leadership, community initiatives and community control and implementation of activities

**Control Number:** 03-A-763-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A13 Mental Health/Mental Illness and HIV Risk

**2nd Category Choice:** A20 Psychological Factors and HIV Risk

**Population 1:** P46 People Living with HIV/AIDS

**Population 2:**

**Presentation Preference:** Single Oral

**Title:** High prevalence of psychiatric symptoms among HIV patients attending two public health clinics

**Author Block:** *Israelski, DM<sup>1</sup>; Power, R<sup>2</sup>; Prentiss, DE<sup>1</sup>; Balmas, G<sup>1</sup>; Muhammad, M<sup>1</sup>; Garcia, P<sup>1</sup>; Koopman, C<sup>2</sup>*

1 San Mateo Medical Center, San Mateo, CA; 2 Stanford University Medical School, Stanford, CA

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** High incidence of posttraumatic stress disorder (PTSD) and depression are reported among HIV populations, yet research suggests that psychiatric disorders are commonly underdetected in HIV health care settings. Recent findings have shown that persons with depressed mood and traumatic life experiences are more likely to engage in high-risk sexual behaviors. Therefore, our program evaluates a structured screening program for detecting symptoms of PTSD, acute stress disorder (ASD), and depression among HIV outpatients.

**METHODS:** In this on-going study, HIV-infected patients are consecutively recruited from the adult population of two public health clinics. Structured screening assessments to detect diagnostic symptom criteria of posttraumatic stress disorder (PTSD), acute stress disorder (ASD), and depression are conducted by bi-lingual (English-Spanish) research interviewers.

**RESULTS:** As of 1/03, roughly half (n=165) of the active patient population has been screened at the two clinic sites. Majority of participants are male (67%) and mean age is 42 years. Ethnic breakdown of the sample is: 38% African-American, 35% Latino, 24% Caucasian, and 3% other ethnicity. Preliminary analysis of cross-sectional data indicate overall high prevalence of diagnostic symptom criteria for ASD (42%), depression (37%), and PTSD (35%). Prevalence of ASD is highest for African-Americans (51%), compared with all other ethnic categories. Results suggest women may be more likely to meet symptom criteria for ASD than men (52% vs. 37%, OR=1.84, p=.07). At the time of enrollment, 24% of participants reported receiving psychotherapy services and 36% reported taking psychiatric medications.

**CONCLUSIONS:** Preliminary evaluation of this ongoing screening program confirms high prevalence of symptom criteria for PTSD, ASD, and depression among HIV-infected clinic patients. Initial findings suggest that these mental health disorders disproportionately affect African-Americans and women. Our results emphasize the need for an interdisciplinary approach to HIV primary health care that incorporates routine psychiatric screening and referrals to appropriate services.

**Control Number:** 03-A-771-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A06 Cultural Factors and HIV Risk

**2nd Category Choice:** A30 Stigma and Discrimination

**Population 1:** P53 Researchers

**Population 2:** P6 Asian and Pacific Islanders

**Presentation Preference:** Single Oral

**Title:** Social Discrimination, Friendship Network Interactions, Mental Health, and HIV Risk Among Asian Gay Men

**Author Block:** *Yoshikawa, H<sup>1</sup>; Wilson, PA<sup>1</sup>; Chae, DH<sup>2</sup>*

1 New York University, New York, NY; 2 Harvard University, Cambridge, MA

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** This study aimed to examine, using quantitative and qualitative methods, how experiences of racism, homophobia, and anti-immigrant discrimination influence depressive symptoms and HIV risk among Asian gay men. In addition, responses of Asian gay men to these experiences, particularly conversations about safety and discrimination with friends, were examined as protective influences against depressive symptoms and HIV risk.

**METHODS:** In Study 1, 24 in-depth interviews of Asian (Chinese, Filipino, Korean, and South Asian) gay men in New York City were conducted. Men were recruited from bar settings and social organizations. These men reported on episodes of racism, homophobia, and anti-immigrant discrimination (166 in total across the sample), their responses to those episodes, as well as their sexual histories, including degree of HIV risk behavior. Themes were analyzed using grounded theory methods, after adequate interrater reliability (kappas > .70) was achieved. In Study 2, 154 Asian gay men were surveyed regarding 1) experiences of racism, homophobia, and anti-immigrant discrimination (multi-item Likert scales); 2) conversations with gay friends about discrimination (multi-item Likert scale); and 3) depressive symptoms (the widely used CES-D measure) and episodes of unprotected anal intercourse (UAI) during the last 3 months. These men were recruited from bar, bathhouse, coffee bar settings, as well as Asian gay events, social organizations, and a group-level intervention (for that subsample, this survey was a pre-test). Regressions were employed, controlling for demographic factors and membership in the intervention sample, and examining the effects of the 3 measures of discrimination, as well as interactions of conversations with gay friends with each of the 3 measures. Logistic regressions were run for the UAI measure, and OLS regressions for the depression measure.

**RESULTS:** Study 1 results: Responses to discrimination involving confronting the oppressor, talking to social network members about the experience, or taking one's mind off the experience, were associated with lower levels of HIV risk. Responses that were self-targeted (e.g., attributing the experience of oppression to one's appearance) were in contrast associated with higher HIV risk, and more common in response to feminizing stereotypes experienced most frequently by East Asian gay men. Expressions of concern towards and from gay friends about safety and HIV risk were associated with lower HIV risk. Study 2 results: Very high levels of depressive symptoms were reported by these men (44% at risk for depression, using standard cutoff on the CES-D). 29% reported UAI during the last 3 months. Experiences of racism and anti-immigrant discrimination were independently and significantly associated with higher levels of depressive symptoms. Conversations with gay friends about discrimination, when experienced in conjunction with low levels of anti-immigrant discrimination, were protective against depressive symptoms. **CONCLUSIONS:** These studies show that interactions with gay friendship networks, specifically conversations about safety and discrimination experiences, may be protective against HIV risk

**and depressive symptoms. In addition, different kinds of responses to episodes of racism, homophobia, and anti-immigrant discrimination showed differential associations with HIV risk.**

**Control Number:** 03-A-772-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A02 Alcohol Use, Addiction and HIV Risk

**2nd Category Choice:** A07 Drug Use, Addiction and HIV Risk

**Population 1:** P1 Adolescents

**Population 2:** P4 Alcohol and Other Drug Users

**Presentation Preference:** Poster Session

**Title:** A Comparison of Youth Reporting Risky Sex while Under the Influence and Youth Reporting to Have Sex Sober

**Author Block:** *Shillington, AM<sup>1,2</sup>; Clapp, JD<sup>1</sup>; Hovell, MF<sup>3</sup>; Lehman, SJ<sup>4</sup>; Blumberg, EJ<sup>5</sup>; Sipan, CL<sup>5</sup>*  
1 School of Social Work SDSU, San Diego, CA; 2 Center for Behavioral Epidemiology and Community Health, San Diego, CA; 3 Center for Behavioral Epidemiology and Community Health SDSU, San Diego, CA; 4 UCSD, San Diego, CA; 5 Center for Behavioral Epidemiology and Community Health, San Diego, CA

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** In the U.S., data indicate that youth and minorities account for a growing proportion of new AIDS cases. Given the extended latency period for demonstrable infection, it is likely that most young adults diagnosed with HIV contracted the infection during adolescent years. AIDS is now the 9<sup>th</sup> leading cause of death for youth ages 15-24. Adolescence is a developmental stage known to be when people experiment with drug use and risky sexual behaviors. Although it is known that youth who use alcohol or other drugs (AOD) are also more likely to be involved in other risk taking behaviors, little is known about the co-occurrence of both AOD use and sexual risk taking.

**METHODS:** Youth were recruited into the CARRE Project at one of three urban drop-in centers. An audio-computer assisted survey instrument was used to measure HIV-related risk and AOD use behaviors. For each sexual behavior queried, the youth was asked if they did such behavior first under the influence of alcohol and second, if they did the behavior under the influence of other drugs.

**RESULTS:** A total of 270 youth were recruited with a mean age of 17.1 and a mean education of 10 years with 58% male and 72% ethnic minority with largest group being Hispanic which accounted for 43% of the sample. 70% of the youth reported past sexual behavior with a mean age at onset for vaginal or anal sex of 14.6 years, a mean number of partners of 8.7 for lifetime. For AOD use, 88% reported lifetime use of at least one substance, and 75% during the past 3 months. It was found that 25% of youth reported being sexually active while under the influence of AOD. Results indicate that for the youth who combined both behaviors concurrently were at significantly higher risk for HIV and other public health problems compared to youth who did not combine the two behaviors.

Those who reported both behaviors concurrently were significantly more likely to report past 3 month vaginal sex (90% v 47%), past 3 month anal receptive sex (76% v 32%) and insertive sex (69% v 40%), sex with injection drug users (33% v 11%), group sex (36% v 13%), report more school problems, less religiosity, and less parental monitoring. The youth who combined both risky sex and AOD use were significantly more likely to report lifetime and current cigarette, marijuana, alcohol use, binge drinking, methamphetamine use, ecstasy use and needle sharing behaviors. Analyses will be conducted to understand the unique risk and protective behaviors for these two groups.

**CONCLUSIONS:** Implications of this study are important for prevention interventions with youth. Although HIV prevention information is important for youth because of their

**developmental stage and experimentation, it is clear that the prevention efforts need to also include strong alcohol and drug use treatments as well. Youth who are involved in both concurrently are much more likely to put themselves and their partners at risk for HIV than youth who are multiple risk takers but not concurrent.**

**Control Number:** 03-B-780-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** A04 Communities, Neighborhoods, and Environments and HIV Risk

**2nd Category Choice:** A04 Communities, Neighborhoods, and Environments and HIV Risk

**Population 1:** P62 Youth

**Population 2:** P1 Adolescents

**Presentation Preference:** Poster Session

**Title:** Youth attitude towards HIV/AIDS.

**Author Block:** *Mlingo, O*

Bulawayo Terminally Ill Committee (BUTIC), Bulawayo, Zimbabwe

**Abstract Body:**

**ISSUE**

**Youth attitude towards HIV/AIDS**

**SETTING**

This was done at Nkulumane high-density suburb in Bulawayo. It has a population of 82 480. Of these, 28 000 are youths, 21569 are women of child bearing age. Socio-economic problems have affected the suburb.

**PROJECT**

The Bulawayo Terminally Ill Committee (BUTIC) in its endeavour to assist the AIDS patients and enforce strategies on prevention of HIV spread noted the problems faced by the youths, that is teenage pregnancies, unsafe abortion and alcohol abuse by boys. These were interviewed to establish their knowledge on HIV/AIDS prevention.

**RESULTS**

-Teenagers knew about the AIDS facts. They were not clear about the mother to child transmission.

-They did not know about dual protection of condoms.

-The majority had not thought of HIV when they had sex.

-Failure to correct the misguided behaviour of “know it all” by parents contributed to this.

-Alcohol abuse contributed to sex indulgence.

-Some teenagers did not know about Voluntary Counselling and Testing Centres.

**LESSONS LEARNT**

-Home environment plays an integral part in HIV/AIDS prevention.

-Community empowerment and promotion of health awareness by providing appropriate and adequate information on HIV/AIDS.

-Peer education.

-Paying attention to youth needs.

-Attending to teenage needs.

-Peer support

**Control Number:** 03-B-793-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** A14 Mobility and Migration and HIV Risk

**2nd Category Choice:** D14 HIV Prevention Programs for Migrant Populations

**Population 1:** P29 Immigrants, Documented and Undocumented

**Population 2:** P33 International Populations

**Presentation Preference:** Single Oral

**Title:** Barriers to effective Refugee resettlement in Special Circumstances.

**Author Block:** *Danesi, H*<sup>1,2</sup>

1 Refugee Health Services, Dekalb County Board of Health, Decatur, GA; 2 Emory University School of Medicine, Division of Infectious Diseases, Atlanta, GA

**Abstract Body:**

**ISSUE:** Barriers to effective Refugee resettlement in special circumstances.

**SETTING:** Refugee Health Services at the Dekalb County Board of Health.

**PROJECT:** Evaluation of the Refugee resettlement process in Dekalb County. More than three-fifth of the Refugees resettling in Georgia during the calendar year 2000 were from war torn areas, refugee camps, or rural areas with limited access to healthcare. Refugee health care presents numerous challenges. The resettlement process entails issues like language barriers, social cultural barriers and difficulty getting acquainted with the mass transit system.

**RESULTS:** From June 1999 to present, Dekalb County has accepted HIV-infected refugees for resettlement. This population was examined using the HIV services offered by the HIV clinic, Refugee Health Department and resettlement agencies. 13 Refugees identified overseas as being HIV+, two of which were false-positives. Three were HIV- overseas, and found to be HIV+ in the United States. This gave a total of 14 HIV+ Refugees in Dekalb County.

28.6% of the study HIV population were male; 71.4% were female. The median age of the population was 21, and the mean was 24.1. 85.7% were from African nations, with Ethiopia being the most prevalent at 28.6%, Sudan at 14.3%. The remaining 14.3% of HIV+ cases were from Vietnam.

**LESSONS LEARNED:** From these findings it is imperative that more emphasis should be placed on education about HIV and its mode of transmission in Africa and Asia. Refugee resettlement agencies need to be educated about HIV prevention issues. HIV/AIDS education is required in the communities where the Refugees are being resettled i.e. for both support organizations and members of the community.



**Control Number:** 03-B-800-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** A07 Drug Use, Addiction and HIV Risk

**2nd Category Choice:** B06 Ethnographic Information

**Population 1:** P32 Injecting Drug Users

**Population 2:** P11 Commercial Sex Workers

**Presentation Preference:** Single Oral

**Title:** Potential for an HIV/AIDS epidemic: Persistent high-risk sexual practices among local IDUs in Bali, Indonesia

**Author Block:** *Setiawan, M*

University of Illinois at Chicago, Chicago, IL

**Abstract Body:**

**ISSUE:** Potential HIV/AIDS epidemic via sexual contact with the Bali IDU community, persistent high-risk practices of IDUs and female sex workers

**SETTING:** Yayasan Hatihati (YHh) in Bali -- Indonesia's first harm reduction program since 1998 which runs the only needle exchange program (NEP) in Indonesia since 2000

**PROJECT:** This project involved reviewing YHh's unpublished program documents, as well as in-depth interviews with seven YHh field staff, five IDU female sex workers (FSW), and five male IDU's who had used the services of sex workers and had experienced STD infections. Field observations and semi-structured discussions at five IDU gathering sites were also conducted.

**RESULTS:** By the end of 2002, 924 drug users had been identified in Bali (783 IDUs, 93% male) via outreach work, and approximately 300 more IDUs are in jail. In October, 2002, all ten IDUs who sought testing services provided by YHh were found positive for HIV. Limited means to buy heroin leads to frequent dosage sharing proportionate to an individual's monetary contribution. This sharing is accomplished through "wet division" of the drug solution, which results in the sharing of needles, syringes, cotton, and mixing containers. In daily parlance, IDUs often use the terms "clean" and "sterile" when referring to flushing blood remains from the syringes with water. Free new syringes and needles provided by the needle exchange program (NEP) are popular for enhanced pleasure rather than for HIV prevention. Almost all male IDUs mentioned using the services of a female sex worker (FSW) from the unofficial brothels in Bali. Male IDUs report screening FSWs for STD infection by the smell of the vagina and overall body odor, as well as the whiteness of the eyes. Taking antibiotics as a prophylactic measure before intercourse is common among male IDUs. IDUs use heroin (also known as *heavenly medicine*) to escape their pain (including STD symptoms), and thus diseases are not promptly diagnosed or treated. There are fifty IDU FSWs that have been identified after a recent bombing tragedy in Bali. These FSWs have worked with both foreign clients and local men. IDU FSWs estimate that only a third of their clients (both local and foreign) use condoms.

**LESSONS LEARNED:** YHh has comprehensively estimated Bali's IDU population. Awareness about reducing HIV infection risk has thus far been limited to understanding the danger of sharing equipment rather than behavioral change for safer injecting or sexual practices. Outreach efforts which could more effectively reduce HIV among the IDU community includes: 1) emphasis on the distinction between the terms "clean" and "sterile"; 2) HIV education sessions targeting user-group units and associated sexual partners; 3) needle exchange program protocol revision that incorporate mandatory HIV educational sessions, individualized risk assessment, and risk reduction planning.

**Control Number:** 03-A-827-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A26 Sex and Gender Factors and HIV Risk

**2nd Category Choice:** C16 Interventions that Promote Healthy Behaviors

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P61 Women

**Presentation Preference:** Poster Session

**Title:** Condom Attitudes, Knowledge, And Difficulties In Use Among Bank Workers In Malawi

**Author Block:** *Kazembe, A*

University of Illinois, School of Public Health, Chicago, IL

**Abstract Body:**

**Malawi is one of the poorest countries in sub-Saharan Africa where one in every seven adults is HIV positive. Approximately 90% of all cases of HIV infection are transmitted through heterosexual contacts. Men and women are equally infected, but a higher proportion of HIV positive persons are women under age thirty while a higher proportion of those over thirty are men. A peer group HIV prevention based on social learning theory and primary health care models was used for urban bank workers in Malawi. Purpose: To identify condom knowledge, attitudes and past problems with condom use among female bank workers in Malawi.**

**Method: 184 urban women working in banks completed questionnaires prior to participation in an HIV prevention intervention. Just over half were over 30 years old, 60% were married, 44% had some college, 30% were Catholic, 40% said they were more religious than most, half attended religious services weekly and an additional quarter attended more than weekly. Condom attitudes included two unrelated dimensions: feelings about condom use and morality issues. Demographic and religious factors significantly related to condom measures using ANOVA are reported.**

**Results: Mean scores (0-1, 1=most favorable) were 0.61 for attitudes about condom use, 0.7\* for condom morality, and 0.73 for condom knowledge. Women reported an average of 0.63 previous problems using condoms. Younger, unmarried, and college educated women had more positive attitudes toward condom use. Greater acceptance of condom morality related to being unmarried and attending church less often. Presbyterians had the highest acceptance of condom morality, followed by Catholics, and then other protestant groups. Frequent church attendance related to less condom knowledge. Women who had not been to college and who said they were more religious reported fewer condom use problems, probably reflecting less lifetime use.**

**Implications: Negative attitudes about condom use and morality of using condoms and lack of knowledge about condoms and how to use them are barriers to condom use for urban women in Malawi that must be addressed in HIV prevention interventions.**

**Despite high HIV rates and wide availability, condom use by even urban women in Malawi continues to be very low, a major barrier to HIV prevention.**

**Presentation format: Poster**

**Control Number:** 03-A-830-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A07 Drug Use, Addiction and HIV Risk

**2nd Category Choice:** B09 HIV Incidence

**Population 1:** P32 Injecting Drug Users

**Population 2:** P12 Communities of Color

**Presentation Preference:** Single Oral

**Title:** HIV among new injecting drug users in New York City, 1990-2001: Divergence among race/ethnic groups

**Author Block:** *Des Jarlais, DC<sup>1</sup>; Perlis, T<sup>2</sup>; Arasteh, K<sup>2</sup>; Hagan, H<sup>2</sup>; Maslow, C<sup>2</sup>; Milliken, J<sup>1</sup>; Braine, N<sup>1</sup>; Neaigus, A<sup>2</sup>; Friedman, SR<sup>2</sup>*

1 Beth Israel Medical Center, New York, NY; 2 National Development and Research Institutes, New York, NY

**Abstract Body:**

**BACKGROUND/OBJECTIVES:**

To assess trends in HIV infection among new initiates to injecting drug use in New York City.

**METHODS:**

Serial cross-sectional surveys of new drug injectors (persons who began injecting illicit drugs within the previous five years) entering treatment from 1990 to 2001 at the Beth Israel Medical Center drug detoxification program (n = 612), and from 1996 to 2001 at the Beth Israel methadone maintenance program (n = 291). Serum samples for HIV testing were obtained and a trained interviewer administered a structured interview on drug use and HIV risk behavior. Data from long-term injectors (persons injecting five years or longer) were also available for comparison.

**RESULTS:**

HIV prevalence decreased over time among new injectors—from an average of 18% among new injectors recruited between 1990-92 to an average of 5% among new injectors recruited from 1997-2001. There were two areas of increasing differences by race/ethnic group. The proportion of African-Americans was substantially lower among the new injectors, 12% among detoxification subjects and 8% among methadone subjects, compared to 32% and 23% among the long-term injectors at the two programs. HIV prevalence was substantially higher among African-American new injectors, 20% among detoxification subjects and 22% among methadone subjects than among White new injectors, 3% among detoxification subjects and 2% among methadone subjects. (All p < .01 by chi square tests.) HIV prevalence among Hispanic new injectors was intermediate between African-Americans and Whites.

**CONCLUSIONS:**

Within a context of an overall reduced HIV infection level among new injectors, there is substantial divergence among race/ethnic groups. HIV prevention programs need to be adapted to this emerging divergence.

**Control Number:** 03-A-833-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A27 Sexuality and Sexual Identity

**2nd Category Choice:** A10 Family Circumstances and HIV Risk

**Population 1:** P63 Youth in High Risk Situations

**Population 2:** P20 Gay, Lesbian, Bisexual, Transgend, Question. Youth

**Presentation Preference:** Single Oral

**Title:** HIV risk among out-of-home youth: an exploration of sexual identity and same-sex sexual behavior as possible demographic risk factors

**Author Block:** *Anderson, K<sup>1</sup>; Graham, CM<sup>1</sup>; Tomoyasu, N<sup>1</sup>; Strack, R<sup>2</sup>*

1 Maryland DHMH AIDS Administration, Baltimore, MD; 2 Department of Public Health Education, University of North Carolina, Greensboro, Greensboro, NC

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Out-of-home youth may be particularly vulnerable to eventually acquiring HIV. A burgeoning field of research is finding that youth who identify as gay, lesbian, bisexual or “questioning” (GLBQ) are more likely to engage in risky sexual behaviors than their heterosexual-identifying peers. Similar associations are also emerging for youth who engage in “same-sex sexual behavior” (SSSB) irrespective of sexual identity. The objectives of this research were to examine sexual identity and SSSB as risk factors for eventually acquiring HIV via the following HIV proxy-outcomes: 1) “having ever had sex with someone known or suspected to have HIV”, 2) “having ever had sex with someone known or suspected to have a sexually transmitted illness (STI)”, and most importantly, 3) “having ever been diagnosed with an STI”, given that this not only reflects similar behavioral vulnerability to HIV-exposure, but its presence also exacerbates a person's physiological vulnerability to HIV-infection once the exposure has occurred.

**METHODS:** Adolescents (N=328) residing in group-homes and shelters in Maryland completed the Monitoring Adolescents in Risky Situations (MARS) Out-of-home Youth Survey (OHYS).

Logistic regression analyses were used to calculate odds ratios (OR).

**RESULTS:** Females were at significantly greater risk for having ever been diagnosed with an STI (OR=2.3, p<.002), and for having ever had a sex-partner known or suspected to have either HIV (OR=2.2, P<.05) or an STI (OR=2.6, P<.0008); age and race were not significantly associated these outcomes. Adjusted for gender effects, the risk of having ever being diagnosed with an STI was significantly greater for youth engaging in SSSB (OR=4.0, p<.0015) and also GLBQ-identifying youth (OR=3.7, P<.0025). In addition, SSSB-youth were significantly more likely to have ever had a sex-partner known or suspected as having either HIV (OR=4.0, p<.0025) or an STI (OR=3.2, P<.003). SSSB-Youth who also self-identified as GLBQ were significantly more likely to have ever had a sex-partner known or suspected as having HIV (OR=3.3, P<.025) and marginally so for having ever had a sex-partner known or suspected to have an STD (OR=2.3, P<.085).

**CONCLUSIONS:** In this population of highly vulnerable out-of-home youth, those who self-identify as gay, lesbian, bisexual or “questioning” and also those who are sexually active with members of their own sex regardless of sexual self-identity are at profound risk for HIV.

Accordingly, HIV prevention programs, as well as other HIV prevention efforts in arenas such as schools, health-clinics, social services, etc., are strongly urged to acknowledge and address sexuality—in terms of both identity and also same-sex sexual behavior—with their adolescent populations.

**Control Number:** 03-A-844-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A02 Alcohol Use, Addiction and HIV Risk

**2nd Category Choice:** C18 Interventions that Target Youth in High Risk Situations

**Population 1:** P1 Adolescents

**Population 2:** P4 Alcohol and Other Drug Users

**Presentation Preference:** Group Oral

**Title:** Alcohol Use and HIV Prevention with Three High-Risk Groups of Adolescents

**Author Block:** *Zimmerman, RS; Feist-Price, S; Atwood, K; Cupp, PK; Clay, C; Dudley, M; Abell, R*  
University of Kentucky, Lexington, KY

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** The current project involves the development of interventions for three groups of high-risk adolescents: adolescent females in inner-city housing developments (AFHD), adolescent males in detention facilities (AMDF), and young men who have sex with men (YMSM). For each population, theory-based interventions were adapted to meet the special learning and behavioral needs of high sensation-seekers and impulsive decision-makers. In this presentation, we discuss results concerning the relationship between alcohol use and sexual risk-taking, and present early results of the interventions.

**METHODS:** Data were collected using audio-computer assisted self-interviewing (ACASI) for the AFHD and AMDF samples and paper-and-pencil surveys for the YMSM sample. Data are presented from three waves of data collected over 12-15 months for AFHD, from the first wave of data collected for AMDF, and from data collected for the second and third cohorts recruited for the YMSM study.

**RESULTS:** The 350 AFHD were almost all (95.1%) African-American, with a median age of 13.3; the 168 AMDF were nearly equally divided between Caucasian (47.0%) and African-American (48.8%) with a median age of 15.4; the 224 YMSM were primarily Caucasian (59.5%) or African-American (30.5%) with a median age of 17.6. Not surprisingly, alcohol use and abuse were highest in AMDF, with 77% having used alcohol, nearly half of these having their first drink by age 13, and a majority having had significant drinking-related problems. Use of alcohol was intermediate for YMSM, with 81% having used alcohol, with 28% drinking every weekend or more often and 28% reporting they drink 3 or more drinks per episode. Alcohol use was lowest for AFHD, with 52% ever having had alcohol to drink, and nearly one-third of these having significant drinking-related problems. Alcohol use and problem drinking were related to sexual activity in all three groups, relating variously to age of sexual initiation, number of lifetime and recent sexual partners, and frequency of unprotected sexual activity.

**CONCLUSIONS:** Three high-risk populations of adolescents were studied, and interventions related to alcohol and HIV prevention were developed. In all three groups, alcohol use was related to sexual activity; methods of introduction of alcohol and its relation to risky sexual behavior into the three interventions are discussed. Evaluations of the interventions are still in progress.

**Control Number:** 03-A-864-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A07 Drug Use, Addiction and HIV Risk

**2nd Category Choice:** C22 Interventions that Reduce Harm of Injecting Drug Use

**Population 1:** P32 Injecting Drug Users

**Population 2:** P57 Street Outreach Workers

**Presentation Preference:** Single Oral

**Title:** HCV transmission and the sharing of cookers, cotton filters, and rinse water.

**Author Block:** *Quellet, LJ; Bailey, SL*

University of Illinois at Chicago, Chicago, IL

**Abstract Body:**

**Background/Objectives:** Studies of HCV infection among IDUs have found the sharing of injection paraphernalia other than syringes more often predicts new HCV infections than does the sharing of syringes themselves. This finding seems counterintuitive, given that the sharing of syringes compared to other injection equipment almost certainly is the more efficient mode for transmitting HCV. Our analysis explores this contradiction by examining prevalence, frequency and social relationships regarding sharing syringes compared to other injection paraphernalia.

**Methods:** Baseline data were analyzed from four studies of IDUs in Chicago: a NIDA-funded evaluation of a syringe exchange program (NEP-1) conducted in 1996-2002 (n=902), a city-funded evaluation of an NEP (NEP-2) conducted in 2002 (n=435), and two CDC-funded studies of young IDUs, CIDUS-II conducted in 1997-1999 (n=700) and CIDUS-III, 2002-ongoing (n=380 to date).

All participants were active IDUs recruited on the street, at NEPs, or through respondent-driven sampling. Behavioral risks were assessed for 30 days to six months prior to interview.

**Results:** In all studies a significantly larger proportion of participants shared cookers than syringes. Further, the proportion of participants reporting sharing cookers compared to syringes for half or more of their injections were: 36% vs. 14% (NEP-1), 37% vs. 19% (CIDUS-II), 38% vs. 17% (CIDUS-III). Similar differences were found for rinse water and, to a lesser extent, cotton filters. In NEP-2, cookers compared to needles were more often shared with friends or acquaintances than with spouses or girl/boyfriends. Limited data from these studies also suggest that cookers, cotton filters and water are, on average, shared with more people than are syringes.

**Conclusions:** Though sharing cookers, cotton filters and rinse water is likely a less efficient mode of transmission for HCV than is sharing syringes, non-syringe injection paraphernalia appear to be shared by a larger proportion of IDUs, more often, with persons at a greater social distance, and perhaps with more people. Thus differences in the prevalence, frequency and social character of sharing injection paraphernalia other than needles may result in greater exposure to persons infected with HCV – and likely HIV – than does sharing needles.

**Control Number:** 03-A-866-NHPC  
**Format:** Abstract Format I - Scientific Research Findings  
**1st Category Choice:** A12 Media and Its Influence on HIV Risk  
**2nd Category Choice:** C36 Social Marketing  
**Population 1:** P13 Community Educators  
**Population 2:** P44 Outreach Workers  
**Presentation Preference:** Single Oral

**Title:** Syphilis Elimination Project Team

**Author Block:** *Allen, M; Cameron, E; Akinbami, K; Veronica, H*  
Fulton County Department of Health and Wellness, Atlanta, GA

**Abstract Body:**

**Background/Objective:** A message testing study was conducted to pilot test sample health education posters. The pilot was implemented to determine, which poster would be best received by communities that were disproportionately affected by syphilis. The pilot testing aided in identifying health messages that were culturally competent, linguistically specified, educationally appropriate and presented in terminology consistent with the target populations through appropriate channels and methods of communication.

**Methods:** The study used two survey assessments. Assessment instrument one was a 7-item survey that asked each participant to review and identify which poster they liked “better and why”. Assessment instrument two was a 22-item inventory of words that described the participant's feelings about each poster.

**Results:** A total of 345 participants were surveyed in 6 high-risk communities. The results revealed that 47% (162) of participants were African-Americans and 44.6% (154) Hispanic/Latino. The majority (73%) of participants indicated that the posters had all the information needed to encourage a person to get tested. Ninety percent reported that the messages would make them think about getting tested, and 82% reported that the messages would make them get tested.

**Conclusions:** These results indicated that when the target population is involved in developing health awareness messages to modify behavior toward testing for an STD, 90% would think about getting tested, and 82% would get tested.

**Control Number:** 03-A-868-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A08 Educational Institutions and Their Influence on HIV Risk

**2nd Category Choice:** A22 Race, Racism, Ethnicity and Vulnerability to or Protection from HIV

**Population 1:** P3 African Americans

**Population 2:** P10 College and University Students

**Presentation Preference:** Poster Session

**Title:** The influence of STD/HIV Knowledge on sexual behavior in entering freshmen at Historically Black College & Universities

**Author Block:** *Jeffries-Leonard, K<sup>1</sup>; Johnson, A<sup>1</sup>; Tsai, Y<sup>1</sup>; Hewitt, W<sup>2</sup>; Edwards, T<sup>2</sup>*  
1 The MayaTech Corporation, Silver Spring, MD; 2 SAMHSA, CSAT, Rockville, MD

**Abstract Body:**

**BACKGROUND/OBJECTIVES:**

This study examines how entering freshmen college students are taught about STDs and HIV and protective behavior, and how this knowledge is translated into practice as they make decisions about their sexual behavior. In 1995, the CDC reported that one in 500 college students was infected with HIV. Of the 816,149 AIDS cases reported to the CDC in 2001, 4,428 of these cases were in young people between the ages of 13 - 19. These numbers indicate the need for studies that explore factors associated with risk behaviors for STDs and HIV in the adolescent/young adult population.

**METHODS:**

Using data gathered from the 2001 Historically Black Colleges and Universities (HBCU) Substance Use Survey, this study will examine the relationship between students' knowledge of STD and HIV and sexual behaviors. This survey was administered to a convenience sample of 10,803 freshmen attending 34 HBCU's in the United States. The 55-item survey is an anonymous self-report questionnaire designed to assess the attitudes, knowledge and behaviors of substance use and sexual behavior of entering freshmen.

**RESULTS:**

Our findings indicate that 86.5% of the students who responded learned about HIV through school/class while 8% reported that they were never taught about HIV. When examining the risk factors involved we found that 21% of the respondents admit to having had at least 2-3 partners by their freshmen year in college. Of the students who responded to being sexually active, 41% admitting to always using condoms. Additional findings will address the relationship between knowledge and sexual behavior.

**CONCLUSIONS:**

The findings from this survey will provide important information about HIV/AIDS knowledge and sexual behavior of freshmen on HBCU campuses. Implications for improving HIV/AIDS educational programs for students attending HBCUs will be discussed.



**Control Number:** 03-A-878-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A06 Cultural Factors and HIV Risk

**2nd Category Choice:** A08 Educational Institutions and Their Influence on HIV Risk

**Population 1:** P3 African Americans

**Population 2:** P10 College and University Students

**Presentation Preference:** Group Oral

**Title:** HIV/AIDS Prevention Education for Black Men and Women College Students

**Author Block:** *bridgers, jr., jC*<sup>1,2</sup>,

1 The MayaTech Corporation, Silver Spring, MD; 2 The University of Maryland, College Park, College Park, MD

**Abstract Body:**

**BACKGROUND/OBJECTIVES:**

**HIV/AIDS Prevention Education for Black Men and Women College Students**

This study presents an assessment of knowledge, attitudes, and motivations related to HIV/AIDS risk behaviors among 80 Black male and female undergraduates. The HIV/AIDS pandemic has significantly changed since it was recognized in the early 1980s, from affecting principally White men who have sex with men, to all men, and most recently to women and children, especially in communities of color. Studies document that college students often engage in behaviors that place them at risk for HIV infection; and the current shift in the HIV-infected population to higher rates in communities of color suggests that intervention strategies are needed that focus on minority college students who are at risk for infection.

**METHODS:**

A convenience sample of students enrolled in two sections (one intervention, one comparison) of a Crisis Health course at a historically Black university served as participants. The study assessed the effects of a culturally specific HIV health education intervention which included information and strategies to motivate students to use safer sex practices. A self-reported anonymous questionnaire was administered pre- and post-intervention to the students.

**RESULTS:**

Results indicated that overall at post-test, the intervention and comparison groups did not differ in behavioral skills and condom use. However, data for gender comparisons indicated that female students were significantly more likely than male students to buy condoms to prevent sexual transmission of HIV/AIDS during intercourse.

**CONCLUSIONS:**

Implications for improving HIV/AIDS educational interventions on Black campuses and understanding gender specific outcomes for such interventions are discussed. Culturally specific campus-based HIV interventions may not improve behaviors and condom use overall, but there may be gender-specific effects of such interventions.

**Control Number:** 03-A-933-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A04 Communities, Neighborhoods, and Environments and HIV Risk

**2nd Category Choice:** A02 Alcohol Use, Addiction and HIV Risk

**Population 1:** P19 Gay and Other Men Who Have Sex With Men

**Population 2:** P4 Alcohol and Other Drug Users

**Presentation Preference:** Group Oral

**Title:** Findings from an HIV Prevention Needs Assessment Survey in a Rural State

**Author Block:** *Whitcomb, DH; Hunter, PJ*

University of North Dakota, Grand Forks, ND

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** The purpose of this study was to collect data regarding HIV prevention needs for Men Who Have Sex with Men (MSM) in a rural Midwestern state. This survey was compared to similar projects in four contiguous states and followed the KABB model (Knowledge, Attitudes, Behaviors, Beliefs) to question participants on HIV risks and prevention issues in their lives. Self-reported condom use and attitudes toward condom use were also assessed according to the Transtheoretical Model of Change (TTM). Results revealed that a significant number of local MSM engage in multiple high risk behaviors. In addition, major limitations in the quality and quantity of HIV prevention resources targeted across the region for MSM were revealed. We will discuss the construction of this survey and present results, specifically regarding our hypotheses surrounding substance use, condom use, lifestyle issues, and communication between partners.

**METHODS:** Two sets of focus groups were conducted, representing men in distinct regions of the state. The first set informed survey development; the second, service implications. Each survey question was assigned to one of the four domains of KABB. Data collected from 176 men dealt with participants' sexual practices and relationship history, drug and alcohol use, and suggestions for rural HIV prevention. Most surveys were completed anonymously online and the remainder were completed confidentially at two "gay friendly" events.

**RESULTS:** Quality of surveys in neighboring states were highly varied, with some not specifically addressing needs of MSM. Aspects that differentiate rural MSM from those living in urban areas have not adequately been addressed. Pearson correlations (at  $p < .05$ ) supported the following hypotheses:

1. Many who are practicing risky behaviors and have not tested for HIV would report believing they are HIV negative.

Positive correlations between:

2. Unprotected anal intercourse and amount of substance use (among substance abuse practices, binge drinking showed the strongest association with unsafe sex).

2. Condom use and positive attitudes towards communicating with partners and/or potential partners about HIV.

3. Condom use and knowledge about HIV transmission.

Although most participants had some complaint about HIV testing, attitude toward HIV testing was not significantly correlated with unprotected anal intercourse.

**CONCLUSIONS:** For MSM in our rural region:

1. An online survey can effectively reach the population. Sample size was much larger than predicted by our funding source.

2. Intervention should focus on binge drinking as a specific HIV risk factor.

3. Current perception in the general population, including MSM, is that HIV infection occurs

**elsewhere, not in our state. Steady incidence rates have not invalidated this misperception. There is a need for more psychoeducation to personalize the risk of HIV in our low-incidence region.**

**Control Number:** 03-B-946-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** A12 Media and Its Influence on HIV Risk

**2nd Category Choice:** C16 Interventions that Promote Healthy Behaviors

**Population 1:** P3 African Americans

**Population 2:** P62 Youth

**Presentation Preference:** Single Oral

**Title:** S.E.S Who? Sista's Educating Sista's on HIV Prevention

**Author Block:** *Neal, AN*

Tulane Drop-In Center, New Orleans,, LA

**Abstract Body:**

**ISSUE:**

**Reducing the rate of HIV infection among young African-American women by addressing the stereotypes and behaviors that contribute to high-risk activities**

**SETTING:**

**Family Planning Clinics and public schools in New Orleans, LA**

**PROJECT:**

**S.E.S Who? Sista's Educating Sista's addresses the stereotypes and behaviors affecting young African-American women's ability to protect themselves and make healthy sexual decisions.**

**During a focus group, young African-American women stated that they do not take condoms on the street or in clinics because of the stigma associated with it. The participants all agreed that if a woman is getting condoms it is assumed that she is a freak or “has something”, both labels are unladylike and carry high social ramifications. Therefore, women generally refuse condoms in an effort to protect their social standing. However, this behavior places them at a higher risk because it automatically leaves the man responsible for protection. The participants also stated that they generally are afraid to request that a man put on a condom because he may think that she is a freak or “has something”. S.E.S Who utilizes hip-hop and youth popular culture as a catalyst for change by addressing the negative stereotypes and behaviors promoted in music and videos. The program seeks to destroy the fears that prevent young women from protecting themselves from HIV by empowering young women thru openly addressing the stereotypes and teaching them the proper method of using a male condom, a female condom, a dental dam, and flavored condoms.**

**RESULTS:**

**In the beginning the young women show a great deal of discomfort regarding condoms and addressing the issue of protection. During the demonstration and discussion the young women become more comfortable with asking questions and working with the condoms and woody. The young women are especially interested in learning to use the female condoms and dental dams, as well as being able to dialogue openly about their bodies.**

**LESSONS LEARNED:**

**Young women learn the correct way to use male and female condoms and dental dams. This knowledge provides them with a great deal of confidence. By the end of the program the young women express their excitement over their newly learned ability. Once stereotypes are addressed and negated the young women are able to make healthy judgements for themselves. he young women are empowered to carry condoms and will even ask for them on the streets from outreach workers or take some from the fishbowls in clinics. The young women also recognize the stereotypes and how these affect their ability to make healthy decisions and take charge of protecting themselves. Once they understand the difference between being a freak or “having**

**something” and protecting yourself and taking control of your body they are empowered to make healthy decisions.**

**Control Number:** 03-B-953-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** A06 Cultural Factors and HIV Risk

**2nd Category Choice:** D23 Implementing Culturally Competent HIV Prevention Programs

**Population 1:** P35 Latinos/Latinas, Hispanic

**Population 2:** P29 Immigrants, Documented and Undocumented

**Presentation Preference:** Poster Session

**Title:** Spanish Language Initiative: Building a Bridge to the HIV Prevention Spanish-Speaking World

**Author Block:** *Arjona, M*

Center for AIDS Prevention Studie (CAPS), University of California (UCSF), San Francisco, CA

**Abstract Body:**

**ISSUE:** Language barriers are factors for health disparities. HIV prevention sciences information, technical assistance, and materials for Spanish-speaking populations continue to be limited, as well as the access to existing resources by those who serve this population in the United States. 1990 US Census reported that 54.4% of the total of Non-English-only speakers in the US are Spanish speakers, from which 38% reported “Not Well” and “Not all” ability to Speak English. US Census 2000 indicates that Latinos in California represent 32% of state’s total population (11 million), and 44% of the Mexican immigrants in the U.S. are in California (3.8 million).

**SETTING:** Spanish language project initiated at the Center for AIDS Prevention Studies (CAPS) of the University of California in San Francisco, CA as a response to domestic and international stakeholders’ inquires. CAPS has a history of providing TA, disseminating sciences, and promoting collaborative research between researchers, CBOs, and health departments.

**PROJECT:** CAPS Spanish Language Initiative (SLI) aims to facilitate access to HIV prevention information and research for bilingual English-Spanish, monolingual Spanish and English speakers working for Spanish-speaking populations. The three mayor components for the SLI are *Technical Assistance (TA)*, *Science Dissemination*, and *Community Public Relations*. Some of the TA consists of a) access to information/materials, evaluation tools, model programs, and curricula in Spanish; b) assessment for culturally and linguistically appropriate materials, and language consultations; c) linkages to resources in Spanish for training, capacity building, and TA. *Science Dissemination* takes place mainly through CAPS Website. *Community Public Relations* consist of outreach to community stakeholders, promotion of collaborative research between CBOs and academics, linkages between same-interest groups or individuals, and an electronic mail distribution list.

**RESULTS:** Overall, the SLI has contributed to increase awareness on immigrant and Latino HIV/AIDS prevention issues and functioned as a liaison for CAPS. Developed Spanish CAPS Website section: [www.caps.ucsf.edu/espanol/index.html](http://www.caps.ucsf.edu/espanol/index.html) SLI Implemented a peer review process with national and international stakeholders on Spanish CAPS Website’s contents and related language issues. Provided free TA in Spanish to local, domestic and international requesters. Collaborated with the California State Office of AIDS (CSOA) through the California Technical Assistance Program (CTAP) to facilitate TA, locate CTAP resources in Spanish, and include Spanish formats for statewide data collection forms of HIV prevention interventions for CSOA-ELI system.

**LESSONS LEARNED:**

1) Researchers, health departments, and service providers require tools to work with Spanish-speaking populations. 2) Bilingual personnel (especially front-line staff) require bilingual administrative/training materials. 3) Existing HIV prevention materials in Spanish are mainly

**oriented to consumers. 4) The SLI can be an advocacy tool for working and serving Spanish-speaking populations.**

**Control Number:** 03-B-956-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** A20 Psychological Factors and HIV Risk

**2nd Category Choice:** C27 Peer-Based Intervention Models

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P9 Clients of Community-Based Organizations

**Presentation Preference:** Single Oral

**Title:** The L.I.F.E. Program: A New Psychosocial Paradigm in HIV/AIDS Treatment and Prevention

**Author Block:** *Leiphart, JM*

Shanti, San Francisco, CA

**Abstract Body:**

**ISSUE:** The recent surge in new HIV infections among gay and bisexual men indicates that current HIV prevention approaches must address HIV/AIDS apathy and the eroticization of HIV infection/transmission (e.g., bug chasing, gift giving). To be effective, emergent preventive HIV/AIDS interventions must address the psychosocial determinants of HIV risk behaviors in the context of overall health promotion for gay/bisexual men, particularly those living with HIV/AIDS.

**SETTING:** Community-based, non-profit organization in San Francisco.

**PROJECT:** The L.I.F.E. Program (Learning Immune Function Enhancement) is an innovative, health enhancement program, with an embedded prevention for positives component, that is based on psychoneuroimmunological research pioneered by George Solomon, M.D. The 16-week didactic/experiential workshop series explores the impact of 14 interrelated cofactors (e.g., self-disclosure, safe vs. risky behavior) on immune functioning, risk behaviors (e.g., substance use, unprotected sex), and adherence to health routines (e.g., HAART, nutrient intake, exercise), while providing participants with the tools and skills to boost their immune functioning, learn strategies to mitigate health risks, and attain better adherence to health regimens. The structure of the weekly L.I.F.E. Program workshops includes a 20-minute didactic component called "Infobullets" that provides concise, easily comprehensible information about the presented cofactor, an experiential exercise designed to inform the participant about his cofactor "performance" (e.g., his ability to articulate his health concerns to his primary physician, negotiate safer sex behaviors, etc.), a large group discussion in which all the participants share their insights about the experiential exercise and how it informs their "real life" cofactor performance, a social break that encourages participant support networks, and break-out group discussions with each small group comprising the same participants and facilitators to maximize rapport and trusted support. In the small groups participants discuss any impediments they have encountered or strategies that influence their ability to effect positive change on their cofactor performance. Each participant has a computer-generated cofactor profile, which he uses to assess his current functioning and to determine what cofactors need improvement. After a period of free discussion related to the cofactor, participants create their "performance improvement plans" (PIP) that delineate practical action steps toward cofactor performance improvement.

**RESULTS:** Of the 48 participants who enrolled in the 2 workshop series conducted in 2002, 17 (71%) and 19 (79%), respectively, attended at least 12 sessions and completed the program. Pre- and post-intervention data revealed that participants in the first series showed a 12.5 percent improvement on overall cofactor performance compared with an 11.6 percent increase for participants in the second series. Regarding the cofactor "Safe vs. Risky Behavior, participants in both series improved an average of 7 percentage points.

**LESSONS LEARNED:** More comprehensive outreach has increased enrollment and the



**expansion of the L.I.F.E. program to other at-risk populations (heterosexual minorities, women) offers greater research opportunities. Addressing the need for a randomized, controlled study of this intervention, the CDC is currently funding a 3-year clinical trial of the L.I.F.E. program in 4 California cities to measure its efficacy in boosting immune functioning and promoting HIV prevention for persons living with HIV/AIDS.**

**Control Number:** 03-A-978-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A11 Ethnographic Research Methods in Formative or Basic Prevention Research

**2nd Category Choice:** C38 Structural and Environmental Interventions

**Population 1:** P19 Gay and Other Men Who Have Sex With Men

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Single Oral

**Title:** Men, Sex and the 'Net: Young men discuss their online experiences

**Author Block:** *Dawson Jr, AG<sup>1</sup>; Henry, D<sup>2</sup>; Lopez, N<sup>1</sup>; Freeman, A<sup>1</sup>; Caughy, M<sup>3</sup>; Ross, M<sup>3</sup>*

1 U T Southwestern Medical Center at Dallas, Dallas, TX; 2 University of North Texas, Denton, TX; 3 University of Texas, Houston, TX

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** The various social and environmental factors that play a role in shaping the context of HIV risk taking behavior among MSM have not been well elaborated. Recent studies have documented the increased use of the Internet by MSM as a discrete means to meet sexual partners for "Real-time" sexual liaisons. Little is known, however, about what kinds of negotiations occur during chat, about how the context of virtual meeting shapes and determines the expectation and realities of the ensuing meeting, or about how HIV prevention interventions could be effectively designed to target this environment. Because so little is known about this phenomenon, we designed a mixed method ethnographic study to investigate both online behavior and its context among 18-35 year old MSM in Dallas

**METHODS:** We developed an in-depth, multi-stage, multi-level study in Dallas county, called the Social and Environmental Interventions (SEI) study. Between 2000 - 2002, the project collaborated with some 200 young men and over 80 local service providers and community leaders. The study included specific investigation of the growing chatroom phenomenon, its potential implications for the spread of HIV, and the possibilities of structural-level HIV interventions. This included an Internet-based survey of HIV risk behaviors for those who patronize online chat-rooms, a print survey distributed as a community newspaper insert (n = 245 respondents), 2 focus groups of young men who meet each other online, and 40 key participant interviews conducted online in popular cruising chatrooms.

**RESULTS:** Domains emerged from analysis of the qualitative data of specific relevance to HIV prevention, such as the freedom of online communication style, the use of chatrooms to allow exploration of the multiple personal and situational identities, the influence of the physical environment on chat and the online negotiation of contingent boundaries of behavior during the ensuing sex event.

**CONCLUSIONS:** The data point to the critical need for Internet-based outreach, and to innovative ways in which interventions could exploit the unique social and environmental norms of the online environment to design effective and targeted HIV prevention.

**Control Number:** 03-A-979-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A06 Cultural Factors and HIV Risk

**2nd Category Choice:** C21 Interventions that Reduce Sexual Risk

**Population 1:** P3 African Americans

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Single Oral

**Title:** Personal Risk Perception for HIV Infection Among Young African American Women with a History of STD in Dallas County – Dallas Young Women’s Survey (1999-2000)

**Author Block:** *Dedmon, I*

UT Southwestern Medical School at Dallas, Dallas, TX

**Abstract Body:**

**Background/Objectives:** Among women in Dallas County, African American adolescent and adults represented 56% of cumulative AIDS cases and 66% of cases reported in 2000. African American women comprise approximately 20% of the female population of Dallas County. These disproportionate rates of AIDS reflect trends in Texas and the nation. Perception of risk for HIV is an important factor for behavior change to prevent new infections. This presentation describes perception of risk for HIV among participants of the Dallas Young Women’s Survey (YWS).

**Methods:** Sexually active African American women, ages 15-24, seeking routine family planning services were recruited from three clinics in Dallas from 1999-2000. Participants answered an interviewer-administered survey and agreed to abstraction of routine STD test results from medical records. History (Hx) of STD infection (current infection with chlamydia, syphilis, or gonorrhea, or a reported history of any STD) was considered a surrogate marker for increased risk for HIV infection. Women with an STD Hx were compared to women with no STD history. Variables concerning STD Hx, perception of self risk for HIV, and other risk-related variables were also explored.

**Results:** Three hundred eight (308) eligible African American women were enrolled, reflecting an 84% enrollment rate. Seventy-three percent of all participants did not feel they were at risk for HIV and 60% declined a free HIV test. Fifty-two percent had an STD Hx; of these women, 75% disagreed that they were at risk for HIV at the time of the interview ( $p=.037$ ), and 42% reported they felt it was unlikely that they could become infected with HIV ( $p=.036$ ).

Women with an STD Hx predominately did not perceive themselves to be at increased risk but reported the following behaviors. STD Hx was significantly associated with having 6 or more lifetime partners (OR 4.5, 2.4-8.3), (35% vs. 11%,  $p<.001$ ). More women with an STD Hx report having 3 or more partners in the last 12 months than women with no STDs (16% vs. 9%,  $p=.001$ ). More women with a current or past STD report not using a condom with at least one of their last 3 partners than women with no STDs (64% vs. 52%,  $p=.027$ ).

**Conclusions:** More than half of YWS participants had an STD Hx. Whether the participants reported an STD history or not, the majority did not perceive themselves to be at risk for HIV infection. Awareness of a previous STD infection did not appear to influence perception of personal risk for HIV even though STD Hx was associated with increased risk behaviors. Furthermore, 60% of the women declined a free HIV test which did not involve an additional needle-stick beyond their routine tests. A step toward behavior change is an awareness of personal risk for HIV infection. Thus, culturally appropriate materials and methods should be developed to increase awareness of personal risk and necessity for testing. Also health care providers should be encouraged to offer routine testing and risk assessment when possible to young African American women.

**Control Number:** 03-A-986-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A06 Cultural Factors and HIV Risk

**2nd Category Choice:** D14 HIV Prevention Programs for Migrant Populations

**Population 1:** P40 Migrant Populations

**Population 2:** P51 Public Health Workers

**Presentation Preference:** Single Oral

**Title:** HIV Risks for Latino Men in Rural Virginia

**Author Block:** *Bradford, J; Jarama, L*

VCU Survey and Evaluation Research Lab, Richmond, VA

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** In conjunction with the Virginia HIV Prevention Community Planning Group, we conducted a survey of Latino men who worked in rural areas of Virginia regarding their HIV-related knowledge, opinions and behaviors. We also interviewed key informants from the area regarding their perceptions of service and other needs of the target population. The purpose of this research was to support the development of effective HIV prevention and education strategies.

**METHODS:** Latino recruiters and interviewers familiar with the geographic area were selected and trained by the second author, whose primary language is Spanish. These individuals then established networks and relationships through which to recruit study participants. SPs were interviewed individually in Spanish (all chose this option rather than English) at venues convenient for them, including workplace, church, home, and community locations. Interviews averaged 35 minutes. Data were entered and analyzed at the Survey and Evaluation Research Lab in Richmond. Key informants were interviewed on the telephone by the second author and transcribed by members of SERL's professional staff.

**RESULTS:** 76 Latino men were interviewed for the study. Most SPs reported low knowledge of HIV transmission and risk behaviors, coupled with patterns of sexual risk-taking and episodic use of condoms. Cultural factors such as machismo had substantial influence on behaviors and lack of protective measures. In sum, SPs tended to be at moderate or high risk for HIV and without sufficient knowledge and appropriate behaviors to avoid becoming infected and/or infecting others. Key informants reported few local educational and support services for the target population and in general perceived the population to be at high risk of infection, validating results from the survey.

**CONCLUSIONS:** This population of Latino men, mostly migrant workers, in rural Virginia are at risk of HIV infection due to knowledge, attitudes, behaviors, and cultural influences. There is a need for HIV prevention education programs to address their needs, tailored to match cultural and demographic characteristics, and in keeping with local structures and networks.

**Control Number:** 03-A-988-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A11 Ethnographic Research Methods in Formative or Basic Prevention Research

**2nd Category Choice:** B06 Ethnographic Information

**Population 1:** P64 Other (Please Specify)

**Population 2:** P21 General Population

**Presentation Preference:** Group Oral

**Title:** The Use of Ethnographic Methods in HIV Prevention Research

**Author Block:** González, M

AIDS in Anthropology Research Group, New York, NY

**Abstract Body:**

One of the major contributions of Anthropology to the social sciences' methods is the concept of *ethnography*. This is a departure from counting phenomena in favor of describing them.

Anthropological ethnographers enter the social setting of the people they want to study and get to know them as they go about their daily routines. This particular technique is called *participant-observation* because the ethnographers participate in the everyday lives of those they study while observing and taking notes on their observations. The goal is to portray life and the world as it looks from the point of view of the observed.

In the almost two centuries old history of anthropology the ethnographic method has been enriched. It has also been adopted by other disciplines that have combined it with their more traditional methodologies. Today from epidemiologists to geographers use ethnography to gain insight into the problems they tackle. With the advent of the AIDS epidemic *ethnography* was used to uncover practices and world views that fostered the spread of HIV. Investigators used the *folk knowledge* of the most affected communities to guide them past the many questions raised by HIV revealing the value of first hand information. The ethnographer should be able to do both tasks: uncover the practices and analyze critically.

This group of papers illustrates how ethnography can be applied to HIV research. They show the type of data elicited and the advantages inherent in the method when applied to HIV research.  
Papers and Presenters:

Incarcerated Women & AIDS Services: Qualitative Research Methods

Preliminary Ethnographic Findings in the Development of a Brazilian HIV Intervention for SMI.

The Burden of Violence in the Lives of Drug-Using Women: An Integrated Ethnographic Approach to Contextualizing Epidemiological Data

Sexual Behavior among Homeless Men who Have Sex with Men: the Impact of Poverty in Sexual Culture.

**Control Number:** 03-A-992-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A22 Race, Racism, Ethnicity and Vulnerability to or Protection from HIV

**2nd Category Choice:** A26 Sex and Gender Factors and HIV Risk

**Population 1:** P12 Communities of Color

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Group Oral

**Title:** Flipping the Script in Culturally Anchored HIV Prevention: New Evidence from the Collaborative HIV Prevention Research in Minority Communities Program

**Author Block:** *Roberts, L<sup>1</sup>; Bowleg, L<sup>2</sup>; Yoshikawa, H<sup>3</sup>; Zea, MC<sup>4</sup>*

1 Hunter College, New York City, NY; 2 University of Rhode Island, Kingston, RI; 3 New York University, New York City, NY; 4 George Washington University, Washington, DC

**Abstract Body:**

**BACKGROUND/OBJECTIVES:**

The Collaborative HIV Prevention Research in Minority Communities Program was developed in 1996 to address the simultaneous overrepresentation of people of color among those with HIV and underrepresentation of researchers of color at the National Institute of Health. The Collaborative is based at the Center for AIDS Prevention Studies at the University of California, San Francisco. This program provides small grants for pilot studies, a structured summer program, access to behavioral science expertise, and an internal review process. This panel will present the findings from studies conducted by 4 of the 19 researchers who participated in this program between 1996 and 2002. Key findings of their research challenge several prevailing assumptions in the HIV prevention literature and propose key areas requiring further exploration. The discussant on this panel will be Dr. Barbara Marin, founding director of the Collaborative HIV Prevention Research in Ethnic Minority Communities Program.

**METHODS:**

Both qualitative and quantitative studies were conducted in racial/ethnic and sexual minority communities of New York City, Atlanta, GA, Washington, DC, Miami, FL and Los Angeles, CA. Study methods included focus groups, in-depth interviews and surveys and study populations included Latino and Asian gay men, African American heterosexual couples, African American women, and African American and Latino/a adolescents.

**RESULTS:**

The results of each study are summarized in the individual abstracts that were submitted by each panelist.

**CONCLUSIONS:**

These studies contribute to HIV prevention in several ways by examining: 1) how power dynamics operate in sexual relationships across different communities of color; 2) how socio-cultural/contextual factors (e.g., discrimination, poverty, neighborhood characteristics) contribute to HIV risk; and 3) both protective and risk behaviors among racial/ethnic or sexual minority communities.

**Control Number:** 03-A-998-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A11 Ethnographic Research Methods in Formative or Basic Prevention Research

**2nd Category Choice:** B06 Ethnographic Information

**Population 1:** P47 People w/Mental Disabilities & Disorders

**Population 2:** P33 International Populations

**Presentation Preference:** Group Oral

**Title:** Preliminary Ethnographic Findings in the Development of a Brazilian HIV Intervention for SMI.

**Author Block:** *González, M*

New York State Psychiatric Institute, New York, NY

#### **Abstract Body:**

**Research indicates that men and women with severe mental illness are more vulnerable to HIV infection than the general population. Their psychiatric symptoms, the side effect of psychotropic medications, and their impoverished living circumstances may put them at a disadvantage to negotiate HIV prevention. To address the special needs of this population, several HIV prevention interventions have been tested and found efficacious for the Severely Mentally Ill (SMI). Despite a well-documented AIDS crisis in Brazil and the Brazilian government's commitment to HIV prevention for the whole society, Brazilian SMI are not regularly offered HIV prevention interventions. This paper reports on the preliminary ethnographic findings of an HIV intervention development feasibility study for SMI people in a psychiatric hospital in the city of Rio de Janeiro.**

#### **Methods**

**The data presented in this paper has been collected through ethnographic methods. They include ethnographic observations in and around the psychiatric hospitals where the intervention would be implemented as well as focus groups with workers and patients.**

#### **Results**

**People with SMI use psychiatric facilities in different ways than those originally planned by their design. While the installations were set up to promote and protect the mental health of the patients, their use exceeds the objectives of their design. Some of the informal uses of the grounds and its surroundings promote risk behaviors but they also provide unusual opportunities for the implementation of prevention strategies.**

#### **Conclusions**

**A detailed description of the ways in which the psychiatric institution is experienced by workers and those who seek help in it, is of great value for devising and implementing HIV prevention strategies. The objectives and meanings officially ascribed to the structures are complemented by those unofficially placed on them by clients and personnel. Tuning in to all these significations allows the researcher to have a comprehensive understanding of the social, cultural and geographical environment of HIV risk and prevention.**

**Control Number:** 03-A-1000-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A11 Ethnographic Research Methods in Formative or Basic Prevention Research

**2nd Category Choice:** B06 Ethnographic Information

**Population 1:** P27 Homeless

**Population 2:** P39 Men

**Presentation Preference:** Group Oral

**Title:** Sexual Behavior among Homeless Men who Have Sex with Men: the Impact of Poverty in Sexual Culture.

**Author Block:** *González, M*

GSUC - CUNY, New York, NY

**Abstract Body:**

**Background/Objectives:**

For the last three decades the City of New York has undergone a critical shortage of low income housing. The economic restructuring that United States has undergone during this time has resulted in the unemployment or underemployment of a whole generation of working class people. The city has responded to this crisis by the establishment of city shelters. While sex is banned within the premises of these institutions residents do engage in sex within and without these buildings.

Contemporary understanding of sexual behavior is informed by the role of gender, patriarchy and eroticism. For displaced and underprivileged men who have sex with men (MSM) poverty adds a variable that marks considerably their sexual conduct and reframes their risk of acquiring and transmitting HIV.

**Methods:**

This paper is the result of ethnographic fieldwork in some of the New York City shelters for single men. The qualitative data was obtained through in-depth interviews with some of these men.

**Results:**

The data shows that for this cohort of men the established knowledge about communities of MSMs needs to be expanded to include the impact of dire need in the sexual decision making and the forming of networks. Homeless MSMs occupy a niche that is not only geographically removed from the more studied and understood gay communities but also their cultural conceptions differ widely. Their considerations for having sex exceed the merely erotic to include issues of housing and subsistence. Their conceptualizations of themselves as practitioners of non-hegemonic sexualities differ extensively from those common in mainstream gay communities. The scope of the sexual lives seems wider and although many of these men declare a main interest in men (or women) they do not forgo sex with women (or men).

**Conclusions/Implications:**

The HIV prevention strategies that are based on sexual identity and that are used in mainstream gay communities should not be expected to provide comparable results. Not only the categories homeless MSMs use to frame their sexual subjectivities are different but also are their motivations. Effective preventions strategies for this population should consider the impact of poverty in their sexual performance as well as the weight of the expectations of their communities of birth on their sexual lives.



**Control Number:** 03-A-1002-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A11 Ethnographic Research Methods in Formative or Basic Prevention Research

**2nd Category Choice:** A07 Drug Use, Addiction and HIV Risk

**Population 1:** P53 Researchers

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Group Oral

**Title:** **The Burden of Violence in the Lives of Drug-Using Women: An Integrated Ethnographic Approach to Contextualizing Epidemiological Data**

**Author Block:** *Simmons, JE*

Hispanic Health Council, Hartford, CT

**Abstract Body:**

**Background/Objectives:**

Ethnographic fieldwork and interview data contribute invaluable contextual data to HIV risk and prevention studies as stand alone or integrated quantitative/qualitative studies. This study utilizes an integrated ethnographic approach to contextualizing epidemiological data in a NIDA-funded study on the relationship between intimate partner violence, substance use and HIV risk behavior (Singer, Principal Investigator). The major aim of this presentation is to demonstrate how this integrated approach can help us better understand the relationship between violence, drug use and HIV.

**Methods:**

The survey study sample includes 500 drug-using women (heroin, cocaine) recruited through street outreach in Hartford, CT. Ethnographic data (field observations, in-depth interviews) has been collected on 40 of these women, the majority of whom were sexually abused as children. SPSS was utilized to analyze the quantitative data. The ethnographic data was coded using NU\*DIST software which aides in content analysis of textual data.

**Results:**

Of the 500 drug-using women recruited for the survey, 25% were sexually abused as children and 80% have been victims of intimate partner violence. (Of these, 57% were victims of extreme partner violence.) In addition, in-depth interviews with the sub-sample reveal subsequent rapes and other forms of community violence (including the witnessing of extreme forms of violence) as well as the perpetuation of violence by women themselves in some cases. In regards to HIV/AIDS, 15% of the women in our study report positive test results. Content analysis of the ethnographic data reveals the extent and impact of frequent and severe violence throughout the life course of these women, and makes visible the structural, socio-cultural and psychological processes whereby violence becomes normalized in their lives. Under these conditions, HIV risk is difficult, if not impossible, to avoid.

**Conclusions/Implications:**

In order to effectively curb the spread of HIV among women, it is necessary to fully recognize the impact of violence throughout the lives of drug-using women and the processes by which it is normalized and reproduced. Epidemiological data combined with ethnographic descriptions and analyses can play a needed role in contesting conceptions of illicit drug use as resulting from life-style choices, raises policy questions about one-system-fits-all public health approaches to illicit drug use, and foregrounds the necessity of dealing with the actual context of drug-using women's lives in HIV prevention and treatment efforts.

**Control Number:** 03-A-1008-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A22 Race, Racism, Ethnicity and Vulnerability to or Protection from HIV

**2nd Category Choice:** A26 Sex and Gender Factors and HIV Risk

**Population 1:** P1 Adolescents

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Group Oral

**Title:** The intersection of race, ethnicity, class and gender in adolescent dating relationships: an exploratory study of intimate violence and HIV risk.

**Author Block:** *Roberts, L*

Hunter College, New York City, NY

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** This study sought to explore among a group of African American and Latino/a adolescents in a low-income neighborhood of NYC how social and interpersonal HIV risk factors, including dating experiences, dating violence, and sexual coercion, experiences of discrimination (based on race, class and gender) may be related to HIV risk behaviors and dating violence. The study also sought to inform the development of an intervention research study to prevent/reduce dating violence and HIV sexual risk among youth of color.

**METHODS:** Four focus groups were conducted with 32 African American and Latino/a youth (ages 14-19) in a South Bronx high school. The focus groups were segregated by race/ethnicity and by gender. All focus groups were audio-recorded and transcribed. Verbatim transcripts were analyzed through an iterative process that included the generation of key themes and constant comparative analysis.

**RESULTS:** Young men and women reported both similar and different experiences of discrimination based on race, ethnicity, class and gender. In response to the multiple and intersecting forms of discrimination they described, youth also reported resilience and resistance. Both young men and women reported the gendered use of physical dominance and psychological pressure to control young women and coerce them to have sex. Young women also described both assertive and non-assertive responses to dating violence and other oppression in their lives. Young men and women reported being both victims and perpetrators of violence in their dating relationships and also reported engaging in risky sexual behaviors. Several themes that emerged from the data suggest that the development of critical consciousness about the social discrimination experienced by youth of color may serve as a moderating factor in the context of their dating relationships and sexual behavior.

**CONCLUSIONS:** These findings contribute to broadening interest in developing more socially relevant models to prevent HIV, other STDs, and dating violence, especially among youth of color. This study has provided the groundwork for a quantitative study (now underway) to further examine the impact of social discrimination and the moderating effects of critical consciousness on dating violence and HIV risk behaviors.

**Control Number:** 03-A-1012-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** A30 Stigma and Discrimination

**2nd Category Choice:** A32 Other (Please specify on Additional Info page)

**Population 1:** P19 Gay and Other Men Who Have Sex With Men

**Population 2:** P35 Latinos/Latinas, Hispanic

**Presentation Preference:** Group Oral

**Title:** Paradoxical findings on experiences of discrimination due to sexual orientation among Latino gay men.

**Author Block:** *Zea, MC<sup>1</sup>; Reisen, CA<sup>1</sup>; Poppen, PJ<sup>1</sup>; Diaz, RM<sup>2</sup>*

1 George Washington University, Washington, DC; 2 Cesar Chavez Institute, San Francisco State University, San Francisco, CA

**Abstract Body:**

**Background/Objectives:** To discuss contradictory findings from two separate findings on the relationship between experiences of discrimination due to sexual orientation and disclosure of HIV status to sexual partner among Latino gay men who are HIV-positive.

**Methods:** In study 1 face-to-face surveys were administered to 912 Latino gay men from New York City, Miami, and Los Angeles. A sample subset consisting of the HIV-positive individuals (n = 129) from the larger sample was analyzed for this study. In study 2 we administered a survey using Audio-CASI in a sample of 155 HIV-positive Latino gay men from Washington, DC and New York City.

**Results:** Study 1 findings indicated that, contrary to our hypothesis, men who reported more experiences of discrimination due to sexual orientation were more likely to disclose their seropositive status to sex partners. Men from study 2 who reported more experiences of discrimination due to sexual orientation were less likely to disclose their seropositive status to sex partners.

**Conclusion:** The relationship between disclosure of seropositive status to sexual partners and experiences of discrimination due to sexual orientation is complex and several explanations for these mixed findings are provided.

**Control Number:** 03-A-28-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** B02 Behavioral Surveillance

**2nd Category Choice:** B31 Using Surveillance Data to Make Program Decisions

**Population 1:** P50 Program Administrators

**Population 2:** P51 Public Health Workers

**Presentation Preference:** Poster Session

**Title:** Characteristics of urban and rural persons with HIV/AIDS, Georgia, 1995-1996

**Author Block:** *Fann, SA<sup>1,2</sup>; Shouse, RL<sup>3</sup>; Holloway, JT<sup>4</sup>; Newell, JP<sup>5</sup>; Lennox, JL<sup>1,2</sup>*

1 Emory University School of Medicine, Atlanta, GA; 2 Grady Health System Ponce de Leon Center, Atlanta, GA; 3 Georgia Public Health HIV/STD Epidemiology, Atlanta, GA; 4 Georgia Public Health Southeast District, Waycross, GA; 5 Georgia Public Health Southwest District, Albany, GA

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Understanding differences between HIV-infected persons with (PWA) and without AIDS (PWH), as well as between those living in urban and rural areas can inform HIV prevention and care planning. Because Georgia has not implemented HIV infection reporting, we describe these differences using supplemental behavioral surveillance project data collected at selected care sites.

**METHODS:** In Georgia, the Supplement to HIV/AIDS Surveillance (SHAS) project normally interviews PWA receiving care at a large urban facility. In 1995-1996, Georgia Division of Public Health expanded SHAS to include 2 rural health districts and both PWH and PWA. Trained staff conducted standardized in-person interviews with 160 PWH and 241 PWA at the rural sites; ongoing SHAS conducted 639 PWA interviews at the urban site. All participants were  $\geq 18$  years of age, received HIV care at one of the sites, and gave informed consent. We obtained self-reported demographic information, STD history, rated general health, poverty status (receiving public assistance/annual income  $< \$10,000$ ), transience (current homelessness, incarceration, or residential treatment), severe substance abuse (sought treatment with/without a CAGE+ score, used crack in a crack house, or injected drugs  $> 100$  times or in the past year), care access (TB screening/ treatment, CD4/viral load, regular care source; if PWA, anti-pneumocystis or HIV therapy). We defined statistical significance using chi-square at  $p < .01$ .

**RESULTS:** The study refusal rate was 8%. Respondents were 74% male; 28% white, (non-Hispanic), 68% African American, and 3% Hispanic; 81% were 26-45 years of age. Within each region, participants were demographically similar to reported PWA who refused to participate and other non-respondents. Rural HIV v. AIDS: A history of severe substance abuse was less common among those with AIDS than with HIV alone (20% vs. 31%); other differences were not statistically significant. Rural HIV/AIDS v. Urban AIDS: Rural participants were less likely to be transient (3% vs. 11%), to report an STD history (71% vs. 79%), or severe substance abuse (24% vs. 33%). Rural participants were more likely to be female (40% vs. 18%), of minority race/ethnicity (81% vs. 67%), age 18-25 (10% vs. 3%), living in poverty (71% vs. 51%), or to report problems with care access (24% vs. 15%). Six percent of both urban and rural participants reported poor general health status.

**CONCLUSIONS:** These results indicate that threats to positive health outcomes vary in prevalence between Georgia settings, populations, or communities at risk. Specifically, we demonstrated a strong need for increased substance abuse treatment options among sampled rural persons newly diagnosed with HIV. However, we also demonstrated an overall need for increased treatment options by the high rates of severe substance abuse, poverty and STDs (despite the urban vs. rural differences). This

knowledge is important for regional planning purposes: HIV prevention planning needs to continue supporting minority/gender-specific and other community-based outreach/interventions; continue to focus on improving resources and care delivery in general; and ensure an increased focus on earlier and more thorough diagnostics/treatments (including STD and substance abuse screening), among populations at risk.

**Control Number:** 03-A-95-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** B05 Epidemiology of HIV/AIDS in the Era of HAART

**2nd Category Choice:** B11 Host Factors Related to Susceptibility and Progression

**Population 1:** P35 Latinos/Latinas, Hispanic

**Population 2:** P12 Communities of Color

**Presentation Preference:** Poster Session

**Title:** Changes in Rates of Death Due to HIV Infection Among Populations of Different Hispanic Subtypes, 1994-2000.

**Author Block:** *Selik, RM*

CDC, Atlanta, GA

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** National census data on U.S. populations of different Hispanic subtypes (e.g., Mexican, Cuban, Puerto Rican) recently became available for 2000. These data, in combination with similar decennial census data for 1990 and mortality data from national vital statistics for the subtypes were used to compare the changes in rates of death due to HIV infection during 1994-2000 among the Hispanic subtypes.

**METHODS:** Data on deaths due to HIV disease during 1994-2000 were obtained from death certificates filed in all 50 states and the District of Columbia. The annual population for each Hispanic subtype during 1994-1999 was estimated by interpolating between national census data for 1990 and 2000. Age-adjusted death rates were calculated using the year 2000 US standard population. The z test was used to assess the significance of differences between death rates. Data were combined for 2 periods: 1994-1995 (before highly active antiretroviral therapy [HAART] was available) and 1996-2000 (the era of HAART), and rates for Hispanic subtypes were analyzed by sex and by geographic region.

**RESULTS:** In every stratum defined by Hispanic subtype and sex or region, the annual age-adjusted rate of death due to HIV infection fell from a peak during 1994-1995 to a plateau during 1998-2000, but the annual numbers of deaths in some strata were too small for the rates to be reliably estimated. By multi-year period, the rate during 1996-2000 was significantly lower ( $p < 0.002$ ) than the rate during (1994-1995) in each stratum. Overall (for both sexes and all regions combined), the rate per 100,000 population among Puerto Ricans decreased from 90 to 34, that among Cubans decreased from 45 to 13, that among Mexicans decreased from 10 to 4, and that among Hispanics of other or unknown subtype decreased from 19 to 6. The proportional decrease in the rate ranged from 50% to 74% across the 4 regions and was not consistently greater for one subtype than another. In each period, rates were highest among persons of Puerto Rican ethnicity, second highest among persons of Cuban ethnicity, and lowest among persons of Mexican ethnicity. For each subtype and period, the rates among males were higher than the rates among females, and the female-to-male rate ratio was higher among Puerto Ricans than among each of the other subtypes.

**CONCLUSIONS:** The proportional decreases in the rate of death due to HIV infection during 1994-2000 that coincided with availability of HAART were similar among the US Hispanic subtypes. However, for each sex and in every region and period, the death rates were consistently highest among populations of Puerto Rican ethnicity and lowest among those of Mexican ethnicity. The causes of these ethnic differences should be explored and they should be taken into account in prevention strategies.

**Control Number:** 03-A-104-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** B32 Other (Please specify on Additional Info page)

**2nd Category Choice:** F05 Early HIV Diagnosis and Treatment

**Population 1:** P21 General Population

**Population 2:** P64 Other (Please Specify)

**Presentation Preference:** Single Oral

**Title:** Initial results of the Antiretroviral Treatment Access Studies (ARTAS): efficacy of the case management trial.

**Author Block:** *Gardner, LI<sup>1</sup>; Metsch, L<sup>2</sup>; Loughlin, A<sup>3</sup>; Anderson-Mahoney, P<sup>4</sup>; del Rio, C<sup>5</sup>; Strathdee, S<sup>3</sup>; Gaul, Z<sup>1</sup>; Greenberg, A<sup>1</sup>; Holmberg, S<sup>1</sup>*

1 Centers for Disease Control, Atlanta, GA; 2 University of Miami, School of Medicine, Miami, FL; 3 Johns Hopkins University School of Public Health, Baltimore, MD; 4 Health Research Association, Los Angeles, CA; 5 Emory University School of Medicine, Atlanta, GA

### **Abstract Body:**

**Background.** Ineffective referrals to medical care for persons testing positive for HIV are a well-known problem: about one-third of patients diagnosed with HIV are not in care. Because few studies have evaluated efforts beyond a simple referral, we report the preliminary results of a case management (CM) intervention trial aimed at linking HIV patients to care.

**Methods.** The ARTAS trial is a single-blind, two-arm randomized trial of 5 sessions over 90 days (CM arm) compared to standard of care (SOC) to facilitate entry into care for recently diagnosed, disadvantaged HIV-positive persons not currently in care in Atlanta, Baltimore, Los Angeles and Miami. The CM arm used case managers to help participants locate a provider, and assist with insurance, transportation, childcare and other issues; the SOC arm provided a passive referral to HIV care providers. Data collection will conclude in July, 2003. Unadjusted relative risks (RR) between CM/SOC and reporting use of an HIV care provider (yes/no) in those completing the six month post-baseline interview are reported.

**Results.** 316 participants completed a baseline interview and 270 (85%) were interviewed six months later, regarding their initial use of HIV care. Most, (77%), had received their initial HIV diagnosis within the prior 6 months. Overall, 105 of 135 (78%) of CM participants initiated HIV care compared to 81 of 134 (60%) of SOC participants (RR=1.3, p=0.002). Within those aged 40 or more, CM participants were more likely than SOC to start care (RR=1.5, p=0.001). Those who considered themselves 'extremely likely' to enter HIV care within 30 days (N=135), were significantly more likely to enter care if they received CM compared to SOC (RR=1.6, p<0.001). A higher proportion of Hispanic participants reported starting HIV care (84%), compared to whites (74%), blacks (62%), or other race/ethnicities (67%). Within Hispanics, CM participants were more likely to enter into care than SOC (RR=1.3, p=0.005). Number of self-reported HIV symptoms at baseline was not associated with starting HIV care, but a greater likelihood of linkage to HIV care was observed for CM than SOC individuals with 3 or more symptoms (RR=1.3, p=0.03). Two-thirds received no additional help accessing HIV care, but those reporting some or much outside help (e.g., counselor, social worker, family or friend) were significantly more likely than those with no additional help to start HIV care (p<0.001). Within the 181 reporting no additional help, CM participants were more likely than SOC to start HIV care (RR=1.6, p<0.001); those with some or much additional help had less or no benefit from receiving ARTAS CM.

**Conclusion.** These preliminary results suggest short term case management is more effective than passive referral in linking recently diagnosed HIV-positive individuals to HIV care. In initial six-month follow-up data, the persons deriving the most benefit from CM were: older than 40 years, Hispanic, self-

identified as likely to access care in 30 days, had 3 or more symptoms of HIV, and were without outside resources.



**Control Number:** 03-A-110-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** B02 Behavioral Surveillance

**2nd Category Choice:** A07 Drug Use, Addiction and HIV Risk

**Population 1:** P32 Injecting Drug Users

**Population 2:** P46 People Living with HIV/AIDS

**Presentation Preference:** Poster Session

**Title:** Characteristics Associated with Needle Sharing in a Statewide Sample of HIV-Positive Injection Drug Users in Hawai'i

**Author Block:** *Juday, TR*

University of Hawai'i, Honolulu, HI

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** While injection drug users (IDUs) account for only 12 percent (73/601) of the AIDS cases in Hawai'i, the potential for infection in this population underscores the importance of monitoring their injection behaviors. The research explored the extent of needle sharing in HIV positive individuals, the use of bleach to clean needles, and characteristics associated with needle sharing.

**METHODS:** Data were obtained from the Hawai'i Seropositivity and Medical Management (HSPAMM) Program, a statewide program administered by the Hawai'i Department of Health open to anyone who is HIV positive. HSPAMM pays all costs for semi-annual physician visits, where it collects data from patient questionnaires, physician examinations, and laboratory testing. For enrollees with self-reported injection of non-prescription substances during at least one HSPAMM visit between 1997 and 2001 (n=163), data were obtained from the last visit at which they reported injection drug use. Cross-tabulations were done to determine the extent of needle sharing and use of bleach. Logistic regression was used to identify characteristics associated with needle sharing.

**RESULTS:** Of 1,326 people enrolled in the HSPAMM program between 1997 and 2001, 163 enrollees reported at one or more HSPAMM visits that they had injected recreational drugs over the past 12 months. Of 147 respondents answering whether they shared needles, 29% (42) reported that they usually shared needles with other injectors. Of the 33 needle sharers who disclosed whether they used bleach to clean their works, 36% (12) stated that they usually did not use bleach. Heroin users were significantly more likely to share needles than non-heroin users (OR 22.7, CI: 6.3-82.2); neither injectors of cocaine nor methamphetamines, respectively, were more likely than other injectors to share needles. Asians (OR 18.5, CI: 2.9-115.9) and Hispanics (OR 5.3, CI: 1.3-22.1), respectively, were more likely to share needles than whites. Syringe sharing was also associated with age over 40 years (OR 3.0, CI: 1.1-8.1) and being on antiretroviral medication (OR 4.8, CI: 1.3-17.3). Males were less likely to share needles than females (OR 0.1, CI: 0.0-0.4) and those with incomes over \$10,000 per year were less likely to share needles than lower income IDUs (OR 0.3, CI: 0.1-0.9).

**CONCLUSIONS:** Almost one-third of HIV positive IDUs in Hawai'i usually shared needles and over one-third of them usually did not use bleach when sharing needles. Higher rates of needle sharing occurred in communities of particular concern for HIV prevention, including Asians and Hispanics, heroin users, and the poor. These estimates are likely conservative, as some respondents may have been reluctant to answer sensitive questions about needle sharing and the use of bleach. Also, respondents were asked if they usually shared needles or used bleach, not if they ever did. With the current emphasis in Hawaii on primary prevention for HIV positives, these data, which show needle sharing continuing despite the gains made by the state's needle exchange program, may be useful in tailoring interventions to target IDUs at high risk for transmitting HIV.

**Control Number:** 03-A-137-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** B03 Behavioral Surveillance in the Era of Highly Active Antiretroviral Therapy (HAART)

**2nd Category Choice:** B31 Using Surveillance Data to Make Program Decisions

**Population 1:** P51 Public Health Workers

**Population 2:** P53 Researchers

**Presentation Preference:** Poster Session

**Title:** *Surveillance, Care, And Prevention: Can We Talk? Using Information From HARS To Identify Clients Requiring Assistance In Accessing HIV Medical Care.*

**Author Block:** *DiCotignano, J; Reich, R*  
Clark County Health District, Las Vegas, NV

**Abstract Body:**

**BACKGROUND/OBJECTIVES:**

AIDS surveillance data had been stable and available information for predicting the direction and trends in the AIDS epidemic, however, as a result of improvements in treatment and care of persons infected with human immunodeficiency virus, surveillance of AIDS alone no longer accurately reflects the magnitude or direction of the epidemic. Early diagnosis has resulted in expeditious treatment of HIV disease. Therefore new indicators of epidemic trends and targeted outreaches to maintain clients in care must be developed.

**METHODS:** The present study defined new markers from the HIV / AIDS Reporting System (using statutory laboratory reporting), operationally defined / identified clients who appeared to have ceased accessing medical care, and initiated a field initiative to find these clients and bring them back into medical care if they had actually left care services and they so desired.

**RESULTS:** A total of 1290 clients were identified as being potentially out of care with a range from 12 months to greater than 5 years without reported laboratory testing recorded. Of these, 605 were investigated and a total of 26% were actually out of care with half being brought back into care. 33% were already in care but fell under the study's operational definition.

**CONCLUSIONS:** Despite limitations, the present study shows that information extracted from HARS is useful and efficacious for identifying clients who appear to have stopped accessing medical care. In order to use such data a jurisdiction must have HIV reporting by name, have an active surveillance staff, have CD4 and viral load reporting, and continuous timely updating of the HARS database. Given these conditions, it appears that similar initiatives can be conducted in most states with HIV reporting.

**Control Number:** 03-A-139-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** B08 HIV/AIDS Surveillance

**2nd Category Choice:** A29 Socioeconomic Factors and HIV Risk

**Population 1:** P51 Public Health Workers

**Population 2:** P48 Policymakers/Legislators

**Presentation Preference:** Single Oral

**Title:** HIV infection in pregnant women: 12-year trends in the Women and Infants Transmission Study (WITS)

**Author Block:** *Turpin, DB<sup>1</sup>; Frederick, MM<sup>2</sup>; Matthews, YL<sup>2</sup>; Cooper, NJ<sup>3</sup>; Higgins, A<sup>4</sup>; Moroso, G<sup>5</sup>; Pacheco-Acosta, E<sup>6</sup>; Buck, A<sup>7</sup>; Mesthene, D<sup>7</sup>; Moye, J<sup>8</sup>*

1 University of Illinois at Chicago, Chicago, IL; 2 Clinical Trials & Surveys Corporation, Baltimore, MD; 3 Baylor College of Medicine, Houston, TX; 4 Columbia-Presbyterian Medical Center, New York, NY; 5 State University of New York, Brooklyn, NY; 6 University of PR, Medical Sciences Campus, San Juan, PR; 7 Brigham & Women's Hospital, Boston, MA; 8 NICHD, National Institutes of Health, DHHS, Bethesda, MD

**Abstract Body:**

**BACKGROUND/OBJECTIVES:**

Background: Surveillance data demonstrate demographic changes in HIV-1 infected women over the last decade. Some studies have examined the characteristics of HIV infected women of childbearing age, but there is a paucity of data specifically from HIV infected pregnant women.

Objectives: To assess temporal changes in characteristics of women enrolled in WITS, a prospective cohort study of HIV-infected pregnant women and their infants at 6 U.S. mainland and Puerto Rican sites.

**METHODS:** Demographic, behavioral, and clinical data were collected by interview and examination in 2328 women enrolled once from 1990 through June 2002. Distributions of variables across consecutive 4-year intervals were compared by Mantel-Haenszel Chi-square. The observed differences of selected variables is  $p < 0.01$ .

**RESULTS:**

Distribution (%) of Selected Attributes By Time Period of Enrollment

Characteristic/Interval	1990-1993 (n=739)	1994-1997 (n=820)	1998-2002 (n=769)
Race			
White	15	11	8
Non-White	85	89	92
Age >35 years at delivery	8	9	14
Annual income <\$10,001	75	67	55
Education $\geq$ 12 years	46	50	55
Smoking during pregnancy	56	39	32
Alcohol during pregnancy	52	36	26
Hard drug use during pregnancy	45	27	16
Cesarean delivery	20	22	51
HIV RNA <1000/ml at entry	12	21	52

**CONCLUSIONS:**

The WITS study population over time increasingly is non-white, higher income, better educated and has better controlled HIV disease. Impressive changes are demonstrated in the adoption of healthier prenatal behaviors, e.g., reductions of smoking alcohol and hard drug use, and in the use of combination antiretroviral therapy and operative delivery. These changing characteristics and the substantial and rapid changes in medical management suggest a need for continuing surveillance of HIV-infected pregnant women and ongoing evaluation of public health perinatal prevention and education efforts.

**Control Number:** 03-A-152-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** B08 HIV/AIDS Surveillance

**2nd Category Choice:** B23 Assessment of Special Population Needs

**Population 1:** P30 Incarcer.Popul.(Correct.Settings,Persons in)

**Population 2:** P61 Women

**Presentation Preference:** Single Oral

**Title:** Incarcerated Women in Georgia: HIV, STDs, TB & Other Health Issues

**Author Block:** *de Ravello, L<sup>1</sup>; Brantley, MD<sup>1</sup>; LaMarre, M<sup>2</sup>; Qayad, M<sup>3</sup>; Aubert, H<sup>1</sup>; Beck-Sague, C<sup>1</sup>; Morgan, M<sup>4</sup>; Blake, P<sup>3</sup>*

1 CDC, Atlanta, GA; 2 GA Dept. of Corrections, Atlanta, GA; 3 GA Dept. of Human Resources, Atlanta, GA; 4 Metro State Prison, Atlanta, GA

**Abstract Body:**

**Background/Objectives:** Incarceration among U.S. women has risen significantly in the last 20 years, and at a higher rate than among men. Incarcerated women are at high risk for adverse reproductive health conditions.

**Methods:** Data from women admitted in 1998-1999 to the Georgia prison system were collected. Rates of selected conditions were compared by prisoner characteristics and to rates of other U.S. female populations.

**Results:** Of 3,636 women with admission data, 58.3% were black; 3.9% were pregnant; 4.1% had HIV infection; and 9.7% had a reactive rapid plasma reagin (RPR) test. HIV infection was highest among blacks (6.1%) and inmates with a reactive RPR (15.1%). With the exception of women entering drug-treatment facilities, incarcerated women in this study had higher rates of HIV infection than all other comparison groups.

**Conclusions:** Comprehensive health assessment and community standard of healthcare are constitutionally guaranteed to inmates. Specialized management of HIV/AIDS, pregnancy, and other health conditions, should be provided.

**Control Number:** 03-A-172-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** B02 Behavioral Surveillance

**2nd Category Choice:** B31 Using Surveillance Data to Make Program Decisions

**Population 1:** P19 Gay and Other Men Who Have Sex With Men

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Single Oral

**Title:** Changes in HIV Risk Behavior among Gay Men across Seven Years: 1996-2002

**Author Block:** *Scheidt, DM*

SUNY Brockport, Brockport, NY

**Abstract Body:**

**BACKGROUND/OBJECTIVES:**

HIV treatment improvements have been associated with changes in perceptions about HIV and increases in risk behavior. This study was designed to monitor the HIV risk behavior of men who have sex with men (MSMs) in Buffalo, New York between 1996 and 2002.

**METHODS:**

Each year, a survey of HIV-related behavior was distributed in June through various routes associated with gay pride events (e.g., gay pride parade, rally & related events, a local gay magazine). Over seven years, 681 surveys were received from MSMs. Three groups of variables were analyzed for this paper. These were behaviors in the most recent sexual episode (e.g., unprotected anal intercourse, discussion of prevention), behaviors over the last year (e.g., number of unprotected anal sex partners), and HIV testing/status. Statistical analyses compared rates or risk and protective behavior across the seven annual samples.

**RESULTS:**

Results indicated that there were significant increases over the seven year period on most measures of risk behavior and corresponding decreases in protective behavior. These increases were identified in a range of behaviors. Specifically, there were significant decreases in discussion of prevention during the most recent sexual episode; increases in anal sex and unprotected oral sex in the most recent sexual episode; and increases in unprotected anal intercourse in the previous year and ever having been HIV tested.

**CONCLUSIONS:**

The findings support theoretical predictions and replicate other studies suggesting that HIV-related behaviors are changing. Implications include the importance of perceived threat reductions based on treatment improvements, preventive intervention focusing on perceived severity and susceptibility, and the need to continually monitor HIV risk behavior over time.

**Control Number:** 03-B-183-NHPC  
**Format:** Abstract Format II - Descriptive Summary  
**1st Category Choice:** B10 HIV Reporting  
**2nd Category Choice:** B08 HIV/AIDS Surveillance  
**Population 1:** P50 Program Administrators  
**Population 2:** P21 General Population  
**Presentation Preference:** Single Oral

**Title:** Delaware HIV Reporting System

**Author Block:** *Epstein, JG; Widdowson, KJ*  
Delaware Division of Public Health, Dover, DE

**Abstract Body:**

**Issue:**

Delaware began HIV surveillance in July 2001. The first year of HIV surveillance taught many lessons to staff, providers and data consumers. HIV surveillance data will be incorporated into the HIV/AIDS epidemiologic profile and used for prevention and treatment planning. This data is important as we shape programs to meet the current epidemic.

**Setting:**

Delaware Division of Public Health

**Project:**

Implementation of a name-to-code system for HIV surveillance engaged surveillance staff and community members in the development of a surveillance system. Double-envelopes and phone reports were used to collect case reports. Data was also provided by large infectious disease clinics on disks, which transferred 45% of the patients into the HIV/AIDS database. However, certain fields were consistently missing from the case report form and required additional follow-up.

**Results:**

The demographics of the HIV cases reported in the first year do not significantly reflect any major deviations from the AIDS demographics in Delaware at this time.

HRSA funded clinics voice an observation of an increase in clients presenting earlier in their disease progression for treatment. Surveillance staff believes approximately one third of the HIV infected residents of New Castle County have not been reported because they have not, nor do they want to be tested.

**Lessons Learned:**

Surveillance staff will work with the current name-to-code system, but will recommend changing to a name reporting system. With any reporting system, there is an extraordinary amount of time required for completing case reports, reviewing medical records and assuring no duplications occur while maintaining database integrity.

The statewide hiring freeze has affected the surveillance staff. The inability to replace the administrative assistant has also placed a burden on the coordinator and surveillance staff as they try to conduct investigations, conduct SHAS interviews and enter data when their offices are 30-45 miles from the centralized database.

Lessons learned while implementing this name-to-code system include continuous education for office managers, working with the correctional system for complete reporting and overcoming challenges. Surveillance staff recognize that challenges include the heightened awareness of HIV reporting after the initial implementation, yet completing the case report forms was pushed to the background in the field, soon after implementation. Working with the components of Delaware's code, prison officials are unable to provide all elements, at times, making reviewing the medical records difficult.

**Control Number:** 03-A-184-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** B02 Behavioral Surveillance

**2nd Category Choice:** B18 Modeling and Forecasting the HIV/AIDS Epidemic

**Population 1:** P50 Program Administrators

**Population 2:** P53 Researchers

**Presentation Preference:** Single Oral

**Title:** Population-Based Estimates of Injection Drug Users and Men Who Have Sex with Men: An Adaptable Model

**Author Block:** *Lieb, S<sup>1</sup>; Metsch, LR<sup>2</sup>; Zeni, MB<sup>1</sup>; Liberti, TM<sup>1</sup>; Maddox, LM<sup>1</sup>; Chitwood, DD<sup>3</sup>; Friedman, SR<sup>4</sup>*

1 Florida Department of Health, Bureau of HIV/AIDS, Tallahassee, FL; 2 University of Miami, Department of Epidemiology, Miami, FL; 3 University of Miami, Department of Sociology, Miami, FL; 4 National Development and Research Institutes, New York, NY

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Issues of cost and complexity have limited the empirical study of the population size of injection drug users (IDUs) and men who have sex with men (MSM). This has traditionally hampered resource allocation and data-based decisions regarding HIV prevention. We constructed an adaptable model that enables plausible estimates of the numbers of IDUs and MSM in a community.

**METHODS:** A prototypical model was developed for Miami-Dade County, Florida. The statewide HIV prevalence estimate was disaggregated by county. The county estimate was further disaggregated to estimate HIV prevalence among IDUs, based on the proportion of IDU cases among all reported persons living with HIV/AIDS (PLWHAs) through 2001. PLWHAs with no identified risk had been redistributed into recognized exposure categories. The HIV prevalence estimate among IDUs was treated as a constant,  $k$ . The estimated numbers of IDUs ( $a$ ) and the estimated HIV seroprevalence rates among IDUs ( $b$ ) were variables related by the function,  $k=ab$ . The relationship among these variables was tabulated and graphed to illustrate a plausible range of IDUs,  $a=k/b$ . The same analysis was conducted to illustrate a plausible range of male IDUs, female IDUs and MSM, derived from values of the corresponding HIV prevalence estimate ( $k$ ) and range of HIV seroprevalence rates ( $b$ ). An empirically derived HIV seroprevalence rate among IDUs was highlighted (19% overall [18% among males, 21% among females]), based on a research study of 600 Miami IDUs. For MSM, another empirically derived HIV seroprevalence rate was highlighted (17%), based on the average rate from the Urban Men's Health Study of 2,881 MSM in four large non-Florida cities. While point-estimates of IDUs and MSM are reported here, the effect of over- or underestimating the HIV prevalence estimates or the HIV seroprevalence rates on the corresponding numbers of IDUs and MSM was also evaluated.

**RESULTS:** The HIV prevalence estimates for Miami are approximately 26,700 (total), 4,300 IDUs (includes IDUs and MSM/IDUs), 12,000 MSM (includes MSM and MSM/IDUs) and 500 MSM/IDUs. The HIV prevalence estimate for IDUs is 2,800 among men and 1,500 among women. Our model suggests there are approximately 23,000 IDUs, or 1.2% of the Miami population aged 13+ years, including 16,000 males (1.8% of all males) and 7,000 females (0.7% of all females). These point-estimates would suggest that Miami males may be about 2.6 times more likely than females to be IDUs ( $1.8/0.7=2.6$ ). Approximately 71,000 Miami males may be MSM, or roughly 8% of males aged 13+ years. Discounting those in the overlapping category of MSM/IDUs, the estimated number of MSM would be more than 3-fold greater than the number of IDUs.

**CONCLUSIONS:** A quantifiable, high proportion of men in Miami may be MSM, while a smaller, but substantive, proportion of all adults may be IDUs. The model may be adapted to develop IDU and MSM



population estimates elsewhere in Florida and beyond. Such estimates could be useful for behavioral surveillance and more effective resource allocation, including enhanced targeting of interventions for primary and secondary HIV prevention.

**Control Number:** 03-A-197-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** B28 Surveillance of Referrals and Prevention/Care Services for HIV Positive Clients

**2nd Category Choice:** B31 Using Surveillance Data to Make Program Decisions

**Population 1:** P53 Researchers

**Population 2:** P57 Street Outreach Workers

**Presentation Preference:** Single Oral

**Title:** Are the Characteristics and Service Utilization Patterns of HIV-infected Individuals Who Were Reported as Deceased at the End of 2001 Different from Those Patients Who Were Not Reported as Deceased?

**Author Block:** *Ashman, JJ*

DHHS/HRSA/HAB/OSE, Rockville, MD

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Examine whether the characteristics and service utilization patterns of HIV-infected individuals reported as deceased were different from those who were alive.

**METHODS:** Standard chi-square tests were used to test for statistically significant differences ( $p < 0.05$ ) between HIV-positive patients who died with patients who did not die. Data examined include client characteristics, health indicators, and service utilization. 2001 Year End Data from the Health Resources and Services Administration's (HRSA) Client Demonstration Project (CDP) were used. The CDP includes all HIV-infected clients who reside in participating areas and who receive services at an agency funded through the Ryan White CARE Act. Data examined include **client characteristics:** race and ethnicity, gender, age, insurance, income, homelessness, HIV exposure category; **health indicators:** AIDS diagnosis, CDC defined disease stage, CD4+ Counts; and **service utilization:** medical care, case management, substance abuse treatment/counseling, mental health treatment/counseling, home health services, hospice services, and services that support individuals' entry and retention in primary care including food and transportation assistance, risk reduction/education services, and emergency financial assistance.

**RESULTS:** There were no differences between the two groups for gender, race, being homeless and their likelihood to receive mental health and substance abuse services, housing assistance and emergency financial assistance. Individuals who died were more likely to be older, and they were less likely to be Hispanic. In addition, those who died were more likely to have either injecting drug use (IDU) or men having sex with men and injecting drug use (MSM&IDU) as their HIV exposure category (26% vs. 15%). Those who died were more likely to receive Medicare (20% vs. 10%) or Medicaid (33% vs. 20%) and less likely to have no insurance (33% vs. 53%). They were less likely (52% vs. 61%) to receive medical care but more likely to receive case management services (61% vs. 45%), food delivery services (26% vs. 21%), transportation services (27% vs. 16%), home health services (6% vs. 1%) and hospice services (8% vs. 1%). They were 3 times more likely (64% vs. 23%) to have a CD4 count below 200. In addition, they were more likely to be diagnosed with one or more opportunistic infections in the past year (5% vs. 1%).

**CONCLUSIONS:**

HIV-infected patients who died were sicker than HIV-infected patients who did not die. The patients who died were more likely to receive hospice services as well as home health services, services that are designed for patients who are too sick to go to the doctor's office. Individuals who died were less likely to receive medical care at an agency funded by the Ryan White CARE Act, but the results suggest that they probably received their medical care at agencies funded by Medicare and Medicaid. Individuals

who died were also more likely to be IDUs. More emphasis should be placed on getting IDUs into care early in their disease progression and finding ways to manage both their HIV and drug abuse.

**Control Number:** 03-B-216-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** B02 Behavioral Surveillance

**2nd Category Choice:** B11 Host Factors Related to Susceptibility and Progression

**Population 1:** P3 African Americans

**Population 2:** P35 Latinos/Latinas, Hispanic

**Presentation Preference:** Single Oral

**Title:** Design and Implementation of a Rapid Needs Assessment Among Targeted Populations At-Risk for HIV Infection in Houston, TX

**Author Block:** *Lebovitz, R*

SUMA Partners, Houston, TX

### **Abstract Body:**

#### **Issue**

The effectiveness of community level interventions for HIV prevention depends in large part on the alignment between messaging on the one hand, and the current/ emerging needs of targeted populations on the other. Interventions that directly address current burning issues in contemporary, local and culturally appropriate language are likely to be more successful in the short term. To understand both the emerging needs of at-risk populations as well as the language and context that will produce the most rapid and effective results, the City of Houston Dept. of Health and Human Services (HDHHS) has partnered with local CBOs to distribute, collect and analyze a series of rapid needs assessment instruments.

#### **Setting**

The rapid needs assessment survey was conducted in November and December of 2002 and January of 2003 at bars, clubs, beauty shops, barber shops, street, community centers and health clinics within the targeted communities.

#### **Description of Program or Model**

Approximately 40 different questions were asked in tabular form to reduce the time and length of the survey. The entire survey could be completed in less than 15 minutes on average. Three populations are addressed in this abstract: African American MSM, Latino MSM and Vietnamese Immigrants. The surveys were produced by the Houston HIV Prevention Community Planning Group. Surveys were administered by outreach workers who interact in targeted communities on a daily basis.

#### **Results**

Fifty five surveys were collected from Latino MSM, 67 from African American MSM and 45 from Vietnamese Immigrants. Surveys were available in English, Spanish and Vietnamese. African American MSM were found to have the highest rates of HIV infection in this study, but that only 65% of respondents used barrier protection during their most recent sexual encounter.

Latino MSM appear to have the highest rates of self-reported STD infections in this study (12%). To the extent that STD rates are valid predictors of HIV infection rates, we may expect to see rapidly increasing HIV infection rates in this population. Only 54% of respondents used barrier protection during their most recent sexual encounter.

Vietnamese Immigrant respondents tend to be significantly older and most chose to answer the survey in Vietnamese rather than English. There appears to be a relatively high rate of prostitute visits by male respondents (10%). It is not known from the current study if this paid sex is primarily with men or women.

#### **Lessons Learned**

There was a strong reluctance among the Houston Asian community to participate in this study for both cultural and political reasons

Latino MSM are at increasing risk for HIV, and should be strongly encouraged to increase usage of barrier protection. Free and anonymous distribution of condoms within targeted communities is strongly recommended.

Despite very high HIV infection rates among African American MSM respondents, 12% of respondents have not been tested for HIV.

**Control Number:** 03-B-218-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** B02 Behavioral Surveillance

**2nd Category Choice:** D10 HIV Prevention Program Evaluation

**Population 1:** P51 Public Health Workers

**Population 2:** P48 Policymakers/Legislators

**Presentation Preference:** Single Oral

**Title:**

A National System for HIV Behavioral Surveillance in the United States

**Author Block:** *Gallagher, KM; Sullivan, PS; Onorato, I*  
CDC, Atlanta, GA

**Abstract Body:**

**Issue:** Historically, measuring behaviors in persons at increased risk for HIV infection in the United States has been done either through the use of cross-sectional surveys or longitudinal cohorts. Because these studies have been time- limited and in limited geographic regions they have not had the ability to measure changes in HIV-related risk behaviors over time in the United States. In order to achieve CDC's goal of reducing the annual number of new HIV infections in half by 2005, information about risk behaviors among a representative sample of persons at high risk for HIV infection, tools to measure trends in these behaviors over time, and exposure to and use of HIV prevention services are needed.

**Setting:** 15 Metropolitan Statistical Areas (MSA) were chosen based on high AIDS prevalence at the end of 1999: Boston, New York City, Newark, Philadelphia, Baltimore, Washington, DC, Atlanta, Miami, Ft. Lauderdale, San Juan, Chicago, Dallas, Houston, Los Angeles and San Francisco.

**Project:** CDC has funded 15 local and state departments of public health around the US to implement the behavioral surveillance system in two subgroups at highest risk for acquiring HIV infection: men who have sex with men (MSM) and injecting drug users (IDU). CDC has worked with these health departments to develop a standardized approach to behavioral surveillance in each population using , a standardized questionnaire and standardized sampling methods. In the future, additional health departments as well as a system for surveying high risk heterosexuals will be included.

**Results:** A standardized approach for MSM, based on time-space sampling methods, has been developed and interviews are scheduled to begin in July 2003. Pilot studies are being conducted in the IDU population in different areas.

**Lessons Learned :** Developing a standardized approach to behavioral surveillance is challenging but necessary to evaluate progress towards national prevention goals and to understand trends in HIV incidence, HIV prevalence, and new HIV diagnoses. Ongoing, active communication with state and local health departments is essential to the success of HIV behavioral surveillance in the United States.

**Control Number:** 03-A-230-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** B08 HIV/AIDS Surveillance

**2nd Category Choice:** B07 Gaps in HIV/STD Surveillance for Specific Populations

**Population 1:** P5 American Indians/Alaskan Natives

**Population 2:**

**Presentation Preference:** Single Oral

**Title:** Racial misclassification among American Indians/Alaskan Natives who were reported with AIDS in Los Angeles County, 1981-2002

**Author Block:** *Hu, YW; Yu Harlan, M; Frye, DM*

HIV Epidemiology Program, Department of Health Services, Los Angeles County, Los Angeles, CA

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** American Indians/Alaskan Natives (AI/AN) constitute 0.7 % of the population and 0.3% of the cumulative AIDS cases reported in Los Angeles County. The proportion is likely to be underestimated due to racial/ethnic misclassification among the AI/AN with AIDS. The purpose of this study was to estimate the accuracy of race/ethnicity data for reported AIDS cases among AI/AN in Los Angeles County and the factors associated with the misclassification.

**METHODS:** A total of 44,013 persons were diagnosed with AIDS and reported to the HIV/AIDS Reporting System (HARS) in Los Angeles County by April 30, 2002. The HARS data were matched against the Indian Health Service (IHS) patient registry and the Los Angeles Vital Registry (LAVR) for years 1980-1999. The exactly matched pairs were identified based on the name, birth date, gender, and social security number using Integrity software. The matched pairs were further reviewed by a panel of investigators based on a standardized protocol. Using IHS and LAVR data as gold standard, proportions with misclassified race/ethnicity were calculated for AIDS cases from HARS. Age, gender, mode of HIV transmission, and utilization of public or private health facilities were analyzed using Wilcoxon Rank Sums and Chi-Square tests to identify the possible factors for racial misclassification among AI/AN with AIDS in Los Angeles County.

**RESULTS:** There were a total of 70 HARS-IHS matched pairs and 41 HARS-LAVR pairs. The number of misclassified AIDS cases in these two groups was 39(56%) and 17(41%), respectively. Among the misclassified cases, 33(59%) were recorded as white, 4(7%) as African American, 17(30%) as Latino, 1(2%) as Asian, and 1(2%) as unknown race. Among HARS-IHS pairs, those using private health facilities were more likely to be misclassified (68% vs. 40%;  $p=0.023$ ). A similar association was observed among HARS-LAVR pairs (53% vs. 9%;  $p=0.012$ ). Age, gender, HIV exposure through male-to-male sex and intravenous drug use were not associated with racial misclassification. After the correction of the misclassified cases in HARS, the proportion of AI/AN among AIDS cases in Los Angeles County would increase from 0.29% to 0.42% and the cumulative AIDS rate for AI/AN would rise from 192 per 100,000 to 271 per 100,000.

**CONCLUSIONS:** There is substantial racial/ethnic misclassification among AI/AN AIDS cases reported in Los Angeles County, which has resulted in underestimation of AIDS rates in this racial/ethnic group. Institutions who rely on the surveillance report for decision-making and program planning should consider the effect of the underestimation when allocating resources.

**Control Number:** 03-A-283-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** B32 Other (Please specify on Additional Info page)

**2nd Category Choice:** B11 Host Factors Related to Susceptibility and Progression

**Population 1:** P45 Parents/Families

**Population 2:**

**Presentation Preference:** Poster Session

**Title:**

Developing a cohort of exposed but uninfected individuals in a North Indian Medical Institution

**Author Block:** *Wanchu, A*

PGIMER, Chandigarh, India

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** There has been continued interest in studying the epidemiologic, genetic and immunological characteristics individuals exposed to HIV infection and uninfected (EU) by the virus. These include long-term sexual partners of HIV infected persons, commercial sex workers and intravenous drug users who have remained uninfected despite repeated exposures to HIV.

**METHODS:** To identify a cohort of EU individuals among sexual partners of HIV infected individuals at the Medicine and Immunodeficiency Clinic at our tertiary referral medical Institution.

**RESULTS:** Fifteen EU individuals having a negative ELISA test for HIV infection at least twice in the preceding six months have been identified so far. Of these 11 are women. All the individuals are heterosexual. The mean age of these individuals is 38 years (range, 22-54 years). The median duration of sexual relationship with their partners has been 26 months (range, 8-240 months). On an average, till the time of diagnosis, all had unprotected vaginal sex episodes in the preceding 2 years. None of them reported any episode of unprotected anal sex episode or needle sharing ever in the past. When last examined none of them had any evidence of any sexually transmitted disease.

**CONCLUSIONS:** These individuals represent a small fraction of spouses of patients with HIV infection who visit the institution for treatment of HIV infection. As a next we propose to study several characteristics that include co-receptor expression, helper and cytotoxic T cell function.



**Control Number:** 03-B-284-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** B23 Assessment of Special Population Needs

**2nd Category Choice:** B32 Other (Please specify on Additional Info page)

**Population 1:** P46 People Living with HIV/AIDS

**Population 2:**

**Presentation Preference:** Single Oral

**Title:** Recruitment and enrollment of perinatally HIV-infected and age-matched, HIV-exposed but uninfected children into a prospective cohort study.

**Author Block:** *Freedman, D<sup>1</sup>; Koenig, LJ<sup>1</sup>; Wiener, J<sup>1</sup>; Abrams, EJ<sup>2</sup>; Palumbo, P<sup>3</sup>; Nesheim, S<sup>4</sup>; Tepper, V<sup>5</sup>; Carter, R<sup>6</sup>; Bulterys, M<sup>1</sup>*

1 CDC, Atlanta, GA; 2 Harlem Hospital Center, New York, NY; 3 University of Medicine and Dentistry of New Jersey, Newark, NJ; 4 Emory University School of Medicine, Atlanta, GA; 5 University of Maryland, Baltimore, MD; 6 Medical and Health Research Association, New York, NY

### **Abstract Body:**

**Issue:** Highly active antiretroviral therapy has reduced morbidity and mortality in pediatric HIV. As a growing number of HIV-infected children age into adolescence, attention must be refocused to address their psychological, social, and health needs. In 1999, CDC funded the HIV Follow-up of Perinatally Exposed Children (HOPE) study, a prospective cohort study of HIV-infected and uninfected children, to address these issues. We describe the distinctive challenges associated with locating and recruiting the comparison sample of age-matched and HIV-exposed but uninfected children.

**Setting:** Urban pediatric HIV clinics in four US locations (Atlanta, Baltimore, Newark, New York).

**Project:** From 1986-1998, the Perinatal AIDS Collaborative Transmission Study (PACTS) enrolled HIV-infected mothers and their newborns into a transmission and follow-up study in four US locations, mentioned above. HIV-infected children were followed in PACTS until 1999; uninfected children were not formally followed after 18 months of age. In 2001, a frequency-matched sampling strategy, stratifying by site and birth year category (1985-1990, 1991-1993, 1994-1999), was used to re-enroll living HIV-infected children and a random sample of HIV-exposed uninfected children into PACTS-HOPE. Numerous recruitment techniques (e.g., mailings, phone calls, home visits, review of hospital/clinic records, contact with foster care agencies) were used to locate and re-enroll the uninfected comparison sample required in order to attain a 1:1 frequency match between the two cohorts.

**Results:** As of December 2002, 328 children and caregivers enrolled into the PACTS-HOPE study with the proportion of HIV-infected and HIV-exposed children as follows: 15%, 18%; 42%, 40%; and 44%, 42% for each successive birth cohort, respectively. Sites enrolled 87% of the living HIV-infected children (n=175) and 22% of the randomly selected HIV-exposed children (n=153). For HIV-infected children, reasons for non-enrollment were: 1% located/enrollment pending; 3% ineligible (foster care or non-disclosure); 6% relocated; 4% refused; none were lost to follow-up. For HIV-uninfected children, reasons for non-enrollment were: 3% located/enrollment pending; 7% ineligible (foster care or non-disclosure); 4% relocated; 5% refused; 58% lost to follow-up. Comparison of the enrolled and non-enrolled children on maternal characteristics (demographics, history of drug use, disease status, and birth year) revealed that maternal history of injection drug use (IDU) was significantly associated with non-enrollment of HIV-exposed children (OR = 0.66, 95% confidence interval = 0.44-1.0).

**Lessons Learned: Enrolling a representative comparison sample of uninfected children born to HIV-infected mothers -- a difficult to reach population due to high mobility and changes in key locating information -- was challenging, though a nearly 1:1 frequency match was obtained. Continuity of research staff and care providers from the original PACTS study may have facilitated our re-enrollment efforts. Uninfected children born to substance-abusing mothers were the most difficult to enroll, possibly due to their increased risk for foster care placement and subsequent change of residence and/or care provider. Despite these challenges, this unique comparison group will allow us to investigate the impact of HIV on growth and development, and to monitor risk and development of uninfected children born to mothers with HIV.**

**Control Number:** 03-A-287-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** B07 Gaps in HIV/STD Surveillance for Specific Populations

**2nd Category Choice:** B08 HIV/AIDS Surveillance

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P56 Staff of Community-Based Organizations

**Presentation Preference:** Single Oral

**Title:** Status of HIV transmission risk information in the AIDS surveillance system

**Author Block:** *Daniels, D; Harris, NS; Glynn, MK; Lee, LM*  
CDC, Atlanta, GA

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** HIV transmission risk data are routinely adjusted for the anticipated classification of AIDS cases initially reported without risk (NRR). These adjustments are made using NRR cases reported in 1992 to 1999 that have a subsequent risk classification. Risk data are used for many activities such as prioritizing and targeting risk reduction interventions, allocating prevention resources, and evaluating prevention interventions.

**METHODS:** We analyzed data on adolescent and adult AIDS cases reported from 1990 to 2000 to the Centers for Disease Control and Prevention's (CDC) HIV/AIDS surveillance system. We examined the proportion of NRR cases and subsequent risk classification of NRR cases by sex, race/ethnicity, and region.

**RESULTS:** The number of AIDS NRR cases reported in 1990 was 3,840 and in 2000 was 13,662. The proportion of NRR cases increased from 9% to 33% from 1990 to 2000, respectively. From 1990 to 2000, the proportion of NRR cases increased by sex (8% to 30% for men; 16% to 42% for women), race/ethnicity (6% to 23% for non-Hispanic Whites; 14% to 40% for non-Hispanic Blacks; 9% to 31% for Hispanics), and region (9% to 39% in Northeast; 10% to 34% in the Midwest; 12% to 38% in the South; 5% to 16% in the West). The proportion of NRR cases without subsequent risk classification increased from 40% to 63% from 1990 to 2000, respectively. From 1990 to 2000, the proportion of NRR cases without subsequent risk classification increased by sex (39% to 62% for men; 42% to 65% for women), race/ethnicity (33% to 58% for non-Hispanic Whites; 47% to 64% for non-Hispanic Blacks; 33% to 66% for Hispanics), and region (50% to 65% in Northeast; 23% to 53% in the Midwest; 38% to 64% in the South; 40% to 66% in the West).

**CONCLUSIONS:** From 1990 to 2000, our data show that the proportion of NRR cases and the proportion of NRR cases without subsequent risk classification increased overall and varied by sex, race/ethnicity, and region. These increases pose problems with the current risk adjustment procedure. Due to the importance of accurate risk information for prevention activities, CDC in collaboration with 7 sites is piloting a sampling project to assess whether risk ascertainment can be increased.

**Control Number:** 03-A-288-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** B01 Antiviral Resistance Monitoring

**2nd Category Choice:** B04 Epidemiology of Adherence

**Population 1:** P22 Health Care Workers

**Population 2:** P46 People Living with HIV/AIDS

**Presentation Preference:** Poster Session

**Title:** Study of Variant HIV Drug Resistant Strains in Michigan

**Author Block:** *Iqbal, K*

Michigan Department of Community Health, Lansing, MI

**Abstract Body:**

**Background/Objectives:** Antiretroviral drug resistance is an important cause of treatment failure and has been associated with increased mortality among HIV-1 infected persons. Few studies have assessed the prevalence of mutations and level of drug susceptibility on newly diagnosed, drug-naïve persons infected with HIV. Michigan, one of the sites for Sentinel Surveillance for Variant and Drug Resistant Strains (SSVRS), examines variant HIV drug resistant strains at the local level.

**Methods:** Michigan followed the CDC SSVRS protocol in conducting the study. Blood and epidemiology data were collected on HIV infected persons diagnosed within the previous year. Enrollment from two selected HIV care clinics from 1997-2001 for individuals 18 years or older, antiretroviral drug naïve, and no history of AIDS defining conditions according to CDC AIDS case definition. Reverse transcriptase (RT) and protease genotyping was conducted and plasma specimens having a RT or primary protease mutation associated with decreased drug susceptibility were tested phenotypically. All testing was conducted at the CDC and contract laboratories. Statistical analysis was completed to look at differences in HIV infected populations associated with decreased drug susceptibility.

**Results:** The total enrollment of the study was 48 of which 46 (96%) were successfully amplified and genetically sequenced. Majority of the participants were men (65%) and reported a history of having sex with another man (85%). Sixty one percent of individuals had some form of mutation present, however the majority were secondary mutations. Overall 4 individuals from Michigan had a revertant strain associated with drug resistance. Of the individuals that showed decreased susceptibility to at least one drug, all were male, none were recently infected, and all were in their thirties.

**Conclusions:** HIV genotypic and phenotypic testing prior to the initiation of therapy in patients with infection would identify a number of infected persons with mutations associated with reduced antiretroviral susceptibility. A surveillance system is recommended to better characterize HIV among different populations and subtypes.

**Control Number:** 03-B-290-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** B08 HIV/AIDS Surveillance

**2nd Category Choice:** E14 Improving Methods of Targeting HIV Resources to Communities in Need

**Population 1:** P48 Policymakers/Legislators

**Population 2:** P13 Community Educators

**Presentation Preference:** Poster Session

**Title:** Trends in HIV/AIDS Surveillance

**Author Block:** *Fox Fields, H*

ASTHO, Washington, DC

**Abstract Body:**

**ISSUE:** Public health surveillance for HIV/AIDS has undergone considerable development and sophistication over the last decade. Federal, State, and local efforts to prevent HIV transmission improve allocation of resources for treatment services and assist in evaluating the impact of public health interventions. Data for disease surveillance may be gathered in many ways, such as disease reporting and a wide variety of special studies. No single approach to HIV/AIDS surveillance provides a comprehensive picture of the epidemic. Therefore, the Center for Disease Control (CDC) has been very creative in identifying new ways to enhance HIV/AIDS surveillance strategies.

**SETTING:** State and local public health agencies.

**PROJECT:** Recent trends in the epidemic have led to the development of a number of new methodologies to enhance HIV/AIDS surveillance. Some of these methods include strategies to obtain information on newly infected individuals, behavioral risk factors, and evaluation data. The focus of this presentation is to overview the major trends in HIV/AIDS surveillance and new strategies underway to extend the quality of surveillance data. Further, the various issues associated with those trends are explored for potential impact in shaping future efforts to monitor the epidemic and aiding policy decisions.

**RESULTS:** There is a critical connection between surveillance, prevention, and resource allocation. To better understand the impact of new trends on public health, it is also important to understand policy implications of these movements. National HIV surveillance goals require a variety of different types of data to meet the challenges of accurately tracking the epidemic. Identifying new infections in a population is critical for targeting prevention efforts and resources where the epidemic is spreading, and helping to link newly infected persons with treatment when it can make the biggest difference. However, there are a number of issues to be considered for national incidence surveillance, depending on the approach.

The CDC's new behavioral HIV/AIDS surveillance system should provide useful information to improve design and evaluation of prevention strategies. This system will be particularly useful in providing a better understanding of the dynamics of risk behavior and the social issues that need to be better addressed by prevention interventions. Additionally, the proposed evaluation system would provide the data necessary to conduct analyses to better answer questions about the clients who participate in HIV prevention programs and the services they receive.

**LESSONS LEARNED:** Public health officials must consider the quality of public health

**surveillance data and the essential issues when contemplating changes in surveillance policies and practices. Issues to be considered include: how infected and affected populations, health care providers and program staff who use surveillance information to direct prevention and care services might be impacted by these changes. Acceptance by both the subjects of public health surveillance and the health care workers who are charged with surveillance responsibilities has a direct impact on both the completeness of reporting and the ability of the surveillance system to provide representative, and therefore useful, data.**

**Control Number:** 03-A-296-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** B02 Behavioral Surveillance

**2nd Category Choice:** B08 HIV/AIDS Surveillance

**Population 1:** P46 People Living with HIV/AIDS

**Population 2:** P19 Gay and Other Men Who Have Sex With Men

**Presentation Preference:** Single Oral

**Title:** Sexual risk behaviors with non-steady partners among men who have sex with men: findings from a supplemental behavioral surveillance project

**Author Block:** *Campsmith, ML; Begley, E*

Centers for Disease Control and Prevention, Atlanta, GA

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Unprotected insertive anal intercourse (UAI) by HIV+ men who have sex with men (MSM) indicates risk of HIV transmission to uninfected partners.

**METHODS:** Analysis of interviews with HIV+ MSM participating in the SHAS project, a multi-site behavioral surveillance project, from May 2000 through October 2002. SHAS recruits from among adults reported with HIV or AIDS to participating state/local health departments. Analysis was restricted to MSM whose HIV was diagnosed at least 12 months prior to interview and who reported having an "other" male sex partner (defined as other than a "steady" partner) in the past 12 months.

**RESULTS:** 660 of 1071 MSM reported sex with an other (non-steady) partner in the past 12 months. HIV status of the most recent other partner was: 28% HIV+, 36% HIV-, and 36% unknown. 46% of those with an HIV+ other partner reported any insertive anal intercourse at the last encounter, compared to 34% with an HIV- other partner and 36% with an other partner of unknown serostatus. UAI at last encounter was 25% overall, and differed by other partner serostatus: 38% for those with an HIV+ other partner, 11% for those with an HIV- other partner and 25% for those with an unknown other partner ( $p < .05$ , chi square test for multiple comparisons). Mean number of male sex partners in the past 12 months was greater for those who did not know the serostatus of their most recent other partner compared to those with an HIV- other partner (15 vs. 8,  $p < .05$ ); mean for those whose most recent other partner was HIV+ was 10 (not significantly different from other groups).

**CONCLUSIONS:** UAI, a risky sexual behavior, was common for HIV+ MSM with non-steady partners. The lower percentage reporting UAI with an HIV- partner indicates reduced risk among this sub-group; however, substantial numbers of uninfected persons are still being put at risk. UAI was more than twice as common for those with a serostatus unknown partner, potentially placing many of these partners at risk for HIV infection. Prevention messages for HIV+ MSM need to emphasize reducing UAI and the number of sex partners, regardless of partner serostatus.

**Control Number:** 03-A-297-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** B19 Opportunistic Infections (OI) Surveillance

**2nd Category Choice:** F11 Integrating Planning for HIV Prevention and Treatment

**Population 1:** P21 General Population

**Population 2:** P29 Immigrants, Documented and Undocumented

**Presentation Preference:** Single Oral

**Title: Mapping Local Geography of HIV Late Presenters in a Northern California County AIDS Program**

**Author Block:** *Levy, V<sup>1</sup>; Chen, S<sup>2</sup>; Page-Shafer, K<sup>3</sup>; Prentiss, D<sup>4</sup>; Katzenstein, DA<sup>1</sup>; Israelski, DM<sup>1</sup>*  
1 Stanford University, Stanford, CA; 2 SF Dept. Public Health, San Francisco, CA; 3 Center for AIDS Prevention Studies, University of California, San Francisco, CA; 4 San Mateo County Health Center, San Mateo, CA

**Abstract Body:**

**Background/Objectives:** San Mateo, California, a county of 710,000 persons, has seen an increase in persons with self reported Hispanic ethnicity on Census surveys from 12.5% in 1980 to 21.9% in 2000. In the San Mateo County AIDS Program (SMCAP), foreign born persons, mainly of Mexican and Central American origin, comprise 19% (n=76) of those served (n=399). Between November 1999-March 2002, foreign born patients had twice the odds of AIDS defining opportunistic infections (OIs.) Among all hospitalized HIV patients in San Mateo County Hospital (n=56) during this time interval, ten of fifty six (18%) were newly diagnosed with HIV during their inpatient stay. Among these newly diagnosed, 8 of 10 were foreign born. We sought to look at the local geography of our "delayed presenters-" persons with diagnosed OIs and our county prevention efforts via mobile van and clinic anonymous HIV testing services.

**Methods:** OIs were identified through a retrospective review of inpatient medical records using ICD-9 codes for HIV or OIs and a clinical outpatient database of currently active HIV patients from three county clinics. Self reported residence zip code in medical records at time of OI diagnosis was used. Anonymous HIV tester's residence zip codes were self reported during HIV pre-test counseling. Using the ArcView geographic information system (GIS), we mapped by zip codes: HIV OI prevalence in the SMCAP from 11/99-3/02 (n=79) and Anonymous HIV Tests conducted January 01-December 01 (n=4,209) in San Mateo County.

**Results:** Map 1 shows HIV OI prevalence (n=79) November 1999 to March 2002 in the SMCAP mapped by self reported zip code of residence. Map 2 shows anonymous HIV tests (n=4,209) conducted January 2001 to December 2001 in San Mateo County mapped by self reported zip code of residence. Of the 4,209 HIV tests done, 27 (0.6%) tested positive. Hispanics represented 32.9% of those tested, African Americans 27.5% and non-Hispanic Whites 27.2%.

**Discussion:** The distribution of anonymous HIV testers overlaps geographic zip code areas of delayed presenters fairly closely. However, Hispanic immigrant populations, due to language, legal, sociocultural or other barriers, may not be accessing available prevention and testing services. An HIV partner notification system, grounded in social network concepts, may better inform prevention efforts directed at marginalized populations.



**Control Number:** 03-B-300-NHPC  
**Format:** Abstract Format II - Descriptive Summary  
**1st Category Choice:** B08 HIV/AIDS Surveillance  
**2nd Category Choice:** B26 Surveillance Informatics  
**Population 1:** P48 Policymakers/Legislators  
**Population 2:** P50 Program Administrators  
**Presentation Preference:** Single Oral

**Title:** Developing HIV Prevention Indicators for California

**Author Block:** *McCandless, RR<sup>1</sup>; Myrick, R<sup>1</sup>; Truax, S<sup>2</sup>; Aoki, B<sup>1</sup>; Rasmussen, H<sup>2</sup>; Johnson, D<sup>2</sup>; Lemp, G<sup>1</sup>*

1 Universitywide AIDS Research Program, University of California, Oakland, CA; 2 Office of AIDS, California Department of Health Services, Sacramento, CA

**Abstract Body:**

**ISSUE:** Substantial effort in California has been given to description of the various aspects of the HIV epidemic. However, we have not had a clear and concise set of indicators to monitor our progress in preventing HIV infection statewide.

**SETTING:** California with emphasis on cities and counties with substantial HIV prevalence.

**PROJECT:** The University of California and the State Office of AIDS are collaborating on development of leading HIV prevention indicators for the purposes of monitoring and assessing progress in HIV prevention.

**RESULTS:** Results from the project include the following. A conceptual framework and a working set of core (“leading”) indicators have been developed. The core indicators fall into four broad categories: 1.) policies, populations and programs; 2.) use of services; 3.) risk-taking and protective behaviors; and 4.) impacts of prevention efforts on HIV transmission. The intent of the core indicators is that they be similar to key leading economic indicators that are used to track the national economy. Additionally, an inventory of existing data collection tools and data sets that are relevant to HIV prevention has been constructed. From this inventory, we are developing an extended set of measures, parallel to the core indicators but much broader in scope, for year-by-year tracking. Experts at the community, state and national levels are participating in development of key measures and identification of existing research gaps.

**LESSONS LEARNED:** Prevention indicators are a critical component of the prevention research arsenal for monitoring progress in HIV prevention. Indicator research is necessary to ensure targeted planning and resource allocation for prevention services in California.

**Control Number:** 03-B-385-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** B31 Using Surveillance Data to Make Program Decisions

**2nd Category Choice:** D08 HIV Prevention Community Planning

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P50 Program Administrators

**Presentation Preference:** Single Oral

**Title:** Developing an Integrated Epidemiologic Profile for HIV Prevention and Ryan White CARE Community Planning

**Author Block:** *Dean, HD<sup>1</sup>; Zaidi, IF<sup>1</sup>; Steele, CB<sup>1</sup>; Hayes, CR<sup>2</sup>*

1 Centers for Disease Control and Prevention, Atlanta, GA; 2 HRSA, Washington, DC

**Abstract Body:**

**ISSUE:** The epidemiologic profile is a document that describes the effect of the HIV/AIDS epidemic on an area in terms of sociodemographic, geographic, behavioral, and clinical characteristics. Data presented in the epidemiologic profile are used to identify and prioritize HIV prevention and care needs for the community.

**SETTING:** Writers of Epidemiologic Profiles for HIV Prevention and Care, United States

**PROJECT:** The Centers for Disease Control and Prevention (CDC) and Health Resources and Services Administration (HRSA), *Guidelines for Developing an Epidemiologic Profile for HIV Prevention and Ryan White CARE Act Community Planning*

**RESULTS:** The development of the integrated guidelines was a joint project of CDC and HRSA to assist state and local health departments in developing epidemiologic profiles for HIV prevention and care community planning. The guidelines include all steps in the process from determining the scope of a profile through obtaining, analyzing, and presenting epidemiologic data. They also include techniques for creating user friendly profiles for a variety of end users, how to prepare data for presentation, and effective methods for communicating profile results to community planning groups.

**LESSONS LEARNED:** The use of the guidelines should streamline the work of health department staff and community planning groups and planning councils by reducing redundancy and duplication of effort and by promoting consistency and comparability of data and terms in prevention as well as care planning.

**Control Number:** 03-B-391-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** B16 Mapping Drug-Using Networks

**2nd Category Choice:** B20 Rapid Assessment Tools

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P44 Outreach Workers

**Presentation Preference:** Single Oral

**Title:** 2001 LAS VEGAS INJECTION DRUG STUDY

**Author Block:** *Clarke, RT; Reich, R; Abate, E*

Clark County Health District, Office of AIDS, Las Vegas, NV

**Abstract Body:**

**ISSUE:**A study of persons living in Las Vegas, Nevada, with a self-identified history of intravenous drug usage, was conducted by the Clark County Health District (CCHD) in order to: (1) gain valuable information about a difficult to access and understudied population and (2) to determine if there is a need for a Clean Needle Exchange Program (CNEP), and whether or not the Las Vegas intravenous drug user (IDU) would utilizing a CNEP.

**SETTING:**The Clark County Jail, a Las Vegas Methadone Clinic, and some Clark County Outreach Team's (CCOT) HIV testing sites.

**PROJECT:**January 2001 through December 2001, descriptive and demographic data was gathered via survey format from known IDUs having medical interactions with CCHD, or CCOT. Respondents were voluntary participants requesting an HIV Test and self identifying a history as an IDU. The survey consisted of sixteen items incorporating five components: (1) individual demographics, (2) primary and secondary drug use, (3) frequency of drug use, (4) needle use behaviors including would the respondent utilize a needle exchange program, and (5) consumer believed drug infestation areas. 267 valid Injection Drug Surveys were gathered. Raw data from the surveys was given to Paul D. Shapiro, Ph.D., University of Nevada-Las Vegas, Department of Sociology to be analyzed, and statistically reported. Paul D. Shapiro, Ph.D., produced the final report on February 7, 2002.

**RESULTS:**The majority of respondents were male, 63.7%, while 36.3% were female. 77.1% were White, 12.4% were Black, 8.3% were Hispanic, and 2.3% were Other. The youngest age of first injection was 11; the oldest was 50, and the majority first injected at age 21 or younger. The majority of respondents identified one of three drugs as their primary drug of choice (PDC): Heroin 51.3%, Methamphetamine 34.5%, and Cocaine 7.5%. In all, 68.9% of respondents admitted to using more than just their PDC, 52.9% admitted to injecting daily, and Cocaine was the dominate secondary drug of choice at 46.1%. The majority, 61.1%, reported sharing their works some of the time, 12.1% reported sharing most of the time, and 26.8% reported never sharing. 54.6% reported always cleaned their works, 34.5% reported sometimes cleaned their works, 10.8% never cleaned their works, and 53.1% do not use a clean needle each time they inject. 94% of the respondents reported they would use a Clean Needle Exchange Program (CNEP) if it were available. Finally, the consumer believed highest intravenous drug use infestation areas were Downtown Las Vegas at 54.3%, North Las Vegas at 23.8% and the Southeast area of Las Vegas at 22%.

**LESSONS LEARNED:** A large proportion of Las Vegas drug users inject their drugs. The study clearly shows a high percentage of Las Vegas IV drug users are engaging in the practice of a high-risk needle sharing behavior, and that 94% of all survey respondents reported they would use a CNEP if it were available. In conclusion, a CNEP would be an inexpensive way to remove a great many dirty and infected needles from the streets of Las Vegas, Nevada.

**Control Number:** 03-A-401-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** B03 Behavioral Surveillance in the Era of Highly Active Antiretroviral Therapy (HAART)

**2nd Category Choice:** B08 HIV/AIDS Surveillance

**Population 1:** P32 Injecting Drug Users

**Population 2:** P35 Latinos/Latinas, Hispanic

**Presentation Preference:** Poster Session

**Title:** Psychosocial, Behavioral and Clinical Profile among HIV/AIDS Injecting Drug User's with and without Highly Active Antiretroviral Therapy (HAART) in Bayamón, Puerto Rico

**Author Block:** *Fernandez, DM; Gomez, MA; Baez, DV; Velazquez, M; Amill, A; Hunter-Mellado, RF*  
Universidad Central del Caribe, Bayamon, Puerto Rico

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Highly Active Antiretroviral Therapy (HAART) regimen improves the survival of HIV/AIDS patients, enhancing their quality of life. There are few studies in Puerto Rico, which describe the profile of HIV infected patients treated with HAART. The present study aims to: (1) describe the psychosocial, behavioral and clinical profile among HIV/AIDS Injecting Drug User's (IDU's) in Bayamón, Puerto Rico; (2) assess psychosocial, behavioral and clinical factors differences among IDU's with and without HAART.

**METHODS:** This study is a cross-sectional study of a longitudinal cohort. The setting of study is the Immunologic Clinic and the Dr. Ramon Ruíz Arnau University Hospital in Bayamón, Puerto Rico. The sample was composed of 397 HIV/AIDS adult patients, who reported to be IDU's at baseline and sought medical care at our facilities between July 1997 and December 2003. Psychosocial, behavioral, clinical and HAART therapy variables were assessed. A descriptive and comparative analysis (Chi-square test, Fisher's exact test, t-test and Mann Whitney test) was performed.

**RESULTS:** Twenty seven percent of IDU's reported the use of HAART during last year. Patients with HAART had less use of injecting drugs in the last year (63.3 % vs.80.1%), less loss of appetite (49.0 % vs. 67.8%) and less idiopathic fever (55.7% vs. 67.9%) than those without HAART ( $p<0.05$ ). On the other hand, patients with HAART had more episodes of depression (75.8 % vs. 64.8%), more episodes of confusion (51.6 % vs. 38.8%) and more episodes of impulsivity (61.1 % vs. 39.9%). AIDS patients with HAART ( $n=197$ ) had more immunological criteria of diagnosis (78.0 % vs. 40.8%) than patients without HAART ( $p<0.05$ ). In addition, patients with HAART reported more stressful events and more stress factors than non-HAART patients ( $p<0.05$ ).

**CONCLUSIONS:** The study revealed that a small proportion of our IDU's patients were using HAART therapy. Those using HAART therapy had less clinical complications but more psychological events. Considering the importance of compliance and the spectrum of vulnerabilities of IDU's, which constitute the main risk group in our HIV population, future studies and clinical endeavors should take into consideration how these factors could contribute to the adherence to HAART among IDU's patients.

**Control Number:** 03-A-416-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** B02 Behavioral Surveillance

**2nd Category Choice:** A26 Sex and Gender Factors and HIV Risk

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P19 Gay and Other Men Who Have Sex With Men

**Presentation Preference:** Single Oral

**Title:** No Title Given

**Author Block:** *Sanchez, TH<sup>1</sup>; Kellerman, SE<sup>2</sup>; Drake, AJ<sup>1</sup>; Gallagher, K<sup>1</sup>*  
1 CDC/NCHSTP/DHAP-SE, Atlanta, GA; 2 CDC/OD/EPO, Atlanta, GA

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Previous studies identified the practice of withdrawal before ejaculation among men who have sex with men (MSM) during unprotected anal intercourse. No studies identified whether MSM engage in this practice as a safer sex measure or the association of this practice with other behaviors.

**METHODS:** The 2001 HIV Testing Survey (HITS) was a cross-sectional multi-site interview project of individuals at risk for HIV infection. A venue-based sampling method was used to recruit MSM at gay-identified bars or clubs in 7 sites in the U.S.; Oakland, Sacramento, San Diego, San Francisco, California; Louisiana; Philadelphia, Pennsylvania and Vermont. We analyzed the proportion of HIV negative and untested MSM who engaged in unprotected anal intercourse, the practice of withdrawing prior to ejaculation, and the reason for withdrawing by demographics, sex and drug use behaviors, HIV risk perceptions and exposure to prevention activities. Analyses were performed separately for practices with primary partners (partners to whom the respondent feels a commitment and with whom they have sex) and non-primary partners ('casual' partners). Insertive and receptive roles during anal sex were grouped together since the practice of withdrawal was not significantly different based on the role.

**RESULTS:** We interviewed 631 MSM (52% were white, 17% African-American, 14% Hispanic, 12% mixed or other race, 5% Asian/Pacific Islander; 79% were between the ages of 18 and 39 and 95% had at least graduated high school). Of those reporting unprotected anal sex with a primary partner in the past 12 months, 61% (126/205) reported practicing withdrawal before ejaculation at least once in the past 12 months; 56% (71/126) as a safer sex measure. Of those reporting unprotected anal sex with a non-primary partner in the past 12 months, 82% (112/136) reported practicing withdrawal before ejaculation at least once in the past 12 months; 81% (91/112) as a safer sex measure. MSM who practiced withdrawal were more likely to perceive themselves at higher risk of acquiring HIV compared to those who always used a condom ( $p < 0.001$ ) and those who had unprotected anal sex with ejaculation ( $p < 0.001$ ). Withdrawal as a safer sex measure was not associated with race/ethnicity, age, education level, or drug, Viagra or alcohol use but was associated with an increased mean number of primary partners (1.6 versus 1.2 partners,  $p = 0.003$ ) and seeing an HIV prevention message in a magazine or newspaper (69% versus 54%,  $p = 0.04$ ) or at a bath house (72% versus 59%,  $p = 0.05$ ). The majority of MSM (90%, 123/137) who practiced withdrawal as a safer sex measure disagreed with the statement, "Having anal sex without a condom is safe if there is no ejaculation."

**CONCLUSIONS:** We found that a large proportion of MSM who are engaging in unprotected anal intercourse are practicing withdrawal before ejaculation and the majority of those are doing so as a safer sex measure even though they may not believe that it makes unprotected anal intercourse "safe". Many MSM appear to have adopted withdrawal as a harm-reduction strategy in some situations.

**Control Number:** 03-A-420-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** B23 Assessment of Special Population Needs

**2nd Category Choice:** B31 Using Surveillance Data to Make Program Decisions

**Population 1:** P7 Bisexuals

**Population 2:** P19 Gay and Other Men Who Have Sex With Men

**Presentation Preference:** Single Oral

**Title:** The Bridge for HIV Transmission to Women from 23- to 29-Year-Old Men Who Have Sex with Men in 6 US Cities

**Author Block:** *Valleroy, LA*<sup>1</sup>; *MacKellar, DA*<sup>1</sup>; *Behel, SK*<sup>1</sup>; *Secura, GM*<sup>1</sup>; *Young Men's Survey, S*<sup>2</sup>  
1 CDC, Atlanta, GA; 2 Many Institutions, Seven Cities, GA

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Men who have sex with both men and women are a bridge for HIV transmission between the population of men who have sex with men (MSM) and women. In a sample of young MSM, we investigate the prevalence of also having sex with women, and the traits and risk behaviors of the MSM who do.

**METHODS:** The 1998-2000 Young Men's Survey (YMS) was a cross-sectional, venue-based, multi-stage, sample survey of 23- to 29-year-old MSM sampled at public venues in Baltimore, Dallas, Los Angeles, Miami, New York City, and Seattle. At sampled venues, men were interviewed and counseled; blood was drawn for HIV testing. In our analysis, we calculated the prevalence of also having sex with women (ever and in the past 6 months (P6M)). Using univariate analysis, we compared the traits, risk behaviors, and HIV/STD status of MSM who had sex with only men in the P6M, compared with MSM who had sex with both men and women in the P6M.

**RESULTS:** YMS interviewed 2949 men who had ever had sex with men (MSME): of these MSME, 65% had also ever had sex with women, and 35% had ever had unprotected sex with both men and women. In the P6M, of these 2949 MSME: 84% had sex with only men (MSM6), 9% with both men and women (MSMW6), 2% with only women, and 5% had not had sex. Compared with MSM6, MSMW6 were more likely to: be 23-25 years old ( $p=.01$ ), black or mixed race ( $p<.0001$ ), or have been in jail ( $p<.0001$ ). In the P6M, MSMW6 were more likely to have used syringes ( $p<.0001$ ), or been high on alcohol ( $p<.03$ ) or other drugs during sex, or have had sex in exchange for things ( $p<.0001$ ). In the P6M, MSMW6 were less likely to have had unprotected anal sex with men ( $p=.0002$ ), although they had similar numbers of male sex partners ( $p=.3$ ). MSMW6 were just as likely to have HIV infection (13.5% vs 12.8%;  $p=.7$ ), or have had syphilis ( $p=.5$ ), hepatitis B ( $p=.8$ ), or a history of STDs ( $p=.9$ ). In the P6M, the prevalence of unprotected sex with both men and women was 27% among the 267 MSMW6, and 2.5% among all the 2949 MSME interviewed.

**CONCLUSIONS:** Among these MSME, 65% had had sex with both men and women, and 9% had done so in the P6M. The prevalence of unprotected sex with both men and women was considerable. Considering their similar levels of HIV and STDs, and their higher levels of many risk behaviors, these men present a significant bridge of HIV transmission to women and need to be reached with appropriate HIV prevention efforts.

**Control Number:** 03-A-426-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** B25 STD Surveillance Related to HIV Program Planning & Evaluation

**2nd Category Choice:** B21 Role of Ulcerative and Non-Ulcerative STDs in HIV Transmission

**Population 1:** P19 Gay and Other Men Who Have Sex With Men

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Poster Session

**Title:** Early Syphilis among HIV-infected Persons -- San Francisco, 1999-2002

**Author Block:** *Wong, W<sup>1,2</sup>; Tierney, S<sup>3</sup>; Kohn, RP<sup>1</sup>; Kent, CK<sup>1</sup>; Klausner, JD<sup>1</sup>*

1 STD Prevention and Control Services, San Francisco Dept of Public Health, San Francisco, CA; 2 Epidemic Intelligence Service, Epidemiology Program Office, Centers for Disease Control and Prevention, Atlanta, GA; 3 HIV Prevention Section, San Francisco Dept of Public Health, San Francisco, CA

**Abstract Body:**

**BACKGROUND:** Since 1999, reported early syphilis cases have increased in San Francisco from 44 cases to 496 in 2002. Early syphilis infection can cause severe neurologic complications and facilitate HIV transmission. To further describe demographic and behavioral characteristics of HIV-infected persons with early syphilis, we analyzed surveillance data.

**METHODS:** We defined a case of early syphilis as a positive lesion by dark-field microscopy or by reactive serologic tests for syphilis with symptoms consistent with primary, secondary, or early latent stage syphilis in a San Francisco resident. We analyzed surveillance and patient interview data for 1999-2002 using  $\chi^2$  tests.

**RESULTS:** From 1999 to 2002, the number of HIV-infected persons with early syphilis increased from 11 to 266. Among 496 persons with early syphilis reported during 2002, 97% were male, 60% were white; the median age was 36 years (range 16-67). Among persons whose sexual orientation and HIV status were known, 425 (92.6%) identified as gay or bisexual and 263 (66.1%) were HIV-infected. HIV-infected persons were significantly more likely to be white (68.1% versus 58.9%,  $p = 0.037$ ), to have used methamphetamines (29.8% versus 15.5%,  $p < 0.001$ ), and to have met sex partners at bathhouses (14.0% versus 7.3%,  $p = 0.025$ ) and over the Internet (37.4% versus 18.7%,  $p = 0.001$ ) than were HIV-uninfected persons ( $n = 135$ ) and persons with unknown HIV status ( $n = 98$ ).

**CONCLUSIONS:** The increase in early syphilis noted in San Francisco from 1999 to 2002 particularly affected men who have sex with men and HIV-infected persons. These data highlight the need for effective syphilis prevention measures in HIV-infected men, those who use methamphetamines, and those who meet sex partners in bathhouses and via the Internet.

**Control Number:** 03-A-427-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** B19 Opportunistic Infections (OI) Surveillance

**2nd Category Choice:** B31 Using Surveillance Data to Make Program Decisions

**Population 1:** P50 Program Administrators

**Population 2:**

**Presentation Preference:** Group Oral

**Title:** Evaluating Surveillance Systems for Effective Program Management

**Author Block:** *Cameron, ED; Akinbami, K; Allen, M*

Fulton County Department of Health and Wellness, Atlanta, GA

**Abstract Body:**

**Background/ Objectives:** The Georgia Department of Human Resources (DHR), Division of Public Health is composed of 19 Health Districts, which are responsible for 159 counties. Each district is responsible for identifying and reporting on new STD cases to the State office. As a part of the Syphilis Elimination Project, the team evaluated the current STD Surveillance System used by DHR's Division of Public Health STD/HIV Section to determine trends in syphilis occurrence, timeliness and accuracy of reporting and follow-up, use and needs of the District's STD Surveillance Systems, and the feasibility of developing a statewide STD Surveillance System.

**Methods:** There were two phases to the evaluation process. Phase I involved site visits to establish rapport and provide a list of items that would be needed for Phase II. Phase II involved conducting site interviews for the surveillance system evaluations. Protocols developed for the evaluation were divided into the 3 sections; administration, data collection, laboratory and reporting. The protocols used to evaluate the syphilis surveillance systems were based on performance indicators, professional input and several CDC evaluation resources. The District Health Director selected the interviewees.

**Results:** Nineteen Health Districts and DHR's Division of Public Health STD/HIV Section sites were evaluated. The evaluation identified the absence of formally trained staff at the district staff and the lack of emphasis on STD morbidity data quality and standardization of data at the same source within management of syphilis.

**Conclusions:** The lack of a standard comprehensive surveillance system in the state and poor staff development hinders the ability of DHR's Division of Public Health STD/HIV Section and some Health Districts to operate efficiently. The evaluation findings should be an integral part of the reconstruction or creation of a more robust standardized statewide surveillance system. The systems evaluation tool could serve as a surveillance assessment model.



**Control Number:** 03-B-442-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** B17 Methods for Ascertaining and Categorizing Transmission Risk Information

**2nd Category Choice:** B31 Using Surveillance Data to Make Program Decisions

**Population 1:** P3 African Americans

**Population 2:** P19 Gay and Other Men Who Have Sex With Men

**Presentation Preference:** Single Oral

**Title:** *Conversations with Men on the Down Low*

**Author Block:** Nelson II, CE

South Side Help Center, Chicago, IL

**Abstract Body:**

**ISSUE:** Men who have Sex with Men on the Down-Low

**SETTING:** Survey (Phone & face to Face)

**PROJECT:** **Understanding Down Low Culture**

**RESULTS:** Obtaining informaion on the diversity of men on the dl.

**LESSONS LEARNED:** That within communities of men of african descent the down low behavior is very entrenched into their everyday lives and behaviors and the support of the phenomenon in communities of African desent. This survey was used as a tool to interpret the behavioral patterns of this particular sub-population. This tool was also used to discredit myths that exist about men on the down-low and to shed light on the facts that this behavior has ocured within the African American community for centuries. An additional purpose of this tool was to acquire knowledge about the dl population in order to better provide them with services and to prevent the spread of HIV/AIDS. This tool and workshop looks to bring to light the role of females and how they are affected by the dl lifestyle. It also brings to light the system underwhich the dl process has developed and brings some insight into the plights of the men in this situation. All of this will be brought together with factual data obtained from the survey as well as historical records to track the progression of the DL African American Man.

**Control Number:** 03-A-450-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** B08 HIV/AIDS Surveillance

**2nd Category Choice:** B10 HIV Reporting

**Population 1:** P48 Policymakers/Legislators

**Population 2:**

**Presentation Preference:** Poster Session

**Title:** The Epidemiology of AIDS and HIV Disease

**Author Block:** *Hall, HI; Lee, LM; Li, J; Song, R; McKenna, MT*  
CDC, Atlanta, GA

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** We examined the epidemiologic profile of HIV based on traditional AIDS case reporting compared with the more recent system that includes HIV disease.

**METHODS:** Using data from 25 states with HIV reporting of HIV/AIDS cases diagnosed 1994- 2001, we calculated percentage distributions for demographic characteristics comparing all cases reported with HIV disease with the subset of cases reported with AIDS. We also calculated annual diagnosis rates, estimated annual percent change (EAPC), and 95% confidence intervals.

**RESULTS:** When persons with all stages of HIV disease were grouped together, the age at diagnosis tended to be younger compared with the subset of persons diagnosed with AIDS. Annual diagnosis rates decreased to a larger extent from 1994 to 2001 among AIDS cases (males: 1994 rate 32.3/100,000, 2001 rate 17.4, EAPC -9.66, 95% CI -11.97, -7.30; females: 1994 rate 6.8, 2001 rate 5.9, EAPC -3.38, 95% CI -5.72, -0.99) compared with cases of HIV disease (males: 1994 rate 37.8, 2001 rate 26.5, EAPC - 5.66, 95% CI - 7.56, -3.72; females: 1994 rate 11.5, 2001 rate 10.1, EAPC -2.51, 95% CI -3.98, -1.03), except among women and Black non-Hispanics where the differences in the decreases in rates for both disease groups were small. Injection-drug use was a more common mode of exposure among females diagnosed with AIDS than females with HIV disease.

**CONCLUSIONS:** The epidemiology of HIV disease differs for certain key population groups from that of AIDS. Implementation of HIV case reporting in all states would allow for monitoring and intervention planning of HIV disease on the national and local level.

**Control Number:** 03-A-452-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** B29 Coded Identifiers Compared With Name Reporting for HIV

**2nd Category Choice:** E19 Policy Implications of HIV Counseling, Testing and Partner Notification

**Population 1:** P2 Advocates

**Population 2:** P15 Counselors

**Presentation Preference:** Single Oral

**Title:** Anonymous Versus Confidential HIV Testing: How Many Insist Upon Anonymous Testing

**Author Block:** *Vasiloff, J; Salehi, Y; Chronos, C; Cross, E*

Ohio Dept of Health, Columbus, OH

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Two modes of HIV testing exist: confidential (name recorded) and anonymous (no name recorded). Some stakeholders argue that anonymous testing should be ceased and replaced by confidential testing to improve reporting data accuracy. Other stakeholders argue that the cessation of anonymous testing would dissuade some persons from undergoing testing. We reviewed recent Ohio HIV Counseling, Testing, and Referral (CTR) Site data to attempt to answer this question.

**METHODS:** CDC-funded CTR sites in Ohio are staffed by trained counselors who complete questionnaires comprised of demographic and risk factor data. Each individual record (reflecting a single testing encounter) is classified as having been done anonymously or confidentially. Another data element of each record consists of the response to the question: "Would you have taken this test if your name was recorded?" Data from all records from 2002 (as of January 10, 2003) was analyzed. Key variables included: 1. proportion of records in which testing was done anonymously; 2. percentage of anonymous records in which the answer to the question: Would you have taken this test if your name was recorded, was "No."

**RESULTS:** In 2002, 32,377 records were available for analysis. Of these, 13,098 (40.5%) were classified as having been tested anonymously. Of these 13,098 records, 12,594 (96.2%) contained responses to: Would you have taken this test if your name was recorded? Of these 12,594 records, 45.1% (5677) indicated that these individuals would not have undergone HIV testing had their names been required [40.4% (5083) answered "yes," and 14.6% (1834) answered "maybe."]. A total of 122 anonymously tested persons were found to be HIV positive. Of these, 50% (61) would not have undergone testing had their names been required. The percentage of all CTR records (n = 32,377) in which individuals would not have undergone HIV testing had their names been required was 17.5%.

**CONCLUSIONS:** Although over 1/3 (40.5%) of individuals sought anonymous HIV testing at Ohio CTR sites in 2002, a significant fraction (40.4%) of anonymous test takers indicated that they would have undergone confidential (name recorded) testing. The reasons for the fact that some HIV test seekers opt for anonymous testing but, at the same time, do not appear to be averse to confidential testing is unknown. However, it remains that almost 1/5 (17.5%) of HIV test seekers might opt not to be tested if anonymous testing was abolished. Further, opting not to be tested might be much higher in the very people who have the highest risk of infection.

**Control Number:** 03-A-465-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** B02 Behavioral Surveillance

**2nd Category Choice:** B31 Using Surveillance Data to Make Program Decisions

**Population 1:** P51 Public Health Workers

**Population 2:** P53 Researchers

**Presentation Preference:** Poster Session

**Title:** Trends in characteristics of persons with AIDS receiving care at a large public facility, Atlanta, Georgia, 1995-2002

**Author Block:** *Fann, SA*<sup>1,2</sup>; *Shouse, RL*<sup>3</sup>; *Lennox, JL*<sup>1,2</sup>

1 Emory University School of Medicine, Atlanta, GA; 2 Grady Health System Ponce de Leon Center, Atlanta, GA; 3 Georgia Public Health HIV/STD Epidemiology, Atlanta, GA

**Abstract Body:**

**Background/Objectives:** Describing the changing profile of persons with AIDS can inform regional HIV prevention and care planning.

**Methods:** As part of the ongoing Supplement to HIV/AIDS Surveillance (SHAS) project, trained staff conducted standardized interviews among persons with AIDS. We obtained self-reported demographic information, STD history, rated general health, poverty status (receiving public assistance/annual income < \$10,000), transience (current homelessness, incarceration, or residential treatment), severe substance abuse (SA) (sought treatment with/without a CAGE+ score, used crack in a crack house, or injected drugs > 100 times or in the past year), care access (TB screening/ treatment, CD4/viral load, regular care source; if PWA, anti-pneumocystis or HIV therapy). All persons with AIDS  $\geq 18$  years of age and receiving care at the Grady Infectious Disease Program were eligible to participate. We compared data from 639 persons interviewed from 1/1995-12/1996 (Time 1) to 481 persons interviewed from 11/2000-10/2002 (Time 2; periods when questions on self-rated general health status were included). Participants provided informed consent and were reimbursed \$10 and \$15 during the 2 periods, respectively. We defined statistically significant differences between periods as chi-square at  $p < .01$ .

**Results:** Among 2,413 eligible persons: 46% were interviewed, 6% refused, 14% were not located, 6% were medically unstable, and 28% were deceased. Overall, 79% of participants were male; 25% white/non-Hispanic, 70% African American; 47% age 30-49. **Trends:** Between the 2 time periods, the proportion of women (18% in Time 1 vs. 26% in Time 2), ages 40-49 (29% vs. 37%) and  $\geq 50$  (8% vs. 14%), African American (63% vs. 81%), SA (33% vs. 44%), and self-rated poor health (3% vs. 7%) increased; concomitantly, the proportion of white/non-Hispanic (34% vs. 14%), ages 18-29 (13% vs. 7%) and 30-39 (51% vs. 41%), decreased. No differences by time period were noted for the proportion Hispanic (3% vs. 4%); poor (51% vs. 50%) and transient (11% vs. 15%); the proportion with a history of an STD (79% vs. 75%), or with care access (90% vs. 86%). **Representativeness:** Respondents, non-respondents, and persons refusing were demographically similar with these exceptions: heterosexual respondents and ages 40-49 were overrepresented; ages 18-29 and persons without an HIV exposure risk (HER) under-represented as compared to non-respondents; however, the HER difference did not persist with the comparison between respondents and persons refusing the interview.

**Conclusions:** Generalizing these cross-sectional survey results beyond the urban facility service area requires caution especially for groups underrepresented. Nevertheless, the data showed both stable and changing threats to positive health outcomes for persons with AIDS. HIV prevention and treatment needs will likely increase within certain groups. The stable and moderately to very high, overall rates of poverty and STDs, increases in minorities, older age groups, SA, and self-rated poor health, demonstrates this. Further, we demonstrated a need for improving access to medical resources and

substance abuse treatment, and for tailoring services or interventions toward an older population with more minority representation, especially at this facility.

**Control Number:** 03-A-494-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** B08 HIV/AIDS Surveillance

**2nd Category Choice:** B32 Other (Please specify on Additional Info page)

**Population 1:** P48 Policymakers/Legislators

**Population 2:** P51 Public Health Workers

**Presentation Preference:** Poster Session

**Title:** Survey of HIV Disease and Care: Methods and findings from a population-based study of Michigan HIV-infected patients

**Author Block:** *Guyer, HL*<sup>1</sup>; *Satcher, AJ*<sup>1</sup>; *McNaghten, A*<sup>2</sup>; *Hill, E*<sup>2</sup>

1 Michigan Department Community Health, Lansing, MI; 2 Centers for Disease Control and Prevention, Atlanta, GA

**Abstract Body:**

**BACKGROUND/OBJECTIVE:** SHDC was designed to gather population-based estimates of characteristics and clinical outcomes among patients receiving primary medical care in Michigan. Providers were sampled by patient load, geographic location, and the presence or absence of Ryan White CARE Act (CARE) funding.

**METHODS:** SHDC is a cross-sectional, population-based, retrospective medical record review of HIV-infected patients in care. A two-stage sampling technique with unequal selection probabilities was applied to draw a representative sample. (*Stage I*): Providers were stratified by patient load size, geographic location, and CARE support status. Providers were selected within each stratum using sampling proportional to size. (*Stage II*): Patients at selected providers were stratified further by race and sex then randomly sampled. Medical records were reviewed for a specified calendar year. Data abstracted included demographics, mode of HIV exposure, antiretroviral therapies, prophylactic prescriptions (including vaccinations), laboratory measurements (CD4 and viral loads), AIDS-defining opportunistic illnesses, and STDs.

**RESULTS:** Medical records of 374 patients, representing 8099 patients in care in 1998 were abstracted compared to 357 patients, representing 12,386 patients in care in 1999. The patient population consisted of: (1998) 70% male, 32% white, 61% black; and (1999) 76% male, 38% white, 54% black. During both years, larger proportions of whites and injection drug users were seen at non-CARE providers. The proportions of patients prescribed HAART and receiving tuberculin skin test, influenza and pneumococcus vaccinations were higher at CARE providers.

**CONCLUSIONS:** SHDC is a relatively timely and an inexpensive method to assess population-based estimates of HIV care parameters. SHDC is a useful instrument to determine the characteristics of Michigan patients seeking care at CARE funded facilities, to determine if care differs by provider or patient individualities, and to ascertain population-based outcome estimates.

**Control Number:** 03-A-497-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** B09 HIV Incidence

**2nd Category Choice:** A07 Drug Use, Addiction and HIV Risk

**Population 1:** P32 Injecting Drug Users

**Population 2:** P35 Latinos/Latinas, Hispanic

**Presentation Preference:** Single Oral

**Title:** HIV Incidence Among Puerto Rican Drug Users in Puerto Rico and New York City

**Author Block:** *Deren, S<sup>1</sup>; Kang, S<sup>1</sup>; Colon, HM<sup>2</sup>; Andia, JF<sup>1</sup>; Robles, RR<sup>2</sup>*

1 Center for Drug Use and HIV Research, NDRI, New York, NY; 2 Universidad Central del Caribe, Bayamon, PR

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** While reductions in HIV seroprevalence among Puerto Rican drug users in both Puerto Rico (PR) and in New York City (NYC) have been reported, higher risk behaviors in Puerto Rico indicate the need to examine seroincidence, a better measure of prevention needs, in both locations.

**METHODS:** The ARIBBA (Alliance for Research in El Barrio and Bayamon) Project recruited Puerto Rican injection drug users (IDUs) and crack smokers in East Harlem, NYC and Bayamon, PR, through targeted sampling. A total of 899 seronegative participants were recruited for interviews and HIV testing during 1998-99; follow-up interviewing and testing are underway, conducted at approximately 6, 36 and 42 months after baseline; thus far 79% in NYC (N=455); and 84% in PR (N=268) received at least one follow-up test.

**RESULTS:** A total of 32 seroconverters (SCs) were identified, 9 in NYC and 23 in PR, for incidence rates of .88/100pyr in NYC (95% CI= .31-1.45) and 3.37/100pyr in PR (95% CI=2.02-4.72) ( $p < .001$ ). Those most likely to seroconvert were younger (SCs, 31.9 vs non-SCs, 36.3,  $p < .01$ ) and were less likely to have ever been in methadone treatment (MT) (SCs, 10%; non-SCs, 58%,  $p < .001$ ). IDUs who were most at risk to seroconvert injected more frequently (SCs, 204/mo; non-SCs, 116/mo,  $p < .001$ ), and were more likely to use shooting galleries (83% vs 42%,  $p < .001$ ). MT was less available in PR, where risk behaviors were higher.

**CONCLUSIONS:** The alarmingly high incidence rate in Puerto Rico indicates that additional efforts to reduce risk are urgently needed, and should include expanding availability of methadone treatment.

**Control Number:** 03-A-529-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** B02 Behavioral Surveillance

**2nd Category Choice:** B23 Assessment of Special Population Needs

**Population 1:** P20 Gay, Lesbian, Bisexual, Transgend, Question. Youth

**Population 2:** P1 Adolescents

**Presentation Preference:** Single Oral

**Title:** Sexual Orientation and AIDS-Related Risk Among Adolescent Females: Evidence from a Statewide Survey

**Author Block:** *Goodenow, C<sup>1</sup>; Szalacha, L<sup>2</sup>*

1 Massachusetts Dept. of Education, Malden, MA; 2 Brown University, Providence, RI

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Although the increased AIDS risk of young men who have sex with men has been widely recognized, the association between sexual orientation and AIDS risk among adolescent females has been largely unexplored. The objectives of this paper are to provide population-based estimates of AIDS-related risk behaviors among sexually-active adolescent females differing in sexual orientation and to examine the association of sexual orientation, forced sex, and AIDS education with AIDS risk behavior.

**METHODS:** Data on 3976 sexually experienced adolescent females were drawn from the combined 1995, 1997, 1999, and 2001 Massachusetts Youth Risk Behavior Surveys of representative samples of public high school students. Descriptive statistics and logistic regression analyses examined the association of self-labeled sexual orientation (3677 Heterosexual; 185 Lesbian or Bisexual; 114 Not Sure) and gender of partners (3706 Male only, 92 Female only, 178 both) with several AIDS-related risks: sexual abuse, multiple recent and lifetime sexual partners, diagnosis of sexually transmitted disease, and injected drug use.

**RESULTS:** Self-defined sexual orientation did not always coincide with sexual behavior; 49% of adolescent females with any same-sex partners said they were heterosexual, and 54% of those self-identifying as gay, lesbian, bisexual, or not sure had had only male partners. Both any non-heterosexual identity and any same-sex behavior were related to greater probability of multiple recent and lifetime sexual partners and with injected drug use. Bisexually active females were more likely than those with only male partners to have had a STD. Behavioral indicators of sexual orientation were stronger predictors than identity indicators of AIDS-related behavioral risk. Also, a history of sexual abuse was associated with higher probability of every HIV/AIDS risk, and having received school-based AIDS education was associated with lower probability of each risk.

**CONCLUSIONS:** Results indicate significantly increased AIDS risks faced by sexual minority adolescent females, particularly those who are bisexually active, as compared with their heterosexual peers. The value of school AIDS education is also supported.



**Control Number:** 03-A-565-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** B12 Impact of Surveillance on Testing and Care Seeking Behavior

**2nd Category Choice:** A06 Cultural Factors and HIV Risk

**Population 1:** P6 Asian and Pacific Islanders

**Population 2:** P46 People Living with HIV/AIDS

**Presentation Preference:** Single Oral

**Title:** Reasons for testing and care utilization among a group of HIV-positive Asian Americans and Pacific Islanders in the United States: findings from a supplemental HIV/AIDS surveillance project

**Author Block:** *Wong, FY<sup>1</sup>; Campsmith, M<sup>2</sup>; Nakamura, G<sup>2</sup>; Crepaz, N<sup>2</sup>; Begley, E<sup>2</sup>*

1 George Washington University, Washington, DC; 2 CDC, Atlanta, GA

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Previous research has shown that Asian American and Pacific Islanders (AAPIs) are more likely to be at an advanced stage of HIV disease at diagnosis, compared to other racial/ethnic groups in the U.S. To better understand this issue, we examined HIV testing and care issues among a group of HIV-positive AAPIs.

**METHODS:** Analysis of data from 12 sites participating in the Supplement to HIV and AIDS Surveillance (SHAS) Project, a behavioral interview study of HIV+ adults (age  $\geq 18$ ), from 1990 through 1999. SHAS recruits from among adults newly reported with HIV or AIDS to participating state/local health departments. Analyses comparing various demographic and behavioral factors of AAPI to Whites were performed. Additional analyses examined reasons for HIV testing and care issues among AAPI.

**RESULTS:** Data from 114 AAPI and 9690 Whites were analyzed. Over half (56%) of AAPI were born outside the U.S. A higher percentage of AAPI had education beyond high school compared to Whites (55% vs. 48%, chi square  $p = .1$ ). A significantly higher percentage of AAPI currently had private health insurance compared to Whites (36% vs. 22%,  $p < .001$ ). Compared to Whites, a higher percentage of AAPI (46% vs. 38%,  $p = .08$ ) cited "illness" as the main reason for testing for HIV at their initial positive test, and had this test done as a hospital inpatient (24% vs. 18%,  $p = .08$ ). A significantly higher percentage of AAPI did not know their current CD4 count (16% vs. 8%,  $p = .005$ ). Compared to Whites, AAPI had significantly lower awareness of certain HIV care services: mental health counseling (60% vs. 74%,  $p = .001$ ); help finding a care provider (55% vs. 72%,  $p = .001$ ); housing assistance (47% vs. 60%,  $p = .006$ ); transportation assistance (49% vs. 61%,  $p = .01$ ); and assistance finding dental services (40% vs. 68%,  $p = .001$ ). When AAPI having  $\leq 12$  years of education ( $n = 50$ ) were compared to those with greater than 12 years ( $n = 63$ ), they were less aware of availability of mental health counseling (43% vs. 73%,  $p = .001$ ); help finding a care provider (39% vs. 68%,  $p = .002$ ); housing assistance (35% vs. 57%,  $p = .02$ ); transportation assistance (37% vs. 59%,  $p = .02$ ); and assistance finding dental services (26% vs. 54%,  $p = .04$ ). Non-U.S. born AAPIs were significantly less likely than U.S. born AAPIs to be aware of availability of mental health counseling (51% vs. 70%,  $p = .04$ ); no other differences in awareness of services were observed among AAPI by country of birth.

**CONCLUSIONS:** Despite high levels of education and private health care coverage, a large percentage of AAPI interviewed for SHAS tested late in their course of HIV disease, with nearly half testing due to "illness". HIV+ AAPI also had lower awareness of HIV-related care services. Efforts are needed to understand reasons for late testing and to promote earlier HIV testing and awareness of service availability among AAPI.

**Control Number:** 03-A-575-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** B02 Behavioral Surveillance

**2nd Category Choice:** B25 STD Surveillance Related to HIV Program Planning & Evaluation

**Population 1:** P21 General Population

**Population 2:** P19 Gay and Other Men Who Have Sex With Men

**Presentation Preference:** Poster Session

**Title:** HIV Prevalence among Early Syphilis Cases in Houston/Harris County in 2002.

**Author Block:** *Lee, JH; El Reda, DK*

Houston Department of Health and Human Services, Houston, TX

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Recent findings suggest early syphilis rates are increasing across large metropolitan areas in the US. An atypically large proportion of newly diagnosed syphilis cases are being reported in men, particularly men who have sex with men (MSM) who are co-infected with HIV. The objective of this study was to describe the demographic characteristics and HIV prevalence of early syphilis cases reported in Houston/Harris County, Texas during 2002.

**METHODS:** Routine syphilis control efforts require persons diagnosed with early syphilis to be provided with partner elicitation and notification services. Data from these surveillance records, for persons diagnosed with early syphilis in 2002, were analyzed.

**RESULTS:** 245 cases of early syphilis were diagnosed in 2002 of which, 184 (75%) were in males. African-Americans, Whites, Hispanics, Asian/Pacific Islanders, and other/mixed races comprised 109 (44.5%), 69 (28.2%), 57(23.3%), 5(2%), and 5(2%) of the cases, respectively. The mean age of patients was 27.4 for females and 32.6 for males ( $p < 0.01$ ). Sixty three percent (116/184) of the male syphilis cases reported sex with males. The prevalence of HIV among all syphilis cases was 27.75% (68/245). Specifically, men were 16.5 times more likely (95% CI, 4.10-142.80) to have HIV as compared to women. MSM were 4.06 times (95% CI 1.87-8.95) more likely to have HIV than non-MSM males.

**CONCLUSIONS:** We found alarmingly high prevalence of HIV co-infection in persons being diagnosed with early syphilis in Houston. HIV prevalence was significantly higher among MSM. Infectious syphilis is a marker for sexual risk-taking behavior and rising syphilis rates pose significant barriers towards both syphilis elimination and HIV prevention efforts.

**Control Number:** 03-B-595-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** B31 Using Surveillance Data to Make Program Decisions

**2nd Category Choice:** D08 HIV Prevention Community Planning

**Population 1:** P50 Program Administrators

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Single Oral

**Title:** Using Epidemiologic Data to Make HIV Community Planning Decisions

**Author Block:** *Averbach, AR; Logan, JA; Cranston, K*  
Massachusetts Department of Public Health, Boston, MA

**Abstract Body:**

**ISSUE:** The Massachusetts Department of Public Health HIV/AIDS Bureau seeks to increase the extent to which the jurisdiction's HIV Community Planning Group utilizes data to make planning decisions.

**SETTING:** Massachusetts HIV Prevention Planning Group.

**PROJECT:** The Behavioral Data Grant (BDG) is a four-year ongoing CDC sponsored evaluation project. The goal of the BDG is to produce replicable tools that can assist HIV Community Planning Groups (CPGs) to make data-based decisions as a means of increasing the quality of HIV Prevention Comprehensive Plans. The Massachusetts Department of Public Health HAB created standardized data presentation templates, technical assistance mechanisms, and assessments for continuous quality improvement of these interventions.

**RESULTS:** Despite widely varying capacities to interpret and utilize epidemiologic data, CPG members were able to utilize city level and regional level epidemiologic data to make a data-based assessment of the unmet service needs within the HIV/AIDS prevention & education (P&E) and counseling & testing (C&T) service modalities. Upon assessment, CPG members rated the epidemiologic orientation to the Gap Analysis presentation's technical content and level of understandability as a 4.44 on a 5-point scale (1= poor, 3 = average, 5 = excellent). The product of this process was a set of ranked P&E and C&T service needs for the 26 cities with the highest rates of HIV/AIDS prevalence within Massachusetts. This product was utilized to provide community input into the senior level (i.e., HAB upper management) review of programmatic funding solicitations. As an indicator of a need for HIV prevention services, the CPG reviewed univariate and bivariate HIV/AIDS epidemiologic information at the city/town level for each of their prioritized population groups. For populations about which no epidemiologic information was available (e.g., Portuguese speaking men who have sex with men) the CPG submitted locally collected data to establish the need for services in these groups. This epidemiologic and needs assessment data was then compared with the current programmatic service data for each population to signal unmet service needs. The needs were then ranked by degree of disparity between the need and current service provision.

**LESSONS LEARNED:** Epidemiologic data can be meaningfully utilized by Community Planning Groups to make planning decisions. The increased use of data by CPG may lead to decreased group conflict, higher quality planning products, and better data collection by providers. In order to increase the use of data in the planning process, State Health Department technical assistance to Community Planning Groups should focus on creating user-friendly data templates, clear step-by-step instructions, and facilitation of a participatory process to identify appropriate data sources and formats for the specific decision-making task.

**Control Number:** 03-B-654-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** B15 Integrating HIV/STD Surveillance

**2nd Category Choice:** G01 Benefits of Collaboration Between STD and HIV Programs

**Population 1:** P19 Gay and Other Men Who Have Sex With Men

**Population 2:** P32 Injecting Drug Users

**Presentation Preference:** Single Oral

**Title:** Integrating Viral Hepatitis into HIV Prevention Programs Reaching Men who have Sex With Men (MSM) and Injecting Drug Users (IDU)

**Author Block:** *Lyerla PhD, R; Badsgard, T; Buffington MD, J; O'Connor, K*  
CDC, Atlanta, GA

**Abstract Body:**

**ISSUE:**

Chronic infection with viral hepatitis and human immunodeficiency virus (HIV) are major public health problems in the United States. An estimated three million Americans are chronically infected with hepatitis C virus (HCV), 1.2 million with hepatitis B virus (HBV), and 0.8 million with HIV, among whom up to 40% may be also co-infected with hepatitis. Integrating hepatitis prevention activities into existing HIV and STD prevention programs is essential to address these diseases.

**LEARNING OBJECTIVES:**

1. Current trends in hepatitis infections in MSM and IDUs.
2. Integrated messages that may reduce multiple morbidities.
3. Missed opportunities for intervention.
4. Impact of a comprehensive program (hepatitis, HIV, STD) on existing interventions and programs.

At the end of the presentation, participants will understand:

1. shared risk factors for hepatitis and HIV infections.
2. differences between risk factors for the various hepatitis viruses.
3. new research that might reframe current approaches to accessing high-risk populations.

Strategies, experiences and barriers to integrating hepatitis prevention activities into existing settings will be explored.

**Control Number:** 03-A-695-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** B02 Behavioral Surveillance

**2nd Category Choice:** A32 Other (Please specify on Additional Info page)

**Population 1:** P19 Gay and Other Men Who Have Sex With Men

**Population 2:** P46 People Living with HIV/AIDS

**Presentation Preference:** Single Oral

**Title:** Reports of Selective Risk Reduction Among HIV-Positive MSM in Care

**Author Block:** *Mansfield, K; Flynn, C; Tomoyasu, N; Caldeira, E; Solomon, L*  
Maryland AIDS Administration, Baltimore, MD

**Abstract Body:**

**BACKGROUND/OBJECTIVES:**Recent increases in risky sexual behaviors among MSM have raised serious concerns for HIV prevention, but less information is available on the risk behaviors of HIV-positive MSM. This study examines sexual risk behaviors among a population of HIV-positive MSM in care and their risk-appraisal process in making condom-use decisions.

**METHODS:**Two hundred respondents to the Supplement to HIV and AIDS Surveillance (SHAS) interview at an urban Maryland clinic were asked about their sexual behaviors, demographics, and use of condoms in their most recent sexual encounter. Univariate and multivariate analyses were used to identify associations with unprotected sex.

**RESULTS:**Among 63 HIV-positive MSM, unprotected oral sex was reported more frequently than unprotected anal sex (62% vs. 22%). Anal sex was less likely among those with higher education (OR=0.2,p<.05) and marginally when partner-serostatus was unknown (OR=0.3,p<.10). Unprotected oral sex was significantly associated with higher education (OR=6.1,p<.01), whereas unprotected anal sex was marginally associated with high current CD4-count (AOR=5.1,p=.06) and seropositivity of sex partner (AOR=3.5,p=.06).

**CONCLUSIONS:**Transmission risk is only one of many competing priorities in the risk appraisal process around condom use for HIV-positives, yet this study population appears to be making some choices to reduce transmission risk. The behaviors reported in this study correspond to a pattern of taking calculated risks when perceived risk is low, and adopting safer behaviors when perceived risk is higher. Nevertheless, the high rate of unprotected sex in this population points to a continued need for prevention for positives.

**Control Number:** 03-A-700-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** B08 HIV/AIDS Surveillance

**2nd Category Choice:** B02 Behavioral Surveillance

**Population 1:** P51 Public Health Workers

**Population 2:** P46 People Living with HIV/AIDS

**Presentation Preference:** Single Oral

**Title:** Exploring Multiple Sources of Risk Data to Evaluate Mode of Exposure

**Author Block:** *Mansfield, K; Flynn, C; Caldeira, E; Tomoyasu, N; Solomon, L*  
Maryland AIDS Administration, Baltimore, MD

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Risk data are collected from a variety of sources to assign mode of exposure to cases in the HIV/AIDS Reporting System (HARS). Given limited resources for surveillance investigations, the relative quality of data sources must be weighed when resolving discrepancies. This study examines the potential usefulness of a structured behavioral interview and an exhaustive medical record review (MRR) to validate and/or challenge mode of exposure data in HARS.

**METHODS:** The Supplement to HIV and AIDS Surveillance (SHAS) interview was administered to 112 respondents who were already reported in HARS. For a sample of those cases (n=43), a MRR was also conducted at the current provider. The CDC hierarchy of mode of exposure categories was applied to risk data from SHAS and the MRR to enable comparisons with the original HARS mode of exposure.

**RESULTS:** In 74% of cases there was complete agreement among all 3 sources. In the remaining 26%, SHAS disagreed with HARS, while the MRR corroborated either HARS (35%), SHAS (55%), or neither (10%). Inconsistent risk histories within the MRR were noted frequently when HARS and SHAS disagreed, but in none of the cases with HARS-SHAS agreement. Correcting the mode of exposure from HARS with data from SHAS, the largest mode of exposure group shifts from IDU to MSM (see Table), while the MRR-corrected model remains similar to the original HARS distribution.

**Mode of Exposure Distributions**

HARS: 7% MSM/IDU, 33% MSM, 46% IDU, 13% Hetero., 0% Other

SHAS: 6% MSM/IDU, 38% MSM, 34% IDU, 19% Hetero., 3% Other

MRR: 3% MSM/IDU, 36% MSM, 44% IDU, 17% Hetero., 1% Other

**CONCLUSIONS:** This study found that HARS and a MRR favored IDU as the most frequent exposure category, while SHAS yielded sexual exposure categories more frequently. Shortcomings exist for each data source, including inconsistencies within some medical records and social desirability in some interview responses. In the absence of one consistently authoritative data source, the high level of disagreement found in a substantial minority of cases underscores the need for surveillance to consult multiple data sources to maximize the accuracy of population estimates.

**Control Number:** 03-A-702-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** B07 Gaps in HIV/STD Surveillance for Specific Populations

**2nd Category Choice:** A07 Drug Use, Addiction and HIV Risk

**Population 1:** P30 Incarcer.Popul.(Correct.Settings,Persons in)

**Population 2:** P19 Gay and Other Men Who Have Sex With Men

**Presentation Preference:** Single Oral

**Title:** HIV, hepatitis C and risk behaviors among recently arrested Seattle-area MSM injectors

**Author Block:** *Thiede, H; Burt, R*

Seattle-King County Public Health, Seattle, WA

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** It is important to understand variations in HIV infection and risk behaviors among men who have sex with men who inject drugs (MSM/IDU) to effectively target HIV prevention to this very high-risk population. We compared HIV and hepatitis C (HCV) prevalence and sexual and drug-related risk behaviors between MSM whose preferred injection drug was heroin and amphetamine.

**METHODS:** IDU booked in the two main Seattle area jails were sampled either at intake or in the jail health clinics. They were asked to participate in a risk behavior survey following HIV/HCV counseling and testing.

**RESULTS:** Between 8/98 and 10/02, 1,452 men enrolled; 169 (12%) were MSM. The primary injection drugs used among the 169 MSM/IDU were heroin (48%) and amphetamines (32%). HIV prevalence was 16% among amphetamine injectors and 3% among heroin injectors; HCV prevalence was 41% vs. 85%. Amphetamine injectors were younger than heroin injectors (9% > 40 years vs. 63%), more likely to self-identify as gay (25% vs. 11%), inject drugs with a male sex partner (51% vs. 28%), have unprotected anal MSM sex (38% vs. 13%). They were less likely to utilize a needle exchange (46% vs. 66%) but more likely to be vaccinated against hepatitis B (33% vs. 15%). **CONCLUSIONS:** The high HIV prevalence and relatively low HCV prevalence among recently-arrested MSM amphetamine injectors may signify different patterns of drug-use and sexual behaviors. This suggests that this group requires specifically designed and targeted intervention strategies different from those of the general IDU or MSM populations.

**Control Number:** 03-A-704-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** B08 HIV/AIDS Surveillance

**2nd Category Choice:** B10 HIV Reporting

**Population 1:** P25 Heterosexuals

**Population 2:**

**Presentation Preference:** Single Oral

**Title:** No Title Given

**Author Block:** *Espinoza, L; Saraiya, M; Lisa, LM; Hall, HI*  
Centers for Disease Control and Prevention, Atlanta, GA

**Abstract Body:**

**BACKGROUND:** Worldwide, most HIV infections result from heterosexual transmission and in the United States a growing proportion of cases are attributed to heterosexual contact. The purpose of this analysis is to describe the characteristics of adults and adolescents with a recent diagnosis of HIV infection acquired through heterosexual contact and to determine the proportion for whom diagnoses of HIV infection and AIDS were made simultaneously.

**METHODS:** Using HIV cases reported from 29 states with name-based HIV/AIDS reporting, we examined new HIV diagnoses attributed to heterosexual contact from 1999 through 2001. We adjusted for reporting delays and anticipated reclassification of cases reported without a known mode of HIV exposure.

**RESULTS:** A total of 77,553 cases of HIV infection were diagnosed during 1999-2001; of those 27,475 (35%) were acquired through heterosexual contact. By state, the percentage of diagnosed HIV infections attributed to heterosexual exposure ranged from 15% to 47%. Of persons whose infection was acquired through heterosexual contact, 17,698 (64%) were female. By race, 20,323 (74%) were non-Hispanic black, 4,062 (15%) were non-Hispanic white, and 2,561 (9%) were Hispanic. Among those with heterosexually acquired HIV infections, the diagnosis of HIV and the diagnosis of AIDS were made at the same time for 5,639 (21%) compared with 13,385 (27%) persons with other modes of transmission.

**CONCLUSIONS:** Cases of HIV infection acquired through heterosexual contact constitute one third of all HIV cases, and most of the one third were in persons who were female and black. Prevention efforts and services should be focused on communities with the greatest need to reduce HIV infection acquired through heterosexual contact.



**Control Number:** 03-A-716-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** B01 Antiviral Resistance Monitoring

**2nd Category Choice:** F15 Prevention Impact of Anti-HIV Drug Resistance

**Population 1:** P32 Injecting Drug Users

**Population 2:** P46 People Living with HIV/AIDS

**Presentation Preference:** Single Oral

**Title:** The Frequency of HIV-1 Drug Resistance among Treatment-Experienced Injection Drug Users in Baltimore, MD

**Author Block:** *Lin, MK<sup>1</sup>; Sethi, AK<sup>1</sup>; Johnson, EA<sup>1</sup>; Vlahov, D<sup>2</sup>*

1 Johns Hopkins School of Public Health, Baltimore, MD; 2 New York Academy of Medicine, New York, NY

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Injection drug users (IDUs) account for approximately one-third of all AIDS cases reported in the US and represents a major source of transmission of drug-resistant HIV. HAART has been available since 1996, yet appropriate treatment of HIV-infected IDUs with HAART has been delayed. As more HIV-positive IDUs receive HAART, it becomes important to understand the frequency of ART resistance in this population and any associated risk factors. Little data has been reported on resistance in the IDU population. In this study, we determine the frequency and correlates of clinically significant ART resistance among HIV-infected IDUs who are on ART and have a detectable viral load.

**METHODS:** Participants were part of an ongoing community-based, cohort study of IDUs. Eligible participants had viral loads greater than 1000 copies/ml and were taking either a HAART or non-HAART ART regimen. Participants were recruited between July 1999 and December 2000. Results from genotypic resistance testing were considered clinically significant if the mutation pattern conferred intermediate to high-level resistance to at least one antiretroviral.

**RESULTS:** We recruited 156 HIV-infected IDUs; 94% were African-American, 74% were male, 18% were employed, and median age was 44 years. 59% were on a HAART regimen and 62% had clinical AIDS. Many had concurrent substance abuse, alcohol, and/or depression diagnoses. The frequency of clinically significant drug resistance among those with a detectable viral load while on ART was 49% (76/156). Resistance by drug class was 38% for NRTIs, 18% for NNRTIs, and 10% for PIs. While HAART use was significantly associated with having a viral load less than 1000 copies/ml (OR=8.9, 95% CI=6.01-13.28), it was also associated with having clinically significant drug resistance (OR=3.8, 95% CI=1.74-8.23). Duration of ART regimen, level of adherence, continuous health care, and various socio-behavioral factors did not distinguish between those resistant and those not resistant, even after adjusting for demographic factors. Examined socio-behavioral factors included recent drug or alcohol use and depression.

**CONCLUSIONS:** In our study population, HAART was effective in lowering the viral load, but it was also associated with a higher frequency of drug resistance. This suggests that as more IDU receive appropriate treatment with HAART, the problem of drug resistance will increase. While socio-behavioral factors are known to challenge many aspects of life in IDUs, such factors did not appear to affect the presence of drug resistance in our study population.

**Control Number:** 03-A-719-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** B25 STD Surveillance Related to HIV Program Planning & Evaluation

**2nd Category Choice:** B15 Integrating HIV/STD Surveillance

**Population 1:** P19 Gay and Other Men Who Have Sex With Men

**Population 2:**

**Presentation Preference:** Single Oral

**Title:** Epidemic Syphilis among Gay and Other Men Who Have Sex with Men in California—Lessons for HIV Prevention

**Author Block:** *Samuel, MC<sup>1</sup>; Lo, T<sup>1</sup>; Klausner, J<sup>2</sup>; Kerndt, P<sup>3</sup>; Coulter, S<sup>1</sup>; Gould, G<sup>1</sup>; Bolan, G<sup>1</sup>*  
1 California DHS STD Control Branch, Berkeley, CA; 2 San Francisco Department of Public Health, STD Prevention and Control Services, San Francisco, CA; 3 Los Angeles County Public Health Department, Sexually Transmitted Diseases Program, Los Angeles, CA

**Abstract Body:**

**Background:** The syphilis and HIV epidemics among gay and other men who have sex with men (MSM) in California are integrally linked: syphilis facilitates both the transmission and acquisition of HIV, and behavioral risk factors are often identical for the two infections. Enhanced syphilis surveillance data provide “real time” risk data that can supplement the historical “exposure category” data available from HIV/AIDS surveillance systems.

**Methods:** Syphilis cases are interviewed by field staff for patient/partner management and surveillance purposes. Since 1999, interview data have been transcribed onto a standardized form which captures extensive behavioral, demographic and clinical elements. Analysis and reporting of these case-based enhanced surveillance data are continuous, using automated systems with Web-accessible reports.

**Results:** In 2002, 1220 cases of early syphilis were reported among MSM in California, an increase of 1600% from the low point of 72 cases in 1999. This increase has been steady and observed in urban areas of all regions of the state, in all age groups, and all race/ethnic groups. In 2002, 65% of these MSM cases were co-infected with HIV, an increase from 55% HIV co-infected in 2000. Illicit drug use among cases was common (>38% of cases in 2002). Of particular concern was the frequent and increasing use of methamphetamine and Viagra, often in combination. The preponderance of substantial numbers of “anonymous” sexual partners is an important risk factor and limits the utility of standard syphilis control measures. Cases reported meeting partners in bathhouses, sex clubs, “circuit” and private parties, and, increasingly, over the Internet ( $p < .001$ ). Prevention measures have been developed targeting these venues.

**Conclusions:** The MSM syphilis epidemic in California is a substantial public health problem and exacerbates the HIV epidemic. Risk data and interventions based on syphilis case data provide timely information relevant to HIV prevention and control. Collection of HIV data regarding current risk behaviors similar to these syphilis risk data could be valuable to better target HIV prevention efforts.

**Control Number:** 03-B-725-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** B02 Behavioral Surveillance

**2nd Category Choice:** B31 Using Surveillance Data to Make Program Decisions

**Population 1:** P30 Incarcer.Popul.(Correct.Settings,Persons in)

**Population 2:** P32 Injecting Drug Users

**Presentation Preference:** Poster Session

**Title:** HIV, HBV and HCV Prevalence and Incidence and Associated Risk Behaviors among Inmates Entering the California Correctional System at San Quentin State Prison

**Author Block:** *Zack, MPH, B<sup>1</sup>; Miguelino, MPH, V<sup>2</sup>; Ruiz, MD, J<sup>2</sup>; Fierro, X<sup>1</sup>*

1 Centerforce, San Quentin, CA; 2 California Department of Health Services, Office of AIDS, Sacramento, CA

**Abstract Body:**

**ISSUE:**

HIV, HBV, And HCV Prevalence and Incidence Rates among Inmates Entering the California Correctional System

**SETTING:**

San Quentin State Prison, San Quentin, California. San Quentin State Prison is an all male inmate, medium security prison, located in the San Francisco Bay Area.

**PROJECT:**

The Sero-Incidence Study is a 3-year study. The goals of this study are to assess HIV, HBV and HCV prevalence and incidence and associated risk behaviors among inmates entering the California Correctional system at San Quentin State prison. Participants for this study are recruited after participating in an inmate-led peer intervention, which is designed to provide HIV/Hepatitis Prevention education for newly arriving inmates. Centerforce staff offers the study to all inmates who voluntarily signup for HIV testing. All study participants receive HIV/HBV/HCV pre and post-test counseling and take part in a 30-45 minute risk assessment interview. A smaller study cohort participate in a 6-month follow-up testing and assessment interview.

**RESULTS:**

Data to date demonstrate that 35% reported injecting drugs at least once in their lifetime, 13% of inmates injected drugs at least one or more times a day per week within the last 30 days prior to incarceration. Among the 13%, over half responded to having shared needles. 31% reported being under the influence of alcohol and 49% reported using drugs to get high the last time they had sex. 59% of participants stated they never or rarely used condoms when having vaginal sex with a woman. 26% of participants reported having had anal sex with a woman in the 6 months prior to their incarceration, of those, 66% reported never or rarely using condoms. 45% of participants said they were never previously tested for HIV because it is unlikely they had been exposed. However, looking at the risk behaviors of participants previously not tested for HIV, those with a history of injection drug use reported more needle sharing and a greater number of injections per day, than those who had been previously tested.

**LESSONS LEARNED:**

1. Considering that 45% of participants were never previously tested for HIV, there is a great need for basic information regarding HIV and Hepatitis transmission and prevention within this high-risk population. 2. An outside agency (not government identified), can be perceived as a neutral and trustworthy vehicle for data collection. 3. Building a sense of trust and rapport with study participants is essential when conducting a research study in a correctional setting.

**Control Number:** 03-A-730-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** B15 Integrating HIV/STD Surveillance

**2nd Category Choice:** G01 Benefits of Collaboration Between STD and HIV Programs

**Population 1:** P19 Gay and Other Men Who Have Sex With Men

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Single Oral

**Title:** Sexual Risk Taking Among Men Who Have Sex With Men (msm) Who Underwent Std Screen In Behavior At A Boston Community Health Center

**Author Block:** *Mayer, KH; Golub, S; Russell, C; Grasso, C; Feuer, J; Cohen, D; Applebaum, J*  
Fenway Community Health, Boston, MA

**Abstract Body:**

**Background/Objectives:** To describe the recent increases in STD among MSM and associated sexual behaviors at the largest center for MSM health care in New England.

