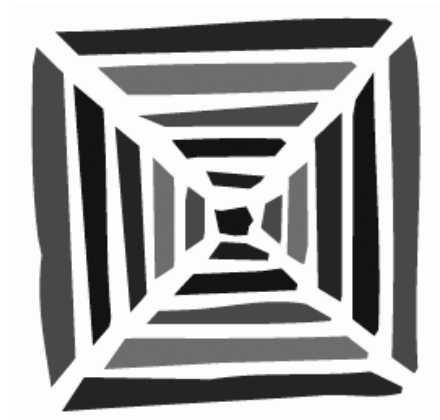


Abstracts



2001 National HIV Prevention Conference

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Atlanta, Georgia

ABSTRACT 78

Assessing Women's Willingness to Use Microbicides and Condoms

Lee, PA

University of Alabama, Birmingham, AL

BACKGROUND/OBJECTIVE: Currently, condoms are the best protection for sexually active women. Using condoms requires the cooperation of male partners, and many women encounter problems in obtaining partner support around condom use. Women could benefit from having a method of protection that is under their control. One such method is microbicides. Microbicides are pharmaceutical products that theoretically reduce women's risk for acquiring STDs/HIV; however, conclusive empirical data are lacking. The primary aim of this study was to develop a measure to explore which features were important to women's willingness to use microbicides. The secondary aim was to compare women's willingness to use microbicides to their willingness to use condoms.

METHODS: Women from a family planning clinic and a primary medical care clinic waiting rooms completed self-administrated questionnaires.

RESULTS: Using data from 266 sexually active women, principle component analysis revealed a 14-item microbicide measure. The four factors were: characteristics, type, hassle, and privacy with factor loading ranging from 0.61 to 0.82 and coefficient alphas ranging from 0.71 to 0.77. Nonparametric t-tests showed that women willing to use microbicides felt it was significantly more important that they be in control of their protection, help them maintain privacy, and that microbicides could increase their risk for HIV compared to those not willing to use them. Over 87% of the sample reported a willingness to utilize microbicides. Conversely, only 17% of the women with a main partner were using condoms consistently.

CONCLUSIONS: Privacy, control, and HIV risk are important issues to consider when developing microbicides. Women were far more interested in methods under their direct control than condoms, which are under their partner's control.

ABSTRACT 80

Integrating Treatment into Prevention Education for Educators

Hedworth, AB; Weaver, H

Metrolina AIDS Project, Charlotte, NC

ISSUE: The past few years have seen a push to integrate HIV prevention and treatment information. However, little information is available on how to train prevention educators in providing treatment education. Many prevention educators focus solely on prevention and have a very limited knowledge of treatment issues. Educators reported they were uncomfortable talking about treatment information. Therefore, as an ASO/CBO offering treatment and prevention education, a treatment education day was held for prevention educators.

SETTING: The location for the treatment educator was off site at a local conference room in a hotel (donated by a volunteer). The audience was full time prevention educators.

PROJECT: The Director of Education and a Treatment Educator designed the day. It included interactive exercises about: the immune system, HIV and the immune system, types of treatment (including drug classifications, what the drugs do, where they work in the HIV lifecycle and sample combinations), toxicity, side effects and managing side effects. Additionally, adherence, cost, distribution, drug resistance, the issue of when to begin therapy, alternative therapies, and viral load testing were also covered. Activities were led by the Director of Education, the treatment educator and the Executive Director of the agency. Prizes were also awarded throughout the day, focusing on stress relief for the busy lives of educators. Agenda, topics and sample activities will be shared.

RESULTS: A pre- and post-test was given to the educators in order for them to determine how much they learned throughout the day. The average number of questions answered incorrectly on the Pre Test was 5. After the training session, the average number of incorrect answers fell to 1. In particular, the questions that were missed on the pre test were about adherence, complimentary therapies, and how the virus becomes drug resistant. Additionally, an evaluation form was given at the end of the day. Staff reported that they found the information very valuable and enjoyed the discussions/format. It was suggested to have additional outside speakers and to break the day into smaller portions.

LESSONS LEARNED: Prevention educators have a limited knowledge of treatment. A day training about HIV treatment is one way of providing them with this knowledge that will be used in secondary prevention. This type of training (away from the office, interactive and relaxed) was a very favorable format. These mini-training days have a low cost and may be conducive to other types of training topics. Educators were particularly interested in learning more about racial disparities in HIV infection, additional treatment updates and HIV in children.

ABSTRACT 81

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ABSTRACT 82

HIV Prevention in African American Men Who Have Sex with Men: State of Knowledge

Porche, DJ

BACKGROUND/OBJECTIVES: African American (AA) men who have sex with men (MSM) are disproportionately infected with HIV. A review of the literature reveals studies focusing on risk and behavioral assessments and interventions directed at HIV prevention. The current state of knowledge regarding HIV prevention in AA MSM is not clearly delineated. The objectives of this study was to synthesize the current state of knowledge related to HIV prevention in AA MSM and provide recommendations for future research.

METHODS: Literature review was conducted from 1995 to 2000 using Medline. A computerized knowledgebase development software program, arcsTM, was utilized to identify the knowledge units related to HIV prevention in AA MSM. A visual mapping of the knowledgebase between variables was constructed.

RESULTS: The state of HIV prevention knowledge in AA MSM is based on descriptive and correlation studies. There is a lack of research in experimental and quasi-experimental research. Barriers to HIV testing and the

practice of safer sex were mapped that identify areas of future research. Risk behaviors of unprotected sex, promiscuity, carelessness, and need for intimacy were mapped to HIV testing and safer sex barriers in AA MSM.

CONCLUSIONS: Structural relationships between the variables identified in the knowledge units identified a need for more culturally appropriate studies to explore the meaning of the risk factors in AA MSM. Relationships were identified that recommend more intervention research at the quasi-experimental or experimental individual and community level.

¹<http://www.stti.iupui.edu/library/arcs/index.htm>

ABSTRACT 89

Men of Color AIDS Prevention Project (MOCAPP): A Multiple Intervention Approach

Swayzer, R; Porche, D; Evans, D

Brotherhood, Inc., New Orleans, LA

ISSUE: As HIV continues to spread among African American men who have sex with men (MSM), comprehensive culturally appropriate and sensitive prevention and intervention programs must be designed to adequately address the diverse needs of this often underserved target population. Specifically, multiple interventions based on in-depth needs assessment are needed to reduce the spread of HIV among this target population.

SETTING: Multiple interventions were implemented in the greater New Orleans area targeting African American MSM in the 70116 and 70112 locale.

PROJECT: The Men of Color AIDS Prevention Project (MOCAPP) at Brotherhood, Incorporated in New Orleans, Louisiana was developed to adequately address the prevention needs of African American MSM. After an in-depth needs assessment focusing on identifying 1) barriers to early HIV testing, 2) barriers to safer sex, and 3) risk behaviors, project activities were designed to reduce the spread of HIV in African American MSM. Interventions implemented included 1) street and venue based outreach, 2) peer education, and 3) safer sex skits.

RESULTS: During the period of October 1999 to October 2000, 4,556 MSM received HIV prevention services through a series of interventions. Twenty-nine individuals were trained as peer educators, utilizing a curriculum developed based on the needs of the target population. These trained peer educators reached 651 individuals in their existing social networks and through venue-based

outreach. Venue-based outreach targeting African American MSM at two local bars reached an additional 1,069 individuals. Street outreach to African American MSM commercial sex workers and African American at-risk youth impacted another 1,024 individuals. Through the implementation of safer sex skits in two MSM bars, an additional 1,272 individuals were reached.

LESSONS LEARNED: Brotherhood, Inc., findings indicate that comprehensive prevention programs utilizing multiple interventions have a greater capacity to reach more individuals within the community. Involvement of the target population in the design and implementation of program activities contributed to its success.

ABSTRACT 109

Peer Approach to Counseling By Teens: The Botswana Experience

Kweekeh, F

Houston Department of Health, Houston, TX

ISSUE: HIV prevention curricula traditionally are presented in didactic methodology and generally pedagogical. This approach does not consider the fact that HIV is a very sensitive topic. Age difference (generation gap) and other cultural barriers could affect the impact of messages for behavior change amongst young people.

SETTING: School-based HIV prevention education workshops for training peer educators and teachers in the Southern African country of Botswana.

PROJECT: The Peer Approach to Counseling by Teens (PACT) of the Botswana YWCA developed a comprehensive peer education program that included leadership training, decision-making skills, family life education, dating, HIV/STD, community needs assessment, drug abuse and group organization skills. Teachers and parents were given orientation on the PACT program. After training certified peer educators were required to facilitate small groups that were considered clubs and met regularly to develop programs that would sustain positive behavior. Peer educators hosted radio talk shows. Peer educators participated in pre-testing and design of educational materials. Peer educators were required to make monthly reports.

RESULTS: In the 1994-1995 school year, 459 Junior Secondary and Senior Secondary students from 12 schools in Botswana were recruited and trained as peer educators. Two hundred were certified as peer educators. One hundred and eight teacher-counselors were given orientation

about the PACT program in order to be able to monitor the effort of peer educators. At the end of the project phase, the PACT program baseline data showed the level of knowledge on the problem of sexually transmitted disease (STD) including HIV infection and AIDS among PACT-trained pupils and students was rated (90%-100%) in 85% of the schools included in the Evaluation Study. Similarly, in remaining 15%, the level of knowledge was above the average (80-89%). This has influenced students' decisions on abstinence, delaying sexual activities and saying "no" to sex. Similarly, the sexually active young people reported that they felt more confident about negotiating safe sex with partners.

LESSONS LEARNED: The finding validated the theory that peer education for adolescent sexuality and reproductive health is to maintain an increasing number of active adolescents and youth who are continually armed with up-to-date information, knowledge, skills and attitude to: exert positive peer pressure and provide peer support in sustaining positive life styles. Teachers and parents support was positive.

ABSTRACT 110

Transgender, The Unseen Population

Thomas, B

Houston Department of Health, Houston, TX

ISSUE: Understanding first what defines the transgender population is paramount to offering any solution to the needs of the transgender community. So few people truly understand what constitutes being transgendered and how it fits into daily lives. Because of the stigmatization surrounding the transgender population many face significant co-factors with regard to HIV transmission. Because of this stigmatization and isolation many transgenders have resorted to street survival sex for a mere existence, increasing their HIV risk. There have been some needs assessments done around the country that show the seroconversion rate among the transgender community to vary between 20% and range as high as 80%. There is sufficient evidence noting significant barriers to prevention messages and prevention services exist, making access to services and adherence to prevention extremely difficult.

SETTING: Training is applicable to clinicians, outreach workers, case workers, HIV prevention workers, and front desk personnel working in both public and private agencies.

PROJECT: The goal is to educate HIV prevention workers and health care providers to: 1) defining the transgender population; 2) identifying co-factors of HIV prevention; 3) identifying personal barriers; 4) identifying service barriers; and 5) presenting specific guidelines to removing those barriers.

RESULTS: This presentation has been given to 58 individuals at Covenant House in Houston, 39 individuals enrolled in PWA Coalition (Project Leap), and was distributed at the Leadership Council on AIDS in Washington, DC. Acceptance rating has been high and evaluation ratings were overwhelmingly positive.

ABSTRACT 112

Using Cultural Leaders as Peer Educators for HIV Prevention Among the Rural Maasai Youth of Kenya

Oinyaku, SO

Maasai AIDS Prevention Network (MAPNet), Kajiado, Kenya

ISSUES: The following issues were being addressed by the project: parent, cultural and peer pressure increasing rural Maasai youth vulnerability to HIV infection; and the integration of HIV and AIDS prevention education into cultural rites of passage to adulthood.

SETTING: The project operates in Kajiado district of Kenya inhabited by the Maasai people. The Maasai as a people inhibit a culture of wife-sharing and widow-inheritance, female genital mutilation (FGM) and the encouragement of polygamy and early forced marriages among the youth.

PROJECT: MAPNet used a peer-based approach for educating the rural Maasai youth on HIV/AIDS. Specific youth populations targeted included out of school youth, youth undergoing a series of rites as they graduate to adulthood (morans), livestock traders and youth in schools. Cultural youth leaders and older persons involved in youth sexual and reproductive health, youth graduation ceremonies, and rites of passage were targeted. New technologies not seen before in the community like video shows and village workshops, school-based education events and parent-youth debates were used to encourage dialogue between parents and children to discuss matters of sexuality and HIV and AIDS.

RESULTS: Increase in knowledge on HIV and AIDS was evident among the rural youth including the knowledge on preventive methods. Condom use among the population

increased. There was considerable decrease in the number of sexual partners among the youth. There was lesser pressure from the parents for FGM and forced marriages on the youth.

LESSONS LEARNED: The use of a cultural and indigenous system of education and governance peer-based intervention among the Maasai can control the spread of HIV and AIDS among them. The rural Maasai youth can change their sexual behaviors with continuous education. Parent-child communication on matters of sexuality is possible in this community.

ABSTRACT 113

Public Sex Offenses and HIV Prevention

Thompson, KA

Maricopa County Department of Public Health, Phoenix, AZ

ISSUE: Due to the variety and intensity of laws prohibiting sex in public places, HIV prevention programs targeting adult sex locations (parks, bookstores, bath houses) often encounter conflicts, challenges, and sometimes opportunities with law enforcement and community interests.

SETTING: Outreach to MSM in multiple parks throughout the greater Phoenix metropolitan area.

PROJECT: The MenPower Program of the Maricopa County Department of Public Health (Greater Phoenix Area) has provided HIV/STD outreach to MSM in public sex environments since the mid-nineties. Over the years, the working relationship between this public health promotion program and various law enforcement agencies has changed to address changing public interests and concerns.

RESULTS: Knowing the specifics of laws and ordinances applicable to public sex arrest in your area is vital, both as an educational benefit for consumers and to ensure the safety/viability of outreach staff members. Programmatic procedures whereby distributed program supplies (SSK's) do not contribute to litter/sexual debris of concern to local communities are important. A programmatic balance must be struck between offering alternatives to public sex activity without being identified with law enforcement and promoting the health/well-being message. Preparing a media message (and good media relations) help deter the sensationalizing of public sex news reporting which more routinely appears during ratings times.

LESSONS LEARNED: The phenomenon of public sex activity (particularly in more public places such as parks, restrooms, etc.) cannot be eradicated by an HIV prevention intervention alone or in concert with legal authorities. Health promotion which focuses on the long-term behavioral change of this hard-to-reach MSM activity group can, however, work cooperatively with legal authorities and other community concerns. Innovative partnerships with police and municipal prosecutors can offer the public sex client affirming and informing options for behavioral change.

ABSTRACT 114

Psychosocial and Contextual Covariates of Drug Preparation Risk Behaviors Among Puerto Rican IDUs in New York City and Puerto Rico

Colón, HM; Robles, RR; Deren, S; Finlinson, HA; Andía, J; Kang, SY; Oliver-Vélez, D

Universidad Central del Caribe, Bayamon PR; National Development and Research Institutes, New York City, New York

BACKGROUND/OBJECTIVES: With decreases in needle sharing, other behaviors practiced in the process of preparing injectable drugs may become a main route of transmission of blood borne pathogens among IDUs. This presentation examines the psychosocial and contextual covariates of drug-preparation (DP) risk behaviors practiced by Puerto Rican IDUs in East Harlem, New York City (EH) and Bayamón, Puerto Rico (BAY).

METHODS: The study sample comprised 852 Puerto Rican IDUs (EH, 555; BAY, 297). The DP behaviors examined were sharing rinse water, squirting drug from one syringe to another, squirting drug back into the cooker, and drawing drugs from the same cooker.

RESULTS: DP behaviors were twice more likely to be practiced than needle sharing in both cities, and IDUs in BAY were twice more likely to practice DP behaviors than IDUs in EH. In EH, 33.2% reported DP behaviors vs. 10.5% needle sharing. In BAY, the corresponding percents were 72.4% vs. 35.4%. In multivariate logistic regression and after controlling for study city, age, gender and education, the practice of DP behaviors was significantly associated with low self-efficacy, perception of approving social norms, perception of high risk of HIV infection, pooling money to buy drugs, injecting in a shooting gallery, and experiencing difficulties in finding a vein to inject.

CONCLUSIONS: Preventive interventions to reduce DP behaviors are urgently needed to help IDUs reduce their risks of infection with blood-borne pathogens. The results of this study suggest several potentially important intervention targets.

ABSTRACT 115

Needle Exchange – A Multi City Approach

Stokes, S

AIDS Resource Center of Wisconsin (ARCW), Milwaukee, WI

ISSUE: HIV and hepatitis C continue to infect injection drug users at alarming rates. Needle exchange strategies are proven scientifically to reduce the spread of HIV infection. To date many cities throughout the United States still do not provide these life saving services.

SETTING: Mobile needle exchange program operating in six cities throughout Wisconsin. Staff exchange needles in the van, shooting galleries, and streets or provide home delivery.

PROJECT: The AIDS Resource Center of Wisconsin (ARCW), headquartered in Milwaukee, is a statewide AIDS service organization which provides comprehensive AIDS/HIV services. LifePoint, ARCW's clean needle exchange program currently offers services in six cities in Wisconsin. This presentation will outline our step-by-step approach to implementing needle exchange in communities thought to be too conservative to support such a program. Needle exchange is one component of a comprehensive approach to meeting injection drug users, safer drug use needs. LifePoint embraces a "harm reduction" philosophy of service delivery. Staff provide services via mini vans at fixed sites, Parish Nurse Program, drug houses and roving. Anonymous counseling & testing and HCV screening are conducted out of the vans. Referrals for many other services are provided for LifePoint consumers.

RESULTS: LifePoint began in Milwaukee in 1994, expansion to Racine, Madison, Beloit, Green Bay and Kenosha followed. Throughout all of the cities, LifePoint averages exchanging approximately 28,000-35,000 each month. Since its inception LifePoint has exchanged in excess of 2 million needles. Staff have given over 500 individuals information on how to obtain drug treatment and have anonymously tested over 1,200 for HIV. Our state estimates 3-5% (which is far behind the national average of 14%) of injectors in Wisconsin are HIV infected, we believe that is in part due to needle exchange services have been available since March of 1994.

LESSONS LEARNED: We have learned injection drug users do care about their health and will make changes to reduce their risk of becoming HIV infected. Nonjudgmental approaches to service delivery are essential in being successful working with active injectors. We have learned many injectors do not want treatment and do not want HIV. We have learned many community stakeholders will support needle exchange initiatives when given concise rationale for utilizing the strategy. Local public health departments, law enforcement, drug treatment, and methadone providers will work with us in providing needle exchange services. We have learned that the active injection drug users we serve are the experts, have a lot of information, and are willing to share it if asked. It is important to include injectors in program development, design, and implementation.

ABSTRACT 128

Promoting HIV Risk Reduction Among Adolescents

Whalen, S

Adelphi University, Garden City, NY

ISSUE: For many years health educators have focused on teaching facts about HIV, in hopes that increased knowledge about the disease would discourage adolescents from risk behaviors. Needless to say, this tactic has not proven successful. Recent research has demonstrated that adolescents are more likely to make risk reduction choices if they are taught risk reduction behavior. While this may seem like common sense, many health educators are still stuck in the cycle of teaching facts.

SETTING: The techniques that are introduced in this presentation can be utilized in a classroom or community setting. They are effective with youth from all backgrounds, ages, and sexual orientations.

PROJECT: This presentation will illustrate how the skills-based model of education can be utilized in the context of HIV risk reduction. The skills and behaviors introduced in this presentation are not the commonly utilized skills related to self-efficacy of condom or latex barriers. Instead, participants will examine the role of risk reduction skills such as decision-making, stress management, communication skills, assertiveness, refusal skills, goal setting, resource management, and media analysis. Participants will discuss how sexuality education can be adapted to fit the needs of specific district and organizational regulations and will leave the session with lessons they can immediately utilize.

RESULTS: Research in the field of substance abuse prevention has demonstrated that skills-based alcohol, tobacco, and other drugs (ATOD) education is effective in decreasing tobacco, alcohol, and marijuana use among youth. This presentation will advocate the application of skills-based education to HIV education.

LESSONS LEARNED: Adolescents are becoming sexually active at younger and younger ages. As a result, they are placing themselves at risk for contracting HIV. Research has demonstrated that skills-based ATOD education is effective. HIV educators can successfully adapt the skills-based model and utilize it to promote HIV risk reduction among children and adolescents.

ABSTRACT 134

Evaluation Made Easy...Almost

Del Sesto, SP¹; Loberti, P²

1 Initiatives for Human Development; 2 Office of HIV/AIDS, Rhode Island Department of Health, Providence, RI

LEARNING OBJECTIVES: Participants will learn to: 1) design a logic model for their HIV Prevention program; 2) use their logic model as a tool for designing a comprehensive process and outcome evaluation for their program; 3) prepare a visual scheme relating their program and evaluation plans; and 4) list at least three benefits of such a format in delivering and marketing their program.

ISSUES: In an age of accountability, there are people who still claim HIV prevention efforts cannot be measured. Quite the contrary! All HIV prevention programs, if well thought out, lend themselves easily to a logic model. Once laid out in a logic model format, evaluation plans are quickly developed and a program's justifications become obvious. Come and see evaluation (and project planning) made easy...almost.

METHODS: Interactive model development, small group work.

ABSTRACT 136

HIV Risk Behaviors Among Latino and Non-Latino Drug Abusers in Chicago

Klein, H; Levy, J

University of Illinois, Chicago, IL

The data for this study came from Partners in Community Health Project, a five-year cross-sectional study designed to compare the efficacy of two HIV partner notification models among injecting drug users (IDUs). The study was conducted out of a converted storefront in a Chicago neighborhood characterized by high rates of poverty, drug use, and HIV. Data were collected between May 1995 and April 2000. Street outreach was used to recruit 1,113 active drug injectors who were not in drug treatment at the time of their intake interview.

In this paper, we compare HIV risk behavior practices and psychosocial profiles of Latinos enrolled in the study to persons of other racial/ethnic backgrounds. Results indicated that, compared to persons of other racial/ethnic backgrounds, Latinos demonstrated: a greater personality orientation toward involvement in risk-taking behaviors, lower overall levels of self-esteem, and no difference in the amount of time spent thinking about AIDS-related matters. Compared to others in the study, Latinos injected drugs twice as much, engaged in needle sharing more, engaged in indirect sharing practices more, used condoms less often (especially for oral sex), and reported generally comparable numbers of sexual partners. Overall, therefore, Latinos in the study had a greater risk for contracting and/or transmitting HIV to others compared to their non-Latino counterparts, particularly with regard to their drug-related behaviors. We conclude by discussing several reasons underlying these findings and their implications for public health and HIV intervention programs, especially those targeting drug abusers.

ABSTRACT 139

A Multi-Pronged Approach to Addressing HIV/AIDS Prevention Needs of Older Adults in New York State (NYS)

Klein, SJ; Devore, BS

AIDS Institute, New York State Department of Health, Albany, NY

ISSUE: As of March 31, 2000, there were 16,888 reported AIDS cases among individuals age 50 and over in NYS. A comprehensive approach to HIV prevention must meet needs of older adults. Little had been done to bridge the HIV/AIDS and aging networks.

SETTING: NYS has over 140,000 AIDS cases, more than any other jurisdiction, and more than 5 million persons age 50 and over, many of whom are at risk of HIV infection.

PROJECT: The lack of HIV prevention materials targeted to older adults, who comprise 29% of the NYS population, was identified as a gap. Multiple methods to address prevention needs of this overlooked population included: focus groups with individuals over age 50 and non-HIV/AIDS specific providers of services to older persons; preparation of an annotated bibliography; development and distribution of a brochure "Age Is No Barrier" to consumers and health and human service providers; outreach to the NYS Office for the Aging (SOFA); placement of an article in the *SOFA News*; a letter to the statewide aging network jointly signed by Commissioner of Health, the Director of the AIDS Institute, and the Director of SOFA to raise awareness and offer technical assistance to any aging agency seeking to link with a local HIV prevention provider; presentations about HIV among older adults to HIV/AIDS prevention providers and other audiences, including faith communities and senior centers; and active participation in highlighting the significance of this issue at statewide, national, and international meetings.

RESULTS: Availability of a brochure about HIV/AIDS prevention targeted to older adults served as a springboard. It enabled the AIDS Institute to work with SOFA to offer the aging system access to HIV prevention resources in order to heighten awareness among older adults about HIV. Responses included requests for materials and presentations. Partnerships between local HIV prevention and aging agencies resulted.

LESSONS LEARNED: Simple steps can raise awareness about the importance of HIV/AIDS prevention for older adults and bridge the HIV/AIDS and aging sectors. Methods and materials used in NYS can be adapted for use in other locales.

ABSTRACT 140

Adolescents With Older Sexual Partners: Associations With Condom Use and Multiple Partners

Taylor, R; Dittus, PJ; Robin, L

Centers for Disease Control and Prevention, Atlanta, GA

BACKGROUND: Prior research has shown a relationship between female adolescents' choice of older male sexual partners and increased risky sexual behavior and negative outcomes, such as STD infection and unintended pregnancy. This relationship has not yet been examined among male adolescents who choose older female sexual partners.

OBJECTIVES: This study examines the association between male and female adolescents' choice of older sexual partners and sexual risk behaviors, including their reports of 4 or more lifetime sex partners and lack of condom use at last intercourse.

METHODS: Respondents were a subset of the 1997 Youth Risk Behavior Survey (YRBS), a nationally representative survey of youth. Sexually experienced adolescents aged 14 – 17 were selected for this analysis. Age of partner consisted of three levels: 18 years old or younger, 19 or 20 years old, and 21 years old or older. Logistic regression was used to test for the association between the sexual risk factors and the age of partner, controlling for a variety of demographic variables.

RESULTS: Females with a sexual partner 21 years or older were less than half as likely to have used a condom at last intercourse as females whose sexual partners were 18 years or younger (OR 0.39, 95% CI 0.23 – 0.64). No association between condom use and age of partner was found for males. Females with sexual partners 19 – 20 years old were almost twice as likely to have multiple partners than females whose partner was 18 years or younger (OR 1.76, 95% CI 1.20 – 2.58). Females with partners 21 years or older were 3.5 times more likely to have multiple partners than females whose partner was 18 years or younger (OR 3.58, 95% CI 2.28 – 5.63). Males with partners over 18 years old were almost 5 times more likely to have multiple partners than males with partners 18 years or younger (partners 19 – 20: OR 4.68, 95% CI 2.73 – 8.03; partners > 21: OR 4.62, 95% CI 2.31 – 9.23).

CONCLUSIONS: Because age differences between partners impact adolescents' sexual practices, interventions need to address problems that teens face in dealing with older partners. Adolescents should be taught negotiation and communication skills to address the potential power differential which may exist with older partners so that they can set sexual boundaries and practice self-protective

behaviors. Health educators need to acknowledge the influence of older partners on the sexual practices of both male and female adolescents.

ABSTRACT 141

Men's Role in HIV/AIDS Prevention with Women: What Genders Have to Say?

Perez-Jimenez, D; Serrano-Garcia, I

University of Puerto Rico, San Juan, PR

BACKGROUND: Heterosexual transmission of HIV among heterosexual women is steadily increasing in Latin America and in Latino communities in the U.S. The relationship between gender and HIV/AIDS is of growing concern but the issue of men's participation in empowering interventions for women has not received the attention it merits. Those that have considered it have diverse positions: (a) women and men must be empowered separately (women- or men-centered efforts), (b) interventions should focus on couples or mixed groups (simultaneous) or (c) interventions should focus on women initially and then integrate their partners (sequential). Awareness of cultural issues has also increased and is being considered within these efforts.

OBJECTIVES: To explore the role men should play, if any, in interventions that emerge from an empowerment perspective for the prevention of HIV/AIDS among heterosexual women.

METHODS: Focus groups were developed in Puerto Rico, Dominican Republic and Mexico related to the participation of men in preventive interventions that have women's empowerment as their main goal. In each country four groups were developed, one with HIV/AIDS researchers, one with HIV/AIDS prevention service providers, one with heterosexual women and one with heterosexual men that had already participated in HIV/AIDS prevention efforts. We will be presenting the results of the groups conducted with heterosexual men and women.

RESULTS: In all countries the majority of participants agreed that heterosexual men should be incorporated into HIV/AIDS projects that focus on prevention of transmission of HIV to heterosexual women. There was diversity of response regarding when and how men should be incorporated. Some barriers were mentioned that could hinder the participation of men, such as recruitment and retention, women's inhibition and power struggles during the intervention. Alternatives were also offered

to minimize these barriers, like the use of facilitators of both genders, prior needs assessment, and talk about gender roles at the beginning of the intervention. Cultural norms and beliefs were also discussed.

CONCLUSIONS: Men should be incorporated into HIV/AIDS projects that focus on prevention of contagion among heterosexual women. This incorporation could be threatened by the difficulties of recruiting and retaining men. It is a challenge to look for new ways to overcome these barriers. The format of the intervention must be flexible enough to allow men and women to be together in some but not all sessions, depending on the subject under discussion. Cultural norms and beliefs regarding sexuality and gender roles were quite homogeneous despite multicultural sampling.

ABSTRACT 144

PT+3: A Model for Improving Provider Assessment/Screening Interventions

Ivey, SL; McDonald, NC

Auburn University, Montgomery, AL

ISSUE: Providing education and counseling about sexual disease risk is an important part of a family planning visit. A current study by the authors identified a need for a more effective method to assist providers in conducting efficient, routine STD screening and the needed education and counseling.

SETTING: Family planning settings in the public or private sector.

PROJECT: Recognizing the rapid rise of sexually transmitted diseases (STDs) and HIV among women of childbearing age, the March of Dimes Birth Defects Foundation (MOD) and the Alabama Medicaid Agency (Medicaid) funded a project in the fall of 1998 known as the INA Project. This study interviewed 105 women and 34 providers to determine how Medicaid providers were screening and counseling women using family planning services and what type, if any, improvements were needed.

RESULTS: Medicaid family planning policy was rewritten to include a time-effective STD/HIV screening and counseling protocol. A low-literacy screening tool — either patient or provider completed — was developed with risk explanations included for immediate reference. Counseling suggestions were correlated with levels of risk to avoid the "one-size-fits-all" approach. To decrease resistance to the new policy, the STD/HIV requirement

was merged with existing counseling/education requirements using a structure called PT+3. An acronym for a patient-driven interactive model of education, PT+3 focuses on (1) patient, (2) provider-identified and (3) sexual risk taking (pregnancy/disease) concerns. All parts of the policy are compatible with the draft (Oct 2000) CDC HIV counseling guidelines. Training of family planning providers statewide is now being scheduled.

LESSONS LEARNED: According to both providers and patients, factors relating to sexual risk are often under-assessed and under-discussed in the family planning setting. Providers were found to have a lack of knowledge about the impact of domestic violence on sexual risk and to lack the skills or awareness of resources to address the issue. Patients said that providers did not ask about "personal" life issues, did not confront them with identified risk, did not always provide basic information about STDs and HIV, and did not provide any type of skills training for condom application or prevention negotiation. Providers were aware of need for HIV testing but followed no standard form of risk screening. Further, providers were not fully aware of risk factors or of how to confront the patient. Time was mentioned frequently as a constraining factor as was the lack of inexpensive low literacy materials.

ABSTRACT 166

Accuracy of Newer Rapid Tests for HIV Antibody

Branson, B¹; Granade, T¹; Fridlund, C¹; Kerndt, P²; Uniyal A²

1 Centers for Disease Control and Prevention (CDC), Atlanta, GA;
2 Los Angeles County Department of Health Services, Los Angeles, CA

OBJECTIVE: Evaluate the sensitivity and specificity of four one-step rapid HIV tests (Determine™, HemaStrip™, Oraquick®, Unigold™) and three multiple-step rapid tests (Multispot™, Quix™, SUDS™) in clinic settings where they are likely to be used.

METHODS: Four of the rapid tests were performed on whole blood and three on plasma from 340 known HIV-positive and 468 known HIV-negative persons recruited from an STD clinic and an HIV testing site in Los Angeles. Results were compared with EIA/Western blot. Specimens with discrepant results (false negative [FN] or false positive [FP]) were retested on plasma by CDC's reference lab. Plasma from a random sample of 10% of

specimens with concordant test results was also retested. Retest results were combined with concordant whole blood results to calculate revised sensitivity and specificity.

RESULTS:

Whole Blood	On-site testing				Plasma retesting, CDC		Revised	
	FN	Sensitivity	FP	Specificity	Pos/FN	Neg/FP	Sensitivity	Specificity
Determine	0	100%	0	100%	-	-	100%	100%
HemaStrip	7	97.7	0	100	3/7	-	98.5	100
Quix	2	99.4	5	98.9	1/2	1/5	99.7	99.1
Unigold	15	95.3	1	99.8	13/15	0/1	99.1	99.8
Plasma								
Oraquick	0	100	2	99.6	-	1/2	100	99.8
Multispot	0	100	6	98.7	-	2/6	100	99.1
SUDS	3	99.1	2	99.6	2/3	1/2	99.7	99.8

Results from retesting the 10% random sample of plasma specimens agreed with the original concordant test results in all cases.

CONCLUSIONS: All seven rapid HIV tests demonstrated good specificity. Only Determine and Quix showed adequate (> 99%) sensitivity with whole blood. Based on retesting, some of the other tests showed better sensitivity with plasma, comparable to that of the FDA-approved SUDS. The one-step rapid tests were easy to perform and may be useful in clinic settings with limited laboratory facilities.

ABSTRACT 167

An HIV Prevention Program Evaluation Resource Database

Davis, D; Barrington, T; Gilliam, A

Centers for Disease Control and Prevention, Atlanta, GA

ISSUE: CBOs, health departments, and technical assistance providers need information about the availability of materials on how to conduct HIV prevention program evaluation.

SETTING: Nationwide.

PROJECT: Develop and post on the Internet a searchable database of HIV prevention program evaluation materials, including books, manuals, web sites, instruments, articles, newsletters, and other materials, that can aid prevention programs in evaluating their activities.

RESULTS: The CDC has developed a database of more than 200 items, classified by steps in evaluation addressed, barriers to evaluation addressed, and degree of expertise in evaluation required for use. This database will be

made available through the CDC Internet site to anyone wishing to find materials on evaluation appropriate to their particular evaluation need and level of evaluation experience.

LESSONS LEARNED: While there are many materials available that address all the steps in the evaluation process and all the common barriers to program evaluation, there is a shortage of materials that can be used by people who do not have significant training or experience in evaluation. This database has the capability of identifying what materials there are for these people and clarifying the gaps in materials that need to be filled.

ABSTRACT 168

Sustaining HIV Interventions After the Funding Disappears

Nyitray, AG; Perez, E

Southern Arizona AIDS Foundation, Tucson, AZ

ISSUE: Public and private funders are interested in how AIDS Service Organizations (ASO) will maintain interventions after the funding cycle ends. Even though constantly changing political winds make feast-and-famine funding cycles a reality, very little technical assistance exists on how to weather this storm. Most importantly, what are the implications for our relationships with the communities we serve if our programs disappear overnight because of a loss of funding?

SETTING: HIV interventions for Latino men who have sex with men (MSM) in southern Arizona.

PROJECT: The Southern Arizona AIDS Foundation (SAAF) has provided HIV prevention services to Latino MSM since 1992 through a program called *Salud es Poder (Salud)*. From 1997 – 2000, *Salud* delivered HIV prevention services to Latino MSM using the Popular Opinion Leader model. This effort received significant support from the Centers for Disease Control and Prevention (CDC). Only a few weeks before the end of the budget year, SAAF learned the CDC would discontinue funding *Salud*. This event jeopardized the life of *Salud* and SAAF's relationship with the community it served. SAAF's efforts to meet this challenge were supported by 1) internal SAAF resources in place long before this event, and 2) emergency efforts in response to the event.

RESULTS: *Salud es Poder* exists today with significant funding from non-CDC direct funding sources and SAAF's relationship with Latino MSM communities is intact and healthy.

LESSONS LEARNED: Virtually every HIV prevention program will eventually lose its funding. For viable programs that should continue, there are steps ASOs can take to prepare for a loss of funding. These steps can help insure continuation of viable programs and include fundraising capacity enhancement, strategic planning, and strong community involvement.

ABSTRACT 192

Youth Speak: A Peer-Led Approach to Delivering Effective Interventions to Reach a Diverse Youth Culture with HIV/STD Prevention Information

Oatman, AJ; Buchan, LL

Northern Virginia AIDS Ministry, Alexandria, VA

ISSUE: Training young people as peer health educators can create positive group norms and is an effective way to encourage 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 prevention information.

SETTING: Peer-developed and peer-delivered HIV/STD prevention education reaching economically and racially diverse at-risk youth, 14 – 25 years of age, in schools, community-based sites, and residential group homes and/or treatment centers throughout the Northern Virginia region.

PROJECT: Youth Speak, a program developed by Northern Virginia AIDS Ministry (NOVAM), provides a comprehensive site-based, peer-led approach to HIV/STD prevention education through training and sustained HIV/STD program interventions in communities or schools to at-risk youth. Adult site liaisons are identified at training sites who help recruit at-risk youth to participate and negotiate with site administration and parents for support of peer educator activity. Youth Speak 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 through presentations in and out of the classroom, consistently conducting outreach in their schools and communities, conducting a multi-session series to youth in crisis at residential centers, 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 1999-2000 program year, 133 youth ages 14 – 18 were trained as peer educators, who then reached 12,603 youth with peer-designed/peer-led HIV/STD prevention education. Youth Speak program data demonstrated that participation in the peer-led prevention programs helped to change the knowledge and behavioral intention of youth reached (94% reported an increase in knowledge; 96% reported an intent to change risky behaviors). 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 (82%) 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 (82% reported an increase in the frequency of condom use).

LESSONS LEARNED: The Youth Speak peer education program results in behavior change. It provides leadership opportunities for 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.

ABSTRACT 195

Schools and HIV Policy

Bogden, J; Head, C; Hinton, T

National School Board Association, Alexandria, VA

ISSUE: Schools need effective policies and programs for prevention of HIV and for guidance concerning students and staff who are living with HIV. As cases of HIV infection continue to rise among youth and as more infants with HIV survive into childhood and adolescence, schools increasingly face issues surrounding disclosure, confidentiality and family supports. Updated policies will establish commitment and guidance and will help protect the rights of HIV-positive students and staff in schools while assuring a safe environment for all.

SETTING: States and Local School Districts

INTENDED AUDIENCE: Policymakers; school administrators and staff; parents

PROJECT: This session will address the need for behaviorally, medically and legally sound policies regarding HIV in all schools, K – 12. Guidance will be offered on

when a state/district/school should consider revising its HIV-related policies for students, staff and families. An analysis of actual state and district policies and a suggested sample policy will be included. In addition, a description of the organizations that can provide resources and assistance for developing and reviewing school policies, as well as HIV/AIDS education information sources, will be provided.

RESULTS: Participants will understand the need to establish timelines for reviewing HIV-related school policies. Participants will gain knowledge about the resources available for developing and reviewing HIV-related school policies. Participants will gain knowledge about resources for finding curricula, fact sheets, articles, etc., for strengthening HIV prevention programs.

ABSTRACT 204

Predictors of Emotional Distress Among HIV-Seropositive Injection Drug Users: The Role of Social Support

Mizuno, Y; The Seropositive Urban Drug Injectors Study (SUDIS) Team

Centers for Disease Control and Prevention, Atlanta, GA

BACKGROUND/OBJECTIVES: Many studies indicate significant associations between emotional distress and HIV/AIDS risk-taking behaviors. Emotional distress has also been found to be associated with non-adherence to HIV treatment among HIV-seropositive (HIV+) injection drug users (IDUs). Using cross sectional data collected from HIV+ IDUs, this paper seeks to identify predictors of emotional distress. We are particularly interested in whether perceived social support has protective effect on emotional distress, and whether support buffers adverse effects of other predictors of emotional distress.

METHODS: A sample of 161 HIV+ IDUs (49% female; 51% male) was recruited from a variety of community venues in the New York City and San Francisco metropolitan areas. Study participants completed an in-depth, face-to-face, qualitative interview and then completed an interviewer-administered quantitative survey. The present paper uses quantitative data only. Emotional distress was measured by combining 7-item depression subscale and 6-item anxiety subscale of the Brief Symptom Inventory (BSI) ($\alpha = 0.90$).

RESULTS: Bivariate analyses revealed seven significant correlates of emotional distress. Multiple regression showed

that among the seven potential predictors of emotional distress, four were significant. Three (history of mental health problems, frequent injection drug use, and non-injection poly-drug use) were significantly associated with higher levels of emotional distress while perceived social support had a protective effect on emotional distress. Moreover, a significant interaction effect was found between social support and non-injection poly-drug use, showing the evidence that social support buffers the association between poly-drug use and emotional distress.

CONCLUSIONS: Increasing social support might be a useful tool for HIV+ IDUs in reducing emotional distress and the adverse effect of non-injection poly-drug use. Our results endorse the peer-based approach taken by an increasing number of HIV prevention programs. In addition to reducing risky behaviors, the peer-based approach can be used to generate a system of mutual support that might improve mental health of HIV+ IDUs.

ABSTRACT 208

State of California Community Collaborative Prevention Research Initiative

Myrick, R^{1,2}; Lemp, G¹; Rasmussen, H²; Aoki, B¹; Truax, S²

1 University of California; 2 California Department of Health Services, Sacramento, CA

ISSUE: The purpose of this presentation is to describe the California Community Collaborative Prevention Evaluation Initiative (CPEI), the result of a partnership between the California State Office of AIDS and the University of California's Universitywide AIDS Research Program.

SETTING: The CPEI is designed to support university researchers and community service providers in California working together on prevention-evaluation research projects.

PROJECT: The CPEI supports scientific evaluations of community-based prevention programs to ensure that prevention services are effectively addressing the public health needs of high priority communities in California. This is accomplished through a three phase approach to research: *Phase One:* support for collaborative prevention evaluation projects; *Phase Two:* dissemination and translation of research and intervention projects to community organizations and county health departments statewide; and *Phase Three:* assessment of long-term impact of prevention programs.

RESULTS: Currently, the CPEI has made substantial

progress on Phases One and Two of the initiative. Phase One activities include the funding of 21 Collaborative Projects that are providing process and outcome evaluations of individual, group, and community level interventions targeting high priority populations in California. Phase Two activities include the implementation of a dissemination and translation plan that is transferring research and intervention protocols, findings, and technical support to CBOs and county health departments throughout the state. Phase Three is currently in the planning stages.

LESSONS LEARNED: Community collaborative prevention evaluation research is an effective strategy for responding to community prevention needs in a way that builds evaluation and intervention capacity in community-based organizations.

ABSTRACT 209

Evaluating the California HIV Planning Group Process: Integration of Planning for Care and Prevention

Myrick, R^{1,2}; Rasmussen, H²; Truax, S²

1 University of California; 2 California Department of Health Services, Sacramento, CA

OBJECTIVE: To evaluate the California State Office of AIDS (OA) Year 2000 Community HIV Planning Group (CHPG), a newly formed group that merges planning for care and prevention.

METHODS: The evaluation assesses the success of an integrated community planning process. The evaluation included member satisfaction meeting surveys; a year-end member satisfaction survey; key stakeholders interviews; and a review of OA response to recommendations.

RESULTS: Overall, members expressed high levels of satisfaction with the merger process, with 83% reporting satisfaction with clarity of outcomes, and 77% reporting satisfaction with achieving desired outcomes, ultimately resulting in integrated planning for prevention and care services. Members also reported high levels of satisfaction with the planning process: meetings provided a culturally sensitive and inclusive environment (77%); effectively representing persons living with and affected by HIV; information provided was helpful for planning (83%); CHPG members were committed to working together on issues relating to care and prevention (93%); and OA was committed to considering CHPG recommendations (65%). Regarding committee work, members also reported high levels of satisfaction: meetings provided an open and empowering

environment (92%); the decision-making process was effective (79%); and OA staff provided adequate support for committee work (89%). Also, OA responded to recommendations with a variety of new and ongoing initiatives for both prevention and care services.

CONCLUSION: During 2000, the newly merged community planning process in California successfully provided a coordinated planning process for prevention and care services that remained committed to the CDC's core principles of community planning.