**Methods:** 294 MSM who presented for STD screening at FCH in 2001-2 were asked to complete a self-report survey about their sexual practices in the prior 30 days.

**Results:** Since 1991 the number of gonorrhea cases diagnosed at FCH has more than doubled, and syphilis reports at FCH increased from none in 1995 and 1996 to 31 cases in 2002, without an appreciable increase in numbers of persons screened. By 1999, 8% of gonorrhea cases and 2% of syphilis cases in Massachusetts were diagnosed at FCH. STD pts. tended to be white (82.3% in 2002) and 30-49 Y.O. (87.1%). HIV+ and HIV- men were as likely to report multiple partners (72%), and although HIV+ men less often reported meeting partners on the internet (21% vs. 38%), this was NS; but, HIV+ men more often reported recent sex with other HIV+ men ( $p < .01$ ). Both groups reported high levels of unprotected anal and oral intercourse. HIV+ men more often reported recent marijuana use ( $p = 0.3$ ) and cocaine use ( $p = .007$ ), and more than 50% of the men in both groups reported sex while drunk or high.

**Conclusion:** STD increases among MSM in Boston are associated with sexual and drug risk taking. Innovative approaches, e.g., internet outreach, and focusing interventions that educate HIV+ men about potential risks for new STD and/or HIV superinfection, are needed.

**Control Number:** 03-A-736-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** B07 Gaps in HIV/STD Surveillance for Specific Populations

**2nd Category Choice:** B08 HIV/AIDS Surveillance

**Population 1:** P32 Injecting Drug Users

**Population 2:** P51 Public Health Workers

**Presentation Preference:** Single Oral

**Title:** A Tale of Two (or Three) Data Sources: A Collage of IDU Risk in San Diego County

**Author Block:** *Freitas, L<sup>1</sup>; Bursaw, M<sup>1</sup>; Craddock, J<sup>2</sup>; Valdez, E<sup>2</sup>; Ginsberg, M<sup>1</sup>*

1 County of San Diego, San Diego, CA; 2 Episcopal Community Services, San Diego, CA

**Abstract Body:**

**Background:** San Diego County AIDS case data suggest that, like the nation, injection drug users (IDU) are an established risk group for HIV transmission. Since 1987, the proportion of AIDS cases attributable to IDU has increased. However, rates of HIV infection in IDU attending publicly funded HIV counseling and testing (HCT) in San Diego are low, about 1.0% annually. Little local information exists on testing practices by IDU. Recently, data from a community based organization (CBO) that provides HIV testing to drug users and IDUs has become available for analysis.

**Methods:** Each year about 10,000 anonymous HIV tests are conducted in San Diego County through the HCT. Of these, over 1,000 are to IDU. Both the HCT and CBO use the State of California HIV Counseling Information Form. The CBO is funded to provide services to drug users in treatment. Approximately 5,000 HIV tests to IDU, conducted between 1997 and 2002 will be examined by test result, race, gender, age group, geographic region and compared to HCT and AIDS case data. Some of the other variables examined include prior testing history, number of sexual partners and return rate.

**Results:** From 1997-2001 (2002 data is not complete yet) 3,563 IDU presented to the CBO for HIV testing. Of these, 52% were male, 49% were ages 35-49, 65% were white, and 37% (most frequent response) reported a residence in the central region of San Diego. The majority were repeat testers (84%) and on average, a tester reported 6 sexual partners in the last year. To date 3,107 IDU completed testing and the rate testing positive was .09%, even lower than rates among those testing at HCT. Of the 7,006 IDU presenting to HCT for HIV testing during the same time period, 67% were male, 57% were ages 35-49, 56% were white and 57% reported a residence in the central region. In addition, 80% were repeat testers, and on average a tester reported 7 sexual partners in the last year.

**Conclusions:** Although 2002 data will be added to the CBO database, currently IDU testers at this site have a lower HIV infection rate than IDU testing at HCT. Rates of infection are higher in African American and Hispanic IDU, groups more represented in the HCT IDU. Other factors that may explain the difference are that HCT IDU were on average older, less likely to have ever tested before and had more sexual partners. Both sources of data on IDU appear to present a different picture of risk than AIDS case data. It is possible that rates of HIV infection among IDU have declined but have not yet been reflected in AIDS case data. Another hypothesis is that higher risk IDU may not be testing, presenting a gap in IDU surveillance.

**Control Number:** 03-A-737-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** B15 Integrating HIV/STD Surveillance

**2nd Category Choice:** B25 STD Surveillance Related to HIV Program Planning & Evaluation

**Population 1:** P19 Gay and Other Men Who Have Sex With Men

**Population 2:** P64 Other (Please Specify)

**Presentation Preference:** Single Oral

**Title:** Estimation of Syphilis and Gonorrhea Co-morbidity among AIDS cases in California

**Author Block:** *Tholandi, M<sup>1</sup>; Ellman, A<sup>2</sup>; Samuel, M<sup>3</sup>; Bolan, G<sup>3</sup>; Ruiz, J<sup>1</sup>*

1 Office of AIDS, California Department of Health Services, Sacramento, CA; 2 University of California, Berkeley, Berkeley, CA; 3 STD Control Branch, California Department of Health Services, Berkeley, CA

**Abstract Body:**

**Background/Objectives:** STDs among persons with HIV/AIDS are of special concern for HIV prevention efforts given the potential for STDs to facilitate the transmission and acquisition of HIV. The goal was to identify individuals co-infected with HIV and an acute STD and to describe their demographic and risk profiles.

**Methods:** A total of 32,706 gonorrhea cases and 1,039 syphilis cases (diagnosed between 1999-2001) were merged with living AIDS cases (N = 22,307). Three matching algorithms; loose, mid-level, and strict; were employed. Findings from the mid-level algorithm are presented. Matching was also performed ecologically at the county level. San Francisco and Los Angeles counties were excluded since limited information was available.

**Results:** Overall, 1.2% (N = 262) of AIDS cases living as of 1999-2001 were dually infected with gonorrhea and .2% (N = 44) were dually infected with syphilis. Eighty-two percent of gonorrhea (GC) co-infection and 77% of syphilis co-morbidity followed an AIDS diagnosis. The majority of co-morbid cases were male: 97% of GC-AIDS cases and 95% of syphilis-AIDS cases respectively. Whites comprised the largest proportion of co-infected cases: 50% of GC-AIDS cases and 43% of syphilis-AIDS cases respectively. Among MSM AIDS cases, GC co-morbidity increased from .49% (N = 65) in 1999 to .67% (N = 88) in 2001 (p = .05) and syphilis increased from .03% (N = 4) to .22% (N = 29) (p < .001). Exploratory visual analysis of the ecologic data indicates that the ten largest counties with respect to population had annual morbidity rates above the state median for AIDS, syphilis, and gonorrhea and the 10 smallest counties all had rates below the state median.

**Conclusions:** AIDS-STD co-morbidity occurred primarily among whites males and increased between 1999-2001. Among MSM AIDS cases, a significant increase for syphilis co-morbidity occurred between 1999 and 2001. Identifying demographic characteristics and time trends in AIDS-STD comorbidity will assist prevention efforts in targeting at-risk populations.

**Control Number:** 03-A-739-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** B08 HIV/AIDS Surveillance

**2nd Category Choice:** B10 HIV Reporting

**Population 1:** P32 Injecting Drug Users

**Population 2:** P63 Youth in High Risk Situations

**Presentation Preference:** Single Oral

**Title:** HIV diagnoses associated with injection drug use among young adults, United States, 1994-2001

**Author Block:** *Glynn, M<sup>1</sup>; Gerstle, JE<sup>2</sup>; Lee, LM<sup>1</sup>*

1 CDC, Atlanta, GA; 2 Northrop Grumman, Atlanta, GA

**Abstract Body:**

**BACKGROUND/OBJECTIVES:**

Transmission of HIV through injection drug use (IDU) has been a leading cause of new infections throughout the epidemic, particularly among adolescents and younger adults. As prevention programs have targeted reducing transmission through this route, we examined national surveillance data to describe the demographic trends in new HIV diagnoses attributable to IDU.

**METHODS:** We examined new HIV diagnoses in persons 13-29 years of age, diagnosed 1994-2001 and reported to CDC from the 25 states with confidential name-based HIV reporting in place since 1994. Cases with HIV transmission mode identified as IDU, including men who have sex with men and inject drugs, were classified as IDU-associated cases. Cases were adjusted for reporting delay and for unreported transmission risk.

**RESULTS:** From 1994 through 2001, there were 38,156 newly diagnosed HIV infections among persons aged 13-29 years reported to CDC. Of these, 7,051 (18%) were categorized as having an IDU mode of transmission. The number of new IDU-associated HIV infections diagnosed among this age group decreased from 1,394 (23%) cases in 1994 to 586 (15%) cases in 2000, representing an overall decrease of 58% in the number and a 35% decrease in the proportion of HIV cases attributable to IDU between 1994 and 2000. Between 2000 and 2001, however, the number of newly diagnosed IDU-associated HIV infections increased from 586 to 673 (15%) among 13-29 year olds. Trends varied by age group. Over the study period, the number of IDU-associated HIV diagnoses decreased by 63% among the 25-29 year age group and by 36% among the 20-24 year age group, while diagnoses increased by 7% among 13-19-year-olds.

**CONCLUSIONS:** The number of new IDU-associated HIV infections diagnosed among young adults decreased between 1994 and 2000. This decreasing trend changed in 2001, however, suggesting continued prevention efforts targeting adolescents and young adults are necessary.

**Control Number:** 03-B-747-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** B25 STD Surveillance Related to HIV Program Planning & Evaluation

**2nd Category Choice:** C05 Community Level Interventions

**Population 1:** P50 Program Administrators

**Population 2:** P51 Public Health Workers

**Presentation Preference:** Single Oral

**Title:** Geographic Program Evaluation and Planning (GeoPEP): Adding Accountability in HIV/AIDS Prevention Efforts

**Author Block:** *Scribner, R<sup>1</sup>; Kang, CW<sup>2</sup>; Sallar, AM<sup>3</sup>; LeSage, D<sup>3</sup>; Longfellow, L<sup>3</sup>; Lin, J<sup>3</sup>*

1 Louisiana State University Health Sciences Center, New Orleans, LA; 2 Louisiana Office Of Public Health, HIV/AIDS Program, New Orleans, LA; 3 Louisiana Office of Public Health, HIV/AIDS Program, New Orleans, LA

**Abstract Body:**

**ISSUE:**

Historically, state and regional prevention efforts targeting HIV/AIDS have relied on the knowledge of key informants in the community to target high-risk populations for prevention efforts. The amount of oversight by the responsible agency is limited. Research on sexual networks indicates high risk populations tend to be geographically concentrated. Geographic Information Systems (GIS) are ideally suited to take advantage of this concept. A GIS organized at the appropriate scale can provide not only an additional means of identifying and targeting prevention efforts but also potentially provide an effective means for organizing outcome and impact evaluations. This abstract describes the role GIS plays in directing statewide HIV/AIDS prevention efforts in Louisiana.

**SETTING:**

The Louisiana HIV/AIDS Program (HAP) is the responsible agency organizing statewide HIV/AIDS prevention efforts in Louisiana. HAP is directly involved in prevention programming as well as overseeing the prevention efforts contracted out to community based organizations (CBOs).

**PROJECT:**

Geographic Program Evaluation and Planning (GeoPEP) was developed to coordinate program evaluation and planning across multiple stages of program development. GeoPEP uses a statewide GIS that organizes data from multiple sources at the census tract level. Georeferenced data in the GIS includes: all reported STD cases, clinic sites, CBO sites, street outreach sites, condom distribution sites, and relevant businesses. Gonorrhea rates at the census tract level were used as a proxy to characterize high-risk areas. The resulting maps overlay high-risk geographic areas with programmatic and environmental assets to facilitate program planning and evaluation.

**RESULTS:**

GeoPEP has been incorporated in multiple stages of program development by HAP. In the strategic planning stage GeoPEP maps were used by prevention community leaders to identify high-risk areas providing a degree of assurance that all high risk populations were addressed in prevention programming. In the strategic planning process the maps were used to define target areas that CBOs would be accountable for. The process resulted in the identification of 254 target areas statewide. In the implementation stage the GeoPEP maps were used to provide guidance to CBOs in targeting prevention efforts. For example, target area maps were used in condom social marketing to locate underserved target areas, identify potential distribution sites and monitor existing sites. Finally, target area maps were used in evaluating prevention efforts. Maps demonstrating trends in process (e.g., street outreach visits per week by target area), outcome (e.g., condom use at last sex by target area from street outreach surveys), and impact (e.g., gonorrhea rates by target area) indicators were used to evaluate various



programs.

**LESSONS LEARNED:**

GeoPEP is an effective tool for organizing a statewide HIV/AIDS prevention program in terms of program planning and evaluation. Through the use of a defined number of geographically defined target areas, a GIS provides assurance that all high-risk populations have been identified and targeted throughout the state. GeoPEP also holds promise as straightforward means of conducting outcome and impact evaluations.

**Control Number:** 03-A-808-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** B02 Behavioral Surveillance

**2nd Category Choice:** B03 Behavioral Surveillance in the Era of Highly Active Antiretroviral Therapy (HAART)

**Population 1:** P1 Adolescents

**Population 2:** P19 Gay and Other Men Who Have Sex With Men

**Presentation Preference:** Single Oral

**Title:**

**Trends in Sexual Risk Taking Among Urban Young Men Who Have Sex with Men**

**Author Block:** *Peterson, J<sup>1</sup>; Seal, D<sup>2</sup>; Kelly, J<sup>2</sup>; Choi, K<sup>3</sup>; Miller, R<sup>4</sup>; Stokes, J<sup>4</sup>; Remafedi, G<sup>5</sup>; O'Donnell, L<sup>6</sup>; Stueve, A<sup>6</sup>; Ford, W<sup>7</sup>; Clark, L<sup>8</sup>; Guenther-Grey, C<sup>9</sup>; Wright-Fofanah, S<sup>9</sup>; Lin, L<sup>9</sup>; Sumartojo, E<sup>9</sup>*

1 Georgia State University, Atlanta, GA; 2 Center for AIDS Intervention Research, Medical College of Wisconsin, Milwaukee, WI; 3 Center for AIDS Prevention Research, San Francisco, CA; 4 University of Illinois at Chicago, Chicago, IL; 5 Youth and AIDS Project, University of Minnesota, Minneapolis, MN; 6 Education Development Center, Inc, Newton, MA; 7 Los Angeles County Dept of Health Svcs, Los Angeles, CA; 8 University of Alabama, Birmingham, AL; 9 Centers for Disease Control and Prevention, Atlanta, GA

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** To examine trends in sexual risk taking among young men who have sex with men (YMSM) in six U.S. cities from 1999-2002.

**METHODS:** Time-space sampling was used to recruit representative samples of YMSM (ages 15-25 years) from 6 comparison sites in an HIV intervention trial. Surveys of YMSM were conducted from May to September of four years: 1999 (N=1260); 2000 (N=1393), 2001 (N=1424); 2002 (N=1451). Two sites recruited Latinos (NYC/Jackson Heights; CA/San Gabriel Valley); one recruited African Americans (Atlanta); one recruited Asians/Pacific Islanders (API, San Diego), and two recruited YMSM regardless of race/ethnicity (Detroit; Minneapolis). YMSM completed structured interviews about sexual behavior, including unprotected anal intercourse (UAI) in the past 3 months with male partners. For each site, the prevalence of UAI in 1999 was compared to 2002, using a two-tailed test with a .05 level of statistical significance.

**RESULTS:** Combining data from the 6 sites, overall levels of UAI among urban YMSM decreased over time (1999=32.0%; 2000=29.6%; 2001=30.3%; 2002=28.5%). Across sites, there were notable differences. At both of the Latino sites, reports of UAI markedly decreased from 1999 to 2002. In Minneapolis, rates of UAI increased over time, but the trend was not statistically significant. Changes in UAI were less consistent elsewhere.

**Prevalence [% (N)] of Unprotected Anal Intercourse in 6 Sites**

Site	1999	2000	2001	2002	P Value (T4-T1)
Latino: NYC/Jackson Heights	31.0 (255)	25.7 (253)	20.4 (255)	13.9 (252)	<.001
Latino: CA/San Gabriel Valley	34.4 (106)	35.1 (268)	30.8 (223)	24.7 (267)	<.01 (T4-T2)
African-American: Atlanta	27.7 (256)	27.5 (255)	24.0 (267)	24.2 (262)	NS
API: San Diego	34.7 (124)	33.3 (112)	42.7 (143)	34.7 (137)	NS
All Ethnicity: Detroit	30.6 (264)	43.4 (254)	38.1 (289)	35.3 (281)	NS
All Ethnicity: Minneapolis	26.7 (255)	27.9 (251)	30.3 (247)	33.6 (252)	<.10

**CONCLUSIONS:** Among YMSM interviewed between 1999-2002, there were notable differences in UAI by site and race/ethnicity. These differences demonstrate the importance of local behavioral surveillance and underscore the continued need for community-based prevention efforts for young MSM.

**Control Number:** 03-A-820-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** B09 HIV Incidence

**2nd Category Choice:** A07 Drug Use, Addiction and HIV Risk

**Population 1:** P32 Injecting Drug Users

**Population 2:** P53 Researchers

**Presentation Preference:** Single Oral

**Title:** Use of STARHS to estimate HIV incidence among injecting drug users in New York city, 1990-2000: Effects of syringe exchange

**Author Block:** *Des Jarlais, DC<sup>1</sup>; Perlis, T<sup>2</sup>; Torian, LV<sup>3</sup>; Arasteh, K<sup>2</sup>; Friedman, SR<sup>2</sup>*

1 Beth Israel Medical Center, New York, NY; 2 National Development and Research Institutes, New York, NY; 3 New York City Department of Health and Mental Hygiene, New York, NY

**Abstract Body:**

**BACKGROUND/OBJECTIVES:**

Serologic Test Algorithm for Recent HIV Seroconversion (STARHS, "detuned assay") was used to measure HIV incidence among injecting drug users in New York City from 1990 to 2000. Syringe exchange programs were legalized and expanded in late 1992.

**METHODS:**

Serial cross-sectional surveys were used to obtain serum samples from 4088 IDUs entering Beth Israel Medical Center drug abuse treatment programs (detoxification and methadone maintenance) from 1990 to 2000, and from 1667 IDUs recruited through street outreach from 1990 to 1994. Samples were tested for anti-HIV using replicate EIAs with western blot confirmation. After removal of personal identifiers, HIV+ samples were tested for incident HIV using STARHS.

**RESULTS:**

HIV incidence was 4.8/100 person-years (PY) (95% CI 2.0 to 10.1) in the treatment program sample and 8.9/100 PY (95% CI 5.4 to 15.0) in street sample from 1990-1992, prior to legalization/expansion of syringe exchange programs. Incidence was 2.1/100 PY (95% CI 1.2 to 3.3) from 1993 to 2000 in treatment sample and 3.3/100 PY (95% CI 0.8 to 8.1) from 1993 to 1994 in street sample. Both treatment and street pre-versus post 1992 comparisons were statistically significant ( $p < .01$  by chi-square tests). There was a non-significant decline in incidence among treatment sample from 2.9/100 PY 1993-1995 to 2.1/100 PY in 1996-1998 to 1.8/100 PY in 1999-2000.

**CONCLUSIONS:**

Legalization/expansion of syringe exchange in NYC was associated with substantial reduction in HIV incidence. STARHS testing can provide critical data showing potential effects of community-level HIV prevention programs.

**Control Number:** 03-A-829-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** B08 HIV/AIDS Surveillance

**2nd Category Choice:** B32 Other (Please specify on Additional Info page)

**Population 1:** P53 Researchers

**Population 2:** P48 Policymakers/Legislators

**Presentation Preference:** Poster Session

**Title:** AIDS Incidence and Prevalence in 40 US Cities

**Author Block:** *Weston, GO<sup>1</sup>; Johnson-Clarke, F<sup>2</sup>; Ngamsnga, K<sup>1</sup>*

1 DCDOH HIV/AIDS Administration, Washington, DC; 2 DCDOH Center for State Health Statistics, Washington, DC

### **Abstract Body:**

#### **Objective and Background**

To describe AIDS incidence and prevalence in the 29 US cities with >500,000 population, as well as selected smaller cities.

While data on AIDS incidence and prevalence in Metropolitan Statistical Areas (MSAs) and States are routinely available through CDC surveillance reports, data for cities have been limited, typically focusing on the six directly funded cities (New York, Los Angeles, Chicago, Houston, Philadelphia, and San Francisco). Data for the District of Columbia, which is actually a city, are presented along with the 50 states. Media reports and provider advertisements in the District of Columbia have described the District of Columbia as having “the highest AIDS rates in the country,” even though data for other cities have not been available in a single document providing a geographic “snapshot” of AIDS in cities nationwide.

#### **Methods**

A ranking of US cities and incorporated places by 2000 population size was obtained from the US Census Bureau. AIDS Surveillance coordinators for jurisdictions representing the cities described in the objective were queried with a standardized questionnaire requesting annual AIDS incidence by year of diagnosis for the period ending 6/30/00, as well as AIDS prevalence as of 6/30/00. Incidence and prevalence rates were computed using 2000 Census data for denominators. The cities were then ranked by incidence and prevalence.

#### **Results**

Among cities with >500,000 population, Washington, DC had the highest AIDS incidence rate (132 cases per 100,000 population) followed by Baltimore, (116) San Francisco (74) Philadelphia (71) and New York (56). When including selected cities with <500,000 population, Columbia, SC (131 cases per 100,000 population) ranked second, followed by Newark, NJ (129) Atlanta (125) and Hartford, CT (123). (Complete incidence and prevalence ranking will be presented)

#### **Conclusions**

Metropolitan Statistical Areas, while useful for many comparisons, cover large geographic areas that may obscure trends in smaller urban areas. In many cases, smaller cities in the northeast and southern US account for the highest incidence rates *and* disease burden; highly correlated with IDU as a predominant mode of transmission. The District of Columbia ranked highest in AIDS incidence and prevalence, even when compared with other cities.

**Control Number:** 03-A-872-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** B31 Using Surveillance Data to Make Program Decisions

**2nd Category Choice:** B12 Impact of Surveillance on Testing and Care Seeking Behavior

**Population 1:** P15 Counselors

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Poster Session

**Title:** Guiding HIV testing and prevention efforts through CTS and Maryland's HIV surveillance systems.

**Author Block:** *Habeeb, H; Flynn, C; Gray, C; Tomoyasu, N; Solomon, L*  
Maryland AIDS Administration, Baltimore, MD

**Abstract Body:**

**BACKGROUND/OBJECTIVES:**To use Maryland CTS sites and HIV/AIDS registry data to identify and characterize newly identified HIV positive individuals and better guide targeted testing and prevention efforts.

**METHODS:**Confidential positive tests occurring at CTS sites in CY2001 were compared to the Maryland HIV/AIDS registry to determine the proportion of individuals previously recorded in the registry and the proportion of newly identified HIV positive individuals. Newly identified positives were defined as individuals with no prior HIV positive report (prior to CTS test date) in the HIV/AIDS registry.

**RESULTS:**Among CTS testers, 288/439 (66%) HIV (non-AIDS) cases and 45/209 (22%) AIDS cases were not in the HIV or AIDS registry, respectively, prior to this CTS test date, and were therefore identified as new positives. Overall, 51% of CTS confidential positive individuals were cases that, prior to testing at the CTS site in 2001, had no previous HIV positive report in the HIV/AIDS registry, and were therefore identified as new positives to the surveillance system. Demographics of these newly identified positives (66% male, 82% African-American, 73% middle-aged) were similar to the demographics of the positive CTS confidential testing population. Of the newly identified positives, 19% (63/333) reported history of a positive test, 42% were tested at a prison/jail site type followed by 19% at HIV CTS sites and 12% each at STD sites and field visits. Interestingly, 164/209 (78.5%) of CTS confidential positive testers in the AIDS registry were reported as AIDS cases prior to this CTS test date and therefore, were aware of their AIDS status at the time of their CTS test.

**CONCLUSIONS:**These findings indicate that approximately half of CTS positive individuals are not newly identified positives and have documentation of a prior HIV positive test result in the surveillance system. Additionally, the high proportion (79%) of previously reported AIDS cases seeking testing through CTS raises questions about why this population is seeking repeat testing and why CTS counselors continue to test individuals previously aware of their status. Implications of these findings have a direct link to cost and could impact the future allocation of resources and direction of targeted HIV testing.

**Control Number:** 03-A-875-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** B08 HIV/AIDS Surveillance

**2nd Category Choice:** B15 Integrating HIV/STD Surveillance

**Population 1:** P53 Researchers

**Population 2:** P50 Program Administrators

**Presentation Preference:** Poster Session

**Title:** Using spatial statistics to describe HIV morbidity in 3 North Carolina counties

**Author Block:** *Jones, W<sup>1</sup>; McDonald, P<sup>2</sup>; Enright, D<sup>3</sup>; Sampson, L<sup>1</sup>*

1 NC Division of Public Health-HIV/STD Prevention & Care Branch, Raleigh, NC; 2 University of North Carolina, Department of Epidemiology, Chapel Hill, NC; 3 NC Division of Public Health/State Center for Health Statistics, Geographic Analysis Unit, Raleigh, NC

**Abstract Body:**

**Background:** GIS and spatial analysis can be useful tools to assist in tracking and analyzing the relationship of public health events (including diseases) within specific boundaries. The NC HIV/STD Prevention and Care Branch's surveillance unit began point mapping syphilis cases in high morbidity counties to assist and monitor syphilis elimination efforts. Because HIV and syphilis interventions are often coupled, HIV cases were plotted in these same counties.

**Objectives:** To identify spatial changes in HIV over time by using exploratory spatial analysis techniques and determine usefulness. Comparisons were made of HIV disease patterns for the years 2000, 2001 and 2002. Similarities between the spatial distributions were noted to determine if differences exist.

**Methods:** GIS was used to map HIV surveillance cases for 3 NC counties-one rural, one urban and one urban with two population clusters. Spatial statistics were used to evaluate the disease patterns. The mean center, standard distance deviation, and standard deviation ellipse were calculated and compared to evaluate global patterns (significance threshold,  $p < 0.05$ ).

**Results:** Preliminary analyses show minor significant differences in two of the statistics calculated (standard distance deviation and the area of the standard deviation ellipse) for only one of the three counties. Graphical depictions of the statistics indicate that mean center may be shifting in another county.

**Conclusions:** Although we did not find significant global differences in the spatial distribution for HIV over three years, the results observed did indicate that the spatial analysis is useful. Further, the finding indicated that extending the analysis over longer time periods could enhance the outcomes. Comparisons with spatial statistics for other STDs, like syphilis, may be useful as well.

**Implications for Programs/Policy:** Identifying the differences between the spatial distribution of HIV within a geographically defined area can improve understanding and prompt better planning, prevention and control measures.

**Implications for Research:** GIS and spatial analysis are useful exploratory tools in tracking STDs, however, there are limitations since the information gained is of a descriptive nature.

**Learning Objective:** Participants will be able to describe the utility of using GIS and useful GIS methods to explore the spatial distributions of STDs.

**Control Number:** 03-B-895-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** B01 Antiviral Resistance Monitoring

**2nd Category Choice:** B31 Using Surveillance Data to Make Program Decisions

**Population 1:** P51 Public Health Workers

**Population 2:** P46 People Living with HIV/AIDS

**Presentation Preference:** Group Oral

**Title:** Public Health Surveillance of Antiretroviral Drug Resistance in Untreated People Newly Diagnosed With HIV

**Author Block:** *Smith, AJ; McCormick, LW; Bennett, DE*  
CDC, Atlanta, GA

**Abstract Body:**

**Issue:** Antiretroviral drug resistance (ARVDR) may be detected in an untreated person with HIV if he or she was infected with a drug resistant strain. Studies report that ARVDR rates among people newly diagnosed with HIV increased in some North American cities from 4% in the mid-1990s to 9% - 22% in the late 1990s-2000. Although Canada has a national ARVDR surveillance system, no routine resistance surveillance system exists in the U.S. to determine the prevalence of transmitted ARVDR. Recommendations for initial HIV regimens would benefit from such a system.

**Settings:** Previous project: Denver, Detroit, Grand Rapids, Houston, Miami, Newark, New Orleans, New York City, San Diego, and San Francisco. Project in development: Colorado, Illinois, Maryland, Seattle/King County and more to be added.

**Project:** Ten cities collaborated with CDC to monitor ARVDR among newly diagnosed people in selected sites in 1998-2000. A new monitoring project is beginning in 4 states, which may be extended to more states in the future. The project involves genotypic sequencing on aliquots of sera from each blood specimen drawn for HIV diagnosis from eligible consenting persons in public health settings. Demographic and basic clinical information will be captured from routine local HIV surveillance systems.

**Results:** Our study in 10 U.S. cities estimated that the prevalence of mutations associated with resistance among individuals newly diagnosed with HIV was 8.3% in 1998-2000. However, the planned enrollment of 200 consecutively diagnosed individuals per city was not realized. Smaller numbers resulted from the logistical difficulties with an extra blood draw after HIV diagnosis. Individual city samples were too small to calculate trends and may not have been representative of HIV infected individuals in the U.S. Preliminary experience with the new project in 4 areas suggests that incorporation of ARVDR testing into routine HIV diagnostic testing is feasible and may provide an ongoing large representative sample in participating areas.

**Lessons Learned:** Studies have shown that there is a substantial amount of ARVDR being transmitted in the U.S. Performing a special blood draw for resistance testing in addition to blood drawn for diagnostic testing is burdensome to patients, resource-intensive, and may not produce a representative sample. Preliminary experience using sera from blood drawn for HIV diagnosis suggests that these sera can also be used for baseline ARVDR testing. Results from a routine ARVDR surveillance system using this methodology could aid in the development of treatment guidelines.



**Control Number:** 03-A-896-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** B02 Behavioral Surveillance

**2nd Category Choice:** A14 Mobility and Migration and HIV Risk

**Population 1:** P40 Migrant Populations

**Population 2:** P35 Latinos/Latinas, Hispanic

**Presentation Preference:** Group Oral

**Title:** HIV Infection and Related Risk Behaviors among Latino MSM in the Tijuana-San Diego Border Region

**Author Block:** *Ruiz, JD<sup>1</sup>; Ritieni, A<sup>1</sup>; Facer, M<sup>1</sup>; Nuñez, A<sup>2</sup>; Ginsberg, M<sup>3</sup>; Molitor, F<sup>4</sup>*

1 California Department of Health Services, Office of AIDS, Sacramento, CA; 2 ISESALUD, Baja California, Mexico; 3 San Diego County Health Department, San Diego, CA; 4 ETR Associates, Sacramento, CA

**Abstract Body:**

**BACKGROUND/OBJECTIVES:**

To assess HIV prevalence, sexual and drug using behaviors, and history of HIV testing among a cross-section of Latino men who have sex with men (MSM) from San Diego, California, and Tijuana, Mexico.

**METHODS:** From May 2000 to April 2002, a cross-sectional survey of Latino men aged 18 to 29 years was conducted at MSM-identified venues (e.g., bars, dance clubs) and cruising sites (e.g., parks, shopping areas) in San Diego and Tijuana. Participants were interviewed using a standard questionnaire, had blood drawn for HIV testing, were given appointments to obtain test results, and were provided HIV-prevention counseling and referral for care when needed.

**RESULTS:**

Of the 122 participants in San Diego, 42 (34%) tested positive for HIV compared to 47 (19%) of the 249 participants in Tijuana. Of the HIV-infected MSM in San Diego, 34 (81%) were unaware of their infection compared to 26 (55%) of the HIV-infected MSM in Tijuana. Over 40% of the Tijuana MSM reported lifetime injection drug use, with 90% of these ever sharing needles or works. Of the 107 men in San Diego who reported recent sex with men (in the last 4 months), 69 (65%) reported having unprotected anal intercourse compared to 68 (49%) of the 140 men in Tijuana who reported recent sex with men. Of the 139 MSM in Tijuana who reported recent sex with women, 107 (77%) indicated engaging in anal/vaginal unprotected intercourse.

**CONCLUSIONS:** These findings underscore the urgency of improving HIV-prevention efforts for all young MSM at this U.S.-Mexico border region.

**Control Number:** 03-A-903-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** B02 Behavioral Surveillance

**2nd Category Choice:** B12 Impact of Surveillance on Testing and Care Seeking Behavior

**Population 1:** P49 Pregnant Women

**Population 2:** P21 General Population

**Presentation Preference:** Single Oral

**Title:** Knowledge about Perinatal HIV Transmission in the United States Adult Population--  
BRFSS, 1992 and 2001

**Author Block:** *Lansky, A; Frey, RL; Mack, KA; Holtzman, D; Fleming, PL*  
CDC, Atlanta, GA

**Abstract Body:**

**BACKGROUND/OBJECTIVES:**

One of the greatest advances in HIV prevention is the use of zidovudine to reduce the risk of perinatal transmission. Our objective was to compare HIV-related knowledge before and after 1994 recommendations for zidovudine use to reduce the risk of perinatal HIV transmission.

**METHODS:**

Data were from the 1992 and 2001 Behavioral Risk Factor Surveillance System (BRFSS), a state-specific, population-based random telephone survey for adults aged 18 - 64 years. The 1992 question asked whether HIV could be passed from a pregnant woman to her baby. In 2001, respondents answered true or false: "A pregnant woman with HIV can get treatment to help reduce the chances that she will pass the virus on to her baby." Data were weighted and aggregated across states to assess annual prevalence. We used logistic regression to determine the relationship between knowledge and sociodemographic characteristics in 2001.

**RESULTS:**

Most (89.8%) respondents in 1992 knew that HIV could be transmitted perinatally. In 2001, 52.0% knew that treatment was available to reduce perinatal transmission. A higher proportion of women (55.8%) than men (48.1%) knew about these treatments. Knowledge about perinatal prevention was higher among those who were black (Adjusted Odds Ratio, 1.3; 95% Confidence Interval, 1.2 - 1.4) and Hispanic (1.2, 1.1 - 1.3) compared to whites; among those with some college (1.3, 1.2 - 1.3) and college graduates (1.7, 1.6 - 1.8) compared to those with less than high school education; and among those aged 18-29 (1.4, 1.2 - 1.4) or 30-39 (1.2, 1.1 - 1.3) than those aged 60+.

**CONCLUSIONS:**

These findings may reflect efforts to target some demographic groups most affected by AIDS (racial/ethnic minorities, younger persons). HIV testing is important for preventing perinatal transmission to identify women who are infected. HIV testing as a routine part of prenatal care offers an opportunity to educate women about perinatal HIV prevention.

**Control Number:** 03-A-917-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** B15 Integrating HIV/STD Surveillance

**2nd Category Choice:** D15 HIV Prevention Programs for MSM

**Population 1:** P19 Gay and Other Men Who Have Sex With Men

**Population 2:**

**Presentation Preference:** Single Oral

**Title:** Venues for Infection: Trends in Places where California MSM syphilis cases meet sex partners, 2000-2002

**Author Block:** *Lo, TC<sup>1</sup>; Samuel, MC<sup>1</sup>; Klausner, J<sup>2</sup>; Kerndt, P<sup>3</sup>; Cole, B<sup>4</sup>; Coulter, S<sup>1</sup>; Mehlhaff, G<sup>1</sup>; Wohlfeiler, D<sup>1</sup>; Bolan, G<sup>1</sup>*

1 California DHS STD Control Branch, Berkeley, CA; 2 San Francisco Department of Public Health, STD Prevention and Control Services, San Francisco, CA; 3 Los Angeles County Public Health Department, Sexually Transmitted Diseases Program, Los Angeles, CA; 4 Riverside County Department of Public Health, Disease Control Branch, Riverside, CA

**Abstract Body:**

**Background:** Traditionally, sex partner management has formed the core activity of syphilis control in California and throughout the United States. In the current epidemic of syphilis among gay and other men who have sex with men (MSM) in California, many cases report a substantial number of “anonymous” partners, rendering standard control measures ineffective. However, because current data are available on venues where cases report meeting partners, prevention efforts can target these venues through structural interventions which target the environment.

**Methods:** Syphilis cases are interviewed by field staff and, since 1999, interview data have been transcribed onto a standardized form which captures extensive behavioral elements. These behavioral data include detailed items on the venues where cases report meeting sex partners (e.g., bathhouses, sex clubs, and the Internet), numbers of sex partners, and whether any sex partners were “anonymous”. Data are also collected on drug use and specific sexual practices. A revised instrument currently being developed will include data on partners’ HIV serostatus.

**Results:** Syphilis is now epidemic among MSM in California, with 1220 cases diagnosed in 2002. In 2002, MSM cases reported meeting partners in bathhouses (21%), sex clubs (8%), and over the Internet (24%). In general, from 2000 to 2002, a decreasing proportion of cases reported meeting partners at bathhouses and sex clubs and an increasing proportion reported meeting partners over the Internet. This increase in meeting partners over the Internet was particularly striking in San Francisco (22% to 35%, p-trend < .001) and among HIV-positive MSM (8% to 27%, p-trend < .001). Important differences were observed in reported venues by age and race/ethnicity. Men who reported meeting partners via the Internet, at sex clubs, or at bathhouses reported, on average, significantly more sex partners than men who did not report meeting partners in those venues.

**Conclusions:** Some venues are associated with increased numbers of sex partners. These venues provide an opportunity for very targeted HIV and STD prevention activities. Such intervention activities are in place and are being refined in California. In particular, the Internet is an important emerging venue associated with substantial HIV and STD. Further research is needed to determine the levels of environmental and individual risk associated with different types of venues.

**Control Number:** 03-A-924-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** B01 Antiviral Resistance Monitoring

**2nd Category Choice:** F15 Prevention Impact of Anti-HIV Drug Resistance

**Population 1:** P32 Injecting Drug Users

**Population 2:** P46 People Living with HIV/AIDS

**Presentation Preference:** Single Oral

**Title:** High-Risk Behavior and the Potential Transmission of HIV and Drug-Resistant HIV among HIV-infected Injection Drug Users in Baltimore, MD

**Author Block:** *Sethi, AK<sup>1</sup>; Celentano, DD<sup>1</sup>; Gange, SJ<sup>1</sup>; Joel, GE<sup>2</sup>; Vlahov, D<sup>3</sup>; Farzadegan, H<sup>1</sup>*

1 Johns Hopkins Bloomberg School of Public Health, Baltimore, MD; 2 Johns Hopkins School of Medicine, Baltimore, MD; 3 New York Academy of Medicine, New York, NY

**Abstract Body:**

**BACKGROUND/OBJECTIVES:**

In the era of highly active antiretroviral therapy (HAART), AIDS death rates in the United States have declined dramatically, and the number of persons living with HIV has greatly increased. There is a growing need to counsel infected individuals, who now live longer, healthier lives and are thus more capable of relapsing to high-risk behaviors such as unprotected sex or needle sharing that might transmit HIV to others. Moreover, individuals who develop resistance to antiretroviral therapy (ART) can transmit drug-resistant virus, which can limit treatment options in individuals that become infected with these strains. The purpose of this study was to determine factors associated with unprotected sex and needle sharing among HIV-infected injection drug users (IDUs), and to estimate the potential for drug-resistant HIV transmission among IDUs who report these high-risk behaviors.

**METHODS:**

Two analyses were conducted among HIV-infected IDUs completing study visits between December 1996 and February 2000 in an ongoing cohort study in Baltimore, MD. A longitudinal analysis of 2,731 visits from 639 HIV-infected IDUs was conducted to determine factors associated with unprotected sex and needle sharing. In a cross-sectional analysis, stored plasma specimens of IDUs who reported high-risk behavior while having a detectable viral load and receiving ART were tested for resistance by VirtualPhenotype™ (Vircolab, Rockville, MD).

**RESULTS:**

Forty-five percent of IDUs (24% of visits) engaged in high-risk behavior during the study period. Women were nearly twice as likely as men to engage in unprotected sex, and IDUs were more likely to have unprotected sex if their partners were also HIV-infected. At 13.4% of visits when IDUs reported recent unprotected sex or needle sharing, participants were carrying drug-resistant HIV.

**CONCLUSIONS:**

HIV-infected individuals who engage in high-risk behaviors can potentially transmit HIV and drug-resistant HIV. Intensive risk-reduction counseling is needed and must be integrated into routine HIV clinical care.

**Control Number:** 03-A-925-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** B25 STD Surveillance Related to HIV Program Planning & Evaluation

**2nd Category Choice:** B15 Integrating HIV/STD Surveillance

**Population 1:** P19 Gay and Other Men Who Have Sex With Men

**Population 2:** P12 Communities of Color

**Presentation Preference:** Single Oral

**Title:** STDs Drip On: Gonorrhea, Syphilis and Chlamydia Epidemiology among Males in California

**Author Block:** *Samuel, MC<sup>1</sup>; Gilson, D<sup>1</sup>; Kerndt, P<sup>2</sup>; Calvet, H<sup>3</sup>; Sokoloff, A<sup>1</sup>; Chow, J<sup>1</sup>; Bolan, G<sup>1</sup>*

1 California DHS STD Control Branch, Berkeley, CA; 2 Los Angeles County Public Health

Department, Sexually Transmitted Diseases Program, Los Angeles, CA; 3 Long Beach Department of Health and Human Services, Long Beach, CA

**Abstract Body:**

**Background:** Understanding the epidemiology of chlamydia, gonorrhea, and syphilis is important for HIV prevention planning. These bacterial STDs biologically increase the transmission and acquisition of HIV and the behavioral risk factors for STDs and HIV are related and often identical. These three STDs are all increasing among men in California, and where data are available; the increase is seen predominately in gay and other men who have sex with men (MSM). Chlamydia and gonorrhea are the most commonly reported communicable diseases in California, and elsewhere in the United States.

**Methods:** Standard methods for case-based surveillance data collection and analysis are used. In addition, for syphilis and gonorrhea enhanced surveillance systems have been developed, and data based on these methods is also used, including data on gender of sex partners. For gonorrhea, additional data are included from the Gonococcal Isolate Surveillance Project (GISP), and for chlamydia and gonorrhea prevalence (i.e. positivity) data are included from prevalence monitoring projects.

**Results:** In 2002, 24,057 cases of gonorrhea, 108,095 cases of chlamydia, and 1,708 cases of early syphilis were reported in California. The corresponding proportion of males among these cases was 55%, 26% and 93%. The number of reported male cases increased for all three STDs from 1999 to 2002: 220% for syphilis, 38% for gonorrhea, and 52% for chlamydia. Enhanced surveillance data indicate that the majority of male syphilis cases in 2002 were MSM (89%), and preliminary gonorrhea data suggest that of male gonorrhea cases about 50% are MSM. GISP data also demonstrate a strong and steady increase in the proportion of male gonorrhea cases who are MSM, from 8.5% in 1987 to 55.8% in 2001.

The rates of all three STDs vary by race, with substantially higher rates for African-Americans males (and in some cases, Latinos) than among other groups. For example, for gonorrhea in 2001 the African-American male rate was 292.7 per 100,000 compared to the Latino rate of 35.8 and the non-Latino white rate of 28.3. Similar differences are observed for other STDs, for other years, and, where data are available, for MSM.

Data from a statewide prevalence monitoring project in STD clinics in 2001 shows a male chlamydia positivity of 9.9% and male gonorrhea positivity of 7.4%, with increases in the positivity of both infections since 1999. Data from the STD clinic component of disease prevalence monitoring in Long Beach show a 2002 positivity of 10.7% for chlamydia, of 10.1% for gonorrhea, 10.1% for syphilis, and 2.2% for HIV, with a strong increasing trend from 1999 to 2002 for chlamydia.

**Conclusions:** Bacterial STDs are increasing among men in California, particularly among MSM.

**These STDs are serious public health problems on their own and also exacerbate the HIV epidemic. Because STD case data represent incident (new) infections, they are important for describing populations currently at risk for HIV infection, and are useful for prevention planning.**

**Control Number:** 03-A-930-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** B31 Using Surveillance Data to Make Program Decisions

**2nd Category Choice:** B20 Rapid Assessment Tools

**Population 1:** P35 Latinos/Latinas, Hispanic

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Single Oral

**Title:** Addressing the Increasing Needs of the Latino Population in Alameda County, California

**Author Block:** *Lins, C<sup>1</sup>; Ortiz, S<sup>2</sup>; Leyva, O<sup>3</sup>; Alvarado, L<sup>3</sup>; Barney, L<sup>3</sup>; Hernandez, M<sup>3</sup>*

1 Development Plus, Inc., Black Earth, WI; 2 SalvaSIDA. Inc., Oakland, CA; 3 SalvaSIDA, Inc., Oakland, CA

**Abstract Body:**

**Background/Objectives:** Latinos comprise an increasing proportion of newly diagnosed AIDS cases in the U.S. and in Alameda County. We sought to evaluate the HIV needs and services for Latinos in the current context of HIV funding reduction from federal, state, and county sources.

**Methods:** An evaluation will be implemented from February to June 2003 that includes a review of morbidity and risk behavior data, interviews and focus groups exploring cultural nuances for HIV services, access to care data, and surveys among providers. Information will be prioritized by consistency across data sources.

**Results:** Newly identified needs for HIV services for Latinos include: prevention for positives, outreach for HIV/STD testing in areas of lower access to healthcare, widespread bilingual/bicultural HIV services for an increasing Latino population.

**Conclusion:** Latino communities, their HIV services providers, and public health data sources all point to unique, increasing HIV needs among the Latino population. Resources are needed not only to maintain the current level of HIV services but also to refine them for increased efficiency and prevalence.

**Control Number:** 03-A-932-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** B08 HIV/AIDS Surveillance

**2nd Category Choice:** B02 Behavioral Surveillance

**Population 1:** P19 Gay and Other Men Who Have Sex With Men

**Population 2:**

**Presentation Preference:** Group Oral

**Title:** Men who have sex with men in California: Demographic and behavioral HIV risk trends, 1990 - 2001

**Author Block:** *Webb, DS; Truax, SR; Yancura, LA*

California Dept. of Health Service, Office of AIDS, Sacramento, CA

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Men who have sex with men (MSM) continue to be the most HIV impacted group in the United States. In 2001, MSM represented 57% of new HIV positive test results reported to the California Office of AIDS. This study investigates demographic and behavioral trends among men who have sex with men receiving HIV counseling and testing services at California test sites from 1990 to 2001.

**METHODS:** Utilizing data from HIV counseling and testing sites from MSM with valid test results reported to the California Department of Health Services, Office of AIDS, trends in HIV infection and risk behaviors were calculated and compared among gay and bisexual men within three difference time frames 1990 to 2001 (n=142168), 1995 to 2001 (n=74107) and 1997 to 2001 (n=52259).

**RESULTS:** The HIV positivity rate among gay and bisexual men decreased substantially from 13.3% in 1990 to 4.8% in 1997 and has fluctuated from a range of 3.8% to 5.4% from 1998 to 2001. The number of White clients has decreased in proportion from 76% in 1990 to 51% in 2001 while the proportion of Latino clients has increased from 13% in 1990 to 29% in 2001. The number of men reporting having had a recent STDs increased steadily from 10% in 1995 to 16% in 2001. Men who reported always using barrier protection for anal insertive and anal receptive sex with male partners decreased from 48% and 49% in 1997 to 41% and 43% in 2001, respectively.

**CONCLUSIONS:** Increases in reported sexual behavioral risk and STDs indicate that gay and bisexual men continue to be at elevated risk for HIV, suggesting that targeted interventions need to be developed to reach this population.



**Control Number:** 03-B-945-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** B02 Behavioral Surveillance

**2nd Category Choice:** A14 Mobility and Migration and HIV Risk

**Population 1:** P40 Migrant Populations

**Population 2:** P35 Latinos/Latinas, Hispanic

**Presentation Preference:** Group Oral

**Title:** Design and Implementation of the California-Mexico Epidemiological Surveillance Pilot

**Author Block:** *Sanchez, MA<sup>1</sup>; Hernandez, MT<sup>1</sup>; Lemp, GF<sup>1</sup>; Aoki, B<sup>1</sup>; Ruiz, JD<sup>2</sup>; Drake, MV<sup>3</sup>*

1 University of California, Office of the President, Universitywide AIDS Research Program, Oakland, CA; 2 California Department of Health Services, Office of AIDS, Sacramento, CA; 3 University of California, Office of the President, Office of Health Affairs, Oakland, CA

**Abstract Body:**

**ISSUE:** Relatively little is known about the extent of the HIV/STD/TB epidemic among Mexican migrants and recent immigrants residing in California. Given the limited data on HIV/STD/TB prevalence, trends in high-risk behaviors, and determinants of behavior, the California-Mexico Epidemiological Surveillance Pilot (CMESP) is currently being developed, implemented, and evaluated in California and Mexico.

**SETTING:** San Diego County and Fresno County in California and Oaxaca, Mexico.

**PROJECT:** CMESP is a collaborative project between research, surveillance, and healthcare delivery agencies in Mexico and California and is composed of three modules. Module One addresses ethnographic and observational surveillance and enumeration methodologies that provide the core framework for community health surveillance and evaluation of interventions. Module Two addresses the implementation of the Simplified Epidemiological Surveillance System (SESS), which combines syndromic assessment with community outreach methods. Module Three includes periodic targeted sampling for behavioral surveillance purposes and to determine disease prevalence.

**RESULTS:** This enhanced epidemiological surveillance system provides improved monitoring of behavioral, medical, environmental, service, and demographic trends and changes over time and place. Ultimately this surveillance system will provide a better means for accurately assessing the burden and trends of HIV/STD/TB disease and for evaluating the impact of HIV/STD/TB prevention and health care programs and interventions for this population.

**LESSONS LEARNED:** The expectation is that CMESP will address the highest priority HIV/STD/TB needs of Mexican migrants throughout California and Mexico and will provide an opportunity to evaluate the impact of migration on transmission dynamics, risk behaviors, and mixing, given that poverty, isolation, lack of access, and discrimination define the migrant experience and are potential underlying factors for transmission.

**Control Number:** 03-A-951-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** B05 Epidemiology of HIV/AIDS in the Era of HAART

**2nd Category Choice:** B24 Spectrum of HIV Disease

**Population 1:** P46 People Living with HIV/AIDS

**Population 2:** P51 Public Health Workers

**Presentation Preference:** Single Oral

**Title:**

**Prevention of HIV-related deaths in the HAART era**

**Author Block:** *Buskin, SE<sup>1, 2</sup>; Freedman, MS<sup>1, 2</sup>; Thiede, H<sup>1, 2</sup>; Sohlberg, EH<sup>1</sup>*

1 Public Health -- Seattle & King County, Seattle, WA; 2 University of Washington, Seattle, WA

**Abstract Body:**

**BACKGROUND:** Despite wide availability of highly active antiretrovirals, or HAART, about 100 deaths in HIV-infected people still occur each year in King County, the greater Seattle metropolitan area. Are HIV-infected people dying of opportunistic illnesses (OIs) or of other illness? Are they dying despite being prescribed HAART or do they refuse HAART? Are deaths due to hepatitis, trauma, non-AIDS-defining cancers, and other non OI illnesses increasing?

**METHODS:** Seattle-King County is one of 10 metropolitan areas collaborating in the CDC-sponsored project, the Adult and Adolescent Spectrum of HIV-related Diseases (ASD). Medical records of persons living with HIV are reviewed for a one-year retrospective period and every six months thereafter until death or loss-to-follow-up. Deaths between 1990 and 2002 were examined although data from 2001 and 2002 are incomplete. We used 1998 as the cut-off defining the HAART era, as that was our local inflection point where most persons for whom HAART would be recommended were prescribed HAART. The ASD cohort includes about 25% of HIV deaths in King County.

**RESULTS:** We observed 1010 deaths 1990 through 1997 and 158 HAART era deaths. Fifty percent of HAART era deaths had one or more AIDS OI documented at the time of death compared to 79% of earlier deaths ( $X^2$  p-value < .001). Of the 79 deaths with no OI diagnosed 22 (28%) had no cause of death found in their medical record or on their death certificate. The most commonly cited non-OI diagnoses for the remaining 57 were viral hepatitis (25%), trauma, including suicides and overdoses (21%), other liver failure without mention of viral hepatitis (12%), cardiovascular disease (9%), non-AIDS-defining pneumonias (9%), sepsis (7%), non-AIDS-defining cancers (7%), and acidosis (4%). More HAART-era deaths are occurring in the absence of AIDS, (11% vs. 3%,  $p < .001$ ). Of the most common causes of death, only trauma has significantly increased in the HAART era (from 3 to 9%,  $p < .001$ ). More injection drug users are in this contemporary cohort (41% vs. 29%,  $p = .001$ ) and the median age at time of death increased from 38 to 42 years (T-test p value < .001). HIV was not diagnosed until within 3 months of an AIDS diagnosis for 33% of the HAART-era deaths relative to 9% of earlier deaths ( $p < .001$ ). HAART adherence was noted to be poor for 24% of persons dying with HIV in the HAART era and 35% had refused HAART at some time.

**CONCLUSIONS:** ASD data regarding HIV-related mortality show numerous missed opportunities for prevention, including late HIV diagnoses, HAART refusal, and poor HAART adherence. Because our data are collected by medical record review, the estimates presented may be considered minimums and subject to confounding or other biases we have not yet addressed. However, these data will be helpful for prevention services to prevent HIV-related mortality and morbidity.

**Control Number:** 03-A-968-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** B02 Behavioral Surveillance

**2nd Category Choice:** A14 Mobility and Migration and HIV Risk

**Population 1:** P40 Migrant Populations

**Population 2:** P35 Latinos/Latinas, Hispanic

**Presentation Preference:** Group Oral

**Title:** HIV-Related Risk Behaviors Amongst Migrants in Morelos and Puebla, Mexico

**Author Block:** *Sanchez, MA<sup>1</sup>; Lemp, GF<sup>1</sup>; Magis, C<sup>2</sup>; Noriega Minichiello, S<sup>3</sup>; Bravo, E<sup>2</sup>*

1 University of California, Office of the President, Universitywide AIDS Research Program, Oakland, CA; 2 Consejo Nacional para la Prevencion y Control del SIDA, Research Department, Mexico City, Mexico; 3 Department of Health Policy and Economics, Cuernavaca, Mexico

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** To assess the prevalence of HIV-related risk behaviors amongst migrants in Morelos and Puebla, Mexico.

**METHODS:** From June to December 2001, enumeration and targeted sampling were initiated amongst a representative sample of migrant men and women aged 12 to 76 years in Morelos and Puebla, Mexico. Participants were interviewed using a standard behavioral surveillance questionnaire.

**RESULTS:** Of the 1,367 study participants, 966 (71%) were male and 401 (29%) were female. Of those who migrated for work in the last year, 908 (84.8%) migrated to another town within Mexico, while 163 (15.2%) migrated to another country. Of the study participants, 597 (43.7%) reported being married or living with a sexual partner, with 89% reporting that they had sometimes or never used a condom with their sexual partner/spouse in the last year. Of the participants, 164 (12.0%) reported having sex with a commercial sex worker in the last year, with 54.1% reporting that they had sometimes or never used a condom with a commercial sex worker in the last year. Almost 13%, 175 participants, reported having sex while working away from their home in the last year, with 52.5% reporting that they had sometimes or never used a condom during that time away from home in the last year. Of those reporting, 15 (2.6%) identified themselves as MSMs. Injection drug use was high, with 395 (28.8%) study participants reporting injecting vitamins, 175 (12.8%) injecting B Complex, specifically, 83 (6.1%) injecting other non-narcotics, and 39 (2.8%) injecting narcotics. Of those responding, 429 (33.3%) reported that they had never heard of AIDS. Ninety (10.9%) participants reported that they had been tested for HIV with 80.5% currently aware of their test results. Of those responding, 425 (34.6%) felt that they had a great or medium risk of acquiring HIV or an STD.

**CONCLUSIONS:** These findings indicate the need for improving HIV-prevention efforts for migrants throughout the Mexican states of Morelos and Puebla.

**Control Number:** 03-A-973-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** B08 HIV/AIDS Surveillance

**2nd Category Choice:** E23 Privacy Protection of Surveillance Data

**Population 1:** P46 People Living with HIV/AIDS

**Population 2:** P21 General Population

**Presentation Preference:** Single Oral

**Title:** Evaluation of the Performance of Name as an Identifier in Maryland AIDS Surveillance

**Author Block:** *Graham, CM; Flynn, CP; Caldeira, E; Solomon, L*  
Maryland AIDS Administration, Baltimore, MD

**Abstract Body:**

**Background/Objectives:**

The performance of a person's name to correctly identify a patient for follow-up investigation is quantified and compared to the performance of a coded patient unique identifier (UI) system which is used in Maryland for HIV+ and CD4<200 cells/ml laboratory reporting.

**Methods:**

Three months (July-September, 2000) of CD4<200 cells/ml test reports were tracked back to medical records of providers requesting the tests, where the test and UI were confirmed and name and social security number were collected. For existing AIDS cases, exact names (first name and last name) and birthdates (mm/dd/yyyy) in the medical records were compared to the same information in the AIDS registry and the correctness of the matches was quantified.

**Results:**

Of the 1,210 CD4<200 cells/ml test results, 1,128 (93%) medical records were located and reviewed and 874/1,128 (77.5%) were identified as existing AIDS cases. Of the 874 reports on existing AIDS cases, names were the same 85.1% (744 reports) of the time and birthdates were the same 86.2% (753 reports) of the time. When name and birthdate were combined, 647 (74.0%) had the same name-birthdate combination in both the medical record and the AIDS registry. A similar analysis using these data revealed that the complete UI in the medical record matched the UI in the AIDS registry 96% of the time.

**Conclusions:**

This study quantified that names, when paired with birthdate, agree between the medical record and the AIDS registry 74% of the time. The disagreement is often due to variant spellings, typographical errors, name changes, and aliases. When complete, Maryland's UI correctly matches to cases in the AIDS registry 96% of the time. The use of the UI not only increases confidentiality of HIV and CD4 testing, but is also more likely to correctly identify matches between data sources.

**Control Number:** 03-A-982-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** B07 Gaps in HIV/STD Surveillance for Specific Populations

**2nd Category Choice:** B31 Using Surveillance Data to Make Program Decisions

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P56 Staff of Community-Based Organizations

**Presentation Preference:** Single Oral

**Title:** Findings of a Regional Gap Analysis Using Mapping Software to Assess Unmet HIV Prevention Needs

**Author Block:** *Godin, SW<sup>1</sup>; Cardelle, A<sup>1</sup>; Muthambi, B<sup>2</sup>*

1 East Stroudsburg University, East Stroudsburg, PA; 2 Pennsylvania State Department of Health, Harrisburg, PA

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** The counties of Lehigh Valley and Northeastern Pennsylvania account for the fastest growing population in the state. Most of the migration is coming from surrounding states (i.e., New Jersey, New York, and Maryland) resulting in new challenges for agency staff who need to address the HIV prevention needs of a larger and more diverse population. HIV prevention and care planning has typically relied on limited amounts of secondary data, which has primarily focused on incidence and prevalence of AIDS diagnoses, modes of HIV transmission, and demographic characteristics. This gap analysis study uses other existing secondary datasets (i.e., Ryan White- eligible HIV service utilization, STD data; drug and alcohol abuse data; etc), along with mapping software to demonstrate where current prevention efforts exist, juxtapositioned with where geographically there are clusters of high-risk behaviors associated with HIV transmission.

**METHODS:** Secondary data from various ASOs and CBOs conducting HIV prevention services was compiled. These data included type of prevention/education service provided along with specific zipcode extensions of where these services were provided. Surveillance data on STDs (i.e., chlamydia, gonorrhea), and ICD-9 codes for alcohol/drug abuse and dependence were mapped by zipcode across various demographic characteristics (i.e., ethnicity; age; gender). Using “overlays” between the two sets of maps allowed for identification of HIV prevention/education gaps and specific locale of unmet prevention need.

**RESULTS:** There were numerous examples where ASO/CBO staff were providing appropriate HIV prevention/education that corresponded to community need based on STD and ICD-9 drug/alcohol data. However, there were a number of examples of geographic areas with high STD incidence, and ICD-9 diagnoses relevant to HIV/AIDS that received little, if any, prevention efforts. This result was more commonly found in communities/ geographic regions that had significant population growth over the last decade.

**CONCLUSIONS:** This presentation will discuss the implications of the mapping project in developing long-term planning and resource allocations to meet the emerging needs of communities that have increasing HIV risk indicators. As Pennsylvania moves towards HIV reporting/surveillance, the authors discuss how the methodology of the current study could be used to map unmet need using the data that will be generated on the recently infected HIV+ consumers, modes of transmission, and locale of recent HIV prevention/education efforts. This study highlights the need for allocation of resources to perform critical analyses of this nature which enhance evidence-based prevention and care planning processes by using a wider range of data sources to appropriately illuminate service gaps and resource allocation needs.

**Control Number:** 03-A-1003-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** B05 Epidemiology of HIV/AIDS in the Era of HAART

**2nd Category Choice:** B32 Other (Please specify on Additional Info page)

**Population 1:** P64 Other (Please Specify)

**Population 2:** P64 Other (Please Specify)

**Presentation Preference:** Poster Session

**Title:** Improving Survival after Diagnosis with AIDS in Pennsylvania (PA) Preceding the Widespread Use of Highly Active Antiretroviral Therapy (HAART).

**Author Block:** *Muthambi, BR*

Pennsylvania Department of Health, Harrisburg, PA

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** The delays in progression of HIV and prolongation of life that have been realized from widespread use of HAART occurred against the background of improvements in AIDS survival that had already been widely reported in the literature. This study aims to assess trends and identify important determinants of survival after AIDS diagnosis among adults during the pre-HAART era in the Pennsylvania (PA) cohort.

**METHODS:** The surveillance cohort included all 12,804 adult AIDS cases diagnosed in PA before January 1995. The cohort was followed up through December 31, 1998, allowing for 48 months after the last diagnosis.

**RESULTS (including analysis methods):** Overall median survival time was estimated using the Kaplan-Meier method to be 22 months, and improved over time: for those diagnosed 1981-1986, 10 months; 1987-1988, 16 months; 1989-1990, 19 months; 1991-1992, 23 months and 1993-1994, 41 months. Adjusted relative risk of poor survival (<23 months) was estimated with multivariate logistic regression methods: the likelihood of better survival improved with each successive time interval of diagnosis and was 6.7 times better for the 1993-94 subcohort compared to that of 1981-86 ( $OR_{adj} = 0.15$ ; 95% CI: 0.13-1.19). Risk of poor survival increased with age at diagnosis, was higher for blacks and whites than for Hispanics and similar for both sexes. Survival was better for those who met the 1993 AIDS case definition at the time of first AIDS diagnosis with CD4 cells < 200/UL, without other AIDS-defining illnesses (ADIs) followed by those who met the 1993 AIDS case definition with opportunistic ADIs, and was much poorer for those who only had ADIs meeting the 1987 case definition. Injection Drug Users fared slightly better than men who have sex with men and heterosexuals. Residents of Philadelphia, Northeastern and Northcentral areas of PA at diagnosis fared slightly better than others.

**CONCLUSIONS:** Survival time improved consistently with each successive time interval assessed despite adjustment for early diagnosis due to changes in case definition and other factors described. This improvement was associated with a complex of factors that preceded the widespread use of highly active antiretroviral therapy in the US in 1996. This study could not elucidate the relative contributions of HAART relative to specific factors that make up this complex of factors. However, interventions such as preventive services, clinical care and support services that were already in place before HAART are highly likely to have contributed to improving survival and should be sustained in addition to the new innovation of HAART. More resources are needed to support the social, prevention and care needs of people living longer with HIV. Further investigations are also needed to elucidate the relative contributions of these factors in relation to HAART, at the population level; and to project and quantify the resources that will be needed to support the affected population that is living longer.

**Control Number:** 03-B-50-NHPC  
**Format:** Abstract Format II - Descriptive Summary  
**1st Category Choice:** C09 Group Level Interventions  
**2nd Category Choice:** D03 Best HIV Prevention Practices  
**Population 1:** P47 People w/Mental Disabilities & Disorders  
**Population 2:** P43 Outpatient Clients  
**Presentation Preference:** Single Oral

**Title:** Sex, Drug and HIV: Primary and Secondary Prevention for People with Mental Illness.

**Author Block:** *Herman, R<sup>1, 2</sup>; Kaplan, M<sup>1</sup>*

1 Columbia University HIV Mental Health Training Project, New York, NY; 2 New York State Psychiatric Institute, New York, NY

**Abstract Body:**

ISSUE:

Under the leadership of Dr. Francine Cournos, the Columbia University HIV Mental health Training Project has worked to bring national attention to the HIV/AIDS epidemic among people with mental illness. Numerous research studies have shown elevated rates of HIV infection in this population and high rates of HIV-related risk behaviors, including:

- Injection drug use, often preceding the onset of mental illness
- Unsafe sexual activity when disinhibited by alcohol or illicit drug use
- Trading sex for food, money, drugs, a place to stay, etc.
- Sex with multiple or poorly known partners, or sex with those known to be HIV positive, to use injection drugs, or to have other risk factors for HIV
- Living in poor urban neighborhoods where HIV is endemic
- For men: elevated rates of same sex sexual activity in hospitals, prisons, homeless shelters, etc.

SETTING:

They have conducted these groups in many settings, including mental health programs, substance abuse programs, AIDS service programs, homeless shelters, faith based organizations, and consumer forums.

THE PROJECT:

Our project has developed a prevention manual (over 8,000 in circulation), trained hundreds of clinicians, and co-led prevention groups with people with mental illness. Dr. Meg Kaplan and Mr. Richard Herman have developed an intervention which aims at engaging patients in frank discussion of both sexual and drug related risk behaviors. This includes 10 sessions, each with one or more interactive exercises and role plays, which help patients learn the skills needed to negotiate with sexual partners. As part of federally funded grants from CMHS and HRSA, the authors teach participants (including clinicians, paraprofessionals and consumers) the skills needed to engage patients in interactive HIV prevention groups. The main learning objectives of this workshop are to increase participants' comfort in discussing sex and drug use. Workshop participants engage in the same interactive exercises used with patients. The goal is to allow them to go back to their programs with the knowledge and skills needed to conduct prevention efforts. Our group is able to provide copies of our manual "HIV Prevention for People with Mental Illness" free of charge to all workshop participants. This work teaches participants how to make a discussion of such a serious topic as the prevention of HIV into a lively fun format that engages participants.

RESULTS:

Evidence for our intervention and other similar programs suggests that cognitive-behavioral groups can be successful in reducing HIV risk behavior among people with mental illness when the staff who work with them are given the tools to empower their patients with the skills they need to protect themselves.

We were able to demonstrate that mental health programs that receive our training were far more likely to conduct HIV risk reduction groups. Feedback about this intervention is uniformly positive. Numerous programs report ongoing successful prevention efforts based on our work.

LESSON LEARNED:

People with mental illness are at risk for HIV infection which can be reduced by offering mental health providers training and support in conducting HIV risk reduction groups.



**Control Number:** 03-A-58-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** C32 Rapid HIV Tests

**2nd Category Choice:** D12 HIV Prevention Programs for Communities of Color

**Population 1:** P3 African Americans

**Population 2:** P12 Communities of Color

**Presentation Preference:** Single Oral

**Title:** HIV Outreach in the African American Community Using OraQuick Rapid Testing

**Author Block:** *Keenan, PA*

Univ. of MN, Dept Family Practice and Community Health, Minneapolis, MN

**Abstract Body:**

**BACKGROUND/OBJECTIVES:**

A major problem confronting HIV counseling and testing programs in the USA is that many clients never learn their HIV test results. In 1998 48% of all persons who had publicly funded HIV tests (including >8000 HIV positives) failed to return for test results. Of all ethnic groups, African Americans had the highest rate of failure to return (56%). Experts have called for expanded use of rapid HIV testing as a potential solution to this problem. New, point-of-care, rapid HIV tests are especially promising. OraQuick (OraSure Technologies Inc., Beaverton OR) is the first of this new generation of rapid tests to be approved by the FDA. Favorable characteristics of OraQuick include a rapid turnaround time (20 minutes), ease of obtaining sample (fingerstick), and point-of-care technical simplicity. We studied implementation of OraQuick in an urban outreach program.

**METHODS:**

Our clinic collaborated with community based organizations (CBOs) that work with persons in the predominantly African American community of North Minneapolis. These CBOs included chemical dependency programs, homeless shelters, halfway houses, gay youth drop-in centers, etc. We went on-site to the CBO and did group pretest counseling that included basic HIV prevention information. We also stressed to the client the difference between rapid and non-rapid HIV testing. The client must understand that a reactive rapid test must have EIA/Western blot confirmation. The pretest counseling was followed by voluntary fingerstick OraQuick testing. OraQuick negatives were counseled regarding their seronegative status. OraQuick positives had venous blood sent for confirmatory EIA/Western blot and received appointments for confirmatory test results and counseling. Clients with positive EIA/Western blots were referred for HIV therapy and group and social support. High risk negatives were referred for more extensive risk reduction counseling. Because it was a research protocol, backup OraSures were obtained on all OraQuick negatives. Quality assurance measures included initial OraQuick training sessions and ongoing proficiency panels. Pre and post-test counseling was monitored by supervision in the field and by periodic role modeling sessions.

**RESULTS:**

We tested 500 clients in 6 months. Seventy-five% were African American; 70% male, 30% female. We had 3 true positives (0.6%) and 1 false positive (0.25%). OraQuick sensitivity (only 3 HIV positives) was 3/3 (100%); specificity was  $397/398 = 99.8\%$ . Ninety-five percent of clients learned their test result within 30 minutes. Importantly, 499/500 (99.8%) of these high risk clients learned their HIV test result and received post-test counseling appropriate to their serostatus. In post-test surveys 94% of clients who had previous standard testing preferred rapid testing. Ninety-nine% agreed they understood their test result.

**CONCLUSIONS:**

OraQuick is a logistically feasible, accurate rapid HIV test that worked well in outreach settings. Pretest counseling must educate the client about the advantages and disadvantages of rapid HIV testing.

OraQuick enabled an extremely high percentage (99.8%) of outreach clients to learn their test results and receive post-test counseling appropriate to their serostatus. Satisfaction surveys indicated clients appreciated rapid HIV testing. Our presentation will comment on field testing logistics, test accuracy, confirmatory testing issues, client acceptance and quality assurance protocols.

**Control Number:** 03-A-61-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** C17 Interventions that Sustain Safer Behaviors Among Persons Living with HIV

**2nd Category Choice:** C21 Interventions that Reduce Sexual Risk

**Population 1:** P30 Incarcer.Popul.(Correct.Settings,Persons in)

**Population 2:** P61 Women

**Presentation Preference:** Group Oral

**Title:** New Transitions for Formerly Incarcerated Women with HIV/AIDS/STDS

**Author Block:** *Williams, D; Wajih, A; Sharif, I; Sullivan, J*  
BABAA, St. Louis, MO

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** BABAA's objective is to develop and implement a holistic program designed to enhance access to HIV/AIDS healthcare and support services for newly released minority women at risk for HIV infection.

**METHODS:** BABAA's key component: **Transitional Case Management** - Provides HIV/AIDS positive women who are incarcerated and recently released access to Care Case Management services and discharge planning.

**RESULTS:** a) Interaction and communication between New Transitions staff and clients is enhanced by shared cultural identity reaffirming the importance of cultural sensitivity and specificity. b) The New Transitions program demonstrates that a holistic approach is critical in filling the gaps in accessing care and support for formerly incarcerated minority women living with AIDS or at a high risk for HIV/AIDS. c) This particular population often has little if any knowledge of accessing care and services. In order to be effective in enhancing access to care, programs must be designed to address multiple levels of needs. d) Collaborative relationships are necessary for a holistic approach.

**CONCLUSIONS:** The New Transitions program demonstrates that there is a tremendous gap in services being provided to African American women who face unique needs: higher rate of misdemeanor charges and incarceration, inadequate healthcare and housing, dysfunctional family structure and a lack of access to services critical to improving quality of life. All of these needs become major barriers to accessing HIV care and support services for women who require continuous guidance to prevent re-incarceration. New Transitions can bridge the gap by accessing clients from this population with critical quality of life services.

**Control Number:** 03-B-72-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C21 Interventions that Reduce Sexual Risk

**2nd Category Choice:** D03 Best HIV Prevention Practices

**Population 1:** P19 Gay and Other Men Who Have Sex With Men

**Population 2:** P35 Latinos/Latinas, Hispanic

**Presentation Preference:** Single Oral

**Title:** Using cyber-interventions to influence community norms, and bring valuable information to MSM.

**Author Block:** *Lopez, O<sup>1</sup>; Fallon, S<sup>2</sup>; Shults, K<sup>1</sup>*

1 Engender Health, New York, NY; 2 Skills4, Inc, Ft Lauderdale, FL

**Abstract Body:**

**ISSUE:**

Is the Internet a technological trap, encouraging high-risk behaviors amongst urban and rural MSM, and MSM of color? MSM chat rooms have been linked to STD outbreaks and to bareback sex parties. Many organizations wish to address on-line risks, but lack models to create effective new programs. Proper interventions can sensitize MSM to risk, build skills and self-efficacy. By the end of this interactive workshop, conference participants will gain the tools to transfer behavioral theory to produce ethically staged Internet based interventions, and to establish protocols for evaluating outcomes without compromising confidentiality.

**SETTING:**

Local on-line chat rooms populated with MSM in urban or rural areas.

**PROJECT:**

Facilitators will explore reasons that why Internet introductions can lead to riskier sexual behaviors, especially amongst MSM who do not identify with a mainstream gay community. Data will be shared about increasing Internet access amongst low income MSM and MSM of color, and the frequency of Internet use for initiating sexual contact. Methods for adapting behavioral models will be explained, including Stages of Change and the Health Belief model. Participants will be shown how to gather measures of their programs' success, as demonstrated in the data drawn from two test city models. This interactive workshop will invite participants to create and evaluate outlines for Internet interventions for use in their own communities. Resources for securing computers and software necessary to start programs will also be shared.

**RESULTS:**

The protocols offered explore in depth the challenges of balancing public health needs with perceived privacy rights in this, the last domain of anonymity. Cyber-interventions can influence community norms, and bring valuable information to MSM. They bring unique ethical and logistical challenges, as well as the promise of potentially geometric diffusion of innovation.

**LESSONS LEARNED:**

By the end of this workshop, conference participants will

Understand why Internet introductions can lead to riskier sexual behaviors, especially amongst MSM who do not self-identify.

Gain the tools to transfer behavioral theory to create effective, ethically staged interventions, and to evaluate outcomes without compromising user confidentiality.

Learn how to conduct effective KABB surveys during prevention interventions, and supply useful data to the CPG planning process.

**Control Number:** 03-B-73-NHPC  
**Format:** Abstract Format II - Descriptive Summary  
**1st Category Choice:** C36 Social Marketing  
**2nd Category Choice:** D03 Best HIV Prevention Practices  
**Population 1:** P3 African Americans  
**Population 2:** P19 Gay and Other Men Who Have Sex With Men  
**Presentation Preference:** Single Oral

**Title:** Do at-risk populations still perceive HIV's threat?

**Author Block:** *Fallon, S<sup>1</sup>*; *Arboleda, C<sup>2</sup>*

1 Skills4, Inc, Ft Lauderdale, FL; 2 National Minority AIDS Council, New York, NY

**Abstract Body:**

**ISSUE:**

Do at-risk populations still perceive HIV's threat? Teens have grown up receiving HIV education in schools, but headlines have convinced many that HIV is easily managed. Residents whose first language is Spanish lack information about conferred drug resistance and increasing HIV incidence rates in their communities. Meanwhile, HIV+ MSM fear social excommunication if they reveal their status, and so are less likely than any other group to disclose to casual sex partners. Despite the shifting landscape, HIV prevention media can stand out and speak clearly to target populations. Even grass roots, localized efforts can have impact for minimal cost..

**SETTING:**

Narrowcast and outreach locations in both urban and rural areas.

**PROJECT:**

Many agencies fear that effective media campaigns require capital outlays beyond their capacity. Others buy templates from national agencies that might not speak effectively to their location target population. This interactive workshop will introduce National HIV Prevention conference participants to methods for devising home grown prevention marketing campaigns and the reasons for investing time in such local responses. A framework will take participants through the steps of proper social marketing decision points, beginning with focus groups, and following through to pilot testing. Participants will explore cultural competence in messaging, as well as barriers to risk sensitization, self-efficacy, and reasoned action. The workshop will introduce tools that underlie for-profit print and televised advertising campaigns—brainstorming, utilization of rhetorical strategies, and keys to graphic design success. These tools will then be put to the test with displays of hits and misses in social marketing campaigns launched in the presenter's respective regions. In a hands-on exercise, facilitators will then challenge participants to create their own health messages, utilizing these tools. Finally, facilitators will present methods for conducting evaluation after a campaign.

**RESULTS:**

Effective social marketing must quickly capture the attention of the target population, and be grasped and internalized if it is to have any impact. The presenters have implemented successful social marketing campaigns in Florida and New York, and have provided technical assistance for campaigns throughout the nation. Print media campaigns present unique challenges. Recent audits of HIV prevention programs leave many agencies fearful to commit their messages to the permanence of print. The presenters developed protocols to ensure acceptance from funders, health officials, and members of the target population. The facilitators' own case studies show that rapidly deployed local campaigns can defuse rumors and reorient community norms and values.

**LESSONS LEARNED:**

By the end of the workshop, participants will be able to:

- 1) Identify the decision points, barriers to change, and key values of their target audience.

- 2) Translate complex medical points about HIV into metaphors and analogies that are accessible and culturally competent.
- 3) Field test prevention marketing pieces, and evaluate successes or challenges after a campaign.

**Control Number:** 03-B-74-NHPC  
**Format:** Abstract Format II - Descriptive Summary  
**1st Category Choice:** C09 Group Level Interventions  
**2nd Category Choice:** D03 Best HIV Prevention Practices  
**Population 1:** P26 HIV Prevention Providers  
**Population 2:** P13 Community Educators  
**Presentation Preference:** Single Oral

**Title:** Motivating Behavioral Change

**Author Block:** *Fallon, S<sup>1</sup>; DeLeon, R<sup>2</sup>*  
1 Skills4, Inc., Ft. Lauderdale, FL; 2 Chase Brexton, Baltimore, MD

**Abstract Body:**

**ISSUE:**

HIV and STD prevention professionals are often invited to provide workshops to captive audiences. How can educators make their messages clear to audiences of differing cultural backgrounds and comprehension levels? Can skill-building workshops actually seem fun and engaging, winning over indifferent or resistant populations? Do ice-breakers have to consume time from the content of a health workshop? Can information be imparted in ways that ensure retention of the lessons learned, and motivation of behavioral change?

**SETTING:**

community centers, after-school programs, correctional facilities, social network house parties.

**PROJECT:**

Workshops that are traditionally didactic can seem impersonal, missing an opportunity to “connect” with members of a target population. Meanwhile, open discussion meetings can seem enjoyable but often deliver information in a disorganized format that leads to difficulty retaining key lessons learned. Facilitators can instead direct discussion through activities that demonstrate key health facts and strategies for staying safe from HIV. The best group level interventions merge components of active listening, salesmanship and convincing science. The presenters provide train-the-trainer and direct community education workshops throughout the nation. They have developed a compendium of “best practices” for one-shot and ongoing group level interventions. Some of the components were independently developed and field-tested in two urban peer settings; others were gleaned from AED and CDC compendiums. National HIV Prevention conference participants will learn these tools through an interactive workshop, by playing the part of education consumers in prisons, schools and community centers. Guiding behavioral theories for all principles will be presented in easy-to-use fact sheets. Small groups of participants will try their hand in creating a new workshop activity, designed to capture demonstrate key health facts and to convince a target population of the benefits of specific behavioral changes.

**RESULTS:**

To motivate behavioral change, group level interventions must be both informative and inspirational. The human component of effective facilitation is rarely taught because it seems “subjective.” Yet such “tools of the trade” can be imparted to improve the impact of any group level intervention. Facilitators can adjust health messages to meet the linguistic and cognitive competence of participants. Teaching through metaphor or analogy allows easy comprehension of important points about HIV's continued threats. Appealing to the seven types of intelligence helps participants to maintain attention during a workshop. Business principles of dynamic closing effectively motivate participants to act on the lessons learned. Directed role-plays provide safe and memorable opportunities to practice negotiation skills. National HIV Prevention conference participants will leave the workshop confident that they can employ tools in their own settings, and to revise as needed to fit their own target populations.

**LESSONS LEARNED:**

By the end of the session, participants will be able to

1. Re-frame deductive presentations into the more effective inductive format;
2. Present disease prevention messages in ways that speak to the value systems of the target population.
3. Define measures of group level changes in self-efficacy, knowledge, and risk-sensitization following an intervention.



**Control Number:** 03-B-86-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C18 Interventions that Target Youth in High Risk Situations

**2nd Category Choice:** C16 Interventions that Promote Healthy Behaviors

**Population 1:** P3 African Americans

**Population 2:** P10 College and University Students

**Presentation Preference:** Poster Session

**Title:** Enhancing HIV/AIDS Health & Wellness Programs for HBCU Students

**Author Block:** Norman, RH

NAFEO, Silver Spring, MD

**Abstract Body:**

**ISSUE:** Studies suggest that active youth participation in health prevention programming can facilitate skill building and reduce risky behavior. It can also increase knowledge and provide motivation for adopting healthier lifestyle behavior. Nevertheless, very few programs have been developed based on direct feedback from the target population, particularly youth and young adults under the age of 21.

**SETTING:** Historically Black Colleges and Universities (HBCUs) nationwide. Program targets African American and other students of color.

**PROJECT:** NAFEO's Young Adults Health 'N Wellness Awareness (YAHNWA) Project conducted research to gather information on the HIV/AIDS/STD and wellness content needed to influence young adults to change risky behaviors, determine who would be most appropriate to deliver this type of information and what materials, venues and media would be acceptable to provide it.

**RESULTS:** NAFEO will provide summary results from the data analysis collected from focus groups and survey results gathered from nearly 600 HBCU students related to assessing their HIV/AIDS health and wellness needs.

**LESSONS LEARNED:** Research results indicate that young adults want to be more proactively involved in creating and designing health awareness programs that impact their lives.

**Control Number:** 03-B-93-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C30 Prevention Interventions in Correctional Settings

**2nd Category Choice:** C18 Interventions that Target Youth in High Risk Situations

**Population 1:** P12 Communities of Color

**Population 2:** P14 Correct.Settings,Persons in(Incarrer.Popul.)

**Presentation Preference:** Group Oral

**Title:** Brother 2 Brother/Brothers Network Program four- phase Intervention.

**Author Block:** *Tirado, AM; Bruton, JL; Stafford, LD*

Miracle of Love, Orlando, FL

**Abstract Body:**

Issue:HIV/STD four-phase prevention intervention to reduce risk transmission/infection amount incarcerated men of color and bisexual men of color.

Setting: Orange County Corrections 33rd street jail and the consumers homes in Orlando, FL.

Project: The Brother 2 Brother Program and The Brothers Network Program

The Brother 2 Brother program educates adult and juvenile inmates. We first conduct a one-hour orientation with the new arrestees upon entry in the Orange County Corrections Systems. This one -hour orientation includes a condom demonstration and an overview of the Brother 2 Brother program and the services that our agency (Miracle of Love, Inc) has to offer. The inmates, after a few days are assigned to different facilities within the 33rd street jail system, at this time the inmates are given the opportunity to sign-up for one of our six group level intervention classes within the jail. The inmates are given six (6) days off their jail time when they complete the intervention along with a certificate of completion from the program.

The Brothers Network Program is an activity-based program that conducts its interventions to Gay/Bisexual men of color in the community. The Brothers Network staff conducts club outreach at two local venues to recruit consumers and at social events they host for their group/individual level safer sex education/awareness intervention classes. Upon completion of the four-phase intervention the consumers are given a certificate of completion and are also referred for testing and counseling to the Brothers United Program.

the intervention for both programs include: a) Introduction/Self risk reduction; b) HIV/AIDS risk reduction;

c) Assertiveness Training; d) Behavioral Commitment.

Results: From the start of the Brother 2 Brother program in June of 2000, 1,220 consumers (636 African Americans; 310 Hispanics; 4 American Indians; 5 Asian; 265 Caucasians) have completed the four-phase intervention.

From the start of the Brothers Network program in September of 2000, 319 consumers (233 African Americans; 31 Hispanics; 1 American Indian; 2 Asian; 52 Caucasian) have completed the four-phase intervention.

Lessons Learned: The Brother 2 Brother staff has learned that by using their own experiences and HIV status whether negative/positive to show how important it is to change your risky behaviors; by doing this we found the participants are able to share their behaviors with us.

The Brothers Network staff has learned that home settings offer a certain level of privacy for consumers, which provides an acceptable level of comfort for receiving the information. These locations are discrete and serve as a non-intrusive space for consumers.

**Control Number:** 03-A-96-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** C28 Post-Exposure Prophylaxis, Occupational

**2nd Category Choice:** C13 Interventions Supporting Occupational HIV Prevention

**Population 1:** P22 Health Care Workers

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Single Oral

**Title:** PREVENTION OF SEROCONVERSION AFTER ACCIDENTAL INJURIES WITH RETROVIRUS CONTAMINATED INSTRUMENTS

**Author Block:** *Robicsek, F<sup>1</sup>; Fokin, AA<sup>2</sup>; Masters, TN<sup>2</sup>*

1 Carolinas Medical Center, Charlotte, NC; 2 Carolinas Medical Center, Heineman Medical Research Laboratories, Charlotte, NC

**Abstract Body:**

**Background/Objectives.** About 1 million accidental needlestick and sharp object injuries are reported yearly in health provider and research environments in the USA, where there are approximately 900,000 HIV positive patients. The incidents were reported in 15% of surgical procedures and usually occurred at the subcutaneous layer, thus mostly involving the lymphatic pathway. Viral load has a bearing on the development of disease and treatment prognoses. The seroconversion rate from percutaneous HIV exposure is about 0.3%.

We investigated the spread of infection by blood and lymphatic pathways after different methods of inoculation and the possibility of local intervention in the prevention of infection and enhancement of systemic treatment.

**Methods.** In the feline model, local injection of antiviral agent at the site of injury to prevent feline leukemia (experimental model for HIV) after retrovirus-contaminated needlestick and knife-cut injuries was studied. In the canine mode, subcutaneous (SQ), intralymphatic (IL) and intravenous (IV) injections of viral-size <sup>99m</sup>Tc particles (100-200 nm) were performed at the distal part of hind limb. Blood and lymph samples were collected for 45 minutes at the groin from a femoral vein and a lymphatic vessel. Both pathways were compared using parameters such as flow rates, particle arrival time, concentration, and accumulation using  $\gamma$ -counting and lymphoscintigraphy. The influence of tourniquet application above the injury site on the spread of inoculum was also studied.

**Results.** After SQ introduction, 90% of the inoculum remained locally for a prolonged time with gradual release into the circulation. Infiltration of the injury site in the feline model with 0.2% povidone iodine prevented viremia if applied immediately, but was not successful after a more severe knife-cut injury. After SQ injection, particles arrived in blood at  $2.81 \pm 0.54$  minutes and in lymph at  $6.0 \pm 1.47$  minutes. Tourniquet application delayed the appearance in blood up to  $7.11 \pm 1.5$  minutes and in lymph up to  $40 \pm 5.10$  minutes. After SQ injection, lymph carried  $10^3$  times more particles, but with much less speed than blood. Accumulation in lymph rose slower than in blood but continued to increase for a prolonged time. After IL injection, particles arrived in the blood in 4 seconds. Concentration values in blood after IL injection and in lymph after IV injection were comparable. Particle accumulation in the blood after IL injection rose quickly and had high values while accumulation in lymph after IV injection was delayed but continued to increase throughout the experiment.

**Conclusions.** There are extensive communications between the lymph and blood at the peripheral level that may provide transport in both directions, with prevailing conveyance from the lymph to the blood pathway. This explains the rapid arrival of particles in the blood, even if initial entry occurred subcutaneously or directly into the lymphatic system. The prolonged local containment of inoculum after SQ introduction and the slow spread of particles by lymph justifies rapid local interventions. Immediate tourniquet application and infiltration of the injury site with a virucidal agent may slow

dissemination, decrease the amount of spreading virus and increase the effectiveness of systemic treatment.

**Control Number:** 03-B-105-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C19 Interventions to Reduce Perinatal Transmission

**2nd Category Choice:** E20 Policy Issues About Perinatal Prevention

**Population 1:** P42 Newborns

**Population 2:** P49 Pregnant Women

**Presentation Preference:** Single Oral

**Title:** Progress of CDC-Funded Perinatal HIV Programs to Maximally Reduce Perinatal HIV Transmission in the U.S.: Collaboration Among HIV Surveillance, HIV Prevention Programs, Maternal-Child Health and National Organizations.

**Author Block:** *Lampe, MA; Sansom, S; Harris, N; Hale, D; Ruffo, N; Fowler, MG; for the Perinatal HIV Executive Working Group*  
CDC, Atlanta, GA

**Abstract Body:**

**ISSUE:** Since the PACTG 076 results were announced in 1996, there has been a dramatic decline in pediatric AIDS cases in the U.S. However, HIV testing among pregnant women is not universal, and some HIV-infected pregnant women do not receive effective interventions. CDC estimates 280-370 new perinatal HIV infections each year.

**PROJECT:** Since 1999, Congress has appropriated \$10 million annually for perinatal HIV prevention (PHP). CDC's Division of HIV/AIDS Prevention distributes the funds through 3 complimentary activities: 1) enhanced perinatal HIV surveillance (EPS) to monitor the epidemic and the services received by HIV infected pregnant women and their infants in 25 jurisdictions; 2) intensive PHP programs in 16 states with the highest seroprevalence and 3) professional education, training, policies and administrative tools, and collaborative forums for PHP by 5 national provider organizations.

**RESULTS:** Since 1999, 5 key types of programs have been implemented in 16 high-prevalence areas: outreach, provider training, social marketing campaigns, prevention case management of HIV-infected & high-risk pregnant women, and rapid HIV testing of women who present in labor with unknown HIV status. Four states have begun rapid testing in select sites. CDC is also working with partners to develop a national model rapid HIV testing protocol. Five national organizations further enhance and reinforce prevention activities with train-the-trainer curriculums for providers, policies to foster broader access to prenatal HIV testing, and state and local forums to facilitate collaboration between MCH and HIV professionals. The 3 key outcomes used to evaluate program impact are: prenatal HIV testing rates, receipt of appropriate treatment among HIV-infected pregnant women and their infants and trends in perinatal HIV transmission rates. The methodologies to measure HIV testing rates vary widely across states, as do estimates of state testing rates (25% - > 90%). Treatment and transmission outcome data are being gathered through HIV/AIDS Reporting System (HARS) and EPS.

**LESSONS LEARNED:** Comprehensive perinatal prevention activities should include surveillance, prevention programs and collaboration with national provider organizations. HIV/AIDS surveillance data should be maximized to describe treatment, transmission and missed opportunities for PHP and are key to identifying populations and geographic areas in need of increased PHP efforts. Future funding should also include the development of standardized methods to monitor HIV testing rates among pregnant women across the U.S. Overall, these efforts will help us address the important public health goal of maximally reducing and possibly eliminating perinatal HIV transmission in the U.S.

**Control Number:** 03-A-107-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** C41 Other (Please specify on Additional Info page)

**2nd Category Choice:** F20 Secondary Prevention of Opportunistic Infections

**Population 1:** P22 Health Care Workers

**Population 2:** P53 Researchers

**Presentation Preference:** Single Oral

**Title:** Comparison of Life One Formula tm (patent pending) and HAART on the effects of lymphocyte function, viral load and side effects in HIV-1 infections

**Author Block:** *La Rochelle, MDCM, FRCS[c], FAAOS, P; Farley, N.D., M; Rank, MD, FACP, M; Alessandrini, MD, C*

Best Medical Center, Indialantic, FL

**Abstract Body:**

Highly active antiretroviral therapy (HAART) in the treatment of HIV-1 is associated with a decrease in viral replication, often to undetectable levels, with an increase in CD4-T lymphocytes (helper T-cells). Unfortunately residual HIV-1 replication recurs when CD8-T lymphocytes (cytotoxic, natural killer cells) do not completely recover. (1) The initial increase in CD-4 cells provided by HAART is accompanied by a proportionally larger drop in CD-8 cells. The CD-8 cells are an essential factor in inducing CD-4Tcells to increase production of Interferon gamma and FAS-Ligand. These two molecules are critical to long term CD-8 + function to provide killer cell function against HIV-1. (2) Life One Formula, a natural phytochemical immune system booster therapy, increased absolute lymphocyte cell counts, increased CD-3+, increased CD-4, and increased CD-8; while decreasing HIV-1 viral load 70% in 42 days. (3) see fig. 1. Normally CD-3 cells are mature T-cells and natural killer Cells. As vital as CD-3 cells are in natural killer cell function, studies on HAART either show a drop in CD-3 levels or the CD-3 levels are not measured at all. According to Willard-Gallo, K et al (4) HIV-1 retrovirals incapacitate their T-cell host by interfering with the CD-3 antigen activation pathway. However, Life One Formula increases the CD-3 lymphocyte counts by an average of 1895.

**SIDE EFFECTS**

LifeOne Formula shows no adverse side effects. Its beneficial side effects include normalization of triglycerides and cholesterol, thereby reducing the risk of cardiovascular disease. It also lowers blood glucose. It corrects the lipid profile and lowers glucose. Glucose dropped 10%, cholesterol dropped 30% and triglycerides dropped 40% in an average of 42 days. There are several other lymphocyte subsets which participate in immune function, the body's natural ability to fight disease. LifeOne Formula significantly increases every one of those subsets in previous studies.

**Summary**

LifeOne Formula shows significant benefits over HAART. It increases all of the significant lymphocyte subsets in a 6 week period of time while producing no adverse side effects or complications. Life One Formula acted much more rapidly to raise the absolute lymphocyte count, CD-3, CD-4, CD-8 while reducing the HIV-1 viral load by over 70% in 6 weeks with the beneficial side effects of decreased glucose, cholesterol and triglycerides.

**Control Number:** 03-B-120-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C10 HIV/STD Interventions in Physician Office Settings or Other Health Service Settings

**2nd Category Choice:** C35 Skills-Building Interventions

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P37 Managed Care Providers

**Presentation Preference:** Single Oral

**Title:** *Supporting Client Disclosure of HIV Status*

**Author Block:** *Gandelman, AA; Mehlhaff, G*

University of CA, Berkeley, Berkeley, CA

**Abstract Body:**

**ISSUE:** Discussing HIV serostatus disclosure is a critical, yet challenging issue for both providers and patients/clients.

**SETTING:** Clinical and non-clinical settings where individual interaction occurs between HIV-positive clients and providers.

**PROJECT:** Recent studies have shown that many providers don't discuss safer sex or serostatus disclosure issues with their clients, and as a result, clients do not bring the issue up, even if they wish to discuss with their providers. *Supporting Client Disclosure of HIV Status* is a training for an individual-level intervention for providers who work with HIV positive clients. Objectives are to 1) understand the complex client issues surrounding disclosure 2) become familiar with a 4 step model to support client disclosure, and 3) develop skills to counsel and coach clients through the steps of HIV status disclosure, including safer sex strategies regardless of decision. The goal of this intervention is *not* to influence clients to disclose their status, but to ensure that those who do disclose to a family member, friend, or sex/needle-sharing partner have a positive outcome. The training is interactive and skills-based, and includes activities which sensitize providers regarding the potential risks involved in disclosing difficult information to significant others, explores client benefits and barriers of disclosure depending upon stage of infection, and introduces a 4-step model that is demonstrated and practiced by participants. The model includes a transition activity that takes the client from the topic at hand to that of disclosure, identifies whom the client is considering telling and potential consequences, and coaches the client on the specifics of the disclosure (where, when, what will be said, etc).

**RESULTS:** Initial evaluations (N=53) have shown that over 93% of participants stated that the course was useful and/or very useful in understanding issues related to disclosing status and 97% believed the coaching strategies to be useful or very useful. On a scale of 1 -5 (1: poor - 5: excellent), differences in skill efficacy rose from an average of 3.44 to 4.78 in identifying client benefits and concerns related to disclosing HIV status, and from 2.78 to 4.56 regarding provider ability to effectively coach clients through the disclosure process, before vs. after completing the training. As additional data is collected, results will be analyzed and presented.

**LESSONS LEARNED:** A majority of providers are uncomfortable discussing sensitive issues with their clients/patients, but can successfully discuss issues such as safer sex activities and serostatus disclosure to partners and significant others, once they receive relevant training. Many providers who were unsupportive of clients who had difficulty disclosing their serostatus to sex/needle-sharing partners gained an understanding of the risks involved, and learned effective ways to broach the subject with their clients/patients, increased their self efficacy around these activities, and believed they could more effectively support risk reduction efforts among their clients/patients.

**Control Number:** 03-B-123-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C31 Prevention Interventions in Faith Communities

**2nd Category Choice:** G16 Models of Integrating HIV Prevention into Youth Services

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P18 Faith Community

**Presentation Preference:** Single Oral

**Title:**

**integrating Hiv/aids Into Existing Youth Programs In Faith Based Organizations.**

**Author Block:** *UBUANE, IA<sup>1</sup>; Faleyimu, B<sup>1</sup>; Ajayi, PA<sup>2</sup>; Ejakita, I<sup>1</sup>*

1 CARES-Center for Adolescent Education and Sexuality, Warri, Nigeria; 2 Chevron Hospital, Warri, Nigeria

**Abstract Body:**

**ISSUE:** In order to halt the spread of HIV/AIDS there is need to focus on the youths. Current statistics indicate that HIV/AIDS is increasing dramatically among adolescents and young adults. According to world statistics most of the newly infected cases are youths. This is very devastating; despite the wide spread campaign on preventive measures. In this regard there is need to look at it in a different perspective to get them well informed and behaved. It is important to set youth issues as a priority in HIV prevention and to develop strategies that will include their participation. Faith based organization could be a meaningful avenue in enlightening and educating youths.

**SETTING:** HIV prevention and health education programs for reaching young people in and out of school through faith-based organization. Programs are been integrated into youth existing programs in churches since most faith-based organizations have affiliated youth organizations. Larger population of youths are found in churches and more so, understanding and obedience is high and positive response in attending programs or workshop when instructed by their leaders

**PROJECT/PROGRAM:** The project is been initiated as an avenue to reach a high population of in and out schools youth effectively. A pilot program was organized in some of the churches around the communities where we operate. The awareness program, which started June 2001, is still on. The program consists of lectures, film shows, drama, poetry, FGD (Focus Group Discussions), Faith-based doctrines/pamphlet and souvenirs were also distributed to sustain knowledge and promote peer education.

The next step will be training of trainers (TOT), Leaders and officers of these faith bases organizations.

**RESULTS:** Their response shows that there is a profound impact on the lives of its participants. The youths demonstrated significant increases in knowledge about HIV/AIDS and also a willingness to impart information to their peers. The leaders show a positive response to the program

**LESSON LEARNED:** Though this is a piloted program the success cannot be over-emphasized. Faith based organizations are effective tools in reaching youths of different class. The attendance and responses from the youth were encouraging and motivating.

Majority of the youths indicated interest in the training.

We hope to involve the youths as facilitators in the second phase of this program



**Control Number:** 03-A-128-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** C19 Interventions to Reduce Perinatal Transmission

**2nd Category Choice:** B31 Using Surveillance Data to Make Program Decisions

**Population 1:** P50 Program Administrators

**Population 2:**

**Presentation Preference:** Single Oral

**Title:** Monitoring programs to prevent perinatal HIV transmission in four U.S. states, 2000-2001

**Author Block:** *Harris, NS<sup>1</sup>; Sansom, S<sup>1</sup>; Lampe, M<sup>1</sup>; Ruffo, N<sup>2</sup>; Brown, D<sup>3</sup>; Giurgiutiu, D<sup>3</sup>; Wyche, M<sup>4</sup>; Wheeler, C<sup>4</sup>; Dimasi, L<sup>5</sup>; Noga, H<sup>6</sup>*

1 CDC, Atlanta, GA; 2 Northrop Grumman, Atlanta, GA; 3 South Carolina Dept of Health and Environmental Control, Columbia, SC; 4 Louisiana Dept of Health and Hospitals, New Orleans, LA; 5 New Jersey Dept of Health and Senior Services, Trenton, NJ; 6 Connecticut Dept of Public Health, Hartford, CT

**Abstract Body:**

**Background/objectives:** In 1994, zidovudine (ZDV) prophylaxis was shown to reduce perinatal HIV transmission from 25% to 8%. Data from more recent studies suggest that combination antiretroviral therapy could reduce perinatal HIV transmission to 2% or lower. Since 1999, 16 states have received CDC funding to prevent perinatal HIV transmission and increase appropriate antiretroviral use among HIV-infected pregnant women. Fifteen of these states, and 10 additional states, have received funding to conduct enhanced surveillance of HIV-infected pregnant women and their infants in an effort to assess HIV risk factors, treatment and transmission. Based on programmatic and enhanced perinatal surveillance data, we describe prevention program efforts and surveillance data in four of the states receiving both perinatal prevention and enhanced perinatal surveillance funds.

**Methods:** We report combined process measures for CDC-funded perinatal HIV prevention programs in Connecticut, Louisiana, New Jersey and South Carolina during 2000 and 2001. We also report combined outcomes from the four states which include the proportion of HIV-infected pregnant women and their infants who receive ZDV prophylaxis and the proportion of HIV-infected pregnant women who transmit HIV to their infants. Outcomes include those for 1999, the baseline year before program implementation, and for 2000 and 2001. Estimates of completeness of reporting of infants born exposed to HIV based on seroprevalence data ranged from 55%-100% in the four states.

**Results:** Proportions for treatment and transmission by birth year and 95% confidence intervals (CI) are presented.

Program and outcomes	1999	2000	2001
Provider training: #providers trained (#sites reporting)		808(4)	1,533(4)
Outreach: #women reached (#sites reporting)		2,228(1)	10,418(1)
Case management of HIV positive pregnant women: # in case management (# sites reporting)	CDC-funded prevention programs were not Implemented until 2000.	6 (1)	29 (2)
Social marketing: #media distributed (#sites reporting)		No data reported	5,000* (1)
Number of HIV exposed children reported	548	608	434
Proportion receiving ZDV treatment (95% CI)	85% (82%-88%) 75% (71%-79%)	85% (82%-88%)	75% (71%-79%)

During pregnancy	89% (86%-92%)	76% (72%-78%)	82% (78%-86%)
During labor/delivery			
Neonatal		90% ((88%-92%)	94% (92%-96%)
HIV transmission rates (95% CI)§	5.3% (3.4%-7.2%)	4.6% (2.9%-6.3%)	3.5% (1.8%-5.2%)

\*5,000 flyers on prenatal HIV testing were distributed. §Mantel Haenszel Chi square test for trend p=0.1733

**Conclusions:** The decreasing trend for transmission rates from 1999 through 2001 is promising although not statistically significant. The proportion of women receiving prenatal ZDV declined in 2001; this decline does not appear to be related to a decline in the receipt of prenatal care. However, further analysis may reveal that this decline in prenatal ZDV may be associated with an increasing proportion of HIV-infected pregnant women on non-ZDV combination antiretroviral therapy for their own infections. Collaboration between those who deliver prevention programs and those who conduct perinatal HIV/AIDS surveillance is key to continuing the reduction of perinatal HIV transmission in the US.

**Control Number:** 03-A-134-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** C25 Methodological Issues in Intervention Studies

**2nd Category Choice:** C21 Interventions that Reduce Sexual Risk

**Population 1:** P3 African Americans

**Population 2:** P25 Heterosexuals

**Presentation Preference:** Single Oral

**Title:** Meta-analysis of HIV prevention interventions in African-American heterosexuals

**Author Block:** *Darbes, LA*<sup>1</sup>; *Crepaz, N*<sup>2</sup>; *Lyles, C*<sup>2</sup>; *Kennedy, G*<sup>3</sup>; *Zohrabyan, L*<sup>4</sup>; *Peersman, G*<sup>5</sup>; *Rutherford, GW*<sup>3</sup>

1 UCSF--Center for AIDS Prevention Studies, San Francisco, CA; 2 Behavioral Intervention Research Branch--CDC, Atlanta, GA; 3 UCSF--AIDS Research Institute, San Francisco, CA; 4 Northrop Grumman, Atlanta, GA; 5 Global AIDS Program--CDC, Atlanta, GA

**Abstract Body:**

**Background:** Recent studies have shown a substantial increase in HIV infections among racial/ethnic minorities in the U.S. Compared to other racial groups in the U.S., African Americans have the highest incidence, prevalence and mortality due to HIV. We conducted a systematic review in 2001 of HIV prevention interventions in U.S. minority populations conducted between 1988 and 2000. The search strategy was updated through 2002 and a subsequent meta-analysis was conducted of a subset of trials that addressed the issue of heterosexual risk among African Americans.

**Methods:** We conducted comprehensive and systematic searches for both published and unpublished studies. For the meta-analysis our inclusion criteria required that studies were randomized or controlled clinical trials, and that the sample population be comprised of either 100% African-American participants, over 80% African-American participants, or results for African-American participants could be examined separately. Outcomes were selected hierarchically such that unprotected sex was the primary outcome and condom use was the secondary outcome measure. For each study, we calculated odds ratio (OR) and variance for determining weight. A random effects model was used to combine weighted ORs. ORs greater than 1 indicate that interventions were effective in reducing sexual risk-taking.

**Results:** We identified 78 potentially relevant studies. Of those, 51 were excluded for not meeting our inclusion or methodological criteria (e.g., not reporting results separately for African-American participants). Of the remaining 27, 21 trials examined adult heterosexual risk and 6 examined adolescents. Results from the 24 trials examined to date (of over 7,000 participants) demonstrate that, overall, behavioral interventions had a positive and significant impact on reducing HIV risk behavior in persons with heterosexual risk. However, altering the risk behavior of persons whose risk stems from injection drug use appears to be more of a challenge.

Comparison	# of studies	Odds Ratio	95% CI
All adult heterosexual studies	24	1.43	1.21-1.69
Drug Users	7	1.25	0.86-1.80
Heterosexuals	17	1.52	1.26-1.83
Heterosexual adolescents	5	1.93	1.07-3.47

**Conclusions:** Overall, the results demonstrated that behavioral interventions can positively impact HIV risk behavior in heterosexual African Americans. Alternative strategies may be needed to best reach injection drug users. These data can be useful in the design and implementation of programs aimed towards preventing HIV infection in the African-American community.

**Control Number:** 03-A-135-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** C17 Interventions that Sustain Safer Behaviors Among Persons Living with HIV

**2nd Category Choice:** F07 HIV Prevention Case Management

**Population 1:** P46 People Living with HIV/AIDS

**Population 2:** P9 Clients of Community-Based Organizations

**Presentation Preference:** Group Oral

**Title:** HIV Transmission Risk Behavior, Medication Adherence, Mental Health, and Substance Use in a Four-City Sample of People Living with HIV: Implications for HIV Prevention – Findings from the NIMH Healthy Living Project

**Author Block:** *Rotheram-Borus, M<sup>1</sup>; Kelly, JA<sup>2</sup>; Ehrhardt, AA<sup>3</sup>; Chesney, MA<sup>4</sup>; Lightfoot, M<sup>1</sup>; Weinhardt, LS<sup>2</sup>; Kirshenbaum, SB<sup>3</sup>; Johnson, MO<sup>4</sup>; Remien, RH<sup>3</sup>; Morin, SF<sup>4</sup>; Kertzner, RM<sup>3</sup>; Pequegnat, W<sup>5</sup>; Gordon, CM<sup>5</sup>; NIMH Healthy Living Project Team*

1 University of California, Los Angeles, Los Angeles, CA; 2 Medical College of Wisconsin, Milwaukee, WI; 3 Columbia University and New York State Psychiatric Institute, New York City, NY; 4 University of California, San Francisco, San Francisco, CA; 5 National Institute of Mental Health, Bethesda, MD

**Abstract Body:**

**BACKGROUND:** Understanding the behavior of persons infected with HIV is of critical importance for developing new interventions aimed at preventing HIV infection. The NIMH Healthy Living Project is a randomized clinical trial of a psychosocial intervention focusing on multiple health-related behaviors in persons with HIV. This presentation provides an overview of the project, reports data on HIV transmission risk behaviors, medication adherence, mental health, and substance use from the project's large and diverse baseline sample, and will include discussion of the implications of these data for HIV prevention.

**METHODS:** In a cross-sectional design, 3,819 HIV infected persons (including 1,918 men who have sex with men [MSM], 978 women, 827 heterosexual men) were interviewed in clinics and community based agencies in Los Angeles, Milwaukee, New York, and San Francisco from April, 2000, to January, 2002. Participants completed multiple indices of health-related behaviors, mental health status, and substance use. A computerized interview was used to minimize socially-desirable responding.

**RESULTS:** The demographic profile of the sample mirrored that of the current HIV epidemic in the U.S. With regard to HIV transmission risk behavior, 19.6% of women, 16.4% of MSM, and 13.9% of heterosexual men engaged in unprotected vaginal or anal intercourse with partners who were HIV-negative or whose serostatus was unknown. Eighteen percent of 303 participants who injected drugs in the past three months lent their used injection equipment to others (6.3% to HIV-negative or unknown serostatus persons). Among the 75% of respondents taking antiretroviral medications, 35% reported missing at least one dose in the past 3 days, increasing the risk of development of treatment resistant virus strains. Missed doses were related to several demographic variables (younger age, African American identity, bisexuality, and unstable housing) and psychosocial factors (greater substance use and psychological distress, lower social support, and negative attitudes about treatment). Depressive symptomatology was mildly elevated, with a significant minority of participants reporting distress in the moderate and severe ranges of the Beck Depression Inventory. Psychological distress was associated with HAART non-adherence, alcohol and illicit drug use, and sexual transmission risk behavior. Women had higher levels of Anger-Burnout, levels of stress, and impact of HIV/AIDS symptoms on their lives compared with men. Bisexual men reported higher levels of Anger-Burnout and lower Positive States of Mind scores compared with heterosexual and homosexual men. Forty percent of participants recently used substances at an abusive level, 32% at a recreational level, and 28% abstained. Significant

predictors differentiating substance use level included gender, ethnicity, sexual orientation, social support, and depression. Factors associated with reduction in level of substance use (from lifetime to recent) included gender, city, ethnicity, education, social support, and quality of life.

**CONCLUSIONS:** Intensive prevention programs for persons with HIV infection, which include attention to transmission risk behavior, mental health issues, medication adherence, and substance use, in addition to the more traditional approaches of HIV-test counseling and of focusing on HIV-negative persons, are needed to prevent future infections. Such an intervention model, currently being evaluated in the NIMH Healthy Living Project, will be described.

**Control Number:** 03-B-138-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C21 Interventions that Reduce Sexual Risk

**2nd Category Choice:** C06 Dyadic and Family Level Interventions

**Population 1:** P45 Parents/Families

**Population 2:** P62 Youth

**Presentation Preference:** Single Oral

**Title:** Myths and Misconceptions Surrounding HIV Prevention Interventions Targeting Parents

**Author Block:** *Wyckoff, SC<sup>1</sup>; Miller, KS<sup>1</sup>; Bush, T<sup>1</sup>; Forehand, R<sup>2</sup>; Armistead, L<sup>3</sup>*

1 Centers for Disease Control and Prevention, Atlanta, GA; 2 University of Vermont, Burlington, VT; 3 Georgia State University, Atlanta, GA

**Abstract Body:**

**ISSUE:** Parents are unique and powerful tools for the delivery of HIV prevention information and skills to youth. However, many viable organizations and programs are not embracing parents in HIV youth intervention and prevention efforts because they perceive difficulty in getting parental involvement. There continue to be many myths and misconceptions surrounding the feasibility of conducting HIV prevention interventions with parents including that parents won't come, won't come back, or won't attend multiple sessions. There are also myths that parents think talking to their child about sex endorses sexual behavior and that pre-teens are too young to learn about sexuality and sexual risk reduction. Based on these myths and misconceptions HIV prevention efforts are underutilizing an important resource—Parents!

**SETTING:** Little Rock AR, Athens GA, and Atlanta GA.

**PROJECT:** Parents Matter! is a multi-site, longitudinal, community-based intervention trial promoting effective parent-child communication about sexuality and sexual risk reduction. Data from 680 African American families will be presented which dispel some of the common myths and misconceptions surrounding parental involvement in HIV prevention interventions.

**RESULTS:** Through October 2002, 680 families had been enrolled in the Parents Matter! Program. Recruitment and retention data indicate that parents are very willing to participate in assessments and interventions for low monetary compensation. Of the 680 that were randomly assigned to one of three intervention arms (two 1 session arms, one 5 session arm) 552 participated in the interventions, with 95% returning for post assessment follow-up and 91% for 6-month assessment follow-up. Retention was highest in the 5 session intervention arm. Eighty-eight percent of parents feel that talking about sex will not encourage their child to initiate sex, 80% of parents indicated that their pre-teen was ready to learn about sex topics, and 97% believe that it is their responsibility to teach their child about sexuality. Responses from the pre-teens indicate that many of them are in need of HIV prevention based on their sexual thoughts and behaviors.

**LESSONS LEARNED:** High intervention attendance and retention rates suggest that parents are interested and willing to participate in HIV prevention programs directed at improved communication with their pre-teens. Parents want and need the tools and skills to deliver HIV prevention. Programs which foster the role of parents in HIV youth prevention should be more widely implemented.

**Control Number:** 03-B-160-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C05 Community Level Interventions

**2nd Category Choice:** D19 HIV Prevention Programs for Women

**Population 1:** P61 Women

**Population 2:** P11 Commercial Sex Workers

**Presentation Preference:** Single Oral

**Title:**

**SEXUAL NETWORKING IN THE TIMES OF AIDS: IMPLICATIONS FOR COMMUNITY WOMEN AT OIL LOCATIONS IN NIGERIA.**

**Author Block:** *FALEYIMU, B\**; *FALEYIMU, AI*

CARES-CENTER FOR ADOLESCENT RESEARCH EDUCATION & SEXUALITY, Warri, Nigeria

**Abstract Body:**

**ISSUE:**

Although STDs including HIV/AIDS affect both man and woman, its physiological effects, social consequences and other gender-related abuse, are particularly more severe for women and girls especially those in the developing world. Early coital debut, polygamy and socially condoned male promiscuity all increase the risk of acquiring infection. Traditional gender role behavior makes women to lack economic opportunities and sex becomes an important economic commodity. This survival strategy is one of the factors responsible for the increase in sexual networking at Oil Locations as the nation's economy takes a downward trend.

**SETTING: COMMUNITIES SURROUNDING OIL LOCATIONS IN NIGERIA**

**PROJECT:**

Community women and Commercial sex workers (CSWs) are more vulnerable to HIV/AIDS in the face of sexual network with Field based Oil Workers (FBOW) at Oil Locations. This interaction which are both focus and diffuse results in immeasurable social, economic psychological and medical consequences for women and requires urgent and innovative intervention.

A pre-program Key informant interviews and Focus group discussions were carried out amongst CSW, Women settlers and FBOW at Oil Locations to assess the extent of this network.

A Community-Based AIDS Education Program was initiated for these subsets to increase awareness and to provide a basis for safer sex practice at these locations.

**RESULTS:**

There was poor awareness, misconceptions and doubts about HIV/AIDS amongst the subsets. A high level of sexual networking (focus and diffuse), multi-partnered sex and multi-agents STDs was also revealed. Condom use was low (14 %) and most have a poor risk perception. Some of the CSWs and community women at the focus group discussion identified poverty, divorce, teenage pregnancy, and highly mobile clients amongst others as factors that facilitate sexual net working at Oil locations. A post program FGD revealed more informed settlers who are ready to take responsible decisions on their sexual health and respond to the challenges of HIV/AIDS in their communities. Thirty-five and Sixty-six percent of the CSWs were ready to negotiate safe sex with the use of the Female and Male condoms respectively.

**LESSONS LEARNED:**

Commercial Sex workers, community women and their clients at Oil locations in Nigeria belong to a high-risk group for STDS and HIV/AIDS. The Oil and Gas exploration industries need to target a workplace-based AIDS awareness program at both their employees and their host communities. A broader integration of gender concerns into HIV/AIDS prevention programs can enhance the success of such targeted interventions.

**Control Number:** 03-A-161-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** C21 Interventions that Reduce Sexual Risk

**2nd Category Choice:** C27 Peer-Based Intervention Models

**Population 1:** P11 Commercial Sex Workers

**Population 2:** P4 Alcohol and Other Drug Users

**Presentation Preference:** Poster Session

**Title:** A Targeted HIV Intervention for Indigent Women Sex Workers

**Author Block:** *Surratt, HL; Inciardi, JA*  
University of Delaware, Coral Gables, FL

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Little systematic data are available on the risks for HIV and barriers to prevention among highly marginalized women sex workers. This study investigates the nature and extent of sexual and drug risk behaviors, and violent victimizations in a population of street-based sex workers in Miami, Florida. The primary objective is to evaluate and compare the effectiveness of two brief interventions designed to reduce HIV and hepatitis risk, and exposure to violence.

**METHODS:** Commercial sex workers are recruited into the study through targeted sampling techniques. Clients participate in a baseline interview regarding drug use and sexual behaviors, exposure to violence, and health status, and receive HIV/Hepatitis and violence prevention education. Pre-test counseling and blood testing for hepatitis A/B/C and HIV are then conducted. Post-test counseling is provided two weeks later. Follow-ups occur 3, 6, and 12 months after enrollment.

**RESULTS:** To date, some 450 women have been enrolled into the study. Their median age is 39 years; 62.5% are African-American, 21.9% are white-Anglo, and 12.4% are Latina; 43.3% are currently homeless. The primary drugs used in the past month include alcohol (75%), crack (74%), marijuana (58%), powder cocaine (40%) and heroin (21%). Twenty-three percent tested positive for HIV, 53% tested positive for HBV and 31% tested positive for HCV. Logistic regression analyses indicate that significant predictors of HIV, HBV, and HCV infection include older age (40+) and longer sex work history (15 years or more). Preliminary analyses of 3-month follow-up data show significant reductions in mean number of sex partners ( $p=.000$ ) and mean days of crack use ( $p=.000$ ) for both groups, and a reduction in the mean number of violent encounters with customers for the focused intervention group ( $p=.03$ ).

**CONCLUSIONS:** This study examines the relative effectiveness of two prevention/intervention models at reducing HIV and hepatitis risk, and risk for violent victimization among street-based female sex workers. While both interventions have shown positive initial results, the findings suggest that a targeted intervention specifically designed for the population has positive effects on risk reduction over and above those of a standard public health approach.



**Control Number:** 03-B-165-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C10 HIV/STD Interventions in Physician Office Settings or Other Health Service Settings

**2nd Category Choice:** E29 Other (Please specify on Additional Info page)

**Population 1:** P22 Health Care Workers

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Single Oral

**Title:** HIV/AIDS Awareness Programmes for Health Care Workers-are they effective?

**Author Block:** *Satyanarayana Rao, KH*

Central Government Health Scheme, Bangalore, India

**Abstract Body:**

**Issue:** Although Anti-Retroviral drugs have made it possible to offer “treatment”, we cannot neglect the preventive interventions, as they are more cost-effective. Unfortunately, lack of awareness and understanding among the Health Care Workers (HCWs) is also posing a big problem.

**Setting:** HCWs working in Out-patient Health Care facilities in the city of Bangalore in India.

**Project:** HIV/AIDS Awareness Programmes (HAAPs) were conducted in batches for 230 HCWs and their effectiveness was assessed. Free HAAPs were held in ten batches each consisting of one-hour lecture followed by an interactive session. A simple structured questionnaire covering causation, transmission and prevention of HIV infection/AIDS was administered to all the participants before and after the programme. Assessment was anonymous.

**Results:** 212 out of the 230 participants handed over both the pre- and post-Test response sheets. All seven groups of HCWs showed increase in the correct responses. Doctors showed 16% increase in the correct responses whereas it was 12%, 13%, 30%, 15%, 20% and 19% in case of Pharmacists, Nurses/Nursing assistants, Lab.staff, Health assistants, Cleaning staff and Others respectively. 82% of the participants improved their correct responses by 15 to 70%, while 14% did not show any change. Surprisingly, 4% deteriorated by 10 to 15%.

**Conclusion:** HIV/AIDS Awareness Programmes are quite effective in informing & educating HCWs, who form the backbone of AIDS Control Programmes. How far the gain in knowledge translates into change in their attitude and behavior needs further studies.

**Control Number:** 03-A-178-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** C21 Interventions that Reduce Sexual Risk

**2nd Category Choice:** D23 Implementing Culturally Competent HIV Prevention Programs

**Population 1:** P3 African Americans

**Population 2:** P61 Women

**Presentation Preference:** Single Oral

**Title:** African American Women at Risk for HIV: SISTA Project Intervention

**Author Block:** *Porche, DJ<sup>1</sup>; Jones, D<sup>2</sup>; Fernandez, T<sup>2</sup>*

1 Louisiana State University Health Sciences Center, New Orleans, LA; 2 Great Expectations SISTA Project, New Orleans, LA

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** African American women of childbearing age are being infected with HIV at alarming rates nationally and in Louisiana. African American women present unique culturally sensitive challenges in the prevention of HIV infection. The aim of this evaluation was to determine the change in knowledge, empowerment, and behaviors after a 5 week intervention.

**METHODS:** A peer-led program, SISTA, was implemented to provide African American women with knowledge, skills, pride, and a sense of empowerment to actively protect themselves from HIV infection. Pre- and post-intervention measures of HIV/AIDS Knowledge and behavior was evaluated with the HAPPA and a HIV/AIDS Knowledge test.

**RESULTS:** A change in HIV/AIDS knowledge was identified after the 5 week intervention; however, knowledge related to transmission did not consistently demonstrate a gain score. Themes identified indicated an increase in self-pride, awareness and empowerment. Significant behavior changes identified were that the mean pre-intervention score for carrying condoms in the last three months ( $M=3.27$ ,  $SD=1.6$ ) was significantly greater than the mean post-intervention score for carrying condoms ( $M=2.8$ ,  $SD=1.49$ ),  $t(47)=2.4$ ,  $p=.02$ .

**CONCLUSIONS:** SISTA project created a sense of empowerment. An intervention developed by, implemented by and for African American women was culturally sensitive and effective in changing HIV/AIDS knowledge, attitudes, and some behaviors.

**Control Number:** 03-B-181-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C27 Peer-Based Intervention Models

**2nd Category Choice:** C09 Group Level Interventions

**Population 1:** P62 Youth

**Population 2:** P13 Community Educators

**Presentation Preference:** Single Oral

**Title:** THE FULL CIRCLE PROJECT: Using Theatre for Sexuality Education and HIV/STI Prevention

**Author Block:** *MacIntosh, JM*

University of Victoria, Victoria, BC, Canada

**Abstract Body:**

**ISSUE:** High-risk sexual behaviour persists and is reflected in rising incidence of HIV and other STIs. In both Canada and the US, rates of HIV infection continue to increase and female youth are currently the fastest growing risk-group for HIV. In addition, a recent report from SEICCAN indicated that rates of chlamydia, gonorrhea and syphilis infection in Canada have risen by more than one-third in the past three years, especially within the 15-19 age group. These trends highlight the need for innovative and effective primary HIV prevention/sexuality education and evaluation research.

**SETTING:** The program was implemented in Victoria, Canada in May 2002. The audiences (N = 125) included grade 8, 9 and 10 students (mean age: 14.1) from 8 classes at 3 local schools.

**PROJECT:** “The Full Circle Project” staged the original one-act play “*Balderdash*”, which followed the relationships of 8 characters through high school (the name of the play alludes to schoolyard myths about sexuality). The play was written and presented by youth volunteers (aged 15 to 24) and used youth culture as the framework for promoting sexual health and responsible sexual behaviours. The play was presented weekly, in 4 parts, followed by talkback sessions with the characters. These included a condom demonstration and a forum theatre technique to foster dialogue. On the last day, the audience was asked to identify oppressive situations in the staged scenes and provide alternative scripts. One scene we replayed is a particularly poignant demonstration of how a one-time choice to resist peer-pressure can dramatically change the life trajectory of a character, in this case, rendering the rest of the play redundant. When the youth audiences realize how simple choices can change a life, very teachable moments are presented.

**RESULTS:** This was an exploratory study on the efficacy of using a theatre-based peer-driven program for HIV/STI prevention and sexual health education. Effectiveness was measured using naturalistic observations (N=351), weekly written feedback (N=363), and content analysis of videotaped interviews with actor/peer-educators (N= 10). It was hypothesized that this approach would: 1) engage the audience; 2) increase confidence in ability to use prevention strategies, and; 3) increase actor/peer-educator levels of knowledge about HIV/STI and sexual health issues. The behavioural observations of audiences suggest that the program was engaging. Survey data suggests that audiences gained confidence in their ability to deal with the issues presented and interviews with the actor/educators suggest that they benefited from participation in the project.

**LESSONS LEARNED:** Overall, the results suggest that using peer-education and theatre together is a promising format for the delivery of HIV/STI prevention education and sexual health messages and that the initiative was well received. It is noteworthy that 84% of the students who responded to the survey questions reported increased confidence in dealing with selected interpersonal sexuality-related issues after participating in the program. Given the promising results of this evaluation of Full Circle, it is recommended that the long-term efficacy of this educational approach be assessed using a cross-over design incorporating test -- re-test and follow-up data.

**Control Number:** 03-B-199-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C36 Social Marketing

**2nd Category Choice:** C05 Community Level Interventions

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P50 Program Administrators

**Presentation Preference:** Group Oral

**Title:** HIV is No Picnic: Reality Based Social Marketing for HIV Prevention

**Author Block:** *Herman, JE*

The STOP AIDS Project, San Francisco, CA

**Abstract Body:**

**ISSUE:**

Reality Based HIV Prevention Social Marketing

**SETTING:**

The STOP AIDS Project, San Francisco, CA

**PROJECT:**

Goal: To design a social marketing campaign that encourages HIV-negative men to reduce their risk for acquiring HIV.

It has been cited in the literature that up to 20% of gay men surveyed no longer perceive HIV infection to be a life threatening illness. Direct to consumer advertising of antiretroviral medication may be contributing to this change in perception. Some researchers believe that changing perceptions about the relative burden of becoming infected with HIV can be correlated with increased risk-taking. Our campaign sought to address this changing perception directly.

Utilizing grant money from the San Francisco DPH and consulting with Better World Advertising, a for-profit social marketing agency, STOP AIDS produced a nationally recognized campaign entitled "HIV is No Picnic."

Volunteers from Positive Force, the prevention for positives program at STOP AIDS, expressed deep interest in educating HIV-negative men about the reality of life with HIV. Volunteers from the program assisted in developing the campaign and served as models for the ads, which highlighted physical challenges faced by men with HIV from the virus and from side effects of antiviral medications. Four ads were produced, focusing on Facial Wasting, "Crix Belly," Diarrhea and Night Sweats. Each ad features personal statements from one of the courageous models, in addition to the tagline, "I don't care how good the sex is or how hot the guy is, nothing is worth what I'm going through now." Focus groups of HIV-negative and HIV-positive men not affiliated with The STOP AIDS Project gave input and feedback on the campaign before and after launch. Both groups gave overwhelmingly strong, positive responses, with some exceptions.

**RESULTS:**

HIV is No Picnic elicited a tremendous local and national response and led to levels of dialogue concerning HIV transmission in the San Francisco community surpassing anything we've seen in the recent past. Reactions to the campaign ran the gamut, from righteous indignation from HIV-positive men who felt exploited and exposed by the campaign to hearty encouragement from HIV-positive and negative men who welcomed the attempt to accurately represent the lived reality of those with HIV disease and/or AIDS. STOP AIDS utilized the interest in the campaign to host a community forum on the subject, which drew more than 70 members of the community. Referrals for HIV testing and other services from our outreach volunteers and staff jumped more than 100% over previous levels during the first month of the campaign.

**LESSONS LEARNED:**

Hard hitting and realistic social marketing campaigns are a cost-effective and dramatic means of initiating community-level dialogue on HIV prevention issues.

Social marketing campaigns are bound to elicit a variety of reactions from the community -- positive and negative -- which can be harnessed to create dialogue and discussion around important HIV prevention-related topics.

HIV care and treatment advocates should definitely be involved in HIV prevention social marketing campaigns that deal with issues relating to HIV medications and treatment.

**Control Number:** 03-B-206-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C17 Interventions that Sustain Safer Behaviors Among Persons Living with HIV

**2nd Category Choice:** F01 Approaches to Strengthening Adherence to HIV Therapy

**Population 1:** P46 People Living with HIV/AIDS

**Population 2:** P13 Community Educators

**Presentation Preference:** Single Oral

**Title:** How to build a successful prevention and treatment education program for HIV positives

**Author Block:** *Lennox-Smith, JL*

Positive Education Inc, Tampa, FL

**Abstract Body:**

**Issue:** Too little emphasis is placed on prevention education for those already infected by HIV. Primary prevention education is important to prevent the spread of the disease, but not encouraging prevention for those already infected could be a critical error. Prevention education must go beyond post-test counseling for those infected and the meager follow-up efforts currently being used. Comprehensive education is needed to address social, psychological and economic issues, as well as prevention and adherence techniques to prevent denial, reinforce prevention, positively affect health and promote a positive outlook. This presentation is designed to emphasize the importance of a comprehensive consumer education program.

**Setting:** T.A.S.K. is currently being given in 8 counties in Florida and we have 36 associates in 9 other states. Over 2000 2-CD audio sets have been distributed to HIV positive persons and our web site averages more than 300 hits a day with many down loads of both text and audio. In a class setting, this program is primarily peer-based and being given in Health Department and ASO/CBO sponsored locations. The target audience is HIV positive persons and has been given to a large variety of demographic groups.

**Project:** T.A.S.K. (The AIDS Survival Kit) is a comprehensive HIV education tool that is available as an 8-hour course or 2-hour audio CD. The course includes how to find care and services, virology, transmission/prevention, rights/responsibilities, positive thinking/psychological issues, aid programs/work issues, medications/adherence/side effects, diet/nutrition and referrals, etc. The Student text, audio and updates are also downloadable **free** from our web site ([www.pos-ed.org](http://www.pos-ed.org)). T.A.S.K. is written on a 4th to 6th grade levels, and from a PLWH's perspective. The complete course comes with Student and Teachers class materials, including the demographic and evaluation tools. Train-the-trainer is available upon request. The teacher's text and tools will also be downloadable from our associate page on the web site. T.A.S.K. is provided in English and Spanish and we are working on Creole and French translations.

**Results:** Our data so far on this program demonstrates the value of a comprehensive consumer education package. To date we have received an overwhelmingly positive reaction to this consumer training. On a scale of 1 to 5, the evaluations have averaged 4.5 overall with over 1000 students taught. Sample of evaluations

**T.A.S.K. Training Evaluation Summary; Conducted by Joe Lennox-Smith**

**2001 Training Dates:** 3/30, 4/3, 4/22, 5/1, 5/22, 6/26, 7/24, 8/28, 9/18, 10/23, 11/27, 11/30, 12/2

	Poor 1	Fair	Good	Very Good	Excellent	Not Ckd. <sup>2</sup>
1 Preparation of class instructor	1		3	14 13%	94 84%	
2 Instructor's knowledge of subject	1		1	6 5%	104 93%	
3 Clarity of program objectives (overview of	1	1	2	23 21%	85 76%	

HIV)

4	Usefulness of handouts (TASK booklet)	1	1	8 7%	16 14%	80 71%	6	
5	Appropriateness of examples and illustrations	1		5	22 20%	84 75%		
6	Value of material in relation to your job (leave blank if unemployed)	1		9 8%	27 24%	67 60%	8	
7	Value of materials as pertains to your condition	1		6	22 20%	73 65%	10	
8	Topics were thoroughly covered	1		5	17 15%	87 78%	2	
9	Clarity of audiovisuals	1	2	4	17 15%	88 79%		
10	Freedom to ask questions and make comments	1		3	14 13%	92 82%	2	
		<b>Yes</b>	<b>No</b>			<b>Highly</b>	<b>Not Ckd.</b>	
11	Would you recommend this class to others?	36 32%				67 60%	9	
12	Did you gain benefit from attending this class?	40 36%				63 56%	9	
	<b>Overall Rating*</b>		<b>Poor</b>	<b>Fair</b>	<b>Good</b>	<b>Very Good</b>	<b>Excellent</b>	
				5		12	52	17

<sup>1</sup>Poor category more than likely is an anomaly based on the overall ratings; the participant may have been confused about the rating system.

<sup>2</sup> Not everyone answered this.

*Data compiled by University of South Florida/School of Public Health/Ryan White Title IV program*  
**Lessons learned:** Through positively affecting self-esteem, lessening denial, alleviating fears, instilling hope, promoting honesty in relationships and teaching prevention and adherence techniques, we have seen consumers come in with fear and leave with hope and eager to continue life. Those who know and understand their options are less likely to spread HIV. Whether T.A.S.K. or a similar program is used, it is our hope that this model will inspire a commitment to provide education for those infected and affected by HIV/AIDS.

**Control Number:** 03-B-219-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C05 Community Level Interventions

**2nd Category Choice:** C18 Interventions that Target Youth in High Risk Situations

**Population 1:** P35 Latinos/Latinas, Hispanic

**Population 2:** P62 Youth

**Presentation Preference:** Single Oral

**Title:** 1+1+1+1>4 Community Level Intervention Models for Latino Youth

**Author Block:** *Kates, A<sup>1,2</sup>; Mendiola, R<sup>2</sup>*

1 SUMA Partners, Houston, TX; 2 City of Houston, Houston, TX

**Abstract Body:**

**ISSUE:**

In 2001, City of Houston Department of Health and Human Services devised a unique approach designed to maximize the overall impact of Cover Up throughout Houston. Based on the Centers for Disease Control's (CDC) definition of CLI (*CLIs are designed to target specific populations that have identified shared risk behaviors for HIV infection and also may be defined by race, ethnicity, gender, sexual orientation and/or locations. Their purpose is to provide information and education regarding behavior modification, healthy skills building and influencing community norms*), the City created a community level intervention that would enhance the overall effectiveness of the condom distribution.

**SETTING:**

1. The City of Houston created a structure encompassing Social Marketing, Health Communication, Media and PR, Grassroots Buy-In, Community Engagement by Gatekeepers (business owners) the Target Population (Latino Youth 18-24) and the general community, Interventions including condom distribution, referrals, testing, and other services.
2. Project Cover Up/Cubrete developed customized approaches to target Latino Youth ages 18-24 in two zip codes

**PROJECT:**

Cover Up/Cubrete has broken new ground in HIV/AIDS prevention in the following ways: Cover Up/Cubrete transformed from a condom distribution program (in isolation) into a true comprehensive marketing campaign.

The City of Houston created cooperative relationships amongst 4 service providers, each with a special expertise in one or more aspects of HIV/AIDS prevention. The presentation will highlight some of the key successes of this Community Level Intervention (CLI) and will offer a Formula for Success for migrating lessons learned to other at risk populations throughout the country.

**Results: Specific results in summary form.**

1. The Project Cover Up/Cubrete CLI has developed the foundation for the design the elements of a successful Community Level Intervention-based condom distribution programs
2. The Project Cover Up/Cubrete CLI has defined specific success factors for engagement at all levels of the community: Latino youth, Gatekeepers, Community members, Community leaders, Community service providers
3. The Project Cover Up/Cubrete CLI has devised a unique methodology for measuring the impact of a Community Level Intervention within the community

**RESULTS:**

1. The Project Cover Up/Cubrete CLI has developed the foundation for the design the elements of a successful Community Level Intervention-based condom distribution programs
2. The Project Cover Up/Cubrete CLI has defined specific success factors for engagement at all levels of the community: Latino youth, Gatekeepers, Community members, Community leaders, Community



service providers

3. The Project Cover Up/Cubrete CLI has devised a unique methodology for measuring the impact of a Community Level Intervention within the community

**LESSONS LEARNED:**

The following are the specific lessons learned related to Project Cover Up/Cubrete:

1. A Community Level Intervention (CLI) structure maximizes the impact of each individual service or intervention that is part of the CLI. The formula  $1 + 1 + 1 + 1 > 4$  describes the perceived added value to the Latino Youth community in Spring Branch based on the CLI design.
2. The key to the successful implementation of a Community Level Intervention model requires four key elements. Examples of each of the following will be presented.

**Control Number:** 03-B-223-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C21 Interventions that Reduce Sexual Risk

**2nd Category Choice:** A06 Cultural Factors and HIV Risk

**Population 1:** P8 Caribbean Americans

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Single Oral

**Title:** The Caribbean HIV/AIDS Crisis: A Pilot Study on Prevention

**Author Block:** *Baird, DS*

Capella University, Silver Spring, MD

**Abstract Body:**

**ISSUE:** Investigation of the effects of participatory HIV intervention on reducing HIV/AIDS risk among female adolescents.

**SETTING:** Conference facility in Trinidad and Tobago.

**PROJECT:** This single-blind study randomly selected and assigned 100 female adolescents to a 1-session control (drug use/abuse) group, or a 1-session HIV risk reduction intervention that combined education with behavioral skills training including condom use, assertiveness, refusal skills and role-play. A 37-item instrument was used to measure participants' opinions on sexual risk variables. Participants were assessed at pretest and posttest for sexual risk.

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**RESULTS:** With ( $n=100$ ), there was even distribution of participants in both groups. The mean age of participants in the control group was 16.22, and mean age of participants in experimental group was 17.56. Repeated measures ANOVA identified a statistically significant change from pretest to posttest on the variable for sexual attitudes between groups. The control group had the same pretest and posttest mean of 3.57. The intervention group had means of 3.60 pretest and 3.94 posttest. Further, females expressed embarrassment about purchasing condoms and they felt uncomfortable carrying a condom at all times. Less than 10% of the females had ever been tested for HIV. Overwhelmingly, participants were concerned that a lack of confidentiality in the health care system would lead to their test results being disclosed.

**RESULTS:** With ( $n=100$ ), there was even distribution of participants in both groups. The mean age of participants in the control group was 16.22, and mean age of participants in experimental group was 17.56. Repeated measures ANOVA identified a statistically significant change from pretest to posttest on the variable for sexual attitudes between groups. The control group had the same pretest and posttest mean of 3.57. The intervention group had means of 3.60 pretest and 3.94 posttest. Further, females expressed embarrassment about purchasing condoms and they felt uncomfortable carrying a condom at all times. Less than 10% of the females had ever been tested for HIV. Overwhelmingly, participants were concerned that a lack of confidentiality in the health care system would lead to their test results being disclosed.

**LESSONS LEARNED:** An important focal point when implementing HIV/AIDS prevention programs in the Caribbean is to address with the goal of changing sexual attitudes (beliefs). It is important that young women become comfortable with their sexuality, and learn necessary skills for negotiating responsible sexual encounters; thereby, reducing their HIV/AIDS risk.

**Control Number:** 03-A-225-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** C02 Advances in HIV Testing Technology

**2nd Category Choice:** D07 HIV CTS Programs

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P34 Laboratory Workers

**Presentation Preference:** Single Oral

**Title:** How Much Training Is Required to Perform One-Step Rapid HIV Tests?

**Author Block:** *Branson, BM; Delaney, K; Onorato, IM*  
CDC, Atlanta, GA

**Abstract Body:**

**Background:** Rapid HIV antibody tests promise great utility for outreach settings if they can be performed by persons with minimal training. However, the training necessary to obtain accurate test results is unknown.

**Methods:** In the 1st part of a 3-part prospective study, untrained health care workers and HIV counselors with no laboratory experience performed the OraQuick Rapid HIV Antibody Test (after reading only the manufacturer's written instructions) on different stored specimens that had known EIA and Western blot results. In the 2<sup>nd</sup> part, untrained health care workers with no lab experience each conducted OraQuick on a panel of 4 specimens of known HIV status (including negative, strong- and weak- positive specimens) again using only written instructions. In the 3<sup>rd</sup> part, participants received 20 minutes of training on the OraQuick test, a demonstration, and viewed examples of strong positive, weak positive and negative test results. They then performed the test on a different panel of 25 serum and whole-blood specimens with known HIV status.

**Results:** In the 1st part of the study, 93 untrained users performed 279 rapid HIV tests on 86 positive and 193 negative sera. Thirteen (5%) tests were performed incorrectly and yielded a result that was recorded as "invalid." Correct results were obtained on 262 (98.5%) of the remaining 266 tests: 3 specimens were misclassified as HIV-negative and 1 as HIV-positive. In the 2<sup>nd</sup> part, 166 persons performed 664 tests. 74 (11%) produced an invalid result. Of the remaining 590 tests, untrained users obtained correct results on 138 (96%) of 144 HIV strong-positive specimens, 144 (95%) of 151 weak-positive specimens and 283 (96%) of 295 negative specimens. Overall, untrained users obtained 827 (96.6%) correct results. After the 20-minute training, 180 persons performed 4,550 rapid HIV tests. Only 2 tests were performed incorrectly, and correct results were obtained on 4533 (99.6%) specimens.

**Conclusions:** Inexperienced persons obtained correct OraQuick rapid test results on 96.6% of specimens without training. They performed 5 to 11% of tests incorrectly, but recorded that the results of all these tests were invalid. Brief training and a demonstration improved accuracy to greater than 99% and almost completely eliminated incorrectly-performed tests. We have not yet characterized the minimum training components (i.e., video; demonstration; examples of test results) necessary to achieve this higher level of accuracy.

**Control Number:** 03-A-233-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** C19 Interventions to Reduce Perinatal Transmission

**2nd Category Choice:** B02 Behavioral Surveillance

**Population 1:** P49 Pregnant Women

**Population 2:** P22 Health Care Workers

**Presentation Preference:** Single Oral

**Title:** Women's knowledge about antiretroviral treatment to prevent mother to child HIV transmission in the United States, 2001

**Author Block:** *Anderson, JE<sup>1</sup>; Ebrahim, S<sup>2</sup>; Stephanie, S<sup>3</sup>*

1 Behavioral and Clinical Surveillance Branch, DHAP, CDC, Atlanta, GA; 2 Behavioral Intervention Research Branch, DHAP, CDC, Atlanta, GA; 3 Epidemiology Branch, DHAP, CDC, Atlanta, GA

**Abstract Body:**

Women's knowledge about antiretroviral treatment to prevent mother to child HIV transmission in the United States, 2001

John E. Anderson, Shahul Ebrahim, Stephanie Sansom

Division of HIV/AIDS Prevention, NCHSTP, CDC, Atlanta

**Background/Objective:** Effective treatments to prevent perinatal mother-to-child transmission have led to the recommendation that all pregnant women be tested for HIV, but many are not tested. We assessed knowledge among US women of childbearing age about antiretroviral prophylaxis available to reduce mother-to-infant HIV transmission.

**Methods:** We used data from 2001 Behavioral Risk Factor Surveillance System, a nationally-representative survey of adults, and analyzed the responses of a 55,712 women aged 18 to 44 years to questions about the availability of HIV/AIDS treatment.

**Results:** Among childbearing-aged women, 58.6% (95% confidence interval, 57.8-59.3%) correctly stated that treatments exist to prevent mother-to-child transmission. Correct knowledge was higher among those who were black (63.6% (61.8-65.4%)), were college graduates (65.8% (64.7-66.9%)) and had been tested for HIV (63.6% (62.7-64.5%)). Among pregnant women, 64.7% (61.6-67.8) knew of treatments. A much greater percentage were knowledgeable of treatments to help HIV infected persons live longer (87.6% (87.0-88.1%)).

**Conclusions:** A relatively high percentage of childbearing-aged women were unaware of the use of antiretroviral interventions to prevent perinatal transmission. Even in population groups with the highest awareness, one-third did not know about treatments. Public health and clinician efforts should focus on increasing knowledge in this area as one way to help achieve universal prenatal HIV testing in the United States.

**Control Number:** 03-A-237-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** C19 Interventions to Reduce Perinatal Transmission

**2nd Category Choice:** B02 Behavioral Surveillance

**Population 1:** P49 Pregnant Women

**Population 2:** P22 Health Care Workers

**Presentation Preference:** Single Oral

**Title:** HIV testing among child-bearing aged and pregnant women: Who gets tested and who does not?

**Author Block:** *Anderson, JE*<sup>1</sup>; *Sansom, S*<sup>2</sup>

1 Behavioral and Clinical Surveillance Branch, Atlanta, GA; 2 Epidemiology Branch, DHAP, CDC, Atlanta, GA

**Abstract Body:**

Revised 1/27/03

HIV testing among child-bearing aged and pregnant women: Who gets tested and who does not?

John E. Anderson, Stephanie Sansom

Division of HIV/AIDS Prevention, NCHSTP, CDC, Atlanta

**Background/Objective:** Many women are not tested for HIV during pregnancy in spite of the recommendation that all women receive voluntary HIV counseling and testing as part of prenatal care. Prevention programs need to identify pregnant women in need of testing, especially those at increased risk for HIV. Our objective was to estimate the degree of testing among childbearing-aged and pregnant women, and the extent to which population groups with lower rates of testing can be identified.

**Methods:** We used population-representative data that measured the extent of HIV testing, including national and state household samples of adults (National Health Interview Survey (NHIS) and the Behavioral Risk Factor Surveillance System (BRFSS)) and the Pregnancy Risk Assessment Monitoring System (PRAMS), a state-level surveys of women who recently have given birth. For reproductive-aged (age 18-44) and pregnant women we estimated the rate of lifetime and recent HIV testing, and measured the variation in HIV testing among states and population groups defined by socioeconomic characteristics, source of care, geography and risk behaviors.

**Results:** HIV testing rates increased after 1995 among reproductive age women. By 2001, 49.2% (95% CI 48.0-50.5%) of reproductive-aged women had been tested at least once (NHIS), but among *women* who were pregnant at time of interview in 2001, 24.1% (19.1-29.1%) had never been tested. Testing among women 18-44 varied among states ranging from 39.5% (35.8-35.8%) in Utah to 71.6% (66.8-76.4%) in the District of Columbia (BRFSS). The PRAMS data for selected states provide a direct measure of the coverage of testing during pregnancy; the percentage of women obtaining an HIV test during pregnancy in 9 states collecting data in 1999-2000, ranged from 63.2% (60.0-66.4%) to 81.1% (87.4-83.7%). Women were more likely to get tested during pregnancy if they were: younger, black, of lower education, obtained prenatal care from a public rather than private provider, or paid for prenatal care through Medicaid rather than private insurance or other means.

**Conclusions:** Testing rates have increased but one-fifth or more of women are not tested for HIV during pregnancy. In order to achieve goals of universal voluntary counseling and testing during pregnancy, prevention programs need to reach groups with lower testing rates, including those obtaining prenatal care from private providers.

**Control Number:** 03-B-239-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C05 Community Level Interventions

**2nd Category Choice:** E14 Improving Methods of Targeting HIV Resources to Communities in Need

**Population 1:** P9 Clients of Community-Based Organizations

**Population 2:** P5 American Indians/Alaskan Natives

**Presentation Preference:** Single Oral

**Title:** Special needs of elderly HIV positive African Americans

**Author Block:** *Ajuluchukwu, DC<sup>1</sup>; Christian, TF<sup>2</sup>; Jenkins, R<sup>2</sup>*

1 City University of New York, York College, Jamaica, NY; 2 Positive Health Care, Newark, NJ

**Abstract Body:**

**ISSUE:** Barriers affecting better management and risk reduction activities to elderly HIV positive African-Americans.

**SETTING:** Community-based organization in Newark, New Jersey.

**PROJECT:** A need assessment questionnaire was administered to 50 HIV positive elderly African-Americans that receive services around Newark and findings were analyzed.

**RESULTS:** Fifty (50) participants completed the interview. Ninety percent (90%) reported that their age was a major barrier to them seeking services due to feelings of embarrassment and discomfort (87%); physical disabilities, limitations or illnesses (65%); lack of knowledge of agencies and available services (93%). Eighty-five percent (85%) reported not discussing their status around family members, thus not having family support. Ninety-five percent (95%) stated that they are ashamed to attend support groups because of their age.

**LESSONS LEARNED:** Elderly African-Americans have special needs due to their perceived roles in their families. Additional efforts should be made to identify these needs and interventions should be developed to overcome barriers to accessing services.

**Control Number:** 03-A-240-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** C40 Vaccine Trials (including Preparedness)

**2nd Category Choice:** C30 Prevention Interventions in Correctional Settings

**Population 1:** P30 Incarcer.Popul.(Correct.Settings,Persons in)

**Population 2:** P14 Correct.Settings,Persons in(Incarcer.Popul.)

**Presentation Preference:** Poster Session

**Title:** Attitudes Toward HIV Vaccination among Rhode Island Inmates

**Author Block:** *Lally, MA; Gaitanis, MM; Vallabhaneni, S; Ryan, HJ; Zimet, GD; Mayer, K; Rich, J*  
Brown University, Providence, RI

**Abstract Body:**

**Title:** Attitudes Toward HIV Vaccination among Rhode Island Inmates

**Authors:** Lally MA<sup>1</sup>; Gaitanis MM<sup>1</sup>; Vallabhaneni S<sup>1</sup>; Ryan H<sup>1</sup>; Zimet GD<sup>2</sup>; Mayer K<sup>1</sup>; Rich J<sup>1</sup>

<sup>1</sup> Brown University School of Medicine, Providence, Rhode Island <sup>2</sup> Indiana University School of Medicine, Indianapolis, Indiana

**Background/Objectives:** In the last few years, considerable progress has been made in the development of a potential HIV vaccine. In preparation for its use, it is important to examine acceptability and attitudes toward HIV vaccination among different populations. This has not been explored in the incarcerated population, despite the fact that prisoners are a group at high-risk for HIV. The purpose of this study is to examine inmate attitudes toward a potential HIV vaccine.

**Methods:** Participants were recruited at the Rhode Island Adult Correctional Institute, the major jail and only prison in the state. Subjects were randomly selected from the complete list of daily inmates by their corresponding serial number. A questionnaire was developed to examine risk behaviors as well as knowledge and attitudes towards a theoretical HIV vaccine. A research assistant administered this questionnaire to the inmates after informed consent was obtained.

**Results:** Eighty-eight percent (153/173) of inmates approached agreed to participate. Of the 153 participants, 65% were male, 41.8% were Caucasian, 26.4% were African American, and 20.9% were Hispanic. The average age of the participants was 30. All those incarcerated in Rhode Island are offered HIV testing, and 99.4% of participants indicated that they had been previously tested for HIV. Most inmates reported a history of high-risk behavior, with 70% having had sex while using drugs/alcohol, 88% having exchanged sex for drugs or money, 48% rarely/never having used a condom, and 29% having ever injected drugs. When asked "It would be possible for me to get AIDS from an AIDS vaccine", 71.9% of inmates accurately disagreed. Overall, 94.1% of prisoners were willing to receive a potential HIV vaccine, and 92.8% would be willing to take the HIV vaccine while incarcerated.

**Conclusions:** High-risk inmates at the Rhode Island correctional facility show high acceptance of a potential HIV vaccine, and 92.8% of participants indicated a willingness to receive such a vaccine while incarcerated. The knowledge that such a vaccine could not cause HIV was displayed by a high percentage of inmates, and could possibly be related to HIV vaccine studies and community education in Rhode Island over the past ten years. Prisons and jails are ideal settings to offer HIV vaccination to high-risk individuals, and there already is a substantial amount of interest on the part of inmates in Rhode Island.

**Control Number:** 03-B-252-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C19 Interventions to Reduce Perinatal Transmission

**2nd Category Choice:** C05 Community Level Interventions

**Population 1:** P49 Pregnant Women

**Population 2:** P61 Women

**Presentation Preference:** Group Oral

**Title:** Implementation of a Comprehensive Model for Recruiting Pregnant Women at Risk for HIV and late or no Prenatal Care

**Author Block:** *Doyle, PA<sup>1</sup>; Rogers, P<sup>1</sup>; Gerka, M<sup>2</sup>; Vasquez, N<sup>3</sup>; Smith, A<sup>4</sup>; Birkhead, G<sup>1</sup>; Glaros, R<sup>1</sup>*  
1 AIDS Institute, New York State Department of Health, Albany, NY; 2 Cicatelli Associates, Inc., New York, NY; 3 Bronx Lebanon Hospital Center, Bronx, NY; 4 New York Harm Reduction Educators, Bronx, NY

**Abstract Body:**

Issue: Women who are at risk of HIV infection and have late/no prenatal care face many barriers in getting adequate medical care including the need for adequate housing, drug treatment, and routine health care, as well as outreach and service models that address their concerns about being judged by providers, not being treated with dignity, and fear of being reported to authorities, for example for substance use or immigration status. Public health programs targeting such women require multi-faceted approaches which bring together community providers of: outreach, prenatal care, substance use treatment, maternal child health and case management in a common mission to address this public health issue.

**Setting:** Four communities of New York State with high rates of HIV and late or no prenatal care.

**Project:** Using community engagement strategies as a foundation, the New York State Department of Health developed the Community Action for Prenatal Care Initiative (CAPC). The Department first identified 4 target areas with high rates of late or no prenatal care and of HIV among childbearing women and then chose a lead agency in each area to form a community coalition. Working through the coalition and a consumer advisory group, the lead agency is responsible for implementing a comprehensive recruitment strategy and a service network to meet the needs of the women recruited into care.

Recruitment efforts consist of:

enhanced outreach, including navigation into care, by specially trained outreach workers,

- a comprehensive social marketing campaign,
- a hotline which offers 24/7 access to telecounselors,
- referrals from agencies serving high-risk women in the community

The Department used qualitative research (focus groups) to create the social marketing campaign.

Behavior change theory and the principles of motivational interviewing form the basis for the outreach model.

**Results:** From January, 2002-September, 2002, 633 high-risk women were enrolled in CAPC; 61 percent were pregnant or suspected pregnancy. Twenty-six percent of the women were recruited through the social marketing campaign, 28 percent through direct outreach, 28 percent through agency referral, and 18 percent through other methods. Due to time lags, birth outcomes are currently known for only 95 delivering CAPC women. Of these, 2 were HIV-positive, but did not transmit HIV to their infants. Eighty-eight percent of the women had infants with normal birth weights (>2500 grams). Five percent had infants with very low birth weights (<1500 grams), and another 7 percent had infants with low birth weights (1500-2499 grams).

Lessons learned:



- Organizational buy-in from all involved in the process, including all funding sources, agency management and coordinating bodies, is necessary for success.
- Involvement of members of the target audience is key to developing an effective social marketing campaign.
- Reaching high-risk women involves changing the way outreach is usually done. The new model of outreach necessitates a relationship between outreach worker and individual woman, time to work on the issues the potential client says are important, and enhanced training of committed outreach workers and their supervisors.

**Control Number:** 03-B-260-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C16 Interventions that Promote Healthy Behaviors

**2nd Category Choice:** C21 Interventions that Reduce Sexual Risk

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P19 Gay and Other Men Who Have Sex With Men

**Presentation Preference:** Group Oral

**Title:** From Needs Assessment to Outcome Evaluation: The Evolution of an HIV Prevention Program

**Author Block:** *Sondag, A*<sup>1</sup>; *Carneiro, RB*<sup>1</sup>; *Mulla, N*<sup>2</sup>; *Campbell, R*<sup>1</sup>; *Dybdal, L*<sup>1</sup>; *Herrera, DF*<sup>3</sup>; *The Gay Men's Task Force, M*<sup>3</sup>

1 University of Montana, Missoula, MT; 2 The Missoula AIDS Council, Missoula, MT; 3 FDH & Associates, Missoula, MT

**Abstract Body:**

**ISSUE:** HIV Prevention For MSM

**SETTING:** Montana

**PROJECT:** While studies focusing on HIV prevention needs among MSM in rural areas are limited, even more limited, is information regarding the effectiveness of HIV prevention programs in these same areas. The purpose of this multi-year project, therefore, was threefold: 1) to assess the HIV prevention needs of MSM in a rural state; 2) to utilize information from the needs assessment in the development of a prevention program; and 3) to design an outcome evaluation that would determine the program's effectiveness. The purpose of the needs assessment was to describe demographic and contextual information about the HIV prevention needs of MSM living in Montana (n = 196). The assessment included quantitative analysis of data from a risk behavior survey administered by the Montana Gay Men's Task Force and qualitative analysis of focus group and key informant interviews with MSM in Montana. Findings from this study provided the theoretical basis for a statewide multifaceted HIV prevention program: Gay/Bisexual Men's Health Retreats. The retreats sought to directly influence participants' sense of (1) social support, (2) self acceptance, and (3) attitudes, beliefs, and self-efficacy concerning safer sex. The intervention's overall objective was to promote psychosocial factors that support safer sexual behaviors among MSM. The efficacy of the retreats in reducing HIV sexual risk behavior was evaluated in a quasi experimental study (n = 67). Information was collected from the experimental group (retreat participants) prior to and two months after participation in the retreat, and from a comparison group (non-retreat participants) at baseline level and at a two month follow-up. Two focus groups of men who participated in the retreat were held in order to elucidate on their thoughts about the retreat.

**RESULTS:** The project generated results from two areas; the needs assessment and the outcome evaluation. Major findings from the needs assessment included: (1) identification of six primary factors that influence risk behaviors: isolation, homophobia, stereotyping, use of drugs and alcohol, HIV testing, and reluctance to practice safe sex; (2) recognition that factors influencing risk behavior emanated both from outside the gay community (externally) and from within the gay community (internally); and (3) recognition of the interrelatedness of the identified risk factors. Preliminary analysis of the outcome evaluation data indicated that the retreat was successful in the following areas: reducing homophobia, increasing sense of social support and social network, and improving HIV transmission knowledge.

**LESSONS LEARNED:** Obtaining post-test surveys was challenging and required multiple follow-ups. Retreat facilitators offered two suggestions for reducing this challenge. First, rather than

**having facilitators introduce the study to participants, ask the researchers to do the introduction for the purpose of emphasizing the importance of follow-up participation. Second, offer a monetary incentive for survey completion to not only the comparison group, but also to those in the experimental group.**

**Control Number:** 03-B-264-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C18 Interventions that Target Youth in High Risk Situations

**2nd Category Choice:** C05 Community Level Interventions

**Population 1:** P20 Gay, Lesbian, Bisexual, Transgend, Question. Youth

**Population 2:** P63 Youth in High Risk Situations

**Presentation Preference:** Group Oral

**Title:** The House of *COLOURS*

**Author Block:** Kearney, D

The COLOURS Organization, Inc., Philadelphia, PA

**Abstract Body:**

**ISSUE:** Alarming, new HIV infection among people 24 years of age and younger occur overwhelmingly among youth of color. There is a lack of HIV prevention interventions to address specific sexual health issues to sexual minority youth of color in a culturally competent and sensitive manner. Attention will be placed upon use of data to enhance the validity of STD and HIV/AIDS related services and health education. Participants will learn how to utilize community-planning research to enhance services and how to develop culturally responsive services. Participants will also learn how to evaluate the effectiveness or prevention education methods as well as how to identify community mobilization initiatives.

**SETTING:** Community Based Organizations, Neighborhood Recreation Centers or Ballrooms

**PROJECT:**

The “House of *COLOURS*” is a project with the primary purpose to decrease the incidence of HIV infection and/or transmission among out of school/truant sexual minority youth/young adults of color in the “Ballroom” Scene through linkages, referrals and support. This social activity will increase HIV/AIDS awareness; encourage the development of risk assessment skills and empowerment through individual counseling and peer group presentations. Through this initiative we conduct formal presentations to the Philadelphia based “Houses” on a monthly basis. This population is hard to reach with many complexities. A well-known member of the “Ball Scene” has been staffed to coordinate this project, as they are a guarded community within themselves. In turn, the “Houses” present the information to their peers during “Mini Balls” on the 1<sup>st</sup> Friday of each month.

**RESULTS:**

By the end of the workshop, participants will be able to:

1. Identify this hard to reach population and address their health education needs
2. Show how to mobilize community support in developing and initiating interventions
3. Develop culturally responsive services
4. Use community planning research to enhance services
5. Evaluate the effectiveness of prevention education methods
6. Use data to enhance the validity of HIV/AIDS related services and health education.

**LESSONS LEARNED:**

Through “The House of *COLOURS*” workshop, the participants will uncover a new approach to educate the young LGBTQ community. During each “Mini Ball” Colours extracts demographic and social information in an effort to track trends in sexual and drug behaviors. Through our HIV prevention education we have increased the number of

People whom; “sometimes” use condoms from 15% to 44%. Among the participants of the “Balls”, there is a decrease of individuals “who do not know their HIV status” from 29% to 21%.

**Control Number:** 03-B-268-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C26 Microbicides, Vaginal and Rectal

**2nd Category Choice:** E27 Sexual Health Issues and HIV Prevention Policy

**Population 1:** P2 Advocates

**Population 2:** P61 Women

**Presentation Preference:** Group Oral

**Title:** Preparing for Microbicides

**Author Block:** *Heise, L<sup>1</sup>; Mason, N<sup>2,3</sup>; Paxton, L<sup>4</sup>; Regan, A<sup>5</sup>*

1 Global Campaign for Microbicides, Washington, DC; 2 National Association of People with AIDS, Washington, DC; 3 Society for Women and AIDS in Africa, Dakar, Senegal; 4 Centers for Disease Control and Prevention, Atlanta, GA; 5 California Microbicides Initiative, Los Angeles, CA

**Abstract Body:**

**ISSUE:** Millions of people need HIV prevention tools that are user-controlled, rather than partner-controlled. Topical microbicides -- gels, suppositories or lubricants designed to be inserted vaginally or rectally to reduce infection risk -- would meet this need. Given adequate funding, an effective microbicide could be on the market within 5 to 7 years. The potential availability of such products in the near future, however, raises important questions about how they will be used, how accessible and affordable they will be, and how they can best be incorporated into existing HIV and STD prevention efforts.

**SETTING:** We will review initiatives that are domestic and international in scope.

**PROJECT:** Nais Mason will describe the urgent need for microbicides domestically and internationally and review market and social science data demonstrating women's interest in using such products. Lynn Paxton will review microbicide science, including mechanisms of action, the status of current products in the pipeline, and issues in clinical testing. Lori Heise will present data from epidemiological models on the potential public health impact of microbicides and will explore issues related to integrating microbicides into existing HIV prevention programs. Alison Regan will profile current work on access issues and discuss the need for broader involvement in advocacy efforts.

**RESULTS:** While scientists are developing microbicides, preparing for their successful integration into the HIV prevention field requires a much wider range of actors. Mathematical modelers, for example, have calculated the probable impact that condom migration (discontinuation of condom use in favor of microbicides) may have on HIV infection rates in given populations. These data offer HIV prevention planners some objective parameters within which to start designing condom messages that address the utility of microbicides without encouraging condom migration. Similarly, we know that cost, product acceptability and access issues will be pivotal in determining how the public perceives microbicides and what social norms arise regarding their use. Given this, the input of HIV prevention specialists and other community experts will be needed by those designing acceptability research, planning distribution and creating future microbicide marketing messages.

**LESSONS LEARNED:** The need for microbicides has engaged the interest of three relatively mature and vibrant movements: women's health, family planning, and HIV/AIDS. This presentation will introduce participants to the collaborative work on microbicides being done at the juncture of three movements and will describe how advocacy, access and preparedness efforts are emerging that parallel scientific research and development efforts. It will also explore how people working in other areas of HIV prevention can participate, within their own spheres, in this work. Epidemiological models shows that 2.5 - 3.7 million HIV infections could be averted in developing countries over three years by successful introduction of a moderately effective microbicide. How soon we realize these massive prevention gains depends largely on what we do now.

**Control Number:** 03-B-269-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C16 Interventions that Promote Healthy Behaviors

**2nd Category Choice:** D19 HIV Prevention Programs for Women

**Population 1:** P61 Women

**Population 2:** P64 Other (Please Specify)

**Presentation Preference:** Group Oral

**Title:** The JEWEL Project: An income generating and HIV prevention pilot project for drug using women involved in prostitution

**Author Block:** *Sherman, SG; Bailey-Kloche, M*

Johns Hopkins University, Baltimore, MD

**Abstract Body:**

**ISSUE:** Drug users' economic marginalization results from a complex array of factors, including limited job skills and a dearth of licit employment opportunities. Several innovative projects, located in Pakistan, Malaysia, and Bangladesh provide training and employment to active or former drug users. Yet few programs in the U.S. exist that specifically work with drug users to enhance their economic well-being. The JEWEL (Jewelry Education for Women Empowering their Lives) project, located in Baltimore, MD, aims to improve the physical and economic well-being of drug-using women who are involved in prostitution. JEWEL is based on the philosophy that providing drug users with a range of healthy options is fundamental to their making healthy decisions about their lives.

**SETTING:** JEWEL is located in Baltimore, Maryland. It is housed in a storefront located on a major thoroughfare in a neighborhood with high levels of illicit drug activity.

**PROJECT:** JEWEL is a quasi-experimental pre and post test pilot project. It's aims are: to assess the feasibility of a microcredit intervention focusing on job skills training among young drug using women involved in the sex industry; to examine the feasibility of creating and marketing HIV risk reduction messages by young drug using women involved in the sex industry; and to investigate the efficacy of a microcredit intervention in reducing HIV sexual and drug risk behaviors and frequency of trading sex for money or drugs among young female sex workers. After meeting inclusion criteria women are baselined and then asked to join a six-session intervention which focuses on training women sex workers in risk reduction, jewelry making, and provides women with an opportunity to sell their jewelry. Each 2-hour session is divided into two parts. The first is comprised of interactive HIV prevention activities. The latter focuses on the making, marketing, and selling of beaded jewelry. After the intervention is complete, women have the option to continue making and selling jewelry with future cohorts. Fifty women will participate in this pilot phase of the project. Follow-up surveys will be administered at three and six months.

**RESULTS:** The proposed presentation will describe the project as well as preliminary results. The project began in December, 2002.

**Control Number:** 03-A-280-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** C19 Interventions to Reduce Perinatal Transmission

**2nd Category Choice:** C41 Other (Please specify on Additional Info page)

**Population 1:** P42 Newborns

**Population 2:** P49 Pregnant Women

**Presentation Preference:** Single Oral

**Title:** International infant formula based nutritional intervention for infants born to women infected by HIV

**Author Block:** *Cruz, ML<sup>1</sup>; Powell, C<sup>2</sup>; Hughes, M<sup>2</sup>; Oleske, J<sup>3</sup>; Winter, H<sup>4</sup>; McKinney, R<sup>5</sup>; Elgie, C<sup>6</sup>; Purdue, L<sup>7</sup>; Wolf, D<sup>8</sup>; Ortiz-Pujols, S<sup>9</sup>; Calles, N<sup>10</sup>; McNamara, J<sup>7</sup>; Moye, Jr., J<sup>11</sup>; for the Pediatric AIDS Clinical Trials Group (PACTG) Protocol 247 Study Team*

1 Hospital dos Servidores do Estado, Rio de Janeiro, Brazil; 2 Harvard School of Public Health, Boston, MA; 3 Univ. of Medicine & Dentistry of NJ, Newark, NJ; 4 Mass. General Hospital, Boston, MA; 5 Duke University Medical Center, Durham, NC; 6 Frontier Science & Technology Research Foundation, Amherst, NY; 7 NIAID, National Institutes of Health, DHHS, Bethesda, MD; 8 Ross Products Division, Abbot Laboratories, Columbus, OH; 9 Social & Scientific Systems, Silver Spring, MD; 10 Texas Children's Hospital, Houston, TX; 11 NICHD, National Institutes of Health, DHHS, Bethesda, MD

### **Abstract Body:**

#### **BACKGROUND/OBJECTIVES:**

Infection by HIV adversely affects infant growth. Breast milk substitutes, when safe and available, are recommended to prevent breast milk HIV transmission. Recommended duration of exclusive formula feeding and minimum time required to determine the absence of perinatal HIV infection coincide. We evaluated therefore the effect on growth and nutritional status of an increased caloric density milk based formula in infants born to HIV-infected women in the U.S. and Latin America.

#### **METHODS:**

PACTG247 enrolled 2097 infants aged  $\leq 17$ d and  $\geq 1.8$ kg in a randomized, double blind, multicenter clinical trial conducted at U.S. and international sites. Infants were fed either 26-kcal/oz or standard 20-kcal/oz infant formula. Infection status was determined by HIV DNA PCR at study week (SW)4. Lymphocyte immunophenotyping was performed at SW8. Weight, length, and head circumference were measured at entry and SW4, 8, 16, 28, and 52. Growth z-scores were computed using the NCHS 2000 growth reference. Tolerability was assessed by caregiver report. Preliminary analysis was performed on data through SW8 from uninfected infants only. Growth measures were compared by t-test for unadjusted data and by linear regression with adjustment for the baseline measure, sex, gestational age, and site. Qualitative differences between treatments were compared by Fisher's exact test. CD4+ count distributions were compared by Wilcoxon's test.

#### **RESULTS:**

Forty of 2097 infants were determined to be HIV-infected. Of the remaining 2057, 1027 received 26-kcal/oz formula and 1030 received standard formula. We describe results from these 2057 subjects through SW8. The two treatment groups were comparable with respect to baseline characteristics. Overall 52% were male, 59% black, 29% Hispanic/Latino; 4% were twins. At entry, weight (mean $\pm$ SD) was 3.14 $\pm$ 0.53kg, length 49.3 $\pm$ 2.7cm, head circumference 34.3 $\pm$ 1.6cm. Loss to follow-up was similar (11.4% vs. 10.5%) between treatment groups, as was the proportion completing the protocol-specified period of formula use (77.6% vs. 78.3%).

Growth in weight (mean $\pm$ SE) was greater in infants fed 26-kcal/oz compared with standard formula (5.29 $\pm$ 0.02 vs. 5.20 $\pm$ 0.03kg at SW8,  $p=0.01$ ). Adjusted weight difference was 80g at SW4 ( $p<0.001$ ) and 110g at SW8 ( $p<0.001$ ). Weight z-scores (WAZ) were 0.05 $\pm$ 0.04 vs. -0.06 $\pm$ 0.04 at SW8,  $p=0.02$ .

Adjusted WAZ difference at SW8 was 0.15 ( $p < 0.001$ ). There were no significant differences between treatment groups through SW8 in length, LAZ, head circumference, or HCZ in unadjusted or adjusted analyses. No significant difference in tolerability or median CD4+ count between treatments was found. Among infants at international sites, observed and adjusted differences in weight with 26-kcal/oz formula were even greater (280g and 210g at SW8,  $p = 0.01$  and  $p = 0.003$ ), and were present similarly for length ( $56.3 \pm 0.3$  vs.  $55.3 \pm 0.3$  cm at SW8,  $p = 0.01$ ) but not head circumference.

**CONCLUSIONS:**

Increased caloric density formula feedings can increase growth over as few as 4 to 8 weeks and are well tolerated in infants born to HIV-infected women. Effects in HIV-infected infants specifically and beyond 8 weeks remain to be determined as this ongoing study completes follow-up and analysis. Similar interventions where feasible could provide a multifactorial effort to improve infant growth and prevent postnatal HIV transmission from breast feeding.



**Control Number:** 03-B-286-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C21 Interventions that Reduce Sexual Risk

**2nd Category Choice:** A12 Media and Its Influence on HIV Risk

**Population 1:** P11 Commercial Sex Workers

**Population 2:** P25 Heterosexuals

**Presentation Preference:** Poster Session

**Title:** Journalist: the essential key in the fight against HIV/AIDS.

**Author Block:** Yvette Félicité, B/

Cameroon Radio Television, Yaoundé, Cameroon

**Abstract Body:**

**ISSUE:** The HIV/AIDS prevalence in Cameroon for the year 2002 is 12%.

**SETTING:** The prostitutes are more infected . hey are also principle transmitters of the disease. Their number is going high because of poverty and the choice of facility in the life. To maximise their gain they have many partners they don't use condom and they are practising "dry sex" which gives them wounds.

**PROJECT:** To reduce this high level of HIV infection, the National Station Radio, where I work, in association with the "Programme marketing social (PMS)", create a radio sensitisation campaign in may 2002. It was to convince prostitutes on the beneficial effects of condom use.

**RESULTS:** In november we realised that 70% of them are now using condoms. Physically where they work, we verify it by the presence of the used condoms else where on the ground. Now we are planning to show them how to destroy them after use.

**LESSONS LEARNED:** If a journalist is well informed, he can help people change their behaviour. International and national meetings like the one you organizing is a great opportunity for us.

**Control Number:** 03-A-301-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** C05 Community Level Interventions

**2nd Category Choice:** D15 HIV Prevention Programs for MSM

**Population 1:** P19 Gay and Other Men Who Have Sex With Men

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Single Oral

**Title:** Positive and negative community reactions towards an evidence-based HIV prevention program for young gay/bisexual men

**Author Block:** *Rebchook, GM; Kegeles, SM*

Center for AIDS Prevention Studies (CAPS)/University of California, San Francisco, San Francisco, CA

**Abstract Body:**

**BACKGROUND/OBJECTIVES:**

The Mpowerment Project is an effective, community-level HIV prevention program for gay/bisexual men ages 18-29. It has been rigorously tested in multiple communities through randomized controlled studies. This study examines qualitative data regarding program implementation in a city where quantitative analyses had previously documented that intervention staved off increases in unprotected sex in the HAART era. The Mpowerment Project is listed in the CDC *Compendium of HIV Prevention Interventions with Evidence of Effectiveness* and was named an *Exemplary Program* by SAMHSA's Center for Substance Abuse Prevention.

**METHODS:**

We implemented the intervention in a medium-size, Southwestern City from 6/97 to 5/98. A local CBO is still running the program. We measured program effects with a longitudinal cohort recruited independently of the intervention. 193 men returned the post-intervention survey, and 118 of them answered a free-response question about their feelings towards the program.

**RESULTS:**

Respondents' mean age was 25, and their race/ethnicity was: 48% white, 40% Hispanic, 7% Native American, 4% Black, 1% Asian/Pacific Islander. 35% had at least a college degree. 87% identified as gay, and 11% as bisexual. 83% reported being HIV-negative, and 4% were HIV-positive. Two coders independently conducted a thematic analysis of the free-response questions. Preliminary results found that 50% of responses were exclusively positive; 21% were negative; 14% were mixed; and 14% were neutral.

The most frequent positive themes included appreciation for the program's: a) safe venue; b) alcohol/drug free environment; c) fun, community building activities that created new and supportive friendships; d) safer sex and health promotion; e) sincere philosophy and desire to improve the community; and f) positive impact on young gay/bisexual men (e.g., increased self-esteem, healthy sexual identity development). Some respondents wished that a similar Project existed when they were younger, expressed desire to see similar Projects in more cities, or complimented the Project staff. Common negative themes were perceptions that the program: a) overly emphasized sex rather than other aspects of men's lives; b) had members (or sometimes staff) who acted immaturely, unfriendly, or "catty"; c) seemed like a clique; d) had a social atmosphere in which participants only wanted to meet sexual partners; and e) did not sufficiently impact local young gay/bisexual men. Other men wrote that the Project was too focused on HIV, too "gay," had inappropriate or ineffective publicity, or basically just needed to do more.

**CONCLUSIONS:**

Even a program previously shown to be effective needs to continuously assess the implementation process. Successful community-building and empowerment programs need to maximize positive qualities, such as 1) creating safe, welcoming, and inclusive venues and activities; 2) developing healthy community norms that support safer sex; and 3) empowering the community to be involved in their own solutions to difficult issues. Community building programs must work against social forces that are destructive to community development (e.g., the formation of “elitist cliques”). Exclusionary attitudes and actions that interfere with healthy group processes should be identified and addressed before they have the opportunity to taint community perceptions and interfere with effective community-level HIV prevention.

**Control Number:** 03-B-305-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C18 Interventions that Target Youth in High Risk Situations

**2nd Category Choice:** D23 Implementing Culturally Competent HIV Prevention Programs

**Population 1:** P35 Latinos/Latinas, Hispanic

**Population 2:** P63 Youth in High Risk Situations

**Presentation Preference:** Group Oral

**Title:** GRAFFITTI AS A TOOL TO REACH HISPANIC YOUTH AT HIGH RISK FOR HIV INFECTION

**Author Block:** *Gomez-Gonzalez, JA; Medina, R*

South Florida AIDS Network, Public Health Trust, Jackson Memorial Hospital, Miami, FL

**Abstract Body:**

**ISSUE:** Graffiti Parties is an innovative approach to reach and link young Hispanics to services who are in gangs, truant, or using drugs and alcohol and who are not reached by traditional outreach activities.

**SETTING:** Miami Dade County, Florida has the highest rate of HIV infection in the United States. Our county population is 52% Hispanic. South Florida AIDS Network is the oldest and the largest agency that provides outreach, pre-post-test counseling, case management and access to HIV medical management for all residents who would like to avail themselves of our services.

**PROJECT:** We will select parks in areas of known high-risk behaviors and advertise a graffiti competition for all interested. We will provide refreshments, 8x4 ft/. Plywood boards and spray paint. We will select a panel of judges from the community at large and limit the message to AIDS related themes. During competition we will provide educational materials, individual counseling, and on-site Ora-Sure testing, in conjunction with the Department of Health and different community based organizations. Two weeks later, when we have test results, we will return to the same park, announce the winners, award the prizes, share test results, do post test counseling and provide those that return to pick up the results with different age appropriate incentives. HIV positive individuals are given information about local resources and referred to case management agencies during the second meeting. Confidentiality, privacy, sensitivity, and quick linkages to support services are paramount when discussing the results.

**RESULTS:** Our first party drew 500 participants, with 107 agreeing to be tested. 75 returned for test results. 25 Tested positive. During the 2<sup>nd</sup> party 700 hundred participated, 210 were tested, over 160 returned for results, 6 tested positive. All of those who tested positive were linked into case management and medical services.

**LESSONS LEARNED:** "Graffiti Party" is an innovative approach to outreach proved to be effective with the targeted population. Reaching individuals that would not otherwise be reached by traditional outreach activities. As a result of the graffiti parties we are energized to look at other innovative ways of reaching out to at risk populations.

**Control Number:** 03-B-317-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C21 Interventions that Reduce Sexual Risk

**2nd Category Choice:** A01 Age, Developmental, and Life Course Factors

**Population 1:** P58 Teachers

**Population 2:** P45 Parents/Families

**Presentation Preference:** Single Oral

**Title:** Conflict Resolution and AIDS Education: part of the Build a Future Without AIDS Project sponsored by AACTE

**Author Block:** *Mitchell, JM*

Cal. State Hayward, Hayward, CA

**Abstract Body:**

**ISSUE:** Conflict Resolution and AIDS Education

**SETTING:** High School students in an adjudicated classroom

**PROJECT:** University Teacher Ed. students teach HS students

**RESULTS:** Both groups learn about AIDS ed. and conflict resolution

**LESSONS LEARNED:** Cal. State, Hayward students taught an AIDS ed., conflict resolution curriculum to Grades 9-12 students who had been expelled from previous assignments. Findings demonstrated that structured controversy about AIDS education reinforces the learning experience and also teaches conflict resolution skills.

**Control Number:** 03-B-321-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C09 Group Level Interventions

**2nd Category Choice:** D23 Implementing Culturally Competent HIV Prevention Programs

**Population 1:** P3 African Americans

**Population 2:**

**Presentation Preference:** Single Oral

**Title:** *"What's in your African American Group Facilitator Toolbox?"*

**Author Block:** Hoye, J

APIN - Western PIC, Rancho Dominguez, CA

**Abstract Body:**

**ISSUE:**

HIV/AIDS Group Level Intervention (GLI) Facilitators are challenged with creating culturally specific and effective activities targeting African American audiences.

**SETTING:**

Community Based Organizations who facilitate group level interventions activities, training, and/or support groups for African American audiences.

**PROJECT:**

"The Nguzo Notes" (Nguzo - Swahili for Principle) was created in the spirit of Sankofa - "One can always go back and change those things (situation and opportunities) forgotten or lost ". The curricula reflects the concerted efforts of African American ancestors that have gone before us, elders and village warriors in the fight against the devastating disease of HIV/AIDS among African Americans in the United States. These Afro-Centric Activities are yet a small compilation of libations, openings, closings, etc. that will assist group facilitators in creating an atmosphere that is culturally specific to the population that they serve.

**RESULTS:**

The purpose of this workshop is to assist the Group Level Intervention Facilitator in creating and/or adapting activities, curriculum, and lesson plans for those facilitating African American groups."The Nguzo Notes" were developed to be village friendly so that anyone may use these activities.

**LESSONS LEARNED:**

Culturally competent and relevant facilitating tools have proven to engage African American audiences into meaningful and productive discussions and skills building opportunities. The Nguzo Notes will assist the Group Level Intervention Facilitator with identify strategies to effectively engage African American audiences into discussions of HIV/AIDS in conjunction with identifying culturally competent and relevant tools/resources.

**Control Number:** 03-A-323-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** C19 Interventions to Reduce Perinatal Transmission

**2nd Category Choice:** D10 HIV Prevention Program Evaluation

**Population 1:** P33 International Populations

**Population 2:** P48 Policymakers/Legislators

**Presentation Preference:** Single Oral

**Title:** Voluntary Counseling and Testing for HIV among pregnant women, in a developing country from the Caribbean - An analysis of success and implementation barriers.

**Author Block:** Kumar, A

Queen Elizabeth Hospital, St. Michael, Barbados

**Abstract Body:**

**Objective:** To determine the success of the Voluntary Counseling and Testing (VCT) for HIV and to determine the implementation barriers when offered as a package integrated with the antenatal care delivery.

**Methods:** We surveyed all the women who gave live birth at the Queen Elizabeth Hospital between April and September 2002 for the antenatal VCT for HIV service offered to them. Data was collected from the antenatal care record file and by one on one interview with women who did not have a documented HIV result in their antenatal care record file.

**Results:** A total of 1342 women who gave live birth at the QEH during the study period were surveyed. This accounted for over 90% of all deliveries in Barbados during the study period. Over one fifth were less than 20 years of age and 89.6% of these women were single. Most (98.1%) women had at least two antenatal visits to a doctor for antenatal check-ups. Over all 71.1% women were pre-counseled and offered an HIV test. Of the women offered HIV test after counseling, 95.8% accepted, and were tested for HIV. Additionally, there were 192 women who were tested without documented pretest counseling. Thus of the post-parturient women surveyed, 82.4% have had a documented HIV test and 61.2% had a documented HIV results at the time of delivery. The proportion of women without a documented HIV test result despite having had a HIV test performed during the current pregnancy was 21.2%. Among the women without a documented HIV test result despite having had a documented HIV test during the current pregnancy and who were interviewed, a pre-test counseling was documented in the ANC record in 77.1%, however, only 69.0% responded positively during one on one interview to a question whether they had a pre-test HIV counseling during their visits to the antenatal clinic. A post-test counseling was documented in the ANC record in 49.3% whereas 28.9% reported to have had a post test counseling during their interview. Among the reasons for not having a documented HIV result, the HIV test not having been done was the most common reason (45%), followed by unclear documentation of a result (34.2%) and results not yet available or lost or not followed up by the care giver (20.4%). Of the 236 women who were not tested, 72.0% were not offered an HIV test, 11.1% were offered an HIV test but did not take the test and an equal proportion of women either did not receive any antenatal care or had less than 2 antenatal visits for the antenatal care. **Conclusions:** Over four fifths of antenatal women get tested for HIV, however, only in two thirds of these women HIV results are known at the time of delivery. Most women counseled for HIV accept the screening test. A number of women receive HIV testing without pretest or posttest counseling. Unclear documentation of results is a significant problem.:

**Control Number:** 03-A-327-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** C32 Rapid HIV Tests

**2nd Category Choice:** B20 Rapid Assessment Tools

**Population 1:** P46 People Living with HIV/AIDS

**Population 2:**

**Presentation Preference:** Poster Session

**Title:** The REVEAL™ Rapid HIV Test is Sensitive and Easy to Perform

**Author Block:** *Lally, MA<sup>1</sup>; Ryan, HJ<sup>1</sup>; Snyder, B<sup>1</sup>; Malia, JA<sup>2</sup>; Michael, NL<sup>2</sup>*

1 Brown University/Miriam Hospital, Providence, RI; 2 Walter Reed Army Institute of Research, Rockville, MD

**Abstract Body:**

**Background/Objectives:** Rapid HIV testing may facilitate transition into care for those who are infected, and may allow for better HIV prevention among those who are at risk. Rapid HIV tests can also be utilized in occupational exposures, delivery room diagnoses, and wartime situations. Medmira's REVEAL™ Rapid HIV test is currently being considered for FDA approval. Investigators at Brown University/The Miriam Hospital and the Walter Reed Army Institute of Research approached Medmira and were provided with test devices. Our primary objective was to examine the sensitivity of REVEAL™ among those already known to be infected with HIV.

**Methods:** Participants were recruited from the Immunology Clinic of The Miriam Hospital in Providence, Rhode Island. All HIV infected patients from this center were eligible to participate and were compensated for their time. Ten mL of blood was taken from each volunteer and spun down in a laboratory centrifuge. The remaining 6 steps of the REVEAL™ test were then performed by laboratory personnel according to manual instructions. Two mL aliquots were sent weekly to the Walter Reed Army Institute of Research in Maryland for confirmatory ELISA and Western Blot testing. The Miriam Hospital IRB approved this study.

**Results:** 100/100 participants known to be infected with HIV tested positive for HIV with the REVEAL™ test. All tests were clearly positive; none had to be re-run. Among the 100 participants, the mean CD4 count was 437, and the mean plasma viral load was 21,000. Seventy-six percent of the participants were on HAART therapy. All participants were confirmed positive by ELISA and Western Blots. We found REVEAL™ to be 100% sensitive among our study participants, with a 95% exact binomial confidence interval ranging from .964 to 1.

**Conclusions:** Our results support the sensitivity of the Medmira REVEAL™ Rapid HIV Test. The test is easy to run by someone trained in laboratory techniques, but may not be usable in "the field" where access to centrifuges is generally limited.



**Control Number:** 03-B-331-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C05 Community Level Interventions

**2nd Category Choice:** C37 Social Network Interventions

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P44 Outreach Workers

**Presentation Preference:** Single Oral

**Title:** Reducing HIV/STDs with *PROMISE*, a Community-level Intervention that Works

**Author Block:** *Kiosk, SR<sup>1</sup>; Harshbarger, C<sup>2</sup>; Roberts, K<sup>1</sup>*

1 Academy for Educational Development, Washington, DC; 2 Centers for Disease Control & Prevention, DHAP, Atlanta, GA

**Abstract Body:**

**ISSUE:**

Community-level HIV prevention programs are needed to reduce HIV risk behaviors of MSMs, IDUs, commercial sex workers and other at-risk target populations.

**SETTING:**

Varied types and sizes of community-based settings. Original research was conducted in five urban centers, but the intervention can be adapted to other settings.

**PROJECT:**

The Centers for Disease Control and Prevention, with assistance from the Academy for Educational Development, is conducting a project to diffuse several interventions, including the *PROMISE* intervention, originally developed and tested by Dr. Nan Corby and her colleagues. With this intervention, agency staff conduct a community identification process, form a community advisory board, conduct focus groups, write role model stories based on target population interviews that reflect safer sex or injection practices, and recruit and train community advocates from the target population who distribute the stories along with risk reduction supplies (condoms and/or bleach kits). At the community level, movement (based on Stages of Change theory) toward consistent condom use with main and non-main partners, as well as increased condom carrying, was greater in intervention than in comparison communities. At the individual level, respondents were more likely to have higher stage-of-change scores for condom and bleach use.

In this session, participants will be provided with an overview of *PROMISE* and its core elements, have an opportunity to review intervention materials, as well as sign up for a future training in the intervention.

**RESULTS:**

The diffusion project has received a total of 178 requests for *PROMISE* training. Four pilot training sessions (one for each level and/or component of the intervention) are planned for August, October, and December of 2003 and February of 2004. An institute is planned for spring of 2004.

**LESSONS LEARNED:**

*PROMISE* can effectively change social norms, leading toward significant community-wide progress regarding consistent HIV risk reduction behaviors.

**Control Number:** 03-B-336-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C22 Interventions that Reduce Harm of Injecting Drug Use

**2nd Category Choice:** D13 HIV Prevention Programs for IDUs

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P32 Injecting Drug Users

**Presentation Preference:** Single Oral

**Title:** HIV Prevention Services for Substance Users

**Author Block:** *Farrell, J*

Positive Health Project, Inc., New York, NY

**Abstract Body:**

**ISSUE:** Substance is a leading risk factor for HIV infection in New York City. Traditional, high threshold prevention and education methods often fail to meet the needs of this population. By tailoring prevention strategies to the unique lifestyles of substance users, programs such as needle exchange can be more effective in reducing the spread of blood-borne infections among substance users.

**SETTING:** Community based HIV prevention agency that serves multiple populations including injecting drug users, other substance users, sex workers, and transgendered individuals.

**PROJECT:** Implementing prevention case management, substance use management, social network interventions, and secondary HIV prevention.

**RESULTS:** Demonstrated increased enrollment and retention into higher threshold services. Data on behavior outcomes of participants in higher threshold services will be presented.

**LESSONS LEARNED:** Effectiveness of tailoring HIV prevention interventions for substance users. Effectiveness of social network interventions, which taps into existing social networks to disseminate prevention information and recruit participants. Usefulness of engaging participants in low threshold services (needle exchange) and transitioning them into higher threshold services (PCM, mental health services). Importance of providing multiple services on-site (medical, mental health services).

**Control Number:** 03-B-343-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C16 Interventions that Promote Healthy Behaviors

**2nd Category Choice:** C05 Community Level Interventions

**Population 1:** P19 Gay and Other Men Who Have Sex With Men

**Population 2:** P3 African Americans

**Presentation Preference:** Single Oral

**Title:** "Poetic Just US"

**Author Block:** *Kearney, D; Nicholson, R*

The COLOURS Organization, Inc., Philadelphia, PA

**Abstract Body:**

**ISSUE:** There has been increase in HIV infection among the African American community in Philadelphia especially with men who have sex with men (MSM).

**SETTING:** The intervention is outreach that targets hard to reach African American men who have sex with men (MSM) that don't identify with being gay. Our goal is reach African American MSM in non-gay identified venues to increase HIV/AIDS awareness while encouraging HIV testing.

**PROJECT:**

The concept initiated from our monthly event we co-sponsor called "Mouthworx" produced by Cephon Management to promote, empower and showcase locate talent from all walks of life in a non-threatening environment. *COLOURS* partnered with Cephon Management during this monthly event held in a Philadelphia based venue to use the art of spoken word (poetry) through featured poets to educate the community about HIV/AIDS on a social, personal, and community level encouraging the benefits of being tested.

From this concept "**Poetic Just Us**" was born using the art of poetry producing a CD filled with subliminal poetic messages around societal norms in the African American community encouraging abstinence, healthier behavior and HIV testing. Disseminating CD and encouraging conversation through outreach in non-gay identified venues, clubs and through broadcast media. By developing relationships and partnering with Clear Channel Communications, *COLOURS* have been able to foster subliminal messages to there captive radio listening audience specifically non-gay identified African American men in a non-intrusive method.

**RESULTS:**

At the end of this workshop participants will be able to:

1. Identify hard to reach African American non-gay identified MSM in non-gay identified venues.
2. By using social marketing techniques, incorporating focus groups to develop concept and approach.
3. Show how to mobilize community support in developing allies and build relationships in the community to ad in the intervention.
4. *COLOURS* "**Poetic Just US**" packet will include methods used to get poets, feedback from focus group, release forms

**LESSONS LEARNED:** By the end of the workshop, participants will be able to uncover a new approach to educating African American MSM, while focusing on the trends to educate the community about HIV/AIDS. Learn how to use other services to support new innovative ideas.

**Control Number:** 03-A-347-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** C05 Community Level Interventions

**2nd Category Choice:** E26 Role of Private Sector in HIV Prevention

**Population 1:** P13 Community Educators

**Population 2:** P21 General Population

**Presentation Preference:** Single Oral

**Title:** The Adult Retail Industry: An Essential Partner for HIV Prevention?

**Author Block:** *Reece, M; Herbenick, D; Sherwood-Puzzello, C*  
Indiana University, Bloomington, IN

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** HIV prevention providers continue to collaborate with innovative partners in their communities to enhance the delivery of culturally appropriate, programmatically effective, and fiscally efficient HIV prevention interventions. One potential partner that has been relatively unexplored is the adult retail industry (i.e., adult bookstores and sex shops). Given its magnitude and nature, this industry may be an essential partner in our efforts to stem HIV transmissions.

**METHODS:** To explore the extent to which adult retail stores could be a viable outlet for community-based HIV prevention activities, data were collected from 294 customer service employees of 80 adult retail stores in 61 U.S. cities.

**RESULTS:** Findings indicated that adult stores, and their employees, possessed a baseline level of characteristics that indicated they were serving, or had the potential to serve, as an HIV prevention resource in their communities and that questions about health-related topics were among those most frequently asked by customers. While over 90% of stores made safer sex products available, less than 20% of employees reported receiving any training on HIV-related topics or on how to advise customers to use safer sex products for disease transmission. However, employees reported high levels of confidence in, and comfort with, responding to customers' questions about HIV transmission.

**CONCLUSIONS:** The potential for the adult retail industry to partner with HIV prevention programs has been underestimated. As researchers and practitioners continue to explore new and effective mechanisms for responding to sexual health issues, they should not overlook outlets such as adult stores as potential and important partners for educational programs. Recommendations for enhancing the capacity of these stores to contribute to sexual health by increasing collaborations between researchers, educators, and other sexual health practitioners will be provided.

**Control Number:** 03-B-359-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C30 Prevention Interventions in Correctional Settings

**2nd Category Choice:** C09 Group Level Interventions

**Population 1:** P3 African Americans

**Population 2:** P14 Correct.Settings,Persons in(Incarcer.Popul.)

**Presentation Preference:** Single Oral

**Title:** TITLE: EMPACT Secondary Prevention Education Program for HIV Positive Incarcerated African American Men.

**Author Block:** *Morales, P; Sellers, M*

Palmetto AIDS Life Support Services, Columbia, SC

**Abstract Body:**

**ISSUE:** A program of secondary HIV prevention education focused on risk reduction, safer sex negotiation skills building and peer education.

**SETTING:** A program of Palmetto AIDS Life Support Services, a non-profit AIDS service organization in Columbia, SC, conducted in the South Carolina Department of Corrections.

**PROJECT:** EMPACT (Empowering Men Through Prevention Education, Action, Community Collaboration and Training) is a secondary prevention education program begun in 2002 to train HIV positive African American men who are incarcerated, to become peer educators. Eight, ninety minute sessions conducted weekly are guided by the Partners in Prevention Curriculum, developed by the Center for AIDS Intervention Research at the Medical College of Wisconsin. Session topics include basic HIV/AIDS facts, negotiation skills, condom skills, trigger management and healthy relationships. Inmates are recruited for the program by Department of Corrections staff, as well as program staff. Inmates targeted for the initial year of the project were those who have previously participated in HIV/AIDS related education. It is important to note that South Carolina inmates are segregated into separate facilities based on HIV status.

**RESULTS:** As of February 2003, 24 HIV positive men had graduated from the EMPACT program at the Department of Corrections. South Carolina Department of Corrections and Palmetto AIDS Life Support Services staff were in attendance at the graduation. Pre and post-tests were given to each participant to assess HIV-specific knowledge gain. Because inmates recruited had received previous training, pre-test scores were higher than expected. The average pre-test score of all participants was 84%, while the average post-test score was 88%. The assessment was repeated during a follow-up interview conducted three months after the intervention and revealed an average score of 89%. It is important to note that staff have observed difficulties among participants in completing the assessment tool. Limited literacy and lack of experience with such tools may have affected scores. Staff are seeking technical assistance from the program funding source to address this issue.

More qualitative information revealed significant improvements in decision-making skills relative to health and the intent to implement safer sexual behavior techniques in participants' lives.

**LESSONS LEARNED:** The program, though short in duration, is able to make a large impact on the abilities of participants to negotiate safer behaviors for the protection of themselves and others. Beyond measurable changes in knowledge, program staff were able to observe positive changes in participants' attitudes towards others, particularly those of differing sexual orientations. A greater acceptance of their HIV positive diagnoses was also observed. Participants exhibited a higher confidence level in their abilities to teach others and to implement risk reduction techniques in their own lives.

**Control Number:** 03-B-360-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C35 Skills-Building Interventions

**2nd Category Choice:** D05 Developing and Sustaining HIV Prevention Capacity

**Population 1:** P46 People Living with HIV/AIDS

**Population 2:** P9 Clients of Community-Based Organizations

**Presentation Preference:** Single Oral

**Title:** Leadership and Empowerment for PLWH/A: HRSA's Technical Assistance Opportunities

**Author Block:** *Rovito, H*

HRSA, HIV/AIDS Bureau, Rockville, MD

**Abstract Body:**

**ISSUE:**

Building the capacity of consumers through leadership training, skills building and information dissemination are three technical assistance strategies offered to People Living with HIV/AIDS (PLWH/A) through National Cooperative Agreements funded by the Division of Training and Technical Assistance, HIV/AIDS Bureau of the Health Resources and Services Administration.

**PROJECTS:**

The National Association of People With AIDS (NAPWA) offers Leadership Training Institutes and Helping Communities Build Leadership, two forms of in-depth training offered to PLWH/A to enhance consumer leadership throughout the country and to prepare consumers for participation on local or regional planning bodies. A focus on recruiting consumers from at risk categories is made, including the previously incarcerated, those who have been homeless and those with prior history of substance use

AIDS Alliance for Children, Families & Youth offers the Consumer Training Corps Training of Trainers (TOTs), a series of multiple day trainings. These trainings provide consumers with leadership skills, including public speaking skills, HIV treatment information, and advocacy abilities. Those individuals who are trained by AIDS Alliance to be part of the Training Corps then return to their home communities and provide training on HIV/AIDS to constituents from their local areas.

The Parents' Place of Maryland offers Objective Review and Research Review Board trainings in order to prepare consumers to become active members of grant review and research review committees at the local, regional and federal levels. Skills acquired during these trainings include how to analyze a grant proposal, how to follow a research protocol and how to score a grant application

**RESULTS:**

Over the past three years, approximately 684 consumers have completed NAPWA's LTI and HCBL trainings. Many of these consumers are from the target populations identified as hard to reach, such as the previously incarcerated, those who have been homeless and those with prior history of substance use.

AIDS Alliance has built a Training Corps of 84 consumers through provision of their Training of Trainers. During the past three years, these trainers have then gone back to their communities and trained over 3,600 individuals about HIV/AIDS, treatment, prevention and advocacy issues.

As a result of The Parents' Place of Maryland's Objective Review Board trainings, 60 consumers have been trained in the past three years to serve as members of grant review committees.

**LESSONS LEARNED:**

The Ryan White CARE Act calls for PLWH/A involvement in decision making through representation on planning bodies, advisory boards, and in grant making processes. The Division of Technical Assistance and Training of HRSA supports the organizations outlined in this abstract through Cooperative Agreements that provide the training and skills building of consumers throughout the United States. Through these trainings, hundreds of consumers have the opportunity to gain leadership and advocacy skills, as well as increase their knowledge around HIV prevention and care related topics.

**Control Number:** 03-A-363-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** C22 Interventions that Reduce Harm of Injecting Drug Use

**2nd Category Choice:** A20 Psychological Factors and HIV Risk

**Population 1:** P32 Injecting Drug Users

**Population 2:** P53 Researchers

**Presentation Preference:** Single Oral

**Title:** Impulsiveness and HIV risk behaviors among injection drug users

**Author Block:** *Colón, HM; Robles, RR; Finlinson, HA*

Center for Addiction Studies, UCC, Bayamón, PR

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Many behavioral models and preventive interventions assume that planning and intention play an important role in determining the risky behaviors practiced by individuals. However, the extent to which impulsiveness can weaken the influence of planning capabilities on HIV risk behaviors has remained largely unexamined.

**METHODS:** In this study we analyzed the association of impulsiveness and injection risky behaviors among 200 IDUs recruited in urban settings in Puerto Rico. Participants were asked about the behaviors practiced during their most recent day of injection. Impulsiveness was measured using Barratt's Impulsiveness Scale.

**RESULTS:** Of the 200 participants, 72 (30.6%) had extracted water from a container previously used by other IDUs, 96 (40.9%) had filtered the drug solution with a previously used cotton filter, 10 (4.3%) had drug solution backloaded from another syringe, and 9 (3.8%) had borrowed a used syringe to inject. High scores on the Impulsiveness Scale were detected on 14.0% of the participants. Using logistic regression, impulsiveness was found to be associated with extracting water from a used container (OR = 1.98, P = 0.098), filtering with a used cotton filter (OR = 3.12, P = 0.009), and injecting with a used syringe (OR = 10.77, P = 0.009).

**CONCLUSIONS:** The results suggest that behavioral models need to consider the moderating effects of impulsiveness on planning and intention. Preventive interventions also need to develop strategies to address the effects of impulsiveness on the risky practices of IDUs.



**Control Number:** 03-A-372-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** C21 Interventions that Reduce Sexual Risk

**2nd Category Choice:** C26 Microbicides, Vaginal and Rectal

**Population 1:** P19 Gay and Other Men Who Have Sex With Men

**Population 2:** P39 Men

**Presentation Preference:** Single Oral

**Title:** Efficacy of information for MSM to alter perceived risk of using nonoxynol-9 during anal sex

**Author Block:** *Mansergh, G<sup>1</sup>; Marks, G<sup>1</sup>; Colfax, GN<sup>2</sup>; Rader, M<sup>1</sup>; Buchbinder, S<sup>2</sup>*

1 CDC, Atlanta, GA; 2 SFDPH, San Francisco, CA

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Nonoxynol-9 (N9) use during anal sex may facilitate HIV infection; however, recent studies show that MSM continue to use N9 during anal sex. We examined the efficacy of focused information on rectal cell disruption from N9 and recent rates of N9 use among local MSM.

**METHODS:** The MSM Prevention Messages Study examined HIV-related information messages in San Francisco via venue and referral-based recruitment in Fall 2001. Audio Computer-Assisted Self Interview system presented messages and assessed post-test measures (5-point scale, -2 decrease to +2 increase) of perceived risk of using and intent to use N9 products during anal sex. Multivariate models compared Least Square Means and included race, education, income and age.

**RESULTS:** The sample (N=568) was diverse in terms of race (29% Latino, 28% Black, 28% White), identification (23% not gay identified), age (range 18-68), and income (28% <\$10,000 to 14% \$50,000+). A single message about rectal cell disruption and potential increased risk for HIV infection resulting from N9 use was efficacious in increasing perceived risk of HIV infection with anal use of N9 (+1.18, p<.05). Informing participants about recent high rates of N9 use during anal sex in San Francisco (80% in the past 3 months) actually increased intent to use N9 during anal sex (+.63, p<.05). However, when the men were given both messages, information on rectal cell disruption from N9 and possible increase in risk for HIV infection superceded the potential influence of the peer behavior message in increasing perceived risk of using N9 (+1.36, p<.05). Results held across groups by race, age, income and recent risk behavior; men with less education reported greater increases in perceived risk for all message types.

**CONCLUSIONS:** Presenting important biomedical findings about risk may overcome the normative influence of competing peer behavior, demonstrated here by increasing risk perceptions of N9 use during anal sex.

**Control Number:** 03-B-377-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C05 Community Level Interventions

**2nd Category Choice:** C37 Social Network Interventions

**Population 1:** P19 Gay and Other Men Who Have Sex With Men

**Population 2:** P29 Immigrants, Documented and Undocumented

**Presentation Preference:** Single Oral

**Title:** Gay Asian Men's Film Festival: A Model of How to Educate, Collect Data, and Entertain At The Same Time

**Author Block:** *Huang, P*

Asian Health Services, Oakland, CA

**Abstract Body:**

**ISSUE:**

How can you collect behavioral risk data, educate, organize and entertain hundreds of gay men at once? How do you deal with a gay community jaded by ASO-events?

**SETTING:**

The Annual East Bay Gay Asian Men's Film Festival

**PROJECT:**

After years of throwing unsuccessful events in local gay bars and clubs, our gay Asian men's prevention project decided to take a new approach in appealing to gay men, a population that has seen virtually every trick up an ASO's sleeve for trying to draw them to an event. If a large segment of the gay population is tired of, intimidated by, and looking for an alternative to the bar and club scene, why not build an event around another social activity than drinking and cruising?

Now in our 4th year, the annual East Bay Gay Asian Men's Film Fest in Berkeley, CA, has brought together hundreds of gay men and women for local and foreign films by, for and about gay Asian men. Externally, the event is about entertainment and community-organizing through the arts, but we have also used the opportunity to collect hundreds of behavioral-risk surveys from the participants (who were happy to cooperate for a free movie). In this workshop, we will lay out the theoretical framework behind this intervention, the step-by-step logistics and required-resources of putting on a filmfest, and findings from the surveys.

**RESULTS:**

The event is now self-propagating with past participants recruiting friends to attend, and the momentum of the festival has allowed us to attempt to launch a regular group-level intervention. In addition, the survey data has been invaluable in planning our strategies, and with this past festival, we are returning the data back to the community from whom it was collected.

**LESSONS LEARNED:**

We will also discuss the politics of including white men in the definition of "gay Asian" community; the pitfalls of using prevention as a platform for minority nationalism; and why we believe the question of race is both more complex, and more simplistic, than the prevention field has allowed it to be.

**Control Number:** 03-B-379-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C36 Social Marketing

**2nd Category Choice:** C41 Other (Please specify on Additional Info page)

**Population 1:** P19 Gay and Other Men Who Have Sex With Men

**Population 2:** P5 American Indians/Alaskan Natives

**Presentation Preference:** Single Oral

**Title:** HIV Prevention and the Internet: Utilizing Motion Design Movies to Target Young MSM and Native Youth Populations

**Author Block:** *Dybdal, L*

University of Montana, Missoula, MT

**Abstract Body:**

**ISSUE:** Internet strategies utilizing motion design movies were developed to reduce HIV risk.

**SETTING:** The Internet: University of Montana web site (Missoula, MT) and Two Eagle River School web site (Pablo, MT) with links to additional web sites.

**PROJECT:** Phase I of this on-going HIV prevention program was funded as a developmental project to generate innovative Social Marketing strategies utilizing the Internet. Motion design movies incorporating HIV/AIDS prevention messages were developed to target two specific risk populations in Montana: Young MSM: University of Montana students and American Indian youth: Two Eagle River School students. The following activities were utilized in developing the motion design movies for the two target populations: 1) message development and, 2) movie pre-production, production and post-production activities. Needs assessment data, Social Marketing theory, and the Health Belief model were utilized to develop the prevention messages for the movies. Movie pre-production, production, and post-production activities included constructing the motion design concept, assembling source material, filming, editing, affects, and web site delivery. Phase II (currently in process) of this project includes three major areas of employment: 1) strategy dissemination, 2) process and outcome evaluation and, 3) the continued expansion of the Social Marketing program via the development of additional motion design movies targeting additional risk populations in Montana (i.e. HIV positive individuals).

**RESULTS:** The primary objective of phase I of this project was to develop innovative Social Marketing HIV prevention strategies utilizing the Internet. The outcome of phase I consisted of nine completed motion design movies developed by applying health behavior theory, needs assessment data, and on-going feedback (process evaluation) from the target populations. Six of the motion design movies and their messages targeted young MSM and addressed different components of the Health Belief model and self-empowerment. Three of the motion design movies targeted Native Youth and addressed HIV susceptibility and self-empowerment. University of Montana students (MSM) and Two Eagle River School students (Native Youth) participated in process evaluation during message and movie development. Evaluation methods consisted of members of the target populations participating in successive viewings of the movies and participating in focus groups and interviews for feedback. Members of the target populations reported their perceptions about the final product. Qualitative results showed that, overall, participants perceived the movie messages as relevant to their lives, appropriate, engaging, realistic and important. The movie designs were perceived as original, innovative, and as something they haven't seen on the Internet.

**LESSONS LEARNED:** Obtaining access to produce relevant images for the Native youth movies was an obstacle in the formative phase of the project. Researchers solved this problem by having the students' film images that they felt reflected their lives including images of their peers, family, and community activities. Researchers edited the film and incorporated images that reflected the specific messages of each motion design movie.

**Control Number:** 03-B-387-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C22 Interventions that Reduce Harm of Injecting Drug Use

**2nd Category Choice:** C16 Interventions that Promote Healthy Behaviors

**Population 1:** P32 Injecting Drug Users

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Single Oral

**Title:** Pharmacy Syringe Access and Syringe Disposal: IDU Disease Prevention in Seattle

**Author Block:** *Marks, RW<sup>1</sup>; Hanrahan, M<sup>1</sup>; Goldbaum, G<sup>1</sup>; Thiede, H<sup>1</sup>; Wood, RW<sup>1</sup>; Deibert, R<sup>2</sup>*  
1 Public Health - Seattle & King County, Seattle, WA; 2 University of Washington, Seattle, WA

**Abstract Body:**

**ISSUE:**

In Seattle and King County, HIV seroprevalence is less than 5% among injection drug users (IDU). However, over 80% of King County IDU are infected with hepatitis C (HCV) with annual incidence near 20%. Seventy percent of IDU show markers of prior hepatitis B (HBV) infection; HBV incidence is 10%. High prevalence and incidence of both HCV and HBV indicate a potential for rapid spread of HIV. These diseases, and other medical complications result primarily from shared use of drug injection equipment. Lower frequency of unsafe injection practices and reduced risk of infections are associated with access to sterile injection equipment. IDU have three ways to acquire sterile syringes: 1) needle exchange, 2) physician prescription, and 3) pharmacy sales. Washington State amended pharmacy and drug paraphernalia laws in 2002 to permit pharmacy sale of syringes and to allow adults to possess sterile syringes and needles.

**SETTING:**

Community retail pharmacies; Community Health Centers; Public Health pharmacies, clinics, and needle exchange sites; residential communities in Seattle & King County, Washington

**PROJECT:**

In March 2001, Public Health - Seattle & King County (PHSKC) began recruiting retail pharmacists to expand syringe access and provide drug treatment information to IDU to help prevent the transmission of blood-borne infections and other medical complications of using non-sterile injection equipment. Public Health further committed itself to reducing the number of discarded used syringes and assuring safe syringe disposal. Disposal options have been expanded through needle exchange sites, PHSKC clinics, and installation of secure, 24-hour-access syringe drop boxes at high-use sites.

**RESULTS:**

As of January 2003, 38 out of 68 retail pharmacies and 3 Public Health pharmacies approached had agreed to participate in the access/sales partnership. 5 syringe drop boxes had been placed. These boxes collected over 2300 disposed syringes in the first month and over 10,000 as of January 2003. No negative impacts on surrounding neighborhoods or pharmacy businesses have been observed. Further program evaluation includes telephone interviews with all King County pharmacies to determine the impact of policy change on pharmacists' attitudes and practices, test-buys at 100 participating and non-participating pharmacies and assessment of impact of increased pharmacy syringe access on needle exchange volumes and encounters.

**LESSONS LEARNED:**

IDU expressed gratitude for the ability to purchase syringes without questions and without feeling judged. Pharmacy recruitment was enhanced through collaboration with the WA State Board of Pharmacy and WA State Pharmacy Association. Recruitment was further assisted by individual pharmacy managers who partnered with Public Health and became peer leaders, personally recruiting fellow pharmacy managers and writing letters of recommendation targeted to pharmacists. Strategic

face-to-face recruitment was most successful as compared with letter writing or telephone contact. Syringe disposal options, particularly drop boxes, required additional marketing to pharmacists and health care providers in order to increase their usage. Results of test-buy activities and phone surveys will be utilized to determine effectiveness of outreach efforts.

**Control Number:** 03-A-388-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** C17 Interventions that Sustain Safer Behaviors Among Persons Living with HIV

**2nd Category Choice:** C16 Interventions that Promote Healthy Behaviors

**Population 1:** P46 People Living with HIV/AIDS

**Population 2:** P19 Gay and Other Men Who Have Sex With Men

**Presentation Preference:** Group Oral

**Title:** Prevention Options for Positives: Evaluation of A Theoretically Based Prevention Intervention Targeted to HIV-Infected Men who Have Sex with Men

**Author Block:** *Randall, LM<sup>1</sup>; Lapinski, MK<sup>2</sup>; Peterson, M<sup>3</sup>; Peterson, AM<sup>1</sup>*

1 Michigan Department of Community Health, Okemos, MI; 2 Western Michigan University, Kalamazoo, MI; 3 Midwest AIDS Prevention Project, Ferndale, MI

**Abstract Body:**

**BACKGROUND/OBJECTIVES:**Currently there is a dearth of information regarding effective primary prevention interventions targeted to HIV-infected persons. The Prevention Options for Positives (POP) project targets HIV-infected men who have sex with men (MSM). POP was designed to promote adoption and maintenance of HIV-risk reducing behavior by addressing self-efficacy, social norms and communication strategies.

**METHODS:**An extended theory of reasoned action served as the theoretical basis of POP. The intervention, a series of six group-level education and skills-building sessions combined with three sessions of individual-level prevention counseling was tested via a quasi-experimental design for effectiveness relative to a structured series of three sessions of individual-level prevention counseling.

Data were collected through self-administered questionnaires completed prior to the implementation of the project, at the conclusion of the intervention and again six weeks later.

**RESULTS:**Those who received the combined intervention (group sessions and individual counseling) were more likely than those receiving individual level prevention counseling only to report having used a condom with non-main sex partners. With main partners, those who received the combined intervention were less likely than those in the comparison group to have sex while high or drunk; were more likely to disclose their infection status to potential sex partners; and were more likely to ask about their potential sex partners' HIV status. Those in the combined intervention exhibited higher levels of behavioral intentions to adopt HIV-risk reducing behaviors than those who received individual level counseling only.

**CONCLUSIONS:**HIV-infected persons are an important target for primary HIV prevention efforts. Findings from the evaluation of POP suggest that interventions which address social norms and communication strategies can promote adoption and maintenance of risk reducing behaviors among HIV-infected MSM.

**Control Number:** 03-A-390-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** C29 Post-Exposure Prophylaxis, Non-Occupational

**2nd Category Choice:** C28 Post-Exposure Prophylaxis, Occupational

**Population 1:** P22 Health Care Workers

**Population 2:** P52 Public Safety Workers

**Presentation Preference:** Single Oral

**Title:** Blood and body fluid exposures and HIV post-exposure prophylaxis provision at a large, urban, emergency department

**Author Block:** *Merchant, RC<sup>1</sup>; Becker, BM<sup>1</sup>; Mayer, KH<sup>1</sup>; Fuerch, J<sup>2</sup>; Schreck, B<sup>2</sup>*

1 Brown University School of Medicine, Providence, RI; 2 Brown University, Providence, RI

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Although it is likely that the majority of people sustaining blood and body fluid exposures in the United States seek care from an emergency department (ED), there are few studies examining this issue. We sought: (1) to determine the frequency and type of patient visits for these exposures to a large, urban, Level I trauma center ED (>120K annual visits); and (2) to determine the frequency that HIV post-exposure prophylaxis (HIV PEP) was prescribed at this ED for these exposures prior to and since the release of the 1996 Center for Disease Control and Prevention's (CDC) occupational HIV PEP guidelines.

**METHODS:** We conducted a retrospective review of all patient visits for blood and body fluid exposures to our ED from January 1, 1995 through June 30, 2001. In order to maximize the capture of all patient visits pertinent to the study, we searched two separate billing record computerized databases. We employed fourteen International Classification of Disease codes used for blood and body fluid exposures for the search. We extracted data on the patients' demographics, occupation, type of exposure, timing of presentation for care, and HIV PEP usage. The data were entered into EpiInfo 2000 and analyzed in STATA7.

**RESULTS:** Of the 1686 ED patient visits identified through the ICD-9 code search, 94% were available for review, and 1432 of these were for blood and body fluid exposures. Twenty-two percent of the visits were by healthcare workers (HCWs), and 78% by non-HCW adults, adolescents, and children. Sixty percent of the HCWs presented with needlestick or sharp injuries, while 67% of non-HCW adults presented with human bites. For adolescents and children, 80% of the visits were for sexual exposures. Nurses (27%) and emergency medical system personnel (15%) were the largest groups of HCWs reporting blood and body fluid exposures. Police, correction officers, and security guards were the largest group of non-HCWs sustaining exposures while at work. HCWs and non-HCW adults who sustained non-sexual exposures were much more likely to present for an evaluation within 24 hours than adolescents or children who endured sexual assault ( $p < 0.001$ ). HIV PEP was prescribed only once prior to and 143 times since the 1996 CDC's occupational guidelines release: 91 times to HCWs and 52 to all other patients. HIV PEP was most often prescribed to HCWs sustaining needlestick injuries. Non-HCW HIV PEP provision increased each year at this ED.

**CONCLUSIONS:** The majority of patients presenting for care of blood and body fluid exposures to this ED were not HCWs, which attests to the need for nonoccupational HIV PEP guidelines.

Our results suggest that there are particular groups both in and outside the healthcare setting at risk of being exposed to blood and body fluids. These groups may benefit from educational campaigns informing them of post-exposure measures to prevent an HIV infection. Parents and caretakers of adolescents and children who suffer sexual assault should also be apprised of the need for early medical evaluation so that HIV PEP provision for such patients may be optimized.

**Control Number:** 03-B-392-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C21 Interventions that Reduce Sexual Risk

**2nd Category Choice:** C37 Social Network Interventions

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P3 African Americans

**Presentation Preference:** Group Oral

**Title:** African American Men at Risk: Targeting a hard to reach population.

**Author Block:** *Douglass, KF; Allan, M*

NCDHHS HIV/STD Prevention and Care Branch, Raleigh, NC

**Abstract Body:**

**ISSUE:** HIV/STD infection among African American Men with Bisexual, Homosexual and "Down-low" risk behaviors is increasing, despite conventional efforts. AAMAR Community Based Organizations' (CBO) HIV prevention counseling seeks to reduce HIV/STD risk behaviors by means of realistic personalized risk reduction in areas that have high populations of African American men.

**SETTING:** Using information and data from the NC Division of Public Health HIV/STD Surveillance Report: Vol. 2001 for the first, second and third quarters of the year, the Branch was able to identify those cases of HIV reported in North Carolina affecting the African American population in the state. The counties commonly known to have a large population of African Americans were the same counties the report indicates have a high incidence of HIV infection.

These counties include:

Edgecombe Co.

Guilford Co.

Mecklenburg Co.

Cumberland Co.

The HIV/STD Care Branch funded four CBOs: The Cape Fear Regional Bureau for Community Action in Cumberland County, SOZO Ministries in Edgecombe County, Metrolina AIDS Project in Mecklenburg County and Triad Health Project located in Guilford County to implement outreach activities specifically targeting this priority population. The CBOs formulated activities specific to their communities. These activities take place in various traditional and non-traditional locations: churches, bars, adult bookstores, the internet and other areas where targeted populations may be present. Outreach usually takes place during non-traditional hours (12am-3am) although more traditional hours (8am-6pm) are also utilized.

**PROJECT:** African American Men At Risk (AAMAR), is an ongoing multi-site outreach program that targets Bisexual, Homosexual, Heterosexual and MSM "Down-low" African American men. The program focuses on on-site testing, counseling and condom distribution. The program funds the CBOs which perform outreach in areas where conventional education and testing do not reach: Gay bars, adult bookstores, illegal gambling houses, the internet and areas frequented by African American sex traders.

**RESULTS:** As of January 15th, 2003, in Cumberland County, the Cape Fear Regional Bureau for Community Action reached 435 MSM of African descent through outreach in predominantly African American social networks. Two CBOs are using the Internet to find and counsel men on risky behavior and the benefits of testing. The Triad Health Project in Greensboro was very innovative in using this media to contact the "Down-low" and 'traditional' gay African American males and provides information to them in a confidential and safe manner. The Metrolina AIDS Project reached over 300 African American men in substance abuse and homeless facilities, while



**holding sessions with churches and providing training for outreach workers. SOZO Ministries is reaching African American men through barbershops, bars and other business/social exchanges. LESSONS LEARNED: Knowledge of the immediate area and alternative methods of outreach are important when reaching individuals who do not want to be identified, or conventional outreach does not work.**

**Control Number:** 03-B-408-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C20 Interventions that Promote Mental Health

**2nd Category Choice:** C16 Interventions that Promote Healthy Behaviors

**Population 1:** P20 Gay, Lesbian, Bisexual, Transgend, Question. Youth

**Population 2:** P19 Gay and Other Men Who Have Sex With Men

**Presentation Preference:** Group Oral

**Title:** Addressing underlying emotional and personal issues that contribute to HIV risk for African American gay men

**Author Block:** *Ratti, MA*

Harlem United Community Aids Center, New York City, NY

**Abstract Body:**

**ISSUE:** African American gay men face a particularly complex set of circumstances that contribute to their high risk of HIV infection. Often alienated from the white gay community and estranged from some of the supportive institutions of the African American community such as the church and family, African American MSMs often struggle with isolation, low self-esteem, and deep conflict surrounding their identity. These issues, when coupled with widespread societal racism and homophobia, create an unhealthy and unsupportive environment in which they are more likely to develop a propensity for unsafe behavior related to sexual activity and substance use. All of these circumstances point to the need for HIV prevention services that are not only designed by and for African American gay men, but that addresses their underlying emotional and personal issues that contribute to their risk.

**SETTING:** Three psycho-educational groups targeting gay men of color are conducted –Three in Central Harlem two under the leadership of Harlem United, and one under the leadership of GMAD. Each closed group runs on a 12-week cycle.

**PROJECT:** The principal goal of the program is to encourage African American gay men to reduce or eliminate their risk of HIV infection or transmission by identifying the issues that contribute to their risk and encouraging ongoing support in addressing those issues. This is accomplished through structured psycho-educational groups conducted by an African American, gay-identified Mental Health Clinician. Additionally, the intervention seeks to encourage the adoption of safer sex and drug use behaviors by providing support around the issues that contribute to risk; to address the gap between prevention services and care by linking these individuals with an array of additional services available at Harlem United and throughout the community; and to build clients' self-esteem and self-efficacy, thus enabling them to adopt comprehensive and sustained behavioral change.

**RESULTS:**

- Most participants who were given referrals for mental health services followed through on these referrals than expected.
- Participants made considerable positive change on most outcomes.
- Participants increased their perception of risk of engaging in high risk activities, especially those with other rather than a main partner.
- Participants increased their self-efficacy in communicating with their main partner about sexual matters, including condom use.
- Participants reported that they were more empowered in their relations with their partner
- They also reported decreased alcohol and drug use.

**LESSONS LEARNED: Through research and evaluation, one can truly see that targeted, sustained closed mental health groups are urgently needed for African American MSM. It is critical to prevent patterns of risky behaviors before they start in our African American MSM communities.**

**Control Number:** 03-B-412-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C27 Peer-Based Intervention Models

**2nd Category Choice:** D09 HIV Prevention on the Internet

**Population 1:** P63 Youth in High Risk Situations

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Single Oral

**Title:** Internet Interventions

**Author Block:** *Gilliam, J; Augustine, J*  
Advocates for Youth, Washington, DC

**Abstract Body:**

**ISSUE:** Increasing numbers of community based organizations are developing online HIV interventions to reach populations which are hard to reach, such as GLBTQ youth, young women of color, and rural communities. Working with online volunteers presents unique challenges in recruitment, retention, and gauging results.

**SETTING:** Internet, websites, and message boards targeting online communities, especially young women of color and GLBTQ youth.

**PROJECT:** Advocates for Youth has been successfully running online peer education programs for young women of color and GLBTQ youth for the past 5 years. My Sistahs, a website for young women of color, and YouthResource, a website for GLBTQ youth, have 30 peer educators total answering questions from young people about HIV prevention in their communities. Online peer educators from both sites are recruited from across the country based on their experience with peer education, HIV prevention, their familiarity with the internet and the degree to which they reflect the population visiting the site. Once recruited, online peer educators complete a three-day online training and are brought together for a weekend long training on internet intervention strategies. Advocates staff works with peer educators on a daily basis to answer questions from young people visiting the site, and also consults regularly with peer educators about priorities for the development of the website.

**RESULTS:** By actively involving peer educators in the development of the website as well as through consistent feedback and rewarding work, Advocates for Youth has retained and actively involved a majority of the peer educators working for the site over time. Peer educators respond to 100-120 questions per month from young people visiting the site, and have contributed to 15-20 features per year for the websites which have over 110,000 visitors per month.

**LESSONS LEARNED:** Through the peer education site, Advocates for Youth has learned a successful online volunteer program will provide multiple opportunities to involve volunteers on a variety of levels, from simple administrative tasks to larger site and intervention goals. Advocates has learned that consistent and clear communication online and offline with staff and with fellow volunteers keeps peer educators motivated and willing to be involved despite the potential isolation working online entails. At the National HIV Prevention 2003 Conference, Advocates for Youth will share its strategies for creating online communities among peer educators, which creates an extremely effective cadre of volunteers.

**Control Number:** 03-A-413-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** C21 Interventions that Reduce Sexual Risk

**2nd Category Choice:** C16 Interventions that Promote Healthy Behaviors

**Population 1:** P19 Gay and Other Men Who Have Sex With Men

**Population 2:** P39 Men

**Presentation Preference:** Single Oral

**Title:** Developing more effective HIV risk reduction messages for MSM about anal and oral sex

**Author Block:** *Mansergh, G<sup>1</sup>; Marks, G<sup>1</sup>; Colfax, GN<sup>2</sup>; Rader, M<sup>1</sup>; Buchbinder, S<sup>2</sup>*

1 CDC, Atlanta, GA; 2 SFPDPH, San Francisco, CA

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** More effective risk-reduction messages are needed for MSM. This study assessed the efficacy of focused (two-sentence), single and multiple messages on risk for HIV infection and local peer behavior regarding insertive anal and receptive oral sex.

**METHODS:** The MSM Prevention Messages Study examined collected data in San Francisco using venue and referral-based recruitment methods during Fall 2001. An Audio Computer-Assisted Self Interview system presented messages and assessed post-test measures (5-point scale, -2 decrease to +2 increase) of (a) perceived risk for and (b) intent to engage in insertive anal and receptive oral sex. Behavioral risk (i.e., X% of recent infections were attributed to Y risk behavior) and peer behavioral norm (i.e., X% of MSM recently engaged in Y risk behavior) messages were presented. Multivariate models compared Least Square Means and included race, education, income and age.

**RESULTS:** The sample (N=568) was diverse: 29% Latino, 28% Black, 28% White; 23% did not identify as gay; age range was 18-68; income ranged from <\$10,000 (28%) to \$50,000+ (14%). Single messages about behavioral risk and peer behavior regarding insertive anal sex were efficacious in increasing perceived risk of insertive anal sex (+.95 and +.45 respectively, both  $p < .05$ ). The behavioral risk message was even more efficacious than the peer behavior message ( $p < .05$ ), and the efficacy of a combined message (+.99) was similar to that of the single behavioral risk message. Results were similar for messages on receptive oral sex. Results held across groups by race, age, income and recent behavior; MSM with lower education levels reported greater increases ( $p < .05$ ) in perceived risk than did others.

**CONCLUSIONS:** Single risk-reduction messages may produce change in risk perceptions. Multiple messages may also be effective, although not necessarily beyond that of highly effective single messages. MSM with less education may benefit from messages even more so than others. Research is needed on dose-response effects, particularly in altering behavior and intent.

**Control Number:** 03-B-414-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C21 Interventions that Reduce Sexual Risk

**2nd Category Choice:** C33 Recruitment and Retention in Intervention Studies

**Population 1:** P3 African Americans

**Population 2:** P9 Clients of Community-Based Organizations

**Presentation Preference:** Single Oral

**Title:** HIV/PCM strategies and client retention

**Author Block:** LAWRENCE, j

HARLEM UNITED, New york, NY

**Abstract Body:**

**ISSUE:**HIV/PCM strategies and client retention.

**SETTING:**Harlem, New York

**PROJECT:** Harlem United's PCM program provides intensive, individualized support that encourage safer behaviors related to substance use and sexual activities. PCM staff also addresses other needs of at risk individuals such as primary and mental health services, substance use, other social needs. The goal of the PCM program is to link individuals to a continuum of emergency services that address circumstances that create at risk behavior

**RESULTS:**

Evaluation findings below are based on data collected on clients who have participated in repeated one on one and group counseling services.

Based on four measures of perceived risk, on average, participants' perceived risk increased on three of them.

**Measures of Perceived Risk of Alcohol and Drugs, Baseline and Post Assessment**

(Possible Responses: 1=no risk; 2=slight risk; 3=moderate risk; 4=great risk)

**Outcome:** As a result of the PCM program, participants will decrease their intentions to use alcohol/drugs; 65% will decrease their intentions.

**Findings:** PCM participants, on average, decreased their intended use of alcoholic drinks, illegal drugs and injection drugs.

**Measures of Intended unprotected sex if HIV infected or positive health seeking behavior**

(Possible Responses: 1=very likely; 2=somewhat likely; 3=a little likely; 4=not at all likely)

**Outcome:** As a result of the PCM program, participants will increase and decrease other risk/protective behaviors.

**Findings:** PCM participants, on average, decreased their intent to have unprotected sex with someone that might have and STD or HIV and increased intent to see a doctor/nurse if they thought they had STD or HIV.

**LESSONS LEARNED:**

HIV Prevention case management strategies for at-risk people of color, while not a novel idea, needs a broader approach in order to engage the HIV negative individual or individuals with an unknown status. These strategies are particularly challenging when poised against a landscape of

homelessness, substance abuse, poverty, immigration issues, and minimal or no medical care. Limited financial resources and the lack of affordable housing for at-risk HIV negative individuals pose a challenge for the recruitment and retention of these individuals. To implement HIV prevention measures for at-risk people, programs must address the front issues of housing. Concerns regarding repeated prevention engagement of the homeless, for example, present difficulties as this population is transient in nature, have no telephones and “are not hearing” HIV prevention messages, as their homeless status takes priority. Assistance in addressing adequate housing, medical and other critical needs with concrete results, facilitates client receptivity to implementing strategies that will change behaviors. Although behavioral change is clearly evident through PCM interventions, it is also clear that clients who present with multiple psycho-social issues resist repeated engagements if their immediate needs are not met. Providing integrated HIV prevention services with the development of resources in housing, entitlement and other services that have a definitive impact on clients needs, are crucial to continued client engagement in prevention. Additionally, for prevention case management to work, resources and targeted linkages with a wide array of social services that advocate for the HIV negative population is essential.

Behavior	Average Rating	
	Baseline	Post
	% not at all likely	
Unprotected sex if infected with HIV	63%	88%
	% very likely	
Seek a doctor or nurse if thought had and STD or HIV	69%	75%

Statement	% moderate to great risk		Average Rating	
	Baseline	Post	Baseline	Post
Have 4 or 5 drinks of alcohol beverage nearly every day	75%	94%	3.50	3.69
Smoke marijuana once or twice a week	45%	81%	2.65	3.00
Use other illegal drugs once or twice a month	63%	94%	3.23	3.62
Use injection drugs once or twice a month	75%	94%	3.81	3.73

Behavior	Average Rating	
	Baseline	Post
	% not at all likely	
Unprotected sex if infected with HIV	63%	88%
	% very likely	
Seek a doctor or nurse if thought had and STD or HIV	69%	75%

Statement	% moderate to great risk		Average Rating	
	Baseline	Post	Baseline	Post
Have 4 or 5 drinks of alcohol beverage nearly every day	75%	94%	3.50	3.69
Smoke marijuana once or twice a week	45%	81%	2.65	3.00
Use other illegal drugs once or twice a month	63%	94%	3.23	3.62
Use injection drugs once or twice a month	75%	94%	3.81	3.73

**Control Number:** 03-B-418-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C21 Interventions that Reduce Sexual Risk

**2nd Category Choice:** C20 Interventions that Promote Mental Health

**Population 1:** P3 African Americans

**Population 2:**

**Presentation Preference:** Single Oral

**Title:** Depression As A Prime Risk Factor In The Etiology of HIV Disease Among African American Men And Women: Implications For HIV Prevention Specialists

**Author Block:** *Johnson, OJ*

Canfield Health Services, Detroit, MI

**Abstract Body:**

The inordinately high incidence of clinical depression among African American men and African American women represents a significant and compelling challenge to health care professionals, clinical social workers, substance dependence treatment coordinators, HIV prevention specialists, care providers in faith-based organizations, case managers, and other mental health care professionals.

Clinically significant manifestations of depressive symptomatology among African American men and women may can be viewed appropriately as “critical predictors,” or, perhaps more notably, “high risk factors” relative to the etiology of HIV disease among these particularly vulnerable populations. For example, several studies highlight the importance of clinical depression among African American men and African American women in determining the emergence of seemingly intractable and debilitating personal problems – *with equally strong implications for engagement in high risk sexual and drug seeking behaviors, hence, probabilities for contracting HIV disease become heightened considerably*. Of special note is the reportedly wide spread phenomenon of African American men the “down-low.” These men may have sex with both men and (usually unsuspecting) women. This behavioral in congruence among these men have contribute to depressive symptomatology.

Jones, et.al., (1982) reported that African American men will most frequently access psychiatric, psychological, clinical social work, and substance abuses treatment services when they are wrestling with depression and work related problems. Gary and Berry, (1985) conducted a study to determine the incidence and prevalence of depressive symptomatology faced by African American men and women. They discovered, quite conclusively, that the most significant predictor of depression for African American men was conflict between African American men and African American women.

African American gay, lesbian, bi-sexual, and transgendered persons may report similar experiences, and, in fact, the palpable presence of depressive symptoms (Mayne, et.al., 1996; Markowitz, et.al., 1998) would appear to be among the chief determinants to for engagement in high risk sexual practices for married, or single heterosexual, gay, lesbian, bi-sexual, and transgendered African American persons.

These issues coalesce to produce a uniquely debilitating cadre of depressive symptomatology for African Americans. Available research suggests that men will tend to “act-out” their depression by engaging in behaviors which ultimately prove to be self-destructive. African American women may “internalize” their depression – again, all with increased probabilities for the contraction and transmission of HIV disease.

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**The Beck Depression Inventory (BDI) has proven to be an especially useful instrument in assessing clinically diagnosable symptoms among African Americans at high risk. For instance, a BDI score of 14 or above would indicate the incidence of the same, and would therefore call for the development, implementation, and evaluation of culturally competent health care related treatment interventions.**

**Workshop Objectives**

**To become aware of the patterns of depression among African American men and African American women at high risk for HIV disease.**

**To become familiar with factors uniquely associated with the etiology of depressive mood disorders and HIV disease among these populations.**

**Control Number:** 03-B-422-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C37 Social Network Interventions

**2nd Category Choice:** C38 Structural and Environmental Interventions

**Population 1:** P19 Gay and Other Men Who Have Sex With Men

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Single Oral

**Title:** Project Director

**Author Block:** *Weldon, JN*

University of Washington/School of Social Work /HIV AIDS Project Development and Evaluation Unit, Seattle, WA

**Abstract Body:**

**ISSUE:** Internet chat rooms are used increasingly by men who have sex with men (MSM) to find sexual partners, and HIV/STD prevention efforts have not kept up with this growing trend. The goal of this project is to reduce the high rate of transmission of HIV/STDs within the social network of MSM Internet sex seekers, by means of a comprehensive HIV/STD web site which includes active online outreach and local agency referrals.

**SETTING:** The world wide web and local MSM chat rooms in Seattle/King County, Washington.

**PROJECT:** Prevention Organizations With Empowerment Resources On the Net (PowerON: [www.poweronseattle.org](http://www.poweronseattle.org)) is a comprehensive and engaging HIV/STD information and prevention website that targets MSM Internet sex seekers. PowerON has establish an HIV/STD prevention presence in this growing Internet venue, we have developed a comprehensive and engaging HIV/STD web site featuring current information, active online outreach and local agency referrals. This website:

*Is organized, credible, current, and comprehensive:* it contains up-to-date basic prevention information as well as in-depth information on the many co-factors that impact the sexual choices of MSM, including sex, drugs, emotions, and image, and offering tools to address these issues including information, referrals and specific skills and ideas, especially communication skills.

*Is attractive and manageable:* it uses the latest Flash technology, audio/video streaming, and graphic visual images and text to present and access current information in new ways.

*Provides local agency referrals and active online outreach:* it lists referrals to more than 200 local agencies and outreach workers throughout the site under the relevant headings. The project also uses trained volunteers to initiate and promote safer sex conversations in the popular MSM chat rooms establishing safer sex dialogue as a norm in the online community. These volunteers will encourage others in the chat room to visit the PowerON site for additional, and privately available, information and referrals to local prevention programs.

**RESULTS:** The web site averages 27 hits an hour and 668 hits a day. In the first full month of operation, PowerOn received 20,729 hits. Of the participants who completed the comment survey regarding the value of the web site 85.7% found the site "useful". When asked if participants would recommend the site to friends 85.7% said "they would". PowerON participants were asked if they used the Internet to find a sexual partner and 57.1% said "yes", which indicates that we are reaching our target audience. Participants who accessed the PowerON site were asked if they intended on contacting a referral agency found on the site and 57.2% said "possibly" and 14.3% said "yes".

**LESSONS LEARNED:** Chat room participants who encounter PowerOn staff are willing to engage in safer sex discussions which indicates that the Internet is an appropriate and useful tool for promotion of healthy sexual behaviors. In addition, a web site such as PowerOn that offers

**information on a wider variety of co-factors that may influence the transmission of HIV/STDs, (substance abuse, mental well-being, communication skills), is attractive to MSM who use the internet to seek sexual partners.**

**Control Number:** 03-B-425-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C33 Recruitment and Retention in Intervention Studies

**2nd Category Choice:** E14 Improving Methods of Targeting HIV Resources to Communities in Need

**Population 1:** P53 Researchers

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Poster Session

**Title:** Casting a Wide Recruitment Net: Motivating Hard to Reach Communities

**Author Block:** *Mickalian, JD; Carnes, NA*

University of California, San Francisco, Center for AIDS Prevention Studies, San Francisco, CA

**Abstract Body:**

**ISSUE:** To recruit and enroll 300 HIV– positive people for one urban site of a multi-site behavioral intervention trial.

**SETTING:** The San Francisco site used a number of recruitment sources including agencies, healthcare providers, advertisements, brochures, recruitment staff, and word of mouth.

**PROJECT:** Healthy Living Project (HLP) is a collaborative multi-site clinical trial currently conducted at University of California at Los Angeles, Columbia University, Medical College of Wisconsin, and University of California at San Francisco. The purpose of this on-going study is to design, implement, and evaluate a one-on-one cognitive-behavioral intervention for people living with HIV to improve their health and well being. Study participants enroll for 25 months to complete fifteen one-on-one sessions delivered in 3 modules of 5 sessions each with assessments every 5 months. Each site developed a unique recruitment plan based on common recruitment language. The San Francisco site applied social marketing concepts to structure a comprehensive strategy to target Bay Area communities living with HIV. This strategy included campaigns targeting distinct communities, outreach to medical and social service providers, participant word of mouth, and networking with other studies and projects.

**RESULTS:** In approximately 18 months, the San Francisco site screened 1,058 people of whom 869 (82%) completed a baseline interview. Three hundred seven of those interviewed (35%) met eligibility criteria and 271 (88% of those eligible) enrolled in the trial. Thirty four percent of enrolled participants reported learning about the study from advertisements, 33% were referred by agency/service providers, 18% were referred by word of mouth, 6% were referred by another study, and 5% learned about the study from our outreach staff member. Demographically, 62% were categorized as men who have sex with men, 20% as injection drug users, 13% as women, and 5% as heterosexual men/non-IDU. Ethnic identity included, 53% White, 28% African-American, 6% as Latino/a, and 13% Other. Eighty percent of the sample were aged 30 –49, 10% percent aged 50-59, and 7% aged 18-29.

**LESSONS LEARNED:** With a limited recruitment period and complex inclusion criteria, we cast a wide recruitment net targeting a broad range of potential participants throughout the Bay Area. This method yielded a diverse sample. We used an assertive approach with multiple methods, and oversampled women and people of color (historically under served communities in HIV behavioral intervention trials).

**Control Number:** 03-A-437-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** C40 Vaccine Trials (including Preparedness)

**2nd Category Choice:** G05 Implementing HIV Prevention in Substance Abuse Treatment Facilities

**Population 1:** P32 Injecting Drug Users

**Population 2:** P4 Alcohol and Other Drug Users

**Presentation Preference:** Poster Session

**Title:**

**Hepatitis Vaccination Among Substance Users: A Model For HIV Vaccine Delivery?**

**Author Block:** *Lally, MA; Gaitanis, MM; Khan, B; Dispigno, M; McNevin, RJ; Stein, MD*  
Brown University, Providence, RI

**Abstract Body:**

**BACKGROUND/OBJECTIVES:**

We may soon have a preventative HIV vaccine. The effect of an HIV vaccine will depend on our ability to deliver it to high-risk individuals, such as intravenous drug users. Developing a model of successful hepatitis vaccination among substance users now may allow for the delivery of an HIV vaccine to the same population once one becomes available. We tested one model of HAV and HBV vaccination in a drug treatment center by providing on-site initial vaccines; comprehensive HIV, hepatitis, and STI testing; and incentives for follow-up vaccination.

**METHODS:**

Participants were recruited from a state-funded, short-term drug treatment center in Fall River, Massachusetts. From January to March 2001, we enrolled male and female inpatients to receive comprehensive HIV, hepatitis, and STI testing. Participants were offered pre and posttest counseling, and those who tested negative for evidence of prior HAV or HBV infection were offered HAV and HBV vaccines. Follow up appointments were scheduled at six months for HAV vaccination and at one and six months for HBV vaccination. Research assistants attempted to contact and remind the participants of their appointments, and participants received \$20 for each follow-up visit. Those who lived in the same town as the treatment center were able to receive transportation, but this service was not available to those who lived further away.

**RESULTS:**

Fifty-two inpatients agreed to participate in the study and receive one or more biological tests. Among those who participated, 71% reported recent injection drug use. The average age of the participants was 32, and 79% of the subjects were Caucasian. Forty-five participants were eligible for either HAV or HBV vaccination, and 71% (32/45) received the initial vaccination. Sixty-nine percent (22/32) of these were HCV positive. Those who did not receive the initial vaccine either refused or had left the facility. None of the participants returned for a second HAV vaccine at six months. Only 5 out of 17 (29%) returned for a second HBV vaccination at one month and none returned for a third HBV vaccination at six months. Of those patients that lived in the same town as the study site, 80% (4/5) returned for the second HBV vaccine as opposed to 8% (1/12) of those that did not live in town (Fisher's exact test,  $p = 0.01$ ).

**CONCLUSIONS:**

In a drug-treatment facility setting, we were able to provide initial vaccinations against HAV and HBV to 71% (32/45) of eligible participants, but only 16% (5/32) returned for a follow-up vaccination. In addition to monetary incentives, providing transportation to a vaccine site may encourage better follow up among high-risk populations. Further work is currently needed to ensure high rates of hepatitis vaccine delivery among substance users in order to prepare for the delivery of the HIV vaccine to this population.

**Control Number:** 03-A-445-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** C06 Dyadic and Family Level Interventions

**2nd Category Choice:** C21 Interventions that Reduce Sexual Risk

**Population 1:** P45 Parents/Families

**Population 2:** P62 Youth

**Presentation Preference:** Group Oral

**Title:** Symposium on Why Parents Matter! in the Delivery of HIV Prevention Information and Skills Prior to Onset of Sexual Risk Behaviors in Youth

**Author Block:** *Miller, KS<sup>1</sup>; Forehand, R<sup>2</sup>; Dittus, P<sup>3</sup>; Kotchick, B<sup>4</sup>; Wyckoff, S<sup>1</sup>; Lassiter, S<sup>5</sup>; MacBeth, T<sup>5</sup>; Wallace, S<sup>1</sup>; Long, N<sup>6</sup>; Kelly, A<sup>6</sup>; Austin, J<sup>5</sup>; Austin, B<sup>5</sup>; Heller, L<sup>4</sup>; Gourd, M<sup>4</sup>; Jackson, L<sup>5</sup>; Armistead, L<sup>5</sup>; Linder, G<sup>5</sup>; Ketchen, B<sup>5</sup>; Ball, J<sup>5</sup>; Clark, H<sup>5</sup>; Favors, M<sup>4</sup>; Hugley, J<sup>5</sup>; Johnson, J<sup>6</sup>*  
1 CDC, NCHSTP, Atlanta, GA; 2 University of Vermont, Burlington, VT; 3 CDC, NCCDPHP, Atlanta, GA; 4 University of Georgia, Athens, GA; 5 Georgia State University, Atlanta, GA; 6 University of Arkansas, Arkansas Children's Hospital Research Institute, Little Rock, AR

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Youth need to receive HIV prevention information and skills prior to onset of HIV risk behaviors. Parents are in a unique position to provide early and continuous HIV prevention to youth.

**METHODS:** The Parents MatterQ! Study is a multi-site community-based US trial designed to test an intervention to promote effective parent-child communication about sexuality and sexual risk reduction in families with pre-teens 9-12 years of age. The series of presentations will outline the scientific, methodological, community and practical elements considered in the design, implementation and maintenance of a parenting intervention targeting African American families.

**RESULTS:** The first group of speakers will review research and theory pertaining to factors that protect young adolescents from increased risk for HIV infection. Special emphasis will be placed on factors found to impact adolescent sexual risk behaviors. These factors include:(1) timely, sensitive, comprehensive and supportive family communication about sexuality and sexual risk reduction; and (2) parenting skills such as monitoring and building positive parent-child relationships. A methodological overview of the Parents Matter! Study will also be discussed. The second group of speakers from the community and research team will discuss their roles and strategies for developing community involvement and support by: (1) meeting with key community leaders; (2) conducting focus groups in the recruitment communities; (3) hiring a full time community liaison at each site; and (4) convening community advisory boards at each site. All of the community collaborators provide input and advice concerning unique cultural and contextual factors which may have impacted the intervention and intervention delivery. The third group of speakers will delineate the content and cultural relevance of the Parents Matter! Study intervention and provide a brief demonstration of a mock intervention session. The fourth group of speakers will discuss strategies used in longitudinal family-based research studies and examine factors that may promote or impede retention. The discussant will review lessons learned in the conduct of family-based research.

**CONCLUSIONS:** HIV prevention efforts which embrace the cultural values and strengths of the African American community may enhance the efficacy of prevention interventions. Parents already play a critical role in the promotion of healthy behaviors in their children and have the opportunity to deliver age appropriate health messages to their children over time. Because it is critical to reach youth early with effective HIV prevention messages, intervening with parents may

**be one of the most viable, yet underutilized prevention methods available to reduce adolescent sexual risk behaviors.**

**Control Number:** 03-B-449-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C17 Interventions that Sustain Safer Behaviors Among Persons Living with HIV

**2nd Category Choice:** C41 Other (Please specify on Additional Info page)

**Population 1:** P46 People Living with HIV/AIDS

**Population 2:** P64 Other (Please Specify)

**Presentation Preference:** Single Oral

**Title:** Sero-discordant Relationships: Talking About Being Positive with Negative Partners or Vice-versa.

**Author Block:** *Mills, RG*

Global Network of People Living with HIV North America (GNP+NA), Edmonton, AB, Canada

**Abstract Body:**

**ISSUE:**

Since the introduction of **Highly Active Antiretroviral Combination Therapies in 1996**, many individuals living with HIV/AIDS have experienced increased quality of life and less of a sense of getting one's affairs in order in preparation for death. As a result, many more people are living better and longer with HIV infection without major complications. HIV related deaths are dramatically lower. Hence, many more individuals living with HIV/AIDS are getting on with their lives and find themselves, once again, interested in forming relationships. Serodiscordant (positive/negative) relationships have special needs and special considerations for both individuals that need to be discussed and thought through.

**SETTING:**

The workshop setting will engage participants to discuss some of the stress factors, successes and failures evident in serodiscordant relationships regardless of the sexual orientation of individuals or the mode of virus transmission.

**PROJECT:**

The flexible workshop will consist of a brief introduction on HIV positive/negative relationships - sero-discordancy. The participatory workshop will be organized around key topics for discussion by individuals who are participating in a sero-discordant relationship or who are in the process of considering entering into a sero-discordant relationship. Participants will be guided through such topics as: **Talking about HIV, SEX: Is it still alive, just as lively or livelier?, Engaging our Partners, Supporting the Negative Partner - Feeling Safe, and Managing your Affairs.** Other relevant topics for discussion may come up for consideration when participating.

**RESULTS:**

This is not a research study but an interactive workshop.

**LESSONS LEARNED:**

Lessons learned will be compiled from notes taken within the discussions and shared with participants electronically if they leave contact information.



**Control Number:** 03-B-457-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C05 Community Level Interventions

**2nd Category Choice:** C21 Interventions that Reduce Sexual Risk

**Population 1:** P56 Staff of Community-Based Organizations

**Population 2:** P19 Gay and Other Men Who Have Sex With Men

**Presentation Preference:** Single Oral

**Title:** SexEd4U: Using America On-Line to Reach Men who have Sex with Men

**Author Block:** *Odom, M*

Midwest AIDS Prevention Project, Ferndale, MI

**Abstract Body:**

**ISSUE:** HIV prevention and risk-reduction information, provided through Internet outreach, seeks to reduce HIV/STD risk among Michigan Men who have Sex with Men (MSM).

**SETTING:** Community HIV educator reaches Michigan MSM using American On-Line chat sites.

**PROJECT:** Gay and bisexual men in search of casual sex are increasingly using the Internet to find partners, and are spreading HIV and other sexually transmitted diseases at a faster rate than before. Health officials in several states traced syphilis outbreaks among MSM to meetings arranged in Internet chat rooms, and are concerned that the efficiency of online sexual arrangements can facilitate the spread of HIV. (Kaiser Network, July 26, 2002.) To reach these men, the Midwest AIDS Prevention Project developed the SexEd4U program, modeled after similar efforts in San Francisco and Boston. Through the project, trained HIV counselors join America On-Line chat rooms that target gay and bisexual men. The counselors identify themselves as HIV educators, and provide an opportunity for chat room participants to ask questions about HIV, STDs, and specific risk behaviors.

**RESULTS:**

By providing anonymity, the Internet allows the educator to answer questions that some men might feel reluctant to discuss in a group counseling session, at a bar event, or other open forum. The Internet offers a safer, less-threatening space for participants to honestly discuss sensitive issues. In addition, the educator can reach up to 35 men at a time, answering questions for all the men at once, or individually through AOL's instant messaging forum. Lastly, because the educator joins chat rooms targeting Michigan men, he can provide local referrals for HIV/STD testing, treatment and other services. He also forwards reference articles and information about websites related to the discussion topics. Since the project began, the SexEd4U project has reached an average of 10 MSM per one-hour on-line discussion, making an average 2 referrals for HIV testing each discussion.

**LESSONS LEARNED:** The Internet chat rooms targeting Men who have Sex with Men can provide a unique opportunity for HIV educators to reach this high-risk population, and increase chat room participants' knowledge of risk behaviors, safer choices and access to HIV testing sites.

**Control Number:** 03-B-458-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C27 Peer-Based Intervention Models

**2nd Category Choice:** G09 Integration of HIV Prevention into Pregnancy Prevention

**Population 1:** P1 Adolescents

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Single Oral

**Title:** How to reach our youth with the HIV/AIDS Prevention message

**Author Block:** Williams, BJ

Cherokee Nation, Tahlequah, OK

**Abstract Body:**

**ISSUE:** How to reach our youth with the HIV/AIDS Prevention message

**SETTING:** Classroom style with desks or tables.

**PROJECT:** STAY (Students Teaching AIDS to Youth)

**RESULTS:** Participants will understand how peer education can be more effective. Peer educators have the ability to reach young people whereas adults are sometimes uncomfortable.

**LESSONS LEARNED:** How to encourage teens to be peer educators. Peer educators should know their subject thoroughly and have an adult with them at all times. Peer educators need experience in handling "sensitive" questions.

**Control Number:** 03-B-460-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C32 Rapid HIV Tests

**2nd Category Choice:** D07 HIV CTS Programs

**Population 1:** P56 Staff of Community-Based Organizations

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Single Oral

**Title:** Feasibility of Implementing Rapid HIV Testing in a Community-Based Setting

**Author Block:** *Horton, T<sup>1</sup>; Uniyal, A<sup>2</sup>; Smith, LV<sup>3</sup>; Curreri, S<sup>2</sup>; Kerndt, P<sup>3</sup>; Branson, B<sup>4</sup>*

1 Los Angeles Gay & Lesbian Center, Los Angeles, CA; 2 Health Research Association, Los Angeles, CA; 3 Los Angeles County STD Program, Los Angeles, CA; 4 Centers for Disease Control and Prevention, Atlanta, GA

**Abstract Body:**

**ISSUE:** Challenges and benefits of implementing rapid HIV testing and counseling in a public health clinic.

**SETTING:** Los Angeles Gay & Lesbian Center HIV Testing and Counseling Clinic in Los Angeles, CA

**PROJECT:** The Rapid Testing project (1996-2000) was a multi-stage clinical trial evaluating the effectiveness of several rapid HIV testing devices for the purpose of HIV screening. A secondary goal was to assess the feasibility and acceptability of rapid HIV testing in community-based and public health settings. Clients who visited the clinic to receive a standard HIV test were invited to receive rapid HIV testing and counseling. This summary focuses on the challenges faced at Los Angeles Gay & Lesbian Center's HIV Testing and Counseling Clinic while implementing the study. **RESULTS:** 1,269 clients participated in rapid testing (71 positive; 5.6% HIV prevalence). Key challenges included increased client volume (demand doubled after the arrival of rapid HIV testing) and limited counselors (eight additional counselors, from an original staff of two, had to be trained). Issues also arose during pre- and post-test counseling specific to the use of rapid HIV testing. Specifically, pre-test counseling required an extra 15 minutes, simplification of routine explanations to allow for other discussion, and overcoming language barriers. Approximately 50% of Latino clients preferred counseling in Spanish; however, staff experienced delays in the arrival of Spanish-language literature and needed to coordinate Spanish terminology. Delivery of results posed challenges, particularly with the explanation of a "preliminary positive" result. Existing CDC guidelines for delivering a positive rapid HIV result as a "preliminary positive" required careful explanation and client preparation, which sometimes raised accuracy concerns for clients. Also, the length of time indicated on consent forms underestimated the actual testing duration for clients. Lab technician backlog and lengthier counseling forced a re-examination of the term "rapid" for Phase III. **LESSONS LEARNED:** Rapid HIV testing was appealing and increased disclosure rates and linkages to care. Yet, results indicate that future challenges to testing implementation include language barriers (including Spanish, Asian/Pacific Islander, and African languages), clarifying rapid HIV testing time, and adequately explaining positive results. Also, counseling centers need to develop appropriate psychological support and referral systems.

**Control Number:** 03-A-479-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** C30 Prevention Interventions in Correctional Settings

**2nd Category Choice:** C35 Skills-Building Interventions

**Population 1:** P30 Incarcer.Popul.(Correct.Settings,Persons in)

**Population 2:** P32 Injecting Drug Users

**Presentation Preference:** Single Oral

**Title:** Postrelease risk behavior of participants in Prevention Case Management (PCM) for prison and jail inmates in Maryland

**Author Block:** *Bauserman, RL; Henderson, AS; Gray, C; Shea, MA; Tomayasu, N*

Maryland Department of Health and Mental Hygiene, AIDS Administration, Baltimore, MD

**Abstract Body:**

**BACKGROUND/OBJECTIVES:**

Maryland's PCM program provides HIV/AIDS education and skills training to prison and jail inmates nearing release into the community. Three PCM sites receive funding for postrelease follow-up of participants. We compared post-release risk behaviors, condom attitudes, and condom self-efficacy with preincarceration behaviors and attitudes and self-efficacy at program entry.

**METHODS:**

At program entry, participants complete a pretest including condom attitudes, condom self-efficacy, and preincarceration risk behaviors. Participants complete a curriculum with required modules including personal HIV risk, condom skills, substance abuse, and planning for transition back into the community. A posttest is completed when the client finishes the required curriculum, but is still incarcerated. Counselors at the selected sites invite all participants, especially those completing the required modules, to participate in post-release follow-up. Participants are reinterviewed in the community setting to obtain information on behaviors, attitudes, and self-efficacy.

**RESULTS:**

Postrelease data were available from 201 participants (64% female, 65% African-American) over a 2-year period (June 2000 - June 2002), with matching pretests available for 123 and posttests for 80. Median time from release to postrelease follow-up was 35 days; average time was 63 days. At postrelease follow-up, self-reported abstinence or condom use for vaginal, anal, and oral sex was significantly greater than for corresponding pre-incarceration behaviors (all  $p$ 's < .05). Postrelease follow-up scores for condom attitudes and self-efficacy were significantly greater than pretest scores ( $p$ 's < .05), and did not differ from posttest scores.

**CONCLUSIONS:**

For study participants, PCM is associated with reduced reported risk behavior following release. Increases in positive attitudes and self-efficacy for condom use, as found on the posttests, appear to be sustained after release. These participants are not representative of all PCM clients and may differ in important ways, such as motivation to change behaviors. However, these findings are especially important given the high rates of risk behavior and HIV seropositivity found in incarcerated populations.

**Control Number:** 03-B-482-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C30 Prevention Interventions in Correctional Settings

**2nd Category Choice:** F12 Linking HIV Prevention and Treatment in Correctional Settings

**Population 1:** P30 Incarcer.Popul.(Correct.Settings,Persons in)

**Population 2:** P14 Correct.Settings,Persons in(Incarcer.Popul.)

**Presentation Preference:** Group Oral

**Title:** Integrating Prevention and Treatment within the New York State (NYS) Criminal Justice System

**Author Block:** *O'Connell, DA; Devore, BS; San Antonio-Gaddy, ML; Schady, FF; Klein, SJ; Birkhead, GS*

NYS DOH AIDS Institute, Albany, NY

**Abstract Body:**

**Issue:**

**Criminal justice settings offer multiple opportunities to conduct effective HIV prevention activities.**

**SETTING:** The NYS prison system, county jails, juvenile justice and work release programs.

**Project:**

The Criminal Justice Initiative (CJI) established an array of HIV related services across NYS's prisons, county jails, juvenile detention centers, and into the community. Through state staff and contracts with AIDS organizations, a continuum of services for high risk negative and HIV positive inmates/detainees, from incarceration until return to the community is provided. An overview of the continuum is presented, and several innovative projects highlighted.

**Results:**

Through the CJI, HIV prevention education, peer training, HIV counseling and testing, support services, and transitional planning are provided in prisons and jails throughout NYS. Three recently implemented projects, STD urine testing for detained youth, rapid HIV testing within a work-release facility, and a county-wide needs assessment to determine the multiple opportunities for reaching youth involved in the criminal justice system, expanded the CJI to better meet the needs of individuals at high risk of infection.

**Lessons Learned:** Public health and corrections can work effectively to address HIV prevention needs of individuals in the criminal justice system. On-going commitment from all levels of public health and corrections allows for joint planning and implementation. Acknowledgment of the restrictions of providing health services in a correctional environment, providing multiple opportunities for interactions between public health and corrections staff, a consistent presence and providing services which are deemed important by correctional staff are important factors leading to success.

**Control Number:** 03-A-483-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** C22 Interventions that Reduce Harm of Injecting Drug Use

**2nd Category Choice:** C20 Interventions that Promote Mental Health

**Population 1:** P32 Injecting Drug Users

**Population 2:**

**Presentation Preference:** Single Oral

**Title:** Treating Depression Lowers Injection Drug Risk

**Author Block:** *Stein, MD<sup>1</sup>; Anderson, BJ<sup>1</sup>; Herman, DS<sup>1</sup>; Solomon, D<sup>1</sup>; Maisano, C<sup>1</sup>; Watson, B<sup>1</sup>; Miller, I<sup>2</sup>*

1 Rhode Island Hospital, Providence, RI; 2 Brown University School of Medicine, Providence, RI

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Cross-sectional studies have found that depression severity is a significant predictor of using uncleaned/unbleached needles (HIV drug risk) in injection drug users (IDUs). Here, we use 3-month follow-up data from a clinical trial to 1) test the hypothesis that treatment for depression decreases HIV drug risk, and 2) investigate the association between changes in depression severity and changes in HIV drug risk.

**METHODS:** Between March 2000 and December 2001 we recruited 109 participants for a randomized trial testing the effectiveness of combined psychotherapy and pharmacotherapy compared to usual care for the treatment of depression in IDUs. Primary eligibility criteria included a history of drug-risk behavior, injection of opiates or cocaine in the past 30 days, and meeting symptomatic criteria for a DSM-IV diagnosis (SCID-P) of either: a) major depression, b) dysthymia, c) "substance-induced mood disorder," with symptoms persisting for at least the last 3 months, or d) major depression plus dysthymia. Complete 3-month follow-up data were available for 94 (86.2%) subjects. Depression severity was assessed using the Modified Hamilton Rating Scale for Depression (HAM-D). We assessed injection-risk behavior using items adapted from the validated Texas Christian University AIDS Risk Assessment.

**RESULTS:** Most participants were Caucasian (80.9%), a majority was male (30.9%), and their mean age was 36.8 ( $\pm$  8.81). The mean HAM-D score was 20.7 ( $\pm$  4.0) at baseline and 6.0 ( $\pm$  7.4) at follow-up; a statistically significant overall reduction ( $t = 6.14, p < .001$ ). Drug risk also declined significantly ( $t = 3.96, p < .001$ ) between baseline ( $\underline{M} = 55.7, \underline{MED} = 3$ ) and follow-up ( $5.0 \pm 124.5, \underline{MED} = 0$ ). Participants assigned to combined depression treatment had significantly larger mean rank reductions in drug risk than controls ( $z = 2.23, p = .026$ ). Increased reductions in depression severity was associated with increased reductions in dirty needle use ( $r_s = .23, p = .028$ ).

**CONCLUSIONS:** Combined psychotherapy and pharmacotherapy treatment for depression in depressed IDUs reduces risk of HIV infection through the use of uncleaned/unbleached needles. Whether this reduction is mediated by a decline in depression requires further study.

**Control Number:** 03-A-486-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** C18 Interventions that Target Youth in High Risk Situations

**2nd Category Choice:** C34 School-Based Interventions

**Population 1:** P63 Youth in High Risk Situations

**Population 2:** P1 Adolescents

**Presentation Preference:** Single Oral

**Title:** Predictors of sexual risk behavior among alternative school youth

**Author Block:** *Coyle, KK*<sup>1</sup>; *Robin, LE*<sup>2</sup>; *Banspach, SW*<sup>2</sup>; *Kirby, DB*<sup>1</sup>; *Carvajal, SC*<sup>1</sup>  
1 ETR Associates, Scotts Valley, CA; 2 CDC, Atlanta, GA

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Relatively few studies have examined risk profiles of youth in alternative school settings, despite their potential risk for HIV, other STD, and unintended pregnancy. This study examines theoretically based predictors of sexual risk behavior among this important population. The data are drawn from one of the first large scale randomized trials with youth in alternative school settings.

**METHODS:** This study includes 24 alternative high schools in four northern California counties. A total of 988 students are enrolled in the study. Study data were collected via self-report using trained data collectors. The questionnaire included 131 items assessing sexual risk behaviors and theory-based antecedents. We used regression analyses to examine the influence of selected factors on lifetime sexual intercourse and condom use at last intercourse. The predictors of interest were analyzed three ways: (1) individually, (2) as related groups including a *demographic group* (e.g., age, gender); a *general psychosocial group* (e.g., optimism, fatalism); and a *behavior-specific group* (e.g., self efficacy, norms); and (3) simultaneously in a full model.

**RESULTS:** The results suggest that, in general, the behavior-specific predictors were among the most consistent and strongest predictors of sexual risk behavior as compared with the demographic and general psychosocial predictors in the univariate, predictor group, and full regression models. Nonetheless, the pattern of predictors differed for each outcome variable. For example, for *ever had vaginal sex*, perceived norms and attitudes toward sex were significant predictors in the full model ( $p < 0.01$  and  $0.001$ , respectively), and refusal self-efficacy was not. For *condom use at last intercourse* perceived self-efficacy to use condoms and general attitudes toward condoms were statistically significant ( $p < 0.001$ ), but condom use norms were not.

**CONCLUSIONS:** This study confirms that youth in alternative school settings are at risk for HIV, other STD, and unintended pregnancy. It also suggests that prevention programs aimed to reduce sexual risk-taking behaviors may benefit by focusing more heavily on the antecedents most predictive of the target behavior—norms and attitudes about sex and condom attitudes and condom use self-efficacy.

**Control Number:** 03-B-495-NHPC  
**Format:** Abstract Format II - Descriptive Summary  
**1st Category Choice:** C40 Vaccine Trials (including Preparedness)  
**2nd Category Choice:** C11 HIV Vaccine Research  
**Population 1:** P2 Advocates  
**Population 2:** P13 Community Educators  
**Presentation Preference:** Group Oral

**Title:** Supporting Preventive HIV Vaccine Research with Broad-based Community Preparedness

**Author Block:** Murguia, M  
DAIDS, Bethesda, MD

**Abstract Body:**

*Issue:*

The success of research on HIV preventive vaccines depends on the support and participation by members of populations most affected by HIV. The U.S. National Institute of Allergy and Infectious Diseases (NIAID) has undertaken a comprehensive research-driven communications initiative to help raise awareness of the need for HIV vaccines, and to create a supportive environment for HIV prevention vaccine research. The multi-year HIV vaccine communications initiative is using coalition-building and other social marketing techniques to raise awareness, fight misperceptions and distrust, and raise the level of awareness about HIV prevention vaccine research in populations that historically have not participated in clinical trials. Primary and secondary research confirms that there is a profound lack of knowledge about preventive HIV vaccine research among most populations adversely affected by HIV, and a fundamental distrust of government research among many individuals at higher risk for HIV infection. Research also confirms that those who are more aware are more likely to be more supportive.

*Setting:*

A broad-based community and advocacy coalition is working with NIAID in this national initiative. This workshop will explore the impact of community and peer influencers in raising awareness and seeking to build support for vaccine research.

*Project:*

Workshop participants will learn of the possible implications of HIV vaccine research, and HIV preventive vaccines-when approved and deployed-on both prevention and treatment efforts. The NIAID HIV vaccine communications initiative is supporting the development and dissemination of research-informed education tools to educate and support community leaders and other peer influencers. The Campaign continues to engage community opinion leaders and peer influencers to reach out to populations most affected by HIV and often at higher risk to help raise awareness of the hope and promise of HIV vaccines, and help build increased support for HIV vaccine research.

*Results:*

During this didactic session, presenters (a leading HIV vaccine advocate and an HIV vaccine public health educator) will provide an update on the current status of HIV vaccine research and clinical trials; will discuss the broad-based population-focused engagement and education initiative, and will present successful efforts of the initiative that may serve as models for similar communications outreach.

*Lessons Learned:*

Because of the stigma associated with HIV, the NIAID HIV vaccine communications initiative has learned that extra efforts must be made to ensure support of several populations, before additional large-scale HIV vaccine trials are launched in the U.S. Participants in this oral group



**session will better understand the need for safe and effective preventive HIV vaccines; learn about the progress of HIV vaccine research; better understand the social barriers that continue to hinder research; learn how they and others can support and/or participate in clinical trials; learn about the extensive safe guards in place to protect all volunteers; and learn of the resources available to help educate them and others about HIV vaccine research.**

**2/6/2003**

**- # -**

**Control Number:** 03-A-496-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** C19 Interventions to Reduce Perinatal Transmission

**2nd Category Choice:** C32 Rapid HIV Tests

**Population 1:** P49 Pregnant Women

**Population 2:** P42 Newborns

**Presentation Preference:** Single Oral

**Title:** Rapid HIV testing at labor and delivery: a multi-center intervention study.

**Author Block:** *Bulterys, M<sup>1</sup>; Jamieson, DJ<sup>1</sup>; O'Sullivan, MJ<sup>2</sup>; Cohen, MH<sup>3</sup>; Maupin, R<sup>4</sup>; Nesheim, S, S<sup>5</sup>; Webber, MP<sup>6</sup>; Branson, BM<sup>1</sup>*

1 CDC, Atlanta, GA; 2 University of Miami, Miami, FL; 3 CORE Center, Chicago, IL; 4 Louisiana State University, New Orleans, LA; 5 Emory University, Atlanta, GA; 6 Montefiore Medical Center, Bronx, NY

### **Abstract Body:**

**Background/Objectives:** Accurate and timely rapid HIV testing results could allow HIV-infected women presenting at labor and delivery (L&D) with undocumented HIV status immediate access to antiretroviral prophylaxis to reduce vertical transmission.

**Methods:** The multicenter Mother-Infant Rapid Intervention at Delivery (MIRIAD) study assesses innovative approaches to a 24-hour counseling and voluntary rapid HIV testing program for women who present in labor with undocumented HIV status. A treatment investigational device exemption from the Food and Drug Administration (FDA) allowed MIRIAD to use the OraQuick Rapid HIV-1 Antibody Test on whole blood specimens at 13 hospitals in 6 cities (Atlanta, GA; Baton Rouge and New Orleans, LA; Chicago, IL; Miami, FL; and New York City, NY) prior to FDA approval of OraQuick on Nov. 7, 2002. Duplicate specimens were sent for standard HIV screening (EIA and Western blot). Turn-around times were recorded for each patient.

**Results:** Between Nov. 16, 2001 and Nov. 15, 2002, 34,875 women were evaluated on L&D units; 2,291 (6.6%) eligible women presented with undocumented HIV status; of these, 2,009 (87.7%) were approached for rapid HIV testing. Consent was obtained from 1,655 (82.4%) women.

Acceptance of testing was associated with younger age (trend  $p < 0.01$ ) and Hispanic ethnicity (study site-adjusted odds ratio = 1.5; 95% CI = 1.1 – 2.1). Twelve patients tested HIV-1 positive (7.3 per 1000). There were no false-negative nor false-positive OraQuick tests, but the standard EIA was false-positive in 2 cases. Median turn-around time between blood draw and the patient being informed of her rapid test result was 71 minutes (inter-quartile range (IQR) = 45 – 120 minutes) while median turn-around time between arrival at L&D and receiving the result was 5 hours (IQR = 2 – 15 hours). In contrast, the median time for standard EIA results to become available to the medical staff was 26 hours after blood draw (Wilcoxon rank sum test  $p < 0.001$ ).

**Conclusions:** In laboring women with undocumented HIV status, rapid HIV testing using OraQuick delivered accurate and timely test results. This intervention allowed HIV-positive women immediate access to intrapartum and neonatal antiretroviral prophylaxis, a proven measure to reduce vertical transmission, and appropriate medical care was planned for women and their infants postpartum.

**Control Number:** 03-A-500-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** C32 Rapid HIV Tests

**2nd Category Choice:** B20 Rapid Assessment Tools

**Population 1:** P32 Injecting Drug Users

**Population 2:** P4 Alcohol and Other Drug Users

**Presentation Preference:** Poster Session

**Title:** HIV Testing with Next Day Results Among Women in Drug Treatment

**Author Block:** *Lally, MA; Frater, SC; Dispigno, MG; Shah, P; Delgadillo, O; Pugatch, D; Flanigan, TP*

Brown University, Providence, RI

**Abstract Body:**

**Background:** Substance users are at high risk for HIV not only because of needle sharing and “sharing of works” associated with drug use, but also because of high-risk sexual behavior. Short-term drug treatment centers provide an opportunity to interface with active substance users both for diagnosis of disease and linkage to medical care. Drug treatment centers are a site where rapid HIV testing can be used. Those undergoing detoxification may be in a vulnerable condition; false positive test results could cause additional and unnecessary distress. This study was designed to examine a fast HIV testing algorithm among women in a drug treatment center who could learn their accurate results on the day after they were tested. **Methods:** Female patients at a state-funded drug treatment center in Rhode Island were approached one morning per week. Those who agreed to participate in the study received a \$25 gift certificate and were asked to complete a questionnaire about their risk behavior and prior HIV testing history. Participants were then offered HIV testing and told they would receive their results the following day. Blood was drawn and transported 30 miles to the Miriam Hospital in Providence, Rhode Island by the research nurse. ELISA tests were run that afternoon. If an ELISA was positive then it was repeated the next morning, and a Western Blot was performed as well. On that second day, participants were provided with their confirmed results and HIV risk post-test counseling.

**Results:** One hundred seventy women were approached and 84% (142/170) agreed to participate. Those who declined most often indicated, 61% (17/28), that they were too ill to participate. When asked about behavior in the past 30 days, 56% (80/142) of the women reported having injected drugs and 50% (40/80) of those who injected reported that they had shared needles/works. Sixty-five percent (93/142) of the women reported being sexually active in the last thirty days. Of those who were sexually active, 37% (40/108) exchanged sex for drugs/money and 80% (86/108) used drugs or alcohol immediately before /during sex. Eighty percent (113/142) agreed to be tested for HIV. Fifty-five percent of those who declined testing (16/29) reported either recent HIV testing or known infection. Of those tested, 67% (76/113) received their results the next day, 15% (17/113) received their results at a later date and 18% (20/113) did not receive their results. One woman tested positive for HIV, and she was immediately linked to care at the Miriam Hospital.

**Conclusions:** It is feasible and acceptable to offer women in drug treatment HIV testing with next day results. Traditional testing methods with ELISA and Western Blot can be used to provide patients with confirmed test results in twenty-four hours. This model allows for a high percentage of high-risk inpatients at a drug treatment center to receive not only HIV testing but also confirmed test results and post-test counseling. This algorithm could be modified for use with newer rapid tests so that a positive result could be confirmed by a Western Blot within twenty-four hours.

**Control Number:** 03-A-501-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** C16 Interventions that Promote Healthy Behaviors

**2nd Category Choice:** C20 Interventions that Promote Mental Health

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P53 Researchers

**Presentation Preference:** Poster Session

**Title:** PCM: Does it reduce depression?

**Author Block:** *Minian, N; Ghossein, Y; Godfrey, C; Nwakeze, P; Krauss, B; Freudenberg, N*  
Hunter College Center on AIDS, Drugs and Community Health, NY, NY

**Abstract Body:**

**BACKGROUND/OBJECTIVES:**

There are inadequate comprehensive services for populations at high-risk of HIV infection. This is particularly the case for injection drug users. Prevention Case Management (PCM) was designed for high-risk individuals who may not be able to adopt or maintain HIV risk reduction behaviors due to multiple, complex psychosocial and medical problems. Key components of PCM include counseling, social service referrals and general support, designed to help clients alleviate depression, anxiety and stress, and to reduce HIV risk behavior. Addressing a client's depression is critical for case managers since the literature suggests depressed people are more likely to engage in risk taking behaviors and less likely to seek help. This presentation will examine the effects of PCM on depression during a 90-day follow-up.

**METHODS:**

In 1999, the Hunter College Center on AIDS, Drugs and Community Health began a five year, multi-site participatory evaluation of new HIV Prevention Case Management (PCM) programs at ten community-based organizations (CBOs) throughout New York City. The evaluation includes a quantitative outcome study (client study) of 2500 PCM clients. As part of the outcome evaluation, PCM clients were administered the short form of the Center for Epidemiological Studies-Depression Scale (CES-D; 4-item) at baseline and again 90 days later. All data collection is conducted at the CBOs.

**RESULTS:**

As of January 2003, 502 participants had completed the baseline and 90-day assessments. Many of the participants experienced significant levels of psychological distress at baseline. Paired t-test analysis showed that participants had higher CES-D scores at baseline ( $M = 5, SD=3.6$ ) than at their 90-day assessment ( $M = 4.3, SD=3.4, t(497)=4.14, p<.000$ ). Moreover, a greater number of participants had clinically significant levels of depressive symptoms at baseline (61%) than in the 90-day assessment (51%). This pattern of change is significant (McNemar's  $X^2$  test  $p=.000$ ).

**CONCLUSIONS:**

Mental health conditions may impinge on one's ability to practice both risk and harm reduction behaviors. The preliminary data reveals that individuals participating in PCM report a significant decrease in depression.

**Control Number:** 03-B-505-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C27 Peer-Based Intervention Models

**2nd Category Choice:** C18 Interventions that Target Youth in High Risk Situations

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P20 Gay, Lesbian, Bisexual, Transgend, Question. Youth

**Presentation Preference:** Single Oral

**Title:** Orion: A Peer-Led Approach to Delivering Effective Interventions to Reach Gay, Lesbian, Bisexual and Transgender Youth with HIV/STD and Substance Abuse Prevention Information

**Author Block:** *Oatman, AJ; Forbes, JA*

Northern Virginia AIDS Ministry, Arlington, VA

**Abstract Body:**

**ISSUE:** Training gay, lesbian, bisexual and transgender youth as peer health educators can create positive group norms and is an effective way to encourage *glt* youth to develop and maintain healthy behaviors in sexual health and substance abuse prevention. Peer education utilizes the credibility young people have with their peers to develop effective interventions to reach a diverse youth culture with HIV/STD and substance abuse prevention information.

**SETTING:** Peer-developed and peer-delivered HIV/STD and substance abuse prevention education reaching economically and racially diverse at-risk youth, 14-25 years of age, who identify as gay, lesbian, bisexual or transgender, in schools and other community-based sites throughout the Northern Virginia region.

**PROJECT:** Orion, a program developed by Northern Virginia AIDS Ministry (NOVAM), provides a comprehensive site-based, peer-led approach to HIV/STD and substance abuse prevention education through training and sustained HIV/STD program interventions in communities or schools to at-risk *glt* youth. Adult site liaisons are identified at training sites who help recruit youth to participate and negotiate with site administration and parents for support of peer educator activity. Orion program staff provide consistent support and guidance at sites to ensure effective peer educator preparation and access to necessary services such as counseling and testing. Once trained, peer educators reach their peers with HIV/STD and substance abuse prevention messages and the impact heterosexism and homophobia can have on risky behaviors, through presentations in and out of the classroom, consistently conducting outreach in their schools and communities, conducting outreach via the Internet, and through one-on-one conversation. Examples of how peer educators participate in program planning and development to increase the effectiveness of interventions will be discussed.

**RESULTS:** In the 2001 program year, 30 *glt* youth ages 14-18 were trained as peer educators, who then reached 430 of their *glt* peers with peer-designed/peer-led HIV/STD and substance abuse prevention education. Orion program data demonstrated that participation in the peer-led prevention programs helped to change the knowledge and behavioral intention of youth reached (100% demonstrated an increase or maintenance in knowledge; 100% reported an intent to change risky behaviors; 36% of the youth got tested for HIV). Data also demonstrates the positive impact the program had on those youth that participated as peer educators. Peer educators became recognized at their sites and youth sought them out informally with questions, for resources, or for guidance. Eighty-two (85%) percent of peer educators felt more confident discussing HIV/AIDS prevention with their friends/partners. Outcome evaluation data suggests the positive impact of the program on peer educator behavior (50% reported an increase in the frequency of condom use).

**LESSONS LEARNED:** The Orion peer education program results in behavior change. It provides

**leadership opportunities for *glt* youth to model positive sexual health attitudes for their peers. Peer-designed and peer-led programming increases the effectiveness and credibility of the interventions delivered.**

**Control Number:** 03-B-507-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C31 Prevention Interventions in Faith Communities

**2nd Category Choice:** D12 HIV Prevention Programs for Communities of Color

**Population 1:** P3 African Americans

**Population 2:** P18 Faith Community

**Presentation Preference:** Group Oral

**Title:** Culture, Based Faith-based Community Mobilization in African American Communities in the Midwest

**Author Block:** *Robertson, Ph.D., JF<sup>1</sup>; Young, E<sup>2</sup>; Champion, B<sup>3</sup>*

1 NBAC, Orlando, FL; 2 NBAC, Greensboro, NC; 3 NBAC, Minneapolis, MN

**Abstract Body:**

**ISSUE:** Engaging faith-based communities in leadership development and community mobilization utilization culturallu grounded

**SETTING:** Faith Institutions in midwest

**PROJECT:** NBAC's faith-based HIV/AIDS prevention project designed to develop leadership, and mobilize communities to build capacity in targeted areas with African American populations at high-risk for HIV infection.

**RESULTS:** The project successfully engaged leadership in HIV prevention in 2 major metropolitan areas, assisted in developing enduring community infrastructure in these communities and mobilized the communities to respond to the "state of emergency" in African American communities from a faith based perspective. The project was able to utilize culturally valued approaches to reaching faith community leaders and stakeholders HIV/AIDS prevention efforts.

**LESSONS LEARNED:** 1. Faith-based HIV/AIDS prevention efforts can successfully utilize culturally valued approaches to engage faith community leaders in HIV prevention. 2. The faith community can be an effective vehicle of raising awareness and engaging youth and adults to becoming informed and involved in prevention efforts. 3. Faith communities are capable in the African American communities of establishing permanent, collaboration infrastructure in HIV prevention.

**Control Number:** 03-A-517-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** C27 Peer-Based Intervention Models

**2nd Category Choice:** A31 Workplace and Its Influence on HIV Risk

**Population 1:** P11 Commercial Sex Workers

**Population 2:** P25 Heterosexuals

**Presentation Preference:** Poster Session

**Title:** STD/HIV Prevention in the Philippines: A Comprehensive Program Targeting FSWs and High-Risk Heterosexual Males

**Author Block:** *Morisky, DE*<sup>1</sup>; *Ang, A*<sup>1</sup>; *Tiglao, TV*<sup>2</sup>

1 UCLA School of Public Health, Los Angeles, CA; 2 University of the Philippines, College of Public Health, Manila, Philippines

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** In an effort to expand the successful results of educational interventions among female bar workers employed in indirect sex establishments in the Philippines, behavioral interventions have been targeted to high-risk heterosexual male populations.

**METHODS:**

A cross-lagged panel study design has been implemented in four sites in the southern Philippines (military, factory workers, drivers associations and high-risk communities). Approximately 200 males from each of study groups (total of 2500 males) have participated in a 3-year longitudinal study designed to improve knowledge, attitudes and practices concerning STD/HIV. Selected individuals have been trained as peer counselors to educate and reinforce safe sexual practices among their peers. A total of 18 organizations have participated in the 3-year study in which all organizations are surveyed at baseline, interventions implemented for 9 organizations, a post-test assessment of all 18 organizations, and interventions implemented for the remaining 9 organizations. All participants are interviewed at follow-up during year 3.

**RESULTS:** Peer counselors developed specific educational materials based on evaluative findings within their target group. The most popular type of educational material developed was the *fotonovella*, which depicts HIV-related beliefs, attitudes and behaviors using photos and stories. Knowledge concerning STD transmission and prevention of STD was significantly higher among military/police compared to taxi and tricycle drivers (85% correct knowledge vs. 60% correct knowledge;  $p < .01$ ). Attitudes towards condom use were generally negative among all study groups at baseline and were identified as the most important area to address in the development of educational materials. A final follow-up assessment demonstrated significant improvements in condom use behavior and significant reductions in STDs at the end of the 24-month period.

**CONCLUSIONS:**

The concept of training peer counselors in targeted study groups has been well supported by various program managers as a cost-effective approach for STD/HIV prevention. Educational materials are being distributed and shared with similar organizations in the community, including other factory workers, drivers associations and residential communities in which bars, night clubs and massage parlors are located.



**Control Number:** 03-A-522-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** C21 Interventions that Reduce Sexual Risk

**2nd Category Choice:** C30 Prevention Interventions in Correctional Settings

**Population 1:** P14 Correct.Settings,Persons in(Incarcer.Popul.)

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Group Oral

**Title:** Alcohol expectancies for social and sexual enhancement in adolescent offenders: Findings from Project SHARP

**Author Block:** *Braithwaite, R; Robillard, A; Woodring, T*

Rollins School of Public Health Emory University, Atlanta, GA

**Abstract Body:**

**Background/Objectives:** Alcohol use is frequently identified as a factor related to the risky sexual behavior that leads to the spread of HIV. The present study tested the hypothesis that adolescent offenders participating in an alcohol and HIV risk reduction intervention would report significantly different alcohol expectancies related to social and sexual behavior over time than those in a control group.

**Methods:** Project SHARP is a randomized experimental investigation of the effects of an intervention designed to reduce future drug and alcohol use, risky sexual behavior, and delinquency among detained youth utilizing components of the problem behavior theory and social cognitive theory to address issues related to sexual behavior and the role of alcohol use. Participants (N = 2280) were recruited from two Regional Youth Development Centers, and randomized into either the intervention group or a comparison group receiving standard health information. The intervention was administered to cohorts of youth during the second month of their confinement in a 90-day juvenile facility. Data are from pre and post questionnaires administered to all participants. Interviews encompassed several measures including demographics, alcohol use prior to detainment, and alcohol expectancies for social enhancement ( $r = .92$ ) and for sexual enhancement ( $r = .93$ ).

**Results:** Analysis of the pre/post social and sexual expectancies scores revealed a significant effect for the intervention on each scale. Youth in the intervention had significantly higher overall scores at follow-up than youth in the comparison group for both social expectancies ( $t(1394) = 2.99, p = .003$ ) and sexual expectancies ( $t(1371) = 2.84, p = .005$ ).

**Conclusions:** The intervention had a notable effect on the social and sexual expectancies of alcohol among adolescent offenders and was successful in increasing awareness of the relationship between alcohol use and risky sexual behavior. Social and sexual expectancies related to alcohol use in adolescents are critical aspects for creating effective risk reduction interventions for detained youth.

**Control Number:** 03-A-528-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** C28 Post-Exposure Prophylaxis, Occupational

**2nd Category Choice:** D26 HIV Prevention Programs in Work-Based Settings

**Population 1:** P22 Health Care Workers

**Population 2:**

**Presentation Preference:** Poster Session

**Title:** Postexposure Prophylaxis for Occupational HIV Exposure: Balancing Efficacy, Toxicity, and Resistance

**Author Block:** *Bassett, IV*<sup>1</sup>; *Freedberg, KA*<sup>2</sup>; *Walensky, RP*<sup>3</sup>

1 Department of Medicine, Brigham and Women's Hospital, Boston, MA; 2 Divisions of Infectious Disease and General Medicine and the Partners AIDS Research Center, Department of Medicine, Massachusetts General Hospital, Boston, MA; 3 Department of Medicine, Brigham and Women's Hospital; Divisions of Infectious Disease and General Medicine and Partners AIDS Research Center, Massachusetts General Hospital, Boston, MA

**Abstract Body:**

**Background/Objectives:** The CDC advises health care workers who experience a high-risk occupational exposure from an HIV-infected patient to begin multidrug antiretroviral postexposure prophylaxis (PEP) within 36 hours. However, the efficacy of alternative PEP regimens has not been established. Our objective was to project the outcomes of 2- vs. 3-drug occupational PEP for high-risk needlestick exposures.

**Methods:** We developed a decision analytic model to assess the rate of HIV transmission following a high-risk needlestick from an HIV-infected patient for 3 alternative strategies: 1) no PEP, 2) 2-drug PEP (AZT/3TC for 4 weeks), and 3) 3-drug PEP (AZT/3TC/Indinavir for 4 weeks). Model input data were from the CDC HIV PEP registry and studies of occupational and community-based PEP and included: the per needlestick probability of HIV transmission of 0.3%, the efficacy of PEP in preventing transmission (79% for 2-drug and 82% for 3-drug), and the background prevalence of antiretroviral resistance of 10%. Sensitivity analyses explored the impact of key variables such as resistance, drug toxicity and discontinuation on the choice of optimal therapy. **Results:** Without PEP, 300 cases of HIV transmission would be expected per 100,000 high-risk exposures. Two- and 3-drug regimens averted 195 and 192 cases, respectively. Three-drug PEP prevented more cases of HIV than 2-drug PEP if it was toxic in <62% of those receiving it or was discontinued <26% of the time. If the prevalence of antiretroviral resistance was  $\geq 15\%$ , 3-drug PEP was also favored. Assuming the relative efficacies of the regimens were stable, the optimal treatment strategy was not influenced by a higher risk of transmission, but more HIV cases were expected for each strategy.

**Conclusions:** In occupational settings, 2-drug PEP may be preferable to 3-drug PEP for high-risk exposures. Increased toxicity, discontinuation, and regimen complexity all contribute to worse outcomes for 3-drug PEP. Three-drug PEP may be optimal in areas with a high prevalence of antiretroviral resistance because improved 3-drug efficacy outweighs difficulties with course completion.

**Control Number:** 03-B-536-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C21 Interventions that Reduce Sexual Risk

**2nd Category Choice:** C25 Methodological Issues in Intervention Studies

**Population 1:** P19 Gay and Other Men Who Have Sex With Men

**Population 2:** P25 Heterosexuals

**Presentation Preference:** Group Oral

**Title:** Synthesis of HIV Prevention Research: Lessons learned from the CDC's HIV/AIDS Prevention Research Synthesis Project (PRS)

**Author Block:** *Crepaz, N; Lyles, CM; Herbst, JH; Kay, L; Britton, J; HIV/AIDS Prevention Research Synthesis Team*  
CDC, Atlanta, GA

**Abstract Body:**

**ISSUE:** In response to the HIV epidemic, numerous interventions to reduce the transmission of HIV have been conducted in the past 20 years. The synthesis of HIV prevention research offers an unprecedented and important resource for policy makers, prevention service providers and community program planners who wish to tap into the collected wealth of knowledge about HIV interventions that have been scientifically proven to be effective. Given the important benefits of research synthesis, the CDC's Division of HIV/AIDS Prevention initiated the PRS project in 1996. The project has developed standardized guidelines and procedures for systematic review activities; established a cumulative database; performed comprehensive and systematic searches for pertinent HIV prevention intervention studies; implemented thorough activities for selecting and characterizing the studies; and analyzed effectiveness findings. This group oral session is to provide conference participants with an overview of the synthesis process and to present important strengths and limitations in our present ability to synthesize the research literature on interventions to prevent transmission of HIV. The issues and challenges concerning methodology of research synthesis will be discussed to provide valuable information to the scientific communities for setting research priorities and methodological standards for the next generation of intervention research.

**Talk #1:** Introduction of the PRS project (Cynthia Lyles, Linda Kay): An overview of the purposes of the PRS project and the progress of the project since inception.

**Talk #2:** Search strategies and database set-up (Julia Britton, Linda Kay, Cynthia Lyles): An overview of the search methods and establishment of the PRS database

**Talk #3:** Issues and challenges concerning methodology of HIV prevention research synthesis and proposed methodological standards for reporting HIV intervention studies in order to facilitate the synthesis efforts (Nicole Crepaz and Jeffrey Herbst)

**SETTING:** The PRS project evaluates HIV intervention studies conducted in a variety of settings, such as educational, health care, commercial, and community on various at-risk populations including men who have sex with men (MSM), injection drug users, sexually active adolescents (youth), and heterosexual adults.

**PROJECT:** The CDC's PRS project focuses on identifying and synthesizing research studies that evaluate HIV prevention interventions.

**RESULTS:** High proportion of studies with insufficient or missing data for key variables including population characteristics, intervention variables, and outcome assessments that are crucial to evaluation of interventions hinders the ability to synthesize the HIV prevention research.

**LESSONS LEARNED:** To facilitate research synthesis and meta-analysis, there is an urgent need

**for more complete reporting. Also the adoption of reporting standards for HIV intervention research should greatly assist both researchers and HIV practitioners in interpretation of findings and creating a cumulative body of knowledge of effective HIV prevention interventions.**

**Control Number:** 03-B-555-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C19 Interventions to Reduce Perinatal Transmission

**2nd Category Choice:** C05 Community Level Interventions

**Population 1:** P50 Program Administrators

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Single Oral

**Title:** Perinatal HIV Prevention

**Author Block:** *Walker, FM<sup>1</sup>; Lucas, JL<sup>2</sup>; LaLota, M<sup>1</sup>; Liberti, T<sup>1</sup>*

1 Florida Department of Health, Bureau of HIV/AIDS, Tallahassee, FL; 2 Lucas Communications, Inc., Lynn Haven, FL

**Abstract Body:**

**ISSUE:** Despite medical advances that have resulted in a 90% decrease in the number of pediatric AIDS cases in Florida since 1994, babies are still being born HIV infected. Surveillance data indicate that the majority of infected infants are born to high-risk women not receiving adequate prenatal care and disenfranchised from the health and social service system.

**SETTING:** A series of 13 perinatal community integration meetings across Florida in areas with the highest rates of perinatal HIV transmission.

**PROJECT:** The Bureau of HIV/AIDS and the Office of Maternal and Child Health collaborated to organize a series of perinatal community integration meetings bringing together health and social service professionals working with pregnant women to identify barriers to service provision, create effective referral systems and strengthen existing linkages in their community. Meeting participants included obstetricians and other prenatal care providers, Ryan White Title IV programs, outreach agencies, Medicaid offices, WIC and Healthy Start programs, Children's Medical Services and others. A professional facilitator assisted each group in developing three to four broad categorical problem areas identified as the main issues creating barriers to women accessing services in their community. From there, meeting participants developed a plan of action to address these issues and formulate long-term goals for their community. Changes in knowledge and opinion were measured by pre- and post-workshop surveys.

**RESULTS:** Individual meeting results were strongly dependent upon the extent of follow-up activities implemented by meeting participants; however, all communities reported positive outcomes. Several themes emerged that transcended the geographical boundaries of the meeting locations. Those themes included the stigma associated with HIV/AIDS, lack of social and family support for infected women, increasing teen pregnancy, substance abuse and domestic violence issues, HIV testing of pregnant women, weak linkages between social service agencies and health care providers, and barriers to clients accessing and navigating the health service system. As a result, multiple projects at both the state and community levels have been initiated to address these issues. They include enhanced provider trainings on HIV/AIDS, the development of formalized linkage systems between agencies and providers to facilitate client referrals, outreach to high-risk populations such as incarcerated pregnant women, interagency collaboration on grant applications for funds targeting high-risk women, the development of streamlined client systems of care, and others. A final comprehensive report summarizing the issues and meeting outcomes was released, and has consequently been the catalyst for further projects to address community concerns.

**LESSONS LEARNED:** The 13 community meetings have been recognized as one of the most successful projects initiated in Florida to address perinatal HIV transmission. The meetings provided a forum for health and social service providers to voice concerns regarding their work

**with high-risk clients, and develop solutions to these problems as a community team. In addition, local issues were brought to the attention of state program managers who have consequently been able to address many concerns at a statewide level.**

**Control Number:** 03-B-556-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C27 Peer-Based Intervention Models

**2nd Category Choice:** C05 Community Level Interventions

**Population 1:** P29 Immigrants, Documented and Undocumented

**Population 2:** P33 International Populations

**Presentation Preference:** Poster Session

**Title:** Serving Undocumented and Illeterate Immigrants: A Creative Process

**Author Block:** *Traore, T; Elcock, S*

Harlem United, NY, NY

**Abstract Body:**

**ABSTRACT**

**Issue:** There is an increasingly high rate of HIV infection among African immigrants living in New York City.

**Setting:** Undocumented West Africans living in Central Harlem with high rates of HIV, illiteracy, and limited access to services. Outreach and education targets areas where African immigrants congregate, like hair salons and marketplaces, as well as special events like weddings, baptisms and other religious, spiritual and social celebrations, and the streets of Central Harlem, New York City.

**Project:** Harlem United's African Immigrant Women Program (AIWP) provides a unique three-tier initiative that reaches over 3,000 West African people yearly, providing groups, outreach, and community events. The project uses culturally significant community celebrations to provide linguistically appropriate HIV/AIDS information. These events include baptisms, weddings, spiritual celebrations, religious events, and concerts. Using a peer outreach model, the program provides access to a continuum of services, including housing, primary care, and case management.

**Results:** Over the last three years, the program has experienced tremendous growth, reaching approximately 6,000 African people. About twenty women actively participate in the bi-monthly health education groups. Thirty percent have gained access to primary care, and ten percent have obtained access to housing. The program expanded its range of services to respond to the community's need for services for men, and now about ten attend the monthly men's group. The program now has two peer educators and a peer supervisor in addition to the coordinator. In addition, there are two African male volunteers conducting outreach for the programs.

The program has also been serving HIV positive clients, and so far about fifteen positive clients have been identified. The program assisted them in obtaining an ADAP card (medical insurance for uninsured HIV positive individuals), and about 5 of these fifteen have been housed through Harlem United's HUD program.

**Lessons learned:** In order to effectively serve this very traditional community, it was imperative to create services for men and to address issues around access to care, legal services, and cultural literacy. The issues of undocumented communities need a more comprehensive approach that includes increased funding as well as advocacy.

**Control Number:** 03-B-558-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C09 Group Level Interventions

**2nd Category Choice:** D16 HIV Prevention Programs for Older Adults

**Population 1:** P54 Senior Citizens and Adults Over 50

**Population 2:** P1 Adolescents

**Presentation Preference:** Poster Session

**Title:** Anna's Workshop - Stitching HIV Prevention Together: Intergenerational Experiential Learning

**Author Block:** *Hamlin, M<sup>1</sup>; O'Neil, S<sup>2</sup>; Clifford, GW<sup>3</sup>*

1 New York Capital Region Chapter of the Names Project, Albany, NY; 2 NE HIV Prevention Network, Albany, NY; 3 Albany Medical College AIDS Program, Albany, NY

**Abstract Body:**

**ISSUE:**

**Pairing seniors and adolescents in making quilt panels and learning about the human face of AIDS, its impact and how it is prevented.**

**SETTING:**

**Boys and Girls Clubs and Senior Citizens Centers in Albany and Rensselaer counties in northeastern New York State.**

**PROJECT:**

**Anna's Workshop is an intergenerational quilt panel-making activity sponsored by the New York Capital Region Chapter of the Names Project. Senior citizens and adolescents receive a biographical sketch of an individual who has died from AIDS. This sketch is prepared by a family member or someone close to the deceased who wants to honor and remember them through the AIDS Memorial Quilt. The seniors and youth work together to design and create a quilt panel, based on the biographical sketch. All supplies, materials and support as well as HIV prevention education are provided by Names Project volunteers. The group discusses the uniqueness of each design and how it reflects specific aspects of the individual memorialized. In the process, they receive age-specific prevention education and gain knowledge about the impact of AIDS.**

**RESULTS:**

**Since it began in January 2002, 10 quilt panels have been completed. All participants have received HIV prevention education, using group level interventions. Pre and post test questionnaires administered to the participants indicate significant improvement in test scores. Qualitative participant-level data has consistently indicated an emotional level of awareness of the personal impact of HIV/AIDS. There have been additional benefits to both age groups resulting from their interactions.**

**LESSONS LEARNED:**

**This innovative, action-oriented activity puts a human face on the AIDS epidemic. It allows the participants to better understand what HIV/AIDS is, how it impacts those infected and how infections can be prevented. The intergenerational groups have worked together to successfully complete quilt panels in a structured setting.**



**Control Number:** 03-B-559-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C05 Community Level Interventions

**2nd Category Choice:** C38 Structural and Environmental Interventions

**Population 1:** P12 Communities of Color

**Population 2:** P2 Advocates

**Presentation Preference:** Single Oral

**Title:** Crossing Cultural Borders for Better Community Health

**Author Block:** *Shannon, r; Shannon, rJ*

ADHS, Office of HIV/AIDS, Phoenix, AZ

**Abstract Body:**

**ISSUE:** Crossing Cultural Borders to better Community Health

**SETTING:** Phoenix and other cities in the SouthWest reckon with smaller ethnic communities who interact more with one another socially and sexually than their eastern counterparts.

Unfortunately, funding streams direct their energies to one group only, completely ignoring the socialization of those ethnic groups living in these smaller communities.

**PROJECT:** The creation of new collaborations and real talk within these groups, recognizing internal bias, and diversity within these groups. The sub groups of many ethnic groups are those most vulnerable to homelessness, violent attacks, poverty, compromised immune systems, and risk behaviors. These are the subcultures communities of color ignore within their own and others' communities. Collaboration and communication is key to that change. **RESULTS:** The results are more comprehensive, holistic interventions with community level interventions playing key roles to alter environment and structure.

**LESSONS LEARNED:** Better understanding of commonalities and differences within communities of color. Stronger community interventions by building relationships with the creation of new allies, understanding environment and community structure and building community interventions through this marriage of allies and prevention programs crossing racial, gender and ethnic lines.

**Control Number:** 03-B-574-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C09 Group Level Interventions

**2nd Category Choice:** D19 HIV Prevention Programs for Women

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P56 Staff of Community-Based Organizations

**Presentation Preference:** Group Oral

**Title:** Reducing HIV risk behaviors in African-American women through community outreach and empowerment

**Author Block:** *Ford, S; Fulwood, A*

Family and Medical Counseling Service, Washington, DC

**Abstract Body:**

**ISSUE:** HIV prevention initiative seeks to reduce HIV/STD risk behaviors in African American women through community outreach and psycho-educational groups.

**SETTING:** East of the Anacostia River, District of Columbia.

**PROJECT:** The foundation of this project is community/street outreach and multi-session psycho-educational groups. Community outreach targeting African American women in recovery for at least 6 months is conducted with particular focus on areas east of the Anacostia River (Wards 7 & 8). The 8-module psycho-educational group focuses on reducing risk behaviors through the development of positive self-esteem, self-efficacy and the development of risk reduction behaviors.

**RESULTS:** We experienced a significant amount of success in recruiting women for our group level intervention using an outreach worker indigenous to the target population. In an effort to capitalize on this strength financial incentives and childcare were provided. A total of 160 women completed our group level intervention in 2002. We educated a total of 7,668 women in 2002, reaching 6,628 women through community outreach and 1,400 women through HIV prevention lectures/presentations. We distributed over 21,000 male condoms, 1,200 female condoms and 1,100 pieces of HIV & STD prevention literature. We made over 90 referrals for HIV prevention and treatment services.

**LESSONS LEARNED:** Women in recovery present a host of gender specific issues. As a provider working with women to strengthen their resolve to remain drug-free, ample time should be allotted to uncover and treat triggers that exist below the surface. For brief programs (< 8 weeks), with a psycho-educational focus, participants would benefit from aftercare and/or prevention case management services to encourage the continuation of risk reduction behaviors.

The women served through this project attempted to juggle multiple responsibilities. As women became empowered, life's basic demands, non-existent during their addiction (i.e. education, employment, medical care, etc.), became apparent. The ability to expand prevention case management to consider such services would build in key program resources.

Many women reported consistent condom usage but those that reported inconsistent condom usage based their decisions on the refusal of sexual partners. Couples education may prove beneficial exposing partners simultaneously to HIV prevention education. Furthermore, the distribution of female condoms would provide an alternative to the dependence on males to provide condoms. Many women shared their view of female condoms as a source of power, control and independence.

**POPULATIONS**

**P3 P61**

**Control Number:** 03-B-581-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C27 Peer-Based Intervention Models

**2nd Category Choice:** C05 Community Level Interventions

**Population 1:** P13 Community Educators

**Population 2:** P56 Staff of Community-Based Organizations

**Presentation Preference:** Group Oral

**Title:** Building Capacity of Migrant Workers for HIV Prevention: Effective Interventions

**Author Block:** *Gonzalez, M<sup>1</sup>; Sanchez-Hartwein, M<sup>2</sup>; Gonzalez, R<sup>3</sup>; Rivera, T<sup>4</sup>*

1 Farmworker Justice Fund, Inc., Washington, DC; 2 National Coalition of Advocates for Students, Boston, MA; 3 Rural Opportunities, Inc., Rochester, NY; 4 UMOS, Milwaukee, WI

**Abstract Body:**

**I. Issues:** The HIV/AIDS epidemic is having a severe impact in migrant farmworker communities. Of the estimated 4.17 million farmworkers and their dependents living in the US (USDHHS, Migrant Health Program, March 1990), evidence shows that the rate of HIV/AIDS infection among farmworkers is 10 times the US national average (National Commission to Prevent Infant Mortality, 1993).

**II. Setting:** The CDC has funded four national service organizations that serve migrant populations to provide assistance to community-based organizations in reaching this population with HIV prevention messages in all 50 states and US territories.

**III. Project:** These national service organizations are successfully applying a Capacity Building Assistance Model by working with community-based organizations on community mobilization for HIV prevention and intervention development, implementation and evaluation among the migrant worker population.

**IV. Results:** One of the projects, *Promotores de Salud*, which will be highlighted, has trained over 100 lay community health educators who in turn have had over 17,000 educational encounters in one year. Collaborations with other national service providers, such as the American Red Cross, have also yielded an increased number of trained community members.

The *Peer Educator* program has recruited and trained hundreds of individuals to conduct HIV prevention outreach to migrant workers. The program utilizes the strong motivation and interest of persons infected with, or affected by, HIV/AIDS to educate migrant workers, their families, and other at-risk populations.

**V. Lessons Learned:**

- Community members are best positioned to deliver effective, culturally and linguistically appropriate HIV prevention messages in community and work settings.
- Community collaboration is necessary to carry the programs through.
- There are still many myths that are prevalent about HIV infection among this population (i.e. Mosquitoes transmit HIV).

**VI. Learning Objectives:** By the end of the session, participants will be able to:

∃ Understand resources available to help their organizations begin or enhance existing HIV prevention services for migrant workers and their families as well as those resources available for use in mobilizing indigenous leaders to effectively influence societal/community norms in support of HIV prevention.

- ∃ Relate strategies for involving community members in developing and delivering culturally and linguistically appropriate HIV prevention interventions.**
- ∃ Identify HIV prevention interventions that effectively address issues of safer sex and discrimination in the migrant worker communities.**

**Control Number:** 03-B-590-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C41 Other (Please specify on Additional Info page)

**2nd Category Choice:** D03 Best HIV Prevention Practices

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P56 Staff of Community-Based Organizations

**Presentation Preference:** Poster Session

**Title:** Update of the *Compendium of HIV Prevention Interventions With Evidence of Effectiveness*

**Author Block:** *Kay, LS<sup>1</sup>; Crepaz, N<sup>1</sup>; Lyles, CM<sup>1</sup>; Griffin, TL<sup>2</sup>; Patterson, JD<sup>2</sup>; Sherba, RT<sup>2</sup>; Britton, J<sup>2</sup>; Herbst, JH<sup>1</sup>; HIV/AIDS Prevention Research Synthesis Team*

1 Centers for Disease Control & Prevention, Atlanta, GA; 2 Northrop-Grumman Missions Systems, Atlanta, GA

**Abstract Body:**

**ISSUE:** CDC and other funding agencies are requiring intervention plans to be supported by sufficient scientific evidence. HIV prevention service providers and program planners who apply for funds need updated information about interventions with evidence of effectiveness. To help meet these needs, in 2002 CDC's HIV/AIDS Prevention Research Synthesis (PRS) project updated the *Compendium of HIV Prevention Interventions with Evidence of Effectiveness*, a collection of science-based interventions conducted in the U.S. that successfully prevent HIV transmission, based on the most rigorous scientific intervention evaluations.

**SETTING:** The newly identified studies were conducted in a variety of settings, such as educational, health care, commercial, and community with various at-risk populations, including men who have sex with men (MSM), injection drug users, sexually active adolescents (youth), and heterosexual adults.

**PROJECT:** The PRS project has developed a cumulative database of HIV behavioral prevention research. It uses systematic searches, both automated and manual, to update its database and to conduct systematic reviews and qualitative and quantitative syntheses of the research.

**RESULTS:** Using criteria based on relevant outcome data, rigorous study methods, and statistically significant positive treatment effects, the PRS project identified an additional 12 studies with evidence of effectiveness, bringing the total number of studies in the *Compendium* to 36. Of the 36 studies that demonstrated positive effects of HIV intervention, five studies exclusively targeted African Americans (4 youth studies and 1 study of heterosexual women). However, none of the studies included in the *Compendium 2002 Update* demonstrated effective HIV intervention in reducing sexual risk taking among MSM of the ethnic minority groups that are hard hit by the HIV epidemic.

**LESSONS LEARNED:** There is a major research gap between the emerging HIV epidemic and evidence-based HIV interventions for the ethnic minority groups, especially MSM of color. To efficiently respond to the current HIV epidemic, researchers should consider modifying the interventions that have already been shown to be effective to tailor them to the specific needs of additional targeted groups, and should develop program-friendly curricula and training materials for replicating effective programs with various risk groups.

**Control Number:** 03-B-594-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C30 Prevention Interventions in Correctional Settings

**2nd Category Choice:** A22 Race, Racism, Ethnicity and Vulnerability to or Protection from HIV

**Population 1:** P14 Correct.Settings,Persons in(Incarcer.Popul.)

**Population 2:** P22 Health Care Workers

**Presentation Preference:** Single Oral

**Title:** Reducing HIV/AIDS Disparities Among Incarcerated Persons from Racial and Ethnic Groups: A Collaborative Effort Between Orange County Health Department and Orange County Corrections

**Author Block:** *Martinez, YG<sup>1</sup>; Williams, L<sup>1</sup>; Danner, W<sup>2</sup>; Bailey, L<sup>1</sup>*

1 Orange County Health Department, Ocoee, FL; 2 Orange County Corrections Department, Orlando, FL

**Abstract Body:**

**ISSUE:** Incarcerated persons are more at-risk for acquiring and transmitting HIV/AIDS than the rest of the population because of the specific characteristics of the prison system which, in some cases, does not allow for the provision of condoms to inmates, does not provide adequate dental hygiene tools (new tooth brushes) or does not provide adequate educational literature. Inmates also engage in behaviors such as prostitution, drug use, tattooing, body piercing, etc. that place them at high risk for HIV/AIDS. The fear of transmission transcends the incarceration time. If inmates are not adequately educated, infected prisoners can infect other members of society when they are released to their communities. In 1996 Florida ranked 6<sup>th</sup> in the nation in the number of HIV/AIDS cases as percent of total custody population; 4<sup>th</sup> in confirmed AIDS cases and 4<sup>th</sup> in percent of all deaths in deaths to AIDS related causes. In addition to HIV/AIDS there are other chronic diseases or health care concerns that must be addressed.

**SETTING:** The setting for the project is the Orange County Jail System. The primary target audience is male and female inmates.

**PROJECT:** The project is a collaborative effort between the Orange County Health Department and the Orange County Jail. The project has two phases. *Phase I* includes surveys with inmates at the Orange County Jail to determine needs and concerns regarding health. *Phase II* includes the development and implementation of a curriculum designed to address their stated needs and concerns.

**RESULTS:** A total of 167 inmates (36% male and 64% female) completed the survey. Almost half of the participants were African American (45%) with the second highest group represented by White/Caucasian (42%). The primary areas of concern as stated by inmates were HIV/AIDS, hypertension, cancer and diabetes. The *Orange County Health Department* used the findings from the study to develop a curriculum that specifically addressed these areas. The curriculum uses both Paulo Freire's theories of learning and a trans-theoretical model of behavior. The curriculum will be implemented in the Spring/Summer of 2003. Pre and post-tests will be gathered and findings presented. In addition to pre and post-tests, data will also be gathered on the implementation process and other areas of need.

**LESSONS LEARNED:** Effective collaboration between health departments and correctional systems provide a sound grounding to provide health and risk prevention education to individuals who, by the nature of the environment inherent in the corrections system, are exposed to behaviors that may place them at risk HIV/AIDS. Ignoring their needs places not only them in peril but also those individuals they will come in contact with once they are re-incorporated into their communities. Utilizing inmate input renders the intervention more practical and, as Freire would add, "dialogical." Both of these elements are essential to ensure successful acquisition of knowledge and thus, success implementation of interventions.

**Control Number:** 03-B-597-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C37 Social Network Interventions

**2nd Category Choice:** D11 HIV Prevention Program Planning

**Population 1:** P46 People Living with HIV/AIDS

**Population 2:**

**Presentation Preference:** Group Oral

**Title:**

Implementing the Prevention for HIV-Infected Persons (PHIPP) Social Networks Project

**Author Block:** *Brockmann, K<sup>1</sup>; Abdul-Quader, A<sup>2</sup>; Hylton, JB<sup>3</sup>; Llanas, M<sup>4</sup>; Ellen, JM<sup>3</sup>; Baldwin, M<sup>5</sup>*  
1 California State Office of AIDS, Sacramento, CA; 2 Centers for Disease Control and Prevention, Atlanta, GA; 3 The Johns Hopkins University, Baltimore, MD; 4 HIV/AIDS Program, Madison, WI; 5 ETR Associates, Sacramento, CA

**Abstract Body:**

**ISSUE:** As HIV infections continue to rise, encouraging and utilizing the social networks of people living with HIV to find out their HIV status can facilitate reduction of HIV transmission.

**SETTING:** The Prevention for HIV-Infected Persons Project (PHIPP) of the CDC has funded three sites within the context of already existing PHIPP programs in Maryland (Baltimore), the State of California (Alameda and Orange Counties), and the State of Wisconsin to implement programs using social networks approach. The Baltimore, Maryland site is working with young African American MSMs to help them encourage people in their social networks to obtain an HIV test. The State of Wisconsin is providing HIV-testing in the homes of clients in order to encourage testing. The State of California in Alameda and Orange Counties is using the established relationships between Bridge Workers (outreach workers) and Bridge clients to help clients encourage and facilitate people in their social networks to obtain HIV tests.

**PROJECT/ RESULTS:** This session will include four presentations. One presentation will describe the Social Network Approach and its applications to HIV prevention, and three presentations will focus on program implementation at three sites. They will include discussions on challenges faced by each of the sites and how those challenges were met. Issues faced across sites such as concerns about confidentiality within social networks, use of incentives, appropriate venues for HIV testing and community involvement will also be discussed.

**LESSONS LEARNED:** Preventing HIV transmission by engaging the social networks of people living with HIV can be designed in many ways. However, it must include community involvement and careful consideration of confidentiality issues.

**Control Number:** 03-A-599-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** C14 Interventions that Influence Care-Seeking Behavior

**2nd Category Choice:** F08 HIV Prevention Opportunities in Primary Care Settings

**Population 1:** P46 People Living with HIV/AIDS

**Population 2:** P12 Communities of Color

**Presentation Preference:** Group Oral

**Title:**

**Prevention for Positives in California: The Bridge Project**

**Author Block:** *Brockmann, K<sup>1</sup>; Baldwin, M<sup>2</sup>*

1 California State Office of AIDS, Sacramento, CA; 2 ETR Associates, Sacramento, CA

**Abstract Body:**

**BACKGROUND/OBJECTIVES:**

The Centers for Disease Control and Prevention (CDC) has stated that 30% of people with HIV do not engage in HIV care and treatment services. The CDC funded the California Office of AIDS to create Bridge Worker positions in 21 HIV Early Intervention Project (EIP) sites around the state. These community-based workers engage clients in HIV care and treatment services after they have received a positive HIV test result or when they have dropped out of HIV services.

**METHODS:** Bridge Workers, who come from the communities of color they serve, work individually with people who know their HIV-positive status but are not engaged in HIV care, treatment and prevention services. Bridge Workers may provide HIV-positive test results and receive referrals from venues where people with HIV may be identified such as emergency rooms, substance abuse treatment centers and HIV testing sites. Clients are met in their community environments and respected for their previous decisions about their HIV care and treatment. Bridge Workers help clients to identify what might encourage them to engage in and remain involved with HIV care, treatment and prevention service.

**RESULTS:** since January 2001 Bridge Workers have engaged over 750 clients. About 75% are men, 22% are women, and 3% are transgendered. About 45% are African American, 28% Latino/a, and 20% White. About 17% of Bridge clients reported never previously receiving medical services for HIV. Of those, over half were linked to HIV Early Intervention services, on average, within 10.5 days of meeting with their Bridge Worker. Of Bridge clients who dropped out of EIP service, about 40% were re-engaged and linked into EIP, within an average of 19 days of meeting with their Bridge Worker.

**CONCLUSIONS:** The individual attention provided by Bridge Workers who come from the communities of color of their potential clients can help people who are HIV-positive but not engaged in HIV care, treatment and prevention services to engage or re-engage in these services.



**Control Number:** 03-B-604-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C35 Skills-Building Interventions

**2nd Category Choice:** D19 HIV Prevention Programs for Women

**Population 1:** P35 Latinos/Latinas, Hispanic

**Population 2:** P61 Women

**Presentation Preference:** Single Oral

**Title:** *Hispanic Women's Health Summit: A New Model for Raising Awareness and Providing Prevention Education*

**Author Block:** *Martinez, YG<sup>1</sup>; Mesa, ME<sup>2</sup>*

1 Orange County Health Department, Ocoee, FL; 2 Orange County Health Department, Orlando, FL

**Abstract Body:**

**ISSUE:**

National data suggest that many Hispanic women face barriers that prevent them from getting quality and timely health care. Some of the most commonly cited barriers include lack of health insurance, inability to get to health care facilities due to physical problems or lack of transportation and language or culture barriers that may limit their ability to find or get care that is convenient, affordable and culturally comfortable or acceptable.

**SETTING:**

The Hispanic Women's Health Summit took place in Orange County, FL

**PROJECT:**

Hispanic women have traditionally occupied the role of key decision makers in their families' educational and health decisions. The *Summit* sought to accomplish three objectives:

- (1) Provide an educational forum for women to learn about risk factors and prevention of diabetes and HIV/AIDS as well as risk factors and early detection of breast cancer and issues that affect the health of adolescents.
- (2) Provide health screenings for blood pressure, cholesterol, diabetes, HIV and mammograms.
- (3) Provide information on services available in the community and that could be of assistance to them and their families.

These objectives were to be accomplished in a non-traditional setting and in the native language, i.e., Spanish. Hispanics in the Central Florida area have traditionally relied on "health fairs" for information and testing. The format of the *Summit* combined some elements of the health fair in that participants were able to visit over 40 booths that provided information on local agencies and receive testing for HIV. The *Summit* differed in one major and important category, participants (close to 300 women) attended a conference-style presentation on HIV prevention. Furthermore, participants were also asked to complete a *Summit* evaluation providing feedback on areas of need.

**RESULTS:**

A total of 252 people completed a survey of which 93.1% were female and 6.9% male. The average age of participants was of 46.4 years with a range of 14 to 87 years of age.

The *Summit* was conducted in Spanish to ensure that we were reaching the sector of the population that may not have access to health education programs in their native language.

Consistent with our perception we found that one third of the participants (32.7%) said that they did not speak English. Again, consistent with local data on access to health insurance, we found that 58.4% of those who completed the survey stated not having health insurance. Another 44.8% said that they did not have a doctor that they visited on a regular basis. Participants were asked to identify other areas of health of interest to them.

**LESSONS LEARNED:**

Overall, the *Summit* can be deemed successful because three very important things were accomplished:

- (1) The *Orange County Health Department* was able to provide valuable health care information and services to a portion of the population who may not have easy access otherwise;
- (2) The various partners provided valuable HIV screening; and
- (3) *OCHD* was able to build valuable links with other community organizations that provided services to the Hispanic community.

**Control Number:** 03-B-609-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C17 Interventions that Sustain Safer Behaviors Among Persons Living with HIV

**2nd Category Choice:** C16 Interventions that Promote Healthy Behaviors

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P46 People Living with HIV/AIDS

**Presentation Preference:** Group Oral

**Title:** Prevention 4 Positives-A multi-center approach to engage and evaluate HIV+ clients who develop risk-reduction and health promotion plans

**Author Block:** *Petersen, LP<sup>1</sup>; Mitchell, DSW, CG<sup>2</sup>; Ebbert, MPH, SM<sup>1</sup>*

1 AIDS Foundation of Chicago, Chicago, IL; 2 Jane Addams College of Social Work, University of Illinois at Chicago, Chicago, IL

**Abstract Body:**

**Issues:** As people with HIV live longer, healthier lives renewed efforts and interventions are necessary to help HIV+ clients develop ongoing risk reduction plans and health promotion as a means of preventing further infections or super-infection.

**Setting:** Privately funded community based organizations that have linkages with/or established publicly funded case management programs in Chicago, IL.

**Project:** The AIDS Foundation of Chicago's Prevention 4 Positives Initiative is an ongoing project to implement and evaluate 7 different interventions to promote primary and secondary prevention among persons with HIV. These distinct interventions represent both individual and group based approaches to engaging HIV+ clients from all risk groups to help them develop plans for personal wellness and risk reduction. To assess the effectiveness of these models, each site is conducting a program-specific evaluation that is tailored to the program's specific goals and objectives. In addition, a cross-site evaluation tool is being implemented.

**Results:** This 2 year initiative aims to identify the factors that influence how programs can best integrate prevention into medical and/or non-medical services for people living with HIV. It will also enable agencies to develop the skills, tools, and resources to offer programming for clients living with HIV to prevent the further spread of the disease and maintain their participation in care. During this first year of the initiative, AFC is conducting process evaluation activities documenting initial findings and recommendations for program development. In the second year, an outcome evaluation will be conducted and a report produced on the development and successes of the projects. An additional product will be a model for active consumer involvement in program development and evaluation.

**Lessons Learned:** Stage one of this initiative is nearly complete. Findings include: Care providers require substantial technical assistance to describe & organize programs for prevention, programs must address how behavioral assessment results in prevention programs may jeopardize participants eligibility for care services, and while care staff are willing to provide prevention interventions, training skills must be developed.

**Control Number:** 03-A-610-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** C25 Methodological Issues in Intervention Studies

**2nd Category Choice:** F23 Other (Please specify on Additional Info page)

**Population 1:** P53 Researchers

**Population 2:** P48 Policymakers/Legislators

**Presentation Preference:** Single Oral

**Title:** Rethinking Quality of Life

**Author Block:** *Hassad, RA*

Mercy College, New York, NY

**Abstract Body:**

**Introduction:** From all indications, there seems to be an impasse among researchers with respect to the definition, measurement and utility of what has been referred to as “quality of life” (QoL). Albeit long-standing, this expression was revived with the advent of combination antiretroviral therapies for HIV/AIDS, which are associated with increased survival and conflicting QoL claims. The United States of America FDA and international counterparts are now engaged in defining a regulatory approach to assertions about quality of life from drug therapies in general.

**Objective & Methodology:** This pilot project examined studies indexed on MEDLINE and which investigated QoL as a primary outcome among people living with HIV/AIDS. Selected abstracts and full-text articles were analyzed qualitatively. Specifically, methodological themes were sought for further exploration. With respect to QoL, emphasis was given to definition, measurement, statistical analysis, validation, reporting of results and utility of information.

**Results:** A multiplicity of research designs and approaches to investigating QoL was noted. QoL definitions varied from single biomedical markers to complex multi-dimensional scales emphasizing psychosocial and/or physical health domains. Studies utilized self and/or proxy-reported data. In most instances where QoL was defined and measured as a multi-dimensional construct, the analysis of the data and reporting of results focused on selected indicators and subscales and not on an overall index of QoL. In particular, among studies that sought to assess drug effectiveness, there was a tendency to report and discuss manufacturer-favorable indicators only with claims about quality of life.

**Discussion:** These findings suggest that QoL may be a mere buzz phrase that is not amenable to scientific measurement especially as a single construct designed to be reduced to a mere composite score. Rather, specific objective individual health status indicators are plausibly more meaningful, and carry greater utility in decision-making especially with respect to drug effectiveness and hence treatment options. Further, the finding of selective reporting of information with QoL claims may be intended to give marketing advantage to a particular drug, and this is a deceptive practice which warrants further investigation.

**Control Number:** 03-A-617-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** C21 Interventions that Reduce Sexual Risk

**2nd Category Choice:** C09 Group Level Interventions

**Population 1:** P61 Women

**Population 2:**

**Presentation Preference:** Group Oral

**Title:** Outcome Monitoring of the Maryland SISTA program

**Author Block:** *Bauserman, RL; Shea, MA; Roberts, K; Tomoyasu, N*  
AIDS Administration, DHMH, MD, Baltimore, MD

**Abstract Body:**

**BACKGROUND/OBJECTIVES:**

Maryland required HIV prevention projects targeting women to use curricula with evidence of effectiveness, including SISTA (Sisters Informing Sisters about Topics on AIDS). After collaborative instrument development and pilot-testing with program participants, pre- and posttest outcome monitoring was begun to assess changes in SISTA program participants.

**METHODS:**

Participants complete a voluntary pretest at the time of their first SISTA session and a follow-up posttest after the last session. The instrument includes questions about HIV knowledge; perceived social support for safer sex; attitudes about condom use; self-efficacy for correct condom use and for negotiating condom use with main and other sex partners; intentions regarding risk behavior; recent risk behavior; and Stage of Change for consistent condom use. Data collection began in early 2002 and has steadily increased as more projects implement the pre/posttest instruments.

**RESULTS:**

Matched pre- and posttest data was available from 130 participants for 2002. Participants showed a significant increase in HIV/AIDS knowledge ( $t(117) = 5.35, p < .001$ ) and a borderline decrease in reported risk behavior ( $t(42) = 1.91, p = .06$ ). The percent agreeing that they were sure how to use a condom correctly increased from 73% to 87%. However, there was no significant change in self-efficacy for condom use with main or other partners, social support for safer sex, intentions to reduce risk, or in Stage of Change for consistent condom use.

**CONCLUSIONS:**

Maryland's implementation of SISTA shows evidence of meeting objectives in some areas (e.g., increased knowledge and correct condom use) but not others (e.g., self-efficacy to negotiate condom use). Lack of change may be due to incomplete implementation of SISTA by many sites and to ceiling effects (e.g., about 75% of participants intended to abstain or consistently use condoms on both the pretest and posttest). Outcome monitoring highlights areas where programs may need to increase emphasis (such as training clients in communication and negotiation skills), informs feedback and recommendations to vendors (such as training program staff to effectively teach skills), and provides evidence of program successes to vendors and other stakeholders.

**Control Number:** 03-A-631-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** C22 Interventions that Reduce Harm of Injecting Drug Use

**2nd Category Choice:** C16 Interventions that Promote Healthy Behaviors

**Population 1:** P32 Injecting Drug Users

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Poster Session

**Title:** Prescription program to provide access to sterile syringes

**Author Block:** *Sanford-Colby, SL<sup>1</sup>; McKenzie, M<sup>2</sup>; Macalino, GE<sup>1</sup>; McNamara, SF<sup>1</sup>; Rich, JD<sup>3</sup>*

1 Brown University, Providence, RI; 2 The Miriam Hospital, Providence, RI; 3 The Miriam Hospital/Brown University, Providence, RI

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Sharing and reusing syringes is a major venue for transmitting infectious diseases among injection drug users (IDUs). IDUs face many barriers to accessing sterile syringes, including the prohibition in many states of over-the-counter (OTC) sales. In Rhode Island, OTC syringe sales were not legal until September 2000. Our program offered prescriptions for free syringes that could be filled at two local pharmacies. This abstract describes participant utilization of prescriptions for syringes.

**METHODS:** The Miriam Hospital/Brown University enrolled 327 active IDUs between June 1999 and December 2000 in a pilot program (RAP) that offered free medical care, including disease screening and vaccination, referrals to drug and mental health treatment, and prescriptions for free syringes. A primary goal of the study was the prevention of infectious diseases through increased access to sterile syringes. Participants could take prescriptions to either of two local pharmacies and receive syringes paid for by the study.

Data on the number of syringes purchased by each participant were obtained from monthly statements provided by the pharmacies' corporate office. Baseline demographics characteristics were taken from a questionnaire administered at enrollment.

**RESULTS:** Eight hundred forty-nine prescriptions for syringes were filled at the two pharmacies, distributing 67,570 syringes. Of 327 participants, 229 (70%) filled a prescription for syringes at least once. There was no difference by gender, race, or homeless status at enrollment in the number of prescriptions filled ( $p > .05$ ). However, there was a difference between those who were currently homeless at enrollment (54%) and those who were not currently homeless at enrollment in the number of prescriptions filled ( $p < .05$ ). Those who were currently homeless filled less prescriptions than those who were not currently homeless.

**CONCLUSIONS:** While we successfully recruited and provided services to many homeless participants, follow up data should be analyzed to determine how the program affected health outcomes and risk behaviors and why participants who were homeless at enrollment were less likely to utilize prescriptions for syringes.

**Control Number:** 03-A-635-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** C19 Interventions to Reduce Perinatal Transmission

**2nd Category Choice:** B15 Integrating HIV/STD Surveillance

**Population 1:** P49 Pregnant Women

**Population 2:**

**Presentation Preference:** Poster Session

**Title:** The effectiveness of a verbal opt-out system of screening for HIV, hepatitis B, and syphilis during pregnancy

**Author Block:** *Breese, PE; Burman, W; Shlay, J; Guinn, D*

Denver Public Health, Denver, CO

**Abstract Body:**

**Background:** With appropriate screening and treatment, perinatal transmission of HIV, hepatitis B, and syphilis can almost be completely prevented. We evaluated screening for these infections among women who delivered at an urban public hospital.

**Methods:** Women who delivered at Denver Health Medical Center from 1998 through 2001 were identified from discharge diagnosis codes. In the verbal opt-out system, women were informed that it is standard to test for these infections during pregnancy and given the opportunity to refuse testing. An initial database match was made by assessing whether these women had a charge for HIV, hepatitis B, and syphilis testing within the 365 days prior to delivery. We validated the accuracy of this match by reviewing the records of 100 randomly selected women who matched as having been screened and all women who did not appear to have been screened.

**Results:** There were 12,201 deliveries at Denver Health during the 4-year study period. Of 12,201 women, 98% were screened for HIV and we estimate that 99.9% were screened syphilis and 99% for hepatitis B. Of the 228 (2%) women not screened for HIV, only 22 (0.2% of all women in the study) were documented as refusing HIV testing. Patients not screened for HIV presented late in pregnancy, a median of 9 days prior to delivery, compared to a median of 171 days for those who were screened ( $P < 0.001$ ). Of the 11,978 women screened, 20 (0.2%) had a positive test. Perinatal transmission rate among HIV-infected women was 5% (1/20).

**Conclusions:** A verbal op-out system was very effective in promoting HIV screening during pregnancy. The reasons for somewhat higher rates of screening for syphilis and hepatitis B are being explored. The availability of the rapid HIV test may improve screening among women who present late in pregnancy.

**Control Number:** 03-B-639-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C19 Interventions to Reduce Perinatal Transmission

**2nd Category Choice:** D19 HIV Prevention Programs for Women

**Population 1:** P49 Pregnant Women

**Population 2:**

**Presentation Preference:** Poster Session

**Title:** Showering Them with Care: The Integration of Perinatal Support Services in a Comprehensive HIV Program

**Author Block:** *Bavwidinsi, MA; Abdul-Khabeer, R; McCourt, CM; Rivera, M; Russell, G*  
Circle of Care, Philadelphia, PA

**Abstract Body:**

**ISSUE:** Using Social Events to Increase Adherence, Decrease Transmission

**SETTING:** The Circle of Care (COC) services HIV infected and affected consumers in the Philadelphia metropolitan area, an urban center with strong neighborhood identification and affiliation. The Perinatal HIV Prevention Program, designed to integrate HIV services in prenatal settings, serves HIV-positive pregnant women in prenatal clinics throughout the area. Consumers are 77% African American, 15% Latino, and 8% Caucasian.

**PROJECT:** The Perinatal HIV Prevention Program hosts four Consumer Baby Showers for expectant HIV-positive women and HIV-positive women with infants less than six months of age. Baby Showers provide social support to women who are often confronting a variety of issues, including disclosure to family/loved ones, stability of home environment, and lack of financial resources. Baby Showers provide the Perinatal Program the opportunity to reinforce the importance of education and virological testing during pregnancy and medication adherence to prevent HIV transmission of HIV and reinfection of the mother. Attendees take both pretests and posttests to assess the growth in knowledge, and are offered the opportunity to suggest future topics and guest speakers.

**RESULTS:** Over a two-year period, average attendance increased from 5 participants to 15 participants at the last shower event. Attendee evaluations show overall enjoyment of the shower by the participants and enjoyment of the topics presented at each shower. Attendees reported that they enjoyed the increase in social interaction. One-hundred percent of consumers are retained in care, with 80% of consumers reported to be more adherent to care regimens by their providers. The Consumer Baby Shower is a method to the consumer-provider relationship and ensure the linkage to needed services.

**LESSONS LEARNED:** Incorporating education in social events has proven useful to the goals of the Perinatal Program. There has been an increase in attendance by consumers and greater provider support for the Baby Showers. As a response to consumer evaluations, a Hostess Committee was created to allow previous attendees to evaluate the overall effectiveness of the Baby Shower, and remain linked to the support services of the Perinatal Program. These hostesses will assist in coordinating the Baby Showers for the current contract year. For the 2003-2004 contract year, Consumer Baby Showers will have an increased focus on STD/HIV reinfection prevention, linkages to social services, and community resources. Social events can be successfully planned and implemented to include educational goals, as well as impact relationships with care and adherence to medical regimens.



**Control Number:** 03-A-660-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** C36 Social Marketing

**2nd Category Choice:** C14 Interventions that Influence Care-Seeking Behavior

**Population 1:** P19 Gay and Other Men Who Have Sex With Men

**Population 2:** P46 People Living with HIV/AIDS

**Presentation Preference:** Poster Session

**Title:** Healthy Penis 2002: Evaluation of a Social Marketing Syphilis Prevention Campaign, San Francisco, CA

**Author Block:** *Steiner, KC<sup>1</sup>; Kent, CK<sup>1</sup>; Siller, J<sup>1</sup>; Herman, J<sup>2</sup>; Pappas, L<sup>3</sup>; Klausner, JD<sup>1</sup>*

1 San Francisco Department of Health, STD Prevention and Control Services, San Francisco, CA; 2 The STOP AIDS Project, San Francisco, CA; 3 Better World Advertising, San Francisco, CA

**Abstract Body:**

**Background:** Between 1999 and 2002, early syphilis cases in San Francisco increased over 1000%. In 2002 there were 495 cases: 92% of these cases were among gay and bisexual men, 67% of whom were HIV positive. To address the ongoing syphilis epidemic, in July, 2002 the San Francisco Department of Public Health, STD Prevention and Control Services, in collaboration with Better World Advertising, launched Healthy Penis 2002, a syphilis prevention social marketing campaign.

**Methods:** To evaluate the campaign, four separate surveys of gay and bisexual males were conducted between July, 2002 and January, 2003 at the municipal STD clinic, sex clubs, bars and on the street. The surveys, which contained some variation in question wording and time frame references, assessed recognition and impact of the campaign, awareness of the syphilis epidemic, testing behavior, and knowledge of syphilis symptoms and modes of transmission. We used chi-square and Fisher's-exact tests to examine differences in (1) responses from STD clinic patients at two time points and (2) testing behavior and syphilis knowledge of non-STD clinic survey respondents who had seen versus not seen the Healthy Penis campaign.

**Results:** The proportion of respondents who had seen the campaign ranged from 46% to 90% in the four surveys. Among 905 men surveyed at two time points (August-September and December-January) at the municipal STD clinic, there was a significant increase in the proportion having seen the campaign (50.2% to 70.1%,  $p < .01$ ) and an increase, among men who had seen it, in the proportion whose visit was influenced "a lot" by the campaign (19.9% to 29.8%,  $p = .05$ ). Men surveyed at the sex clubs ( $N=124$ ) and on the streets and in bars ( $N=207$ ) who had seen Healthy Penis were more likely than men who had not seen the campaign to: have had a syphilis test in the last six months; have heard of recent increases in syphilis in San Francisco; and to correctly respond to questions about symptoms and modes of transmission.

**Conclusions:** Evaluation is an important part of program planning and resource allocation that is often overlooked. Our survey analysis found that the Healthy Penis social marketing campaign was effective in raising awareness of the syphilis epidemic, increasing syphilis testing, and promoting knowledge of syphilis symptoms and modes of transmission among gay and bisexual men. Evaluation efforts should be planned well in advance to coordinate data collection efforts and ensure agreement between evaluation instruments.

**Control Number:** 03-B-670-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C35 Skills-Building Interventions

**2nd Category Choice:** D05 Developing and Sustaining HIV Prevention Capacity

**Population 1:** P46 People Living with HIV/AIDS

**Population 2:** P3 African Americans

**Presentation Preference:** Single Oral

**Title:** Prevention With Positives: Lessons Learned from Skills Building Curriculum Development

**Author Block:** *Stewart, RS; Colomb, M*

Jackson State University, Jackson, MS

**Abstract Body:**

**ISSUE:** Capacity building assistance (CBA) programs relative to “Prevention With Positives” (PWP) have recently been funded by CDC to enhance local prevention efforts to develop programs with HIV positive persons.

**SETTING:** CBA in Priority Area 2 (Intervention Design, Development, Implementation and Evaluation) among African-American community-based organizations (CBOs)

**PROJECT:** Jackson State University’s Mississippi Urban Research Center’s (JSU MURC) African-American Prevention Intervention Network (APIN) has developed through its Positive Prevention Intervention Center (Positive PIC) a PWP Skills Building Curriculum for African-American CBOs. This curriculum aims to provide an overview of HIV PWP including key elements of program development specific to HIV positive persons. Positive PIC will conduct this course per CBA requests nationwide. They are facilitated through APIN’s four regional Prevention Intervention Centers (PICs).

**RESULTS:** JSU MURC APIN was granted a cooperative agreement to support CBA that sustains, improves and expands local HIV prevention services for racial/ethnic minority individuals who are HIV positive. Through Positive PIC’s first year of funding, 4 pilot sessions of the PWP curriculum were conducted. They were held in Jackson, MS (n=12), Phoenix, AZ (n=10), Chicago, IL (n=8) and Brooklyn, NY (n=6). As a course requirement, participants were given evaluation forms to complete at the end of the two-day course. Frequency tables produced by SPSS revealed that majority of the participants found the course to be helpful. This was determined by examining 3 of the 11 items. These items were Q5. “The course met its objectives,” Q6. “The course met my expectations,” and Q7. “The content of the course was informative.” In each city the majority of the responses to each of these questions were “agree” and “strongly agree.” The Jackson, MS course site reported 100% of the participants selecting “agree” or “strongly agree” for Q5., Q6., and Q7. The Phoenix, Arizona site reported 100% “agree” or “strongly agree” for Q5. but only 90% for Q6. and Q7. The remaining 10% for Q6. and Q7. were for “not sure.” The responses for the Chicago, IL site were more varied. Q5. reported 100% responses for “agree” or “strongly agree.” 6. 75% of the participants responded “agree” or “strongly agree” while 12.5% responded “not sure” and another 12.5% responded, “disagree.” Chicago also had a Q7. response of 12.5% for “not sure” with the remaining 87.5% responding either “agree” or “strongly agree.” The final pilot site, Brooklyn, NY, also reported 100% of the participants responding, “agree” or “strongly agree” to Q5. In Brooklyn, 83.4% of the participants responded, “agree” or “strongly agree” to Q6. with 16.7% responding, “strongly disagree.” They responded to Q7. with 83.3% for “agree” or “strongly agree”. The remaining 16.76% of the participants responded “not sure” to Q7. Analysis of the qualitative data gathered from the evaluations were examined using NUD\*IST Vivo software.

**LESSONS LEARNED:** JSU MURC APIN Positive PIC found that participants are eager to learn

**more about PWP and have various levels of existing PWP knowledge that can enhance the learning for the overall group and impact expectations for the curriculum.**

**Control Number:** 03-A-678-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** C18 Interventions that Target Youth in High Risk Situations

**2nd Category Choice:** D20 HIV Prevention Programs for Youth

**Population 1:** P1 Adolescents

**Population 2:** P63 Youth in High Risk Situations

**Presentation Preference:** Single Oral

**Title:** Focus on Teens (FOT), an Adolescent STD/HIV Prevention Program, Can be Successfully Given in High Schools

**Author Block:** *Walker, TD<sup>1</sup>; Hsieh, Y<sup>1</sup>; Galbraith, J<sup>2</sup>; Arcari, C<sup>1</sup>; White, L<sup>1</sup>; Waterfield, G<sup>3</sup>; Liggins, L<sup>1</sup>; Butler, J<sup>1</sup>; Barnes, M<sup>1</sup>; Addison, J<sup>1</sup>; Latkin, C<sup>1</sup>; Stanton, B<sup>4</sup>; Gaydos, CA<sup>1</sup>*

1 Johns Hopkins University, Baltimore, MD; 2 University of Maryland, Baltimore, MD; 3 Baltimore City Health Department, Baltimore, MD; 4 Washington University, St. Louis, MO

**Abstract Body:**

**BACKGROUND/OBJECTIVES:**

To determine whether high schools provide an effective platform for implementation of the FOT Program. To measure changes in risk behavior following participation in FOT and an additional “booster” intervention. To assess HIV/STD knowledge at 6 and 12 months post-intervention.

**METHODS:** Following parental consent, we enrolled adolescents from six urban high schools. FOT sessions were presented during lunch in twice-weekly small groups for 12 weeks. Students completed a confidential survey at four separate time periods: pre- and immediate post-intervention, at 6- and 12-month follow-up. The survey collected information regarding demographics, communication, sexual risk behaviors, and STD/HIV knowledge. At the 6-month post-intervention visit, in addition to the FOT survey #3, students were tested for STD/HIV knowledge with a quiz and given a “Booster” intervention session. The STD/HIV knowledge quiz was re-administered at the 12-month post intervention along with the FOT survey #4. Students were encouraged to visit School Based Health Centers for STD screening if they were sexually active.

**RESULTS:** The school lunch period was a successful forum for reaching adolescents with 1,025 enrolled in bi-annual “Waves” I through IV. At baseline, 47.6% were 14-15 years of age; 70.5% female, 47.7% were sexually active. Of those sexually active, 54.2% had >1 partner ever, 16.9% reported sex >5 times in last 6 mo, 77.6% used condoms at last sex, 9.3% had been pregnant or gotten a female pregnant, 4.4% reported a history of a STD. Among FOT participants between Survey#1 and Surveys #3 and 4, there were significant increases in STD knowledge [mean of 16 questions] (79% to 85% and 86%;  $p < 0.01$ ), as well as condom use knowledge [mean of 4 questions] (75% to 85% and 85%;  $p < 0.01$ ). Among sexually active participants, condom use increased to 79.8% by Survey 4 ( $p = 0.665$ ). There was two-fold decrease in the %, who reported sex >5 times last 6 months from Survey 1 to 4 (16.9% to 8.3%;  $p = 0.047$ ). The first STD/HIV knowledge quiz (24 questions) at 6 month post-intervention [given to date to Waves I-III] was administered to 72.1% of 727 enrollees. Mean correct score was 75.8%. For quiz #2, [administered to date to Waves I-II] 78.3% of 442 were tested. Mean correct score was 89.3% ( $p = 0.024$ ). Students scored higher on the questions regarding HIV/STD risk behaviors (89.8%) and prevention of HIV/STDs (92.6%), than on questions regarding the role that drugs and alcohol play in increasing HIV/STD risk (67.2%) ( $p = 0.032$ ). Post-intervention surveys and quizzes for Waves III-IV are ongoing.

**CONCLUSIONS:** FOT was successfully conducted during school lunch periods and reached a high- risk group of adolescents. These adolescents showed an increase in HIV/STD knowledge as

**assessed in the surveys and quizzes. Condom use increased slightly. The implementation of a FOT program in high schools preliminarily shows some benefit to adolescents in reducing at-risk behavior for HIV and other STDs.**

**Control Number:** 03-B-681-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C21 Interventions that Reduce Sexual Risk

**2nd Category Choice:** C16 Interventions that Promote Healthy Behaviors

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P19 Gay and Other Men Who Have Sex With Men

**Presentation Preference:** Single Oral

**Title:** MenPower

**Author Block:** *Leeth, BR*

Maricopa County Department of Public Health, Phoenix, AZ

**Abstract Body:**

**ISSUE:**

**This workshop focuses on the concept of HIV prevention targeting men who have sex with men (MSM) in Public Sex Environments (PSE's) In Maricopa County over 70% of all HIV infection is among the MSM population. 98% of all persons living with AIDS are men. Maricopa County is experiencing increasing rates of syphilis and gonorrhea among the MSM population. The MCDPH Division of Epidemiology and Data Services estimates that at least 7,700 persons are living with HIV disease including AIDS in Maricopa County. An estimated 100 persons die from HIV/AIDS related illness per year. The HIV Prevention Community Planning Group (CPG) identified MSM as the highest priority group for direct prevention efforts.**

**SETTING:**

**Public Sex Environments (PSE's) including but not limited to public parks, public restrooms, the Internet, bath-houses and adult oriented bookstores.**

**PROJECT:**

**MenPower is a three pronged prevention program. MenPower utilizes CDC-defined interventions recommended by the CPG: PSE/Internet/Site Outreach, Group Level, and modified Prevention Case Management in collaboration with local city prosecutor offices in the form of a diversion program for men arrested and convicted of Public Sexual Indecency. Additionally, MenPower relies on professional psychological assistance for long-term, therapeutic treatment regarding psychosocial issues which influence behavioral risk for HIV. In 1997, the CDC selected MenPower as one of the nine most effective HIV prevention programs in the U.S.A.**

**RESULTS:**

**This workshop will provide participants with:**

- \*definition of PSE and PSE client**
- \*effective PSE outreach methodologies**
- \*the application of health theory/domains to PSE HIV programming**
- \*effective evaluation techniques**

**LESSONS LEARNED:**

**The goal of MenPower is to encourage harm reduction methods in an attempt to prevent the spread of HIV and other sexually transmitted diseases, to reduce illegal sexual activity in PSE's, and to protect the unsuspected partners and families of men who engage in anonymous sex. It is estimated that one averted HIV infection will prevent the need for health care costing approximately \$50,000.00 per year. This is equal to nearly half the annual cost of the MenPower program.**

**Control Number:** 03-B-686-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C16 Interventions that Promote Healthy Behaviors

**2nd Category Choice:** C27 Peer-Based Intervention Models

**Population 1:** P3 African Americans

**Population 2:** P62 Youth

**Presentation Preference:** Group Oral

**Title:** *Pillow Talk*: A Socio-Cultural Approach to HIV Prevention for Young African American Women

**Author Block:** *August, EM; De Anda, AI; Cozier, NM*

Institute of Women & Ethnic Studies, New Orleans, LA

**Abstract Body:**

**ISSUE:** *Pillow Talk* is a peer-led mentorship project designed to reduce the incidence of HIV and STIs among the fastest growing HIV risk group, African American females ages 13 to 22.

**SETTING:** Social settings in urban areas of New Orleans, Louisiana.

**PROJECT:** The Centers for Disease Control and Prevention (CDC) estimate that half of all new HIV infections occur among young people under 25 years of age. Studies suggest that African American young people represent the majority of these infections with a significant increase among young females. The need to address HIV/AIDS among young African American women has taken on a critical urgency. *Pillow Talk* is a peer-led project that assists African American young women in choosing positive behaviors while promoting confidence in their own ability to make healthy decisions. *Pillow Talk* has adapted "Power Moves," a curriculum recommended by the CDC as a "program that works," to a southern, African American, young, contemporary, female audience. *Pillow Talk's* approach acknowledges the interrelatedness of culture, social acceptance, media, poverty, and denial that complicate young people's sexual decision-making. Over a period of 8 months, young women engage and interact through a series of peer-led sessions and slumber parties, integrating small group discussions, role-playing, skits, and individual-specific mentoring. Within this intimate and supportive setting, participants reflect on their values in the context of their life environments while identifying barriers and motivations to healthy behavior. Through *Pillow Talk*, young women address issues tabooed by African American communities in the South to develop the skills and abilities to effectively negotiate safer sex practices.

**RESULTS:** Since its inception in 2000, *Pillow Talk* has raised the knowledge and awareness of 60 African American young women ages 13 to 22 of HIV/AIDS transmission and prevention. The participants have demonstrated an increase in skills to manage and avoid risky situations as well as to negotiate safe sex practices. All (100%) of the women have demonstrated an increased ability to openly discuss sexual health issues and sexual health decision-making. In 2002, the Louisiana Office of Public Health/HIV/AIDS Program Office recognized *Pillow Talk* as the "Best Peer Program."

**LESSONS LEARNED:** For mentors, ages 18 to 22, HIV contraction is a perceived risk. Among mentees ages 13 to 17, violence (within schools, neighborhoods, and homes) is a more immediate concern, which competes with their attention to sexual behavior. When put into the context of relationships (family, friends, partners, etc.), and reflecting on what constitutes "healthy" and "unhealthy" relationships, all of the participants were able and willing to realize their ownership of the health threat, increasing their self-efficacy. The project integrates the theory of reasoned action, presenting a range of possible behaviors and outcomes and relies on the young women to engage in an informed and rational decision-making process. This approach, combined with the

**teaching of applicable skills and knowledge, has led to young women's ability to assess and manage compromising situations.**



**Control Number:** 03-A-689-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** C29 Post-Exposure Prophylaxis, Non-Occupational

**2nd Category Choice:** F11 Integrating Planning for HIV Prevention and Treatment

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P19 Gay and Other Men Who Have Sex With Men

**Presentation Preference:** Single Oral

**Title:** non-occupational Post-exposure Prophylaxis (nepep) Trends In A Boston Community Health Center, 1997-2002

**Author Block:** *Mayer, KH<sup>1, 2</sup>; Golub, S<sup>1</sup>; MacGovern, T<sup>1</sup>; Cohen, D<sup>1</sup>; Grasso, C<sup>1</sup>; Appelbaum, J<sup>1</sup>; Boswell, S<sup>1</sup>*

1 Fenway Community Health, Boston, MA; 2 Miriam Hospital, Providence, RI

**Abstract Body:**

**Background/Objectives:** To describe patterns of NPEP use since 1997 at Fenway Community Health (FCH), the largest community-based provider of primary health care for MSM in New England.

**Methods:** Increased NPEP requests in 1997 led to the development of a structured intake protocol which included a standardized data collection instrument. Analytical tests of significance included analysis of difference of proportions to determine whether NPEP use increased or regimens/indications changed over the past 3 years.

**Results:** Since NPEP protocol began in 9/97, there have been 268 requests of whom 80.3% of the NPEP users were MSM, and 81.5% were Caucasian, reflecting the FCH client base. The most common exposures that led to NPEP rx. were receptive anal (52.6%), receptive oral (36.4%), insertive anal (29.5%) and vaginal intercourse (14.5%). The source was known to be HIV-infected in 37.6% of cases. There has been an increase in people presenting with oral only exposures over time. The most commonly prescribed regimens were: AZT/3TC (47.4%); AZT/3TC/NFV (32.4%); AZT/3TC/IDV (4.6%); 3% of pts used a d4T containing regimen. Fifty three % of patients returned for a follow-up visit and 46% of patients completed 4-week regimens; 71% of pts who returned for f/u noted side effects, with nausea being the most frequent reason for discontinuation. Patients taking 3-drug regimens were as likely to complete their course of rx. as those taking 2 drugs. Thirty-one % of pts have reported concomitant substance use at the time of their HIV exposure, and 11% of pts have presented for another course of NPEP. No acute HIV infections have been detected to date.

**Conclusions:** NPEP use has not acutely increased among MSM in Boston, but Fenway NPEP users often have engaged in multiple risk-taking behaviors at the time of presentation, suggesting the need for strong links to risk reduction and substance use programs to optimize the "educable moment."

**Control Number:** 03-A-709-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** C30 Prevention Interventions in Correctional Settings

**2nd Category Choice:** D07 HIV CTS Programs

**Population 1:** P14 Correct.Settings,Persons in(Incarcer.Popul.)

**Population 2:** P25 Heterosexuals

**Presentation Preference:** Single Oral

**Title:** HIV C&T among incarcerated young men in 5 U.S. prisons.

**Author Block:** *MacGowan, RJ<sup>1</sup>; Khan, R<sup>1</sup>; Margolis, AD<sup>1</sup>; Sosman, JM<sup>2</sup>; Eldridge, G<sup>3</sup>; Fitzgerald, C<sup>4</sup>; Zack, B<sup>5</sup>; Flanigan, TP<sup>4</sup>; Project Start Study Group*

1 Centers for Disease Control and Prevention, Atlanta, GA; 2 University of Wisconsin Medical School, Madison, WI; 3 University of Alaska, Anchorage, Anchorage, AK; 4 Brown University School of Medicine, Providence, RI; 5 Centerforce, San Rafael, CA

**Abstract Body:**

**BACKGROUND:** HIV counseling and testing (C&T) is a cornerstone of the HIV prevention strategy in the US. Many people entering correctional facilities have a history of substance use and sexual behaviors that put them at risk of acquiring or transmitting HIV and STDs. Approximately 2 million people in the United States are incarcerated.

**OBJECTIVES:** To determine factors associated with (1) HIV testing in prison, (2) pretest counseling, and (3) posttest counseling among incarcerated young men in 5 U.S. state prisons.

**METHODS:** Men (N=519), 18 to 29 years of age, were recruited and interviewed while incarcerated in 5 prisons located in CA, MI, WI, and RI. In MS, HIV C&T was mandatory on entry. In WI and RI, HIV C&T was not mandatory, but routinely offered to inmates on entry. In CA, and the other three states, HIV C&T was available at the discretion of the health care staff and at the inmate's request. Data obtained from participants included HIV testing, pretest and posttest counseling, and STD testing in these prisons, as well as risk behaviors before incarceration. Logistic regression models identified independent associations for HIV testing, pretest counseling, and posttest counseling while incarcerated.

**RESULTS** As shown in the table below, rates of HIV testing and counseling differed significantly (P<0.05\*) between the study sites.

Site	HIV Tested	Pretest Counseled	Posttest Counseled
California	68/138 *49%	21/68 *31%	20/68 *29%
Mississippi	50/62 81%	16/50 32%	10/50 20%
Rhode Island	129/149 87%	10/129 8%	18/129 14%
Wisconsin	134/154 87%	64/134 48%	56/134 42%
Total	381/519 76%	111/381 29%	104/381 27%

Of those tested, 15% received both pre and posttest counseling, 14% received only pretest counseling, 12% received only posttest counseling and 59% received no counseling. HIV testing was independently associated with prison site, being tested for an STD while in prison, and attendance at an HIV, STD, or hepatitis education programs in the prison. Pretest counseling was independently associated with site, participant race, and attendance at an HIV, STD, or hepatitis education program in the prison. Posttest counseling was independently associated with site, participant race, and being tested for an STD while in the prison. **CONCLUSIONS:** HIV C&T varied by site, and many men did not receive the public health recommended pre and posttest HIV counseling. While routinely offering HIV testing to all inmates on arrival is likely to increase testing among this population, efforts should be made to make counseling more available.

**Control Number:** 03-B-712-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C09 Group Level Interventions

**2nd Category Choice:** C27 Peer-Based Intervention Models

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P13 Community Educators

**Presentation Preference:** Poster Session

**Title:** HIV/AIDS prevention & education through Consumer Advocacy/Peer Education

**Author Block:** *Simmons, MP; Kuryla, S; Crenshaw, C*

Children's Diagnostic & Treatment Center, Ft. Lauderdale, FL

**Abstract Body:**

**ISSUE:** HIV/AIDS prevention & education through Consumer Advocacy/Peer Education.

**SETTING:** Children's Diagnostic & Treatment Center; Comprehensive Family AIDS Project, Ft. Lauderdale, FL

**PROJECT:** Consumer Advocates & Peer Educators are a vital part of any HIV/AIDS prevention project or agency. Consumers who understand what your project seeks to do can help you meet your objectives. Therefore, clients who understand their illness can provide better input in program development and are more likely to be partners in their own care.

**RESULTS:** Consumer Advocates/ Peer Educators are infected or affected by the disease and know how it feels to try to enter the system of care and overcome the barriers they encounter. They have proven to be very effective in positions, such as client family advocates, case finding workers, and many more. Many consumers are professionals and have the skills needed by the program in a variety of areas. Many have moved through the ranks and risen from (volunteer) positions, onto administrative and leadership positions.

**LESSONS LEARNED:** Many agencies agree to the importance of Consumer Advocates and Peer Educators on staff. With continuous empowerment and support they will have a better insight to providing support to the people living with HIV/AIDS and the general community. With constant participation in various events and activities occurring in the community, all in the name of HIV/AIDS Prevention.

**Control Number:** 03-A-732-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** C19 Interventions to Reduce Perinatal Transmission

**2nd Category Choice:** B31 Using Surveillance Data to Make Program Decisions

**Population 1:** P22 Health Care Workers

**Population 2:** P51 Public Health Workers

**Presentation Preference:** Single Oral

**Title:** Trends and Associated Factors in Timing of Maternal HIV Status Identification: Implication for Preventing Perinatal HIV/AIDS Infection

**Author Block:** *Aynalem, G; P. Mendoza, L. Mascola, T. Frederick*

LA County Department of Health Care Services, Los Angeles, CA

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** The continued occurrence of perinatal HIV transmission from mother-to-child in the US underscores the need for improved strategies to ensure that all pregnant women are screened for HIV infection on timely manner. Early diagnosis of HIV infection in pregnant women allows for early treatment to safeguard their health and reduce the transmission risk to their children. Therefore to assess if some maternal characteristics are associated with and are predictors of when pregnant women are diagnosed with HIV during perinatal period and evaluate the trends in prevention of perinatal HIV infection transmission, data from pediatric HIV/AIDS surveillance were analyzed

**METHODS:** Data from pediatric HIV/AIDS surveillance collected through December 2001 by the Los Angeles County Pediatric HIV Infection Reporting (PHIR) Project was analyzed to identify the timing of maternal HIV status diagnosis. Contingency table analysis with the  $X^2$  statistic was used to describe rates and association between the dependent variables (maternal HIV status identified before pregnancy, during pregnancy and childbirth, and after childbirth) and the independent variables (maternal race/ethnicity, country of origin, maternal risk factors, and maternal insurance). To assess independent predictors for the timing of maternal HIV status identification, logistic regression models were developed for each dependent variable adjusting for all independent variables. Trend analysis of the dependent variable was also performed to assess progress in prevention.

**RESULTS:** Of the 1029 pregnant HIV infected women we studied, the HIV status of 18% were identified after the childbirth, 54% were identified during pregnancy and childbirth, and 28% were identified before pregnancy. Significant associations were found between HIV status identified after childbirth and maternal race/ethnicity ( $p < 0.05$ ), country of origin ( $p < 0.05$ ) and maternal risk factor ( $p < 0.001$ ). In logistic regression analysis controlling for other explanatory variables, only maternal country of origin was predictor of whether maternal HIV status was identified after childbirth. During the study period the rates of maternal HIV status identified before pregnancy increased from 4.8% in 1991 to 57.7% in 2000, where as the rate of maternal HIV status identified after childbirth decreased from 35.6% in 1991 to 3.8% in 2000.

**CONCLUSIONS:** To evaluate and maximize prevention efforts and meet the goal of eliminating perinatal HIV transmission in the US, it is important to understand factors and trends related to timing of maternal HIV status identification. The result on the trends of when maternal HIV status was identified shows a consistence decrease in the percent of mothers diagnosed after childbirth. This finding indicates the improvement made in the prevention of perinatal HIV transmission and the implementation of Public Health Service guidelines for HIV counseling and testing of pregnant women (CDC, 1995)

**Control Number:** 03-B-735-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C37 Social Network Interventions

**2nd Category Choice:** C35 Skills-Building Interventions

**Population 1:** P61 Women

**Population 2:** P64 Other (Please Specify)

**Presentation Preference:** Single Oral

**Title:** HIV Prevention Targeting Black Professional Women: A Hardly Reached At-Risk Population

**Author Block:** *Bailey, LL*<sup>1</sup>; *Walker, KM*<sup>2</sup>

1 Orange County (FL) Health Department, Ocoee, FL; 2 Orange County (FL) Health Department, Orlando, FL

**Abstract Body:**

**ISSUE:**

**Black women with heterosexually acquired HIV are the fastest growing group with AIDS. In Florida, the Black, non-Hispanic population is over-represented in the current AIDS epidemic. More than other group, Blacks tend to be diagnosed with HIV infection within a month of developing AIDS, and die within a month of an AIDS diagnosis. This is the result of two important indicators: (1) not accessing early testing and (2) lack of treatment. Most HIV prevention activities target women who exchange sex for drugs or money with little attention given to the professional woman. Statistics indicate that professional women are also at risk of contracting this disease.**

**SETTING:**

**The Orange County Health Department/Office of Minority Health's Black Women's Health Project invited women of African decent to attend a continental breakfast and seminar "*Serious Business: Professional Women Taking Care of the Business of Our Health.*" Because of the population targeted the event was held at a local venue (a museum) that had easy access. Registration and parking was free for the event.**

**PROJECT:**

**The seminar's aim was to educate professional women regarding HIV and the devastating impact this disease has in the African-American community. Black women are the gatekeepers of the Black community, and are essential to taking the message back to the community, as HIV disease has crossed all economic and social barriers.**

**The keynote speaker for this event was Ms. Imani Harrington, AIDS Activist, performance artist, and playwright. Ms. Harrington is a well-respected and recognized personality in the field of dance, movement and the dramatic arts. In her desire to affect social and political change in the field of AIDS education she brought us her message.**

**RESULTS:**

**Ninety-eight (98) women attended the event. Fifty-seven (57) women completed pre-surveys. Eighty-one percent (81%) of the women identified as being African-American, 9% identified as Haitian, and 9% identified as other in the "Race" portion of the survey. Data from the risk reduction activities showed that 87% of women after receiving risk reduction information considered being tested for HIV. Six percent (6%) still would not take the test and 7% were unsure. Ninety-eight (98%) did indicate that after the presentation they would be more comfortable talking with their partner about HIV.**

**Forty-eight percent (48%) of women, who attended a risk reduction activity indicated by survey, received a college degree. Sexual orientation 94% heterosexual, Bisexual 2%, and homosexual (Lesbian) 4%. Twenty-six percent (26%) of women surveyed had never been tested for HIV.**

**Reasons given for not being tested: 77% married for a long time or in what they perceived as being in a long-term monogamous relationship and that they are not gay. Additionally 20% of women in long-term relationship never discussed HIV with their partners.**

**LESSONS LEARNED:**

**Professional Black women are indeed of risk of contracting HIV. And we also learned that they are receptive to risk reduction information and can be used to disseminate risk reduction information to the Black community.**

**This type of forum can be used to address other disparities among this population.**

**Control Number:** 03-B-743-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C26 Microbicides, Vaginal and Rectal

**2nd Category Choice:** C26 Microbicides, Vaginal and Rectal

**Population 1:** P61 Women

**Population 2:** P25 Heterosexuals

**Presentation Preference:** Single Oral

**Title:** Microbicide acceptability

**Author Block:** *Morrow, KM; Rosen, RK; Costello, T*

Brown Medical School/Miriam Hospital, Providence, RI

**Abstract Body:**

**Issue:** As HIV prevention scientists stride toward the development of effective topical vaginal microbicides, user perspectives continue to be at the forefront of scientific thought and advocacy. Acceptability researchers have considered a woman's ability to use a microbicide without her sexual partner noticing (product stealth) a key factor in product acceptability. In fact, acceptability researchers and advocates alike argue that women need a stealth product, and that a microbicide that could be noticed by a sex partner would be unacceptable, therefore, without stealth a microbicide cannot ultimately be an effective anti-HIV methodology. Setting:

Microbicide acceptability studies have been conducted worldwide, both as stand-alone qualitative and quantitative studies using hypothetical products or currently available over-the-counter products similar in form, and as acceptability substudies within larger safety trials of novel products. These studies have included the gathering of data from perspective users as well as those currently participating in safety trials; hence acceptability data has been gathered on both high risk and lower risk women.

**Lessons Learned:** In early studies, the concern that sexual partners would notice the presence of the microbicide emerged as a common theme among participants. "Stealth" was conceptualized as the ability of the product to allow a woman to use it without detection by her sexual partner. In subsequent studies, this construct has been explored, and women's estimations about a given product's capabilities in this regard have been evaluated. More recently, as qualitative methods have continued to explore this construct and gather more in-depth expectations and contextualizations of microbicide use, it appears that microbicide "stealth" is a much more complex issue. We propose that researchers who continue the work of user perspectives in microbicide acceptability research expand the notion of "stealth" to include the following: 1) application stealth: whether a user can apply the microbicide in private; 2) product stealth: whether a product can be noticed from a physical perspective; and 3) use stealth: whether the dyadic interactions of sex and the context of sex itself affect whether product use is noticed by a sexual partner. Understanding the context of risk and the context of sex can help us further understand the need for women at risk of HIV infection to have choices in microbicide products and the characteristics of these products.

**Control Number:** 03-B-753-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C05 Community Level Interventions

**2nd Category Choice:** C27 Peer-Based Intervention Models

**Population 1:** P13 Community Educators

**Population 2:** P40 Migrant Populations

**Presentation Preference:** Single Oral

**Title:** Developing an HIV Prevention Intervention Peer Education Model for Young Latino Migrant Men who have Sex with Men

**Author Block:** *Diaz, S*

Farmworker Justice Fund, Inc., Washington, DC

**Abstract Body:**

**ISSUE:** HIV infection rate has been increasing among young men of color who have sex with other men. In a recent study conducted by Dr. Juan Ruiz of the California Department of Health Services, he found that approximately 35% of young Latino men who have sex with other men in the area of San Diego were infected with HIV.

**SETTING:** Border communities do not have as many resources as the urban settings. Being mostly rural, people have to travel long distances in order to obtain services. Being Latino places an additional burden due to language, cultural and legal barriers that may prevent migrant workers from obtaining needed services. Young Latino migrant men who have sex with other men have to contend, not only with the above mentioned issues, but also with stigmatization from their own communities.

**PROJECT:** The Young Latino Promotores project is a program based on the Popular Opinion Leader model from Dr. Jeff Kelly. It has been modified, both cultural and linguistically, borrowing from other culturally appropriate curriculums, to address the needs of the target population.

**RESULTS:** In a pre-intervention survey conducted in one of the pilot areas, preliminary survey results of 90 individuals have shown that participants reported different levels of risk behaviors within the previous two months. When asked about insertive anal intercourse, 65.6% reported that they did so without a condom, while 32.2% reported using a condom. When asked about receptive anal intercourse, 62.2% reported that they did so without a condom, while 24.4% reported using a condom. Other findings reported similar high levels of risks. About 94% of the sample were 18-25 year old men.

**LESSONS LEARNED:** The pilots continue being implemented, however we have learned some important information from the work already done:

1. Poverty and lack of employment may lead some to take some risks in order to obtain food and/or shelter.
2. There is not sufficient printed materials at an appropriate educational level for some members of the target population to comprehend.
3. There needs to be more information provided about Sexually Transmitted Diseases and how these are related to HIV infection in a culturally appropriate forum.



**Control Number:** 03-B-754-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C16 Interventions that Promote Healthy Behaviors

**2nd Category Choice:** D20 HIV Prevention Programs for Youth

**Population 1:** P10 College and University Students

**Population 2:** P62 Youth

**Presentation Preference:** Group Oral

**Title:** "Building Technological Bridges: Helping Colleges and Students Use Technology for HIV Prevention"

**Author Block:** *Alexander, J<sup>1</sup>; Koehler, C<sup>2</sup>; Ottenritter, N<sup>3</sup>*

1 University of Cincinnati, Cincinnati, OH; 2 St.Louis Community College at Forest Park, St. Louis, MO; 3 American Association of Community Colleges, Washington, D.C, DC

**Abstract Body:**

**Issue:** Using a collaborative approach to promote HIV prevention in a community college setting through the help of user-friendly technologies.

**Setting:** Community colleges with local community partners

**Project:** Through the use of a variety of technologies (web sites, Flash-based screen savers, listservs, Web CT, publishing programs and smart

classrooms) a number of non-technical students and faculty have collaborated with community partners to bring HIV/AIDS education to the campus community.

**Results:** Numerous technological interventions, including the following: (1) A student worker created a screen saver using Flash which highlights targeted health-related survey-based "factoids" to promote healthy student behaviors. It is now on all of the student lab computers. (2) Desktop published, campus-produced print materials associated with HIV/AIDS prevention promote various colleges' AIDS related web sites as one-stop sources for information about HIV. By using publishing programs, students have helped to create HIV related bookmarks, posters and brochures. (3) Surveys conducted demonstrate that the HIV prevention message is reaching the student population.

**Lessons Learned:** A wide range of easy-to-use technologies can be used collaboratively in a campus setting by faculty, students, and community partners to effectively promote safer student behaviors.

**Control Number:** 03-B-755-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C19 Interventions to Reduce Perinatal Transmission

**2nd Category Choice:** C05 Community Level Interventions

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P49 Pregnant Women

**Presentation Preference:** Single Oral

**Title:**

**The Pelican Project** - Multi-level statewide program to prevent perinatal HIV transmission

**Author Block:** *Wyche, MD; Kaiser, M; LeSage, D; Wheeler, C; Zapata, A; Zeno, T*  
Louisiana Office of Public Health, HIV/AIDS Program, New Orleans, LA

**Abstract Body:**

**ISSUE:**

**The reduction and ultimate elimination of mother to child or perinatal transmission of HIV.**

**SETTING:**

**Statewide comprehensive program utilizing clinical and community settings to screen and educate adolescents and adult women who are pregnant or of childbearing age.**

**PROJECT:**

**The Perinatal HIV Prevention Coordinator for the Louisiana Office of Public Health HIV/AIDS Program (HAP) and a medical consultant facilitate and coordinate the project, which consists of five interventions:**

**Medical Center Outreach/Rapid Testing Implementation:** The program targets the major delivery centers within Louisiana to develop policies on counseling/testing all pregnant women, and implementation of rapid testing protocols for women who present for delivery without documented prenatal care or HIV test results during their current pregnancy. The program coordinator and medical consultant visit all statewide medical centers to consult with medical providers and other personnel to address problems with/ barriers to effective perinatal prevention efforts.

**Perinatal Fast Track:** This innovative intervention entails collaboration among HIV Prevention, Services, Surveillance and the STD Program. Once a pregnant HIV-infected woman is identified, Surveillance and Services databases are checked by the Surveillance Prenatal Epidemiologist to see if she has been reported and is in care or receiving case management services. If a woman is not known to be in care or case management, then her information is sent to the STD Partner Counseling and Referral Program for follow-up. A Disease Intervention Specialist (DIS) contacts the woman and provides referrals for medical and supportive services.

**Clinician Education:** Clinicians statewide are sent educational materials to promote universal prenatal screening for HIV with consent. Moreover, clinicians and nurses are offered the opportunity to enhance their counseling and patient education skills by attending a HAP sponsored preceptorship offered by the Delta Region AIDS Education Training Center.

**Perinatal Care Network:** The aim of the network is to improve the links to medical care and supportive services when women receive a positive HIV test result. For women receiving HIV

support services, the program tries to improve retention in prenatal care, coordination of medical services, and increase access to antiretroviral therapy for women and infants.

**Educational Materials/Social Marketing Campaign:** Currently, HAP distributes educational materials targeting women of childbearing age materials statewide to clinics, health and social service agencies, medical centers, and private clinicians. In addition, 50,000 outreach cards have been distributed statewide to date.

**RESULTS:**

At present 51 agencies statewide have been recruited to participate in this program. In addition, 2 community-based organizations, in Baton Rouge and Monroe, are directly funded by the CDC for perinatal HIV prevention.

**LESSONS LEARNED:**

This program is extremely cost-effective. The Fast Track intervention has to date identified 3 women and referred them into care. Minimal staff are needed to manage, facilitate and coordinate the program. In addition, identification of positive pregnant women, in order to prevent positive infants, saves the state of Louisiana \$200,000 per HIV case.

**Control Number:** 03-A-757-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** C17 Interventions that Sustain Safer Behaviors Among Persons Living with HIV

**2nd Category Choice:** C21 Interventions that Reduce Sexual Risk

**Population 1:** P19 Gay and Other Men Who Have Sex With Men

**Population 2:** P46 People Living with HIV/AIDS

**Presentation Preference:** Single Oral

**Title:** Factors associated with reduced sexual risk-taking among HIV+ MSM.

**Author Block:** *Ryan, R; Downey, L; Fisher, D; Krutch, W*

UW School of Social Work, Seattle, WA

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Even before the advent of HAART, high rates of unprotected anal intercourse (UA) were evident in studies of HIV seropositive gay and bisexual men. To address prevention needs in this population, we developed and evaluated a brief intervention based on Motivational Interviewing. This paper identifies correlates of baseline risk behavior and risk reduction at 6 month follow-up.

**METHODS:** Between September 1998 and May 2001, 259 HIV+ MSM participated in the study. Most were not actively seeking to reduce HIV transmission risks. The intervention consisted of two (assessment and feedback) sessions for which participants were paid \$50. In the first session participants completed a structured assessment that included detailed information about each of their most recent anal and vaginal sex partners in the past four months (up to 4 partners). The second session consisted of a discussion of the assessment information, selected to highlight ambivalence about and discrepancies among values, beliefs and sexual behaviors. Staff explored these areas with participants and supported and amplified statements that suggested movement toward safer sex practices. At 6 months, both sessions were repeated.

**RESULTS:** Nine variables had strong associations with the likelihood that men had engaged at least once during the 4 months before enrollment in unprotected anal or vaginal sex with a partner whom they knew to be seronegative or whose serostatus they did not know: drinking enough alcohol to feel the effects (OR =3.25), popper use at least monthly (OR =3.09), bath house attendance at least monthly (OR=3.84), total number of anal sex partners (OR=1.12), negative condom attitude (OR=2.49), abdication of responsibility for sexual safety (OR=2.06), minimizing behavioral risks (OR=1.78), consistent disclosure before anal sex (OR=0.24), and the intention to restrict anal sex to partners who are also HIV seropositive (OR=0.32).

At 6 month follow-up, the most significant reductions in risk were associated with reductions in the total number of partners, increases in serostatus disclosure to potential partners, increased feelings of responsibility for at-risk partners, and decreases in popper use.

**CONCLUSIONS:** Over 40% of participants reported unprotected anal intercourse with serodiscordant partners at baseline. These data suggest that a focus on personal values can have a salutary effect on risk reduction with HIV+ MSM.

**Control Number:** 03-A-759-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** C36 Social Marketing

**2nd Category Choice:** D29 Outreach

**Population 1:** P51 Public Health Workers

**Population 2:** P50 Program Administrators

**Presentation Preference:** Single Oral

**Title:** Trends in Condom Distribution Predict Condom Use

**Author Block:** *Kang, C<sup>1</sup>; Lin, J<sup>1</sup>; Scribner, R<sup>2</sup>; LeSage, D<sup>1</sup>; Sallar, AM<sup>1</sup>*

1 Louisiana Office of Public Health, HIV/AIDS Program, New Orleans, LA; 2 Louisiana State University Health Sciences Center, New Orleans, LA

**Abstract Body:**

**BACKGROUND/OBJECTIVES:**

Latex condoms, when used consistently and correctly, are highly effective in preventing the transmission of HIV and other STDs. Social marketing of no cost condoms has been demonstrated to be an effective means of promoting condom use among those at risk of HIV infection. In 1993 the Louisiana Office of Public Health HIV/AIDS Program (HAP) Condom Availability Program began a program of social marketing no cost condoms through passive distribution at clinical and non-clinical locations throughout the state. Non-clinical locations (i.e., bars, barbershops, motels) are targeted only in communities identified by high STD rates at the census tract level. The objective of this study is to compare the trends in condom use in the general population with the overall condom distribution effect over the 1994-2001 period.

**METHODS:**

HAP handles all orders for no cost condoms distributed in the state from both clinical and non-clinical sites. Since 1994 a condom distribution database has tracked condom distribution across the state by number, distributor location, and year. To assess overall HIV/AIDS risk among the general population, including condom use, HAP has conducted an annual survey since 1993 using a convenience sample of adults presenting at public health clinics throughout the state. We report trends in condom distribution in the population and condom use at last sexual encounter among individuals with 2 or more sexual partners.

**RESULTS:**

Between 1994 and 2001, more than 80 million no cost condoms were distributed in Louisiana. Over the study period the trend in annual condom distribution was affected by programmatic factors which increased and decreased annual no cost condom distribution; from 1994 to 1996 program expansion increased distribution; from 1997 to 1998 a shift to low cost condoms at non-clinical sites sharply decreased distribution; in 1999 a return to no cost condoms increased distribution; from 1999 to 2001 a shift to CBO recruitment of non clinical sites slightly decreased distribution. Comparing the annual trend in the number of no-cost condoms distributed in the condom database with the percent of individuals with 2 or more sex partners reporting condom use at last sex in the annual health clinic survey, the trend in reported condom use closely tracks condom distribution. For example, condom distribution increased from 8.7 million in 1994 to 13.7 million in 1996 over the same period condom use at last sex increased from 30% in 1994 to 43% in 1996. When condom distribution decreased in 1997 to 8.5 million, condom use also decreased to 33%. Recently the slight decline in condom distribution from 14 million in 2000 to 12 million in 2001 has been evidenced as a decline in condom use from 38% in 2000 to 34% in 2001.

**CONCLUSIONS:**

**The level of condom use among individuals at risk for transmission of HIV follow the annual trends in no cost condom distribution in Louisiana. Although these data are ecological, they are consistent with an effect for increased no cost condom access on condom use.**

**Control Number:** 03-A-764-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** C35 Skills-Building Interventions

**2nd Category Choice:** C09 Group Level Interventions

**Population 1:** P61 Women

**Population 2:** P3 African Americans

**Presentation Preference:** Single Oral

**Title:** Interventions targeting internal self-talk about HIV risk increases women's confidence in practicing safer sex

**Author Block:** *Brodie, DA*<sup>1</sup>; *Patterson, KY*<sup>1</sup>; *Gant, LM*<sup>2</sup>

1 Sisters and Daughters of Sheba® International (SADOSI), Detroit, MI; 2 University of Michigan, Ann Arbor, MI

**Abstract Body:**

**Background/ Objectives:** Black women account for over half of new HIV infections each year with heterosexual sex as the leading risk factor. Few prevention programs address the impact of gender-related thoughts and feelings on the safer sex or abstinence decision making processes in these women. We studied the impact of a unique cognitive-behavioral intervention program which encourages women to examine and modify the internal self-talk which influences their sexual decision-making and behaviors.

**METHODS:** During 2002, African American women ages 18-60 yrs. were targeted for participation in small group female self-awareness and HIV prevention workshops conducted at several metro Detroit, MI social service organizations. The four-session (8 hr. total) workshop series consisted of a culturally-sensitive, peer-facilitated, and gender-appropriate manualized curriculum using the Sheba Attitude® variation of rational-emotive thinking. We conducted pre- and post-workshop self-reported measures of HIV knowledge, condom attitudes and use.

**RESULTS:** As of 2/03, 157 women ages 19-60 participated in the cognitive-reframing interventions. Fifty-eight percent (58%) were African-American, 54% were between 35-44 years of age, 54% were single, 58% had no children, and 82% were unemployed. Of these participants, 62% had been tested for HIV, 42% were sexually active, 85% reported using drugs during sex, and 55% used condoms. Women reported no differences in attitudes toward condom used, but pretest reports of positive attitudes were already high (Pretest: 80%; Posttest: 83%). Women also reported no differences in HIV-related knowledge and information (Pretest: 56% correct, Posttest: 63% correct). However, women reported a significantly high intention to consistently use condoms at Posttest ( 95%Confidence Intervals = 1.76, 3.24) within the next six months (48% vs 82%, CI= 2.25, 4.12) ,and within the next two weeks (37% vs. 65%, CI= -2.10, 3.23). Women also reported a significantly lower willingness to have unprotected sex ( 39% vs. 5%, CI= -2.2, 3.234).

**CONCLUSIONS:** Many women participating in the Sheba Attitude® interventions use drugs during sex, yet, after the program, they show an increase in intent to use condoms and a significantly lower willingness to have unprotected sex. These results suggest that teaching women to manage their internal self-talk may increase their confidence to be more committed and consistent in protecting their sexual health.

**Control Number:** 03-B-787-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C21 Interventions that Reduce Sexual Risk

**2nd Category Choice:** C05 Community Level Interventions

**Population 1:** P19 Gay and Other Men Who Have Sex With Men

**Population 2:** P21 General Population

**Presentation Preference:** Single Oral

**Title:** Keep Those Hands on the Keyboard: Using the Internet as a Prevention Tool.

**Author Block:** *Seeley, SC*

CAMP Rehoboth, Rehoboth Beach, DE

**Abstract Body:**

**ISSUE:** HIV prevention and sexual health counseling to reduce risky behaviors among internet users.

**SETTING:** Cyberspace (focusing in on the chatrooms that MSM's use in Delaware to look for sex.

**PROJECT:** The web project of *CAMPsafe* was created in response to the many articles and studies that were done that said that more men were using the internet to look for sex. The *CAMPsafe* program wanted to use the internet as a method to reach out to rural and vacationing gay men who live in Sussex County, Delaware. Online lifeguards are available in chatrooms that these men frequent to answer questions about HIV, AIDS, STD'S and other questions about sexual health.

**RESULTS:** During the past year, the *CAMPsafe* web program received 510 "hits". These questions were either instant messaged to the on-line worker or emailed to the email address that was in the online workers profile. Most of the questions asked were about sexual activity and HIV transmission. The most common factor of the online population we served was 1) Men that identified as gay/bisexual and never had any sexual experiences. These men had limited knowledge about HIV, STDS and AIDS. They asked questions about sex and HIV risk. 2) Many men that contacted us by either email or instant message identified as married to a woman but enjoyed having sex with men. These men represent the hard to reach population of "MSM". Most of the questions asked were about HIV transmission and sexual risk-taking.

**LESSONS LEARNED:** Online prevention represents a new intervention method and perhaps a successful one of reaching hard to reach populations (MSM's, young men and rural populations). Individuals online are more likely to be honest and open about their risk taking activities rather than talking about it in a face to face interview.



**Control Number:** 03-B-801-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C21 Interventions that Reduce Sexual Risk

**2nd Category Choice:** D20 HIV Prevention Programs for Youth

**Population 1:** P25 Heterosexuals

**Population 2:** P62 Youth

**Presentation Preference:** Group Oral

**Title:** Development of a Safer Sex Mass Media Campaign Targeting High Sensation-Seeking and Impulsive Decision-Making Young Adults

**Author Block:** *Noar, SM; Zimmerman, RS; Palmgreen, P; Allard, SL; Lustria, MA; Matuza, M; Cupp, PK*

University of Kentucky, Lexington, KY

**Abstract Body:**

**ISSUE:**

There have been few theory-based, large-scale televised mass media campaigns aimed at increasing safer sexual behavior in young adults.

**SETTING:**

Two cities: Lexington, KY, and Knoxville, TN.

**PROJECT:**

The current study is a theory-based, televised mass media campaign aimed at increasing condom use in primarily heterosexual young adults aged 18-26. The campaign targets young adults at highest risk, or those with high sensation-seeking and / or impulsive decision-making personality styles. Two 3-month campaigns take place over the course of 32 months of data collection in two cities. The campaign is being rigorously evaluated using a quasi-experimental time series design. The first 1 ½ years of the study were dedicated to formative research in developing the PSA's.

**RESULTS:**

3 sets of focus groups (12 groups in each set) were conducted in the formative research stage, to aid in the development of the public service announcements (PSA's). The first set focused on relevant beliefs, norms, barriers and social contextual factors related to sexual behavior. The second set focused on reactions to existing safer sex PSA's collected from various sources. Finally, a third set of focus groups was conducted to get feedback on PSA scripts that were under consideration for the campaign. The theoretical frameworks employed included SENTAR (sensation-seeking targeting) and social cognitive theories (e.g., theory of planned behavior), as well as consideration of social contextual influences such as gender and intimate relationships. Five 30-second PSA's were developed as a result of this formative work, with considerable input from the target audience. The 5 PSA's are a demonstration of how one can turn theoretical principles into potentially effective 30-second HIV prevention messages. Each PSA focuses on various beliefs and skills, has different features (e.g., fast-paced, novel, dramatic), and uses different types of appeals to convey the message (e.g., testimonials, fear appeals). The 5 PSA's will be shown in this session, as well as the formative work leading to the development of them.

**LESSONS LEARNED:**

Major insights related to designing appropriate and potentially effective messages were gained through the process of working with the target audience. Young adults preferred PSA's that featured individuals similar to them, PSA's that presented resolutions to a problem (e.g., use a condom to avoid STD's), and those that were interesting, exciting, explicit, and realistic. Their feedback suggested that PSA's that were "preachy," those that used celebrities, and those in which the dialogue was unrealistic would not be effective. The target audience provided feedback that

**vastly improved elements of the PSA's including dialogue, character features, and music. Those developing PSA's (or other message to increase safer sex) must walk a fine line of creating explicit and realistic messages that television stations and other outlets will put on the air, while not being unrealistic or "preachy" and risking losing the target audience.**

**Control Number:** 03-B-806-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C18 Interventions that Target Youth in High Risk Situations

**2nd Category Choice:** D20 HIV Prevention Programs for Youth

**Population 1:** P1 Adolescents

**Population 2:** P30 Incarcer.Popul.(Correct.Settings,Persons in)

**Presentation Preference:** Group Oral

**Title:** Interactive HIV prevention tools for reaching high-risk adolescent males

**Author Block:** *Atwood, KA; Zimmerman, RS; Clay, C; Cupp, PK*

University of Kentucky, Lexington, KY

**Abstract Body:**

**ISSUE:**

Early age of sexual initiation, inconsistent condom use and multiple sex partnerships place incarcerated youth at high risk for STDs. Cross sectional analyses of male detention center residents (n=130) ages 12 to 17 reveal that 73% have had sexual intercourse. Among those sexually active, 54% had unprotected sex in the last 3 months, 54 % had 10 or more lifetime partners, and 19% had a history of STD infection. Male residents also ranked high on sensation seeking and impulsive decision-making scales.

**SETTING:**

Detention Center in Louisville, Kentucky.