ABSTRACT 210

Evaluation of a Statewide HIV Testing Referral and Outreach Program

Myrick, R^{1,2}; Chen, M²; Cima, L²; Truax, S²; Rasmussen, H²

1 University of California; 2 California Department of Health Services, Sacramento, CA

BACKGROUND/OBJECTIVES: The California State Office of AIDS (OA) is supporting an innovative counseling and testing (C&T) referral initiative (NIGHT) targeting high priority populations. The following presents the preliminary findings from an evaluation of NIGHT.

METHODS: Data were collected through behavioral risk assessment surveys administered to clients testing at test sites between 1994 and 2000. Data were extracted from OA's HIV C&T information system and included demographic characteristics, risk behaviors, referral programs, and HIV test results. Trend analysis was used to track changes over time in types of clients who were referred by NIGHT and received C&T compared to clients who accessed other traditional C&T referral services.

RESULTS: From 1994 to 2000, 15.6% of tests were referred by NIGHT and 84.4% were referred by other sources. However, the percentage of tests referred by NIGHT increased from 10.1% in 1997 to 19.8% during 2000. Of the tests referred by NIGHT, 60.2% were for people of color; 39.2% for women; 25.9% for IDUs; 49.3% for stimulant drug users; 9.6% for MSM; and 13.3% for sex workers. Compared to HIV tests referred by other sources, tests referred by NIGHT had significantly higher percentages for people of color (60.2% among NIGHT vs. 51% among other); for IDUs (25.9% NIGHT vs. 12.2% other); for stimulant drug users (49.3% NIGHT vs. 26.1% other); and for sex industry workers (13.3% NIGHT vs. 5.6% other).

CONCLUSIONS: NIGHT has proven highly effective at reaching high priority populations and ensuring that they receive appropriate counseling and testing services.

ABSTRACT 211

Community Mobilization Efforts in Response to an STD Outbreak Among Gay and Bisexual Men in Massachusetts

Cassul-Cruz, JA; Cranston, K

Massachusetts Department of Public Health – HIV/AIDS Bureau, Boston, MA

ISSUE: Disproportionate increase in syphilis and rectal gonorrhea (GC) cases due to unprotected sex among gay and bisexual men in Massachusetts.

SETTING: Community-based agencies, bars, clubs, public sex environments, and other venues where gay men gather.

PROJECT: The Massachusetts Department of Public Health launched an intensive community mobilization response that included a day-long conference with key community leaders and prevention providers, intensive outreach efforts, STD screening in bars, clubs and community events, and ongoing training for HIV prevention providers. Continuing efforts include a targeted media campaign, a dinner with bar and club owners to facilitate their participation in prevention strategies, monthly regional informal discussions with gay and bisexual men, and an ethnographic study of sexual contexts and behaviors to address the rise of STD cases due to unprotected sex among gay and bisexual men.

RESULTS: Gay and bisexual men in Massachusetts are at high risk for HIV and STDs due to unsafe sexual practices. Findings confirm that gay and bisexual men are engaging in risky behaviors in various sexual venues in which disclosure and/or discussion of HIV status is uncommon. Gay and bisexual men in general have low levels of basic knowledge of signs, symptoms, and transmission of STDs (e.g. syphilis, rectal GC), but they report high levels of HIV knowledge. Additional findings indicate that gay and bisexual men have a desire to discuss larger personal and community issues, a strong desire for new spaces to build friendship and relationships, and a desire to participate in a larger community.

LESSONS LEARNED: This community mobilization effort has been widely supported by community programs, clubs and gay bars, and gay and bisexual men in MA.

Ongoing efforts should be tailored for specific groups among gay and bisexual men (e.g. regional, ethnic, socio-economic, etc.) to reduce the risks associated with unsafe sexual practices.

ABSTRACT 212

A Framework for a Standardized HIV Prevention Program Evaluation Data System

Davis, XM; Wan, CK; Chen, HT; Wen, J

Centers for Disease Control and Prevention, Atlanta, GA

ISSUE: Since 1985, the CDC has provided substantial financial support to state, local, and territorial health departments and community-based organizations (CBOs) across the United States to implement HIV prevention programs. Within each of the 65 jurisdictions that CDC supports for HIV prevention, there is an array of interventions for each target population that, when combined, are expected to result in changes in the determinants of HIV risk behaviors and HIV transmission. The CDC is developing an integrated HIV prevention program evaluation data system that utilizes standardized evaluation terminology and can be linked to HIV epidemiologic data on the HIV epidemic.

SETTING: The CDC has been promoting a variety of data collection mechanisms at the federal and state levels for evaluating the effectiveness of HIV prevention efforts. For example, the forms "Profile of Community Planning Group Members" and "Table of Estimated Expenditures for HIV Prevention" were designed for the evaluation of the community planning process within each jurisdiction. In December 2000, the final draft of the CDC's "Evaluation Guidance" was distributed to health departments to provide standards that assist jurisdictions to meet the data reporting requirements and provide CDC with the opportunity to analyze its HIV prevention efforts on a national level. A similar resource manual and data reporting system for CBOs is also under development to assist CBOs in data collection methods. Standard terminology for HIV prevention evaluation is strongly recommended in these resource manuals.

PROJECT: A Microsoft Access application, "Evaluating Reporting Analysis System (ERAS)", based on the "Evaluation Guidance", has been developed by CDC to facilitate the evaluation requirements set forth in CDC's announcement 99004. A web-based version of this application is also under development. A compatible

database for CBO data submission is currently under development. A comprehensive database that captures HIV prevention data from community planning to funding allocation is also under consideration.

RESULTS: The ERAS contains functions for processing, validating, and reporting of CDC evaluation activity data. The primary evaluation activities captured in this application include: Community Planning process data; intervention plans; process evaluation plans; and linkages between the comprehensive prevention plan, CDC funding application, and resource allocation.

LESSONS LEARNED: CDC is moving towards an integrated HIV prevention program evaluation data system. This system will enhance compatibility and standardization of HIV prevention evaluation across the nation and within each jurisdiction. It will also provide consistent evaluation data that can help link HIV prevention to HIV epidemiological data such as reduction of HIV risk behaviors and HIV transmission.

ABSTRACT 213

B-Schools: A Venue for HIV/AIDS Education?

Miller, AN

College of Business, University of Nevada, Las Vegas, NV

ISSUE: The majority of the 325,000 annual business school (b-school) graduates in the US who become managers are unprepared to effectively deal with the challenges that HIV/AIDS present in the workplace because most b-schools and business textbooks do not cover this topic. Furthermore, since fewer than 20% of US businesses have an HIV/AIDS policy or provide HIV/AIDS education programs for their employees, managers are often uncertain about how to deal with the fear, prejudice, and workplace disruptions that accompany cases of this disease. As the number of people affected by HIV/AIDS in US businesses increases, there is a need for more b-schools to include information about this topic in their curriculum. Future managers must be taught how to provide people with HIV/AIDS with the accommodations required by the ADA and other relevant laws, how to deal with the human implications of employees with HIV/AIDS, and how to develop and implement prevention-oriented workplace HIV/AIDS education programs.

SETTING: The 650 US members of the American Assembly of Collegiate Schools of Business (AACSB).

PROJECT: Several interventions, championed by the AACSB, the Academy of Management (AOM), and the CDC Business Responds to AIDS (BRTA) program, are suggested to foster HIV/AIDS education in workplace issues at AACSB member b-schools in the US. First, the AACSB, AOM, and BRTA should use their significant influence to encourage business textbook authors and publishers to cover workplace HIV/AIDS issues, thereby moving this topic up on the “academic agenda” for fuller treatment in the classroom. Second, the BRTA should fund grants for b-school faculty to conduct research on HIV/AIDS in the workplace issues. Third, the *Academy of Management Review*, the AOM’s prestigious and widely read journal, should publish a special issue on HIV/AIDS in the workplace. This would help make faculty aware that HIV/AIDS is a relevant and important topic to include in b-school’s curriculum. Finally, the BRTA and its corporate partners should organize a national conference at which b-school faculty and administrators, business textbook authors and publishers, business leaders, and researchers can share their thoughts about and experiences with HIV/AIDS in the workplace. The primary objective of the conference should be to encourage b-schools to formulate plans to introduce HIV/AIDS education in select courses in their curriculum. The BRTA should supply technical support to help achieve this objective.

RESULTS: Diffusion of innovations theory predicts that if the AACSB, AOM, and BRTA actively champion the foregoing interventions, the number of US b-schools that include information about HIV/AIDS in their curriculum will increase. As more b-schools adopt this innovation, a critical mass will be reached. When this occurs, the rate of adoption will increase rapidly in a self-sustaining process.

ABSTRACT 214

Integration of HIV Prevention Education and Counseling/Testing at a NYS Correctional Facility for Women

Marks, SJ; Arent, S; Nappi, L; Richard, M; Caldwell, MD

Dutchess County Department of Health, Poughkeepsie, NY

ISSUE: CDC recognizes HIV in U.S. women increased significantly last decade, especially in communities of color. AIDS in adolescent/adult women more than tripled from 1985 to 1998 (7% to 26%) and is the 3rd leading cause

of death in women of reproductive age and number one for African American women of that group. Data (reflective of therapeutic advances) shows HIV-related death declining less among women than men. Incarcerated women are 6x more likely to be HIV+ than the general population. Identifying HIV+ women, especially of child bearing age/pregnant, is a significant public health priority.

SETTING: NYS correctional facility for women documented high risk for HIV including issues surrounding domestic violence. Mostly African American and Latina, these women are from historically disenfranchised population groups disproportionately infected/affected by HIV/AIDS.

PROJECT: The Dutchess County Department of Health (DCDOH) broadened public health HIV prevention education to include counseling/testing in March of 1994 at a state correctional facility for women. Integration of HIV counseling/testing with prevention education is supported by prison officials. These women openly discuss intimate prison/outside relationships with HIV educators/counselors during prevention programs and individual risk assessment/reduction counseling.

RESULTS: Since 1994, DCDOH tested 928 women (155 avg./yr.) in a facility housing 257 inmates with 900 annual transfers. Despite backgrounds of poverty, poor education, drug, physical and sexual abuse, incarcerated/disenfranchised women welcome this public health program (> 95% volunteer for HIV counseling/testing).

LESSONS LEARNED: The 5.3% avg./yr. HIV seropositivity rate the past 6 years is less than expected. Guaranteed confidentiality (public health model dictates HIV results are not provided to prison staff unless consented to by inmate), female inmates openly discuss issues usually avoided with prison personnel. This program is easily replicated at minimal (\$15,000/yr.) but may vary depending on facility size, training and time commitment.

ABSTRACT 215

HIV Prevention for American Indians in Robeson County: An Overview of the Process

Lehman, S¹; Hunt, K²; Oxendine, S³

1 Department of Public Instruction, Raleigh, NC;

2 North Carolina Indian Cultural Center, Pembroke, NC;

3 Robeson County Health Department, Lumberton, NC

ISSUE: Exploring the difficulty of using prevention interventions within an American Indian population, when administered by white middle class government employees.

SETTING: Lumbee and Tuscarora American Indian populations in Robeson County, North Carolina.

PROJECT: The NC School HIV/AIDS Policies and Programs Consultant in conjunction with the NC Comprehensive School Health Training Center implemented a grant focused on STD/HIV prevention in American Indian Youth. The grant consisted of two town hall meetings with tribal elders to discuss prevention issues, four focus groups with adolescents to look at aid seeking behaviors for youth, a training of trainers for the HIV prevention curriculum Focus on Kids, and a cultural sensitivity, data collection training for healthcare providers.

RESULTS/LESSONS LEARNED: The purpose of this presentation is not to look at the results of the grant activities, but to explore the unique difficulties white government employees have in implementing prevention programs in minority populations. The presenters will share their experiences in trying to implement a grant.

ABSTRACT 217

HIV Peer Education for Incarcerated Women

Spector, M

Oklahoma State Department of Health, Tulsa, OK

ISSUE: The HIV Peer Education Program for Incarcerated Women was established in response to increasing concerns about the incidence of HIV in correctional facilities (CDC, 1997, El-Bassel et al, 1995). This project provides one college credit to offenders who successfully complete the 16-hour peer education intervention and who are able to be a part of a resource team of prison peer educators.

SETTING: This project is on going in five women's prisons, a maximum security facility, two community corrections facilities, a medium security prison in a rural community, and one minimum security facility.

PROJECT: This unique program design incorporates support from the private sector, a state health department, the department of corrections and two community colleges. Each intervention is diverse dependent on the needs of the target population. The women design their own prevention manuals and engage in democratic curricula building to decide program content. Course content often includes human sexuality, cognitive/behavioral strategies for drug dependence, root causes of HIV in women, domestic violence, gender asymmetry, STD's, post traumatic stress disorder, relationship building and psychosocial stigmatization of incarcerated women who are at high risk for disease. Each adult education session is composed of cognitive information, affective small group process and skill building activities.

RESULTS: During calendar year 2000, 3,254 women received HIV intervention education facilitated by incarcerated women who were college trained peer educators. All women who were incarcerated received an HIV prevention manual developed by peers. As incarcerated peer educators were sent to other penal facilities they began HIV peer education at their new facility. Two additional programs have begun in 2001 as a result of the initiative of peer educators. Another outcome of the project was over 1,000 women sent their prevention manuals home to their children, and at two penal facilities peer educators held prevention workshops for the children of inmates.

LESSONS LEARNED: The author's findings validate the theory that incarcerated women feel more comfortable learning about HIV through their peers. Encouraging women to design prevention materials and HIV programming fosters offender ownership. Using small group dialogue sessions creates an atmosphere where root causes of HIV surface and become universal to women in this high-risk population.

ABSTRACT 218

A Critical Feminist Case Study: HIV Prevention for Women

Spector, M

Oklahoma State Department of Health, Tulsa, OK

BACKGROUND: As the number of HIV/AIDS cases begins to level off in men the number of women becoming infected continues to rise. Women continue to account for more and more of HIV/AIDS cases. In 1985 only 7% of U.S. AIDS cases were among women and that number has escalated to 17% through the end of June 2000 (CDC, HIV/AIDS Surveillance Report.) HIV Prevention models must begin to address gender asymmetry, female oppression, cultural/ethnic expectations and the lower status of women, and the perceived lower HIV risk when women are involved in an intimate relationship (Amaro, 1995; Amaro & Raj, 2000; Spector, 1999).

OBJECTIVES: The objectives were to study the barriers to HIV prevention and associated risk factors among ten women in a rural Mid-Western state.

METHODS: A qualitative case study was used to explore ten HIV positive women's perceptions about the barriers to HIV prevention. The study explored the lived experiences of women living with HIV disease prior to infection. Through semi-structured interviews, over the period of one and a half years, research participants voiced their life stories and experiences with perceived root causes of HIV disease, and barriers to prevention.

RESULTS: Childhood sexual abuse, familial dysfunction, low self-esteem, and domestic violence were common experiences among participants in this study. The women in this study experienced childhood neglect, chemical use and dependency and grew up in single parent homes. The unconditional need for a man was a common thread for women participating in this study. The women lacked assertiveness in relationships with men, were abandoned, and displayed survivor behaviors. They were reticent to question their male lovers about past sexual history and sexual orientation. They were willing to be connected to a man, even if he was not mutually involved in the relationship. Participants in this study reported betrayal, expressed symptoms of post-traumatic stress disorder, internalized shame, need for help with finances, and male support to help them raise their children. Themes of silence and family secrets were salient among the interviewees. Over half of the participants indicated they needed a man for sex, drugs, or income.

CONCLUSIONS: Through this participatory research design a focus group was conducted and women living with HIV/AIDS developed the WARN Model (Women At Risk Now). The women discerned that having a close and intimate relationship did not lower risk to HIV, and abuse was a barrier to health protective behaviors. The women concluded that the WARN Model could be used to identify high-risk women and prevention education must include gender studies, ethnic/cultural perceived norms, feminist ideology, and cognitive-behavioral intervention.

ABSTRACT 219

Women's Health Care Utilization Following a Sexually Transmitted Disease (STD) Diagnosis

Wilson, SR¹; Brown, NL¹; Manos, MM²; Leyden, WA²; Chin, V²; Levin, D²; Braverman, P³; Shapiro²

1 Palo Alto Medical Foundation Research Institute, Palo Alto, CA; 2 Kaiser Permanente Medical Group, Inc.; 3 St. Christopher's Hospital for Children

BACKGROUND: We are conducting a randomized control clinical trial of an individual and small group HIV prevention intervention with 18-45 year old female Northern California Kaiser Health Plan members recently diagnosed with an STD.

OBJECTIVES: To refine analysis plans for the clinical trial by characterizing health care utilization (HCU) in a similar (retrospective) Kaiser patient cohort in the 18 mos. following an STD diagnosis.

METHODS: We identified all 18 – 45 year old women seen for an STD at participating Kaiser medical centers from January to June 1998 (N = 1,205) and randomly selected an age-, facility-, and chronic disease-matched sample, four times as large, of women seen for a non-STD diagnosis (n = 4,820). We compared their inpatient and outpatient HCU in the 18 mos. subsequent to the diagnosis/index visit.

RESULTS: The STD cohort averaged 11% more outpatient visits per person in this period than the non-STD cohort - 9.3 (s.d. = 9.3) vs. 8.4 (s.d. = 9.7) - and was 6.7% more likely to have an inpatient stay. The proportions of women seen for yeast infections (candidiasis) and scabies were 2 – 3 times higher and the proportions seen for cervical dysplasia, pelvic inflammatory disease (PID), various

infections of the urinary tract, vagina, and abdomen, ectopic pregnancy and HIV/sexual issues counseling were 1.67 – 2.00 times higher in the STD than the non-STD cohort. The STD cohort was > 2 times as likely to be hospitalized on an emergency basis but had about the same likelihood of being hospitalized for a delivery or elective procedure. Those in the STD cohort with a hospital visit/stay had a greater likelihood of being seen for an ectopic pregnancy, abortion, pelvic inflammatory disease, or other gynecologic problem, but were slightly less likely to be seen for “Other” conditions.

CONCLUSIONS: An STD diagnosis is a marker for substantially increased resource utilization for additional STDs and STD sequelae, even within a relatively short time span following the index visit. The extent to which these results are related to age or prior STD history, and whether such sequelae can be averted by an educational intervention triggered by such a visit, remains to be determined.

ABSTRACT 220

Three New HIV-Prevention Programs That Work for Adolescents

Fenley, D; Jemmott, LS; Coyle, K; Robin, L

ISSUE: Programs that effectively reduce HIV risk behaviors among youth have been tested through evaluation research, but reach school and community health educators slowly, if at all. Centers for Disease Control and Prevention (CDC) identifies and disseminates effective programs through its “Programs that Work” (PTW) process. Three new PTW have been identified: “Safer sex” and “Abstinence” versions of “Be Proud! Be Responsible!” and “Safer Choices”.

SETTINGS: The “Safer Sex” and “Abstinence” programs targeted African American middle-school students from lower income Philadelphia communities. “Safer Choices” targeted high school students in Texas and California and their parents during and after school.

PROJECTS: The “Safer Sex” and “Abstinence” programs consisted of eight one-hour modules. The “Safer Sex” program contained activities to strengthen skills in negotiating abstinence and in condom use. The “Abstinence” program contained activities to strengthen positive attitudes toward abstinence and increased negotiating skills to achieve it. “Safer Choices” was a two year-

long, multi-component program including 20 hours of classroom instruction, and peer, parent, community, and school-wide components to increase communication about, and skills to achieve, abstinence, condom and contraceptive use.

RESULTS: The “Safer Sex” and “Abstinence” programs were evaluated in the same study, and compared to a control group who received a general health curriculum (N = 659). Sexually experienced youth in the “Safer Sex” program had less unprotected sexual intercourse, and all participants used condoms more frequently 3, 6, and 12 months after the program than youth in the control group. Youth in the “Abstinence” program were more likely to delay sexual initiation 3 months after the program, and were more likely to use condoms 12 months after the program than youth in the control group. In “Safer Choices”, students were assigned to the program or standard HIV education (N = 20 schools). At 31 months, youth were less likely to have sex without a condom and had fewer partners with whom they did not use a condom in the prior 3 months, and were more likely to use STD and pregnancy prevention at last intercourse compared with youth who received standard HIV education.

LESSONS LEARNED: The three new programs include new approaches not previously included among PTW. These programs include the first abstinence-based program identified as a PTW, and the first multi-component program involving parents and school-wide involvement.

ABSTRACT 221

Reducing Risk Behavior and Strengthening Social Networks: An Intervention for Drug-Using Women

Wagner, KD¹; Paone, D²; Farrell, J¹

1 Positive Health Project, Inc., New York, NY;

2 Harm Reduction Coalition, New York, NY

ISSUE: Substance use is the leading risk factor driving the spread of HIV/AIDS among women in New York City. Most drug-using women face multiple barriers accessing HIV prevention information, medical, and mental health care services. For myriad reasons, traditional intervention methods do not always work with this vulnerable population. A social network model is a promising alternative to individually focused intervention strategies.

SETTING: The Social Network Intervention Group (SNG) is comprised of racially diverse, substance using women who are at risk for HIV and other blood-borne infections. The group is held at the Positive Health Project (PHP), a community-based HIV prevention agency in Manhattan.

PROJECT: PHP received a three-year grant from the Health Resource Services Administration (HRSA) to develop and implement the SNG. The intent of the intervention is to use the eight-week curriculum to: increase knowledge and skills surrounding HIV/STD prevention, increase access to medical and mental health care, improve communication and conflict resolution skills (focusing on domestic partners), strengthen social networks, and infuse those networks with HIV and health-related information. The outcome evaluation is designed to measure changes in six domains in women's lives: health care knowledge, self-care/prevention skills, social capital, health utilization, PHP utilization, and communication skills.

RESULTS: Each group is comprised of six primary participants and six social network partners. From September to December 2000, 116 women requested information about the group. Of these, 36 made and kept appointments and were screened for eligibility. Eight women were determined ineligible and 26 were placed on a waiting list for the next available group. Of the first 24 participants, more than half were African American (N = 17) and the mean age was 41.5 years (range 26 – 52). One-third of the 12 primary participants (N = 4) reported that they were HIV positive; four (33%) reported a history of syphilis, three (25%) reported PID. All 12 women reported having seen a health care provider in the last 12 months; five received their care from a doctor or clinic, four received their care from their methadone program. Nine women were enrolled in methadone treatment. Data on changes in risk behavior will be presented.

LESSONS LEARNED: Experience to date validates the efficacy of a social network model. Preliminary findings demonstrate that the intervention has been successful in generating ownership of the group by the participants and creating a safe environment to discuss intimate issues, including experience with domestic violence, risk behavior, and parenting concerns. Participants report that they have discussed group topics with their children, friends, and relatives outside of the group. Women completing the group have successfully engaged in other services at PHP, enrolled in peer education training programs, and pursued the health-related goals set for themselves in the group.

ABSTRACT 223

Combating HIV-Related Stigma and Discrimination in New York State (NYS): The Role of the AIDS Institute

Klein, SJ; Karchner, WD; O'Connell, DA

New York State Department of Health, Albany, NY

ISSUE: Stigma and discrimination are the enemies of public health in the battle to prevent new HIV infections. Comprehensive HIV prevention programs must acknowledge and address these issues so that health departments at the state and local levels can develop policy and programs to meet the challenges.

SETTING: As the epicenter of the domestic HIV/AIDS epidemic, NYS has confronted a myriad of issues related to HIV stigma and the resultant discrimination, often in the absence of models and without the benefit of others' experiences. Even now, entering the third decade of the pandemic, difficult issues of HIV stigma, in conjunction with the discriminatory nature of such factors as racism, sexism, poverty and attitudes about drug use, continue to pose formidable challenges.

PROJECT: Established by statute in 1983, the NYS Department of Health's AIDS Institute is responsible for coordinating the State's response to the epidemic. This role has necessarily involved developing multiple approaches to deal with stigma and discrimination through policy discourse and program development.

RESULTS: Strategies employed in NYS have included: a strong HIV confidentiality statute, enforcement of state and federal privacy protections, community education to dispel HIV-related myths and illustrate the diversity of the epidemic, comprehensive HIV clinical education that addresses institutionalized bias and cultural divides, active involvement of business and faith communities, education and leadership training for persons living with HIV and AIDS so they are 'equal players' at the table where decisions are made concerning policy, program development and funding, access to legal service providers who are knowledgeable about HIV and effective advocates, and an ongoing commitment to interagency dialogue and service coordination around policy and program development.

LESSONS LEARNED: Multiple strategies to address HIV related stigma and discrimination are necessary and essential to reduce the negative consequences of such policies and practices on the most affected communities. Bold short-term and long-term approaches are necessary to ensure that these enemies of public health don't defeat the advances we have realized to date.

ABSTRACT 224

Meeting the Challenges of Planning for HIV Prevention in New York State (NYS): Multiple Partners and Proliferation of Processes

Klein, SJ¹; O'Connell, DA¹; Shotsky, WJ¹; Franks, PA²

¹ New York State Department of Health, Albany, NY;

² University of California (UCSF), San Francisco, CA

ISSUE: Since 1983 the AIDS Institute (AI) has had responsibility for the NYS response to the HIV epidemic. Planning for HIV prevention in New York State (NYS) preceded CDC's HIV prevention community planning. Previous planning efforts continued; even more have been added. To maximize prevention outcomes, staff must be dedicated to participate in and coordinate multiple planning processes within the context of inadequate resources.

SETTING: Within the AI, the Division of HIV Prevention (DHP) assures a comprehensive approach to HIV prevention. The NYS HIV Prevention Planning Group (PPG) is an important planning partner.

PROJECT: DHP coordinates the PPG process and outcomes with those of others. These include the NYS AIDS Advisory Council (AAC), NYC HIV PPG, Statewide AIDS Service Delivery Consortium (SASDC), Ryan White Care Networks, NYS agencies, the NYS Interagency Task Force on HIV/AIDS and local health departments. Strategies to maximize effectiveness have included sharing documents, assuring membership across planning bodies, forming joint work groups/subcommittees, assuring clarity on roles, sharing needs assessments, coordinating among staff, and collaborating on policy advice.

RESULTS: Specific outcomes have included a Regional Gaps Analysis which links the PPG and Ryan White Care Networks and will dovetail with NYCDOH and the NYC PPG; yearly AAC, PPG and SASDC collaboration on the AAC's Legislative Education Day; coordination of a PPG African American/Black Initiative with AAC work on communities of color; focused community consultations; staff and planning group coordination between NYS and NYC; and, interagency coordination on HIV prevention priorities.

LESSONS LEARNED: Coordination of planning processes is possible, can promote prevention objectives, prevent missed opportunities, maximize resources and facilitate integration of prevention and care. Staff involvement in

others' planning processes allows HIV prevention to be raised within relevant contexts, thereby maximizing success. Focused community consultations can have far-reaching outcomes. Required activities are labor intensive. Flexible models for locally relevant and cost-effective HIV prevention community planning should be a national goal.

ABSTRACT 225

Assessing the Extent and Availability of HIV Prevention Services for Inmates Within New York State (NYS) Correctional Facilities

Gieryic, SM¹; Klein, SJ¹; O'Connell, DA¹; SanAntonio, ML¹; Hall, JY²; Klopff, L³.

¹ New York State Department of Health, Albany, NY;

² Greater Brownsville Youth Council, Brooklyn, NY;

³ New York State Department of Correctional Services, Albany, NY

BACKGROUND: The New York State (NYS) Department of Health (NYSDOH) AIDS Institute, NYS Department of Correctional Services and the NYS HIV Prevention Planning Group have collaborated to reduce HIV transmission and have a positive impact on the health of HIV-infected inmates. Joint development of a survey to examine the extent of HIV prevention services was initiated in 1997.

OBJECTIVES: To study the availability and level of HIV/AIDS prevention services for inmates in New York State correctional facilities.

METHODS: A survey was mailed to the superintendents of correctional facilities (n = 69) in NYS in May 2000. The survey elicited detailed information on five major areas: HIV/AIDS prevention activities, inmate involvement with HIV/AIDS prevention activities, individual and group level HIV/AIDS prevention counseling and HIV/AIDS support groups. The survey also gathered information on barriers to providing services and whether inmates were able to obtain HIV/AIDS-related printed and audiovisual materials and at what times.

RESULTS: A 100% response rate was achieved. All facilities indicated having HIV/AIDS education sessions for inmates in the past 12 months. Over half of the facilities (59.4%) reported ongoing inmate involvement in education, counseling, and support groups. Ninety one percent of the facilities indicated the provision of one-on-one HIV/AIDS prevention counseling, 91.3% of the

facilities provided group HIV/AIDS prevention counseling, and 72.5% offered support groups. Printed materials were available to inmates anytime at 91.3% of the facilities. When asked whether their facilities were able to meet HIV/AIDS-related educational needs, more than half (56.5%) indicated that presentations matched inmate demands, while 29.0% reported that their facilities exceeded demands and 13.0% noted that they did not match the demand. Finding time in the day-time prison schedule was the most frequently cited barrier to offering HIV/AIDS educational sessions (40.6%). Evening schedules may offer opportunities. Some gaps in prevention services for non-English speaking inmates were identified.

CONCLUSIONS: Overall, NYS correctional facilities report that a wide range of HIV/AIDS prevention services are available. Efforts to overcome barriers are being reviewed. A more flexible educational schedule is being considered to promote access to prevention services.

ABSTRACT 226

Characteristics of Effective HIV Prevention Interventions: Perceptions of Program Providers and Public Health Workers

Kalichman, SC¹; Klein, SJ²; O'Connell, DA²

1 Medical College of Wisconsin, Milwaukee, WI;

2 New York State Department of Health, Albany, NY

BACKGROUND: There is now consensus that research-based HIV prevention interventions are effective at reducing high risk sexual behavior and governmental efforts are underway to package and disseminate behavioral science-based HIV risk reduction interventions. Implementing prevention interventions is dependant upon the motivation of service providers to adopt or adapt an intervention for practice. However, little is known about provider perceptions of intervention effectiveness and acceptance of research-based interventions.

OBJECTIVES: To examine perceptions of prevention providers and public health staff regarding interventions effectiveness and acceptance.

METHODS: We conducted (a) a systematic review of the research literature and documents made available through community agencies; (b) qualitative focus groups with 26 prevention providers and health department prevention contract managers in New York State (NYS) and (c) quantitative surveys with 22 NYS prevention providers

and contract managers; surveys asked participants to rate the importance of 19 features of prevention programs that were identified in the literature reviews and focus groups. Analyses were undertaken to examine the concordance between principles of effective research-based interventions and perceived effectiveness of providers and contract managers.

RESULTS: Results showed a high degree of concordance between elements of effective research-based interventions and perceived effectiveness of prevention providers and contract managers. As indicated by quantitative survey results, the most important features of effective programs were elements that emphasized client centered approaches and activities that empower participants. Least important were elements that focus on program innovation and novelty.

CONCLUSIONS: Findings suggest that effective research-based interventions contain elements that are valued by community-based prevention providers and these features should be emphasized when marketing programs disseminated to prevention providers.

ABSTRACT 228

Integrating Viral Hepatitis (A, B, and C) Prevention into HIV Prevention Programs

Buffington, J; Brooks, M; Riggs, T; Miller, D

Centers for Disease Control and Prevention, Atlanta, GA

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 0.7 million with HIV, among whom up to 40% may be also infected with hepatitis. Integrating viral hepatitis services into existing HIV programs is an essential step towards prevention and control of these diseases.

SETTINGS: STD and HIV counseling and testing programs in sites around the United States, including anonymous counseling and testing programs in Seattle, WA, confidential and anonymous counseling and testing programs in New York City, NY, San Diego, CA, sites in Illinois, Oregon and New Mexico. The intended audience includes HIV and STD counselors and program managers.

PROJECT: In 1999-2000, CDC funded four programs to integrate hepatitis services into existing HIV/STD prevention settings. During 2000-2001, this number was increased to 15 state and local health departments around the country. These health departments began to plan and implement integration of hepatitis A, B, and C prevention services including training of staff; educational materials for staff and clients; counseling, testing, vaccination, and referral into existing STD and HIV prevention programs. In addition, planning for evaluation of the impact of such integration was begun.

RESULTS: At least half of the 15 state and local health departments participating in a three-year cooperative agreement with CDC to plan, implement and evaluate integration of hepatitis prevention services into existing programs that serve persons at high risk for infection are well underway. Data on services accessed and the impact on STD and HIV services in these areas will be presented. Discussion will center on strategies to integrate viral hepatitis counseling, testing, and medical management (or referral) into existing programs that serve populations at high risk for viral hepatitis (e.g., HIV, STD, drug treatment, needle exchange, corrections).

LESSONS LEARNED: Experience to date, including barriers to implementing integrated services, will be shared. Participants should gain an understand of why integration of hepatitis prevention services should be integrated into existing settings, and how such services may effect other services, such as HIV counseling and testing.

ABSTRACT 230

Reducing Female Adolescents' Risk of HIV: A Health Literacy Approach in School-Based Education

Spreen-Parker, R; McElmurry, B; Meehan, M; Zenk, S; Shah, P

University of Illinois, Chicago, IL

ISSUE: A problem well-recognized in the literature is that adolescents are at risk for HIV infection, and the primary means of transmission is through unprotected sexual intercourse. School-based HIV education is common and has been proven to be moderately successful. Yet looking at data on adolescent sexual behaviors suggest that something more is needed. The *Health Literacy Program for Teens and Their Parents* project was designed to develop specialized literacy skills in at-risk adolescent girls and their parents that improve their health knowledge

and enhance their ability to use and interpret written health material. Research in urban communities demonstrates a clear link between literacy and health maintenance and promotion, and suggests that many inner city residents do not have the health knowledge and literacy competence necessary to adequately address their health needs. To achieve health literacy, an individual must be able to: (1) interpret health information, (2) use this information to improve and maintain health, and (3) foster attitudes and values that encourage health maintenance and promotion.

SETTING: To test a health literacy strategy as a means to increase knowledge of sexual risk reduction and HIV/AIDS, to enhance self-efficacy in communication and safer sex behavior, and to improve intention to engage in abstinence or safer sex behavior.

PROJECT: As part of a pre-high school matriculation program, 15 – 18 adolescent females participated in our one-month intervention. Our program was based on part on the *Get Real About AIDS!* curriculum, which was modified to emphasize health literacy goals. We conducted the intervention in 1999 and will conduct a second intervention in June 2001.

RESULTS: A total of 16 girls participated in 1999, and we anticipate a comparable group this coming summer. Using a one-group pre-test/post-test design, we measured for changes in knowledge, self-efficacy and safer sex intentions. Of the three evaluative outcomes, only the knowledge component yielded significant results ($p < 0.0001$). The intervention this coming summer will consider new teaching and testing methods.

LESSONS LEARNED: Although our intervention was short and had a small number of participants, we did see measurable increase in health literacy in terms of HIV/AIDS knowledge. We believe that the health literacy strategy works and that often the impact of interventions like this are not measurable with conventional measurement tools. Responses from the girls suggest that curriculums grounded in the students' life experiences are most important to teaching healthy decision-making. Further studies are necessary to better understand the relationship between health literacy as an educational strategy and HIV prevention among adolescent females.

ABSTRACT 232

People Living with HIV/AIDS Leadership Training Institute

Murray, C¹; Hatchett, J¹; Berrios, P¹; Andino, E¹; Tietz, D²; Pedraza, J¹; Perryman, S²; Debnam, C³; Lopez, M⁴; Medina, M⁴; Singh, D⁴; Utshudi, U⁴; Warner, J⁴; Bain, J⁴; Johnson, K⁴; Moran, T⁴

1 Ciciatelli Associates Inc., New York, NY;

2 AIDS Institute, New York State Department of Health, Albany, NY;

3 National Association of People with AIDS, Washington, DC;

4 Consumer Advisory Board, Washington, DC

OBJECTIVES: To provide training, skills-building, motivation and education to People Living with HIV/AIDS (PWA), to support the development of involved and effective HIV positive community leaders.

METHODS: A three-day training program designed to encourage PWA to discover their own leadership potential, and to identify next steps for developing and applying that potential in the HIV/AIDS community. Core training topics include: History of PWA Advocacy; Leadership; Identity, Diversity and Disclosure.

RESULTS: Evaluation results from 704 respondents indicate a high level of satisfaction in the Core training and a greater awareness of opportunities for involvement in government and community-based planning and evaluation processes. Results also suggest increased self-efficacy in behaviors related to leadership, advocacy and in participants' feelings of empowerment. 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.

CONCLUSIONS: 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 transfers are effective in overcoming this barrier.

ABSTRACT 233

New Jersey Teen Prevention Education Project: Linking HIV Prevention to STDs and Other Issues

Vasapolli, A; Saunders, ES; Powell, SR

New Jersey Department of Health, Trenton, NJ

ISSUE: HIV prevention is but one of many challenges to the sexual health of high school students, all of which compete for priority in the school day schedule. The New Jersey Teen Prevention Education Project (Teen PEP) integrates HIV prevention into a single elective or alternative sexual health curriculum, along with prevention of sexually transmitted diseases (STDs), pregnancy and substance abuse that can lead to impaired decision-making.

SETTING: In ten diverse schools each year, students enrolled in a sexual health peer leadership courses receive the information and skills needed to present interactive, peer-led outreach workshops to various groups within their schools and communities.

PROJECT: Each year, 700 student leaders and their faculty advisors assemble for a sexual health day of learning featuring interactive peer-led presentations by groups of school and community-based student peer educators. Student leaders and advisors in attendance return to their schools and institute a special sexual health class to replicate peer-led sexual health workshops in their school community. This community level intervention (the community being the school) is supplemented by a group level intervention in the form of the Teen PEP sexual health class. The curriculum specifically designed for this initiative offers participatory lessons on preventing HIV, STDs, pregnancy, and substance abuse. The implementation of the Teen PEP initiative is a two-year process at each participating school. During the first year, the focus is on capacity building, infrastructure development, faculty advisor training, recruiting peer educators for the following year, and on building a strong stakeholder team to oversee the implementation of the elective sexual health class.

RESULTS: Each year 200 student educators and 20 faculty advisors receive more than 75 and 36 hours respectively of capacity building and sexual health education. They, in turn, provide 100 peer-led sexual health workshops to 4,200 students, all of whom receive skills-based information on reducing the risk for pregnancy and STDs.

LESSONS LEARNED: Extensive teacher training at each school is essential to support effective sexual health student peer leadership initiatives. Staffing, scheduling,

and funding barriers to the implementation of school-based sexual health peer leadership development courses are mediated by an intensive focus on planning, problem solving, and infrastructure development at each school. Evaluations show an increase in students' skills and an intention to apply these new or improved skills to potential high-risk situations that may arise in the future.

ABSTRACT 234

Project FAITH: A Community-Level Intervention of the Black Church in New Jersey

Gregory, C; Saunders, ES; Reynolds, D; Richmond, A

New Jersey Department of Health, Trenton, NJ

ISSUE: African American communities are disproportionately impacted by HIV. While there are many programs providing individual and group level interventions for at-risk African Americans, there remains a stigma associated with HIV, and a lack of community level support to assist individuals in maintaining safer behaviors.

SETTING: The black church has historically demonstrated its success in galvanizing its community around many social, economic and health issues. The more than 24,000 members of the AME Church in New Jersey attend 101 local churches, which are clustered into four regional districts. In 2001, 80 of these churches are holding local HIV/AIDS Clergy Conferences, that include other denominations of churches serving the black community. More than 12,000 individuals are expected to participate in this intervention by the time all conferences have been held.

PROJECT: This community mobilization project, called Project FAITH, began in late 1998 in the largest and most heavily impacted of the four AME Church districts. In late 2000, the project expanded this initiative to include all four districts of the AME Church and other denominations as well. A one-day Minister's Retreat was held at which some 80 ministers attended peer-led workshops on the impact of the epidemic in the black community, the role of the church as a community caregiver, and the need to de-stigmatize HIV/AIDS and the behaviors associated with HIV transmission. The enthusiastic reception of this retreat by the participating ministers, led to a commitment from the State to support similar local conferences led by the AME Churches throughout the State.

RESULTS: In the first two years of Project FAITH, the initial 22 churches that participated have established new linkages with HIV counseling and testing sites, drug treatment centers, early intervention programs, and other local HIV prevention and care resources. These churches have assumed leadership roles in coordinating local World AIDS Day activities, National HIV Testing Day outreach efforts, and have become partners with the national Balm in Gilead Project. Many of these churches have also established AIDS Ministries to provide prevention services and social support to people living with HIV and those at risk.

LESSONS LEARNED: With limited resources, the black church has demonstrated its commitment and ability to mobilize local communities around HIV/AIDS. They have become leaders in the fight against HIV and now serve as a force in linking individuals with broader community resources. It is anticipated that the expanded initiative will experience the same success on a state wide level that Project FAITH has demonstrated in the Newark District.

ABSTRACT 235

Technology Transfer of an Effective HIV Prevention Behavioral Intervention

Neumann, MS¹; Scattergood, P²; Goldson, J³

1 Centers for Disease Control and Prevention, Atlanta, GA;

2 Education Development Center Inc., Newton, MA;

3 Action for Boston Community Development, Boston, MA

ISSUE: HIV prevention agencies want to use behavioral interventions that work. Researchers who develop effective HIV prevention behavioral interventions want them to impact the epidemic. The challenge is to transfer intervention technology from science to practice so that it is practical, acceptable, and sustainable.

SETTING: "Video Opportunities for Condom Education and Safer Sex" (VOICES/VOCES) is one of seven interventions supported by CDC's "Replicating Effective Programs" (REP) project. The brief, science-based intervention is implemented by Action for Boston Community Development (ABCD) in 32 hair salons, home-based HIV education programs, a substance abuse treatment program, prisons, and shelters for Latinas and African American women in Boston. ABCD also uses the intervention in their men's health program.

PROJECT: The REP project converts effective, research-based interventions into packages of materials that HIV prevention agencies need in order to conduct the interventions with their own staff in field settings. The REP project funded the researchers who conducted the original effectiveness study on VOICES/VOCES to collaborate with community advisors in compiling the intervention package. ABCD was one of the prevention agency collaborators selected to conduct trials of VOICES/VOCES using the intervention package. Agency feedback was employed to refine the package and make it even more user-friendly. The collaborating prevention agencies continue to implement VOICES/VOCES after the transfer process ended.

RESULTS: The researcher, agency, and community partnership resulted in the production of an intervention package that addresses program development as well as client education. ABCD got support for the intervention from its managers and staff and acceptance from clients, businesses, and other local agencies. ABCD met programmatic and funding challenges and has continued to implement the intervention, to expand its use, and to adapt it for different settings, clients, and staff for several years.

LESSONS LEARNED: To transfer intervention technology from science to practice, an active partnership among researchers, prevention agencies, and communities is needed at all stages of the process. True partnerships are built on mutual respect and trust. Written materials alone are not enough for successful program implementation. Providers also need training and technical assistance to get started. Interventions must be adapted for agency and community circumstances, while remaining true to the intervention's original design and intent. Researchers and agencies should work together to adapt interventions.

ABSTRACT 236

Drop-In Centers: Linking Prevention to Care for People Living with HIV

Lauricella, D; Saunders, ES; Grasso, C

New Jersey Department of Health, Trenton, NJ

ISSUE: Federally imposed restrictions on the use of care and prevention funds have manifested themselves in the form of early intervention programs that cannot provide prevention services to HIV positive clients and prevention programs that, at best, can only refer HIV-positive clients

for case management and care. Funding a single site with both Ryan White and CDC money breaks down that barrier, and contributes to a more seamless provision of services for both HIV-positive and high-risk HIV-negative clients.

SETTING: Existing prevention or care drop-in centers located in Atlantic City, Camden, and Jersey City were provided with supplemental funding to add either medical evaluation and case management services or street and community outreach; group level prevention interventions, counseling and testing; and HIV prevention case management services. Shower and laundry facilities are provided for clients, as are meals, clothing, and other items such as condoms and hygiene kits. Drop-in centers are located in neighborhoods with high populations of homeless individuals, injection drug users, and sex workers.