**PROJECT:**

The current project is a 4-year study to reduce risky sexual behaviors of adolescent male detention center residents. Residents receive a five-day (90 minute per day) HIV prevention curriculum while they are in detention and are followed in the community six months later to assess changes in attitudes, intentions, and risk behaviors. The curriculum is made up of interactive, dynamic sessions to sustain the attention of high sensation-seekers and impulsive decision-makers.

**RESULTS:**

During the first year, one-on-one interviews were conducted with residents (n=65) to explore sexual decision-making processes, risk behaviors and the types of curricula they would respond to. The curriculum was pilot tested with detention center residents of a neighboring city (n=17) and is currently being implemented in the cohort study. Two unique components are presented: an interactive computer game that explores the consequences of various risky sexual situations and an exercise in partner risk assessment. The computer game allows the student to choose his "date" from a display of various women, decide where they will go and whether they engage in unprotected sexual intercourse. Using a voice matching the race/ethnicity of the target participant, the computer tells them the outcome of this dating experience including being diagnosed with an STD or HIV, or fathering a child. The message communicated is that your actions and choices have consequences. A second component of the curriculum is a partner risk assessment exercise. Students review pictures of 13 young women. As the teacher reads a brief description of each woman, the student writes next to her picture whether or not he thinks she has HIV/AIDS. Afterwards they discuss their answers. The HIV status of each woman is revealed and discussed except for one picture. The remaining picture is of a woman who has HIV. A videotaped segment from her is viewed that includes a message reiterating that you cannot tell by the way you look, what you have achieved or who you hang out with whether you have HIV. Many of the tools discussed here will be shown in this session, as well as discussion of the development of such tools.

**LESSONS LEARNED:**

Compared to more didactic presentations, interactive approaches and computer-simulated

**exercises may be key methods for reaching high-risk males. Feedback on the curriculum from detention center residents, teachers and administrators has thus far been overwhelmingly positive.**

**Control Number:** 03-B-812-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C21 Interventions that Reduce Sexual Risk

**2nd Category Choice:** D19 HIV Prevention Programs for Women

**Population 1:** P1 Adolescents

**Population 2:** P3 African Americans

**Presentation Preference:** Group Oral

**Title:** Reducing Sexual Risk-Taking Behavior among Adolescents in Inner City Housing Developments: Preliminary Findings

**Author Block:** *Feist-Price, S; Cupp, PK; Abell, R; Zimmerman, RS*  
University of Kentucky, Lexington, KY

**Abstract Body:**

**ISSUE:**

**Increase condom use and reduce other risky sexual behaviors including multiple sexual partners among female adolescents in public housing developments.**

**SETTING:**

**Public housing developments in Louisville, KY**

**PROJECT:**

**This theory- and skills-based intervention focused on reducing sexual risk-taking behavior among adolescent females in 5 public housing developments. Three developments were randomly assigned to the treatment condition and the remaining two developments were assigned to the control condition. Both groups received two-90 minute workshops and a 6-month community level intervention in which teen health councils developed programs for their housing developments. Adolescent females at the intervention sites received information on HIV, STD and pregnancy prevention. Developments randomized to the non-treatment condition received information revolving around career planning and life skills. In each of the two cohorts in this study, adolescent females were involved in some aspect of the research for about 18 months. Out of 407 adolescent females between the ages of 12 and 17 in five developments, 86% or 350 were enrolled into the study and completed baseline surveys, with enrollment ranging 77% to 94% across the five developments. Preliminary findings will be presented for Cohort 1 of this study.**

**RESULTS:**

**The intervention group showed a significant increase in condom self-efficacy ( $p < .001$ ) over time. With regard to intention to have sex, the intervention group showed no significant change in intention to have sex over time. However, in looking at change from Time 2 to Time 3, results indicate that girls in the control group expressed greater intentions to have sex in the next 3 months ( $p = .006$ ). For girls not sexually active, factors that proved to be significant predictors of sexual initiation were age and being in a relationship. Girls in a relationship were over three times more likely to initiate sexual intercourse than girls who were not in a relationship. Adolescent females in the intervention group showed a trend toward increased knowledge over time ( $p = 0.092$ ).**

**LESSONS LEARNED:**

**Preliminary results indicate that participants receiving the HIV prevention intervention have shown improvement with several key mediating variables important to HIV-related behavior change. However, other target behavioral outcomes, such as more consistent condom use, were not realized. Possible program changes that might yield stronger results include increasing the number of workshops and reducing the amount of time between when workshops end and the community-level intervention begins, increasing both exposure and intensity. Additionally, while**

**working in urban housing developments affords access to a key target population, it also presents challenges. The transitory nature of the community and the difficulty in recruiting/maintaining subjects have posed significant barriers to achieving the desired number of participants for the study.**

**Control Number:** 03-B-814-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C36 Social Marketing

**2nd Category Choice:** E25 Reducing HIV/AIDS Stigma and Discrimination

**Population 1:** P13 Community Educators

**Population 2:** P50 Program Administrators

**Presentation Preference:** Single Oral

**Title:** Planning, Developing and Implementing a Social Marketing Campaign That Works

**Author Block:** *Strain, W; Freehill, G*

Los Angeles County Office of AIDS Programs and Policy, Los Angeles, CA

**Abstract Body:**

**ISSUE**

**Successful HIV prevention requires the creation and implementation of a social marketing campaign that integrates and emphasizes classic HIV awareness, the reduction of stigma and discrimination and the benefits of early treatment using a multi-tier approach. The target audience for this approach includes people at risk for HIV infection, HIV positive individuals and people who are not themselves at risk for HIV infection but know someone who is.**

**SETTING**

**Social marketing messages are conveyed through print, radio and outdoor media in Los Angeles County.**

**PROJECT**

**The social marketing intervention is a coordinated effort among HIV prevention, counseling, testing and early intervention utilizing community-based social service organizations, public/private outpatient medical settings and multi-media.**

**RESULTS**

**During 2000, approximately 87,703 people were counseled for HIV and over 78,000 publicly funded HIV tests were administered at a variety of counseling and testing sites including community-based organizations, STD clinics, mobile testing units, HIV specific clinics, substance abuse treatment programs, and prenatal/family planning clinics.**

**The number of HIV lab tests administered during 2000 remained consistent with previous years. Additionally, the percentage of positive tests (1.4%) was a five-year low (previous years ranged between 1.5%-1.7%). More men (58.2%) than women (41.8%) were tested for HIV, and men were almost five times more likely to test positive than women. Approximately 86% of the HIV-positive tests were among men. HIV seropositivity in men and women did not change between 1999 and 2000, 2.1% and 0.5%, for men and women, respectively. However, these results differ from national trends where positivity rates are increasing among women.**

**The number of AIDS deaths reported in Los Angeles County decreased from 1,793 in 1996 to 469 in 2000. In the same period, the number of new AIDS cases declined from 2,706 to 1,357, clearly demonstrating the benefits of ongoing prevention efforts. No longer is AIDS the leading cause of death for men between the ages of 25 and 44. Following a peak in 1994 (100 per 100,000), AIDS-related deaths have dramatically decreased, and in 1998, AIDS had become the third leading cause of death for men in Los Angeles County (17 per 100,000).**

**All of these data point to the success of increased HIV prevention, including the creation and implementation of a successful social marketing campaign.**

**LESSONS LEARNED**

**The campaign resulted in the encouragement of safer-sex behaviors that:**

-

**Helped slow the rate of HIV infection**

•

**Established social concepts and norms encouraging lower-risk behaviors**

•

**Increased public awareness of issues suppressing HIV prevention and early treatment**

•

**Prompted dialogue leading to social changes of indifferent attitudes about HIV**

**These results are limited by the absence of a targeted and comprehensive evaluation of each component of the campaign.**



**Control Number:** 03-B-817-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C15 Interventions that Postpone Sexual Involvement

**2nd Category Choice:** D20 HIV Prevention Programs for Youth

**Population 1:** P1 Adolescents

**Population 2:** P58 Teachers

**Presentation Preference:** Group Oral

**Title:** Developing a Small-Media Campaign to Prevent HIV and Pregnancy in Rural Adolescent Populations: Formative Evaluation Insights and Implications

**Author Block:** *Roberto, AJ; Zimmerman, RS; Cupp, PK; Hansen, GL; Banerjee, B; Mazloomdoost, Y; Abner, EL*

University of Kentucky, Lexington, KY

**Abstract Body:**

**ISSUE:**

The design and implementation of an effective small-media booster session to encourage abstinence and increase safer sexual behaviors by rural adolescents.

**SETTING:**

32 high schools throughout rural Kentucky

**PROJECT:**

This investigation is part of a larger study assessing the effects of a classroom skills-based HIV and pregnancy prevention curriculum. The goal of the current investigation is to develop a small-media campaign that can serve as a booster to the main intervention. Two types of data are being used to develop the small-media campaign: (1) surveys with 1,715 students from 32 high schools in Rural Kentucky, and (2) eight 8-10 person focus groups with high sensation-seeking and high impulsive decision-making rural youth from these same schools. Both types of data will be used to determine potential content and channels (i.e., internet, posters, scratch-off game cards, etc.), and to help deliver the strongest messages and materials.

**RESULTS:**

Focus groups are used to qualitatively assess the most important messages or lessons from the main curriculum, the types of activities and materials the target audience finds interesting and enjoyable, and factors that might increase motivation to participate in the small-media campaign. Surveys revealed that rural adolescents have six primary reasons for not having sex: don't want to get someone pregnant or be pregnant (93%), don't want to get an STD (91.2%), waiting for the right person (83.3%), not ready (79.9%), waiting for marriage (76.1%), and religion says it is wrong (67.3%). Some of these reasons are being integrated into the campaign. Ultimately, a pilot-test of the small media campaign using a quasi-experimental pretest-posttest control group design will be used to assess effectiveness of these channels in reinforcing what students learn.

**LESSONS LEARNED:**

A small-media campaign can potentially reinforce the skills-based instruction of an HIV and pregnancy prevention curriculum. Through discussions with the target audience, insights regarding the most effective messages and channels aimed at prolonging sexual abstinence and reducing risky sexual behaviors are identified. Using arguments and a medium to which the target audience can relate are more effective in attracting and persuading these audiences to alter their behaviors.

**Control Number:** 03-A-818-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** C30 Prevention Interventions in Correctional Settings

**2nd Category Choice:** C18 Interventions that Target Youth in High Risk Situations

**Population 1:** P63 Youth in High Risk Situations

**Population 2:** P14 Correct.Settings,Persons in(Incarcer.Popul.)

**Presentation Preference:** Group Oral

**Title:** Theory-Based Behavioral Interventions with Alcohol-Abusing Adolescent Offenders at High Risk for HIV

**Author Block:** *Freeman, RC<sup>1</sup>; Devieux, JG<sup>2</sup>; Braithwaite, RB<sup>3</sup>; Bryan, A<sup>4</sup>; Zimmerman, RS<sup>5</sup>*

1 NIAAA, Bethesda, MD; 2 Florida International University, Miami, FL; 3 Emory University, Atlanta, GA; 4 University of Colorado, Boulder, CO; 5 University of Kentucky, Lexington, KY

**Abstract Body:**

**BACKGROUND/OBJECTIVES (Freeman):** While overall AIDS incidence in the U.S. has been declining, no such decline has been observed among 13-19 year-olds. As they report more sexual partners, lower condom use rates, and higher STD rates than the general adolescent population, criminal justice system-involved adolescents appear to be at especially high HIV/AIDS risk.

Alcohol use has been cited as a major reason for low condom use rates among this population.

Hence, prevention programs that simultaneously target alcohol use as well as HIV-risky sexual behavior among detained youth are urgently needed. Four such programs are presented here.

**RESULTS [1]:** "Alcohol Abuse and HIV Sexual Risk Among Juvenile Offenders" (Dévieux).

Among adolescent offenders recruited in a detention program and court-ordered treatment center, those with the highest alcohol use severity scores reported greater total and unprotected sexual activity levels and sex acts proximate to drinking than did those with lower severity scores.

Personality factors, gender, and age did not modify this association. [2]: "Alcohol Use and HIV Prevention with Three High-Risk Groups of Adolescents" (Zimmerman). In a study utilizing theory-based interventions adapted to the learning and behavioral needs of high sensation-seekers and impulsive decision-makers among adolescent males in detention facilities (AMDF), adolescent females in inner-city housing developments, and young men who have sex with men, alcohol use/abuse were found to be highest among AMDF. However, alcohol use was related to sexual activity in all 3 groups, relating variously to age of sexual initiation, number of sexual partners, and frequency of unprotected sex. [3]: "Alcohol Expectancies for Social and Sexual Enhancement in Adolescent Offenders: Findings from Project SHARP" (Braithwaite). 2280 adolescents were recruited from 2 regional juvenile facilities and randomized into an intervention (which utilized problem behavior and social cognitive theories in attempting to reduce substance use, risky sexual behavior, and delinquency) or comparison (health information) group. The intervention was administered in Month 2 of confinement in a 90-day juvenile facility. Relative to the comparison group, alcohol expectancies for social and sexual enhancement significantly shifted among intervention group members by follow-up. [4]: "Alcohol Use and Sexual Risk Among Incarcerated Adolescents: An Intervention" (Bryan). Utilizing a sample of 480 adolescents recruited from short-term detention centers in Denver County, CO, a standard sexual risk reduction intervention and information-only control condition were compared to an enhanced sexual risk reduction intervention based on a model of condom use intentions and incorporating an alcohol risk reduction component based on motivational interviewing. The enhanced intervention accounted for 62% of the variance in condom use intentions. Prospectively, condom use intentions and attitudes significantly predicted actual condom use.

**CONCLUSIONS:** Among juvenile offenders, alcohol-related problems may be more pivotal than

**individual and personality-related factors in explaining HIV risk behavior and may limit risk reduction intervention effectiveness. Nevertheless, sexual risk reduction interventions that incorporate alcohol reduction modules can be successfully adapted to juvenile detention settings. Such programs need to consider detained adolescents' condom use intentions and attitudes and to incorporate messages aimed at adolescents' social and sexual expectancies regarding alcohol use.**

**Control Number:** 03-B-819-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C22 Interventions that Reduce Harm of Injecting Drug Use

**2nd Category Choice:** G14 Models of Integrating HIV Prevention into Substance Abuse Programs

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P56 Staff of Community-Based Organizations

**Presentation Preference:** Single Oral

**Title:** Harm Reduction: An Integration of HIV Prevention and Substance Use Services

**Author Block:** *Ptah, A*

Harm Reduction Coalition, New York, NY

**Abstract Body:**

**ISSUE:**

**Philosophy and principles of harm reduction will be explored by providing an overview. The effectiveness of harm reduction as an intervention for substance users will be examined. Examples of harm reduction models integrating HIV prevention and substance use services will be investigated. Participants will engage in a community assessment to identify ways this strategy can be applied on the job.**

**SETTING:**

**Community-based organizations doing HIV/AIDS and substance use prevention.**

**PROJECT:**

**Harm reduction has emerged as an effective intervention for working with substance users in HIV prevention. Empirical evidence identifies the prevalent multilevel intersections of HIV/AIDS and substance use. Integrating HIV prevention and substance use services has necessitated implementation of harm reduction interventions in prevention work.**

**RESULTS:**

- Build understanding of harm reduction and its guiding principles.
- Increase knowledge of harm reduction as it relates to HIV prevention and substance use.
- Expand skills necessary to utilize harm reduction as a tool for integrating HIV prevention and substance use.
- Develop strategies for incorporating integrated harm reduction interventions on the job.

**LESSONS LEARNED:**

**This interactive workshop will help participants identify successful models of HIV prevention and substance use integration in service delivery and a harm reduction service plan will be provided. Participants will examine the interconnectedness of HIV prevention and substance use through review and discussion of two case studies. This workshop will also focus on identifying strategies for application in participants work.**

**Control Number:** 03-B-821-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C32 Rapid HIV Tests

**2nd Category Choice:** D19 HIV Prevention Programs for Women

**Population 1:** P61 Women

**Population 2:** P12 Communities of Color

**Presentation Preference:** Single Oral

**Title:** MAWOCI: A Novel Program Providing Transportable Prevention Education, Rapid HIV Testing, Free CD4+ Testing, and Linkage to Medical Care for Women of Color in Atlanta, GA

**Author Block:** *Thompson, MA<sup>1</sup>; Williams, S<sup>1</sup>; Williams, K<sup>1</sup>; Churn, I<sup>1</sup>; Dixon-Diallo, D<sup>2</sup>; Haynes, M<sup>1</sup>; Jackson, S<sup>1</sup>; Lawrence, A<sup>1</sup>; Miller, L<sup>1</sup>; Moss, J<sup>1</sup>; Rucker, A<sup>1</sup>; Sanders, J<sup>1</sup>; Sinclair, E<sup>1</sup>; Sweeton, B<sup>1</sup>; Thomas, C<sup>1</sup>; Vasser, R<sup>1</sup>; White, E<sup>1</sup>; Garner, T<sup>1</sup>*

1 AIDS Research Consortium of Atlanta, Atlanta, GA; 2 SisterLove, Atlanta, GA

**Abstract Body:**

**ISSUE:** African American women account for an increasing proportion of newly reported AIDS cases in Georgia. In this population there is significant stigma against HIV testing, a high rate of non-return for test results, and there are multiple obstacles to access to care once HIV infection has been diagnosed.

**SETTING:** Community settings including health fairs, housing projects, churches, college campuses, homeless and battered women's shelters.

**PROJECT:** The Metro Atlanta Women of Color Initiative (MAWOCI) was established by the AIDS Research Consortium of Atlanta (ARCA) as a mobile program that can be implemented in diverse community settings frequented by women of color. The program includes culturally sensitive prevention education integrated with intensive counseling and on-site, free, rapid HIV testing. Participants receive surveys before and after counseling and testing to assess behavioral risk, reasons for testing, and evaluation of the rapid test experience. For those with positive rapid tests, confirmatory testing and a CD4+ cell count are performed free of charge. Education about HIV and treatment options is provided by experienced HIV clinicians and counselors. Eligibility for care in public or private settings is evaluated, an appointment within one week is made, transportation needs are addressed, and case management follow-up is established. Incentives including refreshments, transportation tokens, and a variety of small gifts are provided.

**RESULTS:** Between July and September, 2002 fifteen staff members were trained and certified by the Georgia Department of Human Resources as HIV pre- and post-test counselors. ARCA conducted additional education to address counseling issues associated with rapid testing. Staff were also trained by SisterLove, Inc. to facilitate Healthy Love parties including condom demonstrations and negotiation skills. Resources of community-based organizations were mapped in a database, and alliances were made with groups already providing one or more services to women of color. Capacity and health plan participation was assessed for 50 MDs experienced in HIV care and 6 public clinics in order to make appropriate patient referrals. The initial program was piloted on a small scale on site at the ARCA clinic in order to assess issues associated with rapid testing before transporting the program off site to community settings including local churches, public housing projects, college campuses, battered women's shelters, and homeless shelters. Lack of return for test results has been <1%. Full data from the program through June, 2003 will be presented.

**LESSONS LEARNED:** Rapid testing has been uniformly well received by clients. Condom negotiation workshops have been enthusiastically attended. Interventions for women of color must be accessible, safe, culturally sensitive, and provide linkage to care in order to be effective.

**Control Number:** 03-B-826-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C37 Social Network Interventions

**2nd Category Choice:** C38 Structural and Environmental Interventions

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P19 Gay and Other Men Who Have Sex With Men

**Presentation Preference:** Single Oral

**Title:** Networks are Destiny: the importance of sexual networks for HIV prevention

**Author Block:** *Wohlfeiler, D<sup>1</sup>; Potterat, J<sup>2</sup>*

1 STD Control Branch, CA Dept. of Health Services, Berkeley, CA; 2 Independent Consultant, Colorado Springs, CO

**Abstract Body:**

**Issue:** Historically, HIV prevention in the US has focused on individual risk behavior. Focusing on people's individual risk behavior alone does not explain why some persons and communities continue to be infected with HIV and other sexually transmitted diseases (STDs) more than others. This presentation will provide a brief introduction of the key elements of sexual networks, lay out how they have been used in STD and HIV prevention thus far, and propose research and programmatic strategies to address networks through structural and environmental interventions. **Setting:** Key concepts which will be reviewed include:

**One sexual partner at a time (monogamy).** Serial monogamists are persons who go from one sexually exclusive relationship to another one at a time. If they have unprotected sex, earlier partners may affect later partners, whether or not they directly have sexual contact.

**More than one sexual partner at a time (concurrency).** Concurrent partners have several sexual partners in a given period and go back and forth between. This increases the probability for transmission, because earlier partners can be infected by later partners. Further, they can serve as "nodes", connecting all persons in a dense cluster, creating highly connected networks that make for sustained transmission. Concurrency alone can fuel an epidemic even if the average number of partners is relatively low.

**Random spread broadens transmission.** When partners select one another by age, ethnicity, class, religion or other characteristics, diseases may not spread to all subgroups. When partnering is anonymous or random, a disease can spread across populations more quickly.

**Core group members contribute a disproportionate share of STDs and fuel sustained transmission.** A small core group that is engaging in high risk behavior can cause high rates of HIV infection even if the majority of the sexually active population is practicing safe sexual behaviors.

**Placement within network is crucial to understanding how an individual's risk behavior may carry a very different level of risk of transmission.**

**Project:** Several attempts have been made to address those venues which facilitate mixing and high numbers of sexual partners, including the internet and bathhouses. This presentation will discuss the need for practitioners to distinguish between those interventions which affect individuals within networks, and those which may affect the networks themselves. In particular, the need for more research and programmatic initiatives to address economic, legal, and network dynamics will be highlighted.

**Results:** Networks can help explain racial differences in STD and HIV infections. For example, African-American gay and bisexual men may take no more risk than Caucasian men, but appear to get infected much faster. In the same way, Asian-American men report similar rates but get

**infected at lower rates.**

**Lessons Learned: For sexually transmitted epidemics, network architecture is destiny. It is crucial for HIV prevention efforts to take networks into account, and to complement the current spectrum of individual and community-level interventions with those which explicitly address networks and their effects on the spread of the HIV epidemic.**

**Control Number:** 03-A-832-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** C22 Interventions that Reduce Harm of Injecting Drug Use

**2nd Category Choice:** C03 Advances in Syringe Technology (to decrease transmission of blood-borne pathogens)

**Population 1:** P32 Injecting Drug Users

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Poster Session

**Title:** Acceptability and Utility of a Syringe Disposal Device for Active Injection Drug Users

**Author Block:** *Rich, JD<sup>1</sup>; Wolf, FA<sup>2</sup>; Sanford-Colby, SL<sup>3</sup>; Weston, RS<sup>3</sup>; McKenzie, M<sup>2</sup>; Macalino, GE<sup>3</sup>*

1 The Miriam Hospital/Brown University, Providence, RI; 2 The Miriam Hospital, Providence, RI; 3 Brown University, Providence, RI

**Abstract Body:**

**BACKGROUND/OBJECTIVE:** Access to sterile syringes is critical for the prevention of HIV, hepatitis C and other infections among injection drug users (IDUs). Interventions that increase access to sterile syringes often create concern about publicly discarded syringes. As part of a physician syringe prescription intervention we evaluated the acceptability and utility of the Voyager, a newly approved, hand-held syringe disposal device, as a disposal method for active IDUs.

**METHODS:** Beginning in March 2001, the Voyager device was offered free of charge to active injection drug using participants in our syringe prescription study located in an inner-city health clinic in Providence, RI. Those who agreed to participate in this sub-study (n=87) were surveyed to determine baseline disposal methods and were followed-up if possible at least one month later with a brief (<5 minute) survey focusing on the Voyager's overall utility and acceptability.

**RESULTS:** Of the participants who were eligible to receive the Voyager (n=97), 89.8% accepted the device. Of those who accepted the Voyager, 41 (47%) were available at follow up, and this group was demographically similar to those who were not able to follow up. Thirty-two (78%) of those available at follow up reported using the Voyager, and 18 (44%) reported using it all the time. Major advantages cited by IDUs are the Voyager's ease of use, its ability to hold a large number of tips, its safe design, which eliminates syringe re-use and sharing, and its small size and discreteness, since it can be carried in a pocket or purse while injecting. Twenty-four (59%) reported they would definitely like to continue using the Voyager and half rated the device as much better than other syringe disposal methods.

**CONCLUSIONS:** This is the first study to evaluate the Voyager as a syringe disposal method for IDUs. Results indicate that the Voyager is a useful, inexpensive, and promising option for addressing the problem of syringe disposal. Reducing unsafe disposal will help prevent healthcare costs and dangers associated with needlestick injuries and ameliorate negative attitudes towards IDUs that are exacerbated when needles are found in public places. Future research is needed to evaluate both longer-term and larger-scale distribution of the Voyager device as well as IDUs' willingness to pay for disposal devices.



**Control Number:** 03-B-834-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C31 Prevention Interventions in Faith Communities

**2nd Category Choice:** D12 HIV Prevention Programs for Communities of Color

**Population 1:** P3 African Americans

**Population 2:** P18 Faith Community

**Presentation Preference:** Poster Session

**Title:** From the Pulpits to the Streets: HIV Prevention in Communities of Faith

**Author Block:** *Mullins, JM; Scott, GS*

Broward County Health Department, Ft. Lauderdale, FL

**Abstract Body:**

**Places of Worship are an essential part of our ethnically diverse community. Faith-based organizations are key to raising social and health issues, including HIV/AIDS awareness, and providing information on the prevention of HIV/AIDS among our ethnically diverse people. The church is a catalyst of change and important in raising awareness of the disease given two very important factors:**

**1) churches are often located in areas hardest hit by the epidemic and serve people least likely to access services, and**

**2) the church has traditionally held a leadership role in the minority community.**

**Since its inception and initial funding from the Community Foundation of Broward in 1999, Churches United to Stop HIV (CUSH) has served as a model within Broward County, Florida and throughout the nation for the mobilization of centers of worship in HIV prevention activities and in assisting HIV positive individuals and families to access care and treatment. Through the public-private partnership of the Broward County Health Department/AIDS Program Office (BCHD/APO) and Mount Bethel Human Services Corporation (MBHSC), CUSH has been able to build a solid base within the community. The initial recruitment of 26 churches in 1999 has grown to 60 by 2002. The CUSH Consortia has 40 active members representing 40 faith-based organizations. The local commemoration of the Balm in Gilead's Week of Prayer for the Healing of AIDS has grown to include nationally recognized speakers and has become a capacity building opportunity for leaders of faith-based agencies.**

**CUSH provides training and support in the development of HIV Ministries serving individuals and families infected and affected by the epidemic. CUSH supports monthly sermons on HIV and community awareness activities providing HIV prevention information, HIV counseling and testing services, and service referrals. Through more than 2000 trained volunteers, CUSH has created a strong foundation for HIV prevention in Broward County.**

**Control Number:** 03-B-835-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C16 Interventions that Promote Healthy Behaviors

**2nd Category Choice:** C21 Interventions that Reduce Sexual Risk

**Population 1:** P5 American Indians/Alaskan Natives

**Population 2:** P19 Gay and Other Men Who Have Sex With Men

**Presentation Preference:** Single Oral

**Title:** Two Spirit Shields Project

**Author Block:** *Yazzie, N; Jackson, T; Pattee, C*

Native American Community Health Center, Inc., Phoenix,, AZ

**Abstract Body:**

**ISSUE:**

**Developing a sense of community amongst American Indian MSM and transgenders assists people to return to traditional values and empowers individuals to reclaim a positive sense of self as a means of HIV prevention.**

**SETTING:**

**Native American Pathways drop in center; outreach is provided at bars and other locations where MSM/transgenders gather in Maricopa County, Arizona.**

**PROJECT:**

**The Two Spirit Shields Project facilitates the development of an American Indian community of MSM/transgenders. Many transgender and MSM have severed or limited connection to their families and communities of origin. People become conflicted in their efforts to maintain sense of self as a member of a community and sense of self as gay or transgender. The project provides a venue for individuals to associate within a community of peers. The group dynamic creates an opportunity for positive interaction and inclusion. Program staff facilitates didactic and process interventions during structured weekly activities. The project additionally provides a venue for group participants to participate in a monthly social activity. The socials also include an HIV prevention component. Participants are recruited through outreach. The outreach component enables distribution of safer sex materials and information.**

**RESULTS:**

**The program has developed a core of community members. Participants report increased understanding of safer sexual practices and reduction of unprotected sexual activities.**

**LESSONS LEARNED:**

**Peer staff (gay/transgender and Native American) has greater credibility than non-peer staff. Peer staff must present in the community as practicing the values encouraged by the program.**

**Substance Abuse is pervasive as a risk factor and must be addressed as a targeted behavioral concern.**

**Control Number:** 03-B-843-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C30 Prevention Interventions in Correctional Settings

**2nd Category Choice:** F12 Linking HIV Prevention and Treatment in Correctional Settings

**Population 1:** P14 Correct.Settings,Persons in(Incarcer.Popul.)

**Population 2:** P30 Incarcer.Popul.(Correct.Settings,Persons in)

**Presentation Preference:** Group Oral

**Title:** HIV and Incarceration: "I'm going home, now what?"

**Author Block:** *Mullins, JM; Edwards, CE; Scott, EC*

Broward County Health Department, Ft. Lauderdale, FL

**Abstract Body:**

**Broward County's HIV Jail Release Linkage Project (JRLP) began in 1998 as a collaborative project of the Broward County Health Department's AIDS Program Office and the Broward Sheriff's Office. Through partnerships with community based organizations and local, state and federal service programs, JRLP is able to provide a full array of comprehensive services to the incarcerated population:**

**>Increasing the number of inmates identified with HIV infection and/or AIDS and linking them to care and treatment.**

**>Increasing the number of inmates who volunteer to receive HIV counseling and testing services by providing them with HIV education and information.**

**>Increasing the number of HIV infected inmates who receive primary care and appropriate drug therapy, including combination therapy.**

**>Establishing linkages between clients and medical care, treatment, and Psychosocial services through discharge planning, case management services,and follow-up.**

**>Assisting clients in establishing standards of living that allow them greater ability to comply with drug treatment therapies.**

**>Monitoring patient's ability to comply with drug treatment therapies and assist patients in identifying and eliminating barriers to treatment compliance.**

**>Increasing the number of completed ADAP forms placed in inmates chart to assist in the continuity of care during transition.**

**Broward County is the second most populous county in Florida. The county population is predominately white (75%), Black (15%), Hispanic (9%), and other ethnic backgrounds (1%). The number of cumulative AIDS cases reported in Broward County exceeded twelve thousand as of December, 2002. This represents more than 17% of the AIDS cases in Florida, even though Broward County accounts for less than 10% of the state's population. Our partner agency, the Broward Sheriff's Office, operates four county jails (two maximum-security/two medium-minimum security). Approximately 100,000 individuals pass through the BSO facility each year, with the number of inmates currently housed in these facilities exceeding 5,000. The largest jail in Broward County, the Pompano Correctional Facility (pilot site for the Jail Release Linkage Project), is often at full capacity (3,600). The Jail Release Linkage Project has signed Memoranda of Understanding (MOU's) and arrangements with approximately 30 CBO's and ASO's to utilize collective resources in a collaborative effort to best fulfill the unmet needs of individuals incarcerated. Through the Jail Release Linkage Consortium (which meets on a monthly basis), and with other collaborative partners, the project is able to reach out to individuals within the incarcerated population and provide them with information and referrals relevant to their health care needs without duplicating services. The Jail Release Linkage Project provides follow-up care to inmates linked to treatment and care for six months to one year.**

**The project provides services to approximately 1,000 inmates per year. Fifty-five percent of project intakes were females, 41% males. Ethnically, 22% were Black males, 55% were Black females, 21% White females, 11% White males, and 10% were Hispanic. Of these numbers, 33% of all intake assessments can be found in the (18-34) age range, 43% (35-45) age range and 23% (45 and over).**

**Control Number:** 03-B-852-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C05 Community Level Interventions

**2nd Category Choice:** D17 HIV Prevention Programs for Seropositive Persons

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P46 People Living with HIV/AIDS

**Presentation Preference:** Group Oral

**Title:** HIV STOPS WITH ME: An HIV prevention social marketing campaign targeting persons living with HIV

**Author Block:** *Bailey, M.P.H., J<sup>1</sup>; Windt, D<sup>2</sup>; Tierney, Ed.D., S<sup>3</sup>; West, T<sup>4</sup>; Cagle, M<sup>5</sup>; Yaeger, P<sup>6</sup>; Yang, J<sup>7</sup>; Swislow, L<sup>8</sup>*

1 L.A. Gay & Lesbian Center, Los Angeles, CA; 2 Better World Advertising, San Francisco, CA; 3 San Francisco Department of Public Health, San Francisco, CA; 4 City of West Hollywood, West Hollywood, CA; 5 City of Long Beach Department of Health and Human Services, Long Beach, CA; 6 AIDS Services Foundation Orange County, Orange County, CA; 7 Massachusetts Asian AIDS Prevention Project, Boston, MA; 8 JRI Health, Boston, MA

**Abstract Body:**

**ISSUE:**

**Utilizing a social marketing strategy to reinforce positive social norms and to reduce stigma among persons living with HIV.**

**SETTING:**

**City of San Francisco, Los Angeles County, Orange County, City of Long Beach, City of West Hollywood, CA, Boston, MA.**

**PROJECT:**

**In 1999, the Centers for Disease Control (CDC) released funds to address Primary HIV Prevention for HIV-Positive Persons (PHIPP), acknowledging that traditional interventions for high-risk negative individuals may not address the needs of individuals living with HIV. In response to this new approach to HIV prevention, San Francisco and Los Angeles convened a community advisory board to design a social marketing campaign to increase self-efficacy among persons living with HIV; reduce the stigma associated with living with HIV; and to increase a sense of community for HIV-positive men who have sex with men, heterosexual females and (MTF) transgenders.**

**The campaign utilizes Internet, TV, Print, Outdoor, and individualized educational materials.**

**RESULTS:**

**Formal evaluations were conducted in Los Angeles, San Francisco, and the City of West Hollywood where intercept surveys administered by program staff yielded 819 effective responses. Survey results demonstrated that 87% of respondents agreed with the campaign messages and 76% of respondents felt positively impacted by the campaign. Almost all respondents felt that the campaign was memorable (98%), convincing (93%) and personally meaningful (87%). Intention to Change Behavior revealed that 56% of the respondents in San Francisco, which incorporated a television commercial, were more likely to use condoms with HIV-negative or unknown status partners after viewing the commercial. 49% of respondents were more likely to believe, after viewing the commercial, that positive's have a responsibility to end HIV. 47% of respondents were more likely to believe that they have a responsibility for keeping their partners HIV-negative. 59% of those interviewed had already discussed the campaign with an additional 25% intending to. 44% of respondents reported they were more likely to feel a strong, supportive HIV-positive**

**community. Nearly 37% of respondents were more likely to disclose their HIV status to their partners prior to having sex. 36% of the HIV-positive gay and bisexual men were more likely to be optimistic about their future health.**

**LESSONS LEARNED:**

**The CDC defines HIV Prevention Social Marketing as a “multidisciplinary, theory-based practice to influence the knowledge, attitudes, beliefs, and behaviors of individuals and communities” (Roper, 1993). The HIV STOPS WITH ME campaign represents a successful social marketing initiative based upon the CDC’s definition of HIV Prevention Social Marketing and demonstrates social marketing strategies can be implemented effectively through collaboration and combining limited resources.**

**Control Number:** 03-B-853-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C17 Interventions that Sustain Safer Behaviors Among Persons Living with HIV

**2nd Category Choice:** C16 Interventions that Promote Healthy Behaviors

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P51 Public Health Workers

**Presentation Preference:** Poster Session

**Title:** Use of a Behavioral Counseling and Biomedical Intervention for Preventing Transmission of HIV and STD among HIV Positive STD Clinic Clients.

**Author Block:** *McMahon, KE; Smith, K. Witkiewicz, B. Owens, J.*  
Monroe County Health Department, Rochester, NY

**Abstract Body:**

**ISSUE:**

**Targeting the prevention needs of HIV positive individuals and their partners will improve health care seeking behaviors and reduce the spread of HIV and STDs.**

**SETTING:** The homes of HIV positive STD clinic clients enrolled in the project in Rochester, NY.  
**PROJECT:** McSafe (Monroe County Serostatus Approach to Fighting the Epidemic) is a limited pilot project implemented in the fall of 2002. Participation in the project is voluntary. The project is a collaborative effort between the County's STD Clinic and STD/HIV Control Programs. The time and effort are in-kind. Trained DIS staff deliver the intervention. A record review of clinic clients was conducted in early 2002 to determine eligibility criteria. HIV positive persons with a history of multiple STDs after their HIV diagnosis were the highest priority for intervention. Over sixty clients were identified as eligible. However, because there are no funds or dedicated staff, a limited number of those eligible would receive the intervention. The McSafe intervention includes: quarterly home visits; urine based gonorrhea and chlamydia testing (syphilis as needed), Stage Based Behavioral Counseling for sexual, substance use, and health care seeking risk behaviors; partner counseling and referral services; Orasure HIV testing for sexual and needle-sharing partners; pregnancy testing for LMP >30 days; and referral services to community case managers for ongoing case management and any services needed. The objectives of the project are to: reduce gonorrhea rates of participants by 50%; refer 100% of pregnant women to prenatal care; and to move clients at least one stage in readiness to change sexual behaviors.

**RESULTS:** Of the nine participants enrolled in the program to date, eight had at least one quarterly comprehensive visit. One person was incarcerated subsequent to the initial visit. All participants tested negative for gonorrhea/chlamydia; however, only one male and one female used condoms consistently. Six of the eight have been in HIV medical care, case management and adherent to HIV medications for at least six months. One client saw no need (precontemplative) for medical care, and one was ready for action (ready to do it). Of those with a history of alcohol/substance use, two were contemplative for drug treatment (yes, but..), one was ready for action (ready to seek treatment) and two were abstinent for six months or more (maintenance).

**LESSONS LEARNED:** This subgroup of HIV positive persons is willing to participate in HIV/STD prevention services delivered in their homes. The design of the project meets the needs of clients and staff. Policies and Procedures were developed and staff were trained to draw blood, perform Orasure and DNA Amplification STD tests and Stage Based Behavioral Counseling for HIV positive persons. The real world application is that dedicated funding and staff are critical for maintaining and expanding this project. It is unlikely that the project will survive without additional resources.

**Control Number:** 03-B-858-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C09 Group Level Interventions

**2nd Category Choice:** D20 HIV Prevention Programs for Youth

**Population 1:** P58 Teachers

**Population 2:** P13 Community Educators

**Presentation Preference:** Group Oral

**Title:** Group Level HIV Prevention Among Inner City Youth: *Teen Alive Program*

**Author Block:** *Lang, JM*

Circle of Care/Family Planning Council, Philadelphia, PA

**Abstract Body:**

**ISSUE:** To reduce the number of HIV transmission among youth through HIV prevention education.

**SETTING:** Inner city Middle School after school program targeting African American adolescents.

**PROJECT:** The Circle of Care is the Ryan White Title Iv grantee for the Philadelphia, Pa. Metropolitan area and a network provider of services to over 850 HIV affected families annually. One component of the Circle of Care is the .Teen Alive program provides HIV education, leadership development, mentoring and outreach to a middle school enrolling primarily African-American students in Philadelphia, Penn. The Teen Alive Program (TAP) is a model of a CBO, school/youth/parental involvement based on eight months of formative planning including community and parental meetings, focus group and curriculum development. The TAP curriculum incorporates the CDC approved Jemmott curricula, in three integrated program components: group-level intervention, outreach, and peer leadership training and mentoring. The program consists of 28 group sessions in separate tracks for 5<sup>th</sup> and 6<sup>th</sup> graders and one for 7<sup>th</sup> and 8<sup>th</sup> grade.

**RESULTS:** The TAP is still a work in progress but has been designed with assessment and evaluation as core components. The literature and our early experience suggests that it is reasonable to anticipate that 80% of participants will demonstrate increased knowledge about HIV, STD and pregnancy prevention; 50% of sexually active youth will abstain from sex for a minimum of six months; and 80% of sexually active youth will report practicing safe sex.

**LESSONS LEARNED:** Incidences of HIV and STD are disproportionately high among urban minority populations; conversely knowledge about prevention is scarce in these same communities. The TAP program using a proven CDC – approved curriculum is attempting to intervene with African-American and Hispanic youth during early adolescence prior to and at the on-set of sexual activity with the goal of assisting youth to become more knowledgeable about HIV, about their choices, safe-sex and personal responsibility



**Control Number:** 03-B-870-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C09 Group Level Interventions

**2nd Category Choice:** D12 HIV Prevention Programs for Communities of Color

**Population 1:** P12 Communities of Color

**Population 2:** P46 People Living with HIV/AIDS

**Presentation Preference:** Group Oral

**Title:** Poetry & HIV Prevention

**Author Block:** *Duke, SI; Pettaway, S*  
AIDS Service Center, New York, NY

**Abstract Body:**

**Issues:** AIDS Service Center's (ASC) Creative Writing Workshop helps persons living with and at risk for HIV/AIDS to: develop constructive mechanisms for coping with and preventing the further spread of HIV/AIDS; support their efforts to enter or maintain recovery from substance use; overcome the isolation that often accompanies an HIV diagnosis; manage stress through the use of creative writing; and improve self-esteem and emotional well being through the acquisition of new skills and communication outlets.

**Setting:** ASC's Creative Writing Workshop meets weekly at ASC's program site in Manhattan, open to all ASC clients and consumers from local AIDS organizations. The audience is adult men and women living with and at risk for HIV/AIDS. Participants reside in Manhattan, Brooklyn and Bronx; 95% are low income persons of color, many of whom are in recovery from substance use. Along with weekly workshops, special "Poet's Café" readings featuring the participants are held off-site at local bookstores.

**Program Model:** The workshop meets weekly for 1-1/2 hours and is facilitated by an award-winning poet. The workshop begins by discussing a poem by an established poet (e.g., Pablo Neruda, Langston Hughes, etc.). Topics include survival, freedom, strength, the body, personal challenges, personal triumphs, and other topics of interest to the group. The group reads the poem aloud, and discusses the poem's meaning, stimulating participants' own imaginations on related themes. Participants spend time writing and then reading their poems aloud and discussing each other's work. Participants' writings are published in a magazine called SITUATIONS, and their work is celebrated in poet's cafés and poetry readings at local bookshops, coffee houses, and ASC offices. After each cycle, participants receive two books from among the many poetry collections that have been used during the workshop as keepsakes.

**Results:** Participants describe poetry as a stress reduction tool and a practical alternative to expressing anger, frustration and anxiety in ways that might be harmful to themselves and others. Participants express a strong sense of improved self-esteem as a result of the intellectual and emotional stimulation the workshop provides. In feeling good about themselves, they are more apt to take better care of themselves, adhere to medication regimens, etc. Participants report that the workshop has helped them "get back on their feet" as they struggle with recent HIV diagnoses, early recovery from substance use, homelessness, illness, the loss of a loved one to HIV, and other crises. Participants gain new writing skills; access literature that reflects their experiences; see their words published in SITUATIONS magazine; and experience reading their poetry in front of appreciative audiences at local bookstores and cafés.

**Lessons Learned:** HIV service providers should not underestimate the capacity of persons living with HIV/AIDS and their desire for emotionally, intellectually and spiritually challenging programs to address the needs of the "whole person," particularly now that persons with

**HIV/AIDS are living longer than ever before. Creative writing and opportunities for creative expression, is a vital element in holistic programming for persons living with HIV/AIDS and an important tool for promoting HIV prevention.**

**Control Number:** 03-B-871-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C22 Interventions that Reduce Harm of Injecting Drug Use

**2nd Category Choice:** C10 HIV/STD Interventions in Physician Office Settings or Other Health Service Settings

**Population 1:** P32 Injecting Drug Users

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Single Oral

**Title:** Physician Prescribing of Syringes to Prevent HIV and Hepatitis: A Pilot Intervention

**Author Block:** *Rich, JD<sup>1</sup>; McKenzie, M<sup>2</sup>; Sanford-Colby, SL<sup>3</sup>; Wolf, FA<sup>2</sup>; Taylor, LE<sup>2</sup>; Anastacio, CL<sup>2</sup>; Torres, Z<sup>2</sup>; McNamara, SF<sup>3</sup>; Macalino, GE<sup>3</sup>*

1 The Miriam Hospital/Brown University, Providence, RI; 2 The Miriam Hospital, Providence, RI; 3 Brown University, Providence, RI

**Abstract Body:**

**Issue:** IDUs often share and re-use syringes due to a lack of legal access to syringes and are at increased risk for many medical conditions, yet frequently are alienated from healthcare services. Having physicians prescribe syringes to IDUs facilitates access both to sterile syringes and medical providers. Physician syringe prescription can also provide a conduit to other needed services, including substance abuse treatment.

**Setting:** Two walk-in clinical sites in Providence, Rhode Island.

**Project:** A pilot intervention of physician syringe prescription was initiated in 1999 to reduce syringe sharing, provide access to health care services, and increase access to substance abuse treatment and other IDU-relevant services. Participant's receive free medical care, including HIV, hepatitis and syphilis testing, risk reduction counseling and, if appropriate, hepatitis B vaccination. Participants who report they will continue to inject also receive a prescription for sterile syringes, instruction on safe syringe disposal and a biohazard bucket. Follow-up medical appointments are scheduled as needed. Follow-up interviews are scheduled at enrollment, 3, 6, and 12 months.

**Results:** Between June 1999 and December 2000, we recruited 327 participants. Project participants are 55% white, 25% African American, 14% Latino and 33% female. Almost 80% of participants report being homeless in their lifetime and 45% report being homeless at time of enrollment. At baseline, 43% of participants report sharing syringes within the last 30 days and reusing their syringe an average of 8 times. Only 20% of participants report obtaining syringes from a reliable source, such as needle exchange programs or pharmacies. Thirty-seven percent report having a primary care physician; 41% report having insurance; 68% report going to the emergency room in the last year and 42% report using the emergency room for their basic healthcare needs. Two pharmacies have been actively involved since program initiation. Seven doctors have staffed the program. Providers regularly refer participants to medical specialty care, substance abuse treatment, domestic violence shelters, mental health services, meal programs, housing services, and financial assistance programs.

**Lessons Learned:** This is the first study to explore syringe prescription as a strategy to reduce the transmission of HIV and hepatitis in IDUs. Thus far, physician-patient and pharmacist-patient interactions are positive. Syringe prescription provides a "hook" into care and encourages an on-going clinical relationship, which provides a basis for medical care, substance abuse treatment and social service interventions and linkages. Syringe prescription works synergistically with other approaches to provide people who inject drugs with legal access to sterile syringes.

**Control Number:** 03-B-877-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C35 Skills-Building Interventions

**2nd Category Choice:** C09 Group Level Interventions

**Population 1:** P61 Women

**Population 2:** P3 African Americans

**Presentation Preference:** Single Oral

**Title:** Women's Health Project Primary Prevention Program targeting women, who may be at increased risk due to involvement in high-risk behavior, lack of risk reduction skills and lack of access to HIV prevention education.

**Author Block:** *Branch, SL*

Palmetto AIDS Life Support Services, Columbia, SC

**Abstract Body:**

**ISSUE:** A primary HIVSTD prevention program to decrease the rate of HIV infection among African American Women residing in subsidized housing communities by establishing peer educator groups.

**SETTING:** A program of Palmetto AIDS Life Support Services, a non-profit AIDS Service Organization in Columbia, SC, conducted in subsidized housing communities in Columbia, SC.

**PROJECT:** The Women's Health Council Project (WHCP) is a primary HIV/STD prevention education and skills building program for African American women ages who live in subsidized housing communities. The goal of this program is to develop groups of women who will become HIV/STD prevention peer educators in their communities. This program trains 8-10 women through a seven-session curriculum-based skills building and behavior change program. The curriculum, developed by the Center for AIDS Intervention Resources at the Medical College of Wisconsin, provides education and skills-building for topics including communication, relationships, safer sex negotiation, self-esteem, trigger identification and trigger management as they relate to HIV prevention. The curriculum includes education to dispel HIV myths and misconceptions, relapse prevention and management and community resources. Trained participants form groups, known as Health Councils and disseminate HIV prevention information to their families, neighbors and particularly those women in the community who do not participate in the WHCP. During the course of the program, the Councils plan and implement one community-wide HIV prevention education event and several small group HIV prevention education events that will target specific population in the community.

**RESULTS:** In 2002, Community assessments and focus groups were conducted at housing site to gain knowledge of the communities' geographic layout and perceived community needs. Ten women successfully completed the entire study, Five women had not attended all sessions were given a certificate of participation. Pre-, mid-, and post-tests were conducted at each site to detect baseline knowledge and measure change. Seven participants scored an average of 68% on pre-test, eight participants scored and average of 85% on the mid-test, and eight participants scored and average of 94% on the post-test. At Community B, seven participants scored and average of 52% on the pre-test, ten participants scored and average of 98% on the mid-test, and nine participants scored an average of 100% on the post-test. Events were held during the project implementation. Both communities hosted Safer Sex parties attracting 46 women Community B also hosted a community-wide event attracting over 50 persons from the community.

**Lessons Learned:** This project serves to build capacity within communities served. Program sessions help participants identify positive behavior changes and reduce risky behaviors.

Graduating women were provided with tools necessary to allow the continuing dissemination of

**accurate HIV prevention information in their communities. Community events help to generated interest in health care, increase knowledge of health-related services and educate the community about the WHCP.**

**Control Number:** 03-A-880-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** C21 Interventions that Reduce Sexual Risk

**2nd Category Choice:** C16 Interventions that Promote Healthy Behaviors

**Population 1:** P53 Researchers

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Single Oral

**Title:** Assessing the Effects of Source and Channel Characteristics on Perceptions of Speaker and Beliefs and Attitudes Regarding Condoms and HIV/AIDS

**Author Block:** *Roberto, AJ; Zimmerman, RS; Bevins, CC; Hansen, GL; Brumley-Shelton, A; Cupp, PK*  
University of Kentucky, Lexington, KY

**Abstract Body:**

**BACKGROUND/OBJECTIVES:**

To investigate the combined and individual effects of speaker gender (male/female), speaker origin (small town v. city), and mode of delivery (live v. videotape) on beliefs and attitudes regarding condom use and HIV/AIDS in a controlled setting.

**METHODS:**

The current study assessed the potential effectiveness of an HIV positive speaker-based presentation aimed at increasing condom awareness and use by heterosexual young adults aged 18-26 ( $N = 619$ ). The delivery of the presentation varied along three dimensions; resulting in a 2 X 2 X 2 posttest-only full-factorial design. The three independent variables were (1) *speaker gender* – half of the research participants watched a female presenter, and the other half watched a male presenter; (2) *speaker origin* – half of the research participants were told the speaker was from a small town, the other half were told the speaker was from a city; and (3) *mode of delivery* – half of the research participants watched a professionally produced videotaped presentation, and the other half watched a live presentation. There was also a no-intervention control group. The seven dependent variables were (1) *perceptions of speaker/presentation* – 17 dimensions; (2) *attitude towards condoms*; (3) *condom norms*; (4) *perceived susceptibility*; (5) *perceived severity*; (6) *response efficacy*; and (7) *intention to use condoms*.

**RESULTS:**

There were no significant three-way or two-way interaction effects on any of the dependent variables. There were, however, a number of significant main effects. Compared to the no-intervention control group, those exposed to the message felt more susceptible to HIV and had a more positive attitude toward condoms. Of the three main independent variables, mode of presentation (live v. video) had a greater effect than speaker gender or speaker origin. Specifically, those who watched the live presentations had more favorable perceptions of the speaker/presentation (for 8 of 16 dimensions) and demonstrated greater susceptibility than those who watched the videotaped presentation. Speaker gender had an effect on one dimension of perception, and speaker origin had an effect on two dimensions of perceptions.

**CONCLUSIONS:**

Live presentations are much more interesting to receivers and modestly more effective at modifying the other dependent variables under investigation than videotaped. However, speaker gender and origin had little effect on either. These results suggest programs have a wide variety of options available to them when using testimonial evidence to change attitudes and beliefs regarding condoms and HIV/AIDS.

**Control Number:** 03-B-882-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C36 Social Marketing

**2nd Category Choice:** C16 Interventions that Promote Healthy Behaviors

**Population 1:** P35 Latinos/Latinas, Hispanic

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Poster Session

**Title:** Take care of your life; protect yourself from AIDS ("*Cuida tu vida; protégete del SIDA*")

**Author Block:** *Serrano-Alicea, SI*

La Perla de Gran Precio, San Juan, Puerto Rico

**Abstract Body:**

**ISSUE:** throughout the years we've observed that women is one of the fastest growing groups being infected by HIV/AIDS. According to CDC reports, since 1985 the rate of reported AIDS cases in women has more than tripled -from 7% in 1985 to 25% in 2000. As reported in the AIDS Surveillance Report, the number one cause of AIDS cases among women, residents of Puerto Rico, is heterosexual contact. The social marketing of HIV/AIDS prevention pretends to reduce the spread of the infection by targeting a specific population and a specific behavior; customizing the message to that population; making it accessible to them; hence, opening the way towards a lasting behavior modification and change among those targeted.

**SETTING:** Metropolitan Area, San Juan Region, Puerto Rico

**PROJECT:** *Luz De Un Nuevo Día* is *La Perla de Gran Precio's* Health Education and Prevention Project. *LDUND* developed a mass education and prevention campaign targeting adolescent women, and women ages 18 and over. The campaign consists of 5 posters-2 promoting abstinence and 3 promoting condom use as a means of protection from HIV transmission. This campaign portrays women as decision makers when it comes to their sexuality and protection.

**RESULTS:** This campaign has been running since August 2002. The campaign is posted on major highway billboards, bus shelters, public bathrooms, public mass transportation (inside and outside buses), newspapers, and magazines.

"Primera Hora" is a daily newspaper that's very popular among a younger population. It's circulation is 133,000 and it's been estimated that it has a pass along of 3.8 readers per copy, taking the number of daily readers up to 505,400; 64% of these are between the ages of 18-44 and 53% of all readers are women. We've been published in other papers and magazines as well.

**Outdoor Media Display Posters:** Major highway billboards with an exposition of 155,200 people per day (daily traffic data provided by the Department of Transportation).

**Bus Shelters:** Located in major roads with an exposition to 215,000 cars per day. In addition, there's a very large number of young people who do not own a car and make use of public transportation, they are exposed to the preventions ads while waiting for the bus.

**Trans Ads:** Posters placed outside of 10 buses and inside 25. According to the statistical data provided by the Metropolitan Bus Authority, an average of 650 persons have direct contact with the ads inside each bus every day, per 25 buses, this comes to a total of 16,250 persons per day. We do not have specific data for the ads outside de buses, just take into account 650 people that ride it and all those who come in contact with it (pedestrians and passing cars).

**LESSONS LEARNED:** Social marketing is a great and very successful way to sell HIV/AIDS prevention. We've received very positive and extensive feedback on our campaign. This campaign has also given our Agency a great deal of exposure. We need to make additional efforts to reach other populations through social marketing.

**Control Number:** 03-B-884-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C41 Other (Please specify on Additional Info page)

**2nd Category Choice:** B08 HIV/AIDS Surveillance

**Population 1:** P34 Laboratory Workers

**Population 2:** P53 Researchers

**Presentation Preference:** Poster Session

**Title:** Building Public Health Laboratory Capacity for HIV/AIDS through Training

**Author Block:** *Lall, B; Quinones, A; On'gele, E; Benjamin, Y*

Association of Public Health Laboratories, Washington, DC

**Abstract Body:**

**KEY ISSUE:** Building Laboratory Capacity for HIV/AIDS

**SETTING:** U.S. Global AIDS Program countries including Sub-Saharan Africa and countries in Asia

**PROJECT:**

The Association of Public Health Laboratories in cooperation with the Centers for Disease Control and Prevention's (CDC) Global AIDS Program (GAP) has been working on efforts to assist with the laboratory component of the HIV/AIDS epidemic through GAP.

During 2002-2003, APHL in collaboration with CDC worked towards the formation of several laboratory training teams. The three training areas that APHL is currently working include HIV serology, laboratory management, and quality assurance. APHL/CDC presented a workshop in Uganda in November 2002 on HIV serology to train an audience of laboratory managers, bench technologists, and other laboratorians on best practices for HIV serology in the region. In addition, APHL developed and delivered modules for laboratory management training workshops. Modules for laboratory management training included: quality systems, leadership planning, evaluation, and operational management.

Training in methodologies for quality assurance has also been addressed. Emphasis has been placed on quality control and external quality assurance procedures, documentation and record keeping, and basic statistics.

**RESULTS:**

APHL members worked on identifying the priority training and functional needs for public health laboratories in Zimbabwe, Cote d'Ivoire, Botswana, India, and other GAP countries. Following this, they evaluated current methodologies for HIV testing, related laboratory programs and best practices, and helped train laboratory scientists in HIV serology, quality assurance/quality control, and laboratory management through workshops/courses designed to target laboratorians in HIV/AIDS pandemic countries.

Through assisting with training in public health laboratories in Sub-Saharan Africa and parts of Asia, APHL has helped to strengthen the laboratory systems infrastructure to assist in the prevention/spread of HIV/AIDS.

**LESSONS LEARNED:**

APHL is able to assist in building laboratory capacity through training for countries affected by the HIV/AIDS epidemic. By assisting with training in public health laboratories in Sub-Saharan Africa and parts of Asia, APHL has helped to strengthen the laboratory systems infrastructure to assist in the prevention/spread of HIV/AIDS.



**Control Number:** 03-B-891-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C18 Interventions that Target Youth in High Risk Situations

**2nd Category Choice:** C21 Interventions that Reduce Sexual Risk

**Population 1:** P63 Youth in High Risk Situations

**Population 2:** P20 Gay, Lesbian, Bisexual, Transgend, Question. Youth

**Presentation Preference:** Group Oral

**Title:** **Title: Meeting The Street; Youth Outreach, *Find them / Reach them / Keep them***

**Author Block:** Lindsay, KM<sup>1</sup>; Jackson, B<sup>1</sup>; Calderon, M<sup>1</sup>; Shively, N<sup>1</sup>; Emmanuel, P<sup>1, 2</sup>

1 USF, st Petersburg, FL; 2 Usf, Tampa, FL

**Abstract Body:**

**ISSUE:**

**Y.E.S. (previously know as The Tampa Bay Youth Services Network), an HIV prevention program seeks to reduce the HIV epidemic amid two identified high-risk youth populations: ethnic minority and GLBTQ youth population. Through youth education (peer to peer) prevention education, pre and post -test counseling and OraSure Testing.**

**SETTING:**

**West Central Florida urban area (Tampa Bay) detention centers, urban parks, drop in centers, mental health facilities, coffee shops, runaway shelters, residential youth programs and support groups.**

**PROJECT:**

1. To increase return rate of two high-risk youth populations: The ethnic minority and GLBTQ youth population, using the youth educator (peer to peer) prevention education, pre and post -test counseling and OraSure testing.
2. To provide a non-judgmental, non-threatening, approach to HIV counseling and testing.

**RESULTS:**

**Florida's statewide average for HIV post-test returns are 53%. Y.E.S. is currently servicing sixteen outreach facilities in the Tampa Bay area. These sites are visited on an average of twice a month. The use of trained youth educators that are reflective of the population that we serve has resulted in Y.E.S. having a 75% post-test return rate. This has been accomplished without the use of incentives of any type. Many of the pre-test youth returned for post-test with referral youth.**

**LESSONS LEARNED:**

**Cultural competencies go beyond nationality, religion, sexual orientation, or ethnicity. There are generational barriers that must also be removed. The use of bi-lingual, multicultural individuals as a means to effectively communicate with diverse populations, to provide services is commonly used among many governmental agencies. Y.E.S. takes this a step farther; by accepting that youth itself is a culture. Within this culture exist many sub-cultures. Y.E.S. has learned having staff that are reflective of the population that we serve, we are able to find where the youth live, hangout and congregate. We are able to remove traditional communication barriers, creating an almost instant rapport. This has enabled us to effectively get the HIV prevention message to a larger group of previously under served high-risk youth.**

**Control Number:** 03-B-899-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C10 HIV/STD Interventions in Physician Office Settings or Other Health Service Settings

**2nd Category Choice:** D07 HIV CTS Programs

**Population 1:** P22 Health Care Workers

**Population 2:** P63 Youth in High Risk Situations

**Presentation Preference:** Single Oral

**Title:** To Test or Not to Test Is No Longer A Question:

Time to ACTS (Assess, Consent, Test, Support)...a Rapid New Paradigm

**Author Block:** *Futterman, D; Stafford, SR; Madhava, V*

Adolescent AIDS Program, Children's Hospital at Montefiore, Bronx, NY

**Abstract Body:**

**ISSUE:** The number of HIV positive youth who do not know their HIV status is believed to be higher than the estimated one third of all people with HIV who don't know they are positive. In a study of youth in six US cities, 91% of HIV-infected GBT African-American youth did not know they were HIV positive. Numerous national policy recommendations have been issued in support of a normalized approach to HIV counseling and testing services (CTS). The approval of a rapid HIV test makes the development of a rapid CTS protocol timely. In an effort to meet this goal, the Adolescent AIDS Program (AAP), Children's Hospital at Montefiore, has created ACTS (Assess, Consent, Test, Support), a streamlined CTS protocol. **SETTING:** This project is focused on hospital and community clinic based health care providers in the Bronx, New York, an epicenter of HIV infection. **PROJECT:** ACTS greatly reduces the amount of time needed to conduct effective CTS by utilizing systemic change at the clinic level, academic detailing and patient and provider tools including a patient risk assessment form, patient sexual health brochure, HIV test consent form, and a provider pocket guide for implementing ACTS. Phase I of the project involved a qualitative study examining the practices and barriers to providers' offering of CTS. During Phase II, the ACTS protocol was developed and piloted to community health providers and health departments, whose feedback was incorporated in the final protocol. **RESULTS:** Phase I results identified three major issues: 1) most providers only recommend HIV testing if adolescents self-report a high risk behavior or if they present with an STD; 2) many providers believe that the process of HIV testing involves undue time and resource burdens; and 3) providers perceive themselves as inadequately trained to provide HIV counseling. In Phase II, the simplified protocol was designed to address these concerns and received positive feedback, which was incorporated to increase the acceptability of the protocol tools and academic detailing session. **LESSONS LEARNED:** ACTS is a simplified protocol that has engaged providers in wanting to play a role in increased case finding, linkage to care and prevention. While initially designed for providers of care to adolescents, ACTS is useful for providers serving at-risk patients of all ages. Further research is needed to assess the process and outcomes of adaptation and dissemination of ACTS.

#

**Control Number:** 03-A-907-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** C09 Group Level Interventions

**2nd Category Choice:** A07 Drug Use, Addiction and HIV Risk

**Population 1:** P4 Alcohol and Other Drug Users

**Population 2:** P39 Men

**Presentation Preference:** Single Oral

**Title:** Evaluation of the JEMADARI Program

**Author Block:** *Gant, LM*

University of Michigan, Ann Arbor, MI

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Rates of HIV/AIDS are increasing dramatically among drug dependent African-American men. Residential drug treatment programs can have a profound impact on HIV risk. However, several studies demonstrate the incremental effect of culturally specific HIV interventions compared to ongoing treatment programs. Several culturally specific prevention strategies effective in reducing both sex- and drug-related behavior have been developed for drug-dependent African-American women and youth. No studies report prevention programs for drug dependent African-American men that were (1) culturally specific, or (2) showed changes in both drug and sex related risk behaviors. We report the Year One findings of a NIDA funded clinical study examining the impact of an empirically based, culturally specific intervention (JEMADARI) for African-American men residing in drug treatment programs in Detroit, Michigan.

**METHODS:** Effectiveness was assessed by post-test and six-month follow-up on readiness for behavioral change and risk behaviors to determine associations between readiness for change at the end of the intervention and reported levels of drug- and sex-related risk behavior during the follow-up period. JEMADARI participants (n=178) ranged in age from 18-63, with mean age of 36.3 years. Most (92%) of the respondents reported extensive histories of substance abuse, and spent at least one year of time in a correctional facility. One quarter (23%) reported a recent history of homelessness, slightly more than one-third (35%) completed high school, and many (83%) reported at least one previous treatment experience for substance abuse.

We collected the same data from 80 residents who were involved in standard drug treatment programs provided by Oasis but who either (a) did not know of JEMADARI or (b) knew of JEMADARI but had not participated in previous JEMADARI programs. These non participants (n=80) ranged in age from 22-57, with a mean age of 33.2 years. Ninety four percent (94%) of the respondents reported extensive histories of substance abuse, and ninety five percent (95%) reported at least one year of time served in a correctional facility. Thirty percent (30%) reported a history of homelessness, forty percent (40%) completed high school, and eighty one percent (81%) reported at least one previous treatment experience for substance abuse.

**RESULTS:** Our results from 178 JEMADARI participants showed significant relationships between post-test readiness for change and reported drug abstinence ( $t=4.72, p<.05$ ), practice of safer sex behaviors (i.e., increased condom use [ $t=3.67, p<.05$ ]), and reduction of number of sex partners ( $t=2.19, p<.06$ ). The 80 control group residents showed significant relationships between post-test readiness for behavior change and reported drug abstinence ( $t=4.25, p<.05$ ), but no relationship between readiness for changes and condom use ( $t=1.38, ns$ ) or reduction of number of sex partners ( $t=1.85, ns$ ). **CONCLUSIONS:** Our preliminary findings provide some evidence for the impacts of standard and JEMADARI drug treatment programs at the same drug treatment

**site. Both standard of care and JEMADARI programs lead to reported drug abstinence. The incremental effect of the JEMADARI program versus the standard residential drug treatment program is demonstrated by the additional changes reported by JEMADARI participants in condom use and reduction of sex partners.**

**Control Number:** 03-A-910-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** C26 Microbicides, Vaginal and Rectal

**2nd Category Choice:** C26 Microbicides, Vaginal and Rectal

**Population 1:** P53 Researchers

**Population 2:** P61 Women

**Presentation Preference:** Poster Session

**Title:** Progress in the Microbicide Pipeline

**Author Block:** *Bowcut, JC; Lamphear, TL; des Vignes, F; Harrison, PF*

Alliance for Microbicide Development, Silver Spring, MD

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** To demonstrate the expansion of the microbicide development pipeline during the last 8 years, while highlighting novel approaches that have emerged since the removal of nonoxynol(N)-9 as a probable candidate.

**METHODS:** Over the past 4 years, The Alliance for Microbicide Development, through systematic survey and ongoing monitoring of the field, has developed and maintained a microbicide Products Database and Clinical Trials Information Center, a regularly updated summary of the status of human testing of microbicides. These instruments have come to be heavily relied on by researchers, advocates, and the media needing to keep abreast of changes in the microbicide pipeline.

**RESULTS:** During the past 8 years, the microbicide pipeline has undergone tremendous growth and transformation as potential products are pushed through rigorous preclinical and clinical testing. Researchers continue to optimize the efficacy and safety of existing products, while identifying new products. With 21 identified in 1994 and 56 in development as of 2002, the number of products in development has tripled.

Products are typically characterized by their mechanism of action, most falling into one of the following categories: acid-buffering agents, vaginal defense enhancers, surface-active agents (surfactants), adsorption inhibitors (mostly sulfated and other charged polymers), entry and fusion inhibitors, replication inhibitors, and agents utilizing uncharacterized or multiple mechanisms. Two notable changes in the pipeline over the past 6 years have been the decrease in surface-active agents in development and an increase in the number of entry and fusion inhibitors. In 1996, roughly 17 surface-active agents and 4 entry and fusion inhibitors were being investigated. Today, surface-active agents account for only 8 products in the pipeline, while 12 entry and fusion inhibitors are in development.

The earliest microbicide candidates were detergent-based spermicides, such as N-9, which demonstrated *in vitro* activity against HIV and other STIs. However, several randomized controlled clinical trials failed to show products containing N-9 as protective against HIV and raised concerns that such products might increase transmission by disrupting the vaginal epithelium. With the removal of N-9 products from the pipeline, there is renewed interest among researchers to find alternative mechanisms of action. For example, genetically modified *Lactobacilli* with a CD4+ ligand may attach to the HIV gp120 glycoprotein while recolonizing a woman's natural flora. Also, SPL7013, an artificial macromolecule, has been shown *in vitro* to bind the gp120 glycoprotein. Another new approach is plantibodies, which are monoclonal antibodies manufactured in plants, genetically engineered to include human antibody genes targeting sexually transmitted pathogens.

**CONCLUSIONS:** The microbicide pipeline has undergone tremendous growth and

**transformation as potential products are pushed through rigorous preclinical and clinical testing. If successful, these innovative advances will have profound implications for protecting women against sexually transmitted infections (STIs), especially in those developing countries where HIV infection is widespread.**

**Control Number:** 03-B-912-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C21 Interventions that Reduce Sexual Risk

**2nd Category Choice:** C16 Interventions that Promote Healthy Behaviors

**Population 1:** P19 Gay and Other Men Who Have Sex With Men

**Population 2:** P4 Alcohol and Other Drug Users

**Presentation Preference:** Group Oral

**Title:** Peer based interventions for crystal using gay and bisexual men.

**Author Block:** *Candelario, N; Fontaine, Y*

Gay Men's Health Crisis, New York, NY

**Abstract Body:**

**Issue:** This workshop will focus on strategies and interventions we use with crystal using gay and bisexual men. Most substance use programs offer HIV prevention information without exploring the desire attached to risky behavior. Numerous studies have linked crystal use to unprotected anal sex identifying multiple psychosocial and biomedical issues as contributing factors. Many of our clients report engaging in receptive anal intercourse, but often have difficulty owning the desire for receptive anal intercourse as part of their sex lives. Crystal use complicates HIV prevention because it often conflates the desire to have unprotected anal intercourse with the effects of crystal use and can make the process of intervention a more complex task.

**Setting:**

**Geographic Location:** New York City

**Intervention Location:** The Institute for Gay Men's Health at Gay Men's Health Crisis (GMHC)

**Audience:** Substance Use Counseling and Education addresses the inter-relatedness of substance use and HIV prevention amongst Gay and Bisexual Men.

**Project:** The core services provided in the SUCE initiative are individual and group counseling and community based forums and ear point acupuncture. These services target gay and bisexual men living in the NYC area, regardless of their HIV status. SUCE provides space for individuals to examine their substance use and sexual behaviors through harm reduction principles, motivational counseling and a client centered approach. We encourage individuals to explore the role crystal use plays in their sexual behavior and the potential consequences of this behavior. An ongoing assessment allows SUCE clients to make incremental changes that are realistic and obtainable.

**Results:** Individuals report that the likelihood of engaging in unprotected receptive anal intercourse increases while using crystal. On many occasions this behavior is considered part of the crystal experience. Often clients describe changing sexual roles while high on crystal. In addition, clients report as a benefit of counseling, an increase in their ability to distinguish between desire for receptive anal intercourse and the effects of crystal.

**Lessons learned:** We have learned that offering a non-judgmental space where men can integrate and normalize different forms of sexual desire is helpful. Acknowledging this behavior through counseling helps to reduce the sexual split, i.e., the desire to have unprotected anal intercourse and the sex that crystal use allows clients to feel good about engaging in. Clients report experiencing sex differently describing it as "pig sex" which often involves multiple partners and an "anything goes" attitude regardless of consequences. Some clients refer to crystal as the "equalizer" that reduces insecurities such as body image, endowment, and/or stigmas connected to anal penetration. Some men see crystal as a way of creating community.

**Control Number:** 03-B-926-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C21 Interventions that Reduce Sexual Risk

**2nd Category Choice:** C16 Interventions that Promote Healthy Behaviors

**Population 1:** P19 Gay and Other Men Who Have Sex With Men

**Population 2:**

**Presentation Preference:** Single Oral

**Title:** Impact of September 11, 2001 Events on the Boston Explore Cohort of Men who have Sex with Men (MSM)

**Author Block:** *Salomon, L<sup>1</sup>; Benet, DJ<sup>2</sup>; Pickard, R<sup>1</sup>; Mayer, KH<sup>1</sup>*

1 Fenway Community Health Center, Boston, MA; 2 Abt Associates Inc., Cambridge, MA

**Abstract Body:**

**ISSUE:** On September 11, 2001 terrorists using hijacked airplanes attacked the United States. In the aftermath, 44% of American adults reported symptoms of stress, and the attacks had a marked psychological effect on persons close to attack sites as well as those not physically present<sup>1</sup>. We asked if traumatic events impacted the HIV risk taking behavior and psychological attitudes of men who have sex with men (MSM) at the Boston site of the Explore study.

**SETTING:** Explore is a 4.5 year behavioral trial to prevent HIV seroconversion in MSM with 4,295 men enrolled in 6 U.S. cities. Traumatic events of September 11 were studied in an ancillary study at the Boston Explore site. All intervention arm participants who participated in counseling maintenance sessions during the first 2 months following September 11 met study enrollment criteria. Out of 74 eligible participants, 55 were enrolled.

**PROJECT:** We conducted a descriptive, qualitative ancillary study to analyze audiotapes from Explore intervention counseling maintenance sessions. Tapes ranging from approximately 10 to 60 minutes were transcribed, coded, analyzed, and interpreted using a grounded theory approach<sup>2</sup>.

**RESULTS:** In the 2 month period following September 11 events, some MSM participating in the behavioral intervention reported a certain sense of fatalism in terms of risk taking behaviors, while others remained more optimistic. As the following quotes suggest, findings point not only to the potential interpersonal and HIV risk but also to possible resilience that MSM may show at times of personal and national stress: "I had an interesting experience last month...met an old college friend. I made the choice to have anal sex without a condom...it was probably a combination of feeling really into this guy, in a way I haven't felt in years, and being quite drunk, and just the recent events of September 11 and I think just feeling the stress." Participant 25.

"...whole World Trade Center thing has really rattled me...I don't know how to put labels on it ...I'm angry, I'm afraid, and I have a lot of feelings I can't identify, becomes a very toxic mixture for someone who is like me." Participant 8. "My best friend's cousin is a flight attendant..she was on the American Airlines plane...the first one they hijacked. I'm not being productive...I can't focus...It's just sad, sad...I can't give blood; they won't take blood from, you know." Participant 4.

**LESSONS LEARNED:**

Similar to adults nationwide, some MSM in Boston reported psychological disturbances after the September 11 attacks. Other MSM showed resilience in light of their daily struggles coupled with the terrorist events. Similar to working with other populations<sup>1</sup>, health care professionals are encouraged to get involved with MSM after the occurrence of traumatic events and to consider their unique responses to events of national significance.

1 Schuster MA, Stein BD, Jaycox LH, et al. A national survey of stress reactions after the September 11, 2001, terrorist attacks. *NEJM*, 2001, 345:20;1507-1512.



**2 Glaser B and Strauss A. The discovery of grounded theory: Strategies for qualitative research. Hawthorne: Aldine de Gruyter, 1967.**

**Control Number:** 03-A-935-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** C40 Vaccine Trials (including Preparedness)

**2nd Category Choice:** A32 Other (Please specify on Additional Info page)

**Population 1:** P12 Communities of Color

**Population 2:** P19 Gay and Other Men Who Have Sex With Men

**Presentation Preference:** Single Oral

**Title:** Consumer adoption of hypothetical post-efficacy trial HIV vaccines: Concerns, motivations and intentions

**Author Block:** *Newman, PA*

University of Toronto, Toronto, ON, Canada

**Abstract Body:**

**BACKGROUND/OBJECTIVES:**

Suboptimal adoption of existing vaccines, marked healthcare disparities, obstacles specific to HIV/AIDS stigma and mistrust, and possible post-vaccine risk behavior increases suggest it is vital to explore HIV vaccine dissemination challenges *before* a product is publicly available. We investigated concerns, motivations, adoption intentions and possible risk behavior changes in response to hypothetical FDA-approved HIV vaccines among high-risk consumers.

**METHODS:**

Nine client focus groups (3 in Spanish; N = 99; 46% female; 43% Latino, 22% African-American, 30% white) and 9 provider key informant interviews were conducted. Participants were recruited using purposive, venue-based sampling among Los Angeles agencies serving diverse persons at elevated HIV risk. A semi-structured interview guide elicited concerns, motivators, and adoption and risk behavior intentions in response to hypothetical post-efficacy trial, FDA-approved HIV vaccines. Data were analyzed based on grounded theory utilizing Ethnograph.

**RESULTS:**

Adoption concerns included vaccine efficacy, iatrogenic infection, testing HIV-positive, side effects, distrust of research and relationship issues. Motivators included protection against HIV infection and the ability to safely engage in unprotected sex. Participants expressed reluctance to adopt partially efficacious vaccines and a high likelihood of increased sexual, and to a lesser extent injection risk behaviors in response to vaccine deployment.

**CONCLUSIONS:**

Ambivalence regarding adoption of hypothetical FDA-approved HIV vaccines among persons at elevated risk for HIV along with the likelihood of risk behavior increases subsequent to vaccine deployment suggest vital challenges to HIV vaccine dissemination. Consumer research using social marketing principles is warranted to enable the design of empirically-based interventions to increase vaccine adoption and mitigate risk behavior increases, to ensure the effectiveness of vaccines in controlling the AIDS pandemic.

**Control Number:** 03-B-936-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C05 Community Level Interventions

**2nd Category Choice:** A06 Cultural Factors and HIV Risk

**Population 1:** P35 Latinos/Latinas, Hispanic

**Population 2:** P62 Youth

**Presentation Preference:** Single Oral

**Title:** AHORA! Latino Youth Mobilizing To Prevent HIV In Their Communities

**Author Block:** *Amaya-Fernandez, E; Paz, L*

National Latina Health Network, New Brunswick, NJ

**Abstract Body:**

**ISSUE:**

As many as 180,000+ Latinos are infected with HIV, 250 are diagnosed with AIDS each week. Although only 15% of the adolescent population aged 13 - 19 in the United States is composed of Latinos, 20% of the AIDS cases reported in 2000 were among this population. Given such factors, the mean age of the Latino population, and the dramatic increase in the incidence of HIV infection among young people, the National Latina Health Network sees the need to intensify its commitment to target prevention efforts at this segment of the population in communities across the nation.

**SETTING:** Community Based Organizations in 6 national sites: La Puente, CA; Denver, CO; Wichita, KS; New Orleans, LA; NJ (statewide initiative); and Hidalgo County, TX.

**PROJECT:**

National Latina Health Network (NLHN) works locally and nationally to train young Latina/o leaders and assist in building capacity among community based organizations serving those at high risk for HIV infection. The AHORA Project's family-centered approach emphasizes the importance of addressing the wide spectrum of sexuality, reducing homophobia, and the stigma of HIV within the Latino community. Working together with young Latinos, which include young men who have sex with men (YMSM), who may or may not be gay-identified, the AHORA Project builds the capacity of Latino and youth-serving community based organizations to be better prepared to prevent new HIV infections.

**RESULTS:**

Currently in their second year, the AHORA! Project sites' have been able to organize groups of youth Latina/o leaders who are engaged in mobilizing their communities around HIV prevention issues. Youth are partnering with adults to coordinate youth health forums and community forums. In a span of a year, youth leaders have presented locally at various health meetings, at state HIV Prevention Community Planning Groups, as well as at national HIV and health conferences. Youth are gaining leadership skills and creating change in their communities.

**LESSONS LEARNED:**

NLHN has developed innovative approaches to HIV Prevention and in building HIV/AIDS leadership capacity in the Latina community. Evidence of this is demonstrated in the five-year network development and leadership capacity building of *Latinas: Partners for Health Project*, a project developed to strengthen, support and involve networks of Latina leaders in developing leadership constituency in the field of public health.

**Control Number:** 03-B-943-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C17 Interventions that Sustain Safer Behaviors Among Persons Living with HIV

**2nd Category Choice:** D17 HIV Prevention Programs for Seropositive Persons

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P50 Program Administrators

**Presentation Preference:** Single Oral

**Title:** *Positively Sexual*

**Author Block:** *Parekh, A; Farmer, L*

AIDS Taskforce of Greater Cleveland, Cleveland, OH

**Abstract Body:**

**ISSUE:** *Positively Sexual* seeks to reduce new cases of HIV infection by implementing targeted sexual health and HIV risk reduction education for persons living with HIV/AIDS, as well as by conducting a comprehensive sexuality course to HIV service personnel.

**SETTING:** Community based organization

**PROJECT:** *Positively Sexual* incorporates structured, multi-part interventions designed to reduce HIV infection/re-infection and promote sexual health among people living with HIV/AIDS.

Trainings target both men who have sex with men (MSMs) and women—primarily women of color—and are modeled after three successful interventions outlined in the *CDC Compendium of HIV Preventions with Evidence of Effectiveness* (1999). Both interventions consist of four 90-minute sessions; specific topics were determined based on focus group feedback and successfully combine both medical and psychosocial issues. Topics include HIV re-infection, prevention of secondary illnesses, sexuality, drug use, self-esteem, and medical issues. Upon completion of four sessions, participants are required to educate at least one other individual about issues they learned in their training.

A successful prevention for positives program must also address HIV care providers' skills and knowledge base. Since many HIV service professionals enter the field with little or no focused training in human sexuality other than a review of strategies for sexual risk reduction of HIV infection, discussions about sexuality are often cursory, and focus almost exclusively on disease prevention. However, this approach ignores many complex dimensions of human sexuality impacting sexual behavior. While HIV service professionals cannot be expected to gain sufficient training to serve as sexuality counselors, it is clear that enhanced comfort with frank discussions about human sexuality can allow service providers to more actively support changes in HIV risk behavior, or make appropriate referrals for more intensive support. To enhance the capacity to support positive behavior change in relation to HIV infection/re-infection, *Positively Sexual* also offers comprehensive sexuality training to 60 HIV service personnel.

**RESULTS:** By May 2003, over 25 women and 50 MSM living with HIV/AIDS will have participated in trainings and will have each educated at least one other individual. Preliminary results indicate an overwhelmingly positive response with high levels of satisfaction; detailed qualitative and quantitative results will be shared. Moreover, results of the sexuality training for 60 HIV service personnel will also be shared.

**LESSONS LEARNED:** Individuals living with HIV have voiced a need for focused, structured support on HIV, sexuality, and relationships—and, multi-session interventions have been utilized elsewhere that demonstrate clear indications of positive behavior change. Through *Positively Sexual*, individuals living with HIV gain information and resources that help heighten awareness, enhance knowledge, create behavior change and foster empowerment.

**Control Number:** 03-B-948-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C18 Interventions that Target Youth in High Risk Situations

**2nd Category Choice:** C05 Community Level Interventions

**Population 1:** P1 Adolescents

**Population 2:** P63 Youth in High Risk Situations

**Presentation Preference:** Single Oral

**Title:** The use of HIV Prevention Health Communication/Public Information via Radio Soap Opera for Adolescents/Young Adults in the District of Columbia.

**Author Block:** *Rowe, DG*

D. C. Department of Health HIV/AIDS Administration, Washington, DC

**Abstract Body:**

**ISSUE:**

According to the District of Columbia HIV Prevention Two Year Plan, "half of all new infections in the U.S. occur in people younger than 25". Part of the Youth Risk Behavior Survey (YRBS) conducted by D. C. Public Schools among high school students, showed that 71.7% of males and 53.5% of females reported that they had experienced sexual intercourse, and 29% of males and 18.8% of females had sexual intercourse with four or more persons during their life.

**SETTING:**

The Washington, D. C. Metropolitan Area.

**PROJECT:**

The greatest radio soap opera drama in D. C. is "What's the Deal-Yo?". Sponsored by the D. C. Department of Health HIV/AIDS Administration (HAA), the show is written and produced by a cast of youth from the District. The script, inspired by the CDC approved "Be Proud Be Responsible" curriculum is written by H. U. college students. A casting call is broadcasted by the partnering RADIO One station, which was selected based on their Arbitron Report for the targeted age group (12-24). After selection, the cast, which consists of D. C. high school and middle school students, meet weekly at Sasha Bruce Youthworks, (HAA supported community partner), review their scripts and revise as necessary for rehearsal. Episodes are then taped for airing. The show addresses a number of important issues, such as HIV/STD prevention, substance abuse, teen pregnancy and violence. Nothing is more important than their stand on safe sex through the practice of abstinence. The show is aired on 93.9 WKYS every Tuesday and Thursday at 8:50 p.m.

**RESULTS:** As of 12/02, data was gathered by performing random periodic surveys throughout the city of Washington, D. C. The 26 week periods for each season was divided into four (4) study periods. The survey instrument used is a Teen Opinion Poll. The race/ethnicity for all periods showed 93% of the audience were African American, 3% White and 3% Hispanic. The total sample for each report is 1440. 88% regularly listened to 93.9 WKYS for all periods. 57% had heard the show. 67% knew the name of the show. 100% answered that the show portrayed real life. 67% talked with other people about the show. 100% believed that the soap opera is necessary for teens to hear.

**LESSONS LEARNED:** With community-based organizations and health departments struggling to meet the needs of HIV-prevention education for adolescents/young adults, we have found that if you can find at least one medium to be consistent with HIV/STD prevention messages, young people can be constantly reminded of the risks related to receiving HIV/STD infection and ways to protect themselves. Open end-ed responses to questions from the survey revealed that the youth

**got these key messages; have safer sex, get more awareness about HIV/STDs, or to abstain and not have sex at all.**

**Control Number:** 03-B-954-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C09 Group Level Interventions

**2nd Category Choice:** D11 HIV Prevention Program Planning

**Population 1:** P35 Latinos/Latinas, Hispanic

**Population 2:** P3 African Americans

**Presentation Preference:** Single Oral

**Title:** Reducing HIV/STDs Among African-American and Hispanic Communities with VOICES/VOCES, an Effective Bilingual Group-level Intervention.

**Author Block:** *Hamdallah, M; Sawyer, RJ; Darrow, D*  
Academy for Educational Development, Washington, DC

**Abstract Body:**

**ISSUE:**

**Diffusion of a science-based group-level safer sex intervention strives to reduce HIV/STD rates in heterosexual African-American and Latino populations.**

**SETTING:**

**Original research was conducted in STD clinics, but the intervention can be adapted to other community-based settings. National diffusion of the intervention is planned.**

**PROJECT:**

**The Centers for Disease Control and Prevention, with assistance from the Academy for Educational Development, is conducting a project to diffuse several science-based HIV prevention interventions, including the Video Opportunities for Innovative Condom Education and Safer Sex (VOICES/VOCES) intervention, originally developed and tested by Dr. Lydia O'Donnell and colleagues. VOICES/VOCES aims to encourage condom use and improve condom negotiation skills among heterosexual African American and Latino men and women who are at risk for HIV/STDs. As the original research indicated, this intervention can help reduce the rate of new STD infections among participants, and increase condom acquisition. To implement the intervention, participants are grouped by gender and ethnicity to view English or Spanish language videos in a single-session. Agency staff use videos to trigger discussion, teach condom use and negotiation skills, educate on condom features and distribute condoms. Although VOICES/VOCES was originally designed for and tested in STD clinics, it can be adapted to other settings, including neighborhood health centers, family planning clinics, HIV outreach programs, and prison health centers.**

**In this session, participants will be provided with an overview of the VOICES/VOCES intervention and its core elements, have an opportunity to review intervention materials, learn about the diffusion project, and sign up for a future training in the intervention.**

**RESULTS:**

**The diffusion project has received a total of 279 requests for VOICES training. Two pilot training sessions have been conducted to date, where 60 participants have been trained. An institute is planned for late spring 2003, which will involve national and regional level trainers to help diffuse the intervention in subsequent months.**

**LESSONS LEARNED:**

**This video-based intervention can be an effective tool in reducing HIV/STD rates in a wide variety of settings. As a manageable single-session intervention that does not demand high use of resources, VOICES has great potential to be diffused nationally.**

**Control Number:** 03-B-964-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C23 Interventions that Encourage Drug Abuse Treatment

**2nd Category Choice:** C16 Interventions that Promote Healthy Behaviors

**Population 1:** P5 American Indians/Alaskan Natives

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Single Oral

**Title:** A comprehensive continuum of prevention services targeting American Indians.

**Author Block:** *Yazzie, N; Bitahey, J; Benally, S; Pattee, C*

Native American Community Health Center, Inc., Phoenix,, AZ

**Abstract Body:**

**ISSUE:**

**HIV prevention services targeting at risk American Indians must be comprehensive, culturally appropriate, and accessible in a confidential setting.**

**SETTING:**

**Multi-service HIV prevention center and drop-in facility. Access to HIV services requires a facility specific to HIV concerns to assure confidentiality.**

**PROJECT:**

**Native American Pathways (NAP) provides access to a continuum of services dedicated to HIV infection reduction amongst American Indians in Maricopa County, Arizona. The program is able to provide multiple interventions for the purpose of reducing HIV transmission and infection.**

**Utilization of several streams of federal funding enables Native American Community Health Center, Inc. (NACHC) to offer interventions that suit individual recipient requirements. Through grants from Indian Health Services, Centers for Disease Control and the Substance Abuse Mental Health Services Administration, the NAP is able to tailor a set of interventions through a culturally appropriate venue. The program offers:**

- **Counseling/Testing &Referral; Services.**
- **Prevention Case Management and Referral services.**
- **Outreach to the urban American Indian community.**
- **Health Education and Risk Reduction Group services.**
- **Targeted Outreach to members of the American Indian Gay and Transgender community.**
- **Empowerment focused group activities for the American Indian Gay and Transgender community.**
- **Drop In Site.**

**The NAP programs provide linkages within the program and advocacy in referral to programs within the agencies behavioral health or medical providers and services from outside resources.**

**RESULTS:**

**NAP has been able to address multiple client needs by linking services. Program recipients generally enter the program though outreach or the drop in service. Participants are encouraged to utilize HIV testing and counseling services, Prevention Case Management, and educational/empowerment services.**

**LESSONS LEARNED:**

**American Indians are hesitant to access services from non-Indian providers. Services must be offered in a culturally appropriate venue. Issues tied to oppression require multiplicity of intervention strategies. HIV prevention education is of little priority amongst people lacking the most basic life necessities**



**Control Number:** 03-B-965-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C41 Other (Please specify on Additional Info page)

**2nd Category Choice:** C35 Skills-Building Interventions

**Population 1:** P59 Transgendered Persons

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Single Oral

**Title:** Addressing Life Issues in doing HIV Prevention in the Transgender Community

**Author Block:** *Mediano, EE; Ilada, GG*

Asian Pacific AIDS Intervention Team, Los Angeles, CA

**Abstract Body:**

**Background/Objectives:**

According to a fact sheet from the Office of HIV/AIDS Policy's Leadership Campaign on AIDS, an "estimated HIV infection rates among specific transgender populations range from 14% - 69% according to several transgender HIV/AIDS needs assessments and sexual risk behavior studies". Although this alarming statement should pose a concern, the lack of transgender specific HIV prevention services still exists and the community remains to be underserved. There is a need of competent, culturally sensitive, and transgender-friendly HIV prevention services and social and HIV service providers are in need of basic training on how to appropriately extend services to this community.

The objective of this workshop session is to give service providers the necessary tools to effectively serve the transgender community. By the end of the session, participants will have a basic understand of the transgender terminology and be familiar with the everyday life issues such as medical, employment, social, and cultural issues that face the community and how these factors directly affect their risk of HIV infection.

**Methods:**

The workshop session will utilize the current model that the Bionic Woman Transgender Program of Asian Pacific AIDS Intervention Team use to provide HIV prevention services to the MTF transgender community of Los Angeles County. The focus will be on results as well as data gathered from various intervention approaches that the program uses. Statistical data from various research studies including the Los Angeles Transgender Health Study released May of 2002 will be incorporated during the presentation.

**Results:**

The Bionic Woman Transgender Program has successfully provided needed services to the Asian and Pacific Islander MTF transgender community for many years. Its use of a model that focuses on the life issues of the community and addressing these issues to lower their risk of HIV infection has helped the program achieve its goals. The program as well as its staff has received various recognitions for its commitment to the Transgender community.

**Conclusions:**

The transgender community is still in need of transgender-specific and culturally competent and sensitive HIV prevention services. Social Service Providers remains to be in need of necessary skills to address HIV prevention needs of the community. One of the most effective ways to reach and promote HIV prevention services to this community is to clearly incorporate the everyday life issues of this community in the planning of HIV intervention services.

**Control Number:** 03-A-971-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** C32 Rapid HIV Tests

**2nd Category Choice:** C02 Advances in HIV Testing Technology

**Population 1:** P19 Gay and Other Men Who Have Sex With Men

**Population 2:** P32 Injecting Drug Users

**Presentation Preference:** Single Oral

**Title:** Modeling HIV Testing with the OraQuick Finger-Stick Test: More Effective and Less Costly than Oral Fluid Testing at Bathhouses and a Needle Exchange

**Author Block:** *Spielberg, F; Jackson, S*

University of Washington, Seattle, WA

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** The HIV Alternative Testing study showed that at the needle exchange (NE) oral fluid testing is most effective for getting people test results, but rapid testing with SUDS costs less for each test result received. Whereas at the bathhouses (BH) rapid SUDS testing is both most effective and least costly even when the price of the oral fluid test is zero. Now that the rapid OraQuick finger-stick test is FDA approved, testing programs need information to help them decide whether oral fluid testing or the OraQuick test should be implemented in outreach venues. We compared the OraQuick finger-stick test and the OraSure oral fluid test for the cost and effectiveness of providing test results to clients testing at a needle exchange and bathhouses in Seattle, WA.

**METHODS:** Our model was developed from data from the HATS study where three testing strategies were offered randomly by day to a total of 18,089 people: 1) Standard blood HIV testing, with counseling and a return visit for results; 2) Rapid testing with SUDS; 3) Standard oral fluid HIV testing. OraQuick was compared in this model using the current price of \$11.20 per test (including the cost of a positive and negative control for each 25 test kit). A sensitivity analysis was performed with the acceptability of the OraQuick finger-stick test in best (acceptability of oral fluid) and worst (acceptability of rapid serum) case scenarios.

**RESULTS:** Number people receiving test results in one year of testing two sessions per week. (cost per test results received)

Test	Bathhouse Needle Exchange	
Standard blood testing	316 (\$118)	118 (\$294)
Oral fluid testing	429 (\$111)	296 (\$152)
OraQuick finger-stick (if acceptability were the same as for a rapid serum test)	549 (\$67)	268 (\$126)
OraQuick finger-stick (if acceptability were the same as for the oral fluid test)	587 (\$63)	402 (\$89)

**CONCLUSIONS:** At the Bathhouse even at the lowest likely acceptability the OraQuick test is more effective and less costly than oral fluid testing. At the Needle Exchange the OraQuick finger-stick test would cost less for each test result received and, if the acceptability were minimally higher than the rapid serum test, would also be more effective than oral fluid testing. If OraQuick testing is implemented in high-risk outreach venues, considerably more persons will learn their HIV status, at a lower cost than with the current standard blood or oral fluid HIV testing process.

**Control Number:** 03-B-975-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C33 Recruitment and Retention in Intervention Studies

**2nd Category Choice:** D12 HIV Prevention Programs for Communities of Color

**Population 1:** P61 Women

**Population 2:** P12 Communities of Color

**Presentation Preference:** Group Oral

**Title:** The Art of Recruiting and Retaining Sexually Active High Risk Women of Color in HIV Prevention Research Studies

**Author Block:** *Lucy, D; Rivera, E; Goma, M; Robertson, V; Brown-Peterside, P*  
New York Blood Center, Bronx, NY

**Abstract Body:**

**Issue:** African American women and Latinas are over represented in the HIV/AIDS epidemic, and yet often under represented in AIDS research. Engaging them in HIV prevention research studies is essential, but presents ongoing challenges.

**Setting:** South Bronx, NY

**Project:** Project Achieve conducts HIV prevention research studies including HIV vaccine preparedness studies, HIV vaccine trials and behavioral interventions with on-going input from affected communities. Since 1995 we have successfully engaged over 450 women in our studies, all of whom were at sexual risk of HIV infection and the majority (<95%) of whom were African American or Latina.

**Results:** In the intriguing world of HIV prevention research there are two important tools that lead to the success of any study: they are recruitment and retention. Data will be adversely affected if potential participants fail to enroll in research studies, and if those who do enroll fail to complete the required number of study visits. Recruitment and retention strategies must reflect knowledge of not only the populations you wish to engage and their prior experience (or lack thereof) with research but also an understanding of behaviors leading to risk taking. Successfully recruiting and retaining high risk women in this work also requires recognizing that HIV competes with many other more pressing needs for these women such as housing, welfare, or drug treatment, and balancing the needs of the participants with the goals of the researchers.

For Project Achieve, a diverse array of recruitment efforts such as street outreach, newspaper ads, flyers, posters tabling in clinics and health fairs, and word of mouth from previous participants have successfully helped to engage women in communities of color in HIV prevention research. In addition to direct recruitment, we also conduct on-going community education around HIV prevention - in the form of workshops - which serves to raise awareness of the need for research, builds trust, and also helps to address issues related to the negative historical legacy of research in communities of color.

Our retention rates have been high, ranging from 92 - 100% after 1 year. Successful retention strategies include a comprehensive locator form at enrollment, extreme flexibility with scheduling, consistency with counselors and a good relationship between volunteers and staff. Counseling is tailored to each volunteer's needs, volunteers are treated with respect and understanding, and referrals are provided to a wide range of social services when necessary. Persistence has been effective when participants failed to respond to letters or home visits.

**Lessons learned:** African American women and Latinas can be successfully recruited and retained over time in HIV prevention research studies. Our recruitment efforts and retention rates demonstrate that high risk women if offered support to cope with the difficulties in their lives have the ability to keep their appointments and participate fully in various studies.

**Control Number:** 03-B-981-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C09 Group Level Interventions

**2nd Category Choice:** C35 Skills-Building Interventions

**Population 1:** P56 Staff of Community-Based Organizations

**Population 2:** P19 Gay and Other Men Who Have Sex With Men

**Presentation Preference:** Single Oral

**Title:** Is Love the Answer?: Relationship Skills as an HIV Prevention Strategy

**Author Block:** *Morgan, XP; Zucker, D; Rosales, R*

LA Shanti, Los Angeles, CA

**Abstract Body:**

**ISSUE:**

**Relationship skills based interventions used as an HIV prevention strategy.**

**SETTING:**

**Community based organization in Los Angeles, California.**

**PROJECT:**

**LA Shanti has taken a different approach to prevention in the past 6 years. The honoring of gay male relationships distinguishes LA Shanti's approach to HIV prevention from the mainstream approach of "here's a condom, now go use it." This approach aims to increase the relationship and communication skills of men in order to help them learn to develop and maintain healthy and loving relationships which are protected from further HIV transmission. Shanti's approach honors trust and communication as a key way to reduce HIV transmission. Within this context we talk about negotiated safety, communication styles, conflict, and self-esteem.**

**RESULTS:**

**Evaluation results are currently being tabulated. Preliminary results indicate that a significant number of participants commit to at least one risk-reduction behavior by the end of the workshop. Results also demonstrate higher confidence in dealing with relationships and communicating about sex, sexuality, and relationships with their partner or partners.**

**LESSONS LEARNED:**

**The main finding identified by participants is that this approach honors gay relationships, which makes it safe for them to discuss issues in a forum that would not be available to them otherwise. In this safe environment is where they can discuss with honesty their challenges, barriers, and insecurities when negotiating safety. The workshop then succeeds in providing participants with the tools so that they can be more empowered to stay healthy, negotiate safety, negotiate their relationships, and honor themselves as individuals.**

**Control Number:** 03-B-983-NHPC  
**Format:** Abstract Format II - Descriptive Summary  
**1st Category Choice:** C36 Social Marketing  
**2nd Category Choice:** D07 HIV CTS Programs  
**Population 1:** P1 Adolescents  
**Population 2:** P63 Youth in High Risk Situations  
**Presentation Preference:** Single Oral

**Title:** Hittin' the Zips: Utilizing Social Marketing and Targeted Community Based HIV Testing to Improve HIV Case Finding and Prevention in HIV Vulnerable Neighborhoods

**Author Block:** *Futterman, DC; Stafford, SR; Marrero, L; Tobkes, C; Harriet-Jackson, P*  
Adolescent AIDS Program, Children's Hospital at Montefiore, Bronx, NY

**Abstract Body:**

**ISSUE:** In the US, more than half of all new HIV infections occur among young people under 25 years old. At least 20,000 youth each year are newly infected and the vast majority of them have no idea they have been infected. Numerous barriers impede at risk youth in the US from being routinely tested for HIV, despite recommendations to do so by the nation's leading health organizations. Among the most challenging barriers are young people's disbelief that they are at risk for HIV infection and a lack of knowledge about where to access confidential, youth friendly HIV counseling and testing services (CTS). **SETTING:** In areas where HIV infection is prevalent among youth, some of the barriers that prevent youth from accessing CTS can be dismantled by peer led community outreach coupled with CTS delivered to youth in their own communities-at venues where they congregate rather than relying on them to access CTS in brick and mortar clinics. The Adolescent AIDS Program (AAP), Children's Hospital at Montefiore has successfully employed such a combination of efforts including social marketing, peer led outreach and mobile CTS in three of the highest seroprevalence neighborhoods in the Bronx, New York, an epicenter for HIV. **PROJECT:** For five years, the AAP has sponsored a New York Citywide "Get Tested! Week" to promote HIV testing among youth. In 2002, the program added Hittin' the Zips to its "Get Tested! Week" efforts, delivering mobile CTS to the three highest seroprevalence neighborhoods in the Bronx. Outreach staff scouted these neighborhoods and determined the best locations for engaging each community's at risk youth and linkages were made with community based organizations to establish bi-directional referrals. Social marketing via radio, cinema and outdoor advertising established background awareness. In advance of "Get Tested! Week" peer outreach workers walked the streets to establish themselves in the community and promote the upcoming mobile CTS . During "Get Tested! Week", the same peers delivered prevention messages to youth and escorted those at risk to the mobile van for testing.

**RESULTS:** The AAP typically conducts 20-25 HIV tests per month, however the Hittin' the Zips mobile CTS effort netted 240 HIV tests among at-risk youth during Get Tested! Week alone. The mobile testing van literally gave the program a presence at housing projects, parks, community centers and neighborhoods where these services are desperately needed yet obscure. The success of the program has strengthened the community's awareness and acceptance of HIV testing, evidenced by numerous requests from both youth and community organizers to implement regular mobile CTS in the neighborhoods that participated in Hittin' the Zips.

**LESSONS LEARNED:** The AAP proved that youth are much more likely to be engaged in CTS if they are counseled about the benefits of CTS by their peers and offered services in their communities, at times and locations that are most convenient to them. Plans are underway to continue to learn about the effective delivery of CTS to youth in their communities via an expanded Hittin' the Zips program.

**Control Number:** 03-B-984-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C36 Social Marketing

**2nd Category Choice:** G07 Innovative Models of STD Prevention Services

**Population 1:** P19 Gay and Other Men Who Have Sex With Men

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Single Oral

**Title:** Syphilis prevention in the age of AIDS - The HEALTHY PENIS Social Marketing Campaign

**Author Block:** *Pappas, L<sup>1</sup>; Siller, J<sup>2</sup>; Windt, D<sup>1</sup>*

1 Better World Advertising, San Francisco, CA; 2 STD Prevention & Control Services, San Francisco Department of Public Health, San Francisco, CA

**Abstract Body:**

**Issue:** Exploding syphilis rates among gay and bisexual men must be addressed within the context of two decades of HIV prevention programs and with consideration for individuals' sero-status.

**Setting:** The HEALTHY PENIS campaign was initiated in San Francisco and aimed at gay, bisexual and other men who have sex with men.

**Project:** The HEALTHY PENIS campaign is a multi-component (six foot penis and sore costumes, stress grips, transit advertising, billboards, newspaper ads, website, etc.) social marketing effort intended to raise awareness of the dramatic increase in syphilis incidence, and to encourage detection and treatment through testing. The campaign promotes the values of sexual health and hygiene to men who are sexually active with multiple male partners. Focus groups, field-testing and other formative evaluations were utilized to inform the concept development and production phases of the campaign. Critical considerations regarding the interrelationships between HIV and syphilis were analyzed, including the relative importance placed on each by the target audiences. Many questions had to be asked and answered. How do MSMs feel about syphilis? Are there dangers in overselling syphilis? Are MSMs experiencing disease overload when it comes to knowing symptoms, modes of transmission, treatment, etc. for the myriad of sexually transmitted diseases? Do HIV positives have distinctly different ideas about syphilis then their HIV negative counterparts?

**Results:** An extremely popular and effective sex-positive HIV/syphilis social marketing campaign was designed and implemented. Over 70% of gay and bisexual men surveyed were aware of the campaign after the first 8 months of the campaign. More than half the men attending the city STD clinic reported that the campaign influenced them to seek syphilis testing. Significant increases in syphilis testing have been recorded.

**Lessons Learned:** Social marketing messages about syphilis must appeal to men who are HIV positive and those who are HIV negative. Drawing attention to the increased transmissibility that syphilis adds to HIV may be relevant to both audiences. Also, using humor seems appropriate to a syphilis campaign since it remains less threatening than HIV.

**Control Number:** 03-B-993-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C24 Interventions to Prevent Drug and Alcohol Use

**2nd Category Choice:** C21 Interventions that Reduce Sexual Risk

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P56 Staff of Community-Based Organizations

**Presentation Preference:** Group Oral

**Title:** Outcomes from the Unity Program: An HIV and Substance Abuse Prevention Program for African American Youth and their parents

**Author Block:** *Smith-Bankhead, M.S., NK<sup>1</sup>; Raduka, Ph.D., LPC, C.P., IV, G<sup>2</sup>*

1 AID Atlanta, Atlanta, GA; 2 The Council on Alcohol and Drugs, Norcross, GA

**Abstract Body:**

**ISSUE:** HIV and Substance abuse prevention programs that include parents seek to reduce risk-taking behaviors among youth, as well as increase community capacity to address substance use and sexual risk taking behaviors.

**SETTING:** Public Housing communities, Juvenile detention centers and community-based organizations in the metropolitan Atlanta area.

**PROJECT:** The Unity Program is an interactive program for African-American youth, ages 11-18, and their parents/parent surrogates, funded by the U.S. Center for Substance Abuse Prevention (CSAP) (SAMHSA/DHHS) under an initiative of the Congressional Black Caucus. This collaborative project of AID Atlanta and the Council on Alcohol and Drugs consists of 5 core workshop sessions, with 2 additional sessions focusing on reviewing information presented during the core sessions and completion of evaluation tools. A cross-site instrument used by all CSAP-funded projects, as well as a local instrument were used to collect data. Each session lasts 2 hours. Sessions take place over 2-5 weeks, depending on the needs of the host site, and the 2 follow-up sessions take place 2 and 6 months after session 5 (the last core session). Objectives of the program are to improve substance use and HIV prevention skills among youth and their parents, to improve communication skills, to help families locate resources in their communities relevant to HIV and Substance use prevention, to learn more about their heritage through cultural enrichment, and to improve self image.

**RESULTS:** During the first three years of the project, a total of 41 sites were offered the program reaching 357 youth. Among children (ages 11 and 12 years of age), there was a greater appreciation of the risk of using drugs and alcohol and a better understanding of the need to have fewer friends that engage in risky behaviors. Also among this group there was an increased knowledge of HIV/AIDS, and a more positive attitude toward people who have HIV/AIDS. Among youth ages 13 - 18, there was an increased self-esteem and a more accurate understanding of the consequences of drinking. For all youth, it was noted that youthful self-esteem, intention to be ATOD-free, and intentions not to engage in risky sexual behavior increased between the beginning of the program and the follow-up period 6 months after the last core session. It was also noted that youthful perceptions of parental school involvement, parental expectations for achievement and cultural pride increased significantly between the first survey and the last survey.

**LESSONS LEARNED:** Although there were significant findings from the first three years of the program, it was noted that there was a significant drop-off rate from the first baseline assessment through the 2<sup>nd</sup> follow up assessment (six months after the 5<sup>th</sup> core session). Sixty-six percent of the initial participants completed the first follow-up assessment at 2 months after the last core session, however, only 38% completed the final assessment of the program. Significant attention should be

**given to the length of the program, as well as the amount of time between core sessions and follow-up to decrease the drop-out rate of the program.**



**Control Number:** 03-B-997-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** C21 Interventions that Reduce Sexual Risk

**2nd Category Choice:** G02 HIV/STD Prevention Programs for Sex Industry Workers

**Population 1:** P12 Communities of Color

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Single Oral

**Title:**

Cooling Down HIV and STDs in a **HOT ZONE**: *CAL-PEP's Mobile Clinic Project*

**Author Block:** *Udoh, I; Walker, J; Richey, S*

CAL-PEP, Oakland, CA

**Abstract Body:**

**ISSUE:**

African Americans in Alameda County represented 63% of the county's AIDS cases but only 13% of the population. As a result, in 1998, Alameda County became the first local health jurisdiction in the nation to declare a State of Emergency with respect to African Americans and HIV/AIDS. In recent years the county has experienced a decrease in the total number of reported AIDS cases however, the county has seen disproportionate numbers of AIDS cases as it pertains to both African Americans and Latinos. **SETTING:**

The California Prostitutes Education Project (CAL-PEP) has been providing HIV/AIDS prevention services for over 18 years. With a target population of African Americans and Latinos, CAL-PEP expanded its outreach services to substance users and their sex partners, incarcerated adults and youth, the homeless and others who practice behaviors that place them at high risk for contracting HIV. One of CAL-PEP's most successful projects is the Mobile HIV/STD Clinic. The clinic is scheduled daily in high risk geographic neighborhoods in Alameda County to provide HIV testing, gonorrhea and chlamydia testing, and access to a medical doctor.

**PROJECT:**

CAL-PEP's Hot Zone Project has provided a comprehensive approach to delivering HIV prevention services within the county. Developed in collaboration with the Family Health Outcomes Project at the University of California, San Francisco, using a quasi-experimental design we randomly assigned the 10 zip codes with the highest rates of chlamydia and AIDS for African Americans to be either an intervention or a control zip code. Control zip codes received standard HIV testing and counseling alone while intervention zip codes received an enhanced HIV testing strategy in which clients are shown dot diagram maps of AIDS case and STD case date in their specific neighborhoods. Clients are then tested for HIV and STDs, as well as seen by a medical practitioner. In this presentation we will provide an overview of the Hot Zone methodology and the use of data to improve prevention programming.

**RESULTS:**

From 2000-2002, 667 subjects completed an extensive questionnaire including measures of HIV and STD risk perceptions, decisional balance scales for condom use, self-efficacy for condom use, sexual and drug using practices, perceptions of risk for contracting HIV or an STD, future intentions to change risky behaviors. Clients from the intervention condition differed from clients in the control condition in two measures: asking partners about STDs (70.6% vs. 55.4%, OR = 1.97, CI 1.3-2.9) and checking partners for sores and lesions (85.2% vs. 58.3%, OR = 4.1, CI 2.6-6.4).

**LESSONS LEARNED:**

There are many benefits to CAL-PEP's Hot Zone intervention for clients. The first benefit is the

**opportunity to provide health services to many disenfranchised communities that experience high levels of health disparities. The second benefit is centered on our clients' increased awareness of their own risk factors as well as their awareness of their HIV/STD/Hepatitis status. Finally, we are able to provide disenfranchised communities with a dignified experience while accessing health care, which otherwise may not have done so.**

**Control Number:** 03-A-1007-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** C32 Rapid HIV Tests

**2nd Category Choice:** C02 Advances in HIV Testing Technology

**Population 1:** P19 Gay and Other Men Who Have Sex With Men

**Population 2:** P32 Injecting Drug Users

**Presentation Preference:** Single Oral

**Title:** HIV Home Self-Testing: Can It Work?

**Author Block:** *Spielberg, F; Camp, S; Ramachandra, E*  
University of Washington, Seattle, WA

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Survey studies report preferences for HIV home self-testing by people who have never tested. Simple rapid tests now exist which could be used for home self-testing, however, no data exists on the feasibility of self-testing. The goal of this study is to determine the potential for the OraQuick oral fluid and finger-stick rapid HIV tests to be used as self-tests.

**METHODS:** This study was conducted among 240 HIV positive patients in a clinic in Seattle, prior to FDA approval of the OraQuick test. Participants were provided with kits and instructions and asked to perform oral fluid and finger-stick self-tests without training or assistance. Information was collected on difficulties encountered with specimen collection, test performance, blinded interpretation of results and control specimens, and acceptability. For seven waves, after each 20 clients, changes were made to participant instructions and test procedures in an effort to decrease participant difficulties. After the seven waves, instructions were fixed and 100 more participants were asked to perform the tests.

**RESULTS:** Some difficulties in performing both oral fluid (4.3 to 4.0%) and finger-stick self-tests (14% to 9%) leading to invalid or false negative results were decreased through changes made to instructions and labeling between the first and second halves of the study. The most common difficulty lead to invalid results and involved failure to put the test device in the vial with developer solution (n=17 to 9). Overall participants had less difficulty performing oral fluid tests (95% concordance with staff performance) as compared to finger-stick tests (89%), and more difficulty interpreting oral fluid tests (95% concordance with staff interpretation) than finger-stick tests (97%), due to difficulty interpreting weak positive oral fluid test results. If invalid test results (n= 14 OF, 27 FS) are excluded, participants were able to accurately perform and interpret 94% of both oral fluid and finger-stick self-tests. Regarding acceptability of self-testing, most participants said that if they were unaware of their HIV status they would prefer to be tested at home (61%). Cost would impact uptake of home self-tests in that 70% would be willing to pay up to \$15, whereas only 40% would purchase the kit if the price were at \$20.

**CONCLUSION:** Despite some difficulties in performing the tests, this study shows that self-testing using the OraQuick finger stick and oral fluid tests can be performed and interpreted with fairly good accuracy by untrained people. Future studies should determine the acceptability, accuracy and safety of self testing for HIV among populations that are currently unaware of their HIV status, and should develop necessary counseling and support systems to ensure access to care for people newly diagnosed with HIV. Self-testing for HIV has the potential to be a powerful new tool in the diagnosis of HIV infection.

**Control Number:** 03-A-1014-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** C22 Interventions that Reduce Harm of Injecting Drug Use

**2nd Category Choice:** C20 Interventions that Promote Mental Health

**Population 1:** P32 Injecting Drug Users

**Population 2:** P4 Alcohol and Other Drug Users

**Presentation Preference:** Single Oral

**Title:** A Consumer Generated Outcome Study of a Harm Reduction Program: Measuring Incremental Change

**Author Block:** *Ruefli, T<sup>1</sup>; Rogers, SJ<sup>2</sup>*

1 New York Harm Reduction Educators, Inc., Bronx, NY; 2 Academy for Educational Development, New York, NY

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Harm reduction is a controversial model for treating drug users with little formal research on its effectiveness, other than results that have shown the efficacy of syringe exchange for reducing the transmission of HIV. To advance the field, we conducted a two-phase participatory research study to develop outcomes of harm reduction programming and evaluate its effectiveness.

**METHODS:** In 2000 we conducted qualitative research using nominal group technique and focus groups to develop culturally relevant outcomes to measure client progress in the program. A convenience sample of 200 clients was recruited from a large urban harm reduction program that was stratified by neighborhood, duration in the program and types of services received. In 2001-2002, we used the developed outcomes to evaluate the program with a representative sample of 260 clients and measures completed at baseline, post and a one-year follow-up.

**RESULTS:** The qualitative research resulted in outcomes of ten life areas important to drug users. This included incremental scales from better to worse of: ways of making money (income); ways of handling legal problems, negative feelings (mental health), physical health problems, drug use problems; places to live; ways/places to get something to eat (nutrition); ways to improve oneself; services/programs to connect with; and types of family relations. The evaluation results showed that the program positively impacted clients across all outcomes with the strongest impact shown in outcomes most directly addressed in the program. Surprisingly, clients' progress across the outcomes was not systematically associated with the kinds of number of services received. Some association ( $p \leq .05$ ) was found between clients' type of drug use (i.e., stable vs. chaotic) and their progress with housing and making money.

**CONCLUSIONS:** While traditional drug treatment garners considerable political support and resources, it is not a viable option for many drug users. The present study, though preliminary in nature, shows a positive association between drug users participation in harm reduction programming and making incremental, life-sustaining changes across several areas of their lives. These results, along with those showing the positive effects of syringe exchange in reducing HIV transmission, demonstrate that harm reduction is a viable intervention for addressing the needs of marginalized drug users.

**Control Number:** 03-B-26-NHPC  
**Format:** Abstract Format II - Descriptive Summary  
**1st Category Choice:** D35 School Based Programs  
**2nd Category Choice:** C34 School-Based Interventions  
**Population 1:** P58 Teachers  
**Population 2:** P56 Staff of Community-Based Organizations  
**Presentation Preference:** Single Oral

**Title: Marketing HIV/STD Learning Activities in Three Harris County School Districts and Community-based Settings**

**Author Block:** *Kweekeh, FA*  
City of Houston Dept. of Health and Human Services, Houston, TX

**Abstract Body:**

**ISSUE:** Many non-formal traditional methods of gaining access into schools and community-based program to implement HIV/STD learning experiences, targeting adolescents, are unsuccessful because they lack appropriately designed marketing strategies. Marketing strategy would establish guidelines and roles. The clients being the school district board, the school authorities, the parents and the students; while the HIV/STD staff being the agent.

**SETTING:** Three independent school districts located in Harris county, Houston, Texas: Houston, North Forest and Aldine ISDs.

**PROJECT:** The Bureau of HIV/STD is mandated to design Adolescent Health Education programs in schools and community settings in the environ of the City of Houston, which includes schools in Harris County. This project covers the period January 1999 to August of 2001. Staff responsible for the implementation of this component of the HIV Prevention program is a Certified Health Education Specialist. Who is responsible for developing the appropriate curriculum for elementary, middle and high school; develop marketing strategy for marketing the services and implement HIV/STD learning activities.

Marketing strategy begins with a compilation of names of schools in the coverage area, an up-dated list of principals and addresses, developing the letter and mailing out. This follow by phone calls and contact visits. In some instances, networking with existing organization e.g. Community in School (CIS) has been an alternative strategy to enter a school.

Once request is accepted by the school, negotiation for time slot, schedule, class size, equipment and getting parental consent forms are discuss and conclusion reached. There is a contract or confirmation letter from the teacher or principal detailing the contract between the client and agent.

**RESULTS:** Annually approximately 60 marketing letters are sent out to various schools within the coverage area. There is usually a 75% response rate. Out of 60 contacts usually about 45 respond. This number includes community-based organizations such as Girl Scouts and YMCA. Because of the large number of response, some schools are referred to community-based organizations contracted by the Bureau of HIV/STD. Learning activities cover four modules that include Basic facts HIV and STD, Self-esteem, Personal Risk Assessment and Communication Skills.

A total of approximately 20, 000 adolescents were reached within this reporting period. Many of these contacts from 1999 have continued to have the services in their schools and others during summer camps up to 2002.

**LESSONS LEARNED:** (1) Marketing strategy altermately results in a contract between the client (school) and the agent (HIV/STD staff). (2) Parental consent requires consistant follow-up by the teacher

to ensure that students bring those forms before the class time. (3) Agent must be prompt and well verse in subject. (4) Built-in incentives for participants motivates participation. Incentives include pencils, brochures, buttons etc. Special prize for the student that score the highest mark in the post-test. (5) Keep a cordial relationship with contact person in school and community-based program.

**Control Number:** 03-B-35-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D04 Community Coalition Development

**2nd Category Choice:** G21 Other (Please specify on Additional Info page)

**Population 1:** P18 Faith Community

**Population 2:** P12 Communities of Color

**Presentation Preference:** Group Oral

**Title:** Urban AIDS Ministry: Collaboration between City Health Dept. and Faith Community

**Author Block:** *Carr, JA*<sup>1</sup>; *Agee, GB*<sup>2</sup>; *Alexander, L*<sup>3</sup>

1 Catholic Charities, Houston, TX; 2 City of Houston, HDHHS, Houston, TX; 3 Eleos Centers, Inc., Houston, TX

**Abstract Body:**

**Issue:** New HIV infection rates continue to rise in communities of color despite traditional prevention efforts to affect change. In Houston, there was a critical gap in dialogue between the health department and faith leaders. Because the faith community is a major gatekeeper to communities of color, collaboration between the city health department and leaders of the faith communities was needed to effectively reach high risk populations.

**Setting:** Houston Eligible Metropolitan Area and HIV Service Delivery Area

**Project:** We sought a more broad method of reaching high-risk communities through collaboration with the Houston Health Department for intervention in the faith community. In 1997 the Houston Health and Human Services Department (HHHSD), realizing a disparity in effectively reaching communities of color, organized a task force of inter-faith community leaders. This group became known as the Urban AIDS Ministry Task Force (UAM). Our mission is to educate, support, and foster HIV/STD prevention programs and partnerships involving the spiritual community and to promote an integrated and comprehensive response to the HIV/AIDS epidemic in the City of Houston.

**Results:** At the inception of UAM in 1997, only eight church leaders responded to the invitation for dialogue. By 2003, we have a functioning group of over 65 church leaders, some representing multiple churches. Through an annual faith conference and monthly meetings, we have educated and mobilized thousands of individuals to respond to the HIV epidemic in our area. Both the faith conference and the monthly meetings rotate throughout the community, from the Muslim Temple to a Catholic Church, to the Shrine of the Black Madonna and not to forget, the Baptists and Methodists. Because of our diverse group, we have had the opportunity to develop and research a variety of faith-based HIV prevention curriculums. Through the open dialogue from the ministers to the educational specialists, we have developed a resource list to assist new faith leaders in locating resource materials and programs for HIV prevention in their communities of faith. Members of our task force are involved in the HIV prevention community planning group process as well as other local, state, and national HIV/AIDS prevention efforts.

**Lessons Learned:** We must continue to recruit new members. While our efforts have produced large results, we have only reached a fraction of the populations in need. We have learned that the powerful influence of a pastor's words in the pulpit or on the street can change lives. Support and technical assistance from local government can strengthen faith leaders to meet the HIV prevention needs of their communities.

**Control Number:** 03-B-36-NHPC  
**Format:** Abstract Format II - Descriptive Summary  
**1st Category Choice:** D06 Faith Based Programs  
**2nd Category Choice:** D01 Abstinence Programs  
**Population 1:** P62 Youth  
**Population 2:** P18 Faith Community  
**Presentation Preference:** Single Oral

**Title:** Creative Strategies for Faith Based HIV Prevention

**Author Block:** *Carr, JA*  
Catholic Charities, Houston, TX

**Abstract Body:**

**Issue:**

Ryan White research for Harris County for the year 2000 indicates that education and prevention must begin by at least age 12. The most effective means of prevention for HIV involves choosing healthy behaviors such as saving sex for a faithful marriage and remaining drug-free. Reaching out to provide abstinence-based education throughout the greater Houston area is a tremendous task. There is a need for accurate, updated HIV/AIDS education that is culturally appropriate in faith community settings.

**Setting:**

Catholic Charities provides culturally-sensitive social services to those in need, without regard to race, religion or socioeconomic status. As an advocate for social justice, Catholic Charities empowers the community through action and education asserting the principle of human dignity. This particular project targeted the faith communities, but was open to any individual or group in the community for participation.

**Project:**

Beginning in 2000, the AIDS Ministry Education Program of Catholic Charities sought to educate youth in the 151 parishes and schools of the Diocese of Galveston Houston in addition to participating in the citywide prevention and education efforts in 11 counties surrounding Houston. Using community organizing and an advocacy campaign to engage each parish in our education services, we provided approximately 900 free HIV/AIDS education CD ROMs to parishes, schools, and other community organizations. The bi-lingual CD contains age-appropriate HIV/AIDS education and prevention presentations that can be used from kindergarten to 12<sup>th</sup> grade as well as with adult populations. Our project also includes a speakers' bureau of 25 trained speakers. Every educational presentation delivered is customized to best fit the individual faith community. In addition, we maintain current HIV information in our resource library to providing speakers and others in the community with the most accurate information possible. Our long-term goal is to increase the knowledge of HIV/AIDS in order to break the silence and mobilize the community to take action against further spread of this pandemic.

**Results:**

HIV/AIDS education sessions occurred in 90 of the 151 churches. Previous attempts to reach these faith communities only resulted in participation by 25-30 churches. The program is on-going with new churches requesting additional consultation and assistance every month. In addition, the program has provided teacher in-services and HIV/AIDS education presentations in three of the surrounding public school districts as well as providing speakers for professional conferences and other community events. These in-depth educational sessions included more than 20,000 people over the first two years of the project. Of the participants who completed post-presentation surveys, 85% noted and increase in knowledge of HIV/AIDS.

**Lessons Learned:**

Our office had to be ready to respond to each group individually to accommodate their individual needs.



This sometimes means being willing to deliver the presentations at 3:00 a.m. at a youth group lock-in that takes place over an hour away from our headquarters location or sitting down with the youth minister ten times to explain the material before he/she agrees to schedule one presentation for five parents.

**Control Number:** 03-B-41-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D15 HIV Prevention Programs for MSM

**2nd Category Choice:** D23 Implementing Culturally Competent HIV Prevention Programs

**Population 1:** P19 Gay and Other Men Who Have Sex With Men

**Population 2:** P64 Other (Please Specify)

**Presentation Preference:** Single Oral

**Title:** SPORTSEX; the not-so-hidden contact.

**Author Block:** *Strona, FV*

Walden House, Inc, San Francisco, CA

**Abstract Body:**

**ISSUE:** Development of culturally competent and Harm Reduction based outreach techniques for MSM engaging in sex on premise venues and public sex encounters

**SETTING:** Sex clubs, Bath Houses, Public Sex Venues

**PROJECT:** SPORTSEX is a program designed to work with outreach staff to develop systems to meet the education and prevention needs of MSM engaging in sex in these locations.

**RESULTS:**

Improvement in counseling and outreach skills needing to reach and understand the hard to reach client utilizing non-traditional sex venues.

To improve general knowledge of the variety of public and professional sex venues

To shed light on the concept that non-traditional sex is a common practice among men and women and can not often be judged based on look, appearance moral or ethical judgments.

**LESSONS LEARNED:**

Ability to discuss a client's sexual activity in a confident and non-judgmental setting

Encourage attendees to look at personal boundaries and limits in terms of alternative sexuality and venues.

Establish and reinforce concepts of neutral space and client centered counseling.

At the end of this presentation, staff should be able to develop tools and language to provide appropriate outreach to high risk groups (MSM, MSM/F) using Sex clubs, Bath Houses and Public Sex Venues with a harm reduction and/or prevention context.

**Control Number:** 03-B-62-NHPC  
**Format:** Abstract Format II - Descriptive Summary  
**1st Category Choice:** D03 Best HIV Prevention Practices  
**2nd Category Choice:** E22 Politics and HIV Prevention  
**Population 1:** P26 HIV Prevention Providers  
**Population 2:** P9 Clients of Community-Based Organizations  
**Presentation Preference:** Group Oral

**Title:** Integrating HCV into HIV prevention

**Author Block:** *Loberti, PG*  
RI Department of Health, Providence, RI

**Abstract Body:**

**ISSUE:**

The viral hepatitis epidemic has taken the public health community by surprise, particularly Hepatitis C. Rhode Island has embarked on a comprehensive approach to respond to the HCV epidemic in our state. This process involves the expansion of surveillance systems, development of local policy statements, integrating HCV into HIV prevention, outlining a provider and client education program, creating an infrastructure for treatment, hiring a HCV coordinator, data base manager and a HCV Care coordinator, and conducting a provider needs assessment. These issues will be part of a dynamic discussion.

**SETTING:**

**PROJECT:**

To discuss and demonstrate how to capture the attention of policy makers, providers and public health professionals by presenting the Rhode Island experience. Participants will be exposed to the process involved in creating a HCV program utilizing existing resources and by partnering with community stakeholders.

**RESULTS:**

The result was to solicit funding and increase program development. As a small state the Rhode Island experience has received attention for its ability to incorporate the public health components of assessment, assurance and policy development to address this incredibly complex issue.

**LESSONS LEARNED:**

Rhode Island learned many

**Control Number:** 03-A-64-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** D13 HIV Prevention Programs for IDUs

**2nd Category Choice:** A07 Drug Use, Addiction and HIV Risk

**Population 1:** P32 Injecting Drug Users

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Single Oral

**Title:** Risky drug-related behaviors among injection drug users: A meta-analysis of needle exchange program attenders

**Author Block:** *Ksobiech, K*

Medical College of Wisconsin, CAIR, Milwaukee, WI

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** The research question posed was: Is the existence of a needle exchange program (NEP) associated with reductions in risky IDU needle sharing/lending/borrowing behaviors? To date, there has been only one published NEP meta-analysis (Cross, Saunders, Bartelli, 1998) and that meta-analysis was based upon a relatively small number of studies, focusing upon a limited number of dependent variables. This study's intent was to both update and expand upon Cross et al.'s (1998) work.

**METHODS:** In order to address this question, a systematic review of all available NEP change/comparison data presented between 1989 and 2001 was incorporated into this meta-analysis. A total of 64 studies were located, and a typology was created to categorize the dependent variables into sharing and lending/borrowing behaviors for subsequent analysis.

**RESULTS:** Needle sharing, lending and borrowing consistently declined among NEP attenders, suggesting an overall effectiveness of NEPs in affecting HIV risky drug-related behaviors of IDUs.

**CONCLUSIONS:** Overall, the meta-analytic results lend support to the harm reduction philosophy often used as the rationale for the establishment and maintenance of NEPs. However, most published research does not provide change/comparison data, and so caution must be exercised in interpreting these results.

**Control Number:** 03-B-66-NHPC  
**Format:** Abstract Format II - Descriptive Summary  
**1st Category Choice:** D03 Best HIV Prevention Practices  
**2nd Category Choice:** D22 How to Replicate Programs that Work  
**Population 1:** P26 HIV Prevention Providers  
**Population 2:** P44 Outreach Workers  
**Presentation Preference:** Group Oral

**Title:** Conducting community street outreach using the Mobile Tech Model

**Author Block:** *Armstead, C<sup>1, 2</sup>; Bevil, G<sup>1, 3</sup>*

1 Working For Togetherness, Matteson, IL; 2 DePaul University, Chicago, IL; 3 Governors State University, University Park, IL

**Abstract Body:**

**ISSUE:** The Mobile Tech/Multimedia approach transforms beyond setting limitations of traditional HIV/Prevention services and is able to infiltrate the daily culture of those in most need of prevention messages and services such as: *Injection Drug Users, Homeless, Sex Workers, and men and women of color in low income communities*. The model uses High Tech Audio/Video Transportation Units to broadcast prevention messages. This method is highly effective in removing barriers to the "hard to reach" African American high-risk populations. This approach has ensured that the agency is able to provide vital prevention services to those targeted by the CDC known to be at greater risk, in addition to increasing overall community awareness, and the number of people who are open to counseling and testing.

**SETTING:** Housing projects, high crime neighborhoods with excessive illegal drug activity and high incidences of HIV/AIDS and other sexually transmitted diseases (STD's) in Chicago and surrounding areas.

**PROJECT:** Traditional prevention campaigns do not take into account the barriers that prevent consumers from accessing services such as illiteracy, cultural distrust of large systems/agencies, and poor and/or/no public transportation systems. The Mobile Tech methodology overcome barriers that prevent the targeted populations from accessing qualitative HIV Prevention services. This project has demonstrated that high risk sub-cultures labeled "hard to reach" can be accessed and receive viable prevention messages. The Mobile Tech Model is effective because services are conveniently located in many neighborhoods during non-standard business hours including nights and weekends. The program currently uses two Mobile Tech Units, which travel from neighborhood to neighborhood attracting the attention of the community by using culturally directed audio and video media educational tools which provokes the curiosity of the African American community, which tend to be more visual in nature.

**RESULTS:** Conducting community street outreach using the Mobile Tech Model over a period of one year, 5000 contacts were made with identified high-risk individuals. Of this number, 3500 were in the "hard to reach" category and 733 of them were tested for HIV/AIDS of which 615 returned for their results. 8 individuals were positive and linked to primary care services. 500 were referred to substance abuse treatment facilities. High risk individuals who typically have fallen out of reach of traditional health and prevention services were consistently exposed to prevention messages and services.

**LESSONS LEARNED:** Hard to reach populations can be accessed and engaged to participate in comprehensive HIV prevention programs, especially when services are conveniently available as well as sensitive to the communities emotional/cultural needs. The Mobile Tech model has been empirically supported through the vast number of people reached, thus demonstrating this model of intervention is making a vital impact. It can revolutionize community-street preventive outreach and is easily duplicated. This approach removes barriers that can lead to disparity in prevention services between minorities and other populations. Moreover, these individuals can consistently learn to implement HIV

prevention into their lifestyles, thus making the connection between their choices and behavior to reduce the personal risk of becoming HIV infected or infecting others.

**Control Number:** 03-B-71-NHPC  
**Format:** Abstract Format II - Descriptive Summary  
**1st Category Choice:** D36 Sustainability of HIV Prevention Programs  
**2nd Category Choice:** D29 Outreach  
**Population 1:** P44 Outreach Workers  
**Population 2:** P26 HIV Prevention Providers  
**Presentation Preference:** Single Oral

**Title:** A comprehensive approach to HIV prevention outreach

**Author Block:** *Brown, PA*  
Saint Joseph's Mercy Care Services, Atlanta, GA

**Abstract Body:**

**ISSUE:** HIV Street Outreach Workers are a vital part of HIV prevention and are the primary resource for persons to learn about prevention and behavior change. A comprehensive approach must be utilized to provide a continuum of care for clients and offer outreach workers professional credibility. This presentation will illustrate the strengths, benefits and effectiveness of a properly trained street outreach team.

**SETTING:** Neighborhoods, shelters, jails, transitional/recovery residences in the metropolitan Atlanta area.

**PROJECT:** The St. Joseph's Mercy Services, HIV Prevention Team is a seasoned street team that uses a comprehensive approach to provide HIV education and risk reduction services to the homeless and/or other underserved groups. The team utilizes a variety of risk reduction methods to generate a thought process in people and help them identify certain behaviors that may put them at risk for contracting HIV. Particularly impactful are risk assessment surveys which are conducted regularly to measure and monitor risk behaviors of people contacted through street and group activities. Utilizing the Stage of Change Behavior Model, outreach workers can identify the community's overall beliefs and sexual practices, and plan ongoing interventions to address needed prevention issues. Using brief surveys conducted with street bound clients and clients encountered in group presentations, this presentation will illustrate how survey data is used to enhance HIV street outreach interventions.

**RESULTS:**

Of the 695 participants in the random condom use survey used during street outreach activities, 69% were African American heterosexual men and women. Sixty-two percent reported using a condom during their most recent sexual encounter. Of the participant who self-reported not using a condom during sex, they gave the following reasons: 30% reported they didn't have a condom at the time of the sexual encounter, 15% reported they didn't like the way condoms felt, 48% reported they were in relationships with people they trusted, 16% were under the influence of drugs/or alcohol and 7% gave various other reasons for not using a condom such as; being in a lesbian relationship, pregnant, didn't think of it at the time, or the person looked clean. The fact that it is often revealed that the "trusted" relationship is less than 6-months old or even a sporadic involvement concerns the team. Additionally, we find that HIV status has not been discussed with their partner, nor do they believe they need to be tested for HIV.

**LESSONS LEARNED:** Programs may not reach their fullest capacity because data collection is not regularly monitored, evaluated and utilized. Likewise, lack of proper training can taint results and impede effective interventions, thereby, producing little or no change in a community's behavior or beliefs. Finally, it is often assumed that everyone can ask survey questions properly, or that they understand the purpose of questions posed.

**Control Number:** 03-B-77-NHPC  
**Format:** Abstract Format II - Descriptive Summary  
**1st Category Choice:** D10 HIV Prevention Program Evaluation  
**2nd Category Choice:** E07 Evaluation Policies  
**Population 1:** P21 General Population  
**Population 2:** P25 Heterosexuals  
**Presentation Preference:** Single Oral

**Title:** Analysis Of Results Of A National Program Of Fight Against Aids In A Typical African Country: The Example Of Cameroon.

**Author Block:** *CHICHOM, AM*<sup>1,2</sup>

1 Central hospital, Yaoundé, Yaounde, Cameroon; 2 Pivs/fhrec, Yaounde, Cameroon

**Abstract Body:**

**ISSUE:** The national program of fight against AIDS was launched in Cameroon in 1986 following the rapid progression of the pandemic. Cameroon is a country located in central Africa, a region where the prevalence of HIV infection is known to be one of the **highest in the world**. This prevalence is related to the importance of heterosexual transmission that accounts for more than **80%** of all cases.

The prevalence still increases following an **exponential rate** after 15 years of action initiated in the program.

**PROJECT:** We intend in this article to discuss the possible reasons for this augmentation by reviewing impact of the prevention messages on **sexual behaviours** and quality of **update of these messages** following improvement of prevention methods and therapeutic aspects.

**LESSONS LEARNED:** The programs of fight against AIDS can be **re-orientated** in the light of this analysis and of the present situation of the pandemic in other regions of the world.

This analysis can be a **model of re-organisation** of national programs in many African countries with a similar epidemiological profile.



**Control Number:** 03-B-85-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D15 HIV Prevention Programs for MSM

**2nd Category Choice:** D12 HIV Prevention Programs for Communities of Color

**Population 1:** P19 Gay and Other Men Who Have Sex With Men

**Population 2:** P35 Latinos/Latinas, Hispanic

**Presentation Preference:** Single Oral

**Title:** Implementing a scientifically sound intervention to a community with a different cultural make up and geographical topography

**Author Block:** *Narvaez, WR; Fallon, S; Santos, K; McLaughlin, J*  
Gay & Lesbian Community Center of South Fl, Oakland Park, FL

**Abstract Body:**

**ISSUE:**What happens when a scientifically sound intervention is exported to a community with a different cultural make up and geographical topography? South Florida has high MSM seroprevalence rates of 13% to 22% (highest amongst Hispanic, Black and younger MSM). The Gay and Lesbian Community Center of South Florida examined proven models for addressing MSM risk behaviors (Mpowerment and Peer Opinion Leader). These models have been replicated in other communities successfully, but South Florida's demographics and attitudes differ significantly from those in the primarily white-populated suburban settings where the models had been initially developed. Could key concepts of these models be adapted effectively to meet local needs in South Florida?

**SETTING:**South Florida nightclubs, community center, gay businesses

**PROJECT:**Because of Broward County's sprawling geography and poor public transportation the Nitro program takes its services directly to MSM in a variety of venues (unlike the clubhouse centered Mpowerment model). South Florida's high-energy nightclubs are fueled by drug use, which precluded setting local bartenders up as Peer Opinion Leaders. Instead, the Nitro outreach team members became the program's Peer Opinion Leaders, working outside the nightclubs. The diverse team includes MSM ages 22 to 34, HIV+ and HIV-, who are white, Black, Hispanic, and Asian/Pacific-Islander. Services are provided in English and Spanish. The Nitro staff direct most of the program's components (outreach, discussion groups, community building events and social marketing).

**RESULTS:**The local community has responded favorably to the Nitro team, which has been featured in local gay newspapers and bar magazines. The project reaches over 20,000 MSM per year through outreach, and another 1,000 per year through discussion groups and community building events. Its membership list has grown to over 600 local MSM who attend community building events and discussion groups regularly. In sample surveys, 89% of local MSM report interaction with the NITRO staff at nightclub venues. Of workshop and group participants, 96% report greater risk sensitization, 92% report increased self-efficacy. Fully 94% of surveyed MSM have encountered Nitro's social marketing items, and 94% rated these Good or Excellent at delivering health messages.

**LESSONS LEARNED:** Local providers can launch scientifically sound programs with an eye toward both program fidelity and adaptation to community norms and cultures. By the end of the workshop, participants will understand how to

1. Utilize the CDC's Compendium of Interventions to select model programs.
2. Itemize similarities between the research model and the local community.
3. Work with the model's originators and with local indigenous personnel to produce locally effective programs.

**Control Number:** 03-B-87-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D15 HIV Prevention Programs for MSM

**2nd Category Choice:** A20 Psychological Factors and HIV Risk

**Population 1:** P19 Gay and Other Men Who Have Sex With Men

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Poster Session

**Title:** HeadsUp San Jose: A Psychosocial Educational Program for HIV Negative MSM

**Author Block:** Cuenco, WA

Headsup San Jose, San jose, CA

**Abstract Body:**

**ISSUE:** In the Silicon Valley, MSM come from all ethnic groups. Some are closeted about their sexual activities and/or orientation, and others are married men leading double lives. MSM tend to test frequently at HIV testing sites due to their high-risk behavior. Despite a decrease in the percentages of African-American and Latino MSM who test seropositive, and an overall decrease in HIV seroprevalence among young MSM, there has been no significant decrease in the incidence rate for MSM in the county. Closeted MSM and MSM who do not identify as gay/bisexual present special challenges. Transsexuals have been badly overlooked in previous prevention work. Hence, social marketing plans and interventions were implemented to meet the linguistic and cultural needs of the diverse county population.

**SETTING:** Santa Clara County, California

**PROJECT:** HeadsUp San Jose is a six-week group series, which include psychosocial co-factors of HIV transmission, personal leadership, and community building, were among the topics discussed. Program activities were held in leased, off-site, non-gay/bisexual identified premise. All participants were advised during their initial contact with program staff, that the program is for MSM who assumed to be HIV seronegative. The program consists of four phases. Phase 1 is a 6 week, peer led, small group, psycho educational program, Phase 2 is an optional 6 weeks of free professionally led support groups, Phase 3 consists of up to six optional free individual counseling/risk reduction sessions with a mental health professional, and Phase 4 is an optional open-ended monthly peer led support group. A multicultural, multilingual, social marketing were used to reach MSM population. Materials were distributed to: HIV testing sites, community/ethnic organizations, bars (including Latino straight clubs), the local bathhouse, adult bookstores and movie theaters, and locations around the county that have been identified as locales which are frequented by MSM looking for casual sexual encounters. Advertisements were placed in a variety of print media and a website, providing information about the program was also utilized.

**RESULTS:** From March 2000 – December 31, 2002, a total of 21 group series has been completed (140 participants), and support groups have been conducted monthly. Completion of each objective was attained through strong coordination with different groups, organizations, club owners/promoters, and allies. Referrals from different clinics and health care facilities were followed up and utilized. Outreach to different venues, program presentation to different institutions, and program coordination to other providers were being used in recruiting participants. **LESSONS LEARNED:** In every effort used in reaching out the multicultural and multilingual MSM population, effective strategies are clearly well defined and the resources and networks are better developed. Furthermore, with the support of the policy makers in this county, we are certainly in a better situation now to combat the infection, because the community is now better informed, better organized and better supported.

**Control Number:** 03-A-90-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** D07 HIV CTS Programs

**2nd Category Choice:** G18 STD Screening & Treatment in Correctional Settings as an HIV Prevention Strategy

**Population 1:** P14 Correct.Settings,Persons in(Incarcer.Popul.)

**Population 2:** P30 Incarcer.Popul.(Correct.Settings,Persons in)

**Presentation Preference:** Poster Session

**Title:** Project Connect: Enhanced HIV and syphilis counseling and testing services in a correctional population.

**Author Block:** *Jones, VP<sup>1</sup>; Olthoff, G<sup>2</sup>; Brunson, S<sup>3</sup>*

1 Prince George's County Health Department, Prince George's County, MD; 2 Prince George's County Detention Center, Forestville, MD; 3 Maryland AIDS Administration, Baltimore, MD

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Project Connect was envisioned with the idea that an effective way to achieve HIV prevention was to empower HIV positive people to assist in the prevention of HIV in their close circle of friends as well as supporting safer sex behavior. The rationale is to identify new cases through counseling and testing in the correctional center and subsequent prevention case management for the HIV positive persons who are found. The Prince George's County Health Department is offering HIV and syphilis counseling and testing to every new arrestee in the Prince George's County Detention Center. The population being reached is African American males and females between the ages of 18 and 40.

**METHODS:** Every male and female arrested is offered HIV and syphilis counseling and testing as part of the local correctional center's medical services. Health Department Staff - Disease Intervention Specialists (DIS) are in the correctional center up to four days a week in both the male and female intake units offering these services. The project will provide rapid turn-around time for HIV testing and the return of test results. All persons testing positive are provided post test counseling and partner counseling and referral services. All partners will be offered HIV testing in the field. Both positive and negative partners will be offered prevention case management services.

**RESULTS:** Test results, YTD 2002 are as follows. Eight hundred and fifty eight (858) persons consented for testing. Twenty-three positive cases have been identified. Twenty-two (22) of the twenty-three (23) positives have been identified as new cases of HIV infection. Eleven of the inmates testing positive were post test counseled while incarcerated. Each was also offered partner counseling and referral services. The other inmates were released shortly after testing and their test results were sent to the appropriate jurisdiction for post test counseling and partner counseling services, or were not found due to bad locating information.

**CONCLUSIONS:** This project will provide rapid turn-around time for HIV testing and return of test results, ensure that post test counseling is provided, and elicit the sex and needle sharing partners of those who test positive. Both HIV positive and negative sex and needle sharing partners will be offered the services of Prevention Case Management (PCM), which will include risk reduction counseling and referral for additional services using monetary incentives for participants, education and testing sessions will be hosted in the community for persons known or likely to have HIV-infected partners. This will be a continuous process in an attempt to access ever-widening and inter-linked concentric circles of contacts who are at high risk of contracting HIV infection.

**Control Number:** 03-B-94-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D29 Outreach

**2nd Category Choice:** F23 Other (Please specify on Additional Info page)

**Population 1:** P2 Advocates

**Population 2:** P44 Outreach Workers

**Presentation Preference:** Single Oral

**Title:** Positive Approaches Proven Possible through Partnerships in Action

**Author Block:** *Brookshaw, C<sup>1</sup>; Nichols, SC<sup>2</sup>*

1 West Central GA District Health, Columbus, GA; 2 Three Rivers AHEC, Columbus, GA

**Abstract Body:**

**ISSUE:** Limited quality educational opportunities available in rural areas for HIV positive individuals and at risk populations.

**SETTING:** Rural Georgia

**PROJECT:** "Positive Approaches"

**RESULTS:** Successful one day conference with over 150 participants infected/affected attending representing two states, three health districts. Participants ranged in age from 17 to mid 70's and represented numerous ethnic, racial, religious, educational and social economic backgrounds.

**LESSONS LEARNED:**

Developed collaboration of local, county, and state agencies from two states, public and private organizations, pharmaceutical companies, community based organizations, minority groups and the faith community. Recognized limitations of collaborative partners and created a model that can be duplicated with other populations.

**Control Number:** 03-B-100-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D20 HIV Prevention Programs for Youth

**2nd Category Choice:** D08 HIV Prevention Community Planning

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P1 Adolescents

**Presentation Preference:** Group Oral

**Title:** HIV primary and secondary prevention for high risk young adults.

**Author Block:** *Faber, JF<sup>1</sup>; Pease, J<sup>2</sup>; Varner, T<sup>3</sup>; Heilman, R<sup>4</sup>; Tyler, O<sup>5</sup>*

1 University of Pittsburgh, GSPH, Pittsburgh, PA; 2 Pennsylvania Dept of Health, Division HIV/AIDS, Harrisburg, PA; 3 Pennsylvania Young Adult Roundtables, Harrisburg, PA; 4 Pennsylvania Young Adult Roundtables, Pittsburgh, PA; 5 Pennsylvania Young Adult Roundtables, York, PA

**Abstract Body:**

**ISSUE:** HIV prevention community planning is a macro-level, participatory process, involving those infected/affected individuals for whom and by whom prevention programs are designed. The inclusive principles of community planning are also applicable at the micro-level: Since half of all new HIV infections in the United States are among individuals under the age of 25, these young people should and can participate in the planning of interventions designed for their peers.

**SETTING:** Pittsburgh, Pennsylvania

**PROJECT:** This formative research project, rooted in the principles of HIV prevention community planning, emanated from needs assessment data from the Pennsylvania Young Adult Roundtables and resulted in the design of a unique HIV prevention intervention by a group of eighteen young (ages 16-24) sexually-active gay, African American and Latino young people with experience in HIV prevention planning and/or peer education.

**RESULTS:** The resulting HIV prevention intervention, which is scheduled to be piloted during the summer of 2003, is comprehensive and peer-based. It targets the primary and secondary risk behaviors of participants and is rooted in behavioral science and the principles of risk reduction. Integral to the intervention's goal to reduce participants' risk behaviors, is the inclusion of peer-recommended methods, prevention skills and sociocultural factors (homophobia, racism and ageism) that impede risk reduction. With its goal of risk reduction and, therefore, its focus on risk behaviors, the intervention does not target specific populations of young people, but is inclusive and sensitive to the needs of all young people. The intervention is comprehensive and includes associated risks of sexually transmitted infections and unintended pregnancy. The intervention is rooted in behavioral science theory and incorporates evaluative feedback from members of the Pennsylvania CPG, the PA DOH, and members of the statewide Young Adult Roundtables.

**LESSONS LEARNED:** Though challenging, this formative research project indicates that young people have not only the capacity but the desire and enthusiasm to participate in HIV prevention community planning and in the design and implementation of related prevention programs. Young people can collaborate effectively with health providers, researchers and state bureaucrats. In planning HIV prevention interventions, young people stress the need to focus on behaviors, on honest and comprehensive program content, on peer-based models, and on risk reduction, which includes as one behavioral option, abstinence. Condom distribution, secondary prevention and local resource linkages, and HIV/STI counseling and testing are, according to young people, also necessary components of effective HIV prevention interventions. Consistent with the principles of community planning, HIV prevention planners and providers can and should include (high-risk) young people in the design and implementation of education and intervention programs.

**Control Number:** 03-B-101-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D40 Other (Please specify on Additional Info page)

**2nd Category Choice:** D30 Peer-Based Prevention

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P14 Correct.Settings,Persons in(Incarcer.Popul.)

**Presentation Preference:** Group Oral

**Title:** Peer delivered HIV prevention education will reduce the frequency of behaviors that place prisoners at risk for HIV transmission.

**Author Block:** *Rivera, S; Eddie, JA*

The Staten AIDS Task Force, NY, NY

**Abstract Body:**

Issue: Peer delivered HIV prevention education will reduce the frequency of behaviors that place prisoners at risk for HIV transmission.

SETTING: State Correctional Facility

PROJECT: Peer Training Institute (PTI) provides training and support for prisoners interested in becoming HIV/AIDS Peer Educators. Peer Educators complete an intensive HIV prevention education training program. They assume responsibility for the provision of Peer-led HIV prevention education within the facility. RESULTS: The overall rate of confirmed AIDS cases among the U.S. prison population was five times the rate of the general population, according to statistics from the most recent Bureau of Justice Statistics report, HIV in Prisons and Jails, 1999. In 1996, the PTI program began in Arthur Kill Correctional Facility (AKCF). AKCF HAS over 900 (male) prisoners on average with an estimated 1,400 annually. Between 160-180 prisoners receive HIV primary care on-site by an infectious disease specialist. These prisoners are at the end of sentences that range from 6 to 20 years and are released within the next 2-3 years. Blind seroprevalence studies of male prisoners in New York State indicate a seropositive rate of 11.5%. AKCF estimates a rate of 18% at their facility. Demographic are as follows: 60% African American, 30% Hispanic/Latino, 8% White, and 2% Asian/Pacific Islander. Since 1996 PTI has trained 74 prisoners and has conducted 316 group presentations, reaching 4360 prisoners. PTI has conducted 739 individual harm reduction-counseling sessions and 7 specialized 4-part peer led interventions reaching 126 prisoners. Peer educators provided 2439 impromptu HIV counseling sessions in the weekly drop-in center. Peer educators and staff facilitated 300 HIV/AIDS support groups in both English and Spanish. Fifty peer educators have been trained to conduct the specialized infirmarium counseling and support initiative for hospitalized and terminally ill prisoners.

LESSONS LEARNED: You must establish and maintain good working relationships with the prisoners and facility administration. Many who work in HIV prevention possess strong advocacy skills. As advocates we face the difficult task of reconciling the goals of our agency, the facility and the prisoners. Staffing: what are staff opinions and beliefs about prisons, and authority? Will their political and spiritual values work within prison walls? Peers: Soliciting peer educators who are in good standing, and asking prison staff for nominations often produces a select group. When a peer model approach is combined with thorough training and when prisoners are actively involved in HIV prevention education and other health promotion projects there is an opportunity for a positive and productive atmosphere in the prison. Prison sensitivity to HIV prevention issues: you also need a clear understanding on the position of the facility regarding condoms, needle exchange and/or cleaning works. To be on the safe side, presentations of such information as well as any workshops concerning sex and sex practices should be presented in the past and future tense. Talking about behavior in terms of "What you have done and will do" removes any implication that prisoners are currently participating in prohibited activities in the prison environment.

**Control Number:** 03-B-103-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D10 HIV Prevention Program Evaluation

**2nd Category Choice:** D15 HIV Prevention Programs for MSM

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P19 Gay and Other Men Who Have Sex With Men

**Presentation Preference:** Group Oral

**Title:** A National Evaluation of HIV Prevention Services for Young Men of Color Who Have Sex With Men

**Author Block:** *Uhl, G; Bartholow, K; Toledo, CA; Bailey II, RE; Hall, L*  
DHAP-IRS, NCHSTP, CDC, Atlanta, GA

**Abstract Body:**

**ISSUE:** Young men of color who have sex with men (YMSM) are at high risk for contracting and transmitting HIV/AIDS. In 2001, the Centers for Disease Control and Prevention (CDC) funded 27 community-based organizations (CBOs) to implement HIV prevention interventions for YMSM aged 24 and younger, their sex partners, and transgendered youth. The evaluation was developed to assess the implementation of HIV prevention interventions and their effectiveness in reducing HIV-related risk behaviors for these populations.

**SETTING:** The evaluation is a national study that includes CBOs located in 14 states, Washington, DC, and Puerto Rico.

**PROJECT:** This project is a multi-component, multi-method evaluation of CDC-funded HIV prevention interventions for YMSM. A comprehensive evaluation plan has been completed by CDC, incorporating comments from CDC staff and external consultants. Program assessments will describe CBOs' HIV prevention activities with a focus on successful practices and barriers to program implementation. Standardized process monitoring data will provide the numbers and types of clients and interventions conducted. In 2003, a standardized web-based system for process monitoring and evaluation data collection and submission, allowing for tracking and reporting of individual client services over time, will be implemented. A multi-site outcome evaluation comparing the HIV risk behaviors in the target populations will utilize a common protocol and an audio computer-assisted self-interview for a baseline and 2 follow-up interviews.

**RESULTS:** Researchers have conducted qualitative program assessments in 3 of the 27 organizations, with the remaining site visits to be conducted in the spring of 2003. Program assessments suggest that while CBOs provide a multitude of services for YMSM, they vary greatly in their capacity to implement and conduct behavioral science-based interventions. As of 1/03, preliminary process monitoring data reported by CBOs, (which could include multiple services to a single client,) included 479 individual level interventions, 1,567 group level interventions, 376 prevention case management services and 18,279 outreach services.

**LESSONS LEARNED:** In developing a multi-component evaluation of a national HIV prevention initiative, it is imperative to solicit and include the feedback of consultants and service providers. This evaluation has been informed by a consultation panel and extensive internal review at CDC. Extensive training and technical assistance are mandatory to enable CBOs to collect and submit quality data. It is preferable to observe interventions in the field, as opposed to relying on written descriptions of them. Finally, it is important to consider more than one method of evaluation when assessing a national initiative. With the use of a multi-component evaluation, we hope to provide a more complete picture of the types of services provided, the types of people served, and the results of the interventions.

**Control Number:** 03-B-127-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D12 HIV Prevention Programs for Communities of Color

**2nd Category Choice:** E17 Narrowing the Prevention Gap in Communities of Color

**Population 1:** P12 Communities of Color

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Poster Session

**Title:** Prevention in Communities of Color: A Model for Exploring Socio-Cultural Issues

**Author Block:** *Klein, SJ<sup>1</sup>; Dandy, L<sup>2</sup>; Shotsky, WJ<sup>1</sup>; Borkowski, N<sup>3</sup>; Foster, JI<sup>1</sup>; Johnson, V<sup>4</sup>; Dunning, K<sup>5</sup>*

1 NYSDOH AIDS Institute, Albany, NY; 2 Long Island Minority AIDS Coalition, Lindenhurst, NY; 3 N/A, Williamsville, NY; 4 Capital District African American Coalition on AIDS, Albany, NY; 5 American Indian Community House, Syracuse, NY

**Abstract Body:**

**ISSUE** Recommendations for HIV prevention interventions for communities of color must consider complex socio-cultural factors

**SETTING** New York State (NYS) AIDS Institute in partnership with the NYS HIV Prevention Planning Group

**PROJECT** The NYS population is extremely diverse. The HIV/AIDS epidemic has always been primarily within communities of color. HIV prevention community planning seeks to prioritize populations and interventions. Historical underpinnings, cultural norms, access barriers and factors such as racism and poverty can impede prevention. We needed method(s) for engaging community members and health department staff in exploring these issues.

**RESULTS** An approach was applied to enhance understanding of HIV prevention for African American/Black communities. It relied upon clear goals and objectives, clarity of respective roles, an inclusive process, leadership roles for individuals from communities of color, presentations linked to small group work, results synthesized across subpopulations, review of salient literature, logic models, skills building and diversity training. The model was implemented and extended to other communities of color. The influence of socio-cultural factors will be integrated into recommendations for priority populations and interventions.

**LESSONS LEARNED** Respect for a community's experiences in the past, its traditions, what is deemed acceptable within its culture as well as forces affecting the present political and social climate are ingredients which affect program success. Employ an inclusive process. Consider a multi-year approach. Barriers to prevention can be turned into facilitators. Maintain open communication and foster deep listening. Do not overlook provider needs.



**Control Number:** 03-B-129-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D26 HIV Prevention Programs in Work-Based Settings

**2nd Category Choice:** E15 Lessons Learned from International HIV Policy Development

**Population 1:** P33 International Populations

**Population 2:** P64 Other (Please Specify)

**Presentation Preference:** Single Oral

**Title:** HIV/AIDS Workplace Responses in Action: Early Results of the SMARTWork Six-Country Program.

**Author Block:** *Roberts, MW*

Academy for Educational Development, Washington, DC

**Abstract Body:**

**ISSUE:** Workplace-based HIV/AIDS prevention education and care and support programs--and policies at the national and enterprise levels--can help reduce HIV transmission, stigma, and discrimination.

Establishing effective and sustainable programs requires engaging business managers, labor representatives, and government officials--which in itself is a challenging process.

**SETTING:** Workplaces in six developing countries: Dominican Republic, Haiti, Nigeria, Ukraine, Vietnam, and Zimbabwe.

**PROJECT:** The SMARTWork [Strategically Managing AIDS Responses Together] workplace program is a program of the Academy for Educational Development (AED), with funding provided by the U.S. Department of Labor, Bureau of International Labor Affairs and the U.S. Centers for Disease Control.

**RESULTS:** The program is less than two years old and results are still preliminary. Early results indicate that a tripartite framework--involving business, labor, and government--for policy and program development can be forged, even where such relationships are novel or historically conflictual.

However, creation of such a framework requires considerable time, and is likely to be delayed by political and/or economic crises. Project provided technical assistance also needs to be tailored to the cultural and workplace contexts, as well as to the evolving understanding of needs and goals of the tripartite partners.

**LESSONS LEARNED:** Workplace-based programs and policies that are developed with meaningful involvement of business, labor, and government representatives offers greater potential for creating effective programs that reach all employees with HIV/AIDS prevention education and care and support skills than do previous workplace approaches that typically target only private sector managers.

**Control Number:** 03-B-140-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D10 HIV Prevention Program Evaluation

**2nd Category Choice:** D17 HIV Prevention Programs for Seropositive Persons

**Population 1:** P46 People Living with HIV/AIDS

**Population 2:** P6 Asian and Pacific Islanders

**Presentation Preference:** Single Oral

**Title:** The Hawaii Risk Behavior Survey (HRBS): Developing an HIV Risk Behavior Instrument for Primary Prevention for HIV-Infected Persons (PHIP) in a State Ethnically and Culturally Different than the Mainland U.S.

**Author Block:** *Juday, TR*

University of Hawaii, Honolulu, HI

**Abstract Body:**

**ISSUE:** Hawai'i's HIV Prevention Community Planning Group (CPG) recently ranked HIV+ individuals as the state's highest HIV prevention priority group. Based on this recommendation, the Hawai'i Department of Health (DOH) has funded community-based organizations (CBOs) to provide PHIP services. Monitoring of behavioral outcomes is an important component in determining how well PHIP efforts are progressing in the state.

**SETTING:** The STD/AIDS Prevention Branch (SAPB) of the Hawai'i DOH and five CBOs receiving HIV prevention funding from the Hawai'i DOH to conduct PHIP individual-level interventions.

**PROJECT:** In early 2002, the Hawai'i DOH began the process of developing an evaluation tool to assist CBOs in monitoring the HIV risk behavior of their PHIP clients. Initially, tools used in other states were examined and deemed inappropriate due to ethnic and cultural differences with Hawai'i. Based on DOH program goals and input from CBOs, a draft instrument was crafted and underwent several revisions. This tool - the Hawaii Risk Behavior Survey (HRBS) - was pilot tested by two CBOs in mid-2002. Final revisions were made in late 2002 based on the results of the pilot testing.

**RESULTS:** The collaboration between DOH and CBOs has produced an HIV risk behavior instrument that focuses on a wide range of issues relevant to HIV prevention in Hawai'i. Specifically, the HRBS asks questions on sociodemographics, medical care and case management, primary relationship, alcohol and drug use, needle sharing, STDs, hepatitis (including vaccination), homelessness, rape, corrections/prisons, prostitution, pregnancy, sexual behavior with partners by HIV serostatus, condom use, and stages of change for specific risk behaviors. Concerns over time led to limiting the instrument to two pages in length, so it could be administered in 10 minutes or less. The HRBS is administered by the HIV prevention worker in individual-level interventions and prevention case management settings at the beginning of the intervention, at three month intervals, at conclusion of the intervention, and, if possible, six months following completion of the intervention. The tool is currently in use by all five community-based organizations in the State of Hawai'i, who are using it to monitor behavior change in their PHIP clients and to build their evaluation capacity. Due to the fact that the HRBS contains questions for both HIV positive and HIV negative clients, it can be used for any clients, regardless of HIV status. Two CBOs are now using the HRBS for HIV prevention clients who are not part of PHIP.

**LESSONS LEARNED:** Existing evaluation tools have been developed in settings that are ethnically and culturally very different from Hawai'i, which necessitated construction of a "Hawai'i-specific" evaluation instrument to monitor HIV risk behavior in PHIP clients in an appropriate, effective way. The process of crafting an appropriate HIV prevention evaluation tool for Hawai'i required a collaborative effort with community-based organizations not only to determine the content and wording of sensitive questions but also the most suitable way to administer the instrument.

**Control Number:** 03-A-145-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** D29 Outreach

**2nd Category Choice:** C21 Interventions that Reduce Sexual Risk

**Population 1:** P57 Street Outreach Workers

**Population 2:** P56 Staff of Community-Based Organizations

**Presentation Preference:** Single Oral

**Title:** Differences in behavioral risk factors between rural and urban residents in Louisiana

**Author Block:** *Sallar, AM<sup>1</sup>; Ba, NS<sup>1</sup>; LeSage, D<sup>1</sup>; Scribner, R<sup>2</sup>*

1 Louisiana Office of Public Health, HIV/AIDS Program, New Orleans, LA; 2 Louisiana State University Health Sciences Center, New Orleans, LA

**Abstract Body:**

**BACKGROUND/OBJECTIVES:**

The Louisiana Office of Public Health uses street outreach to target HIV prevention services to those who are at highest risk for HIV infection and are often hard to reach by traditional prevention methods. This study compares sexual behaviors, condom use, and HIV testing between rural and urban participants in street outreach surveys in Louisiana, and determines the predictors of condom use at last sex in this population.

**METHODS:**

Street outreach surveys were collected from the neighborhoods/sites in which street outreach activities were actively taking place. In 2002 surveys were collected by community based organisations (CBOs) at over 250 sites across the state. We categorized area of residence of respondent as rural or urban. We considered parishes to be urban if they are part of a metropolitan statistical area (MSA).

Contingency table analysis compared urban versus rural residents. A logistic regression model was developed where variables that reached a significant level of  $p = 0.05$  or lower were entered into the model while controlling for potential confounders such as age, sex, and location/residence. The model was used to determine if race, having a condom at home, getting free condom, HIV testing history, having seen information about HIV and pregnancy, self perceived risk of HIV, and residence predict condom use at last sex. Adjusted Odds Ratios were computed to assess the magnitude of each variable's effect.

**RESULTS:**

A total number of 3,152 street outreach surveys were collected and analyzed. Of those surveyed, 53% were men, 44% women and 2% transgender. The mean age was 27 (s.d. 11 yrs) and 68 % of persons surveyed were less than 30 years. African-Americans constituted 83% and whites 7%. Nearly 76.5% of persons surveyed live in urban areas and African-Americans represent 67% of this urban population. Compared to their urban counterparts, residents of rural areas were less likely to report seeing or hearing about HIV and pregnancy (OR = 0.58;  $p < 0.001$ ); less likely to have 2 or more sexual partners in the past 12 months (OR = 0.90;  $p = 0.04$ ); less likely to use condoms at last sex (OR = 0.82;  $p = 0.030$ ); less likely to have condoms on hand or at home (OR = 0.72;  $p = 0.001$ ); and less likely to have ever shot drugs (OR = 0.77;  $p = 0.002$ ).

In the multivariate analysis, predictors of condom use at last sex were age ( $p < 0.001$ ), having seen pregnancy and HIV information ( $p = 0.008$ ), knowing where to get free condoms ( $p < 0.001$ ), having condoms at home ( $p < 0.001$ ), having been engaged in sexual intercourse in the last 12 months ( $p = 0.03$ ), and being a high risk youth ( $p < 0.001$ ).

**CONCLUSIONS:**

The street outreach program's objective of targeting those at high risk is being met. However, there still remains people who are engaging in high risk sexual behavior, and additional efforts, such as condom availability at no cost, need to be directed to those residents in rural areas of the state.

**Control Number:** 03-B-148-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D04 Community Coalition Development

**2nd Category Choice:** D25 Implementing HIV Prevention Programs in Pharmacy-Based Settings

**Population 1:** P48 Policymakers/Legislators

**Population 2:** P13 Community Educators

**Presentation Preference:** Group Oral

**Title:** community Coalitions Advance Syringe Access And Safe Disposal In New York State

**Author Block:** *Plavin, HA<sup>1</sup>; Klein, SJ<sup>1</sup>; Candelas, A<sup>1</sup>; Birkhead, GS<sup>1</sup>; Caro, J<sup>2</sup>; Strauss, D<sup>3</sup>; Pruski, P<sup>4</sup>*  
1 NYS Department of Health, Albany, NY; 2 Centro Civico of Amsterdam, Amsterdam, NY; 3 VIP  
Community Services, Bronx, NY; 4 Erie County Department of Health, Buffalo, NY

**Abstract Body:**

**Issues:**

Coalition-based initiatives advance syringe access and safe disposal as an HIV prevention initiative

**Setting:**

Various public and private agencies in diverse geographic regions throughout New York State.

**Project:**

Eleven community-specific coalitions were developed in regions throughout New York State to implement syringe access and safe disposal programs. Syringe access, through participating pharmacies (over 2,500 providers are registered to sell syringes without a prescription in New York State) was promoted through multiple outreach and education modalities (print, radio, TV and individual presentations) to target audiences including injection drug users, persons with diabetes, pharmacists, and others. Safe syringe disposal was similarly promoted through multiple educational methods to multiple populations including persons listed above as well as sanitation and law enforcement personnel.

**Results:**

Community awareness of the availability and importance of accessing clean syringes was enhanced in all project areas. New opportunities for safe syringe disposal were developed and implemented including sharps collection units located in pharmacies, community-based organizations and health care facilities. Targeted, continuous outreach to multiple persons and organizations was critical to program success.

**Lessons Learned:** Education and outreach are critical program components. Both syringe access and safe disposal practices required behavior changes – for both providers and consumers, necessitating ongoing outreach, education, and frequent reinforcement. Program success was also associated with inclusion of multiple affected and interested populations ranging from HIV/AIDS service providers, to diabetes educators to pharmacies and pharmacists and law enforcement.

**Control Number:** 03-B-155-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D17 HIV Prevention Programs for Seropositive Persons

**2nd Category Choice:** D11 HIV Prevention Program Planning

**Population 1:** P46 People Living with HIV/AIDS

**Population 2:**

**Presentation Preference:** Poster Session

**Title:** Prevention with Positives – Lessons Learned

**Author Block:** *Brown, SS<sup>1</sup>; Boyd, K<sup>2</sup>; Senterfitt, W<sup>2</sup>*

1 Northrop Grumman Mission Systems, Atlanta, GA; 2 Northrup Grumman, Atlanta, GA

**Abstract Body:**

**Issue:** Every new HIV infection involves an HIV-positive person as well as a previously HIV-negative person. However, until recently prevention efforts have been focused almost entirely on uninfected people at high risk for acquiring HIV infection.

**Setting:** Five jurisdictional health departments (California, Maryland, Wisconsin, Los Angeles county, and San Francisco) targeted diverse populations in diverse settings, including clinics, public venues (street, park), community based organizations, and correctional institutions.

**Project:** The CDC funded Prevention for HIV-Infected Persons Project (PHIPP) funded these health departments to develop and implement prevention services for persons living with HIV. Each used local information and involved HIV-positive people to identify and prioritize target populations, to assess needs, to identify service gaps in meeting the needs of the prioritized populations, , and to design services. PHIPP sites identified an array of target populations and services.

**Results:** During 2001 and the first two quarters of 2002, over 47,000 clients were served by the various PHIPP interventions during this period; 66% were male, 31% female, 1% transgender and 2% unknown gender. The majority were encountered through outreach (21,748), followed by VCT (19,181), STD testing (2,735), prevention case management (1,023), individual level interventions (1,587), group level interventions (1,573) and partner counseling and testing (71). Peer linkages and networks are promising. Social networking and peer linkages to reach HIV positives and high risk groups helped sites find, link to care and reduce transmission risk among undiagnosed or out-of-care HIV-positive persons. Another group intervention with promise for HIV positives was outreach-based HIV counseling and testing.

**Lessons Learned:** Lessons learned during the course of the PHIPP project suggest that prevention for HIV-positives interventions must:

- include a number of modalities and be tailored and targeted to several groups,
- focus at all levels, from the individual to society, and
- involve HIV positive individuals at all levels

**Control Number:** 03-B-156-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D01 Abstinence Programs

**2nd Category Choice:** G16 Models of Integrating HIV Prevention into Youth Services

**Population 1:** P56 Staff of Community-Based Organizations

**Population 2:**

**Presentation Preference:** Group Oral

**Title:** Linking Youth Development to the Prevention of HIV

**Author Block:** *Betts, S<sup>1</sup>; Russell, S<sup>2</sup>; McDonald, D<sup>1</sup>; Borden, L<sup>1</sup>; Brockman, M<sup>2</sup>; Hoffman Tepper, K<sup>1</sup>*  
1 University of Arizona, Tucson, AZ; 2 University of California-Davis, Davis, CA

**Abstract Body:**

**ISSUE:** HIV and AIDS are serious public health problems. There is nearly universal agreement that prevention is the best defense, however there is much controversy surrounding how to best prevent the spread of HIV. Abstinence approaches have been pitted against comprehensive sexuality education, with critics on both sides arguing that young people need specific types of prevention programs both within and outside of schools. Youth development approaches provide holistic programming that helps young people to develop the motivation to make healthy choices including the choice to abstain from early sexual activity.

**SETTING:** National 4-H Council in partnership with the University of Arizona and the University of California-Davis has worked to develop resources that bridge some of these gaps to be disseminated to SEA's/LEA's, community based and national organizations working with 9-13 year olds across the country. The primary means of dissemination is through the Building Partnerships for Youth web site (<http://www.bpy.n4h.org>).

**PROJECT:** The Building Partnerships for Youth web site is a tool that provides an interactive menu of youth development program options to organizations that work with 9-13 year olds with a goal of encouraging them to make healthy choices. Healthy choices include choices about sexual behavior but encompass much more than that. Youth development approaches provide young people with opportunities to build a variety of skills and competencies. In addition to providing a menu of program options the Building Partnerships web site provides information about youth development and how to implement a youth development approach in your communities.

**RESULTS:** A youth development approach has been found to be an effective means of helping young people to make healthy choices including the choice to abstain from early sexual activity (cite Lonczak & Kirby). The Building Partnerships for Youth project and web site has disseminated information about youth development to thousands of individuals involved in national, state and local organizations working with 9-13 year olds.

**LESSONS LEARNED:** The process of developing and disseminating information on youth development involved a great deal of research on youth development as a strategy for preventing HIV/AIDS through abstinence. This presentation will address this research and describe ways in which the Building Partnerships for Youth web site can be utilized in communities to promote abstinence among 9-13 year olds.

**Control Number:** 03-B-158-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D40 Other (Please specify on Additional Info page)

**2nd Category Choice:** D38 Training to Implement New HIV Prevention Interventions

**Population 1:** P16 Disabled Persons

**Population 2:** P56 Staff of Community-Based Organizations

**Presentation Preference:** Single Oral

**Title:** How Do I Love Thee: Helping Individuals with MRDD to Develop Healthy Relationships

**Author Block:** *Smith, T*

AIDS Council of Northeastern NY, Albany, NY

**Abstract Body:**

**Issue:** This training prepares direct care staff to assist individuals with MRDD to develop skills relating to the various dynamics of healthy relationships. Issues such as boundaries, sexuality, safety, and appropriate behavior are discussed within the framework of recognized agency and legal constraints related to capacity to consent.

**Setting:** Direct care staff, case managers, social workers, and health care staff in day treatment, residential, and other settings where services are provided to individuals with MRDD.

**Project:** This program is a collaborative effort between HIV prevention provider and local Association for Retarded Citizens social worker. This highly interactive program allows participants to develop an understanding of the progression from the most fundamental mechanisms of a relationship, such as differentiating levels of intimacy and basic communication skills, to the more complex social relationships and ultimately to safer sexual behavior. The program incorporates a combination of social science theories adapted to the subject matter and population. In addition, this program expands the use of the Capacity to Consent screening tools to individualize relationship, sexuality, and prevention interventions. Finally, this program provides participants with the skills, tools, information, and sample activities needed to implement this training with the individuals with MRDD in their respective settings.

**Results:** Participants report that they are able to implement this information in their settings. Providers utilized this information for goal setting, case planning, community integration, and other areas of their programming. In most cases, this was the first time that HIV/STD prevention had been broached with this target population. Participants reported increased comfort in addressing issues of sexuality with their consumers, consumers' families, and agency staff. As a result of this training, participants were able to effectively advocate for policy change to include relationship and safer sex education as part of their program base.

**Lessons Learned:** Individuals with MRDD are a population that “fall through the cracks” of HIV/STD prevention services. Limited training currently exists. Providers have a lower level of knowledge than anticipated; very little programming of this type is currently being utilized in any setting. To accommodate these gaps, the program was expanded from a one-day to a multi-day format, and follow-up technical assistance was provided.

Trainers needed to adapt the original project based on the effect of individual agency policy on staff ability to implement this. In addition, some agencies re-examined policy regarding sexuality and consent; some were successful in implementing systemic changes.



**Control Number:** 03-B-159-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D38 Training to Implement New HIV Prevention Interventions

**2nd Category Choice:** D20 HIV Prevention Programs for Youth

**Population 1:** P58 Teachers

**Population 2:** P56 Staff of Community-Based Organizations

**Presentation Preference:** Group Oral

**Title:** A Skills Based Approach to Prevention in Sexual Health Education

**Author Block:** *Smith, t*

AIDS Council of Northeastern NY, Albany, NY

**Abstract Body:**

**Issue:** This training prepares educators to maximize effectiveness of HIV/STD prevention via a skills-based approach while accommodating strict time constraints and multiple demands.

**Setting:** Colleges, schools, and youth-serving agencies; health educators, social workers, teachers, guidance counselors, case managers, and others who work with young people.

**Project:** This program trains teachers and others who work with youth how to shift from information-giving to skills-acquisition lesson plans in order to assist students in reducing their risk for HIV/STDs. This research-based method can be adapted to all health-related topics, fits into tight schedules, and integrates into existing services. Program design allows participants to attend individual workshops or the entire series. Each interactive session offers activity ideas, and skill-building and practice opportunities. Program content includes the “Teenage Brain”, the latest research on what works in sexual health education, basics of the skills-based approach, acquaintance rape and relationship violence, healthy relationships, and/or effective strategies for use in the classroom and other settings. CEUs or other credit were available as applicable.

**Results:** Participants reported increased usage of skills-based education in various settings, greater comfort with sexual health topics, greater ease in discussing difficult topics, and less resistance from school/agency administration about addressing sensitive topics. In addition, health educators reported increased understanding of the dynamics of youth risk behavior and prevention strategies. Participants were able to effectively incorporate skills-acquisition into a variety of settings, including those with abstinence-only policies.

Those educators who incorporated skills-based approaches reported improved decision-making skills and planning and goal-setting among students, as well as increases in: awareness of the elements of healthy relationships, communication between educators and students, communication among students, information retention, student participation and focus, knowledge of community resources, personal assessment of risk behavior, comfort in addressing sexual health issues, and personalization of information.

**Lessons Learned:** The shift from a content-focused approach is difficult for many educators. More practice sessions may be needed to master skills-based lesson and/or program planning. Teachers and other providers find the techniques very useful, and feel more productive and less frustrated, however, the most successful utilization of this approach occurs when there is system support. Changes at the systems level has not been addressed in this project. In addition, this project underscores the value of school/community-based organization collaboration.

**Control Number:** 03-B-168-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D19 HIV Prevention Programs for Women

**2nd Category Choice:** D33 Rural Issues for HIV Prevention

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P56 Staff of Community-Based Organizations

**Presentation Preference:** Single Oral

**Title:** The Laundromat Project

An HIV Prevention Program for Sexually Active African American Women Living in Economically Disadvantaged Communities

**Author Block:** *Whisonant, PA*<sup>1</sup>; *Hopkins, R*<sup>2</sup>

1 Catawba AIDS Prevention Network, Rock Hill, SC; 2 Catawba Public Health District, Rock Hill, SC

**Abstract Body:**

**ISSUE:** Designing an effective HIV prevention program for low-income women living in assisted housing projects in rural South Carolina who have limited access to health services as well as transportation, and whose social networks are unsupportive of sexual accountability.

**SETTING:** Public housing, HUD properties

**PROJECT:** The Laundromat Project is an STD/HIV prevention program designed to be implemented with sexually active African American females between the ages of 15-44. This project has proven to be a successful method for reaching the underserved population of rural women with limited access to health services due to the lack of transportation.

The program consists of 2 (two hour) group-level interventions that take place "on site" in low-income apartment complexes. At each session the participants receive the services of a childcare provider, lunch, and incentives. Pre and post evaluations allow the measurement of change in knowledge and perceived susceptibility, role-play provides an opportunity to address partner negotiation difficulties, and condom skills practices with each participant empowers the women to take control of their sexual health.

The project uses portions of the VOICES and Sista curriculum, and is being developed with the assistance of project officers on the state and national level. The Laundromat Project is currently undergoing process and outcome monitoring, and has been presented at conferences and symposiums throughout the state.

**RESULTS:** The project has been implemented in 6 rural communities to date. The average age of the participants is 30 years. Completion rate is 98%. The project is being developed and evaluated by the SC DHEC for replication in other CBOs, and received the "Excellence in Prevention" award from the SCDHEC in 2002. Outcome evaluation of this project is being conducted at present.

**LESSONS LEARNED:** Although the participants in this program are knowledgeable about other STDs, their understanding of HIV is limited. Many of the participants were unaware that their self-reported behaviors were transmission methods for HIV (particularly oral sex), and that HIV is incurable. They offered reasons for not using protection (most often with primary partners), and lacked the skills necessary for proper and consistent condom use or successful negotiation. Most apartment complexes participate as condom distribution sites after the project is completed, and request that the project be implemented in other publicly-managed communities. The Laundromat Project has proven to be an innovative way to reach a segment of the population who are unlikely to attend other STD/HIV awareness events. Funding for this program has been provided through supplemental grants from the Centers for Disease Control and Prevention, The March of Dimes, and the Regional HIV/AIDS Consortium.

**Control Number:** 03-B-170-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D19 HIV Prevention Programs for Women

**2nd Category Choice:** C09 Group Level Interventions

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P61 Women

**Presentation Preference:** Single Oral

**Title:** Reaching High Risk Women Where They Are

**Author Block:** Cowan, H

New Mexico AIDS Services, Albuquerque, NM

**Abstract Body:**

**ISSUE:**

Empowering women to take care of themselves through client-centered education to result in decreased risk of HIV/STD/Hepatitis transmission.

**SETTING:** Women's prison, street, women's substance use program. To reach: high risk women with substance use issues, who are homeless, are in the sex industry, IDU or partners of IDU, or incarcerated.

**PROJECT:** Individual and group HIV/STD/Hepatitis education for women utilizing the harm reduction philosophy in innovative settings. In prison, women are trained as peer educators in client-centered counseling with an emphasis on HIV/STD/Hepatitis and receive a stipend after educating 10 peers per month. On the street, homeless women are given condoms, food, and HIV prevention information by experts in HIV/STD/Hepatitis and community resources. The open dialogue is client-focused to establish trust and help meet their needs. At the substance use program, weekly groups discuss women's health topics focusing on HIV/STD/Hepatitis including other topics chosen by the audience. Group facilitators also provide individual counseling sessions including HIV testing. For women in the sex industry, the format mimics the peer education training program in prison. Groups are held in a neutral setting and include a meal. Health education is tailored to their needs and experiences, and free health supplies are provided including safer sex materials, bleach and soap, tampons, band-aids and other supplies as needed. Stipends are given to those who complete the training. HIV testing and individual counseling are also made available.

**RESULTS:**

In 2002, within the women's correctional facility, 20 women completed the entire program (five sessions over a 4 month period) and subsequently educated 600 peers within the facility. Each participant received a copy of Our Bodies, Ourselves and a resource manual of materials and information specific to HIV/STD/Hepatitis. They also received information and updates in monthly mailings. Each session was educational and included guest speakers who spoke on topics of living with HIV, empowerment, and transitioning from prison to the "free world". On the street, 34 women have been reached through twice monthly contacts beginning in November 2002 through January 2003. Referrals for HIV screening, HIV treatment, substance use programs, women's programs, syringe exchanges, shelters, and other community resources have been made. In the substance use program, a total of 42 women participated in the weekly group discussions, with an expectation for the number of participants to rise with each new session (beginning every 6 months).

**LESSONS LEARNED:**

Women have specific issues, related to their health and their status with or without a family. Prevention efforts need to focus on the complexities of women's lives. Every individual has issues unique to their experience; ALL issues need to be addressed in order to have effective prevention efforts.

**Control Number:** 03-B-173-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D04 Community Coalition Development

**2nd Category Choice:** D04 Community Coalition Development

**Population 1:** P1 Adolescents

**Population 2:** P22 Health Care Workers

**Presentation Preference:** Single Oral

**Title:** The "Who Knew" Project A Generation We Forgot About.

**Author Block:** *McCummings, CV*

Nassau County DOH, Mineola, NY

**Abstract Body:**

**ISSUE:** Who knew that the many children who were perinatally infected with HIV would age into adolescence. The issues of confidentiality, follow through for care, access to care and partner notification are much different than with adults. Providers, parents and young people are now faced with these issues and who knows what to do?

**SETTING:** Adolescent Medicine Clinics and/or any facilities where HIV positive adolescents receive healthcare, treatment and counseling in Nassau County, NY.

**PROJECT:** The "who knew" project began as a forum designed to inform HIV positive adolescents and their caregivers (both groups addressed separately) about the state mandated Partner Notification Assistance Program (PNAP). In contrast, the same forum was presented to a group of high school HIV peer educators (all presumed HIV negative).

**RESULTS:** The forum identified barriers to communication between adolescents, parents/guardians and healthcare providers. The HIV positive adolescents expressed that they felt "different" than other teens when it came to negotiating safe sex practices, peer pressures, and other typical adolescent behaviors because they did not want anyone to know their HIV status especially potential sex partners. And again, in contrast, the adolescents who were presumed negative found it easier to express to potential partners that they would always use a condom for fear if they didn't they might get and STD or HIV.

**LESSONS LEARNED:** The importance of developing specific messages to the "who knew" generation of HIV infected adolescents is the key to lead to the reduction of transmission of HIV to their peers and the reduction of superimposed infections in the HIV positive adolescents.

Nassau County is now in the process of developing a coalition of Health practitioners, caregivers of HIV infected adolescents, school personnel, county youth organizations and local HIV organizations to begin to address the specific needs of the "who knew" generation.

**Control Number:** 03-B-175-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D37 Technology Transfer to Increase HIV Prevention Capacity Building

**2nd Category Choice:** D05 Developing and Sustaining HIV Prevention Capacity

**Population 1:** P64 Other (Please Specify)

**Population 2:** P64 Other (Please Specify)

**Presentation Preference:** Single Oral

**Title:** Diffusion of Effective Behavioral Interventions for HIV Prevention through a Public Health Prevention Service Delivery System

**Author Block:** *Collins, CB<sup>1</sup>; Cleveland, J<sup>1</sup>; Harshbarger, C<sup>1</sup>; Sawyer, R<sup>2</sup>*

1 CDC, Atlanta, GA; 2 AED, Washington, DC

**Abstract Body:**

**Issue:** The CDC, through the Capacity Building Branch of the Division of HIV/AIDS Prevention, has initiated a technology transfer project to diffuse evidence-based behavioral interventions to CBOs, health departments (HDs), and other HIV and STD prevention providers. Technology transfer from research to practice is a critical step in building capacity to implement science-based prevention programs.

**Setting:** These interventions are being diffused throughout the United States and its territories.

**Project:** Interventions are being diffused through training, materials and resource distribution, and capacity building technical assistance. Both individual and agency capacity to deliver evidence-based programs will be increased. To reach thousands of CBOs and HDs, a system for diffusing behavioral interventions has been developed and implemented that includes multiple training and capacity building providers including Prevention Training Centers, Reproductive Health Training Centers, Capacity Building Assistance providers, Behavioral and Social Science Volunteers, and the Education Training Network. Five interventions from the CDC's *Compendium of Effective Interventions* are being diffused in year one: Community Promise (ACDP), VOICES/VOCES, Street Smart, SISTA, and Mpowerment. These five interventions were found to be effective in HIV prevention with injection drug users, the sex partners of injection drug users, men who have sex with men but do not identify as gay (ACDP), homeless and runaway youth (Street Smart), heterosexual male and female African Americans and Hispanics (VOICES/VOCES), young African American women between ages 18-24 (SISTA), and young gay men between the ages of 18-24 (Mpowerment).

**Results:** A range of funded program recipients have cooperated to develop this public health prevention service delivery system for movement of science into practice. A satellite broadcast of the program brought 7500 viewers resulting in over 500 CBOs and HDs requesting assistance in implementing science-based interventions. A web-site created for intervention resources and information had over 67,000 contacts. Curricula were written to train prevention providers how to implement the interventions. These curricula were piloted with both CBOs and HD providers. Technical Assistance guides were developed to assist TA providers in helping providers maintain fidelity to core intervention elements while adapting and tailoring the interventions to local resources and culture.

**Lesson Learned:** Separate diffusion strategies must be developed for each science-based intervention due to the complexity of the interventions, the populations they were designed to reach, the outcome behaviors they were designed to impact, and the interests and capacities of the various diffusion partners in the diffusion process. The job of diffusing science to practice is best accomplished by pulling together the resources and efforts of multiple technical assistance, training, and capacity building providers for systematic diffusion.

**Control Number:** 03-B-177-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D27 Improving Capacity to Conduct Process and Outcome Evaluation

**2nd Category Choice:** D37 Technology Transfer to Increase HIV Prevention Capacity Building

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P50 Program Administrators

**Presentation Preference:** Single Oral

**Title:** Training for implementation: A strategy to enhance evaluation capacity for CDC's HIV prevention grantees.

**Author Block:** *Sloop, KS<sup>1</sup>; Collins, C<sup>2</sup>; Napp, D<sup>3</sup>*

1 ORC Macro, Atlanta, GA; 2 Centers for Disease Control and Prevention, Atlanta, GA; 3 Practical Applications of Public Health, Durham, NC

**Abstract Body:**

**Issue:** A steady increase in requests for technical assistance around basic program evaluation by CDC's HIV prevention grantees pointed to the need to develop a sustained program of capacity building and determining optimal ways to increase evaluation capacity.

**Setting:** Regional training sessions were conducted for CDC's HIV prevention grantees, including health departments, community-based organizations, capacity-building assistance providers, and prevention training centers.

**Project:** "Using Evaluation to Improve Programs and Build Capacity" is a CDC-developed training course in HIV prevention program evaluation. As the course title suggests, the course is designed to enhance the capacity of grantees to conduct evaluation activities to assess progress in implementing HIV prevention efforts and to utilize data to improve the planning, implementation, and effectiveness of their programs.

**Results:** The Division of HIV/AIDS Prevention and its partners ORC Macro and Practical Applications of Public Health, developed, coordinated, and delivered the course to over 250 individuals across the country. The course was interactive and skills-based, using logic models, prioritization activities, and a case study approach to incrementally build evaluation skills. In addition to the hard copies of the training materials, each participant received either a diskette or CD containing modifiable files of the overhead presentation, the facilitator's guide, and participant materials. Although the course was not designed specifically as a Training-of-Trainers, the facilitators encouraged participants to plan how they could tailor the training materials to their local context. A follow-up evaluation survey conducted several months after the last delivery revealed that the training materials were diffused throughout participants' agencies, by both formal and informal training strategies.

**Lessons Learned:** Providing CDC HIV prevention grantees with the tools to replicate basic program evaluation training with a utilization focus can increase both individual and agency capacity in HIV prevention evaluation. This approach should be compared with alternative capacity building models and tested with other CDC-developed evaluation courses of varying complexity, such as instrument design and outcome evaluation (two of the identified evaluation needs from training evaluations), to determine the most optimal and cost-effective evaluation capacity building strategy.

**Control Number:** 03-B-182-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D09 HIV Prevention on the Internet

**2nd Category Choice:** D31 Public Information

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P51 Public Health Workers

**Presentation Preference:** Poster Session

**Title:** CDC's HIV Web Site: Are You Being Served?

**Author Block:** *Campolucci, RF*

Centers for Disease Control and Prevention, Atlanta, GA

**Abstract Body:**

**ISSUE:** About 2.5 million visits to CDC's HIV prevention web site were recorded in 2002. These visitors requested nearly 9 million web pages. Yet, are users getting what they need from CDC's web site?

**SETTING:** The Divisions of HIV Prevention launched their public web site in 1996. Content on the site was largely determined by internal CDC staff. As content expanded greatly, organizing that content became increasingly difficult. In addition, there was little formal effort to determine if users found the content useful or easy to find, or if it met their information needs.

**PROJECT:** To improve the web site, a two-phased project was initiated. Based on web statistics, on inquiries and feedback coming to the web site's mailbox, on other informal feedback, and on usability principles, CDC staff redesigned the organizational and navigational schemes of the web site. Then a contract was awarded to Human Factors International to interview members of key user groups to determine the usefulness and usability of the web site to these groups.

**RESULTS:** In phase one of the project, CDC staff grouped content on the web site according to primary target audiences: recommendations and guidelines for health professionals, general information and FAQs for the general public, statistics and trends for planners and analysts, and content specifically designed for CDC's many research and prevention partners. Human Factors International has already further defined key user groups to include the general public; health department staff working in surveillance, epidemiology, planning or prevention; staff in community-based organizations; and health care providers not in public health. Preliminary results of user group interviews will be available in summer 2003.

**LESSONS LEARNED:** Informal feedback and the principles of good web site usability have shown that the selection, labeling, and presentation of content by CDC may not entirely meet our users needs. Interviews with key user groups and usability testing are essential if the web site is to reach its full potential as an important tool in the prevention of HIV and AIDS.

**Control Number:** 03-B-185-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D39 Translating Research into Practice

**2nd Category Choice:** D27 Improving Capacity to Conduct Process and Outcome Evaluation

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P53 Researchers

**Presentation Preference:** Poster Session

**Title:** Working Together: A Guide to Collaborative Research in HIV Prevention

**Author Block:** *Goldstein, E; DeCarlo, P; Freedman, B; Faigeles, B; Grinstead, O; Wohlfeiler, D; Binson, D; Woods, B*

Center for AIDS Prevention Studies (CAPS), San Francisco, CA

**Abstract Body:**

**ISSUE:** In order for research to make a difference, it must be used. That means that research conducted must be applicable to the world of service and CBOs must know how to incorporate research in their programs. Unfortunately, HIV prevention frequently doesn't work that way. Researchers and service providers have different cultures, making collaboration a cross-cultural experience that requires time and training to achieve.