RESULTS: During their first three months of operation, the three new drop-in centers provided 308 high-risk HIV-negative and/or HIV-positive individuals with outreach services, 55 with counseling, testing and referral services, 35 with prevention case management, and 42 with single session individual-level interventions. If it were not for the newly co-located prevention and care services, most of these individuals would have missed the opportunity to take advantage of these services.

LESSONS LEARNED: With prevention services also available on-site, it is no longer necessary to refer HIV-negative IDUs, sex workers, or homeless individuals who may come into the centers to other sites for HIV prevention services, and HIV-positive clients are now able to take advantage of on-site prevention services. Co-locating care and prevention programs at these drop-in centers is a cost-efficient means of achieving a number of significant goals such as providing HIV prevention services to significant numbers of HIV-positive individuals already using these sites; expanding hours of operation, thus providing increased numbers of IDUs, sex workers, and the homeless with both care and prevention services; and providing the community with a single site linking both primary and secondary HIV prevention services together.

ABSTRACT 238

Replicating Effective Interventions for Dissemination

Neumann, MS; Corby, NH; Somlai, AM

Centers for Disease Control and Prevention, Atlanta, GA.

ISSUE: Research has demonstrated that behavioral and social HIV prevention interventions can be effective in changing risk behavior. However, available information on the interventions usually is limited to descriptions in journal articles, which are insufficient for the needs of prevention program providers.

SETTING: Two interventions are featured. "Light" is set in health care clinics serving ethnically diverse men and women in Wisconsin. "Community Peers Reaching Out and Modeling Intervention Strategies" (PROMISE) reaches injection drug users, their female sex partners, female sex workers, non-gay identified men who have sex with men, and high risk youth encountered on the street and in other public areas in California.

PROJECT: CDC's "Replicating Effective Programs" (REP) project converts effective, research-based interventions into packages of materials that HIV prevention agencies can use to conduct the interventions with their own staff in field settings. The REP project funded the researchers who conducted the effectiveness studies of "Light" and PROMISE to collaborate with community advisors in designing and compiling their intervention packages. The researchers selected prevention agency collaborators to conduct trials to determine the usefulness of the packages. These agencies received training on how to use the materials and ongoing technical assistance from the researchers during the trials. The findings of the trials were used to refine the packages for dissemination to other HIV prevention providers.

RESULTS: The new interventions were accepted enthusiastically by prevention agency collaborators and their clients. The agency collaborators were able to implement and maintain the research-based interventions. The researchers' experience in developing the packages and their prevention agency collaborators' experience in using the packages to replicate the interventions are instrumental in helping CDC develop a strategy and support system for disseminating behavioral and social interventions to HIV prevention providers.

LESSONS LEARNED: Persons who are known and trusted by both agencies and researchers are effective

intermediaries in agency acceptance of new interventions. Interventions should be adjusted collaboratively for agency and community circumstances, while remaining true to the intervention's original design and intent. Written materials alone are not enough for successful program implementation; providers also need training and technical assistance. Program capacity is limited by available funds and turnover among trained staff.

ABSTRACT 239

Coming Out of the Closet for Sexuality, HIV and AIDS: The Need for Comprehensive Sexuality Education

Curry, RR¹; Lanieu, ME¹; Hammer, MR^{1,2}

1 New York HIV Prevention Planning Group; 2 New York State Department of Health, Albany, NY

ISSUE: New HIV cases among youth, particularly among young MSM of color, show that HIV prevention efforts need to be more responsive to the reality of young people's lives. Part of that reality is one's sexuality. Many programs promote "abstinence only" as an option. These programs fail to recognize sexual activity among young people, and they often discount or marginalize gay and lesbian youth.

SETTING: Prevention and health education programs (including reproductive health, sexuality, HIV and STD) reaching young people in and out of school.

PROJECT: In 2000, the MSM/Gay Men's Committee of the New York State HIV Prevention Planning Group (PPG) explored comprehensive sexuality education (CSE) and its connection to HIV prevention. It conducted a literature review and elicited input directly from young people. The goal was to formulate recommendations to influence prevention programming, thereby addressing the unrelenting rise of new HIV cases among youth – particularly among young MSM, including young MSM of color.

RESULTS: In November 2000, the Committee presented a draft of *Coming Out of the Closet for Sexuality, HIV and AIDS: The Need for Comprehensive Sexuality Education* to the PPG. The paper, adopted by the PPG, recommended that CSE be a critical component of HIV prevention targeting youth. The paper took special note of the need to reach sexual minorities. It established six

principal attributes of CSE: that it be inclusive, comprehensive, open and honest, multi-faceted, culturally competent, and medically accurate. It noted that abstinence is an option for young people; abstinence-only programming, however, often ignores the realities of young people's lives, particularly gay and lesbian youth.

LESSONS LEARNED: Comprehensive sexuality education is essential if we are to be successful in reaching young people with HIV prevention messages. Gay, lesbian, bisexual, and transgender youth are specifically disserved by sexuality education which is not inclusive.

ABSTRACT 240

Youth Seeking Sex Partners Online: Risk Behaviors and Intervention Opportunities

McFarlane, M; Bull, SS

Centers for Disease Control and Prevention, Atlanta, GA

BACKGROUND: Previous research has shown that the Internet may be a newly emerging risk environment for sexually transmitted diseases, including HIV (STD/HIV). People seeking sex partners on the Internet may be at significantly greater risk for STD/HIV than people seeking sex partners offline. This issue may be especially relevant to youth, as the younger generation will come into sexual maturity as the Internet becomes even more ubiquitous.

OBJECTIVES: (1) To describe the population and risk behaviors of youth (aged 18 – 24 years) using the Internet to seek sex partners; (2) To discuss implications for web-based, risk-reduction interventions for youth.

RESULTS: Data from the SexQuiz, an Internet-based survey of online sex-seeking behaviors, were analyzed by age to illuminate key differences between youth and older individuals with respect to sexual behavior. In addition, data from the Denver Public Health HIV Counseling and Testing Site as well as the Denver Public Health STD Clinic were analyzed to examine risk behaviors in the online and offline youth populations. In the clinic data, 53% of youth report having access to the Internet, and 9% of youth report using the Internet to seek sex partners; 89% of those seeking sex online were male. Ninety-four percent of youth seeking sex on the Internet report having had anal sex, compared to 60 – 70% of older adults seeking sex on the Internet. Youth are more likely to report being homosexual, and less likely to have had sexual exposure to females. Data from the SexQuiz

indicates that youth seeking sex online had younger ages of sexual debut than their older, online counterparts. Online youth were less likely to be white and more likely to be Hispanic and female than older, online-sex seekers, indicating a narrowing of the 'digital divide.' Online youth were far less likely than their older counterparts to have been tested for HIV or STDs. In addition, youth were less likely to report having had sex with non-Internet partners. Of youth seeking sex online, 36% reported using chat rooms every day or almost every day, and 8.5% had had Internet-initiated sex with partners of both genders.

ABSTRACT 241

HIV Risk and Prostitution Among Female Street Youth

Weber, AE¹; Roy, E^{1,2}; Blais, L³; Haley, N²; Boivin, J-F^{1,2}

1 McGill University, Montréal, QB, Canada; 2 Direction de la Santé Publique de Montréal-Centre, Montréal, QB, Canada; 3 Université de Montréal, Montréal, QB, Canada

OBJECTIVE: To compare risk factors for HIV infection among female street youth involved in prostitution (FIP) and those with no history of involvement in prostitution (nFIP).

METHODS: Female participants in the Montreal Street Youth Cohort, aged 14-25 years, who had completed a baseline questionnaire between January 1995 and March 2000 were included. Prostitution was defined as having exchanged sex for money, gifts, drugs, a place to sleep or other things in the six months prior to baseline.

RESULTS: FIP (n = 87) and nFIP (n = 165) were similar with respect to age at baseline (18 vs. 19 years p = 0.758). More FIP had ever been without a place to sleep (99% vs. 92%, p = 0.039), ever runaway from home (79% vs. 59%, p = 0.001), and had ever been kicked out of home (66% vs. 42%, p < 0.001). FIP were more likely to report bingeing on alcohol (66% vs. 48%, p = 0.007) and drugs (89% vs. 62%, p < 0.001). Two-thirds of FIP reported ever injecting drugs compared with 33% of nFIP (p < 0.001). Among current injection drug users, FIP were more likely to inject cocaine (43% vs. 21%, p = 0.033). Similar proportions of girls reported needle sharing (p = 0.133), but 3x more FIP had shared with 2-10 persons (p = 0.087). The median age of first consensual sex was younger for FIP (13 vs. 14 years, p = 0.016) and 82% of FIP had been sexually abused

compared to 53% for nFIP ($p < 0.001$). Fifteen percent more FIP reported anal sex ($p = 0.010$); consistent condom use was low for all girls. More FIP reported risky sexual partners including an injection drug user (80% vs. 59%, $p = 0.001$), a gay or bisexual male (41% vs. 23%, $p = 0.004$), or a male involved in prostitution (35% vs. 12%, $p < 0.001$).

CONCLUSION: Female street youth involved in prostitution are at increased risk of HIV infection due to both their high risk sexual behaviours and drug use.

ABSTRACT 242

The HIV Curriculum Project: Training Family Practice Residents in the New Age of AIDS

Feldman, J; Miner, M; Millis, M

University of Minnesota, Minneapolis, MN

ISSUE: HIV prevention training is traditionally focused outside the primary care setting. Family physicians are likely to encounter at risk and HIV positive persons, yet are rarely trained in prevention and treatment techniques.

SETTING: A longitudinal, interdisciplinary HIV training curriculum implemented at five family practice residency sites in urban and rural settings in the Minneapolis-St. Paul area.

PROJECT: The HIV Curriculum Project at the University of Minnesota has developed a longitudinal curriculum training family practice residents in the prevention and co-management of HIV disease. Four urban and one rural family practice programs participated. The core curriculum is based on 18 teaching modules incorporated into the standard three year residency, covering topics in prevention, diagnosis and treatment of HIV disease. Residents were encouraged to participate in clinical, service and research HIV elective rotations, as well as the Sexual Attitude Reassessment Seminar (SAR). Pre- and post-curriculum attitude and knowledge surveys were performed. Residents completing all three years were also videotaped in standardized HIV-related encounters with simulated patients at the beginning and end of the project. Instructors included infectious disease specialists, family physicians, case managers, and psychologists with expertise in HIV prevention and treatment.

RESULTS: 213 residents participated over three years. Residents' knowledge, attitudes and confidence regarding HIV and HIV patients increased both over time ($p < .05$) and in contrast to an internal control group ($p < .05$).

Prevention attitudes and knowledge were high overall, yet only 65% strongly intended to ask all new patients about HIV risk factors, despite exposure to the curriculum.

LESSONS LEARNED: The HIV Curriculum project provides a model of a flexible, interdisciplinary program for training family medicine residents in HIV/AIDS. The evaluation data provide not only an assessment of the curriculum itself, but an important look at family practice residents' knowledge, attitudes and performance related to HIV over time.

ABSTRACT 243

HIV/STD Prevention Benefits of Living with Mothers in Supportive Families: A Prospective Analysis of Protective Factors Among African American Adolescent Females

Crosby, RA; DiClemente, RJ; Wingood, GM; McCree, DH; Liau, A; Williams, KM; Harrington, KF; Davies, S

Rollins School of Public Health at Emory University and Emory/Atlanta Center for AIDS Research, Atlanta, GA

OBJECTIVE: To prospectively assess whether the joint influence of living with the mother in a supportive family is an important HIV/STD-protective factor for African American adolescent females.

METHODS: African American females 14-18 years of age were recruited from schools and health clinics. Adolescents completed a survey and interview, at baseline and again 6 months later. Family support was assessed by a scale with high reliability ($\alpha = 0.86$). Resulting scores were dichotomized by performing a median split. Adolescents scoring high on family support and reporting their mother lived with them were compared to the remaining adolescents in respect to HIV/STD protective factors assessed 6 months later. Logistic regression was used to calculate adjusted odds ratios (AOR).

RESULTS: The study achieved an 85.7% baseline participation rate ($N = 522$) and 92% ($N = 482$) returned at 6-month follow-up. Compared to adolescents residing with their mothers in a supportive family (46%), remaining adolescents (54%) were more likely to report: infrequently communicating with their sex partners about sexual risk (AOR = 1.84, $P < 0.001$), infrequently communicating with their parents about sexual risk (AOR = 2.65, $P < 0.00001$), low condom negotiation self-efficacy (AOR

= 1.70, $P < 0.01$), high fear of condom use negotiation (AOR = 1.74, $P < 0.01$), greater partner-related barriers to safer sex (AOR = 1.63, $P < 0.01$), recent emotional abuse by a sex partner (AOR = 2.59, $P < 0.01$), not using a condom during last intercourse with steady partners (AOR = 1.77, $P < 0.02$) or during the past month with steady partners (AOR = 2.65, $P < 0.004$).

DISCUSSION: Controlled, prospective analyses suggest that multiple HIV/STD prevention benefits may be associated with adolescent females' residence with their mothers in a supportive family environment.

ABSTRACT 244

Using Assessment and Motivational Feedback to Reduce HIV Transmission Risks Among HIV+ MSM

Ryan, R; Fisher, D

University of Washington, Seattle, WA

BACKGROUND/OBJECTIVES: Rates of unprotected anal sex among HIV+ men who have sex with men (MSM) are comparable to those reported by HIV- MSM. We are testing a brief intervention using motivational enhancement interviewing to reduce the incidence of unprotected anal sex with partners whose serostatus is negative or not known (HIV-/?).

METHODS: Participants are recruited through HIV care service providers, ads in the gay press and word-of-mouth referrals. Men are eligible if they are HIV+, 18 or older and report anal sex (protected or unprotected) with a male partner in the past 4 months. Most are not actively seeking to reduce HIV transmission risks. The intervention consists of two (assessment and feedback) sessions for which participants are paid \$50. In the first session they complete a structured assessment that collects detailed information about each of their anal and vaginal sex partners of the past four months (up to 4 partners). The second session consists of a discussion of the assessment information, selected to highlight areas of conflict between values, beliefs and sexual behaviors. Staff explore these conflicts with participants and support and amplify statements that suggest movement toward safer sex practices. At 6 months, both sessions are repeated.

RESULTS: Data collection is on-going and updated results will be reported at the conference. Presently, 6-month follow-up data are available for 114 participants.

At baseline, 36 men (32%) reported only protected anal sex, 28 men (25%) reported UA only with seropositive partners, and 50 men (44%) reported the target behavior (UA with HIV-/? partners) in the prior 4 months. At 6 month follow-up, target behavior was reported by only 30 men (26%). (McNemar $\chi^2 = 11.43$, $p = 0.001$). The mean number of HIV-/? partners declined (from 0.72, $sd = 0.98$, to 0.40, $sd = 0.83$; $t = 3.26$, $p = 0.001$) as did the number of one-time partners (from 1.04, $sd = 1.06$, to 0.59, $sd = 0.94$; $t = 3.84$, $p < 0.001$). The mean number of unprotected insertive anal events with HIV-/? partners declined (from 0.90, $sd = 2.64$ to 0.27, $sd = 0.88$; $t = 2.77$, $p = 0.007$) as did the number of receptive anal events (from 1.25, $sd = 2.75$ to 0.36, $sd = 1.19$; $t = 3.47$, $p = 0.001$).

CONCLUSIONS: Substantial numbers of HIV+ gay and bisexual men are engaging in behaviors at high risk for causing new HIV infections. Associated with these behaviors are beliefs and assumptions that minimize transmission risks, responsibility for protecting partners, and the seriousness of HIV and STD infections. These data suggest that a brief, directed intervention that engages participants in a non-judgmental exploration of their sexual behavior and related assumptions and beliefs can significantly reduce risk-taking among HIV+ participants, without requiring that participants be actively seeking change.

ABSTRACT 245

HIV, Women and Social Work

Davis, LA

Miles College, Birmingham, AL, and University of Alabama, Birmingham, AL

Social workers have long been involved with health care delivery systems and with the onset of the HIV/AIDS epidemic, social workers have increased their efforts to understand factors that contribute to sub-populations risk of contracting the disease. As of recent, the rise in heterosexual female cases has reached an alarming rate, and AIDS now poses an increased threat to infant health. Social workers have the ability to integrate HIV prevention programs into existing social services that serve high-risk groups.

Social work has been defined as the system of organized activities carried on by a person with particular knowledge, competence, and values, designed to help individuals, groups, or communities toward a mutual adjustment between

themselves and their social environments. In this context, social workers are especially well suited to integrate HIV prevention into their practice as a result of their broad perspective on the range of physical, emotional, and environmental factors that impact the well-being of individuals, groups, or communities.

Today approximately two out of every five professionally qualified social workers practice in the health field and nearly all the nation's graduate schools of social work offer a health or health related concentration to their students. Therefore, it is reasonable to conceptualize HIV prevention programs being integrated into traditional social service programs. Those at risk of contracting HIV include populations that social workers traditionally serve, such as, members of disadvantaged racial and ethnic minority groups, drug users, and the poor. In the United States, poor and ethnic minority women are disproportionately represented among cases of HIV/AIDS. Women's economic and social situation in themselves may increase vulnerability and therefore risk of infection.

The following model for a comprehensive integrated HIV prevention and traditional social service program is based on theory driven approaches in health action and health message design. The target population is women residents of a low-income community with low literacy rates. The program goals include dissemination of information on the guidelines of the Personal Responsibility and Work Opportunity Act of 1994, literacy training, parenting skill development and HIV prevention. The model utilizes active learning methods, small group activities, and large group processing.

ABSTRACT 246

Assessing Client-Level Data Management Needs Among Community Based Organizations (CBOs)

Ross, L¹; Wan, C²; Sy, F²; Morgan, M²; Thomas, B¹; Wen, J¹; Chen, H²

1 TRW, Inc., Atlanta, GA; 2 Centers for Disease Control and Prevention, Atlanta, GA

ISSUE: A needs assessment was conducted by CDC to determine if there is a need for software to manage client-level data among CBOs funded by CDC to perform HIV prevention activities. This issue is important because management of client-level data facilitates aggregate data reporting, and CBOs will have to build evaluation capacity to submit quarterly aggregate data in accordance

with CDC's Health Department and CBO Evaluation Guidances.

PROJECT: This assessment was mailed to 198 CBOs. It consisted of 21 questions, with six domains: (1) Software System Need & Usage, (2) Software System Features, (3) Existing Client-Level Data Management Tools, (4) Current Data Reporting Capacity (5) Software Development Participation, and (6) Program Announcement Funding Source. Questions included in the System Need & Usage and Software System Features domains were answered with a 5-point Likert-type scale. The remaining questions were answered with a combination of multiple-choice and qualitative responses.

RESULTS: One hundred fifteen (58%) CBOs completed this assessment. Nearly half (42%) reported that they are not currently using software to manage client-level data. Eighty two percent agreed that software developed by CDC for managing client-level data would be helpful; and 82% agreed that they would use this software if CDC developed it. Although 48% reported that they would not use this software if CDC developed it without providing additional funds for new equipment, this is not an issue because 96% reported that there is at least one computer in their organization on which a client management tool can be installed. CBOs agreed that this software should include the following features: a basic data analysis feature (93%); a behavior change documentation feature (90%); a link to treatment services feature (88%); and a link to other medical and social services feature (86%). Eighty-five percent reported that they would be interested in participating in CDC organized meetings to discuss the design and functionality of this software.

LESSONS LEARNED: A large proportion of CBOs receiving CDC funds to conduct HIV prevention activities would benefit from software to manage client-level data. Many CBOs already have the capacity to receive this software, and agree that CDC should develop it. CBOs are in strong agreement regarding features to be included with this software. CBOs that will use this software would like to provide input to CDC regarding its design and functionality.

ABSTRACT 247

Marriage and HIV Testing in a Religious Setting of a Nigerian Community

Lilian, U¹; Faleyimu, B-L¹; Ajayi, P¹; Aremo, G²

1 Center for Adolescent Research Education and Sexuality(CARES), Warri, Delta State, Nigeria;

2 Chevron Nigeria, LTD, Warri, Delta State, Nigeria;

ISSUE: Most interventions aimed at preventing HIV transmission require individuals to know their HIV status. Voluntary HIV counseling and testing is not common in Nigeria despite the reported increasing rate of HIV infection amongst Nigeria population due to stigmatization, ignorance, family rejection and societal isolation. Communities with spiritual expectations can enhance the update of the voluntary counseling and testing programs. Recently, the increasing rate of HIV/AIDS became a major concern to a Catholic community organization in Nigeria, where they offer spiritual and medical care. Premarital voluntary counseling and HIV testing was introduced to the religious community. A pilot review revealed two sets of HIV positive couples and a discordant couple. Consequently, the affiliated hospital to the religious set up began an anonymous pre-surgical and antenatal HIV testing.

RESULTS: Between January and December 1999, 482 people had screening test done using ELISA test kits (HIVcheck™ system) and positive cases were confirmed using Western Blot test kits (Genie 11™ HIV1/HIV2) 24% (118) of the total population were confirmed positive for HIV. 75% of the positive population were reported to be youths.

LESSONS LEARNED: Religious organizations can be encouraged to help in the fight against HIV/AIDS if properly informed and motivated. There is an urgent need for a comprehensive national policy on HIV counseling and testing in Nigeria. A religious body can help reduce stigmatization due to communal love amongst its members.

ABSTRACT 248

Responsible Adolescents in the Times of AIDS (RATA): A Health Promotion Workshop for Youths in Nigeria

Lilian, U¹; Faleyimu, B-L¹; Aremo, G²; Ejakita, I¹

1 Center for Adolescent Research Education and Sexuality, Warri, Delta State, Nigeria;

2 Chevron Nigeria, LTD, Warri, Delta State, Nigeria

ISSUE: Recent reports indicate that there is increasing rate of sexual activities amongst Nigerian adolescents. AIDS is one of the many sexual and reproductive health problems that have plagued our country in recent times and the youths are not spared. Worldwide, WHO estimate shows that more than half of the people infected with HIV/AIDS are under the age of 25 years. Reports shows that youths are poorly informed, their sources of information on such intimate subjects are peer groups or school mates, with the media contributing moderately and parents playing the least role.

PROGRAM: Using key informant interviews and Focus Group Discussions (FGD), youths between 14 – 24 yrs of age in Warri, Nigeria were studied to assess their social and reproductive health perceptions. A piloted youth-friendly reproductive health promotion workshop was organized for 200 targeted youths randomly selected from secondary schools in Warri, Nigeria with the theme “Responsible Adolescents in the Times of AIDS” (RATA). This enter-education consists of lectures on (HIV/AIDS, Drug Abuse, Rape, Sexual Abuse, etc), film shows, quiz, dance drama, poetry, etc. with the youths participating. Souvenirs were also distributed to sustain gained knowledge and promote peer education.

RESULTS: The study revealed poorly informed youths with poor social and reproductive health perceptions and high rate of STDs, illegal abortions, street violence, and drug abuse. The post workshop FGD revealed more informed youths that were ready to take decisions that will protect them from health hazards, practice safe sex and become role models in their community.

LESSON LEARNED: Though RATA is a pilot project, the benefits of the workshop cannot be over-emphasized. The participatory approach by the youths enhanced their positive response to the consequences of HIV/AIDS, STDs, unwanted pregnancies, drug abuse and violence. In the near future, a modified form of this program will be extended to parents, guardians and teachers in this community to enhance its success.

ABSTRACT 249

The Options Project: A Physician-Delivered Intervention for HIV+ Individuals in Clinical Care Settings

Fisher, WA^{1,2}; Fisher, JD²; Friedland, G²; Cornman, D²; Amico, R²

1 University of Western Ontario, London, ON, Canada; 2 University of Connecticut - Center for HIV Intervention and Prevention, Storrs, CT

ISSUE: With an increasing number of people living with HIV, it is critical that prevention efforts be expanded to include the development of effective risk reduction interventions for HIV+ persons that prevent the transmission of HIV to their partners as well as prevent their reinfection with additional pathogens. The clinical care setting offers a prime opportunity for such an intervention due to the accessibility to a large number of HIV+ patients and the long-term, on-going relationship that exists between the provider and their patient (pt).

SETTING/PROJECT: A brief clinician-delivered intervention has been developed based on the Information-Motivation-Behavioral Skills model of HIV risk behavior change. The intervention takes 5 – 10 minutes to implement and has been incorporated into the standard clinical care visit at Nathan Smith HIV Clinic at Yale New Haven Hospital. Utilizing a motivational interviewing mode of delivery with a pt-centered focus, the provider engages in a collaborative discussion with their pt that consists of assessing their pt's risk behaviors and readiness to change, eliciting strategies from their pt for moving towards change, and negotiating a goal with them. A four-hour workshop with didactic and interactive components was developed and used to train the providers in this intervention. The information that is taught in this workshop is reinforced in individual booster sessions where the providers role-play and receive feedback on their implementation. Three additional quality assurance strategies are used to insure that providers are implementing the protocol to criterion: (1) After each visit, documentation is provided by the provider of the protocol steps that were implemented, (2) exit questionnaires are filled out by a subset of the pt sample immediately following their meeting with their provider, and (3) observations and audio tapings are made of each provider during an in vivo implementation of the protocol.

RESULTS/LESSONS LEARNED: As of 3/2/01, 15 providers had been trained in and were implementing the Options intervention. Although the facility with which a provider can implement this protocol varies across providers, the majority of the providers has been very receptive to learning the protocol and have had minimal difficulty implementing it. The most frequent concern voiced about the protocol is that it is sometimes challenging to implement when there are so many pressing needs that must be addressed in a time-limited clinic visit. In conclusion, many healthcare providers believe that incorporating a discussion of HIV risk reduction into the standard healthcare visit with HIV+ pts is important and feasible; they are willing and able to learn how to do so, and they can do it effectively once learned.

ABSTRACT 250

Does the Availability of Anonymous Testing Really Affect HIV Testing Rates?

Sloop, NL

Centers for Disease Control and Prevention, Atlanta, GA

BACKGROUND: In their analysis of the restriction of anonymous testing in North Carolina in 1991-92 Hertz-Picciotto, *et al.*, concluded that the availability of anonymous testing was responsible for greater increases in HIV testing rates in those counties that retained anonymous testing. This study has been cited by proponents of anonymous over confidential testing, in spite of the fact that the study design was flawed, in that those counties that retained anonymous testing were more urban than those where it was restricted. Cases in which the index patient was tested anonymously have been shown to be less productive with respect to the core STD intervention activities of interview and partner referral.

OBJECTIVE: The present study will reconsider this conclusion by comparing the North Carolina data with data from two control states that offered anonymous testing in all counties during the same time period.

METHODS: Monthly HIV test rates per 100,000 population were compared for the North Carolina counties retaining or restricting anonymous testing. Similar rates were compared between urban and rural county groups in Florida and Kentucky.

RESULTS: Similar differences between test rates for urban and rural counties were found for all three states.

CONCLUSION: Based on this re-analysis, it does not appear that the differences in testing rates between North Carolina counties retaining and restricting anonymous testing can be legitimately attributed to testing policy. Given that counties retaining anonymous testing were more urban and had higher AIDS rates, it seems likely that these intrinsic differences between the county groups were responsible for the different testing rates observed.

ABSTRACT 252

Building Public/Private Partnerships to Address Perinatal HIV: North Carolina's MCH-Providers Partnership Project

Troccoli, KB¹; Foust, EM²; Pollard, HC³

1 American College of Obstetricians and Gynecologists, Washington, DC; 2 North Carolina Department of Health and Human Services, Raleigh, NC; 3 NC Section, American College of Obstetricians and Gynecologists, Winston-Salem, NC

ISSUE: Studies have found that, although most prenatal care providers agree in principle with offering HIV testing to all pregnant women, only about 50 – 75% actually do so. Public providers are more likely to offer testing than private providers. With that in mind, a group of public and private sector North Carolina (NC) Maternal and Child Health (MCH) leaders joined forces to identify HIV counseling and testing barriers and address them.

SETTING: All participants were from NC and met several times in the state. They sought to encourage NC prenatal care providers to offer HIV counseling and testing to all pregnant patients.

PROJECT: The project was initiated by the American College of Obstetricians and Gynecologists in partnership with the NC Department of Health and Human Services' HIV/STD Prevention and Care Section, through a cooperative agreement with the federal MCH Bureau. The organizations' leadership shared a mutual concern about the disparities between perinatal HIV testing rates among public and private sector prenatal care providers and agreed to work together to address them. They then invited additional stakeholders from across the state to participate, such as health care providers, researchers, and HIV educators. They discovered deficits in understanding about provider practices regarding perinatal HIV. For example, they were unclear how prenatal care providers (OB-GYNs, family physicians, and nurse-midwives)

compared in rates of HIV counseling and testing and in attitudes about what was appropriate for routine prenatal care. To gain better insight before proceeding, the group arranged a focus group of ob-gyns. Using the information from that session, they developed a written survey that was mailed to all OB-GYNs, family physicians who practice obstetrics, and certified nurse-midwives in the state. The survey queried about HIV counseling and testing practices, barriers to offering HIV testing, and the kinds of resources/educational opportunities providers wanted.

RESULTS: Results from the statewide survey will be tallied and analyzed in April 2001, and the group will meet to develop a provider education campaign to address identified barriers to HIV counseling and testing. Already the project has resulted in the establishment of partnerships between public and private sector health programs and providers who had never worked together before. Project participants intend to build on the partnership to address other women's health issues in the future.

LESSONS LEARNED: Regarding partnership building around perinatal HIV, the project provides lessons about how to bring diverse stakeholder to the table, promote a sense of "joint-ownership" of the project, and overcome turf issues. Lessons learned about addressing barriers to HIV counseling and testing will be summarized by the panelists based on the survey results and subsequent provider education campaign that will be developed during the next few months.

ABSTRACT 253

High Prevalence of HIV and Associated Risk Behaviors Among 23 – 29 Year Old Men Who Have Sex With Men Living in a South Florida Resort Community

Webster, RD¹; Roark, RA¹; Lu, JJ³; Stempel, RR²; Darrow, WW²

1 Center for AIDS Prevention Studies (CAPS), University of California (UCSF), San Francisco, CA; 2 Florida International University, Miami, Florida; 3 Ponce School of Medicine, Ponce, Puerto Rico

BACKGROUND: Since the early 1990s, numerous reports have warned that the prevalence of HIV-associated risk behaviors was increasing among younger men who have sex with men (MSM), and that a rise in the prevalence of HIV among this group was likely. A recent report using

a convenience sample of young MSM aged 23 – 29 years appears to substantiate these warnings. Our objective was to look at this issue further by assessing the prevalence of HIV and associated risk behaviors among the young MSM population of “South Beach,” a resort community situated at the southern most point of Miami Beach, FL.

METHODS: A three-stage residential probability-sampling scheme was used to obtain a representative sample of young, 18 – 29 year old, MSM living in the area of Miami Beach, Florida known as “South Beach.” Unmarried men 18 – 29 years old who reported ever engaging in sex with a man and who resided in South Beach for at least 30 days were eligible. Eligible MSM who agreed to participate were interviewed, completed a self-administered questionnaire, and provided a specimen of oral mucosal transudate for HIV antibody testing. MSM aged 23 to 29 comprised the sample for the current analysis.

RESULTS: Between 01/20/96 and 12/19/96, 2,622 residences were visited. Of the 100 young 18 – 29 year old MSM who participated in the study, 94 were aged 23 – 29. The sample was 48.9% white, 42.6% Hispanic, 5.6% black, and 3.3% other. Only two participants stated they had not engaged in anal and/or oral sex with another man during the previous 12 months. The prevalence of HIV was relatively high in this young population (16.0%). HIV prevalence was similar for whites (15.2%) and Hispanics (17.5%). HIV prevalence increased with increasing age, from 13.6% among those 23 – 25 to 16.7% among those 26 – 29. Nearly half (45.7%) reported engaging in unprotected anal intercourse (UAI) within the last 12 months. The prevalence of other risk behaviors was also high including having had four or more anal partners in the last 12 months (43.0%), cruising for sex at least once a month (48.9%), and having had sex while high on drugs and/or alcohol in the last 12 months (59.1%). Two-thirds of those who tested positive for HIV reported knowing that they were HIV positive. Those who tested positive were just as likely as those who tested negative to report engaging in UAI (40.0% and 46.8%, respectively).

CONCLUSIONS: The prevalence of HIV and associated risk behaviors is alarmingly high among young MSM in South Beach. Prevalence among Hispanics was similar to that reported elsewhere, while prevalence among whites was much higher. New and innovative prevention efforts that effectively target young MSM must be developed and implemented if HIV is not to devastate another generation of MSM.

ABSTRACT 254

Starting and Maintaining a Syringe Exchange Program

Barahona, P¹; Clear, A²; Johnson, F¹; Stokes, S³

1 Prevention Works, Washington, DC; 2 Harm Reduction Coalition, New York, NY; 3 AIDS Resource Center of Wisconsin, Milwaukee, WI

ISSUE: Research has shown that syringe exchange reduces HIV transmission and doesn't increase drug use. In 1997, Secretary of Health and Human Service, Donna Shalala, certified the science and left the decision to start syringe exchange programs (SEP) to local communities. Relatively few communities have taken this advice leaving drug injectors unnecessarily at risk.

SETTING: SEPs currently operate in urban, suburban and rural settings. There are stand alone programs and programs that are integrated into pre-existing agencies. They are run by health departments, activists, homeless services organizations, AIDS Service Organizations (ASOs), hospitals and co-jointly with drug treatment facilities.

PROJECT: These four presentations will cover the fundamentals of starting and maintaining an SEP.

- 1) A brief overview addressing the variety of ways to start SEPs will be presented. This includes independent exchange (non-authorized), States of Emergency, exemption waivers, research programs, and satellite sites. Delivery variations will be discussed including storefront/fixed sites, mobile/street-based, home delivery urban, home delivery rural, and integration into a pre-existing hospital or CBO.
- 2) Concrete planning will be covered including site location, when to do exchange, obtaining supplies, carrying out exchange and conducting a community needs assessment.
- 3) Those who deliver services will be discussed including peers, former drug users, and health care workers. In addition, practical issues such as intake and registration, record keeping, program evaluation, waste disposal and inventory control will also be covered.
- 4) Finally, garnering community support is a critical component for sustainability. The presenter will suggest strategies for working with the police, schools, parks, sanitation, community representatives, and faith groups. The involvement of drug users who are often overlooked as a community resource is actively encouraged within these strategies.

RESULTS: Without exception, every important evaluation of syringe exchange in the US has shown significant reductions in HIV transmission and reduced risk behaviors.

LESSONS LEARNED: According to the US Centers for Disease Control and Prevention (CDC), there is a cumulative total of 189,242 people with AIDS directly related to drug injection. Operating an SEP is an intervention that works to reduce primary and secondary infections. It is needlessly underutilized.

ABSTRACT 255

HIV Infection and Unsafe Sex Among Older Men Who Have Sex With Men Living in Miami Beach, Florida

Webster, RD¹; Roark, RA¹; Lu, JJ³; Stempel, RR²; WW Darrow²

1 University of California (UCSF), San Francisco, CA; 2 Florida International University, Miami, Florida; 3 Ponce School of Medicine, Ponce, Puerto Rico

BACKGROUND: By 1995 the gentrified area of south Miami Beach, FL called "South Beach" had become a new gay hotspot. Magazine articles in gay publications referred to South Beach as a place where HIV-positive gay men were residing in increasing numbers. Local graduate students and researchers decided to assess the presence of HIV and related risk behaviors among older MSM living in South Beach.

METHODS: A three-stage residential probability sampling scheme was used to obtain a representative sample of MSM, 30 years and older, living in the area of Miami Beach, Florida known as "South Beach." Unmarried men at least 30 years old who reported ever engaging in sex with a man and who resided in South Beach for at least 30 days were eligible. Eligible men who agreed to participate were interviewed, completed a self-administered questionnaire, and provided a specimen of oral mucosal transudate for HIV antibody testing.

RESULTS: Between 01/20/96 and 12/19/96, 2,622 residencies were visited. Of the 113 MSM who qualified, 105 (92.9%) were enrolled. Sixty-two (59.0%) were white and 32 (38.1%) were Hispanic. Almost three-quarters (72.1%) had received at least a bachelor's degree or higher. Forty percent had a primary partner and 71.8% had 50 or more lifetime sex partners. Almost all (98.1%) had been previously tested for HIV, 77.1% three or more times. One-third (34.3%) tested HIV antibody-positive. During the past year 44.8% had engaged in unprotected anal intercourse (UAI); 46.7%

reported engaging in UAI while high on alcohol and/or drugs. With respect to psychosocial variables, 26.7% agreed with the statement "sex does not feel as good when I wear a condom", and one-fifth (19.4%) disagreed with the statement "I have made a commitment to never engage in UAI." Those who engaged in UAI during the past year were more likely to have had a primary partner ($p < 0.001$; OR = 4.63; 95% CI 2.01 – 10.7); to have engaged in UAI while high on alcohol and/or drugs ($p < 0.001$; OR = 5.14; 95% CI 2.23 – 11.85); to have agreed with the statement "sex does not feel as good when I wear a condom" ($p = 0.047$; OR = 2.42; 95% CI 1.0 – 5.87); and to have disagreed with the statement "I've made a commitment to never engage in UAI" ($p = 0.005$; OR = 4.57; 95% CI 1.50 – 13.98).

CONCLUSIONS: The first ever representative household sample of MSM 30 years and older in South Beach shows alarmingly high rates of HIV infection and associated risk behaviors. Community prevention efforts must help older MSM to fully realize the effect that alcohol and drugs have on engaging in UAI. Interventions that encourage the use of condoms and increase one's personal commitment to refrain from UAI should be developed.

ABSTRACT 256

JEMADARI: An HIV Intervention Program for African American Men

Sirls, G-F; Gant, L

1 JEMADARI, Detroit, MI; 2 Michigan State University, East Lansing, MI

ISSUE: While African American men represent less than 10% of the US population, they make up over 35% of all cumulative AIDS cases, comprise nearly 60% of all new cases of HIV and nearly 55% of all new cases of AIDS. These staggering percentages suggest the need for effective, culturally relevant, comprehensive prevention strategies for men. JEMADARI ("wise companion") addresses that need.

SETTING: JEMADARI is a primary and secondary prevention program specifically designed for African American men. The five JEMADARI program sites are located in the Detroit metropolitan area. They include substance abuse treatment facilities and community-based organizations providing services to men at high risk for acquiring HIV/AIDS and men with the disease.

PROJECT: JEMADARI, a theoretically based intervention program, consists of a five-week series of 10 HIV

empowerment workshops designed to eliminate barriers to HIV risk reduction for African American men by: 1) Promoting a sense of self, dignity, pride and community; 2) imparting skills that will empower men not only to effectively deal with intra and interpersonal relationships but also to better confront/negotiate the social context and 3) producing group participants who will be a source of social support required to initiate and sustain risk reduction as well as agents for positive change. In addition, on-site HIV counseling and testing is offered to program participants. Men who complete the workshop series are invited to participate in JEMADARI's aftercare program which consists of a series of support groups and educational forums designed to consolidate and reinforce behavioral changes and gains made during the program. Referral resources are also provided.

RESULTS: At the conclusion of the 1999-2000 fiscal year, JEMADARI facilitators conducted 201 workshop sessions for 591 men in unduplicated counts of which 107 completed all workshop sessions. JEMADARI has had a profound impact on the lives of its participants. Workshop participants have demonstrated significant increases in knowledge about HIV and STDs, a more realistic shift in their perceived vulnerability to acquire HIV, an increase in self reported condom use, improvement in both personal and professional relationships, and a willingness to impart information to their communities.

LESSONS LEARNED: JEMADARI's experience suggests: 1) African American men favorably respond to a client-centered intervention with a workshop format, 2) successfully maintaining newly adopted risk reduction behaviors requires indefinite and consistent support and reinforcement of those behaviors, 3) developing a true sense of self is empowering, and 4) facilitators who are representative of the workshop participants are sources of hope and inspiration (i.e., role models).

ABSTRACT 257

Repeated HIV Testing Among Young Men Who Have Sex With Men Living in South Beach

Roark, RA¹; Webster, RD¹; Buckley, AK²; Stempel, RR²; Darrow, WW²

1 University of California (UCSF), San Francisco, CA; 2 Florida International University, Miami, FL

men (MSM). The prevalence and implications of repeated testing are unclear. We assessed the prevalence of repeated testing among the young MSM population of the new gay hotspot called "South Beach" (Miami Beach, FL).

METHODS: A three-stage residential probability sample scheme was used to obtain a representative sample of young MSM living in the area of Miami Beach, Florida known as "South Beach."

RESULTS: Between 01/20/96 and 12/19/96, 2,622 residences in South Beach were visited. One hundred eight 18 – 29 year old MSM were screened and 100 (92.6%) were enrolled. Ten stated that their last HIV test result was positive, and another seven reported never having been tested for HIV, leaving 83 for the current analysis. The sample was 47.0% white, 44.6% Hispanic, 6.0% black, and 2.4% other. Five (6.0%) of the subjects tested positive for HIV antibodies. The prevalence of repeated HIV testing among this young group was very high, with 78.3% reporting having been tested three or more times. The median number of times tested was five. The prevalence of risky behaviors was also high. During the past year 47.0% reported engaging in unprotected anal intercourse (UAI), 41.5% reported having had four or more anal partners, and 57.3% reported engaging in sex while high on alcohol and/or drugs. The prevalence of UAI and other risky behaviors was similarly high for repeated and nonrepeated testers. Repeated testing was not associated with age or with reported number of lifetime sex partners. Nonrepeated testers were significantly more likely to report depression in the last month ($p = 0.029$; OR 2.5, 95% CI 1.1, 5.7).

CONCLUSIONS: Most young MSM in South Beach have repeatedly undergone testing for HIV. The prevalence of risky behaviors was also very high in this population. However, there was no association between testing history and risky behavior. Recent depression was associated with not repeatedly getting tested for HIV. Further studies are needed to determine why young MSM undergo repeated HIV testing, and to determine why rates of risky behaviors are high despite the fact that most young MSM have been repeatedly exposed to HIV counseling and testing.

BACKGROUND: Repeated HIV testing, here defined as having been tested three or more times, is an increasing phenomenon, especially among men who have sex with

ABSTRACT 258

Hepatitis C and Syphilis Seroprevalence Among Clients Attending HIV Testing and Counseling Sites, San Diego, CA, 2000-2001

Gunn, RA^{1,2}; *Murray, P*²; *Borntrager, BS*²; *Brennan, C*²

1 Centers for Disease Control and Prevention, San Diego, CA;
2 San Diego Health and Human Services Agency, San Diego, CA

ISSUE: Persons seeking HIV counseling and testing services are often at risk for other sexually transmitted and bloodborne infections such as viral hepatitis (A,B,C) and sexually transmitted diseases (STDs). Providing services for HIV, STD and hepatitis at a “one-stop” visit enhances service delivery and client convenience.

SETTING: Publicly funded HIV alternative test sites providing anonymous HIV counseling and testing in San Diego, CA.

PROJECT: All clients attending anonymous HIV counseling and testing sites were offered confidential HCV screening (began Oct 2000) and hepatitis B vaccination (began Jan 2001), and men who have sex with men (MSM) were offered syphilis screening (began Jun 2000 in response to a syphilis outbreak) and hepatitis A vaccination (began Jan 2001). Persons who were HCV positive (RIBA confirmed) were offered follow-up visits at 1, 3 and 6 months. The screening process will be evaluated from both clients’ and counselors’ perspective.

RESULTS: Of the 568 clients screened for syphilis, 7 (1.2%) were infected, but none had early syphilis. Of the 1,253 visits recorded (Oct – Dec 2000), 459 (36.6%) persons accepted screening for HCV and 29 (6.3%) were positive. Among injection drug users (IDU), the HCV prevalence was 48.6% (17/35) which was 17 times that of non-IDU (2.8%, 12/424, $p < 0.001$). Among non-IDU MSM, the HCV prevalence was also 2.8% (5/178). No clients refused HIV testing because confidential services were offered on-site. Additional seroprevalence, hepatitis A and B vaccination acceptance, HCV case follow-up data, and client/counselor satisfaction through August 2001 will be presented.

LESSONS LEARNED: Many clients seeking anonymous HIV testing accepted confidential HCV and syphilis testing which suggests that other services such as selective hepatitis A and universal hepatitis B vaccination and urine testing for chlamydia and gonorrhea can be integrated into services at these sites.

ABSTRACT 259

Enhancing the Use of Behavioral Data by Texas HIV Prevention Contractors

Batchelor, K; *Freeman, A*; *Kershaw, D*

University of Texas – Southwest Medical Center, Dallas, TX

ISSUE: Texas is participating in a pilot program to assess and improve the use of evidence-based research in HIV prevention efforts.

SETTING: In Texas, approximately 70 organizations contract with the Texas Department of Health to provide prevention services to populations at risk for HIV and STDs.

PROJECT: The project utilized both quantitative and qualitative methods to measure valued data sources used by prevention workers and to identify barriers to transferring research-based interventions to the field. A survey was completed by 128 outreach workers, educators, prevention counselors and program coordinators/supervisors. Twelve program supervisors agreed through the survey to be further interviewed regarding behavioral data use issues.

RESULTS: The survey found strong support for co-workers and staff from other agencies as a primary source of information on how to do their jobs. Sixty-six percent of survey respondents (frontline workers) use the Internet or would like to. The interviews revealed that supervisors view hands-on training, easy access to behavioral data, and sharing between prevention peers as important considerations in improving the use of behavioral data. Statements of concern from the survey respondents addressed issues of timeliness, reliability, and relevance of behavioral data to the populations they work with.

LESSONS LEARNED: Interventions to improve the use of behavioral data must take into account: (1) organizational capacity to implement evidence-based interventions; (2) the need for adequate assessment by the organization to identify influencing factors and requirements for adaptation to make it acceptable to the population of interest; and (3) that adoption of an innovation such as using behavioral data must be supported and managed. The project has developed a web-based clearinghouse of information specific to interventions and a six-session training for supervisory staff to address the issues that emerged from the exploratory work.

ABSTRACT 260

Pitch a Tent and Learn!

Miller, SA; Laws, LM; Milder, MT

American Red Cross, Des Moines, IA

ISSUE: HIV prevention curricula traditionally teach information in a formal classroom setting which often is not a safe setting for open discussions. In addition, the social stigma surrounding HIV education often makes it difficult for a student to openly ask a question. The student who does ask a question may be made fun of or presumed that he/she is HIV-positive just by the association of asking the question.

SETTING: Camp-based “classroom” type HIV prevention educational weekend with a racially and economically diverse population of elementary school, middle school, and high school youth in the Des Moines metro area.

PROJECT: The American Red Cross – Central Iowa Chapter, Iowa Statewide HIV/AIDS Network, and the Iowa Department of Education have developed an innovative HIV prevention program: HIV/AIDS peer leadership camps. The camps empower youth with knowledge of modes of transmission, decision-making skills, and communication skills. In addition, self-efficacy and self-esteem issues are critical components of the camp curricula. The camp curricula use several HIV curricula from the American Red Cross and the Centers for Disease Control and Prevention “Programs that Work”. By removing youth from the traditional classroom setting and presenting HIV prevention materials in a “game” format, youth are found to be more at ease with themselves and one another. In addition, youth participation increases in the learning activities. Many of the learning activities at the camp include non-traditional “games” which teach critical HIV prevention skills.

RESULTS: In the March 2000 HIV/AIDS peer leadership camp, forty-two youth ages 11 – 14 participated in the American Red Cross pre- and post-test evaluations. Baseline data showed the following statistics in regard to youth correctly identifying bodily fluids that transmit HIV: 89% identified blood, 61% identified semen, 72% identified vaginal fluid, and 50% identified breast milk. Post-camp evaluations demonstrated an increase in knowledge as seen by the following: 97% identified blood, 94% identified semen, 94% identified vaginal fluid, and 94% identified breast milk. Results confirmed the researchers’ hypothesis that a correlation exists between safe learning environment and increase in knowledge.

LESSONS LEARNED: The camp findings validated the theory that safe learning environments are correlated with an increase in knowledge. In addition, the camp-like atmosphere indicated that youth are more relaxed and receptive to HIV/AIDS information especially when the information was presented in a non-judgmental, non-labeled, or non-opinionated manner.

ABSTRACT 262

An Innovative Strategy for Reaching High-Risk Pregnant Women in Florida: TOPWA

Walker, F; LaLota, M

Florida Department of Health, Tallahassee, FL

ISSUE: Florida ranks second in the nation in the number of AIDS cases among women and children. A large proportion of perinatally acquired HIV is due to a lack of adequate prenatal care. Pregnant women at risk for or infected with HIV frequently face barriers to prenatal care, such as a lack of health insurance, substance abuse issues, homelessness, or domestic violence. The women are frequently disenfranchised and lack access to education and resources.

SETTING: TOPWA (Targeted Outreach for Pregnant Women Act) providers conduct HIV prevention activities in Florida counties with the highest incidence of perinatal HIV and AIDS cases, targeting pregnant women at risk via street outreach and linkages with referral agencies.

PROJECT: The Florida Department of Health contracts with community-based organizations to provide street outreach to pregnant women at risk for giving birth to an HIV-infected or substance-exposed infant. TOPWA staff conduct outreach in high-risk communities to seek out women not receiving adequate prenatal care and to provide them with direct linkages to much needed services. TOPWA providers also receive client referrals from agencies such as homeless shelters and substance abuse clinics. Women of childbearing age are educated on safe sex practices, substance use, and the importance of prenatal care. They are also offered on-site HIV testing with OraSure™ and on-site pregnancy testing.

RESULTS: Initially a five-county pilot project established by the Florida Legislature in 1999, the TOPWA program has since expanded to serve 11 counties throughout the state, with funding close to \$1 million. Through November 2000, the program had screened over 24,000 women,

conducted over 3,000 assessments of client needs and made over 4,000 referrals for client services. Close to 91% of women enrolled in TOPWA were racial and ethnic minorities. Approximately 40% of enrolled women were not receiving any prenatal care, and over one-third of the women screened had never been tested for HIV. Over 1,900 on-site HIV tests have been conducted with an average positivity rate of 3.1%. Forty-six HIV-positive pregnant women have been enrolled and linked with prenatal care and HIV treatment, and some with substance abuse treatment facilities.

LESSONS LEARNED: Women at risk for HIV are socially disenfranchised and frequently grappling with multiple issues such as poverty, unemployment, substance abuse, and domestic violence. To ensure a healthy pregnancy and outcome, HIV prevention services must address the underlying causes that make women vulnerable to HIV infection. Women at risk should be identified early in their pregnancy, actively linked to services, and closely followed through birth of the infant. To facilitate this process we have learned the importance of on-site pregnancy testing, assisting clients in transportation and navigation of the social service system, and client incentives in the form of gifts and social events.

ABSTRACT 264

Non-occupational Post-exposure Prophylaxis (NPEP) at a Boston Community Health Center: Experience from the First Three Years

Kwong, JJ; Mayer, KH; Peterson, NJ; Appelbaum, JS; MacGovern, T; Boswell, SL

Fenway Community Health, Boston, MA

ISSUES: Non-occupational post-exposure prophylaxis (NPEP) is a novel intervention with unknown clinical efficacy. There is a paucity of information regarding long term utilization trends, populations most likely to access NPEP, and the complexities required in providing this type of intervention.

SETTING: Fenway Community Health (FCH) in Boston, MA is a community health center that provides comprehensive medical care to the gay/lesbian/bisexual/transgendered community and is one of New England's largest HIV clinical care centers.

PROJECT: In 1997, FCH in conjunction with the Massachusetts Department of Public Health, established a multi-disciplinary program to assess the feasibility of providing NPEP and to collect short and long term data.

RESULTS: Between September 1997 and December 2000, 151 individuals received NPEP. The majority (75%) was/were white; 6% African American, and 8% Latino. Eighty-five percent (85%) were male, 69% identified as MSM, 15% heterosexual female, 12% heterosexual male. Of the 151 cases, 38% had a known HIV+ source partner. Unprotected receptive anal intercourse was the most common reason for seeking NPEP (n = 58). Sexual assault accounted for 15% of cases. The choice of NPEP varied according to the severity of exposure and took into account the possibility of antiretroviral resistance if there was a known HIV+ source partner. The most common NPEP regimens were AZT/3TC (35%), AZT/3TC/NFV (32%), and AZT/3TC/IND (25%). Seventy-four percent (74%) of individuals completed four weeks of therapy. There was no significant difference between adherence rates with two- versus three-drug regimens. Side effects, primarily nausea, were the main reason for stopping therapy. No acute HIV infections have been reported to date.

LESSONS LEARNED: NPEP is feasible but labor intensive, especially in a community health setting. Mechanisms to facilitate prompt and easy access to antiretroviral medications are critical. Risk reduction counseling and a strong mental health component are vital components of a comprehensive NPEP program. As public awareness of this intervention grows, utilization has increased over time.

ABSTRACT 265

Making It Work: Region VI & VIII US Public Health Service and the HIV Regional Resource Network Collaborating To Enhance HIV Strategies for Communities of Color

Elizondo, E¹; Goff, JE²; Olivas, L³

1 US Public Health Service (Region VI), Department of Health and Human Services, Dallas, TX; 2 Cicitelli Associates, Inc., New York City, NY; 3 US Public Health Service (Region VIII), Department of Health and Human Services, Denver, CO

ISSUE: The US Public Health Service (PHS) Region VI and VIII collaborates with Cicitelli Associates, Inc. (CAI) HIV/AIDS Regional Resource Network to enhance

and strengthen relationships between federal and community agencies to address the disparity of HIV in minority communities.

SETTING: Intervention takes place in AR, LA, NM, OK, TX, CO, MT, ND, SD, UT, and WY. The coordinating body includes the Regional Offices of the Regional Health Administrator, Offices of Minority Health, Offices of Women's Health, Offices of Population Affairs, Health Resources and Services Administration, and Cicatelli Associates, Inc., a not-for-profit agency. These agencies have joined together to work directly with smaller community-based organizations serving communities of color to meet the needs of HIV-positive and at-risk persons.

PROJECT: The overarching goal is to enhance the capacity of smaller community-based organizations serving HIV needs of racial/ethnic communities. To accomplish this goal, PHS & CAI developed and implemented strategies to identify local organizations serving racial and ethnic communities, assess community needs, and develop a working structure to accomplish tasks, develop a mechanism to provide on-going support.

RESULTS: At the regional level, an interagency workgroup convened to identify organizations in every state; propose strategies for stronger federal, state, and local collaborations; provide fiscal assistance to agencies in 10 of 11 states; develop a resource directory; conduct site visits to provide technical assistance and build partnerships.

LESSONS LEARNED: Many small organizations have creative ways of reaching targeted populations. They understand how to maximize dollars. The provision of pre-application technical assistance (TA) increases the viability, and competitiveness of smaller, under-funded, and isolated organizations. CBOs truly appreciate, understand, and welcome TA in order to develop effective public health interventions. Interagency coordination led to an integrated approach in providing assistance that enhances services to racial/ethnic communities in the two regions.

ABSTRACT 266

Integrated HIV Prevention for Gay Men: The Open Door Between Mental Health and Prevention Services

Berberet, HM^{1,2}; Jacobs, DA^{2,3}

1 San Diego State University, San Diego, CA; 2 The Lesbian and Gay Men's Community Center of San Diego, San Diego, CA; 3 Alliant University/CSPP-San Diego, San Diego, CA

ISSUE: Leading HIV prevention experts suggest increased utilization of mental health systems and psychologically based interventions in HIV prevention programs. However, the HIV prevention community continues to rely heavily upon educational interventions, losing mental health systems as a point of access and the utility of mental health as a prevention collaborating service.

SETTING: The Lesbian and Gay Men's Community Center (LGMCC) of San Diego, CA, is the second oldest and third largest LGBT community center in the nation and functions as the primary CBO for the LGBT community of San Diego. The LGMCC is the largest provider of HIV Prevention Services and Mental Health Services to San Diego's LGBT and HIV-positive communities.

PROJECT: The HIV Prevention Department (HPD) and Mental Health Services (MHS) work collaboratively to provide multiple access points and interventions for MSM and HIV-positive individuals. To facilitate consumer access from either department, MHS and HPD cross-refer, utilize complementary outcome objectives, and collaborate on the development and refinement of services. For example, MHS and HPD co-developed the HIV Prevention Counseling Project, targeting high risk MSM for intensive individual and group psychotherapy. The HPD conducts street, bar, bathhouse, and public park outreach and makes referrals. MHS assesses and treats appropriate individuals, addressing issues correlated with high-risk sexual behavior including chemical dependency, victimization, and depression. Initial data indicates a significant reduction in self-reported high-risk behaviors upon treatment completion. MHS has adopted a prevention focus and makes referrals for adjunctive/discharge services to HPD's multiple peer-based educational and social interventions. HIV-positive MSM are also referred to all HPD prevention services to assist in developing a secondary prevention perspective for these individuals.

RESULTS: Three primary benefits have resulted from this interdisciplinary approach: (a) the opportunity to provide intensive, psychologically based HIV prevention

interventions to individuals not normally in mental health treatment; (b) the opportunity to access high-risk individuals identified through mental health treatment; and (c) the opportunity to provide cost-effective prevention services to the HIV positive community.

LESSONS LEARNED: A coordinated effort between HPD and MHS increases utilization rates of high-risk, hard-to-reach MSM and HIV-positive individuals in both departments. Due to the centrality of HIV in the lives of MSM, a prevention focus is an essential component of culturally competent mental health care. Further, HIV positive MSM are equally concerned about HIV prevention when given the opportunity to address the issue. Providers of mental health services are positioned to play a vital role in the development and implementation of a community-wide, comprehensive HIV prevention program.

ABSTRACT 267

A Successful Policy Intervention to Protect Hawaii's GLBTQ Youth

Kern, NS

Hawaii Department of Health, Honolulu, Hawaii

ISSUE: Gay, lesbian, bisexual, transgender, and questioning (GLBTQ) youth (also referred to as "sexual minority youth") are often the targets of harassment and discrimination in the school environment. Such treatment may have a negative effect on the self-esteem of these individuals, potentially contributing to risky sexual behavior that renders this population vulnerable to HIV and other STDs.

SETTING: Hawaii Board of Education (BOE) meetings and hearings; meetings with the focus population (sexual minority youth); meetings with supportive community-based agencies and individuals; ongoing collaboration with print and electronic media.

PROJECT: The Hawaii Department of Health provided leadership over a period of 21 months in 1999 and 2000 in support of an intervention to encourage the BOE to pass a policy to protect sexual minority youth in Hawaii's public schools from harassment and discrimination. A campaign was specifically organized to effect this policy change and included a broad coalition of approximately 100 community-based groups, as well as GLBTQ youth, the media, and the general public. This initiative was supported by a core group of advocates who coordinated attendance at BOE meetings and public hearings, facilitated community-based meetings and other related activities, collaborated with the focus population, and provided

ongoing communication with the media in order to build a foundation of public support for the passage of this policy. The community support and intense media scrutiny given the issue were key to its success.

RESULTS: The policy to protect GLBTQ youth from harassment and discrimination in Hawaii's public schools passed by a 10-3 vote at a November 2000 BOE meeting, with explicit instructions from the BOE to the Department of Education (DOE) to establish a task force to oversee implementation of this new policy. Hawaii is, therefore, one of only a handful of states that have passed a statewide policy to protect sexual minority youth from harassment and discrimination in public schools. The media attention resulting from this initiative was beneficial to the focus population, as it has motivated other community groups to begin to study the issue and to consider how they can become involved in supporting its message and intent.

LESSONS LEARNED: The ongoing collaboration with the focus population, community-based agencies and individuals, the media, and members of the general public provided the impetus to the process and to its successful conclusion. However, it is clear that policy alone is insufficient to address the complex challenges that confront sexual minority youth in Hawaii's public schools every day. The progress of the policy's implementation will require continuous monitoring. Hopefully, our recent invitation from the DOE to join the fledgling task force will address a significant component of that need.

ABSTRACT 268

Overcoming Obstacles to Delivering HIV Prevention Services to Migrant/Seasonal Farm Workers

Ramos, E; Ramos-Soto, M; Casey, JJ; Berberian, EL; Furlani, RA

New York State Department of Health, Albany, NY

ISSUE: Migrant/seasonal farm worker populations present a unique challenge for delivery of HIV prevention services due to a number of obstacles inherent with this population. These include language barriers, transient nature of this population, immigration issues, the unconventional and isolated camp settings where the workers reside, the workers' limited education and lack of knowledge about HIV and AIDS, and limited hours when they can be reached due to demanding work schedules.

SETTING: Migrant/seasonal farm worker camps in two western New York counties.

PROJECT: In an effort to reach a traditionally underserved population, the ACT Program provided on site HIV counseling and testing services to migrant/seasonal farm workers. These services were provided in collaboration with the Oak Orchard Community Health Center whose outreach workers promoted the testing services prior to their commencement to introduce the availability of services. Services were provided during evening hours when workers were accessible by counselors with appropriate linguistic skills and cultural sensitivity.

RESULTS: A total of 118 migrant/seasonal farm workers elected to receive HIV counseling and testing during the first three years of this initiative (1998 – 2000). None of the 118 migrants/seasonal farm workers tested HIV-positive despite their reported high-risk activity and behaviors. In 2000, sexual contact with commercial sex workers was the most frequently reported high-risk activity. Nearly half of the 49 workers tested in 2000 reported this activity. Post-test return rates were high; 108 (92%) of those tested received their test results. Seventy-six (64%) of the 118 workers who elected to test were males under age 30.

LESSONS LEARNED: The ACT Program's experience demonstrated that the migrant/seasonal farm worker population will avail itself of public health interventions if service delivery is conducted in a manner consistent with their values, needs, culture, and language at a time and location compatible with their schedule. The exclusive use of Spanish speaking counselors, rather than interpreters, during the initiative's third year, resulted in increased numbers of testing requests and more open and frank discussions about HIV risk activity. Flexibility in adapting to the varied camp environments when determining testing methods, sites and testing hours was critical to the program's success. Other important factors included open communication with farm managers about the logistics of service provision, a quick turnaround time for test results, and inclusion of a strong outreach component.

ABSTRACT 270

The Hearts and Hands Project - A Ryan White Title IV Link Between HIV Interventions & Case Management

Ferraro, JA

ISSUE: A strong link exists between HIV interventions and case management activities provided by AIDS and community-based organizations. However, that link is rarely maintained as prevention education workers lose sight that case management is a continuation of the prevention message for infected/affected persons.

SETTING: Small neighborhood of African American and Haitian families in coastal Palm Beach County receiving prevention education, testing, and case management services; and a migrant community in western Palm Beach County receiving prevention education, clinical care, and testing and case management services.

PROJECT: The Hearts and Hands Project is a Ryan White Title IV-funded project providing outreach prevention, clinical care and case management services through local AIDS and Community-Based Organizations to women, infants, youth and families who are HIV infected/affected. One such organization provides outreach prevention activities for the migrant community, including testing and case management services, creating an internal link between the intervention and case management sections of the organization. Additionally, infected/affected clients are linked to a privately owned and operated clinic to provide primary medical care. Included in the project is an organization with a Communities of Color component providing intensive outreach prevention activities to pregnant women and women of childbearing age who are of color and live in a neighborhood known for risky behaviors. The organization links with an AIDS Service Organization to provide case management services, thus creating a comprehensive package of services for the infected/affected.

RESULTS: The Hearts and Hands Project began in 1999 and its Communities of Color component began in 2000. Before the project's inception, many HIV infected women of color were not seeking services to manage their disease, adding to the increasing perinatal transmission rate in Palm Beach County. Additionally, women did not know of the availability of HIV testing services creating a hidden population that only sought services when they became ill, not knowing their HIV status. Intensive

outreach prevention activities to reach women of color who are of childbearing age in coastal Palm Beach County has resulted in more HIV tests provided, linkage to case management services for those infected and increased knowledge of HIV infection prevention. Positive results have also been identified through outreach prevention activities in the migrant community. This population's transient nature made reaching them particularly difficult. Additionally, rarely did the migrant population seek services from local organizations. Again, intensive outreach prevention activities with an internal case management link has brought more people into the clinic for testing and primary medical care services.

LESSONS LEARNED: Developing a project that links outreach prevention and case management services together benefits targeted high-risk populations. This is evidenced by the fact that more people are receiving prevention messages, HIV tests, and case management services today than before the project began. Additionally, we have improved links to health care serving more HIV-infected people increasing their chances for a healthy and productive life.

ABSTRACT 271

Factors Associated with HIV Seroprevalence Among Participants Enrolling at a Needle Exchange Program

Vertefeuille, J^{1,2}; Strathdee, SA¹; Huettner, S¹; Brown, M³; Vlahov, D^{1,4}

1 The Johns Hopkins School of Public Health, Baltimore, MD; 2 Maryland Department of Health and Mental Hygiene, Baltimore, MD; 3 Baltimore City Department of Public Health, Baltimore, MD; 4 The New York Academy of Medicine, NY

BACKGROUND/OBJECTIVES: Most studies of needle exchange program (NEP) attendees have focused on primary prevention (i.e., risk factors associated with acquisition of HIV infection). Here, the interest was to determine whether or not HIV-seropositive individuals enrolling at NEP had recently engaged in high-risk behaviors that could result in transmission of their infection to others, which would help guide secondary prevention measures among HIV-infected persons attending NEP.

METHODS: A sample of injection drug users (IDUs) who enrolled in the Baltimore NEP between 1994 and 1997 were recruited into a prospective study and tested for

HIV antibodies. Demographic and recent drug use characteristics were collected. Logistic regression models were constructed to identify factors associated with HIV seropositive status at NEP entry.

RESULTS: Of 811 evaluation participants (mean age 38.2 years), 87% were African American, 67% were male, and 30% were HIV seropositive at entry to NEP. Univariate analysis showed that the following variables were associated with significantly increased odds of HIV seropositivity at entry into NEP: age > 38 years (OR = 1.5, $p = 0.009$); cocaine injection (< daily, OR = 1.2, $p = 0.03$; daily OR = 2.1, $p < 0.001$); and daily speedball injection (OR = 3.1, $p < 0.001$). The following variables were associated with decreased odds of being HIV seropositive at NEP entry: cohabitation with a sex partner (OR = 0.6, $p = 0.01$), being employed (OR = 0.4, $p = 0.02$), and having graduated high school (OR = 0.7, $p = 0.04$). In a multivariate model, independent predictors of HIV seropositivity at the 5% level were daily cocaine injection (Adjusted OR [AOR] = 1.98), daily speedball injection (AOR = 2.36), daily heroin injection (AOR = 0.55), cohabitation with a sex partner (AOR = 0.7), and employment (AOR = 0.4).

CONCLUSIONS: These findings indicate that HIV-seropositive individuals entering NEP were more likely to be injecting stimulants rather than opiates. These individuals practiced particularly risky behaviors and were more likely to need help in order to minimize the harm of drugs and HIV infection than their HIV-seronegative counterparts. Our findings suggest that NEP should be used to increase HIV testing and act as a bridge to drug treatment and HIV care.

ABSTRACT 272

Communities and Universities Working to Prevent HIV Infection

Allensworth, D; Vernon-Smiley, M; Naquin, M; Blasini-Alcivar, L; Bryan, G; DuShaw, M

Centers for Disease Control and Prevention, Atlanta, GA

ISSUE: A college or university can provide numerous resources for HIV prevention to its surrounding communities. The Division of Adolescent and School Health at the Centers for Disease Control and Prevention funds nine projects to engage colleges and universities in promoting HIV prevention strategies, particularly for communities of color and youth in high-risk situations both within and outside the college/university community.

SETTINGS: The nine funded post-secondary organizations work with various colleges and universities throughout the United States. In addition, these organizations work with historically black colleges and universities, Hispanic serving institutions, tribal colleges and universities, and universities that might be predominately minority in population.

PROJECTS: The work of these nine funded post-secondary organizations varies in scope. For example, the United Negro College Fund's Special Programs provide technical assistance to faculty to enhance HIV/AIDS curricular activities on campus and student service learning activities in the community in HIV prevention. Likewise, the American Association of Community Colleges also administers technical assistance to community colleges to promote student service learning in the areas of HIV, STDs and unintended pregnancies. Service learning profits not only the community but enhances the students' education.

RESULTS: In the first five years of the initiative, approximately 800 colleges and universities were reached, including about 120 historically black colleges and universities. Projects documented the following: a 21% increase in campus HIV policy; a 23% increase in service learning; and a 27% increase in courses dealing with HIV/AIDS. In addition, projects used indicators of success to measure progress.

LESSONS LEARNED: The nine funded projects provided a national vision and network for higher education's involvement in HIV prevention. Lessons learned included: addressing HIV prevention in the broader context of campus health problems; fostering collaboration on campus and with the community; and ensuring cultural relevance of campus/community activities. *Learning for Our Common Health*, the Association of American Colleges and Universities' publication, maintains that all individuals in colleges, universities, and surrounding communities need to be concerned about and engaged in HIV prevention.

ABSTRACT 273

Risk for HIV Transmission Among a Household-Based Sample of MSM: The Urban Men's Health Study

Stall, R; Anderson, J; Williamson, J; Catania, J

Centers for Disease Control and Prevention, Atlanta, GA

BACKGROUND: Research on the strategies that men who have sex with men (MSM) adopt regarding risk of

sexual transmission of HIV and other STDs has traditionally relied on opportunistic sampling techniques, usually in a single city. In addition, many data sets that have guided AIDS prevention efforts among MSM were defined in the 1980s or early 1990s, making it difficult to measure whether new associations with high-risk sex among MSM are emerging as the epidemic continues to evolve.

OBJECTIVES: To report prevalence rates of varying ways of having unprotected anal intercourse among MSM as well as the statistical associations with the most risky of these forms (unprotected anal intercourse with a secondary partner) based on a household probability sample of MSM who reside in 4 of America's largest cities.

METHODS: A probability telephone sample of MSM was taken within ZIP Codes of four large American cities (Chicago, Los Angeles, New York and San Francisco) estimated to have total concentrations of at least 4% of all households with one resident MSM (N = 2881; participation rate = 78%; interviewed from 11/1996 – 2/98). Measures of sexual risk-taking (summary and at the level of as many as four partnerships) as well as set of independent variables (demographics, mental health, early adverse life events, gay male socialization patterns, and gay male cultural affiliation) were administered by trained interviewers.

RESULTS: Among survey participants, 36.9% (95% CI 34.6 – 39.2) of MSM had any UAI; 21.6% (95% CI 19.7 – 23.5) had UAI with secondary partners. We identified specific categories of MSM who reported significantly higher percentages of UAI with secondary partners compared to others: HIV-positive (36.3% 95% CI 30.7 – 42.0); persons with no primary partner (27.2%, 95% CI 24.5 – 30.0); younger MSM (age 18 to 29 [28.9%, 95% CI 24.0 – 33.9]); high school graduate or less (25.6%, 95% CI 22.1 – 30.0); those who had ever injected drugs (30.8%, 95% CI 23.2 – 38.4); crack users in the past 6 months (51.4%, 95% CI 37.0 – 65.8); those with 10 or more sex partners in past year (50.7%, 95% CI 46.0 – 55.3); those participating in four or more gay community events (31.0%, 95% CI 26.5 – 35.5).

CONCLUSIONS: Representative data from 4 large cities indicate that 1 in 3 MSM reported any unprotected anal intercourse, 1 in 5 UAI with a secondary partner in the past 6 months. Factors associated with these measures of risk were found with demographics, HIV status, relationship status, gay socialization patterns and connection to gay culture. AIDS prevention efforts designed for MSM should address each of these levels of association to increase intervention efficacy.

ABSTRACT 274

Behind the Wall: Collaborative Efforts in Massachusetts and Michigan to Address HIV/AIDS Among Incarcerated Populations

Stockett, L

Association of State and Territorial Health Officials, Washington, DC

ISSUE: Incarcerated populations represent a population at high risk for and with high rates of HIV/AIDS and other infectious diseases. Collaborations among correctional agencies, public health agencies, and community-based organizations represent an opportunity to respond to the HIV prevention and HIV/AIDS medical treatment needs of at-risk populations.

SETTING: HIV/AIDS prevention, education and treatment programs administered to incarcerated individuals in Massachusetts's county correctional facilities (short-term facilities) and correctional facilities under the jurisdiction of the Michigan Department of Corrections (long-term facilities).

PROJECT: Massachusetts and Michigan recognized the importance of providing HIV/AIDS interventions in correctional facilities as a method of improving overall community health and preventing disease transmission at the community level. The average daily HIV/AIDS census in Massachusetts's county facilities has been reported as ranging from less than 1% to approximately 10%. In 1999, 1.2% of adult inmates in Michigan state prisons were reported as HIV positive. Based upon the experiences of Massachusetts and Michigan, this project sought to document program activities, the process of program implementation, and the challenges and strategies utilized to forge new collaborations.

RESULTS: Collaborations among public health agencies, correctional agencies, and community-based organizations can be an effective way in which to address HIV/AIDS among incarcerated and formerly incarcerated individuals. Both states reported an increase in requests for HIV/AIDS services after the implementation of multi-categorical HIV/AIDS programs in their respective correctional facilities. Staff reported an increase in the number of detainees/inmates requesting voluntary HIV testing and counseling available in Massachusetts county correctional facilities. Since the inception of the Michigan HIV/AIDS program in Michigan Department of Corrections reception centers (mandatory HIV testing and counseling of inmates), staff have reported an increase in the number

of inmates requesting HIV/AIDS services such as case management and discharge planning. Both the Massachusetts and Michigan program contain a peer-led HIV/AIDS prevention and education component.

LESSONS LEARNED: After site visits to Massachusetts and Michigan correctional facilities and state health departments, and interviews with program staff, the following observations were gleaned:

- *Collaborations among public health, correctional agencies, and community-based organizations can be effective in addressing HIV/AIDS among incarcerated populations, especially if comprised of a shared mission, executive staff support, and dedicated program funding.*
- *Effective HIV/AIDS programs address the issues of stigma and discrimination, as well as the need for privacy and confidentiality associated with HIV/AIDS in corrections.*
- *Effective HIV/AIDS programs in correctional facilities have multiple components and support a continuum of care following discharge.*
- *HIV/AIDS programs within a correctional facility must educate inmates and correctional staff about the disease.*
- *Peer-led education and prevention efforts in prisons and jails can be an effective teaching method for inmates.*
- *Measurable outcomes of program success and client health are still being developed and evaluated.*

ABSTRACT 276

How Peer Health Educators (PHE) Developed and Changed a Bus-Street Oral HIV Antibody Testing Program at Syringe Exchanges (SE) to Include Creating Trust Concerning HIV Origins

Nessel, JT; Primm, BJ

ISSUE: To study how Peer Health Educators (PHE) uniquely developed and changed an HIV testing program.

SETTING: For the last 4 years, 604 oral HIV antibody tests have been performed on a bus at 4 New York syringe exchanges (SE).

PROJECT: Eight PHE, in a methadone treatment program, were added to one of the SE to help bring in SE consumers for testing. Tests were anonymous and only done on people

who did not think they were HIV+. At all SE, 47 people tested HIV+: mean age 42.7 years, 66% male, and return rate of 68.1% for HIV+ results. The rate of people who tested HIV+, by race, was: African American 14.5%, Hispanic and white 5.7%.

RESULTS: However, the amount of testing was 600% greater at the one SE with the PHE. The PHE found 240 people who admitted they were HIV+, did not need the test but often were not adherent to treatment and a majority had conspiratorial ideas about the origins of HIV and the treatment. A 13-question anonymous survey on the origins of HIV was developed and 272 were given, mostly by the PHE, to treatment program patients, professionals, friends and neighborhood contacts, mostly African American and Hispanic. Of these, 80.5% answered that they thought either HIV was created in the lab; created by the government as part of a germ warfare, population control, or genocide plan to target certain groups; that the treatment is causing more harm than good; that the government gave people syphilis; that they would not take treatment for HIV suggested by a doctor. A list of myths and answers to conspiratorial ideas has been developed and PHE try to reduce distrust in their community. They have made a video of their experiences with the surveys and have formed a speakers' bureau to educate about this concern. Surveys are still being given out.

LESSONS LEARNED: PHE increased HIV testing 600%, found 240 HIV+ people, learned that most were non-adherent and had conspiratorial thinking, developed and distributed the survey to their community contributed to the list of myths and their answers, made a video, developed a speaker's bureau to reduce distrust and have shown themselves to be an valuable part of program development.

ABSTRACT 277

HEART: Health, Education, Advocacy, Resource Team for the Deaf, Hard of Hearing, and DeafBlind

Crowder-Gaines, B

ISSUE: Efforts to provide HIV prevention services to the deaf and hard-of-hearing communities and Department of Health and service providers. A need was identified to hold a train the trainers' workshop to service providers who would adapt the training according to the needs of

the population they serve.

SETTING: A committee began meeting in the state to identify HIV prevention needs of deaf, hard-of-hearing and deaf blind populations. A community-based organization hosted the committee meetings, which are held usually once a month except in the summer.

PROJECT: A committee was formed called HEART, (Health, Education, Advocacy, Resource Team) for the deaf, hard-of-hearing and deaf blind. The mission was developed after the group met for a couple of years. The mission is to provide HIV/STD education, advocacy and resources to the deaf, deaf blind and hard-of-hearing communities and service providers. The goals are to provide statewide training twice a year for professionals who work with deaf, deaf blind, and hard-of-hearing communities. Additional goals include to provide HIV/STD/AIDS information periodically to various organizations and to establish a statewide resource bank for the deaf, deaf blind and hard-of-hearing. A final goal is to ensure provision of community based workshops on HIV/STDs. In September of 1997, a two-day training was held entitled "HIV/STD Training of Trainers for Those Who Work with Deaf, DeafBlind, and Hard of Hearing." The Division of Services for the Deaf and Hard of Hearing was instrumental in planning and delivering the training. Health Education staff from the NC HIV/STD Prevention and Care Branch helped to organize and present the training. Since the training, other HEART committee members have held local trainings on HIV/STDs for the deaf, deaf blind and hard-of-hearing population and providers who work with them.

RESULTS: The statewide committee feels that providers are bettered trained in HIV/STD education and can provide more accurate information to clients and family members on these diseases.

LESSONS LEARNED: It is very important that a multi-agency approach be used to reach this population. The Division of Public Health has worked closely with the Division of Services for the Deaf and Hard of Hearing as well the staff from local community-based organizations and private interpreters.

ABSTRACT 278

NC State Health Department Builds CBO Capacity by Providing TA Tools

Crowder-Gaines, B; Allen, M

North Carolina Department of Health and Human Services,
Raleigh, NC

ISSUE: In the state of North Carolina (NC), we fund 34 community-based organizations (CBO), and each of these CBOs provide health education risk reduction services to specific target audiences. Some of the funded CBOs are stand-alone (i.e., Cape Fear Regional Bureau for Community Action) and others are part of larger organizations (i.e., Project Straighttalk — a local health department initiative). Regardless of their status, they all need to strengthen their agency/program infrastructure through capacity building.

SETTING: NC (statewide)

PROJECT: The process of capacity building focuses on (1) an increase in the abilities of key personnel to plan and implement interventions and maintain the infrastructure systems and resources necessary to support intervention activities, and (2) the ability of the community stakeholders to mobilize in support of HIV prevention goals. The tools to meet these objectives are:

- Information Transfer (HIV Prevention and Care Community Planning Academy, Community Planning Info Spotlight, Group Initial Site Visit)
- Skills Building (Intense Technical Assistance, Region V Collaboration Conference, Outreach Network)
- Technical Consultation (Contracted Services)
- Technology Transfer (Academy Institutes)

RESULTS: The CBOs' willingness to respond to requests for applications/proposals has increased by 33%. Goals and objectives submitted to the HIV/STD Prevention and Care Branch are (1) consistently measurable, (2) able to be evaluated, and (3) have a realistic number of goals. The project's ability to address these factors has almost doubled (48% to 87%); thereby, grant applications are a better read. The Health Departments' staff response time for problem areas identified by the CBOs have decreased almost 50%. Retention of CBO outreach staff has increased from 5 to approximately 11 months. The capacity-building efforts developed by the State Health Department coupled with additional technical assistance (TA) (national, local) has enabled our projects to grow and expand in terms of programmatic and fiscal issues.

However, there continues to be a need for additional funding.

LESSONS LEARNED: Partnering with our CBOs and developing mechanisms to meet the identified needs have proved to be a wonderful experience. The HIV/STD Prevention and Care Branch has determined that it is critical for a deliverable to be developed for TA processes/procedures. With the standards listed above, the community as well as the Branch is able to participate in providing TA. The community can plug in topics/issues, which will fit any of the listed models; therefore, it is not always the Branch prioritizing what the need might be.

ABSTRACT 279

Targets of the HIV Prevention Interventions: An Initial Analysis of Intervention Plan Data Submitted to CDC

Wen, XJ¹; Ladan, A²; Wan, CK²; Glassman, M²; Hill, CV²; Collins, BM¹; Lacson, R²; Chen, H²

1 TRW, Inc. Atlanta, GA; 2 Centers for Disease Control and Prevention, Atlanta, GA

ISSUE: In response to the evaluation requirements at CDC, 32 health departments submitted HIV prevention intervention plan data. Of the 32 who reported, approximately 82% targeted a specific race/ethnicity with an identifiable risk group. What these targeted interventions are, who they are targeted toward, and whether there are identifiable patterns of intervention plans among these health departments are yet to be determined at national level.

SETTING: Intervention plan data were collected from 32 health departments as a part of their 2001 applications for the HIV prevention program funding.

PROJECT: Evaluation Reporting and Analysis System (ERAS) was developed by Statistics and Data Management Branch (SDMB) and Program Evaluation Research Branch (PERB)/Division of HIV/AIDS Prevention/National Center for HIV, STD and TB Prevention. Data were entered into the ERAS and analyzed using the Statistical Analysis System (SAS) software.

RESULTS: A total of 185 intervention plans were reported by 32 health departments (out of 65), which covered eight different intervention approaches or services. A reported total population of 641,650 will receive services. Of these, 6.7% of the targeted population will receive individual-level intervention, 11.8% group-level intervention,

77.8% outreach intervention, 2.7% prevention case management, and less than 1.0% each partner counseling and referral services, health communication and public information, and other interventions respectively. The targeted population includes American Indian/Alaskan Native (3.4%), Asian Pacific Islander (7.1%), African American (34.2%), Hispanic (12.8%), white (34.3%), and other or not targeted by race (8.2%). In terms of the risk group, 60.1% of intervention plans target MSM, 18.4% general public, 14.1% IDU, 5.5% heterosexual, 1.2% mother with/at risk for HIV, 0.4% MSM/IDU, and 0.2% others.

LESSONS LEARNED: The major interventions planned by health departments are outreach, group-level, and individual-level interventions suggesting that most of the health departments will focus their main efforts on these the HIV prevention interventions. Primary populations for behavioral interventions are MSM, general public, and IDU; while the main target for race/ethnicity are African American, white, and Hispanic. The intervention plan data have laid a foundation for the evaluation of interventions both at state and national level. The impact of these interventions on reducing the transmission of HIV needs to be evaluated through monitoring and evaluating their implementation.

ABSTRACT 280

Theatre Performances as a Prevention Education Modality for Youth

Tucker, CJ; Christeller, CA; Whatley, TP; Matthews, B; Sween, J

ISSUE: HIV prevention curricula traditionally teach information and safer sex skills but do not address the social ills that underlie why African American adolescents engage in risky sexual behavior. In particular, HIV prevention interventions rarely target the cultural dynamics that help control adolescent sexual behavior.

SETTING: HIV prevention education using performing arts, Q&A sessions, group presentations and workshops are delivered to several African American communities in Chicago. Targeted are elementary schools, alternative high schools, teen shelters, juvenile probation programs, substance abuse programs and other community-based programs for hard to reach youth.

PROJECT: The Chicago Women's AIDS Project (CWAP) created the Imani Nia performance troupe, an innovative HIV prevention project that works to break down the cultural taboos and barriers against open discussion of STD/HIV prevention. By using performing arts to communicate, the format allows audience members an opportunity to identify with charismatic characters who demonstrate behavior, engage emotions, allow mental rehearsal and model new behavior. Our interventions are unique in that they are coupled with workshops and referrals to healthcare. It allows us to empower and motivate youth to change behavior and resist the pressures that prevent them from utilizing HIV prevention practices.

RESULTS: In the first year, 1999-2000, 1,109 youth participated in the Performance and Q&A sessions, 1,070 youth participated in one-time group education, and 373 youth participated in the comprehensive workshops. Of the 373 youth, 69 youth have participated in our tag referral coupon program and were tested for HIV at one of our community linkage sites. Additionally, 99% of participants reported high satisfaction with the interventions, and outcome data have indicated encouraging trends towards HIV prevention practices.

LESSON LEARNED: CWAP's findings validate the theory that HIV prevention education through the performing arts easily communicates on an intimate level. The situations dramatized for the audience draw on the very personal experience of the teen performers, which include issues of self-esteem, sexual abuse, interpersonal violence and gang-related violence, teen pregnancy and substance abuse. Youth respond to this intervention because these issues are presented in a non-threatening manner that is age and culturally appropriate using realistic scenarios that youth confront on a daily basis.

ABSTRACT 281

The Healthy Youth Funding Database: Using Technology to Find Funding for School and Adolescent Health Programs

Burton, SJ¹; Bauer, L²

¹ Centers for Disease Control and Prevention, Atlanta, GA; ² National Conference of State Legislatures, Denver, CO

SETTING: Local and state education agencies, health departments and non-governmental organizations need financial resources to support adolescent and school health programs.

PROJECT: School administrators, health officials, community and nationally based non-governmental organizations are often not aware of potential funding sources that can help address the health of children and adolescents. The Healthy Youth Funding databases maintained by the Centers for Disease Control and Prevention and the National Conference of State Legislatures have developed websites to provide information on funding for school and adolescent health programs. The databases on these websites provide continuously updated accessible information about federal and foundation funding opportunities that can help schools, districts and organizations identify resources to support activities that can prevent or address health problems among youth.

RESULTS: The Healthy Youth Funding database users in schools and districts report that they have identified funding sources to support school health-related activities that aim to help students thrive mentally, physically, and socially in a safe, supportive environment.

LESSONS LEARNED: Funding can support the activities of a variety of professionals within the schools, including health service providers, classroom teachers, counselors and psychologists, and physical educators. Database users also strengthen community partnerships by sharing their findings with health and social services organizations and providers in the larger community — joining with others to identify resources and plan and implement programs that can help to address adolescent and school health goals more effectively.

ABSTRACT 282

North Carolina's Incubation Project

Crowder-Gaines, B; Plummer, J

North Carolina Department of Health and Human Services,
Raleigh, NC

ISSUE: Agencies in the eastern part of North Carolina (NC) historically have not responded to many Responses for Applications/Proposals (RFA/RFP). Surveys continue to list (1) lack of awareness of the RFA, (2) inability to respond, and (3) lack of grant writing experience. The HIV/STD Prevention and Care Branch is attempting help build the capacity of the agencies in eastern NC so they can position themselves to apply for and receive funds.

SETTING: Eastern NC (east of I-95).

PROJECT: The Incubation Project has been established to assist funded and non-Branch funded projects focusing on HIV and other STDs in the Eastern portion of North Carolina in their capacity building efforts. Through the Community Planning gap analysis, this portion of the state has been identified as an area of need for HIV services. This project will help the projects strengthen their infrastructure by providing local, state and national trainings, facilitating peer reviews and support, and additional technical assistance.

RESULTS: Staff has been stationed in the area to assist with this project and we currently have 5 projects in the incubation. The incubation has been included in the Regional Cluster meeting, which is an arm of Community Planning. Three of these projects attended the Jackson State Mobilizing the Community training which was held in Durham, NC. The Incubation committee has prioritized a training list and scheduled several trainings. One project volunteered to be on the planning committee for the faith-based conference to be held in March. Another has sponsored a training (Alpha – Omega) inviting other incubation members as well as other community groups. Several of the projects are working with varied components of Prevention and Care. These projects are networking with other area projects as they strengthen their infrastructure.