**SETTING:** For the past 15 years, CAPS has conducted over 20 collaborative research projects linking CBO staff and university-based researchers.

**PROJECT:** Based on our research and experience, we created a manual for CBOs and researchers on how to best work collaboratively. "Working Together: A Guide to Collaborative Research in HIV Prevention" details best practices for each stage of a collaborative research project, from finding a collaborative partner, to developing a research question, to collecting and analyzing data, to incorporating findings, to disseminating results. The manual is available online at <http://www.caps.ucsf.edu/collaboration>.

**RESULTS:** Collaboration changes the nature of questions asked and the methods by which those questions are asked. Our manual gives seven best practices to ensure the success of collaborative research projects: 1) get funding, 2) specify roles, 3) be committed, 4) provide training, 5) meet regularly, 6) be flexible and 7) start early. It also offers case studies of successful collaborative projects.

**LESSONS LEARNED:** While collaboration is not for everyone in every situation, it can change the way researchers and service providers work, and make HIV prevention more effective.



**Control Number:** 03-B-189-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D05 Developing and Sustaining HIV Prevention Capacity

**2nd Category Choice:** D23 Implementing Culturally Competent HIV Prevention Programs

**Population 1:** P12 Communities of Color

**Population 2:** P35 Latinos/Latinas, Hispanic

**Presentation Preference:** Single Oral

**Title:** Building a Collaborative Network for HIV Prevention Among Migrant Workers: Lessons Learned

**Author Block:** *Somerville, GG; Taveras, S*

CDC/DHAP/Capacity Building Branch, Atlanta, GA

**Abstract Body:**

**ISSUE:** The HIV/AIDS epidemic is having a severe impact in migrant farm worker communities. Of the estimated 4.17 million farm workers and their dependents living in the US (USDHHS, Migrant Health Program, March 1990) evidence shows that the rate of HIV/AIDS infection among farm workers is 10 times the US national average (National Commission to Prevent Infant Mortality, 1993). Addressing the HIV prevention needs of this mobile and ethnically diverse population is challenging.

**SETTING:** A national network of capacity building assistance (CBA) providers was formed to deliver HIV prevention services to migrant-serving community based organizations (CBO), both urban and rural, on the US-Mexico border and throughout the U.S.

**PROJECT:** : The Migrant CBA Network collaboratively delivers CBA services in two priority areas: community mobilization and intervention design, development, implementation and evaluation. This presentation will describe the steps taken to build the network, develop a marketing strategy and implement collaborative HIV prevention CBA activities.

**RESULTS:** A comprehensive orientation meeting resulted in consensus around the definition of 'migrant worker' on which was based the creation of the Network mission statement. On-going communication in the form of conference calls and face-to-face meetings resulted in the development and distribution of The Migrant Network Brochure in both English and Spanish. Other marketing activities include joint presentations at regional and national conferences and collaboration in the design, development, implementation and evaluation of culturally and linguistically appropriate, science-based interventions. The Migrant CBA Network has been successful in developing and sustaining HIV Prevention capacity by mobilizing indigenous community leaders to participate in the community planning process and influence societal/community norms to reduce stigma and discrimination around HIV. They involve community members in designing, developing, implementing and evaluating HIV health education and risk reduction messages which are incorporated into plays, *fotonovelas* and specifically targeted interventions like mother/daughter workshops. Men, women and youth *Promotores* improve access to early treatment for HIV by delivering HIV prevention messages directly to farm workers in the fields and camps, their homes, schools and churches

**LESSONS LEARNED:** The Migrant CBA providers act as both providers and brokers of CBA services. Working collaboratively, members of The Migrant Network can reach men, women, youth and severely impacted populations such as young men having sex with other men. Network members strengthen collaborations w/ researchers in behavioral science and collaboratively diffuse proven interventions. The Network continues to focus on avoiding duplication of services and addressing gaps in HIV prevention.

**Control Number:** 03-B-191-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D10 HIV Prevention Program Evaluation

**2nd Category Choice:** D11 HIV Prevention Program Planning

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P56 Staff of Community-Based Organizations

**Presentation Preference:** Group Oral

**Title:** *Preliminary Findings from a Rapid Program Assessment of CDC-funded HIV Prevention Programs*

**Author Block:** *Barrington, T; Bartholow, K; Wright-DeAguero, L; Uhl, G; Toledo, C; Riddle, D*  
CDC, Atlanta, GA

**Abstract Body:**

**ISSUE:** Many of the prevention activities supported by the Centers for Disease Control and Prevention (CDC) and other public funds are implemented by community-based organizations (CBOs). Since 1999, CDC has funded 166 CBOs via 206 awards to develop, implement, and evaluate HIV prevention programs for communities of color, gay men of color, and other populations who are at a high risk of HIV infection.

**SETTING:** CBOs were randomly selected (n = 26) from medium and high AIDS prevalence jurisdictions in the 50 states and Washington D.C. CBOs that only received funding for HIV counseling, testing, referral services, and strategic alliances were excluded from the sample.

**PROJECT:** This project describes the extent to which CDC's directly-funded CBOs are using science, theories, and program experiences to develop and implement HIV prevention programs. Three data collection methods were used to provide in-depth descriptions of each program: (1) data abstraction from grantee applications and quarterly submissions; (2) face-to-face, one-on-one (or small group) interviews conducted during 2-3 day site visits, and (3) observations of grantee interventions.

**RESULTS:** To date, a total of eleven assessments have been conducted. The presenter will describe: (1) methods used to conduct assessments of CDC-funded HIV prevention programs; (2) the types of interventions that are currently being implemented by CBOs; (3) the number of individuals served by type of intervention, age, race, ethnicity, and gender; (4) the methods used by CBOs to recruit and retain high risk individuals; and (5) the types of capacity building assistance that CBOs need to develop and implement effective HIV prevention programs.

**LESSONS LEARNED:** Both funding agencies and grantees can benefit from developing and conducting rapid program assessments of their HIV prevention programs. This process can serve as a conduit to gaining an understanding of HIV prevention programs that are providing services to high risk populations in various jurisdictions. In addition, it is imperative that standard guidelines and appropriate training be given to grantees to ensure the development, implementation, and evaluation of HIV prevention activities that are effective in reducing HIV transmission. Furthermore, HIV prevention programs must also yield both valid and reliable data that can be used at national, state, and local levels for accountability and program improvement purposes.

**Control Number:** 03-A-196-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** D15 HIV Prevention Programs for MSM

**2nd Category Choice:** C38 Structural and Environmental Interventions

**Population 1:** P19 Gay and Other Men Who Have Sex With Men

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Single Oral

**Title:** HIV Prevalence and Risk Behaviors among Men Seeking HIV Testing and Prevention Services Inside Los Angeles Bathhouses

**Author Block:** *Bingham, T<sup>1</sup>; Secura, G<sup>2</sup>; King, C<sup>1</sup>; Lozano, A<sup>1</sup>; Simon, P<sup>1</sup>; Bunch, G<sup>1</sup>*

1 Los Angeles County Dept. of Health, Los Angeles, CA; 2 St. Louis University School of Public Health, St. Louis, MO

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** One method for expanding HIV testing services to persons practicing high-risk sexual behaviors is to look beyond the clinical setting by implementing testing programs where risk behaviors actually occur. In the process of conducting an HIV incidence study among men who have sex with men (MSM) at two Los Angeles County bathhouses, we developed a program to provide on-site, anonymous HIV and confidential STD tests to this population of men. Our objective is to describe the prevalence and incidence of HIV infection and the prevalence of HIV risk behaviors in this population of bathhouse patrons.

**METHODS:** The Los Angeles Bathhouse Study is a cross-sectional HIV incidence study of men who attend bathhouses and access on-site HIV/STD testing. In addition to testing services, participants completed an interviewer-administered HIV risk behavior questionnaire and received a modified version of Project RESPECT-2 risk-reduction counseling. Interviewers collected detailed information on demographics, sexual behaviors with men and women, perceptions of HIV risk, alcohol and drug use, HIV testing history, and attitudes about highly active anti-retroviral therapy.

**RESULTS:** Between May 2001 and December 2002, we collected detailed behavioral data on 676 (74%) of the 916 men who accessed our on-site testing services during a bathhouse visit. HIV prevalence was 11% (102/916) with no differences between men who did and did not complete the detailed behavioral questionnaire. Among the 676 participants with detailed behavioral data, 81% reported oral sex (76% without a condom), 57% reported anal sex (9% without a condom), and 17% reported group sex during the previous bathhouse visit. Thirty-five percent of participants thought their sexual behaviors in the bathhouse put them at higher risk than other places they have sex and 35% reported taking drugs or alcohol prior to their bathhouse visit. Forty-eight percent of the 676 men reported sex in another public or commercial sex venue in the past 6 months and 115 (35%) of the 326 reported anal sex without a condom in these venues. Ninety-one percent of the 676 men had previously tested for HIV antibodies. Seventy-eight percent of the 676 men thought it was unlikely to very unlikely that they were HIV positive at the current visit while 56% of the 77 HIV-positive men with detailed behavioral data thought it was unlikely to very unlikely that they were infected. In the previous 6 months, participants reported a median of 15 total male sex partners and 8 male sex partners within the bathhouse setting. One hundred and seven men (16%) reported sex with females with a median of 2 partners in the past 6 months.

**CONCLUSIONS:** Commercial sex venues such as bathhouses provide MSM with a convenient, comfortable environment to access HIV and STD testing. The high prevalence of HIV infection and risky sexual behaviors in this population of testers indicates a need to continue testing in these particular bathhouses and to expand HIV testing services and HIV prevention interventions to other bathhouses and sex clubs amenable to the provision of such services.

**Control Number:** 03-A-198-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** D13 HIV Prevention Programs for IDUs

**2nd Category Choice:** D29 Outreach

**Population 1:** P32 Injecting Drug Users

**Population 2:** P57 Street Outreach Workers

**Presentation Preference:** Single Oral

**Title:** Do Client Characteristics Change Along the Continuum of HIV Care and Treatment? A Descriptive Study Using Administrative Data

**Author Block:** *Kuenneth, CA<sup>1</sup>; Molitor, F<sup>2</sup>; Wagler, D<sup>2</sup>; Simpson, P<sup>3</sup>*

1 University of California, Davis, Sacramento, CA; 2 ETR Associates, Santa Cruz, CA; 3 Harm Reduction Services, Inc., Sacramento, CA

**Abstract Body:**

**BACKGROUND/OBJECTIVES:**

To compare the outreach, HIV counseling and testing (C/T), and transitional case management (TCM) populations, by demographics and risk, that are served by a local community-based organization. The data presented here have been collected through a HRSA Special Project of National Significance focusing on the evaluation of street outreach and case management to engage HIV-positive individuals in primary care.

**METHODS:**

Harm Reduction Services, Inc., (HRS) is a community-based organization in Sacramento that uses a harm reduction model to work with clients who are at risk for HIV, as well as those who are positive, in the venues of street outreach, C/T, and TCM. Administrative data sources were selected for this evaluation to describe, by client demographics and risk, contacts made in three settings. Outreach contacts were described with the ELI Outreach Short Form, C/T contacts with the HIV Counseling and Testing Form, and the initiation of TCM with the Ryan White Intake Form. This analysis includes variables common among the three forms: age, gender, race, homelessness, being an MSM, having hepatitis B or C, and being an injection drug user (IDU). Clients' demographic and risk characteristics were used in two analytic comparisons: 1) comparing differences between clients seen in outreach and C/T and 2) comparing differences between clients receiving C/T and TCM. These analyses include 423 outreach, 95 C/T, and 29 TCM contacts. Crude odds ratios with 95% confidence intervals were used as a measure of association between client characteristics and encounter setting.

**RESULTS:**

Populations that received outreach and C/T contacts were demographically similar (ie, age, sex, and age) and only showed a statistically significant difference on one risk factor – being MSM. MSM were less likely to show up in the street outreach pool than they were for C/T (OR = 0.20, 95% CI 0.10-0.41). Comparing C/T and transitional TCM contacts, the population characteristics that showed statistically significant differences related to risk. In this analysis, MSM were more likely to show up in the C/T pool (6.92, 1.49-32.10), and clients with hepatitis B or C (0.22, 0.09-0.52) and a history of injection drug use (0.43, 0.18-1.00) were less likely to show up in the C/T pool.

**CONCLUSIONS:**

The results of this analysis show that from a demographic perspective, outreach, C/T, and TCM are effective in reaching populations that are diverse in respect to race, sex, and age. From a risk perspective, TCM is the primary point in the HIV continuum where high-risk clients pool, with the exception of MSM. This may be due to the fact that HRS has structured its services around IDUs, so MSM may be showing up for case management at other community-based organizations that focus on their particular risk. These data will require further analysis as more outreach, C/T, and TCM contacts

are added to the evaluation to determine whether the demographic groups remain statistically similar and the risk groups different.

**Control Number:** 03-B-207-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D11 HIV Prevention Program Planning

**2nd Category Choice:** B20 Rapid Assessment Tools

**Population 1:** P56 Staff of Community-Based Organizations

**Population 2:** P13 Community Educators

**Presentation Preference:** Single Oral

**Title:** From Rapid Assessment to Intervention: Lessons from the Field

**Author Block:** *Batchelor, K<sup>1</sup>; Kershaw, D<sup>1</sup>; Freeman, A<sup>1</sup>; Robbins, A<sup>2</sup>*

1 UT Southwestern Medical Center, Dallas, TX; 2 Texas Department of Health, Austin, TX

**Abstract Body:**

**ISSUE:** To select an appropriate intervention for a population, an organization must be familiar with risk behaviors, the factors influencing those risky behaviors and other information relevant to that population

**SETTING:** Three communities in East Texas and the Texas border with Mexico

**PROJECT:** As part of a pilot program to improve HIV prevention practice in Texas, eight HIV prevention contractors participated in a two-day training and were provided technical support to carry out rapid assessments of well-defined populations. Case studies of three of these assessments will be described. The populations addressed in these three case studies are Latino men who have sex with men in El Paso, adolescent African American females in East Texas, and sex workers on the Texas-Mexico border.

The methods used by these prevention contractors in order to collect data included pen-and-pencil questionnaires, focus groups, observations and the use of visual techniques, such as body mapping around sexually transmitted diseases, a “problem tree” analysis of resistance to condom use, and free-listing of priority health issues.

**RESULTS:** Among the findings from the assessment of Latino MSM were: (1) the desire for gay meeting places with sex-positive prevention messages; (2) a desire for more positive role models for gay relationships; and fear about publicly disclosing relationships. Major issues identified in the assessment of young African American females were: (1) the desire to be accepted by popular males to elevate social status and (2) the pressure to engage in sexual activity to address feelings of isolation. Major issues for sex workers were (1) concern for losing children and spouses due to selling sex and (2) fear of arrest for prostitution simply for carrying condoms.

**LESSONS LEARNED:** Community based organizations can engage in community assessment with training and ongoing support for their assessment efforts. All three organizations described above identified EBIs to address the issues emerging from their rapid assessments.

**Control Number:** 03-A-212-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** D10 HIV Prevention Program Evaluation

**2nd Category Choice:** A10 Family Circumstances and HIV Risk

**Population 1:** P3 African Americans

**Population 2:** P39 Men

**Presentation Preference:** Single Oral

**Title:** Maintaining fidelity to a curriculum in multigroup intervention studies. The R.E.A.L. MEN Project, A HIV Prevention Intervention Behavioral Study.

**Author Block:** *Denzmore, MPH, PM; DiIorio, PhD, C; Williams, BS, P; Brown, MPH, T; Bailey II, MPH, R; Wang, MPH, T; McCarty, PhD, F*

Rollins School of Public Health, Emory University, Department of Behavioral Sciences & Health Education, Atlanta, GA

**Abstract Body:**

**Background/Objectives:** Many HIV prevention intervention projects use a multigroup design to deliver the intervention. In this design, participants are recruited to attend a series of small group sessions. Because group size is small, multiple groups are necessary to deliver the intervention to a sufficient number of participants to meet requirements for statistical analysis. One disadvantage of this design is that the intervention phase of a project could span one or more years and be delivered to 15 or more small groups. The challenge is to maintain fidelity to the intervention. The purpose of this presentation is to share procedures used to monitor the implementation of an HIV prevention intervention to insure fidelity to the curriculum.

**Methods:** The R.E.A.L. MEN Project is a HIV prevention program in which fathers attend educational sessions and then share information with their sons. Fathers and sons are recruited from a community-based organization serving youth. To date, 277 Fathers and their sons participated in the project. 16 groups of men have participated. To assess fidelity to the curriculum, a process evaluation plan was implemented that included the following three primary components: 1) facilitator evaluations, 2) observations of group sessions, and 3) participant evaluations.

**Results:** Data obtained from facilitators and observation evaluation forms revealed that fidelity to the intervention was maintained for all major components and that the session were postively recieved.

Participants reported that facilitators were exciting and that they enjoyed the intervention sessions.

**Conclusions:** Evaluation is an essential component of any behavioral research study. Information gained from formative evaluations can be used to insure that the curriculum is being delivered as planned.

Funded by a grant from NIMH R01 MH59010-A101

**Control Number:** 03-B-215-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D08 HIV Prevention Community Planning

**2nd Category Choice:** D27 Improving Capacity to Conduct Process and Outcome Evaluation

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P48 Policymakers/Legislators

**Presentation Preference:** Single Oral

**Title:** Design and Implementation of an HIV Prevention Resource Inventory Database

**Author Block:** *Lebovitz, R*

SUMA Partners, Houston, TX

### **Abstract Body:**

#### **Issue**

In order to effectively distribute personnel and financial resources to communities at-risk for HIV, it would be extremely useful to consolidate information relating to the activities of all agencies and funders directly involved in HIV prevention efforts. However, there is no precedent in Houston for a single clearing house of information that can be used to support resource allocation decisions. Most of the information available is outdated, and agencies are reluctant to share information with potential competitors.

#### **Setting**

The City of Houston Dept. of Health and Human Services (HDHHS) commissioned the development and implementation of a Microsoft Access Database that could be used to consolidate resources available for HIV prevention among all agencies in the greater Houston area. Participation in the database is voluntary, and information from CBO and funding agencies were cross checked whenever possible for accuracy.

#### **Description of Program or Model**

Using On-line Analytical Processing Tools (OLAP) embedded into Microsoft Access and SQL Server, the Houston HIV Resource Inventory allows data to be “sliced” by CBO, Funding Agency, Targeted Populations, Type of Intervention, Site of Intervention and Effective Dates of Funding for each program.

#### **Results**

Approximately 75% of CBOs participated voluntarily in the initial data collection survey. As early results have been shared with the community, more CBO have expressed interest in participating actively in the next round of data updates. The database has been extremely useful for consolidating information about HIV prevention funding among various targeted populations. HDHHS can use this information to identify populations with high risk profiles who are also underfunded within the community.

#### **Lessons Learned**

By moving forward and producing a useful prototype, the initial reluctance of CBOs to share proprietary information has been substantially reduced. Many of the CBOs have now requested automatic updates through the Web as well as the ability to perform web-based queries.



**Control Number:** 03-B-217-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D07 HIV CTS Programs

**2nd Category Choice:**

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P50 Program Administrators

**Presentation Preference:** Group Oral

**Title:** Overcoming Challenges to Providing HIV Counseling and Testing Services to Incarcerated Populations

**Author Block:** *Garcia, MA; Mall, KL; Stanley, BL*  
AIDS Healthcare Foundation, Los Angeles, CA

**Abstract Body:**

**ISSUE:** To provide accessible HIV counseling and testing in Los Angeles County Jails to address the high seropositivity rate among incarcerated individuals.

**SETTING:** Los Angeles County North County Correctional Facilities. NCCF consists of four facilities. HCT services are conducted in three of these facilities in private or semi-private one-on-one sessions with male inmates.

**PROJECT:** This program provides confidential HIV counseling and testing to male inmates whose average stay is approximately 40 days. Services are targeted toward the MSM, MSM/W, and IDU behavioral risk groups. Testing is conducted Monday-Friday, 9am-4pm. Counselors focus on the client's risk for HIV and assist the client in developing a risk reduction plan. Clients who test positive are given referrals to case management and treatment. The program collaborates with L. A. County STD Programs, referring interested at-risk clients for STD testing. The program also collaborates with another internal (same agency) HIV counseling & testing program in order to provide an accessible alternative test site where inmates can receive their results 7 days a week if they are released before disclosure.

**RESULTS:** Since its inception in August 2002 through December 2002, the program has conducted 1121 tests. Four clients tested HIV positive. The program has an overall 68% return rate with a 50% return rate for HIV positive tests. Most of the clients tested are Heterosexual Male and IDU with risks ranging from unprotected sex, sex with sex workers, drug use and sharing needles.

**LESSONS LEARNED:** Incarcerated clients at these facilities have been receptive to HIV testing. The service is advertised by flyers but word of mouth is the primary referral source. Clients are released and moved to other facilities without notice, therefore an effective and comprehensive follow up plan is vital. The relationship with the Sheriff's Department and deputies working within the facilities is crucial in order to maintain access, cooperation, and the safety of program staff. Direct collaboration with STD testing is important as many clients who are at risk for HIV are also at risk for STDs and benefit from the additional counseling and education. The semi-private counseling sessions are due to limited space availability within the jail setting. This can be problematic, as inmates fear that what they disclose might be overheard by another inmate and therefore may be reluctant to disclose MSM activity. Resources are needed in order to refer high-risk HIV negative individuals for further services to better facilitate their reentry into the community and increase the odds that their transition is successful.

**Control Number:** 03-B-220-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D07 HIV CTS Programs

**2nd Category Choice:** G08 Integrated HIV Prevention/STD Treatment Services

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P50 Program Administrators

**Presentation Preference:** Group Oral

**Title:** Integrated HIV and STD Counseling and Testing in Commercial and Public Sex Venues

**Author Block:** *Mall, KL; Garcia, MA; Stanley, BL*

AIDS Healthcare Foundation, Los Angeles, CA

**Abstract Body:**

**ISSUE:** To provide accessible, peer based health education, risk reduction and HIV/STD counseling and testing where high-risk sexual activity is occurring in order to reduce the risk of HIV and STD transmission among MSM frequenting these venues.

**SETTING:** Sex Clubs, Bathhouses and Public Sex Venues catering to MSMs in Los Angeles County.

**PROJECT:** One-on-one counseling sessions targeted at MSM ranging from a brief contact to risk reduction counseling and HIV/STD testing. These comprehensive services provide various opportunities to connect with clients and move them through more extensive interactions with counselors focused on educating clients on HIV, increasing their knowledge of their individual risks and developing a risk reduction plan which may include HIV and STD testing. Services in the commercial venues are primarily conducted on evenings and weekends. The program also coordinates with a same (same agency) mobile program to utilize a mobile HIV/STD testing van in order to access public sex venues. The commercial and public sex venue program is one of four testing and counseling programs operated by the organization. All four, are coordinated to maximize each client's ability to return for results, receive post-disclosure counseling, partner counseling and referral services and treatment follow-up.

**RESULTS:** Since its inception in March 2002 through December 2002, the program has conducted 428 HIV tests with a 6% seropositivity rate. The overall return rate is 66% and a 54% HIV positive return rate. The program also conducted 253 syphilis (4% seropositivity rate), 199 gonorrhea, and 257 chlamydia (1.9% seropositivity rate). The health education and risk reduction component offers a range of interactions available to clients and often serves as a bridge to counseling and testing.

**LESSONS LEARNED:** Cooperation from the owners of commercial venues is crucial to ensure program success. The willingness of the proprietors to allow and support the staff benefits the program as clients respond more positively to services. Promotion is necessary for advertising services and also demonstrates venue support for the program. Utilizing incentives in this program is important because clients are not initially frequenting the venue to access testing. Along with incentives, creating a thorough follow-up plan is necessary to increase disclosure rates, since individuals may not plan on returning to the venue where they tested. The opportunity to provide a range of counseling and education sessions is effective as even minimal interaction may be very beneficial for some clients. Having peer counselors is vital. In order to be effective counselors must feel comfortable working in these environments and be able to develop rapport with clients. The integration of HIV and STD testing is important because of the increased risk of co-infection among this population and accessibility is paramount to getting these individuals tested.

**Control Number:** 03-B-221-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D07 HIV CTS Programs

**2nd Category Choice:** D22 How to Replicate Programs that Work

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P56 Staff of Community-Based Organizations

**Presentation Preference:** Group Oral

**Title:** Sustaining an Effective Alternative HIV Counseling and Testing Program

**Author Block:** *Jones, L; Mall, KL; Stanley, BL*

AIDS Healthcare Foundation, Los Angeles, CA

**Abstract Body:**

**ISSUE:** To provide accessible HIV counseling and testing services in alternative test sites (ATS) targeted at high risk individuals who are not accessing testing in other settings. Established in 1997, this alternative testing program has a solid infrastructure that allows it to continually reach high risk populations and achieve high seropositivity, disclosure and referral rates.

**SETTING:** Two private counseling rooms in each of four Out of the Closet Thrift Stores located in Los Angeles County owned and operated by AIDS Healthcare Foundation.

**PROJECT:** The program provides HIV counseling and testing in alternate test sites in Los Angeles County. The four thrift stores are located in West Hollywood, Hollywood, Silver Lake (East of Hollywood) and the San Fernando Valley. The target behavioral risk groups are MSM and MSM/W. Testing is provided 7 days a week for four hours a day at three of the sites and two days a week four hours a day at the Valley site. Testing is on a walk-in basis and results are available one week later. The atmosphere is non-clinical and individuals may shop around in order to help maintain some anonymity as to why they are at the store. Two counselors are scheduled along with an intake receptionist so that someone is always available to sign people up for testing, answer questions and maintain visibility. The program is going into its sixth year of operation. It provides newer department testing programs that are not at fixed sites the ability to refer clients to the alternative test sites to maximize on all program follow-up services.

**RESULTS:** In 2002, the ATS program conducted 7600 tests, identifying 143 positive clients (1.9% seropositivity). The program's return rate for the year was 85.8%, and among positives it was 84.6%. Since the program began in July 1997, it has provided 29,356 tests and identified 611 positive cases (2.1% seropositivity).

**LESSONS LEARNED:** The ATS program has been very successful. Having testing available 7 days a week on a walk-in basis has been well received by clients. The relaxed environment of the thrift stores provides a non-threatening atmosphere that helps relieve anxiety about HIV testing and helps to promote more open and honest dialogue with counselors about sexual behaviors. Many clients test on the spur of the moment because they were in the area or shopping in the store and noticed the intake table. Many test specifically because of the non-clinical setting or because they do not have to worry about being seen going in, or coming out of a place that is known solely for HIV testing. The non-traditional hours of operation make it easier for people to access testing after work or on weekends.

**Control Number:** 03-B-222-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D07 HIV CTS Programs

**2nd Category Choice:**

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P50 Program Administrators

**Presentation Preference:** Group Oral

**Title:** Successful Implementation of HIV and STD Counseling and Testing in a Mobile Outreach Program

**Author Block:** *Rocha, D; Mall, KL; Jones, L; Stanley, BL*  
AIDS Healthcare Foundation, Los Angeles, CA

**Abstract Body:**

**ISSUE:** To bring peer based HIV/STD counseling and testing to the community where target populations gather, making the testing process as convenient, accessible and non-threatening as possible in order to address the proportion of high-risk individuals not accessing testing services in other settings.

**SETTING:** A renovated small mobile testing van (27ft) with two private rooms and no identifying signs or logos on the outside.

**PROJECT:** To provide HIV/STD counseling and testing in the Los Angeles Metro Area. The target behavioral risk groups are MSMs, MSM/Ws, and Transgenders. The mobile testing van is parked adjacent to bars, dance clubs, and parks frequented by the targeted BRGs. In order to reach the target population at the ideal times when activity is at its peak at these venues, the van operates mainly during evening, late night hours and on the weekends. When in operation and conducting testing services, the van is always staffed by three counselors. One counselor is always at a table outside the van to sign individuals up for testing, answer questions and maintain visibility. When clients test positive for HIV they are given appropriate treatment referrals and follow up. When individuals test positive for an STD they are notified as soon as possible and given treatment referrals. The program collaborates with LA County STD Programs to follow up with individuals who have a positive STD result and are unable to be notified by the mobile program. The program collaborates with an internal social marketing campaign focused on raising awareness about syphilis. At times, outreach workers from the campaign work in conjunction with the mobile program and are able to go into venues and approach more people about testing services offered on the van. The program also collaborates with an internal alternative testing program in order to provide another test site where clients can receive their results 7 days a week if they do not plan on returning to the venue where they were tested.

**RESULTS:** From the initiation of this program in August 2002 through December 2002, 653 HIV tests were conducted with a 60% return rate. The seropositivity rate for this period was 2.0%, and the return rate for positive clients was 77%. Syphilis, gonorrhea and chlamydia testing were added in mid-December with one positive chlamydia test and the majority of clients receiving an HIV test also choosing to receive STD testing.

**LESSONS LEARNED:** Effective placement of the mobile testing van is important to gain wide access to target groups. The program has been able to reach segments of the population that may be intimidated by the clinic setting or don't have the means to get to one. Providing alternate locations for disclosure is necessary to increase disclosure rates. The integration of HIV and STD testing is attracting more clients to test. Clients also seem more receptive to confidential HIV testing when done in conjunction with confidential STD testing. A mobile program requires a rigorous maintenance schedule in order keep a consistent testing schedule and a quality vehicle.

**Control Number:** 03-A-224-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** D13 HIV Prevention Programs for IDUs

**2nd Category Choice:** E22 Politics and HIV Prevention

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P32 Injecting Drug Users

**Presentation Preference:** Single Oral

**Title:** Community reactions to services for IDUs: Learning from support and opposition

**Author Block:** *Keem, M; Friedman, R; Tempalski, B; Friedman, SR*

National Development and Research Institutes, Inc., New York, NY

**Abstract Body:**

**BACKGROUND/OBJECTIVES:**

Injection drug users (IDUs) are at high risk for HIV transmission. Drug treatment, outreach and syringe exchange programs address the needs of IDUs. The kinds of support and opposition experienced by these programs reflect and evoke debates about morality and the stigma of drug use.

**METHODS:**

Qualitative interviews concerning services for IDUs were conducted as part of a study of local HIV epidemics among IDUs in 96 large metropolitan areas (MSAs) in the United States. Focus areas included the history and size of drug treatment, outreach, and syringe exchange programs and the problems they have encountered. 151 in-depth telephone interviews were conducted with researchers (n=45) and public health officials (n=42) as well as with staff members of drug treatment programs (n=18), syringe exchange programs (n=26), and outreach programs (n=20) in 37 of the MSAs. A coding system employing emic (taken from respondents' words) and etic (theory-based) concepts was developed to categorize recurrent topics of discussion. Some categories describe the principles behind support and opposition, while other categories describe the forms taken by these community reactions.

**RESULTS:**

The category "morality" emerges as an important motivation for support (we can't let people die). This support takes a variety of forms: grass-roots advocacy, unauthorized programs, legal aid for activists being prosecuted, legal action on behalf of programs working with IDUs, public and private funding for prevention programs, and the establishment of programs by public authorities.

Opposition to services for IDUs also places significant weight on "morality" (it is morally wrong to take drugs). This rejection fuels the phenomenon of stigma, an independent though related category of opposition. The stigma associated with drug use and drug users also marks individuals working with IDUs, who face assertions that they encourage drug use and other illicit behavior. Stigma feeds "Not In My Back Yard" arguments by residents or businesses in the vicinity of services for IDUs. One form of opposition is the mobilization of neighborhood or business associations to put pressure on service providers or influence political decision-making. Another form of opposition that occurs is police harassment of service providers or difficult relations between the police and programs because drug use is illegal.

Finally, situations of opposition and support are not static. Some service providers have seen initial support surpassed by opposition; others have achieved better relations with police and neighborhood groups through negotiation and education. One syringe exchange operator who was frequently arrested in his first year of work now does public speaking with the precinct captain who wanted him shut down.

**CONCLUSIONS:**

Morality and stigma-based judgments regarding IDUs transfer to programs for IDUs. Both support and opposition are expressed through legal processes, political action, allocation of funds, and the attitudes of residents or businesses in the vicinity of a service provider. Careful analysis of support and opposition

shows that these are not static situations and that at the local level progress can be made against stigma. Examples of how opposition was changed to support will be provided.

**Control Number:** 03-B-226-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D35 School Based Programs

**2nd Category Choice:** D11 HIV Prevention Program Planning

**Population 1:** P64 Other (Please Specify)

**Population 2:** P58 Teachers

**Presentation Preference:** Single Oral

**Title:** HIV-Prevention in Public Schools: Making It Happen

**Author Block:** *Dodd, GR*

Los Angeles County Office of Education, Downey, CA

**Abstract Body:**

**ISSUE:** HIV-prevention programs in public schools exist in many communities but technical assistance for planning, implementing, and evaluating these programs does not.

**SETTING:** Public schools in Los Angeles County.

**PROJECT:** The HIV-Prevention Project is an ongoing program funded by the Centers for Disease Control and the Los Angeles County Department of Health Services, Office of AIDS Programs and Planning. The project involves 17 school districts in Los Angeles County, providing technical assistance in planning, implementing, and evaluating HIV-prevention programs in public high schools.

**RESULTS:** The project has developed and will share documents and strategies to facilitate school-based prevention including:

- Development of instruments for school personnel to self-assess student needs including classroom instruction, student support services, and referral to community agencies.
- Creation of tools for evaluating and selecting instructional materials which can be implemented with fidelity within the parameters of time, cost, local policy, and community needs.
- Designing strategies for overcoming financial, social, and political barriers to implementation of HIV-prevention programs in schools.
- Contribution to the development of a linked referral system which facilitates communication between the referring agency and the service provider.

Participating school districts in Los Angeles County have strengthened both the classroom instruction in HIV-prevention and student referrals to community agencies which provide HIV-related services.

**LESSONS LEARNED:** Successful planning, implementation, and evaluation of HIV-prevention programs in public schools is greatly enhanced when technical assistance is provided and ready-made forms, documents, and instruments are available.

**Control Number:** 03-B-238-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D12 HIV Prevention Programs for Communities of Color

**2nd Category Choice:** D11 HIV Prevention Program Planning

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P44 Outreach Workers

**Presentation Preference:** Group Oral

**Title:** Implementing Neighborhood Mobilization to Reach High Risk Populations

**Author Block:** *Guild, CM; Spinks, MA, CE*

Saint Louis Effort For AIDS, St. Louis, MO

**Abstract Body:**

**ISSUE:**

African Americans living in St. Louis city are disproportionately affected by HIV and AIDS. Although they comprise only 11.2% of the population, they represent over 50% of all newly diagnosed reported cases of HIV and AIDS. Conventional outreach methods have not adequately reached African Americans and they are more likely to receive an AIDS diagnosis.

**SETTING:**

The Neighborhood Mobilization program will focus on the 5 zip codes with the highest rates of both documented HIV and AIDS cases. These areas are primarily African American and below the Federal Poverty Level.

**PROJECT:**

This multicultural project utilizes individual, group and community level interventions designed to prevent the transmission of HIV/AIDS among the hard-to-reach African American population. The program consists of intensive dissemination of culturally relevant HIV prevention literature, targeted street outreach, community education, and testing events, provided by the Mobile Testing Unit. The Mobile Testing Unit will provide testing to the targeted population's neighborhoods and will offer incentives for returning to receive their test results.

**RESULTS:**

Neighborhood Mobilization is a new and innovative concept in the St. Louis area. The expected results are to get a minimum of 930 baseline post-test surveys at the HIV awareness events each year (this program is funded for 3 years). These post-tests will reflect a 25% increase in knowledge and beneficial attitudes about HIV risk reduction methods, a 25% increase in HIV/STD risk reduction skills and a reported 25% increase in HIV/STD risk reduction behavior. Additionally, we will administer a minimum of 415 HIV Orasure tests through HIV awareness events and the Mobile Testing Unit. Sixty percent of those tested will return for their results through the incentives program compared to the 30% who currently return for results and post-test counseling.

**LESSONS LEARNED:**

Being a new program, we haven't learned lessons for improvement yet, but we have learned from past interventions that have prevented us from effectively reaching this particular population. There are a number of reasons why traditional prevention programs have not been successful in the African American community in St. Louis. The lack of well-established community networks and the general mistrust of information provided by the government or authority figures can generate barriers to accessing prevention services in the African American community. These barriers to testing lead to late diagnosis allowing for missed opportunities for interventions and create the need for specialized programs with regards to culturally sensitive HIV/STD prevention. Specific issues/needs within the African American community in St. Louis include: lack of



**information about and access to testing, peer education, effective group level interventions, Prevention Case Management, and highly targeted outreach for hustlers and men on the Down Low.**

**Control Number:** 03-B-242-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D35 School Based Programs

**2nd Category Choice:** D05 Developing and Sustaining HIV Prevention Capacity

**Population 1:** P10 College and University Students

**Population 2:** P3 African Americans

**Presentation Preference:** Single Oral

**Title:** *Images of HOPE: HIV Prevention Strategies Implemented at Nine HBCUs*

**Author Block:** *Head, CJ; Saunders, DR*

United Negro College Fund Special Programs Corporation/HOPE Program, Fairfax, VA

**Abstract Body:**

**AUTHORS:** Saunders, Darlene, R.; and Head, Carmen, J.

**ISSUE:** Reducing the rate of HIV infection among minority youth requires multifaceted approaches including partnerships with universities, community-based organizations, AIDS service providers and secondary schools.

**SETTING:** Historically Black Colleges and Universities

**PROJECT:** Since 1996, the HIV/AIDS Orientation and Professional Education Program (HOPE) funded through cooperative agreements with the Centers for Disease Control and Prevention has sought to reduce the rate of new HIV infections among African American youth, strengthen prevention programming at Historically Black Colleges and Universities (HBCUs) and increase the number of African American graduates entering the health professions. The HOPE Program (1996-2000) awarded competitive one year grants to nine HBCUs to enhance curricular and co-curricular programs with HIV/AIDS information. A variety of programs were instituted and/or implemented to achieve these goals. Technical assistance was provided from the HOPE Program to launch, sustain and integrate projects within the university and surrounding community. The HOPE Program has developed a document titled *Images of HOPE: HIV/AIDS Prevention Programs at 9 HBCUs*. This publication profiles HIV prevention programming at these institutions. *Images of HOPE* will be available for distribution in the summer of 2003.

**RESULTS:** Of the nine HBCU campuses participating in the grants programs: Fifty-six faculty were trained in HIV/AIDS education, 321 students were trained as peer educators, 91 courses were added that contained HIV/AIDS components, over 1,700 students attended other trainings and activities on HIV/AIDS offered on campus. Institutions participating in the grants program reported increases in the number of campus events offered, strengthening of the campus infrastructure through development of campus advisory panels, collaboration with academic departments, counseling centers, health services, community-based organizations, the faith community and local health departments. Types of programming offered included: abstinence-based programming, media advocacy promotion, service learning, seminars, internships, safer-sex bingo, and introduction to campus and community resources.

**LESSONS LEARNED:** HBCUs can make important contributions to HIV/AIDS-related fields through campus-based programming, collaboration with community-based resources, faculty research and student involvement. The HOPE Program is a catalyst for HBCU involvement in health promotion efforts beyond the topic of HIV/AIDS prevention. Faculty are more confident about addressing other related health disparity issues, seeking funding, and developing collaborative relationships as a result of their experience with the HOPE Program.

**Control Number:** 03-B-243-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D27 Improving Capacity to Conduct Process and Outcome Evaluation

**2nd Category Choice:** D10 HIV Prevention Program Evaluation

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P56 Staff of Community-Based Organizations

**Presentation Preference:** Single Oral

**Title:** Developing Process and Outcome Evaluation Capacity in HIV Prevention Programs

**Author Block:** *Nichols Dauner, K<sup>1</sup>; Richter, DL<sup>1</sup>; Prince, MS<sup>2</sup>*

1 University of South Carolina, Arnold School of Public Health, Columbia, SC; 2 Health Promotion Works, Pawleys Island, SC

**Abstract Body:**

**Issues:** Evaluation is increasingly vital to an organization's competitiveness for limited funding. Still, many prevention personnel are easily scared off by the word "evaluation". Evaluation, however, is often a matter of putting on paper the questions we ask ourselves when designing and implementing any training program. Such questions include: Was the training program implemented as planned? Were the participants and instructors satisfied? Did participants learn new knowledge and skills? Answering such questions in a systematic way can make a notable difference when competing for limited funding opportunities, as well as, for improving prevention programs, and providing information for the media and policy-makers.

**Setting:** HIV prevention personnel working in community-based organizations.

**Project:** This will be a highly interactive, skills-building workshop. After an introduction to evaluation, participants will learn and practice how to write measurable objectives and design an evaluation plan. Ways in which evaluation results can be and have been used will be discussed.

**Results:** As a result of the hands-on, capacity-building session participants will be able to:

1) Describe the importance of evaluating training programs, 2) Define process and short-term outcome evaluation, 3) Write measurable program objectives and select appropriate evaluation measures, and 4) Describe how to use various evaluation measures in their own HIV prevention or training program.

**Lessons Learned:** HIV prevention personnel will have a better understanding of how evaluation can be incorporated into the planning stage of a prevention program. They will also be able to take home the skills necessary to designing an evaluation plan for their HIV prevention program. These skills will enable HIV prevention personnel to write more competitive grant applications and demonstrate the effectiveness of their programs to various stakeholders.

**Control Number:** 03-B-244-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D12 HIV Prevention Programs for Communities of Color

**2nd Category Choice:** D15 HIV Prevention Programs for MSM

**Population 1:** P35 Latinos/Latinas, Hispanic

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Single Oral

**Title:** Expresiones del Alma: A program linking HIV prevention for Latino MSMs with arts instruction, performance, and community dialogue around homophobia.

**Author Block:** *Sol, C*

La Clinica del Pueblo, Washington, DC

**Abstract Body:**

**ISSUE:**

**In order to be effective, HIV prevention programs for Latino MSMs must address homophobia, isolation, family rejection, and poverty in a culturally appropriate manner. b>SETTING: Latino CBOs in Washington DC. />**

**PROJECT: "Expresiones del Alma", or "Expressions of the Soul", is a program developed by Proyecto S.O.L, a community-level intervention funded by CDC to reduce HIV risks among immigrant Latino MSMs in the Washington Metropolitan area. Based on the work of Rafael Diaz with Latino MSMs linking homophobia, poverty, and racism to HIV risks, and on local data indicating high levels of isolation, family rejection, and lack of alcohol-free spaces among immigrant Latino MSMs, Proyecto S.O.L launched "Expresiones del Alma" (EDA) in December 2001. EDA offered free arts classes to Latino MSMs in theater, dance, visual arts, crafts, and guitar over an eight-week period. Each participant received HIV risk reduction counseling and enrolled in a six-week small group intervention modeled on "Hermanos de Luna y el Sol." The program culminated on April 6, 2002, with a performance for the Latino community at large including a one-act play, music recitals, exhibits, and testimonies highlighting the needs, issues, and talents of the Latino GBT community. The program was repeated with adjustments in the fall, culminating on December 21. Both EDA programs were developed, coordinated, and implemented by Latino GBT peer leaders of Proyecto S.O.L.**

**RESULTS: The program had a tremendous impact both on its participants and on the audience attending the culminating performances. A total of 45 Latino MSM completed the program. Participants in the first cycle described improvements in their family and emotional life as a result of the program; 95% reported an improvement in supportive social networks and that they "felt better about being gay, bisexual, or transgender." 100% stated they would participate in the program again. Participants also stated that through the program, they had felt important, increased their self-esteem and positive outlook, identified skills they were unaware of; met new people in a different setting, relaxed, and found an outlet for expression. Over 250 persons were reached through both performances. Each event was highly emotional, as many family members of the students attended the event and expressed for the first time publicly that they were proud of their gay children. The events served to sensitize the Latino heterosexual community around the experiences of their GBT family, friends, and acquaintances. 84% of audience members who identified as heterosexual on the evaluation forms stated that they understood the Latino GBT community better; 86% stated that the event helped them accept the Latino GBT community better.**

**LESSONS LEARNED: Performance and art instruction are excellent means to promote dialogue within the Latino community around homophobia and the needs and issues of Latino GBT men.**

**HIV prevention interventions can be successfully implemented as a complement to arts instruction. Peer leaders, CBOs, government, and the arts community can work in partnership to develop creative interventions of high impact for both Latino GBT men and the Latino community at large.**

**Control Number:** 03-B-253-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D04 Community Coalition Development

**2nd Category Choice:** D27 Improving Capacity to Conduct Process and Outcome Evaluation

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P56 Staff of Community-Based Organizations

**Presentation Preference:** Single Oral

**Title:** Technical Assistance Successes and Challenges in Community Coalition Development

**Author Block:** *Shoptaw, S<sup>1,2</sup>; Veniegas, RC<sup>1,3</sup>; Hucks-Ortiz, C<sup>1,3</sup>; Brooks, R<sup>1,3</sup>*

1 University of California Los Angeles, Los Angeles, CA; 2 Integrated Substance Abuse Programs/Friends Research Institute, Inc., Los Angeles, CA; 3 Center for HIV Identification, Prevention, and Treatment Services, Los Angeles, CA

**Abstract Body:**

**ISSUE:** Community coalition building has been identified as a mechanism for reducing health disparities in predominantly African American and Latino communities.

**SETTING:** African American and Latino communities in Los Angeles County.

**PROJECT:** As part of the Centers for Disease Control Community Coalition Development Projects four Los Angeles agencies serving African American and/or Latino communities were funded to build coordinated prevention networks for HIV, STDs, TB, and substance abuse prevention. The Center for HIV Identification, Prevention, and Treatment Services, was selected to provide assessment and evaluation technical assistance (TA) to these agencies. The TA team consisted of survey research, epidemiology, HIV, intervention, public health, and substance abuse experts. TA was provided for a uniform client intake, a coalition assessment instrument, and program evaluation. TA was coordinated through a program manager, provided by at least two people, and provided to the coordinating agencies only. TA commenced in October 2002 and will continue through August 2005.

**RESULTS:** An important outcome of the TA process was the compilation of SPA-specific of disease burden profiles to aid in coalition development and network priority setting. These profiles highlighted prominent health issues affecting communities within each of four targeted health service regions. A second TA outcome was a uniform client intake used by network partners to increase clients' access to health care. Prior to the availability of such a form agencies had no limited means for tracking clients' service usage across these health issues. TA on these planning and tracking tools provided agencies with part of the necessary infrastructure to identify resource allocation priorities and to share client information.

**LESSONS LEARNED:** Among the lessons learned by the TA team were: shared understanding among stakeholders of the strengths and limitations of technical assistance was important, team members' rapport and relationships with agency staff were beneficial to the project, access to similar projects' lessons learned aided in anticipating barriers, and tracking of the types of TA provided informed the allocation of team members' time. TA provision in community coalition development is essential.

**Control Number:** 03-B-257-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D08 HIV Prevention Community Planning

**2nd Category Choice:** D20 HIV Prevention Programs for Youth

**Population 1:** P64 Other (Please Specify)

**Population 2:** P10 College and University Students

**Presentation Preference:** Single Oral

**Title:** CPG 101: Back to the Basics for Young Adults

**Author Block:** *Clarke, DC; Bolling, SJ*

NAESM, Inc., Atlanta, GA

**Abstract Body:**

**ISSUE:** Involving youth/young adults in the HIV Prevention Community Planning Group (CPG) process is one way to ensure an equitable distribution of HIV prevention funds to address the epidemic among their peers.

**SETTING:** High schools, colleges/universities, community-based organizations

**PROJECT:** *CPG 101: An Introduction to the CPG Process* is a four- to six- hour interactive training that explores the basics of the HIV Prevention Community Planning Group (CPG) process. It is intended for an audience of young adults (18 - 24) who are new to the HIV prevention arena.

The CPG 101 training curriculum covers information contained in the *Academy for Educational Development's HIV Prevention Community Planning: An Orientation Guide*. Participants will review the history, purpose, goals, and steps of the CPG process in ways that are easy to understand. In order to ensure comprehension, interactive activities, such as problem solving and scenarios, are useful for open dialogue and discussion. Towards the conclusion of the training, participants divide themselves into small groups to participate in a game that reviews information covered.

**RESULTS:** Based on a total audience of 130 individuals with an age range from 16 to 27, 92% reported no previous knowledge about the CPG process, 85% reported an increased knowledge about the CPG process, 23% expressed interest in joining the CPG process.

**LESSONS LEARNED:** The CPG process can be a very intimidating process for young adults, especially those who are unfamiliar with the dynamics, purpose, and/or knowledge of CPG. By presenting CPG orientation information in a fun and interactive, as well as an informative and understandable manner, young people are more interested and excited about participating in the CPG process. They also realize the importance of representing their peers in HIV prevention decision-making processes.

**Control Number:** 03-B-261-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D05 Developing and Sustaining HIV Prevention Capacity

**2nd Category Choice:** F04 Cultural Attitudes/Beliefs and their Impact on Early HIV Diagnosis

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P64 Other (Please Specify)

**Presentation Preference:** Single Oral

**Title:** HIV prevention programs need to be culturally competent to reach at risk populations.

**Author Block:** *Cirelli, ST*

H.U.G. Me Program, Orlando, FL

**Abstract Body:**

**ISSUE:** HIV prevention programs need to be culturally competent to reach at risk populations.

**SETTING:** Ambulatory outpatient clinics, street outreach programs

**PROJECT:** Cultural Self-assessment of prevention programs to engender total quality improvement and decrease primary and secondary HIV infection.

**RESULTS:** Pilot studies have shown that system changes can be made through pursuit of culturally competent programming, which in turn 1) decrease area primary infection rates 2) increase access to primary HIV care and decrease secondary infection rates. **LESSONS**

**LEARNED:** Cultural competence is a set of congruent behaviors, attitudes and policies that come together as a system, agency or among professionals. The use of working concepts and tools promotes system change and decreases infection rates.



**Control Number:** 03-B-262-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D01 Abstinence Programs

**2nd Category Choice:** D20 HIV Prevention Programs for Youth

**Population 1:** P1 Adolescents

**Population 2:**

**Presentation Preference:** Group Oral

**Title:** *Abstinence: Opening Dialog and Building Partnerships for North Carolina Youth*

**Author Block:** *Lehman, S; Langer, S*

NC Department of Public Instruction, Raleigh, NC

**Abstract Body:**

**ISSUE:**

Adolescent pregnancy rates in North Carolina are among the highest in the nation. There are 76.1 pregnancies per 1000 women ages 15 to 19 every year in NC (APPCNC, 2000). Additionally, sexually transmitted diseases (STD), including HIV, is a problem with adolescents. Between 40% and 45% of all chlamydia cases reported in North Carolina were for 13-19 years olds and North Carolina ranks in the top five states for gonorrhea incidence (NCDHHS, 2002). The HIV rates for 13-24 year-olds in 2000-2001 at 14.2/100,000 (NCDHHS, 2002). However, across the country, as well as in North Carolina, twenty percent of all AIDS cases occur to people in their twenties, which means these individuals are becoming infected as teenagers.

There are many prevention point-of-views, including abstinence-only, abstinence based and comprehensive sexuality education, often leaving adolescents confused about the message. There is a clear need to identify consistent, statewide messages that can be shared with North Carolina youth in all educational settings concerning adolescent HIV/STD and teen pregnancy prevention.

**SETTING:**

Thirty individuals representing various agencies vested in adolescent sexual risk behavior prevention issues were asked to participate in a two-day Summit. The Summit, facilitated by the National Coalition Building Institute (NCBI), will be held in Raleigh, North Carolina on April 1-2, 2003.

**PROJECT:**

The goal of the collaboration is to strengthen communication, coordination, and/or collaboration among agencies that are working to reduce sexual risk behaviors among school-age young people that result in HIV infection, other STDs, and unintended pregnancy. The outcomes will include a template for other states and national organizations to use to implement their own collaborations and the consensus that a joint message can, or cannot, be established among agencies representing different prevention views. The template will encompass identifying and hiring an appropriate facilitator, participation selection and screening, team-building activities, points for discussion, conflict resolution, and evaluation. The project will be considered a success in the fact that participants were able to come together for discussion.

**RESULTS:**

After the Summit, NCBI will create the template, outlining the steps of the successful collaboration. Key points and themes created from the dialog will be incorporated into a report. A brief evaluation will also be implemented to assess the collaboration design, participant satisfaction and effectiveness of the project.

**LESSONS LEARNED:**

**Results will determine lessons learned for this project, but will most likely focus on suggestions for modification of the collaboration template.**

**Control Number:** 03-B-263-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D15 HIV Prevention Programs for MSM

**2nd Category Choice:** D23 Implementing Culturally Competent HIV Prevention Programs

**Population 1:** P19 Gay and Other Men Who Have Sex With Men

**Population 2:**

**Presentation Preference:** Single Oral

**Title:** Community Mobilization Targeting MSM in New Orleans, LA

**Author Block:** *Wong, FI; Redmann, JM*

NO/AIDS Task Force, New Orleans, LA

**Abstract Body:**

**ISSUE:** HIV infection rates remain high in the MSM community and recent reports indicate that rates may even be increasing. Past prevention programs have done much to reduce the high rates seen in the 1980's, however many MSM have become 'burned out' on traditional messages and other MSM only came out in the era of effective treatment, so HIV is considered 'curable' or 'not that big a deal.' The early HIV/AIDS epidemic (in America) presented a stark reality of death and dying, which haunting and horrifying as it was, was a strong inducement to prevention. With newer treatments and the sharp decline in AIDS deaths seen in the last five years, prevention strategies have a much more complicated message to convey.

**SETTING:** The French Quarter and its surrounding area in New Orleans, LA

**PROJECT:** New Orleans is a place with over 900 bars in a 12 square block area, the French Quarter and is a destination city for those who want to "let loose". NO/AIDS Task Force Community Awareness Network (CAN) is a community mobilization HIV prevention program targeting MSM who live and socialize in the French Quarter area. HIV counseling and testing statistics have shown that 60% of HIV positive MSM in New Orleans live in this area. The community mobilization model utilizes community resources and members for implementing HIV prevention activities. Rather than programs coming from the agency to the target population, community mobilization fosters integration of the community into all aspects of program development. Partnerships between CAN and community businesses/organizations have been developed to build community capacity and ownership of HIV prevention activities. A community advisory committee has been established to provide constructive feedback and guidance to CAN staff for program planning and implementation.

**RESULTS:** Included will be examples of and discussion on ways to target diverse community groups, how to change community norms, a variety of possible community mobilization activities, managing 'turf wars' between competing organizations, the role of volunteers, including an advisory board and linking community mobilization to existing prevention services.

**LESSONS LEARNED:** When the CAN project began, the first challenge we faced was regaining the community's trust and getting the program name recognized. NO/AIDS Task Force relocated from our traditional location in the gay community to a place that reflects the changing face of the epidemic. We have learned that moving from CBO initiated activities to community-initiated activities has involved a step-by-step strategy that empowers community and nurtures community ownership of HIV prevention activities. This means that we have to address community businesses/organizations' concerns about HIV prevention and its impact on their business/organization. For example, many businesses are concerned about how participating in HIV prevention will affect their image and income. As a result of technical assistance provided by CAN to community participants, community businesses/organizations have started to initiate HIV

**prevention activities appropriate for their constituents. This includes ongoing community events addressing HIV prevention such as fundraisers, educational series, and materials development.**

**Control Number:** 03-B-271-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D02 Applying Lessons Learned from International HIV Prevention Programs to U.S. Efforts

**2nd Category Choice:** D15 HIV Prevention Programs for MSM

**Population 1:** P53 Researchers

**Population 2:** P64 Other (Please Specify)

**Presentation Preference:** Single Oral

**Title:** A longitudinal multi-site randomized clinical trial of Explore

**Author Block:** *Lightburn, N<sup>1</sup>; Guggenheim, E<sup>1</sup>; Camacho, M<sup>2</sup>; Powers, C<sup>3</sup>; Borges, C<sup>4</sup>; Froehle, G<sup>5</sup>; Osteen, P<sup>6</sup>*

1 San Francisco Department of Public Health, San Francisco, CA; 2 New York Blood Center/Project Achieve, New York, NY; 3 Howard Brown Health Center, Chicago, IL; 4 Fenway Community Health Center, Boston, MA; 5 HPTU--Seattle, University of Washington, Seattle, WA; 6 Denver Department of Public Health, Denver, CO

**Abstract Body:**

**Issue:** Retention protocols and strategies seek to maintain and improve study participation for a difficult to follow study population. Historically, trials of behavioral interventions have had below optimal retention rates.

**Setting:** Departments of Public Health, community health centers, and research sites in San Francisco, Seattle, Denver, Chicago, Boston and New York.

**Project:** Explore is a longitudinal multi-site randomized clinical trial of the efficacy of a behavioral intervention to prevent the acquisition of HIV among men who have sex with men (MSM). The intervention arm requires that participants attend ten weekly counseling modules immediately following enrollment covering topics of importance to MSM's who may put themselves at risk for HIV infection. These topics include substance use and abuse, barriers to communication, and triggers for risk behavior. After completion of the initial 10 sessions, intervention participants attend quarterly follow-up visits for the remainder of the study. The standard arm seeks to replicate the HIV counseling and testing model found in community-based organizations and clinics, and requires semi-annual visits. Due to the intensity of the intervention arm in comparison with the standard arm, retaining intervention participants requires a more focused effort. Further, maintaining a small differential loss to follow-up in the two arms is of particular concern. Each site has a retention coordinator and retention specialist who track participant visits, locate lost and difficult to follow participants and develop specialized client-centered retention protocols based on their geographic region and population. Explore has implemented retention strategies that may be of benefit to other studies that may have a high MSM, mobile or substance using population.

**Results:** The Explore study enrolled 4,295 sexually active MSM, of various ages and race, over a 24-month recruitment period. Implementation of retention protocols and strategies resulted in maintaining and improving study participation and a low differential between intervention and control arms.

**Lessons Learned:** The following areas are of importance in retaining difficult to follow populations:

1) Organized and efficient administrative systems based on a customer-service model such as site hours reflective of population needs, dedicated retention staff, integrated database for scheduling, detailed documentation of retention notes and correspondence, centralized system to handle appointments, and reminder phone calls and letters.

- 2) Client-centered retention strategies such as home visits; free phone cards, email and voicemail; and accommodating participant comfort-level for frequency of contact.**
- 3) Study design that has the participant's needs and issues in mind such as number and length of visits; planning for retention issues unique to the population; and accessible dissemination of study results to participants.**
- 4) Recruitment techniques that lead to a positive retention outcome such as only enrolling participants who can provide reliable locator information and can commit to the design and length of the study, even if there is a serious need to reach a certain sample size.**
- 5) Facilitating a strong participant-site relationship through maintaining study staff continuity; limiting the number of staff a participant comes in contact with during one visit; and providing a strong referral program.**

**Control Number:** 03-B-275-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D12 HIV Prevention Programs for Communities of Color

**2nd Category Choice:** D23 Implementing Culturally Competent HIV Prevention Programs

**Population 1:** P3 African Americans

**Population 2:** P10 College and University Students

**Presentation Preference:** Single Oral

**Title:** HIV Prevention in Historically Black Colleges and Universities (HBCU) in Texas, Oklahoma, Arkansas and Louisiana

**Author Block:** *Chng, CL<sup>1</sup>; Carlon, A<sup>2</sup>; Toyne, B<sup>2</sup>*

1 University of North Texas, Denton, TX; 2 International Resource Group, Ltd, Austin, TX

**Abstract Body:**

**ISSUE:** The potential threat of HIV becoming a leading cause of death for African Americans ages 13-19 is apparent. HBCUs are strategically situated as primary promoters of HIV prevention initiatives on and off their campus communities.

**SETTING:** The HBCUs in this project are located in the South, and are fully accredited 2-4 year institutions in both urban and rural communities. Enrollment varies from 500-10,000 students. These campuses have forged long histories of survival and self-determination and especially in the South, are typically faith-based, and openly promoting traditional moral values relating to family and community.

**PROJECT:** The HBCUs have received funding from the US Department of Health and Human Services, Office of Family Planning to conduct HIV prevention. This presentation will report on evaluation findings of this 3-year project.

**RESULTS:** We have observed an impressive continuum of HIV prevention activities and strategies being used on campuses. This wide range of activities may reflect the different stages of project development on various campuses. Major challenges included the lack of male involvement in prevention as well as social stigma associated with HIV prevention on campus. Also relevant is the lack of institutional support for grant management and the need for capacity building on campus. The peer educator model worked very well on campus, after initial orientation and training sessions involving the American Red Cross, Office of Minority Health Resource Center, the National Library of Medicine, and the International Resource Group, Ltd.

**LESSONS LEARNED:**

While HBCUs may be vital to HIV prevention, there are unique characteristics and challenges that must be addressed to maximize success

**Control Number:** 03-B-277-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D13 HIV Prevention Programs for IDUs

**2nd Category Choice:** C22 Interventions that Reduce Harm of Injecting Drug Use

**Population 1:** P32 Injecting Drug Users

**Population 2:** P57 Street Outreach Workers

**Presentation Preference:** Single Oral

**Title:**

Early Implementation of a Peer-Based HIV Prevention Intervention for Injection Drug Users (IDUs) on the China-Vietnam Border

**Author Block:** *Hammett, TM<sup>1</sup>; Des Jarlais, DC<sup>2</sup>; Liu, W<sup>3</sup>; Ngu, D<sup>4</sup>; Donghua, M<sup>5</sup>; Van, LK<sup>6</sup>*

1 Abt Associates Inc., Cambridge, MA; 2 Beth Israel Medical Center, New York, NY; 3 Guangxi Center for HIV/AIDS Prevention and Control, Nanning, China; 4 National AIDS Standing Bureau, Hanoi, Viet Nam; 5 Ning Ming County Health Department, Ning Ming City, China; 6 Lang Son Provincial Health Service, Lang Son City, Viet Nam

**Abstract Body:**

**ISSUE:** A peer-based HIV prevention intervention seeks to stabilize HIV prevalence among IDUs, reduce cross-border HIV transmission, and benefit the larger public health.

**SETTING:** Six sites in Lang Son Province, Vietnam and 4 sites across the border in Ning Ming County, Guangxi Province, China.

**PROJECT:** In a peer outreach model intervention, peer educators based in all sites contact IDUs in the community, provide HIV risk reduction information, distribute new needles/syringes and vouchers good in participating pharmacies and clinics for new needles/syringes, sterile water, condoms, and other risk reduction merchandise, and collect used needles and syringes for safe disposal.

**RESULTS:** The interventions were fully implemented in Vietnam in July 2002 (although used needle/syringe collection began in January 2002) and in China in October 2002. Baseline surveys of IDUs (interviews and HIV testing) conducted between July and September 2002 revealed 17% HIV prevalence among IDUs in the Chinese sites and 47% in the Vietnamese sites. Molecular epidemiology indicates cross-border transmission from Vietnam to China. In the first 2½ months of implementation in China, almost 20,000 new needles/syringes were directly distributed, along with 17,000 pharmacy vouchers (of which 93% were redeemed), and 16,000 used needles/syringes were collected. In Vietnam, the first 5 months saw 14,000 new needles/syringes directly distributed along with 18,000 pharmacy vouchers (63% redeemed), and, in 11 months, 164,000 used needles/syringes collected. These early process data indicate that the interventions have achieved acceptance and strong participation among IDUs and the larger community.

**LESSONS LEARNED:** Multisectoral collaboration and community education resulted in cooperation with the project by police and other officials (despite fears of disruption and interference) and strong community support (despite fears of misunderstanding and opposition). Early results give evidence that HIV transmission may be able to be controlled in this cross-border region.



**Control Number:** 03-B-285-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D10 HIV Prevention Program Evaluation

**2nd Category Choice:** F02 Campaigns (Media and Non-media) to Encourage Early HIV Diagnosis or Promoting Knowledge of Serostatus

**Population 1:** P35 Latinos/Latinas, Hispanic

**Population 2:** P19 Gay and Other Men Who Have Sex With Men

**Presentation Preference:** Single Oral

**Title:** Using marketing clusters to evaluate KNOW NOW, a social marketing campaign for increasing awareness of HIV status.

**Author Block:** *Davis, DA*<sup>1</sup>; *Wan, C*<sup>1</sup>; *Lam, J*<sup>2</sup>

1 CDC, Atlanta, GA; 2 Aeffect, Inc., Chicago, IL

**Abstract Body:**

**ISSUE:**

How to evaluate an HIV prevention social marketing campaign targeted using marketing clusters.

**SETTING:**

Houston, TX, and Miami, FL

**PROJECT:** The KNOW NOW campaign, a multimedia social marketing campaign to promote knowledge of HIV serostatus, was launched in February 2002. Most public health communication campaigns use only demographics, such as age or race, as the categories for dividing the population into segments and determining which segments of the population will be targeted. KNOW NOW segmented the population using a system of geodemographic marketing clusters (PRIZM, Claritas, Inc.), which are grouped by ZIP codes and use data from consumer marketing databases that include information on buying habits, media use, and economic status, to obtain greater accuracy in targeting specific populations. To evaluate that campaign in Houston and Miami, CDC developed an evaluation methodology using multiple sources of data and targeted marketing clusters as the unit of analysis.

**RESULTS:**

Results indicate that members of target clusters are more likely than residents of ZIP codes not associated with target clusters to engage in high-risk sexual behavior (pre-campaign 19% (n=1192) versus 12% (n=596),  $t=4.00$ ,  $p<.05$ ) and (post-campaign 14% (n=1177) versus 8% (n=592),  $t=4.53$ ,  $p<.05$ ). The campaign reached targeted populations, as indicated by increases in campaign slogan recognition from pre- to post-campaign within target clusters (8% (n=208) to 17% (n=228) in Houston,  $t=2.88$ ,  $p<.05$ ) and (14% (n=181) to 21% (n=246) in Miami,  $t=1.91$ ,  $p<.1$  (not statistically significant)).

For behavioral intent, significant positive changes were observed in Miami. Members of this cluster increased their intent from pre- to post-campaign to seek information on HIV testing (31% (n=584) to 49% (n=594),  $t=6.41$ ,  $p<.05$ ), to call the HIV/AIDS hotline (14% (n=588) to 27% (n=597),  $t=5.62$ ,  $p<.05$ ), and to get tested (42% (n=578) to 55% (n=594),  $t=4.49$ ,  $p<.05$ ).

**LESSONS LEARNED:**

Data indicate that targeting by marketing cluster enables communication campaigns to reach persons at high risk of HIV infection, increase awareness of HIV, and prompt HIV testing. Evaluation is possible using repeated cross-sectional telephone surveys, tracking calls to hotlines, and gathering testing data.

**Control Number:** 03-A-294-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** D15 HIV Prevention Programs for MSM

**2nd Category Choice:** C21 Interventions that Reduce Sexual Risk

**Population 1:** P19 Gay and Other Men Who Have Sex With Men

**Population 2:** P53 Researchers

**Presentation Preference:** Poster Session

**Title:** HIV Behavioral Prevention Research for Men Who Have Sex with Men (MSM): A Systematic Review of Research, 1984 to 2002

**Author Block:** *Zohrabyan, L<sup>1</sup>; Herbst, JH<sup>2</sup>; Sherba, RT<sup>1</sup>; Britton, J<sup>1</sup>; Patterson, J<sup>1</sup>; Griffin, T<sup>1</sup>; Crepaz, N<sup>2</sup>; the HIV/AIDS Prevention Research Synthesis Team*

1 Northrop Grumman, Atlanta, GA; 2 CDC/NCHSTP/DHAP-IRS/PRS, Atlanta, GA

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Men who have sex with men (MSM) remain at the forefront of the HIV epidemic. Homosexually active men account for the largest proportion of diagnosed and undiagnosed HIV incidence, and the development of prevention programs tailored to reduce risks in this population is a public health priority. A systematic review was conducted to examine the behavioral interventions that were conducted with this high risk group.

**METHODS:** We conducted comprehensive and systematic searches via electronic databases for intervention trials tailored for MSM, and contacted researchers for published and unpublished studies written in the English language. The following electronic databases from 1984 to 2002 were searched: AIDSLINE; MEDLINE; PsycINFO; and Web of Science. For each of these databases, sensitive search strategies were developed including behavioral/outcome, target population and prevention/intervention. Inclusion criteria for this review included studies that had 100% gay and/or bisexual men, and randomized or controlled clinical trials with separate control/comparison groups.

**RESULTS:** A total of 26 studies met the inclusion criteria. Approximately two-thirds (17/26) were conducted in the U.S. and one-third (9/26) abroad (3 in the U.K., 2 Australia, 1 New Zealand, 1 Brazil, 1 Mexico, and 1 Canada), the majority being randomized trials (16/26 or 62%). Sixteen studies (62%) were conducted prior to 1995, 5 studies (19%) between 1995 and 1998, and 5 studies (19%) between 1999 and 2002. Among outcomes reported, unprotected anal intercourse was reported by the majority of studies (20/26; 77%), followed by number of sex partners (9/26; 35%), and only 2 recent studies (8%) reported biologic outcomes (one each for Hepatitis B and any bacterial STD). Among the 17 U.S.-based studies, only 2 (12%) studies conducted prior to 1995 targeted ethnic minority MSM (one study each targeting African-American and Asian Pacific Islander MSM).

**CONCLUSIONS:** Overall, compared to other risk groups, there remains a paucity of scientific literature in which HIV prevention interventions have been conducted for MSM. In response to the emerging HIV epidemic in the U.S., researchers should design and implement behavioral interventions specifically targeting and tailoring ethnic minority MSM. Further, more proxy measures of HIV infection and sexual risk-taking (i.e., STD infection, Hepatitis B) should be included in outcome evaluations to validate the self-report data.

**Control Number:** 03-B-295-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D39 Translating Research into Practice

**2nd Category Choice:** D22 How to Replicate Programs that Work

**Population 1:** P19 Gay and Other Men Who Have Sex With Men

**Population 2:** P12 Communities of Color

**Presentation Preference:** Group Oral

**Title:** Translating Evidence-based Interventions for Use by Community-based Organizations Serving Gay, Bisexual, and MSM Latino and African American Populations

**Author Block:** *Myrick, RK<sup>1</sup>; Ayala, G<sup>2</sup>; Kegeles, SM<sup>3</sup>; Rebchook, GM<sup>3</sup>; Aoki, B<sup>1</sup>; Truax, S<sup>4</sup>; Lemp, GF<sup>1</sup>; Rasmussen, H<sup>4</sup>; Johnson, D<sup>4</sup>*

1 Universitywide AIDS Research Program/University of CA/Office of the President, Oakland, CA; 2 AIDS Project Los Angeles, Los Angeles, CA; 3 University of California San Francisco, Center for AIDS Prevention Studies, San Francisco, CA; 4 California State Office of AIDS, Sacramento, CA

**Abstract Body:**

**ISSUE:** There is a critical need to reach gay, bisexual, and MSM of color with effective HIV prevention interventions. Given the paucity of tested interventions that have been developed for these populations, research is needed on how to effectively translate evidence-based interventions to gay, bisexual, and MSM of color. This group oral session will address this issue, and will include presentations from a funder and researchers involved in translation research.

**SETTING:** Community-based organizations serving gay, bisexual, and MSM Latino and African American populations in California

**PROJECT:** The California Prevention Evaluation Initiative (CPEI) - a community collaborative research funding partnership between the Universitywide AIDS Research Program, University of California, Office of the President, and the California State Office of AIDS - is funding a unique research project to study the process of translating and implementing evidence-based HIV prevention interventions for gay/bisexual/MSM populations who engage in behaviors that may potentially transmit HIV.

**RESULTS:** Two multi-site projects were selected through a competitive external review process: one project is studying how the Mpowerment Project can be translated for use by organizations serving young, Black, Same Gender Loving men; and one project is studying the process of translating the Street Smart Intervention for use by Latino gay, bisexual, and MSM populations. This panel will include presentations from investigators working on these projects and from the funder, and will focus on the following topics: issues critical for translating research into practice for the above populations; effective processes for developing collaborative relationships among research and community partners; translation strategies that are being used to adapt research based interventions for use by community organizations; and evaluation methods that support translation research.

**LESSONS LEARNED:** Research on translating research into practice provides much needed information on strategies that can be used to adapt evidence-based interventions for applied use by community organizations. In the context of limited research and tested interventions for gay, bisexual and MSM communities who continue to bear the brunt of the epidemic, such research is critical for a strategic response.

**Control Number:** 03-B-306-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D10 HIV Prevention Program Evaluation

**2nd Category Choice:** D27 Improving Capacity to Conduct Process and Outcome Evaluation

**Population 1:** P53 Researchers

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Group Oral

**Title:** Community Collaborative Prevention Evaluation Research in California

**Author Block:** *Myrick, RK<sup>1</sup>; Binson, D<sup>2</sup>; Brown, NL<sup>3</sup>; Conner, R<sup>4</sup>; Shillington, AM<sup>5</sup>; Aoki, B<sup>1</sup>; Truax, S<sup>6</sup>; Rasmussen, H<sup>6</sup>; Lemp, G<sup>1</sup>; Johnson, D<sup>6</sup>*

1 Universitywide AIDS Research Program/University of CA/Office of the President, Oakland, CA; 2 University of California San Francisco, Center for AIDS Prevention Studies, San Francisco, CA; 3 Palo Alto Medical Foundation Research Institute, Palo Alto, CA; 4 University of California Irvine, Irvine, CA; 5 San Diego State University, San Diego, CA; 6 California State Office of AIDS, Sacramento, CA

**Abstract Body:**

**ISSUE:** There is a significant need among HIV prevention service providers for increased capacity for outcome evaluations of interventions serving high risk populations who continue to be heavily impacted by the epidemic. This group oral session will address this issue and include presentations from panelists working on community collaborative outcome evaluation projects.

**SETTING:** Academic and community-based organizations serving women, youth, communities of color, and MSM populations in California.

**PROJECT:** The California Prevention Evaluation Initiative (CPEI) - a community collaborative research funding partnership between the Universitywide AIDS Research Program, University of California, Office of the President, and the California State Office of AIDS - recently implemented a unique research opportunity that provides funding for outcome evaluation of interventions serving women, youth, communities of color, and MSM populations in CA. A critical component of these projects is the development of evaluation and intervention capacity for university and community organizations serving these high risk populations.

**RESULTS:** Four projects were funded through this initiative. Projects include evaluations and capacity development for small group workshops for Latino gay & bisexual men and IDU women, an evaluation of drop-in centers for youth, and a comparison of individual counseling and testing for gay men in a bathhouse setting versus people of color in a clinic setting. This panel will include presentations from investigators from these projects, and will focus on the following topics: effective processes for developing collaborative relationships among research and community partners; successful strategies for building evaluation and intervention capacity in organizations serving the above populations; and the effectiveness and/or acceptability of the interventions for populations served.

**LESSONS LEARNED:** Community-based research provides an opportunity for academic and prevention service providers to work together to build collaborative relationships in support of evaluation and evidence-based intervention service delivery. Such relationships ultimately provide critical information on intervention effectiveness, and, as importantly, provide much needed opportunities for the development of long term capacity for the delivery of prevention and evaluation services for populations most heavily impacted by the epidemic.

**Control Number:** 03-B-314-NHPC  
**Format:** Abstract Format II - Descriptive Summary  
**1st Category Choice:** D35 School Based Programs  
**2nd Category Choice:** D11 HIV Prevention Program Planning  
**Population 1:** P1 Adolescents  
**Population 2:** P12 Communities of Color  
**Presentation Preference:** Single Oral

**Title:** Integrating STD Prevention into School Based HIV Prevention and Education Programs.

**Author Block:** Munson, SA  
Massachusetts Department of Education, Malden, MA

**Abstract Body:**

**ISSUE:**

The Massachusetts Department of Education HIV/AIDS Prevention Program has identified effective strategies for integrating the prevention of STD's into its school-based education and prevention efforts. Methods for identifying these strategies and implementing them effectively will be shared and discussed.

**SETTING:**

The strategies that were identified will strengthen STD prevention efforts in Massachusetts's schools. This program enhancement involved MDOE program staff, school personnel, state health agency staff, and community based organizations.

**PROJECT:**

Three major steps have been taken to integrate STD prevention into school based HIV prevention and education programs in Massachusetts:

1. In an effort to effectively target STD prevention efforts, the Massachusetts Department of Education HIV/AIDS Prevention Program Advisory Panel was asked to consider existing program components and list immediate actions that could be taken to include STD prevention.
2. A Massachusetts-based team attended the "Know Your Status" training event sponsored by the CDC/DASH funded Training and Development Consortium. The team that attended has chosen to continue meeting quarterly.
3. Program staff at the MDOE have entered into formal collaboration with the Massachusetts Department of Public Health Division of STD Prevention to provide school personnel with updated information, training, and technical assistance.

**RESULTS:**

Immediate steps were taken as a result of the discussion with the program advisory panel. The MDOE's Speakers with HIV in the Classroom Program has begun to address STD's, and there has been an increase in the dissemination of STD related information. As a result of attending the Know Your Status event, the team has conducted quarterly meetings designed to strengthen and support prevention efforts statewide. Lastly, MDOE program staff and MDPH Division of STD Prevention staff have begun working together on developing training and technical assistance opportunities.

**LESSONS LEARNED:**

A description of and a preliminary report on the implementation of this project were presented at the 2002 CDC/DASH National Leadership Conference to Strengthen HIV/AIDS Education and Coordinated School Health Programs (Feb 2002). The session was partnered with two related presentations by the CDC National Center for HIV, STD, and TB Prevention. The joint session illustrated the need for integration and highlighted 2 very successful programs. Further information on the success and challenges encountered by staff at the Massachusetts Department

**of Education will be presented:**

**Successes:**

- 1. Strengthened cooperative agreement with CDC/DASH.**
- 2. Provided the program's advisory panel with renewed energy and a new sense of purpose.**
- 3. Established new relationships with other state and community agencies.**
- 4. Expanded information included in training, technical assistance, and program mailings to school districts.**

**Challenges:**

- 1. Transition in state administration**
- 2. Funding of partner programs**
- 3. Internal staff turnover**
- 4. Staff turnover in partner programs**
- 5. Resulting increased workload and time constraints**

**Control Number:** 03-B-319-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D37 Technology Transfer to Increase HIV Prevention Capacity Building

**2nd Category Choice:** D11 HIV Prevention Program Planning

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P53 Researchers

**Presentation Preference:** Single Oral

**Title:** Disseminating Community Collaborative Research in California

**Author Block:** *Fitzpatrick, JM<sup>1</sup>; Myrick, R<sup>1</sup>; Aoki, B<sup>1</sup>; Truax, S<sup>2</sup>; Rasmussen, H<sup>2</sup>; Lemp, G<sup>1</sup>; Johnson, D<sup>2</sup>*

1 Universitywide AIDS Research Program, University of California, Oakland, CA; 2 CA State Office of AIDS, Sacramento, CA

**Abstract Body:**

**Issue:** Community organizations providing HIV prevention services to heavily impacted populations often lack access to critical findings and supporting materials from research projects. Such access is critical for ensuring that prevention programming and planning are based on evidence of population need and intervention effectiveness.

**Setting:** Local health departments and CBOs in California serving populations of MSM, IDU, youth, transgender, homeless, sex worker and disenfranchised cultural and ethnic communities.

**Project:** The Universitywide AIDS Research Program (UARP) at the University of California, Office of the President, and the California State Office of AIDS (OA) are collaborating on the California Prevention Evaluation Initiative (CPEI) - a community collaborative research funding partnership. The CPEI has provided funding for 26 community collaborative prevention evaluation projects for interventions serving populations most heavily impacted by the epidemic in California. A critical component of this initiative is the dissemination of results and materials from these projects to providers statewide.

**Results:** Significant progress has been made on dissemination of research and resource materials developed through the CPEI. A strategic planning process was completed with research and provider partners working on the evaluation projects to identify appropriate content and process for dissemination. A module design was developed for packaging materials from evaluation projects. Site visits and archival review were completed to collect findings and materials from projects for dissemination purposes. A guidance for use of modules was developed to assist providers in application of modules. Collaboration with technical assistance providers is in process to further support application activities. Modules are being made available to local health departments and CBOs throughout CA through direct mail and interactive web access. Module content includes research findings, best practices for collaborative research, tested intervention models, and toolkits containing evaluation and intervention resources for providers.

**Lessons Learned:** Providers need access to prevention research resources to ensure targeted and effective planning and evidence-based program design and delivery. Critical to this process is guidance on use of research materials in community service settings, and ongoing technical assistance support.

**Control Number:** 03-A-325-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** D07 HIV CTS Programs

**2nd Category Choice:** F09 HIV Testing in Healthcare Facilities Programs

**Population 1:** P50 Program Administrators

**Population 2:** P15 Counselors

**Presentation Preference:** Single Oral

**Title:** Perceptions of HIV testing services in traditional vs. non-traditional settings among recently diagnosed HIV positive persons.

**Author Block:** *Rudy, ET<sup>1</sup>; Kerndt, P<sup>2</sup>; Anderson-Mahoney, P<sup>3</sup>; Loughlin, A<sup>4</sup>; Metsch, L<sup>5</sup>; Gaul, Z<sup>6</sup>; del Rio, C<sup>7</sup>; Leonard, M<sup>7</sup>*

1 UCLA Department of Health Services Research, Los Angeles, CA; 2 Los Angeles County Department of Health Services Sexually Transmitted Diseases Program, Los Angeles, CA; 3 Health Research Association, Los Angeles, CA; 4 Johns Hopkins School of Hygiene and Public Health, Baltimore, MD; 5 University of Miami School of Medicine Department of Epidemiology and Public Health, Miami, FL; 6 Centers for Disease Control and Prevention Divisions of HIV/AIDS Prevention, Atlanta, GA; 7 Emory University School of Medicine, Division of Infectious Diseases, Atlanta, GA

**Abstract Body:**

**BACKGROUND/OBJECTIVES:**

The Centers for Disease Control and Prevention (CDC) revised guidelines on HIV counseling, testing and referral recommends more accessible and available HIV testing in non-traditional settings. Because limited data addresses the quality of the HIV counseling and testing experience in non-traditional settings, we report the association between counseling quality indicators and different HIV testing settings from an ongoing trial in recently diagnosed HIV-positive persons.

**METHODS:**

The Antiretroviral Treatment Access Study (ARTAS) study is a randomized trial of a strengths-based method of case management designed to facilitate entry into HIV medical care for recently diagnosed HIV-positive persons in Atlanta, Baltimore, Los Angeles and Miami. The associations of testing and counseling location with yes/no quality indicators of HIV counseling services were estimated from the baseline data for individuals not receiving any prior HIV care. Eight different testing settings were compared using the traditional counseling and testing (HIVCT) as the reference group. The five quality indicator responses were dichotomized into “Yes” and “No/Did not receive counseling” for the following: counselor answered all your questions, counselor gave you enough time, counselor treated you with respect, counselor told you where to receive care, and counselor referred you to a case manager. Logistic regression was used to estimate prevalence odds ratios and 95% confidence limits.

**RESULTS:** Overall, 23% of 288 respondents reported they did not have all their questions answered, 29% reported they did not receive enough time, 6% reported they were not treated with respect, 20% reported they were not told where to receive care and 57% reported they were not referred to a case manager. A higher proportion of persons seen in hospitals/emergency rooms, private physician/HMO and jails responded they did not receive adequate or any counseling. All persons tested in family planning clinics reported they were treated with respect and were told where to access medical care yet 35% were not referred to a case manager. In multivariate analysis, persons receiving an HIV test at private physicians/HMOs [OR 9.84 (2.22, 43.5)], hospitals/emergency rooms [OR 3.22 (1.12, 9.23)], or jails [OR 7.56 (1.41, 40.6)] were more likely to report they did not have all their questions answered compared with traditional HIVCT. Persons receiving an HIV test at private physicians/HMOs [OR 4.99 (1.22, 20.4)], and



**hospitals/emergency rooms [OR 4.23 (1.69, 10.6)] were more likely to report they were not given enough time compared with traditional HIVCT.**

**CONCLUSIONS:**

**These findings suggest that referrals to a case manager could be improved in all non-traditional HIV testing settings. In addition, inadequate counseling (not enough time or not all questions answered) was common in hospitals, private physicians/HMOs and jails. This study supports the CDC's recommendations that HIV counseling and testing quality assurance guidelines, training and evaluation are needed in non-traditional settings to improve the client's HIV testing experience.**

**Control Number:** 03-B-329-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D38 Training to Implement New HIV Prevention Interventions

**2nd Category Choice:** D37 Technology Transfer to Increase HIV Prevention Capacity Building

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P21 General Population

**Presentation Preference:** Group Oral

**Title:** "Facilitation, Doing It the Right Way!"

**Author Block:** *Fox, AE; Zuber, RA*

JSU Mississippi Urban Research Center, Jackson, MS

**Abstract Body:**

**Issues:**

•

**Participants will take an in-depth look at the learning process in which people acquire new knowledge, skills, and attitudes.**

•

**Participants will also become familiar with facilitation techniques and skills that will enhance the abilities as new leaders.**

**Setting:**

**Community and Organizational training, meetings, focus groups and any form of oral presentation.**

**Project:**

**This presentation will focus on enhancing training skills for presenters centered around the art of Facilitation. It will provide the participants the necessary skill sets in facilitation to become effective trainers.**

**Results:**

•

**By the end of this presentation, participants will have an in-depth understanding of the adult learning process**

•

**By the end of this presentation, participants will have an enhanced definition of facilitation and the facilitator's role.**

•

**At the conclusion of this presentation, participants will have an increased knowledge & skills around facilitation techniques and co-facilitation situations.**

•

**At the conclusion of this presentation, participants knowledge on effective and in-effective facilitation techniques will be acquired through participant's networking.**

**Lessons Learned:**

**Participants skills attainment and/or competency will be increased. The can be assessed by utilizing a pre and post skills evaluation assessment. A key aspect of this presentation will be to assure that participants have a clear understanding of this skill set and how vital this information is in enhancing their training delivery.**

**Control Number:** 03-B-334-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D13 HIV Prevention Programs for IDUs

**2nd Category Choice:** C22 Interventions that Reduce Harm of Injecting Drug Use

**Population 1:** P32 Injecting Drug Users

**Population 2:** P56 Staff of Community-Based Organizations

**Presentation Preference:** Single Oral

**Title:** Needle Exchange Programs Preventing Hepatitis C

**Author Block:** *Farrell, J*

Positive Health Project, Inc., New York, NY

**Abstract Body:**

**ISSUE:** To date needle exchange programs in the United States have been proven effective in reducing HIV infections among injectors up to 50%. Unfortunately such programs have not been as successful to address and change injection practices that transmit Hepatitis C. This presentation will show the need for needle exchange programs to implement injection education services and provide drug injection equipment that adequately prevents Hepatitis C transmission via cookers, water and cotton. **SETTING:** Needle Exchange Programs in the United States **PROJECT:** Positive Health Project, Inc., a harm reduction/needle exchange program in New York City and Safety Works, a distributor of harm reduction program supplies, collaborated with three other needle exchange programs in the United States to participate in a research study that examined the relationship between the perceived risks of drug injection practices and Hepatitis C. We wanted to determine what could be done to minimize the risk of Hepatitis C infection associated with drug injecting practices and the use of drug injection equipment.

**RESULTS:** Study participants believed if they practiced risk-reducing techniques regarding HIV they would naturally be protected from any other blood born infections they might come into contact with. This was not the case, due to the fact that the number of Hepatitis C positive injectors participating in our survey was staggering.

**LESSONS LEARNED:** To address and change risky injection practices we created '*The One Hit Kit*'. This kit contains 1 cooker, 1 cotton pellet, 1 alcohol pad and a gauze square sealed in a plastic bag labeled use once. We also included a sealed 5 ml vial of water because, by virtue of the packaging, behavior changed regarding reuse of water. Injectors reported that they were much more likely to use injection equipment only once after they were educated about the risk of contracting HCV and that because the supplies were pre-packaged it was clear to see that they were clean and never used.

**Control Number:** 03-B-338-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D20 HIV Prevention Programs for Youth

**2nd Category Choice:** D30 Peer-Based Prevention

**Population 1:** P62 Youth

**Population 2:** P1 Adolescents

**Presentation Preference:** Group Oral

**Title:** Peer Helper Students and HIV Prevention Education

**Author Block:** *Lester, MR<sup>1</sup>; Wheeler, SL<sup>2</sup>*

1 DeKalb County Board of Health, Decatur, GA; 2 Positive PEACHES, Inc., Conyers, GA

**Abstract Body:**

**ISSUE:** Effective Prevention with Youth using Peer Helper Students

**SETTING:** School

**PROJECT:** "Pre-World AIDS Day program for middle and high school students.

**RESULTS:** Peer Helper students who attend the program return to their respective schools and conduct HIV prevention programs and ultimately the number of students reached is unlimited. For the past six years this program has reached thousands of students in DeKalb County middle and high schools. In 2002, the initial Pre World AIDS Day program reached approximately 500 students from 22 middle and high schools. The number of students reached in their respective schools during the week of December 1 (World AIDS Day) passes 10,000.

**LESSONS LEARNED:** Students listen to their peers. A few select students who have been identified as Peer Helper students because of their ability to listen and share information they have learned. When provided with the facts on preventing HIV transmission, and creative ideas on presenting these facts in their own schools, these Peer Helpers can be extremely effective in presenting this information to their fellow students.

**Control Number:** 03-B-342-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D04 Community Coalition Development

**2nd Category Choice:** C05 Community Level Interventions

**Population 1:** P12 Communities of Color

**Population 2:** P3 African Americans

**Presentation Preference:** Group Oral

**Title:** Community Coalitions...Linking Services, Agencies & People To Build a Stronger Community.

**Author Block:** *Sunshine, E<sup>1, 2</sup>; Wurgaft, M<sup>3, 4</sup>*

1 Interfaith Medical Center, Brooklyn, NY; 2 The Bedford Stuyvesant Crown Heights Community Coalition On Research & Planning, Brooklyn, NY; 3 New Directions, Brooklyn, NY; 4 The Bedford Stuyvesant Crown Heights Community Coalition on Research & Planning, Brooklyn, NY

**Abstract Body:**

**ISSUE:** Apparent by observation and confirmed by statistics, HIV/AIDS was spreading through our community without restraint. A community coalition was created to prepare and implement plans that would enable the entire area and it's resources to join together to increase community awareness and access to care.

**SETTING:** Brooklyn, New York

**PROJECT:** Community Coalition Development Project

**RESULTS:** A linked network of services (focusing on HIV/AIDS, TB, STDs and Substance Abuse) was developed. The Networking Resource Directory and the bi-directional tracking systems are two tools created as part of the linked network of services.

**LESSONS LEARNED:** There are many obstacles to successful collaboration. Staff turnover and varying degrees of expertise and capacity make collaboration difficult.

**Control Number:** 03-B-345-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D05 Developing and Sustaining HIV Prevention Capacity

**2nd Category Choice:** D37 Technology Transfer to Increase HIV Prevention Capacity Building

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P50 Program Administrators

**Presentation Preference:** Single Oral

**Title:** Determining and Calculating a Unit Cost of Service for HIV Services

**Author Block:** Maytum, CA

Carol Maytum Consulting Services (CMCS), Elk Grove, CA

**Abstract Body:**

**TOPIC:**

**Determining and Calculating a Unit Cost of Service for HIV Services**

**ISSUE:** Is my agency getting enough money for what we do? How will I ensure funding for expansion or capacity building?

**Cost and outcome effectiveness is critical. A unit cost method clearly demonstrates to the community what is purchased. While budget-based contracts tend to focus attention on spending all the money in the right categories, unit cost contracts are focused on paying for the delivery of specific services - the more appropriate focus. As prevention and care programs begin to merge and are encouraged to actively integrate services it is important that ALL HIV Providers understand the benefits of a unit cost method reimbursement.**

**SETTING:** To be able to establish appropriate and allowable unit costs and to effectively negotiate contracts a service provider must have well defined units of service that address identified client needs within the continuum and have complete knowledge of their operating costs. They must understand their service delivery model and define it carefully, specifically in terms of resources required, expected outcomes and the benefits of their specific service offering. By knowing the scope and characteristics of their services and the achievable outcomes, a service provider will be able to establish a niche for their services, with marketing strategies that enable consumers to choose their product rather than another. Determining the cost of any given service occurs in the Agency and perhaps with the help of a local funder.

**LEARNING OBJECTIVES**

**At the end of this presentation participants will be able to:**

- 1. Identify the Critical Elements necessary when changing to a new reimbursement system.**
- 2. Understand the 5 steps in determining the cost of services.**
- 3. Identify the basic accounting principles necessary to obtain successful fiscal data prior to analyzing cost.**
- 4. Understand the variables that are considered when calculating the Average, Full and Operating Cost of Service.**
- 5. Identify the necessary elements that are essential to improve productivity and enhance reimbursements.**

**RESULTS:**

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**Simplified reimbursement - providers submit logs of services provided instead of expenditure invoices.**

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**Simplified contract monitoring - shifts from auditing expenditures to determining whether the specified units of service were actually rendered.**

- **Facilitates accurate data collection and outcome measurement; service data becomes a part of the monthly invoice that providers complete.**
- **Improved ability to measure and cost and outcome effectiveness of services.**
- **Requests for reimbursement will be easier.**
- **Planning groups will be able to verify the use of allocated funds.**
- **Provides data on service utilization and the costs of services that administrators can use in internal management decisions.**
- **Providers are able to use unit cost data in competing for and negotiating contracts with other funders.**
- **Increases ability to predict expenditures and reallocate funds.**

**Control Number:** 03-B-348-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D12 HIV Prevention Programs for Communities of Color

**2nd Category Choice:** D11 HIV Prevention Program Planning

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P21 General Population

**Presentation Preference:** Group Oral

**Title:** Out In Front-Implementing Evidenced Based Interventions for African American Communities in Texas

**Author Block:** *Bolton, LSW, JA; Hinrichs, J; Mitchell, P*  
Triangle AIDS Network, Inc., Beaumont, TX

**Abstract Body:**

**ISSUE:** Evidenced Based Interventions for the African American Community

**SETTING:** Community

**PROJECT:** SISTA and Popular Opinion Leader

**RESULTS:** Peer education, change in community and cultural norms, behavioral changes on the individual level

**LESSONS LEARNED:** How to implement new programs with in the African American Community, Effective learning tools, Effective presentations that cause change on the individual and community levels. Texas is the first State to switch to Evidenced Based Interventions and Triangle AIDS Network, Inc. is one of the pioneers in implementing the SISTA and POL projects in Texas.



**Control Number:** 03-B-351-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D37 Technology Transfer to Increase HIV Prevention Capacity Building

**2nd Category Choice:** D38 Training to Implement New HIV Prevention Interventions

**Population 1:** P19 Gay and Other Men Who Have Sex With Men

**Population 2:** P3 African Americans

**Presentation Preference:** Single Oral

**Title:** *"Technology Transfer, Traing the Really Works!"*

**Author Block:** Fox, AE

JSU Mississippi Urban Research Center, Jackson, MS

**Abstract Body:**

**Issues:**

**HIV is disproportionately impacting the African American community. In a CDC MMWR report, young African American MSM is among the highest of all risk groups in the United States. As these numbers increase, the need to develop new leadership is paramount.**

**Setting:**

**A week-long intensive Technology Transfer Training.**

**Project:**

**The week-long Technology Transfer Training is a model for Capacity Building of new community and organizational leadership. This model was presented twice through our Southern African American Men's (SAM) Capacity Building Assistance project at Jackson State University. The model consisted of participants who are new to the HIV/AIDS prevention arena. These persons have less then two years of direct HIV experience. The training sessions consisted of Basic HIV 101, Understanding African American MSM data, Community Mobilization, Community Planning, Basic Behavioral Science, Social Marketing, Program Evaluation, Prevention Case Management, Organizational Development, Fiscal Management and Grant Writing. Participants are given a pre/post test assessment to measure the increase of knowledge in each area covered.**

**Results:**

**Of the 35 participants who have attended the week-long technology transfer training, 100% has some level of increase in knowledge based on the increase in the overall scores of the pre/post test assessment. Also the mean of the scores for both trainings, increased considerably. The mean pretest score for the first training was 72.6 and the post test mean was 89.4. In the second training the pretest mean was 69.3 and the post test mean was 88.4.**

**Lessons Learned:**

**All participants knowledge levels increased which provided measurable results in the transfers of technology to help build the capacity of the community. New leadership means more persons involved in assisting with the issue of HIV prevention and education. This includes the development of new organizations, the development of new leaders for organizations, as well as movements with in communities to effectively begin to address this issue. These have been some of the products from our trainings.**

**Control Number:** 03-A-352-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** D15 HIV Prevention Programs for MSM

**2nd Category Choice:** C21 Interventions that Reduce Sexual Risk

**Population 1:** P19 Gay and Other Men Who Have Sex With Men

**Population 2:** P53 Researchers

**Presentation Preference:** Poster Session

**Title:** Effects of Behavior Change Mechanisms in Reducing Sexual Risk Taking Among Men Who Have Sex with Men (MSM)

**Author Block:** *Sherba, RT<sup>1</sup>; Zohrabyan, L<sup>1</sup>; Hutchinson, AB<sup>2</sup>; Crepaz, N<sup>2</sup>; Stall, R<sup>2</sup>; Herbst, JH<sup>2</sup>; The HIV/AIDS Prevention Research Synthesis Team*

1 Northrop Grumman, Atlanta, GA; 2 CDC/NCHSTP/DHAP-IRS/PRS, Atlanta, GA

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Behavioral interventions targeting men who have sex with men (MSM) utilize an array of mechanisms (e.g., skills building, cognition) to prevent HIV infection and transmission through sexual behavior. These mechanisms include intervention components employed to help participants reduce or eliminate unsafe sexual practices and adopt safer sexual practices. A meta-analysis was performed to evaluate the effects of an array of mechanisms of change in reducing unprotected anal intercourse (UAI) in MSM.

**METHODS:** A systematic search and review was conducted of the HIV prevention literature and unpublished reports from 1984 through December 2002. Studies were included in this review if they comprised greater than 95% gay or bisexual men, employed randomized or controlled trials with a separate control or comparison group, had a post-intervention follow-up, measured UAI and reported sufficient outcome data to allow calculation of effect size. All studies were coded by a pair of researchers for intervention components that were designed to facilitate reductions of sexual risk taking.

**RESULTS:** The search identified 18 controlled trials that included over 5,000 participants. The majority of studies incorporated knowledge (k=16) and cognition (k=15) mechanisms of behavior change, followed by skills building (k=11), normative influence (k=7), emotional well-being (k=7), structural change (k=2) and access (k=1). Most interventions incorporated multiple components of behavior change (i.e., knowledge, cognition and skills building). Effects of interventions were evaluated based on the number of reported behavior change mechanisms. The results of a stratified random effects model showed that interventions with only one or two behavior change components did not result in a significant reduction in UAI (k=4; OR=0.90; 95% CI=0.60 to 1.35), while interventions with three or more behavior change components were significantly associated with UAI reductions (k=14; OR=0.63; 95% CI=0.50 to 0.80).

**CONCLUSIONS:** These results suggest that behavioral interventions designed to reduce sexual risk taking among MSM need to incorporate several mechanisms to assist participants to achieve desired changes. These mechanisms may include providing facts and information about HIV transmission and risk for disease; changing attitudes or beliefs associated with sexual risk taking; demonstrating and modeling practical HIV prevention skills; changing peer or social norms through the use of popular opinion leaders; and reducing negative moods, emotions or feelings. Employing any combination of three or more of these behavior change mechanisms result in positive reductions in UAI.

**Control Number:** 03-B-361-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D04 Community Coalition Development

**2nd Category Choice:** G21 Other (Please specify on Additional Info page)

**Population 1:** P12 Communities of Color

**Population 2:** P64 Other (Please Specify)

**Presentation Preference:** Group Oral

**Title:** Using Community Coalitions to improve access to prevention, treatment and care services in African American Communities

**Author Block:** *Harris, BL; Community Coalition Development Projects*  
CDC, Atlanta, GA

**Abstract Body:**

**Title:** Using Community Coalitions to improve access to prevention, treatment and care services in African American Communities

**Author:** Harris, B<sup>1</sup>; Community Coalition Development Projects<sup>2</sup>

<sup>1</sup>Centers for Disease Control and Prevention, Atlanta, GA; and the <sup>2</sup>CDC CCD Grantees

**Issue:** Many African American communities are finding that problems are better solved and goals are better met when representatives from all sectors of the community join together for collaborative action, such as community coalitions. The coordination and integration of community based services through various means, including case management, the development of linkages between agencies, or the enhancement of existing services within an agency, have been encouraged to help meet the needs of people in at risk communities.

**Setting:** The 11 Community Coalition Development (CCD) Projects in the US, a CDC funded program. This abstract represents an abridged prologue of the 11 CCD program models.

**Project:** The Community Coalition Development Project (CCD) is an ongoing, two phased initiative designed to demonstrate the effectiveness of community-based coalitions in developing and facilitating culturally appropriate linked networks of referral services (LNS) for HIV, STD, TB, and substance abuse prevention, treatment, and care services in African American communities disproportionately affected by HIV/AIDS; and strengthening existing linkages among local prevention, treatment, and care providers to better serve these communities. Phase 1 represented the coordination and development stage of the project. Currently, 11 projects are in Phase 2, the implementation and evaluation of coalition efforts and the LNS.

**Results:** CCD Projects have built integrated health care referral systems that are expected to offer culturally appropriate and comprehensive seamless continuums of unique linked network of services to improve the health of the targeted communities. Coordinated coalition efforts and LNS activities have begun to increase access to health care services, and eliminate unnecessary and duplicative functions in referral service delivery and administration resulting in cost savings to programs and systems. Several of the CDC CCD grantees will present evidence to demonstrate the effectiveness of the CCD Model.

**Lessons Learned:** Community coalitions are not themselves interventions but instead provide infrastructure to support planning and services to address a specific community concern. The community coalition approach appears to be an effective strategy for health promotion and risk reduction among targeted minority populations, via 'targeted' and linked referral methodologies for prevention, treatment, and care services. Such efforts serve to (1) ensure the delivery of comprehensive community-based, case-managed, culturally sensitive care and services, and (2)

**establish effective programs in communities increasingly hard hit by the HIV/AIDS, STD, TB and substance abuse epidemic currently affecting African American communities.**

**Control Number:** 03-B-362-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D20 HIV Prevention Programs for Youth

**2nd Category Choice:** D35 School Based Programs

**Population 1:** P62 Youth

**Population 2:** P1 Adolescents

**Presentation Preference:** Poster Session

**Title:** CDC / DASH Supports Coordinated School Health Programs including HIV Prevention Education

**Author Block:** *Khan, AN; Canfield, J*  
CDC/NCCDPHP/DASH, Atlanta, GA

**Abstract Body:**

**ISSUE:** State and Local education agencies have applied for funds under Program Announcement 03004 to prevent HIV infection and to improve the health of young people through Coordinated School Health Programs.

**SETTING:** State and Local school health and education agencies and DASH (Division of Adolescent and School Health), Centers for Disease Control and Prevention (CDC)

**PROJECT:** In 1987, in response to the growing impact of HIV infection, CDC began providing funds and technical assistance for state, territory and large-city education agencies to help schools conduct effective HIV prevention education. With fiscal year 2002 funds of nearly \$27 million, CDC supported coordinated school health programs, including support of HIV prevention education, in 48 states, 7 territories, and 19 large metropolitan areas. More than 50 national nongovernmental education and health organizations work with CDC to develop model policies, guidelines, and training to help states establish high-quality school health programs. Through the established national framework and in collaboration with health and education partners, CDC assists funded states in providing young people with information and skills needed to avoid risk behaviors. The eight components of a coordinated school health program systematically address these risk behaviors. In addition to receiving instruction, students practice decision-making, communication, and peer-resistance skills to enable them to make informed choices and establish healthy lifestyles.

**RESULTS:** More than 80 states, territories and cities have been awarded funding under Program Announcement 03004 and majority of them are heavily involved in activities to reduce HIV/STD risk as well as other priority health topics.

**LESSONS LEARNED:** With the increased awareness of the success of these CDC funded programs, more agencies are seeking to participate. The demand for funding far exceeds what is available. One of the CDC's goals is to fund all 50 state, territory and large-city education agencies for coordinated school health programs and HIV prevention education.

**Control Number:** 03-B-366-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D15 HIV Prevention Programs for MSM

**2nd Category Choice:** D03 Best HIV Prevention Practices

**Population 1:** P19 Gay and Other Men Who Have Sex With Men

**Population 2:** P50 Program Administrators

**Presentation Preference:** Single Oral

**Title:** Reducing HIV/STDs Among MSMs with a Community-level Intervention: The Popular Opinion Leader

**Author Block:** *Sawyer, RJ<sup>1</sup>; Collins, C<sup>2</sup>; Kiosk, S<sup>1</sup>*

1 Academy for Educational Development, Washington, DC; 2 Centers for Disease Control and Prevention, Atlanta, GA

**Abstract Body:**

**Issue:** Community-level HIV prevention programs are needed to reduce HIV risk behaviors of MSMs and other at-risk target populations.

**Setting:** Varied types and sizes of community-based settings. Original research was conducted in small urban centers, but the intervention can be adapted to other settings.

**Project:** The Centers for Disease Control and Prevention, with assistance from the Academy for Educational Development, is conducting a project to diffuse several science-based HIV prevention interventions, including the Popular Opinion Leader (POL) intervention, originally developed and tested by Dr. Jeffrey Kelly and his colleagues. POL involves identifying, enlisting, and training key opinion leaders to take on risk reduction advocacy roles and conduct risk reduction conversations within their social networks of friends and acquaintances. POL was originally designed for and tested with MSMs, but can be adapted for use with other populations at risk for HIV. In the original research, the proportion of men in the POL group who engaged in unprotected anal intercourse decreased by 25%. There was also a 16% increase in condom use and 18% decrease in the proportion of men with more than one sexual partner. In this session, participants will be provided with an overview of the POL intervention and its core elements; have an opportunity to review intervention materials, and sign up for a future training in the intervention.

**Results:** A training curriculum for POL was developed to complement the POL intervention box developed during the Replicating Effective Programs (REP) process. The curriculum was piloted in Atlanta Georgia, Phoenix Arizona, and Chicago Illinois with CBO audiences to determine if the curriculum adequately prepared CBOs to implement the POL. Technical Assistance was provided to CBOs post-training to facilitate implementation.

**Lessons Learned:** The original research highlighted that POL can effectively change social norms within the community, empower community members to become change agents within their own communities, and substantially reduce HIV risk behaviors.

**Control Number:** 03-B-367-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D15 HIV Prevention Programs for MSM

**2nd Category Choice:** D30 Peer-Based Prevention

**Population 1:** P19 Gay and Other Men Who Have Sex With Men

**Population 2:**

**Presentation Preference:** Single Oral

**Title:** Commercial Sex Venue Initiative: A Collaborative STD and HIV Prevention Effort Targeting Men Who Have Sex With Men in Bathhouses and Sex Clubs in Los Angeles County

**Author Block:** *Cadabes, CG*

AIDS Project Los Angeles, Los Angeles, CA

**Abstract Body:**

**ISSUE:** Findings in the ongoing syphilis epidemic among men who have sex with men in Los Angeles County indicate that Commercial Sex Venue (CSV), bathhouse and sex club, visitation was one of the single factors most associated with syphilis infection. The high proportion of HIV+ individuals (60%) indicates risky sex behaviors, which can provide opportunities for HIV transmission to uninfected partners.

**SETTING:** Commercial Sex Venues (CSVs), bathhouses and sex clubs in Los Angeles County.

**PROJECT:** The Commercial Sex Venue Initiative (CSVI) is a prevention initiative targeting men who have sex with men who frequent bathhouses and sex clubs in Los Angeles.

The program is comprised of four intervention components: (1) Popular Opinion Leader intervention; (2) Community organizing: liaison activities between CSV owners/staff and DHS personnel and coordinating collaboration efforts between diverse CBO staff providing services to CSVs; (3) training and development for CSV staff and CBO service providers; (4) referral networks linking clients to STD and HIV Counseling and Testing, substance abuse/treatment, and mental health services.

**RESULTS:** By promoting HIV and STD risk reduction activities in CSVs, including HIV and STD testing and referral to treatment services, CSVI has the opportunity to (1) reduce the incidence of HIV infection in LA County, (2) reduce the prevalence of HIV risk behaviors in the MSM populations, (3) reduce the incidence of other STDS in LA County, (4) increase the proportion of persons at elevated risk for HIV infection who are aware of their serostatus, and (5) increase the community support for STD/HIV prevention behaviors in LA County.

**LESSONS LEARNED:**

The ecology and sexual environment wherein these men engage in sexual and social activities is a particularly challenging one. This program advocates methods through which outreach, education, and prevention can be implemented in which a number of stakeholders must be involved. In response to conflicting public discourse and the stigmatization of these settings- rather than eliminating these sexual venues, public health practitioners and service providers should consider their unique sexual ecology as a way to reach difficult to serve populations.

**Control Number:** 03-B-368-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D13 HIV Prevention Programs for IDUs

**2nd Category Choice:** G14 Models of Integrating HIV Prevention into Substance Abuse Programs

**Population 1:** P32 Injecting Drug Users

**Population 2:**

**Presentation Preference:** Single Oral

**Title:** EXTRA STEPS: HIV Education/Risk Reduction for In-Treatment Injection Drug Users (IDU) in Baltimore, Maryland

**Author Block:** *Small, AL; Villanueva, LA; Allen, MA; Shea, MA; Tomoyasu, NJ*  
Department of Health and Mental Hygiene, AIDS Administration, Baltimore, MD

**Abstract Body:**

**ISSUE:** Reducing risk behaviors of in-treatment IDUs is critical to increasing the impact of HIV prevention in Baltimore, where intravenous drug use accounts for 47.9% of all transmission risk in Baltimore City. We have had little past success reaching this group because of the lack of effective interventions emphasizing HIV risk reduction and skill building and the focus on the abstinence only approach utilized in many existing substance abuse treatment facilities.

**SETTING:** In-patient drug treatment centers in Baltimore, Maryland.

**PROJECT:** To our knowledge, there is currently no HIV prevention curriculum designed specifically for in-treatment injection drug users that uses a harm reduction approach. In response to the absence of an evidence-based, multi-session intervention for this population, we developed the EXTRA STEPS curriculum to provide HIV prevention information and skills to IDUs in treatment settings. This is an important prevention target because they are likely to continue engaging in some high-risk behaviors after completing a substance treatment program. The primary objectives of EXTRA STEPS are to: 1) Increase the accuracy of perceived drug and sex-related risk assessment, 2) Increase knowledge, skills and self-efficacy of participants in regards to protection against risky activities, and 3) Decrease the impact of personal, interpersonal, cultural and community barriers to implementing protective measures. The curriculum has 2 multi-session designs implemented in single sex groups. The first 3 sessions focus on basic HIV information and mechanical skills practice. The second 3 sessions focus on gender specific issues, such as communication, and relationship skills. The curriculum includes a demonstration of needle cleaning techniques, shown through a video developed specifically for this curriculum. This format allows such skills to be taught to participants without utilizing drug paraphernalia, which goes against the abstinence-based philosophy of treatment centers. The video also features messages from former users and highlights local services that can help patients after drug treatment. Community feedback was overwhelmingly positive and vital in developing the curriculum and film.

**RESULTS:** The curriculum provides a unique HIV prevention/risk reduction program for IDUs. Because the curriculum is developed specifically for in-treatment settings, the sessions address the current needs of people overcoming addiction and provides HIV risk reduction techniques and skills practice. The skills taught and practiced in the curriculum will help in-treatment IDU reduce their risk of engaging in behaviors that put them at risk for acquiring HIV.

**LESSONS LEARNED:** We utilize the EXTRA STEPS curriculum at Glenwood Life, Healthcare for the Homeless and Recovering in Community treatment programs in Baltimore City and plan to expand its use across the state. We anticipate better prevention outcomes for current and recovering IDUs in Maryland with the EXTRA STEPS curriculum since it provides an innovative approach using harm reduction techniques that have been proven to be effective with IDUs.



**Control Number:** 03-A-369-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** D36 Sustainability of HIV Prevention Programs

**2nd Category Choice:** G10 Integration of HIV Prevention into Prenatal Care Settings

**Population 1:** P22 Health Care Workers

**Population 2:** P49 Pregnant Women

**Presentation Preference:** Single Oral

**Title:** A Faculty Training Model for Educating Healthcare Providers about Prevention of Perinatal HIV Transmission: Lessons Learned

**Author Block:** *Burr, CK<sup>1</sup>; Gross, E<sup>1</sup>; Storm, D<sup>1</sup>; Thompson, C<sup>2</sup>; Boudreaux, N<sup>2</sup>*

1 FXB Center, Univ of Medicine & Dentistry of NJ, Newark, NJ; 2 University of Mississippi Medical Center, Jackson, MS

**Abstract Body:**

**Background:** Since 1994, the incidence of perinatal HIV transmission has decreased dramatically. Despite national guidelines recommending routine prenatal HIV counseling and testing (C&T;) of pregnant women, C&T; is not yet universal. Various strategies have been tried to increase knowledge of healthcare providers (HCP) about the importance of routine C&T; in prenatal settings. This study examines the implementation of a train-the-trainer or faculty training (FT) model developed to increase maternal/child health and HIV providers' knowledge about HIV counseling and testing of pregnant women and strategies to reduce perinatal HIV infection.

**Methods:** The National Pediatric & Family HIV Resource Center (NPHRC) developed a comprehensive curriculum/slide set using didactic and interactive strategies as well as provider and consumer educational materials. Working with AIDS Education and Training Centers (AETCs) and local agencies in Mississippi (MS) and three other states/jurisdictions, NPHRC offered half-day faculty-training (FT) workshops for 214 participants--physicians, nurses, and social workers willing to train their colleagues.

**Results:** In MS, 20/70 FT participants agreed to be trainers and, over the next 2 years, gave 21 presentations reaching 403 HCP participants. In the other 3 states, 49/123 FT participants agreed to be trainers and gave 10 presentations to 235 HCP participants. For both FT participants and the HCPs trainees, their perceptions of their skills and abilities from pre to post-workshop increased significantly ( $p < .001$ ) in all content areas across all states. Six-month follow-up surveys of FT participants and HCP trainees demonstrated changes in practice including increased counseling, testing, and referrals. The MS project resulted in a greater number of presentations given and HCPs trained by FT participants than the other 3 sites combined. Keys to successful sustainability of the FT model in MS were: active participation of the local HIV experts as faculty trainers, training teams that included experts and local providers, ongoing support from the AETC, involving local stakeholders, and building on existing networks.

**Conclusions:** A FT model can be used to effectively increase knowledge and change practice of HCPs to reduce perinatal HIV transmission. Successful implementation and maintenance of an FT model on prevention of perinatal transmission requires ongoing support by local HIV experts and local educators to sustain clinicians as trainers.

With support from the U.S. Centers for Disease Control & Prevention Cooperative Agreement #R62/CCR217856-03. Contents of this presentation are solely the responsibility of the authors and do not necessarily represent the official views of CDC

**Control Number:** 03-B-370-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D04 Community Coalition Development

**2nd Category Choice:** G21 Other (Please specify on Additional Info page)

**Population 1:** P12 Communities of Color

**Population 2:** P56 Staff of Community-Based Organizations

**Presentation Preference:** Group Oral

**Title:** Community Coalition Development Projects of New York

**Author Block:** *Hunter, FM*<sup>1</sup>; *Barrios, O*<sup>1</sup>; *Merricks-Lewis, P*<sup>2</sup>; *LaSane, D*<sup>3</sup>

1 Harlem Directors Group, New York, NY; 2 Interfaith Medical Center, Brooklyn, NY; 3 Miracle Makers, Brooklyn, NY

**Abstract Body:**

**ISSUE:** Community Coalition Development (CCD) Projects through the development of Linked Network of Services (LNS) for HIV, STD, TB, substance abuse, treatment and care services seeks to increase community awareness and access to prevention, treatment & care for communities of color in New York City who are disproportionately affected by HIV/AIDS.

**SETTING:** CCD Projects: Community Coalition of Central Brooklyn – Miracle Makers, Inc., Bedford Stuyvesant/Crown Heights Community Coalition on Research and Planning – Interfaith Medical Center, and the Community Coalition of Harlem and Upper Manhattan – Harlem Directors Group.

**PROJECT:** Three Community Coalition Projects

*Community Coalition of Central Brooklyn*–The CCD Project of Central Brooklyn works to promote and increase access to seamless continuum of prevention and care services; to improve and expand access to substance use and mental health services; to enhance the skills of service providers; to increase the capacity of health care and social service providers to serve clientele and community residents; and to develop linked and coordinated networks of providers including but not limited to social services, health care providers, and faith-based communities.

*Bedford Stuyvesant/Crown Heights Community Coalition on Research and Planning*–The CCD Project of Bedford Stuyvesant/Crown Heights serves to strengthen existing linkages between local prevention, treatment and care providers of HIV/AIDS. The driving theme of this coalition is “inclusion”. The CCD Project has become a conduit to link services, agencies and people to build a stronger community. A Linked Network of Services (LNS) was implemented through the work of the coalition and its committees. The LNS uses a five-prong approach that includes the following: Community Education, Community Outreach, Needs Assessment, Network Linkages, and Multi-Media.

*Community Coalition of Harlem and Upper Manhattan*–The CCD of Harlem and Upper Manhattan is comprised of thirty agencies that conduct outreach, prevention education, referrals and client services to those at risk, infected, or affected by the HIV/AIDS epidemic. The work of the coalition is to develop & update strategic plans, and drive policy in order to enhance the resources for HIV related services specifically addressing the five modalities of HIV/AIDS, TB, Hepatitis, STDs, Mental Health, and Substance Use and Abuse.

**RESULTS:** Throughout the course of the projects, several accomplishments were achieved as a result of community input, collaboration, creative programming, and evaluation. Below are accomplishments that will be shared during the presentation:

- Three Different Coalition Structures
- Community Needs Assessments
- Networking/Resource Directory

- **Resource On-line Database**
- **Referral Tracking System (Web-based)**
- **Policy Agenda**

**LESSONS LEARNED:** Through evaluation and program review, each agency has been able to modify service delivery by working through challenges. Below are the lessons learned:

- **Methods of encouraging and facilitating communication and collaboration between community-based providers and stakeholders.**
- **Organizing trainings to enhance skills of local providers.**
- **Making quick decisions on behalf of a large membership.**
- **Staff turn-over within the membership.**
- **Recruitment and maintaining interest.**
- **Enhancing cultural competency in a culturally and linguistically diverse community.**
- **Need for on-going team building for coalition leadership, coordinators, and co-chairs of workgroups.**

**Control Number:** 03-B-371-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D29 Outreach

**2nd Category Choice:** D30 Peer-Based Prevention

**Population 1:** P44 Outreach Workers

**Population 2:** P56 Staff of Community-Based Organizations

**Presentation Preference:** Single Oral

**Title:** The Clark County Outreach Team (CCOT)

**Author Block:** *Clarke, RT<sup>1</sup>; Reich, R<sup>1</sup>; Nichols, C<sup>2</sup>*

1 Clark County Health District, Office of AIDS, Las Vegas, NV; 2 Aid For AIDS of Nevada (AFAN), Las Vegas, NV

**Abstract Body:**

**ISSUE:** Clark County Outreach Team (CCOT) seeks to reduce the incidence of HIV disease through a combined collaborative outreach effort of CCHD, Office of AIDS, and Community Based Organizations (CBOs) by providing HIV Prevention outreach services in non-traditional settings. **SETTING:** Las Vegas, Nevada, nightclubs, bars, raves, parks, city streets and other public areas. **PROJECT:** CCOT conducts HIV/STD prevention education and outreaches targeting priority populations in areas where they congregate. Outreach services include HIV pre-test counseling and testing utilizing the OraSure HIV Test, referrals, distribution of HIV/STD prevention materials, bleach kits, condom/barriers distribution. This intermingling of interventions with non-traditional venues elicits unparalleled flexibility allowing for the delivery of prevention services and a unique accessibility to public health services for members of these relevant cultural communities. CCOT, by its diversity, allows for the implementation of outreaches to a variety of cultural synthesis assuring each team member the opportunity to reinforce and enhance cognizance of socio-cultural issues with regard to class, race, age, gender, and sexuality that previously could not be reached by any single agency or organization. **RESULTS:** CCOT, 4 Las Vegas CBOs and the CCHD, Office of AIDS, were able to provide 113 HIV prevention outreaches and after hours HIV Testing in non-traditional settings during the 2001 funding year. During the 113 CCOT outreaches, 987 people decided to take an OraSure HIV Test offered by CCOT. Of the 987 HIV Tests performed by CCOT during outreaches, 964 were negative test results, 20 were positive results, and 3 of the tests were inconclusive results. Other HIV Prevention material distributed during the 113 outreaches included 443 bleach kits, 78,050 condoms, 29,498 pieces of flavored lube, 10,250 HIV Prevention information/referral cards, 728 50/50 consumer discount cards, \$2,157.00 worth of Food Coupons in \$1.00 increments from McDonald, Carl's Jr., and/or Burger King, and 7,447 free calling phone cards. The phone cards distributed were for 10 minutes in duration and had a 10 second HIV prevention message, which the user must listen to each time the card is used. If each phone card were used only once, it would result in a minimum of 7,447 documented HIV prevention messages received by the Clark County public. However, antidotal consumer information indicates that most cards were used for at least two phone calls, which indicates our HIV prevention message may have been heard approximately 14,890 times since the user must listen to it each time the card is used. **LESSONS LEARNED:** CCOT has proven to be an effective method for maximizing funding dollars, expertise and creativity, expanding HIV knowledge and awareness, increasing accessibility to after hours HIV testing, and counseling in order to affect changes in social and community norms within Clark County. CCOT, as a 5 agency collaboration, afforded a large enough work force to be able to conduct the 113 HIV/STD prevention education and outreach interventions targeting hard to

**reach priority populations who would not ordinarily access Health or HIV services. CCOT accomplished what, singularly, the participating agencies would not have been able to achieve.**

**Control Number:** 03-B-375-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D39 Translating Research into Practice

**2nd Category Choice:** D22 How to Replicate Programs that Work

**Population 1:** P1 Adolescents

**Population 2:** P58 Teachers

**Presentation Preference:** Single Oral

**Title:** Research to Action, a New Initiative at CDC

**Author Block:** *Galbraith, JS; Howell, W; Achrekar, A*

Division of Adolescent and School Health, NCCDPHP, Center for Disease Control and Prevention, Atlanta, GA

**Abstract Body:**

**Research to Action, a New Initiative at CDC**

**Galbraith, Jennifer; Wechsler, Howell, and Achrekar, Angeli**

**ISSUE:** Behavioral prevention programs remain our most powerful tools in addressing the HIV epidemic.

**SETTING:** State and Local School Associations, Non-Governmental Organizations, and Community Based Organizations.

**PROJECT:** The Centers for Disease Control and Prevention is currently involved in the development of a new initiative, Research to Action (RTA), that will give guidance on selecting science-based, effective HIV prevention programs for young people. The initiative will begin with two complementary components: the Curriculum Analysis Tool (CAT) and The Guide to Health Education Curricula (Guide). The CAT is a self-assessment tool designed to help users choose and/or create HIV prevention curricula that can most effectively help young people adopt healthy behaviors. The CAT will allow local flexibility in deciding criteria upon which curricula selection will be based. The Guide will be a resource document and possibly an on line/CD-ROM program featuring analyses of HIV prevention curricula prepared by a panel of research and programmatic experts based largely on the CAT criteria. The guide also will include analyses of outcome evaluation findings (and quality of evaluations) when possible.

During a second phase, DASH will develop tools to facilitate the timely translation of effective HIV prevention interventions into institutionalized programs. Guidance will be provided on effective dissemination methods and how to balance the need to maintain fidelity of successful programs against the need to adapt the program to ensure a fit with different target populations. Finally, mechanisms will be developed to provide ongoing support and technical assistance to ensure institutionalization of effective programs.

**RESULTS:** The presentation is announcing a new initiative. There are no results to date.

**LESSONS LEARNED:** RTA will be improved through participants discussion of possible barriers to using the RTA tools and suggest ideas for improving them through the presentation.

**Control Number:** 03-B-384-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D36 Sustainability of HIV Prevention Programs

**2nd Category Choice:** D37 Technology Transfer to Increase HIV Prevention Capacity Building

**Population 1:** P56 Staff of Community-Based Organizations

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Single Oral

**Title:** Integrating Strategic Planning and Management into HIV Prevention Training Enhances CBO Capacity

**Author Block:** *Potts, LH<sup>1</sup>; Isoke, SC<sup>2</sup>; Prince, MS<sup>3</sup>; Oglesby, B<sup>4</sup>; Richter, DL<sup>4</sup>*

1 Health Consulting Group, Inc, Atlanta, GA; 2 Centers for Disease Control and Prevention, Atlanta, GA; 3 Health Promotion Works, Pawleys Island, SC; 4 University of South Carolina, Columbia, SC

**Abstract Body:**

**ISSUE:** The ability to plan and manage HIV prevention programs and personnel effectively is critical to enhancing CBO capacity and long-term sustainability. However, most training and technical assistance programs focus on either strategic planning or principles of prevention rather than integrating the two disciplines.

**SETTING:** HIV prevention program personnel working in community-based organizations in the US and territories.

**PROJECT:** Implemented in 2000, the CDC/ASPH Institute for HIV Prevention Leadership is a 9-month capacity building program designed to enhance the HIV prevention effectiveness and sustainability of CBOs through the provision of education and practice in the principles of public health prevention and strategic planning and management. As part of a comprehensive evaluation process, a scholar capacity survey is administered on the first T1) and last day (T2) of the Institute and 6 months post Institute (T3). The survey measures changes over time in baseline capacity with respect to the application of new knowledge and skills on the job as well as confidence (self-efficacy) in carrying out 7 strategic planning and 7 human resource functions. Strategic planning functions include conducting: mission statement reviews, environmental scans of threats and opportunities, and situational analyses; involving stakeholders in the planning process; identifying and prioritizing strategic issues; developing action plans to address strategic issues; and assessing action plan progress. Human resource management functions measured include: assessing legal statutes related to employment, conducting formal job analyses of employee positions, developing applicant screening processes; assessing staff training needs, providing employee training, evaluating employee performance, and reviewing/implementing performance reward/incentive programs.

**RESULTS:** Between 2000 and 2003, ninety-eight scholars successfully completed the requirements of the Institute. For the 90 graduates on whom data are reported at T1 and T2, only 39(43%) had a strategic plan for their unit of operation. Of the 51(57%) that did not have a plan in place, 48(94%) either completed one or were in the process of doing so by the end of the Institute. For the 20001 and 2002 scholars (n=63), significant increases in self-efficacy were found ( $p \leq 0.003$ ) in the degree of confidence with which planning functions are carried out. Similar significant increases in self-efficacy were found in these same two years ( $p \leq 0.01$ ) with respect to carrying out human resource management functions. Across all three years, positive changes were seen in how frequently strategic planning and human resource functions were carried out.

**LESSONS LEARNED:** The low percent of organizational units having strategic plans coming into the Institute indicates a critical need for expanded CBO training in this area. Positive changes in the appropriate frequency with which strategic planning and human resource management

**functions are performed coupled with significant increases in self-efficacy related to carrying out these functions supports the efficacy of this integrated training model in enhancing CBO HIV prevention capacity and sustainability.**



**Control Number:** 03-B-393-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D10 HIV Prevention Program Evaluation

**2nd Category Choice:** D32 Quality Assurance of Delivered HIV Prevention Services

**Population 1:** P50 Program Administrators

**Population 2:**

**Presentation Preference:** Single Oral

**Title:** Beyond Bean Counting: Using Process Data to Maximize Prevention Impact

**Author Block:** *Shea, MA; Cassidy-Stewart, H; Abebe, S; Tomoyasu, N*  
Maryland DHMH, AIDS Administration, Baltimore, MD

**Abstract Body:**

**ISSUE:** HIV prevention process evaluation is a valuable tool for measuring program fidelity, conducting cost-analyses and improving program reach and effectiveness.

**SETTING:** 100 HIV prevention projects in Maryland

**PROJECT:** Three years ago, Maryland implemented the HIV Prevention Reporting System to collect process data for all HIV prevention programs funded by the Maryland AIDS Administration, Department of Health and Mental Hygiene. This data collection and management system tracks intervention content and reach to fulfill external reporting requirements, local evaluation goals and management needs. We recently expanded our ability to utilize prevention reach, content, methods and dose data by developing a relational database to link HIV prevention process data to intervention plan, fiscal and outcome data.

**RESULTS:** During 2002, 90% of HIV prevention projects funded by the State of Maryland reported their activities to the Prevention Reporting System. For CY2002, the data system includes 4222 prevention sessions with 47,189 group contacts. By linking process data to intervention plans, prevention managers are able to assess fidelity to program design. In addition to measuring contract deliverables, we are able to analyze intervention dosage, content and settings. We can compare program reach and fidelity by risk group. Using mapping software, we use the data to map locations of prevention services to examine geographic overlaps and gaps in services. Linking process and fiscal data allows us to analyze services based on funding source and estimate cost per client served. Finally, by incorporating process data into outcome monitoring, we are able to look for changes in intervention effectiveness based on dosage, setting, and other intervention factors.

**LESSONS LEARNED:** By expanding our process monitoring system to look beyond meeting reporting requirements, Maryland has been able to increase utilization of process data for project management and improvement.

**Control Number:** 03-B-395-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D38 Training to Implement New HIV Prevention Interventions

**2nd Category Choice:** G21 Other (Please specify on Additional Info page)

**Population 1:** P13 Community Educators

**Population 2:** P44 Outreach Workers

**Presentation Preference:** Single Oral

**Title:** Outreach Competencies: Minimum Standards for Conducting Outreach to Hard-to-Reach Populations

**Author Block:** *Clare, GS*

Danya Institute, Silver Spring, MD

**Abstract Body:**

**ISSUE:** Although Outreach is an essential component of prevention efforts to hard-to-reach populations, outreach workers receive minimal training.

**SETTING:** Agencies that provide community education and outreach services

**PROJECT:** Over a 2 year period, focus groups were conducted in Wilmington, DE and DC to elicit the opinions and concerns of outreach workers. Many issues were raised but the major issue centered on the inconsistency of training for outreach workers. To address this problem, the CHHATT formed the National Advisory Board for Outreach Standards (NABOS), which included representatives from community based organizations, research universities and consulting organizations.

**RESULTS:** Outreach Competencies: Minimum Standards for Conducting Street Outreach for Hard-to-Reach Populations was created as a result of the aforementioned effort.

**LESSONS LEARNED:** Outreach workers need the following basic competencies to be effective: 1) an understanding of outreach and outreach in a scientific context, 2) an understanding of chemical dependency, 3) an understanding of disease and wellness in the context of drug use, 4) an understanding of how to engage hard-to-reach populations, 5) an understanding of appropriate intervention strategies, 6) resources for client support and 7) an understanding of how to support ourselves (the persons providing outreach and community education services).

**Control Number:** 03-B-396-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D20 HIV Prevention Programs for Youth

**2nd Category Choice:** G16 Models of Integrating HIV Prevention into Youth Services

**Population 1:** P64 Other (Please Specify)

**Population 2:** P21 General Population

**Presentation Preference:** Group Oral

**Title:** Understanding the increased risk of LGBQ youth for sexual health outcomes

**Author Block:** *Porter, JD*<sup>1</sup>; *Bechhofer, L*<sup>2</sup>; *Cross, P*<sup>3</sup>; *Edmondson, B*<sup>4</sup>

1 American Psychological Association, Washington, DC; 2 Michigan Department of Education, Lansing, MI; 3 AIDS Delaware, Wilmington, DE; 4 Connecticut State Department of Education, Hartford, CT

**Abstract Body:**

The CDC has prioritized lesbian, gay, bisexual, and questioning (LGBQ) youth as being in a high-risk situation for HIV infection. The risk for HIV infection and sexually transmitted diseases for male adolescents who have sex with other males is well-documented (Rosenberg & Biggar, 1998; Ryan and Futterman, 1998). Recent data analyses from the Massachusetts Youth Risk Behavior Survey (YRBS) indicated that male youth reporting sexual activity with both male and female partners demonstrated a consistent pattern of higher AIDS risk behaviors when compared to young. Young lesbian or bisexual women also appear to be at higher risk for unintended pregnancy (Saewyc, 1999).

Understanding the increased risk of LGBQ youth for sexual health outcomes such as HIV, STDs, and unintended pregnancy is paramount in providing effective preventive services. LGBQ youth experience the same health and mental health concerns as their heterosexual peers. In addition, LGBQ youth may also be confronted with the stigma and potential isolation associated with disclosure or peer group perception of a homosexual or bisexual orientation during adolescence. For example, in research findings released from the National Longitudinal Study on Adolescent Health (Resnick et al., 1997), youth who reported same sex attraction or relationships also reported higher levels of emotional distress, greater use of marijuana, and earlier sexual debut. Additional analyses of data from the Add Health survey revealed that girls and boys who reported same-sex attraction or relationships were also at higher risk for becoming involved in a physically dangerous fight and being attacked. (Russell, Franz & Driscoll, 2001). Victimization of LGBQ adolescents appears to be an important variable in understanding associated health risk behaviors. Recent analyses of Massachusetts YRBS data found significant interaction effects between an LGBQ sexual orientation and reports of high victimization in schools related to the adolescent health risks of smoking, alcohol use, marijuana or cocaine use, and sexual risk behaviors (Bontempo & D'Augelli, 2002).

Adolescence is a developmental period marked by fluidity, including sexual behavior. Although a relatively small number of youth identify as lesbian, gay, or bisexual in population based adolescent samples (Remafedi, Resnick, Blum & Harris, 1992; Garofolo, Wolf & Wisslow, 1999), a larger and often non-overlapping percentage of youth report engaging in same-sex or both-sex sexual behavior (Goodenow, Netherland, & Szalcha, 2002; Robin, Brener, Doanhue, Hack, Hale, Goodenow, 2002). HIV prevention programs and additional preventive health services are needed to address the specific needs of all LGBQ youth. School-based counseling, health, and mental health professionals have key roles to play in providing role-appropriate services to help reduce the risk for HIV infection and other health problems among these adolescents.

**This program will provide an overview of the efforts in three states to increase the delivery of preventive health services, including HIV prevention, to LGBQ Youth: Connecticut, Delaware, and Michigan. Each of these states has had success in providing outreach to school-based and/or community-based professionals in increasing their efforts to deliver role-appropriate services and programs in risk prevention, including HIV infection, and health promotion to LGBQ adolescents.**

**Control Number:** 03-A-398-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** D11 HIV Prevention Program Planning

**2nd Category Choice:** D12 HIV Prevention Programs for Communities of Color

**Population 1:** P12 Communities of Color

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Single Oral

**Title:** How Affected Communities Differ in their Assessments of the Potential Effectiveness of Intervention Types

**Author Block:** *Shea, MA<sup>1</sup>; Abebe, S<sup>1</sup>; Castner, HC<sup>1</sup>; Small, A<sup>1</sup>; Bishop, D<sup>1</sup>; Wenocur, S<sup>2</sup>; Tomoyasu, N<sup>1</sup>*

1 Maryland, DHMH, AIDS Administration, Baltimore, MD; 2 University of Maryland School of Social Work, Baltimore, MD

**Abstract Body:**

**Objectives:** To determine the perceptions of Maryland high HIV risk groups on the relative effectiveness of HIV prevention interventions.

**Methods:** People at risk for HIV infection in Maryland were surveyed between January and March 2002 by self-administered questionnaire, assessing sexual and needle sharing risk factors, and perceptions of HIV prevention intervention effectiveness. Respondents were categorized by demographic and behavioral risk factors. Interventions were categorized by CDC intervention types and included individual level interventions (ILI), support groups, group level interventions (GLI), counseling and testing (CTR), partner counseling and referral (PCRS), etc. Differences in respondents' perceptions of intervention type effectiveness were assessed using logistic regression. **Results:** Of 1013 people surveyed, 44% were White, 42% African American and 13% Hispanic. Respondents were equally distributed among men and women. Among males, 48% were African American, 35% White and 18% Hispanic. Among females, 54% were White, 37% Hispanic and 36% African American. Logistic regression analysis showed that race/ethnicity predicts perceptions of intervention type effectiveness. African Americans were 5 times more likely and Whites 2 times more likely to report that ILI are effective compared with Hispanics (CI = 2.2 to 9.2, P. = .000; CI = 1.1 to 4.7, P. = .02 respectively). For group level interventions controlling for region, Hispanics were 3 times more likely to report that support groups were effective than African Americans (CI = 1.6 to 7.2, P. = .001). Over 90% of White and 90% of African Americans perceived that getting tested for HIV infection was effective and only 12% of Hispanics reported similarly (chi-square = 493.1, P. = .00001). Age or gender does not have a significant association with perceptions of intervention effectiveness.

**Conclusions:** These findings have important policy implications for HIV prevention programming. Published behavioral science and the CDC Compendium of Effective Interventions guide planners and administrators to skills based GLI. However, ILI are more likely to be perceived as effective among African American and White participants and Hispanics prefer support groups. Also, dramatic race/ethnicity differences in perceptions of effectiveness of HIV counseling and testing suggest that culturally and linguistically competent CTS services are important to increase high-risk Latino's knowledge of their serostatus.

**Control Number:** 03-B-399-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D12 HIV Prevention Programs for Communities of Color

**2nd Category Choice:** D34 Scaling Up HIV Prevention Programs

**Population 1:** P3 African Americans

**Population 2:** P12 Communities of Color

**Presentation Preference:** Group Oral

**Title:** Twenty-four Percent Decline in New HIV Cases: The Impact of a Multifaceted, Integrative Initiative in Northwest Baltimore City

**Author Block:** *Tomoyasu, N<sup>1</sup>; Flynn, C<sup>1</sup>; Shea, M<sup>1</sup>; Gray, C<sup>1</sup>; Hickman, D<sup>2</sup>; Reynolds, E<sup>3</sup>; Christmyer, C<sup>1</sup>; Solomon, L<sup>1</sup>*

1 MD AIDS Administration, Department of Health & Mental Hygiene, Baltimore, MD; 2 Sisters Together And Reaching, Inc., Baltimore, MD; 3 Sacred Zion Church, Inc. - Project ARISE, Baltimore, MD

**Abstract Body:**

**ISSUE:** Maryland has experienced an annual 3% increase in HIV incidence since 1994. Close epidemiological examination indicated that the increase in HIV incidence in one area in northwest Baltimore City accounted for the entire increase of new cases for the State. This severely affected area comprises 3 contiguous ZIP codes where the rates have been increasing by 38% per year, or almost tripling in 6 years. Intense prevention efforts were initiated to reduce the incidence of HIV in this identified area. This panel presentation will provide an overview of the collaborative effort undertaken by the Maryland AIDS Administration, the Baltimore City Health Department, and community-based organizations in the targeted ZIP codes. Panel presentations will be conducted by Maryland AIDS Administration staff and community-based organizations (Sisters Together and Reaching and Sacred Zion Church, Inc. - Project ARISE) who have a long-standing history of providing services in northwest Baltimore. The panel presentation will include: 1) the epidemiology and the formative research on the causes of and awareness of the increase in HIV incidence in the affected area, 2) the HIV prevention projects that were initiated or enhanced in response to the epidemiological findings, 3) a city-wide media campaign focusing on increasing HIV testing, 4) the expansion of the needle-exchange program and 5) the response and reactions of community-based organizations that directly provide services in the affected areas.

**SETTING:** Three contiguous ZIP codes in the northwest section of Baltimore City

**PROJECT:** A multifaceted initiative targeting high-risk groups was implemented in response to the epidemiological findings including evidence-based individual, group and community level interventions, targeted outreach programs, and expansion of the needle exchange program, which included an increase in substance abuse treatment slots and extended hours. The Red Ribbon media campaign was also initiated throughout Baltimore City during this period to promote greater HIV testing.

**RESULTS:** After almost 3 years of collaboration, there is a 24% decrease in new cases of HIV in the targeted ZIP codes. This reduction in incidence translates to 427 people from all risk groups in whom HIV infection was averted.

**LESSONS LEARNED:** This project highlights the importance of analyzing epidemiologic trends, targeting prevention programs and evaluating program implemented to respond to changing HIV trends. The striking reduction in HIV incidence also confirms the importance of partnerships between CBOs and health departments in implementing initiatives that focus on high incidence areas.

**Control Number:** 03-B-404-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D10 HIV Prevention Program Evaluation

**2nd Category Choice:** D11 HIV Prevention Program Planning

**Population 1:** P50 Program Administrators

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Group Oral

**Title:** CDC's Integrated Monitoring and Evaluation System for Health Departments and Directly Funded Community-Based Organizations (CBOs)

**Author Block:** *Glassman, M; Wright- De Agüero, L; Lacson, R; Hale, D*  
Centers for Disease Control and Prevention, Atlanta, GA

**Abstract Body:**

**ISSUE:** CDC, its grantees, and other stakeholders need high quality process and outcome monitoring data for program planning, improvement, and accountability. In addition, CDC and its grantees need to monitor HIV prevention efforts through indicators that assess performance on core components of HIV prevention.

**SETTING:** Fifty-nine health departments and CDC's directly funded CBOs will participate in the evaluation system.

**PROJECT:** In FY 2004, approximately \$280 million will be available to health departments to support HIV prevention. New evaluation and performance management requirements will be standard across grantees. In preparation, CDC has been working with health departments, CBOs, and stakeholder groups to develop an integrated monitoring and evaluation system to collect and electronically report non-identifying client-level service data for process and outcome monitoring. Health departments will be required to set targets and monitor their progress on key program and community planning indicators.

**RESULTS:** Working in partnership with stakeholders, CDC has identified service provider, fiscal, intervention, and client level process and outcome monitoring variables. Indicators will assess core requirements of community planning and HIV prevention activities including counseling, testing, and referral; partner counseling and referral services; prevention of perinatal transmission; health education and risk reduction activities; evaluation; and capacity building.

**LESSONS LEARNED:** To help assure the use of valid and reliable data for accountability and program improvement, CDC has moved from an aggregate-level system to one that calls for non-identifying client-level service data for both process and outcome monitoring. The system must be integrated to meet the needs of health departments and directly funded CBOs and support the linkage of process and outcome variables for analyses of the effectiveness and ultimate impact of HIV prevention activities.

**Control Number:** 03-A-415-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** D03 Best HIV Prevention Practices

**2nd Category Choice:** E27 Sexual Health Issues and HIV Prevention Policy

**Population 1:** P47 People w/Mental Disabilities & Disorders

**Population 2:** P58 Teachers

**Presentation Preference:** Group Oral

**Title:** HIV Prevention and Human Sexuality Education for Special Education Students.

**Author Block:** *Lang, DA*<sup>1</sup>; *Howard-Barr, EM*<sup>2</sup>

1 Kansas Department of Education, Topeka, KS; 2 Coastal Carolina University, Myrtle Beach, SC

**Abstract Body:**

**BACKGROUND/OBJECTIVES:**

**Recent findings of special education teachers have shown the importance of teaching comprehensive HIV/AIDS and Human Sexuality Education to all students.**

**METHODS:**

**The 2000 State-wide Survey of Special Education Teachers Certified to Teach Students Classified as EMH.**

**RESULTS:**

**As a result of the survey, it was shown that special education teachers were lacking in a basic understanding of comprehensive human sexuality and HIV/AIDS education and felt that students who are classified as special education should be given a comprehensive human sexuality and HIV/AIDS education program that they could comprehend.**

**CONCLUSIONS:**

**We found that by developing a one-day awareness workshop on Meeting The Needs of Special Education Students in Human Sexuality and HIV/AIDS Education, the needs of special education teachers were minimally met.**



**Control Number:** 03-B-417-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D11 HIV Prevention Program Planning

**2nd Category Choice:** D36 Sustainability of HIV Prevention Programs

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P56 Staff of Community-Based Organizations

**Presentation Preference:** Single Oral

**Title:** What makes a good proposal?

**Author Block:** Maytum, CA

Consultant, Elk Grove, CA

**Abstract Body:**

**ISSUE:** Before developing a grant proposal essential steps should be undertaken to enhance the opportunity for success. Getting on the "grant treadmill" is not the way to create a sound infrastructure for HIV Programs.

**SETTING:** Each Agency should have the ability to research, find and then obtain funding for service expansion -- IF the research and pre-planning done onsite is thorough.

**PROJECT:** This training session will enhance any ASO's or CBO's ability to successfully submit grant applications to funders.

**RESULTS:** Staff will learn the elements of a well-written proposal that suits the philosophy of the organization.

**LESSONS LEARNED:**

**Proposal Basics.**

**Collaboration and coalition building -- essential for success.**

**Turning data into "information". How to read an RFP.**

**Control Number:** 03-B-428-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D05 Developing and Sustaining HIV Prevention Capacity

**2nd Category Choice:** D04 Community Coalition Development

**Population 1:** P3 African Americans

**Population 2:** P56 Staff of Community-Based Organizations

**Presentation Preference:** Group Oral

**Title:** Utilization of a Community-Based Organization (CBO)-centered, Intensive, Holistic Model for HIV Prevention Capacity Building: An Innovative Partnership between Public Health Agencies and a Historically Black College and University (HBCU)

**Author Block:** *Blackston, RL<sup>1</sup>; Hyche-Jackson, H<sup>2</sup>; Abebe, S<sup>1</sup>; Eaton, IP<sup>1</sup>; Tomoyasu, N<sup>1</sup>*

1 MD AIDS Administration, Department of Health and Mental Hygiene, Baltimore, MD; 2 Coppin State College, Baltimore, MD

**Abstract Body:**

**ISSUE:** In Baltimore City, 65% of the population is African Americans; however, 89% of the persons who are living with HIV/AIDS are African Americans. Because of the striking disparity in the impact of HIV among African Americans, it is essential that CBOs that target communities of color have stable infrastructure to implement and sustain effective HIV prevention programs.

The proposed panel presentation will include an overview of the intensive capacity building activities and one-on-one technical assistance (TA) that were coordinated and provided by Coppin State College (CSC) in collaboration with the AIDS Administration. This project was funded by the Centers for Disease Control and Prevention (CDC) as part of the National Minority AIDS Initiative (NMAI). CSC is a well-established HBCU in an urban setting that has a long-standing and respected reputation in the African American community. This panel presentation will be comprised of two Maryland AIDS Administration staff, a CSC faculty member, and a representative from a minority CBO in Baltimore City.

**SETTING:** Coppin State College and community-based organizations in Baltimore City

**PROJECT:** Since May 2001, the Maryland AIDS Administration has been collaborating with Coppin State College School of Social Work on this capacity building initiative. An assessment of 19 minority community based organizations in Baltimore City highlighted the need to initiate innovative changes to improve conventional technical assistance strategies. The findings indicated that approximately 50% of the 19 CBOs that were assessed reported an absence of basic infrastructure capacities such as fiscal management, board development, strategic planning and referral tracking. As a result of these findings, an evidence-based model of technical assistance that integrates social work theory with public health objectives was utilized. The macro social work perspective and methodology allow the TA provider to view the CBO as an individual client, to start at the organization's current level, and to develop an individualized plan of action to improve agency capacity. Using the assessment process and a systems perspective, TA is provided in a holistic manner that integrates numerous systems to address multiple and complex issues. The social work model also reinforces the value of establishing measurable outcomes to evaluate the effectiveness of the proposed capacity building approach.

**RESULTS:** Using this integrative approach to capacity building, Coppin State College provided intensive bi-weekly onsite visits and on-call follow-up to all participating organizations throughout the project period. Customized technical assistance for CBOs resulted in significant infrastructure and capacity improvements in areas initially reported to have significant gaps including board development, strategic planning, fiscal management, resource development and brokering partnerships for networking and sharing resources.

**LESSONS LEARNED: The intensive, holistic and individualized approach to technical assistance provides a replicable and effective model to enhance local capacity and integrate social science practitioners, community providers and public health agencies.**

**Control Number:** 03-B-429-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D10 HIV Prevention Program Evaluation

**2nd Category Choice:** D27 Improving Capacity to Conduct Process and Outcome Evaluation

**Population 1:** P50 Program Administrators

**Population 2:** P53 Researchers

**Presentation Preference:** Single Oral

**Title:** One state's web-based system for reporting HIV prevention services – the response from local agencies

**Author Block:** Gasiorowicz, M

WI AIDS/HIV Program, Madison, WI

**Abstract Body:**

**Issue:** CDC released the Evaluation Guidance for HIV prevention in 1999. In response, Wisconsin developed intervention plans, revised its data reporting forms and launched a web-based reporting system to capture client-level process and outcome variables. This session discusses the involvement of local agencies in development and testing of the new evaluation system. Grantee compliance with reporting requirements and use of the system for purposes *beyond* the requirements are addressed.

**Setting:** Wisconsin

**Project:** Wisconsin launched its web-based data reporting system in September 2001. The 35 local agencies that receive funding from the Wisconsin AIDS/HIV Program are required to use the system. In February 2002, system users were asked to complete an anonymous web-based survey about components of the evaluation system; 31 people responded.

**Results:**

Over 90% (32/35) of agencies supported directly or indirectly with HIV prevention funds from the Wisconsin AIDS/HIV Program entered the majority of their 2001 data. Sixty percent of respondents to an anonymous survey reported that the new intervention plans and evaluation tools are useful to their agency *beyond* meeting state reporting requirements. Ninety-seven percent of respondents reported that they like the web-based system “a lot” or “ok” and like best that the system eliminates the need for extensive calculations.

**Lessons Learned:**

Involvement of staff from local agencies in development and pilot testing of the new components of the evaluation system has been critical to their success. Extensive and ongoing training and technical assistance are required due the high level of staff turnover at local agencies and updates to the system.

**Control Number:** 03-B-438-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D07 HIV CTS Programs

**2nd Category Choice:** F09 HIV Testing in Healthcare Facilities Programs

**Population 1:** P22 Health Care Workers

**Population 2:**

**Presentation Preference:** Group Oral

**Title:** Establishing an effective national test counselor training for HIV and Hepatitis C (HCV) among hospital and outpatient clinic providers within the U.S. Department of Veterans Affairs (VA)

**Author Block:** *Knighton, T*

U.S. Department of Veterans Affairs, Washington, DC

**Abstract Body:**

**ISSUE:** To effectively train an array of clinicians in HIV and HCV test counseling, integrating existing law, policy, and CDC prevention counseling techniques.

**SETTING:** National training program for physicians, nurses, nurse practitioners, physician assistants, social workers, psychologists, substance abuse counselors and other health care providers conducting HIV and HCV testing in hospital and outpatient clinic facilities throughout the VA health care system.

**PROJECT:** Risk assessment, testing, and clinical care for veterans with HIV and/or HCV are paramount in current VA health care and prevention efforts. Training clinicians in skills to perform prevention counseling in the context of pre- and post-testing for HIV and HCV allows the identification of patient risks, need for testing, and an opportunity to refer infected veterans for medical treatment or other services. Veterans have a variety of services available to meet their health care needs, ranging from substance abuse treatment and specialty care to psychological services and primary care. Health care providers of many disciplines must also be capable of performing testing and counseling for HIV and hepatitis C. Therefore, our program goals are to develop effective training and to reduce the transmission of HIV/HCV among veterans, and to connect veterans diagnosed with HIV and/or HCV infection to comprehensive health care services.

**RESULTS:** A workgroup of providers from various hospital facilities and disciplines was established to identify training needs and to make recommendations for training content. The workgroup suggested development of a national 3-day training on comprehensive risk assessment, pre and post-testing models, and integration of counseling skills and VA policies. The group suggested development of a one-day “refresher” course for more experienced providers, and the creation of a “handbook” to serve as a reference guide for counseling and testing in the VA health care system.

**LESSONS LEARNED:** The largest challenge remained coordination of training that would meet the needs of the various disciplines -Would MDs attend a 3-day training on test counseling? Would a one-day training be adequate guidance for test counseling? What content should compose a handbook? As the strategic plan unfolds, VA has begun to develop several educational media for teaching test counseling elements and models of risk reduction using CDC prevention counseling techniques. These range from the most comprehensive 3-day training and handbook to more individualized topic-specific distance-learning modules. A condensed handbook that outlines policies and recommendations provides a snapshot of test counseling elements valuable to those needing a quick reference.

Development of a “train the trainers” workshop serves to meet demand and individualized needs for training for in individual regions and local hospital facilities in the VA health care system.

**Control Number:** 03-B-441-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D25 Implementing HIV Prevention Programs in Pharmacy-Based Settings

**2nd Category Choice:** D13 HIV Prevention Programs for IDUs

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P51 Public Health Workers

**Presentation Preference:** Single Oral

**Title:** Successful Strategies to Engage Pharmacists in HIV Prevention

**Author Block:** *Klein, SJ<sup>1</sup>; Plavin, HA<sup>1</sup>; Candelas, AR<sup>2</sup>; Cotroneo, RA<sup>1</sup>; Mojica-Rogers, C<sup>1</sup>; Stancliff, SL<sup>1</sup>*

1 NYSDOH AIDS Institute, Albany, NY; 2 NYSDOH AIDS Institute, New York City, NY

**Abstract Body:**

**ISSUE** Involving pharmacists can advance HIV prevention

**SETTING** Corporate and independent pharmacies throughout New York State (NYS)

**PROJECT** Inauguration of the Expanded Syringe Access Demonstration Program (ESAP) in NYS provided impetus for outreach to over 18,000 licensed pharmacists. Activities included: mailings, partnering with the Board of Pharmacy and pharmacy associations, providing newsletter and journal articles, offering presentations and continuing education, providing materials to pharmacy colleges for education of pharmacy students, addition of HIV prevention questions to the pharmacist licensure examination, peer outreach, promoting public access to information about participating pharmacies and providing practical tools.

**RESULTS** Over 2,500 pharmacies in all regions of NYS are registered in ESAP. Continuing education sessions were offered statewide during 2002. The licensure exam includes new questions. New materials include a decal, laminated card, "supervisor's guide", syringe disposal guidelines and a web-based directory. New partnerships extend the reach of the AIDS Institute's Clinical Education Initiative. Several pharmacies began to accept syringes for safe disposal.

**LESSONS LEARNED** Pharmacists are trained and trusted health care providers. Most feel comfortable with a role in HIV prevention. Partnering with professional leaders and associations and involving pharmacists as peers can effectively engage pharmacists. To maximize attendance in continuing education, offer programs at times convenient to commercial pharmacists, provide CEUs and meals, and integrate other subject matter. Contact with regional and corporate officials of chains is important.

**Control Number:** 03-B-443-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D12 HIV Prevention Programs for Communities of Color

**2nd Category Choice:** D20 HIV Prevention Programs for Youth

**Population 1:** P62 Youth

**Population 2:** P12 Communities of Color

**Presentation Preference:** Single Oral

**Title:** HIV Prevention

**Author Block:** *Augustine, J*

Advocates for Youth, Washington, DC

**Abstract Body:**

**ISSUE:** Research shows that the impact of HIV/AIDS on women, particularly women of color, is disproportionately high. Experience and research shows that ‘one size cannot fit all’ when it comes to delivering effective HIV/AIDS prevention education and services.

**SETTING:** Six communities across the United States.

**PROJECT:**

The goals of Advocates for Youth’s Young Women of Color Leadership Council are to raise awareness among young people, especially young women of color, about the need for HIV prevention efforts for themselves and other young people; to advocate for the inclusion of young women of color in the planning, implementation, and evaluation of HIV prevention programs; and to empower other young women of color to get involved in their local communities.

The Council is composed of eight diverse young women from across the United States who have come together to fight the rising rates of HIV/AIDS in their communities. Tired of apathy, of being seen as victims, of being ignored, and of not being able to access culturally appropriate programs and services, these young women are working together to provide leadership for their peers, as well as to affect decision makers about the HIV prevention needs of young women of color.

**RESULTS:** Council members have developed their goals and concrete action plans to effect change in their communities. These activities include setting up councils composed of other young women of color in their local communities that would serve as advisory boards to existing HIV prevention organizations and raising the need for HIV prevention both within communities of color, and amongst other decisionmaking bodies.

**LESSONS LEARNED:**

Change is slow; there is diversity amongst and between ‘communities of color’; different audiences require different strategies; success requires the help of allies; programs and services have to be culturally relevant in order to be effective; empowering young women is an effective way to reduce HIV infection.

**Control Number:** 03-B-444-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D23 Implementing Culturally Competent HIV Prevention Programs

**2nd Category Choice:** D29 Outreach

**Population 1:** P35 Latinos/Latinas, Hispanic

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Single Oral

**Title:** "2001-2003 HIV/AIDS INTERVENTION IN THE HISPANIC AND UNDOCUMENTED POPULATION"

A plan to reduce barriers and improve access to HIV/AIDS services in the Hispanic community through identification of the target population and implementing a culturally competent HIV program.

**Author Block:** Gonzalez, SN

Special Health Resources for Texas, Longview, TX

### **Abstract Body:**

**ISSUE:** HIV/AIDS PREVENTION AND MANAGEMENT AMONG HISPANIC POPULATIONS. Reducing barriers to HIV health care through providing linguistic and culturally competent staff to impart updated competent HIV information.

**SETTING:** VARIOUS LOCATIONS KNOWN THROUGHOUT THE HISPANIC COMMUNITY IN A 14 COUNTY AREA OF EAST TEXAS.

**PROJECT:** TO ANALYZE DATA RETRIEVED THROUGH EXISTING STATE AND REPORTING AGENCIES THE NEED FOR INCREASED OUTREACH AND HEALTH CARE SERVICES FOR HISPANICS WITH HIV/AIDS. THE CREATION OF AN EMERGING AND UNDERSERVED POPULATION PROGRAM AND AN OUTREACH PROGRAM TARGETING THIS POPULATION WITH ASSISTANCE IN INTERPRETATION OF TREATMENT AND MEDICAL INFORMATION.

**RESULTS:** 1. THIS PROGRAM HAS REACHED 3,500 HISPANIC INDIVIDUALS BY REDUCING THE RACIAL BARRIERS AND PROVIDING EDUCATION AND INFORMATION CONCERNING HIV. THE PROGRAM ALSO SAW AN INCREASE IN ACCESS TO HIV SERVICES. THIS NUMBER OF 3,500 INDIVIDUALS SURPASSED OUR ANNUAL GOAL THE FIRST YEAR BY 351%. NEARING THE END OF OUR SECOND YEAR (FOURTH QUARTER) THIS NUMBER HAS JUMPED TO 1459.6%.

**2. THE PROGRAM HAS REFERRED HIV POSITIVE CLIENTS TO CASE MANAGEMENT FOR ASSISSTANCE. THE FIRST YEAR THE EMERGING POPULATIONS AND UNDERSERVED POPULATIONS PROGRAM PROVIDED 472.32 UNITS OF SERVICE AND GREW TO 2570.64 UNITS OF SERVICE IN THE SECOND YEAR.**

**3. THE PROGRAM HAS PROVIDED PUBLIC SERVICE ANNOUNCEMENTS ON LOCAL SPANISH TV/RADIO STATIONS AND HAVE MAINTAINED AN ON-GOING RELATIONSHIP IN A LOCAL SPANISH NEWSPAPER.**

**4. THE PROGRAM REFERRED 500 HISPANIC CLIENTS TO OUR PREVENTION COUNSELING AND PARTNER ELICITATION PROGRAM TO OBTAIN HIV COUNSELING/TESTING.**

**LESSONS LEARNED:** 1. THE DATA ANALYZED FOR THIS PROJECT STRONGLY INDICATE THE NEED FOR LINGUISTIC AND CULTURALLY COMPETENT OUTREACH AND HIV HEALTH CARE FOR HISPANICS, NOT ONLY IN GREGG COUNTY, BUT THE ENTIRE REGION 4.

2. CULTURAL COMPETENCE IS THE KEY TO EFFECTIVELY DISSEMINATING INFORMATION CONCERNING HIV/AIDS.

3. THE HISPANIC COMMUNITY RESPONDS POSITIVELY WHEN INFORMATION IS LINGUISTICALLY APPROPRIATE.



**Control Number:** 03-B-453-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D12 HIV Prevention Programs for Communities of Color

**2nd Category Choice:** D12 HIV Prevention Programs for Communities of Color

**Population 1:** P3 African Americans

**Population 2:** P13 Community Educators

**Presentation Preference:** Poster Session

**Title:** The Northeast HIV Prevention Network: A Successful HIV Prevention Model

**Author Block:** *Curry, RR<sup>1</sup>; Ballard, D<sup>2</sup>; Durham, A<sup>1</sup>; Thompson, A<sup>3</sup>*

1 Upper Hudson Planned Parenthood, Albany, NY; 2 Albany Medical College--Div. of HIV Medicine, Albany, NY; 3 Equinox, Inc., Albany, NY

**Abstract Body:**

**ISSUE:** HIV/AIDS remains a constant threat to the health of New Yorkers, particularly among youth, with one out of four new HIV infections occurring in young people under the age of eighteen. Especially, Black/African Americans comprise nearly 50% of AIDS cases in upstate New York. Because high-risk populations, including incarcerated, runaway, homeless, special needs, college and rural youth, continue to challenge traditional public health efforts, a collaboration effort to combine health providers and community based organizations is needed.

**SETTING:** The Northeast HIV Prevention Network covers the 15 counties of the Capital Region of Upstate New York, as well as Southern Vermont and parts of Western Massachusetts. The Network's prevention activities, aimed at Black/African Americans, especially youth, include prevention interventions targeting young people in college, special homes, correctional facilities, detention centers, rural schools, urban streets and parks, places of worship and testing sites.

**PROJECT:** The Northeast HIV Prevention Network is comprised of 6 diverse agencies in upstate New York Capital Region: Albany Medical College's AIDS Program, Altamont AIDS Program, Capital District African American Coalition Against HIV/AIDS, Equinox, Inc., NAMES Project--NY Capital Region Chapter, and Upper Hudson Planned Parenthood. The Northeast HIV Prevention Network is collaboratively committed to preventing HIV/AIDS among Black/African Americans, especially youth. Each network partner possesses HIV prevention expertise for a specific segment of the at-risk population, providing risk reduction prevention activities to at-risk males, homeless and runaway youth, rural school-aged youth and families, college students, and county and state incarcerated youth as well as faith communities. Network activities also include media campaigns, social marketing, health fairs and street outreach, as well as HIV counseling and testing services. Network prevention interventions include behavioral, social and biomedical (testing) approaches. The Network utilizes diverse prevention modalities, including individual and group level interventions, social marketing, transitional planning/prevention case management, and referrals to HIV testing and reproductive health services.

**LESSONS LEARNED:** A network model can address diverse at-risk populations according to agency areas of expertise. The Northeast HIV Prevention Network has proven success in increasing youth knowledge of HIV/AIDS, safer-sex, and risk reduction, via new and secondary HIV infection prevention activities that are culturally competent, environmentally relevant, and keenly sensitive to the diverse cultural and social characteristics of Black/African Americans, especially youth. This network model offers a cost-effective method to fight HIV/AIDS in diverse communities.

**Control Number:** 03-B-455-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D23 Implementing Culturally Competent HIV Prevention Programs

**2nd Category Choice:** D12 HIV Prevention Programs for Communities of Color

**Population 1:** P35 Latinos/Latinas, Hispanic

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Group Oral

**Title:** Training Hispanic HIV/AIDS Instructors: a prevention and education model

**Author Block:** *olano, v; Rivero, R*  
American Red Cross, Falls church, VA

**Abstract Body:**

**ISSUE:** Training members of the Hispanic/Latino community to reach the larger population with HIV/AIDS prevention education

**SETTING:** Urban and inner-city

**PROJECT:** The American Red Cross Hispanic HIV Education and Prevention Program was developed on the educational experience-based and participatory approach of Paulo Freire together with traditional health education models. The program focuses on learning and personalizing the facts about HIV/AIDS and the integration of prevention strategies through skill building, self-efficacy, and empowerment. Utilizing the Freire approach to education, the American Red Cross has trained Hispanic instructors and instructor trainers since 1988. This session will outline the theoretical foundation of this program to deliver community sessions, train instructors, and instructor trainers. In addition this session will provide information about the program design and instructional strategies for adult learning used as well as the cultural specificity and cultural sensitivity approach that make this an effective intervention for reaching Hispanic/Latino audiences.

**RESULTS:** The American Red Cross Hispanic HIV Education and Prevention Program have trained hundreds of instructors and instructor trainers and have reached thousands of community members through its training program and outreach activities. Local Red Cross Chapters and AIDS Service Organizations play a pivotal role in implementing this nationwide training model and in conducting outreach activities.

**LESSONS LEARNED:** Training community individuals and indigenous leaders is an effective approach to reaching the community with HIV/AIDS prevention and education messages. Instructors and instructor trainers have become the cornerstone of the program and an effective tool to reach diverse populations within the Hispanic/Latino community.

**Control Number:** 03-B-459-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D29 Outreach

**2nd Category Choice:** D12 HIV Prevention Programs for Communities of Color

**Population 1:** P57 Street Outreach Workers

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Single Oral

**Title:** Prevention for HIV-Infected Persons Project (PHIPP): The Ujima Mobile Van Demonstration in Baltimore City

**Author Block:** *Richardson, DA*

Maryland AIDS Administration, Baltimore, MD

**Abstract Body:**

**Issue:**

**HIV Prevention Mobile service seeks to increase awareness of HIV status & STIs via a mobile van testing, and screening service.**

**Setting:**

**Communities in Baltimore City with high incidence of HIV.**

**Project:**

**Prevention for HIV Infected Persons Project (PHIPP) Ujima Demonstration is a van-based street and community outreach program offering same-day HIV counseling and testing, STI testing and treatment, Hepatitis A, B, & C screenings and vaccinations, and Prevention Case Management services linking sero-positive persons to medical treatment and care. The Hepatitis screening and vaccinations began in April 2002. Trained outreach workers provide information to potential clients to enhance positive perception regarding Ujima's mobile van services availability, accessibility, safety and confidentiality. Through a data driven 'site selection' process using ZIP code area level HIV morbidity and census tract level STI morbidity data, and the aid of geographical information system (GIS) the van is stationed at sites frequented by high-risk clients. The project established collaborations with community-based organizations to facilitate acceptance, implementation and support for the new program. The local medical facilities agreed to provide care to clients referred from the mobile van.**

**Results:**

**During FY02, the Ujima outreach workers had 4,219 outreach encounters with persons on the streets of Baltimore. The primary topics discussed during the encounters were safer sex, drug and needle usage and availability of van services. Over 90% of outreach clients identified heterosexual activity as their risk factor and 37% reported injection drug use. Of the 2,892 clients that received services on the van, 1,892 (65%) were tested for HIV of which 112 (6%) were positive; 41 of these were newly identified HIV positive. Sixty-nine (62.6%) of the positive clients were post-test counseled; 86 (5.4%) of 1584 tested positive for syphilis; 7 (0.5%) of 1262 tested positive for gonorrhea, and 24 (1.9%) of 1263 tested positive for chlamydia. Clients who test positive for HIV and/or STI are referred to a prevention case manager who provides referrals for medical care, psychosocial support, and HIV/STI prevention messages to clients. Of the 1133 clients that were tested for hepatitis; 253 were tested for HAV of whom 82 (32.45) were positive; 253 were tested for HCV of whom 90 (35.6%) were positive and 627 were tested for HBV of whom 109 (17.3%) were positive. All clients were referred to a community medical facility for care.**

**Lessons learned:**

**A mobile van can successfully provide testing and screening services to a high-risk population. The site selection process for the van is very critical in reaching the target population.**

**Collaborations are necessary with community-based organizations and other medical facilities in the neighborhoods to ensure acceptability and support for the service. Lastly, a dedicated and committed program and outreach staff is essential to the success of a mobile van street-based program.**

**Control Number:** 03-B-461-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D32 Quality Assurance of Delivered HIV Prevention Services

**2nd Category Choice:** D40 Other (Please specify on Additional Info page)

**Population 1:** P3 African Americans

**Population 2:** P56 Staff of Community-Based Organizations

**Presentation Preference:** Single Oral

**Title:** Effectiveness Of Program Monitoring And Evaluation

**Author Block:** *Franklin, J; Rascoe, B; Modkins, D*

Jackson State University, Jackson, MS

**Abstract Body:**

**ISSUE:**

**Oftentimes, the lack of understanding how to monitor and evaluate HIV prevention programs limits the effectiveness of controlling whether these programs are successful and efficient. Why do many community based organizations fail to understand the importance of having an effective quality assurance plan or monitor and evaluate the outcome of services?**

**SETTING:**

**Southern Regional States, Capacity Building Assistance (CBA) Projects for CDC-funded and Non-CDC funded CBA Requests, General African Americans.**

**PROJECT:**

**The presenters will identify ways to implement a protocol, tool or instrument to evaluate the CBA process in order to ensure participants that their HIV prevention programs are most effective.**

**The presenters will explain the effectiveness of an evaluation plan and how it can impact the quality of services being provided.**

**RESULTS:**

**This oral presentation will enhance the knowledge of participants by describing how important it is to provide effective quality service. The participants will gain knowledge about program monitoring and evaluation. The presenters will expose the participants to several ways on how to implement an instrument to measure the effectiveness of their programs. In addition, the presenters will briefly explain how important it is to gain feedback from community based organizations regarding the outcome of services.**

**LESSONS LEARNED:**

**The participants will grasp a clear understanding of how important it is to have effective quality assurance tools to monitor their HIV prevention programs. The participants will also understand how imperative it is to evaluate the outcome of services. Additionally, the participants will have the ability to identify and implement an effective tracking tool for monitoring and evaluating the effectiveness of their HIV prevention programs.**

**Control Number:** 03-B-462-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D19 HIV Prevention Programs for Women

**2nd Category Choice:** D22 How to Replicate Programs that Work

**Population 1:** P61 Women

**Population 2:** P50 Program Administrators

**Presentation Preference:** Group Oral

**Title:** Maryland's Experience Diffusing SISTA: A Multi-Session Intervention Targeting High-Risk African American Women

**Author Block:** *Shea, MA<sup>1</sup>; Roberts, KJ<sup>1</sup>; Villanueva, LA<sup>1</sup>; Cubano, LB<sup>1</sup>; Worthington, HB<sup>2</sup>; Barber, TT<sup>3</sup>; Tomoyasu, N<sup>1</sup>*

1 Maryland Department of Health and Mental Hygiene, AIDS Administration, Baltimore, MD; 2 Wicomico County Health Department, Salisbury, MD; 3 Baltimore County Health Department, Towson, MD

**Abstract Body:**

**ISSUE:** HIV has disproportionate impact on women of color in Maryland. Prevention stakeholders challenged the State Health Department (HD) to support outcome-focused programs targeting women most at risk for becoming HIV infected. In July 2001, SISTA (Sisters Informing Sisters about Topics on AIDS) was selected as a new program model because it was scientifically based and offered detailed, step-by-step implementation materials readily available for rapid diffusion to providers.

**SETTING:** 8 Local HDs and 3 Community-Based Organizations (CBOs) funded to reduce HIV transmission among high-risk women in rural, suburban and urban locations in Maryland.

**PROJECT:** Since July 2001, Maryland invested significant staff resources to support diffusion of the SISTA program among diverse providers serving high-risk women. The HD provided curricular materials, training and extensive technical assistance to facilitate a dramatic statewide transition from one-shot educational approaches to this multi-session approach to reduce women's risks.

**RESULTS:** The primary factor affecting successful adoption of the SISTA program was the motivation and support of implementing and managerial program staff. This presentation will fully describe the 200+ hours of training and technical assistance provided by the HD to program implementers to support SISTA implementation. It will summarize 13 field observations, qualitative data and facilitator feedback about SISTA implementation. It will present preliminary predictors of successful implementation and/or adaptation of the curriculum in Maryland associated with program setting, facilitator characteristics, target population characteristics and program participation support.

**LESSONS LEARNED:** Developing new mutually beneficial partnerships with community organizations and programs where SISTA can effectively be integrated was and remains a great challenge. Implementation is affected by resource constraints in the every day lives of the target population and in provider agencies. Technical assistance and training needs exceeded HD expectations prompting rethinking of strategies to diffuse behavioral interventions. HD creativity and flexibility are essential to support successful implementation of SISTA in varied settings with diverse target populations.

**Control Number:** 03-B-473-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D17 HIV Prevention Programs for Seropositive Persons

**2nd Category Choice:** C09 Group Level Interventions

**Population 1:** P3 African Americans

**Population 2:** P3 African Americans

**Presentation Preference:** Poster Session

**Title:** AYA Allowing Yourself Acceptance – HIV prevention for positives curriculum

**Author Block:** *Brown, A; FACES - Children's Hospital - New Orleans L.A.; FACES FACES - Children's Hospital, New Orleans, LA*

**Abstract Body:**

**ISSUE:** HIV Prevention for positives curriculum

**SETTING:**

FACES is a social service agency for HIV positive women, children, youth and affected families that provides a variety of services that include: case management, health education, treatment education, mental health and substance abuse counseling, vocational and employment coordination, child and respite care and peer advocacy. In 2001, FACES recognized the need for HIV prevention for positives and had the expertise to design such a curriculum, which became AYA (Allowing Yourself Acceptance) a small group interactive health education intervention. Integrating the African American Red Cross proverbs, AYA was designed by African American women for African American Women. AYA is an Adrinka symbol from the West African culture and the Adrinka symbolism is a visual representation of African social thought relating to history, philosophy and religion beliefs. The curriculum involves culturally appropriate activities that are designed to build group cohesion and enhance the learning experience.

**PROJECT:** AYA is designed as a 6 week, 2 hour per session curriculum broken out into 6 modules. HIV prevention education includes the initiation and maintenance of healthy behaviors, increases knowledge and understanding of the disease process, identifies self defeating attitudes and behaviors, improves self-esteem and self-awareness, enhances communication skills, teaches skills building, and acknowledges decision making about social and sexual behavior. These activities empower women to take control of their lives. Through group interaction and participation, participants learn to maintain healthy decision-making and understand risky behavior and its consequences. Activities are designed to make participants feel comfortable to addressing their own barriers, and their particular area of weakness.

**RESULTS:** AYA was implemented at FACES in January 2002 and has graduated a total of 31 women. AYA evaluation includes pre and post-test knowledge, attitude, and behavior surveys and as well as quarterly client assessment of key healthy indicators such as maintenance in medical care, HIV status and pregnancy, and clinical indicators such as CD4 count and viral load, as a part of their regular case management activities

**LESSONS LEARNED:** Data will be available for presentation.

**Control Number:** 03-A-474-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** D03 Best HIV Prevention Practices

**2nd Category Choice:** D37 Technology Transfer to Increase HIV Prevention Capacity Building

**Population 1:** P50 Program Administrators

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Single Oral

**Title:** Interest Assessments with CBA Providers and NASTAD That Support a National Strategy to Diffuse Effective Behavioral Interventions to Prevent HIV

**Author Block:** *Sawyer, RJ<sup>1</sup>; Collins, C<sup>2</sup>; Hamdallah, M<sup>1</sup>; Kiosk, S<sup>1</sup>; Harshbarger, C<sup>2</sup>; Thornton, R<sup>1</sup>; Aldridge, C<sup>3</sup>*

1 Academy for Educational Development, Washington, DC; 2 Centers for Disease Control and Prevention, Atlanta, GA; 3 National Alliance of State and Territorial AIDS Directors, Washington, DC

**Abstract Body:**

**BACKGROUND/OBJECTIVES:**

Diffusion of effective behavioral interventions to prevent HIV is a critical part of building capacity among organizations and states involved in developing and implementing science-based prevention programs for populations at risk for HIV. As part of a national strategy to diffuse such interventions, the Centers for Disease Control and Prevention (CDC), with assistance from the Academy for Educational Development, conducted comprehensive interest assessments among CDC-funded Capacity Building Assistance (CBA) providers and the National Association of State and Territorial AIDS Directors (NASTAD).

**METHODS:**

A semi-structured interview was conducted with all CBA providers (n = 13) funded by CDC/DHAP to design, develop and evaluate prevention interventions. Response rate was 100%. Descriptive statistics and qualitative analyses were conducted with close-ended and open-ended interview questions, respectively. A quantitative survey was conducted with all NASTAD members (n = 64), with a response rate of 70%. A three-level descriptive analysis was conducted: 1) aggregate; 2) regional comparisons; and individual state profiles.

**RESULTS:**

CBAs expressed a strong interest in specific community-level interventions (e.g., PROMISE), have demonstrated experience providing technical assistance to CBOs about interventions, and possess knowledge and skills to help adapt interventions to specific racial/ethnic groups. Aggregated data from the AIDS Directors provided specific counts of CBOs and Health Department (HD) staff that would likely desire training in specific interventions (e.g., 748 CBOs potentially interested in *Popular Opinion Leader* (POL)). Furthermore, U.S. regional analyses revealed substantial differences in the number of CBOs and HD staff likely available for training (e.g., 357 CBOs in the Western U.S. region for POL, compared to 103, 125, and 81 for the Northeast, Midwest, and South, respectively).

**CONCLUSIONS:**

CBA and NASTAD interest assessments provide highly useful data from which to plan national-level diffusion of science-based interventions. Specific CBAs can be linked to specific interventions for delivery of training and technical assistance to CBOs, and can assist with adapting intervention materials to better fit the programmatic and cultural context of CBOs. NASTAD data provide data from which trainings and technical assistance on specific interventions can be targeted within U.S. regions and to specific states.



**Control Number:** 03-B-476-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D12 HIV Prevention Programs for Communities of Color

**2nd Category Choice:** D40 Other (Please specify on Additional Info page)

**Population 1:** P3 African Americans

**Population 2:** P12 Communities of Color

**Presentation Preference:** Single Oral

**Title:** Evaluation of CDC's Minority AIDS Initiative: Preliminary Findings from the Field.

**Author Block:** *Randolph, S; Sufian, M; Ramirez, V; Morales, L; Warren, C; Hylton, K*  
The MayaTech Corporation, Silver Spring, MD

**Abstract Body:**

**ISSUE:** Between 1999-2001, the Centers for Disease Control and Prevention (CDC) issued seven Program Announcements referred to as the Minority AIDS Initiative (MAI). As part of the initiative, CDC funded community-based organizations (CBOs) to deliver HIV prevention services, provide capacity-building assistance and develop community coalitions to address the HIV prevention needs of African-Americans, gay men of color and other racial-ethnic minority groups. Concurrent with the implementation of these programs, CDC also initiated a comprehensive evaluation of the initiative.

**SETTING:** Four communities in Illinois, New York, Mississippi, and Arizona were selected based on: 1) co-location of CDC/MAI-funded projects with overlapping target communities; 2) availability of community-level, socio-demographic and epidemiological surveillance data; and 3) regional representation.

**PROJECT:** This project describes the utilization of four case studies to assess the extent to which the initiative enhanced the capability of communities to: a) increase HIV prevention resources, b) increase community awareness and receptivity, and c) sustain coordinated HIV prevention efforts for African Americans, other ethnic and racial minority populations, and gay men of color. Twenty focus groups and 50 interviews were conducted with executive directors, project directors, frontline staff from CBOs, elected officials, faith-leaders, opinion leaders/stakeholders, and HIV planning group representatives.

**RESULTS:** The presenters will discuss the preliminary findings which suggest: (1) an increase in HIV prevention resources, particularly funding; (2) increased awareness in the general community of the need for HIV prevention for racial/ethnic minorities; (3) the existence of increased barriers to HIV prevention in communities such as the impact of September 11, 2001; (4) an increase in the heterogeneity of immigrant populations; (5) interagency competition for resources; (6) varied satisfaction levels among the CBOs for the types of capacity building assistance (CBA) provided to organizations within the communities; and (7) several barriers to accessing CBA services and establishing effective collaborative relationships among CBOs.

**LESSONS LEARNED:** In order for prevention services to be effective, greater attention needs to be given to structural and cultural factors that impede the delivery of HIV prevention services for African Americans, other racial/ethnic minority groups, and gay men of color. Technical assistance in team building may be needed to promote relationships among CBOs where resources can be pooled or leveraged to address the needs of high risk groups. Enhanced communication between grantees (CBOs and CBAs) is also needed to make engagement in the provision of capacity building assistance an easier process.

**Control Number:** 03-B-477-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D19 HIV Prevention Programs for Women

**2nd Category Choice:** E20 Policy Issues About Perinatal Prevention

**Population 1:** P49 Pregnant Women

**Population 2:** P42 Newborns

**Presentation Preference:** Group Oral

**Title:** Developing a Successful Public/Private Partnership to Reduce Perinatal HIV Transmission

**Author Block:** *Birkhead, GS<sup>1</sup>; Glaros, R<sup>1</sup>; Phillips-Harding, K<sup>2</sup>; Inglis, SR<sup>3</sup>*

1 NYS Department of Health, AIDS Institute, Albany, NY; 2 Prenatal Care Provider Training Project, State University of New York, Downstate Medical Center, Brooklyn, NY; 3 St. Barnabas Hospital, Bronx, NY

**Abstract Body:**

**ISSUE:** The New York State (NYS) Department of Health's Maternal-Pediatric HIV Prevention and Care Program (MPHPCP) is designed to reduce perinatal HIV transmission to the lowest possible level. The MPHPCP promotes: 1) prenatal HIV counseling and testing, 2) access to health care for HIV + pregnant women, and 3) the establishment of linkages to care for all HIV-exposed infants born in NYS. This program can be adapted to address other public health issues, as well as perinatal HIV transmission prevention efforts, by city, county and state departments of health.

**SETTING:** The MPHPCP provides technical assistance, educational outreach, and monitoring and reporting activities for prenatal care clinics, health care providers and birth facilities throughout NYS.

**PROJECT:** Because of the efficacy of ARV therapy to prevent mother-to-child transmission of HIV, and the known benefit of prenatal HIV counseling and testing, the MPHPCP has evolved over time. Working with professional organizations and health care providers, the NYS Department of Health (DOH) has issued regulations that require hospitals, clinics and HMO providers to provide HIV counseling with a clinical recommendation to test, to all prenatal care patients. NYS regulations also include universal newborn HIV testing and the requirement that expedited HIV testing in the hospital delivery setting be provided in cases where an HIV test result from prenatal care is not available. Through the MPHPCP, the DOH monitors compliance indicators and provides routine feedback to facilities, which allows them to use internal quality improvement measures to improve or sustain performance.

**RESULTS:** By providing technical assistance and educational outreach services to providers and hospitals, and through the creation of partnerships with health care providers and their professional organizations, NYS has seen dramatic results in its efforts to reduce perinatal HIV transmission. There has been a significant increase in the number of women who accept HIV testing in the prenatal period (94% statewide in 2002), and a significant decrease in perinatal HIV transmission rates - from 10.9% in 1997 to 3.7% in 2000.

**LESSONS LEARNED:** New York's experience with perinatal HIV transmission prevention efforts demonstrates the effectiveness of coalition building and outreach efforts to public and private health care providers. This approach could yield similar results when applied to HIV prevention programs and other public health initiatives throughout the country.

**Control Number:** 03-B-487-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D17 HIV Prevention Programs for Seropositive Persons

**2nd Category Choice:** C17 Interventions that Sustain Safer Behaviors Among Persons Living with HIV

**Population 1:** P46 People Living with HIV/AIDS

**Population 2:** P51 Public Health Workers

**Presentation Preference:** Single Oral

**Title:** A New Day Has Come: Secondary HIV Prevention for Positives That Benefits Client and Community

**Author Block:** *Headlee, M; Cook, K; Dorian, K; Krempasky, M; Whetsel, J*  
The Columbus Health Department, Columbus, OH

**Abstract Body:**

**Issue:** With support and guidance from the local community advisory group the Columbus Health Department (CHD) was charged with implementing a program addressing HIV prevention with HIV positive members of our community.

**Setting:** Local health department in Columbus, OH.

**Project:** The goal of the HIV Prevention for Positives Program is to train persons with HIV to reach out to individuals within their social networks with HIV counseling and testing services. This program trains volunteers to become certified HIV counselors. Each participant attended an intensive five-day training that included an HIV/AIDS Basics Course, Client-Centered Counseling and oral HIV specimen collection. After completion of training, participants are able to independently perform HIV pretest counseling and collect HIV test specimens. The counselors use their social networks to offer education and services to persons at risk. They have the opportunity to participate in informal group discussions centering on their experiences in the program.

**Results:** Of the 21 counselors trained, 14 were MSM, 6 were minority HRH females and one was transgender. Each completed at least 10 supervised clinical hours at the health department CTS. The certified counselors received recognition certificates; outreach materials and oral HIV test collection kits. As compensation, they also received incentive gift certificates for grocery stores and bus passes. Eight of the counselors developed enough confidence to offer testing in the community independently. Of the 36 tests performed, 2 new HIV positives were identified, or 5.6% compared to 1.3% at the CTS.

**Lessons Learned:** Careful prescreening of volunteers is critical. Investment of staff time for training and oversight is considerably more than anticipated. HIV positive participants receiving additional HIV training may be positioned to help with prevention efforts among the most at risk members of our community. It is hoped that with expansion of this program, community norms for safer sex behaviors especially for HIV positive MSM, will be impacted in a positive way.

**Control Number:** 03-B-499-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D05 Developing and Sustaining HIV Prevention Capacity

**2nd Category Choice:** D12 HIV Prevention Programs for Communities of Color

**Population 1:** P3 African Americans

**Population 2:** P12 Communities of Color

**Presentation Preference:** Single Oral

**Title:** United We Stand: Capacity Building Assistance of the South

**Author Block:** *Frye, PA; Colomb, M; Moering, M*

MS Urban Research Center, Jackson State University, Jackson, MS

**Abstract Body:**

**ISSUE:** State and local health departments, as well as many other organizations, have been funded to provide Capacity Building Assistance (CBA) to community based organizations (CBOs) in order to improve their chances for success. Understanding who is doing what, and how they did or are doing it allows us to make the best use of available resources.

**SETTING:** Meetings of state/local health department representatives and CBA Providers from AL, AR, DC, DE, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, and WV.

**PROJECT:** Capacity Building Assistance (CBA) of the South was designed to allow representatives from state/local health departments and CBA providers, that have a focus on the African American Community within the southern region of the United States, to come together in a non-threatening environment and share lessons learned from their experiences. CBA is an essential element for community based organization to be able to perform at optimal levels. Lessons learned in one state and/or by one organization can serve as a model for others. The lessons allow us to stop re-inventing the wheel and/or stop going down the same dead end roads. In a time of scarce resources, we must use what we have effectively and this is one method of accomplishing that.

**RESULTS:** The contacts made and shared experiences have resulted in state/local health departments and CBA providers adapting and/or replicating programs and curriculums from other organizations rather than creating their own at an increased cost. Additionally, the contacts have aided in identifying locations where specific skills need to be enhanced. This has resulted in offering CBA Skills Building Courses in a more targeted manner. Meeting attendees have been enlightened about specific services CBA providers offer, which in-turn allows them to use their resources more effectively, i.e. rather than creating and providing a one-time training session they are able to use an established CBA provider that is already conducting skills building sessions in that subject area to conduct the session for them/the agency they are trying to assist.

**LESSONS LEARNED:** Representatives from the various state/local health departments and CBA providers funded by CDC have taken information they gained from CBA of the South meetings and implemented and/or enhanced CBA programs in their respective areas. The meetings has allowed a reduction in the time it takes to develop and implement programs, and it has resulted in more effective programs because many of the costly mistakes made by one organization are now being avoided by others. In summary, the meetings have aided in increasing the effective use of available resources.

**Control Number:** 03-A-502-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** D03 Best HIV Prevention Practices

**2nd Category Choice:** D23 Implementing Culturally Competent HIV Prevention Programs

**Population 1:** P3 African Americans

**Population 2:** P61 Women

**Presentation Preference:** Single Oral

**Title:** Clients prefer gender but not ethnically- matched HIV post-test counselors

**Author Block:** *Striley, C; Cottler, LB*

Washington University School of Medicine, St. Louis, MO

**Abstract Body:**

**BACKGROUND/OBJECTIVES:**

Barriers to HIV testing and/or enrollment in an HIV prevention study might include the inability to match interviewers or counselors on gender or race. Others postulated that ethnic matching of counselors is important for African Americans. Gender matching might be important when dealing with sexual risk behavior. Matched counselors might increase satisfaction with counseling.

**METHODS:**

One hundred and thirty men and women in the NIDA-funded EachOneTeachOne HIV intervention study filled out questionnaires following their individual HIV post-test counseling session. They were asked if they would prefer a gender-matched counselor, and an ethnically-matched counselor, and were asked how the counselor could have improved the session. Nearly all respondents were African-American (91%), and most were male (68%). Seven of the eight counselors were male, and two were African-American. Respondents were 19-68 years old. Fifty nine counselor-respondent pairs (45%) were ethnically-matched, and 79 (61%) were gender-matched. Chi-squares were used to examine the effect of gender, ethnicity and match.

**RESULTS:**

Desire for a matched counselor was significant for gender, with more males wanting a male counselor. African-Americans were not significantly more likely to desire an ethnically-matched counselor. Respondents in matched gender and ethnic pairs were more likely to desire matched counselors. Respondents were highly satisfied with post-test counseling as measured by 98% saying they would have done nothing differently had they been the counselor.

**CONCLUSIONS:**

In this study, ethnically-matched counselors were not desired by respondents. Gender-matched counselors were important to men, although all would not change counselor behavior even when not matched by gender. High satisfaction with counseling may produce a halo effect and predict desire for a future match. Continued research on the importance of ethnic and gender matching is important. These findings show that it is important to note when respondents are asked if they desire a matched counselor.

**Control Number:** 03-B-504-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D04 Community Coalition Development

**2nd Category Choice:** D05 Developing and Sustaining HIV Prevention Capacity

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P29 Immigrants, Documented and Undocumented

**Presentation Preference:** Poster Session

**Title:** *Key Elements in Developing and Sustaining a Community Coalition in an Immigrant Population*

**Author Block:** *Jean-Louis, MD, MPH, E<sup>1</sup>; Carlson, E<sup>1</sup>; Dyer, MPH, J<sup>2</sup>; Madison, PhD, A<sup>3</sup>; St. Louis, PhD, GR<sup>4</sup>; LaForest, M<sup>5</sup>; Bonhometre, C<sup>6</sup>; Veillard, MD, JM<sup>7</sup>; Thimoleon, K<sup>8</sup>; Bastien, J<sup>9</sup>; Massena, Z<sup>1</sup>; Neptune, O<sup>10</sup>*

1 Center for Community Health, Education, and Research, Inc., Dorchester, MA; 2 STD/HIV Prevention Training Center of New England, State Laboratory Institute, Jamaica Plain, MA; 3 University of Massachusetts Boston, Dorchester, MA; 4 Boston Medical Center, Mattapan, MA; 5 Cambridge Health Alliance, HHOP, Somerville, MA; 6 Association of Haitian Women in Boston (AFAB), Dorchester, MA; 7 Brockton CHASE AIDS, MCHS, Brockton, MA; 8 Haitian Church of the Nazarene, Dorchester, MA; 9 Haitian Multi-Service Center, Dorchester, MA; 10 Haitian American Public Health Initiative, Mattapan, MA

**Abstract Body:**

**ISSUE:** Bringing Haitian organizations together forming a coalition to effectively develop and implement culturally competent working groups and community level interventions to reduce the transmission of HIV in the Metro Boston Haitian Community.

**SETTING:** Haitian community based organizations in the Metropolitan Boston area

**PROJECT:** CDC REACH 2010: Metro Boston Haitian REACH 2010 Coalition is a 2 phase, ongoing project which through the development and sustainment of a community coalition is working to expose 18,000 Haitians to HIV/AIDS preventive education, providing Haitian media and Haitian faith based leader trainings, and conducting provider and coalition member training and technical assistance. Phase 1 focused on conducting a needs assessment and creating a Community Action Plan (CAP) while current Phase 2 work includes forming a community coalition to develop, implement, and evaluate culturally appropriate HIV/AIDS prevention interventions for 6 target groups within the Haitian community.

**RESULTS:** Key steps contributing to the successful development of the Metro Boston Haitian REACH 2010 Coalition include: local Haitian organizations committed to the common goals of reducing HIV transmission and building capacity both within their agencies and in the community; creating an RFP process to aid mobilization of Haitian organizations and assess the resources and needs of Haitian organizations; identifying and addressing the need for culturally competent HIV prevention initiatives in the Haitian community; providing team building and technical assistance workshops to build cohesion, skills, and resource sharing among coalition members; executing an innovative 'working group process' where coalition members, on a weekly basis, worked together to develop culturally and linguistically appropriate HIV prevention curricula targeting Haitian Women, Haitian Men, Haitian Couples, Newly Arrived Haitian Immigrants, Haitians Living with HIV, and Haitian Youth; and working closely with the project evaluator in developing evaluation tools for all target groups. Coalition maintenance is achieved through provider trainings, quarterly coalition meetings, a quarterly newsletter, and annual site visits by the lead agency. In the current workshop implementation phase coalition momentum is sustained and built through ongoing 'working group' workshop review meetings, coalition member support at both the individual and agency level, and continued positive community

response to this unique model of partnership and unity in the Haitian community.