LESSONS LEARNED: Partnering with our CBOs and developing mechanisms to meet the identified needs have proven to be a wonderful experience. The HIV/STD Prevention and Care Branch has learned that building capacity in a portion of agencies (funded) and not addressing the needs of the non-funded CBOs cripples the ability of the state to adequately determine what is necessary and critical for a deliverable to be developed for technical assistance (TA) processes/procedures. With the standards listed above, the community as well as the Branch is able to participate in providing TA. The community can plug in topics/issues, which will fit any of the listed models; therefore, it is not always the Branch prioritizing what the need might be.

ABSTRACT 283

African American Men Who Have Sex With Men (AAMSM): Experiences With and Perceptions of the Medical Profession

Malebranche, DJ¹; Fullilove, RE¹; Stackhouse, B²

1 Columbia University, Mailman School of Public Health, New York City, NY; 2 New York City Department of Health, New York City, NY

BACKGROUND: Current studies have shown that HIV prevalence rates among young AAMSM range between 30 – 33% in select US cities. While research has been done to evaluate risky behaviors in this population, little work has examined the impact of the doctor–patient relationship on how members of this population experience, perceive, and access health care.

OBJECTIVES: To ascertain the personal and environmental factors that impact the experiences with and perceptions of health care “messengers” among members of the AAMSM population who are infected and/or affected by HIV/AIDS.

METHODS: Seven focus groups conducted in Atlanta, upstate New York, and New York City from December 2000 to February 2001. Participants were men of African descent who identified as men who have sex with men (MSM), and were recruited through local community based organizations affiliated with the New York State Black Gay Network (NYSBGN). All participants also completed a brief questionnaire on demographics, HIV status, HIV risk behaviors, and health care access.

RESULTS: Seventy-three participants were involved in the study. The average age of participants was 36.5 years, with the youngest and oldest participants being 19 and 61, respectively. Forty-seven percent (34/73) of the men reported they were HIV positive, and 84.9% of participants reported having primary care providers. Major themes discussed among participants included medicine as a culture that affects health care decisions, the parallel importance of religion, family and medicine as social contextual factors, the impact of fear of judgment on the doctor–patient relationship, labels vs. behaviors as risk factors, and personal responsibility in navigating a complex and frustrating health care system.

CONCLUSIONS: The emergence of HIV has had a profound impact on the relationship between AAMSM and the medical system, regardless of serostatus. HIV

prevention targeted towards this group needs to address primary, secondary, and tertiary levels of prevention, and needs to emerge from a paradigm that is based on the broad range of sexual experiences of black men. We recommend more qualitative research on sexuality, religion, and medicine in this population, increased presence of sexuality in medical cultural competency programs, and the development of seminars for black men that teach and empower black men to successfully gain more personal control over their health.

ABSTRACT 285

Ending the Silence: The Faith Community Speaks Out

Plummer, J¹; Bryan, L²

1 North Carolina Department of Health and Human Services, Raleigh, NC; 2 Shaw University Divinity School, Raleigh, NC

ISSUE: Getting the faith communities involved in the prevention of HIV and other STDs.

SETTING: Rural eastern North Carolina.

PROJECT: The purpose of the one-and-a-half-day Faith Conference was to bring awareness and knowledge of HIV/AIDS to the minority faith community and assist the communities as they move to action. The conference was specially designed for clergy, pastors, PLWHA, and lay people within the faith community who are concerned with helping those impacted by HIV/AIDS. Each day began with a prayer breakfast, which set the tone for the day's events. In addition, the conference was also appropriate for professionals across various disciplines: mental health, substance abuse, education and others who interface with people with HIV/AIDS. Successful partnerships between the faith community, community-based organizations (CBOs), and the HIV/STD Prevention and Care Branch were highlighted during this conference.

RESULTS: The conference provided participants the opportunity for team building, peer support networking and partnering efforts among agency representatives of the state, regional, and local levels. Through several concurrent sessions which presented knowledge on such issues as basic HIV 101 training, mental health issues for persons living with HIV/AIDS (PLWHA) and their families available resources from state, federal, and local agencies and several closed clergy sessions. The participants also explored ideals on developing and maintaining connections between church and schools, collaboration with state, regional and local agencies, and the opportunity

networking and building relations with presenters and colleagues throughout the state.

LESSONS LEARNED: The most important aspect of this conference was assisting clergy to work more effectively with the identified population. The primary sessions for the clergy appeared to be the closed session where they could talk among themselves to establish some resolution and directions.

ABSTRACT 286

NC Prevention and Care Academies

Smith, JG; Crowder-Smith, B

North Carolina Department of Health and Human Services,
Raleigh, NC

ISSUE: The N.C. HIV/STD Prevention and Care Branch offers a training academy at least annually and sometimes biannually for funded community-based organizations (CBOs) and selected Statewide Community Planning Group members. The topics are picked according to previous academy evaluation suggestions and Branch training priorities.

SETTING: Academies are held in different locations in the state and sometimes hosted by funded CBOs. In the summer of 2000, an academy was held in Winston-Salem, North Carolina. The academy was hosted by a local CBO, Step One, Inc.

PROJECT: The 2000 Academy focused on CDC's new evaluation requirements, which resulted in the need for CBOs to use a new quarterly report form. In addition to describing the new reporting guidelines, the academy included an update on North Carolina's trends in HIV/STDs. Participants also attended training on the new computer software for the new quarterly report form. There was also an exciting training on cultural diversity offered.

The 2001 Academy will be held in 2 locations in the state: Raleigh and Charlotte. The Academy's program is entitled "Bridging Theory and Practice: Applying Behavioral Theory to STD/HIV Prevention". The training is supported by the Centers for Disease Control and Prevention and the faculty is with the University of Texas Southwestern Medical Center at Dallas. It is a comprehensive two-day course, which will provide STD/HIV front line providers with a clearer understanding of behavioral interventions and skills to enhance their abilities and work in the field. The next academy will focus on Latinos and the HIV/STD epidemic and related issues.

RESULTS: All CBOs and selected Statewide Community Planning Group members are given an opportunity to learn the latest in HIV/STD prevention issues. Since continuing education is required of all grant funded CBOs, this free training opportunity provides projects a means to meet this requirement. Academies are free to CBOs and some housing costs are provided for.

LESSONS LEARNED: Project staff is able to work more effectively and are given an opportunity to network with each other. It is helpful to rotate sites in the state so that some projects don't have to drive too far each year. We are hosting this year's training in 2 sites to be more accessible to projects.

ABSTRACT 287

The North Carolina Non-traditional Counseling, Testing, and Referral Sites (NTS)

Nicolaysen, ME; Brown, M; Moseley, C; Lane, M

North Carolina Department of Health and Human Services,
Raleigh, NC

ISSUE: The North Carolina Non-traditional Counseling, Testing and Referral Sites (NTS) program was created to address barriers to HIV/STD testing through collaboration with community-based organizations and leaders and integration of expanded services outside of the traditional public health setting.

SETTING: Community-based HIV/STD counseling, testing, outreach and referral activities in public housing developments, homeless shelters, gay/transgender nightclubs, mental health centers, churches, correctional facilities, universities and substance abuse centers during non-traditional (evening and weekend) hours. The NTS program has 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: Nine Non-traditional Counseling, Testing and Referral Sites (NTS) projects are state/federally funded. These projects offer community-based non-traditional HIV/STD services in four of the five syphilis HMA (high morbidity area) counties in North Carolina. The NTS staff collaborates with the North Carolina Syphilis Elimination Project (NCSEP) and the North Carolina Prevention Project staff to provide HIV prevention

counseling, testing and syphilis screening services through fixed non-traditional sites and special neighborhood-based testing. In this participatory workshop, we will discuss project activities as follows: a) counseling and testing at gay/transgender nightclubs, 2) expanding services to persons at increased risk of exposure to HIV/STDs, 3) utilizing Mobile Area Health Clinic (MAHC) services to reach targeted communities, 4) developing community resources and 5) innovative marketing plans.

RESULTS: During CY-2000, the NTS program tested 4,259 individuals (208 were OraSure™ tests) for HIV of which 48 or 1.1% were positive, 3,732 clients were tested for syphilis of which 72 or 1.9% were positive. In 1999, the HIV positivity rate was 1.2% and the syphilis positivity rate was 1.3%. Additionally, 100,474 individuals were tested for HIV at local health departments, of which 682 or less than 1% were seropositive.

LESSONS LEARNED: HIV and syphilis testing in the NTS program continues to identify a greater proportion of positives than testing in local health departments. This collaboration proves successful as it provides visible alternative services in many high-risk communities. This project has provided a mechanism for hard to reach/high-risk individuals to obtain HIV/STD services outside the traditional public health setting. The North Carolina HIV/STD Prevention and Care Branch is committed to the expansion and accessibility of quality HIV/STD prevention and intervention services to underserved communities and offers continuation funding to enhance this initiative.

ABSTRACT 289

Health Promotion in the Workplace: An Innovative Educational Approach To Reduce STD and Prevent HIV Infection in the Philippines

Morisky, DE¹; Liu, K¹; Detels, R¹; Tiglao, TV²

1 School of Public Health, University of California (UCLA), Los Angeles, CA; 2 College of Public Health, University of the Philippines, Manilla, Philippines

managers/supervisors in the Philippines, high-risk, male, client-centered populations have been targeted.

METHODS: A cross-lagged panel study design has been implemented in four sites in the southern Philippines, comprised of high-risk client-centered populations (military/policemen, firemen, factory workers, drivers associations (taxi and tricycle drivers) and high-risk communities. Approximately 200 males from each of five study groups (total of 2500 males) have provided baseline information on their knowledge, attitudes and practices concerning STD/HIV risk factors. From this group, 20 individuals are being trained as peer counselors to educate and reinforce safe sexual practices in the specific intervention site.

RESULTS: 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; $p < 0.01$). Attitudes towards condom use were generally negative among all study groups and were identified as the most important area to address in the development of educational materials. Peer counselors from each study group were trained in STD/AIDS prevention and developed specific educational materials based on the findings within their target group. The most popular type of information developed was the 'photonovella', which depicts HIV-related beliefs, attitudes and behaviors using photos and stories. 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. 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, nightclubs and massage parlors are located.

BACKGROUND/OBJECTIVES: In an effort to continue and expand the successful results of targeted educational interventions among female bar workers and their

ABSTRACT 290

Who's Responsible for Ensuring Safer Sex? A Qualitative Study Among HIV-Seropositive Men of Perceived Responsibility for Preventing the Transmission of HIV

Bailey, CJ¹; Wolitski, RJ²; Gomez, C³; Parsons, J⁴; Remien, R⁵

1 TRW, Inc., Atlanta GA; 2 Centers for Disease Control and Prevention, Atlanta, GA; 3 University of California, San Francisco, CA; 4 Jersey City State College, Jersey City, NJ; 5 Columbia University, New York City, NY

BACKGROUND: Most HIV prevention research has examined factors that motivate at-risk persons to protect themselves from HIV infection. Little is known, however, about factors that may motivate persons living with HIV to engage in safer sex practices that protect the health of others.

OBJECTIVES: To study HIV-seropositive MSM's beliefs regarding who is responsible for ensuring safer sex and to assess how beliefs about responsibility for safer sex are influenced by interpersonal and situational factors.

METHODS: As part of the CDC-funded Seropositive Urban Men's Study (SUMS), MSM who identified themselves as HIV-seropositive were recruited from public sex environments, AIDS service organizations, and mainstream gay venues in New York City and San Francisco. The men participated in semi-structured interviews which elicited information on sex behavior, drug and alcohol use, disclosure of HIV status, coping and mental health, and adherence to treatment.

RESULTS: A total of 241 men completed semi-structured interviews; the majority (71%) were men of color. Beliefs about who's responsible for negotiating safer sex practices may influence safer sex decisions among some HIV-seropositive MSM. These beliefs about responsibility were viewed from three focal points: 1) personal responsibility to protect others, 2) sexual partners' responsibility to protect themselves, and 3) a responsibility that was shared between both partners. Personal responsibility was often motivated by ethical and moral considerations as well as concern for the health of others. Partner responsibility focused on other MSM's awareness of the risk of HIV infection and their accountability for their actions. Shared responsibility reflected concerns about personal and partner health that were not necessarily influenced by HIV status of partners. Beliefs about

responsibility were influenced by interpersonal and situational factors including alcohol and drug use, HIV status of partner, age of partner, relationship status, and where sex took place.

CONCLUSIONS: Perceived responsibility is a motivating factor for practicing safer sex among HIV-seropositive MSM. Understanding these three dimensions of responsibility can help inform and design behavioral interventions to prevent HIV transmission risks for HIV-seropositive MSM.

ABSTRACT 291

Correlates of Sexual HIV Transmission Risk Behaviors Among HIV-Positive Injection Drug Users

Purcell, D; the Seropositive Urban Drug Injectors Study (SUDIS) Team

Centers for Disease Control and Prevention, Atlanta, GA

BACKGROUND/OBJECTIVES: Using cross sectional data collected from HIV-positive (HIV+) injection drug users (IDUs) we sought to identify correlates of sexual risk behavior with HIV-negative or unknown status main and non-main partners. Focusing on understanding the correlates of sexual risk will help researchers develop HIV risk reduction interventions for this population.

METHODS: A sample of 161 HIV+ IDUs was recruited from a variety of community venues in the New York City and San Francisco metropolitan areas. Study participants completed an in-depth, face-to-face qualitative interview and then completed an interviewer-administered quantitative survey. We used quantitative data (bivariate analyses) to examine whether unprotected vaginal sex with HIV-negative or unknown status partners was related to: 1) emotional factors (loneliness, depression, anxiety, temptation); 2) motivational factors (responsibility, subjective norms, partner norms); 3) social-cognitive factors (self-efficacy for condom use by partner type, condom beliefs, outcome expectancies for condom use); and 4) substance use factors (number of injection and non-injection drugs used, frequency of drug use; drug/alcohol use with sex).

RESULTS: Of the 161 participants, 18 (11.2%) reported unprotected vaginal sex with an HIV-negative or unknown serostatus main partner and 21 (13.0%) reported unprotected vaginal sex with an HIV-negative or unknown

serostatus non-main partner. For main partners, 4 correlates were related to unprotected sex; 2 motivational factors (partner norms, feeling that partner is responsible for protection) and 2 social-cognitive factors (self-efficacy, negative condom attitudes). For non-main partners, 1 emotional factor (temptation), 1 social-cognitive factor (self-efficacy) and 1 substance use factor (drug/alcohol use with sex) were related to unprotected sex.

CONCLUSIONS: For non-main partners, unprotected vaginal sex with HIV-negative or unknown status partners is related to emotional and contextual factors. Risk behaviors with main partners are more likely if HIV+ IDUs believe their partner does not want to use a condom, feel the partner is responsible for protection, have lower self-efficacy for condom use with main partners, and more negative attitudes about condoms. Prevention planners should take partner type and serostatus into account when designing interventions for HIV+ IDUs.

ABSTRACT 292

Safer Choices 2: Using Intervention Mapping to Adapt HIV Interventions for Alternative School Youth

Tortolero, SR¹; Markham, CM¹; Parcel, GS¹; Escobar-Chaves, LS¹; Peters, R¹; Addy, R¹; Thiel, M¹; Basen-Engquist, K²; Fernandez, M¹; Shinn, E²

1 University of Texas, Houston School of Public Health, Houston, TX; 2 MD Anderson Cancer Center, Houston, TX

BACKGROUND: Youth attending alternative high schools are more likely to engage in risky sexual behavior and substance use than regular high school youth. There is an urgent need to develop effective school-based HIV/STD interventions for high-risk youth.

OBJECTIVES: To present a practical methodology for adapting HIV prevention programs for alternative school youth.

METHODS: The program *Safer Choices 2* used intervention mapping (IM) to adapt an existing HIV/STD intervention, found to be effective among regular high school students, for a minority, inner-city alternative school population. IM provides a methodology to: (1) identify proximal program objectives; (2) identify theory-based methods and practical strategies for effective intervention; (3) identify critical aspects for program delivery.

RESULTS: Baseline data (n = 492) characterizes the study population: 57% female; 56% Hispanic, 37% black. Seventy percent reported having had sex, compared to 50% of regular high school students. Of these, 72% were currently sexually active, and 60% initiated sex by age 14. Thirty-four percent of girls reported having been pregnant, compared to 8% regular high school girls. Ninety-four percent reported lifetime marijuana use compared to 47% regular high school students. Student focus groups identified risk behaviors, such as substance use, lack of condom and effective birth control use, dating practices (multiple partners, older partners), sexual abuse. Strategies identified for effective intervention included interactive teaching techniques (role plays; vicarious learning through video; journaling to personalize risk perception and future orientation). Critical aspects identified for program delivery included intensive intervention, paired male & female facilitators, and intensive, on-going facilitator training.

CONCLUSIONS: IM provides an effective methodology for developing HIV interventions that are culturally sensitive and relevant to the needs of high-risk youth in alternative schools.

ABSTRACT 293

Clinical Supervision for HIV/AIDS Workers: From Policy to Practice

Brooks, DM^{1,2}; Callis, BP¹

1 Justice Research Institute Health, Boston, MA; 2 Massachusetts Department of Public Health, Boston, MA

LEARNING OBJECTIVE: To provide participants with opportunity to deepen their comprehension of the marriage of policy and practice in a model of staff support for HIV case managers, outreach workers and counseling/testing personnel, many of whom are paraprofessionals. Participants will hear important information for anyone providing, organizing, and supporting programs from the funding and direct service arenas. Participants will also develop a greater understanding of the complex and mutually dependent role of policy development and practice that supports staff. The presentation will address methods for maintaining commitment to desperately needed community work, as workers experience the demands and stressors associated with delivering increasingly intensive interventions to clients and community residents living with, or at high risk for contracting, HIV/AIDS.

This presentation will describe the AIDS prevention program policy implemented by the Massachusetts Department of Public Health, HIV/AIDS Bureau, AIDS Prevention and Education (P&E) Unit for its funded programs. The P&E Unit requires that funded agencies provide clinical supervision separately from administrative supervision to direct-care staff. The presenters will detail the purpose of the policy, mechanics for implementation, and models in which it is being offered – the policy in action – in agencies that serve communities of color.

BACKGROUND: The education and support of staff is significant in the effort to address the crisis of HIV in communities of color. Jones notes that “we can liken clinical supervision to a professional conversation designed to explore issues related to the effectiveness of professional practice (Jones, 1997, p. 51). For almost two decades, behavioral, social, policy, public health, and social workers have devoted considerable attention to the development of interventions to help people change sexual and injection-related practices that confer risk for contracting HIV infection (Kelly, 1999, p. 299). These public health objectives have had enormous impacts on the health and well being of the most vulnerable who have grown from, and in many cases, own, these direct service efforts.

The direct care prevention workers, who implement these programs success and ensure evolution and replication, have had little mention in literature regarding their training, and the essential clinical venues for support and supervision. Rather, public health program policy has been directed to the managerial functions of supervision with negligible focus on development of self-awareness and interpersonal clinical skills—the very lifeblood of professional practice (Fox, 1989, p. 146). The lack of recognition in the literature and practice supporting structures that focus on worker as central to the success of community-based programming impedes the effectiveness of prevention work to priority population members and undermines our duty to offer essential opportunities for personal and professional growth.

Fox, R. (1989). Relationship: The cornerstone of clinical supervision. *Social Casework: The Journal of Contemporary Social Work*, 146-152.

Jones, A. (1997). Communication: At the heart of supervision. *Nursing Times*; 03: 50-51.

Kelly, J. (1999). Community-level interventions are needed to prevent new HIV infections. *American Journal of Public Health*; 89 (3): 299-301.

ABSTRACT 294

Training Teachers To Prevent HIV/STI and Support Effective School Health Programs

Fouilhoux, M¹; Jones, J¹; Scattergood, P²; Gillespie, A³; Barthes, AM⁴; Bryan, G⁵

1 World Health Organization, Geneva, Switzerland; 2 Educational Development Center, Inc. (EDC), Newton, MA; 3 United Nations International Children's Fund (UNICEF), New York, NY; 4 United Nations Educational, Scientific, and Cultural Organization (UNESCO), New York, NY; 5 Centers for Disease Control and Prevention, Atlanta, GA

PURPOSE: Enable participants to mobilize support and resources for implementing and institutionalizing interventions that can prevent HIV/STI and related discrimination through schools.

PROJECT: Conduct a workshop on training teachers to prevent HIV/STI and support effective school health programs, as delineated in the FRESH Initiative (Focus Resources on Effective School Health Programs). The workshop will orient the conference participants to the content of the new Education International (EI) and World Health Organization (WHO) Training/Resource Manual. It will give attendees opportunities to practice one or more of the training exercises. The workshop will be facilitated by leaders trained to use the Manual and by WHO/EI partners that have developed the Manual — EDC, CDC, UNESCO and UNICEF. The workshop will include one large group orientation lead by EDC, followed by 5 – 6 small group participatory exercises. It will end with a large group in which participants from the small groups will share their experiences. Copies of the manual, in English, would be made available to the participants.

ABSTRACT 295

Have Pregnancy Rates in Human Immunodeficiency Virus-Infected Women Changed in the Era of Effective Antiretroviral Therapy for Prevention of Perinatal Transmission?

Blair, JM; Hanson, DL; Jones, JL; Dworkin, MS; Sharpe, T

Centers for Disease Control and Prevention, Atlanta, GA

BACKGROUND: In 1994, antiretroviral therapy (ART) regimens containing zidovudine (ZDV) were shown to decrease the risk for perinatal human immunodeficiency virus (HIV) transmission from 25% to 8%. Additionally, clinical improvements in HIV disease in women prescribed highly active antiretroviral therapy (HAART), which became available in late 1995, may have changed women's reproductive decisions and, with improved health, possibly fertility as well. We postulated that pregnancy rates among HIV-infected women may have increased in response to this lower risk of HIV transmission.

OBJECTIVES: We studied factors associated with pregnancy among HIV-infected women in care settings.

METHODS: The study population consisted of HIV-infected women aged 15 – 44 years enrolled in the Adult and Adolescent Spectrum of HIV Disease Project (ASD) from 1991 through 1998. ASD is a prospective, observational, dynamic cohort study conducted in 10 US cities and Puerto Rico among HIV-infected persons >13 years of age. Annual pregnancy rates were calculated for the observation time following enrollment. Poisson regression was used to compute adjusted rate ratios (RR) for the association between various factors and pregnancy.

RESULTS: Among 7,267 women, there were 789 pregnancies during 13,978 person-years of follow-up; the overall pregnancy rate was 5.6/100 person-years. Pregnancy rates were highest among women aged 15 – 24 (RR = 10.9, 95% confidence interval [CI] = 8.3 – 14.3) compared to women 35 – 44. Pregnancy rates were also higher for black women (RR = 1.3, 95% CI = 1.1 – 1.6) than for white women. Pregnancy rates did not change significantly during 1996 – 1998 compared with 1991 – 1995 (RR = 0.9, 95% CI = 0.8 – 1.0). Pregnancies were less likely to occur among women with an AIDS opportunistic illness (RR = 0.3, 95% CI = 0.2 – 0.4) and women with immunologic AIDS (RR = 0.5, 95% CI =

0.4 – 0.7) compared to women with HIV, not AIDS. Women who received HAART were more likely to become pregnant compared to women who were receiving other antiretroviral therapies (RR = 1.6, 95% CI = 1.2 – 2.1). When we restricted our analysis to women followed during the period 1996 through 1998 and used a Poisson regression model to assess trends, pregnancy rates increased significantly from 1996 to 1998 ($p = 0.004$).

CONCLUSIONS: We found a significant increase in pregnancy rates among HIV-infected women during the HAART era. However, because this study did not examine reasons for this change, we cannot assume HAART availability, improved immune status or health is the reason for the observed increase. These results illustrate the continued need for comprehensive prevention services, which include reproductive and prenatal care, to prevent mother to infant transmission of HIV.

ABSTRACT 296

Factors Related to Attendance in an HIV Prevention Program for Adolescents in Foster Care

Thompson, RG; Auslander, WF; Krebill, H

Washington University, St. Louis, MO

BACKGROUND/OBJECTIVES: Adolescents in foster care report histories of abuse/neglect, family instability and disruption, multiple placements, and educational deficits. Subsequently, they have higher rates of mental health problems, sexual acting-out, and substance use that place them at risk for HIV infection. To address this problem, the Bridges to Life Options Program was developed to reduce the risk of HIV through 32 group and 8 individual life skills and educational planning sessions. However, attendance is a major challenge with long-term prevention programs and little is known about participant characteristics that are associated with attendance rates. This study identifies those factors.

METHODS: Baseline interviews were conducted on 90 adolescents enrolled in a study designed to evaluate the Bridges program. Subjects were 47% female, 60% African American, and ranged in age from 15 to 19 years (mean = 16.2 ± 0.80). The following variables were assessed: 1) sexual, emotional, and physical abuse/neglect; 2) mental health problems; 3) alcohol and marijuana use; 4) recent and lifetime HIV sexual risk behaviors; and 5) demographics and life instability characteristics.

RESULTS: Sixty-nine (77%) adolescents attended at least one group session (mean attendance rate of 77%) and 49 (54%) attended at least one individualized educational session (mean attendance rate of 77%). Results indicated that those who attended group sessions were more likely to be ethnic minorities ($p \leq 0.01$), currently in school ($p \leq 0.001$), never detained/jailed ($p \leq 0.01$), and to report significantly lower recent HIV risk behaviors ($p \leq 0.05$). Those who attended individual sessions were also more likely to be ethnic minorities ($p \leq 0.05$), currently in school ($p \leq 0.05$), and never detained/jailed ($p \leq 0.01$). Unexpectedly, other psychosocial variables were not related to attendance. Decreased group attendance rate was associated with marijuana use ($p \leq 0.01$). Attendance rate of individual education sessions was inversely related to age first taken into Division of Family Services (DFS) custody ($p \leq 0.05$) and those not in school attended at a higher rate than those in school ($p \leq 0.05$).

CONCLUSIONS: This study dispels the notion that many of the psychosocial problems of adolescents in foster care are related to their attendance rates in long-term HIV prevention programs. Prevention programs should identify characteristics unique to their target population and develop strategies to attract and maintain their participation in these programs.

ABSTRACT 297

How to Create Effective Internet-Based Interventions for MSM

Lopez, OR; Fallon, SJ; Shults, K

Office of Minority Health Resource Center, Rockville, MD

ISSUE: Sexual opportunities abound on the Internet, whether through Gay.com, AOL, Men4Men, or dozens of other venues for meeting, dating, or just "hooking up." Is the Internet a technological trap for MSM, encouraging high-risk behaviors? The digital divide is rapidly collapsing. The number of Americans using Internet-based dating services has nearly doubled in the past year. Gay chat rooms have been linked to outbreaks of syphilis in Los Angeles. Persons who have sex after meeting on line have been found to take more risks than those who meet through traditional venues. Many ASOs and gay CBOs wish to produce new interventions to meet this challenge, but lack models to make such work effective.

SETTING: Internet chat rooms, ASO websites, e-mail distribution lists.

PROJECT: The presenters developed protocols for individual, dyadic, and community-wide cyber-interventions. The protocols show ASOs/CBOs how to incorporate behavioral theory into program development, to establish methods that will measure outcomes, and to create guidelines for ethical contact within chat rooms. CBOs were also shown ways to coordinate their cyber-interventions with their existing interventions. The protocols were field tested in two community settings: an ASO in New Orleans, LA, and a CBO in Ft. Lauderdale, FL.

RESULTS: Cyber-interventions can influence community norms, and encourage individuals to progress through stages of change to safer behaviors. Participants will be shown how to gather measures of their programs' success, as demonstrated in the data drawn from the two test city models. New Orleans and Ft. Lauderdale each reported high focus group satisfaction with methods used, and high community recognition of the interventions established. This interactive workshop will invite participants to create and evaluate outlines for Internet interventions for use in their own communities.

LESSONS LEARNED: Behavioral theory plays just as important role in cyber-based interventions as in traditional interventions. At the same time, cyber interventions bring unique ethical and logistical challenges, as well as the promise of value-added diffusion of innovation. ASOs/CBOs must understand before attempting to implement a program.

ABSTRACT 298

Prevention of AIDS in Young HIV-Infected Persons in the United States: Are We Doing a Better Job in Some Groups than Others?

Gallagher, KM; Klevens, RM; Li, J; Fleming, PL

Centers for Disease Control and Prevention, Atlanta, GA

BACKGROUND: The widespread availability of HAART and prophylaxis for opportunistic infections has provided the opportunity to prevent the development of AIDS in persons who are HIV-infected. As a result, there has been a dramatic reduction in the number of AIDS cases diagnosed in the US since 1996. Still, over 46,000 cases of AIDS were diagnosed in the US in 1999, perhaps in persons who fail therapy, lack access to medical services, or are aware earlier of their HIV status. Because young adults diagnosed with HIV are most likely to be recently infected, we examined characteristics of this group to determine factors associated with the development of AIDS.

METHODS: We selected persons diagnosed with HIV infection at age 20 – 24 from 1995 to 1999 and categorized them into two groups; those who subsequently developed AIDS and those who did not. We tested differences in gender, race, and mode of transmission (stratified by gender) of these two groups using the Chi-Square test. Odds ratios and 95% CI were also calculated. We constructed Kaplan-Meier survival curves stratified by sex, race, gender and mode of transmission (stratified by gender) and used the log-rank test to compare these curves. A Cox proportional hazards analysis was performed to identify variables independently associated with the development of AIDS.

RESULTS: During the study period, 7038 persons aged 20 – 24 years were diagnosed with HIV; of these, 1135 (16%) had also developed AIDS. In our univariate analysis, males were more likely to develop AIDS than females (OR = 1.2, 95% CI = 1.0 – 1.3); blacks (OR = 1.18, 95% CI = 1.02 – 1.37) and Hispanics (OR = 1.43, 95% CI = 1.10 – 1.85) were more likely to develop AIDS than whites. No differences were observed by mode of transmission for males or females. Time to development of AIDS varied by sex and race but not transmission category. After controlling for year of HIV infection, diagnosis, and transmission category, statistically significant associations were found between an increased risk of developing AIDS and black race (RH = 1.57, 95% CI = 1.30 – 1.90) and Hispanic ethnicity (OR = 1.46, 95% CI = 1.06 – 2.03) in males.

CONCLUSIONS: Gender and racial differences in the development of AIDS suggest that there may be missed opportunities for prevention in this population of young adults. Efforts to promote knowledge of HIV status and access to care for seropositives in this age group, especially among black and Hispanic young males, could reduce the number of young adults who develop AIDS.

ABSTRACT 299

Building HIV Prevention Evaluation Capacity of Community Based Organizations: Connecticut's Experience

Repinecz, NL

AIDS Division, Connecticut Department of Public Health, Hartford, CT

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 (CBOs) 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 will work with behavioral social scientists to design and implement an evaluation of an HIV prevention intervention. At the same time they learn 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 on-site technical assistance, CBOs can increase their capacities in the following areas:

- Opportunities are created for CBOs to work with researchers experienced in community work who can offer support in non-threatening, user-friendly ways.
- The design of intervention programs is improved through site-based technical assistance that relies on logic model approaches to incorporate theories of behavioral social science.
- CBOs learn to use more scientifically valid data collection instruments.
- Through a Community Evaluation Fellowship, contractors can link their front-line fieldwork to academic resources.
- Capacity building provides a more cost-effective means of distributing limited evaluation resources.

ABSTRACT 301

Integrating Best Practice Models for HIV and Substance Abuse Prevention

Nyitray, A¹; Leybas-Amedia, VG¹; Carlson, L²; Amador, AL³; Neufang, B⁴

1 Southern Arizona AIDS Foundation, Tucson, AZ; 2 Pima Prevention Partnership, Tucson, AZ; 3 Luz Social Services, Inc., Tucson, AZ; 4 Tucson Urban League, Tucson, AZ

ISSUE: This project integrates two “best-practice” models in the fields of substance abuse and HIV/AIDS. Youth, 13 – 15 years of age, from Latino and African American communities in two charter schools are the primary agents of change. Youth leaders from the schools complete a leadership training then disseminate their prevention knowledge through their natural social networks. The overall goal is to create knowledge, attitudes, and behavior change among the leaders as well as to create change in the social norms within the schools.

PROJECT: The intervention underwent two pilot tests. In the first pilot test, the two models were woven into a three-day retreat. Findings indicated this was an ineffective method to use for the substance abuse

curriculum. The second pilot stretched the substance abuse curriculum over 5 weeks followed by the HIV curriculum in a three-day retreat format. The third training, post-pilot testing, proved most successful and included a nine week series of after-school lessons followed by a three-day retreat. Prevention messages carried through the graduates show: of the 11 graduates from the first pilot there were 117 conversations; the seven youth from the second pilot engaged in 219 conversations; and the third training graduated 10 youth who engaged in 389 conversations. Of the 389 conversations 78% were with friends and 22% were with family members.

RESULTS: The project found a high rate of drug and alcohol use among youth leaders and gathered youth and adult community members to provide recommendations for how to address the findings. Youth reported a need to have ongoing support beyond the training, stating they return to environments unsupportive of changed behavior and they need to have a group of youth working toward the same goal. Adult community members and school administrators report the need to compare the student bodies of the schools with training graduates. At least nine youth continue their involvement in the project after a year. These youth have created a support group for youth who graduate from the training. Evaluation methods include pre- and post-tests for training graduates, baseline and follow-up surveys of all students in the schools, documentation of youth conversations, and focus groups.

LESSONS LEARNED: Lessons learned utilizing two best practices models will be presented along with the importance of involving the community in the continuous development of the program.

ABSTRACT 302

Peer Action: A Social Network Behavioral Intervention

Palmer, N; Lewis, SJ

ISSUE: Marginalized populations have been traditionally difficult, if not impossible, to reach with conventional HIV prevention outreach methods. It is not enough to intervene solely upon individuals who practice high-risk behaviors. It is necessary to conduct both individual and societal level interventions at the same time.

SETTING: Storefront location in a high HIV incidence area of Boston.

PROJECT: The intention of the Peer Action Prevention Counseling Intervention is to reduce sexual and needle sharing risk behaviors among social networks of high-risk individuals. The theoretical foundation of the project is the Theory of Reasoned Action, which posits that individual and societal norms or beliefs impact the willingness to change behavior. Snowball recruitment strategies are employed to enter into social networks in order to change social norms around high-risk behaviors. The evaluation of the program is built into the model. Each participant completes a behavior survey and an HIV knowledge test. The survey is used to focus the one-on-one intervention around the individual's own high-risk behaviors. How-to techniques are explained and modeled for reducing likelihood of infection. Each participant, upon his or her return to the program in 4 weeks is rewarded for every peer that he or she educated and recruited to participate in the program.

RESULTS: At 8 months, the total number of program participants was 358 (N = 358). Fifty-four individuals returned (program incentives for participants to return changed in the fifth month, due to few returns, and return rates increased to 27%). Men reported significantly better experiences with condoms after the intervention ($p < 0.001$). There was a significant decrease between pre- and post-tests for males for having sex while high ($p < 0.0001$), and significantly more women carried condoms with them after the intervention than before ($p < 0.01$). These results are preliminary, data gathering will continue at least through May 2001, which will be a full 12-month cycle.

LESSONS LEARNED: The preliminary findings for Peer Action are very promising. The recruitment strategy has allowed access to populations that have been previously very resistant or indifferent to outreach efforts. We have found that individualized risk reduction tactics, which give practical information in a how-to format, are successful in changing high-risk behaviors. We believe that snowball recruitment of social networks helps to change high-risk group norms.

ABSTRACT 303

Behavioral Intervention to Reduce HIV Transmission Risks in People Living with HIV-AIDS

Kalichman, SC; Rompa, D; Cage, M; DiFonzo, K; Simpson, D; Austin, J; Luke, W; Kyomugrsha, F; Benotsch, E; Pinkerton, S; Graham, J

BACKGROUND: As many as one in three HIV positive persons continue unprotected sexual practices after learning they are HIV infected. Although behavioral interventions have been demonstrated effective in reducing HIV risk behaviors in at-risk populations, there are few interventions tailored and targeted to people living with HIV or AIDS. This presentation reports the outcomes of a theory-based HIV transmission risk reduction intervention for people living with HIV infection.

OBJECTIVE: To test the effects of a theory-based behavioral intervention to reduce HIV transmission risk behavior in men and women living with HIV or AIDS using a randomized clinical study design.

RESULTS: Men ($n = 233$) and women ($n = 99$) living with HIV or AIDS were randomly assigned to receive either (a) 5-session group intervention focused on HIV status disclosure and strategies for practicing safer sex, or (b) 5-session contact matched health maintenance support group – standard of care comparison. Participants were followed for 6-months post-intervention.

The HIV transmission risk reduction intervention resulted in significantly less unprotected intercourse and greater condom use at 6-months follow-up. Transmission risk behaviors with non-HIV positive sex partners and estimated HIV transmission rates over a 1-year horizon were also significantly lower for the behavioral intervention group.

CONCLUSIONS: This study is among the first to demonstrate successful HIV transmission risk reduction resulting from a behavioral intervention tailored for HIV positive men and women. The intervention components were designed to be rapidly disseminated to community-based services, particularly for infusion into support groups, for people living with HIV infection.

ABSTRACT 304

The New York State (NYS) HIV Prevention Planning Group's African American/Black Initiative

Klein, SJ¹; Sparks, JDH²; O'Connell, DA¹; Dunning, K²; Shotsky, WJ¹; Wilcox, DL²; Foster, JI¹; Stephens, PC³

1 AIDS Institute, Albany, NY; 2 New York State HIV Prevention Planning Group, Albany, NY; 3 New York State Department of Health - Bureau of HIV/AIDS Epidemiology, Albany, NY

ISSUE: HIV/AIDS disproportionately affects communities of color in NYS. Ways to identify interventions and strategies to address their HIV prevention needs within community planning are needed.

SETTING: HIV prevention community planning, specifically the New York State (NYS) HIV Prevention Planning Group (PPG).

PROJECT: Together, the PPG and the AIDS Institute (AI) needed enhanced understanding of how to meet HIV prevention needs of African American/Black (AA/B) communities. An AA/B Initiative included: engaging community leadership within the PPG, enhancing understanding of epi data, considering the need for interventions and strategies specific to AA/B communities, assessing and evaluating resources, recognizing roles and needs of providers, and coordinating with other planning processes.

RESULTS: The PPG mobilized around AA/B communities as a priority focus under leadership from the Racial/Ethnic Committee and PPG Co-chairs. Priorities were identified for supplemental funds. The AI was advised on strategies for re-solicitations to optimize HIV prevention for AA/B communities. Participants' understanding of funding in relation to epidemiologic and risk data for NYS was enhanced. External factors affecting AA/B communities were examined. AA/B Initiative "source books" were prepared for each committee. Work with faith communities continued. Workshops for providers were offered at conferences. Coordination with other planning efforts took place.

LESSONS LEARNED: Before developing recommendations regarding any at-risk community, it is important to do work "up-front." Broad issues, such as racism, that are faced by those communities must be better understood by planners. Clarity on objectives and respective roles are crucial. Collaboration with other planning/advisory bodies can be beneficial.

ABSTRACT 306

Trends in Diseases Reported Among Persons Dying of HIV Infection, 1987-1998

Selik, RM; Byers, RH Jr; Dworkin, MS

Centers for Disease Control and Prevention, Atlanta, GA

BACKGROUND: Highly active antiretroviral therapy, by itself, would be expected to reduce HIV-related deaths uniformly, without favoring one opportunistic infection over another. Changes in the distribution of diseases among HIV-related deaths must, therefore, be due to other factors.

OBJECTIVES: To examine trends in diseases reported among persons dying of HIV infection.

METHODS: Diseases were identified by ICD-9 code in NCHS's multiple-cause death certificate data for all US deaths from 1987 through 1998. Among death certificates of persons whose underlying cause of death was HIV infection, trends in the proportions reported with various other diseases were examined.

RESULTS: Annual deaths for which HIV infection was the underlying cause increased from 13,468 in 1987 to 43,074 in 1995 and then decreased to 13,400 in 1998. Among these, the proportion with pneumocystosis decreased from 24% in 1987 to 7% in 1996 and rose slightly to 8% in 1998. The proportion with non-tuberculous mycobacteriosis increased from 5% in 1987 to a plateau at 9% during 1991-1993 and decreased to 4% in 1998. The proportion with cytomegalovirus disease increased from 4% in 1987 to a plateau at 7% during 1992-1996 and decreased to 4% in 1998. The proportion with toxoplasmosis decreased from 4% during 1987-1992 to 2% during 1996-1998. The proportion with tuberculosis increased from 2% in 1987 to 3% during 1989-1993 and decreased to 1% during 1995-1998. The proportion with wasting/cachexia increased from 3% in 1987 to 10% in 1995 and decreased to 8% in 1997-1998. The proportion with kidney disease increased from 4% in 1987-1988 to a plateau at 6% during 1992-1995 and increased further to 9% in 1998. The proportion with liver disease increased from 2% in 1987 to 4% in 1996 and increased more rapidly to 6% in 1998. The proportion with heart disease was approximately level at 3% during 1987-1996 and increased to 5% in 1998.

CONCLUSIONS: Decreases in the proportions of HIV-related deaths reported with some opportunistic infections

could have resulted from improved prophylaxis or treatment for those diseases. As a consequence, the proportions of deaths with other diseases increased. Other factors, such as aging HIV cohorts, co-morbidities not attributable to HIV (e.g., hepatitis), and toxic effects of medications may also have contributed to increases in the proportions of deaths with diseases of liver, kidneys, or heart.

ABSTRACT 307

A Holistic Approach to Enhanced HIV/AIDS Healthcare and Support Services for Recently Released Minority Women

Williams, D¹; Wheeler, A¹; Davis, S¹; Sullivan, J²; Scott, K³

1 Blacks Assisting Blacks Against AIDS, St. Louis, MO; 2 St. Louis City Judicial Courts, St. Louis, MO; 3 St. Louis University, St. Louis, MO

ISSUE: Developing a comprehensive program to enhance access to HIV/AIDS healthcare and support services to recently released minority women who are HIV infected or at high-risk for HIV infection and their partners and families.

SETTING: Clients are identified through an innovative drug and mental health court program through the St. Louis judicial system. Women are identified through jails, prisons and other community based-programs for formerly incarcerated minority women who are HIV/AIDS positive or at high-risk for HIV/AIDS.

PROJECT: This holistic program is designed to enhance access to HIV/AIDS healthcare and support services for recently released minority women. The four components are transitional case management, care case management, prevention case management and therapeutic services. The objectives are to: 1) Provide comprehensive discharge planning through a transitional case manager for HIV-infected women. 2) Provide prevention case management to HIV-positive or high-risk negative women. 3) Provide comprehensive therapeutic mental health services for women who are HIV+, high-risk negatives and their families or partners. 3) Reduce the return rate of formerly incarcerated women to the corrections system. 4) Provide direct access to resources/referrals programs. 5) To provide education and resources to the formerly incarcerated woman, her family and partners.

RESULTS: Per the State of Missouri Department of Health, there are 256 women incarcerated with HIV/AIDS with an estimated 123 women being released in the next calendar year. Over 65% of these women will be released in the St. Louis, area with 80% of these women arrested on drug-related charges. Currently, there are 119 county jails in the state, none of which require mandatory HIV/AIDS testing. With PCM services, we are able to offer comprehensive counseling and testing and identify women who may not know of their status, access to care case management, mental health services, educational and support services. Through mental health services, we are able to help women, their families and partners identify and focus on changing their behavior as it relates to their incarceration. Through the court program women are mandated to attend prevention case management, care case management and therapeutic sessions.

LESSONS LEARNED: Because of conditions such as poverty, substance abuse, limited education, resources and coping skills, along with mental health issues, women who are formerly incarcerated are at significant risk and are infected with HIV/AIDS. This population requires more hand holding and different strategies in order to retain those who are positive in the care system and helping those who are negative from becoming infected.