***LESSONS LEARNED:*** Utilizing a group process approach in developing, implementing, and evaluating HIV prevention workshops in this community has proved effective but lengthy. Future efforts should allow substantial time for the 'working group process' in developing and reviewing workshop curricula and focus on coalition provider trainings and technical assistance early in the process.

**Control Number:** 03-B-508-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D20 HIV Prevention Programs for Youth

**2nd Category Choice:** D33 Rural Issues for HIV Prevention

**Population 1:** P63 Youth in High Risk Situations

**Population 2:** P56 Staff of Community-Based Organizations

**Presentation Preference:** Poster Session

**Title:** HIV Prevention Program

**Author Block:** *Fisk, TD*<sup>1</sup>; *Tebbetts, C*<sup>2</sup>

1 VT Dept of Education, Montpelier, VT; 2 Freelance consultant, Burlington, VT

**Abstract Body:**

**ISSUE:**

**The Vermont HIV needs assessment seeks to determine the HIV prevention education needs of out-of-school youth and the professionals that serve this population.**

**SETTING:**

**Service organizations and providers who serve out-of-school youth in some manner.**

**PROJECT:**

**The Vermont Out-of-School Youth Needs Assessment Project is the first step of a 3 tier (out-of-school youth, youth in non-traditional school settings, youth in traditional school settings) Resource Inventory and Preliminary Gap Analysis. This project is designed to determine the HIV prevention education needs of youth and the providers who serve them. A survey tool was designed and used to collect program information from providers working with out-of-school youth, focusing on populations reached, interventions used and training provided for staff. Additionally, youth focus groups were convened to include the input and perspective of the population we are trying to reach. Results are shared with all participants and other appropriate collaborators, such as the Vermont Community Planning Group at the Vermont Department of Health.**

**RESULTS:**

**As of 2/03, of the organizations surveyed 55% said that they focused on HIV/AIDS in some way. The majority offer Individual (91%) and group (77%) level interventions, with about half offering Community level (51%) interventions and Outreach (55%), and only about 26% provide HIV counseling and testing services. Of the organizations who focus on HIV education it was reported that 94% have some kind of formal training provided to staff to help them respond to HIV/AIDS issues. Training topics include; HIV transmission and prevention, counseling and testing, confidentiality, substance abuse/use, cultural competency, outreach and harm reduction. Forty five percent (45%) of the organizations surveyed stated that their programs do not focus on HIV/AIDS: 51% of those answering said that they address HIV/AIDS individually as it comes up, 15% said they do not address HIV/AIDS in their work and 72% said they want to be contacted about increasing their involvement in HIV/AIDS issues in the future. The top 4 reported barriers to reaching youth, 1. Youth sense of invincibility 40%, 2. Stigma 31%, 3. Transient Population 19%, Lack of funding and/or staff 19%. The top 3 desired resources, 1. Additional funding 49%, 2. Training/ technical assistance 35%, 3. Additional staff resources 33%.**

**LESSONS LEARNED:**

**We discovered significant issues around accessing a rural, disenfranchised population and training needs for those working with youth around issues of HIV/AIDS. We found that it was helpful to include the population to be surveyed in the design of the survey tool and to conduct youth focus groups to include the youth perspective. We are also getting an indication of the need**



**for outreach and intervention models that are responsive to the particular needs of rural populations, and rural youth in particular. These needs include, but are not limited to, transportation and access for services in small communities, and the attendant lack of confidentiality/anonymity in these areas.**

**Control Number:** 03-B-513-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D05 Developing and Sustaining HIV Prevention Capacity

**2nd Category Choice:** D05 Developing and Sustaining HIV Prevention Capacity

**Population 1:** P3 African Americans

**Population 2:**

**Presentation Preference:** Single Oral

**Title:** Be All That You Can Be!! Using Capacity Building Assistance for Program Improvement

**Author Block:** *Gipson, JA*

Jackson State University, Jackson, MS

**Abstract Body:**

**Issue:** Capacity Building Assistance (CBA) Programs have been funded to ensure Community Based Organizations (CBOs) that provide services to the African American community have the skills and information necessary to help them ensure they win the fight against HIV/AIDS in their community.

**Setting:** The network is funded to provide services to organizations that serve the African American community throughout the United States and its territories.

**Project:** The African American Prevention Intervention Network (APIN) provides Capacity Building Assistance (CBA) in Intervention Design, Development, Implementation and Evaluation (Priority Area 2) to all community based organizations that have a HIV prevention focus in the African American community. The project uses regionally based Prevention Centers to provide culturally sensitive, regionally appropriate services to community based organizations in order to assist them in “being all that they can be”.

**Results:** Capacity-building assistance have resulted in community based organizations in the African American community being able to provide more effective HIV prevention services to the individuals they serve. For example, early on prevention efforts in the African American Community was not necessarily delivered based on Behavioral Science Theory; now, through the use of routinely conducted skills building courses organizations are aware that they can achieve better results if their interventions are based on behavioral science theory. Effectiveness was not being measured during early prevention efforts; now, through the use of skills building courses, newsletters and fact sheets, organizations are more aware of the need to evaluate their services and they are being provided with the tools/information necessary to aid them in the evaluation process. Capacity building assistance is provided through five mechanisms - information transfer, skills-building, technical consultation, technical services, and technology transfer. These mechanisms allow response to the various levels of need of organizations in a manner that makes the best use of available resources. For example, a newly formed organization may receive intensive on-going CBA; a well-established organization that want training on a specific subject may receive a 1 day on-site skills building course; and an organization that is exploring methods of reaching new target populations may be paired with an expert in that arena so that they can explore the possibilities in-depth.

**Lessons Learned:** CBA provided by organizations that have a history of working with the targeted community, is culturally attuned to the targeted community, and has a vested interest in the targeted community because they are a part of it. It is an extremely effective means of meeting prevention goals. If we are the people, then have a vested interest in saving ourselves.

**Control Number:** 03-B-516-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D06 Faith Based Programs

**2nd Category Choice:** C31 Prevention Interventions in Faith Communities

**Population 1:** P12 Communities of Color

**Population 2:** P18 Faith Community

**Presentation Preference:** Single Oral

**Title:** Engaging Faith Communities in HIV Prevention in New York State (NYS): Multiple Interventions Create New Prevention Opportunities

**Author Block:** *Tyrell, CO; Justiniano, B; Devore, BS; Klein, SJ; O'Connell, DA*  
NYS DOH AIDS Institute, Albany, NY

**Abstract Body:**

**ISSUE:** Faith communities can be mobilized to advance HIV prevention for diverse communities.

**SETTING:** Urban, rural and suburban communities in all regions of NYS.

**PROJECT:**

Since the inception of the HIV epidemic, the AIDS Institute used multiple interventions to involve faith communities in HIV prevention. Interventions have included: action steps in statewide planning and policy documents, funding of faith-based HIV prevention programs, technical assistance for faith communities and providers, a statewide survey of faith communities, workshops and presentations. More recently, a dedicated staff position was created and a statewide conference and formulation of action plans ensued, with dramatic results.

**RESULTS:**

A forum brought together faith leaders, HIV/AIDS organizations and consumers to strategize around collaboration. Follow up meetings produced regional action plans. As a result, faith leaders participated in community level interventions, awareness was raised of spiritual and HIV services available across the state, ongoing communication between faith leaders, providers, consumers and DOH continues, and there has been awareness of the spiritual needs of persons infected and affected by HIV/AIDS with an increase in the integration of spiritual traditions in HIV prevention.

**LESSONS LEARNED:** Opportunities for partnership exist within faith communities. Faith communities are willing to be part of the dialogue. Because of multiple priorities and limited resources, on-going state support is necessary to maintaining community involvement. Identifying the “common ground” early in the process is crucial, as are establishing a trusting relationship and respecting the nuances that exist within diverse religious communities.

**Control Number:** 03-B-520-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D18 HIV Prevention Programs for Transgendered Populations

**2nd Category Choice:** D30 Peer-Based Prevention

**Population 1:** P59 Transgendered Persons

**Population 2:** P27 Homeless

**Presentation Preference:** Single Oral

**Title:** HIV Risk Behaviors of Male-to-Female Transgenders in Hollywood, CA: A Comparison of Homeless and Housed Participants

**Author Block:** *Reback, CJ; Reiner, AW*

Van Ness Recovery House, West Hollywood, CA

**Abstract Body:**

**ISSUE:** Male-to-female (MTF) transgendered women are at extreme risk of HIV infection due to several socio-cultural conditions (e.g., low income, high unemployment, lower levels of education, and unstable housing). Other factors specific to their transgender identity (e.g., hormone misuse and sex work resulting from lack of viable employment) also increase their HIV risk.

**SETTING:** An HIV prevention program for MTF transgendered women in Hollywood, California.

**PROJECT:** The Transgender Program is a multi-tier risk-reduction program—utilizing both individual and group-level interventions—designed to reduce high-risk sexual and drug behaviors among MTF transgendered women. The program consists of outreach, encounters, transgender-transitional life skills discussion groups, skills-building workshops, and support groups.

**RESULTS:** From January 1, 2001 to December 31, 2002, 192 MTF transgendered women attended either a skills-building workshop or a support group. Thirty-five percent were Caucasian/white, 32% Hispanic/Latina, 20% African-American, and 13% other. Ages ranged from 19 to 61, with a mean age of 34.6 ( $SD=9.7$ ). Forty-five percent ( $n=86$ ) reported they were either homeless or living in an unstable housing situation. A greater proportion of the homeless participants were less than 30 years of age (45% vs. 25%,  $p < .05$ ). Compared to those who were housed, homeless MTF transgenders were more likely to use alcohol or any drugs (51% vs. 33%,  $p < .02$ ) in the previous 30 days; specifically they were more likely to use stimulants, such as methamphetamine (17% vs. 5%,  $p < .01$ ) and cocaine (11% vs. 2%,  $p < .01$ ), and to smoke marijuana (20% vs. 9%,  $p < .05$ ). Additionally, homeless participants were more likely to report engaging in sex work (41% vs. 19%,  $p < .001$ ) in the previous 30 days. However, among those who engaged in sex work ( $n=55$ , 29% of total sample), the housed participants were more likely to have engaged in receptive anal sex (90% vs. 57%,  $p < .02$ ). Condom use during receptive anal sex with exchange partners was high for both housed (94%) and homeless (80%) participants.

**LESSONS LEARNED:** Although homeless transgendered women were more likely to use alcohol and drugs and engage in sex work, both homeless and housed MTF transgendered women engaged in high-risk behaviors. HIV prevention efforts should be targeted to both homeless and housed transgenders.

**Control Number:** 03-B-523-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D07 HIV CTS Programs

**2nd Category Choice:** D40 Other (Please specify on Additional Info page)

**Population 1:** P15 Counselors

**Population 2:** P13 Community Educators

**Presentation Preference:** Single Oral

**Title:** Tools for Training: Creating successful teaching techniques and strategies for trainers of prevention counseling courses

**Author Block:** *Knighon, T; Knighon, T*

U.S. Department of Veterans Affairs, Washington, DC

**Abstract Body:**

**ISSUE:** Experienced trainers can learn and share advanced facilitation and teaching techniques that foster more effective training environments for optimal learning in prevention counseling courses.

**SETTING:** Public health and community-based clinics

**PROJECT:** Participants in prevention training courses are often from extremely diverse backgrounds that range from nurses and mental health professionals with specialized classroom experience to outreach officers with little academic education. Conversely, some health professionals lack “out of the workplace” experience to relate successfully to the populations they serve. Training environments are rich with members of all ages, academic preparation, professional experience, genders, races, cultural and socio-economic background. For a trainer to meet the needs of such a diverse group can be frustrating and perhaps even overwhelming. One of the most significant challenges for the trainer is to use his/her “bag of tools” or mastery skills to create the optimal learning environment for all participants to learn and understand prevention and test counseling.

**RESULTS:** Trainers can learn to identify self-defeating techniques and behaviors that deconstruct the learning environment. Some of these techniques are failure to apply simple adult-learning principles such as tailoring the training to the audience and failure to involve trainees in direct application of pursuant content matter. Trainers who use basic counseling skills such as paraphrasing, reflecting, active listening and attending can significantly enhance classroom interaction that can foster participatory learning. Participants are eager to apply their skills and experience into the context of HIV prevention and test counseling. Trainers who can capture and utilize this interaction create a pleasant, dynamic, and effective learning atmosphere. The application of applied training methodologies and skills combined with participant-based contribution together build a powerful training and educational experience. Specific examples of barriers and obstacles will facilitate trainers to learn delivery of course curriculum exercises and content.

**LESSONS LEARNED:** Advanced trainers can share their techniques and experiences with other participants in this workshop. Specific methodologies for teaching the CDC Prevention Courses will be addressed that include curriculum modification, application of facilitation skills, addressing the needs of course participants, utilization of teaching techniques and incorporation of various media. Training curricula from the CDC Prevention Counseling Series provide a solid foundation for trainers who must also incorporate additional elements to design and execute an effective training experience. Advanced trainers can learn additional mastery training skills to invigorate themselves and produce an enhanced environment for learning prevention counseling.

**Control Number:** 03-B-524-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D30 Peer-Based Prevention

**2nd Category Choice:** A19 Prisons and Other Correctional Facilities and Their Influence on HIV Risk

**Population 1:** P30 Incarcer.Popul.(Correct.Settings,Persons in)

**Population 2:** P61 Women

**Presentation Preference:** Group Oral

**Title:** Outcome Evaluation of a Peer Education Program for Incarcerated Women

**Author Block:** *Spector, M<sup>1</sup>; Shah, A<sup>2</sup>*

1 Oklahoma State Department of Health, HIV/STD Service, Tulsa, OK, OK; 2 Oklahoma State Department of Health, HIV/STD Service, Oklahoma City, OK

**Abstract Body:**

**ISSUE:**

Exposing incarcerated peer educators to evaluation information distinguishes “research on people”, (Wadsworth, 1993) to research for, or with people. It was the researchers intention to utilize participatory research/evaluation methodology to create a prison culture committed to ongoing learning

**SETTING:** A maximum and medium security prison in Oklahoma.

**PROJECT:**The HIV Peer Education Program for Incarcerated Women is an on-going multi site educational program, which offers HIV and, alcohol/drug prevention education as well as hands experience with evaluation for inmates. The project has a defined intervention plan:

- The control group received an HIV prevention inmate-developed manual (MI),
- The health department group received a 16-hour educational intervention provided by the Oklahoma State Department and one college credit from a local community college (HDI),
- The Peer Education Group received a 16-hour education intervention from incarcerated Peer Educators who were previously trained by educators working for the HIV/STD Service (PEI). This group also received a certificate

**RESULTS:**

Two different strategies were used to assess behavioral changes in the study participants. The first strategy involved using a 40-item researcher/Peer Educator designed survey to assess the HIV/AIDS prevention KABB's of the incarcerated women. The overall reliability of this instrument, as established by Cronbach's Alpha, was .75.

Of the 354 women who completed the study no significant (.05) differences were found among the three groups. However,

finding no significant differences among the three groups, we then performed analysis of variance (ANOVA) on each item to determine if some subsets of items or individual items were changed by the treatments. Analysis of variance revealed differences by treatments. We found thirteen (13) statistically significant item differences by treatments. On no item did the group who received the peer generated training manual only (MI) reveal statistically significantly better scores than the State Department of Health (HDI) or Peer Education (PEI) groups. At the same time, the State Department of Health and Peer Education trained groups outscored the peer-generated manual group in their knowledge of the “risky” behaviors associated with multiple partners, drug use and unprotected sex, and the Peer Education group repeatedly outscored the peer-generated manual group in recognition of the need to use condoms to prevent disease transmission and knowledge about Hepatitis.

The second strategy involved face-to-face audio-taped interviews with volunteers from all three groups at two Correctional Centers as well as interviews with former inmates. The semi-

**structured interviews were designed to focus on participants' KABB's about HIV/AIDS prevention. Then the interview data were coded and compared/contrasted with the survey data. Women at both prisons reported that of the activities available to inmates, this is the most worthwhile.**

**LESSONS LEARNED: At the end of the study we learned that the majority of the peer educators were helping the women in the other two groups by offering them additional educational resources. Thereby, contaminating the effects of the evaluation. However, it is not ethical to sacrifice the transfer of knowledge to have statistical significance. In this case, practical significance is far better.**

**Control Number:** 03-B-526-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D20 HIV Prevention Programs for Youth

**2nd Category Choice:** G16 Models of Integrating HIV Prevention into Youth Services

**Population 1:** P50 Program Administrators

**Population 2:** P62 Youth

**Presentation Preference:** Single Oral

**Title:** Developing HIV/AIDS Youth-Driven Activism: REACH LA Workforce Training, Retention and Results

**Author Block:** *Chono-Helsley, M; Battersby, K*

REACH LA, Los Angeles, CA

**Abstract Body:**

**ISSUE:** Developing and retaining a strong, skilled and productive youth workforce.

**SETTING:** Agencies, CBOs and centers that are developing or maintaining youth peer education programs, youth outreach workers.

**PROJECT:** REACH LA serves the youth community through its youth-led, educational workshops and the production of social marketing materials (website, magazine, product line) while & "growing it's own" highly skilled youth workforce. This session will look at a different kind of management and training model specific to developing a youth workforce. Those who administrate or manage a youth staff will gain insight into building capacity for both the staff and the organization.

While many agencies and organizations with youth employees encounter problems with the lack of job skills, work ethic and retention, REACH LA's goal is to build the capacity of young people and enable them to affect change in their own community. REACH LA does this throughout all aspects of its own staff development and youth programming. REACH LA's youth staff and volunteers are mix of gender, ages (15-24) and ethnicities that represent the populations that they serve (Latino, African-American, and others). REACH LA provides individualized support for its youth staff and volunteer participants that includes health education training, training in program facilitation and public speaking, program evaluation, data collection, data analysis, video production, web and graphic design, writing and publishing. The youth staff and volunteer participants are involved in all aspects of program development, operations, and evaluation, which creates a respectful environment of creativity and high productivity. All youth working at REACH LA receive encouragement and support from the adult staff, to establish professional career goals, which include higher education, and volunteerism. REACH LA provides on-going counseling and guidance for college and career preparation.

**RESULTS:** In developing this highly skilled youth force, REACH LA has developed a system for staff and volunteer training. The strategies used result in a high level of retention, and commitment and passion for social, health and youth related causes. Youth trained through the COME•FEEL•ACTIVE peer health education program have remained with the program for an average of 3.5 years. Youth trained through the COMPUTER ACTIVE: Arts & Technology program have stayed an average of 2.5 years. REACH LA encourages the staff and volunteers to build their own personal capacity in make social change through the pursuit of higher education or vocational prospects which are often arranged and supported by the organization's management staff. "Aging Out" at age 25 is no longer a problem since the youth staff is highly encouraged to move up into middle management and eventually out the door, more confident in their own ability to succeed.



**LESSONS LEARNED:**Above all, the REACH LA youth staff and volunteers find passion in their work. They are all members of an organization that values their input, creativity and insight and encourages, supports and advocates for their personal success. The passion for the making a difference in peoples lives drives the staff and volunteers above and beyond the call of duty making for a highly successful and productive environment.

**Control Number:** 03-B-530-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D23 Implementing Culturally Competent HIV Prevention Programs

**2nd Category Choice:** D07 HIV CTS Programs

**Population 1:** P6 Asian and Pacific Islanders

**Population 2:** P29 Immigrants, Documented and Undocumented

**Presentation Preference:** Single Oral

**Title:** Using a Global Information Systems (GIS) program to better target HIV Testing and Counseling for Asians and Pacific Islanders in Los Angeles County.

**Author Block:** *Ma, A; Hariawati, MPA, H; Insixiengmay, M.P.H, P*  
Asian Pacific Health Care Venture, Inc., Los Angeles, CA

**Abstract Body:**

**ISSUE:** The diversity and size of Los Angeles County creates barriers in targeting specific Asian and Pacific Islander (API) populations in Los Angeles County for HIV Counseling and Testing services

**SETTING:**

By outreaching through various venues such as API ethnic festivals, gay parties, CBOs, and clinics, Asian Pacific Health Care Venture, Inc. provided HIV testing to over 1000 APIs in Los Angeles County.

**PROJECT:** The clients who accessed HIV Counseling and Testing services were given pre and post test counseling using the State of California HIV Counseling risk assessment form. Sites and locations were indicated through outreach profiles which designated the site type and intervention being delivered at the location. Data was extracted from the state HIV5 system and input into SPSS and then coded in to the GIS software at APHCV

**RESULTS:** Of the 1,000 tested at APHCV and its sites findings indicated using the GIS program assisted in better targeting geographic areas to reach the API population. Distances were calculated from each site and the clients who came to those sites indicating the need to either conduct more services at that site or develop new sites that were closer to the target population. Testing data collected was overlaid with the 2000 Census tract data which helped to better target outreach efforts. Risk factors could also be looked in geographic locations to better match the type of outreach that was done at the location to the risk behaviors of the target populations.

**LESSONS LEARNED:**

Using new technology such as a GIS program in the Community Based setting is an effective way to better target services to increase the target population to access HIV Counseling and Testing services and identify areas where more outreach could be conducted to reach a targeted population

**Control Number:** 03-B-532-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D05 Developing and Sustaining HIV Prevention Capacity

**2nd Category Choice:** D40 Other (Please specify on Additional Info page)

**Population 1:** P56 Staff of Community-Based Organizations

**Population 2:** P64 Other (Please Specify)

**Presentation Preference:** Group Oral

**Title:** The Regional Resource Network Project

**Author Block:** *Goff, JE; McCulloch, AD; Malone, CD; The Regional Resource Coordinators with DHHS and Cicatelli Associates*

Regional Resource Network - DHHS & Cicatelli Associates, Inc., New York, NY

**Abstract Body:**

**Model for Program dissemination and Capacity development:** Successful collaboration efforts between a non-profit training organization the federal office of Minority Health, Department of Health & Human Services (DHHS) regional offices, and state/local health officials to promote Capacity Building and funding resources for community based organizations.

**Issue:** The disparity in the number of small community-based organizations providing HIV/AIDS services to minority populations that successfully compete for funding that can expand type, quantity and quality of services they offer their clients.

**Setting:** DHHS Regions I through X - West, South, Northeast and Midwest.

**Project:** The Regional Resource Network (RRN) coordinated by Cicatelli Associates, Inc.(CAI), is a three-year effort that began as a demonstration project in 1999 funded by the Office of Population Affairs. In 2001 the program received funding through the federal Office of Minority Health as a cooperative agreement with CAI. The RRN provides one-on-one technical assistance and mini-grants to expand the capacity of smaller community based organizations that have traditionally been left out of state, federal and private funding processes. Through the use of Regional Resource Coordinators who are housed in each DHHS regional office, organizations receive both the supportive arm of mini-grant funding and that of customized assistance on how to locate, use and apply for funding and other resources to expand and enhance HIV/AIDS services.

**Results:** By providing both capacity funding and technical assistance to new and existing programs, agencies have increased their viability and their ability to provide more qualitative and quantitative services to their communities. The results for a subset of agencies that received more intensive technical assistance can be evidenced by the number that have gone on to achieve greater state, federal and private funding to expand HIV/AIDS prevention and treatment services. On average, 15% of agencies that were funded in the Northeast, South, Midwest and West have competed successfully for local, state and/or federal funding ranging from \$5,800 to \$300,000. In addition to funding, agencies were connected to written and internet-based HIV/AIDS materials as well as federal, state and local training sessions for HIV/AIDS service providers.

**Lessons:** The combination of providing small amounts of funding to support organizational development and technical assistance has proven to be effective in supporting the growth in capacity of small agencies to provide HIV/AIDS services to minority populations. Specific strategies included:

- 

Providing technical assistance that meets the organizations where they are in their development;

- 

Offering or coordinating on-site training for non-traditional HIV/AIDS prevention service organizations

- **Developing and encouraging strategic planning; and**
- **Increasing coordination and distribution of information on funding opportunities, and available technical assistance provided by state, federal and private agencies.**

**Control Number:** 03-B-550-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D02 Applying Lessons Learned from International HIV Prevention Programs to U.S. Efforts

**2nd Category Choice:** C16 Interventions that Promote Healthy Behaviors

**Population 1:** P40 Migrant Populations

**Population 2:** P29 Immigrants, Documented and Undocumented

**Presentation Preference:** Poster Session

**Title:** Think Globally Act Locally: Behavioral Change Communications - Applying lessons learned from international and domestic entertainment/educational based programs to immigrant and migrant workers.

**Author Block:** Etherington, TP

CDC, Atlanta, GA

**Abstract Body:**

**I:** In the U.S., immigrant and migrant workers are estimated to be 4.17 million. Many these workers are at risk of becoming HIV/AIDS infected. For this population, the rate of HIV/AIDS is nearly ten times higher than the national average. Finding new and innovative ways to promote effective HIV/AIDS prevention is needed. Several projects, both nationally and internationally, have formulated culturally creative media productions that merge entertainment and education. This combination has forged effective partnerships in the promotion of HIV/AIDS prevention and care to mainstream populations through television and radio serial dramas. Can lessons learned from these entertainment/education strategies be adapted for immigrant and migrant workers in the U.S.?

**S:** International and domestic entertainment education serial dramas reflect real life narrative story telling components by creating an emotional stake in changing behavior as people often choose to emulate those to whom they have emotional bonds. Internationally, the serials have delivered reproductive health messages through the radio broadcasting medium to stable and mobile populations. Domestically, the serials have delivered chronic disease messages through the television broadcasting medium to stable populations. Similarities between immigrant and migrant populations in the U.S. and mobile international populations exist.

**P:** By studying the behavioral ideologies and methodologies of existing programs, a firm understanding of the groundwork must be in place to tailor a culturally sensitive entertainment/education program for immigrant and migrant workers. The intended audiences include media providers, community leaders and organizations, scriptwriters, producers, behavioral scientists, and programmatic experts in HIV prevention. Through this qualitative analysis, the primary goal is to gain useful information in creating a framework which promotes HIV/AIDS prevention. It also detects differential effects of the serial dramas, thereby contributing to the understanding of how entertainment/educational programs can work within the U.S. immigrant and migrant worker populations.

**R:** We found that programs share common linkages through entertainment by using compelling dramas to relay messages about social and health issues. They differ, however, in target population, methodology, philosophy and organizational community requirements. We also found that the principles of collaboration play an important role in establishing a common foundation for stakeholders (i.e., target audiences, media providers, community leaders and organizations, serial writers, producers, behavioral scientists and programmatic experts in HIV prevention and communication) and other partners. The results also demonstrated that program implementation required community and leadership acceptance, well defined organizational assessment, talent

**and expert recruitment and stable funding. We may be able to detect differential effects and thereby contribute to the understanding of how entertainment/educationally based programs work.**

**L: Preliminary data suggest that strategies learned from international and domestic collaborations with prevention programs and media characterizations that address delivery of behavioral changes through entertainment channels can target highly mobile populations in the United States. By initiating continuous systematic dialogue between serial drama writers and HIV prevention specialists, opportunities to develop credible and compelling storylines in which characters demonstrate positive self-efficacy for HIV behavior change are created. This technique also can be modeled for both immigrant and migrant workers in the United States.**

**Control Number:** 03-B-552-NHPC  
**Format:** Abstract Format II - Descriptive Summary  
**1st Category Choice:** D29 Outreach  
**2nd Category Choice:** D10 HIV Prevention Program Evaluation  
**Population 1:** P56 Staff of Community-Based Organizations  
**Population 2:** P44 Outreach Workers  
**Presentation Preference:** Group Oral

**Title:** HIV outreach programs

**Author Block:** *Cantu, Y; Bustamante, L*  
University of Texas Health Science Center at San Antonio, San Antonio, TX

**Abstract Body:**

**ISSUE:** HIV outreach programs have tremendous potential for reducing the transmission of HIV disease through activities that target populations at high-risk for HIV. Historically, these programs have been required to report minimal data regarding the characteristics and risk factors of the populations they reach. As a direct result of these minimal reporting requirements, programs and their funders are often not able to determine how effective they are in bringing persons into testing and health care.

**SETTING:** The evaluation is being conducted in San Antonio, Texas. It is a partnership between the University of Texas Health Science Center at San Antonio (UTHSCSA), Division of Community Pediatrics and BEAT-AIDS, Inc.(BEAT). BEAT is an AIDS service organization that operates the largest outreach program targeting communities of color in the San Antonio area. The intended audience for this presentation includes outreach workers, community based organization staff, program administrators, researchers and people infected with HIV or living with AIDS.

**PROJECT:** The SPNS Outreach Initiative Evaluation Project is a two-phased project funded by the Health Resources and Services Administration, HIV/AIDS Bureau, Special Projects of National Significance(SPNS). Phase I of the project is the evaluation of the existing BEAT Outreach Program. The BEAT Outreach Program is a peer-based model that provides HIV prevention to high-risk individuals of color through HIV education, risk reduction education and HIV testing referrals to community counseling and testing programs. Phase II of the project is the implementation of a refined outreach model based on the Phase I evaluation. This presentation will focus on Phase I findings.

**RESULTS:**

§ Development of Management Information System to assist program with reporting and evaluation

§ Development of a refined outreach model based on evaluation of the existing model.

**LESSONS LEARNED:**

§ Evaluation is a mechanism of providing technical assistance and streamlining operations of the entire agency.

§ Outreach workers must understand why data collection is important for their programs

§ Data collection systems must be flexible and easy to modify

§ Client level versus aggregate data is critical for outreach programs trying to assess their effectiveness

**Control Number:** 03-B-554-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D12 HIV Prevention Programs for Communities of Color

**2nd Category Choice:** D32 Quality Assurance of Delivered HIV Prevention Services

**Population 1:** P3 African Americans

**Population 2:** P21 General Population

**Presentation Preference:** Single Oral

**Title:** The Impact Of HIV Prevention: Tracking And Monitoring CBA Requests In The Southern Region

**Author Block:** *Modkins, DL; Rascoe, BK; Franklin, J*  
Jackson State University, Jackson, MS

**Abstract Body:**

**ISSUE:**

**CDC defines HIV prevention capacity building as a process by which individuals, organizations, and communities develop abilities to enhance and sustain HIV prevention efforts. A vast majority of Capacity Building Assistance (CBA) Requests received from CDC are disbursed from African-American community based organizations in the Southern Region.**

**SETTING:**

**Southern Regional States, Capacity Building Assistance (CBA) Projects for CDC-funded and Non-CDC funded CBA Requests, General African-Americans**

**PROJECT:**

**The presenters will take an in depth look at CDC's CBA tracking system in the Southern Region. The presenters will also provide the participants with a comparison analysis of CBA Requests assigned in the South. The information ascertained will include the number of requests received from African-Americans in Priority Area 2 - Intervention Design, Development, Implementation, and Evaluation, Priority Area 3 - Community Capacity-Building for HIV Prevention, and Priority Area 4 - HIV Prevention Community Planning Effectiveness and Participation.**

**RESULTS:**

**This comparison analysis will define the impact that HIV prevention has in the African-American communities, support the delivery of comprehensive services, and accountability to the community. In addition, the presenters will provide an analysis of HIV Prevention services in Priority Area 2 - Intervention Design, Development, Implementation, and Evaluation, Priority Area 3 - Community Capacity-Building for HIV Prevention, and Priority Area 4 - HIV Prevention Community Planning Effectiveness and Participation in the Southern Region.**

**LESSONS LEARNED:**

**The participants will become more aware of the important factors of providing HIV prevention in the African-American communities in the Southern Region. The participants will also be informed why it's important for CDC and CBA providers to track and monitor the capacity building assistance requests received at their organization.**



**Control Number:** 03-B-562-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D13 HIV Prevention Programs for IDUs

**2nd Category Choice:** D04 Community Coalition Development

**Population 1:** P32 Injecting Drug Users

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Single Oral

**Title:** Viral Hepatitis Program

**Author Block:** *Schowalter, L<sup>1</sup>; Lentine, D<sup>2</sup>; Testaverde, J<sup>3</sup>*

1 NASTAD, Washington, DC; 2 CDC, Division of HIV/AIDS Prevention -- IRS, Atlanta, GA; 3 Academy for Educational Development, Washington, DC

**Abstract Body:**

**Issue:** Every year in the United States approximately 3 billion injections occur outside of health care settings by persons self-administering injectable medications and injecting illicit drugs. Due to a lack of convenient options and clear guidelines for safe disposal, the majority of used sharps end up in the public waste stream. Encountering a used syringe can be frightening and potentially dangerous, although the risk of acquiring HIV, hepatitis B virus (HBV), or hepatitis C virus (HCV) infection from a needle stick is very low. The fear of discarded syringes littering community streets is often a significant barrier towards increased access to sterile syringes through pharmacy sales, and the implementation of syringe exchange programs (SEPs).

**Setting:** United States

**Project:** A coalition of national organizations, businesses and government has formed to raise awareness and encourage efforts to increase community options for safe needle disposal. The Coalition for Safe Community Needle Disposal (Coalition) provides states and localities with information, education, and technical assistance on safe needle disposal solutions. In tandem with this effort, the U.S. Centers for Disease Control and Prevention (CDC), Division of HIV/AIDS Prevention (DHAP) is gathering information on state public health laws (i.e. environmental regulations) and criminal laws (i.e. paraphernalia laws) to help inform those establishing needle disposal programs.

**Results:** National organizations including the American Pharmaceutical Association, American Association of Diabetes Educators, American Diabetes Association, National Alliance of State and Territorial AIDS Directors, Association of State and Territorial Health Officials, and American Medical Association released a joint letter supporting increasing community options for syringe/needle disposal and serve as advisory board members to the Coalition. States and local jurisdictions have built similar partnerships implementing community-based needle disposal options.

**Lessons Learned:** Coalition-building among diverse community organizations and professional organizations is a successful strategy that national organizations, states, and localities can employ to advance safe needle disposal initiatives. HIV/AIDS programs are considering disposal initiatives as structural interventions for IDUs. Community-based sharps collection and disposal can play a significant role in HIV and hepatitis prevention efforts for injection drug users (IDUs) in the United States.

**Control Number:** 03-B-564-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D38 Training to Implement New HIV Prevention Interventions

**2nd Category Choice:** G10 Integration of HIV Prevention into Prenatal Care Settings

**Population 1:** P22 Health Care Workers

**Population 2:** P49 Pregnant Women

**Presentation Preference:** Group Oral

**Title:** Provider Education to Support Implementation of the New Jersey Standard of Care for Rapid HIV Testing of Pregnant Women in Labor with Unknown HIV Status

**Author Block:** *Burr, CK<sup>1</sup>; Gross, E<sup>1</sup>; Paul, S<sup>2</sup>; Di Fendinando, G<sup>2</sup>*

1 Univ of Medicine & Dentistry of NJ, Newark, NJ; 2 Division of AIDS Prevention & Control, New Jersey Dept. of Health & Senior Services, Trenton, NJ

**Abstract Body:**

**Issue:** Women who present in labor with unknown or undocumented HIV status (UUHS) pose a challenge and an opportunity to further reduce perinatal HIV transmission and to transition women into care for their own health. NJ surveillance data for 1999 and 2000 indicated 7 of 8 infants infected with HIV were born to women with unknown HIV status. In response, the NJ Department of Health and Senior Services (NJDHSS), in collaboration with numerous stakeholders, developed a Standard of Care (SOC) for counseling and rapid HIV testing (C&RT;) for women in labor with UUHS.

**Setting:** Physicians and nurses practicing in NJ hospitals providing labor and delivery services.

**Project:** The National Pediatric & Family HIV Resource Center at FXB Center (NPHRC/FXB) provided support for implementation of the NJDHSS SOC. Provider training was a central strategy. NPHRC/FXB developed a model curriculum on C&RT; in labor. The curriculum was used for half-day train-the-trainer (TOT) workshops targeting nurse educators/managers working in hospitals and 3-hour CME programs targeting OBs/midwives/APNs. The training focused on building skills for counseling women in labor, offering rapid testing, HIV pregnancy management, and reduction of perinatal transmission. Training participants received the curriculum, a provider counseling “script,” and a model hospital policy along with clinical support materials and references.

**Results:** Five TOT workshops held across the state reached 138 nurses representing 72 hospitals. Ninety additional providers attended 4 CME programs (26 MD's; 21 nurse midwives/APNs; 26 OB/perinatal nurses, and 18 others). Of the 104 participants who completed the pre-training survey, 57 consented to be followed up after 4 months. *Pretraining practice:* 91% of participants currently provide care to pregnant women; 78% of participants' hospitals have a policy on HIV C&RT; for women in prenatal care; 79% reported that their hospitals almost always/always routinely inquire about and document a woman's HIV status when she presents in labor; 51% almost always/always offer HIV C&T; during labor. In hospitals with rapid testing (N=53), 79% of respondents almost always/always offer ARVs to reduce perinatal transmission. *Follow-up change in practice at 4 months:* (response rate 37/57 = 65%) 97% (+19%) of hospitals have a policy for HIV C&T; in prenatal care; 97% (+19%) almost always/always offer ARVs to women known to have HIV; 94% (+15%) almost always/always inquire about/document a woman's HIV status when she presents in labor; 62% (+11%) almost always/always offer HIV C&RT; during labor; and where counseling and rapid testing are available, 96% (+17%) almost always/always offer ARVs to reduce HIV transmission. Surveillance data documenting the impact of the training on perinatal transmission is pending.

**Lessons Learned:** Targeted provider education including a counseling “script” for C&RT; and a

**model hospital policy for women in labor with UUHS can increase hospitals' ability to respond. While universal HIV C&T; remains the best option for reducing perinatal HIV transmission and getting women into care, C&RT; in labor provides an additional opportunity to reduce perinatal transmission and to identify women in need of care. Multiple strategies are needed to support HIV C&RT; of women in labor with UUHS.**

**Control Number:** 03-B-566-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D24 Implementing HIV Prevention Guidelines

**2nd Category Choice:** C29 Post-Exposure Prophylaxis, Non-Occupational

**Population 1:** P51 Public Health Workers

**Population 2:** P22 Health Care Workers

**Presentation Preference:** Single Oral

**Title:** Nonoccupational HIV post-exposure prophylaxis guidelines for Rhode Island healthcare practitioners from the Brown University AIDS Program and the Rhode Island Department of Health: a unique public and private collaborative effort for HIV prevention

**Author Block:** *Merchant, RC<sup>1</sup>; Mayer, KH<sup>1</sup>; Browning, CA<sup>2</sup>*

1 Brown University School of Medicine, Providence, RI; 2 Rhode Island Department of Health, Providence, RI

**Abstract Body:**

**ISSUE:** Rhode Island, like most states, did not have formal guidelines on nonoccupational HIV post-exposure prophylaxis (HIV NPEP) provision. As a result, HIV NPEP usage was not standardized and was likely ineffective.

**SETTING:** State of Rhode Island, 2001.

**PROJECT:** The Brown University AIDS Program (BRUNAP) and the Rhode Island Department of Health (HEALTH) learned through anecdotal reports from clinicians and HIV/AIDS service organizations that HIV NPEP provision in Rhode Island was not optimal. Some patients had received HIV NPEP unnecessarily, some were prescribed inadequate regimens, and some were not given adequate follow-up or counseling. Others at risk of HIV infection through sexual contact, blood and body fluid exposures, and injecting-drug use had not received HIV NPEP when it was indicated. BRUNAP and HEALTH feared that because of suboptimal HIV NPEP provision, some people may have become HIV infected. In order to address these problems, BRUNAP formed an HIV NPEP task force.

**RESULTS:** The BRUNAP HIV NPEP Task Force was a multidisciplinary team of clinicians, researchers, members of community public service organizations, and representatives from HEALTH. After reviewing HIV NPEP and HIV PEP guidelines, recommendations, research, and writings from various sources worldwide, the task force decided to compose HIV NPEP guidelines specifically for Rhode Island clinicians. The task force determined that the guidelines (1) must address all possible forms of HIV transmission outside the healthcare setting; (2) should explicitly state the exposures for which HIV NPEP may be indicated, the medications that should be dispensed, the timing for the medications, and the follow-up needed; (3) should be comprehensive, detailed, and iterative, yet reader-friendly; (4) must be a consensus document of healthcare providers and community organizations; and (5) should be endorsed by HEALTH. Over the subsequent year, the task force wrote the guidelines, presented them for public review, and subsequently received approval for the guidelines statewide dispersal from the Director of HEALTH. Following the release of the HIV NPEP guidelines, BRUNAP embarked upon a series of educational meetings for clinicians and interested groups describing the guidelines and their suggested usage. BRUNAP and HEALTH also mailed copies of the guidelines to clinicians caring for patients who sustain blood and body fluid exposures, and devised internet sites to display the guidelines. In order to further ensure that clinicians and the public would be aware of the guidelines, BRUNAP and HEALTH worked with local and national media sources in periodicals, television, and radio to spread the message of the guidelines availability.

**LESSONS LEARNED:** The BRUNAP HIV NPEP task force learned that clinicians, academicians,

**community members, governmental, public, and private organizations can effectively join together to create HIV NPEP guidelines appropriate for their locale. The task force remains hopeful that the Rhode Island HIV NPEP guidelines may serve as an impetus for an eventual national policy on this type of HIV prevention.**

**Control Number:** 03-B-568-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D13 HIV Prevention Programs for IDUs

**2nd Category Choice:** C22 Interventions that Reduce Harm of Injecting Drug Use

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P44 Outreach Workers

**Presentation Preference:** Poster Session

**Title:** Improving HIV Outreach and Testing in an Inpatient Behavioral Health Setting

**Author Block:** *Eiting, EA; Bosket, M*

Lutheran Medical Center, Brooklyn, NY

**Abstract Body:**

**Issue:** Behavioral health patients within the Lutheran Medical Center (LMC) Network have had access to on-site HIV counseling and testing in the inpatient Psychiatric and Substance Abuse units for the past 15 years. However, an issue with patients receiving inpatient HIV testing has been missed follow-up appointments to receive test results. Consequently, given the greater risk of HIV transmission in these populations, the Special Care Immunology Services (SCIS) Program, a dedicated multidisciplinary ambulatory HIV care facility within the LMC Network, has implemented a project to improve education and compliance.

**Setting:** LMC is located in Sunset Park, Brooklyn, an area of New York City represented by many cultures of Hispanic, Arabic, Chinese and Russian descent. A majority of LMC patients come from socioeconomic backgrounds, and the number of first-generation immigrants continues to grow. Injection heroin use had been on the rise among younger populations, creating a need for HIV education and prevention outreach that demonstrates sensitivity to cultural differences.

**Project:** In an effort to expand prevention outreach to behavioral health patients at risk for contracting HIV, the SCIS Program has implemented a project to increase HIV awareness, provide easier access to testing and utilize better follow-up methodology. SCIS has confronted this issue by providing weekly on-site HIV awareness presentations in both the inpatient Psychiatric and Substance Abuse Units. This activity has been directly coupled with optional on-site HIV counseling and testing. Additionally, the SCIS Program has taken advantage of the fact that outpatient mental health and substance abuse departments are co-located with its clinical facilities. As a result, SCIS staff has created stronger linkages with outpatient counselors to help ensure that tested patients will receive their test results.

**Results:** The SCIS program has provided HIV awareness presentations to 432 behavioral health patients since implemented the program in January 2002, and 207 have been directly connected to HIV on-site testing. The project has increased the number of behavioral health patients tested by 36%. Additionally, linkages with outpatient behavioral health units have led to an increase in follow-up appointments fulfilled, rising from 40% to 55%. Furthermore, the project has directly connected patients who tested positive to HIV primary and supportive care within the SCIS facility.

**Lesson Learned:** As a result of this project, the SCIS Program has found that successful outreach and prevention measures require the proactive work of HIV educators in collaboration with efforts from other support staff. By providing educational sessions in inpatient settings, patients are much more receptive to outreach efforts

**Control Number:** 03-B-570-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D31 Public Information

**2nd Category Choice:** D20 HIV Prevention Programs for Youth

**Population 1:** P1 Adolescents

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Poster Session

**Title:** Development of HIV prevention education materials for youth: challenges and solutions

**Author Block:** *Gould, WV; Klein, SJ; Yashpeh, IM*

New York State Department of Health AIDS Institute, Albany, NY

**Abstract Body:**

**ISSUE:**

**Development of prevention education materials for youth requires planning, resource allocation and direct input from youth.**

**SETTING:**

**New York State Department of Health AIDS Institute, Materials Development Standing Committee (MDSC)**

**PROJECT:**

**To guide development of new educational materials for youth, an oversight committee, the MDSC, convened a workgroup to evaluate existing materials and to identify unmet needs with emphasis on receiving input from adolescents and providers. All aspects of development, including defining key messages, writing text, graphic design, selection of photos, and focus groups involved target audience members, providers and staff.**

**RESULTS:**

**Over thirty existing educational materials were identified and reviewed. Six groups of teens recommended interactive, scratch-off cards as the highest priority design for new materials with youth appeal. The MDSC supported production of seventeen scratch-off cards (nine English, eight Spanish). Each contains photos of adolescents and four facts about the target audience and HIV prevention. Adolescents assisted in drafting and reviewing text and many posed for photos. In 2002, fifty thousand copies of the English cards and twenty-five thousand copies of the Spanish cards were printed and distributed. To meet high demand, fifty thousand additional copies of each have been ordered.**

**LESSONS LEARNED:**

**Involvement of youth was key to development of widely accepted and used materials. The MDSC's workgroup process facilitated target audience involvement. High level agency support through the MDSC contributed essential staffing, budgetary resources and problem-solving, making timely development of quality materials possible.**

**Control Number:** 03-B-571-NHPC  
**Format:** Abstract Format II - Descriptive Summary  
**1st Category Choice:** D20 HIV Prevention Programs for Youth  
**2nd Category Choice:** D30 Peer-Based Prevention  
**Population 1:** P62 Youth  
**Population 2:** P26 HIV Prevention Providers  
**Presentation Preference:** Group Oral

**Title:** Nomadic Youth Peer Program

**Author Block:** *Camargo, R; Witwer, R*  
Drop-In Center, New Orleans, LA

**Abstract Body:**

**ISSUE:** HIV disproportionately impacts nomadic homeless youth:

- The prevalence of HIV among individuals experiencing homelessness varies great, depending on the data source, between 3-20%.
- Part of the problem with identifying the exact number of homeless individuals living with HIV/AIDS has to do with the fact that the Louisiana Office of Public Health, HIV/AIDS Program does not collect housing status in a consistent/uniform manner.
- 9% of 2002 Point-In-Time Survey respondents self-reported being homeless and living with HIV/AIDS in the Greater New Orleans Area.

**SETTING:** Since 2001, HIV/STD/Hepatitis prevention peer programs targeting nomadic homeless youth between the ages of 14-23 have been held at Tulane Drop-In Center.

**PROJECT:** In 2002, 278 unduplicated homeless youth participated in group sessions, and to date, 393 unduplicated youth have participated in the program. The program consists of ten sessions which deal with day-to-day events that our clientele have stated put them at risk for HIV. Groups are held twice a week and are limited to ten participants per session. The goal of the program is to decrease homeless youth's risks associated with acquiring/transmitting HIV/STD/Hepatitis through:

- Identifying the symptoms, tests, and treatments for STDs & HIV.
- Identifying appropriate pregnancy and HIV/STD/Hepatitis protection for each individual.
- Personalizing risk by discussing:
  - Unprotected sex with multiple partners
  - Injection Drug Use (IDU) & use of other illicit drugs
  - Sex with an injection drug using partner
  - Exchanging sex for drugs, money, and/or shelter
  - Tattooing & piercing after one another
    - Understanding how substance use increases risk for HIV/STDs
    - Discussing how to reduce harm associated with injection drug use and other substance use.
    - Visiting a community resource in order to break down barriers and link to other needed services.

**A hot lunch, sometimes the only meal of the day for homeless youth, is the primary incentive for**



participation in the program. Daily incentives are given out to for participation, carrying a condom or bleach kit, and obtaining an HIV/STD/Hepatitis test.

Notably, peer leaders are the backbone of the intervention and have assisted with curriculum revision, facilitating group and identifying appropriate incentives. Peer leaders are individuals who have completed all ten sessions and have demonstrated strong leadership skills. Peer Leaders are paid for their time and considered program staff.

**RESULTS:** The program targets primarily nomadic homeless youth. Participants tend to complete the peer program sessions over a year, attending sessions when traveling through New Orleans. In one quarter, typically 49.9% of all active clients enrolled in the program completed the program. Over a year the rate of completion increases dramatically. The peer program has also developed a behavior survey implemented pre intervention and upon completion of the program.

**LESSONS LEARNED:** For a peer program to truly impact the population it is targeting, it needs to be developed in partnership with those being targeted. Over time, we have identified appropriate sessions, incentives, and ways to increase retentions with the help of dedicated peer leaders.

**Control Number:** 03-B-576-NHPC  
**Format:** Abstract Format II - Descriptive Summary  
**1st Category Choice:** D31 Public Information  
**2nd Category Choice:** C36 Social Marketing  
**Population 1:** P53 Researchers  
**Population 2:** P51 Public Health Workers  
**Presentation Preference:** Group Oral

**Title:** **KNOW HIV/AIDS: A Public Education Partnership of the Kaiser Family Foundation and Viacom**

**Author Block:** *Davis, JL; Hoff, T; Kates, J*  
Kaiser Family Foundation, Menlo Park, CA

**Abstract Body:**

**Issue:** To address HIV/AIDS in the U.S. through a coordinated media campaign to raise awareness about the epidemic among the general public and opinion leaders, encourage people at risk to protect themselves and seek testing, and to address the stigma related to infection.

**Setting:** U.S.

**Project:** On January 6<sup>th</sup>, 2003 Viacom Inc. and the Henry J. Kaiser Family Foundation launched *KNOW HIV/AIDS*, an unprecedented, media campaign to combat HIV/AIDS through public service messages, television and radio programming, and free print and online content. In the more than two decades since the epidemic began, 60 million people worldwide, including more than a million in the U.S., have become infected. According to the most recent data, women and youth represent a growing proportion of new HIV infections. The UNAIDS estimates that as many as two-thirds of infections projected to occur over the next decade could be avoided with increased awareness and global prevention efforts. The initiative targets the general population and groups hardest hit by the disease in the U.S.-young people under 25, people of color, women, and men who have sex with men.

A total of 49 television, radio and outdoor ads have been produced for the initiative, and placed strategically across Viacom's broadcast networks in the U.S. including CBS and UPN; cable networks including MTV, BET, VH1, Nickelodeon, Showtime, The New TNN and Comedy Central; more than 180 Infinity radio stations in the top 50 markets, and on billboards, buses and bus shelters in the top 15 markets. In addition, a number of television shows produced by Viacom companies have incorporated HIV/AIDS themes into their programming.

All facets of the campaign direct audiences to the initiative's comprehensive Web site, [www.knowhiv aids.org](http://www.knowhiv aids.org) or toll-free number 1-866-344-KNOW (5669). Both offer the free educational guide, additional information on HIV/AIDS, as well as links to other resources. Both the hotline and website link to the Centers for Disease Control and Prevention's national AIDS and STD hotlines.

Viacom and Kaiser are working to develop strategic alliances with international broadcasters to extend the initiative's reach globally, particularly in countries where the disease is spreading the fastest. Announcements about the international phase of the initiative are expected in the spring. **Results:** The campaign launched less than a month ago, but by the time of the conference we will be sharing preliminary information on campaign impact and response in the U.S.

**Lessons Learned:** We will be able to share information on the lessons learned from this domestic campaign in June.

**Control Number:** 03-B-578-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D10 HIV Prevention Program Evaluation

**2nd Category Choice:** D09 HIV Prevention on the Internet

**Population 1:** P50 Program Administrators

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Single Oral

**Title:** The HIV.Care™ System – Tracking HIV Prevention Programs in Michigan

**Author Block:** Anderson, C

A.J. Boggs & Company, Okemos, MI

**Abstract Body:**

**Issue:** Improve data quality for program evaluation of HIV prevention programs in Michigan.

**Setting:** Internet-based system to collect data from agencies across Michigan.

**Project:** The HIV.Care™ system collects data from agencies across the state of Michigan that provide HIV Prevention programs in the form of the following four types of programs:

-Counseling, Testing, and Referrals (CTR)

-Health Education, Risk Reduction, and Outreach (HealthEd)

-Provider Education and Training (ProviderEd)

-Personal Counseling and Referral Services (PCRS).

HIV.Care provides the Michigan Department of Community Health (MDCH) with a central database system that speeds the collection and reporting of data regarding the activities of HIV prevention programs across the State of Michigan. The system is a secure web-based service that reduces data redundancy and improves the quality and aggregation of data across diverse HIV prevention programs. HIV.Care includes the use of unique record numbers (URNs) based upon the legal client name, date of birth, and sex. URNs are an encrypted 9 digit string generated by the HHS/HRSA's Ryan White CareWare, a freeware software product.

**Results:** The HealthEd and ProviderEd modules entered production in 2002, supporting over 60 Michigan Public Health and social support agencies. The PCRS and CTR modules are scheduled to enter production in April 2003. (Contact HIV.Care at [info@care.biz](mailto:info@care.biz) to gain access to a demo of the system on the net.)

**Lessons Learned:** The HIV.Care Internet-based data collection system reduced the costs of forms and postage for program reporting; improved data quality, and provided a more flexible system that helps users complete forms and adapt to various data collection circumstances. Web-based reporting also is more flexible, allowing program managers to easily change data collection screens/forms.

**Control Number:** 03-B-579-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D39 Translating Research into Practice

**2nd Category Choice:** D27 Improving Capacity to Conduct Process and Outcome Evaluation

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P50 Program Administrators

**Presentation Preference:** Single Oral

**Title:** Translating Research into Practice: Using an Evaluation Readiness Assessment to Improve the Quality of Prevention Programs

**Author Block:** *Golub, SA<sup>1</sup>; Logan, JA<sup>2</sup>; Rice, L<sup>1</sup>; Averbach, AR<sup>2</sup>; Callis, B<sup>2</sup>; Bradford, JB<sup>1</sup>*

1 Fenway Community Health, Boston, MA; 2 Massachusetts Department of Public Health, Boston, MA

**Abstract Body:**

**ISSUE:** Community-based prevention and education programs are in need of intensive technical assistance in order to engage in meaningful process and outcomes monitoring. This pilot project combines the CDC's emphasis on logic models and evidence-based practice with provider-focused training in program development to improve the quality of HIV Prevention programs.

**SETTING:** Community-Based Organizations providing HIV/AIDS prevention & education services to men who have sex with men (MSM) in Boston, Massachusetts.

**PROJECT:** The MSM Technical Assistance and Capacity Building Project (TAC) is a targeted evaluation and training initiative. The goal of the TAC project is to support HIV/AIDS prevention service providers in articulating a stable and intentional program model that can then be monitored and evaluated. The project has three major components: 1) evaluation readiness assessment conducted during interactive individual program site visits, 2) training for program staff and Health Department Contract Managers on the use of the logic model and monitoring of processes and outcomes, 3) development of an appropriate process and outcome monitoring system.

**RESULTS:**

The main challenge that faced program participants was the articulation of a chain of intended outcomes between activities and the over-arching goal of HIV Prevention. Participants were highly variable in their ability to describe this expected behavior change process in the context of their program model. Participants divided into approximately the following distribution: 1/3 with no program model, 1/3 with a basic program outline, but no outcome chain, and 1/3 with a basic program outline and the beginnings of an outcome chain. Participants were largely unable to identify client-level prevention barriers, but reported that the main issues for their clients were societal-level intransigent prevention barriers (e.g., poverty, homophobia, oppression, prejudice). This perception posed a significant challenge to the creation of a logic model because participants were unable to distinguish outcome chains that would produce changes in these societal barriers. One additional area of challenge for participants was the development of programs that are consistent with a harm-reduction "client-centered" approach, while concurrently advancing the goal of HIV prevention. Furthermore, programs reported difficulty in translating highly funded evaluated Replicating Effective Programs (REP) models into less-resourced and multiple challenged environments. Standardization is needed within all intervention types, particularly with regard to curricula and risk assessment tools.

**LESSONS LEARNED:**

In order for prevention programs to collect meaningful process and outcome monitoring and evaluation data, providers require additional support in translating theory into practice. The evolving nature of the HIV/AIDS epidemic necessitates technical assistance to HIV prevention

**program providers to increase the intentional and evidence-based nature of programming. Additionally, addressing the increasingly complex barriers faced by consumers and providers necessitates drawing on strategies from disciplines beyond the traditional behavioral intervention theories. The utilization of a logic model framework may be a valuable first step toward helping providers articulate and measure program models. Finally, a staged approach to implementing outcome monitoring may be the most appropriate given the resources required to raise program capacity to the level of readiness at which meaningful data collection is feasible.**

**Control Number:** 03-B-584-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D05 Developing and Sustaining HIV Prevention Capacity

**2nd Category Choice:** D06 Faith Based Programs

**Population 1:** P50 Program Administrators

**Population 2:** P18 Faith Community

**Presentation Preference:** Single Oral

**Title:** Developing And Sustaining HIV Prevention Capacity (Minority Specific)

**Author Block:** *Hodges, ME*

Open Door Clinic, Aurora, IL

**Abstract Body:**

**ISSUE:** Defining the importance of collaborating and networking between community entities to promote the exchange of information to decrease the incidence of HIV. This is done by providing education and awareness to other organizations in the service area as part of an ongoing project. Our purpose is to ensure that all high-risk heterosexuals are aware of the services that are available to them.

**Setting:** High incidence and prevalence of HIV infection communities of Kane County, Illinois

**Project:** The community is an organism, and this organism (Kane County ) has interdependent elements. The agencies, government, and non-government need to be informed of the of prevention services that would help eradicate HIV. Just as each element in an organism is dependent and relies on each other for support. Each community organization has a different role to play in prevention strategies: for providing sites to establishing safe-sex programs, a safe environment where individuals can congregate without discrimination. A developed program has been established with the various agencies and organizations involved to help promote and maintain the potential for the prevention of HIV.

- To provide factual and statistical information for

- HIV/STD Education

- Behavioral Skills Development

- a. Condoms Education

- b. Self Efficacy/Self-Esteem

- Group Discussion

**Results:** The participants will learn to gain confidence and trust with in the communities surrounding the target areas. Thus far, we have implemented to gain information in the following areas.

1. Increased HIV Risk Behavior Knowledge

2. Greater Sexual Self Control

3. Communication between involved parties, families, and friends

4. Consistent Condom Use Strategies

5. Comfort level when discussing issues of sex and drug use

**Control Number:** 03-B-589-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D07 HIV CTS Programs

**2nd Category Choice:** D13 HIV Prevention Programs for IDUs

**Population 1:** P3 African Americans

**Population 2:** P50 Program Administrators

**Presentation Preference:** Group Oral

**Title:** HIV Counseling and Testing Programs Strive Through the Use of Incentives

**Author Block:** *Cooper, SL*

Family and Medical Counseling Service, Inc, Washington, DC

**Abstract Body:**

**ISSUE:** HIV post-test counseling rates are much higher when coupled with an incentive.

**SETTING:** AIDS Service Organization in Washington, DC.

**PROJECT:** HIV counseling and testing program funded by the Centers for Disease Control and Prevention focused on increasing HIV testing of Persons at High Risk in Communities of Color.

The target population is individuals who are at increased risk for contracting HIV/AIDS due to their high-risk sexual behavior (multiple sex partners, lack of condom use, commercial sex work), drug-taking behavior (sharing needles, trading sex for money and or drugs, uninhibited sexual behavior while under the influence), and past/current exposure to sexually transmitted diseases. HIV testing is conducted utilizing Ora-Sure (oral HIV testing method), thus making it much easier to test while in the field, at health fairs and other off-site locations. Each individual is provided a pre-test counseling session (personalized risk reduction plan completed) and is informed of the possible outcomes of the test (positive, negative, indeterminate). At the close of the pre-test counseling session, the clients are informed that they will receive an incentive upon their return. 50% of all clients tested do so because they are aware of the post-test incentive.

**RESULTS:** Of the 700 individuals tested for HIV during the first project year of funding, 595 of those individuals returned for post-test counseling sessions due to the incentives offered. When asked what brought them to the agency for testing, 85% of the population replied that they were informed that they could get a grocery store certificate for getting tested. The most common barrier to the use of incentives is when funding is limited and there is no money available to purchase and provide them.

**LESSONS LEARNED:** A majority of clients who request HIV testing do so because they are aware of the incentives offered upon their return for the post-test counseling session. Although many people do not agree with the use of incentives, they are useful when drawing high-risk individuals to get tested and learning his or her results.

2003 National HIV Prevention Conference

HIV Prevention Case Management

**TITLE:**

**ISSUE:**

**Control Number:** 03-B-596-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D22 How to Replicate Programs that Work

**2nd Category Choice:** D23 Implementing Culturally Competent HIV Prevention Programs

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P56 Staff of Community-Based Organizations

**Presentation Preference:** Single Oral

**Title:** The Process of Adapting and Translating an HIV Prevention Intervention: A Cross-cultural Journey from North Carolina to South Africa

**Author Block:** *Hall, GJ; Wechsberg, WM; Zule, WA; Lam, W; Middlesteadt-Ellerson, R; Luseno, W*  
RTI International, Research Triangle Park, NC

**Abstract Body:**

**ISSUE:** Community-based interventions to reduce HIV risk among women who abuse drugs

**SETTING:** Community-based studies in Raleigh Durham, North Carolina and Pretoria, South Africa.

**PROJECT:** The NC Women's CoOp is a community-based randomized field experiment conducted in North Carolina to compare the effectiveness of a culturally specific, woman-focused HIV prevention intervention with the NIDA standard HIV intervention. Both are designed to reduce HIV risk among women who use drugs by providing risk-reduction information, demonstrating proper condom use, enhancing sex-related negotiation skills, and emphasizing the positive health impact of reducing drug use. The woman-focused intervention included contextual issues related to ethnicity and gender in a culturally specific framework. Participants randomized into the woman-focused intervention developed personal goals and a plan to achieve them based on their specific circumstances. Based on initial findings of effectiveness, an administrative supplement was awarded to study the adaptability of these interventions in South Africa. After formative work to gain a greater understanding of women's specific needs and risks related to HIV, a small pilot study was conducted in Sunnyside/Pretoria, South Africa.

**RESULTS:** Results from both community-based studies will be presented. Of the 762 NC participants who completed intake procedures, 562 (74%) returned and completed the first follow-up at three months. Results from the 3-month follow-up indicate a significant reduction in the use of crack cocaine and alcohol, and decreases in the total number of unprotected sex acts in the past 30 days. Comparably, 80 (86% of the 93) South Africa participants who returned and completed their follow-up at one month also demonstrated notable reductions in crack and alcohol use, and increased use of both male and female condoms. These findings illustrate that a culturally specific HIV intervention can be adapted and translated into another culture and have positive effects.

**LESSONS LEARNED:** To adapt and translate culturally based HIV prevention interventions successfully, they must be constructed on a strong foundation of risk-reduction strategies and be flexible enough to incorporate salient elements of the cultural context. The process of adapting and getting community "buy-in" from stakeholders and participants is essential. Finally, planning stages including recruitment, mapping resources, and securing human subjects review are critical components of a successful intervention.



**Control Number:** 03-B-607-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D17 HIV Prevention Programs for Seropositive Persons

**2nd Category Choice:** C17 Interventions that Sustain Safer Behaviors Among Persons Living with HIV

**Population 1:** P35 Latinos/Latinas, Hispanic

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Single Oral

**Title:** "The Methods, The Madness" Integrating Prevention With Latino Positives (PWP) into your organization

**Author Block:** McPherson, DR

PROCEED, Inc. National Center for Training, Support, and Technical Assistance, Elizabeth, NJ

**Abstract Body:**

**ISSUE:**

**Effective Prevention Case Management (PCM) plans for HIV positive Latinos that utilizes the components of Prevention with Positives (PWP).**

**SETTING:**

**Latino and/or Latino-serving Community-based organizations in need or lacking effective Prevention With Positive models within their PCM programs.**

**PROJECT:**

***Positively Latino*, a Prevention With HIV positive Latinos initiative, will accept Capacity Building Assistance requests for implementing PWP into pre or non-existing Prevention Case Management programs.**

**RESULTS:** There are few prevention interventions targeted specifically toward HIV positive Latinos and even fewer noted in the Compendium for Effective HIV Prevention Interventions. The *Positively Latino* curriculum will assist Community-based organizations (CBO's) that are using prevention interventions in conducting health education risk reduction activities for HIV positive Latinos. Case-workers will be able to develop Prevention Case Management (PCM) for and with HIV positive Latinos. Many organizations in search of ways to best meet the needs of their HIV positive Latino consumers/clients have used Prevention With Positives models and have been successful in their unique approaches. Several CBO's with a high client-base of HIV positive Latinos have modified or created new PCM for their clients and continue to seek other ways of implementing PCM for HIV positive Latinos.

**This discussion will include:** Increasing your HIV positive Latino clientele, Modifying and/or creating PCM for HIV positive Latinos, and Using interventions specific for HIV positive Latino clients.

**LESSONS LEARNED:**

**The prevention needs of HIV positive Latinos are different from those whose serostatus is negative. More prevention interventions for HIV positive Latinos need to be created to help this vast population in decreasing the epidemic.**

**Control Number:** 03-B-611-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D04 Community Coalition Development

**2nd Category Choice:** G21 Other (Please specify on Additional Info page)

**Population 1:** P3 African Americans

**Population 2:** P9 Clients of Community-Based Organizations

**Presentation Preference:** Single Oral

**Title:** Prevention, Treatment & Care Cluster Groups

**Author Block:** Merricks-Lewis, PA

Interfaith Medical Center, Brooklyn, NY

**Abstract Body:**

**ISSUE:** HIV prevention seeks to reduce HIV/STD risk by increase the number of clients routinely referred for counseling and test.

**SETTING:** Coalition Member agencies, Bedford Stuyvesant and Crown Heights area of Brooklyn, NY

**PROJECT:** The Bedford Stuyvesant/Crown Heights Community Coalition on Research and Planning is a CDC funded Community Coalition that aims to improve the health status of African-Americans communities disproportionately affected by HIV, STD, TB, and substance abuse. These two Central Brooklyn neighborhoods--Crown Heights and Bedford Stuyvesant -- are at the epicenter of the HIV/AIDS epidemic in New York State. The Community Coalition develops linked networks of HIV, STD, TB and substance abuse prevention, treatment and care services and strengthens existing linkages among the local service providers. Ultimately, the Coalition seeks to fill the gaps in services reverse trends in HIV infection, TB, substance abuse, and STDs in our neighborhoods. One of our most effective tool is our "Cluster Groups". Using the linked network of services "Networking Resources Directory" one member of the coalition, who we call the host agency, identifies the services they need to complete their service cluster. The host agency then conducts a cluster group meeting to coordinate the referral and follow-up process. The process is designed to put each agency into a cluster that included providers of HIV/AIDS, STD, TB and substance abuse prevention, treatment and care services to facilitate routine referrals. Ninety day follow-ups are conducted with each member of the cluster group to track referrals with in the cluster.

**RESULTS:** Coalition members work closely together. The MOAs & MOUs are used for more than just proposals. Members are made aware of existing services in the community and their clients get to benefit from those programs. Case managers in none HIV programs start to screen and make routine referrals to counseling and testing because they have the resource and the relationship with an agency providing the services.

**LESSONS LEARNED:** Coalition members are always territorial even when they know the service will benefit their clients. They must buy into the concept, believe they will not loss their clients and feel that they have control over the outcome.

**Control Number:** 03-B-613-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D15 HIV Prevention Programs for MSM

**2nd Category Choice:** D39 Translating Research into Practice

**Population 1:** P19 Gay and Other Men Who Have Sex With Men

**Population 2:** P56 Staff of Community-Based Organizations

**Presentation Preference:** Single Oral

**Title:** Translating research into practice: Experiences of an evidence-based community-level HIV prevention intervention for young MSM

**Author Block:** *Kegeles, SM; Rebchook, G*

Center for AIDS Prevention Studies, University of California, San Francisco, CA

**Abstract Body:**

**ISSUE:** The Mpowerment Project (MP) is an effective, community-level HIV prevention program for gay/bisexual men ages 18-29. It has been rigorously tested in multiple communities through randomized controlled studies. It is listed in the CDC Compendium of HIV Prevention Interventions with Evidence of Effectiveness and was named an Exemplary Program by SAMHSA's Center for Substance Abuse Prevention. Over 300 community-based organizations and health departments (CBOs/HDs) have requested assistance in implementing the MP. The issues addressed here are: 1) How can a research-based HIV prevention intervention be translated into practice, and 2) What can be done to facilitate the intervention's successful implementation. **SETTING:** The site of the intervention developers and the CBOs/HDs that request assistance in translating the MP into practice.

**PROJECTS:** Four projects will be discussed: 1) the original research and subsequent efforts with CBOs and funders in the research communities to sustain the intervention after the randomized, controlled trials ended, and characteristics of the MP that influence the translation process; 2) experiences in the REP project, including the development of a preliminary replication package collaboratively produced by working with 9 CBOs/HDs; 3) a collaborative research project with a CBO, in which the CBO implemented the intervention; 4) an ongoing project involving state-of-the-art methods of training, technical assistance (TA) and replication materials in collaboration with CBOs/HDs around the U.S. seeking to implement the MP. The effectiveness of the TA/training program is being evaluated and the project also involves studying factors, including characteristics of MP, that present as barriers and facilitators to successful implementation.

**RESULTS:** The intervention is complex—it is theoretically sophisticated, involves multiple interrelated components, requires empowering young MSM as decision-makers, and uses community-organizing methods. But current theories about MSM and sexual risk behavior indicate that complex interventions are required to match the complex sociocultural contexts of sexual behavior and psychosocial issues affecting young MSM. Effective translation to practice depends upon the quality of the implementation, which has never been examined previously. We found that replication materials alone were insufficient to effectively translate research to practice. Yet replication materials must provide abundant examples of implementation and guidelines to follow, while not dictating exactly how to implement the program. Training must be intensive and experiential, and involve CBOs/HDs sharing their experiences with each other. TA must be individually-tailored to the CBOs/HDs' unique characteristics, communities, and stage of implementation. Also, it must be provided on a regular basis, not solely when CBOs/HDs recognize the need for it. Organizational issues must be taken into account in replication materials, training, and TA.

**LESSONS LEARNED:** Effectively translating the evidence-based, community-level MP into

**practice requires a "second generation intervention," in which the intervention is focused on CBOs/HDs that want to implement the Mpowerment Project. This new intervention is called "The Mpowerment Project Technology Exchange System," (MPTES) and involves extensive collaboration with CBOs/HDs. In addition to replication materials, training and TA, it also involves a website, an internet chat room about the intervention, and an electronic discussion group. Experiences with the MPTES will be discussed.**

**Control Number:** 03-B-614-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D06 Faith Based Programs

**2nd Category Choice:** A24 Religion, Spirituality, and Religious Institutions and Their Influence on HIV Risk

**Population 1:** P3 African Americans

**Population 2:** P18 Faith Community

**Presentation Preference:** Group Oral

**Title:** Faith-Based Action Plans: The Missing Link

**Author Block:** *McMorris, DD; Burt, C*

Jackson State University, Jackson, MS

**Abstract Body:**

**ISSUE:**

**Limited capacity of African-American faith-based organizations to address the HIV prevention needs in their communities.**

**SETTING:**

**African-American faith-based organizations in AL, AR, DC, DE, DE, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, and WV.**

**PROJECT:**

**The Southern Faith Initiative Capacity-Building Assistance (SOFI CBA) Project has provided HIV prevention community mobilization training to a series of faith-based organizations (FBOs) in the southern region since the inception of the project. The SOFI CBA faith-based curriculums has introduced several mobilizing mechanisms to these FBOs including the presentation of current HIV/AIDS data, creating mission statements through basic community concept definitions, network development, leadership analysis, action plan development, and process and outcome objective production. The training was marketed to faith-based organizations, faith leaders, ministers, lay persons, and other members of the faith community serving in various capacities in their respective areas.**

**RESULTS:**

**Though results have varied from state to state, action plan development coupled with process and outcome objective production have been proven to be the most effective mobilization mechanisms introduced to African-American faith-based organizations in the southern region through the SOFI CBA community mobilization training.**

**LESSONS LEARNED:**

**One of the keys to faith-based mobilization is community relative strategy. Many African-American faith-based organizations are barricaded in the community mobilization process due to the inability to take efforts from the concept phase to actual, functional, effective, faith-based programs. The strategic approach to action plan development, including the production of detailed goals and objectives, has been proven to increase the core capacity of African-American faith-based organizations in the southern region to address the HIV prevention needs of their respective communities.**

**Control Number:** 03-B-620-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D38 Training to Implement New HIV Prevention Interventions

**2nd Category Choice:** D09 HIV Prevention on the Internet

**Population 1:** P51 Public Health Workers

**Population 2:** P44 Outreach Workers

**Presentation Preference:** Poster Session

**Title:** AIDS education online: Using distance education to bridge gaps in provider education.

**Author Block:** *Curtis, J; Fullilove, RE*

Teachers College Columbia University, New York, NY

**Abstract Body:**

**Issues:** HIV/AIDS educators and providers, especially those living in developing or rural areas, have difficulty obtaining comprehensive continuing education about key issues and research findings because of geographic and financial barriers.

**Setting:** The Distance Learning Project, Teachers College Columbia University

**Project:** AIDS Education Online is a semester-long distance learning course that utilizes asynchronous communications and Internet resources to reach educators, counselors, social or public health workers from around the nation with the latest program development, planning information, and research findings.

**Results:** Online discussion of the materials creates a rich and reflective dialogue between students and facilitators. The separation in time and space inherent in online education allows participants opportunity to deliberate over complex issues and voice dissenting opinions. Participants use the course materials and each other's experiences to further their individual knowledge and specific endeavors within the HIV/AIDS field. Term projects developed by students include an examination of the origins and health implications of AIDS-related stigma in Japan, a proposal for increased funding through the Ryan White CARE Program, a model for expanding a prevention program currently used in developing nations, a social marketing campaign to increase condom use among urban youth, and a lesson plan for HIV/AIDS interventions with rural at-risk youth.

**Lessons Learned:** AIDS Education Online is an educational tool that can be used to bridge the geographic and cultural gaps between HIV/AIDS providers, supply up-to-the-minute content and research findings, and create a collaboration and discourse that allows HIV/AIDS professionals to develop projects that are both timely and relevant to their practice.

**Control Number:** 03-B-621-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D30 Peer-Based Prevention

**2nd Category Choice:** D20 HIV Prevention Programs for Youth

**Population 1:** P62 Youth

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Group Oral

**Title:** Effective Strategies for Peer Education

**Author Block:** *Deas, NJ; Augustine, J*

Advocates For Youth, Washington, DC

**Abstract Body:**

**ISSUE:** HIV/AIDS is rapidly spreading among youth ages 13-24. Peer education can be a valuable tool in reducing these alarming facts, by empowering youth to develop and maintain healthy attitudes and behaviors toward their sexual and reproductive health. While the goal of many peer education programs may be similar, the philosophies and methods guiding such programs are often very different. Developing effective peer education strategies for the prevention of HIV/STI infections among youth can be the deciding factor as to whether an intervention is successful

**SETTING:**

Teens for AIDS Prevention (TAP) peer education program presents prevention information in many different venues. Recruitment of peer educators is done nationally and internationally through websites and at youth-focused conferences and workshops. Locally, educators are recruited through schools and community-based organizations. Education and outreach by the peer educators are then conducted on-line, at their schools, in their communities and at forums focused on adolescent sexual and reproductive health issues.

**PROJECT:** Advocates For Youth has developed a peer education program to help prevent HIV/STI infection in teens. TAP was developed in 1988 and revised in 2002. The original pilot was launched between 1988 and 1990 at six sites with great success. Outlined in TAP are recommended strategic steps to creating an effective peer education program. They include: building support for a peer education program, planning and funding the program, selecting and training staff and recruiting members, training youth to be peer educators, youth developed activities to educate their peers, peer education program evaluation, taking your message to the media.

**RESULTS:** Peer-led interventions have proven to be more effective in changing the behaviors and attitudes related to adolescent perception of personal risk of HIV/STI infection and improved their desire to help prevent transmission. Peer educators are seen as more credible than adult educators because they can better relate to a messenger who is similar to them and faces the same concerns and pressures. Peer educators can also function as role models. Peer educators have been found effective where ever youth gather and socialize. To date, Advocates for Youth has successfully trained and educated over 4,700 youth to function as peer educators, and over 28,000 sexual and reproductive health care and youth serving professionals. Together they have reached over 1 million youth and the numbers continue to grow.

**LESSONS LEARNED:** TAP trained peer educators have increased their communication skills, their knowledge of sexual and reproductive health, their decision making abilities, their public speaking capacity, their ability to facilitate groups, their planning and development skills, and their resistance to peer pressure. This has equipped them with leadership qualities, as they learned innovative ways of presenting HIV/STI prevention information to their peers. They have also learned compassion and how to be culturally sensitive to people different than themselves.

**Control Number:** 03-B-626-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D18 HIV Prevention Programs for Transgendered Populations

**2nd Category Choice:** F10 Impact of Gender Issues on Early HIV Diagnosis and Care

**Population 1:** P59 Transgendered Persons

**Population 2:** P56 Staff of Community-Based Organizations

**Presentation Preference:** Single Oral

**Title:** Making HIV Prevention and Treatment Programs Accessible for Transgendered People

**Author Block:** *Lurie, S*

New England AIDS Education and Training Center, Boston, MA

**Abstract Body:**

**ISSUE:** Transgendered people face a daunting range of societal issues that influence barriers in receiving adequate, helpful, appropriate care. Well-meaning providers are often unsure or uncomfortable asking basic questions about risks. At the same time, the impact of HIV on gender variant people is painfully high. This workshop will provide basic information about transgendered issues and help build skills for staff and agencies needing to work more effectively with transgendered people.

**SETTING:** Community-based programs and street outreach programs serving transgendered clients and needing more information and skills to better serve this population.

**PROJECT:** Ongoing skills-building workshops in the Northeast, including New York City, western New York, and New England. Workshops ranging in length from 1.5 hours to 8 hours.

**RESULTS:** During the past three years, the trainer has reached over 1,000 staff and volunteers of CBOs needing to increase their comfort and skills with working with transgendered clients and community members. The project is geared towards providing skills for participants to use in their work as well as foster discussion of barriers and solutions within their agencies and institutions that need to be addressed to better serve transgendered people.

**LESSONS LEARNED:** Providers are hungry for information that acknowledges their skills and commitment toward providing good care, while treating them in a respectful manner regarding topics that are unfamiliar or challenging. Evaluations have shown increases in knowledge and understanding and an ability to apply that information towards effecting change within participants' agencies and programs.



**Control Number:** 03-B-638-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D14 HIV Prevention Programs for Migrant Populations

**2nd Category Choice:** D23 Implementing Culturally Competent HIV Prevention Programs

**Population 1:** P40 Migrant Populations

**Population 2:** P35 Latinos/Latinas, Hispanic

**Presentation Preference:** Group Oral

**Title:** Effective HIV Prevention Outreach for Migrant Workers

**Author Block:** Gonzalez, R

Rural Opportunities Inc., Rochester, NY

**Abstract Body:**

**Issues:** Many local health departments, clinics, and ASO's are inadequately prepared to provide culturally competent HIV prevention services to a growing and increasingly diverse migrant worker population. Evidence shows that the rate of HIV/AIDS risk among farmworkers is 10 times the US national average (National Commission to Prevent Infant Mortality, 1993).

**II.**

**Setting:** ROI is one of four CDC-funded organizations providing services throughout the U.S. and its territories.

**I.**

**Project:** ROI has developed a multi-faceted intervention for effective HIV prevention outreach to migrant workers. The intervention addresses the following topics: locating and accessing migrant workers, cultural factors, characteristics of the work and lifestyles of migrants, other HIV risk factors, examples of effective integration of migrant issues in community planning.

**Results:** The model has proved useful to organizations in three states in its trial phase. The intervention has increased agencies' ability to: identify and access migrant workers and their families; understand HIV risk factors related to the living and work situations of migrant workers; provide linguistically and culturally competent outreach to Spanish-speaking migrant workers; assist agencies in identifying linguistically and culturally appropriate print materials; and create a more migrant-friendly image and setting.

**V.**

**Lessons Learned:**

•

Experienced migrant serving organizations can provide a great deal of valuable assistance to those wishing to provide HIV prevention services to migrants.

•

Building trust and credibility within the migrant community and among employers of migrant workers is essential to providing effective HIV services.

•

Knowledge of the cultural and individual characteristics of migrants is key to determining the effectiveness of messages about sexual health issues, including HIV.

**VI.**

**Learning Objectives:** By the end of the session, participants will:

∃

Understand the key components and characteristics of effective HIV prevention services for migrant workers and their families.

∃

Be able to identify HIV prevention interventions that are effective within migrant worker

**communities.**

☐

**Have sufficient information to help their organizations immediately begin to enhance current HIV prevention services for migrant workers and their families.**

**Control Number:** 03-B-641-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D17 HIV Prevention Programs for Seropositive Persons

**2nd Category Choice:** C10 HIV/STD Interventions in Physician Office Settings or Other Health Service Settings

**Population 1:** P22 Health Care Workers

**Population 2:** P21 General Population

**Presentation Preference:** Single Oral

**Title:** Successful Integration Of Title X Family Planning Services Into A Full Service Hiv Clinic

**Author Block:** *Aaron, E*

Drexel University School of Medicine, Phla, PA

**Abstract Body:**

**The PCCP is a full service HIV clinic that integrated a Title X funded family planning service program into the HIV clinic in 2000. This initiative resulted from the recognition for the need for effective prevention interventions: 1) the need to prevent HIV transmission among our clients, 2) changes in family planning practices among our clients with a “chronic disease”, and, 3) the dramatic reduction in mother-to-child HIV transmission.**

**It is critical that a new strategic plan for HIV prevention be implemented in HIV clinics at this point in the epidemic. The hope that HIV infected individuals can now lead “normal lives” with a chronic disease, has changed family planning practices and has lead to the need to incorporate new risk reduction messages to HIV positive persons.. Mother-to-child HIV transmission has been drastically reduced in the United States, the need for counseling to facilitate informed decision-making about childbearing and prevention of transmission to discordant partners need to be incorporated in HIV clinics.**

**The success of the Family Planning services at the PCCP has been measured through an observational study that assessed the impact of integrated family planning services on risk reduction behaviors among the adult female clients. Descriptive and statistical analysis was been performed on collected data to determine the effectiveness of these services.**

**Our findings support the expectation that integrated family planning services contribute to reduced risk behaviors shown through consistent condom use, increased reliable contraceptive use, decrease prevalence of STDs and decrease drug abuse.**

**Participants will learn the impact that Family Planning Services has on risk reduction behaviors in an HIV clinic. We will share an effective prevention approach through collaboration between two programs.**

**Control Number:** 03-B-648-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D26 HIV Prevention Programs in Work-Based Settings

**2nd Category Choice:** D30 Peer-Based Prevention

**Population 1:** P25 Heterosexuals

**Population 2:** P33 International Populations

**Presentation Preference:** Poster Session

**Title:** STD/HIV Prevention Among Transportation Drivers in the Philippines: Participatory Action Research Using Peer Educators

**Author Block:** *Morisky, DE; Ang, A; Nguyen, C; Coly, A*  
UCLA School of Public Health, Los Angeles, CA

**Abstract Body:**

**Background/Purpose:** Few worksites have implemented and evaluated the long-term impact of a participatory action approach to STD/HIV prevention. This study assesses the short and long-term impact of a two-year community-based peer education program aimed at increasing STD/HIV knowledge, attitudes toward condoms, and condom use behavior among taxicab and tricycle drivers in the Philippines. **Design:** A quasi-experimental cross-over design was used to allocate four groups of taxi and tricycle drivers (200 males in each group) into an intervention and control group, with a cross-over at time 2. All groups completed a baseline, post-test, and follow-up assessment. The intervention consisted of training peer educators who were responsible for analyzing data specific to their transportation organization and developing educational materials which responded to diagnostic findings. **Results:** Baseline findings indicated no significant differences in knowledge, attitudes or practices between the two groups of drivers. Post-test results of the program indicate a large significant change in knowledge about HIV/AIDS from baseline to post-test ( $t = 2.09, p < 0.039$ ), and continued positive changes from post-test to follow-up ( $t = 3.01, p < 0.005$ ). There was also a significant increase in attitudes towards condom use from baseline to post-test ( $t = 4.03, p < 0.001$ ), and from post-test to follow-up ( $t = 2.81, p < 0.008$ ). Most importantly, little change in condom use behavior was found at post-test assessment, however a large significant effect was identified at follow-up ( $t = 4.82, p < 0.001$ ). The intervention was relatively more effective for tricycle drivers than taxi drivers with respect to change in knowledge and attitudes. **Conclusion/Policy Implications:** The peer-mediated intervention was found to be an effective means of HIV/AIDS prevention among taxi and tricycle drivers in the Philippines. Policy implication of this program identify how management and community based NGOs can contribute significantly to STD/HIV prevention through a participatory action research approach.

**Control Number:** 03-B-649-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D06 Faith Based Programs

**2nd Category Choice:** D20 HIV Prevention Programs for Youth

**Population 1:** P58 Teachers

**Population 2:** P62 Youth

**Presentation Preference:** Poster Session

**Title:** Evaluation of HIV/AIDS Secondary Education Programmes in Uganda

**Author Block:** *Jacob, J*<sup>1</sup>; *Morisky, DE*<sup>2</sup>; *Hite, SJ*<sup>3</sup>; *Nsubuga, YK*<sup>4</sup>

1 UCLA School of Education, Los Angeles, CA; 2 UCLA School of Public Health, Los Angeles, CA; 3 Brigham Young University, Provo, UT; 4 Ministry of Education, Kampala, Uganda

**Abstract Body:**

**ISSUE:** Increasing knowledge as to how HIV is transmitted and prevented has been a major issue in the development of school curricula in secondary schools. **SETTING:** This study on HIV/AIDS prevention will be conducted jointly by the Uganda Ministry of Education and Sports (MOES) and the University of California, Los Angeles in 75 secondary schools in Uganda. **PROJECT:** The purpose of the study is to provide the Ministry of Education and Sports with an assessment of the effectiveness of the national curriculum of education programs for the prevention and control of HIV/AIDS in secondary schools in Uganda. A qualitative/quantitative assessment procedure will be used consisting of key informant interviews, focus group sessions and individual assessments. Participants include school students, teachers and administrators. Constructs to be assessed include instructional content, knowledge regarding HIV prevention, attitudes towards HIV and PWA. The instrument was developed by the UN educational testing services. **LESSONS LEARNED:** Heavily impacted by the AIDS epidemic in the 1980s and 1990s, Uganda has since become a leading nation in sub-Saharan Africa in reversing its overall infection rate. Results from this tri-level of assessment will provide relevant and specific recommendations for other African nations still experiencing high rates of new infections.

**Control Number:** 03-B-651-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D23 Implementing Culturally Competent HIV Prevention Programs

**2nd Category Choice:** D33 Rural Issues for HIV Prevention

**Population 1:** P31 Indigenous Peoples

**Population 2:** P45 Parents/Families

**Presentation Preference:** Group Oral

**Title:** Storytelling for Empowerment: Native American/Alaska Native Community-level Prevention Strategies.

**Author Block:** *Nakai, AE<sup>1</sup>; Covone, M<sup>2</sup>; Devlin, T<sup>2</sup>; Davis, AM<sup>3</sup>; Pourier, S<sup>4</sup>*

1 National Native American AIDS Prevention Center, Oakland, CA; 2 Alaska Native Health Board, Anchorage, AK; 3 Confederated Tribes of the Warm Springs, Warm Springs, OR; 4 Great Lakes Inter-Tribal Council, Lac du Flambeau, WI

**Abstract Body:**

**ISSUE:** Culturally-competent prevention interventions maximize resources in rural areas through community mobilization and involvement.

**SETTING:** Rural Native American/Alaska Native Communities- Alaska, Oregon and Wisconsin.

**PROJECT:** Using creative approaches to prevention, Native American/Alaska Native communities have developed culturally-competent strategies for mobilizing community members as central force in rural prevention efforts. Integrating traditional and contemporary resources, these communities have used social marketing, storytelling and media development to decrease stigma and raise awareness around the need for HIV/STD prevention. Community education forums, peer education training, and youth and elder gatherings have also supported the development of community-centered prevention networks.

**RESULTS:** Programs selected for this group presentation have demonstrated success in building capacity for HIV prevention in rural communities through empowering community members to become active in the prevention efforts. The involvement of elders and cultural leaders, and the use of traditional and contemporary storytelling have been effective ways of breaking down denial, fear and stigma to mobilize Native communities to address HIV risk.

**LESSONS LEARNED:** Culturally-relevant education messages such as traditional stories and cultural teachings are effective ways of increasing awareness and support for HIV prevention in Native American/Alaska Native communities. The role of community involvement and empowerment is also a key to core mobilization and the development of wholistic prevention approaches. Community-focused prevention strategies increase the level of social capital in rural Native communities, enhancing resources available for HIV/STD prevention.

**Control Number:** 03-A-662-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** D07 HIV CTS Programs

**2nd Category Choice:** D08 HIV Prevention Community Planning

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P50 Program Administrators

**Presentation Preference:** Single Oral

**Title:** Use of a Unique Testing Code in the Evaluation of Counseling and Testing Activities within HIV Prevention Planning Areas

**Author Block:** *Sharma, CP; Shehan, D; Dedmon, I; Kershaw, D; Freeman, A*  
UT Southwestern Medical School at Dallas, Dallas, TX

**Abstract Body:**

**BACKGROUND/OBJECTIVES:**

The Texas Unique Testing Code (UTC) was introduced into the state-wide Prevention Counseling/Partner Elicitation (PCPE) program to increase the epidemiological value of the Counseling and Testing System (CTS) database. The UTC is a unique number created to anonymously link repeat testers and can be used to analyze testing patterns. This presentation demonstrates the value of the UTC in monitoring prevention program activities at a state level and in geographically defined HIV Prevention Community Planning Areas.

**METHODS:**

The UTC is created from non-changing elements of client information including name, date of birth, race and sex. Duplicate UTCs from individual tests are linked as repeat testing episodes with a specificity of 99.5% and a sensitivity of 90-94%. From 1999-2001, 374,111 testing episodes were conducted in the PCPE program. Seventy-two percent (267,893) gave complete and valid UTCs and are included in this analysis. In each planning area proportions of repeat testers were examined within specific demographic and risk groups, and considered in the context of 1999 HIV/AIDS surveillance data (living AIDS and newly diagnosed HIV cases).

**RESULTS:**

267,893 testing episodes from 1999-2001 represent 244,868 individuals, of whom 92% (226,077) tested once, 6% (15609) tested twice, 1% (2459) tested three times, and 0.3% (723) tested 4 or more times.

The UTC provided context for the number of tests conducted in each planning area and the level of success in reaching high risk groups. For example, in Planning Area 1, counseling and testing appeared to access more IDUs than MSM, although morbidity was higher among MSM than IDUs. According to 1999 surveillance data, 60% of positives were MSM and 19% were IDUs. However, from 1999 to 2001, the PCPE program conducted 7% of all tests on MSM, 4% on MSM/IDUs and 21% on IDUs. Unduplicating the CTS database revealed that the number of MSM tested was actually lower since more MSM repeat test (15% of MSM tests) as compared to IDUs (7% of IDU tests) or MSM/IDUs (3%)( $p < .001$ ).

The UTC was also instructive in evaluating successful access to target subpopulations within high morbidity regions in each planning area. For instance, the Texas Department of Health designated male African American IDUs as one of the highest priority subpopulations for intervention in El Paso County. From 1999 to 2001, 41% of all African American men tested in El Paso were IDUs, of which 2.2% repeat tested. Given that IDUs constituted only 1.6% of all African American men in El Paso, the county appears to have achieved some success in reaching this target subpopulation.

Other uses of the UTC in program evaluation included an analysis of testing patterns by site type

and of sero-conversions among repeat testers.

**CONCLUSIONS:**

**This analysis demonstrated that the UTC can be effectively used to monitor counseling and testing access to groups at greatest risk for HIV. Community Planning Groups can utilize these findings to improve prevention efforts and help identify missed opportunities for testing. Similar analyses can also further inform state-level monitoring of prevention efforts and the development of program evaluation criteria.**



**Control Number:** 03-B-666-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D38 Training to Implement New HIV Prevention Interventions

**2nd Category Choice:** D29 Outreach

**Population 1:** P44 Outreach Workers

**Population 2:** P13 Community Educators

**Presentation Preference:** Single Oral

**Title:** The POWer SET Project: A Program Model of Outreach Worker Training

**Author Block:** *Johnson, OG*

Community Health Outreach Workers, Inc., Detroit, MI

**Abstract Body:**

**ISSUE:** HIV/AIDS-STD prevention outreach workers seek an organized set of training & organizational support to assist them in their delivery of culturally competent regularly updated prevention education and referral to the communities that they serve.

**SETTING:** The setting for the POWer SET project is various community locations that outreach and community health programs use for training and events in each of the 8 regional planning groups throughout the state of Michigan.

**PROJECT:** The POWer SET project combines the participation of individuals in a monthly state-wide coalition meeting of outreach workers & community health educators and a series of state-wide quarterly trainings and yearly community health education events to increase the overall competency of the participants in their outreach and educational activities for the clients that they serve. In this project the subject matter of the training curriculum is approved by the state health department and passing the training assessment with a score of 80% is mandatory for those that wish to work as outreach/community health educators in Michigan. However, participation in the monthly coalition and yearly community events is strictly voluntary.

**RESULTS:** Of the participants that completed the mandatory training there was an average increase between pre-test and post-test assessment scores of 15.2%. For those that also participated in the monthly coalition and/or the yearly community health events sponsored by the project there was an average of a 19.74% increase in scores from pre-test to post-test. Finally, on the client satisfaction assessment tool for the training, coalition and events the scores of perceived self-efficacy for participants involved in all aspects of the project (i.e. the training, the coalition & community events) were 7.83% percent higher than those that participated in the mandatory training alone.

**LESSONS LEARNED:** In reference to the mandatory training we learned that participants consistently showed an increased competency in the information disseminated through the state approved training curriculum from the pre-test assessment tool to the post-test instrument. We also learned from the client satisfaction assessment tool that participants gained needed organizational support from the monthly community coalition meetings for venting and discussing issues indigenous to the outreach populations that they serve and educate, however the participants prefer distinct regional trainings multiple times during a quarter and monthly coalition meetings in each region. Only the state-wide yearly community health education events are appreciated as they are. We propose that such gains and changes as described above may attribute to a continued desire to work in outreach prevention and community education that extends beyond the 2 year turnover/burn out period documented for outreach workers and community health educators. The last lesson we learned is that the repetition of information during the yearly community health education events may help to increase previous training participant's

**long term retention of health information as well as self reported feelings of self-efficacy in the performance of outreach and education with the clients they serve in the community.**

**Control Number:** 03-B-668-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D19 HIV Prevention Programs for Women

**2nd Category Choice:** D22 How to Replicate Programs that Work

**Population 1:** P61 Women

**Population 2:** P50 Program Administrators

**Presentation Preference:** Group Oral

**Title:** Diffusion of SISTA in Maryland: What Process Evaluation Tells Us

**Author Block:** *Cassidy-Stewart, H; Shea, MA; Roberts, KJ; Tomoyasu, NJ*

Maryland Department of Health and Mental Hygiene, AIDS Administration, Baltimore, MD

**Abstract Body:**

**ISSUE:** Implementing SISTA, a behavioral intervention targeting African American women has challenged local health departments (LHDs) and community-based organizations (CBOs) who struggled to establish this 5 session program in settings where they formerly provided single session programs.

**SETTING:** 8 Maryland LHDs and 3 CBOs funded to implement SISTA with high-risk women in 2002.

**PROJECT:** 11 vendors were funded to implement the SISTA curriculum and submitted process data on intervention content and reach to the Maryland Prevention Reporting System.

**RESULTS:** In 2002, SISTA vendors conducted 414 group sessions with 2947 high-risk individuals in groups of 10 on average. While SISTA is a five-session curriculum, only 46% of these sessions were part of a multi-session intervention. The remaining 54% were single-session interventions. The most frequent intervention sites were Drug/Alcohol Treatment Centers (24%), Detention Centers (13%) and Homes (13%). Other sites included CBOs, community centers and schools. Individuals reached were 88% female (some projects included male sex partners), 62% African American and 3% Hispanic with an average age of 28.5 years. Risk assessments were completed by 38% of participants; 52% reported heterosexual risk for HIV, 12% reported risk for HIV through injection drug use or sharing needles. Three LHDs (27% of funded vendors) were particularly successful implementing multi-sessions. Of the 191 sessions they conducted, 82% were part of a multi-session intervention with an average of 5.4 sessions in each intervention reflecting expanded numbers of sessions to include supplemental information and a graduation ceremony. The demographics and risk of participants were similar to those reached in the program as a whole. In addition to Drug/Alcohol Treatment and Detention Centers, these vendors conducted a large percentage of interventions at Family/Parent Support Centers (23%) and in Welfare to Work programs (14%).

**LESSONS LEARNED:** SISTA vendors were successful in reaching high-risk women in Maryland. However, most incorporated content from the SISTA curriculum into traditional one-time presentations, rather than fully implementing the 5-sessions. SISTA was implemented most in Drug/Alcohol Treatment centers and Detention Centers. The most successful LHDs in implementing multi-session interventions also developed new partnerships with community providers in non-health specific social services.

**Subject Categories:** D19 D22

**Populations:** P61 P50

**Control Number:** 03-A-672-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** D20 HIV Prevention Programs for Youth

**2nd Category Choice:** A26 Sex and Gender Factors and HIV Risk

**Population 1:** P10 College and University Students

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Single Oral

**Title:** HIV Testing and Sexual Behaviors Among College Students

**Author Block:** *Hou, S*

Dept of Health Promotion and Behavior, The University of Georgia, Athens, GA

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Early knowledge of HIV infection is now recognized as a critical component in controlling the spread of HIV infection. The purpose of this study is to describe the HIV testing practices and sexual behaviors among a sample of college students.

**METHODS:** An anonymous, self-administered survey was distributed in spring 2003 to a sample of college students (N=223) in one of major state universities in Georgia. HIV testing practice, sexual behaviors, and testing related beliefs and knowledge were assessed. The relationships between HIV testing and sexual behaviors among this population were examined in this paper.

**RESULTS:** The sample consisted of a majority of unmarried (95%), heterosexual (98%), and white (90%) students. Mean age was 21.43 (SD=2.52) and 61.5% were female. Prevalence of sexual activities for oral, vaginal, and anal sex were 88.6%, 78.5%, and 15%, respectively. Twelve percent of the students reported they have ever had an HIV test because of their personal risk. Data showed that students who reported previous HIV testing had similar demographics such as age, gender, and marital status with students who reported no previous testing. However, tested students initiated sexual activities earlier in their lives ( $p<.05$ ). Moreover, the mean lifetime partner numbers were all significantly greater among HIV tested students, comparing with untested students, for oral sex (3.75 vs 2.68), vaginal sex (3.75 vs 2.55), and anal sex (2.00 vs 1.22). Tested students also reported higher percentage of asking partner's HIV status (78% vs 34%), and higher percentage of being asked by their partners of their HIV status (48% vs 26%). Although the perceived risk level, on a five-point Likert scale, based on student's behavior over the past year was significantly higher among tested students (1.88 vs 1.41; 1=very low & 5=very high), the overall risk perception among the sampled college students was between low and very low. In addition, data showed that the condom uses frequency was not different between HIV tested and untested students. The overall condom use rates were "sometimes" for vaginal sex, and "seldom to never" for oral and anal sex for both groups.

**CONCLUSIONS:** The overall sexual activities among college students in this study were high and risky. Although students sought HIV tests reported even higher prevalence of sexual activities, number of partners, and perceived risk of HIV, overall HIV testing practice and risk perception was low. Moreover, most students do not practice protected sex, regardless the "risk level" of their behaviors. This study found significant association between inquiry of partner's HIV status and testing behavior. Future research should further explore this relationship in the process of developing intervention. The results suggest that HIV education programs on college campuses should not only limited to "protect oneself from contracting HIV", but should also "encourage early HIV testing" for all sexually active students.

**Control Number:** 03-B-673-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D23 Implementing Culturally Competent HIV Prevention Programs

**2nd Category Choice:** D38 Training to Implement New HIV Prevention Interventions

**Population 1:** P56 Staff of Community-Based Organizations

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Single Oral

**Title:** The Final Frontier: Achieving Cultural Competency & Effective Referral Among Community Based Organizations.

**Author Block:** *Johnson, OG*

Community Health Outreach Workers, Inc., Detroit, MI

**Abstract Body:**

**ISSUE:** Community based organizations have trouble making sure clients receive necessary prevention services outside of that which their own agency provides.

**SETTING:** community based organizations within the city of Detroit whose major/minor focus is upon the interrelated HIV, STD, Substance Abuse, TB and mental health issues specific to African-Americans communities within the city.

**PROJECT:** The LINKS project was initiated to develop a coalition committed to improving the health of African Americans in terms of HIV/AIDS, STD, TB, Substance Abuse or mental illness. Coalition members set out to improve health outcomes, strengthen existing linkages among local prevention, treatment and care providers and increase the ability of human services staff to provide culturally competent services and referrals to diverse communities. To meet these goals the project began with training on referral, cultural competency & organizational collaboration. Second the coalition strategized solutions to varied operations and issues with which client confidentiality and data tracking become stagnated during the process referral among agencies. Lastly project staff assessed the actual impact of the Linked Network of Services (LNS) on those using it.

**RESULTS:** In the first 4 months of the LINKS project 62 people participated in the LNS. Of that number 50 individuals actually completed the process and received services from different agencies in their community. Prior to this effort no one knew if clients were actually receiving services beyond what one agency provided when given a specific referral as there was no mechanism in place for anyone to know what happens with a referral once outside of the agency rendering it.

**LESSONS LEARNED:** Though the initial year of LINKS project was successful we learned the following from the experience. First, Community involvement is very important. There remains an urgent need for community members to sit on the coalition as to insure that ideas generated remained focused more on the needs of the client than the organization. Second, consistent and regular contact with the coalition partners is required for project staff. Without regular interaction interest wanes among agency participation in the process. Third, positive interpersonal relationships with Partners must be maintained and nurtured at both the direct staff and administrative levels in the collaborating organizations for referrals and services provision to continue without interruption. Fourth, It is important to identify potential partners who are already working collaboratively so as to expedite the transition from informal to formal working relationships. Fifth, the project staff & coalition members must remain knowledgeable about each prevention area that LINKS focuses on in order to make useful referrals confidently. Sixth, project staff should have excellent conflict resolution skills especially in times when clients report that services rendered were less than what was expected by agency members. Seventh, when

**project staff or coalition members change, the transition must be smooth and immediate as not to upset the availability of services between the clients and staff at multiple agencies. Lastly, follow-up contacts must be made with coalition members that drift from the project as well as clients that may not complete service referrals given.**

**Control Number:** 03-B-677-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D19 HIV Prevention Programs for Women

**2nd Category Choice:** C16 Interventions that Promote Healthy Behaviors

**Population 1:** P61 Women

**Population 2:** P54 Senior Citizens and Adults Over 50

**Presentation Preference:** Single Oral

**Title:** HIV Wisdom for Older Women: A Program of Prevention

**Author Block:** *Fowler, JP*

HIV Wisdom for Older Women, Kansas City, KS

**Abstract Body:**

**Issue:** Single persons in the 55-to-64-year-old age bracket constitute a rapidly increasing population in the U.S., and many individuals remain sexually active. (Indeed, this age group represents one of the fastest-growing segments of the dating services industry.) It is mandatory that aging individuals -- particularly older women, who comprise a larger proportion of the single senior population -- be made aware that their behaviors expose them to the same risks as those of their younger counterparts. The national HIV Wisdom for Older Women program was formed to address this issue, and to educate over-50 women of all races and socioeconomic backgrounds about HIV transmission and prevention.

**Setting:** HIV Wisdom for Older Women delivers prevention and outreach programs nationwide to elder women, their health care and social service providers, and their families. The program is headquartered in Kansas City.

**Project:** HIV Wisdom for Older Women was founded in May 2002 by Jane P. Fowler, an infected woman in her 60s with nearly a decade of experience as an HIV educator. The organization disseminates prevention information through public programs at community venues nationwide, and offers private counseling via telephone and internet. HIV Wisdom for Older Women also actively lobbies the media, resulting in widespread coverage of the issue in newspapers and magazines and on television and radio.

**Results:** In its first seven months, HIV Wisdom for Older Women delivered 25 presentations to a total of more than 2,000 persons at venues from coast to coast in the U.S. and Canada. Audiences ranged from physicians and other health care providers to residents of retirement centers.

**Comments on post-program evaluation forms** showed that the presentations effectively countered the lack of awareness of how HIV impacts the elder population, and suggested that the knowledge gained would be shared with appropriate sources in other settings. In addition to its oral presentations and email outreach, HIV Wisdom for Older Women delivered its prevention message to millions of Americans through media reports, including an Associated Press story that was published in May 2002 in papers across the country and in an August 2002 article in U.S. News and World Report.

**Lessons Learned:** Senior women and their supporters can learn and benefit from the call that "age is no vaccine, so get educated about the transmission and prevention of HIV" -- especially when that message is delivered by a person who is living and aging with the virus. Putting a wrinkled face on the epidemic is a memorable way to demonstrate that the disease does not discriminate, and is a critical step in preventing the spread of the virus among vulnerable older women.

**Control Number:** 03-B-696-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D18 HIV Prevention Programs for Transgendered Populations

**2nd Category Choice:** D18 HIV Prevention Programs for Transgendered Populations

**Population 1:** P59 Transgendered Persons

**Population 2:** P3 African Americans

**Presentation Preference:** Group Oral

**Title:** Developing and Implementing Effective HIV/STD Prevention Programs for the Transgendered Community

**Author Block:** *Galloway, AC; Smith, LA*  
Saint Louis Effort For AIDS, St. Louis, MO

**Abstract Body:**

**ISSUE:** To develop an effective HIV/STD program for the transgendered community.

**SETTING:** Research will be done in a community setting, focusing on homes, nightclubs and support groups of the indigenous population.

**PROJECT:** Gathering formulative data through key informant interviews, surveys and focus groups.

Through this research we hope to identify stigmas that are obstacles in HIV prevention to the transgendered population. In an attempt to identify these stigmas, we will focus on the lack of support, relationship obstacles and the issue of survival sex.

We have determined that the CDC does not report numbers of HIV prevalence in regards to transgendered persons.

Once all data has been gathered, we plan to incorporate it into current interventions as well as develop new ones. Interventions include House Parties in indigenous leaders homes, dealing with self-esteem issues, condom negotiation and needle sharing.

Cluster testing will be incorporated as a new intervention, providing incentives for testing referrals.

Street outreach intervention, i.e. call girls and chat rooms, will focus on skills building, risk reduction and secondary prevention.

A social marketing campaign targeted at the transgendered population will include handbills and posters.

Pump Party (gathering of transgendered persons to inject loose silicone) outreach will focus on possible medical complications and may incorporate needle exchange programs, where available.

**RESULTS:** Not available at this time.

**LESSONS LEARNED:** Not available at this time.



**Control Number:** 03-B-698-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D08 HIV Prevention Community Planning

**2nd Category Choice:** D11 HIV Prevention Program Planning

**Population 1:** P50 Program Administrators

**Population 2:** P64 Other (Please Specify)

**Presentation Preference:** Group Oral

**Title:** Creating Advocacy for Evidence-Based HIV Prevention Planning: Increasing Capacity of Members of HIV Prevention Community Planning Groups to Apply Behavioral Data and Theory

**Author Block:** *Robbins, AS<sup>1</sup>; Cranston, K<sup>2</sup>; Carey, JW<sup>3</sup>; Jenkins, RA<sup>3</sup>*

1 Texas Department of Health, Austin, TX; 2 Department of Public Health, Boston, MA; 3 Centers for Disease Control and Prevention, Atlanta, GA

**Abstract Body:**

**Issue:** CDC community planning guidance calls for HIV prevention community planning groups (CPGs) to consider epidemiologic and behavioral data when making decisions and encourages them to explore theory and evidence-based interventions for inclusion in their plans. Integrating behavioral theory and these data into the decision making process has been challenging for both CPGs and the health department staff who support the planning process.

**Setting:** CPGs, technical assistance providers, and health department staff in Massachusetts (MA) and Texas (TX) participated in the project.

**Project:** The multi-year project explored the multifaceted issue of capacity development for CPG decision making. In MA, interventions focused on structural changes in CPG, CPG group processes, and tools for improving the presentation of behavioral data to the CPG. In Texas, the project focused on increasing community members' experience with rapid community assessment, their knowledge of behavioral theory and evidence-based interventions, and matching interventions with community needs.

**Results:** For MA, the structural changes resulted in increased satisfaction with the decision-making process ( $p = .01$ ), increased clarity about the decision-making structure ( $p < .001$ ), and improved assessment of the group leadership quality ( $p = .01$ ). In TX, CPG members who participated in the training became emergent peer advocates for using data and theory to guide intervention selection, and these groups' decision making dialogue and plans reflect this.

**Lessons Learned:** Access to epidemiologic and behavioral data and familiarity with behavioral theory are necessary, but not sufficient for an evidence-based planning process. Attention to group structure and processes, adequate training/TA, and peer leadership are critical to CPG members' ability to balance their roles as advocates and planners.

**Control Number:** 03-B-699-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D27 Improving Capacity to Conduct Process and Outcome Evaluation

**2nd Category Choice:** D10 HIV Prevention Program Evaluation

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P50 Program Administrators

**Presentation Preference:** Single Oral

**Title:** “Conceptual Framework for Improving Agency Capacity to Achieve Outcomes: Readiness, Assessment and Infrastructure Building: Project Street Beat”

**Author Block:** *Jackson, TD*

FITA-MHRA, New York, NY

**Abstract Body:**

**Issue:** The *Government Performance and Results Act of 1993* placed additional management expectations and requirements on federal agencies by creating a framework for more strategic planning, budgeting, program evaluation and fiscal planning. These additional expectations have, of course, “trickled” down to grantees. Funders increasingly require that grantees ground programs in sound behavioral science models and monitor client outcomes by collecting and analyzing reliable data. However, while most agencies are adept at tracking process outcomes, some agencies may not have sufficient capacity to monitor clients’ intermediate and long-term outcomes. How can technical assistance providers encourage a learning, collaborative environment and improve agency capacity to implement “best-fit” science based approaches and monitor client outcomes?

**Setting:** New York City Department of Health Mental Health (DOHMH) grantee agencies throughout the five boroughs of New York City who are funded to implement HIV prevention interventions targeting women, IDU and criminal justice.

**Project:** The *Behavioral Science Evaluation Capacity Building Program* is a technical assistance program, funded by DOHMH through MHRA/HIV Care Services, designed to increase agency capacity to monitor client outcomes. Technical assistance (TA) services are provided by the FITA service division of MHRA. The purpose of the program is to develop and encourage capacity building opportunities and assist grantees in developing and implementing outcome monitoring evaluation systems. FITA is currently providing TA to 14 MHRA subcontractors in New York City.

**Results:** FITA’s capacity building model entails a six stage process that includes: (1) readiness building through behavioral sciences training; (2) engagement and assessment; (3) compact and action plan development; (4) infrastructure building; (5) incorporation of standardized monitoring practices; and (6) maintenance and sustainability. Each of these stages are defined by multiple outcome indicators related to human, technical and fiscal capacity building related to monitoring client outcomes.

**Planned Parenthood of New York City’s Project Street Beat** provides an illustrative example of how funders can provide developmental opportunities for capacity building to monitor client outcomes through technical assistance initiatives.

**Lessons Learned:** The purpose of evaluation capacity building initiatives is not to create experts in the behavioral sciences or evaluation, but to introduce practitioners to a series of processes for achieving measurable change, making informed decisions using data and enhancing client services. The initial stages of capacity building are essential to providing practitioners with the language and preliminary skills to conceptually and programmatically anchor their work, maintain focus and direction and monitor outcomes.

**The collaborative development of logic models and data collection client flow charts are initial stages of infrastructure building that can assist grantees in understanding and graphically illustrating how their theoretical assumptions regarding behavior change link to the interventions that they have contracted to implement. Additionally, these processes serve to make data collection needs and requirements evident.**

**Control Number:** 03-B-708-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D20 HIV Prevention Programs for Youth

**2nd Category Choice:** C18 Interventions that Target Youth in High Risk Situations

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P51 Public Health Workers

**Presentation Preference:** Single Oral

**Title:** Youth in High Risk Situations / HIV Prevention Programs

**Author Block:** *Lang, AL<sup>1</sup>; Gendler-Epstein, J<sup>2</sup>*

1 Each One Teach One, New Castle, DE; 2 DE Div. of Public Health, Dover, DE

**Abstract Body:**

**ISSUE:** Youth in juvenile detention centers have been at increased risk of acquiring HIV and STDs because of poverty, addiction, abandonment and abuse, just to name a few of the reasons they're at risk. Captivity is the perfect time to educate and motivate these teens to become responsible and disease free. But, we must conduct prevention programs that are fun! Engaging today's youth requires "Edutainment" (i.e. education that's entertaining)

**SETTING:** 5 juvenile detention centers in Wilmington, DE. Each facility provided the perfect setting to use "peer power" in a positive way.

**PROJECT:** The goal is to empower and motivate teens to increase their use of condoms and decrease sexual partners, or to postpone sexual activity. Using Teen Peer Educators, Each One Teach One (EOTO) successfully conducted 2 CDC endorsed HIV/STD prevention programs, with 527 youth, in 5 different detention centers, between Feb. and Dec. 2002. Both the Act SMART and the Be Proud Be Responsible curriculums consist of interactive, skills-building activities. EOTO also administered various assessment surveys to measure knowledge, attitude and behavior and program effectiveness.

In addition to using peer-mediated group-level interventions, our prevention programming included the use of several other interventions, such as Street Outreach, Counseling & Testing (CTR), social marketing and Health Communication/Public Information (HC/PI). These interventions help to reinforce prevention messages and skills taught during GLI programs, because 60% of our participants live and socialize in areas of high crime, poverty and HIV/STD rates. We often get to see them again during neighborhood outreach and community-wide events.

**RESULTS:** Most youth are glad to see us after the 1st session. Our Teen Educators seem to appeal and communicate well with these very diverse groups of youth. Of the 261 teens that completed our "Participant Evaluation," 207 youth (81%) gave us a rating of "Excellent" or "Good." 176 kids also reported a change in their opinion about having sex as a result of taking our program. Using pre/post tests we were able to measure participant knowledge and attitude. Most youth increased their knowledge by 70% on questions related to the identification of the infectious body fluids, options for safer sex, ways to interact with HIV+ people and where to go for HIV testing. Every teen attending the last program session was able to demonstrate the proper use of condoms. We were also able to document each participants' sexual and drug use behaviors through a self-reporting risk behavior survey.

**LESSONS LEARNED:** "Once is not enough, so keep it simple, relative, repetitive and FUN!" (1) Find creative ways to repeatedly reinforce prevention messages and skills during the program and when they are released back into society; (2) Determine the most important information they need to know and the simplest way to present and explain it; (3) Tweak published curriculums, so that role-play scenarios reflect real-life situations participants may have experienced or witnessed; (4)

**Link participants to community-based and health department services, especially condoms and CTR; (5) Keep assessment tools simple and brief, yet precise; (6) Show that you CARE!**

**Control Number:** 03-A-710-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** D07 HIV CTS Programs

**2nd Category Choice:** F09 HIV Testing in Healthcare Facilities Programs

**Population 1:** P43 Outpatient Clients

**Population 2:** P28 Hospitalized Patients

**Presentation Preference:** Group Oral

**Title:** Routine Inpatient HIV Testing: A Clinical and Economic Evaluation of National Guidelines

**Author Block:** *Walensky, RP<sup>1</sup>; Weinstein, MC<sup>2</sup>; Kimmel, AD<sup>1</sup>; Seage III, GR<sup>2</sup>; Losina, E<sup>3</sup>; Sax, PE<sup>4</sup>; Zhang, H<sup>1</sup>; Freedberg, KA<sup>1</sup>; Paltiel, AD<sup>5</sup>*

1 Massachusetts General Hospital, Boston, MA; 2 Harvard School of Public Health, Boston, MA; 3 Boston University School of Public Health, Boston, MA; 4 Brigham and Women's Hospital, Boston, MA; 5 Yale University, New Haven, CT

**Abstract Body:**

**Background/Objective:** CDC guidelines recommend routine, voluntary HIV counseling, testing, and referral (HIV CTR) in hospitals with  $\geq 1\%$  HIV prevalence. Yet, the 1% screening threshold has not been critically examined in the era of effective antiretroviral therapy. Our objectives were: 1) to evaluate the effectiveness and cost-effectiveness of the CDC HIV CTR guidelines in the inpatient setting, and 2) to explore the impact of alternative HIV prevalence thresholds on the cost-effectiveness of inpatient screening.

**Methods:** We extended an existing peer-reviewed computer simulation model of HIV disease and treatment to include HIV screening and symptom detection. We then examined the clinical impact and cost-effectiveness of universal screening in a hypothetical cohort of US hospital inpatients. Data for test acceptance rates (37%), referral and linkage to care (88%), per patient counseling and test costs (\$26) and HIV test characteristics (EIA = sensitivity 99.6%, specificity 97.5%) were obtained from published literature. We examined the incremental cost-effectiveness ratio for screening compared to no screening over a range of undiagnosed HIV prevalences, acceptance rates, referral rates, and test costs.

**Results:** At an undiagnosed inpatient HIV prevalence of 1%, routine, voluntary screening for HIV infection increased mean quality-adjusted life expectancy of HIV-infected individuals by 0.88 years with a cost-effectiveness ratio of \$38,600 per quality-adjusted life year (QALY) gained. If screening was extended to inpatient populations with a prevalence as low as 0.1%, the cost-effectiveness ratio only increased to \$50,000/QALY gained. Increasing the counseling and testing costs to \$104 per person (four times the base case) still yielded a cost-effectiveness ratio of screening of  $< \$50,000/\text{QALY}$  gained at a prevalence of undiagnosed HIV infection of 0.5%.

**Conclusions:** Routine, voluntary inpatient HIV screening programs, as recommended by the CDC, are highly cost-effective and would remain so at an undiagnosed HIV prevalence lower than where screening is recommended. Current HIV CTR guidelines should be implemented nationwide as a way of linking HIV-infected individuals to life-sustaining care.

**Control Number:** 03-B-711-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D26 HIV Prevention Programs in Work-Based Settings

**2nd Category Choice:** C05 Community Level Interventions

**Population 1:** P22 Health Care Workers

**Population 2:** P13 Community Educators

**Presentation Preference:** Single Oral

**Title:** Sharps Injury Prevention: Safety Blitz Programs for Health Care Workers in the Operating Room and Emergency Department.

**Author Block:** *Gust, AM<sup>1</sup>; Weiss, AC<sup>2</sup>; Turnley, AR<sup>2</sup>; Finch, CR<sup>3</sup>; Hickey, PJ<sup>2</sup>*

1 National Institute for Occupational Safety and Health, Cincinnati, OH; 2 Palmetto Health Richland, Columbia, SC; 3 William Jennings Bryan Dorn Veterans Affairs Medical Center, Columbia, SC

**Abstract Body:**

**ISSUE:** Work unit-specific safety blitzes aim to reduce exposures to bloodborne pathogens through sharps injuries among health care workers.

**SETTING:** Two operating room (OR) departments and an emergency department (ED) at 2 public hospitals in Columbia, South Carolina.

**PROJECT:** The Stop Sticks Campaign is a community-based information and education project aimed to raise awareness among health care workers regarding their risk of exposure to bloodborne pathogens through occupational sharps injuries. The campaign provides information about topics such as bloodborne pathogens, post-exposure prophylaxis, device evaluation, needlestick legislation, and sharps injury prevention. Information is disseminated through multiple channels of communication including brochures, training sessions, a website, newsletter articles, posters, safety fairs, and departmental safety blitzes.

We conducted 3 departmental safety blitzes; 2 in the operating room and 1 in an emergency department. Each blitz lasted 1 month and consisted of 4 sharps injury prevention messages specific to each department. A new message was emphasized each week. Prior to implementation, department staff developed messages and channels of communication. Messages focused on sharps injury data, personal protective equipment (PPE) compliance, use of safer sharps devices, passing and loading of sharps devices, and sharps disposal. Information was disseminated through channels such as staff meetings, newsletter articles, posters, a paycheck stuffer, a device exhibit, and promotional items. Both quantitative and qualitative evaluation methods were used for processes and outcomes.

**RESULTS:** Approximately 300 health care workers were exposed to the safety blitzes. Pre-tests and post-tests showed minimal changes in behavioral intentions (toward more protective behaviors). Process evaluations showed that campaign staff had to perform more tasks in the ED than in the OR departments. ED personnel were simply too busy to accommodate the extra work, in spite of the support of the chief of staff. Although these blitzes were well received, more research is necessary on how to motivate extremely busy supervisory and education staff to include the provision of prevention information in their regular routines.

**LESSONS LEARNED:** When designing such interventions, attention must be given to what kind of work is done in the department. There is much less routine activity in EDs than in ORs, making both interventions and evaluations more challenging. Consequently, it is important to conduct a needs assessment and involve the frontline workers in both message development and decisions about appropriate channels of communication. Physician buy-in appears to be more essential to the success of such interventions in the ORs, where they are key decision-makers of safety equipment implementation. However, if they support the blitz, the likelihood of having an impact

**increases in both the ED and the OR. The use of observational methods presented attractive advantages over self-report methods, but those methods use a lot of scarce resources.**



**Control Number:** 03-B-717-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D05 Developing and Sustaining HIV Prevention Capacity

**2nd Category Choice:** D05 Developing and Sustaining HIV Prevention Capacity

**Population 1:** P3 African Americans

**Population 2:** P56 Staff of Community-Based Organizations

**Presentation Preference:** Single Oral

**Title:** **The African American Prevention Intervention Network:** *Description of an Effective Capacity Building Assistance Model.*

**Author Block:** Reed, L

Association For Drug Abuse Prevention and Treatment, Inc., Brooklyn, NY

**Abstract Body:**

**Issue:** Community-based organizations (CBOs) are in need of effective capacity building assistance (CBA) in the area of program design, development, implementation, and evaluation.

**Setting:** CDC directly-funded African American CBOs operating in the northeastern region of United States.

**Project:** The African American Prevention Intervention Network (APIN):Description of an Effective Capacity Building Assistance Model: The African American Prevention Intervention Network (APIN) is a national project designed to assist community-based organizations (CBOs) with intervention design, development, implementation and evaluation. The APIN builds capacity among CBOs through a variety of delivery mechanisms including: Information Transfer, Skills-Building, Technical Services, Technical Consultation and Technology Transfer.

The APIN services are delivered by Prevention Intervention Centers (PICs). PICs are located in four regions of the United States and are operated by APIN Coalition members. The Northeastern PIC is operated by the Association for Drug Abuse Prevention and Treatment, Inc; Positive PIC and Southern PIC by Jackson State University; Midwestern PIC by South Side Help Center and Western PIC by Charles R. Drew University of Medicine & Science.

This abstract will look at the effectiveness of one of the Prevention Intervention Centers, the Northeastern PIC, located at the Association for Drug Abuse Prevention and Treatment, Inc., Brooklyn, New York. The Northeastern PIC serves 54 African American CBOs located in Connecticut, Massachusetts, Maine, New Hampshire, New Jersey, New York, Pennsylvania, Puerto Rico, Rhode Island, Vermont, and U.S. Virgin Islands.

**Results:** We found those CBOs that requested CBA services reported favorably on the services received. Between March 2001 and February 2002 the Northeastern PIC provided technical CBA services to 12 CBOs. Of these 12 CBOs, 92% rated our services as excellent. 5.8% rated our services as good and 20% fair. The data shows that effective CBA services are available to African American CBOs throughout the northeast. Overall CBOs that have accessed CBA services from Jackson State University's APIN/NPIC report that the services provided assisted in building the capacity of staff, programs and interventions.

**Control Number:** 03-B-721-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D05 Developing and Sustaining HIV Prevention Capacity

**2nd Category Choice:** D10 HIV Prevention Program Evaluation

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P64 Other (Please Specify)

**Presentation Preference:** Single Oral

**Title:** Building HIV Prevention Evaluation Capacity of Community Based Organizations: Connecticut's Experience

**Author Block:** *Repinecz, NL*

Connecticut Dept. of Public Health AIDS Division, Hartford, CT

**Abstract Body:**

**ISSUE:** Top down evaluation where the funder determines the scope of a program evaluation and hires an outside evaluator to conduct the evaluation is costly and does little to help the organization learn to begin evaluating and improving their own program. Resources are often used to benefit only a few organizations and the findings are typically difficult to understand and to use to successfully improve HIV prevention interventions in community based settings.

**SETTING:** Community based organizations (CBO's) and local health departments providing a range of HIV prevention interventions to racially diverse populations funded by the Connecticut Department of Public Health and the Centers for Disease Control.

**PROJECT:** Since 1997 Connecticut has employed a model of providing site-based individualized evaluation capacity building through a project called the HIV Evaluation Bank. Funded contractors are given a bank account of hours they can draw down on to receive site-based technical assistance and training on interventions of their choosing. One example of technical assistance includes designing data collection instruments appropriate to the target populations measuring HIV prevention knowledge, information, motivation, attitudes and beliefs, behaviors, intentions to change behavior, and actual behavior change. Another example is a Community Evaluation Fellowship program for six contractors who have worked with behavioral and social scientists to design and implement an evaluation of one of their HIV prevention interventions. At the same time they have learned about models of effective HIV prevention interventions and research methods in community-based evaluations. Through such methods, contractors are empowered to design and conduct their own evaluations in a manner that helps them build capacity toward developing effective interventions.

**RESULTS:** In 1999 Connecticut examined whether funded contractors have increased their capacity to design, implement and evaluate scientifically-based prevention education programs as a result of evaluation capacity building and technical assistance. Results showed that: contractors who received onsite technical assistance have greater evaluation capacity than those that did not; most contractors are ready to move toward better methods of designing measurement tools, analyzing them, and reporting data through a number of public information vehicles; and staff capacity for evaluation does not exist in most organizations.

**LESSONS LEARNED:** Through onsite technical assistance, CBO's can increase their capacities in the following areas: 1. Opportunities are created for CBO's to work with researchers experienced in community work who can offer support in nonthreatening, user-friendly ways. 2. The design of intervention programs is improved through site-based technical assistance to incorporate theories of behavioral social science. 3. CBO's learn to use more scientifically valid data collection instruments. 4. Through a Community Evaluation Fellowship, contractors can link their front-line

**field work to academic resources. 5. Capacity building provides a more cost-effective means of distributing limited evaluation resources.**

**Control Number:** 03-B-728-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D01 Abstinence Programs

**2nd Category Choice:** E21 Policies Related to School Health Education

**Population 1:** P58 Teachers

**Population 2:** P13 Community Educators

**Presentation Preference:** Group Oral

**Title:** National and State Efforts to Expand and Improve Efforts that can Increase Abstinence Among Young People

**Author Block:** *Conner, H<sup>1</sup>; Smith, S<sup>2</sup>; Grant, G<sup>3</sup>; Hack, T<sup>1</sup>; Morgan, P<sup>1</sup>*

1 Centers for Disease Control and Prevention, Atlanta, GA; 2 Institute for Youth Development, Washington, DC; 3 Virginia Department of Health, Richmond, VA

**Abstract Body:**

**Issue:** In order to strengthen efforts to increase abstinence among young people it is critical that organizations representing diverse constituencies engage in constructive dialogue and determine ways to work together.

**Setting:** National Non-Governmental Organizations, Federal Agencies, State and Local Education Agencies, and Community Based Organizations.

**Project:** The Centers for Disease Control and Prevention, Division of Adolescent and School Health is funding state education agencies (SEAs) and national non-governmental organizations (NGOs) to support their efforts to increase abstinence among young people. These SEAs and NGOs are working with organizations that address abstinence only and organizations that address abstinence as part of a broader approach to: (1) work with interested State Health Department Directors of HIV prevention, STD prevention, adolescent pregnancy prevention, and abstinence programs; (2) increase the appropriateness, efficiency, and impact of efforts to reduce sexual risk behaviors among school-age youth; and (3) improve communication, coordination, and/or collaboration among interested agencies and organizations.

**Results:** Funded SEAs and NGOs are currently at various stages of planning and implementation of activities. Several states have already developed action plans for strengthening collaboration and communication with interested organizations.

**Lessons Learned:** The funded SEAs and NGOs have encountered challenges to establishing common ground among interested organizations. However, a number of the agencies and organizations have managed to address these challenges and developed processes and action plans for strengthening collaborative efforts.

**Control Number:** 03-B-734-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D09 HIV Prevention on the Internet

**2nd Category Choice:** G07 Innovative Models of STD Prevention Services

**Population 1:** P13 Community Educators

**Population 2:** P19 Gay and Other Men Who Have Sex With Men

**Presentation Preference:** Single Oral

**Title:** Internet-Based Interventions for Syphilis Prevention among Gay and Bisexual Men

**Author Block:** *Levine, M.A., DK<sup>1</sup>; Aranow, M.D., RI<sup>1</sup>; Kent, MPH, CK<sup>2</sup>; Klausner, MPH, MD, JD<sup>2</sup>*  
1 I.S.I.S., Inc., San Francisco, CA; 2 San Francisco Dept. of Public Health, STD Services, San Francisco, CA

**Abstract Body:**

**ISSUE:** Syphilis rates are epidemic among gay/bisexual men in U.S. urban areas. There has been a significant increase in the proportion of gay/bisexual men with syphilis who reported meeting their partners on the Internet in San Francisco: from 7% in the first quarter of 2001 to 35% in the last quarter of 2002. The Internet as a tool for meeting sexual partners is continuing to grow. We piloted and evaluated different Internet-based syphilis prevention interventions.

**SETTING:** Four sites were identified where gay/bisexual men with syphilis in San Francisco met their partners: Gay.com, AOL, M4M4Sex and craigslist.

**PROJECT:** Agreements were made with each of the sites to run selected interventions (chats, message boards, banner ads, outreach). Chats were real-time Q&A sessions facilitated by medical professionals. Transcripts were posted afterwards. The message boards were Q&As answered by health educators once a week, then archived on the sites. Banner ads ran in the local chat rooms and the personal ads areas. The one-on-one outreach targeted men in local chat rooms and personal ads areas and included discussions about syphilis symptoms, transmission, treatment, testing sites; HIV and STD interaction; other STD questions; and distribution of syphilis facts sheets via e-mail. Our interventions included: nine banner ad campaigns, seven facilitated chats, one message board, and one-on-one outreach on three sites. DPH websites and the outreach workers distributed coupons as incentives to get tested in the municipal STD clinic from 11/1/02 to 12/31/02.

**RESULTS:** In 2002, seven hosted chats were conducted on Gay.com lasting 1 hour each. The number of persons in the chat room at any one time varied from 10 to 50 people nationwide. An average of 15 questions were answered each hour. The message board on Gay.com was available for a total of 30 weeks, and 46 questions were answered. The banner ad campaigns on Gay.com and AOL were shown over 33 million times and resulted in 32,270 click-throughs to DPH websites with more information. The majority of these click-throughs came from the Personal Ads area on Gay.com. During 57 hours of Internet outreach shared equally on three sites, 212 interactions took place: 124 on AOL; 21 on craigslist; and 67 on M4M4Sex.com. Thirty-five incentive coupons distributed online were redeemed at the STD clinic.

**LESSONS LEARNED:** Some Internet-interventions were more successful than others. Facilitated chats on Gay.com had fewer local attendees than expected. Banner ads as measured by click-throughs were more successful in the personal ads area of one website (Gay.com) than in the chat room. However, these ads were more successful than facilitated chats and message boards. Facilitated chats, message boards and banner ads were all non-specific in their geographic targeting. Individual outreach workers may be most successful in reaching a specific geographic population on the Internet as they can target men by the names of the chat rooms and locations listed in personal ads. Other communities with large increases in syphilis and/or HIV should

**consider pooling limited resources to develop materials that could reach a wide cross-section of American gay/bisexual men.**

**Control Number:** 03-B-742-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D19 HIV Prevention Programs for Women

**2nd Category Choice:** D23 Implementing Culturally Competent HIV Prevention Programs

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P12 Communities of Color

**Presentation Preference:** Poster Session

**Title:** A Culturally-Oriented HIV Prevention Program for Haitian Women

**Author Block:** *St. Louis, GR<sup>1</sup>; Jean-Louis, E<sup>2</sup>; Veillard, JM<sup>3</sup>; Thimoleon, K<sup>3</sup>; Laforest, M<sup>4</sup>; Bonhomme, C<sup>5</sup>; Carlson, E<sup>2</sup>*

1 Boston Medical Center/BUSM, Boston, MA; 2 Center for Community Health, Education, & Research, Dorchester, MA; 3 Brockton CHASE AIDS, Brockton, MA; 4 Cambridge Health Alliance, Haitian Health Outreach Project, Somerville, MA; 5 Association of Haitian Women in Boston, Dorchester, MA

**Abstract Body:**

**ISSUE:** Haitian individuals are among the fastest growing groups of HIV-infected individuals in the U.S. Haitian women, in particular, are at high risk of contracting the disease. In Massachusetts, Haitian women account for 40% of all alive AIDS cases among Haitians, compared to non-Haitians AIDS cases where women comprise about 24% of all living AIDS cases. In contrast to non-Haitian communities where the majority of HIV-infected individuals have contracted the disease through homosexual relationships and IV drug use, the primary mode of HIV transmission among Haitians is through heterosexual contact. It is estimated that close to three-quarters (74%) of Haitians living with AIDS in Massachusetts were infected through heterosexual or presumed heterosexual relationships. These statistics are alarming and show the need for culturally-sensitive and gender-oriented HIV prevention programs to curb the spread of this devastating, but preventable disease, in the Haitian community.

**SETTING:** Haitian women who reside in the Greater Boston Metropolitan area participate in HIV prevention workshops through local community-based agencies.

**PROJECT:** This project is funded by the Centers for Disease Control and Prevention. Its primary goal is to develop, implement, evaluate, and make available culturally-relevant HIV prevention programs for Haitians. A curriculum, entitled *Take Control, Protect Your Body/Pran Responsabilite Pou Ou Pwoteje Kò ou*, was designed to address the unmet HIV prevention needs of Haitian women. The program, offered as a series of group workshops, focuses on the following topics: the socio-cultural impact of HIV on the Haitian community, basic facts about HIV/AIDS, effective prevention strategies for reducing the risk of HIV infection among Haitian women, HIV/AIDS and pregnancy, and HIV/AIDS and domestic violence. The workshops are presented in Haitian Creole and utilize a participatory approach where women actively engage in group discussions through the use of vignettes and role plays. The program was created to provide Haitian women with useful information to make informed decisions about reducing their high-risk behaviors. Details of the HIV prevention curriculum and workshops will be provided.

**RESULTS:** We are currently in the implementation phase of the project. To date, more than 120 Haitian women have enrolled in the workshops, and have completed surveys and feedback forms. Data are being analyzed and research findings will be available by the date of the conference. Preliminary results indicate that Haitian women are very satisfied with the HIV prevention workshops. By and large, they have assigned scores of 4 or higher (out of a 5.0 scale) to most program evaluation questions

**LESSONS LEARNED:** Culturally-oriented HIV prevention programs are urgently needed to reduce the rate of HIV transmission among Haitian women. To ensure the success of

**implementing such programs, several factors must be considered. First, interventions must be conducted in Haitian Creole. Second, presenters need to be comfortable addressing difficult and “taboo” topics (e.g., sex, condom use), and be able to convey the materials in a respectful and professional manner. Lastly, incentives (e.g., childcare, stipends, certificates, and transportation) should be provided to attract and retain women’s participation in such prevention efforts.**



**Control Number:** 03-B-745-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D19 HIV Prevention Programs for Women

**2nd Category Choice:** E09 Gender Issues and HIV Prevention Policy

**Population 1:** P30 Incarcer.Popul.(Correct.Settings,Persons in)

**Population 2:** P61 Women

**Presentation Preference:** Single Oral

**Title:** Incarcerated Women & AIDS Services: Qualitative Research

**Author Block:** *Nettleton, JC*

University of South Florida, Tampa, FL

**Abstract Body:**

**Background/Objectives:**

This paper looks at qualitative research of HIV services offered to incarcerated women in a Florida county jail. In the early 1980's, when AIDS was first identified, it was thought to affect mainly homosexual males, whereas now, it is prevalent among Injection Drug Users (IDU's), the economically disadvantaged, people of color, and women. Women are one of the fastest growing groups infected with HIV, and the number of AIDS cases among women increased steadily each year. Likewise, in the United States the number of women incarcerated has almost doubled in the last decade (Doob 1997). The main crimes for which many of these women are incarcerated (e.g. drug use and prostitution) also pose major risk for HIV transmission to the women themselves. Therefore, there is an urgent need for effective prevention programs to be implemented to this captive audience. Given that inmates cycle in and out of prisons and jails, these facilities offer an important setting for the prevention of AIDS and the care of those infected.

**Methods:**

This study evaluated HIV services such as education, prevention, screening, testing and discharge planning. The project involved a needs-assessment to 1. Identify the services offered by the jails and the policies regulating such services 2. Identify factors that may either hinder or facilitate the use of available services and 3. Determine inmate's knowledge of HIV/AIDS and perception of services available. These results were based on observations, open-ended interviews with female inmates and staff, and evaluation of the existing services, which include education and medical provisions.

**Results:**

The purpose of this project was to identify the most effective ways of improving the provisions of HIV services to incarcerated women housed in Florida County jails. The data will show that the information gathered in a qualitative method (i.e. open ended interviews) gives a more accurate picture of the issues, and assists in implementing effective services.

**Conclusions/Implications:**

The importance of a qualitative evaluation of the HIV services provided to female inmates in a Florida county jail will be presented. In order to assist the high-risk captive audience of incarcerated women, it is essential to understand the context in which this problem lies in their lives. Ethnographic data gathered can give a much more holistic picture of the services offered in jails, and also allow for better implementation of services to female inmates.

**Control Number:** 03-A-748-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** D10 HIV Prevention Program Evaluation

**2nd Category Choice:** D19 HIV Prevention Programs for Women

**Population 1:** P11 Commercial Sex Workers

**Population 2:** P64 Other (Please Specify)

**Presentation Preference:** Poster Session

**Title:** Behavior change, HIV/STD prevalence and intervention impact: An evaluation of the number of potential HIV/STD infections averted by a HIV/STD risk reduction intervention among Commercial Sex Workers in the Philippines.

**Author Block:** *Sey, KA; Morisky, D*  
UCLA, Los Angeles, CA

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Although the goal of HIV/STD interventions is to reduce HIV/STD incidence, their evaluation is often limited to behavior change because most studies lack the statistical power to detect intervention effects in terms of HIV/STD incidence. This analysis utilizes mathematical modeling to evaluate the effect of four risk-reduction interventions in terms of the number of potential HIV/STD infections averted.

**METHODS:** Commercial sex establishments in four Philippines cities were randomly assigned to one of four intervention groups; peer education, manager support, combined peer education and manager support and control. Self-reported HIV/STD risk behavior among 2 cross-sections of 1383 and 1484 commercial sex workers (CSW) employed in these establishments was assessed at baseline and at post-intervention for significant changes. A Bernoulli mathematical model was used to translate self-reported behavior change into potential Chlamydia and HIV infections averted. Sensitivity analyses were conducted to assess how changes in key model parameters such general population chlamydia and HIV prevalence, affected the estimates of chlamydial and HIV infections averted among CSW.

**RESULTS:** Self reported condom use increased from 32% to 39% ( $p < 0.05$ ) in the combined peer education and manager support group, decreased from 34% to 29% ( $p < 0.05$ ) in the manager support group and decreased from 41% to 26% ( $p < 0.001$ ) in the control group. Self reported condom use did not change significantly in the peer education group. Based on a chlamydia prevalence estimate of 5.6% and an infectivity estimate of 20%, condom effectiveness of 80% and an intervention group size of 1000, the changes in sexual behavior reported by the peer education, manager support, combined peer education and manager support and control groups represented 0, 34, 64 and -37 averted infections respectively. When the chlamydia prevalence estimate was adjusted to 40% the estimated averted infections for the peer education, manager support, combined peer education and manager support and control groups was 0,  $3.2 \times 10^{-5}$  and  $-1.5 \times 10^{-7}$  respectively. Based on a HIV prevalence estimate of 0.06% and an infectivity estimate of 0.1%, condom effectiveness of 90% and an intervention group size of 1000, the changes in sexual behavior reported by the peer education, manager support, combined peer education and manager support and control groups represented 0, -0.04, 0.25 and -0.17 averted HIV infections respectively. When the HIV prevalence estimate was adjusted to 10% the changes in sexual behavior represented 0, -6.85, 38.55 and -24.09 averted HIV infections for the peer education, manager support, combined peer education and manager support and control groups respectively.

**CONCLUSIONS:** Evaluations based exclusively on behavior change are inadequate representations of intervention impact. Evaluations of HIV/STD interventions must include

**impact indicators, such as potential averted infections, that account for influential population parameters like HIV/STD prevalence.**

**Control Number:** 03-B-749-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D22 How to Replicate Programs that Work

**2nd Category Choice:** C36 Social Marketing

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P50 Program Administrators

**Presentation Preference:** Poster Session

**Title:** “Test Because You Matter”: The role of social determinants to influence HIV testing

**Author Block:** *Zahn, MA*<sup>1</sup>; *Evans, T*<sup>2</sup>; *Bull, S*<sup>3</sup>

1 Oregon Department of Human Services: HIV Prevention Program, Portland, OR; 2 Educational Message Services, Ventura, CA; 3 University of Colorado Health Sciences Center: Colorado Health Outcomes Program, Aurora, CO

**Abstract Body:**

**ISSUE:** High rates of HIV infection rates and the need for a statewide presence for the delivery of HIV testing messages encouraged the development of a campaign that is culturally-relevant and addresses internal and external behavior determinants specific to high-risk groups.

**SETTING:** Portland, Multnomah County Oregon.

**PROJECT:** “Test Because You Matter” is a multi-faceted social marketing campaign to increase HIV testing in groups at highest risk for infection. All campaign components were developed with input from individuals in the target groups, representatives from agencies serving them and went through a community review process. They include brochures, wallet cards, posters, one educational video, and outdoor media components. Materials are placed in public private spaces (restrooms) in venues frequented by the target groups and distributed by agencies serving them.

**RESULTS:** A follow-up self-administered survey of 331 persons (14% IDU, 23% MSM, 35% women, 54% non-white) from the target groups to document HIV Testing behaviors, attitudes and exposure to the campaign showed that 22% of the total sample was able to identify a unique aspect of the campaign, with 63% of IDU and 32% of MSM indicating they had had an HIV test since the campaign started. Outreach workers reported a high level of awareness of the campaign in the community. The campaign is being replicated statewide.

**LESSONS LEARNED:** Involving target groups and community agencies in the development of social marketing programs and developing customized messages for each target group are key elements to influence HIV testing.

**Control Number:** 03-B-750-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D05 Developing and Sustaining HIV Prevention Capacity

**2nd Category Choice:** D05 Developing and Sustaining HIV Prevention Capacity

**Population 1:** P50 Program Administrators

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Group Oral

**Title:** Safeguarding Against Financial Risk: Developing Fiscal Policies and Procedures for Your Agency

**Author Block:** *Pemberton, G<sup>1</sup>; Fatt, N<sup>2</sup>; Cohen, SC<sup>2</sup>; Tolentino, VR<sup>2</sup>; Khalil, G<sup>2</sup>*

1 Proceed, Inc., Elizabeth, NJ; 2 FITA, MHRA, NY, NY

**Abstract Body:**

**ISSUE:** Not-for-profit organizations need written fiscal policies and procedures (P&P) to help them raise, safeguard, and appropriately utilize their funds.

**SETTING:** Community-based HIV prevention agencies serving communities of color funded by the Centers for Disease Control and Prevention.

**PROJECT:** Two technical assistance providers collaborated on a pilot initiative to bring Executive Directors and Fiscal Managers from 10 HIV prevention agencies that serve communities of color nationwide for a 2-day capacity building clinic (CBC) to improve their fiscal P&P. The CBC model combines traditional training techniques with one-on-one assistance and covered basic accounting principles and the benefits of having a fiscal P&P. Participants also received an introduction to Common Cents, a fiscal P&P manual template for non-profit agencies and a Common Cents CD-ROM to customize the manual. In addition, participants received one-on-one assistance in tailoring the product and creating an implementation plan for adopting the manual.

**RESULTS:** A multi-faceted outcomes based evaluation model was applied. As a result of the 2-day seminar and follow-up assistance, 10 CBOs drafted a written fiscal P&P manual. Seven agencies finalized the manual, obtained Board of Directors approval and were utilizing the manual in the course of their work 6 months after the training. Participants also reported knowledge gains regarding fiscal controls and the need for and use of policies and procedures. In particular, participants understood the importance of creating a fiscal P&P implementation plan that involved board, executive, fiscal and program staff. CBC attendees also were able to identify ways the manual can build board and funders' trust, clarify roles, help orient new staff, and develop and maintain more efficient systems.

**LESSONS LEARNED:** Common Cents is a comprehensive product that helps agencies develop internal controls to safeguard their assets. The CBC model which includes wrap-around one-on-one and training services was effective in assisting agencies develop and apply fiscal policies and procedures manuals.

**Control Number:** 03-B-752-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D05 Developing and Sustaining HIV Prevention Capacity

**2nd Category Choice:** D05 Developing and Sustaining HIV Prevention Capacity

**Population 1:** P50 Program Administrators

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Poster Session

**Title:** The FITA Model: Outcomes-Based Technical Assistance for New York City HIV Prevention Agencies

**Author Block:** *Fatt, N; Cohen, SC; Tolentino, VR*

FITA, MHRA, NY, NY

**Abstract Body:**

**ISSUE:** A comprehensive outcomes-based capacity building model is critical to maintaining sustainable and measurable organizational change leading to service delivery excellence.

**SETTING:** New York City (NYC) community based HIV prevention agencies.

**PROJECT:** Fiscal Infrastructure Technical Assistance (FITA) is part of an integrated strategy to provide all NYC Department of Health and Mental Hygiene funded prevention programs infrastructure development technical assistance. FITA's objective is to help organizations develop capacities that result in effective, well-managed stable programs with sufficient flexibility to respond to rapidly changing service needs and environments. To achieve this objective, a comprehensive approach that includes workshops, capacity building clinics (CBC) and one-on-one services are applied to meet an agency's needs. FITA engagements involve an extensive agency needs assessment, the development of a milestones based Compact for Partnership between FITA and the agency that outlines the work to be undertaken, and a verification process to assess the outcome of the change that was implemented. This broad approach allows for outcome measures to be built into each stage of the engagement thus making evaluation much more feasible and reliable.

**RESULTS:** The FITA model was used successfully in NYC with 21 agencies, resulting in 17 completed agency assessments and 13 signed Compact for Partnerships for one-on-one technical assistance services. A majority of these engagements (45%) were for fiscal management technical assistance. Fund development (23%), Program Development (18%), Human Resources (9%) and Board Development (5%) were the other areas of TA requested. Of these, some technical assistance highlights of the first year include assessing and re-vamping an agency's fiscal infrastructure, assisting an agency re-organize, and working with a board of directors to adopt a new governance model. As a part of the verification process, FITA returned to evaluate the long-term agency gain and the impact of the technical assistance provided on program services. The agencies served reported implementing change in the area of technical assistance requested that had a positive impact on program services.

**LESSONS LEARNED:** Outcomes based technical assistance that is incorporated into each stage of a technical assistance engagement allows for verification of the impact of technical assistance work. The FITA model is effective in sustaining agency change that is measurable upon verification.

**Control Number:** 03-B-756-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D17 HIV Prevention Programs for Seropositive Persons

**2nd Category Choice:** F07 HIV Prevention Case Management

**Population 1:** P56 Staff of Community-Based Organizations

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Group Oral

**Title:** Positive Choices: A Successful Prevention Case Management Model

**Author Block:** *Heidere, CS<sup>1</sup>; Gamble, B<sup>2</sup>*

1 Lifelong AIDS Alliance, Seattle, WA; 2 Public Health-Seattle & King County, Seattle, WA

**Abstract Body:**

**ISSUE:** In the last decade many advances have been made in HIV treatment and care, allowing people with HIV to live longer, healthier lives, which may include being more sexually active. Prevention programs have begun implementing Prevention Case Management, an intensive individual-level intervention with sexually active HIV-positive MSM who are not consistently using condoms. Prevention Case Management helps clients to identify their feelings, values and perceptions of themselves as sexually active adults.

**SETTING:** Agency-based intervention with sexually active HIV-positive MSM in Seattle, WA.

**PROJECT:** Since October 2000 the Positive Choices program at the Lifelong AIDS Alliance has provided intensive prevention counseling and support in order to help clients reduce their sexual risk. In collaboration with Project SHAPE at the UW School of Social Work and Public Health–Seattle & King County, a screening and assessment process was developed to determine each client's level of risk as well as key co-factors for risk, such as substance abuse. The screening and assessment tools provide pre-intervention data for the provider and client. Motivational Interviewing is used to help clients assess and discuss their anal sex behavior, condom use, perceived risk, environmental barriers, status disclosure, and other issues. Positive Choices utilizes a series of follow-up sessions to help clients evaluate these issues and how they may inhibit safer sex behavior. Client's needs and risks are reevaluated six months after baseline, utilizing the same assessment tool.

**RESULTS:** Positive Choices has enrolled 168 clients, 52% of whom reported having unprotected anal sex with partners of negative or unknown HIV status. Preliminary data shows that there has been a 36% reduction in unprotected anal sex with partners of negative or unknown HIV status. Because this is an ongoing project, further outcome data is not yet available. This information will be available at the time of the conference.

**LESSONS LEARNED:** Positive Choices helps HIV-positive MSM reduce their sexual risk behaviors. Clients have reported appreciating the ability to honestly talk about their sexual behavior in a non-judgmental, supportive environment. We have learned the importance of fostering planning group and grantee support, using evaluation results to improve the program, using client incentives to increase retention, addressing referral source resistance, and tailoring services for Latino clients.

**Control Number:** 03-A-761-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** D08 HIV Prevention Community Planning

**2nd Category Choice:** D10 HIV Prevention Program Evaluation

**Population 1:** P64 Other (Please Specify)

**Population 2:**

**Presentation Preference:** Single Oral

**Title:** Informing the development of the revised guidance for HIV prevention community planning through a retrospective evaluation of community planning

**Author Block:** *Bhalakia, AM<sup>1</sup>; Lacson, RS<sup>2</sup>; Cotton, DA<sup>1</sup>; Wright-De Agüero, L<sup>2</sup>*

1 ORC Macro, Atlanta, GA; 2 CDC, Atlanta, GA

**Abstract Body:**

**BACKGROUND/OBJECTIVES:**

HIV prevention Community Planning (CP) has been a driving force in CDC-funded HIV prevention activities for the past nine years. To inform guidance on CP and improve future evaluation efforts, the Division of HIV/AIDS Prevention, Program Evaluation Branch (DHAP/PERB) undertook a national retrospective evaluation. The evaluation was designed to systematically assess the implementation of community planning from its inception in 1993 through 2001.

**METHODS:**

A work group made up of representatives from health departments, CP co-chairs, National Association of State and Territorial AIDS Directors (NASTAD), and the DHAP identified 172 features that were critical to the implementation of a community-based planning process. Using a standardized protocol, trained reviewers abstracted data on each feature, as well as on priority populations and interventions, for ten jurisdictions (Connecticut, Florida, Guam, Houston, Nevada, New Jersey, North Dakota, Ohio, Texas, and Washington). The jurisdictions were chosen for regional representation as well as for representation of the number of community planning groups (CPGs), i.e., single or multiple planning groups, the grantees' level of evaluation expertise/interest, and extent of the epidemic. Data sources included the jurisdictions' applications for funding and the comprehensive community plans for five years (FY 1994, 1995, 1997, and 2001). The years were selected to capture baseline, interim, and current community planning processes and activities for each of the ten pilot sites. These data were imported into an Access database and analyzed to determine the presence and absence of each feature for each year. Data were further reviewed and revised as needed by jurisdictional representatives.

**RESULTS:**

Across years and for all pilot sites, only 29 % of the features could be confirmed without input from grantees. More information was available about community planning organizational activities (e.g., representativeness, participation, etc.) than about planning processes (e.g. resource inventory, gap analysis, or priority setting). As well, there was wide variability in the grantees' understanding and implementation of various aspects of community planning.

Grantees characterized their priority populations and interventions with different levels of detail. The extent to which clear linkages could be drawn between these priorities and the interventions funded the prior year varied greatly, based on the specificity with which each were articulated.

High specificity was not necessarily associated with clear linkages.

**CONCLUSIONS:**

This pilot assessment determined that there was a need to streamline and revise the CP supplemental guidance to make it clearer and more user-friendly for grantees and CPGs. These



**revisions would also assist in greater uniformity of understanding of expectations and clarity of requirements. For example, more specific priorities may better reach the goal of ensuring that interventions that are the most effective in specific populations are supported. Work Group input and findings from this evaluation have influenced the revision of the CP supplemental guidance. The features are being used to create a limited set of community planning indicators that will standardize the monitoring and evaluation of community planning, facilitate ongoing program improvement, and support accountability to communities and other stakeholders.**

**Control Number:** 03-A-768-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** D10 HIV Prevention Program Evaluation

**2nd Category Choice:** D40 Other (Please specify on Additional Info page)

**Population 1:** P64 Other (Please Specify)

**Population 2:**

**Presentation Preference:** Single Oral

**Title:** Program Performance Indicators for CDC Funded Health Department HIV Prevention Programs

**Author Block:** *Wright-De Agüero, L<sup>1</sup>; Lacson, RS<sup>1</sup>; Bhalakia, AM<sup>2</sup>; Cotton, DA<sup>2</sup>*

1 CDC, Atlanta, GA; 2 ORC Macro, Atlanta, GA

**Abstract Body:**

**BACKGROUND/OBJECTIVES:**

Recent mandates to include performance measures in any future federal grants and cooperative agreements have their root in the President's Management Agenda. In addition, the Government Performance Results Act (GPRA) and performance-based budgeting make it necessary for the Centers for Disease Control and Prevention (CDC) to develop mechanisms by which to measure the performance of its grantees. In HIV prevention, performance measurement will be incorporated into the FY 2004 HIV prevention cooperative agreement for state and local health departments. The fifty-nine health department jurisdictions funded through the cooperative agreement will be required to submit baseline and annual performance targets with their program application in September 2003. The first report on achievement of targets is scheduled for April 2005. Each health department will be monitored against their targets.

**METHODS:**

A workgroup of health department, community, and CDC representatives was charged with developing program performance indicators for specific components of the Program Announcement: HIV prevention community planning; counseling, testing and referral; partner counseling and referral; health education and risk reduction; perinatal transmission prevention; capacity building; and evaluation. Each health department will set annual performance targets for each of these components. Input on indicator development occurred through a series of weekly telephone conference calls with the workgroup and with a broader array of representatives at a consultation in Atlanta.

**RESULTS:**

At least two indicators were developed for each of the seven priority components of the PA. Operational guidance and a reporting template was provided to assist health departments in setting and reporting baseline measures and annual performance targets. As well, through the collaborative process, technical assistance needs were identified and CDC plans to provide assistance to support health departments in implementing performance-based reporting. Example preliminary indicators include the following: *Percent of newly confirmed HIV-positive test results returned to clients* (Counseling, Testing and Referral Services) and *Proportion of pregnant women who receive a prenatal HIV test* (Perinatal Transmission Prevention).

**CONCLUSIONS:**

The use of indicators for performance management has implications for evaluation of grantees funded through grants and cooperative agreements. Limitations in the data and an understanding of other environmental factors influencing performance must accompany interpretation of these data at the national level. While indicators may provide a report on the level of performance, plans and resources to assist those programs not achieving their targets must be in place .

**Furthermore, expanded surveillance and program monitoring and evaluation activities will be needed to increase the quality of data used to manage performance.**

**Control Number:** 03-A-770-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** D17 HIV Prevention Programs for Seropositive Persons

**2nd Category Choice:** C17 Interventions that Sustain Safer Behaviors Among Persons Living with HIV

**Population 1:** P46 People Living with HIV/AIDS

**Population 2:** P19 Gay and Other Men Who Have Sex With Men

**Presentation Preference:** Single Oral

**Title:** High Risk Sex, Including Unprotected Anal Sex in Commercial Sex Venues among HIV-Positive Gay and Bisexual Men after Repeated Exposure to HIV Counseling and Testing.

**Author Block:** *Sey, KA; Harawa, NT*

HIV Epidemiology Program, LA County Department of Health Services, Los Angeles, CA

**Abstract Body:**

**Background/Objectives:** To describe sexual behaviors following diagnosis with recent HIV infection and to examine the potential role of sex in commercial sex venues (CSVs) in the continued transmission of HIV among gay and bisexual men.

**Methods:** Between 1996 and 2000, 102 gay and bisexual men diagnosed with acute/primary or recent HIV infection participated in a two-year follow-up survey. Participants were recruited through a collaborative network of providers serving high-risk and HIV-infected individuals in Los Angeles County. Participants were interviewed at baseline and every six months.

**Results:** Although the sample reported having utilized HIV prevention services regularly, reported levels of risk taking were high both before and after receiving their first positive test result. Following diagnosis, 56% reported multiple partners at a rate exceeding six per year, 56% reported continued sex in CSVs, 21% reported unprotected anal sex in a bathhouse or sex-club, and only 49% reported disclosure of HIV status to all sexual partners. Number of partners, number of unprotected anal sex exposures, and failure to disclose HIV serostatus were reported with greater frequency among participants who reported sex in CSVs.

**Conclusions:** Prevention efforts that target HIV-positive men cannot ignore the role of CSVs in transmission.

**Control Number:** 03-B-774-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D05 Developing and Sustaining HIV Prevention Capacity

**2nd Category Choice:** D27 Improving Capacity to Conduct Process and Outcome Evaluation

**Population 1:** P3 African Americans

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Single Oral

**Title:** Capacity Building Assistance

**Author Block:** *Wrenn, P*

South Side Help Center/Midwestern Prevention Intervention Center, Chicago, IL

**Abstract Body:**

**ISSUE:** Capacity building assistance (CBA) providers and project managers/supervisors are in need of effective, sustainable techniques to enhance the technical assistance process. Professional coaching strategies can be applied to HIV program planning, implementation, and evaluation.

**SETTING:** African American community based organizations (CBOs) and organizations serving African American populations have been identified as the intended audience for culturally relevant technical assistance through coaching.

**PROJECT:** This presentation will focus on how professional coaching strategies can be applied to the capacity building assistance process with measurable long and short-term outcomes. This model focuses on three key coaching modalities and how they can enhance CBA services; strategies on conducting a program assessment and review; and developing a short or long-term coaching plan to sustain HIV programs.

**RESULTS:** Programmatic capacity building assistance stimulates administrative paradigm shifts, helping to set the foundation for long-term program sustainability. **LESSONS LEARNED:**

Providing CBOs with CBA services through the use of coaching techniques reveals several implications for future trends in HIV/AIDS technical assistance. Through programmatic and administrative technical assistance based upon the science of coaching, organizations will enhance their ability to effectively deliver HIV/AIDS services, with fiscal viability and sustainable programmatic structures.

**Control Number:** 03-B-776-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D14 HIV Prevention Programs for Migrant Populations

**2nd Category Choice:** E29 Other (Please specify on Additional Info page)

**Population 1:** P41 Military Personnel

**Population 2:** P40 Migrant Populations

**Presentation Preference:** Poster Session

**Title:** Advocacy campaign for the HIV/AIDS Prevention Project Implementation in the Military Community: the case of Benin

**Author Block:** *AZONDEKON, AF<sup>1</sup>; LAWANI, R<sup>1</sup>; ATADOKPEDE, FA<sup>1</sup>; KOUTON, G<sup>2</sup>; GNANGNON, AT<sup>1</sup>; SEHONOU, J<sup>3</sup>*

1 Army Health Services, Benin Armed Forces, Cotonou, Benin; 2 US Embassy, Cotonou, Benin; 3 Benin Armed Forces, Cotonou, Benin

### **Abstract Body:**

**Advocacy campaign for the HIV/AIDS prevention project implementation in the military community: the case of Benin**

### **Table of Contents**

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### **Issues**

Within the frame work of the implementation of the HIV/AIDS prevention project in the Benin Armed Forces and Police, financed by the Department Of Defence through the Leadership in Fighting an Epidemic that is under Navy Health Research Center coordination in San Diego, an advocacy campaign was initiated to assess the commitment level of the military community and its senior staff.

### **Settings**

The campaign took place in the offices and barracks of the Armed Forces and Police throughout the Benin country(West Africa). It was addressed to commissioned officers, non-commissioned officers and the ranks and file.

### **Description**

The content of the campaign was a series of talks of 45 minutes on HIV/AIDS in the World and in Benin, the situation in armies and its impacts on the Army institution and military community. Then the HIV/AIDS fighting program in BAF was presented after a simulation sketch. Then, follow discussion and exchanges of ideas on the matter.

### **Results**

42 barracks and bases were covered; 156 head officers and 4500 military of all ranks were met.

### **Lessons learned**

At the head officers level, the awareness level is up but the strong commitment is yet to follow. They also come along that responsibility is not only at an individual level but is also at legal(Army regulations), statutory and hierarchic level.

Local comities in the barracks with all the Armed Forces and Police components represented is a real need for the community participation. Moreover, children, spouses and military parents

**should be involved.**

**Army community is aware that HIV/AIDS impact on Army is not only at the institution level(threat of security, lost of nation trust, non participation in peacekeeping missions) but also at the whole community level(failure of military cohesion, socio-economic difficulties and social disintegration).**

**Many slogans on the commitment into struggle were brought out by the military community and the senior staff.**

**Conclusion**

**An advocacy campaign must be conducted before an HIV/AIDS prevention program in the Army because it enables to assess the commitment level and the need of beneficiaries but also arouses commitment actions, from the awareness level, in the senior staff midst.**

**This issue may be the first step to build a participative, comprehensive and evidence-base prevention activities planning.**

**Control Number:** 03-B-777-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D34 Scaling Up HIV Prevention Programs

**2nd Category Choice:** D19 HIV Prevention Programs for Women

**Population 1:** P12 Communities of Color

**Population 2:** P61 Women

**Presentation Preference:** Single Oral

**Title:** One Step Further: From Outreach to Prevention Case Management for High Risk Women of Color in San Francisco

**Author Block:** *Rhodes, III, P*

CAL-PEP, Oakland, CA

**Abstract Body:**

**ISSUE:** After years of outreach and health education work in underserved communities of color in San Francisco, we recognized a need for more long-term, extensive prevention services to guide clients through positive changes in their lives.

**SETTING:** High risk, underserved communities of color in San Francisco (including the Tenderloin, Mission, South of Market, and Bay View Hunter's Point neighborhoods).

**PROJECT:** The California Prostitutes' Education Project (CAL-PEP) was founded in 1984 to empower sex workers being scapegoated in the AIDS epidemic. CAL-PEP's mission has since broadened to include comprehensive HIV prevention and support services for high risk African Americans and other disenfranchised communities of color. The focus of our work has been street outreach and HIV mobile testing. In 2002, CAL-PEP expanded its San Francisco programs that already included brief outreach encounters and health education groups. We broadened the program to include prevention case management (PCM). PCM allows staff to assist female clients in overcoming previously insurmountable barriers by offering longer term, continued support and follow-up. Appropriate clients for PCM are recruited from brief outreach encounters and health education groups. They are given incentives for keeping their first appointments. PCM is provided wherever it is convenient for the client—at our office, client residences, or community settings. The expansion of our program also included a community event to allow us to introduce our new services to our clients and the rest of the community. We accomplished this by setting up a booth at San Francisco's Juneteenth Celebration.

**RESULTS:** In the first year of our enhanced program, we provided PCM to 45 women, as well as 144 individual risk reduction counseling sessions, 2916 brief outreach encounters, 96 health education groups, and 1 community event. Integrating PCM into our existing services proved to be both challenging and rewarding. Through the year, our successes included helping clients to access services from homeless shelters, the Housing Authority, and medical facilities. We found that creating a tight professional network with other agencies facilitated these processes for our clients. We helped clients to make appointments and accompanied them for support. We were able to improve clients' self-esteem by helping them to achieve goals, and by providing makeovers with haircuts and new outfits. An expected challenge we faced was getting clients to keep their appointments.

**LESSONS LEARNED:** PCM gave us the opportunity to help long-term and new clients more effectively by allowing us extended contact with them. This was necessary for identifying barriers to and plans for achieving goals. Over the year, we saw the importance of working with the partners of the women in PCM. Usually, by incorporating their partners into their PCM, our clients were able to get more support in their prevention choices.



**Control Number:** 03-B-782-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D34 Scaling Up HIV Prevention Programs

**2nd Category Choice:** D14 HIV Prevention Programs for Migrant Populations

**Population 1:** P40 Migrant Populations

**Population 2:**

**Presentation Preference:** Single Oral

**Title:**

**"Assessment of Need for the Implementation of STI/AIDS Programs in the Slums of Bangladesh".**

**Author Block:** *Dr.Ahmed, A; Dr.Mridha, MK; Ahmed, SN*

E-mail: cari-org@bdonline.com; Mail: CARI (Community Advancement And Research Initiatives),  
130/B Malibag First Lane, Dhaka 1217, Bangladesh

**Abstract Body:**

**ISSUE:** In the large cities of Bangladesh, more than 50% of the population lives in slums. Slum is the dwelling place of domestic migrants, sex workers, transport workers and these population groups are particularly at risk of contracting STI/AIDS due to their involvement with high risk behaviors.

**SETTING:** This descriptive study was carried out in a slum of Dhaka. A total of 308 persons (57% male & 43% female) of reproductive age were interviewed with a structured questionnaire.

**PROJECT:** The objective of the study was to assess the knowledge and attitude of slum dwellers about STI/AIDS. It also explored the treatment seeking behavior of the respondents, the scope of STI/AIDS intervention in the slums and extent of assistance the slum dwellers can provide to the STI/AIDS implementation activities.

**RESULTS:** The slum dwellers are involved with a wide area of occupation (Transport workers: 18%, House maids: 23%, Garments workers: 7%) and 50% of them earn US\$35 to \$50 per month and use US\$3.3 per month for treatment. Eighty one percent (81%) has heard the name of AIDS but only 20% of them know at least 2 modes of transmission of HIV. Fifty percent (50%) could not mention any STI and 24% had wrong ideas about it. Most of the respondents (60%) consult the medicine vendors for treatment of diseases and 57% don't have compliance with treatment. All the respondents were sexually active and 28% of them had multiple sexual partners. None was found to use condom consistently, where as occasionally condom use was 12%.

**LESSONS LEARNED:** In spite of nationwide awareness raising campaign, the slum dwellers of Dhaka have poor knowledge about STI/AIDS and safe sex practices are very low among them.

The slum dwellers emphasized on free medicine and doctor's consultation rather than message of STI/AIDS as their felt needs but are ready to provide assistance in awareness raising campaign. It is necessary to scale up STI/AIDS intervention for slum dwellers in Bangladesh.

**Control Number:** 03-B-783-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D10 HIV Prevention Program Evaluation

**2nd Category Choice:** D05 Developing and Sustaining HIV Prevention Capacity

**Population 1:** P3 African Americans

**Population 2:**

**Presentation Preference:** Single Oral

**Title:** Using Evaluation within your HIV Community Based Program

**Author Block:** Gooden, K

Association for Drug Abuse Prevention and Treatment, Inc., Brooklyn, NY

**Abstract Body:**

**ISSUE:** Agencies in communities of color tend to fall short in addressing issues that sustain, improve and/or expand HIV prevention services. Some boundaries that effect agency growth are their inability to improve the capacity of program design, development, implementation and effective evaluation of HIV prevention program. Addressing these issues are crucial to the emerging populations of HIV infected and their need to receive effective services from HIV programs.

**SETTING:** This study is conducted with community based organization throughout the Northeastern region.

**PROJECT:** The Northeastern PIC provides capacity building assistance (CBA) in the area of intervention, evaluation, and implementation. Our CBA focuses on assisting community organization to sustain, improve and/or expand HIV program. We used a random sample of community based organizations that participated in our Program Evaluation skills building course. An evaluation is completed after each community based organization completes our 2-day skills building course. The 12 month scheduled skills building course includes questions regarding the type of interventions that are used after community based organizations completed the course. Participant noted that the workshop provided program participants with an interactive skills building demonstration on how to construct a logic model of their HIV prevention program. The Logic models provided a description of how a program works to achieve desired benefits for program participants. It also provides a useful framework for examining the key program components needed to assess the HIV prevention program's efficacy.

**RESULTS:** Of the 12 community based organizations that completed the 2 day skills building course, 55% of them were able to increase program effectiveness by 89% within a six month time span. Of those who participated (10%) reported that their agency did not implement the identified strategies the skills building course presented, 30% reported that follow-up within the agency wasn't made, and 60% reported that their agency was very helpful in implementing strategies.

**LESSONS LEARNED:**

A majority of community based organizations that participated in the study gained a clear understanding of their HIV Prevention Program goals and objectives, activities that their HIV Prevention Program are involved in, and the beliefs about how these activities will eventually result in their programmatic goals. In addition, community based organizations increased knowledge in developing a system for measuring program outcomes and how to use the results to improve program efficiency.

At the end of the skills building activity, 100% of program participants were able to describe how an intervention actually works, demonstrate achieved outcomes and monitor programs process.

**Control Number:** 03-B-791-NHPC  
**Format:** Abstract Format II - Descriptive Summary  
**1st Category Choice:** D29 Outreach  
**2nd Category Choice:** C36 Social Marketing  
**Population 1:** P44 Outreach Workers  
**Population 2:** P38 Media Spokespersons  
**Presentation Preference:** Single Oral

**Title:** Syphilis Elimination Project - Community Outreach

**Author Block:** *Allen, M; Perez-Espinoza, C; Hartwell, V; Pope-Holland, S*  
Fulton County Department of Health and Wellness, Atlanta, GA

**Abstract Body:**

**Issue:** To demonstrate the use of strengthening community involvement and organizational partnerships in high morbidity areas and the Latino community.

**Setting:** Fulton County (Atlanta) Georgia accounts for more than 50% of the syphilis morbidity in the state. The national rate of infectious syphilis is 30 times higher for African Americans than for white Americans. There has also been a noticeable increase in the Latino community among males  
**Project:** The Mobile Unit was used in areas of high syphilis incidence to provide education and intervention through screening and early detection. Radio One initiated Operation WAVE (the War Against the Virus is Escalating) a community outreach program to increase HIV testing in African American communities by giving concert tickets as incentives for testing.

**Results:** To date (September 2001), approximately 250 people have been screened for Syphilis, HIV, and TB. From March 2001-September 2001 (8) people tested positive for HIV (12) people tested positive for Syphilis (8) had positive PPD tests. The outreach efforts (1) Provided accessible and timely client centered counseling, screening, and treatment services in high morbidity areas and potential re-emergence areas. (2) Provided free HIV and syphilis testing in conjunction with Radio One, the largest African American owned and operated broadcast company in the nation. (3) Collaborate with Community Based Organizations in high morbidity areas to increase testing and provide education.

**Lessons Learned:** Free testing in resource poor communities with high disease morbidity is essential to syphilis elimination efforts. Collaboration with non-health agencies, i.e. Radio One allows the community to receive the prevention message through public service announcements

**Control Number:** 03-B-792-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D27 Improving Capacity to Conduct Process and Outcome Evaluation

**2nd Category Choice:** D12 HIV Prevention Programs for Communities of Color

**Population 1:** P64 Other (Please Specify)

**Population 2:** P56 Staff of Community-Based Organizations

**Presentation Preference:** Group Oral

**Title:** Preliminary Results of The National Minority AIDS Council (NMAC) Evaluation Project

**Author Block:** *Harmon, FL<sup>1</sup>; Huang, JY<sup>1</sup>; Hayashi, SW<sup>1</sup>; Velez, C<sup>2</sup>*

1 Johnson, Bassin and Shaw, Inc., Silver Spring, MD; 2 National Minority AIDS Council, Washington, D.C., DC

**Abstract Body:**

**ISSUE:** Evaluating program effectiveness of organizations that provide capacity building services to community-based organizations (CBOs) that serve people of color with HIV/AIDS.

**SETTING:** Organizations throughout the U.S. that provide capacity building services to minority CBOs serving people of color with HIV/AIDS.

**PROJECT:** The National Minority AIDS Council (NMAC) evaluation project involves the development of a theory-based evaluation to assess process and outcome measures of NMAC's capacity building components (i.e., trainings, conferences, individualized capacity building, Internet resources, and publications), and the development of quality assurance protocols to monitor the program procedures. Outcome data from the first two quarters will be presented.

**RESULTS:** Presentation will focus on evaluation design and outcome data from the first two quarters. Data collected thus far from a regional training (n=72) showed (1) a significant increase in perceived knowledge in 4 topic areas based on pre-post assessment; (2) participants began with less knowledge and skills about grant writing; (3) participants anticipated using information and materials often; and (4) lower satisfaction with the fiscal management session compared to other sessions. An evaluation of NMAC's website (n=103) found favorable perceptions of the website. Second quarter data on other components are being collected and results will be reported.

**LESSONS LEARNED:** Through evaluation efforts such as this project, organizations can better understand the service needs and capabilities of CBOs. Learning about program effectiveness for NMAC can be generalized to other organizations that provide capacity building services.

**Control Number:** 03-B-796-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D38 Training to Implement New HIV Prevention Interventions

**2nd Category Choice:** G14 Models of Integrating HIV Prevention into Substance Abuse Programs

**Population 1:** P64 Other (Please Specify)

**Population 2:** P4 Alcohol and Other Drug Users

**Presentation Preference:** Poster Session

**Title:** The Role of Curriculum Development and Training in Integrating HIV in Substance Abuse Treatment Programs

**Author Block:** *Domb, M; Hogan, J*

SPHERE, Amherst, MA

**Abstract Body:**

**ISSUE:**

Drug and alcohol use is a main factor in HIV transmission in the United States. Substance abuse treatment represents a unique health promotion opportunity, yet substance abuse treatment counselors are often ill equipped to facilitate HIV prevention counseling.

**SETTING:**

Project SPHERE (The Statewide Partnership for HIV Education in Recovery Environments) works with drug and alcohol treatment programs throughout Massachusetts, developing curricula and training providers, on a site-specific basis, to help them integrate HIV prevention counseling into their ongoing work. Working on-site allows for individualized programming as well as team building, using training as an opportunity to progress the HIV integration efforts at the program.

**PROJECT:**

A successful and well-used strategy by SPHERE to assist substance abuse treatment providers to integrate HIV into their work is the provision of free, on-site training. Currently, SPHERE has 25 topics it offers to providers upon request. SPHERE's training is a model program that embraces the belief that the adult learning process when applied to HIV trainings can facilitate increased awareness and knowledge of HIV and build training participants' willingness to act on their new awareness. The action in this case is *training implementation*, or finding ways to integrate HIV into their work. SPHERE trainings seek to increase knowledge, help participants identify skills they need to apply the training content in their work. Training implementation is more than just a focus of this training program, it influences topic selection, curricula design, training material development and training evaluation.

**RESULTS:**

On-site training, including the dissemination of specialized Training Resource Packets, that focus on both knowledge and application can be highly successful in 2 areas: making participants more aware of the HIV risks faced by their clients, AND inspiring counselors to address these risks. Evaluations of SPHERE trainings demonstrate participant satisfaction with the training, increased knowledge acquisition and greater participant intention to use the trainings in their work. SPHERE's trainings consistently succeed in increasing knowledge and awareness, in supporting participant willingness to act on this awareness and in providing opportunities, activities and skills that allow participants to act.

**LESSONS LEARNED:**

Providing training to substance abuse treatment providers is essential to ensuring that HIV is addressed in substance abuse treatment. A training program that is rooted in principles of adult learning and emphasizes implementation is engaging and valuable. Training can also introduce new skills, techniques and information in a compelling format. Providers are open to this

**experience and motivated by it. Successful provider training can play a significant and important role in progressing HIV integration in substance abuse treatment.**

**Control Number:** 03-B-797-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D40 Other (Please specify on Additional Info page)

**2nd Category Choice:** G05 Implementing HIV Prevention in Substance Abuse Treatment Facilities

**Population 1:** P64 Other (Please Specify)

**Population 2:** P4 Alcohol and Other Drug Users

**Presentation Preference:** Poster Session

**Title:** Resources to Promote HIV Risk Assessments and Risk Reduction Planning in Substance Abuse Treatment

**Author Block:** *Domb, M; Hogan, J*

SPHERE, Amherst, MA

**Abstract Body:**

**ISSUE:**

Engaging in meaningful HIV risk assessment conversations is an important component of HIV integration efforts in drug and alcohol treatment programs. Assisting drug and alcohol treatment providers to participate effectively in the risk assessment process and support clients' decisions and efforts to reduce risk is essential. Drug and alcohol treatment providers need knowledge of HIV transmission and prevention methods, comfort in discussing sexual and drug use matters and an ability to make meaningful referrals in order to participate effectively in this process. Many providers need access to specialized training and resources to promote HIV risk assessment conversations in drug and alcohol treatment.

**SETTING:**

In drug and alcohol treatment programs in Massachusetts, SPHERE (The Statewide Partnership for HIV Education in Recovery Environments) facilitates access to resources that assist providers to participate in the risk assessment process with clients. These resources and tools are designed to be used by counselors with their clients or patients and are integrated into SPHERE staff trainings.

**PROJECT:**

SPHERE has developed an assortment of HIV risk assessment resources in partnership with substance abuse treatment providers that can be used in the treatment setting. Incorporating these tools into risk assessment trainings affords an opportunity for providers to practice using them. These tools help providers to undertake comprehensive HIV risk assessment conversations and engage in risk reduction planning with clients. These resources can be easily applied and used in a variety of other settings including community health centers, family planning clinics, HIV testing sites, needle exchange programs and outreach programs. Funded by the Massachusetts Department of Public Health to build an HIV statewide support system for substance abuse treatment providers, SPHERE has assembled a variety of its resources in its HIV Risk Assessment Desktop Tool Kit.

**RESULTS:**

A creative combination of training and tools can help substance abuse treatment providers implement new risk assessment skills and increase their comfort level in discussing sexual and drug related issues with clients. This increased knowledge and comfort can lead to a greater willingness to engage in the assessment and prevention process in drug treatment. This affords clients with a welcome opportunity to address their HIV risks in the context of their whole life, including their drug use and nonuse.

**LESSONS LEARNED:**

Comprehensive and routine HIV risk assessment is a critical entry point to bring people at risk

**into care, services, and counseling. Making these assessments part of an ongoing conversation is critically important in the substance abuse treatment setting. Too often HIV risk assessment is done only at intake, relying more on a yes or no checklist rather than an interactive discussion. These assessments cannot accomplish a prevention objective nor can they assist clients in determining what changes they may want to consider.**

**Easy-to-use tools can achieve two important objectives: engage providers to initiate and participate in the risk assessment conversation and engage clients in sensitive and meaningful risk reduction planning. Also, tools can facilitate the referral process in easy and concrete ways, resulting in improved services for clients.**



**Control Number:** 03-B-798-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D07 HIV CTS Programs

**2nd Category Choice:** D24 Implementing HIV Prevention Guidelines

**Population 1:** P50 Program Administrators

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Single Oral

**Title:** Health department CTR programs

**Author Block:** *Aldridge, C; Randall, L*  
NASTAD, Washington, DC

**Abstract Body:**

**ISSUE:** Health department CTR programs provide quality assured testing and prevention counseling to high-risk individuals who might not otherwise seek testing.

**SETTING:** Various health department CTR sites across the nation.

**PROJECT:** To support implementation of CDC's *Revised Guidelines for HIV Counseling, Testing, and Referral* and to build on NASTAD's Survey on Technical Assistance, Testing, and Unified Services (STATUS) project, NASTAD conducted a series of surveys and interviews with state health departments to identify best practices and model tools and protocols. Health departments were surveyed to provide information on their programs on the topics of targeting CTR services, quality assurance, and providing and tracking referrals. Based on survey results, health departments were chosen for follow-up interviews. Health departments also provided examples of tools and protocols used in their jurisdictions.

**RESULTS:** NASTAD identified a series of best practices used by state health departments in their CTR programs to increase the proportion of clients at increased risk who accept HIV CTR, the overall seropositivity rates, provide quality assurance, and ensure clients are effectively linked to medical, support, and prevention services. Practices to be discussed include: strategies for enhanced quality assurance; funding strategies to enhance targeting and performance; setting thresholds for seropositivity; use of multiple testing technologies including HIV rapid testing; use of counselor training protocols; and routinizing HIV testing in some settings.

**LESSONS LEARNED:** Health departments use a variety of techniques to ensure they are providing quality services and are reaching those at highest risk for HIV infection. Various factors influence a health department's choice of techniques for their jurisdictions including resources and funding available, epidemiological data, capacity of grantees, community access, and structural factors.

**Control Number:** 03-A-802-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** D07 HIV CTS Programs

**2nd Category Choice:** F09 HIV Testing in Healthcare Facilities Programs

**Population 1:** P43 Outpatient Clients

**Population 2:** P28 Hospitalized Patients

**Presentation Preference:** Group Oral

**Title:** Routine HIV testing: High yield in urgent care centers

**Author Block:** *Walensky, RP<sup>1</sup>; Losina, E<sup>2</sup>; Malatesta, L<sup>3</sup>; Barton, GE<sup>3</sup>; O'Connor, CA<sup>3</sup>; McGuire, JF<sup>3</sup>; Freedberg, KA<sup>1</sup>*

1 Massachusetts General Hospital, Boston, MA; 2 Boston University School of Public Health, Boston, MA; 3 Massachusetts Department of Public Health, HIV/AIDS Bureau, Boston, MA

**Abstract Body:**

**Routine HIV testing: High yield in urgent care centers**

**RP Walensky, E Losina, L Malatesta, GE Barton, CA O'Connor, JF McGuire, KA Freedberg**

**Background:** To identify the estimated one-third of HIV-infected patients in the US who are undiagnosed, CDC guidelines urge routine HIV Counseling, Testing and Referral (HIV CTR) in hospitals with an HIV prevalence of 1%. This is rarely done. Our objectives were: 1) to establish the feasibility of a routine, voluntary HIV CTR program called "Think HIV," 2) to identify and refer to care undiagnosed HIV-infected patients, and 3) to determine the prevalence of undiagnosed infection in Massachusetts (MA) urgent care centers (UCCs).

**Methods:** We instituted Think HIV in the UCCs of 4 MA hospitals with the highest rates of HIV reporting. Think HIV offered voluntary, confidential HIV CTR using the Orasure® HIV-1 antibody detection system (Epitope, Inc., Beaverton, OR) to all patients in these UCCs. Follow-up and referral of HIV-infected patients was established. The Think HIV program results were compared to HIV test results done in the same period statewide at anonymous or confidential HIV CTR DPH sites.

**Results:** From January through September, 2002, Think HIV offered HIV CTR to 7,026 people of whom 2,444 were tested (acceptance rate 37.3%). Think HIV had an HIV prevalence of 2.0% compared to 1.4% statewide ( $p=0.016$ ). Think HIV tested 1,702 people vs. 4,240 statewide (69.6% vs. 12.6% of total tested) who did not report self-described high risk or a need for HIV test documentation. Among those who would likely not have been tested without this program, Think HIV identified 31 new HIV infections (HIV prevalence 1.8%). For patients who self-reported prior HIV testing in 2002, Think HIV had an HIV incidence of 2.2 per 100 person years vs. 1.0 per 100 person years in those tested statewide ( $p=0.077$ ). Think HIV program costs per HIV case identified were \$4,850.

**Conclusions:** Think HIV, a Massachusetts urgent care center-based routine voluntary HIV CTR program, had a significantly higher yield than current self-referral testing. Routine HIV testing in sites like these will lead to identification and linkage to care of HIV-infected persons. Further efforts to expand such programs nationally are essential.

**Control Number:** 03-A-809-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** D07 HIV CTS Programs

**2nd Category Choice:** F09 HIV Testing in Healthcare Facilities Programs

**Population 1:** P43 Outpatient Clients

**Population 2:** P28 Hospitalized Patients

**Presentation Preference:** Group Oral

**Title:** Expanded Screening for HIV Disease in the United States: Clinical Impact and Cost-effectiveness

**Author Block:** *Paltiel, AD<sup>1</sup>; Weinstein, MC<sup>2</sup>; Kimmel, AD<sup>3</sup>; Seage III, GR<sup>2</sup>; Losina, E<sup>4</sup>; Sax, PE<sup>5</sup>; Zhang, H<sup>3</sup>; Freedberg, KA<sup>3</sup>; Walensky, RP<sup>3</sup>*

1 Yale University, New Haven, CT; 2 Harvard School of Public Health, Boston, MA; 3 Massachusetts General Hospital, Boston, MA; 4 Boston University School of Public Health, Boston, MA; 5 Brigham and Women's Hospital, Boston, MA

**Abstract Body:**

**Background/Objective:** Although current CDC guidelines recommend routine HIV counseling, testing, and referral (HIVCTR) in hospitals with  $\geq 1\%$  HIV prevalence, an estimated 280,000 Americans remain unaware of their HIV infection. The clinical and economic effects of expanded efforts to comply with these guidelines are unknown.

**Methods:** We evaluated the yield and performance of routine, voluntary population HIVCTR compared to HIV detection via clinical presentation and background testing (“passive” HIV detection). We developed a new mathematical simulation of HIVCTR and linked it to an existing, widely published model of HIV disease and treatment. We defined three alternative target populations based upon HIV prevalence and monthly incidence: “very high” (3% prevalence and 0.1% monthly incidence); “moderately high” (1% and 0.01%); and “US population” (0.1% and 0.0012%). Published estimates were obtained for rates of test acceptance (37% - 80%), rates of referral and linkage to care (67% - 88%), and HIV test characteristics (EIA = sensitivity 99.6%, specificity 97.5%). Clinical and economic data were derived from major trials and observational cohorts. Outcome measures included quality-adjusted life-expectancy, costs of testing and medical care, and cost-effectiveness in dollars per quality-adjusted life-year (QALY) gained.

**Results:** In a “very high” prevalence/incidence population, passive detection leads to a projected average life expectancy of 250.9 quality-adjusted life-months (QALMs) and per person lifetime costs of \$32,700. Adding a one-time EIA test increases population life expectancy to 251.2 QALMs and costs to \$33,800, yielding a cost-effectiveness ratio of \$39,000/QALY gained. More frequent screening produces greater survival, higher costs, and less favorable cost-effectiveness ratios; for example, screening every three years confers additional QALYs at a cost of \$53,000, while annual HIV screening costs \$97,000/QALY gained. In a “moderately high” prevalence/incidence population, the attractiveness of HIV screening persists but the benefits of more frequent testing are reduced; cost-effectiveness ratios for one-time, triennial, and annual EIA tests are \$40,000, \$64,000, and \$171,000/QALY gained, respectively. For every 100,000 adults at “US population” prevalence/incidence, a one-time EIA increases total life expectancy by 173 QALYs at an additional cost of \$5.4 million, for a cost-effectiveness ratio of \$31,000/QALY gained. More frequent screening in this comparatively healthy population produces almost no incremental benefit.

**Conclusions:** Routine, voluntary HIV screening every three years in moderately high and very high prevalence/incidence populations is justified on both clinical and cost-effectiveness grounds. One-time screening in the US population may also be cost-effective.

**Control Number:** 03-B-811-NHPC  
**Format:** Abstract Format II - Descriptive Summary  
**1st Category Choice:** D07 HIV CTS Programs  
**2nd Category Choice:** C32 Rapid HIV Tests  
**Population 1:** P50 Program Administrators  
**Population 2:** P26 HIV Prevention Providers  
**Presentation Preference:** Single Oral

**Title:** OraQuick HIV rapid test

**Author Block:** *Aldridge, C; Randall, L*  
NASTAD, Washington, DC

**Abstract Body:**

**ISSUE:** The CLIA waiver for OraQuick HIV rapid test presents new opportunities for health departments to reach individuals at high risk for infection but presents challenges for implementation.

**SETTING:** Publicly funded counseling, testing, and referral sites.

**PROJECT:** NASTAD has been conducting a series of surveys and interviews with state health departments to determine their capacity to implement a waived HIV rapid test and determine technical assistance needs. These surveys and interviews have allowed NASTAD to track the progress health departments have made in implementing rapid tests.

**RESULTS:** NASTAD has identified goals and strategies for use and implementation of rapid testing technology. Goals set by health departments including increasing return rates for results, better targeting of HIV testing to reach high-risk individuals, and increasing access to testing in highly impacted communities, Strategies for implementation include choosing appropriate uses of rapid tests within jurisdictions, providing training on the new technology, adapting prevention counseling models, retraining staff, working with public health laboratories, evaluating process and outcomes related to rapid testing, etc. Several states have begun making significant strides in implementing HIV rapid tests, with Michigan currently ready to begin distribution of test kits to pilot sites. Other states, including Wisconsin and Oregon will quickly follow. From discussions with these test sites, NASTAD has begun identifying potential “best practices” for HIV rapid tests.

**LESSONS LEARNED:** Throughout 2003, all health departments will begin planning for and implementing HIV rapid tests. Health departments see rapid tests as a valuable tool to allow them to better target HIV testing toward high-risk individuals that might not otherwise seek HIV testing or who would not return for results.

**Control Number:** 03-B-813-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D07 HIV CTS Programs

**2nd Category Choice:** F09 HIV Testing in Healthcare Facilities Programs

**Population 1:** P43 Outpatient Clients

**Population 2:** P28 Hospitalized Patients

**Presentation Preference:** Group Oral

**Title:** Expanding Routine, Voluntary HIV Testing in the United States: Time for Implementation

**Author Block:** *Freedberg, KA<sup>1</sup>; Paltiel, AD<sup>2</sup>; Losina, E<sup>3</sup>; Kimmel, AD<sup>1</sup>; Walensky, RP<sup>1</sup>*

1 Massachusetts General Hospital, Boston, MA; 2 Yale University, New Haven, CT; 3 Boston University School of Public Health, Boston, MA

**Abstract Body:**

**Background/Objectives:** In all reported efforts of routine, voluntary HIV testing programs, increased HIV case-identification has proven feasible. These programs have found HIV prevalence rates above 2.0%, higher than in many state-funded self-referral test sites. HIV simulation models have demonstrated that routine screening at an HIV prevalence above 0.5% is cost-effective compared with other uses of both HIV and other medical care dollars.

**Implementation Plan:** To identify the estimated 280,000 Americans living with undiagnosed HIV infection, a nationwide public health effort is necessary. In areas throughout the US with the highest reported HIV/AIDS cases, patients in hospitals, emergency rooms, urgent care centers, and sexually transmitted disease clinics should routinely be offered voluntary, HIV CTR. To be most effective, these HIV CTR programs must be equipped with adequate space for patient confidentiality, multilingual counselors where necessary, test results unlinked to medical records, and aggressive patient follow-up and linkage efforts. For analytic efficiency and ease of comparison to current programs, data should be collected on states' current HIV screening forms. After a six-month trial period, each site can determine the yield of routine testing and linkage to care efforts. Sites with prevalence above the nationally recommended threshold (currently 1.0%) would continue to offer routine testing; those with prevalences much below the threshold may choose to redeploy funds in order to identify sites with higher yield. Where budgets are severely constrained, additional efforts to link those patients identified with HIV to care are the most cost-effective use of resources. For any given HIV CTR budget, optimal use of CTR resources depends heavily on undiagnosed prevalence as well as the efficiency of linkage to care. Issues of stigma and the legal ramifications of HIV testing need to be addressed openly in designing these programs.

**Conclusions:** Routine, voluntary HIV testing at selected high prevalence inpatient and outpatient sites in the US has been proven both feasible and cost-effective. Expanding these efforts nationwide, in accordance with CDC guidelines, will substantially decrease the number of unidentified HIV infections in the United States.