ABSTRACT 308

Young Women of Color and HIV: Findings and National Collaboration Outreach Efforts

Malaret, J¹; Burton, SJ²; Vernon-Smiley, M²; Henry, DYA³

1 Sexuality Information and Educational Council of the US (SIECUS), Washington, DC; 2 Centers for Disease Control, Atlanta, GA; 3 Food & Drug Administration, Rockville, MD

ISSUE: Young women of color in the United States are disproportionately infected with HIV/AIDS. Comprehensive sexuality education, HIV prevention programs, and interventions that are ethnically targeted, linguistically appropriate, culturally competent, and rooted in youth popular culture need to be crafted, evaluated, and implemented nationally.

SETTING: To address the needs of adolescent and young women, particularly in regards to HIV/AIDS, the US Public Health Services' Office on Women's Health (OWH) and Office of HIV/AIDS Policy (OHAP) have jointly formed the Young Women Work Group. Additionally,

the Centers for Disease Control and Prevention, Division of Adolescent and School Health (CDC/DASH) has developed a Young Women of Color and HIV Workgroup (YWOCH), comprised of individuals representing a variety of national, state, and local organizations.

The primary goal of both national workgroups is to partner with young women to provide a unified voice on policy and health care services. Specifically, the workgroups will focus on reducing HIV transmission and its affect on adolescent women ensuring that HIV-positive young women have access to quality medical, psychosocial, substance abuse, and peer support services.

PROJECT: In August of 2000, the Young Women Work Group sponsored a Young Women's Summit on Health Issues that was "youth-focused, youth-driven, and youth-determined." As follow up to the summit, three regional meetings will be held during July 2001, in Fort Lauderdale, FL, San Antonio, TX, and Los Angeles, CA. In addition, the YWOCH Workgroup is creating a web-based school health clearinghouse for educators and professionals, with an exclusive focus on HIV resources and information for and about young women of color.

RESULTS: The on-going efforts of both workgroups will better equip educators and professionals to provide quality services to young women of color.

LESSONS LEARNED: During this presentation participants will learn more about these two workgroups and receive a first hand account of the results of the Young Women's Summit on Health Issues and subsequent regional meetings. Participants will also learn about recent research that supports the growing need for effective HIV prevention programs focusing on young women of color. Finally, participants will brainstorm additional ways in which to effectively address the needs of young women of color.

ABSTRACT 309

Emergency Department (ED) HIV Early Intervention Program (EIP)

Trott, A; Thomas, C; Frame, P

University of Cincinnati College of Medicine, Cincinnati, Ohio

ISSUE: Early detection of and intervention in the course of HIV continues to be a medical and public health challenge. Urban emergency departments treat a high proportion of patients with sexually transmitted disease (STD) and other risk factors for HIV, but they are not traditionally included in public health disease prevention

efforts. This program was started with two goals: to identify patients early in the course of an HIV infection and provide screening and counseling to large numbers of patients who otherwise were not actively seeking those services.

SETTING: A high volume, mid-west urban emergency department with 80,000 adult visits (59% African American) that treats a large number of patients with STD, substance abuse, and other risk factors for HIV.

PROJECT: In the summer of 1998, with federal and state funding support, a program was started to offer HIV screening and client-centered counseling. Services are provided 14 hours per day, 7 days per week, by a RN project coordinator and 10 part-time medical students trained as HIV counselors. The ED staff and EIP counselors work in cooperation and according to protocols to identify and screen patients. Screened patient blood samples are tested by ELISA and confirmed by Western blot. Test-negative patients are notified by phone and are given post-test counseling. All test-positive patients are notified of their result in person by appointment at the Infectious Disease Center. This seamless transfer of care assures follow-up and initiation of treatment.

RESULTS: From January 1, 1999, to December 31, 2000, 4821 patients were interviewed by the EIP counselors. 2886 (59.8%) consented to testing for HIV. Of those, 18 (0.06%) tested positive and confirmed. This rate compares to a surrounding countywide rate of 0.05%. 17 (95%) of the positive patients were male, age < 50, and 12 (72%) were African American. This program accounted for 21% of all new countywide cases of HIV discovered during that period. Of all patients tested and counseled, 51% were male and 73% African American. The most common reason for testing was STD (79%). It is of note, however, only two of the positive patients came for treatment of an STD. Initial ED complaints of positive patients included earache, "red" eye, suicidal ideation, and chest pain. Four patients were diagnosed with pneumonia.

LESSONS LEARNED: This program has proven to be successful in screening and counseling patients who were not directly seeking testing or care for HIV. Although 30.2% of patients interviewed declined HIV testing, the interventions still provided an opportunity for education and counseling. Because most of the patients who tested positive were male, age < 50, and presented with complaints unrelated to HIV, the program is being modified to increase testing in that group.

ABSTRACT 310

Integrating TB Prevention Into Community-Based HIV Prevention Programs: The Chicago Advocacy and Empowerment Model

Potts, LH¹; Minnice, DM²; Murphy, DW³; Beison, JE⁴; Lesondak, LM⁵

1 Health Consulting Group, Inc., Chicago, IL; 2 Chicago Department of Public Health, Chicago, IL; 3 Cermak Health Services, Cook County Jail, Chicago, IL; 4 American Lung Association of Metropolitan Chicago, Chicago, IL; 5 Howard Brown Health Services, Chicago, IL

ISSUE: Between 1995 and 1999, Chicago reported 2,814 cases of TB of which African Americans accounted for 1,727 (61%). Thirteen Southside African American communities reported 36% of these cases. Because funding for TB prevention and community empowerment is limited, an advocacy model and community-based plan were needed to heighten awareness of the problem, and secure resources needed to address it.

SETTING: Thirteen African American communities located on Chicago's Southside that have populations at high risk for HIV and TB.

PROJECT: The Metropolitan Chicago Tuberculosis Coalition (MCTC) of the American Lung Association of Metropolitan Chicago (ALAMC) obtained CDC/CBC/HIV cross-categorical funding from the Chicago Department of Public Health STD/HIV/AIDS Public Policy Programs to support a community-based strategic planning process to develop strategies designed to enhance: awareness of TB prevention in the 13 communities; collaboration among service providers; involvement of community leaders in empowering constituents to take an active role in TB prevention; and, involvement of local, state, and federal policymakers in advocating for additional resources.

RESULTS: Seventy-two key stakeholders/decision makers participated in the plan development, including representatives from the Chicago City Council's Committee on Health, and a key state senator. Input was also provided by two congressmen. Outcomes included:

- 1) planning participants identified 5 priority areas to be addressed, and the resources required to implement and evaluate them;
- 2) strategies and action plans were developed for each priority area which included using existing

HIV prevention and service providers to supplement current TB outreach, screening, and referral services;

- 3) a resolution was developed and passed by the Chicago City Council in just three weeks to more aggressively support continued planning and mandates public hearings on TB;
- 4) local officials requested a \$20 million proposal/plan that includes integration of HIV and TB services at the community level to enhance prevention and reduce duplication of services; and,
- 5) an ALAMC staff person was appointed to a congressional task force on health.

LESSONS LEARNED: Advocacy and empowerment models are needed which can assure adequate resources exist to combat TB. Non-traditional, cross-categorical funding streams may provide the opportunity to develop cost-effective methods for controlling TB through existing HIV prevention community-based programs. Cross-categorical services may also provide African American CBOs opportunities to enhance and expand their HIV prevention program capacity as well. The Chicago model produced immediate results and may be transferable to other high-incidence, urban African American communities.

ABSTRACT 311

Trends in HIV Prevalence Among MSM Attending STD Clinics and Among IDUs Entering Drug Treatment Programs, 1993-1997

Miller, MS¹; Dale, MA²

1 Centers for Disease Control and Prevention, Atlanta, GA; 2 CDC Information Systems Support Service, Chicago, IL

BACKGROUND: The Centers for Disease Control and Prevention (CDC), in collaboration with state and local health departments, conducted anonymous, unlinked surveys of HIV seroprevalence in high-risk populations in sentinel sites from 1988 through 1999. These surveys are important because they allow estimates of HIV prevalence among persons in which many infections remain undiagnosed and also because they are unbiased by client self-selection due to HIV testing decisions.

OBJECTIVES: 1) To monitor the HIV epidemic by providing estimates of HIV prevalence and trends among selected demographic and behavioral subgroups of high-

risk populations; 2) To provide information used in targeting programs for HIV prevention and care; and 3) To recognize new or emerging patterns of HIV infection.

METHODS: After the permanent removal of all personal identifiers, residual sera from specimens originally collected for routine clinic purposes were anonymously tested for antibodies to HIV. Men who have sex with men (MSM) attending participating STD clinics and injection drug users (IDUs) entering drug treatment programs were included in this analysis. For the trends analyses, prevalence rates were standardized to the 1993 MSM or IDU population by region, race/ethnicity, age group, and (for IDUs) sex.

RESULTS: Prevalence data from these surveys continue to reflect the widespread, yet extremely varied, distribution of HIV infection across geographic and demographic subgroups. From 1993 to 1997, mean prevalence among MSM was 26% (range, 8% – 39%); among IDUs mean prevalence was 18% (range 1% – 37%). Overall prevalence was substantially higher for black MSM (40%) than for those who were Hispanic (26%) or white (21%). Prevalence among IDUs varied substantially by region with the highest rates in the Northeast where prevalence was 42% for blacks, 38% for Hispanics, and 17% for whites. Standardized prevalence rates declined for most subgroups over the five-year period.

CONCLUSIONS: HIV prevalence remains high among both MSM and IDUs. HIV prevention interventions specifically for high-risk persons should continue. In addition, comprehensive HIV programs that target all persons — both HIV-positive and HIV-negative — are crucial in fighting the continuing HIV epidemic.

ABSTRACT 312

Making the Connection in Risky Behaviors: Sexual Health and an Alcohol Related Driver Intervention Program

Finley, JS; Koechlin, K; La Salle, R; Smith Peoples, A; Krempasky, M

Columbus Health Department, Columbus, OH

ISSUE: Heavy use of alcohol is associated with high-risk sexual behavior. It's been suggested that a drinking driver intervention program would be appropriate and valuable for STD/HIV/HBV/HCV education and screening.

SETTING: A three-day driver intervention program for individuals convicted of driving under the influence of alcohol. Program is held at area hotels, and individuals are required to stay on-site.

PROJECT: To provide comprehensive STD/HIV/HBV/HCV education and screening during a weekend drinking driver intervention course; and to determine risk factors, symptoms, and rates of infection of participants. A community outreach component of the Columbus Health Department's Sexual Health Team has provided mandatory STD/HIV education to a weekend drinking driver intervention group since November 1997. Voluntary HIV, syphilis, gonorrhea, and chlamydia testing was begun in June 1998, followed by HBV, HCV in July 1999. Those clients electing to take any/all tests received confidential one-on-one, client-centered counseling. Urine specimens were collected for gonorrhea/chlamydia screening by ligase chain reaction [LCR]. Serum specimens were collected for syphilis serology by RPR, HBV/HCV, and rapid SUDS HIV testing. Alternatively, HIV EIA could also be done on oral fluid specimens. RPR and SUDS HIV results were provided to clients during the weekend program. Other results were provided within a week.

RESULTS: From June 1, 1998, to December 31, 2000, over 3000 individuals received comprehensive education, and 861 participants were tested for HIV, syphilis, chlamydia, gonorrhea, and/or HBV/HCV. Rates of infection were: HIV [0.4%], syphilis [0.2%], chlamydia [2.1%], gonorrhea [0.6%], HCV [3.1%] and HBV [0.0]. The most frequently cited risk factor was sex while using alcohol, marijuana or crack [87.4%]. Nearly 5% admitted to paying with drugs or money for sex. While 96% of the participants felt the information received on HIV/STD/hepatitis was useful to them, only 57% said they would change their sexual behavior.

LESSONS LEARNED: Although the rate of infection is low, the vast majority stated that the education was useful, and many self-disclosed that they had sex while using alcohol, marijuana or crack.

ABSTRACT 313

Toward an Understanding of Unsafe Sex Among People Who Know They Are HIV-Positive: A Review of the Empirical Literature

Crepaz, N; Marks, G

Centers for Disease Control and Prevention, Atlanta, GA

BACKGROUND/OBJECTIVE: As more and more people with HIV live longer and healthier lives because of antiretroviral therapy, sexual transmission of HIV may, in part, continue to stem from those who know they are infected and engage in unprotected sex. It is thus extremely important to achieve an integrative understanding of the social, psychological, cultural, and medical correlates of unsafe sex in this population so that behavioral interventions can be designed optimally for seropositive persons.

METHODS: The relevant literature available in AIDSLINE, MedLine, and PsychINFO (1980-2000) was systematically reviewed. Fifty-four English-language articles published in peer-reviewed journals reporting data on 125 variables were included. The studies were stratified by gender of HIV-positive participants and effect sizes for each variable was calculated.

RESULTS: Several constructs from prevailing behavioral models were associated with unsafe sex such as lack of knowledge about HIV transmission and health risks, less perceived behavioral control over condom use, weaker behavioral intentions, less self-efficacy, and barriers to communication with partners. Additionally, sexual risk-taking was higher among those who blamed others for their HIV infection, used avoidance coping, were angry, and were sexually compulsive or impulsive. Medical status and beliefs about antiretroviral therapy were generally not associated with sexual risk behavior. Findings also suggest that gender power differences in controlling sexual situations may contribute to unsafe sex in serodiscordant or seroconcordant, heterosexual couples.

CONCLUSIONS: Several psychosocial factors were associated with unprotected sex in seropositive men and women. Many of the processes underlying risky sex in this population can be addressed in brief behavioral interventions at HIV outpatient clinics, AIDS service organizations, and at other community locations. Some of the emotional and personality dynamics associated with unsafe sex may require intervention from professional counselors.

ABSTRACT 314

AIDS Awareness – It's All Up To You: An Inmate Peer Education Teaching Tool

Montstream-Quas, SA¹; Walker, SJ¹; Cabana, MM²; Furey, RF²; Macura, TJ³

1 Albany Medical College, Albany, NY ; 2 UConn Health Center, University of Connecticut, Storrs, CT ; 3 Connecticut Department of Corrections (CDOC), Wethersford, CT

ISSUE: As of 1998, 25,483 state and federal inmates were known to be infected with HIV (Bureau of Justice Statistics, 1998). In response to a need for HIV prevention education within their correctional facility, inmates at Connecticut's Osborn Correctional Institution (OCI) developed a peer education theatre performance addressing primary and secondary HIV prevention as well as testing and counseling. Because of the success of this program, as demonstrated by high attendance, the theatre group and OCI medical staff pursued videotaping the initiative for use at other correctional facilities nationwide. No inmate-initiated HIV prevention videotape projects exist nationwide as demonstrated by the *Annual Corrections Film Festival Guide* (American Correctional Association & National Institute of Corrections, 2000). Because of Albany Medical Center AIDS Program's (AMCAP) experience with developing and marketing national correctional videotape initiatives, AMCAP was contacted to complete the videotape initiative based on this performance.

SETTING: Since its inception in December 1999, this theatre performance has taken place at OCI in Connecticut. Hence, filming will happen there while marketing will occur to county, state and federal correctional facilities nationwide.

PROJECT: AMCAP, in collaboration with the CDOC and the pharmaceutical industry, will develop a videotape recording of this theatre group performance. Theatre group participants are comprised of current inmates within the CDOC, the majority whom are HIV-infected. This videotape will serve as a model of how inmates can develop an HIV prevention theatre group, encouraging their peers to practice safer behaviors and to get tested for HIV.

RESULTS: Average attendance at this monthly theatre performance is 40 inmates from OCI, with participation being voluntary. Since the implementation of this theatre performance, HIV testing rates have increased 25% at this facility.

LESSONS LEARNED: With limited videotapes featuring current inmates, AMCAP and CDOC had to develop legal documents unique to filming on site at a correctional facility with current inmates, some of whom are HIV-infected. Because the theatre group's content may be amended with editing by the filming company, inmates should approve the final product to ensure the relevancy of prevention information to inmates.

ABSTRACT 315

Syphilis and HIV Seropositivity Among Incarcerated Persons, 1997-2000

Sabin, KM; Bordelon, KA; Murrill, CS; Drake, A

Centers for Disease Control and Prevention, Atlanta, GA

OBJECTIVE: To determine the prevalence of HIV and syphilis seropositivity among incarcerated persons in the United States.

METHODS: Between 1997 and 2000, residual sera from mandatory syphilis testing (VDRL) of prisoners at intake to four US correctional systems were tested for HIV-1 antibodies using EIA and Western Blot, after removal of personal identifiers. Participating sites were New Jersey (NJ) state prisons, and city jails in New York (NYC), San Francisco (SF), and Detroit (MI). Demographic and risk data were abstracted from patient records prior to HIV testing.

RESULTS: We received adequate serum specimens from 15,863 incarcerated persons. Demographic data were collected from 15,757 persons and risk behavior data were available from 10,469 persons in three correctional systems (NJ, SF, MI). The modal age group of respondents was 20 – 24 years; 80% were male; 60% were black, 17.9% Hispanic and 17.3% white. Sex with another man (1%), commercial sex (3.9%) and illicit drug injection (ever) (5%) were the most commonly reported risks. Of the 15,863 tested specimens, overall HIV prevalence was 5.0%, syphilis seropositivity was 4.2%; 0.6% were HIV and VDRL positive.

	MI		NJ		NY		SF	
	Male	Female	Male	Female	Male	Female	Male	Female
	n = 4271	n = 592	n = 1559	n = 296	n = 4175	n = 1245	n = 2731	n = 988
HIV	69 (1.6)	15 (2.5)	64 (4.1)	25 (8.4)	293 (7.0)	146 (19.8)	58 (2.1)	21 (2.1)
Syphilis	148 (3.5)	74 (12.5)	16 (1.0)	18 (6.1)	213 (5.1)	172 (13.8)	18 (0.6)	12 (1.2)

CONCLUSIONS: HIV and syphilis seropositivity among incarcerated persons was highest in NY and NJ. Prevalence among women was higher than among men in most sites. Large numbers of incarcerated persons with a variety of risk behaviors can be screened for HIV to provide timely prevalence data. Incarceration provides unique opportunities to introduce risk reduction messages and syphilis treatment to reduce transmission of blood borne pathogens.

ABSTRACT 316

Collaborative Community Planning Across HIV Prevention and Care

Novoy, S¹; Pope, R²; Bonne, D³; Mace, D⁴; Aldridge, C²

1 AED Center for Community-Based Health Strategies, Los Angeles, CA; 2 National Alliance of State & Territorial AIDS Directors, Washington, DC; 3 Lifelong AIDS Alliance, Seattle, WA; 4 Tennessee Department of Public Health, Nashville, TN

ISSUE: Both CDC and HRSA ask that their respective planning bodies — community planning groups, Title I planning councils, and Title II consortia — collaborate with one another. Community planners recognize the important opportunity that collaboration provides in addressing the epidemic, especially for the common goal of early HIV diagnosis and treatment. The *CDC HIV Prevention Strategic Plan* places an increased focus on providing prevention services to individuals who are HIV positive. This session will focus on how planners and providers in both prevention and care are working together with health departments to plan and increase access for positives to prevention and treatment services.

SETTING: Settings include state, regional, and local planning bodies for HIV prevention and care as well as all those in which care is provided, such as clinics and doctor's offices, community based organizations, and mental health and substance abuse programs.

PROJECT: This session will profile current programs that integrate care and prevention planning and service delivery. Representatives of state and local health departments will describe their approaches and “best practices.”

RESULTS: Variations of collaborative planning and service integration are in use by planning groups and providers across the country. The results are more efficient planning processes, greater understanding of programs and requirements across both fields, and stronger

commitments to support a full continuum of HIV prevention and care services. Successes, continued challenges, and outcome data will be presented along with resources for health departments and community agencies who wish to look at integration issues.

LESSONS LEARNED: While collaborative planning and service delivery may prove challenging, the epidemic demands that we overcome these barriers and work together ever more effectively. Approaches for collaboration and integration exist and can be adapted to local needs. Resources are available to assist planners and providers considering first steps toward collaboration or looking to improve existing efforts.

ABSTRACT 317

Preventing HIV Infection in Mothers and Their Children

Catan, VM; Montenegro, L

ISSUES: New York City has the highest AIDS rate of any metropolitan area in the United States. *La Casita* is a modified therapeutic community for women and their children that is designed to change the lifestyle of the women. The women in the primary service area for *La Casita* have the highest rate of new AIDS cases of any women in New York City. There is an acute scarcity of residential drug treatment in this area particularly for homeless and pregnant women.

SETTING: A residential drug treatment program in the South Bronx for women and their children.

PROJECT: As part of the CSAT-supported TCE/HIV project, we plan to reduce HIV/AIDS in this area by treating alcohol and drug use among pregnant and parenting women and providing HIV prevention education. This program expands the number of treatment slots at *La Casita* by 74%. We hope to increase retention in drug treatment by 20% through a program called *La Casita III*, the Mix, where senior women in the program serve as positive role models for women entering treatment. Among the services provided to the residents are childcare, parenting skills, HIV prevention education, job skills and health care. All participants in *La Casita*, the Mix, have a one-on-one interview at entrance, 6 months and 12 months post-entrance. These elicit information on drug and alcohol use, use of medical and social services, HIV medication compliance (for those who are HIV positive), sexual behavior, readiness for treatment, depression, parenting skills, social support network and plans for the future.

RESULTS: There are 65 women and their children enrolled in the Mix. Sixty-five percent of the women are black, 31% are Latina and 3% are white. All of the new entrants are sexually active and do not use condoms. The most frequently used drug is crack, followed by alcohol. Injection drug use is rare. The women cite keeping their children as the most powerful motivation to remain in drug treatment. More than half of the women said that they would not have entered treatment if they could not bring their children with them.

LESSONS LEARNED: Women entering *La Casita* are at high risk for HIV infection as a result of their crack use, chaotic lifestyle, unsafe sexual practices and generally poor health. Women interviewed after 6 months are drug free, abstinent or using condoms with a single partner and engaged in planning a realistic life that includes a job, an apartment, a drug-free lifestyle and adequate care for their children utilizing the support services that *La Casita* provides, such as independent housing and child care.

ABSTRACT 318

Integration of HIV & STD Programs

Foust, E¹; Epstein, JG²; Santana, AM³; Wong, R³

1 North Carolina Department of Health and Human Services, Raleigh, NC; 2 Delaware Health and Human Services, Dover, DE; 3 National Alliance of State and Territorial AIDS Directors, Washington, DC

BACKGROUND: Several jurisdictions have been identified as high prevalence areas with resurgence in Sexually transmitted disease (STD) among MSM populations. This has lead many to believe that HIV infections among MSM are on the rise. The CDC strategic plan specifically addresses HIV/STD integration for MSM, Women, and Youth in high-risk situations. Many state health departments are preparing strategies to integrate HIV/STD prevention efforts. In addition, in many jurisdictions HIV and STD Prevention is administered in one department.

TO BE DISCUSSED: This workshop will discuss state and territorial health departments' collaborative efforts and strategies for implementing HIV/STD integration programs for the following populations: MSM; Women; and Youth Cultural appropriateness, available resources in communities, and various settings will also be discussed.

LEARNING OBJECTIVES: By the end of the workshops participants will be able to: Identify the advantages of HIV/STD prevention integration, especially with the MSM, women,

and youth populations; Understand current HIV/STD trends; Network with participants from jurisdictions who have implemented HIV/STD integration.

ABSTRACT 319

Online Peer Education for Young Women of Color and GLBTQ Youth

Augustine, J; Gilliam, J

Advocates for Youth, Washington, DC

ISSUE: Many young women of color and gay, lesbian, bisexual, transgender, questioning (GLBTQ) youth turn to the Internet to form communities and access resources. The Internet provides excellent opportunities to offer information and peer support about HIV education and prevention to these at-risk youth.

SETTINGS: Internet, Web sites, and message boards targeting young women of color and GLBTQ youth nationally.

PROJECT: Advocates for Youth has developed several Web sites that target at risk youth, including young women of color and GLBTQ youth. My Sistahs (<http://www.mysistahs.org>) is a Web site for young women of color that takes a holistic approach to HIV education and prevention. Visitors build an online community around activism, culture, beauty, and style, and other issues that influence a young woman of color's sexual and reproductive health. Youth Resource (<http://www.youthresource.com>), a Web site for GLBTQ youth, provides support, information, resources, and message boards directed towards the issues of specific communities, including young gay men, lesbian and bisexual women, transgender youth, and GLBT youth of color. Both sites offer peer-based education. Young people can correspond over e-mail with trained Advocates for Youth volunteers about general health, sexual health, and issues surrounding being GLBTQ and/or a young woman of color.

RESULTS: Advocates for Youth provides crucial support, information, and referral to over 17,000 Web visitors each month through Youth Resource. An evaluation supported by the Gill Foundation showed that 94 percent of visitors to Youth Resource were between the ages of 13 and 29 with 43 percent between the ages of 13 and 17. My Sistahs (<http://www.mysistahs.org/>) is a new Web site responding to the changes in the HIV/AIDS epidemic and is expected to reach 5,000 visitors per month by fall 2001.

LESSONS LEARNED: Through a holistic approach addressing the needs of GLBTQ youth and young women of color, Advocates for Youth has been able to attract thousands of visitors per month and build a cadre of online peer educators concerned about issues of HIV/AIDS. Advocates for Youth also provides a confidential online resource for youth to access information about sexuality and sexual health that they may not be comfortable accessing in another manner. The Internet reaches youth who may be less inclined or able to visit a drop-in center or support group.

ABSTRACT 320

New York's Expanded Syringe Access Demonstration Program (ESAP)

Klein, SJ; Candelas, AR; Birkhead, GS; Maki, GJ; Harris-Valente, K; Tesoriero, JM

New York State Department of Health, Albany, NY

ISSUE: A time-limited demonstration program of non-prescription sales of hypodermic needles and syringes to individuals age 18 and over by registered providers was authorized by the New York State (NYS) Legislature. The Expanded Syringe Access Demonstration Program (ESAP) complements syringe availability through NYS Department of Health-authorized syringe exchange programs. Safe syringe disposal is also an important goal.

SETTING: NYS remains the epicenter of the HIV epidemic. As of June 2000, 52% of roughly 140,000 NYS AIDS cases reported injection drug use (IDU), sexual contact with an IDU or were born to HIV-infected mothers who were IDUs or sexual contacts of IDUs. NYS is a highly complex environment for program development. Launching ESAP required extensive public/private sector coordination.

PROJECT: Implementing ESAP in NYS involved such activities as: crafting regulations; forging new partnerships; developing new information systems; designing materials; offering presentations and in-service training to diverse audiences; recruiting and registering providers; providing outreach and education to law enforcement and the judiciary; informing consumers and providers about the program; and, developing an evaluation strategy.

RESULTS: Regulations became effective January 1, 2001. Within the first month, roughly 2,000 pharmacies were enrolled, and close to 200,000 safety inserts were

distributed statewide. Information on over 900 sharps disposal sites was collected, organized and made available in user-friendly formats. Communiques and technical assistance were provided to law enforcement officials statewide. Local syringe access and safe disposal partnerships were forged in urban, suburban and rural areas. Evaluation elements, questions, resources and strategies were developed.

LESSONS LEARNED: Interagency and intergovernmental relationships and public-private partnerships can be developed and nurtured, even around sensitive and controversial issues related to syringe access and disposal. Such relationships are critical. Pharmacists, health care facilities, CBOs, existing syringe access providers can be valuable partners. Outreach to corporate levels can be effective in engaging pharmacy chains, syringe manufacturers, waste haulers and others in new partnerships. Evaluation can advance HIV prevention and inform public policy.

ABSTRACT 321

HIV Prevention for Women at Risk

Beck, J

Visiting Nurse Association of Central Jersey, Asbury Park, NJ

ISSUE: The Prevention Resource Network (PRN) is a program of The Visiting Nurse Association of Central Jersey, Inc. The PRN program was initiated to reduce the spread of HIV infection by modifying behaviors of high-risk women through intensive health education risk reduction groups, prevention case management, street outreach and OraSure® HIV antibody testing. Prospective participants access the PRN program through multiple points of entry.

SETTING: The PRN program is located in Asbury Park, New Jersey, which is one mile square and has the state's second highest HIV seroprevalence rate for women in a state that ranks fifth in HIV infection in the country. To date, the PRN program has achieved significant behavioral changes through our multi-session health education risk reduction groups, prevention case management and outreach activities. We attribute our success to our "whatever/wherever/whenever it takes" approach, which accentuates flexibility and diversity. We address culturally diverse minority and non-minority women and when appropriate their children.

PROJECT: The PRN program has incorporated criteria of cultural and linguistic relevance to maximize natural support systems in altering risk-related behaviors through

a collaborative process of peer relationships and professional intervention. The activities that are available through the PRN program include HIV counseling and testing, prevention case management, street outreach, health education risk reduction groups, and peer support relationships. The PRN program attempts to eliminate barriers that might prevent women from receiving HIV prevention services including four bilingual (English/Spanish) staff to address the needs of the Latino community. The PRN program collaborated with the New Jersey Department of Health, Division of AIDS Prevention and Control, and the Center for Public Interest Polling at the Eagleton Institute of Politics at Rutgers, the State University of New Jersey by developing an outcome evaluation for HIV prevention programs in New Jersey. All participants of health education risk reduction groups and prevention case management are invited to participate in the evaluation process at entry and exit from the PRN program.

RESULTS: Our purpose is to share our creative and visionary approach to traditional risk reduction activities. Through the venue of roundtable discussion, the presentation will include our multi-session risk reduction curriculum, educative tools and outreach approaches. At the conclusion of this presentation the attendees will be able to identify methods to assess women's HIV prevention needs, develop community based programs and empower women to protect themselves against HIV infection through HIV risk reduction intervention.

LESSONS LEARNED: Through PRN's outreach approaches, it has been identified that there were over 500 commercial sex workers approached in Asbury Park. Most of these women were either IV drug users or have sexual partners who are IV drug users. Asbury Park is an extremely transient community with women moving in and out of town regularly. With continued outreach, health education risk reduction, and prevention case management it is our goal to teach women the skills needed for individual behavior change to reduce the spread of HIV infection.

ABSTRACT 323

Assessing a Psychosocial and Cultural Model for HIV Risk Reduction for Hispanic Injecting Drug Users

Estrada, AL¹; Carvajal, S¹; Estrada, BD²

1 University of Arizona, Tucson, AZ; 2 University of Arizona – Southwest Institute for Research on Women, Tucson, AZ

BACKGROUND: Hispanics continue to show increasing rates of HIV infection compared to non-Hispanic whites via the transmission category of injection drug use. Several authors have proposed the integration of key cultural values and concepts in HIV/AIDS prevention programs targeted to Hispanics. Nevertheless, few HIV/AIDS interventions targeting Hispanics use cultural values to facilitate actual risk reduction or behavior change. Also of importance is the concept of self-efficacy to reduce HIV risk behaviors. According to the Theory of Planned Behavior, self-efficacy and intentions are immediate determinants of behavior. Self-efficacy refers to the belief that one can actively and positively effect behavior through skills and attitudes acquired. Several studies have found that self-efficacy is a very important predictor for HIV risk reduction.

OBJECTIVES: To examine the influence of cultural factors on self-efficacy and intentions to perform HIV risk reduction, 1082 IDUs were recruited from street settings in Tucson, Arizona between November 1996 and December 1998. The findings discussed are based on 458 Mexican American drug injectors.

RESULTS: The final regression model predicting self-efficacy to perform HIV risk reduction included seven factors and explained 36 percent of the variance ($F(7,221) = 19.577$, $p < 0.001$). The only cultural factor that remained in the model was familism. Sex risk and IDU risk indices remained in the model as did several factors derived from the Theory of Planned Behavior including peer influences, benefits of performing HIV risk reduction, and intentions to perform HIV risk reduction. The findings suggest that culturally innovative approaches can facilitate HIV/AIDS risk reduction among male Mexican-origin drug injectors. The importance of key cultural factors such as familism is underscored by its association with self-efficacy to perform HIV risk reduction for both sexually and injection-related risks.

CONCLUSIONS: Intervention programs must identify strategies to incorporate cultural factors in their research

and evaluation of intervention efficacy. Culturally innovative approaches hold the promise of substantially reducing HIV risk behaviors among Hispanic drug injectors, and may hold promise for other populations affected by HIV/AIDS as well.

ABSTRACT 324

A Training Protocol for Integrating Hepatitis C Prevention Messages into HIV Prevention Programs

Bresnahan, MP; Spencer, J; Caloir, S

ISSUE: The Centers for Disease Control and Prevention (CDC) estimates that 36,000 Americans are newly infected each year with the hepatitis C virus (HCV). Hepatitis C is a bloodborne disease whose most common route of transmission in the US is injection drug use. Studies have demonstrated that 50% to 86% of injection drug users (IDUs) are infected with HCV, rates at least twice as high the prevalence of HIV among IDUs. CDC estimates that 30 – 50% of those infected with HIV are co-infected with HCV. HIV co-infection appears to worsen the HCV infection and to hasten the progression to AIDS. HIV prevention programs, even those targeting IDUs, do not ordinarily include HCV prevention educational messages.

SETTING: A classroom-based training of health educators, counselors, nurses, and drug treatment providers who conduct HIV prevention education will be conducted at the conference. The purpose of the training will be to increase the educators' knowledge of HCV and to demonstrate a curriculum that integrates HCV and HIV prevention messages.

PROJECT: This session will train educators to incorporate HCV prevention messages into HIV prevention educational programs currently underway. The training aims to:

- I. Provide participants with information about HCV, including modes of transmission and treatment options;
- II. Provide relevant prevention messages for HCV and HIV targeting populations at risk such as IDUs, non-injecting drug users, and persons with multiple sex partners;
- III. Provide strategies and techniques for integrating hepatitis related information and educational messages into HIV prevention education messages.

RESULTS: At the end of this training, participants will have new ideas for integrating HCV prevention messages

into the educational components of their work. We hope that by integrating these messages, participants will not only raise their clients' knowledge about the HCV virus but also increase their motivation to adopt lower-risk behaviors. The participants of this session will receive a training manual, a valuable tool that will guide them in incorporating HCV prevention messages into their HIV prevention work.

LESSONS LEARNED: This training aims to provide HIV prevention educators with a valuable HIV/HCV prevention tool. Our training program has implications not only for the secondary prevention of hepatitis C but also for primary prevention of HIV.

ABSTRACT 325

Sexually Transmitted Disease (STD) Screening in an Anonymous HIV Testing Site

Fischer, L¹; Adler, B²; Kent, C¹; Rinaldi, J²; Dilley, J²; Klausner J¹

1 San Francisco Department of Public Health (SFPDH), San Francisco, CA; 2 AIDS Health Project (AHP), San Francisco, CA

ISSUE: Persons seeking anonymous HIV testing may be at increased risk for STDs due to behaviors putting them at risk for HIV, e.g., unprotected sex. However, since most STDs are asymptomatic these persons may not be accessing STD services.

SETTING: An anonymous HIV testing site (ATS) in San Francisco serving varied racial, aged, gendered and sexually orientated populations.

PROJECT: STD counseling and treatment training was provided by SFPDH STD Services for staff at one ATS. Clients seeking drop-in, evening ATS services were offered anonymous urine chlamydia and gonorrhea screening using Probtect™ (Becton Dickinson) and pharyngeal gonorrhea testing using LCx™ (Abbott). Treatment and partner delivered therapy was provided to STD positive clients when they returned for results. Since no names were linked with test results, morbidity was not included in the county registry.

RESULTS: Between April and July 2000, 709 clients were offered HIV and STD screening, and 71% (501/709) consented to urine chlamydia and gonorrhea screening, while 65% (458/709) agreed to pharyngeal gonorrhea screening. Gonococcal infections were identified in 0.8% (4/501) urine specimens, chlamydia was identified in

2.6% (13/501); 3.2% (15/458) of clients had pharyngeal gonorrhea. Eighty-one percent (26/32) of clients with STDs returned for results and received treatment. Partner-delivered therapy was accepted by 85% (22/26) of clients who returned for test results.

LESSONS LEARNED: A moderate prevalence of STDs was found in this population, and high proportions of infected persons were treated. Traditional HIV ATS can successfully implement and deliver STD screening services and overcome such barriers as maintaining client anonymity. STD screening and appropriate treatment of persons seeking HIV testing may be useful in reducing STDs and preventing future HIV transmission in this at-risk population.

ABSTRACT 326

Resource Acquisition Strategies and HIV Sex Risk Among Women Who Use Drugs

Miller, M; Neaigus, A

OBJECTIVES: To explore the role that resource acquisition strategies may play in women drug users' sexual risk of HIV infection in low-income neighborhoods with high HIV prevalence.

METHODS: As part of a pilot study, in-depth, qualitative interviews were conducted with 28 women who used drugs who were recruited in New York City between March and November 2000. Central to the research was an assessment of the resources available to women for drug procurement and daily survival, the strategies adopted for acquiring resources, and the costs and obligations associated with such strategies.

RESULTS: Participants were racially/ethnically diverse (29% black, 29% Latina, 32% white, and 10% mixed race/ethnicity) and, on average, were 30.5 years old. Thirteen (46%) women had either completed high school or acquired a GED; 9 (32%) had worked in the formal sector and only one woman was currently legally employed. One-third of the women were HIV+. Seventeen (61%) reported having a current sex partner, and 61% also reported having been involved in sex work. Most women used heroin (79%), crack (39%) or cocaine (21%), and 61% had injected drugs. Multiple resource acquisition strategies were utilized by the women, including: acquiring resources from sex partners; sex work; participation in other illegal activities; cultivating 'sugar daddies' (i.e., older men

who provided material and emotional support in exchange for sex and/or companionship); and legal income sources (e.g., government subsidies, court-ordered damage awards). Much reported sex risk was documented as a result of women's efforts to avoid criminal sanctions (e.g., arrest, loss of child custody), primarily through partnering with men who were willing and able to acquire drugs for them. 'Sugar daddies' often began as regular sex work clients and were considered one of the most benevolent, stable and safe methods of acquiring resources, primarily because women tried to select men who were not known to be current drug users. In most cases, men provided the majority of the resources required for women to maintain their drug use and for basic survival needs.

CONCLUSIONS: The most lucrative and commonly employed resource acquisition strategies were associated with an increased risk of HIV sexual transmission and of criminal justice sanctions. However, given the choice between sex risk and criminal sanctions, women often chose strategies that involved sex risk. Moreover, the sexual mixing patterns of women who use drugs may not be random. Rather, sexual mixing patterns in high HIV-prevalence areas are likely to be selectively with potentially high-risk partners due to the limited sexual partnering opportunities available to women who use drugs.

ABSTRACT 327

Increasing the "Stickiness Factor"

Evans, ML

Mobile AIDS Support Services, Mobile, AL

ISSUE: How do you increase the likelihood that your message and information will remain with your students? Creating links with existing information helps students to process new information.

SETTING: HIV prevention educational settings.

PROJECT: Increase their ability to form links with the new information to existing information or behaviors. That way, each time after your session, when they think about the old information or behavior, your new information is linked and considered as well. For example, to help people understand the window period during which HIV infection is not detected during a blood test the educator could use the following analogy: if she had unprotected sex (at some point in the last 3 hours) and ran down to the health department, would the test be positive for pregnancy? When the class answers, "No," ask, "Why

not?" They say, "It is too soon." Say, "Exactly." Then ask if that same unprotected sex act may have also exposed me to HIV, would the test also tell if I had been infected during that sex act? They say, "no" again. Say, "Exactly; it takes time to develop enough antibodies." Then pick dates they are again familiar with, such as a holiday in the next month and something about 3 months in the future and point to those as target dates that they could consider enough time passing to determine HIV positivity. Depending on the group, sprinkle similar analogies throughout the session.

RESULTS: The audience retains the information long after the educator has left them as they are familiar with the concept of waiting for the test to be positive for detecting pregnancy.

LESSONS LEARNED: Increase the ability of the audience to link the new information to behaviors or information they are comfortable with to increase retention.

ABSTRACT 328

Retrospective Analysis of the HIV-1 RNA Test (Viral Load) Using the Model Performance Evaluation Program Data From 1998 to 2000

Kahn, MB; Slade, BA; Schalla, WO; Lipman, HB; Fehd, RJ

Centers for Disease Control and Prevention, Atlanta, GA

BACKGROUND: To evaluate laboratories performing HIV-1 related testing, the Centers for Disease Control and Prevention (CDC) established the Model Performance Evaluation Program (MPEP) which includes the HIV-1 viral RNA test (viral load). The MPEP is completely voluntary, and all samples used in the performance evaluation for the MPEP HIV-1 RNA determinations are undiluted, un-pooled plasma obtained from individual donors who are either HIV-1 infected or uninfected.

OBJECTIVES: A retrospective analysis of the 6 biannual shipments of HIV-1 viral RNA MPEP data from 1998 to 2000 was performed. We evaluated and compared the results from the participating laboratories. Specifically, we compared the results from three major test kit types: Roche Amplicor® HIV-1 Monitor, Bayer Quantiplex® and Organon Teknika NucliSens® NASBA. Variability within and between test kits for a specific HIV-1 viral RNA test type was investigated.

RESULTS: The Bayer (Chiron) Quantiplex test was the most sensitive (99.6%) but the least specific (89.4%).

The Organon Teknika NucliSens NASBA was the least sensitive (96.7%) but the most specific test (99.2%), and the results for the Roche Amplicor HIV-1 Monitor were in the middle of the other two tests: sensitivity (99.2%) and specificity (98.4%). The differences in sensitivity ($p = 0.0057$) and specificity ($p < 0.0001$) were statistically significant. For each of the 9 positive samples, the median reported viral load varied significantly between test kits (all Kruskal-Wallis p -values < 0.0001). To control for an assumed constant CV, a square root transformation was performed on the data. The transformed data still showed significant differences between test kits (8 out of 9 Bartlett's test p -values < 0.0002). The differences in precision were further demonstrated by the variation in CVs, ranging from 22% to 124%.

CONCLUSIONS: There were very large discrepancies in viral load results between the three major kit types for HIV-1 viral RNA determinations. Furthermore, various labs using the same test kits showed considerable differences in test results. Thus, there was significant variability both within and between the three major test kit types. We have concluded from this analysis that if the HIV-1 viral RNA test is being used to monitor an individual's viral load as a prognostic tool (i.e., advancement of disease) or to monitor the efficacy of medical treatment, then the test should be performed by the same lab using the same HIV-1 viral RNA test kit type to yield comparable results.

ABSTRACT 329

Use of a Participatory Approach in the Development of a Statewide Evaluation Model for STD/HIV Prevention Programs

Toevs, SE; Girvan, JT; Stroebel, H

Boise State University - Center for Health Policy, Boise, ID

ISSUE: The development of effective, user-friendly evaluation strategy is challenging especially when the programs to be evaluated are conducted by multiple agencies with varying human and physical resources and diverse programmatic approaches in a geographically large state.

SETTING: This project was conducted in a rural, low HIV/AIDS incidence state employing prevention contractors from both the private and public sector.

PROJECT: The participatory evaluation approach invites representatives of groups who will be affected by the

evaluation results to become active participants in the planning and implementation of evaluation activities. This project utilized the following participatory strategies: 1) Site visits were conducted to assist the evaluation staff in establishing a trust relationship with each contractor/advocate and to inform the staff of contractor/advocate needs, concerns and current procedures and available resources; 2) A half-day workshop was held to provide the contractors/advocates with an overview of evaluation and an opportunity to identify program factors and evaluation questions and indicators of success common to each program; 3) Feedback was solicited from the contractors/advocates and incorporated into the forms and; 4) A pre-implementation meeting with the contractors/advocates was held to address questions and concerns.

RESULTS: Evaluation forms were developed utilizing information gleaned from the contractors/advocates and Center for Disease and Prevention (CDC) evaluation guidance materials. The use of the forms is currently being piloted statewide and plans are underway to place the forms on a password-protected website to facilitate the on-site entry and electronic submission of evaluation data. Ongoing assessment of the evaluation system will be conducted to determine its effectiveness

LESSONS LEARNED: This project has demonstrated that a participatory evaluation design can be effective in the development of a statewide evaluation system. Significant outcomes of the effort have been an increased sense of trust between groups and program evaluators and an enhanced appreciation for evaluation among programs.