**Control Number:** 03-B-815-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D12 HIV Prevention Programs for Communities of Color

**2nd Category Choice:** D04 Community Coalition Development

**Population 1:** P12 Communities of Color

**Population 2:** P19 Gay and Other Men Who Have Sex With Men

**Presentation Preference:** Single Oral

**Title: Putting Collaboration into Practice:** A Preventive Case Management Program at Three Community Based Organizations in Harlem.

**Author Block:** *Gottesman, LR*

Harlem Directors Group, New York, NY

**Abstract Body:**

**ISSUE:**

**Preventive Case Management (PCM) provides direct services to clients who are infected and/or affected by HIV/AIDS. The PCM program uses a harm reduction model to provide services in the following areas: HIV prevention education, treatment and care, counseling, support groups, and referrals. These services are provided by case managers and outreach workers in an environment that is non-judgmental and client centered. Clients are assessed on their risk behaviors; they learn how to reduce their risk through behavior change and maintain that change through on-going support services.**

**SETTING:**

**The Harlem Directors Group (HDG) is an organized consortium of community based programs and decision makers in Harlem and Upper Manhattan that promote the wellbeing of residents impacted by HIV/AIDS. This is accomplished through fostering collaboration, enhancing and complementing the capacity of member agencies to deliver direct services. Iris House, A Center For Women Living With HIV, Inc. provides services to women with HIV/AIDS and at risk community members in Harlem. Harlem United Community AIDS Center, Inc. provides services to people living with HIV/AIDS (PLWA/H) and targeted prevention services in Harlem.**

**PROJECT:**

**The NYC Department of Health and Mental Hygiene provides funding for PCM. It is a collaboration of HDG and two community-based organizations. Iris House PCM Program provides services to HIV negative partners of clients and to drug users in the community. Harlem United PCM Program: Hitting It Safer (HIS) provides services to men who have sex with men who do not necessarily identify as gay. PCM provides specialized assistance in initiating and maintaining behavior changes that reduce the transmission of HIV infection. This program provides information and referrals on the secondary needs of PLWH/A and those at risk as well as counseling and support. This project, along with other PCM programs in NYC, is currently being evaluated by the Hunter College Center on AIDS, Drugs and Community Health.**

**RESULTS:**

**In 2002, the PCM program provided basic HIV prevention education, risk and harm reduction information, to over 17,000 individuals at high-risk through outreach in Harlem and Upper Manhattan. Case Managers provided services to 100 people who were assisted in finding permanent housing, mental health services, job placement, entitlements and other interventions to support their behavior change. Over 80% of clients are African American and Latino men. These on-going direct services and counseling enabled clients to reduce and/or eliminate unsafe sex, to manage and reduce harm their drug use, and/or abstain from drug use.**

**LESSONS LEARNED:**

- **Collaboration is a strength, however it is difficult to maintain**
- **Communication is vital.**
- **Reduction in duplication of services.**
- **Case Managers benefit by receiving a wide range of feedback offered by HDG's PCM Coordinator, PCM team and their agency.**
- **PCM team receives on-going training.**
- **PCM clients are able to receive services at agencies that best meet their needs.**
- **Case conferences and chart reviews maintain quality control, provide an opportunity to share ideas, obtain referrals, and peer feedback and evaluation.**
- **Providing services to HIV negative clients in ASO has required expanding referral services and networks.**

**Control Number:** 03-B-822-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D12 HIV Prevention Programs for Communities of Color

**2nd Category Choice:** C23 Interventions that Encourage Drug Abuse Treatment

**Population 1:** P12 Communities of Color

**Population 2:** P20 Gay, Lesbian, Bisexual, Transgend, Question. Youth

**Presentation Preference:** Group Oral

**Title:** Implementation of Successful Individualized Multi-Intervention Strategies in Communities of Color to Get Chronic Homeless, Mentally-Ill High Risk Substance Abusers into Treatment: Findings from the Access to Continuum of Care and Empowerment Services Center (ACCES 2000)

**Author Block:** *Austin, J; Reyes, W*

Safe Haven Outreach Ministry, Inc. ACCES 2000 Center, Washington, DC

**Abstract Body:**

**ISSUE:** A combination of personalized outreach, prevention case management, group/individual prevention counseling, health communications/public information, counseling/testing and community level intervention services seek to reduce the risk of HIV infection and/or transmission among substance abusers.

**SETTING:** Street (pedestrian/mobile), venue-based (clubs/bars), shelters/food distribution centers, substance abuse treatment/housing programs, and community-based organizations in Washington, D.C.

**PROJECT:** ACCES 2000 provides rapid access to substance abuse detox, treatment, housing, and other continuum of care services. Staff provides a relevant mix of customized cultural-, language-, and gender-specific interventions for single-, dual- and multiple-diagnosed substance abusers in communities of color.

**RESULTS:** In FY 2002, ACCES 2000 staff served 3,146 men and 912 women for a total of 4,058 persons. Of this number, 2,985 were African Americans; 822 Latinos/as, 235 Whites, 16 Asian/Pacific Islanders; 1,853 heterosexuals, 1,069 MSM, 209 lesbians, 596 bisexuals, 209 transgenders, 122 questioning; 316 injection drug users, 2,641 other drug users, 645 non-drug users; 639 HIV+ persons (308 new disclosures); 688 mentally ill; 2,370 homeless; 2,064 ex-offenders; 1,021 in drug treatment; 143 in transitional housing; 850 ages 19 to 25, 1,461 ages 26-35, 1,285 ages 36-45, 419 over 45; 43 unknown age; distribution of 12,296 condoms, 3,964 safe sex kits, 4,094 face to face resource/prevention information, 4,533 f-t-f non-needle sharing messages; 154 risk assessments/risk plans and 425 risk reduction individual counseling for the most high risk clients; 285 HE/RR groups; 271 street, venue, and community outreach activities to drug strips, commercial sex areas, parks, community-based organizations, drug/alcohol treatment centers, businesses, GLBT-oriented bars, clubs, pageants, special events, homeless shelter/food distribution sites; 133 persons received onsite HIV counseling and testing services; 95 referrals/placements in substance abuse detox; 322 placements in residential substance abuse treatment; 577 treatment on demand to medical, mental health, food, emergency assistance, crisis intervention, advocacy, housing, transportation, vocational, employment, and entitlements services. Current enrollment in onsite activities is 418 clients.

**LESSONS LEARNED:** A cultural, language, and gender-specific mix of individualized, client-centered and science-based interventions for single-, dual- and multiple-diagnosed drug users in communities of color result in successful delivery of early intervention and continuum of care services for this target population.



**Control Number:** 03-B-823-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D15 HIV Prevention Programs for MSM

**2nd Category Choice:** C05 Community Level Interventions

**Population 1:** P19 Gay and Other Men Who Have Sex With Men

**Population 2:** P51 Public Health Workers

**Presentation Preference:** Single Oral

**Title:** Including MSMs in HIV Prevention Planning In Louisiana

**Author Block:** *Mayo, W; Longfellow, L*

Louisiana Office of Public Health, HIV/AIDS Program, New Orleans, LA

**Abstract Body:**

**ISSUE:**

**Community planning groups in Louisiana have difficulty in recruiting non-identifying men who have sex with men (MSM) to participate in the community planning process. The Louisiana Office of Public Health, HIV/AIDS Program 's (HAP) ability to develop and deliver HIV prevention messages to non-identifying MSM and MSM of color depends on obtaining their input. MSM expressed concerns that their issues were not adequately addressed in the existing community planning groups.**

**SETTING:**

**HIV Prevention Community Planning Process in Louisiana**

**PROJECT:**

**During 2002, HAP and the community planning groups collaborated to develop a forum for MSM to concentrate on their issues. As a result, the Louisiana MSM Task Force was formed.**

**RESULTS:**

**The Louisiana MSM Task Force was established with the support of HAP and the statewide and regional community planning groups. HAP appointed a staff person to coordinate and facilitate the Task Force. Guidelines for membership were established and adopted by the statewide group. Members were recruited from every region of the state.**

**During the initial Task Force meeting, the roles of HAP and stakeholders were established, goals were set and an action plan was established. Subsequent meetings resulted in the development of guidance for regional HIV prevention community planning groups on how to reach MSM in their areas.**

**LESSONS LEARNED:**

**MSM Task Force evaluation data indicate that the MSM community in Louisiana feels that HAP and the community planning groups are listening to their input. The comprehensive plan for HIV prevention will reflect recommendations of the Task Force. The Task Force has helped ensure that efforts to reach MSM with HIV prevention messages will achieve maximal results.**

**Control Number:** 03-A-824-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** D17 HIV Prevention Programs for Seropositive Persons

**2nd Category Choice:** C36 Social Marketing

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P46 People Living with HIV/AIDS

**Presentation Preference:** Single Oral

**Title:** Lessons in collaboration - a year of statewide HIV prevention for people with HIV/AIDS in Arizona

**Author Block:** *Leybas-Amedia, VG; Nyitray, A., Allen, M.*

Southern Arizona AIDS Foundation, Tucson, AZ

**Abstract Body:**

**SETTING:** Arizona: Tucson (an hour and a half from the US/Mexico border), Phoenix (the largest metropolitan area); Yavapai County (considered rural northern Arizona); and Chinle at the tip of Arizona on the Navajo Reservation

**PROJECT:** In November of 2001 the Southern Arizona AIDS Foundation received funding from the State Health Department to conduct its first-ever HIV prevention project for people living with HIV/AIDS and their providers.

Our first year focused on formative evaluation for each project location, a media campaign, and project development. Our priority was to design a statewide media campaign with a de-stigma message. The campaign would include English and Spanish television and radio PSAs, billboards, print ads, and bus cards. We also posted a website to help people access resources throughout the state and assess their risk. We established and fully integrated our statewide Advisory Panel in the development of the project. Panel members were people living with AIDS, preventionists, Ryan White and Community Planning representatives, and our State Health Department.

Simultaneously, the project director began project development with the collaborators while the evaluator began formative evaluation planning, development, implementation, and analysis.

**RESULTS:** Over 3 million Arizonans were exposed to the English and Spanish television PSAs. Findings show Arizonans have a lower level of stigma toward people with HIV compared to national statistics of Americans' stigma levels.

We conducted formative evaluation among people living with HIV within each project site. Findings from Yavapai County emphasized the great concern people have about their privacy and the importance of confidentiality in a rural area. Women living with HIV expressed tremendous stress due to concerns about their children and finances. In Phoenix, formative findings led the project to cut the over 5 session training down to 3 ½ hours; to add social events; to add educational forums to discuss treatment and prevention; and to add opportunities to volunteer working with others living with HIV. The Tucson formative evaluation found that MSM on average learn about their diagnosis one year before they seek services, compared to IDUs who seek services on average 5 years after they learn about their diagnosis.

After year one, the project is fully staffed, each area has its local advisory panel, and each collaborator is integrated into the bigger, statewide project.

**LESSONS LEARNED:** For one, our agency experienced the role of a project officer with other CBOs and health departments. We took a full year to conduct formative evaluation. Also, it was critical to include people with HIV in the project development process such as we did through our Advisory Panel. Collaborators have varying levels of expertise and different agency procedures, for this reason, make sure to take time to learn the people and agencies you plan to work with. It's

**key to visit with collaborators face-to-face often in order to provide support, a sense of belonging and purpose, and to exchange knowledge and information.**

**Control Number:** 03-B-836-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D10 HIV Prevention Program Evaluation

**2nd Category Choice:** D27 Improving Capacity to Conduct Process and Outcome Evaluation

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P56 Staff of Community-Based Organizations

**Presentation Preference:** Single Oral

**Title:** A statewide web-based evaluation system  
for HIV prevention providers: Evaluating local interventions (ELI)

**Author Block:** *Livermore, SR<sup>1</sup>; Clark, LR<sup>2</sup>; Heusner, CM<sup>3</sup>; Webb, DS<sup>3</sup>; Truax, SR<sup>3</sup>; Myrick, R<sup>4</sup>; Bernstein, JT<sup>5</sup>*

1 Department of Health Services, Office of AIDS, Prevention Research and Evaluation Section, Sacramento, CA; 2 Logic Concepts, Inc., San Diego, CA; 3 California Department of Health Services, Office of AIDS, Prevention Research and Evaluation Section, Sacramento, CA; 4 University of California, Universitywide AIDS Research Program, Office of Health Affairs, Oakland, CA; 5 University of California San Francisco, Center for AIDS Prevention Studies, San Francisco, CA

**Abstract Body:**

**ISSUE:** In response to federal program evaluation requirements, the California State Office of AIDS (OA) designed and implemented an innovative web-based data collection system for its HIV prevention providers.

**SETTING:** Publicly funded HIV prevention providers throughout California.

**PROJECT:** The goal of the Evaluating Local Interventions (ELI) system is for California's HIV prevention providers to be able to systematically collect and access client-based information critical to effectively prevent HIV infection and evaluate their programs. The process began by conducting needs assessments across the State in collaboration with the University of California AIDS Research Program to define core measures that target program implementation and risk behavior. Data collection forms for various types of encounters were developed in conjunction with the system and are divided into intervention types: individual, group, outreach, prevention case management and health communication. Providers collect information using these forms and then enter data into the ELI system via the Internet. ELI resides on a highly secured server and requires password access. The system continues to evolve based on provider feedback. Statewide training and technical assistance on the use of ELI and evaluation were co-developed by the OA and the UCSF Center for AIDS Prevention Studies.

**RESULTS:** Throughout Spring and Summer 2002, a minimum of two individuals from each of the 61 local health jurisdictions (LHJ) in California were trained on the use of ELI. On-going training is currently provided every other month around the State. Statewide implementation of ELI began July 1, 2002 and ELI generated reports indicate that as of February 2003 there are 1,186 interventions defined with 335,188 contacts recorded. A total of 1,060 users and 187 community-based organizations are associated with at least one of the 61 LHJs. This is the first time basic information regarding HIV prevention services other than HIV counseling and testing has been summarized on a statewide level.

**LESSONS LEARNED:** Community and LHJ participation in the development of ELI was crucial to its successful launch in July 2002. Developing a flexible system that can be updated to meet the specific needs of providers has been an essential feature of the ELI system. Making several of the forms available in the Spanish language was met with enthusiasm by providers. Training evaluations have been very positive and supportive of the ELI system, although suggestions have been made to create specific trainings for different users and levels of data/computer experience,

**i.e, Basic ELI training and Advanced ELI training. Feedback has also suggested that greater emphasis would be useful on the reports generated from ELI combined with specific examples of how the data could be used for evaluating programs. Accessing the ELI database via the OA website has enabled users to obtain up-to-date guidance, answers to frequently asked questions and general evaluation information.**

**Control Number:** 03-B-837-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D23 Implementing Culturally Competent HIV Prevention Programs

**2nd Category Choice:** D12 HIV Prevention Programs for Communities of Color

**Population 1:** P12 Communities of Color

**Population 2:** P21 General Population

**Presentation Preference:** Poster Session

**Title:**

A Multi-Theoretical Approach to Designing Culturally Specific HIV/AIDS Interventions

**Author Block:** *Cooper, SR; Rivero, R*

American Red Cross National Headquarters, Falls Church, VA

**Abstract Body:**

**ISSUE:** In the HIV/AIDS epidemic, one commonality between Black and Hispanic ethnic groups is the high visibility of HIV infection. The difference lies; however, in tailoring HIV prevention and education programs to fit the cultural aspects necessary to decrease HIV risk behaviors in these distinct ethnic groups. Research suggests that to better curb the spread of HIV infection in Blacks and Hispanics, the integration of theory and culture need to be applied to interventions designed to serve as an alternative to traditional approaches.

**SETTING:** Multiple community sessions facilitated through local chapters of the American Red Cross.

**PROJECT:** The American Red Cross produces multi-cultural and culturally specific educational training and skills-building programs and materials with the purpose of reducing the further spread of HIV infection.

Based upon countless literature reviews and data collected during the planning and needs assessment process, two courses were developed using materials from pre-existing culturally specific programs. The content and activities of these courses are based on commonly used theories and best practices in the field of health behavior.

Skills-building methods used to achieve the courses' objectives include discussion, modeling, role-playing, supportive and corrective feedback, homework assignments and individual conferences. Each activity's behavioral/learning objectives demonstrate cultural specificity by using language, teaching strategies, visualizations and other tools to create an environment where participants can begin to personalize the information and build the skills to change behaviors that can put a person at risk for HIV infection.

**RESULTS:** Data for this presentation was collected from multiple levels of Red Cross evaluation studies. Over 90% of instructor candidates participating in the African American instructor training agreed that the training elements (storytelling, video demonstration, skills building exercises and task group facilitation) were effective in preparing them to facilitate HIV prevention and education information in a community setting for culturally specific audiences. Data collected from 66 Red Cross chapters across the country in 2002, indicate that 74% (N=1033) of participants agreed that attending Red Cross community sessions enabled them to take steps towards HIV prevention, while 68% reported an increased willingness to correct HIV/AIDS misinformation in their communities.

**LESSONS LEARNED:** Culture is considered as a core component of many economic and social transformations. Being that culture is shared, learned, symbolic, adapted and integrated, it plays a vital role in influencing human behavior. Through the initial development of the multi-cultural HIV prevention and education course, a need developed to design a course that would address specific cultural elements for members of African American and Hispanic communities. This need

**became apparent due to the increasing number of HIV infections reported on these two ethnic groups. Primary data suggest that community session participants have gained an understanding of the American Red Cross model for addressing HIV prevention needs among different audiences, understand issues related to designing culturally specific HIV/AIDS programs; understand the methodology adopted in the selection and adoption of different health behavior theories in program design.**

**2003 NATIONAL HIV PREVENTION CONFERENCE**

**CALL FOR ABSTRACTS**

Presenters Contact Information (names, address, telephone & fax number)

Format: Poster Session

Title: A Multi-Theoretical Approach to Designing Culturally Specific  
HIV/AIDS Interventions

Presenters: Shauna R. Cooper, MPH; Ricardo Rivero, MD, MPH

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**Control Number:** 03-B-842-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D37 Technology Transfer to Increase HIV Prevention Capacity Building

**2nd Category Choice:** D38 Training to Implement New HIV Prevention Interventions

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P56 Staff of Community-Based Organizations

**Presentation Preference:** Single Oral

**Title:** Sharing Theory-Based HIV/AIDS Interventions with Community-Based and AIDS Service Organizations: The South Florida Experience

**Author Block:** *Metsch, LR<sup>1</sup>; Ullah, E<sup>2</sup>; Gooden, LK<sup>1</sup>; de Varona, M<sup>2</sup>; Kuper, T<sup>1</sup>; Yeomans, F<sup>1</sup>; Fernandez, MI<sup>1</sup>; Liberti, T<sup>3</sup>; McCoy, CB<sup>1</sup>*

1 University of Miami School of Medicine, Miami, FL; 2 Miami Dade County Department of Health, Miami, FL; 3 Florida Department Of Health, Tallahassee, FL

**Abstract Body:**

**Issue:** There is a need to develop strategies to improve the technology transfer of theory-based, effective HIV prevention interventions to community-based (CBOs) and AIDS service organizations (ASOs).

**Setting:** Project SHARE (Sharing HIV/AIDS Research Efforts) is a collaborative effort between the Miami-Dade County Health Department and the University of Miami. Project SHARE is a seminar series with the primary objective of disseminating theory-based HIV intervention strategies that have been shown to be effective to the South Florida HIV/AIDS service provider community. A secondary objective is to provide the opportunity for researchers to share their findings, hear the concerns of community providers and to identify new areas for research.

**Project:** The aims of the project encompass hosting up to six seminars per year with up to 150 attendees. National intervention experts facilitate the two-hour seminars and lunch is served. Local HIV prevention researchers also speak at the seminars. A community panel with representatives from CBOs and ASOs respond to the presentations and discuss how the interventions can be adopted in the community. The seminars are videotaped and distributed to interested parties throughout the state. We recently began including two-day intensive workshops to provide further training and technical assistance on the interventions presented in previous seminars. Evaluation forms are disseminated at the seminars and workshops.

**Results:** The seminar series began in April 2002. Five seminars and one skill-building workshop have taken place. The interventions presented include *LIGHT* (targeting low income men and women), *SHIELD* (targeting drug users), *SHARE* (targeting HIV+s), *Prevention for HIV Young People* (targeting HIV+ youth) and *Nuestras Voces* (targeting Hispanic men). Overall, the seminars have been well-received. We have had 328 representatives from CBOs, ASOs, and research institutions attend at least one seminar, averaging 117 participants per seminar. A total of 80 distinct CBOs and ASOs, 25 research departments from different universities, and representatives from four county health departments have participated in these seminars. Participants' satisfaction with the seminar series is high (the average rating being 4.6 on a 1 – 5 point scale, with 1 = poor and 5 = excellent). Almost all (99%) participants indicated that they would attend another seminar. The majority (average, 77%) indicated that they would like further training on the interventions presented. Over half of the participants indicated that they would like to adopt a researcher to assist them in implementing and evaluating theory-based interventions and over two-thirds of the researchers indicated that they are willing to be adopted. In December 2002, 19 community representatives attended our first skill-building workshop. Nearly all (83%) indicated that they planned to implement the intervention presented at that



**workshop.**

**Lessons Learned: Project SHARE has been successful in introducing theory-based HIV interventions to a diverse audience of CBOs, ASOs, local health departments and researchers. This success is a result of the collaborative nature of the project, the interest and motivation of the target audience in learning about theory-based interventions that have been shown to be effective, and the dynamic intervention experts who have presented at these seminars and workshops.**

**Control Number:** 03-B-848-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D29 Outreach

**2nd Category Choice:** D34 Scaling Up HIV Prevention Programs

**Population 1:** P3 African Americans

**Population 2:** P12 Communities of Color

**Presentation Preference:** Group Oral

**Title:** Success at Achieving Effective Community Level Intervention through Collaboration

**Author Block:** *Okonkwo, R; Turner, A*

Families Under Urban and Social Attack, Inc, Houston, TX

**Abstract Body:**

**ISSUE:** HIV prevention seeks to educate at risk population through community level intervention

**SETTING:** Public environment in Houston and surrounding areas.

**PROJECT:** Project F.O.R.C.E (Focusing on Reducing Crisis through Education) provides HIV prevention services to African-American men and women using street and community outreach strategies. Three years ago, the Project FORCE added a unique strategy that involved collaboration with other HIV providers and local media. Through collaboration with local radio stations and using major cultural events, Project FORCE began providing Health Education and Risk Reduction training and counseling and testing to African-American men and women attending these events. Cultural events, such as Zydeco Festivals, Blues Festivals, Kappa Beach Party, BET Comic View and 106 In Park, and Gospel Concerts, plays, etc. are used to reach individuals that are at high risk but are not accessed through street and community outreach.

**RESULTS:** Project FORCE has exceeded its goal for each targeted-high risk population. To date, 5,955 male and female substance abusers have been contacted and educated on HIV risks associated with substance use. The project has: contacted and educated 7,898 heterosexual females; 14,434 individuals referred to counseling and testing; 3,110 completed testing and counseling; 12,773 women received instructions on correct condom use; 3,016 substance users received instruction on correct condom use; 1,172 participants demonstrated correct condom use; 16,941 safer sex kits were distributed; 1,750 bleach kits have been distributed; 1,507 substance users were referred to treatment.

**LESSONED LEARNED:** The results of the Project have demonstrated the value of collaboration and taking services where the target population is. Participating in new and innovative collaborative agreements, and attending outreach venues "against the norms" has allowed the program to access targeted high-risk population in large numbers. This clearly demonstrates that going against the odds pays off. Continued implementation of current strategies will allow us to increase high-risk targeted population access to HIV prevention services.

**Control Number:** 03-B-849-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D13 HIV Prevention Programs for IDUs

**2nd Category Choice:** G20 Treatment of Drug and Alcohol Addiction as an HIV Prevention Strategy

**Population 1:** P32 Injecting Drug Users

**Population 2:** P3 African Americans

**Presentation Preference:** Single Oral

**Title:** Implementing and Evaluating a Theory Based Intervention for Injecting Drug Users: From Theory to Practice, " The La Sima Experience".

**Author Block:** *Scott, KL*

La Sima Foundation, Inc., Dallas, TX

**Abstract Body:**

**Issue:** HIV prevention strategies have taken on new challenges as Community Based Organizations move from interventions that focus on providing health education and risk reduction activities, to evidence based interventions that focus on changing behavior. This paradigm shift has created many challenges as organizations work to successfully implement new concepts and ideas that go beyond disseminating information and condom distribution.

**Setting:** This program is suitable for community-based settings. La Sima focused on Housing Communities with clearly defined populations of injecting drug users.

**Project:** The project is a four-session AIDS education program based on a social learning model, targeting Injecting Drug Users. The projects primary focus is to provide HIV/AIDS education, risk reduction techniques, developing coping mechanisms and behavioral modification skills. The projects secondary focus is to provide participants with treatment seeking skills and/or decrease drug use to reduce risk for HIV infection. The program will outline La Sima's step-by-step process used in implementing this project, beginning with selecting an intervention to meet the needs of the target population through developing tools to evaluate program effectiveness and quality assurance.

**Results:** The program began with the development of a time line for implementing various components of the project. The timeline consisted of the following preliminary implementation activities: preparing internal project protocols, training staff in intervention delivery, creating project data base, participant recruitment, creating and initiating evaluation activities, community identification process, focus groups and implementing and initiating quality assurance activities. This process was carried out over a three-month period in preparation for the actual intervention to begin.

**Lessons Learned:** Injecting drug users are a difficult population to reach. Innovative approaches were needed to ensure full participation in the project. Tracking forms were developed to obtain adequate contact information from clients. It was extremely important to have buy-in from the housing communities. Housing developments in Dallas have a unique structure, allowing them to employ Residential Service Coordinators to assist in addressing various needs of the residents. This proved to be a successful strategy used to recruit and track participants. Participants were contacted prior to each session by phone and if necessary, staff conducted door-to-door campaigns to remind participants of each session.

**Control Number:** 03-B-850-NHPC  
**Format:** Abstract Format II - Descriptive Summary  
**1st Category Choice:** D19 HIV Prevention Programs for Women  
**2nd Category Choice:** C05 Community Level Interventions  
**Population 1:** P26 HIV Prevention Providers  
**Population 2:** P21 General Population  
**Presentation Preference:** Single Oral

**Title:** Women of Color and HIV: Prevention Issues

**Author Block:** *Cruz, B; McPherson, D*  
PROCEED, Inc., Elizabeth, NJ

**Abstract Body:**

**Issue:** HIV/AIDS cases continue to rise within the US among women of color. Currently of newly HIV-infected women, approximately 64% are African American, 18% are Latinas, and 18% are white. Statistics indicate African American women represent only 14% of the U.S. female population, but account for 58% of cumulative AIDS cases. The Latina population represents only 12% of the female population in the U.S., but accounts for 20% of the cumulative AIDS cases.

Experts say, women don't respond consistently to gender-based prevention messages, as gender is but one issue for women to consider. The physical, social, and economic conditions of the immediate neighborhood and limited access to community resources are relevant to the successful delivery of HIV prevention programs. Another major contributing factor is the long-term impact of HIV infection upon the family. Furthermore, efforts to improve self-esteem as a means of preventing HIV infection should be broadened to examine structural inequities within resource poor settings that contribute to a higher incidence of HIV infections and other health disparities. As providers, we should recognize the unique relationship women have with risk behavior, which is too often thought of as a corollary, rather than the central focus, of HIV prevention strategies.

**Setting:** The disproportionate number of AIDS cases among women of color as compared to their representation in the female population of the United States is undeniable evidence of the scope of the problem. Addressing the HIV prevention needs of women of color in a targeted fashion is long overdue. Acknowledging complex social issues in HIV prevention programs for these women requires careful attention to stereotypes about HIV and women.

**Project:** Roberts (1999) recommends that interventions extend beyond the exploration of risk taking towards incorporating factors such as; societal attitudes towards gender, experiences of discrimination, immediate living environment conditions and limited access to resources. Roberts challenges that focusing on risk behavior/factors overemphasizes a woman's poor decision-making and neglects other conditions.

**Results:** Roberts (1999) suggests that health promotion strategies that integrate social justice themes may improve overall outcomes. Additionally, efforts should be broadened to examine contributing structural inequities within underprivileged settings leading to a higher incidence of HIV infections, and other health disparities. HIV prevention theory is a starting point, but too often fails to account for the personal and individual circumstances (Amaro, 1995).

**Lessons Learned:** "The slow, piecemeal reform we have seen in the past is not sufficient if women's rights and needs are to be taken seriously," says UNAIDS' Piot. "Equity in all fields -- health, education, environment, the economy -- are essential if women are to act to protect themselves when it comes to HIV and AIDS." Women who are empowered are women who can protect themselves" (Body Health Resources 2002) This session will facilitate a discussion around the unique concerns for women of color and HIV prevention, it will examine key components of

**successful HIV prevention interventions for women of color and it will discuss successful HIV prevention programs for women throughout the US.**

**Control Number:** 03-B-851-NHPC  
**Format:** Abstract Format II - Descriptive Summary  
**1st Category Choice:** D08 HIV Prevention Community Planning  
**2nd Category Choice:** D30 Peer-Based Prevention  
**Population 1:** P46 People Living with HIV/AIDS  
**Population 2:** P12 Communities of Color  
**Presentation Preference:** Poster Session

**Title:** Pwa/lti

**Author Block:** *Hatchett, J; Pedraza, J*  
Cicatelli Associates Inc, New York, NY

**Abstract Body:**

**ISSUE:** As the AIDS crisis continues to devastate communities throughout New York City and State, particularly communities of color, and public funding becomes increasingly uncertain, it is critical that people living with HIV/AIDS (PWA) partner closely with service providers, government agencies and others responsible for program planning, policy making and funding decisions. Community Planning processes require the meaningful participation of PWA, but consumers identify the lack of necessary skills and basic information as a significant barrier to their effective participation and leadership in these processes.

**SETTING:** The People Living with HIV/AIDS Leadership Training Institute (PWA/LTI) provides skills-building training programs to PWA in New York City and throughout New York State. Programs in New York City are delivered at the Cicatelli Associates Inc. Training Center. Statewide trainings are held in centrally located hotel and other training locations. PWA/LTI workshops are open to all persons living with HIV interested in learning more about Community Planning processes and in acquiring skills to enhance their effective participation in those processes.

**PROJECT:**

The PWA/LTI Core training is a three-day workshop designed and developed by PWA to encourage their HIV+ peers to discover their own leadership potential, and to identify next steps for developing and applying that potential in the HIV/AIDS community. The programs are led by HIV+ trainers and delivered in a highly interactive, learner-centered format. LTI Core training topics include: History of PWA Advocacy; Leadership; Identity, Diversity and Disclosure; Opportunities for Community Involvement, Self-Assessment, Personal Action Plan. **RESULTS:** Evaluation results from over 832 respondents indicate a high level of satisfaction with the Core and an increase in awareness of opportunities for involvement in government and community-based planning and evaluation processes. Results also suggest feelings of increased self-efficacy in behaviors related to leadership, advocacy and in participants' feelings of being empowered. Respondents report placing extremely high value on knowing that the program was developed and is being delivered by peers (i.e., PWA). Anecdotal feedback indicates increases of as much as 60% in the number of PWA participating in local AIDS service planning bodies after completing the Core training.

**LESSONS LEARNED:** PWA leadership development is an ongoing process that requires training and skills building. Lack of experience with and knowledge of HIV/AIDS Community Planning activities or opportunities for involvement creates a significant barrier to PWA participation and leadership in these activities. Interventions focused on peer-to-peer skills transfer and development are effective in overcoming this barrier.

**Control Number:** 03-B-854-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D23 Implementing Culturally Competent HIV Prevention Programs

**2nd Category Choice:** D12 HIV Prevention Programs for Communities of Color

**Population 1:** P36 Lesbians

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Single Oral

**Title:** Training Hispanic HIV/AIDS Instructors: A Prevention and Education Model

**Author Block:** *Rivero, R*

American Red Cross, National Headquarters, Falls Church, VA

**Abstract Body:**

**ISSUE:** There is a need to train individuals who can reach Hispanic/Latino communities across the U.S. with HIV/AIDS prevention and education programs.

**SETTING:** Urban, inner-city, and rural

**PROJECT:** The American Red Cross Hispanic HIV Education and Prevention Program was developed on the educational experience-based and participatory approach of Paulo Freire together with traditional health education models. The program focuses on learning and personalizing the facts about HIV/AIDS and the integration of prevention strategies through skill building, self-efficacy, and empowerment. Utilizing the Freire approach to education, the American Red Cross has trained Hispanic instructors and instructor trainers since 1988. This session will outline the theoretical foundation of this program to deliver community sessions, train instructors, and instructor trainers. In addition, this session will provide information about the program design and instructional strategies for adult learning used as well as the culturally specific and culturally sensitive approaches as that make this an effective intervention for reaching Hispanic/Latino audiences.

**RESULTS:** The American Red Cross Hispanic HIV Education and Prevention Program has trained hundreds of instructors and instructor trainers and has reached thousands of community members through its training program and outreach activities. Local Red Cross Chapters, health departments, and community-based organizations play a pivotal role in implementing this nationwide training model and in conducting outreach activities.

**LESSONS LEARNED:** Training community individuals and indigenous leaders is an effective approach to reaching the community with HIV/AIDS prevention and education messages. Instructors and instructor trainers have become the cornerstone of the program and are an effective tool to reach diverse populations within the Hispanic/Latino community.

**Control Number:** 03-B-856-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D10 HIV Prevention Program Evaluation

**2nd Category Choice:** D05 Developing and Sustaining HIV Prevention Capacity

**Population 1:** P50 Program Administrators

**Population 2:** P56 Staff of Community-Based Organizations

**Presentation Preference:** Poster Session

**Title:** Partnerships in Evaluation: Assessing the impact of four evaluation capacity building models in NYCDOHMH-funded HIV prevention programs

**Author Block:** *Godfrey, CJ<sup>1</sup>; Krauss, BJ<sup>1</sup>; Gordon, C<sup>2</sup>; Sember, R<sup>3</sup>; Price, C<sup>4</sup>*

1 Hunter College Center on AIDS, Drugs and Community Health, New York, NY; 2 Program Evaluation & Training Unit, HIV Surveillance & Epidemiology Program, New York City Department of Health & Mental Hygiene, New York, NY; 3 Dept. of Sociomedical Sciences, Mailman School of Public Health, Columbia University, New York, NY; 4 FITA-Medical and Health Research Association, Inc., New York, NY

**Abstract Body:**

**Issue:** Organizations providing HIV prevention services are increasingly mandated to measure outcomes to evaluate the efficacy of their HIV interventions. Assisting organizations to develop evaluation skills is a multi-faceted process requiring sustained interactions between capacity-builders and community-based organizations (CBOs). An understanding of the developmental paths of evaluation capacity building may help inform future assistance efforts.

**Setting:** Government-funded Evaluation Capacity Builders and Community-Based HIV prevention service providers in New York City, NY

**Project:** Four Evaluation Capacity Building programs (ECBs) have been initiated by the NYC Department of Health and Mental Hygiene (DOHMH) -- 1) Prevention Case Management Evaluation and Technical Assistance Initiative (PCMI), 2) DOHMH Program Evaluation and Training Unit (PETU), 3) Technology Exchange and Capacity-Building for Community Health (TEACH 2002), and 4) Fiscal Infrastructure Technical Assistance Behavioral Sciences Outcomes Capacity Building Program (FITA) - to work with over 50 CBOs to increase their capacities to design, implement and evaluate the effectiveness of their HIV prevention programs. Each ECB employs a different evaluation capacity building strategy with its own method for assessing its impact on CBOs. In addition, the four ECBs have collaborated in a cross-ECB multi-method evaluation of their efforts.

**Results:** 1) ECBs have developed some principles for assessing CBOs evaluation readiness and skills such as a) Comprehensive initial evaluability assessments that include components measuring CBOs' capacity to use relevant evaluation technologies such as data collection and statistical analyses tools (e.g., SPSS); knowledge and capacity to apply behavioral science based intervention practices b) Bi-directional communication among ECBs and CBOs must be established early, sustained and involve CBO and ECB staff at multiple levels. c) ECBs and CBOs need to jointly develop appropriate and feasible multi-level relationships that both anticipate and respond to CBOs' evaluation needs. 2) individuals participating in capacity building efforts report increases in knowledge, intentions to use and confidence in using new evaluation skills

**Lessons Learned:** The experiences of NYCDOHMH ECBs suggest that employing a partnership-oriented approach to evaluation capacity building is an effective approach to creating stronger and more effective HIV prevention programs. These strategies have also increased ECB and CBO awareness of several important domains in evaluation capacity building including 1) Expected vs



**actual roles of ECBs/ CBOs, 2) The need for ECBs to incorporate means of evaluating their own processes and efficacy 3) Developmental paths of CBOs, ECBs and CBO/ECB partnerships**

**Control Number:** 03-B-860-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D23 Implementing Culturally Competent HIV Prevention Programs

**2nd Category Choice:** D12 HIV Prevention Programs for Communities of Color

**Population 1:** P3 African Americans

**Population 2:** P12 Communities of Color

**Presentation Preference:** Group Oral

**Title:** Increasing Prevention Capacity in Four African American Communities Through a National/Local Collaboration

**Author Block:** *Robertson, JF<sup>1</sup>; Young, E<sup>2</sup>; Kincaid, L<sup>3</sup>; Odusanya, S<sup>4</sup>; Cobb, C<sup>5</sup>; Spiller, H<sup>6</sup>*  
1 NBAC, Orlando, FL; 2 NBAC, Greensboro, NC; 3 NBAC, Houston, TX; 4 NBAC, Miami, FL; 5 NBAC, NY, NY; 6 NBAC, Chicago, IL

**Abstract Body:**

**ISSUE:** Innovative Community Level HIV/AIDS Prevention Interventions to Mobilize African American Communities Through Multi-level Coalitions

**SETTING:** Urban metro areas in Four Cities - Houston, New York, Miami and Chicago

**PROJECT:** The NBAC HIV/AIDS Capacity Building Project is designed to increase the leadership capabilities using culturally competent information dissemination and community mobilization in four African American communities targeted in this project. The major goal is to establish sustainable infrastructure and the skills needed to maintain these efforts.

**RESULTS:** The project has increased participation in community planning groups, developed more effective coalitions and increased community mobilization.

**LESSONS LEARNED:** 1. National organization resources in collaboration with local community experts can systematically expand the capabilities and capacity of CBOs serving African American Communities in these 4 areas. 2. Regionalizing approaches to technical assistance provision allows increased responsiveness to technical assistance requests. 3. Communities can mobilize effectively if given a "roadmap" developed through collaborative assistance.

**Control Number:** 03-B-862-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D36 Sustainability of HIV Prevention Programs

**2nd Category Choice:** D12 HIV Prevention Programs for Communities of Color

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P56 Staff of Community-Based Organizations

**Presentation Preference:** Single Oral

**Title:** PROCEED: National Center for Training, Support and Technical Assistance (NCTSTA)

**Author Block:** Blanchard, J

PROCEED, Elizabeth, NJ

**Abstract Body:**

**ISSUE:**

**More than 30 percent of nonprofit, community-based organizations, nationwide, close their doors within three years due to lack of adequate funding to sustain operations.**

**SETTING:**

**Nonprofit organizations, nationwide**

**PROJECT:**

**Many HIV/AIDS organizations were born out of advocacy. In many cases, the initial or start-up funding was obtained through government funds. This is great, in and of itself, but one of the most critical issues for growth and sustainability of HIV/AIDS organizations, specifically, and non-profit organizations, in general, is raising funds beyond federal and state government. Many agencies are top-heavy in government funding or have "single source" funding. For HIV/AIDS service providers to become fiscally sound and incorporate "best practice" in fiscal management, it is important for them to consider diversification of the funding portfolio of the organization.**

**RESULTS:**

**There are many potential ways in which a nonprofit can support its cause, financially. However, in many instances, these methods have gone untapped, either through lack of knowledge or know-how. The first step in planning to diversify funding is to understand the larger scope of philanthropy. A very significant number of nonprofits rely on government funding to provide operating dollars for their agency. However, government grants make up less than 35% of charitable contributions to non-profits. Giving by individuals, for example, has always been the single largest component of charitable giving. Individuals gave more than 70% of all contributions to nonprofits in 1999. There are several ways in which individuals give to nonprofit agencies. They give through: annual giving; major gifts; endowments; and capital campaigns; among others. To clearly understand these alternative funding mechanisms and the relationship between solicitor and donor, will provide the tools through which an HIV/AIDS organization can develop a strategic funding plan.**

**Learning Objectives: At the conclusion of the workshop, participants will be able to:**

- a. Understand the larger scope of philanthropy.**
- b. Identify at least five major methods of fundraising.**
- c. Understand the relationship between solicitor and donor.**
- d. Use this knowledge to develop a strategic funding plan.**

**LESSONS LEARNED:**

**While some nonprofit organizations are large institutions, most are small, community-based groups operating with a limited budget and a small staff. Organizations with funding under \$100,000 per year accounted for 43% of U.S. nonprofits in 1998. It is difficult for a non-profit agency to operate on a meager budget and sufficiently provide quality, effective services for their**

**constituent population. One of the ways to provide long-term growth and sustainability of a nonprofit agency is to diversify the funding portfolio. In an interactive discussion, participants will share successful methods of fundraising they have applied to their agency's fundraising efforts. We will look at the "Pyramid of Giving" as the model for understanding the process of fund development.**

**Control Number:** 03-B-869-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D05 Developing and Sustaining HIV Prevention Capacity

**2nd Category Choice:** D10 HIV Prevention Program Evaluation

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P13 Community Educators

**Presentation Preference:** Single Oral

**Title:** Effective Capacity Building

**Author Block:** *Goldstein, E<sup>1</sup>; Vernon, K<sup>1</sup>; Lew, S<sup>2</sup>*

1 Center for AIDS Prevention Studies, UCSF, San Francisco, CA; 2 CompassPoint Non-profit Services, San Francisco, CA

**Abstract Body:**

**Effective Capacity Building**

**Issue:** In the past few years, there has been much focus on and investment in Capacity Building for CBOs to strengthen their ability to provide services. Guidelines for effective capacity building work are critical.

**Setting:** This workshop addresses Capacity Building as practiced in CBOs nationally. The discussion is primarily based on the external evaluation of a three-year Capacity Building demonstration project in San Francisco, CA. It is augmented by a literature search and one-year analysis of CDC's capacity building activities.

**Project:** CapacityLEAP is funded by an initiative through the Office of Minority Health to improve and support HIV prevention and care agencies based in people of color communities. The 7 funded agencies were matched with a Lead Consultant and awarded hours of consultation; provided an annual budget with which to "purchase" capacity (i.e. computers, strategic planning retreat costs), and workshop credits for staff training. The project began with an extensive assessment in each agency, followed by the development of a tailored workplan. Each of the agencies had unique needs and circumstances, yet common themes appeared in the needs assessments and the delivery of capacity building. These themes reinforce the assessment of CDC CBA delivery system as well as the literature on capacity building.

**Results:** Strong relationships, based on the consultant respecting the culture of the agency, facilitated effective uptake of capacity building assistance. Buy-in from the board, the executive director, and the staff, and communication between these three constituencies, was necessary for the agency to become proficient in using new skills. Capacities built included changes in the organization's culture (becoming more professional or help-seeking) and changes in the organization's functions (human resource, information technology, fiscal accountability). In some agencies, the capacity building prevented potential disruption of services due to organizational transitions.

**Lessons Learned:**

Capacity building is a relationship-based activity, rather than just a menu of trainings or skill-sets to be delivered. Staff or consultant turnover made capacity building more difficult. Capacity building is an intervention with individuals and systems. It is more than a set of skills for a few people in the system. Developing a self-reflective culture of learning can improve our programs.

**Control Number:** 03-B-873-NHPC  
**Format:** Abstract Format II - Descriptive Summary  
**1st Category Choice:** D07 HIV CTS Programs  
**2nd Category Choice:** D29 Outreach  
**Population 1:** P46 People Living with HIV/AIDS  
**Population 2:** P12 Communities of Color  
**Presentation Preference:** Single Oral

**Title:** Outreach, Counseling and Testing: Strategies and Interventions in a National HIV Prevention with Positives Project

**Author Block:** *Powell, CL<sup>1</sup>; Booker, CA<sup>2</sup>; Husak, KL<sup>2</sup>; German, D<sup>1</sup>; Brockmann, K<sup>3</sup>; Davis, E<sup>4</sup>; Esquivel, M<sup>5</sup>; LLanas, MR<sup>6</sup>; Kaplan, M<sup>7</sup>; Richardson, DA<sup>8</sup>*

1 Rollins School of Public Health-Emory University, Atlanta, GA; 2 Abt Associates Inc, Cambridge, MA; 3 California Department of Health Services, Sacramento, CA; 4 San Francisco Department of Public Health, San Francisco, CA; 5 Los Angeles County Office of AIDS Program and Policy, Los Angeles, CA; 6 Wisconsin Department of Health and Family Services, Madison, WI; 7 AED Center for Community-Based Health Strategies, Washington, DC; 8 Maryland Department of Health and Mental Hygiene, Baltimore, MD

**Abstract Body:**

**ISSUE:** CDC estimates that 25% of people living with HIV/AIDS (PLWHA) are unaware of their serostatus and 33% are not receiving care (Fleming, 2002). PLWHA must be identified more effectively and engaged in efforts to control the epidemic. Street and community outreach (SCO) and HIV Counseling and Testing (CTS) interventions are entry points for the Prevention for HIV Infected Persons Project (PHIPP), a CDC/HRSA multi-site demonstration project designed to increase PLWHA awareness of HIV serostatus and facilitate entry into and retention in HIV-related services and reduce risk behavior.

**SETTINGS:** PHIPP intervention settings include: mobile vans serving late night bar venues and neighborhoods with high rates of HIV & STD, targeted community settings and CTS sites where peer workers deliver test results & link clients to services, Internet chat rooms, HIV/AIDS services agencies, correctional facilities, and clinics.

**PROJECT:** PHIPP funds 5 health departments: Maryland, Wisconsin, California, Los Angeles, and San Francisco. PHIPP sites have crafted innovative SCO strategies to recruit clients into CTS and other programs to meet the specific needs of PLWHA. PHIPP evaluation methods include monitoring process data, qualitative contextualizing of these services, and identifying lessons learned.

**RESULTS:** Over 18 months, many individuals have received SCO (21,748) and CTS (19,181) through targeted techniques such as social marketing and social networking. Sixty percent of individuals reached through SCO were seeking CTS, 32% were seeking HIV prevention information, and 8% other programs such as partner counseling and referral services and prevention case management. Of CTS clients, 2.6% were HIV-positive, 71% of whom were newly identified HIV-positives. The majority of HIV prevention materials distributed are condoms and safer sex kits (52%) and brochures (26%).

**LESSONS LEARNED:**

SCO & CTS strategies must be flexible and modified periodically to reflect the changing HIV prevention needs of PLWHA. Locating clients to deliver their HIV test results is an ongoing challenge to identifying HIV-positive persons and linking them to services. For example, jurisdictional issues in correctional settings prevent inmates' post-release contact information from being shared with CTS workers. Lengthy wait times for receiving test results may also deter

**clients from returning for results and services. Rapid testing capabilities could enhance CTS services and identify PLWHA more efficiently. Brief and anonymous SCO interventions are beneficial for reluctant clients but present challenges to collecting evaluation data. These programs are appropriate interventions to distribute HIV prevention materials and recruit clients for HIV prevention services. Sharing SCO & CTS lessons learned across PHIPP sites via learning community retreats, meetings, and reports has enhanced recruitment approaches and service delivery.**

**Control Number:** 03-B-874-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D23 Implementing Culturally Competent HIV Prevention Programs

**2nd Category Choice:** C30 Prevention Interventions in Correctional Settings

**Population 1:** P14 Correct.Settings,Persons in(Incarcer.Popul.)

**Population 2:** P35 Latinos/Latinas, Hispanic

**Presentation Preference:** Single Oral

**Title:** Latinas/Hispanic Women at Risk of HIV/AIDS Through Their Male Partners With Incarceration Experience

**Author Block:** *Ortiz, CD*

Center for Health Policy Development, Inc., San Antonio, TX

**Abstract Body:**

**ISSUE:** Latinas/Hispanic Women at Risk of HIV/AIDS Through Their Male Partners With Incarceration Experience

**SETTING:** El Paso, Texas and Denver, Colorado

**PROJECT:** Project Capacity-building Alliance to Develop Effective Networks of Assistance (Project CADENA) serves to increase awareness within the three major systems of Criminal Justice, Public Health, and Latino/Latino-serving Community Based Organizations; develop leadership, and create collaborative efforts for the prevention of HIV/AIDS among Latinas/Hispanic women at risk through their male incarcerated partners. This is achieved through information transfer, skills building, technical consultation, technical services, and the development and dissemination of replication packages. The project was born out of the increasing incidence of HIV/AIDS in the Latino community, namely Latinas/Hispanic women. Project CADENA strives to address the realities surrounding this population including the increasing number of women contracting HIV/AIDS through heterosexual intercourse. Due to trends such as this, as well as the underlying cultural values of the Latino/Hispanic community that oftentimes serves as a barrier to effective HIV prevention education, the need for a project which would allow the major systems in our society to create collaborative plans directly impacting this target population became apparent.

**RESULTS:** Ultimately, three Plans of Action developed from the collaborations between the three systems to address the needs of Latinas/Hispanic Women who are at risk of HIV/AIDS through male partners with incarceration experience will be implemented in the two cities of El Paso, Texas and Denver, Colorado. These Plans of Action will be maintained by capacity building assistance for one year, after which the collaborations formed out of Project CADENA must sustain these programs.

**LESSONS LEARNED:** The project, currently in its fourth year, has thus far explored the challenges that each of the three systems must surpass to help women and their incarcerated partners overcome health concerns. Each system faces their own obstacles but in order for them to better understand and help these women, they must first understand each other and work collectively.



**Control Number:** 03-B-881-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D38 Training to Implement New HIV Prevention Interventions

**2nd Category Choice:** D05 Developing and Sustaining HIV Prevention Capacity

**Population 1:** P63 Youth in High Risk Situations

**Population 2:** P33 International Populations

**Presentation Preference:** Poster Session

**Title:** Capacity Building for South African Youth-Serving HIV/AIDS Service Organizations with the *Healthy Love Party* Prevention Intervention: Findings from an International Training of Trainers

**Author Block:** *Hodnett, DS; Nu, SA*

SisterLove, Incorporated, Atlanta, GA

**Abstract Body:**

**ISSUE:** SisterLove, Incorporated seeks to build the capacity of South African youth-based HIV/AIDS organizations (SAASOs) to provide effective specialized HIV prevention interventions by training SAASO peer educators to implement the *Healthy Love Party* model.

**SETTING:** HIV/AIDS service organizations in the Mpumalanga Province, South Africa.

**PROJECT:** SisterLove's South Africa Training of Trainers (SATOT) is a 3-component workshop designed to prepare peer educators from SAASOs to implement an innovative specialized HIV prevention intervention. The training module incorporates the specific health education and program development needs of participating youth-based organizations, identified through preliminary needs assessment, into the SisterLove Health Education Curriculum. Each module of the SATOT workshop, including the *Healthy Love Party*, will include information and activities that are specific and sensitive to the cultural needs of the target population, South African youth ages 15- 25 living in rural communities within the Mpumalanga Province. *The Healthy Love Party* is the hallmark HIV prevention tool developed by SisterLove as a risk reduction and sexual behavior modification tool for sexually active women. The enhanced Healthy Love model (EHLM) to be used in the SATOT is designed to address the prevention needs of male and female youth who are at risk for HIV. The modifications of the *Healthy Love Party* curriculum will be based on feedback from previous Healthy Love Party evaluation reports, a Healthy Love Party focus group debriefing session and the recommendations of key stakeholders, including local peer educators, to validate the curriculum's competency and appropriateness. These modifications will be made by a collaboration of health educators/curriculum developers from SisterLove and a local South African health education trainer/facilitator. The SATOT components are: Communication and Facilitation Skills; *Healthy Love Party* Facilitation; and Life Skills Development. The Life Skills Development component will meet the responsibilities and competencies required of health educators through the South African Life Skills Education certification program. Pre and posttest data will be collected to assess the training's efficacy. Self-reported increased HIV, STD, and male/female reproductive health systems knowledge, increased intervention facilitation self-efficacy, and decreased barriers to intervention facilitation will be the measures of the SATOT's competence and relevance. Three and 6-month follow up questionnaire interviews will be conducted with the trainees to measure the training's impact.

**RESULTS:** The SATOT will be conducted late March – early April 2003. The data analysis will be completed by June 2003. Based on recorded data, pre and post-test data, and the participant workshop evaluation feedback, we project that at least 85 percent of the participants will report an increase in HIV, STD and male/female reproductive health system knowledge. We also project that at least 85 percent of the participants will report an increase in intervention facilitation self-efficacy as well as report decreased barriers to intervention facilitation for safer sex HIV

prevention techniques.

**LESSONS LEARNED:** We want to determine the factors and change agents that allow the *Healthy Love Party* SATOT model to transfer and impact HIV prevention in differing cultures and communities.

**Control Number:** 03-B-883-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D20 HIV Prevention Programs for Youth

**2nd Category Choice:** D20 HIV Prevention Programs for Youth

**Population 1:** P62 Youth

**Population 2:** P63 Youth in High Risk Situations

**Presentation Preference:** Poster Session

**Title:** The ABCs and 1-2-3s of Setting Up A Youth HIV Outreach, Prevention Education and OraSure Testing Program

**Author Block:** *Shively, NM; Emmanuel, PJ*

University of South Florida, Tampa, FL

**Abstract Body:**

**ISSUE:** Creating a successful youth HIV outreach, prevention education and OraSure testing program in the Tampa Bay (Florida) area

**SETTING:** Tampa Bay (Hillsborough and Pinellas counties), Florida, U.S.A.

**PROJECT:** Y.E.S. (previously known as the Tampa Bay Youth Services Network), a Ryan White Title IV Youth Initiative project, is a youth HIV outreach, prevention education and OraSure testing program in its second year of development. To date, the program has been successful in reaching two particular target populations: ethnic minority and GLBTQ youth. Y.E.S. has accomplished this through a three-phase process:

1.) Create infrastructure/relationship building

2.) Hiring/training/testing

3.) Evaluation/continuous quality improvement. Each phase is described in detail, linking each one and demonstrating how the program develops in a spiral, not linear, pattern.

**RESULTS:** Y.E.S. is successfully reaching the target populations it was directed to reach: ethnic minority and GLBTQ youth. Y.E.S. is providing youth-focused HIV outreach, prevention education and OraSure testing at 16 different outreach facilities. The average return rate for youth obtaining results for Y.E.S. (~80%) is significantly higher than the state average (53%) for this age group. A data collection tool has been developed and a preliminary quality improvement check indicates an approximate accuracy level of 99%. Out of the nine Y.E.S. employees, five (56%) are young adults between the ages of 18 and 25 years, three (33%) are self-identified as GLBTQ young adults, and six (67%) are self-identified as ethnic minorities. Out of the five young adult staff, three (60%) have been retained for more than six months and one (20%) has been promoted from a part-time Youth Educator into a full-time Team Leader position. Y.E.S. is ready to expand into new areas and develop innovative ways to prevent the spread of HIV among youth in the Tampa Bay (Florida) area.

**LESSONS LEARNED:** By applying basic principles of community organizing, leadership development and authentic indigenous development, Y.E.S. has been and continues to be able to tap the resources of the youth, particularly ethnic minority and GLBTQ, living in the Tampa Bay (Florida) area towards improving the health and well-being of their peers, specifically reducing HIV transmission.

**Control Number:** 03-A-887-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** D15 HIV Prevention Programs for MSM

**2nd Category Choice:** D11 HIV Prevention Program Planning

**Population 1:** P51 Public Health Workers

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Single Oral

**Title:** Differences between HIV-positive and HIV-negative men who have sex with men in Los Angeles County

**Author Block:** *Janson, MA; Ogata, PC*

Los Angeles County Department of Health Services, Office of AIDS Programs and Policy, Los Angeles, CA

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Recent findings demonstrate the need to address serostatus in HIV prevention programs targeting men who have sex with men (MSM); therefore, it is critical for local health departments and HIV prevention programs to explore differences in risk behavior between HIV-positive and HIV-negative MSM.

**METHODS:** Los Angeles County Office of AIDS Programs and Policy utilizes an annual Countywide Risk Assessment Survey (CRAS) to assess general demographics, risk behaviors, and service utilization of individuals receiving HIV prevention services. CRAS was implemented in May 2002, and staff representing 150 County-funded HIV prevention programs and 47 agencies completed 1,352 face-to-face interviews.

**RESULTS:** Out of 1,352 participants, 284 men reported having sex with another man in the last 6 months. Among MSM, 19% were African-American, 4% were Asian, 2% were Native Hawaiian or other Pacific Islander, 21% were White, 52% were Hispanic, and 1% were of mixed race or other ethnicity. In addition, 9% were homeless, and 47.9% used drugs in the last 6 months. Over half (52.3%) were inconsistent condom users, 51.3% reported being sexually abused, and MSM reported having an average of 4 sexual partners in the last 6 months. Of those who received the results of an HIV test, 28.9% were positive.

Variations in risk behaviors were found in MSM living with HIV compared to those who were HIV-negative. Of the MSM who reported being HIV-negative (n=165), 55.2% were inconsistent condom users, and 59.4% reporting using drugs before or during sex. However, among MSM who were HIV-positive (n=67), 49.3 % were inconsistent condom users, and 52.2% reported using drugs before or during sex. MSM living with HIV were more likely to have traded sex for money (OR 2.33, CI 1.21, 4.52), were less likely to have used alcohol in the last 6 months (OR 0.33, CI .18, .64), and were more likely to have been the victim of domestic violence (OR 2.51, CI 1.40, 4.52).

**CONCLUSIONS:** Among MSM there are differences in risk behaviors including inconsistent condom use and using drugs before, during, or after sex. Additionally, the reported high risk behaviors of both HIV-positive and HIV-negative men demonstrate the need for culturally relevant and client-centered prevention interventions.

**Control Number:** 03-B-888-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D05 Developing and Sustaining HIV Prevention Capacity

**2nd Category Choice:** D03 Best HIV Prevention Practices

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P50 Program Administrators

**Presentation Preference:** Single Oral

**Title:** Capacity Building Strategies For HIV Prevention Service Providers

**Author Block:** *Green, TC; Gabe, A*

Baltimore City Health Department, Baltimore, MD

**Abstract Body:**

**ISSUE:** As a local grantee, the Baltimore City Health Department (BCHD) sub-contracts with community-based organizations (CBOs) for the delivery of targeted HIV prevention/health education risk reduction (HERR) services in Baltimore City. In the past, efforts to assure the quality of prevention services relied on loose guidance to vendors about expectations, who were then expected to assure the quality of their own services. The HIV Prevention Program is helping to enhance the capacity of our funded agencies to apply for, receive, and maintain funding and/or resources from the local level while implementing quality assurance standards.

**SETTING:** Baltimore City HIV Prevention Service Providers, Local Health Department

**PROJECT:** The Baltimore metropolitan area is now ranked third (3<sup>rd</sup>) among large metropolitan areas (population >500,000) for newly reported AIDS cases per 100,000 population. In 2001 Baltimore City alone had 7,238 new HIV cases. One of the major goals of the HIV Prevention Program is to increase access to local prevention services for at-risk populations. In order to strengthen HIV organizations so they can successfully operate and create strong organizational foundations from which HIV prevention interventions can be effectively conducted, BCHD took several steps over the last two years. BCHD issued concrete guidance to programs on standards and best practices in prevention work. A three strategy approach is used: 1. Program monitoring for quality assurance and program compliance; 2. Networking and building collaborative partnerships with funded providers; and 3. Conducting provider meetings on a consistent basis. BCHD modified and restructured monitoring tools to more directly assess the strength of CBO efforts and directly monitor the quality of services offered. This helps to provide feedback on performance of group/individual sessions, peer educator led interventions, and program administration. BCHD conducts monthly site visits on both implementation and administration of all funded HIV prevention service providers in Baltimore. Project Monitors from BCHD provide vendors with technical assistance and training in project staffing, evaluation, modifying curriculum, and achieving process/outcome objectives. To build capacity and strategically plan ways to have a greater impact on HIV prevention, BCHD convened funded partners semi-annually, and participated in major local events/public presentations to communicate HIV prevention messages. BCHD actively participates and facilitates networking and building collaborative partnerships with established HIV Prevention Coalitions and HIV Prevention Community Planning Work Groups to build the long-term sustainability and development of HIV/AIDS prevention programs and services in Baltimore City.

**RESULTS:** In building and sustaining collaborative partnerships, CBOs capacity to apply for, receive and maintain funding for HIV prevention services is enhanced. BCHD through the implementation of the capacity building strategies has helped CBOs to remain focused on their mission and deliver better prevention services.

**LESSONS LEARNED:** By using innovative capacity building strategies, building upon

**community resources, and developing better assessment and monitoring tools, the capacity of HIV prevention CBOs to plan, evaluate, and implement effective prevention interventions becomes more efficient. Providing a structure foundation for HIV prevention services is key. Implementation of targeted program monitoring and quality assurance standards help grantees to ensure that HIV prevention services are effective.**

**Control Number:** 03-A-890-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** D07 HIV CTS Programs

**2nd Category Choice:** B20 Rapid Assessment Tools

**Population 1:** P50 Program Administrators

**Population 2:** P53 Researchers

**Presentation Preference:** Group Oral

**Title:** Rapid Assessment Survey: Does it Work?

**Author Block:** *Finkelstein, E; John-Hall, T*

HIV/AIDS Administration, DOH, District of Columbia, Washington DC, DC

**Abstract Body:**

**Background/Objectives:** As part of the RARE initiative activities, the study examines who was tested for HIV prior survey interview and who was tested upon completion of the survey interview. Examination of those who engaged in risk behaviors, their HIV testing history and whether they returned, or did not return for their test results provide an insight to whether those at risk, seek and get tested for HIV. Finally, assessment of the survey's impact on the number of respondents who received HIV pre-test and post-test counseling upon completion of the survey activity.

**Methods:** Data was collected from 604 persons through cross-sectional community neighborhoods in four Wards of the District of Columbia. The survey interviews were conducted on the street, outside bars, and other places where people congregate at night. A random sampling design was used to select and interview an unbiased sample of people who have never been tested for HIV, persons tested who did not return for test results, those who have not been tested recently, and persons who have recently been tested. Within the periods of 24, 12, 6 months of the interview date. Upon completion of survey respondents who were never tested for HIV or were tested 2 or more years ago and those who did not return for test results, were encouraged to test on site. A mobile unit with certified HIV counselors was available to provide pre-test counseling and HIV Antibody testing (ORASURE).. To fully examine behaviors, the study used gender/race/ethnicity and age as subgroups.

**Results:** Of 604 respondents, 66% (401) were Black, 21% (128) Latino(a), 10% (59) White and 2% (13) were "other". A significant finding is the alarming number of black respondents (49%) that were never tested for HIV and only 19% (77) were tested for HIV in the last 12 month. Of 102 respondents tested for HIV in the last 12 months, (75%) 77 returned for the results. Respondents reported that the reasons for not returning for the HIV test results were fear of finding out the results or the respondents did not know where to get the test results. 308 respondents were willing to get tested. Of those, 68% (209) were never tested, 30% (91) were tested 2 or more years ago, and 3% (9) were tested in the last 12 months.

**Conclusions:** We found that 82% (252) of respondents that were willing to be tested upon the completion of the survey, were tested on-site, returned for the results and received post-test counseling. Of those, 8% (19) tested positive. The number of persons tested positive is significantly higher than the average number of individuals tested positive and counseled through local community events. Overall the significant number of respondents' who were willing to get tested upon completion of survey suggests a positive impact of survey activities in reaching the targeted population.

**Control Number:** 03-B-897-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D20 HIV Prevention Programs for Youth

**2nd Category Choice:** D20 HIV Prevention Programs for Youth

**Population 1:** P62 Youth

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Single Oral

**Title:** Data Collection With Youth Collaboration

**Author Block:** *Persaud, M; Shively, NM; Emmanuel, PJ*

USF, Pediatric Infectious Disease, Tampa, FL

**Abstract Body:**

**ISSUE:** Accurately collect and report data for a youth targeted HIV outreach, prevention and testing program.

**SETTING:** Tampa Bay (Hillsborough and Pinellas counties), Florida

**PROJECT:** Y.E.S. (previously known as Tampa Bay Youth Services Network), a Ryan White Title IV Youth Initiative project, is a youth HIV outreach, prevention education and testing program in Tampa Bay. The objective was to create a data collection and Continuous Quality Improvement (CQI) system to track services provided to the target population. Phase I involved the selection of the data collection software, Provide. The creation of tracking instruments, such as Encounter sheets was used to gather statistics for the Care Act Data Report. Phase II was the development of Information Security guidelines that followed HIPPA regulations. Phase III, the continuous quality improvement stage, is an ongoing process. Presently, we have feedback from the target population regarding the efficacy of the Encounter sheets. Further CQI measures include calculating the return rates of HIV infected and affected clients by county, test site and the Youth Educator who performed the test. Other measures include calculating the prevalence rate for HIV in the target population, at the start of the program, and comparing that to the prevalence rate at six months, one year and two years later.

**RESULTS:** Y.E.S. has achieved its goal. Data collection is up to date and accurate, and the Care Act Data Report will be completed on schedule. Staff is comfortable using collection instruments and software. Weekly evaluation measures have brought to our attention the fact that the Care Act Data Report questions are not youth friendly. Further surveys with the target population will be developed to evaluate the effectiveness of the data questions amongst the target population.

**LESSONS LEARNED:** To accurately report data it was necessary to have instruments that were user friendly to both staff and the target population. Generation of information guidelines and team meetings supported and encouraged staff to develop professionally.



**Control Number:** 03-B-900-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D12 HIV Prevention Programs for Communities of Color

**2nd Category Choice:** D29 Outreach

**Population 1:** P3 African Americans

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Single Oral

**Title:** Prevention Programs in the African American Community

**Author Block:** *Gibson, C; White, D; Watley, A; Simpson, D*

Kansas City Free Health Clinic, Kansas City, MO

**Abstract Body:**

**ISSUE:** Effective African American community outreach and collaborative partnerships

**SETTING:** Community free health clinic providing prevention services onsite to local businesses (bars, hair salons, and sex clubs), alcohol and drug treatment centers, and correctional facilities as well as via Internet and community fairs

**PROJECT:** Kansas City Free Health Clinic provides HIV prevention activities targeted to African American men and women. Three specific interventions will be highlighted here. Utilizing the Sister to Sister Empowerment Series, 2 day long empowerment seminars are produced at a local correctional institution and 2 others at a drug/alcohol treatment program. The programs are designed to increase African American women's awareness of how HIV is transmitted, increase their awareness of the potential negative consequences of high risk practices, motivate women to use consistent safer sex practices, and demonstrate support for their special needs. The Peer Educator program targets African American women who engage in behaviors such as substance use/abuse, injection drug use, multiple sex partners, and unprotected sex. A project coordinator recruits, trains, and supervises eight peer educators who provide HIV education and risk reduction to persons at hair salons, a bakery and deli, and a sex club. The I'll Do Ya campaign is targeted to African American Men who have sex with men. Clinic staff participate in culturally specific, community wide celebrations such as Black Gay Pride, Juneteenth, and Black Church Week of Prayer. Staff conduct a marketing campaign to promote HIV testing (I'll Do Ya) and offer a website to disseminate risk reduction information. Local bars participate in health fair nights.

**RESULTS:** The Sister to Sister program has conducted group interventions with over 300 African American women, and the Peer to Peer program has logged over 4000 contacts with African American women. The I'll Do Ya project has completed two social marketing campaigns, developed and monitoring the website, and provided weekly outreach at 8 community locations.

**LESSONS LEARNED:** Treatment and correctional facilities provide unique opportunities to reach clients who are in later stages of change and thereby allow outreach staff to be more effective in their efforts. Community business leaders are surprisingly open to collaborating on HIV prevention efforts. Patrons of local establishments are more willing to receive prevention messages "on their own turf" and from their peers. African American men who have sex with men face significant internalized and community homophobia, but can be reached in the community via local bars, marketing campaigns, private HIV testing, and websites.

**Control Number:** 03-B-902-NHPC  
**Format:** Abstract Format II - Descriptive Summary  
**1st Category Choice:** D30 Peer-Based Prevention  
**2nd Category Choice:** D13 HIV Prevention Programs for IDUs  
**Population 1:** P27 Homeless  
**Population 2:** P4 Alcohol and Other Drug Users  
**Presentation Preference:** Group Oral

**Title:** Blunt Reality: Harm Reduction Peer Education from A to Z

**Author Block:** *Cabrera, IA; Gelpi-Acosta, C*  
CitiWide Harm Reduction, Bronx, NY

**Abstract Body:**

**Issue:**

Peer education and training has often required that Peers are 'clean and sober' where the target population is active substance users at risk. In addition, peer education and training in the harm reduction model tends to adopt the simplified and traditional 'top-down' approach in the development of programming, including peer-led service delivery and program evaluation. In the context of harm reduction theory and practice, the need for peer education and training rooted in, designed and delivered by, and evaluated with the Peer Educators themselves is paramount. The Blunt Reality Peer Program of CitiWide Harm Reduction describes this process, including design, implementation and evaluation.

**Setting:**

The Blunt Reality Peer Program provides group peer education and training to low-income HIV-positive individuals with a history of substance use, to support them in providing HIV prevention to their communities impacted by HIV/AIDS. Peers are recruited from the population of homeless and formerly homeless PLWHAs engaged by CitiWide Harm Reduction, many of whom reside in single room occupancy (SRO) hotels in the Bronx and Manhattan in New York City.

**Project:**

Peer education and training is provided for a three-and-a-half month period, twice weekly, at the agency's drop-in center in the South Bronx. Upon completion of this training-of-the-trainer module, Peers are hired as interns to provide SRO hotel outreach, street outreach in local areas where there is a high rate of substance use, public assistance center outreach, and group facilitation and center management assistance at the drop-in center. Peers also identify additional trainings and new information they believe to be vital to future Peers. The audience reached through these peer-led interventions reflects the Peers themselves: homeless and formerly homeless; communities of color, primarily African-American and Latina/o; female, male and transgender; aged 25 to 50 years; active substance users, and particularly heroin and crack-cocaine (injecting and/or smoking substances); extremely low-income; living with HIV/AIDS. Peers self-identify short-term and long-term goals with their case manager related to services, self-efficacy, knowledge and behaviors. Peers are also engaged in the evaluation of Peer-led services as they identify what changes they believe they affect in their communities.

**Results:**

Involving Peers in the program design and supports the agency's mission as a participant-led agency and reinforces Peers' skills development and self-efficacy. Developing individual-level outcome variables as participant-centered ensures goal-driven, positive participation in the Peer Program. As Peers identify and accomplish their goals, Peers also identify what 'difference' they would like to see in their community as a result of their intervention. This process assists the program in the development of outcome evaluation variable identification for community-level

**interventions.**

**Lessons Learned:**

**Blunt Reality involves participants in all levels of program design, implementation and evaluation. This harm reduction model of Peer Education provides Peers with participant-centered programming, ensuring pro-active HIV prevention to the community. Because interventions and evaluation are rooted in the community, instead of in the provider's perspective Blunt Reality provides the Peers with the tools to increase self-efficacy, skills, and knowledge to better care for themselves and their community.**

**Control Number:** 03-B-908-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D17 HIV Prevention Programs for Seropositive Persons

**2nd Category Choice:** C17 Interventions that Sustain Safer Behaviors Among Persons Living with HIV

**Population 1:** P46 People Living with HIV/AIDS

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Group Oral

**Title:** What Should Comprise a Comprehensive Prevention Strategy for Persons Living With HIV/AIDS: Lessons from PHIPP and Its Diffusion

**Author Block:** *Senterfitt, W*<sup>1</sup>; *LLanas, MR*<sup>2</sup>; *Davis, E*<sup>3</sup>; *Martinez, VC*<sup>4</sup>; *Cranston, K*<sup>5</sup>

1 LA County Department of Health Services, Los Angeles, CA; 2 Wisconsin AIDS/HIV Program, Madison, WI; 3 San Francisco Department of Public Health, San Francisco, CA; 4 Bienestar Human Services, Los Angeles, CA; 5 Massachusetts Department of Public Health HIV/AIDS Bureau, Boston, MA

**Abstract Body:**

**ISSUE:** Recently, the need for primary prevention services for persons living with HIV/AIDS (PLWHA) has attracted attention and some new resources. However, a comprehensive strategy and framework for such services has not been systematically described.

**SETTING:** The Prevention for HIV-Infected Persons Project (PHIPP) funded by CDC and HRSA has been implemented in a variety of settings (e.g., health clinics, community-based organizations, jails, mobile vans), in CA, MD, and WI, targeting persons of color and others who have difficulty accessing services, in all HIV exposure categories.

**PROJECT:** PHIPP's goals were to (1) increase the number and proportion of HIV-infected individuals who know their HIV serostatus, (2) provide primary HIV prevention services to PLWHA, (3) assist PLWHA in obtaining medical care and other needed services, and (4) strengthen quality assurance, training, and technology transfer systems for prevention services provided to PLWHA. Implementing the project has involved (a) supporting the five selected health departments during development, implementation and refinement of their programs, (b) continually synthesizing and imparting to PHIPP projects relevant new scientific and programmatic developments, (c) developing methods for evaluating the programs and (d) continuously diffusing lessons learned.

**RESULTS:** Each site developed a different range and mix of services. In all, PHIPP implemented 6 separate case finding models in 10 distinct sites; 3 new referral/linkage models and 5 versions of traditional linkage models; 4 models of prevention case management and 3 models of other individual-level risk reduction intervention (RRI); 7 models of group-level RRI; 2 community-level RRI models (1 of them implemented in 11 different communities); 2 versions of a social marketing intervention; 1 structural intervention (provider training); and 3 maintenance models. A triangulated evaluation model combining process monitoring, outcome monitoring and qualitative process/impact data has begun to yield specific reports and analyses of lessons learned. Diffusion of PHIPP's models and lessons is underway in at least 22 other jurisdictions, including MA.

**LESSONS LEARNED:** PHIPP has defined a comprehensive services strategy comprising these 4 related parts: (1) finding, reaching and engaging individuals unaware of their HIV infection or aware but not in care, who collectively represent 50% or more of all PLWHA and cause as many as 75% of new infections (2) linking these individuals to 5 essential services (HIV medical care, other clinical care including substance abuse and mental health care, survival social services,

**social support, transmission risk reduction associated with wellness promotion), (3) promoting behavioral change for reduction of HIV transmission risk through structural, biomedical, and community-, group- and individual-level behavioral interventions and (4) maintenance of PLWHA in medical care and (when indicated) antiretroviral therapy, social support, risk reduction and a satisfactory quality of life. This strategic framework may help other jurisdictions and CBOs assess "positive prevention" needs, inventory resources and select/target new services for highest potential impact. Involvement of PLWHA as well as institutions/providers responsible for various ones of these services is critical to providing effective, acceptable and seamless services. PHIPP's specific experiences with the different program models may also benefit other jurisdictions' planning and implementation.**

**Control Number:** 03-B-916-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D10 HIV Prevention Program Evaluation

**2nd Category Choice:** D27 Improving Capacity to Conduct Process and Outcome Evaluation

**Population 1:** P50 Program Administrators

**Population 2:** P56 Staff of Community-Based Organizations

**Presentation Preference:** Single Oral

**Title:** Using process evaluation and outcome monitoring to improve three interventions by community based organizations (CBOs).

**Author Block:** *Sallar, AM; Longfellow, L; LeSage, D; Bickham, J*

Louisiana Office of Public Health, HIV/AIDS Program, New Orleans, LA

**Abstract Body:**

**ISSUE:**

The Louisiana HIV/AIDS Program (HAP) has a strong commitment to the evaluation of HIV prevention programs. HAP has developed an HIV Counseling and Testing (CT) Committee and a Program Evaluation & Planning (PEP) Team. This report outlines the evaluations carried out by the 2 teams as they relate to street outreach, counseling and testing, and condom availability.

**SETTING:**

Louisiana's statewide HIV/AIDS prevention interventions.

**PROJECT:**

The PEP Team and HIV CT Workgroup were developed to oversee program evaluation activities. The PEP Team is made up of staff from Prevention, Louisiana State University and Surveillance and meets biweekly. Information from the committee is used to develop RFPs, provide feedback to CBOs to improve data collection, and report on specific evaluation activities for each intervention. The HIV CT Workgroup meets once per month on HIV CT issues and uses this information for quality assurance and process evaluation (e.g. provide quarterly, HIV CT Summary Reports to all HIV CT sites, monitor posttest counseling rates, etc.).

### **Street Outreach**

Street outreach activities are conducted in sites with one or more of the following characteristics: high rates of HIV/STDs, high levels of drug use, exchange of sex for money or drugs, or "crack" houses. Impact evaluation of HIV-related risk behavior is tracked through street outreach survey data. The street outreach process is monitored through site registration forms, and training and certification of outreach workers. Process evaluation is accomplished using the site visit form and client intercept surveys during random visits to street outreach areas by HAP supervisors. Outcome monitoring is accomplished through individual level surveys.

### **Counseling and Testing**

On an annual basis approximately 55,000 HIV antibody tests are conducted through parish health units, substance abuse clinics, and CBOs. Process monitoring is accomplished through training and certification of all counselors and the standard risk assessment information collected on the lab form.

### **Condom Availability**

Several surveys are conducted to measure process as well as outcome measures. These include the

**following: site observation surveys in public clinics and participating businesses; customer surveys; clinic surveys; and street outreach surveys.**

**RESULTS:**

**Evaluation results are used for program improvement by HAP and distributed to each CBO and their respective Regional HIV Prevention Coordinator. The data are used to identify CBOs in need of technical assistance to improve implementation and management of the program when goals are not realized. The community planning groups are also apprised of the outcome of evaluation activities for each intervention.**

**LESSONS LEARNED:**

**Experience has demonstrated that evaluation methods are most effective when the program has the support and cooperation of data collection personnel. Using one tool (i.e. the street outreach survey) to evaluate multiple interventions has been very cost-effective. We also have had success utilizing multiple approaches to evaluate interventions by incorporating key questions into multiple tools. Providing results of the evaluation to the CBOS is imperative.**

**Control Number:** 03-A-918-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** D05 Developing and Sustaining HIV Prevention Capacity

**2nd Category Choice:** F17 Prevention Training Needs of Persons Providing Care for HIV Positive Persons

**Population 1:** P2 Advocates

**Population 2:** P9 Clients of Community-Based Organizations

**Presentation Preference:** Poster Session

**Title:** A Successful Three Year HIV/AIDS Technical Assistance and Capacity Building Project: A Comprehensive Overview

**Author Block:** *Rose, PR; Munroe, AE*  
EOFHC, Inc., Miami Springs, FL

**Abstract Body:**

**Issue:** Many Community Based Organizations (CBO's) that are well linked with populations of color highly affected by HIV/AIDS have recognized needs or gaps in their capacity to provide HIV/AIDS related prevention and care services.

**Settings:** Community Based Organizations in African American and Hispanic Communities

**Project:** This paper will highlight the distinct processes and practices of a Demonstration Project developed to provide technical assistance and capacity building to Community Based Organizations and the unique approaches that strengthen and expand the technical skills and infrastructure capacity of the CBO's in terms of HIV Prevention and Treatment. The discussion will include an overview of capacity building, collaborative partnerships, technical assistance, coalition building and community mobilization based on the Community Based Organizations Resource Network (C-BORN) Model within the context of relevant socio-economic factors and overall community empowerment. Data from a comprehensive evaluation of the C-BORN Project will also be discussed as well as recommendations and conclusions.

**Results:** Data on the 56 CBO's evaluated provide significant insight regarding models and treatment of care in diverse settings. Of the CBO's surveyed 37% were faith-based. Varied services are provided by the CBO's including but not limited to HIV testing (25%), standardized HIV/AIDS treatment protocols (8%), experimental/alternative treatments for HIV/AIDS (6%). The remaining (61%) provide other medically based and/or pre and post-test counseling, case management, advocacy and beyond. The organizations generally serve the Black population at 65% followed closely by the Hispanic/Latino population (26%). The majority of clients served are either injection drug users (14%) crack users (19%) marijuana users (19%) and cocaine users (9%). The key information gathered from this evaluative research is the barriers to service. Some of the barriers identified by clients in this comprehensive evaluative study are the high cost of service (10%), lack of service information (11%), inconvenient hours of service (2%), perception that treatment will be pleasant/painful (4%), the requirement for insurance coverage (7%), lack of access to transportation (5%), high cost of service (10%) and the limited capacity of the organizations (15%). Additionally an item which indicated a significant barrier was the fact that in most of the facilities services/activities were only offered in one language such as English only (92%) or Spanish only (8%) which is a significant barrier due to the fact that many of the clients speak languages other than English including Spanish or Creole. Having such insight enables better provision of service upon elimination of said barriers.

**Lessons Learned:** In order to serve communities most effectively and ensure the provision of treatment, community-based organizations including faith based entities must eliminate perceived and reality based barriers indicated by clients. This comprehensive evaluative study will provide



**significant insight into key barriers and positive aspects of care from Community Based organizations, which must be considered in order to improve models in resource, limited settings.**

**Control Number:** 03-B-921-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D38 Training to Implement New HIV Prevention Interventions

**2nd Category Choice:** D39 Translating Research into Practice

**Population 1:** P56 Staff of Community-Based Organizations

**Population 2:** P51 Public Health Workers

**Presentation Preference:** Single Oral

**Title:** Disseminating Effective Behavioral Interventions

**Author Block:** *Belzle, T<sup>1</sup>; Stewart, T<sup>2</sup>; McGrath, P<sup>3</sup>; DeSantis, L<sup>4</sup>*

1 UT Southwestern Medical Center, Dallas, TX; 2 Denver Public Health, Denver, CO; 3 Monroe County Department of Health, Rochester, NY; 4 California Department of Health, Berkeley, CA

**Abstract Body:**

**ISSUE:** The capacity of community-based organizations in the use of behavioral and social science, community assessments, intervention selection and implementation, and evaluation can be increased through skills-based training to effectively disseminate evidence-based prevention interventions.

**SETTING:** Community-based organizations, community planning group members and state and local health departments across the U.S.

**PROJECT:** The four CDC-funded STD/HIV Prevention Behavioral Intervention Training Centers have developed a 4-course training program to increase the application of behavioral and social science and community assessments in HIV/STD prevention programs. The courses are “Bridging Theory and Practice”, “Community-Based Assessment Methods”, “STD/HIV Interventions”, and “Program Evaluation”. Together these courses provide intensive skill-building in the use of behavioral and social science theory to choose appropriate interventions for a specific target population, conducting an assessment to determine the factors that are influencing high risk behaviors in individual communities, use of assessment data in choosing and adapting appropriate evidence-based interventions, and planning and conducting process and outcome monitoring activities for program improvement. This workshop will focus on familiarizing participants with this core training program and then introducing them to the concept of “behavioral domains” which can be used as a tool to plan, implement, and evaluate HIV prevention programs.

**RESULTS:** Since 1995 the four training centers have provided a combination of these courses to over 300 community-based organizations, community planning groups, and health departments. Many of the organizations that have been provided at least the first three courses have successfully completed assessments and have chosen one or more evidence-based interventions to adapt for their target population. Together, the set of courses enable an organization to choose and tailor an intervention with direct relevance to the factors that are influencing the risk behaviors of their target audience.

**LESSONS LEARNED:** The didactic and experiential learning opportunities have increased capacity to apply behavioral and social science to choosing and conducting evidence-based interventions, trained staff in assessments that directly involve the impacted community to determine the strengths and challenges faced by its members, and encouraged the use of process and outcome monitoring in the review and adaptation of ongoing interventions.

**Control Number:** 03-B-923-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D07 HIV CTS Programs

**2nd Category Choice:** B31 Using Surveillance Data to Make Program Decisions

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P15 Counselors

**Presentation Preference:** Single Oral

**Title:** Targeted HIV Counseling and Testing: Transitioning into a Behavioral Risk Group Model

**Author Block:** *Carlos, J; Perez, MJ; Chavers, CR; Alvarado, EA*  
LA County Office of AIDS Programs and Policy, Los Angeles, CA

**Abstract Body:**

**ISSUE:** The Office of AIDS Programs and Policy (OAPP) seeks to target limited HIV Counseling and Testing (HCT) resources to those at highest risk for HIV infection, as part of LA County's HIV Prevention Plan.

**SETTING:** Contracted Community-based Organizations in Los Angeles County

**PROJECT:** In 2002, Los Angeles County (LAC) implemented a Behavioral Risk Group (BRG) Model and fee-for-service system among HCT providers to offer an incentive to be more targeted in their approach to HCT and Prevention services. Those at highest risk for HIV in LAC fall into one of the following BRGs: MSM, MSM IDU, MSMW, Non-MSM IDU and Women at Sexual Risk (WSR). Two smaller groups are also included (Transgender, Native Americans) that do not fit the behavioral model but have high rates of HIV in LAC. As agencies seek to implement this model they are meeting with varying degrees of success. The Epidemiology Unit of OAPP Prevention Services Division is seeking to evaluate the model by analyzing the data in 2001 and 2002 to determine the overall outcomes.

**RESULTS:** Fifteen agencies in LAC were contracted during both years of analysis. Three agencies did not report data during the period of analysis and therefore were not eligible. Of the 12 contracted agencies that reported HCT data in 2001 and 2002 (April - September), more than half were successful in the implementation of the Behavioral Risk Group model. The overall Odds Ratio (OR) was 1.38 (1.311.45, p=.00). When analyzed individually, 7 of the 12 agencies demonstrated positive outcomes that were statistically significant using a Chi Square test. However, two agencies had negative outcomes with Odds Ratios of 0.69 (0.550.88, p=.02) and 0.87 (0.770.98, p=.00). The remaining three showed no effect.

**LESSONS LEARNED:** LAC uses the State HCT collection system that is not designed to report data by BRG, making it difficult for agencies to report and monitor progress. Also, according to the State's definition of High-Risk, a substantial portion of positive and negative men fell into a Non BRG category. BRG models need to be flexible to incorporate changes in the epidemic and overlooked populations.

**Control Number:** 03-B-928-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D40 Other (Please specify on Additional Info page)

**2nd Category Choice:** D12 HIV Prevention Programs for Communities of Color

**Population 1:** P12 Communities of Color

**Population 2:** P32 Injecting Drug Users

**Presentation Preference:** Group Oral

**Title:** Pleasure, Power & Knowledge: grass-roots prevention strategic initiatives at St. Ann's Corner of Harm Reduction, Bronx, New York.

**Author Block:** *González-Torres, I; López, R; Rivera, J; Majoor, B; Fleck, L*  
St. Ann's Corner of Harm Reduction, Bronx, NY

**Abstract Body:**

**ISSUE:** Developing and strengthening grass-roots organizations, working to reduce the risks of HIV infection among disadvantaged communities of color, using the principles of community development and Harm Reduction.

**SETTING:** St. Ann's Corner of Harm Reduction, South Bronx, New York.

**PROJECT:** SACHR is a culturally diverse low-threshold community-based organization committed to reducing the spread of HIV among IDU and non-IDU, their partners and family members. We work at minimizing the potential for harm associated with unsafe drug use and unprotected sex, and recognize that there is a continuum of levels of drug use risk and levels of harm. Accordingly, we work at developing a continuum of integral intervention levels at both individual and collective levels [Syringe Exchange (SEP), Preventive Case Management (PCM), Mental Health Services, Reproductive Health Program (RHP), and our Sanctuary Services – Volunteer Program (VP), Nutritional Program, Full-Body & Auricular Acupuncture, Acupressure, Massages].

**RESULTS:** After 12 years of having been created as a grass-roots organization, SACHR has undergone profound changes. Through its street-based work, SACHR recognized that traditional HIV prevention strategies [based solely on sharing information and distribution of prevention materials (such as condoms, dental dams, syringes and bleach kits)] did not have an effective change in reducing people's risk levels. Diverse revolutionary strategies embodied SACHR's transformation: participants become part of the staff (SEP, PCM, RHP, VP); pleasure has been integrated as the strategic path to prevention (Women Support Group initiatives; Men Support Group initiatives; One-on-One Education Intervention of SEP and PCM; increase on Sanctuary/Relaxation & Self-realization Services' participation); power relations have transformed (with dealers; police agents; loan sharks; sexual partners; service providers); individual and collective cultural histories have become part of participants' contributions to the organization and the community (Women's Theatre Group; Men's Mural Painting Group); individual management of drug use and exchange rates have resulted in lessening risks; personal and collective transformation resulting in elimination of drug users' stigma; major involvement from SACHR's participants in community affairs.

**LESSONS LEARNED:** Emerging from the dialectics between the Harm Reduction model and the South Bronx community's needs and resources, and by integrating the principles of community development and Harm Reduction, and recognizing the transformative nature of the relationship between power, pleasure and knowledge, SACHR, as a grass-roots organization, has been able to structurally and conceptually materialize its commitment with building new strategic ways of effectively reducing HIV infection among its community.

**Control Number:** 03-B-929-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D08 HIV Prevention Community Planning

**2nd Category Choice:** D23 Implementing Culturally Competent HIV Prevention Programs

**Population 1:** P29 Immigrants, Documented and Undocumented

**Population 2:** P12 Communities of Color

**Presentation Preference:** Group Oral

**Title:** HIV/AIDS Prevention and Care Planning with Southeast Asian communities in Lowell, Massachusetts.

**Author Block:** *Heng, C; Sripada-Vaz, RP*

Massachusetts Asian AIDS Prevention Project, Boston, MA

**Abstract Body:**

**ISSUE:** A Southeast Asian community planning group created an HIV/AIDS Prevention and Care Plan for high risk, immigrant and refugee, Southeast Asians living in Lowell, MA, which is home to the 2nd largest Cambodian community in the US.

**SETTING:** Working group meetings are held at the Cambodian Mutual Assistance Association in downtown Lowell, MA.

**PROJECT:** A working group started up 1 1/2 years ago in Lowell among concerned Southeast Asian community members who were interested in creating a plan to reduce the spread of HIV/AIDS in their community. Following the CDC CPG model, the working group set up structures, built membership, received capacity building training, and followed a timeline of activities to create a plan that will be shared with the statewide MA CPG to support their process in identifying best practices for immigrant and refugee communities in MA.

**RESULTS:** The Lowell Working Group (LWG) has prioritized populations into the following list: women at risk, youth, HIV+, heterosexual men and msm. The LWG further identified effective interventions for each population group including: social marketing campaign, community forums, small group interventions and outreach/ education programs to support HIV/AIDS awareness, to provide accurate, culturally and linguistically competent prevention messages, and to increase capacity to seek and accept HIV care and support services. The LWG also provided a list of strategies that will support reducing the stigma of HIV/AIDS within the community and support HIV + individuals and their families.

**LESSONS LEARNED:** The cultural and linguistic barriers are complex within the Southeast Asian community that faces compounding factors including joblessness, poverty, undocumented immigration status, post traumatic stress disorder, intergenerational communication gap, teen pregnancy, violence, internal community politics, discrimination, drug and gambling addictions.

**Control Number:** 03-B-934-NHPC  
**Format:** Abstract Format II - Descriptive Summary  
**1st Category Choice:** D06 Faith Based Programs  
**2nd Category Choice:** D30 Peer-Based Prevention  
**Population 1:** P18 Faith Community  
**Population 2:** P2 Advocates  
**Presentation Preference:** Group Oral

**Title:** Success with Faith Based HIV Prevention Workshops

**Author Block:** *Prioleau, FY*<sup>1, 2</sup>; *Abadia, R*<sup>3</sup>

1 Lower N. Y. Consortium For Families, NYUSOM, New York, NY; 2 New York City HIV Planning Council, New York, NY; 3 Religious Coalition for Reproductive Choice, Washington, DC

**Abstract Body:**

**ISSUE:**

**Integrating HIV prevention information with relevant scriptural text provides greater awareness for reducing the risk factors for HIV in faith based institutions**

**SETTING:**

**Various denominational churches and and faith based organizations in New York City**

**PROJECT:**

**The GEMS (Grace and Everlasting Mercy Saves) Project is a peer advocacy and outreach project. The GEMS project is a Peer initiated project that was made possible with the support of the Lower New York Consortium for Families with HIV, a HRSA Ryan White and CDC HIV Prevention funded program. The GEMS project was developed to address the needs of faith-based organizations that wanted to assist people with HIV prevention but did not have the capacity or the resources.**

**RESULTS:**

**GEMS bring HIV prevention, treatment and care information by using established ministries in churches. The guiding principle of this project is the integration of HIV prevention, treatment and care with spirituality. Through this project Peers are able to go into churches and provide information and education about risk factors for HIV and care for people with HIV. We provide a resource for churches that are unable to access speakers or are uncomfortable with presenting the information. We use intergenerational workshops to educate the community about the risk factors for HIV; provide access to counseling and testing.**

**The GEMS Project uses non-traditional venues to reach Parishioners. For example, we are piloting a quilting project with two churches as a way for parishioners to receive information about HIV/AIDS and participating with feeding ministries to provide prevention information to their participants. Another example is we participate or set up an information booth at different local church conferences. This allows us to reach parishioners at different churches and plan future workshops for their churches or faith organizations.**

**The ultimate goal of our outreach efforts is to encourage participants to test and seek care. Our secondary goal is to provide participants with the tools to stay HIV negative.**

**LESSONS LEARNED:**

**The primary learning objectives of this project is that you can integrate treatment, care and spirituality to reach those who are not accessing care or prevention messages in faith based institutions.**

**Control Number:** 03-B-937-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D23 Implementing Culturally Competent HIV Prevention Programs

**2nd Category Choice:** D05 Developing and Sustaining HIV Prevention Capacity

**Population 1:** P21 General Population

**Population 2:** P64 Other (Please Specify)

**Presentation Preference:** Single Oral

**Title:** A Process for Improving the Effectiveness of Cultural and Linguistic Competency Training for HIV Prevention Programs in Massachusetts

**Author Block:** *Ueda, A<sup>1</sup>; Phillips, HJ<sup>2</sup>; Holman, J<sup>1</sup>; Richman, A<sup>1</sup>*

1 Boston AIDS Consortium, Boston, MA; 2 Phillips Solutions, Boston, MA

**Abstract Body:**

**ISSUE:** HIV infection among people of color continues to escalate at an alarming rate. HIV prevention efforts must therefore adequately address the specific cultural and/or linguistic factors of people of color who are at highest risk for HIV infection. Additionally, HIV prevention organizations must continue to strengthen staff cultural and linguistic competency skills in order to increase the effectiveness of services that target people of color. Training and technical assistance can achieve both needs if it is thoughtful, strategic, and involves the provider community in development of curricula and materials.

**SETTING:** Curriculum, exercises, and related materials were developed on the main issues of cultural and linguistic competency. Multi-day workshops, small-group activities that emphasized follow-up and implementation, and other forms of technical assistance were used to introduce, develop, and strengthen cultural and linguistic competency (CALC) skills. These services were provided to staff of HIV prevention programs throughout Massachusetts that see or target people of color at highest risk for HIV infection.

**PROJECT:** Funded by the U. S. Office of Minority Health (OMH), the MassTACTIC Project developed and implemented a CALC training module, including curriculum, assessment tools, and related materials, as part a three-year package of comprehensive, integrated technical assistance and training services intended to strengthen the ability of Massachusetts HIV prevention programs and organizations to see/serve people of color at highest risk. Using the national set of standards recommended by OMH as a starting point, the Project first convened an advisory group consisting of local experts and staff from organizations expressing an interest in increasing CALC skills to provide input, guidance, and review for the entire process of developing a CALC training that was specific to the needs of Massachusetts providers and the communities of color experiencing the greatest rates of HIV infection.

**RESULTS:** Guided by the CALC Advisory Group, project staff worked with a consultant to develop a CALC training curriculum that reflects local needs and addresses some of the OMH recommendations. This training is considered innovative for explicitly linking CALC skills to reducing health disparities, improving access to services, facilitating the learning of healthy behaviors and practices, and strengthening the quality of services provided to culturally and linguistically different groups. The training module emphasizes skills building and implementation of training information back in the workplace rather than a more didactic overview of various cultural groups and their cultural practices. The module also provides a suggested list of outcome measurements that service providers may want to adopt to monitor their on-going CALC efforts. A CALC organizational assessment tool, specific to HIV/AIDS services, was developed and will be made available for use by others.

**LESSONS LEARNED:** A carefully selected group of experts is invaluable to the production of a

**tailored, relevant, and effective CALC training module. HIV prevention providers are hungry for CALC trainings that emphasize skills building and implementation. Outcome measurements that link to monitoring HIV/AIDS health disparities are a promising evaluation method. The OMH national recommendations can be applied to the field of HIV prevention, technical assistance, and training.**



**Control Number:** 03-B-938-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D27 Improving Capacity to Conduct Process and Outcome Evaluation

**2nd Category Choice:** D39 Translating Research into Practice

**Population 1:** P56 Staff of Community-Based Organizations

**Population 2:** P50 Program Administrators

**Presentation Preference:** Single Oral

**Title:** Using Qualitative Assessment Techniques to Assess Organizational Needs and Improve Service Delivery: The MassTACTIC Experience

**Author Block:** *Haberlin, K; Ueda, A*  
Boston AIDS Consortium, Boston, MA

**Abstract Body:**

**ISSUE:** Technical assistance, capacity building and training initiative seeks to improve future service delivery by conducting in-depth needs assessments of participating organizations.

**SETTING:** Minority-serving AIDS service organizations in Massachusetts.

**PROJECT:** MassTACTIC (Technical Assistance, Capacity Development, Training, and Information Consortium) is a 3-year initiative funded by the Office of Minority Health, U.S. Department of Health and Human Services, to provide trainings across the state of Massachusetts to minority-serving AIDS service organizations. The purpose of these trainings will be to help community-based minority-serving organizations (CMSOs) reduce the number of new HIV infections among people of color in Massachusetts, help increase access to HIV services, and help increase the quality of HIV prevention and HIV-related services in Massachusetts for people of color. As part of its Enhanced Level of service, MassTACTIC offers in-depth needs assessment, technical assistance, and capacity-building services to a small group of organizations across the state of Massachusetts. Each participating organization is assigned a project manager who serves as a technical assistance liaison.

**RESULTS:** MassTACTIC project staff have found it necessary to conduct a complete needs assessment, involving more than completion of a standardized assessment tool. Staff have conducted structured key informant interviews as well as onsite participant observation in order to obtain a fuller understanding of each participating organization's unique operational situation. The qualitative data that was collected from these endeavors was then analyzed using standard qualitative analysis methods, particularly Grounded Theory methodology. MassTACTIC project managers then worked with each participating organization's staff, as a team, to review these research results for accuracy and further commentary, and now use this information in formulating technical assistance plans that are reassessed on an ongoing basis. The MassTACTIC project staff believe that these data will not only be useful during the life of the MassTACTIC grant, but may also be used in replicating the MassTACTIC assessment and technical assistance process elsewhere.

**LESSONS LEARNED:** Qualitative research takes more time than traditional surveys, but by using similar qualitative techniques to what an organization might use externally to learn more about its target population, the more equipped the organization will be to work within its recognized bounds and target specific areas for improvement. In-depth qualitative analysis may uncover themes that may not be immediately apparent to the organization at the beginning of the needs assessment process.

**Control Number:** 03-B-939-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D04 Community Coalition Development

**2nd Category Choice:** D08 HIV Prevention Community Planning

**Population 1:** P51 Public Health Workers

**Population 2:** P44 Outreach Workers

**Presentation Preference:** Single Oral

**Title:** Building Interagency Coalitions to Prevent Perinatal HIV in Highly Affected Metropolitan Areas

**Author Block:** *Abresch, CJ; Peck, MG*

CityMatCH at the University of Nebraska Medical Center, Omaha, NE

**Abstract Body:**

**ISSUE:** Further reduction in the rate of perinatal HIV transmission in urban areas must transcend medical science advances alone, replacing fragmented outreach and education efforts with interagency coalitions.

**SETTING:** The national CityMatCH Perinatal HIV Urban Prevention Collaborative working with three local public health departments.

**PROJECT:** The CDC funded CityMatCH Perinatal HIV Urban Prevention Collaborative (UPC) is an ongoing six-city collaborative comprised of highly urbanized areas hardest hit by perinatal HIV transmission. Throughout the three-year history of the project, CityMatCH has served as a convening, organizing and staffing entity for the collaborative process. Through the application of a series of MAPS (Mapping Aids Prevention Strategies) participants have gained technical assistance in, among other things, the building of community coalitions. We present recognition of the problem, determined objectives, implemented activity and results for three of the participating cities' coalition building efforts.

**RESULTS:**

	Recognition of the Problem	Determined Objective	Implemented Activity	Results
Jacksonville, FL	Lack of integrated perinatal HIV/AIDS systems servicing at risk pregnant females.	To collaborate with at least 25 providers to reduce the number of babies born with HIV within one year.	Convened the "Jacksonville Perinatal Community Integration Meeting" comprised of 40 plus community partners.	1. Assembled community recommendations on what is needed. 2. Published recommendations. 3. Identified lack of coordinated services for substance abusing HIV females.
Philadelphia, PA	HIV services available for reproductive aged women within the city of Philadelphia Health Centers are fragmented.	To provide an integrated array of HIV and reproductive health services to women with HIV, those at risk and for their families.	Identified services needed to make a continuum of care for HIV services within the Health Center and found possible solutions for identified service gaps.	1. Implemented solutions for service gaps. 2. Initiated the HIV services pilot project. 3. Developed Evaluation/Quality Assurance Plan for clinic services to be conducted in 3 months.
San Diego,	No one entity	To foster	Convened and	1. Made available a

CA	within the Health Department or community provided HIV information that specifically targets pregnant women.	interagency collaboration in order to develop and distribute a low-literacy perinatal HIV educational brochure in English and Spanish.	facilitated a San Diego interagency collaboration that developed, translated, printed and distributed a perinatal HIV educational brochure.	needed brochure. 2. Increased communication and collaboration across Public Health Department sections and with community providers. 3. Laid groundwork for continued collaboration by understanding each agency's contribution to perinatal HIV risk reduction.
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**LESSONS LEARNED: CityMatCH Perinatal HIV Urban Prevention Collaborative participants successfully identified the need for increased community coalitions in the effort to further prevent perinatal HIV transmission. Additionally, with the technical assistance provided, the participants were able to identify, reach out to and garner participation from numerous and significant community stakeholders. It is uncertain as to whether the community coalitions will ultimately have a measurable impact on the reduction of transmission. Additional efforts should be focused on the continuation of these efforts along with their impact on transmission within the metropolitan areas.**

**Control Number:** 03-B-940-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D36 Sustainability of HIV Prevention Programs

**2nd Category Choice:** D34 Scaling Up HIV Prevention Programs

**Population 1:** P21 General Population

**Population 2:** P50 Program Administrators

**Presentation Preference:** Single Oral

**Title:** Information Resources

**Author Block:** *Murray, JA; Graves, ML*

Arizona OIC, Phoenix, AZ

**Abstract Body:**

**ISSUE:**

Some CBO's are not looked upon and taken seriously about their positions, and the objective stand they take for their communities in this fight against HIV/AIDS because they do not have effective social marketing campaigns.

**SETTING:** CommunityBasedOrganizational Facilities, Community Forums, and public community workshops

**PROJECT:** The purpose of this workshop will assist in the development of an effective social marketing campaign identifying the needs of the people, supplying information to make informed decisions, and offering programs or services meeting the needs of the people, and assessing how well those needs were met.

Participants will discuss and create a blueprint for their own social marketing campaigns referencing the communication objective, target audience, current attitudes, desired attitudes, desired action, primary selling proposition, support, personality, and success indicators.

**RESULTS:** Learning Objectives

By the end of this workshop, participants will be able to develop a social marketing campaign of their own. Participants will be able to articulate and understand the following;

- What to say in the communication objective.
- Are you reaching your target audience?
- What does the target audience believe to be true?
- What do YOU want them to believe differently?
- What do YOU want them to do from your message?
- What's in it for them?
- What supports your efforts? (Research, proof, success evidence)
- How to know you have gained success. (Success indicators)

**LESSONS LEARNED:**

Exercise confidence in all your endeavors, reaching your target audience, and exercising your communication objective. Recognize your success level in your marketing strategies.

**Control Number:** 03-A-941-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** D07 HIV CTS Programs

**2nd Category Choice:** B20 Rapid Assessment Tools

**Population 1:** P50 Program Administrators

**Population 2:** P51 Public Health Workers

**Presentation Preference:** Single Oral

**Title:** Rapid Assessment Tool: Does It Work?

**Author Block:** *Finkelstein, E*

HIV/AIDS Administration, DOH, District of Columbia, Washington DC, DC

**Abstract Body:**

**Background/Objectives:** As part of the RARE initiative activities, the study examines who was tested for HIV prior survey interview and who was tested upon completion of the survey interview. Examination of those who engaged in risk behaviors, their HIV testing history and whether they returned, or did not return for their test results provide an insight to whether those at risk, seek and get tested for HIV. Finally, assessment of the survey's impact on the number of respondents who received HIV pre-test and post-test counseling upon completion of the survey activity.

**Methods:** Data was collected from 604 persons through cross-sectional community neighborhoods in four Wards of the District of Columbia. The survey interviews were conducted on the street, outside bars, and other places where people congregate at night. A random sampling design was used to select and interview an unbiased sample of people who have never been tested for HIV, persons tested who did not return for test results, those who have not been tested recently, and persons who have recently been tested. Within the periods of 24, 12, 6 months of the interview date. Upon completion of survey respondents who were never tested for HIV or were tested 2 or more years ago and those who did not return for test results, were encouraged to test on site. A mobile unit with certified HIV counselors was available to provide pre-test counseling and HIV Antibody testing (ORASURE).. To fully examine behaviors, the study used gender/race/ethnicity and age as subgroups.

**Results:** Of 604 respondents, 66% (401) were Black, 21% (128) Latino(a), 10% (59) White and 2% (13) were "other". A significant finding is the alarming number of black respondents (49%) that were never tested for HIV and only 19% (77) were tested for HIV in the last 12 month. Of 102 respondents tested for HIV in the last 12 months, (75%) 77 returned for the results. Respondents reported that the reasons for not returning for the HIV test results were fear of finding out the results or the respondents did not know where to get the test results. 308 respondents were willing to get tested. Of those, 68% (209) were never tested, 30% (91) were tested 2 or more years ago, and 3% (9) were tested in the last 12 months.

**Conclusions:** We found that 82% (252) of respondents that were willing to be tested upon the completion of the survey, were tested on-site, returned for the results and received post-test counseling. Of those, 8% (19) tested positive. The number of persons tested positive is significantly higher than the average number of individuals tested positive and counseled through local community events. Overall the significant number of respondents' who were willing to get tested upon completion of survey suggests a positive impact of survey activities in reaching The targeted population.

**Control Number:** 03-B-949-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D20 HIV Prevention Programs for Youth

**2nd Category Choice:** D23 Implementing Culturally Competent HIV Prevention Programs

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P50 Program Administrators

**Presentation Preference:** Single Oral

**Title:** Linked Interventions to Reduce HIV Infection Among Young Men Who Have Sex With Men: An Innovative HIV Prevention Program for Youth of Color

**Author Block:** *Parekh, A; Burns, RK*

AIDS Taskforce of Greater Cleveland, Cleveland, OH

**Abstract Body:**

**ISSUE:** Linked Interventions to Reduce HIV Infection Among Young Men Who Have Sex With Men: An Innovative HIV Prevention Program for Youth of Color

**SETTING:** community based groups, bars, clubs in the Greater Cleveland area

**PROJECT:** The Young Men Who Have Sex With Men (YMSM) Program seeks to positively impact the HIV risk behavior of young MSM of color, as well as develop skills and leadership for the “next generation” of Cleveland’s HIV prevention professionals, through intensive HIV risk reduction education and fieldwork. Additionally, the program trains religious professionals in knowledge, attitudes, and behaviors that will improve service to young MSMs of color at risk or living with HIV. This set of activities is predicated on the understanding that consistent, informed messages about HIV risk reduction, delivered with competence and sensitivity by both peer educators and influentials on a community-wide basis, will promote ongoing risk reduction practices. The peer leadership training and prevention component, based on successful demonstration projects and behavioral theory, trains youth to become peer leaders and implement direct HIV prevention interventions. Participants gain skills in design and delivery of interventions that reduce HIV risk among peers and create normative risk reduction expectations and behaviors; simultaneously, they learn skills needed to eventually assume leadership in AIDS service organizations.

To ultimately help reduce stigma that may inhibit help-seeking behaviors on the part of at-risk YMSMs of Color, the initiative also conducts Capacity Building Trainings to faith-based organizations. These trainings aim to increase knowledge and skills of HIV prevention while decreasing the prejudice associated with HIV/AIDS and YMSM of color. Trainees are introduced to developmental needs of YMSMs of color from an adolescent developmental context.

**RESULTS:** Fifteen 15 YMSMs of color between the ages of 13-24 were recruited and trained to serve as “peer leaders” who will implement HIV risk reduction programming and serve as shapers of community HIV behavioral norms. They learned general knowledge of HIV; social marketing theory and program design; social network-based outreach theory and practice; small-group, structured risk reduction interventions; and HIV testing and counseling services. Training cycles lasted six months and blended instruction, skills training, and actual delivery of HIV prevention services.

After completing their social marketing training, four YMSMs developed a multi-media campaign with video, audio and print materials and implemented it nationwide

Based on quantitative as well as qualitative results, program participants reported an improvement in their skills. Other results of this highly successful initiative, as well as important considerations in working with YMSM of color, will be shared with session participants.

**LESSONS LEARNED:** Participants report that the program components are helping them to

**develop skills deemed critical to successfully completing the program. Moreover, they noted that the experience has helped improve their perception of their own abilities to make a positive impact in this field. Additional efforts should focus on dealing with related issues that may impede upon youths' success in the program.**

**Control Number:** 03-B-950-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D06 Faith Based Programs

**2nd Category Choice:** D11 HIV Prevention Program Planning

**Population 1:** P18 Faith Community

**Population 2:** P3 African Americans

**Presentation Preference:** Single Oral

**Title:** Building Partnerships for Faith-based HIV Testing and Counseling

**Author Block:** *Brown, V<sup>1</sup>; Jearld, SA<sup>2</sup>; Seele, P<sup>1</sup>; Franklin, MO<sup>1</sup>*

1 The Balm in Gilead, Inc., New York, NY; 2 Columbia University, Mailman School of Public Health, New York, NY

**Abstract Body:**

**ISSUE:**

It is widely known that rates of HIV/AIDS among minorities have reached epidemic proportions. Treatment - vital to the individual's prognosis - is only begun upon detection of this condition. Consequently, HIV testing is important, because in its absence the condition remains undetected and untreated and prognosis is poor.

**SETTING:**

Testing and counseling sites were located in Harlem, New York; Cleveland, Ohio and Houston, Texas.

**PROJECT:** African American faith-based communities have long been in the vanguard of social change and are being increasingly utilized in this regard to address health matters. Using case study methodology, this project reviews three intervention models of faith-based HIV testing and counseling in order to develop a protocol for implementing this in churches or other faith-based institutions in African American communities.

**RESULTS:** While models differed on a number of elements such as: the extent of community outreach, HIV testing as part of a continuum of care and membership involvement of the faith community, partnership with public health departments and other agencies were constants in all the interventions reviewed. Observations reveal that elements to be included in a protocol for the development and implementation of faith-based testing and counseling should include inter alia, the development of linkages with local Departments of Health, collaborative relationships with organizations offering complementary services, leadership involvement in the planning phases and the education of the organization's membership.

**LESSONS LEARNED:**

Faith communities constitute viable areas for establishing HIV testing and counseling. The planning phase for HIV testing and counseling should incorporate the notion of partnership with organizations providing supplementary and complementary HIV services.



**Control Number:** 03-B-952-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D17 HIV Prevention Programs for Seropositive Persons

**2nd Category Choice:** D33 Rural Issues for HIV Prevention

**Population 1:** P46 People Living with HIV/AIDS

**Population 2:**

**Presentation Preference:** Single Oral

**Title:** Positive Rap with Positive People

**Author Block:** *Few, TE; Henry, LW; Belzle, TE*

Dallas STD/HIV Behavioral Intervention Training Center, Dallas, TX

**Abstract Body:**

**ISSUE:**

**Identify prevention needs of HIV positive people in the Southern U.S.including rural and other disenfranchised populations.**

**SETTING:**

**Community ASO located in 8 Southern states in 22 cities.**

**PROJECT:**

**21 "Positive Rap Sessions" were conducted consisting of over 200 participants. HIV+ men and women of various ages, ethnicities, sexual orientations and religious backgrounds. Rap Sessions focused on gathering information from participants in 3 major categories: primary transmission prevention of HIV/STDs; disclosure of HIV status; and prevention messages.**

**RESULTS:**

**Rap Session participants discussed several impactful issues effecting HIV prevention for persons living with HIV/AIDS. Key Issues included such discussions as: responsibility for HIV/STD prevention, stress related to disclosure of status to family and friends and long-term sexual partners, and the need for the delivery of culturally sensitive prevention messages in safe environments.**

**LESSONS LEARNED:**

**HIV positive individuals must be included when developing and delivering prevention messages and in builing HIV program capacity.**

**Control Number:** 03-B-957-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D14 HIV Prevention Programs for Migrant Populations

**2nd Category Choice:** D23 Implementing Culturally Competent HIV Prevention Programs

**Population 1:** P35 Latinos/Latinas, Hispanic

**Population 2:** P29 Immigrants, Documented and Undocumented

**Presentation Preference:** Single Oral

**Title:** HIV Education and Prevention for Homeless, Undocumented, Latin American Immigrants in San Francisco's Mission District: A Pilot Program.

**Author Block:** Ceballos, HA

Dolores Street Community Services, San Francisco, CA

**Abstract Body:**

**ISSUE:** To increase HIV awareness and testing among San Francisco's (SF) monolingual and bilingual, homeless, Latin American, day laborer (DL) population as well as to improve the rate of clients who keep their disclosure session appointments. DLs comprise a legally undocumented subset of SF's Latinos that are at high risk for HIV infection. They do not access conventionally available HIV/AIDS prevention and treatment resources due to a variety of reasons: lack of awareness, comfort with ignorance about serostatus, unfamiliarity with SF geography, language barriers, fear of deportation, and preoccupation with finding work.

**SETTING:** Four emergency homeless shelters in SF's Mission District.

**PROJECT:** Dolores Housing Program (DHP) is the sole provider of shelter services tailored to the needs of SF's homeless, DL population. They are open to men of all backgrounds; however, most guests are recent immigrants from Latin America who come to the U.S. seeking employment. Their primary interest is working to provide for their families. Their employment is temporary; searching for work occupies their free time. Community agencies provide HIV testing services during narrow time frames that are not compatible with DLs' schedules. Fear further discourages DL from taking advantage of SF's HIV/AIDS-related services. Anxiety about getting lost or language barriers, compounded by distrust of agencies staffs' intentions and their relationship with immigration, also act as deterrents. Recognizing its unique position to reach this population, DHP created an HIV Peer Advocacy Program. With the goal of boosting HIV awareness and testing, an HIV Peer Advocate (P.A.) conducts outreach in the shelters, facilitates a support group, and provides counseling and case coordination. All services are culturally sensitive and offered in English and Spanish. In Due to persisting lack of interest in HIV testing and low return rate for disclosure sessions, the P.A. arranged to bring HIV testing services on-site. Testing is presently offered on a voluntary basis and is conducted once a month, rotating between the 4 sites.

**RESULTS:** The convenience of testing in the shelters resulted in an overall increase in desire for HIV/AIDS knowledge and testing. The resident's contemplation of getting tested triggered questions, which translated into a rise in client participation in the P.A.'s HIV/AIDS presentations conducted during shelter visits. They want to know about transmission, prevention, symptoms, disease progression, and how tests work. Currently, the testing team is able to test 4 people/visit maximum and the in-house arrangement ensures a 100% return rate for disclosure sessions. The demand now exceeds the team's capacity and arrangements are being made to increase testing frequency to twice/month.

**LESSONS LEARNED:** Creating an effective HIV education and prevention initiative for the homeless, DL population entails designing culturally competent services and making them available in a space deemed safe by the target population itself and based on its own criteria. For a population preoccupied with generating an income, HIV testing must be convenient. Taking into

**consideration the population's safety, cultural, linguistic, and convenience needs permits the population to assimilate attitudes and information about HIV prevention that are prevalent in mainstream American society.**

**Control Number:** 03-B-959-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D22 How to Replicate Programs that Work

**2nd Category Choice:** D20 HIV Prevention Programs for Youth

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P13 Community Educators

**Presentation Preference:** Single Oral

**Title:** Barriers in implementation of an HIV curriculum in three different community settings

**Author Block:** *Boyles, R<sup>1</sup>; Wallace, M<sup>2</sup>; Theunissen, A<sup>1</sup>*

1 Southwest Louisiana Area Health Education Center, Lafayette, LA; 2 Caliber Associates, Inc., Fairfax, VA

**Abstract Body:**

**ISSUE:** Barriers in implementation of an HIV curriculum in three different community settings and methods to overcome these barriers without affecting the fidelity of the program.

**SETTING:** Three community-based settings such as shelters, juvenile detention centers, and afterschool programs in Lafayette, LA, serving primarily African American at-risk youth ages 15-18.

**PROJECT:** The RHAP (Resources for HIV/AIDS Prevention) team provides a small group intervention utilizing an HIV prevention curriculum, Becoming A Responsible Teen (BART), in several community-based settings. BART has been evaluated and identified as a "program that works" by the Centers for Disease Control and Prevention (CDC). The RHAP team is a program of Southwest Louisiana Area Health Education Center (SWLAHEC), a community-based health education organization, and is funded by the CDC through their HIV division. The RHAP team provides the eight week intervention in community-based settings (or "host" organizations) such as juvenile detention centers, shelters, and afterschool programs. An evaluation component has been in existence since the programs inception. SWLAHEC has over 10 years experience in health education, and in implementing programs with at risk youth including HIV/AIDS at the state and local level.

**RESULTS:** The goal of this paper is to increase the capacity of community based organizations to implement evidence-based HIV prevention programs. Specific strategies and recommendations to address the issues will be presented, and hand-outs and literature will be provided. The RHAP team, for the past three years, has administered a pre- and post-test survey to all participants in the program. Based on the results of the process and outcome evaluations conducted, the following barriers that effect program delivery and evaluation have been identified: the mobility of the shelter/detention residents; the parameters determined by funding sources at the host setting; the cultural norms of the community; differing philosophies related to the sexual debate; and staff turnover. Aside from pre- and post-test surveys, evaluation measures have also consisted of interviews with host settings and program staff.

**LESSONS LEARNED:** Three years of program implementation has provided many lessons. Program development should consist of negotiating with the host organization the group dynamics, establishing a system with the host organization to track outcomes and be able to review this system for necessary adjustments to the evaluation process. Strengthen and have ongoing communication to build the relationship with the host organization by providing feedback and follow-up on evaluation of the program. Use innovative techniques to evaluate the program, working closely with the evaluator. Build funds into the program budget to support an evaluator. Establish a learning community that will review goals and objectives as the program evolves. The

**experience of implementing a community-based approach with an evaluation component gives leverage for obtaining additional resources.**

**Control Number:** 03-B-966-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D12 HIV Prevention Programs for Communities of Color

**2nd Category Choice:** D15 HIV Prevention Programs for MSM

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P19 Gay and Other Men Who Have Sex With Men

**Presentation Preference:** Group Oral

**Title:** District of Columbia HIV/AIDS Administration Social Marketing Campaign for Gay Men of Color

**Author Block:** *King, R<sup>1</sup>; Nelson, F<sup>1</sup>; McGhee, V<sup>2</sup>; Rooker, L<sup>2</sup>; Myada, E<sup>2</sup>*

1 DC Department of Health, Washington, DC; 2 Ogilvy Public Relations Worldwide, Washington, DC

**Abstract Body:**

**ISSUE:** Several studies have found that there are high levels of knowledge about HIV prevention among gay/bisexual Men of Color (MOC) in the District of Columbia, including Asian and Pacific Islanders, Blacks, and Latinos. However, those same studies indicate that many individuals continue to engage in high-risk sexual behavior.

Because there is a broad level of HIV/AIDS awareness and knowledge among gay and bisexual MOC in the District, developing a campaign to produce changes in the attitudes that keep Gay/Bisexual men of color from adopting or maintaining low-risk sexual behavior made the most strategic sense.

**SETTING:** Social Marketing Campaign targeting Asian/Pacific Islander, Black and Latino MSM in the District of Columbia

**PROJECT:** In developing a campaign that is culturally sensitive and applicable to the diverse population of MSM of color in the District of Columbia, the DC Department of Health, HIV/AIDS Administration (HAA) in collaboration with Ogilvy Public Relations Worldwide (Ogilvy) and community-based organizations, including The Bloomingdale Boys Club, Acuarela and the Asian & Pacific Islander Partnership for Health designed a social marketing campaign targeting the District's Gay/Bisexual men of color. The campaign components consisted of primary and secondary research, message and materials development, dissemination of materials and community outreach.

**RESULTS:** Research findings showed that there are many similarities across all three-target audiences (API, Black and Latino) in terms of attitudes and behavior that influence safer sex practices. These similarities included: low-self esteem, stigma, family issues and lack of knowledge about where to go or with whom they should speak regarding HIV/AIDS concerns, information and safe-sex education.

Though the research identified overlapping issues, due to culturally and linguistic differences, it was difficult to craft one central message to reach all three target audiences. Therefore, messages specific to each target audience were developed and then incorporated into transit advertising. A soft launch was conducted in May during Black Pride Weekend events. Mint dispensers and imitation VIP party invitations containing HIV/AIDS prevention messages were distributed via outreach workers at clubs, bars and community events. Posters with HIV prevention messages were hung in bathroom stalls at various clubs participating in Pride weekend events. Transit and print advertisements ran October 2002 through January 2003 in both gay-targeted and general publications targeting each subgroup.

A Web site to complement the transit and print advertising is in development. The site will

**provide information about HIV/AIDS prevention; serve as a resource for Gay/Bisexual of color regarding the District's HIV/AIDS services; provide a mechanism for the DC Department of Health, HIV/AIDS Administration to conduct surveys and research on behavior, and allow opportunities for chat sessions with health officials and community-based and AIDS service organizations.**

**LESSONS LEARNED: The multi-partnership approach between HAA, Ogilvy and the CBOs/ASOs presented both opportunities and challenges. Although campaign development was lengthened, the unique approach strengthened message and ad concept development, enhanced community outreach and facilitated buy-in and community support.**

**Control Number:** 03-B-967-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D18 HIV Prevention Programs for Transgendered Populations

**2nd Category Choice:** C41 Other (Please specify on Additional Info page)

**Population 1:** P59 Transgendered Persons

**Population 2:** P64 Other (Please Specify)

**Presentation Preference:** Single Oral

**Title:** Transgender Program for Excellence: HIV Prevention and Community Education

**Author Block:** *Blaza, J; Mediano, E*

Asian Pacific AIDS Intervention Team, Los Angeles, CA

**Abstract Body:**

**ISSUE:** There is a gap in serving the Transgender population due to Transgenderers still being categorized as MSM despite numerous studies indicating the differing HIV prevention needs of TG's from MSM. the prevention needs of transgender persons continue to go largely unaddressed at the national level. There is a great need for increased understanding of Transgender issues to develop effective interventions for Transgenderers and to justify the separation of this population from the MSM category.

**SETTING:** The CDC Foundation's Price Fellowship 2002 provided a way for laying out the groundwork for the development of a Transgender Program for Excellence.

**PROJECT:** The Fellowship project "Transgender Program for Excellence in HIV Prevention and Leadership" aims to develop a program that may be replicated in other communities to address the HIV Prevention needs of Transgenderers.

**RESULTS:** Project findings suggest that numerous studies show high levels of HIV infection and risky behaviors among MTF transgender individuals but most funding streams still do not address their prevention needs. There is less information about the male identified partners of MTF transgender person, especially those who have sex with MTF sex workers. These men may also have male and female sex partners which suggest a wider range of HIV transmission opportunities.

**LESSONS LEARNED:** It is imperative to understand Transgenderers, their life issues as it relates to HIV risk taking behaviors, and how these can be addressed in current and future programming. A compilation of effective Transgender HIV Prevention programs for national dissemination would greatly contribute in addressing the prevention needs of this population.



**Control Number:** 03-A-970-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** D36 Sustainability of HIV Prevention Programs

**2nd Category Choice:** B23 Assessment of Special Population Needs

**Population 1:** P12 Communities of Color

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Group Oral

**Title:** Model Mentorship Approach to Strengthening Organizational Capacity of CBOs in the South

**Author Block:** *Short, J<sup>1</sup>; Brown, K<sup>2</sup>; Ketter, B<sup>3</sup>; Johnson, M<sup>4</sup>*

1 DHHS/OPHS Office on Women's Health, Washington, DC; 2 Women's Resource Center, Columbia, SC; 3 New Vision Community Development Center, Hartsville, SC; 4 HEROES, Columbia, LA

**Abstract Body:**

**BACKGROUND/OBJECTIVES:**The DHHS Office on Women's Health MAI funded pilot projects to strengthen CBOs' capacity to deliver successful "gender-centered" HIV/AIDS prevention services.

between small CBOs and established minority health organizations in mentoring partnerships and for technical assistance to strengthen the organizations' capacity to deliver successful HIV/AIDS prevention programs independently.

**METHODS:** Small CBOs and established minority health organizations developed mentoring partnerships over a year to address technical assistance needs identified by the CBOs. "Gender-centered" approaches for reaching women with HIV prevention services are distinguished.

**RESULTS:** Three CBOs are presented. One funded for FY2002 is located in the rural South and is developing a Resource Center that will include HIV prevention education activities for women. Another funded in FY2001 and FY2002 has built a Consumer Advisory Board and is undertaking the strategic planning process. The third one received funding for FY2000, FY2001, and FY2002 and has expanded services to a second site in rural Louisiana.

**CONCLUSIONS:** "Gender-centered" approaches help address women's needs in preventing HIV. 1-3 years of targeted technical assistance strengthens small CBOs' capacity to deliver successful HIV prevention services.

**Control Number:** 03-B-974-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D37 Technology Transfer to Increase HIV Prevention Capacity Building

**2nd Category Choice:** D39 Translating Research into Practice

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P13 Community Educators

**Presentation Preference:** Single Oral

**Title:** Bringing HIV Vaccine and Microbicide Research to the Community

**Author Block:** *Goodman, DA*

New York Blood Center, New York, NY

**Abstract Body:**

**ISSUE:** Biomedical research to identify an effective HIV vaccine and microbicide is accelerating rapidly. Results of the first-ever phase III HIV preventive vaccine trial will be announced in Spring 2003. However, efforts to engage community and service providers have not kept pace with scientific advancement.

**SETTING:** Project Achieve, part of two NYC HIV prevention research units sponsored by the HIV Vaccine Trials Network and the HIV Prevention Trials Network of the National Institutes of Health.

**PROJECT:** Project Achieve conducts HIV prevention research, including but not limited to HIV vaccine trials and behavioral interventions. Since 1997 we have employed a minimum of one full-time community education staff and enrolled approximately 200 men and women into HIV preventive vaccine trials. We will share strategies employed by Project Achieve to educate and engage community and service providers on the development of HIV vaccines and microbicides. A June 2002 information exchange conference funded by the Centers for Disease Control and Prevention will be highlighted. A comprehensive report on the proceedings and findings of the conference will be disseminated.

**RESULTS:** Our community education and outreach efforts have resulted in: a) an active Community Advisory Board of 15 plus members; b) an average of 4 requests monthly for technical assistance and workshops on vaccine and microbicide research for providers and clients; c) partnership with several NYC agencies to provide on-going educational sessions; and d) \$35,000 in funding to implement a 2-day conference on the topic of vaccine and microbicide research, community involvement and ethics reaching 100 providers and community members.

**LESSONS LEARNED:** Communities and service providers are increasingly aware of and intrigued by HIV vaccine and microbicide research yet have limited access to accurate information sources. Several key barriers (such as government mistrust, a legacy of unethical research and lack of expertise) keep service providers from incorporating vaccine and microbicide education into their HIV prevention programs. We will share strategies and educational tools for working through these barriers to bring HIV vaccine and microbicide education to the community/provider level.

**Control Number:** 03-A-976-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** D11 HIV Prevention Program Planning

**2nd Category Choice:** D40 Other (Please specify on Additional Info page)

**Population 1:** P64 Other (Please Specify)

**Population 2:** P3 African Americans

**Presentation Preference:** Single Oral

**Title:** HBCUs HIV Prevention Needs Assessment

**Author Block:** *Fortune, DA*

AAHE, Reston, VA

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** The primary purpose of this survey was to assess the professional development needs of teacher education faculty at Historically Black Colleges and Universities (HBCUs) pertaining to HIV prevention education. The results of the survey will be used in planning and developing professional development workshops for HBCUs teacher preparation faculty.

**METHODS:** In the fall of 2002, an HIV prevention needs assessment survey was mailed to 94 HBCUs. Approximately 51% of the HBCUs responded to the survey.

**RESULTS:** Approximately 65% of the respondents need basic HIV/AIDS information, 67% need STIs/STDs information, 65% need HIV transmission patterns information, 73% need infection control/universal precaution information, 64% need safer sex practices information, and 66% need information on risk-reducing behaviors associated with HIV/STIs/STDs

**CONCLUSIONS:** Based on the findings of this survey, the following conclusions were made: 1) High percentages of HBCUs teacher preparation faculty lack adequate HIV prevention information; and 2) HBCUs teacher preparation faculty need professional development opportunities in order to enhance their HIV knowledge.

**Control Number:** 03-B-980-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D06 Faith Based Programs

**2nd Category Choice:** D12 HIV Prevention Programs for Communities of Color

**Population 1:** P3 African Americans

**Population 2:** P18 Faith Community

**Presentation Preference:** Single Oral

**Title:** "A Model Curriculum: Effective Strategies for Faith-based HIV Prevention"

**Author Block:** Jumanne, MA

Interdenominational Theological Center, Atlanta, GA

**Abstract Body:**

**ISSUE:** Faith-based HIV prevention seeks to reduce the transmission of HIV by using a person's faith relationship and an innovative curriculum.

**SETTING:** African American communities of faith in the U.S.

**PROJECT:** The Health Education and Leadership Project trains pastors and other faith leaders to use a spiritually grounded, culturally relevant prevention curriculum to educate their congregations and outreach populations. The curriculum, *Affirming a Future with Hope: HIV & Substance Abuse Prevention for African American Communities of Faith*, is being used in more than 600 congregations across the U.S. to help persons strengthen their faith relationship and reduce the risk of HIV infection.

**RESULTS:** These results were derived from 270 participants who completed the National Faith Leaders Training Institute or similar HIV prevention conference. Evaluative statements and the percent of respondents who rated the statement a "5" (with 5 being the highest rating) ranged from "The conference clarified faith-based HIV prevention" (97%); "The conference helped me understand HIV/AIDS transmission facts" (98%); "The link between HIV and substance abuse was clear" (95%); "The interactive roleplays enhanced the learning experience" (99%); "The information I learned is worth sharing with others" (99%); "I can use this information to help reduce my risk of HIV infection" (93%); "The faith relationship can be an effective strategy for HIV prevention" (94%)

**LESSONS LEARNED:** The majority of participants (95%) increased their knowledge of HIV/AIDS, enhanced their ability to employ HIV prevention skills, and expressed a verbal commitment to long-term prevention practices using their faith relationship. Two-thirds of participants expressed the need for more comprehensive HIV prevention messages for young people, including "abstinence-first" education, followed by risk reduction skills and support.

**Control Number:** 03-B-985-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D37 Technology Transfer to Increase HIV Prevention Capacity Building

**2nd Category Choice:** D22 How to Replicate Programs that Work

**Population 1:** P56 Staff of Community-Based Organizations

**Population 2:** P50 Program Administrators

**Presentation Preference:** Group Oral

**Title:** *Strengthening HIVCommunity-based Organizations for the Long Haul: A Systems Approach*

**Author Block:** *Harley, S<sup>1</sup>; Hewitt, WW<sup>2</sup>; Hewitt, WW<sup>2</sup>*

1 Felton & Harley Associates, Inc., Washington, DC; 2 Substance Abuse and Mental Health Administration, Rockville, MD

**Abstract Body:**

**ISSUE:**

**Roadmap for CBOs to ensure programmatic enhancement and financial sustainability**

**SETTING:** HIV/AIDS and Substance Abuse Services Community-based Organizations (CBOs) serving principally communities of color in the United States and in Puerto Rico.

**PROJECT:** The CSAT HIV/AIDS and Substance Abuse Services CBO Developmental Project are providing culturally competent technical assistance and developmental consultation to 30 HIV/AIDS Community-based Organizations. Historically, CBOS have been the cornerstone for community action and services, in many racial and ethnic minority communities. These organizations, despite limited resources, galvanize community response and provide important services to address the multiple problems of HIV/AIDS and Substance Abuse. The Project has focused its efforts to enhance the organizational infrastructure, programmatic services, and financial stability of the CBOs. Phase I of the Project involved a series of Executive Development Institutes and current Phase II focuses on the provision of intensive, individualized technical assistance and developmental services

**RESULTS:** Overall, 90% of the CBOs have tangible success. We have documented success in the areas of strategic planning, board and staff development, financial management, fund development (including social entrepreneurial activities), program services, networking and organizational linkages, and computer/technology. The Project collected baseline data using OMB-approved self-assessment tools.

**LESSONS LEARNED:** Our strategy was to recognize and honor the strengths of the CBOs, to involve the CBO staff and board leadership in the development of the individualized technical assistance plan, assign technical assistance specialist for the CBOs, and closely monitor CBO activities and progress. The CBOs have the vision and passion but are ready to develop and refine the infrastructure to further increase their effectiveness. Our technical assistance and developmental consultation was system wide and multilevel.

**Control Number:** 03-B-989-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D09 HIV Prevention on the Internet

**2nd Category Choice:** D31 Public Information

**Population 1:** P56 Staff of Community-Based Organizations

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Single Oral

**Title:** Effectively Delivering Prevention Information Online: A 7-Step Plan for Evaluating Your Organization's Web Site

**Author Block:** *Abernathy, RA; President, PA*  
Analytical Sciences, Inc. (ASI), Silver Spring, MD

**Abstract Body:**

**ISSUE:** The Internet can be a convenient and inexpensive way to deliver HIV prevention information to a large and diverse audience. However, for the Internet to be an effective channel for the delivery of health information, organizations must ensure that their Web sites are clear, useable, and audience-oriented.

**SETTING:** The Internet

**PROJECT:** This session presents an evaluation plan that CBOs and other HIV prevention professionals can use to assess the adoption, usability, and effectiveness of their health information Web sites. The evaluation plan has seven steps: (1) compile and evaluate unobtrusive measures, (2) conduct user surveys, (3) conduct a heuristic assessment, (4) recommend preliminary site revisions, (5) perform a task analysis, (6) conduct a usability test, and (7) recommend final site revisions. Completing these steps allows an organization to identify and address strengths and weaknesses of their Web site in areas such as display element arrangement, text readability, information quality, and design consistency.

**RESULTS:** User surveys and usability tests conducted after the implementation of the evaluation plan show that user satisfaction tends to increase, while information-seeking times decrease.

**LESSONS LEARNED:** Web site evaluation is important because Web sites are designed to benefit an organization and its clients. A poorly designed or ineffective site can cost an organization both funding and client satisfaction, and could result in a lack of compliance with guidelines or regulations. A careful evaluation ensures that a site complies with the Americans with Disability Act and effectively reaches diverse audiences. Through their experiences designing numerous client Web sites on HIV prevention, TB elimination, youth violence prevention, and other health-related topics targeted to varied audiences, ASI has learned that periodic, structured site evaluation is critical to the success of any web site. More importantly, this methodology can be scaled to fit your organization's resources and requirements.

**Control Number:** 03-B-991-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D04 Community Coalition Development

**2nd Category Choice:** F13 Linking Therapy (e.g., HAART) with Other Prevention Services (i.e., behavioral counseling, drug treatment, etc.)

**Population 1:** P12 Communities of Color

**Population 2:** P22 Health Care Workers

**Presentation Preference:** Single Oral

**Title:** The New England HIV Education Consortium: Building and Sustaining HIV Prevention Training Capacity Within Communities of Color.

**Author Block:** *Fox, DJ*

New England HIV Education Consortium, Boston, MA

**Abstract Body:**

**ISSUE:** For many years community health workers, case managers, and client advocates have been trusted links and gateways to care for HIV+ people of color. When some clients are lost to medical care and treatment they still keep in touch with their non-clinical workers for needed services. Yet there have not been many training/prevention programs designed to find creative ways for non-clinical providers to maximize their links to clients by linking treatment choices education with other prevention education and services.

**SETTING:** In the six New England states non-clinical providers were targeted for training programs.

**PROJECT:** The New England HIV Education Consortium (NEHEC) began as a HRSA Targeted Provider Education Demonstration in 1999 and has been sustained as a Minority AIDS Initiative of the New England AIDS Education and Training center. The principal goal of NEHEC is to address the HIV-related training, educational, and support needs of non-clinical support service providers as they provide state of the art, quality and compassionate care and services to individuals living with HIV/AIDS. Innovative training formats emphasize the needs of minority providers, providers serving racial/ethnic/linguistic minorities and communities of color. NEHEC is a collaborative project featuring a consortium of community based AIDS service organizations, multicultural training agencies, community health centers, and peer-led agencies. NEHEC activities include several levels of training opportunities, information dissemination, and support, targeting health care workers with different levels of experience and expertise.

**RESULTS:** Each year over 2000 non-clinical HIV providers throughout New England, attended NEHEC training programs and 60% of them returned for repeat training programs at higher levels than their original training. Training programs begin at level I which is more didactic/informational then increase to Level II Skills Building and through to Level IV which is on a clinical consultation level. Non-clinical providers noted increased knowledge of care and treatment integration into other prevention and counseling services due to their participation in NEHEC training programs. We also noted that 3% of the non-clinical providers who entered our database actually elevated to proficiency at Level IV trainings.

**LESSONS LEARNED:** We were able to make an impact in the quality of care and services received by HIV+ clients of color throughout New England by designing a program for the non-clinical providers that they had the closest connections.

Non-clinical providers can greatly assist and increase the medical outcomes of clients comfortably, without crossing into the medical provider realm.

**Control Number:** 03-A-994-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** D10 HIV Prevention Program Evaluation

**2nd Category Choice:** D27 Improving Capacity to Conduct Process and Outcome Evaluation

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P53 Researchers

**Presentation Preference:** Single Oral

**Title:** An Evaluation of an HIV Prevention Program in New York City

**Author Block:** *Fullilove, RE<sup>1</sup>; Duke, S<sup>2</sup>*

1 Columbia University, New York, NY; 2 AIDS Service Center of Lower Manhattan, New York, NY

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** To evaluate the prevention programs of a New York City AIDS service organization

**METHODS:** Development of a survey research instrument and statistical data base

**RESULTS:** To date more than 100 clients and peer educators have been surveyed by evaluation consultants

**CONCLUSIONS:** The AIDS Service Center serves a varied population of clients, the majority of whom are men and women of color. A typical client respondent to the evaluation survey is 39 years old, in recovery from active substance abuse, and HIV infected. Respondents report significant levels of understanding of their health status, of the need to maintain their recovery, and of the importance of spirituality in their lives. More than one in five who became peer educators have become employed in the field of HIV prevention and education.

Our findings support the assertion that process and outcome evaluation strategies can be planned and implemented in AIDS service organizations serving Black and Latino clients. Staff and client input in the development of survey instruments are essential. Such input helps to ensure high rates of client and staff participation and increases the likelihood that results will be used in efforts to improve programs and services.



**Control Number:** 03-A-995-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** D19 HIV Prevention Programs for Women

**2nd Category Choice:** E09 Gender Issues and HIV Prevention Policy

**Population 1:** P14 Correct.Settings,Persons in(Incarcer.Popul.)

**Population 2:** P61 Women

**Presentation Preference:** Group Oral

**Title:** Incarcerated Women & AIDS Services: Qualitative Research Methods

**Author Block:** *Nettleton, JC*

University of South Florida, Tampa, FL

**Abstract Body:**

**This paper looks at qualitative research of HIV services offered to incarcerated women in a Florida county jail. In the early 1980's, when AIDS was first identified, it was thought to affect mainly homosexual males, whereas now, it is prevalent among Injection Drug Users (IDU's), the economically disadvantaged, people of color, and women. Women are one of the fastest growing groups infected with HIV, and the number of AIDS cases among women increased steadily each year. Likewise, in the United States the number of women incarcerated has almost doubled in the last decade (Doob 1997). The main crimes for which many of these women are incarcerated (e.g. drug use and prostitution) also pose major risk for HIV transmission to the women themselves. Therefore, there is an urgent need for effective prevention programs to be implemented to this captive audience. Given that inmates cycle in and out of prisons and jails, these facilities offer an important setting for the prevention of AIDS and the care of those infected.**

**This study evaluated HIV services such as education, prevention, screening, testing and discharge planning. The purpose of this project was to identify the most effective ways of improving the provisions of HIV services to incarcerated women housed in Florida County jails. The project involved a needs-assessment to 1. Identify the services offered by the jails and the policies regulating such services 2. Identify factors that may either hinder or facilitate the use of available services and 3. Determine inmate's knowledge of HIV/AIDS and perception of services available. The importance of a qualitative evaluation of the HIV services provided to female inmates in a Florida county jail will be presented. These results were based on observations, open-ended interviews with female inmates and staff, and evaluation of the existing services, which include education and medical provisions.**

**Control Number:** 03-B-996-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D13 HIV Prevention Programs for IDUs

**2nd Category Choice:** D22 How to Replicate Programs that Work

**Population 1:** P32 Injecting Drug Users

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Poster Session

**Title:** Preventing HIV and Other Blood-Borne Infections Among Drug Injectors: The Hawaii Syringe Exchange Program

**Author Block:** *Rodrigues, D; Hirakawa, P*

CHOW Project, Honolulu, HI

**Abstract Body:**

**Issue:** An effective approach to preventing the transmission of HIV and other blood-borne pathogens among injecting drug users (IDUs) includes a comprehensive syringe exchange program.

**Setting:** Statewide Syringe Exchange Program (SEP) in Hawaii targeting IDUs.

**Project:** Hawaii was the first state in the nation to begin a Syringe Exchange Program in 1990 and remains the only state with a fully state-funded, coordinated, statewide program. Operated by the Community Health Outreach Work to Prevent AIDS project (the CHOW project) since 1992, the Hawaii SEP works to foster trusting relationships with the IDU community. The SEP exchanges syringes with clients on a one-for-one basis and also provides sterile injection equipment. The Hawaii SEP operates through six mobile van routes on four major islands and one fixed exchange site near downtown Honolulu. It also offers Individually Scheduled Exchange Services (ISES). The SEP conducts outreach in high-risk areas, provides harm reduction education and information, offers HIV counseling and testing, distributes condom packages, and makes referrals to drug treatment and other needed social and health services. The SEP also contracts for methadone maintenance and detoxification treatment for eligible syringe exchange clients. Research on random sampling of SEP clients is conducted each year and an Annual Evaluation Report is produced.

**Results:** Hawaii SEP clients are an aging population with an average age of 42 and are a racially diverse group. In 2002 there were 10,311 anonymous client "visits." Also the SEP exchanged 444,183 syringes, an increase from the 2,540 syringes exchanged in 1990. Between 1996 and 2002, the SEP referred an average of 126 admissions each year to drug treatment programs. Nationally the rate of AIDS cases related to injection drug use is 35%, in Hawaii it is 16.6%, less than half. State Department of Health statewide data show that the percentage of IDU-related IDU HIV positive test results declined over the last decade and reached 1% in 2002. Of the 383 IDU-related HIV tests performed at Syringe Exchange Program sites over the past eight years, there have been only three positive results.

**Lessons Learned:**

These data suggest the Hawaii SEP is effective at reducing IDU-related HIV transmission. The phenomenal growth of the program can be attributed to providing comprehensive services in an accessible manner and building trusting relationships within the IDU community. Despite these successes, the Hawaii SEP program has continued to face public opposition to sites of operation due to a lack of understanding of the public health issues involved. Community education efforts to counter negative false beliefs about syringe exchange programs must continue.

**Control Number:** 03-B-999-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D13 HIV Prevention Programs for IDUs

**2nd Category Choice:** C22 Interventions that Reduce Harm of Injecting Drug Use

**Population 1:** P32 Injecting Drug Users

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Poster Session

**Title:** Evaluation of a national technical assistance project for HIV prevention among injection drug users, United States, 1998-2002.

**Author Block:** *MacDonald, GB<sup>1</sup>; Jones, TS<sup>2</sup>; Lentine, D<sup>2</sup>; Testaverde, J<sup>1</sup>; Rodgers, AB<sup>1</sup>; Novey, SR<sup>1</sup>; Raybon, DC<sup>1</sup>*

1 Academy for Educational Development, Washington, DC; 2 Centers for Disease Control, Atlanta, GA

**Abstract Body:**

**ISSUE:** Evaluating a continuing national technical assistance project for HIV prevention among injection drug users (IDUs) begun by CDC and AED in 1998. The project activities include producing sets of fact sheets and other print materials, a website, technical assistance, and meetings on HIV and other bloodborne pathogen prevention among IDUs.

**SETTING:** State and local health departments, community-based organizations (CBOs), and national HIV prevention organizations.

**PROJECT:** Interview September 2002 US Conference on AIDS participants (N = 120); 17 key informant interviews about project materials; and 30 in-depth interviews of US HIV prevention leaders conducted in 2002.

**RESULTS:** Respondents were recruited from convenience samples of conference attendees who approached the project booth, key informants who had requested materials, and HIV prevention leaders. Respondents had “overwhelmingly positive reactions” to the project print materials (particularly fact sheets) and website ([www.cdc.gov/idu](http://www.cdc.gov/idu)). However, most conference participants interviewed who worked with IDUs were not familiar with the print materials or website (87 of 120 [73%]). Those interviewed suggested improvements, including translation into more languages (currently provided in English and Spanish); more graphics and illustrations; versions written for IDUs; materials that focus on the issues of women who were IDUs or in relationships with IDUs; and more science-based information on effective HIV/IDU interventions and scientific findings.

**LESSONS LEARNED:** The print and web-based materials were well-received but need much wider promotion and dissemination. The following steps are being taken: a) project print materials, website, and technical assistance will be promoted through a new project communications effort; b) website and print materials graphics will be augmented; and c) future materials will increase focus on women’s issues and science-based prevention.

**Control Number:** 03-B-1001-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D15 HIV Prevention Programs for MSM

**2nd Category Choice:** D22 How to Replicate Programs that Work

**Population 1:** P20 Gay, Lesbian, Bisexual, Transgend, Question. Youth

**Population 2:** P3 African Americans

**Presentation Preference:** Single Oral

**Title: From Paper To Practice: Implementing Successful HIV Prevention Interventions for Young African American Men who Have Sex with Men**

**Author Block:** *Swayzer III, MPH, CHES, RT*

Brotherhood, Incorporated, New Orleans, LA

**Abstract Body:**

**ISSUE:** From staff recruitment to program implementation, this interactive session identifies the traditional barriers and lessons learned from staffing, implementing, and evaluating a comprehensive HIV prevention program for young African American men who have sex with men (AAYMSM)

**SETTING:** New Orleans, Louisiana

**PROJECT:** In 2001, Brotherhood, Incorporated received funding from the Centers for Disease Control and Prevention for the implementation of New Orleans Youth Making A Change (NOYMAC), an HIV prevention initiative targeting AAYMSM. The comprehensive program provides HIV prevention services and leadership development activities to AAYMSM and their sexual partners and young African American transgenders. Services are offered in several venues, including bars, churches, and MyHouse, a local "safe house" where youth may receive prevention services and participate in project activities. Successful solutions will be identified to the barriers derived from staffing the project and providing HIV prevention services to this population. Staff of the organization and members of the youth advisory boards will share their challenges and successes arising from the planning, implementation, and evaluation of this initiative.

**RESULTS:** Now in its second year of funding, NOYMAC continues to provide HIV prevention services and leadership development activities to AAYMSM. HIV prevention interventions offered include HIV counseling and testing, street and venue based outreach, small group sessions, and STD screening. Effective methods for staff recruitment and training have led to increased staff retention. Barriers to HIV prevention counseling and testing were overcome with the utilization of various incentives for post testing counseling returns. Leadership development activities focus on building skills and capacity among AAYMSM of color to participate effectively in the Orleans Regional Community Planning Group and the New Orleans Regional AIDS Planning Council. To date, two advisory boards, one consisting of AAYMSM and the other consisting of African American transgenders have been developed.

**LESSONS LEARNED:** Recruitment, training, and retention of AAYMSM can be a difficult process for many community based organizations. Effectively empowering AAYMSM staff is crucial to the successful implementation of HIV prevention programs targeting this at risk aggregate. In order to mobilize their communities, leadership skills must be developed and nurtured among AAYMSM. Participation in the advisory boards has facilitated the involvement of AAYMSM and AA transgenders in the community planning process.

**Control Number:** 03-B-1004-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D09 HIV Prevention on the Internet

**2nd Category Choice:** D31 Public Information

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P56 Staff of Community-Based Organizations

**Presentation Preference:** Single Oral

**Title:** *CDC NPIN Finding Resources to Support HIV/AIDS Prevention Programs*

**Author Block:** *President, PA; Abernathy, RA*

CDC National Prevention Information Network, Rockville, MD

**Abstract Body:**

**ISSUE:** With the advent of the Internet, people working in HIV/AIDS prevention efforts have access to huge amounts of information; yet, the challenge is locating and obtaining current, authoritative, and appropriate information. Equally important is integrating this information into ongoing HIV prevention programs.

**SETTING:** The CDC National Prevention Information Network (NPIN) is a critical member of the network of government agencies, community organizations, businesses, health professionals, educators, and human services providers that provide HIV, STD, and TB prevention and support services. NPIN serves individuals and organizations that work with diverse constituencies involved in HIV prevention and HIV/AIDS-related services.

**PROJECT:** NPIN is the U.S. national reference, referral and distribution service for information on HIV/AIDS, sexually transmitted diseases (STDs) and tuberculosis (TB), sponsored by the Centers for Disease Control and Prevention (CDC). The NPIN Web site ([www.cdcpin.org](http://www.cdcpin.org)) provides timely, accessible information about resources to help providers and communities meet the challenge of sustaining their HIV prevention, education, and support programs.

**RESULTS:** The presenters will demonstrate the CDC NPIN Web site, describe how to use this resource to support successful HIV prevention programs, and introduce strategies for finding and making effective use of NPIN's Internet services and products. Emphasis will be placed on how organizations can use the CDC NPIN Web site to strengthen prevention efforts by locating current funding sources, educational resources, and the latest information focusing on HIV/AIDS, STDs and TB

**LESSONS LEARNED:** CDC NPIN offers a comprehensive Web-based resource designed to help people working in HIV/AIDS prevention efforts access current information and strengthen partnerships by sharing what they find with other professionals and organizations.

**Control Number:** 03-A-1009-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** D12 HIV Prevention Programs for Communities of Color

**2nd Category Choice:** D29 Outreach

**Population 1:** P12 Communities of Color

**Population 2:**

**Presentation Preference:** Single Oral

**Title:** Community Based HIV Counseling and Testing Programs Reach A Higher Proportion of People of Color at Risk For HIV Who Have Never Tested: A Comparison of Health Department and CBO testing programs

**Author Block:** *Spielberg, F<sup>1</sup>; McKnight, T<sup>2</sup>; McGugin, A<sup>3</sup>; Wood, RW<sup>4</sup>*

1 University of Washington, Seattle, WA; 2 Howard Medical School, Washington, DC; 3 People of Color Against AIDS Network, Seattle, WA; 4 Public Health Seattle & King County, Seattle, WA

**Abstract Body:**

**BACKGROUND/OBJECTIVE:** People of Color continue to be disproportionately infected with HIV and diagnosed later in the course of disease. In an effort to reach people of color who are unaware of their HIV status the CDC funded several Community Based Organizations (CBO) around the country to develop HIV counseling and testing programs to reach people of color. Our study compares the people reached through one year of testing between the People of Color Against AIDS Network (POCAAN) community based HIV counseling and testing program (Seattle, WA) and the Public Health Seattle & King County (HD) HIV testing program.

**METHODS:** This study compiled routinely collected data on clients testing between 4/01 and 4/02 for the CBO (n=610) and the HD (n=1838). Comparisons were made between the CBO and HD for total populations, by risk group, and by risk group for people of color. Chi square analysis was performed to assess significant differences between characteristics in each group.

**RESULTS:** Analysis of the total populations tested revealed that the CBO (vs. the HD) was more likely to reach people of color (84% vs. 29%, p<0.001), people who have never tested before (40% vs. 22%, p<0.001), people less than 20years old (19% vs. 3%, p<0.001), people with a high school education or less (65% vs. 19%, p<0.001), substance users (91% vs. 24%, p<0.001), binge drinkers (36% vs. 31%, p<0.05), people who had unprotected anal/vaginal sex since their last test (72% vs. 54%, p<0.001), and people who had unsafe sex while high on drugs or alcohol (39% vs. 18%, p<0.001). Subgroup analysis among MSM of color tested with the CBO (n=100) vs. the HD (n=239) revealed that differences between the groups remained significant. HIV prevalence among MSM of color was not significantly different between the CBO (6%) and the HD (8%) testing populations.

**CONCLUSIONS:** Our data suggest that the CBO testing program reaches populations of color that are different than those tested through the HD. CBO clients are less likely to have tested previously, less educated, more likely to use substances and binge drink, and more likely to have unsafe sex while using drugs or alcohol. The findings in this study suggest that wide spread implementation of CBO testing, counseling and referral will increase HIV detection among people of color and bring important HIV prevention services to these communities.

**Control Number:** 03-B-1011-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D23 Implementing Culturally Competent HIV Prevention Programs

**2nd Category Choice:** G14 Models of Integrating HIV Prevention into Substance Abuse Programs

**Population 1:** P12 Communities of Color

**Population 2:** P9 Clients of Community-Based Organizations

**Presentation Preference:** Group Oral

**Title:** Poor People of Substance and/or People of Substance Use History: Working at the grassroots

**Author Block:** *Rivera, JA; Majoor, B*  
SACHR, Inc., Bronx, NY

**Abstract Body:**

**Issue:** While drug use is prevalent across all economic strata in the United States, and is implicated in the majority of HIV/AIDS cases, poor users of illicit substances remain the central focus of behavior change studies. At the grassroots, behavior change occurs 'in vivo'. Typically, there are no incentives available to sweeten recruitment. There are 'real' disincentives to separating participants into similarly matched groups; each program participant holds on to their uniqueness as a defiant assertion of self. What they hold in common are socially-defined demographics: substance use history; little/poor education; history of domestic abuse; little/poor social capital. What happens when you hold socially-defined demographics constant? In this paper we document the integration of two complementary approaches: 1. Community Development; and, 2. Harm Reduction practice.

**Project:** Twenty active substance using females accepted an invitation to participate in a one year self-help program. In four 13 week cycles, the women participated in multi-session adult education workshops. The workshops provided an overview of the prevention, medical, treatment, and legal options currently available to women given them the opportunity to explore their own potential over a one year period through a participative style of adult learning that incorporates a community development approach. The workshops focused on raising the self-esteem and confidence of the women through development and education. Under the mentorship of a Prevention Case Manager, the 20 women received individual and group assistance with their needs assessments, development of personal capacity and securing of services. The women were encouraged to have a sense of ownership around their program and to facilitate this, the women were involved in regular reviews of workshop design, delivery and management. The workshops were designed to be flexible enough to meet the changing needs of the women and structured enough to ensure that the learning did not become unfocused. The aims of these training modules were to enhance existing skills, to expose the women to new experiences and educational opportunities, and to enable them to make informed choices about their own lives.

**Result:** All twenty women remained active participants of the program throughout the entire year. While all of the women requested job placement, only eleven--despite the longing of the 20--were able to secure jobs. One year later, the two of the women died: one from HIV-related illness, the other from medical complications secondary to elective surgery. All of the women moved from active substance use to managed/reduced substance use; six of the women joined methadone programs; two of the women became completely abstinent.

**Lessons Learned:** By investing resources in the women, as they are, the program chose to listen to the women on the basis of equality; supported their working collectively; encouraged and trusted their responses to situations; and assisted them in developing a framework from which to understand and analyze the social factors that lead to drug addiction and risky behaviors.

**Control Number:** 03-B-1015-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D09 HIV Prevention on the Internet

**2nd Category Choice:** C18 Interventions that Target Youth in High Risk Situations

**Population 1:** P1 Adolescents

**Population 2:**

**Presentation Preference:** Single Oral

**Title:** Computer-Assisted Risk assessment & Education: 'CARE' for HIV/STIs

**Author Block:** *Spielberg, F<sup>1</sup>; Kurth, A<sup>1</sup>; Fortenberry, DJ<sup>2</sup>; Padilla, S<sup>3</sup>; Malotte, K<sup>3</sup>; Larkin, J<sup>4</sup>; McFarlane, M<sup>5</sup>; Sionean, C<sup>5</sup>*

1 University of Washington, Seattle, WA; 2 Indiana University School of Medicine, Indianapolis, IN; 3 California State University, Long Beach, CA; 4 Resources Online, Seattle, WA; 5 CDC, Atlanta, GA

**Abstract Body:**

**ISSUES:** HIV/sexually transmitted infection (STI) risk remains under-assessed in many clinical settings. Brief counseling interventions can reduce incident STIs, yet not all settings have staff counselors or sufficient clinician time. A computerized HIV/STI risk assessment and counseling tool may improve case detection and prevention.

**SETTING:** The 'Computer-Assisted Risk assessment and Education (CARE) for HIV/STIs' CD-ROM is being developed in Seattle, Washington for use in clinics or outreach settings where adolescents seek health care.

**PROJECT:** The 'CARE' tool has been created to: 1) aid providers in sexual history screening; and 2) allow clients to receive interactive HIV/STI risk reduction counseling based on the CDC's Project RESPECT model. 'CARE' will utilize audio computer-assisted self-interviewing to ascertain risk, and will provide personalized feedback to help the client develop a personal prevention plan. The initial 'CARE' user interface allows users to select an avatar or guide for the session. The choices are an African-American male, a Latina female, a clinician, or a no-guide option. Gender appropriate risks are assessed. Clients are provided personalized feedback and then offered the option of focusing on one of three areas to help them reduce their risks for STIs: 1) choosing your partners; 2) talking with your partner; and 3) using condoms. Within the chosen focus, clients are then asked to select and commit to specific plans. When appropriate, skill building videos will be offered for MSM and heterosexuals on the following topics: 1) how to use male/female condoms; 2) how to bring up condoms with new and existing partners; 3) dealing with a partner who does not like condoms; 3) sexual initiation; 4) waiting for sex/ abstinence 5) talking with your partner about HIV/STD testing; 6) choosing safer sex alternatives. Client records will be stored in a unique-identifier coded database, allowing longitudinal follow-up. On return visits (with staff help to locate the correct record), clients can pull up their plan, review progress and discuss barriers and facilitators to completing the behavioral goal(s). 'CARE' will provide printouts for clinicians and clients. An administrative module will allow clinical site users to customize local referral information.

**RESULTS:** We will demonstrate the CARE tool and present information on development of the risk assessment and counseling algorithms used to program the computer expert system, including a structure allowing clients to personalize their counseling experience and risk-reduction plan.

Content validity will be determined using input from a national advisory group.

**LESSONS LEARNED:** Computerized HIV/STI risk assessment and counseling may be an effective way to deliver behavioral interventions in busy clinical settings. Acceptability studies, and a web-based version in English and Spanish are planned.



**Control Number:** 03-B-1016-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D33 Rural Issues for HIV Prevention

**2nd Category Choice:** D33 Rural Issues for HIV Prevention

**Population 1:** P1 Adolescents

**Population 2:**

**Presentation Preference:** Group Oral

**Title:** Hotlines and HIV Prevention: Reaching Rural Populations

**Author Block:** *Thomas, DP; Simpson, P*

CDC National STD and AIDS Hotlines, RTP, NC

**Abstract Body:**

**ISSUE:** Community planning groups, particularly those in rural areas, often find themselves challenged by the diversity of needs within their specific communities. This presentation will focus on how CDC National STD and AIDS Hotlines (CDC NSTDAH) data can inform and support the work of rural planning groups.

**SETTING:** The CDC NSTDAH provides 24-hour, 7 day-a-week educational and referral services to callers.

**PROJECT:** Six states (Arkansas, Arizona, Maine, Montana, Nebraska, and West Virginia) were chosen to provide an understanding of the HIV/AIDS concerns and demographics of Hotlines callers from states with rural populations. Information from callers from these states will be examined.

**RESULTS:** Callers from these states have a wider range of reasons for calling compared to callers from other areas. Also, there was a greater tendency for calls of a professional nature to come from these states. Finally, callers from these six states tend to be older than other callers.

**LESSONS LEARNED:** In rural states, where distance contributes to other impediments in HIV/AIDS prevention outreach efforts, the CDC NSTDAH provides easy access to needed educational and referral information to both lay and professional individuals.

**Control Number:** 03-B-1018-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D15 HIV Prevention Programs for MSM

**2nd Category Choice:** D15 HIV Prevention Programs for MSM

**Population 1:** P19 Gay and Other Men Who Have Sex With Men

**Population 2:**

**Presentation Preference:** Group Oral

**Title:** HIV and STD Concerns of Men Who Have Sex with Men: The Experience of the CDC National STD and AIDS Hotlines

**Author Block:** *Thomas, DP; Simpson, P*

CDC National STD and AIDS Hotlines, RTP, NC

**Abstract Body:**

**ISSUE:** HIV and STD infection rates among MSM (men who have sex with men) are high, particularly among youth and young adults, yet the behaviors and concerns of people in this population remain hidden and difficult to investigate.

**SETTING:** The CDC National STD and AIDS Hotlines completely integrated their services in September, 2000, allowing callers to explore the range of issues around sexual behavior, STDs, and HIV/AIDS while being assured of the complete anonymity of the call.

**PROJECT:** Since the Hotlines handle over 30,000 calls a month and since random surveys identify some callers as MSM, data collected on the Hotlines provide valuable information on the concerns of men in this group. People who could be identified as MSM were surveyed between September 2000 and January 2003.

**RESULTS:** MSM differed from other male callers in several ways: they were less likely to be white or African American, they were more likely to report particular STD infections, and surveys showed more MSM demonstrated high levels of emotion. Also, more MSM callers reported having unprotected sex.

**LESSONS LEARNED:** The CDC National STD and AIDS Hotlines are a particularly valuable resource for MSM, especially among Hispanics, Black Hispanics, and Asians and for those infected with HIV. Almost one-quarter of MSM callers reported having unprotected sex and common concerns included sexual transmission, HIV and STD testing, and HIV and STD symptoms, and condoms.

**Control Number:** 03-B-1019-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D12 HIV Prevention Programs for Communities of Color

**2nd Category Choice:** D12 HIV Prevention Programs for Communities of Color

**Population 1:** P3 African Americans

**Population 2:** P35 Latinos/Latinas, Hispanic

**Presentation Preference:** Single Oral

**Title:** What the Public Wants to Know: A Profile of African American and Hispanic Hotline Callers

**Author Block:** *Adams, TA; Simpson, P*

CDC National STD & AIDS Hotlines, Research Triangle Park, NC

**Abstract Body:**

**ISSUE:** African American and Hispanic populations are at particular risk for HIV and other STDs. Telephone hotlines provide important health information for these populations.

**SETTING:** The American Social Health Association (ASHA) under contract with the Centers for Disease Control and Prevention (CDC) operates the CDC National STD and AIDS Hotlines (CDC NSTDAH), offering English, Spanish and TTY services. ASHA also operates the National HPV Hotline and the National Herpes Hotline.

**PROJECT:** Calls to the CDC NSTDAH are anonymously surveyed on a random basis. This abstract reveals demographic information collected during one calendar year, 2002.

**RESULTS:** Interesting differences between these populations and their use of the hotlines appeared. African Americans call the toll-free CDC NSTDAH at a rate about double their representation in the population, while their use of the toll numbers is much lower. Television and radio are important sources of information on hotline services for Hispanic callers. For both African American and Hispanic callers, symptoms and testing concerns are the prime reasons for calling all the services.

**LESSONS LEARNED:** These results have important implications for the development of effective health policy and health education, especially where Hispanics and African Americans are concerned. The availability of a free service is important for many African Americans and Hispanics, who are too often economically disadvantaged. Television is effective in promoting health information to Hispanics. For any population, the symptom stage is too late to reach people with prevention and early intervention messages, and greater efforts at health promotion need to be made.

**Control Number:** 03-B-1020-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** D20 HIV Prevention Programs for Youth

**2nd Category Choice:** D20 HIV Prevention Programs for Youth

**Population 1:** P1 Adolescents

**Population 2:**

**Presentation Preference:** Single Oral

**Title:** Adolescents and Viral STDs....What are the facts and what can we do?

**Author Block:** *Adams, TA; Simpson, P*

CDC National STD & AIDS Hotlines, Research Triangle Park, NC

**Abstract Body:**

**ISSUE:** Adolescents are especially vulnerable to all sexually transmitted diseases (STDs).

Approximately 25% of all STDs occur in teens and young adults. Risk taking behaviors, misinformation, access to health care, and biological factors serve to heighten teen risk to these infections. Estimates and surveillance studies of viral STDs: HIV/AIDS, herpes, and HPV indicate heightened vulnerability among teens and young adults. STDs can impart long-term adverse outcomes, particularly to young women. Recent studies have shown that the presence of a sexually transmitted disease increases an individual's risk of acquiring and subsequently transmitting HIV.

**SETTING:** The American Social Health Association (ASHA) is the only national non-profit health organization dedicated to addressing all sexually transmitted diseases. Through a contract with the Centers for Disease Control and Prevention (CDC), ASHA maintains the National AIDS and STD Hotlines (CDC NSTDAH) providing 24-hour, 7 days a week educational and referral services to callers. Services are available in both English and Spanish and via TTY for the Deaf and Hard of Hearing. ASHA makes additional resources available with other hotlines and more recently via the Internet.

**PROJECT:** During the calendar year of 2002, CDC NSTDAH answered over 57,000 calls from people under the age of 18. Random surveys were requested of callers on both the English and Spanish lines and all callers to the TTY service.

**RESULTS:** Almost 50% of these teenaged callers requested a referral for service or asked about STD symptoms. About 25% percent of this group reported having unprotected sex.

**LESSONS LEARNED:** Besides demonstrating that teenagers have a need for information on STDs and HIV, these results also point out that this information is not reaching many people in this population before they need it. Prevention messages arriving after unprotected sex and especially after symptoms appear are too late.

**Control Number:** 03-B-89-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** E09 Gender Issues and HIV Prevention Policy

**2nd Category Choice:** D18 HIV Prevention Programs for Transgendered Populations

**Population 1:** P59 Transgendered Persons

**Population 2:** P51 Public Health Workers

**Presentation Preference:** Group Oral

**Title:** **The Integration of Transgender Population to Health Departments and Community Planning Groups**

**Author Block:** *Thomas, B; Mendiola, R*

Houston Department of Health and Human Services, Bureau of HIV/STD Prevention, Houston, TX

**Abstract Body:**

**ISSUE:**

Integrating Transgender Populations into Public Health and Community Planning

**SETTING:**

Public Health Department, & Community Planning Group

**PROJECT:**

*Why it is needed?*

*Does it work?*

*Can it work?*

*How does it work?*

All of these items will be addressed from the position of the health department aspect, both from a manager and from an employee, and also the CPG aspect, both from a CPG member and a health department representative.

**RESULTS:**

Identify growing pains that develop with integrating transgender individuals into a health department and CPG environment.

Address and identify issues that develop within the health department and the CPG around transgender issues.

**LESSONS LEARNED:**

Identify the *What Else*, through an interactive exchange of ideas and discussion around additional issues, sensitivity trainings, stigmas, & discrimination

**Control Number:** 03-B-118-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** E17 Narrowing the Prevention Gap in Communities of Color

**2nd Category Choice:** A06 Cultural Factors and HIV Risk

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P53 Researchers

**Presentation Preference:** Single Oral

**Title:** Using Anecdotal/Actual Experiences to Bring Data into Context and Save Lives

**Author Block:** *Stephens, PC*<sup>1</sup>; *Klein, SJ*<sup>2</sup>

1 Bureau of HIV/AIDS Epidemiology/NYSDOH, Albany, NY; 2 Division of HIV Prevention/AIDS Institute/NYSDOH, Albany, NY

**Abstract Body:**

**ISSUE:** HIV prevention strategies and interventions must meet the needs of a diverse society.

Synthesizing empirical and anecdotal data within the value systems of communities served is necessary.

**SETTING:** Communities that differ from or are marginalized by the majority culture. They may differ by nature of race, ethnicity, or language; gender, sexual identity or practice; social role/expectation; religious affiliation; education, class, and age; mental and physical health/ability and/or drug use/addiction.

**PROJECT:** To develop and implement a systematic approach to gathering data from traditional and/or nontraditional sources. To supplement data traditionally used for planning (i.e., epidemiological data, information gathered from consumers and providers via established methods), we sought information from other sources. Sources have included personal testimonies, autobiographies, self-help websites, philosophy/ethics discussions, indigenous publications, interactions with faith communities, among other sources.

**RESULTS:** A continuum of information was created. A series of presentations coupled empirical data with contextual materials, with each combination dictated by the nature of the community itself. The underlying structure for data gathering allowed better comprehension of diverse needs of groups and subpopulations that would typically be folded into larger populations. Respect for individuals' actual experiences, often relegated to the status of "anecdotes", fostered trust and open communication about risks and strategies for prevention.

**LESSONS LEARNED:** Use of this dual approach to information is useful, timely, relatively simple, reproducible, and enriching of the process of intervention/service delivery. This approach gives standing to the members and lifeways of those communities generally overlooked in population-based public health.

**Control Number:** 03-A-119-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** E07 Evaluation Policies

**2nd Category Choice:** D27 Improving Capacity to Conduct Process and Outcome Evaluation

**Population 1:** P50 Program Administrators

**Population 2:** P53 Researchers

**Presentation Preference:** Single Oral

**Title:** The Impact of Health Information system on HIV/AIDS programs in Nigeria

**Author Block:** *Arema, GA<sup>1</sup>; Bode-Law, F<sup>2</sup>; Ubuane, L<sup>2</sup>*

1 Centre for Adolescent Research, Education and Sexuality (CARES), Warri, Delta State, Nigeria; 2 CARES, Warri, Delta State, Nigeria

**Abstract Body:**

**Issues:** For more than a decade, the spread of HIV/AIDS has attracted so much attention all over the world. A lot of funds have similarly gone into the fight against this disease. In Nigeria, government recently announced a seven-year multilateral program tagged Promoting Sexual and Reproductive Health for HIV/AIDS Reduction (PSRHHR) with the target of achieving a 25% reduction in HIV prevalence among the populace. In spite of this and increased spending on HIV/AIDS programs, government and NGOs' activities have recorded little success. This study focuses on factors militating against successful HIV/AIDS programs in Nigeria and proffers ways of overcoming identified barriers.

**Strategy:** One of major hindrances to any program in Nigeria has been the lack of information. This study therefore examines the various roles that Health Information Systems (HIS) play in ensuring the success of various government and NGO programs aimed at combating the spread of HIV/AIDS in Nigeria. Several methods of collecting information for this study include reports, publications, journals and direct interview. It also examines how organizational behaviors and activities will or should change as Health Information System becomes embedded within the health care services. Tools used include questionnaires, indirect observation and scheduled visitations to 32 NGOs and governmental agencies that are involved in HIV/AIDS preventive programs.

**Findings:** 150 questionnaires were sent out, with 82 responded. The findings were (a) a near absence of database for HIV/AIDS programs. (b) performance analysis of programs are mainly based on the turnout recorded at HIV/AIDS programs. (c) majority of the NGOs lack basic facilities to monitor, evaluate and analyze the impact of their programs. (d) 80% of respondents are disenchanted with how HIV/AIDS programs are been pursued. (e) 78% believe that figures on HIV/AIDS as rolled out by government and NGOs are more fictitious than factual. (f) 77(94%) of the respondents agree that information management is sine-qua-non to the success of any program, including HIV/AIDS.

**Conclusion:** The overall opinion of the respondents points to a dearth of reliable data for planning, monitoring and evaluating HIV/AIDS programs. This presupposes that information in developing countries such as Nigeria, as it is today, is still poorly managed. Various HIV/AIDS programs are based on people's perceptions and feelings, thus leading to poor results. Government and NGOs need to do more in the area of (a)formulating policies on information management (b)encourage publication of outcomes of HIV preventive and research programs (c)generate reliable and resourceful health information, and (d)make such information available to interested parties for effective planning, monitoring and evaluation.

**Control Number:** 03-A-130-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** E03 Cost-effectiveness of Prevention Interventions

**2nd Category Choice:** D03 Best HIV Prevention Practices

**Population 1:** P64 Other (Please Specify)

**Population 2:** P19 Gay and Other Men Who Have Sex With Men

**Presentation Preference:** Single Oral

**Title: Maximizing the Benefit: A tool to prioritize HIV prevention interventions using cost-effectiveness**

**Author Block:** *Cohen, DA*<sup>1</sup>; *Wu, S*<sup>1</sup>; *Farley, TA*<sup>2</sup>

1 RAND, Santa Monica, CA; 2 Tulane School of Public Health and Tropical Medicine, New Orleans, LA

**Abstract Body:**

**Background:** The goal of HIV prevention programs is to prevent as many new HIV infections as possible. Tools are needed to help local communities select the best combination of strategies to address their local epidemics. We developed a tool that allows users to compare estimates of the cost-effectiveness of a wide variety of HIV prevention strategies in their local area and combine these estimates with other factors in setting priorities for different strategies.

**Methods:** We used Bernoulli and proportionate change models to develop a spreadsheet application that compares the cost-effectiveness of 25 HIV prevention strategies, including individual behavior-change, biomedical, and structural interventions. The spreadsheet allows users to input local data on the size and HIV prevalence of the target group, the effectiveness of the interventions, and local costs. We also conducted sensitivity analyses to assess the robustness of the cost-effectiveness comparisons across different populations and using various assumptions.

**Results:** We found that the most cost-effective strategies with low prevalence populations (e.g. heterosexuals) were structural interventions (e.g. mass media, condom distribution), while individual and small-group interventions were still relatively cost-effective when targeted at high prevalence populations, particularly MSM. Among the most cost-effective strategies were showing videos in STD clinics and raising alcohol taxes. School based HIV prevention programs were among the least cost effective. Needle exchange and needle deregulation programs were very cost effective when IDUs had a high HIV prevalence, but less so in cities where IDUs had a low HIV prevalence. Besides cost-effectiveness, when strength of evidence, feasibility, and other implementation factors are considered, each local community may generate different portfolios for their HIV prevention programs.

**Conclusions:** Comparing estimates of the cost-effectiveness of HIV interventions provides insight that helps local communities maximize the effectiveness of their HIV prevention resources.



**Control Number:** 03-A-167-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** E03 Cost-effectiveness of Prevention Interventions

**2nd Category Choice:** C09 Group Level Interventions

**Population 1:** P32 Injecting Drug Users

**Population 2:** P48 Policymakers/Legislators

**Presentation Preference:** Single Oral

**Title:** Economic Evaluation of an HIV Prevention Intervention for Sero-positive Injection Drug Users

**Author Block:** *Tuli, K<sup>1, 2</sup>; Sansom, SL<sup>1</sup>; the INSPIRE Team*

1 Centers for Disease Control, Atlanta, GA; 2 Los Angeles County Sexually Transmitted Disease Program, Los Angeles, CA

**Abstract Body:**

**BACKGROUND/OBJECTIVES:**

This study describes a threshold cost-effectiveness analysis of INSPIRE, an HIV prevention intervention for sero-positive injection drug users (IDUs). The intervention is being conducted in four U.S. cities (Baltimore, Miami, New York, and San Francisco) with support from the Centers for Disease Control and Prevention and the Health Resources & Services Administration. The goals are to prevent HIV transmission due to high-risk sexual and drug injection behaviors; to increase access to, use of, and maintenance in primary HIV health care; and to increase access to, use of, and adherence to HIV treatment. The research team has prioritized sexual risk reduction as the most important goal. This analysis was carried out to determine the cost of the INSPIRE intervention and determine whether the intervention is likely to be cost-effective from a societal perspective. The assessment focused primarily on HIV infections prevented through sexual risk reduction (and secondarily on those prevented by safer injection practices). Cost-effectiveness implications of INSPIRE's other goals were not assessed.

**METHODS:**

Researchers at each of the four sites collected data on program and participant costs (the latter included income loss, and costs of child and elderly care and transportation). A mathematical model was developed to estimate the number of sex partners of IDUs expected to become infected with HIV (with and without the intervention), cost of treatment for sex partners who became infected, and the effect of infection on partners' quality-adjusted life expectancy (measured as quality-adjusted life years -- QALYs). The model was used to determine the minimum impact that INSPIRE must have on condom usage among trial participants for the intervention to be considered cost-saving or cost-effective. "Cost-saving" means the cost of the intervention is less than the savings it generates by preventing infection. "Cost-effective" in this analysis means the net cost (that is the cost of the intervention after subtracting the savings) per QALY saved is less than \$50,000. Extensive sensitivity analyses were carried out to assess the robustness of threshold values.

**RESULTS:**

The intervention cost \$859 per participant, of which 95% was the cost to the program and 5% to participants. In the base case analysis, the intervention would be cost-saving if it were associated with a 52% decrease in the proportion of participants who had unprotected sex over a one-year period. To be cost-effective, the intervention must be associated with a 17% decrease. The thresholds were found to be sensitive to the expected duration of behavior change. If behavior change persisted only for 3 months, the cost-effectiveness threshold was 65%; if participants maintained protective behaviors for three years, the threshold fell to 6%.

**CONCLUSIONS:**

The costs of the INSPIRE intervention are similar to those described in the literature for other small

group behavioral interventions for HIV prevention. The costs for IDU participation are low. Cost-effectiveness thresholds under base case and most sensitivity analyses scenarios appear achievable. Cost-saving thresholds do not.

**Control Number:** 03-B-193-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** E08 Funding Policies

**2nd Category Choice:** D24 Implementing HIV Prevention Guidelines

**Population 1:** P21 General Population

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Single Oral

**Title:** A descriptive summary of the HIV prevention program funding allocations for 2000 and 2001 distributed under CDC's HIV prevention funding

**Author Block:** *Wan, CK; Neatherlin, J; Ladan, A*  
CDC, Atlanta, GA

**Abstract Body:**

**ISSUE:** How did health department grantees allocate their HIV prevention program funding to respond to the epidemic?

**SETTING:** Fifty-six state and local health departments awarded HIV Prevention funding and submitting data in calendar years 2000 and 2001.

**PROJECT:** In 1999 CDC issued the Health Department Evaluation Guidance which required health department jurisdictions to report each year how awarded funds under CDC's HIV prevention were allocated. Allocations were grouped by six major activities [counseling, testing, referral, and partner notification (CTRPN); health Education/Risk Reduction (HE/RR); public information (PI); evaluation and research; capacity-building and infrastructure development; and community planning (CP)] and six major providers or contractors of services (community-based organizations, local health departments, other public agencies, universities, other contractual service providers and health department jurisdictions). Funds allocated for CTRPN and HE/RR are also reported by race/ethnicity and HIV exposure or transmission risk of the targeted clients.

**RESULTS:** The major providers of services are community-based organizations and the health department themselves. The funding allocated to HE/RR and CTRPN represented the largest proportion of the prevention funding allocation (39% in 2000 and 41% in 2001 for HE/RR; 33% in 2000 and 30% in 2001 for CTRPN respectively). There were minor changes for HE/RR and CTRPN activities across the two years. The majority of HE/RR funds supported programs targeting African American (39% in 2000 and 38% in 2001), Hispanic (21% in 2000 and 22% in 2001), and White (21% in 2000 and 20% in 2001) populations, with little change over the two years. HE/RR funding supported programs targeting heterosexuals (32% in 2000 and 36% in 2001), men who have sex with men (MSM) (28% in 2000 and 30% in 2001), and injecting drug users (IDU) (21% in 2000 and 19% in 2001). The majority of CTRPN funds supported programs targeting White (35% in 2000 and 34% in 2001), African American (34% in 2000 and 33% in 2001), and Hispanic (17% in 2000 and 18% in 2001) populations with little change across the two years. CTRPN funding targeted primarily heterosexuals (38% in 2000 and 37% in 2001), MSM (16% in 2000 and 17% in 2001) and IDU (16% in 2000 and 2001).

**LESSONS LEARNED:** Funding allocations provide a proxy measure of what populations are served and what services are provided by health department grantees. Such information can help CDC and other stakeholders make program improvements and policy decisions.

**Control Number:** 03-B-229-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** E05 Economic Impact of HIV Prevention Investments

**2nd Category Choice:** E05 Economic Impact of HIV Prevention Investments

**Population 1:** P22 Health Care Workers

**Population 2:** P51 Public Health Workers

**Presentation Preference:** Single Oral

**Title:** Highlighting the Accesability of ARVS in a rural setting in Uganda Setting and Project

**Author Block:** *Kabuye, GN*

Joint Clinical Research Centre, Kampala, Uganda

**Abstract Body:**

Issue; Highlighting the Accesability of ARVS in a rural setting in Uganda

Setting and Project

Joint clinical Research Centre in Uganda has been into HIV/AIDS research and Management for the last decade. Recently it has extended its services outside the main city of Kampala.

Results

Mbale Clinic which is about 250 miles out of the main city is a semi urban area but the majority of patients beeing seen at the clinic are mainly the rural poor. The majority patients about 80% seen are in WHO Stages 3&4 with about more than 60% with CD4s less than 200. They can in most cases access the cheapest drug combination which may not be very useful for their clinical presentation.

Lessons Learnt

There is need for more early diagnosis of HIV by mainly reducing the Stigma associated with the disease.

**Control Number:** 03-A-248-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** E04 Cost Effectiveness of Prevention Programs

**2nd Category Choice:** E05 Economic Impact of HIV Prevention Investments

**Population 1:** P48 Policymakers/Legislators

**Population 2:** P12 Communities of Color

**Presentation Preference:** Single Oral

**Title:** Cost Benefit Analysis of An Inner City HIV Prevention Program

**Author Block:** *Holmes, MC<sup>1</sup>; Wang, LY<sup>1</sup>; Banspach, SW<sup>1</sup>; Jemmott III, JB<sup>2</sup>*

1 Centers for Disease Control and Prevention, Atlanta, GA; 2 University of Pennsylvania, Philadelphia, PA

**Abstract Body:**

**Background/Objectives:** A trial study of the Be Proud! Be Responsible!, a human immunodeficiency virus (HIV) prevention program for adolescents, demonstrated a significant decrease in risky behavior among the intervention group relative to the control group. Though the program's primary objective was preventing HIV, it can also prevent other sexually transmitted diseases (STDs) and unintended pregnancies. This study will estimate not only HIV costs averted, but also other STDs and unintended pregnancy costs averted due to the prevention program.

**Methods:** The Bernoulli model for sexual disease transmission was used to translate changes in risky sexual behavior into estimated cases of HIV, chlamydia, and gonorrhea infections averted. Averted cases of chlamydia and gonorrhea were further translated into estimated averted cases of pelvic inflammatory disease (PID). A previously published mathematical model was used to estimate averted cases of unintended pregnancies. Estimated cases averted were translated into medical and social costs averted. Behavioral changes were assumed to last for a year. This study uses the societal perspective. A discount rate of 5% was used for averted costs and all costs are in 2000 US dollars. Program costs were compared with costs averted to estimate the benefit-cost ratio and net savings.

**Results:** Using base-case assumptions, an estimated 0.006 cases of HIV, 7.44 cases of chlamydia, 3.06 cases of gonorrhea, 2.33 cases of PID and 5.17 unintended pregnancies were averted. Preliminary results show that for every dollar invested in this program, \$8.50 was saved. Net savings to society as a result of the program is \$62,908.32.

**Conclusions:** We found that the economic benefits of a HIV prevention program increase substantially when costs of other STDs and unintended pregnancies are considered. The preliminary findings of this study suggest that implementing community-based HIV prevention programs among high-risk youths can be cost saving and warrant careful consideration by policy makers and program planners.

**Control Number:** 03-B-273-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** E10 Homophobia and HIV Prevention

**2nd Category Choice:** E12 Human Rights and HIV Prevention

**Population 1:** P18 Faith Community

**Population 2:** P20 Gay, Lesbian, Bisexual, Transgend, Question. Youth

**Presentation Preference:** Single Oral

**Title:** SEX, SEXUALITY, AND SPRITUALITY FOR COMMUNITIES OF COLOR

**Author Block:** *Watkins, Jr, TL*

The Village South, INC, Miami, FL

**Abstract Body:**

**SEX, SEXUALITY, AND SPRITUALITY FOR COMMUNITIES OF COLOR**

**ISSUE:** Among people of color in faith communities, there seems to be no other topic that provokes such heated debate as homosexuality. Because homophobia impedes faith and religious communities from joining in the fight against HIV/AIDS, the goals and objectives of this workshop presentation are to do the following:

- Present a definition of sex, sexuality, and spirituality as functions of human beings
- Facilitate and open and frank discussion on sexuality/homophobia and the Bible
- Introduce how societal definitions and perceptions of sexuality precipitate the rise of HIV/AIDS particularly in communities of color because of stigmas of fear, shame, and denial relating to sex, sexuality, and sexual behavior
- Introduce through personal stories how each participant can engage their social and spiritual circles to combat ageism, racism, sexism, and homophobia

**SETTING:** This workshop seeks to educate and empower participants about issues surrounding sex, sexuality, spirituality, and homophobia/heterosexism. We will examine how inextricably linked racism, genderism, and homophobia/heterosexism are in society and examine how our internalization of these “isms” has adversely affected communities of color in addressing social and health disparities in their communities by presenting definitions of sex, sexuality, and spirituality, and facilitating an open and frank discussion on sexuality and the Bible.

**PROJECT:** The Ministry of Reconciliation initiative is implemented to help prevent the further spread of HIV/AIDS in black males (MSMs), primarily gay and bisexual males, including youth ages 13 to 24. In collaboration with organizations that provide a supportive environment to gay, lesbian, bisexual, and transgender youth, The Ministry of Reconciliation was formed to provide a strong partnership to expand the support system for HIV/AIDS prevention with collaborating community and faith based agencies. The Program consisted of a bi-monthly educational session in which issues pertinent to sexual minorities are examined through literary and Biblical perspectives. Courses include liberation and womanist theologies to educate and empower those traditionally marginalized by traditional religious circles. The Ministry of Reconciliation was implemented to overcome the barriers and stigmas in the faith community associated sexual minorities and those infected and affected by HIV/AIDS. This course follows a vision to form an inclusive, affirming, spiritually sound congregation of primarily Gay, Lesbian, Bisexual, Transgender, Questioning persons of color, and those infected and affected by HIV/AIDS. Individuals are also referred to other socio-psycho support groups and services.

**RESULTS:** The Ministry of Reconciliation program allowed us to outreach to 120 persons of color

many of whom are MSMs. The support group and one-on-one psychosocial counseling has been extremely effective in educating and empowering clients to adopt adequate and effective prevention methodologies.

**LESSONS LEARNED:** The Ministry of Reconciliation program is extremely innovative and effective in delivering different perspective on traditional religious theology regarding sex and sexuality. Many faith leaders consider the course work engaging and challenging as they go back and develop strategies to conduct and implement effective HIV/AIDS ministries.

**Control Number:** 03-B-281-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** E08 Funding Policies

**2nd Category Choice:** E14 Improving Methods of Targeting HIV Resources to Communities in Need

**Population 1:** P48 Policymakers/Legislators

**Population 2:** P50 Program Administrators

**Presentation Preference:** Single Oral

**Title:** A Multi-Level Collaborative Funding Approach to Strengthening Applied HIV/AIDS Prevention Research

**Author Block:** *Aoki, BK<sup>1</sup>; Myrick, R<sup>1</sup>; Lemp, GF<sup>1</sup>; Truax, S<sup>2</sup>; Rasmussen, H<sup>2</sup>; Johnson, D<sup>2</sup>*

1 Universitywide AIDS Research Program, University of California, Oakland, CA; 2 Office of AIDS, California Department of Health Services, Sacramento, CA

**Abstract Body:**

**ISSUE:** There is a critical need for governmental and private funding strategies that support HIV/AIDS prevention research targeting the unique contexts and cultures of diverse at-risk communities.

**SETTING:** California HIV/AIDS service and research funding agencies, research and academic institutions, highly impacted communities and the organizations serving them.

**PROJECT:** The Universitywide AIDS Research Program (UARP), a state-wide research funding agency, and the California State Office of AIDS (SOA), its service funding counterpart, formed a strategic partnership in 1998 to strengthen the applicability and public health relevance of state-supported HIV/AIDS research in California. The partnership was based on a shared vision, a substantial commitment of resources, and projected outputs valued by all partners.

**RESULTS:** Over its five year duration, the partnership has resulted in specific policy shifts and structural innovations including: the allocation and pooling of a substantial amount of agency resources; the development of new funding mechanisms to support formative research, research infrastructure in understudied communities, community collaborations, and prevention translation research; a re-orientation of grant review and monitoring processes; and the extensive development and dissemination of prevention technology and models. Since the initiation of the partnership, an average of 38% of the projects funded annually by UARP have targeted specific highly impacted communities as compared to 17% prior to 1998 and more than 75% of these targeted studies now involve formal research partnerships with community service organizations.

**LESSONS LEARNED:** This funding partnership has strengthened collaboration among government, academic and community organizations and increased research on the unique aspects of prevention in at-risk communities. To further strengthen the approach it will be important to extend funding partnerships into other governmental agencies and into the private sector, allocate resources to promoting the identity and importance of community-based and community-specific research, re-allocate service resources in local jurisdictions based on evidence generated by the research, and increase funding for policy and systems level prevention research.



**Control Number:** 03-B-308-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** E17 Narrowing the Prevention Gap in Communities of Color

**2nd Category Choice:** E14 Improving Methods of Targeting HIV Resources to Communities in Need

**Population 1:** P50 Program Administrators

**Population 2:** P12 Communities of Color

**Presentation Preference:** Group Oral

**Title:** Increasing funding and building capacity to better serve men of color who have sex with men - one state's approach

**Author Block:** *Gasiorowicz, M; Johnson, KM*

Wisconsin Division of Public Health, Madison, WI

**Abstract Body:**

**Issue:** Data from resource allocation tables have indicated that nationally and in many jurisdictions, funding for services targeting Men of Sex Who Have Sex with Men is disproportionately low compared to this population's share of recent HIV infections and AIDS cases. This is particularly true for services targeting Men of Color Who Have Sex with Men. This session highlights one state's (1) the community planning group's use of data from budget tables to make changes in funding targets, (2) release of an RFP by the state health department that would achieve those aims, and (3) provision of appropriate technical assistance to ensure that agencies in communities of color are well-equipped to provide effective and appropriate services to Men of Color Who Have Sex with Men.

**Setting:** Wisconsin. The session addresses the roles of the state health department, the community planning group, grantee agencies, and other grassroots organizations.

**Project:** Data comparing resource allocation tables and recent HIV report or AIDS case data in some jurisdictions suggest that some risk and race groups are disproportionately under-served. For example, in Wisconsin in 2000, while MSM and MSM/IDU accounted for 61% of recent AIDS cases, only 35% of CDC funds and, 30% of funds from all sources targeted these populations. Funding to minority CBOs to reach MSM was negligible. As a result of these and other findings, the health department conducted a request for proposal (RFP) process to increase funding targeting MSM, particularly in communities of color. The health department and its partners have provided significant capacity building assistance to grassroots organizations in communities of color that have not previously been funded by the health department, as well as existing grantees as they try to reach populations that they had not previously served.

**Results:** As a result of the RFP, 60% of targeted funds for 2003 now reach MSM and MSM/IDU and six agencies in communities of color are funded to serve MSM. These include newly developed Gay Men of Color organizations as well as more traditional multi-service organizations in African American and Latino communities.

**Lessons Learned:** Methods for directing resources to under-served populations and providing capacity-building assistance to help agencies expand the populations they serve will be addressed. Capacity-building efforts include for best practices for interventions, grants management and evaluation.

**Control Number:** 03-B-330-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** E08 Funding Policies

**2nd Category Choice:** D11 HIV Prevention Program Planning

**Population 1:** P48 Policymakers/Legislators

**Population 2:** P50 Program Administrators

**Presentation Preference:** Single Oral

**Title:** A Tool for Allocating HIV Prevention Funds

**Author Block:** *Honeycutt, AA<sup>1</sup>; Hicks, KA<sup>1</sup>; Earnshaw, S<sup>2</sup>; Richter, A<sup>2</sup>*

1 RTI International, Research Triangle Park, NC; 2 RTI Health Solutions, Research Triangle Park, NC

**Abstract Body:**

**ISSUE:** The need for a model that state or local health departments can use to consider alternative allocations of their HIV prevention resources and the associated potential benefits.

**SETTING:** The intended audience for this presentation is persons responsible for allocating prevention funds across populations and/or geographic regions.

**PROJECT:** Based on discussions with a number of state health departments, we learned that many states have a 2-phase process for allocating available HIV prevention resources. The first phase involves allocating resources across regions and priority populations. The second phase involves issuing RFPs and choosing among responses. We developed a model that focuses on the first phase only. The model determines an allocation of available funds based on the epidemiology of HIV, the cost of interventions, and specified “equity” constraints. The equity constraints available to users include upper and lower bounds on the amount or percentage of funds to be allocated to specific geographic regions or populations. Model users are able to consider how the allocation of funds changes when different equity constraints are imposed. The model is programmed in Excel and requires no additional software for use.

**RESULTS:** The model determines an allocation of HIV prevention resources that maximizes the potential benefits of prevention efforts, as measured by the number of potential infections averted (the number of infections averted if all interventions funded were 100 percent effective with the target population). The model will be demonstrated using data on prevention funds available for allocation in a pilot state. This demonstration will show how the allocation differs when one or more equity constraints are imposed.

**LESSONS LEARNED:**

This model can help state and local health departments determine an allocation of HIV prevention funds that best meets the needs of their priority populations and, given equity constraints on the allocation, maximizes the potential benefits of prevention efforts.

**Control Number:** 03-A-349-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** E20 Policy Issues About Perinatal Prevention

**2nd Category Choice:** E19 Policy Implications of HIV Counseling, Testing and Partner Notification

**Population 1:** P48 Policymakers/Legislators

**Population 2:** P49 Pregnant Women

**Presentation Preference:** Single Oral

**Title:** Implementation of opt-out prenatal HIV testing in the United States

**Author Block:** *Sansom, SL<sup>1</sup>; Fowler, MG<sup>1</sup>; Killingsworth, L<sup>2</sup>; Seider, J<sup>3</sup>; Sharma, R<sup>4</sup>*

1 Epidemiology Branch, DHAP, NCHSTP, CDC, Atlanta, GA; 2 Tennessee Department of Health, Nashville, TN; 3 Texas Department of Health, Austin, TX; 4 Arkansas Department of Health, Little Rock, AR

**Abstract Body:**

**BACKGROUND/OBJECTIVES:**

Highly effective interventions exist to prevent infected women from transmitting HIV to their infants. The timely delivery of intervention is dependent upon knowing the HIV status of the pregnant woman. Although CDC recommends voluntary HIV testing of all pregnant women, testing rates in many states fall far short of 100%. To boost testing rates, an “opt-out” approach has been used in some states and localities, and recommended by some groups. Under “opt-out,” women are informed that HIV is part of the standard battery of prenatal tests and that they may refuse it.

**METHODS:** Through a literature review and written interviews, we collected data from three states (Arkansas, Tennessee and Texas), and one medical center (University of Alabama, Birmingham) on implementation of opt-out prenatal HIV testing. We also reviewed published recommendations from two professional organizations (the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists), an expert panel (Institute of Medicine) and the CDC’s *2001 Revised Recommendations for the HIV Screening of Pregnant Women*.

**RESULTS:**

Pre-test HIV information. The simplest of the practices and recommendations required verbal notification that an HIV test would be performed as part of the standard battery of prenatal tests, but that women could refuse it. The most complex was for written pre-test information specifically for HIV, along with written notification that the test was routine, but could be refused. Documentation. The simplest of the practices and recommendations required documentation of refusal in the medical chart. The most complex required separate written consent for the HIV test or documentation of refusal.

**CONCLUSIONS:**

Current practices and recommendations regarding implementation of opt-out prenatal HIV testing are not uniform across states, localities and organizations. Jurisdictions contemplating the use of the opt-out approach to booster prenatal HIV testing rates should consider approaches that ensure women are provided a minimum of written information on HIV and perinatal HIV prevention as outlined in the CDC’s *2001 Revised Recommendations for HIV Screening of Pregnant Women*, are notified that the test is a routine part of prenatal care, and that they may refuse it, while minimizing the burden on providers. CDC supports opt-out as a useful strategy to enhance prenatal HIV testing rates in settings where those rates are suboptimal.

**Control Number:** 03-B-433-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** E21 Policies Related to School Health Education

**2nd Category Choice:** E22 Politics and HIV Prevention

**Population 1:** P48 Policymakers/Legislators

**Population 2:** P58 Teachers

**Presentation Preference:** Group Oral

**Title:** Education Policies for Integrated HIV, STD, and Teen Pregnancy Prevention

**Author Block:** Meyer, L<sup>1</sup>; Greene, BZ<sup>2</sup>; Bogden, JF<sup>1</sup>

1 Nat'l Assoc. of State Boards of Education, Alexandria, VA; 2 National School Boards Association, Alexandria, VA

**Abstract Body:**

**Issue:** Few states and school districts have adopted education policies that reflect an integrated approach to preventing HIV, STD, and unintended pregnancy.

**Setting:** Education policymakers and administrators in state governments, local school districts, and public and private schools nationwide.

**Project:** With support from the CDC Division of Adolescent and School Health, NASBE and NSBA are developing a variety of resources to assist education policymakers and administrators at all levels to adopt and implement effective prevention programs that simultaneously address HIV, other STDs, and unintended pregnancy.

State legislatures and state boards of education adopt laws, policies, regulations, and other policies to guide the education system. NASBE Senior Project Associate Lori Meyer will share summary data on state-level policies and regulations on HIV, STD, and pregnancy prevention that were systematically collected by NASBE in 2002-2003 and will appear on NASBE's Safe and Healthy Schools website. An initial analysis of these policies indicates that no state currently requires that school-based HIV, STD, and pregnancy prevention programs be conducted using integrated strategies.

Most state school boards associations offer policy guidance and/or services to local school districts in their states, including the development of "model" policies that are to be updated and distributed to local school boards when laws, policies, and/or regulations change. NSBA School Health Project Director Brenda Z. Greene will describe a project to assess the degree of alignment of state school boards associations' model policies with national guidelines regarding HIV/AIDS and related issues, and with the state laws, policies, and regulations collected by NASBE.

NASBE Safe and Healthy Schools Project Director Jim Bogden will discuss options for future state education policies that promote health and prevent risk behaviors. He will examine the challenges to policymakers in accomplishing these goals and describe different approaches to prevention, including youth development and parental involvement, as well as school health education. He will also describe how to approach and engage education policymakers in a process to adopt and implement integrated HIV/STD/pregnancy prevention policies and programs, drawing on NASBE's recent publication, *How Schools Work and How to Work with Schools*.

**Results:** State and local education policymakers and administrators are being provided with a series of policy guidance resources.

**Lessons Learned:** With appropriate information and resources, education policymakers can adopt and implement policies that reflect an integrated approach to preventing HIV, STD, and unintended pregnancies.

**Control Number:** 03-B-471-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** E10 Homophobia and HIV Prevention

**2nd Category Choice:** E12 Human Rights and HIV Prevention

**Population 1:** P18 Faith Community

**Population 2:** P3 African Americans

**Presentation Preference:** Group Oral

**Title:** Overcoming the stigmas associated with HIV/AIDS within African American Communities: Historical Barriers

**Author Block:** *Franklin, MO; Alexander, L; Seele, P*  
The Balm In Gilead, New York, NY

**Abstract Body:**

African Americans are painfully aware of the penetrating stains of stigmas, there lasting and too often devastating effects on our personal and professional quality of life. Historically there have been constant reminders that the African American experience is often perceived as different, of lesser value, and that these internalized feelings of oppression and indifference, triggers in some individuals, similar treatment of the less fortunate and the politically powerless.

This interactive workshop will explore the pain and impact of personal stigmas and the role it can play in working with individuals who have been impacted by HIV/AIDS. The workshop will look at the stigmatization of HIV/AIDS; which includes issues of sexuality, homosexuality, gender, and drug use. The intent of this session is to facilitate an inward look at personal bias experiences and use that view to self evaluate how we act on those experiences, within the community and more specifically, how these emotions impact our work in caring for person's infected with HIV/AIDS. Also, this session will engage and challenge participants to renew their thinking, regarding personal bias and to hold organizations and individuals accountable who continue this cycle of oppression and stigmatization.

Learning objectives: At the end of the presentation, participants will be able to 1) describe the manner in which stigmas associated with race/gender/class and sexuality impact their daily living, 2) discuss ways that various stigmas affect our ability to provide service and care, 3) discuss personal observations and experiences with the Black church, with reference to prejudice/biases/stigma, 4) discuss methods and strategies to employ in overcoming stigmas

**Control Number:** 03-A-511-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** E01 Access to Sterile Injection Equipment for IDUs

**2nd Category Choice:** E29 Other (Please specify on Additional Info page)

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P21 General Population

**Presentation Preference:** Single Oral

**Title:** The Role of Pharmacies in Community Safe Disposal of Syringes in New York State after Implementation of the Expanded Syringe Access Demonstration Program.

**Author Block:** *Narcisse-Pean, M<sup>1</sup>; Tesoriero, JM<sup>1</sup>; Klein, SJ<sup>2</sup>; Candelas, AR<sup>3</sup>; Birkhead, GS<sup>2</sup>*

1 AIDS Institute/ New York State Department of Health, Menands, NY; 2 AIDS Institute/ New York State Department of Health, Albany, NY; 3 AIDS Institute/ New York State Department of Health, New York City, NY

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Effective January 1, 2001 New York State (NYS) implemented changes in its public health law to authorize the Expanded Syringe Access Demonstration Program (ESAP). ESAP allows registered pharmacies and health care providers to sell or furnish up to 10 needles/syringes to persons at least 18 years of age without a prescription. The passage of ESAP increased attention to the issue of safe disposal of hypodermic needles and syringes. Options for safe disposal are limited. The Residential Sharps Program (RSP) requires all hospitals and nursing homes statewide to accept sharps originating from a private residence for proper disposal. However, studies of these facilities have found that many RSPs are not well publicized, lack accessibility, and, as a result, are underutilized by the public. ESAP-registered providers are required to participate in safe disposal activities, with options ranging from the provision of a safety insert that addresses safe disposal options, to acting as a disposal site for used syringes. This study examined how pharmacies responded to the need for safe disposal.

**METHODS:** Cross-sectional surveys of pharmacies were conducted prior to ESAP (n=874), during ESAP registration (n=2,493), and approximately 1 year after program implementation (n=685). Changes in pharmacists attitudes towards, and participation in, syringe disposal activities were examined.

**RESULTS:**

Nearly one-half of pharmacists (47.7%) agreed that ESAP had increased opportunities to promote safe needle/syringe disposal. NYC-based pharmacists were slightly less likely to report the sale of sharps containers at their pharmacies, compared to pharmacists practicing elsewhere in NYS (71.4% vs 86.5%, p<.01). Pharmacists practicing in NYC were also less likely to report the provision of counseling to customers on syringe disposal than were pharmacists practicing outside NYC (45.2% vs 62.1%, p<.01). Pharmacy participation in disposal activities increased over time. For example, 87.2% of pharmacies surveyed post-ESAP-implementation reported selling and/or providing free sharps containers, compared to 22.9% at time of initial registration (p<.001). Pharmacy involvement in direct disposal also increased, with 8.5% of pharmacies serving as a disposal site post-ESAP compared to 1.2% at initial registration (p<.001).

**CONCLUSIONS:** Developing disposal options in pharmacies represents a promising strategy for community safe disposal of syringes and needles used outside of health care settings in NYS.

**Control Number:** 03-A-539-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** E15 Lessons Learned from International HIV Policy Development

**2nd Category Choice:** E19 Policy Implications of HIV Counseling, Testing and Partner Notification

**Population 1:** P1 Adolescents

**Population 2:** P22 Health Care Workers

**Presentation Preference:** Single Oral

**Title:** Testing Adolescents For Hiv/aids: A Pioneer Legislation In Israel

**Author Block:** *Schenker, II*

Hebrew University of Jerusalem, Jerusalem, Israel

**Abstract Body:**

**BACKGROUND/OBJECTIVES:**

The increase in HIV incidence in youth is continuing worldwide, despite enormous efforts to prevent infections in the adolescent population. A growing number of minors are tested positive for HIV, yet legislation protecting the rights of healthcare workers in performing an HIV-testing invasive procedure (blood drawing) on minors and the ability of adolescents to undergo an HIV test without the consent of their parents - is almost non-existent. The Israeli Knesset (legislative body) passed an unprecedented, pioneer "**Detection of HIV in Minors Law**", which may solve the debatable aspects in testing adolescents for HIV.

**METHODS:**

The study examines the principles, and text of the "**Detection of HIV in Minors Law**", as it was published in the book of laws of the State of Israel, using juristic and public health frameworks.

**RESULTS:**

Further to abortion, testing for HIV is the second invasive procedure allowed to be performed on minors in Israel without the consent of their parents. The Israeli legislation tries to balance between the reality in which public health authorities encourage young people to undergo voluntary HIV testing, the need to protect adolescents who need/wish to take the test without the consent of their parents and the need to protect healthcare workers who perform the test on minors.

**CONCLUSIONS:**

For the first time legislation provides debatable solutions to pressing issues in testing minors for HIV, and at the same time sets binding standards as to what should be included in pre-HIV-test counseling of minors.

**Control Number:** 03-B-540-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** E29 Other (Please specify on Additional Info page)

**2nd Category Choice:** E01 Access to Sterile Injection Equipment for IDUs

**Population 1:** P32 Injecting Drug Users

**Population 2:** P21 General Population

**Presentation Preference:** Single Oral

**Title:** Community Syringe Disposal in Hawai'i: Lessons Learned

**Author Block:** *McCormick, T<sup>1</sup>; Faigle, M<sup>2</sup>*

1 Hawai'i Department of Health, Honolulu, HI; 2 Hawai'i Community Safe Syringe Disposal Project, Honolulu, HI

**Abstract Body:**

**ISSUE:** Syringes used outside of medical settings, whether for legal medical uses (home administration of insulin, vitamins, etc.) or illicit drug use, present a potential for needle stick injuries and disease transmission if improperly discarded. Concerns regarding improperly discarded syringes can present a barrier to increasing access to sterile syringes for injecting drug users (IDU). Increasing community syringe disposal options may be an important step in decreasing problems with improperly discarded syringes and increasing syringe access for IDU.

**SETTING:** Between November 1, 2002 and June 30, 2003, the Hawai'i Department of Health will be examining community syringe disposal options in order to reduce risk of needle stick injury from improperly discarded syringes, and to address a potential barrier to extension of current legislation permitting pharmacy sales of syringes.

**PROJECT:** A majority of the more than 10 million household syringes used each year in Hawai'i are believed to be related to legal medical uses. Used syringes exchanged on a one-for-one basis with the state's long running and well established statewide syringe exchange program are believed to represent a significant proportion of syringes used for illicit drug use, and these syringes are properly disposed of as infectious medical waste. There is concern, however, that a recently enacted state law permitting pharmacy sales of syringes to IDU for the purpose of preventing blood-borne diseases might result in an increase in improperly discarded household syringes. This law became effective July 1, 2002 and is set to expire on June 30, 2004. Any effort to extend the legislation is likely to be more successful if syringe disposal issues have been addressed.

**RESULTS:** Since November 2002, the Health Department has been monitoring real and perceived problems with improperly discarded syringes and anticipates pilot testing at least one community syringe disposal option (e.g., public drop boxes) during 2003. The objectives are to both reduce risks posed by improperly discarded syringes, and support continued pharmacy sales of syringes to IDU in order to prevent transmission of blood-borne pathogens.

**LESSONS LEARNED:** This presentation will provide an overview of the Health Department's activities related to community syringe disposal to be carried out in months prior to the conference, and may offer recommendations regarding specific syringe disposal options.



**Control Number:** 03-A-541-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** E01 Access to Sterile Injection Equipment for IDUs

**2nd Category Choice:** C22 Interventions that Reduce Harm of Injecting Drug Use

**Population 1:** P32 Injecting Drug Users

**Population 2:** P12 Communities of Color

**Presentation Preference:** Poster Session

**Title:** Impact of the New York State Expanded Syringe Access Demonstration Program on Receptive Syringe Sharing Among Injection Drug Users in Harlem and the Bronx: Preliminary Results.

**Author Block:** *Pouget, ER<sup>1</sup>; Deren, S<sup>1</sup>; Fuller, C<sup>2,3</sup>; Blaney, S<sup>2</sup>; Tortu, S<sup>4</sup>; Kang, S<sup>1</sup>; McMahon, JM<sup>1</sup>; Andia, JF<sup>1</sup>; Des Jarlais, D<sup>1,5</sup>; Vlahov, D<sup>2</sup>*

1 Center for Drug Use and HIV Research, National Development and Research Institutes, Inc., New York, NY; 2 Center for Urban Epidemiologic Studies, New York Academy of Medicine, New York, NY; 3 Mailman School of Public Health, Columbia University, New York, NY; 4 School of Public Health and Tropical Medicine, Tulane University, New Orleans, LA; 5 Chemical Dependency Institute, Beth Israel Medical Center, New York, NY

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Effective on January 1, 2001, New York State enacted the Expanded Syringe Access Demonstration Program (ESAP) which allows syringes to be sold in pharmacies without a prescription, or dispensed through health care facilities to persons 18 years of age or older. This analysis examines self-reported syringe sharing among injection drug users (IDUs) since the implementation of ESAP.

**METHODS:** Data regarding the last injection episode were combined from 3 projects (N=667) recruiting IDUs from Central and East Harlem and the Bronx. Data were collected from Jan. 2001 through Sept. 2002, and were analyzed for 3 time periods: Jan. - June 2001, July - Dec. 2001 and Jan. - Sept. 2002. The sample was 67% male. Race/Ethnicity was 67% Hispanic, 20% Black, 9% White and 4% other. The average age was 38 years (sd=8.6). The average duration of injection drug use was 17 years (sd=10.6).

**RESULTS:** Receptive syringe sharing decreased over time (Cochran-Armitage trend test=2.2) from 9.9% in the first time period to 4.6% in the last time period. Pharmacy syringe source increased over time (Cochran-Armitage trend test=-3.8) from 4.9% in the first time period to 15.7% in the last time period. In a multiple logistic regression receptive syringe sharing was significantly more likely to occur among women (AOR=2.85) and Whites (AOR=2.99); sharing decreased over time (AOR=0.70) and was less likely to occur if the syringe was from an NEP, pharmacy or health care facility (AOR=0.21), and among those with higher incomes (AOR=0.74). (All results reported are significant at or below the .05 level.)

**CONCLUSIONS:** While pharmacy use as a syringe source increased, the proportion of IDUs using pharmacies remains low in these neighborhoods. Dissemination efforts regarding ESAP need to be continued. Longitudinal studies are needed to determine if IDUs reduce higher-risk illegal syringe sources as they increase their use of safe legal sources. Specific interventions to reduce sharing continue to be needed, especially those targeting women.

**Control Number:** 03-B-551-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** E01 Access to Sterile Injection Equipment for IDUs

**2nd Category Choice:** D13 HIV Prevention Programs for IDUs

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P2 Advocates

**Presentation Preference:** Single Oral

**Title:** Making the POINT: Syringe Access, Disposal, & Harm Reduction

**Author Block:** *Gavilo, LB<sup>1</sup>; Tutela, N<sup>1</sup>; Haywood, D<sup>2</sup>*

1 Tulane Drop-In Center, New Orleans, LA; 2 Women With A Vision, New Orleans, LA

**Abstract Body:**

**ISSUE:** Syringe access, disposal, & harm reduction messages are uncharted prevention territories for most community based organizations that focus on HIV/STD/Hepatitis prevention in Louisiana. This fact is alarming when one reviews the risks reported by Injection Drug Users (IDUs): (1) Among IDUs surveyed by HITS, the majority (59%) self-reported sharing needles some of the time or always. (2) Needle sharing appears to be greater among younger individuals interviewed, 18-24 year-olds reported the highest rate of needle sharing. (3) When comparing IDUs and MSM surveyed by HITS, IDUs reported a higher rate of never using condoms with a non-primary sex partner (20% men & 39% women.)

**SETTING:** Collaborative meetings and advocacy work is primarily being done in New Orleans & Baton Rouge, Louisiana.

**PROJECT:** Through the combined efforts of two community based organizations dedicated to harm reduction and working with injection drug users, we have developed the following goals:

- Assessing statewide HIV/STD/Hepatitis prevention services currently targeting IDUs.
- Developing protocols for harm reduction packs/messages and developing a harm reduction training for persons in the prevention field working with IDUs.
- Approaching Louisiana State Legislators with proposed revisions to the drug Paraphernalia Law.
- Approaching the Louisiana Pharmacist Board about revisions to the Professional and Occupational Standards for Pharmacists.

**RESULTS:** Efforts thus far have resulted in: (1) a statewide survey to identify gaps in services targeting IDUs with HIV/STD/Hepatitis interventions, (2) the development of IDU harm reduction packets and trainings for prevention providers, outreach workers, and substance abuse treatment providers, and (3) networking and collaborating with lawyers, nationwide pharmacy chains, and legislators in an effort to revise the Louisiana drug Paraphernalia Law and Occupational Standards for Pharmacists.

**LESSONS LEARNED:** Persistence and data driven efforts have been most impactful when attempting to change lawyers', nationwide pharmacy chains', and legislators' ideas about HIV/STD/Hepatitis transmission through injection drug use. We continue to make headway with policy reform when the messages are backed up by data and relate in a personal way to the individual(s) we are targeting.

**Control Number:** 03-A-591-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** E20 Policy Issues About Perinatal Prevention

**2nd Category Choice:** B31 Using Surveillance Data to Make Program Decisions

**Population 1:** P22 Health Care Workers

**Population 2:** P49 Pregnant Women

**Presentation Preference:** Single Oral

**Title:** Prenatal Care Discussion of HIV Testing Among Women Having a Live Birth in 15 States, 1996-1999

**Author Block:** *Lipscomb, LE; Lansky, A*

Centers for Disease Control and Prevention, Atlanta, GA

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** In 1995, the U.S. Public Health Service recommended that pregnant women be offered voluntary counseling and HIV testing. We examined trends in prevalence of self-reported receipt of HIV counseling during prenatal care to assess the implementation of this recommendation.

**METHODS:** Data come from the Pregnancy Risk Assessment Monitoring System (PRAMS). PRAMS is a state-specific, population-based surveillance system that collects information on maternal behaviors before, during, and after pregnancy from mothers 2-6 months postpartum. Data were collected using mailed questionnaires; nonrespondents were followed up by phone. Mothers were asked whether during any prenatal care visit a physician, nurse, or other health care worker had discussed their getting tested for HIV. We analyzed weighted data from 15 PRAMS states with at least 2 years of data available during the period 1996 - 1999. Response rates were 70% or higher for each state in each year.

**RESULTS:** In 1996, 59.6% (Oklahoma) to 79.2% (Alaska) of women reported that their health care provider talked with them about getting tested for HIV during prenatal care. In 1999, the prevalence ranged from 68.7% (Arkansas) to 88.4% (New York). In 6 states there was a significant increasing trend in HIV counseling; for 6 states without an increase, the initial prevalence was  $\geq 75\%$ . In most states in 1999, as maternal age increased, HIV counseling significantly decreased. In addition, Medicaid recipients, black women, and women with less than a high school education were more likely than other women to report HIV counseling.

**CONCLUSIONS:** These data indicate that several states made progress in implementing the 1995 recommendations for prenatal HIV counseling. The high and increasing prevalence in prenatal HIV counseling support the 2002 CDC recommendations to make HIV testing a routine part of prenatal care.

**Control Number:** 03-A-627-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** E19 Policy Implications of HIV Counseling, Testing and Partner Notification

**2nd Category Choice:** E20 Policy Issues About Perinatal Prevention

**Population 1:** P49 Pregnant Women

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Single Oral

**Title:** The effect of named reporting and mandatory partner notification on the rate of acceptance of expedited intrapartal HIV testing after antenatal and intrapartal counseling.

**Author Block:** *Dolbear, GL; Barreiro, JL*

University Hospital, Syracuse, NY

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** A previous retrospective cohort study showed a significant increase in the number of pregnant women who did not receive antenatal HIV testing after the implementation of named reporting and mandatory partner notification in a prenatal population in Central New York State. If the implementation of named reporting and mandatory partner notification was the causative factor in the increase in the non-receipt of antenatal HIV testing, we hypothesized that the acceptance rate for expedited intrapartal HIV testing could be affected as well. This study examines the effect of named reporting and mandatory partner notification on the rate of acceptance of intrapartal HIV testing after antenatal and intrapartal counseling.

**METHODS:** This retrospective cohort study reviewed the data on 9,785 women admitted to a regional tertiary care labor and delivery unit in Central New York State between December 1, 1999, and July 1, 2002. The charts were reviewed for receipt of HIV counseling and testing. Laboratory data was verified for acceptance of expedited intrapartal HIV testing in the periods before and after the implementation of named reporting and mandatory partner notification.

**RESULTS:** In the pre-implementation period, 10/3,804 subjects refused both outpatient antenatal HIV testing as well as expedited intrapartal HIV testing. In the post-implantation period, 44/5,981 refused both antenatal HIV testing as well as expedited intrapartal HIV testing. Relative risk (RR)= 2.80 (1.41 < RR < 5.55). This remained significant after logistic regression controlled for confounding variables. OR=2.35 (1.17 < RR < 4.72). Patients who were urban dwellers, completed less than a high school education, were Medicaid insured or were uninsured, and those of non-caucasian race were the least likely to accept HIV testing.

**CONCLUSIONS:** There is a strong suggestion that the institution of named reporting and mandatory partner notification has broadly impacted the willingness of pregnant patients to undergo intrapartal HIV testing as well as antenatal testing and prenatal care. Since this can critically impact the rate of transmission to the neonate as well identify additional HIV cases, further analysis should be performed to assess the consistency and applicability of these findings in other perinatal populations.

**Control Number:** 03-B-645-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** E19 Policy Implications of HIV Counseling, Testing and Partner Notification

**2nd Category Choice:** D07 HIV CTS Programs

**Population 1:** P50 Program Administrators

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Single Oral

**Title:**

**Rethinking the HIV Counseling & Testing Model**

**Author Block:** *Etzel, MA; Rotheram, MJ*

UCLA Center for HIV Identification, Prevention, & Treatment (CHIPTS), Los Angeles, CA

**Abstract Body:**

**ISSUE:** In 1985, when the HIV pre- and post-test counseling model was introduced, there were no HIV treatments available and learning one's serostatus created substantial social, personal, and legal risks, with no clear benefits. Now, treatments can extend and improve the quality of life, stop perinatal transmission, and research has demonstrated that many seropositive persons reduce their transmission behaviors, shifting the cost-benefit ratio of knowing one's serostatus both for the individual and society. It is time to rethink the current HIV counseling and testing strategies in the United States.

**SETTING:** Review of various data that will inform a policy discussion among health department staff, community planning body members, HIV testing providers, and advocates.

**PROJECT:** A model of routine voluntary testing with selected post-test counseling (i.e., eliminate pretest counseling) may be a more efficient and effective model for multiple reasons. First, the current counseling and testing model is not implemented as designed. Typically there is a 10-minute pre-test counseling session and many HIV negative persons never receive post-test counseling. Despite our failure to implement the model with fidelity, it remains an international standard that imposes burdens on developing nations combating high prevalence epidemics. Second, there are substantial benefits if HIV positive persons learn their serostatus. Individuals in the US are ensured access to HAART and most (50-66%) reduce their transmission behaviors with the knowledge of their status, a substantial societal benefit. The FDA's approval of a rapid HIV test, informs persons of their serostatus within an hour, eliminating the 700,000 HIV tests in which persons never returned for their results. Third, the national trend towards HIV reporting has led state health care systems to increase the confidentiality protections for seropositive persons. Fourth, a 1996 Institute of Medicine panel recommended that pregnant women routinely be offered voluntary testing, without the added requirement of pre-test counseling. Overall, the potential benefits to individuals for being tested for HIV now outweigh the costs.

**RESULTS:** Rapid HIV testing should be offered to all persons, with selected post-test counseling. Post-test counseling may need to be provided only to those testing HIV seropositive or those who report high-risk behaviors.

**LESSONS LEARNED:** Stopping pre-test counseling in the US, a low prevalence country, would allow resources to be reallocated to greatly expand the post-test counseling, referral, and linkages to care for HIV positive persons. Redefining HIV testing protocols and procedures will face many challenges. However, as resources are freed and used more cost-efficiently in one area, it creates the opportunity for new services for HIV positive persons and those individuals at high risk for HIV.

**Control Number:** 03-B-688-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** E11 How are HIV Prevention Priorities Identified?

**2nd Category Choice:** D36 Sustainability of HIV Prevention Programs

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P48 Policymakers/Legislators

**Presentation Preference:** Single Oral

**Title: Prevention Resources: The Politics of Planning**

**Author Block:** *Tierney, S*

Department of Public Health, San Francisco, CA

**Abstract Body:**

**ISSUE:** Can local HIV prevention resource decisions be made based on principles of community health planning and still be respectful of the political realities of the jurisdiction.

**SETTING:** Health departments and community planning groups

**PROJECT:** The San Francisco Model

**RESULTS:** Many jurisdictions have had to make resource allocation decisions in a context of heightened political pressure. Local elected and appointed officials have a role to play in representing their constituents. The community planning group is made up of those constituents. The planning process asks everyone to think beyond their own needs to the realities of the epidemic in the jurisdictions. What are the needs based on the data? What are the emerging needs? Where are their gaps?

The answers to those questions do not always satisfy the political players. However, good planning and good presentation can make a difference.

**LESSONS LEARNED:**

In San Francisco the distribution of prevention funds was radically changed to meet the needs of the community as determined by the planning council. For example, the proportion of funding for MSM services grew from 40% to 70% based on the data. This required significant changes in the prevention provider community. A comprehensive planning effort resulted in nearly unanimous approval of the new resource allocation process and the results of the new funding. The model, and the challenges will be explained and applicability to other jurisdictions will be offered.

**Control Number:** 03-A-692-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** E28 Violence and HIV Prevention

**2nd Category Choice:** A26 Sex and Gender Factors and HIV Risk

**Population 1:** P61 Women

**Population 2:** P12 Communities of Color

**Presentation Preference:** Single Oral

**Title:** "I was in a state of shock": Crack cocaine use and violence among women at sexual risk of HIV infection.

**Author Block:** *Brown-Peterside, P; Lucy, D; Koblin, BA*  
New York Blood Center, New York, NY

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Women who smoke crack cocaine are at high sexual risk of HIV infection. They are also at risk of sexual and physical assault which further increases their HIV risk. Thus there is an urgent need to better understand the factors surrounding the traumatic events that both occur prior to crack use and result from it, in order to tailor HIV prevention interventions for this vulnerable group.

**METHODS:** Qualitative in-depth interviews were conducted with 20 HIV negative heterosexually active crack-using women (18-44 years). Content analysis was used to identify childhood and adult experiences of physical and sexual assault, and to assess the pre-cursors, context, and consequences of crack use. Strategies women use to cope with crack and violence were also ascertained.

**RESULTS:** The childhoods of crack-using women were marked by multiple traumas, including episodes of physical assault significant for their cruelty, being raised in a home where domestic violence and / or drug and alcohol use was pervasive, and a high prevalence of sexual assault. Drug initiation, though seldom crack, often began at a very early age. As adults, intimate partner violence was experienced by all but one woman; rape and other forms of sexual assault were also common. Consequences of violence included fear, emotional paralysis, lack of self efficacy, and engaging in risky behavior, such as bartering sex for drugs or money. Smoking crack was marked by the constant threat of danger, exposure to further violence, a profound sense of loss, and fragmented relationships with family members, especially children. Positive coping strategies included a belief in God and intentional periods of non-use such as during pregnancy, to gain custody of their children and while in drug treatment or therapy.

**CONCLUSIONS:** The lives of crack-using women are marked by multiple childhood and adult experiences of trauma. Crack use often results in further violence and traumatization. The challenge of HIV prevention programs is to break this cycle of trauma by building and extending upon the coping strategies crack-using women already employ, especially those that revolve around the central role of children in their lives.

**Control Number:** 03-B-707-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** E11 How are HIV Prevention Priorities Identified?

**2nd Category Choice:** D39 Translating Research into Practice

**Population 1:** P48 Policymakers/Legislators

**Population 2:** P21 General Population

**Presentation Preference:** Single Oral

**Title:** Cost-effectiveness: Is it time?

**Author Block:** *Scotton, CR*<sup>1</sup>; *Wen, X*<sup>2</sup>

1 CDC, Atlanta, GA; 2 Northrop Grumman, Atlanta, GA

**Abstract Body:**

**ISSUE:** Considering cost-effectiveness has long been a goal in determining priorities for HIV prevention and the Institute of Medicine report, No Time to Lose: Getting More From HIV Prevention, recommended adopting cost-effectiveness principles in the allocation of HIV prevention resources. While the literature on the cost-effectiveness of specific interventions and of prevention in general continues to grow, turning this research into practice has been difficult. Beyond the critical need for information on interventions with known effectiveness (and the ability for communities to replicate these), a host of unresolved issues in conducting appropriate cost analysis remains.

**SETTING:** Decision makers, advocates, and planners at the state and local level involved in the community planning process.

**PROJECT:** A literature review on the practical use of cost-effectiveness and extensive subject matter interviews done in preparation for developing tools and models to incorporate cost-effectiveness into HIV prevention community planning.

**RESULTS:**

Differences in how cost data must be treated depends upon how it will be used. Costs used to estimate a cost-effectiveness ratio (CER) account for all resources, regardless of their price, in order to make valid comparisons between possible alternatives. The CER does not contain information about the number of people to be reached or that could be served with a particular budget. In determining the allocation of HIV prevention funds, however, specific information is needed on prices and quantities of the resources necessary to provide a particular service (or package of services) to an individual, including information on fixed and variable costs. There are critical underlying assumptions inherent, but often misunderstood, in analyzing and interpreting cost and cost-effectiveness data.

**LESSONS LEARNED:** Using information about costs and cost-effectiveness from the literature requires translation and can only be used effectively when many non-obvious assumptions and factors are understood. As more emphasis is placed on using resources efficiently, policy makers as well as administrators and program planners must approach this information knowledgeably.



**Control Number:** 03-A-795-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** E01 Access to Sterile Injection Equipment for IDUs

**2nd Category Choice:** E29 Other (Please specify on Additional Info page)

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P21 General Population

**Presentation Preference:** Single Oral

**Title:** New York's Expanded Syringe Access Demonstration Program: Results From a Statewide Survey of Pharmacies

**Author Block:** *Tesoriero, JM<sup>1</sup>; Narcisse-Pean, M<sup>1</sup>; Birkhead, GS<sup>2</sup>; Klein, SJ<sup>2</sup>*

1 NYS DOH/AIDS Institute, Menands, NY; 2 NYS DOH/AIDS Institute, Albany, NY

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** New York State passed a law in May 2000 authorizing the Expanded Syringe Access Demonstration Program (ESAP), which allows persons 18 years and older to purchase up to 10 hypodermic needles and syringes, without a prescription, from licensed pharmacies and health care providers enrolled in ESAP. Pharmacies have the infrastructures, trained staff and convenient hours of operation to facilitate access to sterile needles and syringes. A review of studies conducted in other states after the implementation of similar laws shows much variability in pharmacists' selling behaviors, and indicates that many factors affect pharmacists' willingness and ability to sell needles and syringes without a prescription. This study examines initial experiences with ESAP among a representative sample of New York State pharmacies.

**METHODS:** A statewide probability sample of 685 ESAP-registered pharmacies was surveyed approximately 1 year after ESAP implementation. Pharmacists were asked about their attitudes towards ESAP, restrictions placed on the sale of needles and syringes, personal experiences with various aspects of ESAP, participation in safe disposal activities, and the cost and amount of non-prescription syringes sold. At the time of this abstract, 511 of the 685 pharmacies (74.6%) had completed the questionnaire.

**RESULTS:** Over 75% of pharmacists agreed that ESAP had increased their ability to provide timely/emergency access to needles and syringes. Many pharmacies imposed additional policies or procedures on the sale of needles/syringes over the counter, such as requiring picture identification prior to purchase (39.3%), requiring the customer to explain why the needles/syringes are needed (19.2%), requiring the customer to enter their name into a non-prescription log book (14.9%), requiring the customer to supply their name and/or address (14.7%), and requiring the customer to provide evidence that they are a diabetic and not an IDU (8.0%). The overwhelming majority of pharmacists (93%) reported either no or very few problems associated with ESAP. Pharmacies were participating in safe disposal efforts by making sharps containers available for sale (84.6%), and by providing literature (24.2%) and counseling (59.3%) to customers on proper disposal methods. Over 90% of pharmacists believed that the limit of 10 syringes per transaction was appropriate. The volume of syringes being sold appears relatively low for most pharmacies, with over one-half reporting no syringe sales during a one-week period, while an additional 18% reported one sale only. The cost of individual and 10-pack syringes varies across pharmacies, with the cost of a 10-pack ranging from \$1.89 to \$10, while the price for a single syringe ranged from \$0.25 to \$2.99. Pharmacists practicing outside NYC and those who were not members of a pharmacy chain expressed somewhat more favorable attitudes and/or experiences with ESAP.

**CONCLUSIONS:** Pharmacies represent a promising avenue for increasing access to, and disposal options for, sterile needles and syringes in New York State. However, the placement of additional restrictions on the sale of non-prescription syringes by pharmacies may be serving to discourage

injection drug use-related purchases. Recommendations for increasing the role of pharmacies as syringe access and disposal options for IDUs are presented.

**Control Number:** 03-B-828-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** E06 Ethical Considerations in HIV Prevention Research

**2nd Category Choice:** A09 Ethical Issues in Formative Research

**Population 1:** P62 Youth

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Group Oral

**Title:** **The Role of Youth in Finding an HIV Preventive Vaccine**

**Author Block:** *Greenberg, SF*

HIV Vaccine Trials Network, Seattle, WA

**Abstract Body:**

**ISSUE:** This workshop will examine how youth take an active role in finding an effective HIV preventive vaccine. Knowing that the epidemic is disproportionately affecting youth, it is important that this age group play a key role in combating this fatal disease.

**SETTING:** Seeing that the AIDS epidemic is devastating all parts of the world, nothing short of a global effort will suffice. It will therefore be essential that vaccine development include cultural competent messages according to age, race, ethnicity, sex, etc. This particular workshop will focus primarily on the issues surrounding youth involvement.

**PROJECT:** The HIV Vaccine Trials Network (HVTN) is an international partnership of research scientists, clinical trial sites, and community representatives working with industry and governments in the global search for a preventive HIV vaccine. With over 25 research sites on four continents, the HVTN is determined to find a vaccine that will prevent future infections.

**RESULTS:** Over 11,000 volunteers have participated in preventive HIV vaccine trials over the past 15 years, yet it will take thousands more before we find a safe and effective vaccine. With minimum age for trial participation currently at 18, it is important to discuss the ethical considerations of adolescent involvement in clinical trials.

**LESSONS LEARNED:** HIV / AIDS will continue to demolish this planet until we find a vaccine that will limit the number of new infections to zero. Finding a vaccine is paramount, as is the inclusion of younger volunteers since a disproportionate number of new infections are occurring in younger populations. The HVTN has identified global barriers to youth participation.

**Control Number:** 03-A-841-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** E19 Policy Implications of HIV Counseling, Testing and Partner Notification

**2nd Category Choice:** E29 Other (Please specify on Additional Info page)

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P22 Health Care Workers

**Presentation Preference:** Single Oral

**Title:** Assessing the Impact of New York State's HIV Reporting and Partner Notification Law on the HIV Testing Attitudes and Behaviors of High-Risk Individuals

**Author Block:** *Battles, HB<sup>1</sup>; Birkhead, GS<sup>2</sup>; Tesoriero, JM<sup>1</sup>; Nemeth, C<sup>2</sup>; Leung, SJ<sup>1</sup>; Heavner, K<sup>1</sup>*  
1 NYS DOH/AIDS Institute, Menands, NY; 2 NYS DOH/AIDS Institute, Albany, NY

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** In June, 2000, New York became the 33<sup>rd</sup> state to require reporting of HIV cases and perhaps the first state to formally combine partner notification (PN) regulations with HIV reporting. In addition to reporting all newly diagnosed HIV cases, the law requires that health care providers report known contacts of newly infected individuals. Patients are not required to disclose partner information. Some feared that HIV name-based reporting would cause individuals to avoid or delay HIV testing or medical care, especially when it is coupled with HIV PN requirements. Past research into this issue has produced conflicting findings, however more recent studies have found little deterrent effects. The current study assessed consumer awareness levels of the HIV Reporting and PN regulations and measured attitudes and behaviors surrounding HIV testing and PN.

**METHODS:** Three populations at risk for HIV were sampled at 3 different venues in upstate New York (men who have sex with men at gay bars, injection drug users at syringe exchange programs and high-risk heterosexuals at sexually transmitted disease clinics). 335 individuals were interviewed about their knowledge of, attitudes toward and experience with the NYS HIV Reporting and Partner Notification Law; the factors that influenced their HIV testing practices; their experience with intimate partner violence and its relationship to partner notification; and their risk behavior.

**RESULTS:** Forty-five percent of the sample reported having tested for HIV within the last 12 months, 36% had tested more than 12 months ago and 19% had never tested for HIV. IDUs were most likely to have tested recently (57%) while the high-risk heterosexual group was least likely (37%). Only 38% of the sample was able to correctly identify the way the HIV results are reported in NYS, with IDUs being most knowledgeable (55%) and heterosexuals being least knowledgeable (14%). Individuals recently tested for HIV were most knowledgeable about the new law. The most common reasons for avoiding or delaying HIV testing included the belief that they were at low risk for HIV infection, and being afraid to find out their HIV status. Fear of disclosure (to government, insurance agency/employer or "someone" else) was among the least likely reasons for avoidance or delay. Awareness of the state-run partner notification assistance program (PNAP) was highest among MSMs (61%) and lowest among heterosexuals (39%). Once described, attitudes toward PNAP were generally very favorable, however they did differ by testing venue, with MSMs being most skeptical of the program. Although levels of intimate partner violence were highest among high-risk heterosexuals, with 78% experiencing one or more acts of violence committed by a current or former partner, high levels were also reported among IDUs (65%) and MSMs (60%).

**CONCLUSIONS:** Our survey of high-risk individuals found little evidence that New York State's HIV reporting and partner notification law is deterring HIV testing. The high rates of intimate partner violence uncovered in this study have implications for how HIV partner notification is conducted in New York.

**Control Number:** 03-B-876-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** E14 Improving Methods of Targeting HIV Resources to Communities in Need

**2nd Category Choice:** D12 HIV Prevention Programs for Communities of Color

**Population 1:** P12 Communities of Color

**Population 2:** P56 Staff of Community-Based Organizations

**Presentation Preference:** Single Oral

**Title:** TLCA's Minority Reviewer Project Helps Keep Funds Flowing to Communities of Color For the Fight Against HIV/AIDS

**Author Block:** *Gomez, M*

Department of Health and Human Services, Office of HIV/AIDS Policy, The Leadership Campaign on AIDS, Washington, DC

**Abstract Body:**

**ISSUE:** The Leadership Campaign on AIDS (TLCA) is a Federal Initiative of the Department of Health and Human Services (HHS), Office of HIV/AIDS Policy (OHAP) designed to increase the involvement of leadership in communities of color in the fight against HIV/AIDS. TLCA works in partnership with minority leaderships to increase knowledge, awareness and action in communities of color. Some of the Campaign's goals are to 1) establish partnerships with leaders from across communities of color to address the stigma and discrimination that surround HIV/AIDS and lead many individuals to delay testing and care; 2) amplify and support events (TLCA-created and partner-created) or organizations that highlight the disproportionate impact of HIV/AIDS in communities of color; and 3) coordinate efforts across HHS agencies to enhance Federal responses to HIV/AIDS in communities of color, with emphasis on improving grantmaking and both internal and external capacity-building assistance efforts. As part of its effort to improve capacity-building among communities of color, TLCA offers training to potential minority grant reviewers through its Minority Reviewer Project. A database of these trained individuals is made available to those seeking minority reviewers to serve on grant review boards, thereby improving the chances of minority organizations receiving Federal funding for fighting HIV/AIDS within their communities.

**SETTING:** The TLCA Minority Reviewer Project is conducted through training in small sessions nationwide, with the intention of training minority individuals who wish to sit on grant review boards.

**PROJECT:** Under OHAP's leadership, TLCA's Minority Reviewer Project strives to increase the number of minority reviewers willing and prepared to serve on review panels for Federal grant programs that affect HIV/AIDS prevention and care services; and establish ongoing national, regional, and local mechanisms for identifying, training, and maintaining information about minority group members trained as grants reviewers. Minority reviewer training includes an overview of the goals of TLCA along with an explanation of the importance of increasing minority diversity on federal review panels. Minority reviewers are taught what will be expected of them as they sit on federal grant panels; their roles; and how they are expected to conduct reviews. In addition, they are given the opportunity to observe and participate in a mock review panel. Participants are asked to identify and discuss lessons learned and they are taught how to write a competitive proposal that emerges from an analysis of the review process.

**RESULTS:** As of June 2002, a total of 311 people have participated in being trained by TLCA in Minority Reviewer training sessions. As part of the initiative, a Minority Grant Reviewer Database was initiated by TLCA (now transferred to the Office of Minority Health), to provide

**Federal agencies with HIV/AIDS programs with access to names of experienced and trained minority reviewers.**

**LESSONS LEARNED: The recruitment and training of minority reviewers to sit on panels for the granting of Federal monies has proven critical for the ongoing progress in fighting HIV/AIDS in minority communities.**

**Control Number:** 03-B-931-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** E29 Other (Please specify on Additional Info page)

**2nd Category Choice:** D40 Other (Please specify on Additional Info page)

**Population 1:** P58 Teachers

**Population 2:** P13 Community Educators

**Presentation Preference:** Group Oral

**Title:** Preparing Teachers to Address Issues of HIV/AIDS in the School Setting

**Author Block:** *Bozeman, LA*<sup>1</sup>; *Hooks, MY*<sup>2</sup>

1 American Association of Colleges for Teacher Education, Washington, DC; 2 Langston University, Langston, OK

**Abstract Body:**

**ISSUE:** Preparing teachers to address issues of HIV/AIDS in the classroom.

**SETTING:** Teacher education programs; public, private or charter Pk-12 school; community organizations

**PROJECT:** “Everything You Wanted to Know About HIV/AIDS in the Classroom, but Were Afraid to Ask: A Teacher’s Interactive Journey” is an interactive, video-imbedded, CD-ROM that prepares teachers to skillfully and passionately engage issues of HIV/AIDS. The CD-ROM is lent to educators and health professionals for use in teacher preparation and HIV/AIDS education efforts. Investigators at schools, colleges, and departments of education pilot-tested the CD-ROM, examining the effectiveness of the CD-ROM in improving students’ knowledge and skills in HIV/AIDS prevention education. Data from one site will be presented.

**RESULTS:** This curriculum tool has been lent to teachers, professors, graduate students, state health education coordinators, and community organizations across the country. It has been used to inform care-givers and teachers of HIV-infected students, incorporated into teacher education curricula, researched by national media for HIV/AIDS related programming, reviewed by health education advisory committees, and examined for graduate research in HIV/AIDS prevention.

**LESSONS LEARNED:** The interactive technology used in this CD-ROM is effective, appealing, and well-suited to providing HIV/AIDS prevention education.

**Control Number:** 03-A-961-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** E01 Access to Sterile Injection Equipment for IDUs

**2nd Category Choice:** A22 Race, Racism, Ethnicity and Vulnerability to or Protection from HIV

**Population 1:** P12 Communities of Color

**Population 2:** P48 Policymakers/Legislators

**Presentation Preference:** Single Oral

**Title:** Racial/ethnic differences of nonprescription pharmacy syringe purchases

**Author Block:** *Fuller, CM<sup>1,2</sup>; Blaney, S<sup>2</sup>; Galea, S<sup>2</sup>; Ompad, DC<sup>2</sup>; Doris, S<sup>2</sup>; Sisco, S<sup>2</sup>; Vlahov, D<sup>2</sup>*  
1 Columbia University, Mailman School of Public Health, New York, NY; 2 New York Academy of Medicine, New York, NY

**Abstract Body:**

**Objective:** The New York State Legislature recently enacted the Expanded Syringe Access Demonstration Program (ESAP), which became effective on January 1, 2001. This new harm reduction policy allows pharmacy syringe sales ( $\leq 10$  syringes per sales transaction) without a prescription in ESAP-registered pharmacies. As the named independent evaluator of ESAP, the New York Academy of Medicine set forth to determine factors associated with purchase of nonprescription pharmacy syringes. **Methods:** Data were combined from two on-going injection drug user (IDU) observational studies in the Harlem and South Bronx neighborhoods of New York City. Sociodemographic and high-risk practices independently associated with the purchase of a pharmacy nonprescription syringe at the last injection was cross-sectionally examined using chi-square tests and multiple logistic regression. **Results:** Of 232 adult IDUs, the majority was male (80%), Hispanic (71%) and mean age of 35 years. Bivariately, IDUs who reported a pharmacy syringe purchase were more likely to be white/other race,  $\leq 30$  years of age, have knowledge of ESAP, and report discrimination due to incarceration or police in the past year compared with those who used a different syringe source. After adjustment, IDUs who reported a pharmacy syringe purchase were less likely to be older [Adjusted Odds Ratio (AOR) = 0.9; 95% Confidence Interval (CI) = 0.8 - 0.9]; IDUs who had knowledge of ESAP and who reported discrimination due to incarceration were less likely to report a pharmacy syringe purchase (AOR = 0.2; 95% CI = 0.0 - 1.4;  $p < 0.1$ ) compared with IDUs without knowledge of ESAP and no experience with incarceration discrimination in the past year. **Conclusions:** These findings indicate that racial/ethnic differences are not important determinants of nonprescription pharmacy syringe purchases when the interaction between ESAP knowledge and experience with discrimination based on incarceration history was taken into account. This suggests that even with knowledge of ESAP, IDUs may still hesitate to use pharmacies as a syringe source for fear of possible discrimination. Careful investigation into specific social barriers preventing use of pharmacies as a safe syringe source is needed.



**Control Number:** 03-B-45-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** G14 Models of Integrating HIV Prevention into Substance Abuse Programs

**2nd Category Choice:** C17 Interventions that Sustain Safer Behaviors Among Persons Living with HIV

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P13 Community Educators

**Presentation Preference:** Single Oral

**Title:** Using an HIV Prevention Education Curriculum Within a Harm Reduction Based Substance Abuse Treatment Program for Persons with HIV/AIDS in Rural Alabama

**Author Block:** *Hope, JA; Batey, S*  
AIDS Services Center, Anniston, AL

**Abstract Body:**

**ISSUE:** The issue addressed within this abstract is the significant need for basic HIV Prevention education among persons living with HIV/AIDS and seeking substance abuse treatment in a rural setting.

**SETTING:** This intervention occurs within a fourteen county service area of rural northeast Alabama. The intended audience is persons living with HIV/AIDS and participating in a SAMHSA funded IOP, Intensive Outpatient Program for Substance Abuse Treatment, with a specific focus on African American Men Who have Sex with Men and Injecting Drug Users

**PROJECT:** This project provides a year long intervention consisting of:(1) Ten weeks of four days a week, outpatient substance abuse treatment for persons living with HIV/AIDS, using psycho-educational groups, harm reduction techniques, group and individual counseling, recreational therapy, anger management, relapse prevention and other modalities for treatment. (2) Ten weeks of once a week After-care treatment. (3) Up to a year of individual counseling, as needed.

Using an HIV Prevention Education module within this program allows the client to participate in a weekly lesson such as Primary Prevention for Positives, Basic HIV 101, Safer Sex Techniques, Humor and the Immune System, Red Cross Bloodborne Pathogens Training, Community Planning Groups and Consumer Advocacy, Skills building for Negotiation, Role Playing, and Exercise and Health Goals. Due to the high number of clients with low literacy skills, much effort has been made to provide fun, interactive and simple, easy to understand activities and lessons. Using discussion, brainstorming, games, small group and pairs tasks, visual aids with anatomical models and role playing allows the most group participation without adding additional pressure for the limited reader.

**RESULTS:** After completing 3 ten week rotations of the intervention, preliminary successes have been noted, such as, client scores on Pre and Post education quizzes, journal entries describing safer sex lessons learned, participation in group activities such as correct condom application using anatomical models, number of negative drug screens, participation in Community Planning groups and Consumer Advisory Boards, self-reports of reduced number of sexual partners and reduction of unsafe sexual encounters.

**LESSONS LEARNED:** The lessons learned include the identification of: challenges and barriers to Community Planning Group involvement by HIV Positive Substance Abusers, effective curriculum topics for an HIV Prevention Education component within substance abuse treatment programs, skills building activities and lesson plans and materials necessary to provide sensitive and non-judgmental prevention messages for the HIV positive person with a substance abuse disorder. The implications indicate that in a rural setting the HIV positive client in substance abuse treatment is most likely poor and under-educated, and lacks the basic prevention knowledge and skills to sustain safer behaviors.

**Control Number:** 03-B-47-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** G06 Improving Gender Specific STD Treatment Services for Women as an HIV Prevention Strategy

**2nd Category Choice:** G14 Models of Integrating HIV Prevention into Substance Abuse Programs

**Population 1:** P61 Women

**Population 2:** P12 Communities of Color

**Presentation Preference:** Single Oral

**Title:** HIV and Substance Abuse among Women of Color

**Author Block:** *Azhar, SV*

UC Berkeley, Berkeley, CA

**Abstract Body:**

**ISSUE:** HIV and Substance Abuse among Women of Color

**SETTING:** Urban settings; intervention to take place at STD and HIV clinics; intended audience: health workers.

**PROJECT:** HIV Harm Reduction for Women of Color

**RESULTS:** Most effective means of harm reduction are aggressive treatment centers that acknowledge the multi-dimensional needs of women, including such concerns as child care, sexual abuse, pregnancy, HIV/ STD/substance abuse perinatal treatment, sex work, and disparities in minority health care. The Stages of Change Model will be discussed as one successful means of achieving multidimensional risk assessment and prevention.

**LESSONS LEARNED:**

I seek to recognize a policy problem within HIV/AIDS care regarding the particular needs of women of color. In discussing these issues, there will be a focus on the preconditions which make substance-abusing women of color at high risk for HIV and substance abuse. The constituency of women within the HIV population has been historically underestimated. In recent years, there has been a dramatic rise in the incidence of AIDS cases amongst substance abusing women. It is important to note that substance-abusing women are 1½ times more likely than men to support their addictions by exchanging sex for money or drugs. A woman's needs in substance abuse treatment and HIV prevention are truly gender-specific. As the number of women infected with HIV continues to grow exponentially, this phenomenon can be overlooked no longer. I will examine current urban American and international policy around these issues. Finally, I will present policy recommendations and initiatives that may successfully curb the number of HIV infections in substance-abusing women of color living in urban settings in this country.

**Control Number:** 03-B-83-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** G02 HIV/STD Prevention Programs for Sex Industry Workers

**2nd Category Choice:** C21 Interventions that Reduce Sexual Risk

**Population 1:** P19 Gay and Other Men Who Have Sex With Men

**Population 2:** P57 Street Outreach Workers

**Presentation Preference:** Group Oral

**Title:** Between Dusk and Dawn. The life of the bars

**Author Block:** *Swire, J; Johnson, EJ*

NO/AIDS Task Force, New Orleans, LA

**Abstract Body:**

**ISSUE:** MSM still have high rates of HIV infection and recent studies have indicated that the younger generation of MSM are becoming newly infected. This presents challenges in offering HIV testing in new and innovative ways to reach this community. NO/AIDS Task Force uses venue based outreach as a platform to offer HIV testing and counseling in nontraditional settings such as bars and bathhouses to reach the MSM community as well as the Commercial Sex Workers serving this community.

**SETTING:** Gay Bars, and bathhouses in "Sin City". (New Orleans, Louisiana), specifically targeting the French Quarter and surrounding area with a high population of MSM.

**PROJECT:** NO/AIDS Task Force is collaborating with local gay bars and bathhouses in the French Quarter area to provide one on one HIV testing and counseling in nontraditional locations and at times such as evenings or nights that can best reach the patrons of these establishments. The project uses a regular schedule of testing times and locations to establish an ongoing presence in the community.

**RESULTS:** In 2002, in house data shows that we anonymously a total pre-tested 856 MSM at both the CAN project office as well as other venues. Of these 311 (36%) were tested at 13 bars and 2 bathhouses. Out of that number 62 (20%) have identified themselves as Commercial Sex Workers. When conducting testing in these settings individuals identified a number of high-risk behavior, including unprotected sex, multiple sex partners, drinking and drugging, exchanging sex for drugs/money/shelter. A total of 26 (9%) of those tested in the bars and bathhouses were positive for HIV (9 Caucasian, 16 African-American, and 1 Other). Of these tests 8 (40%) identified themselves as Commercial Sex Workers. As of January 2003, 9 (80%) positives have come back for their results and have been referred to primary care services.

**LESSONS LEARNED:** By earning the trust of this community they are more open to getting tested and overcoming some traditional barriers linked with community based testing. This is where quality counselors that are non-judgmental, caring, supportive, down to earth, and understanding of the lifestyles, the needs to keep this community safe, and to keep information confidential. Incentives are valuable to get more people to come back for their test results. The counseling staff needs to be on time to do pre- and post-test counseling. Private places are needed to give testing sessions at gay bars and bathhouses. Have on hand referral information (packets) about HIV/STD's. It is helpful to have HIV counselors work consistently with the locations, and the bar and bathhouse staff through outreach, flyers, condom packs and trainings. It is also useful to build partnerships with pharmaceutical companies, local gift shops, Office of Public Health, the local bars and bathhouses for donations of incentives.

**Control Number:** 03-A-99-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** G20 Treatment of Drug and Alcohol Addiction as an HIV Prevention Strategy

**2nd Category Choice:** A07 Drug Use, Addiction and HIV Risk

**Population 1:** P4 Alcohol and Other Drug Users

**Population 2:** P3 African Americans

**Presentation Preference:** Poster Session

**Title:** Alcohol Use Disorders Among STD Clinic Patients: An Opportunity for Synergistic Intervention

**Author Block:** *Weinhardt, LS<sup>1</sup>; Zweben, A<sup>2</sup>; Otto-Salaj, LL<sup>2</sup>; Cisler, RA<sup>2</sup>; Brondino, MJ<sup>1</sup>; Barrett, D<sup>1</sup>; Weston, P<sup>1</sup>; Kalichman, SC<sup>3</sup>; Swain, GR<sup>4</sup>*

1 Medical College of Wisconsin, Milwaukee, WI; 2 University of Wisconsin, Milwaukee, WI; 3 University of Connecticut, Storrs, CT; 4 Medical College of Wisconsin & Milwaukee City Department of Health, Milwaukee, WI

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** We sought to examine the potential utility of implementing an alcohol use intervention for problem drinkers in a sexually transmitted disease (STD) clinic setting by determining the prevalence of alcohol use and disorders, examining the associations between alcohol problems and HIV risk behaviors, and determining problem drinkers' readiness to reduce their use of alcohol.

**METHODS:** Three hundred fifty six adults (66% male, M age = 32.2 years; 90% heterosexual; 82% African American, 14% White) presenting for services at a large STD clinic serving the inner-city area of Milwaukee, WI, completed an anonymous survey while waiting to be seen for clinic services.

**RESULTS:** 89% of the sample reported alcohol use in the past 90 days. Participants who drank did so on a median of 40 out of the past 90 days. 66% of the sample reported 'bingeing' (6 or more drinks for men, 4 or more for men) on at least one occasion. Men (52%) were more likely than women (32%;  $\chi^2 [2, N=299] = 13.9, p < .0001$ ) to score above the clinical cutoff of 8 on the Alcohol Use Disorders Identification Test (AUDIT), indicating high probability of current alcohol abuse or dependence. Among drinkers, participants with clinically significant AUDIT scores were more likely to report drinking prior to sex ( $\chi^2 [2, N=299] = 48.8, p < .0001$ ) and those who drank prior to sex were more likely to have had unprotected sex with multiple partners ( $\chi^2 [2, N=299] = 12.99, p < .0001$ ). 33% of those with AUDIT scores above the cutoff were in the pre-contemplation stage regarding reducing their alcohol use, 25% contemplation, 32% action, and 11% were in the maintenance stage, indicating that they had already reduced or stopped using alcohol for at least the past six months.

**CONCLUSIONS:** Heavy alcohol use and diagnosable alcohol use disorders are common in this STD clinic setting. Further, the associations found between AUDIT scores and sexual risk behavior indicate that screening individuals for drinking problems may help to identify those at highest risk for future HIV and other sexually transmitted infections. These patients can then be referred for intensified services, including specialized counseling in the clinic setting and/or formal alcohol treatment, to reduce alcohol use and, in turn, potentially enhance the effects of standard HIV risk reduction counseling approaches currently used in STD clinics. An intervention model will be described that is based on motivational interviewing principles and is currently being integrated with HIV test counseling in STD clinic settings in an effort to reduce health risks associated with continued problem drinking and sexual risk behavior.

**Control Number:** 03-A-108-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** G07 Innovative Models of STD Prevention Services

**2nd Category Choice:** G07 Innovative Models of STD Prevention Services

**Population 1:** P39 Men

**Population 2:** P1 Adolescents

**Presentation Preference:** Single Oral

**Title:** Innovative Use of Mystico-Erotic Folk Performers To Reach Out to Illiterate Rural Masses.

**Author Block:** *Dutta, PK*

Sonata Foundation, Kolkata, India

**Abstract Body:**

Issue: West Bengal, a State of the Indian Republic, has an extremely rich folk music tradition, which can be used innovatively to reach out to the rural illiterate masses for HIV/AIDS prevention.

Description: A notable feature of the folk songs are is that while the themes of these folk songs drew allegories on the separaton between the human soul and God, the language used is erotic and sexually explicit, thus giving the songs a special mass appeal.

Project: The author, Sri Pranay Dutta, the founder-member of SONATA FOUNDATION, CALCUTTA, - an NGO working in the field of HIV-AIDS prevention for the last 10 year – has conducted a series of 15 workshops for folk musicians working in the rural areas across seven (7) districts of West Bengal. More than 500 folk musicians, representing different traditions of folk music, were educated about HIV/AIDS, risk behaviours and preventive measures. The participants at these workshops were encouraged to compose songs, integrating messages on HIV-AIDS prevention. More than 10,000 rural people are exposed to these HIV-AIDS prevention messages in songs by the 500 folk artists.

Lessons Learnt: Follow-up workshops revealed that folk singers had thoroughly enjoyed the process and were extremely enthusiastic about imbibing contemporary issues into their cultural expressions. Most of them reported that the songs were well received by the rural communities and had generated considerable interest among rural masses.

Recommendations: Folk music of West Bengal is a very potent form of artistic expression of an oral culture that binds illiterate rural communities together. It includes strong mystico-erotic elements and has fascinating description of love and sexuality. For rural communities, it is important to ensure a culturally appropriate ambience for disseminating information on STD/HIV prevention and control. This can be done by identifying and training folk artists through interactive workshops that sensitise these artists to address contem;porary issues like HIV-AIDS in their artistic expression.

**Control Number:** 03-A-163-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** G21 Other (Please specify on Additional Info page)

**2nd Category Choice:** F13 Linking Therapy (e.g., HAART) with Other Prevention Services (i.e., behavioral counseling, drug treatment, etc.)

**Population 1:** P15 Counselors

**Population 2:** P51 Public Health Workers

**Presentation Preference:** Poster Session

**Title:** The Prevalence of Utilization of Spirituality in Clinical Counseling

**Author Block:** *Sills, DE*

Integrated Life Center, Inc., Decatur, GA

**Abstract Body:**

The purpose of this study was to ascertain the prevalence of the utilization of spirituality in clinical counseling and the need for spirituality to be integrated into counseling curriculums. The study was based on the premise that the prevalence of the utilization of spirituality is based on one's formal training, experience, knowledge, perception, and personal stressors. The researcher investigated five independent variables: formal training, experience, knowledge, perception, and personal stressors. These variables were examined in relation to clinical counselors' prevalence of utilization of spirituality in counseling. The following demographic variables were also analyzed: gender, race, education, license, employment, work experience, work setting, and annual income.

The investigation included a review and critique of related literature. Primary variables addressed included the following: the use of spirituality, formal training, experience, knowledge, perceptions, and personal stressors.

This study utilized frequency distribution, bivariate cross tabulation analysis, Phi measurements, and regression analysis. The statistical test was chi-square and used to investigate the prevalence of utilization of spirituality in clinical counseling among licensed social workers in the state of Georgia. The researcher developed and administered a questionnaire to licensed social workers throughout the state of Georgia and obtained a sample that was comprised of 97 licensed social workers. Five null hypotheses were tested and accepted which indicated that there was a statistical relationship between the variables. The null hypotheses investigated were: (1) There is no statistically significant relationship between utilization of spirituality in clinical counseling and formal training; (2) There is no statistically significant relationship between utilization of spirituality in clinical counseling and knowledge; (3) There is no statistically significant relationship between utilization of spirituality in clinical counseling and experience; (4) There is no statistically significant relationship between utilization of spirituality in clinical counseling and perceptions; and (5) There is no statistically significant relationship between utilization of spirituality in clinical counseling and personal stressors.

The researcher found that there was a statistically significant relationship between counselors' prevalence to utilize spirituality in clinical counseling and formal training, experience, knowledge, perception and personal stressors. The researcher concluded the study with a series of recommendations. The research recommends that spirituality should be integrated into clinical counseling and school curriculums in order to establish a more holistic approach in counseling.

**Control Number:** 03-B-166-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** G21 Other (Please specify on Additional Info page)

**2nd Category Choice:** F23 Other (Please specify on Additional Info page)

**Population 1:** P46 People Living with HIV/AIDS

**Population 2:** P21 General Population

**Presentation Preference:** Poster Session

**Title:** Adult Basic Education with HIV patients in a New York City HIV clinic

**Author Block:** *Schubert, SS*

St. Luke's-Roosevelt Hospital - Center for Comprehensive Care, New York, NY

**Abstract Body:**

**ISSUE:** It is well known that individuals with HIV are living longer, healthier lives due to advances in medical care and treatment. As a result, lives are being re-evaluated and a return to the workforce is being emphasized. Meeting this demand, especially for poor urban HIV positive individuals, requires a comprehensive approach to Adult Basic Education (ABE) as a vehicle to improve skills, enhance communication, reduce risk and strengthen self-confidence.

**SETTING:** Urban HIV Clinic

**PROJECT:** Adult Basic Education classes are offered one day per week for four hours to a group of six committed patients. Participants are recruited in the clinic through flyers and word of mouth and demonstrate a strong desire to increase knowledge with the hopes of successfully obtaining a high school diploma. Upon enrollment, participants complete a standardized educational assessment that evaluates reading, math and language levels. A curricular infusion model is used whereby risk reduction and HIV education are incorporated into remedial math and reading exercises. Instruction is tailored to meet the needs of the participants through both didactic and interactive teaching methods. Homework is given on a weekly basis and a review of the previous week's instruction is conducted to aid in reinforcing concepts. Participants are tested on course work every three weeks and are reassessed using the standardized test every three months. Transportation, food, books and materials are provided for free.

**RESULTS:** The group comprises 3 men and 3 women, average age 46. Five participants are Hispanic and 1 is African American. All participants are HIV positive with IV drug use and unprotected sex being primary risk factors. The mean length of infection is 9 years. Ninth grade is the average highest grade completed. All participants are US Citizens with unemployment and public housing being common denominators. A total of 27 classes have been offered with a 52% attendance rate. A dedicated paid intern instructs the classes in the education center of the clinic. The initial assessment scores indicate an average seventh grade reading level (7.3), third grade math level (3.9), and third grade language level (3.8). Qualitatively, students demonstrate an understanding of concepts and are able to apply them in class. Writing assignments show dramatic changes in grammar and sentence structure.

**LESSONS LEARNED:** Initially slated as a two-session, 26-week GED program, low assessment scores and diverse education levels resulted in the formation of an individualized, long-term Adult Basic Education program with an established group of participants. Given this, the development of remedial math and reading skills became the goal rather than GED preparation. A safe and supportive environment instilled by a committed, flexible, and enthusiastic instructor are critical elements for success, as is an integrated model of care with educational activities connected to the medical care facility. Despite the many barriers facing people with HIV, Adult Basic Education has instilled hope and empowered patients to better their lives.

**Control Number:** 03-B-186-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** G11 Models of Integrating HIV Prevention into Hepatitis C Programs

**2nd Category Choice:** G08 Integrated HIV Prevention/STD Treatment Services

**Population 1:** P19 Gay and Other Men Who Have Sex With Men

**Population 2:** P32 Injecting Drug Users

**Presentation Preference:** Single Oral

**Title:** The Comprehensive Approach to Fighting EVERYTHING! Integrating Viral Hepatitis, HIV, and STD programs for MSM and IDU

**Author Block:** *O'Connor, KP*

Division of Viral Hepatitis, Centers for Disease Control, Atlanta, GA

**Abstract Body:**

**Issue:** Viral Hepatitis, HIV and STDs are major public health problems in the United States. MSM and IDU are at risk for multiple infections yet services are too often solitary and separate. Recent morbidity reports note certain groups of MSM are experiencing higher rates of syphilis. Additional reports cite high rates of undiagnosed HIV in some MSM. Vaccine-preventable hepatitis A and B continue to disproportionately impact MSM and IDU. An estimated 120,000 new hepatitis B virus (HBV) and hepatitis C virus (HCV) infections occurred in 1998. Approximately 1.2 million Americans are chronically infected with HBV and an estimated three million are chronically infected with HCV. Illegal drug users, especially injection drug users (IDU) are at very high risk of infection with HBV and HCV, as well as hepatitis A virus (HAV). Integrating hepatitis prevention services into existing programs is an essential step towards prevention and control of these diseases.

**Objectives:** To explore strategies for, share experience and barriers to integrating hepatitis prevention activities, including education, counseling, testing, vaccination, and referral where appropriate, into existing programs.

**Implications for Programs/Policy:** Integration of services to prevent and control hepatitis, HIV and STD among persons at high risk for multiple infections makes good public health sense. However, limited experience exists as to the feasibility, efficacy, and effectiveness of integrated services. Strategies presented will provide much-needed information in support of program integration and setting of policy to support integration of services to persons at risk for multiple diseases.



**Control Number:** 03-A-190-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** G10 Integration of HIV Prevention into Prenatal Care Settings

**2nd Category Choice:** D07 HIV CTS Programs

**Population 1:** P49 Pregnant Women

**Population 2:** P15 Counselors

**Presentation Preference:** Poster Session

**Title:** Voluntary counseling and HIV testing for pregnant women in the Kassena-Nankana district of Northern Ghana: Couple counseling is the recommended strategy

**Author Block:** *BAIDEN, f<sup>1</sup>; REMES, p<sup>2</sup>; ADOMAKO-BAMFI, r<sup>1</sup>; WILLIAMS, j<sup>1</sup>; HODGSON, a<sup>1</sup>; BOELAERT, m<sup>2</sup>; BUVE, a<sup>2</sup>*

1 NAVRONGO HEALTH RESEARCH CENTER, Navrongo, UER, Ghana; 2 INSTITUTE OF TROPICAL MEDICINE, Antwerpen, Belgium

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Most of the 800,000 children who were infected with HIV in 2001 acquired the infection through mother to child transmission (MTCT). Voluntary counseling and HIV testing (VCT) for pregnant women is a starting point for instituting a MTCT prevention program. The Kassena-Nankana district in rural Northern Ghana has an antenatal HIV seroprevalence rate of 2.4% but there exists a potential for the rapid spread of HIV. VCT is yet to be introduced in this district. There are plans to incorporate VCT into antenatal services at the district hospital.

**METHODS:** A cross-sectional questionnaire survey was undertaken in March-April 2002 to identify and assess the important determinants of the perception and attitude of antenatal clinic attendants towards VCT. The questionnaire was administered to 270 antenatal clinic attendants at the district hospital. Logistic regression with willingness to get tested and perception of the usefulness of getting tested as the primary outcomes of interest was done.

**RESULTS:** It was found that although 92.6% (95% C.I. 88.8%-95.4%) of respondents indicated a willingness to get tested for HIV, only 51% (95% C.I. 45.0%-57.2%) considered HIV testing for pregnant women to be useful. Most (93.6%) indicated they would like their husbands to know the result of the test and 52.2% indicated that their husbands would be willing to accompany them to antenatal clinic, at least once during the pregnancy. The perception of the usefulness of HIV testing (OR=8.48; 95% CI 1.80-39.96), the willingness to disclose result of the test to the husband (OR=13.28; 95% C.I. 3.96-44.54) and the willingness of husband to accompany wife to antenatal clinic (OR=5.19; 95% C.I. 1.36-19.76) were found to be significant independent predictors of a woman's willingness to get tested. The willingness to disclose test result to husband (OR=3.16; 95% C.I. 1.08-10.48) and knowledge of at least one mode of MTCT HIV transmission (OR=2.10; 95% C.I. 1.20-3.64) were found to be significant independent predictors of a woman's perception of the test's usefulness.

**CONCLUSIONS:** The study indicates that, for pregnant women in this district, the willingness to get tested for HIV does not equate the perception of the test's usefulness. The husbands of pregnant women in this district exert strong influence on their perception of the usefulness of HIV testing and on their decision whether or not to get tested. Couple counseling facilitated through male-friendly ANC services is therefore the recommended strategy for any VCT program in this district.

**Control Number:** 03-B-202-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** G18 STD Screening & Treatment in Correctional Settings as an HIV Prevention Strategy

**2nd Category Choice:** F12 Linking HIV Prevention and Treatment in Correctional Settings

**Population 1:** P14 Correct.Settings,Persons in(Incarcer.Popul.)

**Population 2:** P48 Policymakers/Legislators

**Presentation Preference:** Single Oral

**Title:** Hepatitis C Behind Bars: The Role of State Health Agencies

**Author Block:** *Fox Fields, H*

ASTHO, Washington, DC

**Abstract Body:**

**ISSUE:** Correctional facilities contain a population in which there is a high concentration of people with conditions and diseases of public health concern. Large numbers of drug users within the correctional system combined with their high risk of getting and transmitting Hepatitis C (HCV), HIV, and STDs has generated interest in a comprehensive, integrated approach to health care. Comprehensive programs provide a combination of behavioral therapies, medications, HIV counseling and testing, referrals, and other services. Effective discharge planning and continuity of care programs link confined and soon-to-be-released inmates to such programs. Public health interventions are beneficial to society when offered in corrections because most individuals in custody eventually return to the community. If those individuals receive care they may be less likely to spread disease in the community, and this may save resources, in the long run.

**SETTING:** Correctional Facilities

**PROJECT:** ASTHO's Prison Project was designed to help focus and stimulate disease prevention activities in correctional settings. This process is facilitated through research and the development of issue briefs, reports, and audio seminars on specific policy issues. Research indicates that collaboration among public health, correctional agencies and community-based organizations is effective in addressing HCV, HIV/AIDS, and other infectious diseases among incarcerated populations. Effective programs in correctional facilities have integrated components and support a continuum of care following discharge.

**RESULTS:** Despite the limitations and shortcomings associated with HCV screening and treatment, there are many potentially successful interventions that could be undertaken that could make a difference. Public health's role regarding inmates and ex-offenders infected with hepatitis C includes:

- Working towards more effective and economical correctional policies – including better links with public health agencies
- Forming alliances with correctional agencies and community service providers to strengthen health and social services in jails and prisons
- Developing community reintegration services to link ex offenders with needed services and ease the transition into society
- Developing a comprehensive system of care that emphasizes prevention, medical care, mental health, and the support services to tie these together

**LESSONS LEARNED:** In response to these issues, programmatic efforts need to happen before incarceration. Regardless of current treatment and screening limitations for correctional populations, the number of inmates infected can provide an indication of the numbers that will be in need of services

from public-sector health programs in the future. Therefore, strong community effort is needed that address:

- Prevention of sexual transmission of HIV and drug use
- Timely access to substance abuse treatment
- Community outreach services
- Access to sterile syringes
- Services (health care, employment, etc)
- Counseling/testing services, prevention case management, and partner counseling/referral services
- Services for IDUs living with HIV/AIDS
- Collaboration among substance abuse treatment, corrections, primary care, and HIV/AIDS

Policy solutions and new interventions are urgently needed to address the growing public health threat of Hepatitis C. Implications for next steps involve:

- Strong commitment by policymakers to case management and discharge planning
- Discussions at many levels of leadership
- Commitment by the American public that dedicating these resources is desirable
- Money and compassionate care resources

**Control Number:** 03-A-270-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** G04 Implementing HIV Prevention in Family Planning Settings

**2nd Category Choice:** E22 Politics and HIV Prevention

**Population 1:** P22 Health Care Workers

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Single Oral

**Title:** "ATTITUDES OF FAMILY CARE DOCTORS TOWARDS HIV TESTING"

**Author Block:** *Simmons, EM; Flanigan, TP; Frierson, GM*

Brown University- Miriam Hospital, Providence, RI

**Abstract Body:**

**Background/Objectives:** The CDC and several other organizations have routinely recommended HIV testing for all pregnant women and sexually active persons at risk for HIV. Approximately one million patients are HIV infected and one-third of those infected are unaware of their status. To date minimal research has been conducted on primary care physician's attitudes towards routine HIV testing.

**Methods:** A convenience sample consisting of 108 providers (87% Family doctors and 13% allied health providers) was assessed in Rhode Island. Data was obtained from an experimentally derived questionnaire.

**Results:** The recommendations for routine HIV testing for pregnant and sexually active people are clear. However, half of the surveyed family practitioners did not routinely offer HIV testing to pregnant women. The majority of the providers felt that HIV testing should be offered to young sexually active patients and over 93% recommended that high-risk persons receive HIV testing. Only 14% routinely offered HIV tests to their sexually active patients aged 18-50 during the previous year, although 57% recommended that the same group should receive HIV testing (chi-square 5.075 df 1 p .024).

**Conclusions:** The significant barriers to "routinizing" HIV testing within the primary care setting need to be explored in order to develop interventions to overcome these barriers.

Sponsored by a NCI R025 Training Grant

**Control Number:** 03-A-272-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** G04 Implementing HIV Prevention in Family Planning Settings

**2nd Category Choice:** A04 Communities, Neighborhoods, and Environments and HIV Risk

**Population 1:** P12 Communities of Color

**Population 2:** P51 Public Health Workers

**Presentation Preference:** Single Oral

**Title:** " BARRIERS AND FACILITATORS TO HIV TESTING IN A PRIMARY CARE SETTING "

**Author Block:** *Simmons, MD, EM; Frierson, GM; Flanigan, MD, TP*

Brown University- Miriam Hospital, Providence, RI

**Abstract Body:**

**Background/Objectives:** The CDC estimates that of the 1 million people infected with infected, over 300,000 are unaware of their status. An ideal setting for detection and early identification of HIV infection is in the primary care setting.

**Methods:** A convenience sample of community health center patients in Providence, Rhode Island was undertaken to determine patients' attitudes towards HIV testing. One hundred and one patients (79% female, mean age 34, 60% Black and Latino) completed a self-administered questionnaire.

**Results:** The mean number of sexual partners was nine for males and four for females. Ninety percent of the respondents considered themselves to be at low or no risk for HIV infection, although 89% wanted to be tested regularly (15% once, 34% biannually and 40% annually). Seventy-nine percent wanted their primary care provider (PCP) to do the testing. Three-fourths of those sampled would accept testing on the day of the questionnaire if it had been offered. Over half of all the respondents preferred serum testing to other methods. Although black participants were more likely to want serum testing for HIV, (chi-square=3.919, p=. 043) there were no other significant group differences (Black vs. Latino) for the preceding data.

**Conclusions:** Patients in primary care often perceive themselves to be at low risk despite sexual risk. Eighty- six percent wanted routine testing for HIV done by their PCP on a routine basis, in contradistinction to risk history testing. Interventions to increase routine HIV testing within primary care are needed.

Sponsored by a NCI R025 Training Grant

**Control Number:** 03-B-276-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** G05 Implementing HIV Prevention in Substance Abuse Treatment Facilities

**2nd Category Choice:** D13 HIV Prevention Programs for IDUs

**Population 1:** P56 Staff of Community-Based Organizations

**Population 2:** P32 Injecting Drug Users

**Presentation Preference:** Single Oral

**Title:** J-CAP, Inc./LIVING PROOF

Peer HIV/AIDS prevention and Care to Drug Using groups in Jamaica, New York.

**Author Block:** *Brinn, RB*

J-CAP,INC./LIVING PROOF, NY, NY

**Abstract Body:**

ISSUE: HIV/AIDS Prevention and Care for IDU and related groups.

SETTING: LIVING PROOF: Storefront Clinic

PROJECT: Peer Outreach, Primary Care, Testing and Counseling, Case Management, Inreach to Drug Treatment.

RESULTS: Expanded HIV/AIDS prevention and care.

LESSONS LEARNED: Peer-driven programs reach high-risk groups.

**Control Number:** 03-B-292-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** G18 STD Screening & Treatment in Correctional Settings as an HIV Prevention Strategy

**2nd Category Choice:** G06 Improving Gender Specific STD Treatment Services for Women as an HIV Prevention Strategy

**Population 1:** P61 Women

**Population 2:**

**Presentation Preference:** Group Oral

**Title:** Models of Intergrating HIV Prevention in Programs Serving Incarcerated and Newly Released Women Living with HIV/AIDS

**Author Block:** *Bowers, M<sup>1</sup>; Keeling, D<sup>2</sup>; Williams, D<sup>3</sup>*

1 Office of Women's Health, Washington, DC; 2 Action for Boston Community Development, Inc, Boston, MA; 3 Blacks Assisting Blacks Against AIDS, St Louis, MO

**Abstract Body:**

**ISSUE:** Incarcerated and Newly released programs that attempt to provide prevention services for women who are at risk or living with HIV/STDs.

**SETTING:** Community Based Organizations in Boston, St. Louis, and Denver.

**PROJECT:** Three CBOs provided comprehensive HIV/STD prevention services to incarcerated and newly released women at risk or living with HIV. The purpose was to establish a continuum of care model and include prevention strategies to reduce negative health outcomes. The programs varied in approach: "New Transitions" in St. Louis links with the court systems to provide services, "ABCD Cares" in Boston goes into the prisons for pre-release services, in "Women's AIDS Project" in Denver works with the homeless population. All program sites offered discharge planning, transitional case management, and mental health support groups.

**RESULTS:** In St Louis, out of 80 women to be released women who entered to program 52% have shown positive outcomes in abstaining from drug and alcohol use. Among other participants 50% show an increase in education level, income and employment. In Boston, out of 110 women to be discharged 60 (52%) women received continued support and health services upon reentry into the community. In Denver, 70% of the women involved in the program successfully completed the program. Of all participants, 45% provided with affordable housing in communities that assure a continuum of care for homeless women at risk or living with HIV.

**LESSONS LEARNED:** The majority of the target population has little or no knowledge about accessing care and services, in order to effectively serve this population in enhancing access to care, programs must be designed to address multiple levels of needs. Collaborative relationships must be apart of all prevention efforts within this population. Specific efforts should be in place with the court systems, probation, and parole offices to be aware of the program services for referral purposes.

**Control Number:** 03-A-310-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** G21 Other (Please specify on Additional Info page)

**2nd Category Choice:** G15 Models of Integrating HIV Prevention into TB Control

**Population 1:** P64 Other (Please Specify)

**Population 2:**

**Presentation Preference:** Single Oral

**Title:** Social capital, poverty and income inequality as predictors of tuberculosis case rates in the United States

**Author Block:** *Holtgrave, DR; Crosby, RA*

Emory University, Rollins School of Public Health, Atlanta, GA

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** In previous state-level analyses, social capital has been related to several sexually transmitted infections (including AIDS case rates). However, the relationship of social capital to tuberculosis has received little attention. Because social capital may be related to the constructs of poverty and income inequality, any exploration of the correlation between social capital and tuberculosis should include examination of the interrelationships with poverty and income inequality as well. This study examined the state-level relationship between social capital, poverty, income inequality and tuberculosis case rates.

**METHODS:** State-level, correlational analysis (including bivariate linear correlational analysis, and multivariate linear stepwise regression analysis) were employed. The main outcome measure was 1999 state-level case rates of tuberculosis. Putnam's state-level measure of social capital was used (as obtainable at [www.bowlingalone.com](http://www.bowlingalone.com)).

**RESULTS:** In bivariate analyses, poverty (.443), income inequality (.629) and social capital (-.697) were all significantly correlated ( $p < .01$ ) with tuberculosis case rates. In stepwise multiple regression analyses predicting tuberculosis case rates from this set of three predictor variables, social capital and income inequality entered the regression equation. Social capital explained 48.5% of the variance in tuberculosis rates, while income inequality explained 13.2%.

**CONCLUSIONS:** These results suggest that social capital is highly predictive of tuberculosis at the state level. Investment in the improvement of social capital might benefit individually and collectively the prevention efforts to combat HIV, sexually transmitted diseases and tuberculosis.



**Control Number:** 03-B-340-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** G02 HIV/STD Prevention Programs for Sex Industry Workers

**2nd Category Choice:** C21 Interventions that Reduce Sexual Risk

**Population 1:** P11 Commercial Sex Workers

**Population 2:** P4 Alcohol and Other Drug Users

**Presentation Preference:** Single Oral

**Title:** HIV Prevention in New York City Clubs

**Author Block:** *Farrell, J; Farrell, J*

Positive Health Project, Inc., New York, NY

**Abstract Body:**

**ISSUE:** HIV incidence and prevalence among night clubbers and within the S&M community.

**SETTING:** Nightclubs, S&M sex clubs, and office counseling sessions.

**PROJECT:** Development and provision of club drug and safe S&M educational materials with HIV prevention information. Safer sex demonstrations and referrals to Positive Health Project provided in sex clubs.

**RESULTS:** Preliminary findings indicate an increase in percentage of program participants identifying club drugs as drug of choice; and an increased number of registered participants attributed to outreach.

**LESSONS LEARNED:** Importance of using individuals from target population to develop HIV prevention materials; efficacy of venue specific targeted HIV prevention information in reaching “hard to reach” populations and populations that otherwise may not access HIV prevention services.

**Control Number:** 03-A-358-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** G05 Implementing HIV Prevention in Substance Abuse Treatment Facilities

**2nd Category Choice:** A11 Ethnographic Research Methods in Formative or Basic Prevention Research

**Population 1:** P32 Injecting Drug Users

**Population 2:** P61 Women

**Presentation Preference:** Single Oral

**Title:** Increasing HIV and Viral Hepatitis Testing for Women

**Author Block:** *Lally, MA; Montstream-Quas, SA; Tanaka, SM; Rosen, RK; Morrow, KM*  
Brown University School of Medicine, Providence, RI

**Abstract Body:**

**BACKGROUND:** Injection drug users (IDUs) are disproportionately infected with HIV and viral hepatitis; half of new HIV infections are associated with IDU and hepatitis C virus (HCV) rates are as high as 90% for those injecting drugs 5 years or more (Heimer, 2002; MMWR, 1998). IDUs are a medically underserved population and hence may experience difficulties obtaining testing and receiving results for HIV and viral hepatitis. Women are increasingly being diagnosed with AIDS and drug-using women experience multiple barriers accessing medical services (CDC 2002; Weissman, 1995).

**OBJECTIVES:** To elucidate the barriers and facilitators for female injection drug users' access to HIV and viral hepatitis testing and results.

**METHODS:** Twenty women were recruited from a state-funded short-term drug treatment center in Rhode Island. Participants were interviewed using a semi-structured qualitative questionnaire. Interviews were audiotaped and transcribed; data was coded and analyzed using NVivo qualitative data analysis software. Codes included a priori themes designated by the protocol, as well as emergent themes.

**RESULTS:** Participants were predominately white (65%) and had a mean age of 32.7 years. More than half of the women were either homeless or did not have a permanent residence. Two-thirds of the participants had a GED/high school diploma or less. Eight of the women reported having HCV and none of the women reported having HIV.

Several major themes emerged as barriers to seeking testing and receiving results. Women stated that when they are using drugs, their primary focus is on their addiction and not on seeking testing or returning for test results. A formidable barrier noted was the seemingly condescending treatment from medical providers who were aware of the women's injection drug use. In spite of their reported high-risk drug use and sexual activities, a barrier was their perception that they were at low risk for HIV and viral hepatitis. Transportation emerged as a concrete barrier to both testing and receiving results. Little education regarding hepatitis was a barrier for receiving hepatitis testing and results, and fear of a positive result was a barrier for receiving HIV testing and results.

Themes that emerged as facilitators for testing included having testing offered at a time when the women were not actively using drugs and being tested by someone familiar with the disease of addiction. A major facilitator for obtaining results was to have results available while they were still in the facility where they were tested (e.g., drug treatment center, prison). Providing transportation as well as monetary incentives were suggested to encourage follow-up for test results.

**CONCLUSIONS:** Women who use injection drugs are more likely to accept testing for HIV and viral hepatitis if testing is offered to them while they are not actively using drugs. Offering female IDUs comprehensive testing and results in drug treatment centers, where clients are drug-free and in supportive environments, may be an effective method of providing preventive and diagnostic

interventions for this high-risk population. Providing monetary incentives and transportation may encourage follow-up for test results at an alternative site when necessary.

**Control Number:** 03-B-374-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** G04 Implementing HIV Prevention in Family Planning Settings

**2nd Category Choice:** G17 Models of Integrating HIV, STD, and Reproductive Health Programs

**Population 1:** P64 Other (Please Specify)

**Population 2:** P61 Women

**Presentation Preference:** Poster Session

**Title:** The challenges of integrating HIV risk assessment, prevention education/counseling, and counseling and testing (C&T) into Title X family planning services

**Author Block:** *Grantham, SM<sup>1</sup>; Clark, MN<sup>1</sup>; Hernandez-Jennings, MG<sup>1</sup>; Bill, CS<sup>1</sup>; Coakley, EH<sup>1</sup>; Theroux, SC<sup>2</sup>*

1 JSI Research & Training Institute, Inc., Boston, MA; 2 Office of Population Affairs/Office of Family Planning, Region I, Boston, MA

**Abstract Body:**

**ISSUE:** As a crucial source of comprehensive reproductive health services for women, US Department of Health and Human Services, Office of Population Affairs (OPA)/Office of Family Planning (OFP)-funded Title X family planning clinics are essential service providers for HIV prevention activities. Findings from this OFP-funded needs assessment highlights the challenges of integrating HIV risk assessment, prevention education/counseling, and counseling and testing (C&T) into Title X family planning services.

**SETTING:** New England (CT, RI, MA, NH, ME, VT) Title X-funded family planning clinic sites.

**PROJECT:** An organizational and provider-level assessment of 213 Title X clinics in New England was conducted to assess HIV integration practices and needs. Provider-level data was gathered through a survey of counselors and clinicians (71% response), and organization-level data was gathered through a survey of clinic managers (60% response) and site visits. Qualitative and quantitative data were analyzed to determine HIV integration models, prevention and counseling and testing activities, attitudes and comfort levels, barriers to integration, and training needs.

**RESULTS:** While nearly all clinics surveyed provided STD screening and HIV prevention education (97%), mental health, substance abuse, domestic violence, HIV services for pregnant women, HIV care, and HIV prevention case management services were referred to off-site in 72-100% of clinics surveyed. Clinic staff knowledge of community referral sources, particularly for substance abuse and HIV linkage services, was low. Though 53% of clinics offered anonymous and 72% confidential HIV C&T, costs of tests, lack of C&T training, and provider discomfort pose barriers to testing. Separate funding sources for C&T necessitate various models of C&T and family planning collaboration, some more integrated than others. Though nearly all clinics reported having a formal HIV risk assessment, only 31% of clinics assessed risk "at all visits." Overall, substance use risk assessment occurred much less frequently than sexual risk assessment. Many assessment tools (25% or more) excluded topics about coercive sexual experiences, oral sex, anal sex, same sex activity, and partners' drug and sex behaviors. These were also the areas that providers felt least comfortable addressing. Only 58% of clinics counseled all clients about HIV.

**LESSONS LEARNED:** Organizational structure and service funding must be considered when integrating HIV prevention and family planning. Establishing referral relationships and conducting follow-up on can enhance quality of care for clients. Developing minimum standards for HIV risk assessment topics and administration protocol, along with counseling skills training, is likely to enhance assessment, education and referral activities.

**Control Number:** 03-B-382-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** G13 Models of Integrating HIV Prevention into Mental Health Services

**2nd Category Choice:** G16 Models of Integrating HIV Prevention into Youth Services

**Population 1:** P14 Correct.Settings,Persons in(Incarcer.Popul.)

**Population 2:** P51 Public Health Workers

**Presentation Preference:** Poster Session

**Title:** Images of Knowledge, Truth and Choice

**Author Block:** *Tonge, MK<sup>1</sup>; Brochu, L<sup>2</sup>*

1 Clark County Health District., Las Vegas, NV 89127, NV; 2 Juvenile Justice Services, 601 N Pecos Rd, NV

**Abstract Body:**

**ISSUE:** Images of Knowledge, Truth and Choice (IKTC) is a unique incarcerated youth prevention program based on cognitive behaviors and social learning theory. The intent of this program is to help youth understand how they fit in today's world while dealing with issues youth face every day. Through HIV prevention efforts, mental health partnerships and Juvenile Justice Services (JJS) collaborations we feel this program will greatly reduce HIV/STD's, drug and alcohol related issues and recidivism.

**SETTING:** Juvenile Justice Services facility, Spring Mountain Youth Camp (SMYC) Las Vegas NV;

**PROJECT:** IKTC is twenty weeks of open enrollment psychosocial and prevention educational group experience. Placement into the program requires substance or alcoholic abuse, evidence of high-risk behaviors and behaviors that would increase their changes for HIV and STD's. The psychology department evaluates young males between the ages of 13 – 18 who are mandated to SMYC, this determines placement within the facility as well as to facilitate the connection to the therapist and the IKTC program. Collaboration efforts between the therapist and the probation officers who are assigned to the youth will work together to determine placement within the IKTC program as well as to work on issues that need to be addressed on an individual level. IKTC has several different groups that run at different times with participants numbering around 8 to 10 youth. The sizes of the groups are important and help carry discussion around difficult topics. Individual and Group level work is done for six months at SMYC or until courts say otherwise. Through IKTC, group level work covers issue like identity, intimacy, peer groups, sexuality, biological development, addictions, cognitive patterns, developmental stages, psychosocial problems, alternatives to violence and interaction & family dynamics. As part of the program youth leave with manuals they create as well as a safety plan that talks about their triggers and situation they should avoid. The safety plan is design by the youth to act as a tool, the parents, guardians, therapist and the parole officers will use to help youth avoid triggers that may cause him to re-offend. **RESULTS:** Overall youth walked away with a sense of who they are and how they fit into today's society. They gain self-esteem, self control and knowledge around issues youth face everyday. Thus, decreasing high-risk behaviors and behaviors that increase their changes for HIV and STD's.

**LESSONS LEARNED:** Primarily we found we would need a strong after care component that follows youth and continues to look at family dynamics while they are on probation. We realize putting youth back into the same environment sets them up to fail in most cases. Therefore, with that said we will continue prevention education as well as extending our counseling services to the families and guardians. In addition to this, we will put into place a case manager / mentor who will work with the youth around job placement and continuing education and any other issues that may come up. Total program time from start to finish will be one year.

**Control Number:** 03-A-424-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** G14 Models of Integrating HIV Prevention into Substance Abuse Programs

**2nd Category Choice:** G05 Implementing HIV Prevention in Substance Abuse Treatment Facilities

**Population 1:** P1 Adolescents

**Population 2:** P4 Alcohol and Other Drug Users

**Presentation Preference:** Poster Session

**Title:** Testing Young Substance Abusers for HIV and Hepatitis Testing Outside of a Drug Treatment Center

**Author Block:** *Pugatch, D<sup>1</sup>; Lally, M<sup>2</sup>; O'Connell, JV<sup>2</sup>; Smith, KA<sup>2</sup>; Soares, JJ<sup>1</sup>; Brown, LK<sup>3</sup>; D'Angelo, L<sup>4</sup>; Flanigan, TP<sup>2</sup>; Stein, M<sup>3</sup>*

1 The Miriam Hospital and Rhode Island Hospital, Providence, RI; 2 The Miriam Hospital, Providence, RI; 3 Rhode Island Hospital, Providence, RI; 4 Children's National Medical Center, Washington, D.C., WA

### **Abstract Body:**

#### **BACKGROUND/OBJECTIVES:**

Young adult heroin and cocaine users are a high risk for HIV and viral Hepatitis due to drug use and sexual risk behaviors. Drug treatment centers may not be ideal places to implement infectious disease testing as many of the patients are experiencing withdrawal effects, and often times patients are at the centers for a few days making "in house" follow-up difficult. Inpatient short-term drug treatment facilities are important venues where the young drug using population may be contacted for infectious disease counseling, and linkage to medical care.

#### **METHODS:**

Young adult substance users ages 18-25 admitted to an acute drug treatment facility in Rhode Island were approached for enrollment in a testing study for HIV and viral hepatitis. Patients with a history of heroin and/or cocaine use were approached, and those who agreed completed a brief screening questionnaire. Participants were then given an appointment for infectious disease testing at the Miriam Hospital in Providence. Those who reported to their baseline appointment at the hospital were given a 45- minute verbal questionnaire assessing their drug and sexual behaviors. Pre-test counseling was given and blood was taken for HIV and Hepatitis A, B, and C testing. Eligible participants were offered a Hepatitis B vaccine, and those with Hepatitis C were also offered Hepatitis A vaccination. Those who tested positive for hepatitis C were counseled about the increased chance of liver disease with HIV and HCV co-infection.

#### **RESULTS:**

Fifty-seven patients were approached, and 82% (47/57) agreed to complete a screening questionnaire. Sixty-six percent of those screened (31/47) followed up for testing. The population who reported to the hospital for their baseline appointment and was tested was 58% (18/31) female, 87% (27/31) white, and 13% (4/31) Hispanic. The mean age of participants was 22.5 years. Of the 31 participants who followed up for testing and the baseline questionnaire 90% (28/31) reported ever having injected drugs. All of the participants tested for HIV and Hepatitis A, B, and C followed-up for their results. None of the participants tested positive for HIV. Four of the 31 participants have tested positive for Hepatitis B surface antigen and 68% (21/31) were positive for Hepatitis C antibody. Of the 13 participants who were eligible to receive Hepatitis B vaccine (Hepatitis B seronegative) 10 (77%) accepted. Those participants who were positive for Hepatitis C but negative for Hepatitis A were eligible to receive the Hepatitis A vaccination. Of these 17 eligible participants, 14 were vaccinated.

#### **CONCLUSIONS:**

It is possible to follow young substance abusers for HIV and Hepatitis testing outside of a drug

treatment center and it is possible to achieve high return rates for test results. Young substance users in short-term drug treatment facility in Rhode Island with a high rate of injection drug use have a high prevalence of Hepatitis C infection. Efforts must be made to assure hepatitis vaccination of young substance users. Further studies are needed to determine if identification of HCV infection and specific counseling to avoid HIVco-infection will serve as an effective tool for HIV prevention.

**Control Number:** 03-B-434-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** G14 Models of Integrating HIV Prevention into Substance Abuse Programs

**2nd Category Choice:** D06 Faith Based Programs

**Population 1:** P18 Faith Community

**Population 2:** P4 Alcohol and Other Drug Users

**Presentation Preference:** Poster Session

**Title:** Comparison of HIV and substance abuse strategies among faith-based and secular organizations

**Author Block:** *Davis, JT<sup>1</sup>; Elliot, JA<sup>1</sup>; Jeffries-Leonard, KL<sup>1</sup>; Green-Morsell, P<sup>2</sup>; Johnson, FC<sup>2</sup>*

1 The MayaTech Corporation, Silver Spring, MD; 2 Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, Rockville, MD

**Abstract Body:**

**ISSUE:**

President Bush's recent Faith-Based Initiative has generated concerns about faith-based organizations. The concerns are related to the funding of organizations to provide services or utilize strategies that may be perceived to be biased or exclusionary.

**SETTING:**

The data for this project is gathered from a convenience sample of minority community-based organizations located within the United States. This presentation will examine and compare the types of HIV and substance abuse preventive interventions implemented by grantees funded by the Center for Substance Abuse Prevention (CSAP) within faith-based and secular organizations. Common perceptions are that faith-based organizations have more rigid and religiously biased methodological practices than their secular counterparts. This project will determine if there are in fact any differences among the types of integrated HIV and substance abuse prevention services provided by faith-based organizations versus their secular counterparts. Subsequently, the study will inform technical assistance initiatives for these grantees.

**PROJECT:**

The following study involves the review of program records from 12 grantees funded by CSAP to provide integrated HIV and substance abuse prevention to minority communities. It was hypothesized that there will be few differences among the types of interventions implemented by CSAP grantees with a faith-based orientation and grantees with a secular orientation.

**RESULTS:**

Results from this study will provide insight into specific types of technical assistance provided to the CSAP grantees. These typologies will be matched with faith-based or secular grantees based upon their intervention strategies.

**LESSONS LEARNED:**

This presentation will assist other public health professionals in the development of appropriate training and resource materials. It will also aid in the implementation of the most effective integrated HIV and substance abuse prevention to the minority clients and communities served by the grantees.



**Control Number:** 03-B-440-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** G16 Models of Integrating HIV Prevention into Youth Services

**2nd Category Choice:** D20 HIV Prevention Programs for Youth

**Population 1:** P63 Youth in High Risk Situations

**Population 2:** P14 Correct.Settings,Persons in(Incarcer.Popul.)

**Presentation Preference:** Single Oral

**Title:** Parters in Prevention and Care: Strengthening Collaboration to Address HIV, STDs and Hepatitis Among Youth in the Juvenile Justice System

**Author Block:** *Aaronson, WH*

Massachusetts Department of Education, Malden, MA

**Abstract Body:**

**ISSUE:** Collaborative planning between education, public health and juvenile justice agencies aims to prevent and treat HIV, STDs and Hepatitis among young people in the juvenile justice system, and ensure continuity of prevention and care efforts in the communities to which they return.

**SETTING:** Two national training events took place (Boston, MA in August 2002 and Denver, CO in November 2002). Fifteen state/city teams with participants representing education, public health and juvenile justice agencies attended these two-and-a-half day training events.

**PROJECT:** The Massachusetts Training and Demonstration Center (MTDC) planned and facilitated two national training events focusing on collaboration between state education, public health, and juvenile justice agency staff to address HIV/STD prevention and care issues for incarcerated youth. Throughout the two-and-a-half day event, participants discussed the perspectives of the three different systems in regards to HIV/STD prevention for youth, the importance of collaboration between state agencies, data around health risk behaviors for incarcerated youth, and model programs addressing HIV/STD prevention and care for incarcerated youth. In addition, each team engaged in a facilitated strategic planning process that resulted in the development of a team action plan aimed at reducing HIV, STD and Hepatitis infection rates and increasing well-being among youth in the juvenile justice system in their state or city.

**RESULTS:** Each participating team had an opportunity to discuss the state of services in their own communities, find a common goal and vision, and develop a collaborative action plan that included steps for the upcoming year. Teams found the strategic planning process to be beneficial, with an average rating of 4.4 on a 5-point scale. The action steps that teams are currently engaged in varied based on their needs. Common year-one steps included the formation of work groups; cross-discipline/cross-agency training opportunities; data collection efforts; needs assessments; investigation and utilization of health coverage options for incarcerated youth; and the development, implementation and evaluation of new protocols and programs. Evaluation efforts will be ongoing and will measure action plan progress.

**CONCLUSIONS:** Communication and collaboration between education, public health and juvenile justice agencies have been limited in the past, but collaborative efforts can improve prevention education and services for youth and benefit the agencies that serve this population.

**Control Number:** 03-B-464-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** G01 Benefits of Collaboration Between STD and HIV Programs

**2nd Category Choice:** D04 Community Coalition Development

**Population 1:** P12 Communities of Color

**Population 2:** P21 General Population

**Presentation Preference:** Poster Session

**Title: Educating and testing targeted populations through collaborative efforts between the Health Department and Community Based Organizations**

**Author Block:** *White, AC*

Mecklenburg County Health Dept., Charlotte, NC

**Abstract Body:**

**ISSUE:** The Syphilis Elimination Project (SEP) seeks to reach its targeted populations by working with Community-Based Organizations (CBO's) to increase education, counseling, testing and treatment for Syphilis and HIV.

**SETTING:** Non-Traditional Testing Sites (NTS), health fairs, faith-based organizations, homeless shelters, street outreach, shopping malls, county jails and other events in Charlotte, North Carolina.

**PROJECT:** The Syphilis Elimination Project is a project supported by the Centers for Disease Control and Prevention to remarkably reduce the Syphilis case rates in high morbidity areas around the country. This is to be achieved through aggressive collaborative efforts with community-based organizations to become a part of the Syphilis Elimination Task Force (SETF) and incorporating the outreach efforts for the Metrolina AIDS Project (MAP). Utilizing strategically placed testing sites around the county provides education, counseling and testing to those individuals who are at risk. These NTS provide a means of testing for Syphilis and HIV without visiting the county health department.

**RESULTS:** A 12-month collaborative effort between SETF, MAP, and the Mecklenburg County Jail yielded a total of 2216 people tested for Syphilis and/or HIV. Our target population is communities of color and females. We tested 1417 African/Americans, 554 Whites, 178 Hispanics and 67 people of different nationalities. Of the people tested, 1% was positive for HIV and 4% were reactive for Syphilis. Our success in reaching our targeted population was accomplished by utilization of the media. We ran advertisements continuously on radio stations that targeted the African/American community and the Hispanic community. We included our confidential information test line in each ad (704-432-TEST), advertised in Hispanic and African/American newspapers and magazines as well as utilized strategically placed billboards. Several ads targeted females (pregnant included) in communities of color. We also established over 7 condom distribution sites including barber and beauty shops.

**LESSONS LEARNED:** A collaborative relationship with community-based organizations is the most effective way to reach a target population for Syphilis and HIV counseling and testing. Media ads, especially radio, targeted specifically to communities of color appear to be the most effective way of achieving success in reaching our targeted populations.

**Control Number:** 03-B-466-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** G21 Other (Please specify on Additional Info page)

**2nd Category Choice:** G21 Other (Please specify on Additional Info page)

**Population 1:** P22 Health Care Workers

**Population 2:**

**Presentation Preference:** Single Oral

**Title:** Self Care Time for Care Givers and Care Receivers

**Author Block:** *Trotter, JC*

Wholistic Stress Control Institute, Inc., Atlanta, GA

**Abstract Body:**

**ISSUE:** Stress, more commonly defined as life's pressures and tensions, or the non-specific responses of the body to a demand (Seyle, 1962) can cause physiological and psychological effects on the body.

Researchers have stated that the low economic status of various minorities, favorable and therefore may be associated with increased stress. Stress management skills can facilitate an individual's ability to turn stressors into positive growth experiences that will in turn enable him/her to cope with future conflicts.

**SETTING:** Workplace, hospitals, home, etc. (Any setting)

**PROJECT:** The Wholistic Stress Control Institute, Inc. (WSCCI) was formed in the early 80's as a direct result and response to Atlanta's Missing and Murdered Children/Youth Crisis 1980. WSCCI is an African American Award winning non-profit community based organization. WSCCI mission is to increase one's personal resources for coping with stress through training, consultation and educational resources. WSCCI utilizes a "wholistic" approach, which advocates the harmonious development of the total person; mind, body and spirit. Wholistic Stress management teaches and empowers the individual to use their God given healing powers already within to reduce stress. The wholistic stress management techniques are spiritual based healing practices used over centuries to deal with adverse physiological and psychological stress. These overcome and neutralize life challenges and changes. Stress is no respect of age, sex or race. Knowing the proper balance of stress for your body and how to develop a wellness lifestyle is crucial for healthier living. Some of wholistic stress management techniques/spiritual practices that will be shared and taught to participants are: Deep Breathing, Accupressure and Gentle Massages , Relaxation, Visualization. The objectives of the workshop are to: (a) introduce participants to wholistic stress management techniques, (b) Show participants the connection between wholistic stress management and spiritual based practices, (c) Teach the participants the spiritual healing practices, (d) Have participants demonstrate the spiritual based healing practices. The workshop will be participatory and include mini-lectures , discussion, demonstration and practices. The workshop will be open to novices, intermediate and advanced participants. The participants will leave with a much better understanding of self reduction techniques for improved self care and their inner healing powers.

**RESULTS:** The Wholistic Stress mangement model was first implemented and researched in 1984-87. The model targeted 500 professionals 250 parents and 100 youth. The evaluation results showed: 1) a 50% reduction of stress symptoms in youth and adults, 2) a 75% increase in stress management coping skills for adults and youth, 3) a 70% reduction in violent acts for youth and 4) a 509% increase in academic performance for youth. The program has received two Governor Awards in 1987 and 1980 and an exemplary award from the Center for Substance Abuse Prevention in 1991. WSCCI uses this model in all of its community education and prevention programs.

**LESSON LEARNED:** The results validated research studies stated that primary prevention is defined as lowering the incidence of emotional disorder by reducing stress and by promoting conditions that increase confidence and coping skills.

**Control Number:** 03-B-484-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** G04 Implementing HIV Prevention in Family Planning Settings

**2nd Category Choice:** F04 Cultural Attitudes/Beliefs and their Impact on Early HIV Diagnosis

**Population 1:** P3 African Americans

**Population 2:** P4 Alcohol and Other Drug Users

**Presentation Preference:** Single Oral

**Title:** *Promoting education, counseling and testing for HIV to high-risk African-Americans in East Texas.*

*Two years of continued community awareness of HIV Education and Prevention among the African-American population. Major focus has been on adolescent and young adults with no bias toward gender.*

**Author Block:** *Hawkins, GB*

Special Health Resources for Texas, Longview, TX

**Abstract Body:**

**ISSUE:** The most basic of education concerning HIV can change the attitude that the disease is accepted by the African-American community.

**SETTING:** The education, counseling and testing has taken place in 23 counties of East Texas.

**PROJECT:** This HIV Prevention Program strives to expand access to health education and HIV testing by providing prevention services in non-traditional settings. Outreach is extended to target the known areas where the high-risk African-American lives and plays. Counseling and testing is utilized to serve the sub-population identified in this plan. Individuals testing positive for HIV receive post-test counsel and are referred to HIV Services case-management.

**RESULTS:** In the past 2 years we were able to reach 2,620 individuals face-to-face in outreach and presentation activities. 1,730 (66%) decided to return for counseling. Of those counseled, 1,578 (91.2%) chose to be tested. Out of the total number tested 17 were found to be HIV positive. We referred 14 (82.3%) to early intervention services. Two were incarcerated and 1 refused any further services.

**LESSONS LEARNED: 1. Trust was developed within the communities and an increase occurred in the number of returning clients to be re-tested.**

**2. Basic education accounted for 91% of individuals counseled to decide to test.**

**Control Number:** 03-B-485-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** G16 Models of Integrating HIV Prevention into Youth Services

**2nd Category Choice:** D12 HIV Prevention Programs for Communities of Color

**Population 1:** P3 African Americans

**Population 2:** P39 Men

**Presentation Preference:** Single Oral

**Title:** Cultivating African American Manhood into Warriorhood Against HIV

**Author Block:** *Ekulona, AE*

Afrikan Men's Group, Baltimore, MD

**Abstract Body:**

**ISSUE:** African American male sexuality operates from within the perpetuation of white supremacy-generated stereotypes that permit a boy/man gender self-concept encouraging pathological behaviors.

**SETTING:** Urban and rural African American communities

**PROJECT:** Extensive research into manhood development in various societies revealed certain core fundamentals (The 4 P's: (Potency, Procreating, Providing, and Protecting) that are specified in each community to encourage male development into the type of "men" the community needs. When developing Rites of Passage processes for African males in the United States, it is important to differentiate between the stereotyping mythology and the optimal psychological premises that offer alternative "roads" to functional manhood. Our 15 years of work with boys and men (ages 8 to 75) informed a fundamental, entry-level process we call "Getting the White Mind out of the Black Bedroom" which requires group analysis of the advantages and disadvantages of being a sexually functional Black male in America--regardless of sexual preference. The de-dehumanizing process allows Black men to assess critical issues in manhood self-identity that are rooted in the socialization of male sexual expression. In brief, the boys and men must be able to identify stereotyping characteristics that attribute greater sexuality to Black males while disassociating male sexual behavior from individual and community concepts of manhood. **RESULTS:** Removing falsehoods from gender self-concept opens the gate of Truth, through which boys and men pass to obtain the irrevocable association between authentic manhood and morally-based concepts of manhood as becoming an effective servant of family/klan (extended family) interests. Examining the 4-P's of Manhood in a group setting establishes gender-approved prosocial behaviors that redirect male attention from the hunt for ejaculation opportunities toward creating relationships that promote life, health, security, and stability for children, women, and men. Ritualization of the rite of passage to family/klan-centered manhood provides the context for men to use powerful discrimination techniques to regulate sexual behavior based on Safety of Self and Other as the strategy all Warriors adopt to prove their worth to the family line and the community in which they live and to which they owe service.

**LESSONS LEARNED:**

1. African American men are surprisingly misinformed about the physiological and psychological fundamentals of male sexual behavior.
2. Dismantling the foundation of Black male sexuality in racist stereotypes frees a boy or man to value his manhood enough to openly learn about, practice, and advocate health-promoting sexual behaviors.
3. The all-male group setting allows key influencers and opinion leaders to promote moral and value-based approaches to male-female relationships.

**Control Number:** 03-B-493-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** G14 Models of Integrating HIV Prevention into Substance Abuse Programs

**2nd Category Choice:** G16 Models of Integrating HIV Prevention into Youth Services

**Population 1:** P30 Incarcer.Popul.(Correct.Settings,Persons in)

**Population 2:** P62 Youth

**Presentation Preference:** Group Oral

**Title:** Using Tai-Chi and Health Education as a Prevention Strategy for HIV/AIDS

**Author Block:** *Trotter, JC<sup>1</sup>; Ali, N<sup>1</sup>; Dodson, O<sup>1</sup>; Triplett, T<sup>1</sup>; Baldwin, K<sup>2</sup>*

1 Wholistic Stress Control Institute, Inc., Atlanta, GA; 2 Wellsys Corporation, Atlanta, GA

**Abstract Body:**

**ISSUE:** The incorporation of complementary alternative approaches using Tai-Chi exercises with risk reduction health education classes to prevent HIV/AIDS. The SIMBA Male Involvement Coalition works with incarcerated and high risk youth to provide STD/HIV/AIDS, substance abuse and violence prevention education. Incarcerated youth are an under-served group in the Department of Juvenile Justice in Atlanta, Georgia.

**SETTING:** Juvenile detention centers, group homes and youth community based programs in Metro Atlanta, Georgia. Health prevention and Tai-Chi classes are provided at juvenile detention centers, group homes and alternative schools in Metro Atlanta.

**PROJECT:** The Wholistic Stress Control Institute in Metro Atlanta received funds from the Office of Minority Health to provide a continuum of care service for incarcerated juveniles and high risk youth in the areas of STD/HIV, substance abuse and violence prevention. These services are provided through the SIMBA Minority Health Coalition which consists of six human service organizations, two health departments and youth representatives. The coalition met on a monthly basis and reviews services provided to the juveniles/youth made recommendations for a continuum of care. Juveniles participated in 20 health prevention classes to increase awareness and change risky behavior and Tai-Chi to reduce stress and improve their general well being concentration. Youth were trained and worked as STD/HIV/AIDS and violence prevention peer educators.

**RESULTS:** The SIMBA Project made very good progress identifying youth for the program. Since program inception, 350 youth have been identified to participate. The vast majority of participants were male (86.6%). The average age of participants was 15.5 (SD=1.25), with participants ranging in age from 11 years to 19 years of age. The majority of participants (85.4%) were African American, with 12.6% being White and 1.2% being Asian. The average attendance rate for the 350 participants was 81% with a standard deviation of .26.

HIV/AIDS knowledge assessment - This measure was developed by the evaluation team and is consistent with the program content. The average score increased from 61% correct to 80% correct from pre and post. A repeated measures t-test resulted in a significant difference at the .01 level, indicating a significant increase in knowledge of HIV/AIDS.

A measure of locus of control was also used, known as the Norwicki-Strickland Locus of Control measure. In addition, a total of 12 attitudinal questions were asked. These questions were rated on a scale of 1 (Strongly Disagree) to 5 (Strongly Agree). Seven questions demonstrated significant change (at the .05 level) from pre assessment to post assessment:

These results indicate that at the time of the post assessment, youth were more likely to see a need to make positive changes in their lives, were less likely to argue with friends, have an easier time concentrating on school work, look forward to life in the future, are happier being themselves, and are usually happy people.

**LESSONS LEARNED:** A continuum of care program is highly needed to improve services for

incarcerated youth and high risk youth. A coalition can be effective in bringing about system changes and improving health care services for juveniles

**Control Number:** 03-B-498-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** G17 Models of Integrating HIV, STD, and Reproductive Health Programs

**2nd Category Choice:** G21 Other (Please specify on Additional Info page)

**Population 1:** P50 Program Administrators

**Population 2:** P56 Staff of Community-Based Organizations

**Presentation Preference:** Poster Session

**Title:** Hanging on the telephone: Messaging to youth through calling cards.

**Author Block:** *Garza, S; Fishburn, ED; Iverson, JL*

Planned Parenthood of Central Washington, Yakima, WA

**Abstract Body:**

**Issue:**

Despite declining rates of teen sexual activity and increasing use of contraception among those who are sexually active, prevention of pregnancy and STDs continues to be a challenge, with four in ten girls becoming pregnant before the age of 20 in the U.S. (National Campaign to Prevent Teen Pregnancy) and approximately four million teens contracting an STD each year (Kaiser Family Foundation). It is also estimated that at least half of all new HIV infections in the U.S. are among people under 25, and the majority of young people are affected sexually (CDC).

**Setting:**

Counties in South Central Washington have particularly high rates of teen pregnancy and STDs.

**Project:**

Teens and researchers designed a calling card with an integrated prevention message in both English and Spanish that would be heard every time the card was used. Additionally, hotline numbers were printed on the back of the cards to support the message.

**Results:**

5000 cards were distributed to youth aged 15-19 throughout a seven county area. Quantitative data shows that 83% of the cards were utilized, averaging 1.9 calls per card. Qualitative data shows that teens responded positively to the cards, finding them easy to use, liking both the design and the prevention message.

**Lessons Learned:**

Calling cards contribute to heightening awareness and are an effective way of reaching teens multiple times with a prevention message, as well as promoting resources such as health-related hotlines or community services. Planners of messaging campaigns for youth should consider utilizing this medium.



**Control Number:** 03-B-509-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** G21 Other (Please specify on Additional Info page)

**2nd Category Choice:** D37 Technology Transfer to Increase HIV Prevention Capacity Building

**Population 1:** P46 People Living with HIV/AIDS

**Population 2:** P9 Clients of Community-Based Organizations

**Presentation Preference:** Single Oral

**Title:** Technology, The Internet & PWA Self Empowerment

**Author Block:** *Harper, Sr., LA*<sup>1,2</sup>

1 South East Michigan HIV/AIDS Council, Detroit, MI; 2 Project Health On Wheels, Inc., Detroit, MI

**Abstract Body:**

**ISSUE:** Creating A Community Of Communication & Power

**SETTING:** CyberSpace

**PROJECT:** Harnassing & Utilizing The Power Of Infected/Affected Community.

**RESULTS:** To Be Determined.

**LESSONS LEARNED:** That We Have The Power To Change What Is...And What Will Be.

While many continue to live their lives in what is described as a "normal" manner, many PWA's choose to shun the outside world or allow the world to shun them into obscurity.

The establishment of a technology plan to connect the people who are impacted by the virus will expand the dialouge of not only those

directly with the virus, but with those who have impact upon the funding of research and housing.

A cyber network where educators, doctors, patients and the affected can communicate with each other and fight the isolation. Every PWA should have a computer to contact family members and to speak with other PWA's. To have acces to the vast database of human input and expereinces of both care and PREVENTION. A non judgmental community of caring and informing in all matters human.

This community would an enormous effect on our elected officals with e mail and cyber faxes. On line broadcasts of the newest informaiton from hospitals, support groups and those who care.

A way to feel connected; a way to express...a way to continue to feel human.

**Control Number:** 03-B-519-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** G21 Other (Please specify on Additional Info page)

**2nd Category Choice:** D19 HIV Prevention Programs for Women

**Population 1:** P61 Women

**Population 2:** P12 Communities of Color

**Presentation Preference:** Group Oral

**Title:** *Bridging Gaps Through Collaboration: Integrating HIV Counseling & Testing Into A NYC Prevention Case Management (PCM) Program Servicing Ex-offender Females*

**Author Block:** *Phillips, TJ<sup>1</sup>; Jones-Lee, R<sup>2</sup>*

1 Women's Prison Association & Home, Inc., Brooklyn, NY; 2 Brooklyn Plaza Medical Center, Brooklyn, NY

**Abstract Body:**

**ISSUE:** African American and Latina female ex-offenders returning to NYC from jail or prison face multiple barriers to community reintegration upon release. This group in particular, often deprioritizes follow through in seeking health and support services to minimize engaging in risky-behavior. An integrative approach in providing HIV Counseling & Testing (CT) and Prevention Case Management (PCM) services into a “one stop shopping” model can increase at-risk populations level of HIV awareness and foster early testing and ongoing client engagement in PCM services.

**SETTING:** A Brooklyn-based “023”-funded PCM program targeting at-risk ex-offender women, in partnership with a nearby “0100”-funded Community Health Clinic offering weekly on-site CT services and access to primary care services if needed.

**PROJECT:** Starting its collaboration in August 2002, Women’s Prison Association’s PCM program and Brooklyn Plaza Medical Center’s HIV Program, set out to maximize prevention activities to at-risk populations from all NYC boroughs. Both CDC grantees recognized the necessity for collaboration after each fell short of testing objectives working independently. At risk groups are engaged by Peer Educators who conduct street outreach and presentations at local shelters, parole, and probation offices. Through these outreach endeavors, clients are linked with WPA’s ongoing PCM, health-education/risk reduction(HE/RR) services, while Brooklyn Plaza conducts Counseling and Testing as the gateway service to access communities of color into early prevention services.

**RESULTS:** Prior to WPA and BPMC’s collaboration, PCM client participation in CT activities was 40% below the targeted number of women. Low turn out was due in part to sporadic availability of on-site CT contractors. Client participation in HE/RR workshops was inconsistent as well. Similarly, BPMC’s referral rates in accessing consumers into primary care were short of monthly benchmarks forecasted to increase the number of users at the Health Center. As a result of the partnership, PCM client participation in CT services has exceeded 100% of projection since August, 2002 with participation in workshops jumping to 190% of targets for the same period. As a result of CT services Brooklyn Plaza provides at WPA, referral rates to BPMC increased by 15%. Additionally, post test - results increased from 64% to 85% over the last reporting period. Although the goal of 90% post-test compliance was not obtained - a significant increase in return rate has resulted in client participation in WPA workshops and referrals to Brooklyn Plaza.

**LESSONS LEARNED:** Collaborations are necessary to bridge the gap of unmet services. The collaboration between both agencies demonstrate that HIV-prevention services can be maximized when short and long-term prevention services are available at one site. Reaching at-risk women of color, who possess multiple social service needs was achieved by providing CT and PCM interventions -- thus impacting change in ones’ behavior, encouraging risk reduction and increasing HIV awareness, testing and engagement in PCM services.

**Control Number:** 03-B-533-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** G16 Models of Integrating HIV Prevention into Youth Services

**2nd Category Choice:** G17 Models of Integrating HIV, STD, and Reproductive Health Programs

**Population 1:** P6 Asian and Pacific Islanders

**Population 2:** P1 Adolescents

**Presentation Preference:** Single Oral

**Title:** Integrating HIV services into youth prevention and clinical services

**Author Block:** *Ma, A; Aguinaldo, J; Makimura, A; Insixiengmay, M.P.H, P*  
Asian Pacific Health Care Venture, Inc., Los Angeles, CA

**Abstract Body:**

**ISSUE:** How to reach recent immigrant API youth through an integrated approach to health care which utilizes alternative activities as a gateway to initial service utilization for HIV services and other integrated services. A large service gap exists in the growing health care needs of Asian and Pacific Islander (API) youth ages 12-24. API youth show evidence of increased sexual activity, yet have significantly less knowledge about safer sex methods and the lowest understanding of HIV and STIs compared to other ethnic minorities. Cultural and immigration patterns of certain API populations places these adolescents at high risk for HIV/STIs and the lack of clinical services that are youth sensitive and culturally competent

**SETTING:** School based clinical services and youth activities in Los Angeles in the Silverlake, Hollywood, and Echo Park of Los Angeles County

**PROJECT:** To reduce health disparities among APIs, the REAL Youth Center develops alternative “gateway activities” for increased clinical service utilization. Data collection found factors related to access, service utilization, and services rendered. Effects of outreach and media activities were also assessed. The REAL Youth Center components included 1) integrated of HIV, STI, reproductive health with socialization activities, 2) bilingual and bicultural staff, 3) tracking outreach, promotion, and media activities, 4) implementing API youth led support groups that address identity, family relations, generation gaps, cultural barriers, health related issues, and accessing services, and 5) developing community linkages to schools, CBOs, youth service providers, and after-school activities, targeting API youth.

**RESULTS:** The impact of the REAL Youth Center development resulted in increased access of API youth to health care services; and demystifying HIV, STIs, testing, sex, and safer sex and contraception practices

**LESSONS LEARNED:** Creating health access for the recent immigrant API youth population involves an approach which links alternatives “gateway activities” to increase service utilization and reduce health disparities

**Control Number:** 03-B-577-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** G13 Models of Integrating HIV Prevention into Mental Health Services

**2nd Category Choice:** G14 Models of Integrating HIV Prevention into Substance Abuse Programs

**Population 1:** P15 Counselors

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Group Oral

**Title:** Mental Health as Prevention: Building a Bridge for Homeless HIV-Positive Persons to Access to Mental Health Services

**Author Block:** *Smith, BD; Jackson, N*

Positive Impact, Inc., Atlanta, GA

**Abstract Body:**

**ISSUE:** Providing a foundation of mental health skills to facilitate the adoption of skills and messages presented in prevention programs for the homeless.

**SETTING:** The program is provided on-site at a counseling center for HIV-affected persons and off-site in multiple service delivery locations such as drug/alcohol treatment centers, housing shelters and temporary housing facilities.

**PROJECT:** The program is a four-session group intervention designed to provide information regarding self-assessment, skills-building, and referral options to homeless persons who are HIV-positive or at-risk of HIV transmission. The groups focus on stress management, anxiety, depression, and education regarding services available in the community to support clients as they manage these challenges.

**RESULTS:** The clients who have participated in the intervention have reported increased self-awareness, self-esteem, and the ability to identify signs and symptoms of depression, anxiety, and stress. Intervention facilitators have been able to assess client readiness and/or need for further mental health services and provide recommendations that have a greater likelihood of being utilized by the client. Additionally, the facilitator has been able to provide continued support for these clients and the agencies from which they receive services.

**LESSONS LEARNED:** It is apparent at this early juncture that the curriculum has to be highly adaptable to the participants' psychosocial status (taking into consideration age, education, and environment). Additionally, the need to be flexible in the presentation of the intervention has become evident, so that it could be provided over a four-week period, or over two days, or even a single day. This flexibility is being implemented to address the challenge of attrition, given the highly changeable nature of the participants' housing situations.

The curriculum is also becoming increasingly interactive to improve the acquisition and retention of the information being provided.

Lastly, the facilitators have identified the need for follow-up assessments to more accurately measure the longer-term effectiveness of the intervention. If it is found that the skills and knowledge developed in the intervention are diminishing significantly over time, "booster" sessions may be developed to address this challenge.

**Control Number:** 03-B-580-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** G14 Models of Integrating HIV Prevention into Substance Abuse Programs

**2nd Category Choice:** C16 Interventions that Promote Healthy Behaviors

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P44 Outreach Workers

**Presentation Preference:** Single Oral

**Title:** Gay, Bisexual, and Transgendered Men's Health Project

**Author Block:** *Schrock, JG*

New Mexico AIDS Services, Albuquerque, NM

**Abstract Body:**

Men's Health Project Abstract

Issues:

Creating a gay, bisexual, and transgendered men's health program that is a multi-component program designed to meet and address individual and community health concerns. Using culturally competent and holistic interventions to address client needs on multiple levels, and working to remove any barriers that lessen the effectiveness of the interventions ability to prevent the acquisition and transmission of HIV, Hepatitis, and other related disease co-infections.

Setting:

HMA (Health Management Association a network of HIV/AIDS service organizations), GLBT (gay, lesbian, bisexual, transgendered), community events, gay clubs, MPower (young gay/bisexual men's community center), M2M (man to man discussion group for HIV +, gay, bisexual, and transgendered men), methadone clinics, substance use treatment centers, street outreach, internet chat-room interventions, public sex environment outreach, and syringe exchange within the Albuquerque metro area.

Project:

Program is run by Men's Health Project Coordinator, trained community volunteers, peer educators, and consumer advocates. Interventions are taken out into appropriate environments, community gathering spaces, as well as where clients access other health treatment facilities in a collaborative effort to support client's access to information, resources, counseling and treatment.

Results:

HIV outreach testing to specific risk populations has increasing the number of high risk individuals accessing HIV testing, in outreach venues. Consistent interventions has built client trust, advocacy for each intervention. A Volunteer Data Base to organize volunteer information dramatically increased effective use of volunteers. Collaboration among Syringe Exchange Programs increased accurate referrals, as well as effectiveness of our harm reduction efforts, understanding each programs uniqueness helped eliminate barriers to client access, programs and supplies. Training volunteers in harm reduction, has created a team of, skilled outreach workers that can advocate on behalf of clients, making referrals to harm reduction efforts. Training volunteers in client confidentiality and safety issues has created an educated, client centered team of volunteers that can effectively address each client's unique concerns in a holistic manner. MSM internet chat-room intervention within gay and bisexual men's chat-rooms has been effective in providing access to information to a specific group not likely to access health information at any other point. This intervention has been effective at addressing concerns of young MSM regarding their individual risk factors, and behaviors. A discussion group to address concerns of HIV+, gay, bisexual, and transgendered men, has been effective in gathering and disseminating information, education specific to the needs of HIV+ men who have sex with men, creating a safe space to allow for self efficacy, and empowerment that supports healthy behavior change.

**Lessons Learned:**

How to design and promote effective interventions

Gaining client and community trust and support

Effective use of volunteers, peer educators, and consumer advocates

Effective outreach HIV testing

Creating and Effective Syringe Exchange Program

Use of harm reduction philosophies in all interventions

Effective use of resources

Collaboration between programs and agencies

Public sex environment safety training for staff and volunteers

MSM internet chat-room experience

Establishing a Man 2 Man HIV+ discussion group for gay, bisexual, and transgendered men

**Control Number:** 03-B-602-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** G07 Innovative Models of STD Prevention Services

**2nd Category Choice:** C36 Social Marketing

**Population 1:** P19 Gay and Other Men Who Have Sex With Men

**Population 2:** P50 Program Administrators

**Presentation Preference:** Poster Session

**Title:** Developing, Designing, and Disseminating a Syphilis Awareness Campaign Targeting MSM

**Author Block:** *Roland, EL*

Montrose Clinic, Houston, TX

**Abstract Body:**

**ISSUE:** A sharp 3-fold increase in cases of primary and secondary syphilis among MSM in Houston, Texas over a 1 year period warrants a targeted syphilis awareness campaign.

**SETTING:** Anonymous sex venues and other sites in the gay community of Houston, Texas.

**PROJECT:** Phase I involved assessing the MSM community, first by identifying anonymous sex venues where men have sex with other men. This was followed by a brief rapid-assessment survey designed to measure attitudes, knowledge, community norms, and risk behavior of MSM. This survey was administered to 112 MSM at some of the anonymous sex venues revealed in the first part of the assessment process. Phase II utilized the information learned in Phase I to develop social marketing materials designed to educate about and increase testing for syphilis. A graphic design firm was utilized to professionally produce the design ideas. Dissemination of the syphilis awareness materials to MSM was the goal of Phase III. Over a 6-month period, posters, passcards, and condom packs were distributed at the anonymous sex venues and full-page color advertisements were placed in local publications with large gay male/MSM readership.

**RESULTS:** Assessment activities uncovered over 70 venues where men go to have anonymous sex. These included adult bookstores, bathhouses, public parks and restrooms, and fitness centers. The rapid-assessment survey revealed that the perception of risk for syphilis was low (58% thought they were unlikely to contract an STD, even though 57% never used condoms for oral sex and 18% never used condoms for anal sex). Furthermore, 12% did not think syphilis could be transmitted through oral sex, and 53% thought that a discharge from the penis was a symptom of syphilis. Project staff distributed over 12,000 passcards, 15,000 condom packs with informational card, and hung 2,000 posters at various sites around the Houston area. Multiple advertisements in publications are estimated to have reached over 50,000 MSM. The number of MSM tested for syphilis increased by 22% from 1 year prior. In collaboration with health department DIS, 69 primary and secondary syphilis cases among MSM were identified. Of these, 92% were treated and interviewed for partners, with a partner index of 1.1.

**LESSONS LEARNED:** A well-planned and designed social marketing campaign can have a serious impact on the public health of a community by raising awareness and increasing testing. Future efforts will feature a layered marketing campaign with various elements that will target high-risk MSM even more.

**Control Number:** 03-B-616-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** G21 Other (Please specify on Additional Info page)

**2nd Category Choice:** C19 Interventions to Reduce Perinatal Transmission

**Population 1:** P56 Staff of Community-Based Organizations

**Population 2:** P2 Advocates

**Presentation Preference:** Single Oral

**Title:** Hidden Risks: Domestic Violence and HIV Prevention

**Author Block:** Kariem-White, TA

TRAINING 3, Family Planning Council, Philadelphia, PA

**Abstract Body:**

**ISSUE:** The rapid spread of human immunodeficiency virus (HIV) infection among women raises concerns for the safety and autonomy of female clients who may be facing the risk of domestic violence. This intersection of domestic violence with women's risk for HIV/STDs provides an opportunity to help shelter and program staff address women's sexual safety and promote HIV prevention with clients who utilize battered women's services.

**SETTING:** Domestic violence programs in both rural and urban settings within Southeastern Pennsylvania. Workshops were held at shelters and off-site locations such as local community centers. Participants included: shelter managers, staff attorneys, legal advocates, community educators, volunteer trainers, daycare workers, kitchen and maintenance staff, security guards, hotline counselors and program administrators.

**PROJECT:** This HIV training intervention focuses on providing basic HIV prevention and reproductive health information describing a broad range of safer goal behaviors that individual clients might choose to protect themselves from acquiring an STD/HIV. It also emphasizes prevention of mother-to-child transmission by encouraging staff to recognize the importance of clients knowing their status.

**RESULTS:** During a 2-month period, 100 domestic violence staff received in-service training on their role in preventing the spread of HIV infection. Participants were encouraged to develop ways to initiate dialogue in counseling sessions, on advocacy hotlines, and within battered women's support groups to promote risk reduction and sexual safety planning.

**LESSONS LEARNED:** Experience in working with staff in domestic violence programs has shown that most staff currently lack the skills to initiate conversations about HIV with battered women. Staff are more adequately prepared to address physical abuse issues and more reluctant to ask questions about sexual abuse. A majority of the participants were not aware of the HIV co-risk factors that impact victims of domestic violence. Staff who had been previously trained on the topic of HIV/AIDS had not considered specifically how to integrate HIV and sexual "safety" messages in domestic violence settings. Staff generally had little knowledge of local HIV prevention counseling, testing and/or referral services. And, staff's knowledge of the risk for perinatal transmission was outdated. Workshops needed to address "confidentiality" and the potential risks of disclosure in peer group settings. Staff perceptions about dealing with partner resistance to condom use and partner control in sexual decision-making were major barriers to staff implementing HIV prevention counseling.



**Control Number:** 03-B-632-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** G01 Benefits of Collaboration Between STD and HIV Programs

**2nd Category Choice:** D07 HIV CTS Programs

**Population 1:** P13 Community Educators

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Group Oral

**Title:** Taking it to the Streets! Syphilis and HIV Testing in Non-Traditional Venues

**Author Block:** *Nicolaysen, ME<sup>1</sup>; Scott, JL<sup>1</sup>; Rozier, A<sup>2</sup>; Brown, M<sup>3</sup>*

1 Centers for Disease Control, Raleigh, NC; 2 Cape Fear Regional Bureau for Community Action, Fayetteville, NC; 3 Forsyth County Department of Public Health, Winston Salem, NC

**Abstract Body:**

**Issue:** Collaboration between the North Carolina Syphilis Elimination Project (NCSEP) and the Non-Traditional Counseling, Testing and Referral Sites (NTS) project has resulted in an increase in syphilis screening outside of traditional settings. Given the similarities in risk behaviors and the increased risk of HIV infection associated with syphilis, this collaboration has also enhanced the state's HIV prevention efforts.

**Setting:** Community involvement is an integral part of both NCSEP and NTS programs. Community-based HIV counseling and testing, syphilis screenings, outreach and referral activities occur in public housing developments, homeless shelters, gay/lesbian nightclubs, correctional facilities, barbershops and substance abuse centers during non-traditional (evening and weekend) hours. NTS staff also participate in the SEP community task force and assist with Intensive Community Education Efforts (ICEE). These programs have a unique challenge to reach communities of high HIV/STD incidence or high-risk behaviors, especially among injecting drug users, men who have sex with men, low income African American and Hispanic/Latina women and youth.

**Project:** In 2002, the Branch funded seven CBOs and three county health departments to conduct HIV counseling and testing, and syphilis screenings for the NTS program, and six county health departments to eliminate syphilis for NCSEP (five of these counties were designated syphilis high morbidity areas (HMAs)). NTS operated programs in four of these five HMA counties. In light of the syphilis problem in North Carolina, the Branch felt that mandating syphilis testing in the NTS program was yet another avenue to eliminating syphilis. In this participatory workshop, we will discuss project activities as follows: 1) conducting HIV counseling and testing, and syphilis screenings in non-traditional venues and 2) collaboration among NTS and SEP project staff, and other community-based organizations and leaders.

**Results:** Syphilis testing is offered at all NTS locations. In 2002, the NTS program tested 7,521 individuals for HIV of which 93 or 1.2% were seropositive. Syphilis testing in the NTS program increased by 300% (1,857 tests in 1999 to 7,277 tests in 2002) resulting in an increased syphilis seropositivity rate (24 or 1.3% in 1999 to 127 or 1.7% in 2002). NCSEP counties collectively tested 9,007 arrestees of which 297 or 3.3% were seropositive (32 were new syphilis cases). Through ICEEs, 411 community members were tested of which 7 or 1.7% were seropositive (5 were new syphilis cases). 100,474 individuals were tested for HIV at other publicly funded sites of which 682 or less than 1% were seropositive.

**Lessons Learned:** HIV testing in the NTS program continues to identify a greater proportion of positives than testing in local health departments. Collaboration between NTS, SEP and other community-based organizations and leaders proves successful as it provides visible alternative services in many high-risk communities. It provides a mechanism for hard to reach/high-risk individuals to obtain HIV/STD services outside the traditional public health setting. Screening in non-traditional settings is a productive

means of identifying prevalence of syphilis and HIV, and an opportunity for collection of risk behavior data.

**Control Number:** 03-B-633-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** G14 Models of Integrating HIV Prevention into Substance Abuse Programs

**2nd Category Choice:** D29 Outreach

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P44 Outreach Workers

**Presentation Preference:** Single Oral

**Title:** LIFE AFTER OUTREACH: Do our initial outreach efforts "expire on the streets," or do they remain alive and grow into vital prevention services?

**Author Block:** *Alter, D*

PROCEED, Inc., Elizabeth, NJ

**Abstract Body:**

**ISSUE:** PROCEED SAFELY: Effective Outreach does not end on the streets. It must and can result in bringing consumers at risk to a plethora of agency and community prevention/intervention services.

**SETTING:** High-risk drug use areas in Elizabeth, Newark and East Orange New Jersey.

**PROJECT:** PROCEED Safely is a pro-active, street-based, van outreach program designed to educate injection drug users, substance users and their sexual and or needle sharing partners, about HIV prevention, risk reduction, HIV counseling and testing and **motivate access to drug treatment including detoxification, methadone maintenance, alcohol, medical and case management services and programs** in these cities within Union and Essex counties. PROCEED Safely's innovative strategies focus on seeking and serving individuals at the highest risk by operating from a large, highly visible van that enters directly into those areas where IDUs live and gather.

**RESULTS:** **a)** The total number of consumers within the sample was 1085, with a mean age of 33.5 years, of which 413 (38.1%) were females and 672 (61.9%) were males. Race/Ethnicity were 54% African-American, and 46% Latino, White & Other. The drugs of choice within this sample were Heroin with 31%; Heroin/IDU with 7.0%; Cocaine + Heroin with 6.4%; and other IDU: 5% **b)** Harm Reduction and Referral Activities: All of the consumers involved in outreach had access to condoms, bleach kits, etc. Specific activities measured included: referral for Methadone Treatment (1.2%), HIV testing (5.0%), referral to PROCEED services (3.6%), On-Street/Van Risk Reduction Activities (46%) and Risk Reduction Education (30%) that included health education/risk reduction, prevention case management, harm reduction and outpatient counseling. *The workshop highlights the process of guiding clients from initial outreach contact on the van through enrollment in prevention services by presenting actual anonymous case studies including assessment, intervention strategy/treatment plan and follow-up.*

**LESSONS LEARNED:** Meeting IDUs on their own "turf" as well as consumer feedback and peer referrals has significantly increased positive test rates in the target cities. The ubiquitous presence of the van has helped to establish a community network that facilitates and expedites the process of initial contact, counseling & testing plus the all-important delivery of and access to follow-up services. Significantly, staff can determine the locations exhibiting greatest risk and the type and level of services needed. The program had an increase of 160% of engaged clients vs. only 10% during the first year because of bus pass/tickets assistance insuring timely attendance at agency/clinic intervention locales. Clients have consequently been retained in treatment modalities and have completed detoxification as well as methadone maintenance programs. The PROCEED Safely program is helping to stem rates of infection while linking clients to vital treatment and case management interventions thus proving that outreach efforts can remain alive and grow into essential prevention services.

**Control Number:** 03-B-644-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** G11 Models of Integrating HIV Prevention into Hepatitis C Programs

**2nd Category Choice:** D07 HIV CTS Programs

**Population 1:** P15 Counselors

**Population 2:** P26 HIV Prevention Providers

**Presentation Preference:** Single Oral

**Title:** Integrating Viral Hepatitis into HIV Prevention Training for Counselors

**Author Block:** *Finkelstein, BL*

CDC/NCID/Division of Viral Hepatitis, Atlanta, GA

**Abstract Body:**

**ISSUE:** Human immunodeficiency virus (HIV), Hepatitis B virus (HBV) and Hepatitis C virus (HCV) - related chronic liver disease are major public health problems in the United States. It is estimated that 0.8 million Americans are chronically infected with HIV, 2.7 million are chronically infected with HCV, and 1.2 million have chronic HBV infection. Among persons infected with HIV, up to 40% may be co-infected with HCV and/or HBV.

**SETTING:** The routes of transmission for HIV, HBV, and HCV overlap substantially. The major risk factors for HBV and HCV infections are often identical to those for HIV and other sexually transmitted diseases. Injection drug use accounts for 14% of HBV infections, 60% of HCV infections and 31% of HIV infections. Men who have sex with men (MSM) account for 15% of HBV infections, and 47% of HIV infections. Heterosexual transmission accounts for 40% of HBV infections, 20% of HCV infections, and 10% of HIV infections. Given that these risk factors are similar for these infections the prevention messages should also overlap. However, past HIV prevention efforts have not greatly impacted the transmission of HBV and HCV infections. Therefore, integrating viral hepatitis prevention messages into HIV client centered counseling is an essential step towards prevention and control of these diseases.

**PROJECT:** Hepatitis prevention messages for multiple risk groups will be presented and methods of how to integrate these messages with client centered HIV prevention counseling training will be discussed.

**RESULTS:** Several educational training tools developed for integrating viral hepatitis with HIV programs will be presented including: interactive training exercises, counseling protocols, counseling curricula, pre and post knowledge tests, videos, and pamphlets.

**LESSONS LEARNED:** Proper training of HIV counselors about the epidemiology and prevention of viral hepatitis and the skills needed to integrate hepatitis prevention messages with HIV client centered counseling is necessary to achieve successful prevention of HIV, HBV, and HCV infections.

**Control Number:** 03-B-671-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** G21 Other (Please specify on Additional Info page)

**2nd Category Choice:** G21 Other (Please specify on Additional Info page)

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P56 Staff of Community-Based Organizations

**Presentation Preference:** Single Oral

**Title:** Coordinated Prevention Network (CPN)

**Author Block:** *Warren, OL*

Minority AIDS Project, Los Angeles, CA

**Abstract Body:**

**ISSUE:** Coordinated Prevention Network (CPN) seeks to establish more efficient and increased client access to HIV/AIDS, STD, TB and Substance Abuse services.

**SETTING:** Service Planning Area (SPA) 6 (South Los Angeles)

**PROJECT:** SPA 6 CPN is a demonstration project targeting African American and Latinos. It's goal is to establish an integrated system of Prevention, Care and Treatment services based on a Continuum Of Care Model through targeted multiple morbidity education, testing, referral and follow up services. Interorganizational networks and exchange of information are being facilitated via computerized mechanisms; specifically, the use of centralized and uniform systems of collecting, recording, reporting and analyzing of data.

**RESULTS:** Providers have begun to identify structural barriers associated with networks between CBO vs GO based organizations in linking services and sharing of information and are building systems to overcome these barriers. Resistance toward interorganizational information sharing is gradually diminishing due to the development of alliances through increased provider communication and knowledge of others organizational missions and operational processes.

**LESSONS LEARNED:** The network system must be established independent of vs integrated into the current system do to bureaucracy; new policies and guidelines regarding information sharing, confidentiality, client tracking and follow-up must be established.

**Control Number:** 03-A-685-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** G21 Other (Please specify on Additional Info page)

**2nd Category Choice:** C16 Interventions that Promote Healthy Behaviors

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P21 General Population

**Presentation Preference:** Poster Session

**Title:** How to reach the Older Unsuspecting Adult

**Author Block:** *Del-Rose, LC<sup>1</sup>; Caporiccio, TA<sup>2</sup>*

1 New England Aids Education & Training, Boston MA, North Shore AIDS Health Project, Gloucester, MA, Author resides Watertown, MA; 2 Health Advocate, Watertown, MA

**Abstract Body:**

**Issue:** Developing an AIDS/HIV Prevention Plan for Older Adults

**Setting:** Senior Centers, Churches, and Assisted Living Facilities, Private Organizations

**Project:** Promote a “Health Fair” that includes other health issues that are acceptable to general audience. Make the setting, friendly, warm, comfortable for both the audience and the presenter. Present them with something to take home to read in the privacy of their own home. Use terminology older adults are used to or comfortable with. Take the burden of asking the questions from them, you do most of the talking, unless you can feel a sense of reassurance that they feel they can ask questions.

**Results:** Infection rate would decrease with the increase of shared knowledge. Older adults would be accepting of getting tested regularly if they knew they were not alone in being sexually active. Promoting prevention in other health areas has a proven track record of less people acquiring certain diseases.

**Lessons Learned:** Once the ice has been broken we all learn we are normal to have sexual relations past the age of 40. Implementation of prevention programs does and can work. If at first you don't succeed, try, try, again. Just reaching one person at a time makes a big difference in stopping the AIDS epidemic. Higher survival rates of those that do receive that fatal diagnosis occur by having knowledge.

**Control Number:** 03-B-724-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** G21 Other (Please specify on Additional Info page)

**2nd Category Choice:** G04 Implementing HIV Prevention in Family Planning Settings

**Population 1:** P9 Clients of Community-Based Organizations

**Population 2:** P62 Youth

**Presentation Preference:** Single Oral

**Title:** A Capacity Building Model for HIV/AIDS Prevention Case Management Services for Women in a Primary Care Clinic Setting

**Author Block:** *George-Barber, Ph.D., DA<sup>1</sup>; Davis-King, Ph.D., D<sup>2</sup>*

1 T.H.E. Clinic Inc., Los Angeles,, CA; 2 LifeTech, Los Angeles,, CA

**Abstract Body:**

**ISSUE:** The CDC CHOICES Prevention Case Management program is an approach to HIV/AIDS risk reduction that maximizes the opportunity to identify and effectively reach high risk women who might otherwise go unidentified by traditional medical care delivery systems and/or be inaccessible to traditional community-based HIV/AIDS prevention programs.

**SETTING:** The program is geographically located in a multi-ethnic health district in Los Angeles County. It is physically situated within the constellation of services provided by a comprehensive primary care clinic (community-based organization). Its services predominantly racial/ethnic minority women and their families who are clients and/or residents of the service community at risk for HIV/AIDS.

**PROJECT:** The prevention case management program operates within the primary care clinic as one of the core functions of the clinic. Several months were spent appending and revising clinic procedures and policies that would fully integrate the delivery of program services within a traditional medical mileu. Every individual seeking services who is sexually active and 13+ years of age is offered free a HIV test, and receives a HIV risk assessment and knowledge pre-test. High risk clients, regardless of sero status, are enrolled in prevention case management. Their sero status and life issues determine the length of stay in case management. The program provides a culturally acceptable environment in which full access to high risk, low income, uninsured and under served women is possible. The program integrated into a service context that is free of stigma, yet replete with culturally relevant and appropriate social, educational, mental health, and family adjunct services.

**RESULTS:** HIV/AIDS risk assessment, knowledge testing and opportunity for testing have been fully merged with the standard intake process used for every sexually active age appropriate client seeking services from the clinic. Year 1 evaluation results show that the majority of clients are women, heterosexual, and between the ages of 19 and 52 years. Data analyses reveal significant process relationships, and client characteristics and case management outcomes.

**LESSONS LEARNED:** Lessons learned from the program implementation and evaluation processes have informed (1) the steps and trials needed to organize the fusion of HIV/AIDS prevention case management-related and clinic services, (2) staff training/cross training and re-training needs, and (3) the components of a primary care model of HIV/AIDS prevention and control.

**Control Number:** 03-B-741-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** G16 Models of Integrating HIV Prevention into Youth Services

**2nd Category Choice:** C27 Peer-Based Intervention Models

**Population 1:** P2 Advocates

**Population 2:** P12 Communities of Color

**Presentation Preference:** Single Oral

**Title:** EDUCATING MIGRANT FAMILIES IN THE PREVENTION OF HIV/AIDS

**Author Block:** *Gonzalez, M; Suarez, V; Ramirez, GR*

The Farmworker Justice Fund, Inc., Washington, DC

**Abstract Body:**

**ISSUE:** HIV/AIDS has steadily increased within minorities. In Latinos, the CDC states that nationally they, account for 13 percent of the population but 19 percent of new HIV infections. The National Commission to Prevent Infant Mortality estimates the rate of HIV/AIDS infection among migrant and seasonal farmworkers in the US at *10 times* the US national average, a large majority, Latinos. In the US there are approximately 14.7 million migrant and seasonal farmworkers, many with families, working and residing in the US, men, women and youth.

**SETTING:** In creating this project FJF selected large migrant communities, some along the US-Mexico border as in Texas (El Paso and the Rio Grande Valley) and Arizona (Yuma and Cochise Counties). Others, not on the border but composed of large migrant populations such as in Florida (Lake Worth and Homestead) and California (the San Joaquin Valley).

**PROJECT:** Several issues are addressed: (1) Use of lay health educators, *Promotores de Salud* in the prevention of HIV/AIDS in underserved populations in a culturally and linguistically appropriate manner; (2) the importance of collaboration, particularly, with local CBOs supervising sites and assisting Promotores with outreach during project period; (3) the creation of new leaders within targeted communities.

By recruiting Promotores directly from these communities, individuals that work, reside, and/or have demonstrated empathy for migrant issues, FJF is assuring *everyone* benefits from the role of the Promotores, who are taught about HIV/AIDS, STD's and Tuberculosis and are helped with their communication skills. Educational encounters are provided wherever, whenever and in accordance to their component, Adult or Youth. Promotores want to create: (1) awareness within this population of their risks for HIV/AIDS; (2) awareness of HIV Testing; (3) awareness of this populations need with other health providers and/or migrant serving organizations.

**RESULTS:** Since 1998 Promotores have provided awareness of HIV/AIDS within this population. There are currently 215 Promotores, ages of 14-69, actively educating their communities.

Additionally, a number have evolved as participating members of their local HIV Prevention Community Planning Councils as well as HIV Testers and Counselors. Over 50,000 migrant workers and family members have been educated, several hundreds have received oral HIV tests in the privacy of their homes and as importantly, other health servicing organizations have opened their doors, providing migrants with their services, making accommodations for their needs.

**LESSONS LEARNED:** One of the most valuable lessons learned is that people should never be underestimated. Our target population is often illiterate, with little or no command of the English language, lacking regular healthcare, and working and/or residing in communities in which they are often viewed as outsiders. However, once given the opportunity to provide a service for their families and other community members, they flourish. Providing Promotores with this opportunity is beneficial to all, them because of the self esteem they develop and the knowledge



**they acquire about controlling their destiny; their communities because they ensure others learn to protect themselves; and other organizations because they serve as the link between their services and our target population.**

**Control Number:** 03-B-775-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** G05 Implementing HIV Prevention in Substance Abuse Treatment Facilities

**2nd Category Choice:** G20 Treatment of Drug and Alcohol Addiction as an HIV Prevention Strategy

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P4 Alcohol and Other Drug Users

**Presentation Preference:** Single Oral

**Title:** substance use/abuse a primary risk for HIV transmission

**Author Block:** *sauers, aT*

COPE BHS/ HIV Services, Tucson, AZ

**Abstract Body:**

**ISSUE:**

HIV transmission among substance users including but not limited to IV drugs.

**SETTING:**

substance abuse treatment centers and local drop-in center.

**PROJECT:**

COPE's Insiders program is a outpatient harm reduction substance abuse program. providing harm reduction case management, HIV education, testing and counseling, as well as acute detox. this program provides services to all people 'at risk' for HIV. treating substance use/abuse as prevention for HIV. accessing clients through walk-ins as well as local treatment centers and working with the local needle exchange program.

**RESULTS:**

we have found that when people are intoxicated they are more likely to participate in high risk sexual behavior. through harm reduction case management as well as various substance abuse treatments like acute detox and traditional treatments, the majority of our clients have made changes to their risky behaviors.

**LESSONS LEARNED:**

separating IV drug use from other substance use/abuse perpetuates the idea that ONLY gay men and IV drug users get HIV. by focusing on all substance users/abusers we are able to help people, who are otherwise missed by current outreach methods, make safer choices.

**Control Number:** 03-B-778-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** G14 Models of Integrating HIV Prevention into Substance Abuse Programs

**2nd Category Choice:** G02 HIV/STD Prevention Programs for Sex Industry Workers

**Population 1:** P11 Commercial Sex Workers

**Population 2:** P4 Alcohol and Other Drug Users

**Presentation Preference:** Single Oral

**Title:** Sex, Drugs, and...Regaining Control: A New Model for Integrated Substance Abuse Treatment and HIV Prevention Services for Prostitutes of Color in Oakland, California

**Author Block:** *Lockett, GJ; Ryan, L; Mathai, SM*  
CAL-PEP, Oakland, CA

**Abstract Body:**

**ISSUE:** During nearly two decades of HIV prevention street outreach and mobile testing in underserved, Oakland communities of color, CAL-PEP (California Prostitutes' Education Project) identified a strong link between HIV risk and substance abuse in clients-especially sex workers. In early 2001, CAL-PEP opened a Day Treatment Center (DTC) to address the need for culturally appropriate, accessible substance abuse treatment for prostitutes of color and other high risk, female substance users.

**SETTING:** Our center is located off San Pablo Avenue in West Oakland, an area of high street prostitution.

**PROJECT:** CAL-PEP was founded in 1984 to empower sex workers being scapegoated in the AIDS epidemic. CAL-PEP's mission has since broadened to include comprehensive HIV prevention and support services for high risk African Americans and other disenfranchised communities of color. The focus of our work has been street outreach and HIV mobile testing. Recently, CAL-PEP has expanded its programs to more fully address substance abuse, which is consistently linked to HIV risk for our clients. CAL-PEP's DTC integrates client-centered substance abuse treatment with HIV prevention services including health education, harm reduction/safer sex supplies, and HIV/STD testing. Prostitutes know the center as a safe, drop-in space. We have provided case-managed substance abuse treatment to 190 women. The innovation of our project is that we address substance abuse treatment with an incremental approach. We offer two different versions of our support groups-one for women in recovery and one for women still actively using substances. We realize that many of our clients cannot be substance-free before entering drug treatment. Groups for active drug users provide a safe, comfortable environment to address psychosocial issues tied to drug use and the support to make incremental, positive steps in overcoming addictions. In offering substance abuse treatment to active users, we aim to create a bridge for entry into traditional ("clean and sober") treatment for women for whom this was previously an impossible option. Services available to all clients also include financial support for methadone treatment, individual psychotherapy sessions, art therapy, meals, a food pantry, clothing, computer stations with internet access, and telephone use.

**RESULTS:** An analysis of initial data indicates that 77% of the women receiving treatment at our center are African American, 84% are crack cocaine users, 84% are alcohol users, and 61% are heroin users. An initial comparison of data collected from clients at baseline and after six months indicates that the reported incidence of alcohol intoxicification declined by more than half, and the use of all illegal drugs declined by half. Clients, on average, used half as much heroin and crack cocaine after six months. Clients used, on average, at least one drug per day at baseline, but this number declined to slightly more than one drug per two days at six months.

**LESSONS LEARNED:** Analysis of data shows that our center's services are effective in reducing substance use and HIV risk, and improving quality of life. Challenges we face include identifying funding sources for methadone treatment and locating affordable housing.

**Control Number:** 03-B-788-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** G14 Models of Integrating HIV Prevention into Substance Abuse Programs

**2nd Category Choice:** G05 Implementing HIV Prevention in Substance Abuse Treatment Facilities

**Population 1:** P64 Other (Please Specify)

**Population 2:** P4 Alcohol and Other Drug Users

**Presentation Preference:** Poster Session

**Title: SPHERE's Harm Reduction Integration Initiative (HRII): Creating Harm Reduction Opportunities in Substance Abuse Treatment Programs**

**Author Block:** *Hogan, J; Domb, M*

SPHERE, Amherst, MA

**Abstract Body:**

**ISSUE:**

Myths around incorporating harm reduction into substance abuse treatment undermine programs willingness to consider harm reduction approaches. Harm reduction counseling techniques can be useful in HIV risk assessment and risk reduction planning, as well as other parts of substance abuse counseling.

**SETTING:**

In Massachusetts, project SPHERE (The Statewide Partnership for HIV Education in Recovery Environments) works with substance abuse treatment programs throughout Massachusetts to create harm reduction opportunities in their programs.

**PROJECT:**

SPHERE has created the Harm Reduction Integration Initiative (HRII). This program works with substance abuse treatment providers to explore the harm reduction implications of their work and the benefits of incorporating harm reduction skills into their practice. The three programmatic are: 1) trainings that increase participant knowledge of harm reduction principles, 2) tools for training application and the opportunity in trainings to practice using them, and 3) Technical Assistance - including the development and dissemination of a harm reduction program assessment instrument to assist substance abuse treatment providers to measure the level of harm reduction currently underway in a program, and to identify future harm reduction activities.

**RESULTS:** The HRII is a replicable model program that demonstrates that HIV intervention strategies used in substance abuse treatment programs can be augmented with harm reduction approaches.

Creating opportunities to use those skills and linking their use to HIV prevention enhances provider capacity to offer HIV prevention counseling.

**LESSONS LEARNED:**

SPHERE has found that a harm reduction focus creates compelling opportunities for implementing HIV prevention interventions. Harm Reduction skills and training, when provided in partnership with substance abuse treatment providers and in response to their needs and concerns, can be successfully integrated with services. Expanding and strengthening the repertoire of client-centered skills for counselors improves their capacity to address HIV issues. A majority of substance abuse treatment providers, trained as part of HRII, indicate a strong interest and intention to use harm reduction skills in their work with clients who are at risk for HIV.

**Control Number:** 03-B-838-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** G14 Models of Integrating HIV Prevention into Substance Abuse Programs

**2nd Category Choice:** D12 HIV Prevention Programs for Communities of Color

**Population 1:** P12 Communities of Color

**Population 2:** P64 Other (Please Specify)

**Presentation Preference:** Single Oral

**Title:** M.O.R.E. Connections: Innovative Substance Abuse Treatment for Ex-Offenders of Color

**Author Block:** *Lockett, GJ; Hobson Faure, LB; Jenkins Barnes, T*  
CAL-PEP, Oakland, CA

**Abstract Body:**

**ISSUE:** Substance abuse treatment, one-to-one case management, and HIV prevention services for ex-offenders and their partners through mobile outreach.

**SETTING:** Services provided in Oakland, CA. and throughout Alameda County on a mobile unit.

**PROJECT:** The M.O.R.E. Project (Mobile Outreach and Recovery to Ex-Offenders) is a five-year program, currently in its second year, funded by Substance Abuse and Mental Health Services Administration (SAMHSA). Our focus is on ex-offenders of color and their partners, with four major goals: 1. To reduce the spread of substance abuse related HIV and to increase the prevalence of risk-reducing behaviors; 2. Reduce the degree of substance use; 3. Break the cycle of substance abuse and recidivism among ex-offenders who have substance abuse histories; 4. Provide clients the support they need to become functioning, self-sufficient individuals who can be relied on by their families and communities. Services include weekly groups, case management, financial assistance for methadone, HIV education, risk reduction techniques and testing, individual and group substance abuse counseling, transportation, food and clothing. The GPRA questionnaire is administered at baseline, six-months, and twelve-months.

**RESULTS:** 97 M.O.R.E. clients completed the GPRA at baseline and 20 clients completed a 6-month follow-up. GPRA data at baseline shows that 71% of clients were male, 88% were African American, 72% were looking for work, and 7% were disabled. 19% of clients lived in an institution, and 21% lived either in a shelter or on the streets. The average age of clients was 44 years old, and the average number of years spent in school was 11.7 years. Initial analyses at baseline and six-month follow-up reveal significant reductions in heroin use, dropping from a mean of 25.83 days to 13.06 days. In the same six-month period, income levels increased from a mean of \$181 per month to \$744 per month.

**LESSONS LEARNED:** We note the necessity of collecting excellent locator information on this client population, and the need to provide incentives. The number one concern of our clients is housing, noting that ex-offenders are often ineligible for low-income housing. Employment discrimination is also a key concern of our clients. Most importantly, we emphasize the need to establish trust and a safe environment where clients can feel comfortable disclosing information. As trust increases over time, more information is disclosed by clients on illegal behaviors.

**Control Number:** 03-B-846-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** G20 Treatment of Drug and Alcohol Addiction as an HIV Prevention Strategy

**2nd Category Choice:** C23 Interventions that Encourage Drug Abuse Treatment

**Population 1:** P30 Incarcer.Popul.(Correct.Settings,Persons in)

**Population 2:** P32 Injecting Drug Users

**Presentation Preference:** Single Oral

**Title:** Linkage to Methadone Upon Release from Incarceration: A Model

**Author Block:** *Rich, JD<sup>1</sup>; Carleton, JC<sup>2</sup>; Rizzi, MA<sup>2</sup>; McKenzie, M<sup>3</sup>; Wolf, FA<sup>3</sup>; Crosland, CP<sup>4</sup>*

1 The Miriam Hospital/Brown University, Providence, RI; 2 CODAC Behavioral Health Care, Cranston, RI; 3 The Miriam Hospital, Providence, RI; 4 Harvard Medical School, Boston, MA

**Abstract Body:**

**ISSUE:** Nearly 20% of inmates in correctional institutions are heroin users. 20-26% of all people living with HIV and 29-43% of those infected with hepatitis C pass through correctional facilities annually. Methadone is the most widely used pharmacological treatment for opiate dependence. Methadone maintenance treatment is highly effective in reducing drug injection, drug-related criminal behavior, high-risk practices, and HIV seroconversion. While most correctional facilities taper inmates off of methadone or do not offer methadone at all, there exists a unique opportunity to link a high-risk population to methadone treatment upon release.

**SETTING:** Rhode Island Department of Corrections and Methadone Treatment Facility

**PROJECT:** The program goal is to increase access to methadone for recently released inmates with a history of opioid addiction in order to reduce recidivism, improve health, and increase personal stability. Methadone treatment staff meets with potential participants while still incarcerated to assess eligibility, complete the intake requirements to facilitate entry into treatment upon discharge, and arrange a physician's appointment at the methadone clinic. During enrollment project staff provide risk reduction counseling and linkage to ancillary services.

**RESULTS:** Over the past year approximately 50 inmates have been successfully linked with methadone maintenance upon release. We recently received funding from SAMHSA-CSAT to expand and assess this program. This funding also allows us to assist with payment for methadone for up to six months after release. This presentation will describe in more detail the implementation of this innovative project and preliminary results.

**CONCLUSION:** Linking inmates with opiate addiction to methadone treatment upon release from incarceration is a promising HIV prevention strategy that may also reduce recidivism.

**Control Number:** 03-B-859-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** G09 Integration of HIV Prevention into Pregnancy Prevention

**2nd Category Choice:** G17 Models of Integrating HIV, STD, and Reproductive Health Programs

**Population 1:** P1 Adolescents

**Population 2:** P51 Public Health Workers

**Presentation Preference:** Single Oral

**Title:** Integration of HIV, STD, and teen pregnancy prevention in a community setting

**Author Block:** *Mezoff, JS; Ethier, KA*  
CDC, Atlanta, GA

### **Abstract Body:**

#### Issue

HIV, STD, and teen pregnancy prevention programs traditionally have not been integrated despite common behavioral risk factors and similar intervention strategies. CDC's integration projects addressed coordination the overlapping, yet distinct goals of programs targeting the prevention of HIV, STDs and unintended pregnancy among youth.

#### Setting

These integration projects were implemented within four CDC-funded community-based teen pregnancy prevention programs (Boston MA, Philadelphia, PA, Orlando FL, and Yakima WA). In two cases the integration program was housed in a health department, and in two cases the program was housed in a family planning agency. The intended audience for all of these programs was sexually active youth.

#### Project

Beginning in 1999, the Division of Reproductive Health (DRH) in partnership with the Division of HIV/AIDS Prevention (DHAP) and the Division of STD Prevention (DSTDP) provided support to plan and conduct an integration project through four community-based teen pregnancy prevention projects. These efforts include development, implementation, and evaluation of two related components: 1) innovative service delivery models for HIV, STD, and pregnancy prevention; and 2) individual behavior change messages for youth.

These projects represent an unusual collaborative effort within CDC and offer an opportunity to intervene with adolescents in a more cohesive and comprehensive fashion. They also provide an important opportunity for prevention workers in these three content areas to work collaboratively toward a common goal.

#### Results

Following three years of planning, implementation, and evaluation, the project has had notable successes and challenges with both the components. Challenges in the service delivery component include: internal systems (in health departments and other organizations) which prevent overlap between HIV, STD and family planning programs and the controversy of delivering comprehensive reproductive health services to youth. Challenges in the health communications component include: the need to balance youth friendly language with technical accuracy; the need for gatekeeper approval, and a need to include funds for evaluation research in order to ensure effectiveness of the messages and channels selected. Successes include the formation of new partnerships across and within agencies (including the CDC); receptivity of youth to develop messages for their peers; and uniform enthusiasm from providers

#### Lessons Learned

Lessons learned from these efforts include: how to develop and maintain broad partnerships with community agencies and health care providers, the importance of including youth input in the development of integrated messages and services, and the value of incorporating a youth development approach to all prevention activities.

**Control Number:** 03-B-886-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** G07 Innovative Models of STD Prevention Services

**2nd Category Choice:** G21 Other (Please specify on Additional Info page)

**Population 1:** P3 African Americans

**Population 2:** P1 Adolescents

**Presentation Preference:** Single Oral

**Title:**

“Taking it to the Streets”: Creating Collaborations with Faith-based Organizations to Address HIV/STD in the African American Community.

**Author Block:** *Gallaread, A; Siller, J; Lee, M; Klausner, JD*  
San Francisco Department of Public Health, San Francisco, CA

**Abstract Body:**

**ISSUE:** Chlamydia and gonorrhea rates in adolescents are highest among African Americans living in the Southeast sector of San Francisco, which increases risk for HIV in this community. Traditional African American faith-based organizations primarily focus on the spiritual needs of African American adolescents and rarely address HIV/STD issues.

**SETTING:** HIV/STD prevention education outreach and STD screening at community-based agencies in the Southeast section of San Francisco.

**PROJECT:** The San Francisco STD Prevention and Control Services -Youth United Through Health Education (YUTHE) Program collaborated with and funded a faith-based agency to address HIV/STD prevention among African American adolescents 14 –24 years of age between May and October 2002. The agency was selected because it has a long-standing history in the community and is the largest African American faith-based organization in San Francisco. YUTHE staff trained four faith-based peer education staff to conduct HIV/STD prevention and street-based outreach. The faith-based agency staff focused on the outreach and securing screening venues. YUTHE staff conducted HIV/STD workshops at community venues, chlamydia and gonorrhea screening, counseling, and field delivered therapy to infected persons. The YUTHE program staff developed a Community STD Partners committee with over 50 agencies who serve youth, to increase awareness about HIV and the importance of chlamydia testing and treatment among adolescents.

**RESULTS:** 2000 youth in the target community were provided HIV/STD education, and over 10,000 condoms and lubricant were distributed. 557 youth agreed to chlamydia and gonorrhea screening and 21 (3.8%) were found to have an infection. All persons with an infection were treated.

**LESSONS LEARNED:** Faith-based organizations that hire youth from their respective community to address HIV/STD issues can have a positive impact. Particularly, in a community that has a lack of trust with the healthcare system. Collaboration between the Health Department and the Faith Community is feasible to address the sexual needs of African American adolescents in the community.



**Control Number:** 03-B-889-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** G14 Models of Integrating HIV Prevention into Substance Abuse Programs

**2nd Category Choice:** G20 Treatment of Drug and Alcohol Addiction as an HIV Prevention Strategy

**Population 1:** P32 Injecting Drug Users

**Population 2:** P4 Alcohol and Other Drug Users

**Presentation Preference:** Single Oral

**Title:** Integration of HIV/AIDS & Substance Abuse Prevention

**Author Block:** *Smith, A; Clarkson, P*

La Sima Foundation, Inc., Dallas, TX

**Abstract Body:**

**Issue:** Recent studies have shown that substance abuse is fueling the spread of HIV in the African American community. Service Providers must begin to recognize the effects substance abuse has on client's HIV disease. This involves Understanding how drug use impacts both HIV positive and negative clients coupled with good knowledge of epidemiology of the infectious disease.

**Setting:** Suitable for community and group level settings.

**Project:** The presentation will provide Service Providers with information on understanding the substance abuser and his/her culture. The program will highlight the impact of substance abuse on HIV positive and negative persons, substance abuse and the addict, selecting outreach sites, barriers to outreach and treatment, and establishing community collaborations to support HIV prevention and substance abuse treatment.

**Results:** Participants will have an increased understanding of the substance abuser and his/her culture, the intersection of HIV and substance abuse, how to identify communities for service and the importance of community collaborations during outreach.

**Lessons Learned:** Service providers must consider substance abuse treatment when addressing disease and wellness for HIV positive and negative persons.

**Control Number:** 03-A-893-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** G04 Implementing HIV Prevention in Family Planning Settings

**2nd Category Choice:** D38 Training to Implement New HIV Prevention Interventions

**Population 1:** P22 Health Care Workers

**Population 2:** P61 Women

**Presentation Preference:** Single Oral

**Title:** HIV prevention in women: Capacity-building needs of reproductive health care providers

**Author Block:** *Hayes, CE<sup>1</sup>; Beck-Sague, CM<sup>2</sup>; Zink, P<sup>3</sup>; Jennings, M<sup>4</sup>; Abshier, P<sup>5</sup>; Larson, M<sup>2</sup>*  
1 Emory University Regional Training Center, Atlanta, GA; 2 Centers for Disease Control and Prevention, Atlanta, GA; 3 JSI Research and Training Institute, Denver, CO; 4 JSI Research and Training Institute, Boston, MA; 5 Development Systems, Inc, Kansas City, MO

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** In 2001, 4.7 million women were served at Title X family planning (FP) clinics; 524,963 HIV tests were performed on-site (11/100 clients). To identify unmet capacity-building needs, CDC and FP Regional Training Centers (RTCs) conducted needs-assessment (NA). **METHODS:** NA 1) surveys and interviews of Region IV FP healthcare providers (HPs) and clinic managers (CMs); 2) anonymous knowledge and attitudes questionnaire (KAQ) surveys of FP HPs at Regions I, IV, VII, VIII before and after training programs, and 3) surveys of capacity-building needs and strategies proposed by CDC FP grantees at national meetings, were conducted from 12/01 to 10/02. **RESULTS:** A total of 102 HPs and 24 CMs participated in Region IV NA surveys and interviews; 258 and 85 HPs in 4 regions returned pre- and post-training questionnaires, respectively, and 95 CDC grantees completed needs-assessment questionnaires. All Region IV HPs and CMs indicated offering on-site HIV risk assessment, counseling and education and 96% and 25%, confidential or anonymous testing; they ranked more training, staff, and time as the most needed resources to improve HIV prevention services. Most KAQ survey participants correctly answered questions on HIV-transmission (87%); and efficacy of behavioral (83%) and perinatal (86%) prevention; 36%, however, indicated that they believed that “women with HIV should not have children”, 48%, that increased HIV mortality among women is due to “biologic differences”, and 38%, that antiretroviral regimens are “too complicated” for women. Post-training, only 41% responders knew that efavirenz may reduce hormonal contraceptive efficacy, and 62%, that nonoxynol-9 is ineffective for HIV prevention. Grantees identified training needs in prevention services for immigrants, adolescents and men; and emergency and reversible long- and short-term contraception for women with or at risk of HIV, and requested wall-charts summarizing guidelines for management of newly-identified HIV infection (60%), STD Treatment (54%) and opportunistic infection prevention (56%), to reinforce training. **CONCLUSIONS:** Capacity-building needs, and knowledge gaps were identified, suggesting need for focused, sustained, effective training in the areas that NA participants requested.

**Control Number:** 03-B-894-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** G01 Benefits of Collaboration Between STD and HIV Programs

**2nd Category Choice:** G08 Integrated HIV Prevention/STD Treatment Services

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P15 Counselors

**Presentation Preference:** Single Oral

**Title:** North Carolina's Rapid Intervention Outreach Team Integration of HIV/STD Services

**Author Block:** *Ashby, RM; Foust, EM*

DHHS, HIV/STD Prevention and Care Branch, Raleigh, NC

**Abstract Body:**

**ISSUE:**

HIV counseling and testing was integrated into the syphilis RIOT's outreach and intervention strategies to identify new cases of HIV and reduce future HIV morbidity.

**SETTING:**

The PSST RIOT in Guilford County, NC, where syphilis has been endemic for several years.

**PROJECT:**

The Rapid Intervention Outreach Team (RIOT) initiative is a collaborative effort involving the NC HIV/STD Prevention and Care Branch, local health department and community working together to develop short and long term interventions and strategies in areas experiencing syphilis outbreaks. As RIOTs successfully reduced syphilis morbidity in the outbreak areas, HIV morbidity increased. HIV counseling and testing was integrated into the RIOT outreach and intervention strategies to address this issue.

North Carolina's most recent intensive intervention, the PSST (People Stopping Syphilis Today) RIOT was held in May 2002 in an outbreak area of Guilford County. Activities included analysis of the latest Rapid Ethnographic Community Assessment Process (RECAP) data, increased case finding, syphilis and HIV screening, and one weekend of intensive community outreach and education by state, local and CBO staff from across the state. Community agencies are continuing to work with health officials to offer ongoing community outreach and develop resources to address the many needs identified in the community.

**RESULTS:**

During the PSST RIOT weekend outreach, 10-14 teams of workers provided information about HIV and syphilis to 907 residents. Each team was composed of a counselor, blood drawer and recorder. Syphilis and HIV testing was offered to each of the residents; 257 agreed to syphilis screening and 230 agreed to HIV screening. Eleven syphilis reactors were identified, 5 (2%) of the individuals were newly diagnosed with early syphilis and 6 of the individuals had been previously treated. In addition, 6 (3%) of the individuals had positive HIV tests. Five of the 6 individuals were newly diagnosed with HIV, were post-test counseled, received partner notification counseling and were referred to an HIV early intervention clinic, a primary care clinic and to the Ryan White HIV Consortia. Staff were unable to locate one of the HIV positive individuals for follow-up. State, local and community agencies are continuing to work together to develop, implement and fine-tune interventions and strategies to target this at-risk community.

**LESSONS LEARNED:**

NC's RIOT plan has been used to identify service gaps in high morbidity areas by bringing HIV and STD community partners together with public health officials to develop and implement targeted prevention strategies, to identify previously unknown cases of syphilis and HIV and to get newly identified individuals into treatment and care. As the intervention strategies are implemented for syphilis

and HIV, service gaps are addressed and appropriate solutions are suggested. RIOTs have energized community partners, community based organizations, HIV/STD staff and local agencies to combine efforts and address the needs of their individual communities, i.e., HIV and STD counseling and testing hours have been extended, new and accessible clinics have been opened, agencies have joined together to enhance outreach in at-risk communities, and HIV early intervention clinics have been established.

**Control Number:** 03-B-898-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** G17 Models of Integrating HIV, STD, and Reproductive Health Programs

**2nd Category Choice:** C18 Interventions that Target Youth in High Risk Situations

**Population 1:** P62 Youth

**Population 2:** P56 Staff of Community-Based Organizations

**Presentation Preference:** Group Oral

**Title:** *Teen Expression:* Using media to uncover the naked truth about sex

**Author Block:** *August, EM; De Anda, AI*

Institute of Women & Ethnic Studies, New Orleans, LA

**Abstract Body:**

**ISSUE:** HIV prevention for young people must address the complex challenges of their real life context, integrating socio-cultural motivators and barriers while building self-esteem and self-efficacy.

**SETTING:** A public access television station, high school classrooms, and meeting spaces in urban areas of New Orleans, Louisiana.

**PROJECT:** Positive changes in adolescent sexual behavior are influenced by empowering sexual education that is not “limited to preventing teen pregnancy and disease, [teaching] young people how to identify, evaluate, (and) communicate” (Silverstone, 1992). *Teen Expression* has integrated health education and youth development to: 1) Enhance young people’s sense of personal responsibility, self-reliance, and confidence; 2) Build critical thinking skills; 3) Develop youths’ capacity to set goals, organize resources, and take positive action; 4) Create positive social support networks; and 5) Encourage meaningful, supportive, and positive interactions between teens and caring adults.

*Teen Expression* harnesses the popularity and dominance of television by: a) sharing pertinent and factual sexual health information; b) stimulating and engaging youth in peer advocacy and community representation; and c) building concrete, marketable communication and media skills. As causes of sexual risk are multifaceted, strategies must be inclusive of the various factors that intertwine teenage lifestyles. Using TV as a vehicle, young people address drug use, self image, violence, media influences, emotional health, parental communication, relationships, etc. to stimulate thought and provide answers to why teens put themselves at risk of HIV/AIDS. A trained team of 20 students from high schools across the city develops a monthly rap session in the form of a teen talk show to engage fellow peers in discussions about sexual health. In addition, young people acquire technical skills, including reporting, hosting, camerawork, directing, audio, and lighting, which contribute to increased pride and self-confidence. *Teen Expression* improves teens’ understanding of the strategies and motivations of media, developing their critical and analytical thinking skills while increasing their resiliency through empowerment, self-respect, and self-confidence.

**RESULTS:** From 1998-2002, *Teen Expression* trained over 60 students from 21 different public and private New Orleans high schools to be leaders, media representatives and advocates for sexual health among their peers. These 60 students have demonstrated an increase in critical thinking, knowledge of HIV/AIDS prevention, and self-efficacy to practice positive sexual health behavior. The project raised the awareness and engaged over 1,500 high school students in dialogue on sexual health and related issues.

**LESSONS LEARNED:** *Teen Expression* provides an avenue in which both males and females can reflect, discuss, deliberate, and derive answers to problems associated with teen sexuality, dating and relationships, the influence and role of media, sex education in schools, emotional health, drug use and abuse, sexually transmitted diseases, and career and goal-setting. Teens and parents alike have expressed the positive changes witnessed due to their involvement in the show, including their enhanced ability to articulate and express their positions, set life goals, make decisions based on their own risk assessment,

and greater school involvement. Each of these factors result in the young people's increased resiliency to manage and avoid risky behavior.

**Control Number:** 03-B-915-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** G05 Implementing HIV Prevention in Substance Abuse Treatment Facilities

**2nd Category Choice:** A02 Alcohol Use, Addiction and HIV Risk

**Population 1:** P4 Alcohol and Other Drug Users

**Population 2:** P3 African Americans

**Presentation Preference:** Single Oral

**Title:** Sex, Lies, and Substance Abuse: HIV Prevention, Intervention, and Support Within a Substance Abuse Treatment Setting

**Author Block:** *Williams, KK*

Haymarket Center, Chicago, IL

**Abstract Body:**

>ISSUE: HIV Prevention, Intervention, and Support

**SETTING:** Urban Substance Abuse Treatment

**PROJECT:** Haymarket Center has examined and risen to the challenges of providing quality, cost-effective HIV/STD education, prevention messages, as well as intervention and support, within a large multi-program substance abuse treatment facility. Working with a primarily indigent, low-income, and multiply-addicted population, we have developed gender-specific and ethnically-appropriate education messages which address the overlapping issues putting individuals at risk. By incorporating staff training and participant and peer group education into traditional substance abuse treatment programming, we have attempted to address barriers such as: biases and myths (homophobia, faith-based issues, fear of infection through casual contact, etc); emotional impact of addiction and relationships; lack of comprehensive low-cost care; etc. **RESULTS:** A random post-discharge study conducted by nationally-recognized outside researchers has revealed a significant decrease in specific HIV risks among participants of our substance abuse treatment / HIV education programs. These results have remained consistently strong up to a year after discharge from care.

**LESSONS LEARNED:** The multiple issues related to substance abuse and addiction directly impact an individual's ability to develop and implement personal HIV risk reduction plans. Success of interventions in a substance abuse treatment program is not only impacted by the individual services provided by HIV educators, but also the general training and philosophy of all program peers and program staff. Staff development and cross training of all service providers (including those in faith-based programs) is critical, as is the enhancement of participants' trust of their peers and treatment providers.

**Control Number:** 03-A-922-NHPC

**Format:** Abstract Format I - Scientific Research Findings

**1st Category Choice:** G16 Models of Integrating HIV Prevention into Youth Services

**2nd Category Choice:** D20 HIV Prevention Programs for Youth

**Population 1:** P1 Adolescents

**Population 2:** P58 Teachers

**Presentation Preference:** Single Oral

**Title:** What You Really Need to Know: Knowledge of HIV and Other Sexually Transmitted Diseases (HIV-STDs) in Adolescents

**Author Block:** *Asuni, B; Thomas, R; Beck-Sague, CM; Beck, CC; Scott, AM; McCollum, B; Duerr, A*  
Centers for Disease Control and Prevention, Atlanta, GA

**Abstract Body:**

**BACKGROUND/OBJECTIVES:** Though knowledge alone does not guarantee protective behaviors, a minimum level of accurate information is essential to adopt protective behaviors. To identify unmet information needs, adolescents in a area with high AIDS and STD prevalence (metropolitan Atlanta, GA) and their chaperones attending infectious disease presentations at CDC were invited to voluntarily answer written questions on questionnaires.

**METHODS:** Before and after a 30-minute presentation summarizing modes of HIV-STD transmission and prevention, adolescents were anonymously administered a pre- and, then, a post-test where they could make suggestions.

**RESULTS:** In 2001-2002, 230 Atlanta residents (>95% of those who participated in 7 sessions) returned pre-tests; 153 (67%) were female and mean age was 16 years. On pre-testing, most correctly identified some STDs as curable (88%), some as incurable (97%); behaviors that can (98%) and cannot (89%) transmit HIV; adolescents' rights to HIV-STD care without parental consent (76%); and that there are comfortable ways to be tested for HIV-STDs (89%). Only 46% knew that HIV-STDs can be asymptomatic; 48%, that even "unsafe" sex with uninfected partners cannot transmit infections; and 45%, that douching may increase risk. Mean score rose from 79% to 94% in the post-test ( $P < .001$ ). Participants suggested that more information about douching, asymptomatic infection, and role of testing in prevention of HIV-STD was needed.

**CONCLUSIONS:** Unmet educational needs included information on asymptomatic infection and testing; short-term retention was high.



**Control Number:** 03-B-944-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** G01 Benefits of Collaboration Between STD and HIV Programs

**2nd Category Choice:** C10 HIV/STD Interventions in Physician Office Settings or Other Health Service Settings

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P20 Gay, Lesbian, Bisexual, Transgend, Question. Youth

**Presentation Preference:** Group Oral

**Title:** Strengthening Client Level STD/HIV/Viral Hepatitis Service Integration

**Author Block:** *Whiticar, P<sup>1</sup>; Bolan, G<sup>2</sup>; Jourden, J<sup>3</sup>; Davis-Satterla, L<sup>4</sup>*

1 Hawaii State Department of Health, Honolulu, HI; 2 California Department of Health Services, California, CA; 3 Washington State Department of Health, Washington, WA; 4 Michigan Department of Community Health, Michigan, MI

**Abstract Body:**

**ISSUE:** Recent findings on unsafe sexual behavior indicate high risk for co-infection of HIV, STD and viral hepatitis. Health departments are increasingly seeking to integrate services at the client level.

**SETTING:** State HIV/STD/hepatitis programs in Hawaii, California, Washington and Michigan.

**PROJECT:** Each of these four states has undertaken efforts to integrate screening, counseling and testing, treatment, partner management, vaccination and referral services for clients at risk for HIV, STD and viral hepatitis. This has been done in clinical (public and private) and outreach settings. This integration required reorientation and cross training of staff and community providers

and a renewed focus on the multiple health needs of clients.

**RESULTS:** All four states report varying degrees of success in making integrated services more available. Throughout the process organizational, philosophical and service differences between the way services had traditionally been provided became barriers which had to be breached. Concern about the rapidly increasing outbreaks of STD among MSM and other populations especially among HIV-infected individuals in other areas of the country gave staff increased reason for collaboration. Community based organizations provided valuable support in bringing awareness and services regarding STD/HIV/hepatitis to hard to reach populations that might not access public health services. Medical alerts and updates for primary care physicians serving the risk populations were used to increase awareness and effectiveness in providing screening, treatment and referral. HIV care providers were enlisted to focus on HIV prevention and STD services. However, gaps between public and private providers particularly around STD screening and treatment, HIV prevention counseling, and PCRS tend to limit the impact of prevention efforts.

**LESSONS LEARNED:** Confidence building and joint planning can reduce barriers between traditional STD and HIV providers. Cross training and focus on client needs in the era of increased co-infection can support efforts to better integrated services. A collaborative public, private and community based approach helps to reach those most at risk but requires significant participatory planning and training. Support for stronger integration from the prevention training centers and the different divisions at CDC was seen as useful. Integration at the client level does not necessarily require structural integration. Models and best practices of integration will be discussed.

**Control Number:** 03-B-955-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** G21 Other (Please specify on Additional Info page)

**2nd Category Choice:** G01 Benefits of Collaboration Between STD and HIV Programs

**Population 1:** P26 HIV Prevention Providers

**Population 2:** P27 Homeless

**Presentation Preference:** Poster Session

**Title:** Barriers to Accessfor Early Testing and Treatment of HIV

**Author Block:** *Franco, F; Franco, F*

NO/AIDS TASK FORCE, New Orleans, LA

**Abstract Body:**

**ISSUE:** HIV counseling/testing in Hospital E.R. seeks to address populations with limited access to HIV testing, counseling and treatment

**SETTING:** Waiting Room of Walk-in-Clinic at Emergency Room of large public hospital in urban area of New Orleans, LA.

**PROJECT:** Collaborate with Public Hospital, State Office of Public Health, City Health Officials and local CBO to recruit and provide HIV counseling , testing, and early intervention services to any patients in clinic, whose primary client base is elderly lower socioeconomic status African-Americans, young African-American women, the recently incarcerated, homeless, and uninsured citizens.

**RESULTS:** Of the 300 participants receiving pre-test counseling, 32% returned for post-test counseling. The most common barriers for recruitment where patient stigma, lack of visual promotions, and the inconsistency of referrals by hospital staff. Common barriers for return post-test counseling sessions where lack of transportation, work conflict with clinic hours, and lack of on-site resources to contact counselor.

**LESSONS LEARNED:** Closer networking with hospital staff to increase volume and consistency of patient referrals for counseling/testing and intervention services for pre-positive patients out of care. Work with hospital staff to increase number of posters in waiting room and exam room areas as well as enhance poster designs to target young urban population and older lower literacy population. Allocate cell phone for counselor use to maintain contact with patients for return post-test counseling sessions. Project has also led to greater efforts of outreach and testing at local homeless shelters.

**Control Number:** 03-B-1010-NHPC

**Format:** Abstract Format II - Descriptive Summary

**1st Category Choice:** G17 Models of Integrating HIV, STD, and Reproductive Health Programs

**2nd Category Choice:** G16 Models of Integrating HIV Prevention into Youth Services

**Population 1:** P1 Adolescents

**Population 2:** P58 Teachers

**Presentation Preference:** Poster Session

**Title:** Student acceptability of a new audiovisual-supplemented abstinence-based STD-prevention curriculum.

**Author Block:** *James, OA*<sup>1</sup>; *Brightwell, J*<sup>2</sup>; *Denke, J*<sup>2</sup>; *Byerly, M*<sup>3</sup>

1 Canaan Health Ministries, Dickinson, TX; 2 Ball High School, Galveston, TX; 3 ACCT, Inc., Galveston, TX

**Abstract Body:**

**Background:** Texas Gulf Coast constitutes part of the Bible belt where the acceptable STD curriculum is abstinence-based. Yet, the area has one of the highest teenage pregnancy rates in Texas and many school districts need to modify current health education curriculum to effectively reduce pregnancies, STD and HIV-infections. The authors designed a new curriculum, which emphasizes abstinence-based HIV-prevention. The new curriculum includes borrowed videos from the audio-visual library of the Texas Department of Health, STD slides from CDC, and STD brochure from the ETR Associates were incorporated into five sessions of 90 min. health education classes. The videos and slides segments represent approximately 70% of the new curriculum.

**Setting:** High school lecture hall.

**Population Studied:** Of the 221 students who participated in the study, 52% were male and 48% were female; 26% were African American, 5% were Asian, 32% were Hispanic, 32% were White, and 5% were of other racial/ethnic groups. The average age of the students was 16 years; 43% were in the 9<sup>th</sup> grade, 29% in the 10<sup>th</sup> grade, 17% in the 11<sup>th</sup> grade, and 11% were in the 12<sup>th</sup> grade. **Result:** 90% of the students were satisfied with the new curriculum, and 74% liked either the videos or slides or videos and slides segments. 96% of the students indicated that the new curriculum improved their knowledge of STD and HIV risks as well as imparted acceptable options to solve future sexual health problems. 86% of the students will recommend the class to their friends or associates because it could effect other students' understanding of their STD risks and maybe change their risky sexual behavior.

**Conclusion:** The new curriculum should be adequate for abstinence-based health education classes of high school students located in the Texas Gulf Coast area in order to reduce currently high rates of pregnancies, STD and HIV-infections. A followup study will determine whether the curriculum has affected or modified the sexual risk behavior of these youths after 6 months of initial presentation.