ABSTRACT 330

More Than Just Good Intentions: Working Effectively with Youth

Norman, J

Advocates for Youth, Washington, DC

ISSUE: The concept of working with youth as partners is becoming increasingly popular, particularly in the world of HIV prevention. However, while they can be effective and rewarding, youth-adult partnerships require more than just goodwill to be effective and sustained.

SETTING: Racially, geographically, and socioeconomically diverse groups of youth and youth service providers working at the local, state, and national level.

PROJECT: Advocates' staff experience and an interactive workshop that has been presented to more than 130 youth and youth service providers has gleaned consistent responses in terms of what youth want and need in order to feel included and empowered as full partners in HIV prevention work.

RESULTS: Youth and their adult partners consistently cite attitudinal and structural barriers to full participation and inclusion of youth. Barriers include a mutual lack of trust, stereotyping, misunderstandings due to language and communication styles, and tokenism. More structural obstacles include meeting times, places, and lack of rewards for or investment by youth.

LESSONS LEARNED: Identifying barriers means that we can more successfully anticipate challenges and develop ways to address them before they become insurmountable. Successful strategies have included joint trainings in effective communication for both youth and adult program workers, increased opportunities for youth to take on responsibilities, and clear guidance and direction without 'taking over' by the adults. Models, such as some states' HIV Prevention Community Planning Groups, will be discussed as examples of groups that have been successful in establishing effective youth-adult partnerships.

ABSTRACT 332

The Community Intervention Trial for Youth (CITY): Risk Characteristics of YMSM and Methodological Challenges in Community Research

Guenther-Grey, C¹; Choi, KH²; Clark, L³; Collins, C¹; Cribbin, M⁴; Easton, D¹; Lin, L¹; Lyles, C¹; Martins, P⁵; McKleroy, V¹; Millett, GA⁴; Muhib, F⁵; O'Donnell, L⁶; Remafedi, G⁷; Sumartojo, E¹; Wright-Fofanah, S¹ for The CITY Study Team

1 Centers for Disease Control and Prevention, Atlanta, GA; 2 Center for AIDS Prevention Studies, San Francisco, CA; 3 University of Alabama, Birmingham, AL; 4 TRW/CISSS; 5 formerly TRW/CISSS; 6 Education Development Center, Newton, MA; 7 Youth and AIDS Project, University of Minnesota, Minneapolis, MN

of accessing hard-to-reach populations, in particular men of color and youth. The presenters in this session will discuss baseline data from a multi-site study with YMSM, how the data could inform intervention development, and mechanisms to monitor intervention activities and adaptation by sites.

SETTING: A community-level HIV prevention intervention study in 13 communities targeting young (15 – 25 year old) men of color who have sex with men.

PROJECT: The Community Intervention Trial for Youth (CITY) is evaluating an intervention for YMSM that includes peer outreach, social marketing, small group workshops, social events, and capacity building with local organizations. In 1999, prior to intervention, baseline surveys were conducted with 2621 YMSM in community venues. Intervention activities were initiated in 2000.

RESULTS: Ninety-two percent of survey respondents identified as gay or bisexual. The average age was 21, but over 6% were younger than 18. Thirty percent reported unprotected anal intercourse with a man in the past 3 months. Seventeen percent reported having sex with a woman in the past 3 months, depending on the respondent's age and race. Seventy-five percent of the sample were man of color. However, 267 respondents did not identify by race on the survey, and 94% of these self-identified as Hispanic/Latino. Most men (78%) had been tested for HIV. Respondents employed a variety of methods for assessing the serostatus of sexual partners, but many of their methods were not reliable.

LESSONS LEARNED: The data suggest that a significant proportion of these YMSM are at risk for HIV infection. How men self-identify by race/ethnicity and sexual orientation, and their sexual behaviors can inform tailoring of local intervention activities. A multi-component monitoring system is being used to document adaptations of intervention protocols to the context of each community in order to inform the evaluation and the development of any project replication materials.

ISSUE: Few studies have assessed the impact of community-level interventions to prevent HIV among men who have sex with men (MSM), in part because of the challenges

ABSTRACT 333

Multidisciplinary Team Approach to Care for High-Risk Inner City Minority Youth

Sawyer, M; Purnell, C; Flores, A; Bone, N; McCallum, C; Kotler, H; Bachanas, P

Emory University/Grady Health System, Atlanta, GA

ISSUE: Inner-city youth face a multitude of social pressures leading them to high-risk behaviors. Factors contributing to high-risk behaviors include family dysfunction, poverty, substance abuse, early initiation of unsafe sexual activity with multiple partners, dropping out of school, depression, sexual assault, homelessness, and sexual identity concerns. These factors place the youth at high risk for contracting HIV, STDs, and for teen pregnancy.

SETTING: The adolescent high-risk clinic is located in Hughes Spalding Children's Hospital in inner city Atlanta. The clinic serves inner-city male and female youth, ages 12 – 19. Ninety-eight percent of the population is African American, one percent is white, and one percent is other. The clinic serves incarcerated youth, homeless youth, teenage mothers, teen prostitutes, school dropouts, victims of sexual assault, gay and lesbian youth, and other minority youth who self-refer for care. There are clinic days twice a week with evening hours to serve youth after school.

PROJECT: The clinic provides a multidisciplinary model approach to providing youth services. The model incorporates medical care, mental health services, social services, and health education. All services are available on-site at the clinic. Medical services focus on HIV testing and counseling twice a year (more frequently depending on risk factors) STD testing and treatment, birth control, gynecological health services, and other primary care services. Mental health services include family counseling; couple counseling, individual counseling; substance abuse counseling referrals; a teen support group; and a teen sexual-assault survivor support group. Mental health services focus on strengthening behaviors that will enable a teen to make healthy, safe life choices. Social services include JobCorps, evening school, and GED enrollment for school dropouts, provision of jobs through an in-clinic Department of Labor representative, safe-housing placement, enrollment for Medicaid and Peachcare for medical and pharmacy services, and victim's advocate services for sexual-assault survivors. Health education services focus on prevention of HIV, STDs, teen pregnancy, and obesity related morbidity.

RESULTS: In the year 2000, there were 1,770 total client encounters, 431 mental health visits, 147 social service encounters, and 582 health education encounters. Of all adolescents within the Grady Hospital system the HIV seroprevalence was 7.7/1000, and within the adolescent clinic the seroprevalence was 3/1000.

LESSONS LEARNED: Inner-city adolescents engage in high-risk activities that place them at risk for HIV. In order to modify risk behaviors, a teen must receive the support needed to build self-esteem, allow healthy relationships, achieve success in school, to feel safe in the community, and have access to medical care. This can be achieved through a multidisciplinary health care team that interacts with family, school, and community for complete youth support.

ABSTRACT 334

The Pennsylvania Young Adult Roundtable Consensus Statement: Community Planning with High-Risk Youth

Faber, JF¹; Shankle, M¹; Varner, T²; Pease, J²

1 University of Pittsburgh, Pittsburgh, PA; 2 Pennsylvania Department of Health, Harrisburg, PA

One half of all new HIV infections in America are among young people under the age of 25. The CDC maintains that effective prevention programs should include these young people in their planning. The Pennsylvania Young Adult Roundtables is a collaborative project that provides parity, inclusion and representation to high-risk youth in our state's HIV prevention community planning process. In 1998, members of the Roundtables drafted the "Roundtable Consensus Statement," a living document used in the planning process to identify, through the voice of young people, HIV prevention needs and barriers. Revised in 1999, the document consists of five sections and will be amended this year to include three new sections: "HIV Prevention & Public Schools," "HIV/STI Counseling & Testing Sites for Young People" and "Peer-Based HIV Education Programs." The Roundtables and the Roundtable Consensus Statement will be presented, and members of the project will share their experiences as young members of the PA CPG.

ABSTRACT 335

Risk Factors for HIV Seroconversion Among Young Gay and Bisexual Men in Vancouver

Weber, AE; Chan, K; Craib, KJP; Martindale, S; Schechter, MT; Hogg, RS

British Columbia Centre for Excellence in HIV/AIDS, St. Paul's Hospital, Vancouver, BC, Canada

OBJECTIVE: To identify demographic characteristics and risk factors related to HIV seroconversion in a cohort of young gay and bisexual men in Vancouver.

METHODS: The Vanguard Project is a prospective study of gay and bisexual men in the Greater Vancouver region. We conducted a nested, case-control study. Eligible cases were identified as those who had seroconverted between 05/95 and 12/00. Three persistently HIV-negative control participants were randomly selected for each case from all participants who remained seronegative as of 12/00. For cases, risk factor data were taken from an index visit, which was defined as the last negative visit, while for controls this data was obtained from a matched visit which occurred within three months of the index visit for the corresponding case. Mantel-Haenszel methods and logistic regression were used to compare cases and controls.

RESULTS: A total of 23 cases were identified during the observation period. In univariate analyses, cases were more likely than controls to report: having less than a high school education (30.4% vs. 4.4%, $p = 0.002$); living in unstable housing (26.1% vs. 7.4%, $p = 0.027$); working in the sex trade during the previous year (30.4% vs. 11.6%, $p = 0.050$); engaging in unprotected anal receptive sex with a regular partner (93.8% vs. 46.7%, $p = 0.002$) and a casual partner (72.7% vs. 20.0%, $p = 0.006$); having unprotected anal insertive sex with a casual partner (76.9% vs. 33.3%, $p = 0.018$); having more regular (median = 2 IQR = (1 - 4) vs. 2 (1 - 2), $p = 0.006$); and having more casual partners (median = 38 (8 - 50) vs. 5 (2 - 18), $p = 0.013$). Multivariate analysis revealed lower education ($p < 0.001$), unprotected anal receptive intercourse with regular partners ($p = 0.001$), and elevated number of regular partners ($p = 0.005$) to be independently associated with risk of seroconversion.

CONCLUSIONS: These data provide evidence that prevention efforts should incorporate issues related to unprotected sex with steady partners in order to reduce the risk of seroconversion.

ABSTRACT 336

Toward Understanding Structural Forces That Promote HIV/STD Risk Behavior: A Qualitative Exploration into the Lives of Women of Color

Arriola, KRJ¹; Roberts, L²; Brown, EJ³

1 Emory University – Rollins School of Public Health, Atlanta, GA; 2 Hunter College (CUNY) School of Health Sciences, New York, NY; 3 University of Central Florida School of Health Science, Orlando, FL

The epidemiology of HIV/AIDS transmission has evolved dramatically since it was first identified in 1981. Once thought to be a disease of middle class, white, gay men, this disease has broken class, color, and gender barriers; and the number of victims who are poor, black, and female is increasing. For example, in 1985, 3% of all AIDS cases were black women, and in 1998 they represented 14% (Kramarow, Lentzner, Rooks, Weeks, & Saydah, 1999). When focusing one's attention only on women, the figures are even more shocking. Of all US women with HIV/AIDS, 59% are non-Hispanic black women, 24% are non-Hispanic white women, 16% are Latino women, and 1% represents women of other racial/ethnic backgrounds (Kramarow *et al.*, 1999). For black women between the ages of 25 and 44 years, HIV/AIDS is the second leading cause of death (Hoyert, Kochanek, & Murphy, 1999). Although the epidemiology of HIV/AIDS clearly indicates that black women are among the most vulnerable populations, additional work is needed to understand how and why this occurs.

Because the personal health threat that HIV/AIDS poses for women of color is devastating, it is important to not treat women as vectors of HIV transmission who are only worthy of attention by virtue of their potential transmission to another group (e.g., fetuses or men who seek commercial sex; Anastos & Marte, 1989; Driscoll *et al.*, 1994). However, it is notable that the problem of HIV/AIDS is compounded by the pivotal role that women of color play in nurturing and sustaining their children and families. The dangers of perinatal transmission are well known (Campbell, 1999); however there are indirect ways in which the problem of HIV/AIDS among women of color negatively impacts their families as well. For example, approximately 45% of black households are headed by single-parent females (US Census Bureau, 1999), so when black women's health is threatened, they are less able to meet the subsistence needs of the families that they care for.

HIV/AIDS prevention interventions for this population have focused on reducing behavioral risk by strengthening peer and social support and providing women with information related to HIV risk, skills training, sexual self-control, and assertiveness (e.g., Boyer, Barrett, Peterman, & Bolan, 1997; DiClemente & Wingood, 1995; Jemmott & Jemmott, 1992; Shain *et al.*, 1999; Sikkema, 1998). However, the focus on improved supports and competencies fails to take into consideration the reality that for some women of color, sexual behavior occurs in a social context that includes violence, substance abuse, and commercial sex work (Amaro, 1995; Dicks, 1994; Fullilove, Fullilove, Haynes, & Gross, 1990; Holmes, 1991; Quinn, 1990; Zierler & Krieger, 1997). These contextual factors are mechanisms through which the broader social systems of oppression (e.g., poverty, discrimination based on race, class, and gender) impact the lives of women of color. To date, there is insufficient understanding of how the experience of oppression and social context relate to high-risk sexual behavior for some women of color and how others are able to draw on resiliency factors and enhanced life options that protect them from this type of behavior. Such an understanding would be useful for future intervention planning.

The purpose of this panel presentation is to present the findings of three qualitative studies that seek to meet this need. The proposed presentation will expand our understanding of how structural (e.g., poverty, sexism, and racism), experiential (e.g., substance abuse, childhood sexual abuse), intrapersonal (e.g., gender role socialization, beliefs about condoms), and interpersonal (e.g., social support, relationship violence) factors promote or prevent sexual risk reduction behavior among women of color. Three studies will be presented, each focusing on a different subpopulation of women: black and Latina adolescent women, Southeastern rural black women, and Southeastern urban black women.

ABSTRACT 337

Predictors of Initiation into Prostitution Among Female Street Youth

Roy, E^{1,2}; Weber, AE¹; Blais, L³; Haley, N²; Boivin, J-F^{1,2}

1 McGill University, Montréal, Canada; 2 Montréal-Centre, Montréal, Canada; 3 Université de Montréal, Montréal, Canada

BACKGROUND: Prostitution may represent an important risk factor for several health problems including infection with HIV. The objective of this study was to determine the incidence and predictors of initiation into prostitution among female street youth.

METHODS: Between January 1995 and March 2000 youth were enrolled in the Montreal Street Youth Cohort. Socio-demographic characteristics as well as sexual and drug use behaviours were assessed at baseline and semi-annually thereafter using a structured questionnaire. Girls who reported never having engaged in prostitution at baseline were followed prospectively to estimate the incidence of prostitution. Predictors of prostitution were determined using Cox proportional hazards regression.

RESULTS: Of the 312 female street youth enrolled in the cohort as of May 2000, 165 reported no history of involvement in prostitution at baseline. Thirty of these 165 girls became involved in prostitution over the course of the study (mean follow-up: 1.9 years) resulting in an incidence rate of 11.5/100 person-years. Multivariate regression analysis revealed being 18 years or younger (Risk Ratio (RR): 2.2; 95% Confidence Interval (CI): 1.0-4.8), using alcohol everyday (RR: 1.3; 95% CI: 1.1 – 1.5), and using at least three types of illicit drugs (RR: 5.4; 95% CI: 1.6 – 18.4) to be independent predictors of initiation into prostitution.

CONCLUSION: The incidence of prostitution in female street youth is elevated. Young age, overuse of alcohol and multi-drug use are important predictors of initiating involvement in prostitution.

ABSTRACT 338**HIV Counseling and Testing: Who Gets Tested Where and Why***Anderson, JE; Greby, SM*

Centers for Disease Control, Atlanta, GA

BACKGROUND: HIV counseling, testing, and referral programs (CTR) are a major part of CDC's efforts to prevent new infections and to get infected persons into appropriate care. Two national data systems measure the extent of CTR: CDC's Counseling and Testing Data System (CTS) covers all tests in CDC-funded programs; the National Health Interview Survey (NHIS) estimates the number and characteristics of persons tested each year.

OBJECTIVES: Use CTS and NHIS data to assess the comparability of data from the 2 sources; describe numbers and characteristics of tests and persons tested; make recommendations for prevention programs, and for making data systems more useful for prevention.

RESULTS: CTS data indicate that 2.5 million tests per year were conducted in CDC-funded sites from 1992 to 1996. Together, HIV testing sites and STD clinics accounted for 54.7% of all tests, and 57.5% of positive tests. Self-reported data from the NHIS indicate that 19.9 million persons per year (19.0 – 20.8, 95% confidence interval) were tested by 1998 – 16.3 million (15.5 – 17.0 million) non-publicly funded sources including private doctors, HMO's and hospitals. By the 1998 NHIS 41.4 percent (40.6 – 42.1%) of adults had been tested at least once. Most tests (66.9.1% (65.0 – 68.8%)) were obtained to determine infection status; others were required to obtain insurance (13.0% (11.5 – 14.4%)), or military induction (3.3% (2.5 – 4.1%)) or other reasons. In the CTS program data, MSM or drug users accounted for 11.9% of tests, and 44.7% of positive tests. NHIS survey data indicate more testing among those with behavioral risk for HIV: 29.1% had been tested in the past year (25.0 – 33.1%) compared with 9.7% (9.3 – 10.1) of others. Public sources of testing were more often used by poor and high risk persons. Persons tested at public sites were more likely to receive post-test counseling (49.3% (45.2 – 53.3%)) compared with others (34.4% (31.4 – 37.4%)). The 1998 CTS program data indicate 55.9% of tests were accompanied with post-test counseling, 62.5% for HIV positive persons.

CONCLUSIONS: CTS and NHIS data are generally consistent. CTS data provide national data on CDC-funded tests and potentially can be used to target local resources. NHIS data provide representative national estimates on persons accessing testing services, including tests obtained

from all sources. Together the two systems present a more complete picture of HIV testing coverage and gaps. The data indicate that public programs have been used by high-risk populations. Continued support is needed to ensure that the highest-risk groups get testing and appropriate services. Methods need to be developed to make the data systems more comparable and useful for prevention programs.

ABSTRACT 339**A New Movement in HIV Prevention: Innovative Strategies and Inclusion of Youth***Gueits, L*

National Council of La Raza, Washington, DC

ISSUE: Youth, in particular, are often excluded from the planning/developmental stages of programs and materials that target them. The opinion of youth must be held in high regard if prevention efforts are to have any lasting effect.

SETTING: Latin American Youth Center, Washington, DC

PROJECT: Few HIV prevention tools targeting youth include youth through the entire developmental process. The National Council of La Raza (NCLR) addresses this issue through its HIV Multimedia Project. The HIV Multimedia Project is designed to develop "youth conceptualized/youth driven" presentations on HIV prevention using a digital camera, Microsoft PowerPoint, the Internet, and music. The first presentation was developed in partnership with youth (16-21 yrs) from the Latin American Youth Center (LAYC). The development of a skit, focusing on adolescents and HIV transmission, was primarily left to the creativity of the teens. The presentation was constructed using digital snapshots incorporated into a Microsoft PowerPoint file, graphically enhanced using Internet images, and accompanied with music selected by the youth. Overall, the multimedia presentation speaks to the everyday realities that facilitate HIV transmission among urban youth.

RESULTS: The National Council of La Raza produced a youth conceptualized/youth driven HIV prevention tool that can be easily adapted and used by those working with Latino youth. After filming, LAYC youth expressed an increased interest in HIV/AIDS. As a result, an "HIV 101" session was delivered by the local chapter of the American Red Cross.

LESSONS LEARNED: Adolescents are more likely to acknowledge messages, designed to target them if they demonstrate inclusivity and a tie to youth culture. Developing innovative strategies can reduce risky behaviors.

ABSTRACT 341

Effects of Interviewer Characteristics on Reported Sexual Behavior of California Latino Couples

Wilson, SR¹; Brown, NL¹; Lavori, P²

1 Palo Alto Medical Foundation Research Institute, Palo Alto, CA;
2 Stanford University School of Medicine, Stanford, CA

BACKGROUND: We conducted an area probability sample household survey of 573 California Latino couples to investigate behavioral, psychological, and couple characteristics related to HIV sexual risk.

OBJECTIVES: To investigate the effects of identifiable interviewer characteristics (gender and age) on disclosure of sensitive sexual and other HIV risk information by male and female Latinos.

METHODS: Male and female responses to sexual behavior questions were regressed on interviewer age (> 30 vs. ≤ 30 yrs.) and (for male respondents) interviewer gender, adjusting for the clustering of interviewees within interviewer using linear mixed effects models (LME) for continuous and general estimating equations models (GEE) for dichotomous response variables.

RESULTS: Only two of 11 sexual behaviors showed significant interviewer **gender** effects for male respondents: about 30% fewer lifetime partners ($p = 0.02$) and only 63% as great a likelihood of reporting sex with a stranger ($p = 0.04$) to female as to male interviewers. Significant interviewer **age** effects were observed for reporting of sex with prostitutes ($OR = 1.85, p = 0.005$) and sex with other men ($OR = 2.13, p = 0.04$). Male respondents' age was associated with most of sexual behaviors, and interacted significantly with interviewer age in influencing reporting of certain behaviors: forcible sex, having had an STD, and having had sex with another man. "Naïve" (i.e., unadjusted) models tended to under state the standard errors and hence over state the significance of fixed interviewer effects.

CONCLUSIONS: Interviewer age and gender affect reporting of specific but different sexual behaviors, including behaviors most related to HIV risk. Male and female respondents are influenced differently by interviewer age, with more prevalent and consistent effects on male

respondents. For the majority of behaviors studied, however, significant interviewer age and gender effects were *not* observed, and it would be difficult, *a priori*, to predict which behaviors would be most subject to these influences. Fixed interviewer characteristics can affect estimates of population means/proportions, but also relationships (e.g., the form and significance of observed relationship between respondent age and behavior). Using interviewers with varying characteristics allows estimation and correction for these effects. Significant residual variation in responses exists that is associated with unidentified interviewer differences.

ABSTRACT 342

Acceptability of Comprehensive Counseling and Testing Among Patients in Short-Term Drug Treatment

Lally, MA; MacNevin, RJ; Alvarez, SB; DiSpigno, MG; Pugatch, DL; Stein, MD

Brown University School of Medicine, Providence, RI

BACKGROUND/OBJECTIVES: Interrelated risk behaviors for HIV and other infectious diseases present an opportunity to integrate prevention efforts through comprehensive testing and counseling. We determined the acceptability of testing and counseling for HIV, hepatitis and STDs to patients in short term drug treatment during the month of January 2001.

METHODS: Testing and counseling were offered systematically to patients in a short-term drug treatment center in Massachusetts. A script offering free testing for the indicated infections was used in the initial encounter and informed consent was obtained from those interested. Participants were then counseled for HIV; hepatitis A, B and C; and the STDs syphilis, gonorrhea, chlamydia and trichomonas by expanding the model for HIV pre-test counseling. Participants chose specific tests after counseling. Results for hepatitis were generally available and given in 24 hours but HIV results required a return visit 7 to 10 days after testing. Participants who were present to receive hepatitis results were offered hepatitis A and B vaccinations as indicated. STD treatment was given to all testing positive for STDs.

RESULTS: Twenty-five of the 64 patients approached agreed to some form of counseling and testing (39%). The 39 patients not accepting testing did not differ from study participants in terms of age, gender, race, or history of injection drug use. All 25 participants accepted

Hepatitis testing, 23/25 (92%) accepted HIV testing, and 20/25 (80%) accepted STD testing. Twenty-two participants (92%) received their hepatitis results the next day while still present in the facility, and 8/23 (35%) received their HIV results. Prevalence of HIV was 0/23 (0%), 13/25 (52%) for HCV, and 10% (2/20) had any STD. Acceptability of HAV and HBV vaccines was 19/20 (95%) and 10/10 (100%) respectively for participants eligible and present to receive vaccinations. Nineteen of the 25 participants reported ever injecting drugs (76%) and 6/13 (46%) reporting IDU in the last 30 days shared needles during this time. In addition, 19/25 participants (76%), reported sexual activity in the last 30 days. Of these, 18 (95%) reported unprotected vaginal sex, and 18 (95%) reported drug use before sex. Also, 4/25 (16%) reported ever giving sex for money/drugs.

CONCLUSIONS: Incorporating hepatitis and STD counseling into the traditional HIV testing and counseling model is acceptable (80%) to a sub-population of substance users in drug treatment who agree to any testing. Risk behaviors of participants demonstrate the population being studied is at high risk for other infections as well as HIV and support a need for comprehensive testing. Rapid HIV testing could be used in this testing model once it is more widely available. Given the potential to implement rapid testing protocols in drug treatment centers, we need to better understand why the majority of patients refuse testing.

ABSTRACT 343

Corrections to Community: A Model of Discharge Planning Training for Providers Working with Released HIV+ Inmates

Dunne, MM; Holcombe, J; Levinson, L; Zalumas, J

Emory School of Medicine, Atlanta, GA

ISSUE: HIV+ inmates released from prisons and jails into the community need to be connected to health services in a timely manner. Continuity of care becomes a critical public health issue when released inmates fail to connect to services and, as a consequence, develop drug-resistant viruses that can be passed on to other individuals in the community.

SETTING: Regional training programs for corrections and community providers on the issues and processes involved in quality transitional care for released inmates.

PROJECT: The Correctional Technical Assistance and Training Project of the Southeast AIDS Training and Education Center at the Emory University School of Medicine has been funded by a joint grant from the CDC and HRSA to provide training to corrections and community providers on issues focusing on continuity of care for released HIV+ inmates. In keeping with this mission, daylong statewide training programs were developed and implemented in three major geographical areas of Georgia in collaboration with the Georgia Department of Corrections, local health departments, and regional community based organizations. Training audiences included providers and staff from jails, prisons, juvenile facilities, pardons and parole, probation, health departments, Ryan White Clinics, and community based organizations. A core curriculum reviewing statewide services (ADAP, the Insurance Assistance Program, Medicare, Medicaid, and HOPWA) was presented in the morning session. The afternoon session included a regional panel composed of local health department and community based service representatives discussing discharge planning processes and challenges. The program concluded with presentations from providers who have implemented successful discharge planning programs in their facilities. Each participant received a notebook summarizing pertinent information presented and key contacts for information on relevant community resources.

RESULTS: A model medical discharge form was developed as a result of an initial training program held in South Georgia. This form is used by Georgia state prisons for communicating information to health departments and private providers throughout the state. Subsequent training programs across the state have oriented 217 participants from both corrections and the community to the challenges, issues and processes involved in quality continuity of care. Training data from training pre- and post-tests indicate an increase in knowledge of community services available to providers of service for released inmates. Satisfaction surveys conducted before and after the training show an increased comfort level in working with HIV+ clients as a result of the training. Needs assessments conducted with participants at all trainings are being used to plan educational programs for the next twelve months.

LESSONS LEARNED: The results of the needs assessments data collected indicate that the area of greatest need for future training is HIV/AIDS and Substance Abuse. Participants also indicated that the greatest motivator for coming to the training was the opportunity to talk and meet with experts. Trainings with corrections and community providers are being planned to address these issues within the next twelve months.

ABSTRACT 345

“Get Busy Living”: Development of a Motivational Interviewing Intervention to Promote Adherence to Antiretroviral Medications

DiIorio, C; McDonnell, M; West-Edwards, C; Soet, J; Bowen, C; Belcher, L; Salam, F; Thomas, A; Campos, PE; Wang, T

Emory University Schools of Public Health and Nursing,
Atlanta, GA

ISSUE: Antiretroviral (ARV) therapy, with its numerous pills, complicated dosing schedules, and uncomfortable side effects pose many challenges to HIV+ persons. Because drug resistant strains that are communicable can emerge with incomplete adherence, medication adherence is particularly important for both persons with HIV/AIDS and the public.

SETTING: A community HIV/AIDS clinic in a metropolitan city in the Southeast.

PROJECT: “Get Busy Living” is a research project funded by the National Institute of Nursing Research and developed to motivate patients to adhere to their antiretroviral therapy. The intervention consists of 5 individual Motivational Interviewing (MI) sessions conducted by nurse counselors in person and by telephone. These sessions are augmented with a motivational video, and other materials. A panel of 3 speakers will describe the use and application of MI to adherence intervention, use of standardized patients (SP) to train and evaluate nurse counselors, and development and production of the video and motivational materials for the project.

RESULTS/PRODUCTS: A powerful motivational video, “Get Busy Living” was created featuring 2 women and 4 men of diverse backgrounds in their daily struggles with managing their HIV disease and ARV regimens. A motivational journal, calendar, and list of pill-taking strategies complement the video. All were developed based on information obtained from 3 focus groups of HIV+ persons and input from a community advisory board. Five MI scripts and recording forms have been refined and 6 nurse counselors have been trained and evaluated utilizing SPs. Video and audio review of nurse-SP sessions by experts, written and oral feedback from the SPs, and feedback from the nurses all contributed to the refinement of the MI scripts.

LESSONS LEARNED: Focus groups conducted prior to the initiation of a patient-centered intervention are an

invaluable method to ensure actual patient needs/issues are addressed. The selection of a competent and high quality video production company is one key to a successful product. The second key is getting the producer to “buy into” the project in order to ensure that the video is consistent with the goals of the project. A community advisory board provided important feedback for design of the video and motivational materials. SPs proved effective for training and evaluation in MI techniques. We were able to refine the scripts and ensure quality prior to actual patient contact. At the end of this session the participant will be able to:

1. Describe the basic techniques of MI;
2. Describe the application of MI to ARV adherence;
3. Describe the use of SPs to train nurse counselors;
4. Describe the use of SPs to evaluate and refine nurse counselor MI skills;
5. Describe the development and production of a motivational video and motivational materials.

ABSTRACT 346

Re-Energizing HIV Prevention: Effective Strategies to Beat Prevention Fatigue

Katzman, A

Gay City Health Project, Seattle, WA.

ISSUE: Gay and bisexual men are experiencing increased HIV prevention fatigue along with greater confidence in treatments and increased STD rates. In this context, HIV prevention requires greater creativity, ingenuity, and adaptability in order to engage the target population. Integrating HIV prevention into broader efforts at health promotion and community building is an effective strategy.

SETTING: Gay City Health Project serves gay and bisexual men ages 18 and over in the Greater Seattle area.

PROJECT: Gay City’s mission is to “promote gay and bisexual men’s health and prevent HIV transmission by building community, fostering communication, and nurturing self-esteem.” In Seattle, Gay City has created a community level intervention that has reached unprecedented numbers of gay and bisexual men and made substantial impacts on behavioral norms and attitudes. Gay City produces large-scale community forums, media campaigns, workshops, retreats and groups. Queercore and the Over 40s Project are programs of Gay City that target men 18 – 29, and 40 plus. Additional programming

includes Gay City University, community theater, and media campaigns about HIV, STDs, club drugs, and smoking.

RESULTS: Gay City evaluates program participants in areas including community connection, self-esteem, and empowerment to practice safer sex. Gay City served more than 5000 men in 2000. For 2000, of those who completed evaluations, 85% of program participants felt “more connected to the gay community”, 63% felt “more empowered to practice safer sex”, and 83% reported increased self-esteem.

LESSONS LEARNED: Gay City utilizes social marketing, popular education, and community building techniques in its programs, with the scientifically validated belief that increasing an individual’s self-worth and connectedness increases that individual’s concern for his own sexual safety. Our evaluations, large event turnout, substantial active volunteer corps, and national recognition of the Gay City Model, show that Gay City is a successful example of a holistic approach to gay and bisexual men’s health. You may be able to utilize Gay City’s programming, marketing techniques and philosophies, in order to revitalize your prevention program.

ABSTRACT 347

Comparison of Risk Categories for HIV Acquisition Among AIDS Cases in Massachusetts: Single Risk Factors vs. Multiple Risk Factors

Verma, B; Knowlton, R; Rubinstein, E; Chikuba, M; DeMaria, A

Massachusetts Department of Public Health, Boston, MA

BACKGROUND: Ascertainment of the category and frequency of risks for HIV infection is central to planning HIV prevention programs. As per conventional methods employed for AIDS surveillance, each case is recorded with only one primary risk regardless of other risk(s) based upon a CDC-defined hierarchy of risks for HIV infection. While this practice ensures that each individual is counted in only one risk category, it does not take into account multiple risks that are included in the case report. All AIDS cases among adults and adolescents reported to the Massachusetts HIV/AIDS Surveillance Program were reviewed as to primary risk of HIV infection and by any additional risk reported.

OBJECTIVE: To analyze multiple risks for HIV infection acquisition reported for AIDS cases in Massachusetts.

RESULTS: The frequencies of different risk factors in the two groups are as follows:

Table: Proportions of adult and adolescent AIDS cases with primary (hierarchical) risk categorization and with reported multiple risk

HIV Risk	Male (n = 12883)		Female (n = 3345)	
	Primary Risk	All Reported Risks (n = 3183)	Primary Risk	All Reported Risks (n = 1140)
Men who have sex with men (MSM)	48.0%	52.7%	-	-
Injection drug use (IDU)	31.0%	36.0%	45.0%	45.0%
MSM/IDU	4.8%	4.8%	-	-
Heterosexual contact with IDU partner (S-IDU)	1.0%	8.4%	17.0%	40.0%
Heterosexual contact with HIV+ partner (S-HIV+)	2.0%	5.7%	13.0%	26.0%
DU/S-IDU	-	7.0%	-	17.0%
IDU/S-HIV+	-	-	2.2%	-
S-IDU/S-HIV+	-	1.8%	-	10.4%
IDU/S-IDU/S-HIV+	-	1.5%	-	5.2%

CONCLUSIONS: Considering all risks of HIV infection demonstrates potential HIV risk behavior different patterns that could not be discerned when ascribing a single risk to each individual. These results have importance for HIV prevention and planning strategies targeted at different risk groups, especially women.

ABSTRACT 348

Prevention Effectiveness Assessment of Hepatitis C Screening & Treatment for Injection Drug Users in an STD Clinic/HIV Counseling & Testing Setting

DiOrio-Rekas, D

Centers for Disease Control and Prevention, Atlanta, GA; New Jersey Department of Health and Senior Services, NJ

BACKGROUND: While deaths due to AIDS are falling among people with HIV infection, deaths due to liver disease, attributed primarily to hepatitis C virus (HCV) infection, are rising among people with HIV. CDC has launched a National HCV Prevention Strategy that recommends integrating HCV prevention activities with other prevention activities, specifically HIV counseling and testing and STD clinics. HIV counseling & testing sites and STD clinics considering expanding their services to include hepatitis C screening for injection drug users (IDUs) may lack information about the costs of such a program relative to its benefits. This may be especially

true in lower prevalence, smaller urban, or rural areas. While similar studies have assessed cost effectiveness of HCV screening on the general US population, this analysis is specific to the unique issues of adherence and contraindications for therapy of IDUs to be served by an STD/HIV clinic in a medium-sized city (Portland, Maine).

OBJECTIVE: To determine whether conducting a screening and treatment program for hepatitis C for IDUs as part of existing STD/HIV services yields greater benefits than its cost.

METHODS: Using conventional economic principles for cost-benefit analysis, incorporating CDC's Prevention Effectiveness Assessment model, local program costs for implementation of a screening and treatment program for HCV were compared to benefits. Benefits included cost of liver cancer, cirrhosis, transplants, and deaths averted as well as new infections prevented through behavioral counseling of positive persons. Valuation of benefits was varied among 96 different scenarios for a low, medium, and high range of medical care costs, by two positivity rates, and by 10-year and 20-year time periods for benefits accrual in order to estimate a range of net benefits and to assess whether the medical intervention (testing and treatment) or the behavioral intervention (prevention counseling) yielded greater benefit.

RESULTS: In 87/96 cost-benefit scenarios, benefits of the program were greater than costs of the program, resulting in benefit/cost ratios between 1.01 and 5.63. (For every \$1 spent in HCV screening and treatment costs, between \$1.01 and \$5.63 in future health care and societal costs were averted.) The importance of the prevented transmission benefit achieved through prevention counseling of those testing positive emerged as a stronger contributor to benefit/cost ratios than the medical treatment component alone.

CONCLUSIONS: HCV screening and treatment programs for IDUs, even in low prevalence or rural areas, may provide greater benefit in preventing adverse outcomes than the cost of their implementation. The importance of targeted outreach to ensure maximum benefit is recommended as well as an emphasis on the prevention counseling aspect of the service.

ABSTRACT 349

Toward Safe and Effective Topical Microbicides to Prevent HIV/STDs

Gross, M; Black, R

ISSUE: Sexual transmission of HIV continues to drive the worldwide pandemic, with viral and bacterial STDs as cofactors. Maternal HIV and STD infections account for substantial neonatal morbidity and mortality. Topical microbicides — e.g., vaginally applied gels, creams, film, foam, and suppositories — offer promise as a woman-controlled method to reduce susceptibility to HIV/STD infection. Rectal microbicides could offer the same benefit for anal intercourse. Field trials of the detergent nonoxynol-9 — the only compound so far entered into efficacy trials — have been disappointing. Deeper understanding of the biology of vaginal and rectal STD/HIV infection may stimulate development of new agents, but industry involvement in development lags.

PROGRAM: Using strategies that have expanded greatly the pipeline of HIV vaccine candidates, the National Institute of Allergy and Infectious Diseases (NIAID)/NIH has introduced initiatives spanning the product development process from discovery through clinical efficacy/effectiveness trials. These approaches include:

Basic research on cellular processes associated with infection and viral dissemination from target cells;

Targeted support to product sponsors to [i] reduce risk from investing in products with uncertain success and unclear market potential and [ii] provide specific R&D capacity in toxicology, pharmacokinetics, preclinical safety and efficacy, formulation, and scale-up manufacturing.

Comprehensive global clinical trial capacity from Phase I safety through Phase III efficacy trials.

Encouragement of programs that integrate social, behavioral, and clinical research.

RESULTS: Several new non-detergent microbicide candidates are about to enter Phase I trials in the NIAID-funded international HIV Prevention Trials Network (HPTN). A Phase I/II study of another product is in progress under an investigator-initiated grant. The HPTN plans to launch a screening trial of the effectiveness/efficacy of two additional non-detergent candidates in early 2001.

LESSONS LEARNED: The NIAID vaccine development strategy provides a valuable model for microbicide

discovery and development, although there are important contrasts: [i] Selection of a true placebo poses a unique challenge. [ii] Formulation research is necessary to optimize safety and efficacy and maximize acceptability of promising candidate agents. [iii] Because microbicides will require consistent and proper use to be effective, concerted attention to behavioral factors will be required during product development.

ABSTRACT 350

Development and Implementation of CDC's Standardized Evaluation Guidance for HIV Prevention Programs

Glassman, M; Wan, CK

Centers for Disease Control and Prevention, Atlanta, GA

ISSUE: In fiscal year 2001, CDC cooperative agreement funding for HIV prevention to the 65 directly funded health departments totals roughly \$290 million. Recognizing the importance of evaluation for accountability and program improvement, CDC has established a national evaluation system to collect standardized data on prevention interventions supported with these funds.

SETTING: CDC's evaluation requirements are contained in the document "Evaluating CDC-Funded Health Department HIV Prevention Programs," referred to as the Health Department Evaluation Guidance (Guidance).

PROJECT: For the first time, health departments were asked to submit annual data on their intervention plans, including the projected numbers of clients to be served. Process monitoring data on clients actually served are also required annually. In addition, health departments are to provide data on community planning group membership, budget allocations, and outcome evaluation. They were also asked to develop a comprehensive evaluation plan.

RESULTS: CDC has identified a number of challenges in implementing a national evaluation system for HIV prevention programs. A major issue involves the classification of interventions and primary risk populations so they are in sync with CDC's taxonomy. CDC classifies interventions and populations in a standard way so that data can be aggregated nationally, but health departments may use different classifications. Another issue concerns the varying levels of evaluation capacity among health departments. CDC's capacity-building efforts have been intensified to meet the challenge.

LESSONS LEARNED: CDC has learned that collaboration with stakeholders, including health departments, their grantees, and colleagues throughout CDC's Division of HIV/AIDS Prevention, is crucial in the development and implementation of an evaluation system. The need for a standard taxonomy for data collection must be balanced with respect for the HIV prevention community planning process. Variations in resources underscore the need for capacity building assistance as do challenges relating to data management and the conduct of outcome evaluation in "real world" settings. These issues indicate that the first year of a standardized evaluation system should be regarded as a time for preparation for subsequent data collection and that first year data should be interpreted with caution.

ABSTRACT 351

Evaluating Clinical Laboratory Practice for Human Immunodeficiency Virus (HIV) Testing

Borchardt, S; Stankovic, AK; Steindel, S; Handsfield, J

University of Minnesota School of Public Health, Minneapolis, MN; Centers for Disease Control and Prevention, Atlanta, GA

BACKGROUND: In 1996, as part of the National Inventory of Clinical Laboratory Testing Services (NICLTS), the Centers for Disease Control and Prevention (CDC) collected data to estimate the scope and distribution of clinical testing for HIV infection in the United States. Since most of the clinical testing, according to NICLTS, is done in the hospital laboratories (48.5%), this subset of laboratories was the target of our present study.

OBJECTIVES: To obtain data regarding the scope of HIV testing in hospital laboratories.

METHODS: Information regarding test volume, analyte, method, specimen type, instrumentation, laboratory type (self-reported) and location (using Department of Health and Human Services region distribution) was collected from 2079 representative laboratories using a stratified sample design. For this study, only the information pertaining to hospital laboratories was considered.

RESULTS: A total of 169 hospital laboratories were contained in the NICLTS database. Using this sample and the previously established weights, we calculated the estimated volumes of HIV testing to be 3.2 million tests. The majority of testing was done utilizing one of the enzyme

immunoassay (EIA) methods (99.57%). Statistical analysis, conducted using a multiple linear regression model, revealed that geographic region and testing method significantly predict HIV hospital clinical laboratory testing volume. The Southwest ($p = 0.04$), Southeast ($p = 0.04$) and New York/New Jersey ($p < 0.001$) regions were significantly associated with HIV testing volume in hospital laboratories. The same could be said for two of the EIA testing methodologies: automated testing systems ($p < 0.001$) and semi-automated testing systems ($p = 0.009$).

CONCLUSIONS: NICLTS itself does not provide data that could explain the observed regional distribution of HIV testing. However, we can hypothesize that the observed regional differences reflect greater needs of susceptible populations in this areas. This inventory of HIV laboratory testing services establishes a baseline for monitoring changes in public access to laboratory tests, determines the type and the availability of tests, and may be used to predict the impact of changes in laboratory services.

ABSTRACT 352

Perceived Barriers to Condom Use Predict Risky Sex: A Prospective Analysis of African American Adolescent Females

Crosby, RA¹; DiClemente RJ¹; Wingood, GM¹; Harrington, KF²; Davies, S²

1 Emory University – Rolling School of Public Health, Atlanta GA;
2 Emory/Atlanta Center for AIDS Research, Atlanta, GA

OBJECTIVE: To prospectively assess associations between perceived barriers to condom use and subsequent frequency of condom use during penile–vaginal sex among a sample of African American adolescent females.

METHODS: African American females 14 – 18 years of age were recruited from schools and health clinics. Adolescents completed an in-depth survey and interview at baseline and again 6 months later. The study achieved an 85.7% baseline participation rate ($N = 522$) and 92% ($N = 482$) returned at 6-month follow-up. Analyses were limited to adolescents with steady partners who were sexually active between assessments ($N = 366$). At baseline, 26-item scale assessed adolescents' perceived barriers to condom use ($\alpha = 0.87$). At follow-up, adolescents were asked how often they had used condoms during penile-vaginal sex in the past six months.

RESULTS: Scores on the scale measure approximated a normal distribution. At follow-up, adolescents who reported not using a condom during their most recent sexual episode perceived greater barriers to condom use at baseline ($P = 0.00001$). Likewise, greater barriers to condom use were found among those using condoms during less than 50% ($P = 0.002$) and less than 100% ($P = 0.006$) of all episodes in the past 30 days and during less than 50% ($P = 0.006$) and less than 100% ($P = 0.003$) in the past 6 months. The absolute number of unprotected episodes of penile–vaginal sex in the past 30 days ($P = 0.007$) and the past 6 months ($P = 0.002$) was higher among adolescents reporting greater barriers.

DISCUSSION: The strong and consistent findings suggest that African American adolescent females are more likely to engage in unprotected sex if they perceive a greater number of barriers to condom use. HIV intervention programs could be tailored, in part, to address adolescents' self-reported perceptions of barriers to condom use with their steady partners.

ABSTRACT 353

The Costs & Effects of Exemplary HIV Prevention Programs

LaKosky, P; Phillips, K; Peterson, L; Niemiec, R; Walberg, H

Chicago Department of Public Health, Chicago, IL

BACKGROUND: Decision makers are often called upon to allocate prevention funds through competing models and the politics of advocacy groups. Heretofore, proportionality models have dominated the targeting of funds. Those areas and populations that have the greatest number of HIV infections get the most funds. Despite the intuitive appeal, this approach has some unintended outcomes. For example, it may reward agencies that are not necessarily effective in averting HIV infections and conversely it could divert funds from those who are.

OBJECTIVE: This study examined a method of cost-effectiveness analysis (CEA) that combines meta-analytic techniques and simple accounting procedures to yield a cost-effectiveness ratio (CER). The methods have been successfully applied to traditional schooling, adult and business management education.

METHOD: This study examined the Compendium of Exemplary HIV Prevention Programs disseminated by the CDC in 1999. Each of the study outcomes were converted to effect sizes and statistically combined. Similar to z-scores, effect sizes are unitless measures of effect and thus made comparable despite their differing outcomes. Each effect size is divided by the per participant cost using the same costing methods yielding a cost-effectiveness ratio (CER). These CERs were then rank ordered by effects and cost effects and examined in terms of recent HIV prevention funding allocations in Chicago.

RESULTS: The analysis highlights a variety of findings. First, outreach programs, typically rated highly by community planning groups because of its lower cost and presumed effectiveness, may not be effective some populations. Conversely, costly alternative programs such as prevention case management may be more cost-effective in some populations.

CONCLUSIONS: This study provides one more tool for decision makers at all levels to more accurately target their funds. It also permits AIDS service organizations to design and/or redesign their interventions in order to become more cost effective. It rank orders interventions in terms of both effects and cost-effects for differing populations.

ABSTRACT 354

Vaginal Microbicides: An HIV Prevention Tool for Female Drug Users

Maslankowski, LA; Forbes, A; Metzger, DS

University of Pennsylvania Medical School, Philadelphia, PA

BACKGROUND: Vaginal microbicides are being developed as a woman-controlled HIV prevention tool. If shown to be safe, acceptable, and effective, vaginal microbicides will allow HIV-negative women to protect themselves from HIV infection and HIV-infected women to protect themselves from resistant or more virulent strains of HIV as well as protecting uninfected partners from infection. Female drug users remain at high risk for HIV infection via sexual transmission. Thus, it is critical that they participate in testing the safety, acceptability, and effectiveness of microbicides.

OBJECTIVES: To evaluate self-reported drug use by HIV-infected women wishing to participate in a Phase I vaginal microbicide trial.

METHODS: HIV-infected women were recruited for HIVNET 020, a multi-site Phase I trial of a novel vaginal microbicide product, the first to include HIV-infected women. Interested women were prescreened by a telephone interview. If they appeared to meet the eligibility criteria (women with injection drug use in the past year were ineligible), they were scheduled for a screening visit. We screened a total of sixteen HIV-positive women. Questions regarding drug and alcohol use were included in the screening interview.

RESULTS: Self-report data collected at screening revealed past illicit drug use (56%), past injection drug use (19%), and past involvement in substance abuse treatment (44%). Two of the women reported current non-injection drug use. Among the women enrolled, no women were terminated for non-adherence, no serious adverse events were reported and all participants stated that they would be willing to use the product if it were shown to be effective.

CONCLUSIONS: Women drug users are at high risk for HIV infection. These findings, and past success in recruiting and enrolling drug users in HIV vaccine trials, suggest that women who are active drug users as well as women with a history of drug use, can be valuable and appropriate participants in future microbicide trials.

ABSTRACT 355

Much Work Ahead: HIV Training Needed for Nurses

Robey, M; Olszewski, Y; Furumoto-Dawson, A; Jung, J; Cohen, M; Joo, E

Cook County Hospital, Chicago, IL

BACKGROUND/OBJECTIVES: In order to identify potential barriers to successful HIV prevention research efforts using a Rapid HIV test in labor and delivery and postpartum care settings, we surveyed nursing staff about: 1) Prior HIV education/training experiences; 2) Comfort level with Perinatal HIV disease and related issues; 3) Attitudes and belief systems regarding HIV and pregnancy; and 4) Reasons women refuse usual prenatal care.

METHODS: The self-administered survey was conducted for a period of 6 weeks beginning in May through June 15, 2000, at 4 Chicago hospitals with highest HIV seroprevalence rates among childbearing women. The survey was distributed to nurses working all shifts in labor and delivery, postpartum and newborn nursery areas.

RESULTS: A total of 124 RNs responded to the survey. The average respondent was 44 years old, with approximately 18 years in the nursing profession. Seventy five percent of RNs surveyed reported one hour or less of prior HIV education, with the other 25% reporting less than 8 hours of HIV related training (average less than 2 hours). The survey results showed that 48% of respondents felt that HIV positive women should not become pregnant; 40% of respondents felt HIV positive persons were to blame or were possibly to blame for their HIV infections; 50% of respondents felt that women with children in Child Protective Services should lose parental rights. Nearly half of the respondents surveyed reported low comfort levels discussing a positive drug toxicity, involvement of Child Protective Services, HIV status and mother/infant prenatal HIV risk reduction. Additionally 83% of respondents identified chemical dependency as the primary increasing health risk for pregnant women, and 50% identified chemical dependency as a problem that often remains undetected during pregnancy.

CONCLUSIONS: Lack of perinatal HIV and chemical dependency education/sensitivity training in perinatal care settings is a barrier to perinatal HIV prevention efforts. Properly assessing staff education level, attitudes and belief systems about HIV can help to identify areas of training and thus decrease barriers to successful program and research efforts. Making HIV education for perinatal nursing staff a priority may have significant impact on the experience of staff and patients with or at risk for HIV infection in these areas.

ABSTRACT 356

Integrating Viral Hepatitis with HIV Prevention Counseling

Finkelstein, BL; Conlon, RT; Margolis, HS

Centers for Disease Control and Prevention, Atlanta, GA

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, 1% of HCV 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 will be discussed.

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.

ABSTRACT 357

A Model of Providing Occupational Safety Training to Front Line Correctional Staff

Levinson, L; Dunne, M; Holcombe, J; Zalumas, J

Emory University School of Medicine, Atlanta, GA

ISSUE: Creating an infectious disease program for correctional personnel at all skill levels is a challenge. Educating correctional staff about AIDS, hepatitis, and STDs can alert these workers to problems they encounter in their daily work. Presenting core information in a straightforward easily understood format can significantly improve the occupational safety of correctional personnel.

SETTING: Jail-based education for correctional staff.

PROJECT: The Correctional Technical Assistance and Training Project provides training/education for corrections personnel on the front line. These core staff need clinical information but need it in a form suited to their skill level. "Hard core" clinicians want fast paced technical

information and materials that would not support learning for those with less technical needs and skills. Using basic concepts of adult learning, we created programs using bulleted slides with no more than 3 or 4 bullets per slide. We supplemented with information in pamphlet form that summarized presented information. We allowed ample time for questions and used only examples that centered on real work experience.

RESULTS: Our efforts were validated by an incident in the Birmingham Jail involving an intake worker and a new jail inmate that presented with a persistent cough. The intake person asked pertinent questions that revealed the inmate to be at high risk for TB. The employee responded by putting a mask on the inmate and herself, thus avoiding a significant problem.

LESSONS LEARNED: A model of using appropriate skill level education serves as an important reminder of the significance of utilizing adult learning concepts in training.

ABSTRACT 358

Building Evaluation Capacity for Health Departments

Collins, CB; Lacson, R; Cotton, D

Centers for Disease Control and Prevention, Atlanta GA

ISSUE: The CDC issued an Evaluation Guidance for the 65 directly funded states, territories, and large cities. A two-day training was held for health department staff to orient them to the guidance requirements. A technical assistance team was established to assist jurisdictions with evaluation implementation after training.

PROJECT: A three-person team responded to the technical assistance requests of the jurisdictions. The HIV prevention project officer for each jurisdiction requesting help was also involved in the provision of the technical assistance to jurisdiction grantees. Role clarification prior to the delivery of assistance allowed for increased provision of services. The PERB representative took a primary role in interpretation of the draft evaluation guidance and the TTSSB representative took a primary role in the areas of evaluation design and behavioral science. The Macro representative supported the two CDC representatives by participating in the technical assistance calls, providing background information, and information on behavioral science or evaluation practice.

RESULTS: Technical assistance was requested by 45 of the 65 jurisdictions. Content analysis of technical assistance

requests divided the technical assistance into five categories: (1) misinterpretation of the guidance due to lack of clarity about definitions or terms, (2) data management questions related to software that could facilitate data collection and reporting, (3) local jurisdiction “buy-in” to the guidance by health department staff and CBO contractors, (4) use of behavioral science theory to enhance or clarify evaluation efforts and program monitoring, (5) appropriate evaluation design for outcome evaluation of interventions delivered by CBOs.

LESSONS LEARNED: The guidance was issued without accompanying software because several large jurisdictions already had data management systems for collecting evaluation data from CBO partners. However, after issuing the guidance, it was discovered that many smaller jurisdictions did not have evaluation software or electronic data management systems. This further informed the CDC that software that could complement the evaluation guidance could facilitate evaluation capacity for both health departments and their CBO partners. Jurisdictions conducted “buy-in” activities for staff and CBO partners using a range of strategies that facilitated moving from previous methods of reporting to the methods outlined in the evaluation guidance. Knowledge of behavioral science facilitated the evaluation technical assistance process because many questions by jurisdictions were relevant to both behavioral science and evaluation. Many questions arose about outcome evaluation techniques that would be affordable, provide relevant feedback to program, and was appropriate for the community-based organization’s culture and community. These lessons learned have led the CDC to better coordination of data management systems and the need for on-going training with health department evaluators to build evaluation capacity nationwide.

ABSTRACT 359

Many Health Care Providers Are Not Counseling HIV-Seropositive Patients About Safer Sex

Margolis, AD¹; Wolitski, RJ¹; Parsons, JT²; Gómez, CA³.

1 Centers for Disease Control and Prevention, Atlanta, GA; 2 Hunter College, New York City, NY; 3 Center for AIDS Prevention Studies (CAPS), University of California (UCSF), San Francisco, CA

BACKGROUND: Health care providers have a responsibility to counsel HIV-seropositive patients about the risk of HIV transmission to their sex partners and about safer sex practices to reduce this risk. Studies have assessed screening and counseling of patients at increased risk for HIV infection, but little research has focused specifically on HIV-seropositive patients.

OBJECTIVES: To study health care providers' delivery of safer sex counseling to HIV-seropositive patients and to assess patient and setting characteristics that may be associated with provision of counseling.

METHODS: A targeted sampling approach was used to recruit 240 HIV-seropositive gay and bisexual men from community venues in New York and San Francisco. Quotas were established for both venue type and race/ethnicity of eligible participants. Participants completed both a face-to-face, qualitative interview and a self-administered, quantitative survey. Both addressed issues related to sexual behavior, substance use, access to health care, adherence to treatment, and mental health.

RESULTS: One in four HIV-seropositive men (23.3%) reported that their current health care provider had never spoken with them about safer sex. In multivariate analysis, only type of health care setting was associated with having received safer sex counseling. Participants reporting unprotected anal intercourse with an HIV-seronegative or unknown status partner or an STD diagnosis since HIV seroconversion were no more likely to have received safer sex counseling, than men not reporting these behaviors.

CONCLUSIONS: Many health care providers are not routinely counseling HIV-seropositive patients about safer sex. In addition, patients with increased risk for transmitting the virus are no more likely to have received counseling than patients with less risk. It is critical that health care providers integrate safer sex counseling into clinical care visits with HIV-seropositive patients.

ABSTRACT 360

HIV Risk Behaviors Among Men Who Have Sex with Men in Los Angeles Bathhouses: Implications for Improving On-Site HIV Counseling and Testing Services

Carey, JW¹; Schwartz, D¹; Cobb, D¹; Bingham, T²; Behel, S¹; Jenkins, RA¹; Secura, G¹

1 Centers for Disease Control and Prevention, Atlanta, GA; 2 Los Angeles County Department of Health Services, Los Angeles, CA

BACKGROUND: In the past, bathhouses have been locations for high risk of HIV transmission among men who have sex with men (MSM). Although bathhouses may be excellent sites for HIV prevention, limited recent data exist on HIV risk behaviors and acceptable on-site service design.

OBJECTIVES: (1) To study HIV risk behaviors and associated factors among bathhouse customers; and (2) to provide information for tailoring on-site HIV counseling and testing services for MSM attending bathhouses in Los Angeles.

METHODS: The study was implemented at two bathhouses. After obtaining informed consent, trained interviewers conducted face-to-face interviews using semi-structured instruments with closed- and open-ended questions. Interviews were tape recorded and transcribed. Two respondent groups were a "staff" sample (16 employees, management, and outreach staff), and a "customer" sample (23 MSM patrons). CDC EZ-Text software was used to code themes in the data.

RESULTS: Findings from both samples were generally consistent, although customers provided more precise answers and appeared more knowledgeable about patron activities. Customers said the most frequent sex acts in the bathhouses were oral sex (76%) and anal sex (67%). Most customers believed that patrons have multiple sex partners during a single visit to the bathhouse (95%). Roughly half (48%) reported that drugs and alcohol impede condom use, and condoms are used for anal sex less than half the time. Most patrons never discuss HIV status with partners before sex (84%). Many men make assumptions about HIV status of their partners (57% assume their partners are HIV+). Nearly all (91%) said that people are reluctant to get HIV testing due to fear, denial, or stigma. The majority (59%) said they would use on-site HIV counseling and testing if offered, although concerns were expressed about confidentiality (67%).

CONCLUSIONS: Condoms inconsistently used for anal sex in bathhouses, in spite of perceived high prevalence. Serostatus is rarely discussed before sex; many customers may make incorrect assumptions about their partners' serostatus. Drugs and alcohol interfere with condom use. Patrons and staff are receptive to on-site HIV counseling testing programs that address MSM needs and ensure client confidentiality.

ABSTRACT 361

Client Satisfaction with Rapid HIV Testing at a Public STD Clinic and HIV Test Site

Smith, LV¹; Uniyal, A¹; Woehrle, T²; Branson, B³; Bolan, B⁴; Kerndt, P¹

1 Los Angeles County Department of Health, Los Angeles, CA; 2 University of Southern California, Los Angeles, CA; 3 Centers for Disease Control and Prevention, Atlanta, GA; 4 Los Angeles, Gay and Lesbian Center (LAGLC), Los Angeles, CA

BACKGROUND: HIV rapid testing enables individuals to receive their HIV test results in less than an hour, thus expediting the early detection of HIV. Although it has been shown that more persons receive test results using this technology, few studies have investigated client perception of HIV rapid tests.

OBJECTIVE: To determine client reactions to rapid HIV testing.

METHODS: From June 1999 to December 2000, 731 clients who elected to receive a rapid HIV test as part of a study at a public STD clinic and the HIV test site in the Los Angeles Gay and Lesbian Center (LAGLC) were interviewed immediately after receiving their rapid test results.

RESULTS: Of the 731 clients, 134 (18%) were tested at the STD clinic, and 597 (82%) at LAGLC; 55% were white, 10% black, and 24% Hispanic; 87% had been tested previously, and 32 (4.4%) tested positive. Overall, 96% said they understood the results of their test and would recommend rapid testing to a friend. Although 95% of clients with previous test experience (n = 619) preferred to receive their results on the same day, 29% (31% of those who tested positive) found the test stressful, 18% (33% of those positive) thought they had received their test results too quickly, and 9% (10% who tested positive) said it would be better to wait a week for test results. In logistic regression, these concerns were associated with age and race, but not sexual orientation,

testing history or HIV status. Clients under age 29 were more likely than older age groups to say the test was stressful (OR = 1.59, 95% CI 1.08, 2.35). At both test sites, blacks (OR = 2.05, 95% CI 1.02, 4.14) and Hispanics (OR = 4.53, 95% CI 2.77, 7.39) were more likely than whites to say they received their test results too quickly, as were STD clinic clients compared with LAGLC clients (OR = 1.99, 95% CI 1.16, 3.44). Only Hispanic clients were more likely to think it better to wait a week before getting test results (OR = 2.51, 95% CI 1.33, 4.73).

CONCLUSION: Client satisfaction with rapid HIV testing was high in both the STD clinic and HIV test site, but many clients still expressed concerns about receiving test results so quickly. Further research is needed to better understand these concerns about the immediate receipt of HIV rapid test results.

ABSTRACT 362

HIV Risks and Barriers to Drug Treatment Among Drug Users in a Community Based Outreach Program - Comparison between Homeless and Non-homeless

Li, J; Singer, M; Huertas, EM

Hispanic Health Council, Hartford, CT

BACKGROUND: Hartford is the poorest city in Connecticut and the fourth poorest moderate-sized city in the nation. Homeless residents contribute a significant proportion of drug users in Hartford. By the end of 1998, 50% of cumulative AIDS cases in the state were among injection drug users (IDUs). Knowledge on homeless drug users' HIV risks, needs, and the barriers they encounter in seeking health services, is essential for effective intervention and disease control in Hartford.

OBJECTIVES: To compare sexual behaviors, drug use behaviors, and barriers to drug treatment between homeless and non-homeless drug users in a community-based outreach program.

METHODS: The study population are clients of a CSAT-funded, community-based HIV prevention outreach program targeted at building bridges between high risk drug users and appropriate HIV risk reduction, health care intervention and drug treatment. A total of 154 outreach-recruited, active injection drug users, non-injection heroin users, and cocaine or crack users were recruited.

RESULTS: Seventy-nine of the 154 participants considered themselves homeless. Compared to their non-homeless counterparts, homeless drug users in the last 30 days reported fewer sex acts with their main partner (8.13 vs. 13.93, $p < 0.05$) and more sex with non-main partners (2.26 vs. 1.89, $p > 0.05$). Furthermore, homeless drug users had more partners (1.23 vs. 0.87, $p > 0.05$) with whom a condom was not used. They also engaged in more sex with IDUs (1.62 vs. 0.18, $p < 0.05$) and with a greater number of people with HIV/AIDS (1.17 vs. 0.02, $p > 0.05$). Among IDUs, the homeless injected more often (6.76 vs. 5.36 times/day, $p < 0.05$) and were more likely to share needles (33.3% vs. 15.9%, $p = 0.51$). Regarding barriers to drug treatment, more homeless drug users reported “legal problems” (8.8%, vs. 3.1%, $p > 0.05$), “mental health” (4.4% vs. 0%, $p > 0.05$), and “financial problems” (3.8% vs. 1.3%, $p > 0.05$) than non-homeless drug users. However, fewer homeless reported “wanted to get high” as a barrier (31.6% vs. 52.0%, $p = 0.01$) to drug treatment.

CONCLUSION: Homeless drug users were at higher sexual and injection risk than non-homeless drug users. In their previous efforts to seek drug treatment, they had more structural and environmental barriers, but fewer individual barriers than non-homeless drug users.

ABSTRACT 363

A Support Services Needs Assessment: Implications for HIV Prevention

Kuhns, LM

University of Illinois, Chicago, IL

ISSUE: Community-based organizations providing supportive services to persons with HIV/AIDS (e.g., case management, financial assistance) have traditionally utilized a short-term model of services, focusing on screening and service linkage. Given the now chronic nature of HIV, this model is increasingly inadequate to address the multiple psychosocial problems and risk behaviors of consumers of these services, which require systematic and skilled interventions. Intensive assessment of psychosocial issues and risk behaviors, together with services to address the various levels of motivation to change behavior are needed address these long-term issues.

SETTING: Community Response, Inc. (CRI), a provider of support services to persons with HIV/AIDS in Chicago’s west side and suburbs, primarily through CARE Act funding.

PROJECT: During the Spring of 2000, a needs assessment was conducted to determine service utilization/need for CRI program participants. Archival records of all active program participants, 175, were reviewed to determine basic demographic data and service utilization. Eight staff persons (with 6 months or more of experience) were interviewed regarding service strengths and unmet client needs. Additionally, 49 program participants volunteered for brief interviews to determine areas of service strength, potential gaps in services, and overall adequacy of services.

RESULTS: Analysis of client records revealed a high degree of financial and psychosocial need. Participants were 63% African American with 80% reporting income under \$10,000/year. Upon intake, 19% reported current use of substances, including 11% using illicit substances. In addition, 32% reported a history of mental health and/or substance abuse treatment. Primary services requested upon intake included housing, food, and transportation assistance. Interviews with program participants indicated that 76% felt that their on-going needs were being “met”, “mostly met” through current services. Staff reported strong support services, however they noted the growing need for improvement in psychosocial services. Service system barriers include lack of systematic assessment of behavioral health status and risk behaviors; poor quality behavioral health services with access difficult for uninsured/underinsured individuals; and substance abuse services which provide high demand programming primarily for those most motivated to seek treatment.

LESSONS LEARNED: These findings indicate that support services are filling a vital expressed need for support as intended. However, analysis of study data demonstrate that chronic psychosocial conditions are inadequately addressed due to service system barriers. Evidence in the literature suggests that substance use, mental illness, and risky sexual behaviors are likely to contribute to poor health status for those living with HIV/AIDS and may increase the chances of virus transmission. Assessment of behavioral health status and high-risk behaviors; further development of psychosocial services; and enhanced prevention programming are needed to address both on-going health status and prevention of virus transmission. The application of the project’s findings is limited due to the narrow geographic scope and inclusion of only persons receiving CARE Act-funded support services.

ABSTRACT 364

“Hot Tracks”: An Anonymous Helpline for MSM of Color

Kearney, D; Hinson, MS Jr

The COLOURS Organization, Inc., Philadelphia, PA

ISSUE: There is barrier to the effective delivery of HIV/AIDS information in both sero-positive and sero-negative status. This lack of information impairs the dissemination of care and prevention messages to men who have sex with men (MSM) of color. Recognizing that fear of association, homophobia and other factors have often led to their isolation and disenfranchisement; limited support of even their own ethnic communities has been rendered.

SETTING: This intervention will utilize the telephone to provide referrals, individual counseling, group support, and education through the provision of on-phone Health Education Counselors.

PROJECT: The overall purpose of “Hot Tracks” is to promote safer sexual and drug use/prevention behaviors among MSM/gay men of color in the Greater Philadelphia Area. Many of these targeted individuals are engaging in high-risk sexual or drug use behaviors and need referrals or linkage to necessary medical and social services, but they are reluctant to seek services directly from local facilities. “Hot Tracks”, will provide MSM/gay men of color an easily accessible resource, the telephone, for them to retrieve vital resources and referral information to maintain their seronegative status and reduce the risk of HIV transmission among those living with HIV infection.

RESULTS: When callers enter into the telephone system “Hot Tracks” they are assigned a pin number that is generated from demographics that are volunteered from the callers. This unique identifier allows data to be collected showing trends and patterns to each unique caller, tracking the amount of times caller access the line, what services he is seeking and after a set amount of entries they are asked a series of questions compiled by the evaluation consultant. This data is collected and evaluated to document any behavior modifications. Since the launch of “Hot Tracks” we have seen a significant increase of callers from the first quarter to the second quarter there has been a 60% increase in callers and a 68% increase in the amount of hits per caller.

LESSONS LEARNED: COLOURS’ findings validate the theory that sexual minority communities are more susceptible to accessing a public, non-intrusive telephone line than walking into a health center and/or community-

based organization that may have a label of sexual orientation attached. Further, the positive evaluation of our intervention indicates that interactive non-identifying programs such as “Hot Tracks,” are a good way to target sexually inhibited individuals with resources, support, information and preventive messages. This discrete and non-visible intervention is a great way to reinforce and empower MSM/gay men of color to reduce the spread of HIV and STD’s.

ABSTRACT 365

KNOW NOW: A Social Marketing Campaign for Increasing Awareness of HIV Status

Bonds, ME¹; Pollard, WE²; Goldsmith, G; Shepherd, MB¹; Rosenthal, J; Thomas, M; Denning, P; Anderton, JP¹; Kirby, S; McCoy, S; Davis, D; Dixon, E

Centers for Disease Control and Prevention (CDC), Atlanta, GA:
1 National Center for HIV, STD and TB Prevention; 2 Office of Communication/Office of the Director

This abstract proposes a Group Oral Session comprised of 4 individual papers related to the KNOW NOW campaign — a multimedia effort designed by CDC, using both public health and marketing data to promote voluntary HIV testing. The session would comprise the following topics and presenters:

- **Session 1** KNOW NOW presented by **M Shepherd:** Campaign overview and research for reaching at-risk audiences;
- **Session 2** KNOW NOW presented by **WE Pollard:** Audience analysis- examination of AIDS incidence data and PRIZM clusters;
- **Session 3** KNOW NOW presented by **M Bonds:** Implications of marketing data in message development and message testing;
- **Session 4** KNOW NOW presented by **J Anderton:** Assessing the effectiveness of a social marketing campaign for increasing awareness of HIV status.

ISSUE: Most public health communication campaigns use only demographics, such as age and/or race as the segmentation variables that determine which specific audience segments will be targeted. We hypothesized that by segmenting the population by marketing clusters, determined by ZIP Codes and census tracts, and analyzing data from consumer marketing databases, more insight could be gained, resulting in a greater degree of accuracy in targeting specific populations.

SETTING: Communications campaign targeting racially and economically diverse populations at highest risk for contracting HIV.

PROJECT: Twelve (12) metropolitan statistical areas (MSAs) were identified in ten states heavily impacted by the HIV/AIDS epidemic. AIDS surveillance data were then mapped by ZIP Code and census tracts. A consumer marketing database (*PRIZM*), was used to identify specific clusters, or groups of neighborhoods, where most AIDS cases reside. In depth demographic profiles, media habits, hobbies, and other lifestyle information was analyzed from existing data bases, and informed decisions were made about media channels and life-path points that could be utilized to efficiently and effectively reach individuals in each of the clusters.

RESULTS: The research demonstrates that census and marketing data bases can be valuable in guiding decisions about which approaches and tactics will most efficiently and effectively reach specific audience segments and point to the limitations of targeting simply by demographics such as age or race. Instances were identified where a reliance on these demographic characteristics alone would have resulted in poor targeting and reach of the intended audience. Statistical analyses determined that 68% of AIDS cases in the 12 MSAs analyzed reside in 5 (five) marketing clusters. CDC focused on these 5 clusters to identify campaign strategies and tactics. In addition, the analysis informed decisions about which organizations to include in public-private partnerships to extend and support the campaign. The insight into the target audience and the precision of the targeting made possible through this approach would be useful not only to communication planners, but also to public health program planners.

LESSONS LEARNED & OBJECTIVES FOR ENTIRE PANEL: At the conclusion of this presentation, participants will be able to (1) Understand and explain how marketing data can be used in tandem with traditional public health surveillance information to develop, launch and evaluate health communication messages, programs and materials; (2) Recognize the value of incorporating marketing techniques into health communications; (3) Describe the advantages of segmentation for communication planning; (4) Understand how to use results of formative research in the development of materials targeted to specific audiences; (5) Understand the process of assessing city viability for a social marketing campaign; (6) Identify factors for consideration when evaluating HIV health communication messages.

ABSTRACT 366

“House of Colours”: Mini-Ball Madness

Kearney, D; Humes, D

The COLOURS Organization, Inc., Philadelphia, PA

ISSUE: Alarming, new HIV infection among people 22 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.

SETTING: Community based HIV prevention education sessions and social activities to out of school/truant sexual minority youth/young adults of color in the Greater Philadelphia Area.

PROJECT: *The House of COLOURS*' primary purpose is 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 this initiative, *COLOURS* conduct formal presentations to the Philadelphia based “Houses” monthly. In turn, the “Houses” present the information during “Mini-Balls” the 1st Friday of each month to their peers.

RESULTS: 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 who “sometimes” use condoms from 15% to 44%. Among participants of the “Balls” there is a decrease of individuals “who do not know their HIV status” from 29% to 21%. This information indicates promising trends with reducing HIV transmission among sexual minority youth/young adults of color. This is consistent with the CDC behavior modification modules in social settings.

LESSONS LEARNED: *COLOURS*' findings validated the theory that youth learn through social activities (“Be Proud! Be Responsible!”, L.S. Jemmott, J. B. Jemmott III, and K.A. McCaffree). Peer-based information leads to behavior modification and self-empowerment. Further, this program demonstrated through this intervention that sexual minority youth/young adults of color were able to access a continuum of services.

ABSTRACT 367

The NIH HIV Prevention Research Agenda

Auerbach, JD; Veronese, FD; Whitescarver, JW

National Institutes of Health, Bethesda, MD

ISSUE: HIV prevention strategies are most effective when based on scientific research. Over the years it has become evident that effective HIV prevention interventions require multi-disciplinary approaches and methods, drawing from the biomedical, behavioral, and social sciences.

SETTING: NIH is comprised of 25 Institutes and Centers (ICs), most of which engage in AIDS research activities, and many of which are specifically involved in conducting or supporting HIV prevention science. Located in the Office of the Director of NIH, the OAR works with the ICs to facilitate research and related activities in HIV prevention science through its planning, coordination, and budget authority.

PROJECT: Since 1996 OAR has spearheaded the development of a prevention science agenda for the NIH, utilizing the expertise of non-government scientists and community representatives. This agenda continues to evolve, shaped by the changing demographics of the epidemic and new scientific advances and opportunities. OAR has provided significant funding increases to support new prevention research initiatives in the scientific programs of the Institutes and Centers. The external Prevention Science Working Group advises the OAR and NIH about emerging HIV prevention priorities. Through the planning process, OAR has developed a series of new strategic plans: the Global AIDS Research Plan, a plan focused on HIV prevention research opportunities, and a plan specifically addressing microbicide research. Each of these will be incorporated into the annual NIH Plan for HIV-Related Research. Each of the plans will be described.

RESULTS: The NIH supports more than \$700 million of HIV prevention research domestically and internationally, including basic biomedical and behavioral research on risk and protective factors and mechanisms in HIV transmission and prevention; behavioral interventions; vaccines, microbicides, and other prevention technologies; prevention of perinatal transmission; and research on preventing or mitigating the negative consequences of HIV infection and AIDS for individuals, communities, and societies. An overview of this portfolio will be presented with reference to opportunities for research support at the NIH.

LESSONS LEARNED: Enlisting the involvement of a broad range of scientists, community representatives, advocates, and other federal and non-federal organizations has helped the NIH and the OAR to develop a comprehensive, multidisciplinary HIV prevention science agenda that is timely and has public health utility. This agenda continues to evolve, shaped by the changing demographics of the epidemic and new scientific advances and opportunities. The challenge remains to translate the findings of these important research endeavors to broader public health practice in communities in the US and around the world.

ABSTRACT 368

Positive Prevention: Opportunities for Linking Prevention and Care Services for PLWH Based on Statewide Needs Assessment Findings

Perlmutter, DB¹; Clark, MN¹; Prejean, JG²; Ayotte, DA³; Mangione, TW¹; Kessler, W³

1 JSI Research and Training Institute, Inc.; Boston, MA;

2 Dartmouth-Hitchcock Medical Center, Lebanon, NH;

3 New Hampshire Department of Health and Human Services, Concord, NH

This presentation will focus on the findings from a statewide assessment of the care and prevention needs of persons living with HIV (PLWH) in New Hampshire. It will highlight findings related to the HIV prevention challenges facing PLWH and opportunities for health care and social service providers to integrate prevention messages in the care setting.

Findings and implications have direct relevance and support CDC's initiative, "Sero-status Approach to Fighting the HIV/AIDS Epidemic" (SAFE). The presentation will focus on the very real, challenging struggles PLWH face around preventing HIV re-infection and transmission, including the role of partner notification in early intervention services, and the challenges of integrating prevention messages into the care settings.

Focus groups with PLWH identified the challenges of disclosure in relationships, fear of rejection, reluctance to date, and the potential for engaging in high-risk sex and drug use behaviors. Additionally, participants highlighted increased engaging in safer behaviors upon learning of their HIV infection, and survey findings substantiate the challenges respondents faced with actually disclosing their HIV status to a new partner and using

partner referral services. Only 45% of PLWH surveyed disclosed their HIV status to a new sex partner in the last year.

Consumer focus groups participants reported turning to their health care providers for information about reducing HIV re-infection and transmission. However, survey findings showed that a large percentage of respondents reported never discussing safer sex (31%), drug use (40%) and partner notification (53%) with their medical providers. An even greater percentage never discussed these issues with their case managers. While nearly 70% of respondents would have liked to have been told by a professional of their exposure to HIV, less than a quarter used professionals to help tell past sex or drug sharing partners of their potential exposure to HIV. MSM turned to professionals least frequently for help in notifying their partners. Gaps identified for HIV risk reduction programs include social networks for PLWH, short and long-term counseling and support groups for self and family.

Survey and focus group findings have implications for program design that ensure the integration of prevention services in the care setting for PLWH. Focus groups with care providers point to institutional and individual challenges to prevention support, including the need for promulgation of new standards of care, provider training and development of quality assurance protocols. Multi-level strategies to address these issues emerged from the needs-assessment findings.

ABSTRACT 369

HIV Risk Practices and Serostatus Among Prospectively Studied Syringe Exchange Users and Nonusers In Chicago

Quellet, LJ; Huo, D; Bailey, SL

University of Illinois School of Public Health, Chicago, IL.

OBJECTIVE: To assess the impact of syringe exchange programs (SEPs) on HIV risk and transmission.

METHODS: Beginning in 1996, 683 SEP participants and 221 controls from an area of Chicago with no SEP were interviewed and tested for HIV. Follow-up data collection was scheduled at 1-year intervals.

ANALYSIS: Cross-sectional comparisons in baseline injection risk and HIV serostatus were made between those who lived in an area with SEP and obtained over

half their syringes in the previous 6 months from an SEP ('consistent SEP users') and those who neither lived in an area served by an SEP nor obtained syringes from an SEP ('SEP non-users'). In the longitudinal analysis, comparisons were made between all SEP participants, consistent SEP users and SEP nonusers. Analytic methods include McNemar's chi-square tests, multiple logistic regression and survival analysis.

RESULTS: The sample is 45% African American, 20% Latino, 34% white, 28% are women, and the median age is 42 years. Compared to SEP non-users, consistent SEP users were significantly less likely at baseline to have engaged in recent multi-person use of syringes, cookers, cotton filters and water, or to use a syringe for more than one injection. At follow-up, all groups reported sizable and statistically significant reductions in injection risk, but SEP participants compared to SEP non-users reported lower risk levels. HIV incidence was notably low for all groups despite a background HIV prevalence among SEP users (18%) twice that of the SEP nonusers (9%).

CONCLUSION: Participation in an SEP is associated with declines in injection risk practices and low levels of seroincident HIV infection.

ABSTRACT 370

A Movement: In Progress

Carn, R; Evans, L

National AIDS Education & Services for Minorities (NAESM), Atlanta, GA

ISSUE: African American gays, bisexuals and transgenders are not actively involved with HIV Community Planning Groups (CPG). The process of community planning and the work needed to be carried out may seem overwhelming to community members who have little, if any, time to contribute. CPGs have historically used traditional meeting methodologies to engage non-traditional community members.

SETTING: Capacity building assistance (CBA) mobilization and organization processes among African American gays, bisexuals and transgenders (AA-GBT).

PROJECT: National AIDS Education & Services for Minorities (NAESM), through its African American Men United Against AIDS (AAMUAA) program has developed an AA-GBT community mobilization and organization curriculum for engaging the community. AAMUAA has three regional coordinators actively managing their regions (Southeast, Midwest, and West)

to identify AA-GBT to become involved in HIV community planning groups and to sustain their participation.

RESULTS: NAESM was granted a five-year cooperative agreement to identify AA-GBT to become more involved in the HIV CPG process. Through its AAMUAA program's first year of operations, 32 AA-GBT have been identified and are actively participating in their community around HIV prevention. Several organizations have been started and others have grown due to their participation in the AAMUAA program.

LESSONS LEARNED: AAMUAA has found that identifying the culture of the city, state or region as well as identifying the rules of engagement for AA-GBT plays a vital role in mobilizing and organizing a community around HIV prevention. Realizing that every subculture has their own system of values, norms and beliefs allows regional coordinators to enter a community with the perception that they are an alliance. This has proven to be valuable in actively engaging AA-GBT community members to be involved in the HIV CPG.

ABSTRACT 371

Evaluation of the HIV Prevention Community Planning Initiative: A National Perspective

Chen, H; Cleveland, J; Lacson, R; Villar, C; Cotton, D; Greabell, L; Creger, T

ISSUE: In 1994, HIV prevention community planning has served and was designed as the building block for all HIV prevention efforts within jurisdictions and across the country. When HIV prevention community planning is implemented as intended, it produces a sound, need-based, comprehensive HIV prevention plan that should guide health departments and service providers in the allocation of funds for HIV prevention interventions in their jurisdictions. Additionally, the comprehensive HIV prevention plan is expected to guide the design of interventions funded by health departments to ensure correspondence between interventions and strategies in the plan. Therefore, it is essential that a strong process be used to produce the Comprehensive HIV Prevention Plan. However, while experts agree that it is difficult to assess whether a particular plan is "good," it is possible to determine if the process used to produce it adhered to CDC guidelines and if it was deemed fair and appropriate by participants in the process.

SETTING: Beginning in October 1998, discussions began between staff from the Program Evaluation Research Branch of the Division of HIV/AIDS Prevention (DHAP) in the National Center for HIV, STD, and TB Prevention (NCHSTP) at the Centers For Disease Control and Prevention (CDC) and ORC Macro concerning the elaboration and planning of this project. When initial plans were shared with representatives of the National Alliance of State and Territorial AIDS Directors (NASTAD), the project was expanded to involve a broader range of stakeholders through a workgroup including community co-chairs and health department representatives.

PROJECT: The evaluation of HIV prevention community planning project is separated into two phases. The first phase is an examination of the implementation of community planning - the necessary precursor to asking about what community planning may have affected. Phase two is an assessment of the outcome of the HIV community planning implementation on HIV prevention programs.

RESULTS: CDC and the HIV Prevention Community Planning Evaluation Workgroup have developed a summary of the evaluation components of this project. The specific components are the following:

- general framework driven by evaluation questions used by this study to evaluate the HIV prevention community planning process in their jurisdictions;
- description of the research questions and hypotheses to be explored in this study and the two proposed phases of the project;
- description on the background, the involvement of other stakeholders, the history of the project and the hypotheses that will be examined by it.

LESSONS LEARNED: CDC and its prevention partners have learned the importance of evaluating the HIV community planning process through intense collaboration. Through this process, workgroup participants have provided input, gained a better understanding of current national efforts to evaluate HIV Prevention Community Planning and understood how this study can inform both local evaluation efforts and national program improvement efforts to strengthen the HIV prevention community planning initiative.

ABSTRACT 372

Rural Men Who Have Sex With Men Sexual Risk Behaviors: Implications for Health Education Which Address the Influence of Stigma

Cain, RE; Preston, DB; D'Agulli, AR; Schulze, FW

INTRODUCTION: The prevalence of HIV infection among MSM in the United States has been in urban areas. Consequently, most research about HIV prevention efforts has focused on reducing the incidence of HIV among urban MSM. Despite growing evidence that HIV is becoming more prevalent in rural areas, few studies have addressed the effects of stigma on sexual orientation and lifestyle factors of rural MSM. This is true even though the stigma associated with sexual orientation in rural areas may be much more pervasive than what is observed in urban areas.

OBJECTIVES: (1) to describe the sexual risk behaviors of rural MSM; (2) to evaluate the impact of stigma on these behaviors; and, (3) to evaluate a theory-based model to determine the combined effect of mental health status, stigma, and access to health care on these behaviors.

RESEARCH DESIGN: A cross-sectional survey design was employed.

SAMPLE: A convenience sample of 100 MSM residing in rural Pennsylvania was accessed through their social networks and political activities. Rural residence was established by asking respondents their ZIP Code and determinations were made using Census definitions. Respondents ranged in age from 18 to 69. Most were white (95%) and employed full-time (80%). Twenty-four percent had completed high school or trade school, while 33% had completed college. One-third had lived in their current community all of their lives, and 29% had lived in a city and moved back. Nearly 25% were "closeted," and it was their perception that most people thought them to be heterosexual.

METHODS AND VARIABLES: Respondents completed a 12-page questionnaire and were assured of anonymity. Measures of sexual risk, mental health status (self-esteem, depression, internalized homophobia), stigma (attitudes about HIV and sexual orientation of family and friends, health care providers and the rural community) and access to health care were employed to fulfill the objectives of the study.

RESULTS: In terms of level of risk, 23% of the respondents were at no risk, 29% were at low risk, 26% were at moderate risk, and 22% classified as at high risk. Stigma was significantly related to mental health factors. Mental health factors were related to risk behavior.

CONCLUSIONS: These results suggest an indirect relationship between stigma and sexual risk behavior that is mediated through factors related to mental health status. There are many implications for rural health educators working with rural MSM. Issues of concern include identification and training for more peer educators, diversity training for health care providers, access to HIV screening and prevention activities for rural MSM, and increasing sensitivity of privacy of rural MSM.

ABSTRACT 373

Group Therapy for Childhood Sexual Abuse Survivors Reduces Risk of Revictimization

Classen, C¹; Field, N²; Koopman, C¹; Nevill-Manning, K¹; Spiegel, D¹

1 Stanford University School of Medicine, Stanford, CA; 2 Pacific Graduate School of Psychology, Palo Alto, CA

BACKGROUND/OBJECTIVES: Childhood sexual abuse (CSA) is a prevalent problem with many psychological and behavioral consequences, including placing CSA survivors at greater risk for HIV infection. For instance, women who have been sexually abused in childhood appear to be at greater risk for sexual revictimization as adults and therefore to HIV exposure. One fundamental question for treating CSA survivors is whether it is better to focus on working through survivors' memories of childhood trauma in order to reduce current distress and improve functioning (such as, reducing sexual re-victimization or reducing interpersonal problems that make one prone to sexual re-victimization) or to focus solely on current problems in living? We conducted a pilot study to address this question.

METHODS: Fifty-eight female CSA survivors who met criteria for PTSD for their CSA were randomly assigned to one of three conditions: 1) a trauma-focused group psychotherapy, 2) a present-focused group psychotherapy, and 3) a waiting list no-treatment control condition. Participants were assessed at baseline, 6 months and 12 months. Group therapy was 6 months in duration.

RESULTS: Comparing the therapy groups against the wait-list condition at 6-month follow-up showed that group therapy resulted in a significant reduction in non-assertiveness ($p < 0.01$), being exploitable ($p < 0.05$) and vindictiveness ($p < 0.01$) compared to the wait-list condition. When we isolated those individuals who entered the study with a history of having been sexually re-victimized in the previous six months, we found that at post-treatment only 38% of the women who were in the treatment groups were re-victimized compared to 67% of women in the wait-list condition. Given the small sample size, these differences were not statistically significant. However, a 50% reduction in re-victimization is clinically significant. When we compared the trauma-focused group therapy against the present-focused group therapy condition, it appeared that both showed a reduction in sexual re-victimization, although there was a greater reduction in sexual re-victimization in the present focused condition compared to the trauma-focused condition. However, given the small sample size, this difference was not statistically significant. It also appeared that the trauma-focused condition showed a greater reduction in interpersonal problems compared to the present-focused condition, but this difference was also not statistically significant.

CONCLUSIONS: This pilot data suggests that group therapy for adult survivors of CSA reduces sexual re-victimization and interpersonal problems that make one susceptible to sexual re-victimization. When comparing a trauma-focused intervention against a present-focused intervention, the present-focused group therapy may have shown a greater reduction in sexual re-victimization. However, it also appeared that trauma-focused group therapy may be more effective in reducing interpersonal problems that make one vulnerable to sexual re-victimization. Further research with a larger sample is needed to confirm these findings.

ABSTRACT 375

Substance Use, Sexual Risk Taking, and HIV/STD Prevention: Does Which Partner Use Substances Make a Difference?

Delva, J, Montgomery, DH

Florida State University, Tallahassee, FL

self-report data from one partner. These studies have led to mixed results but the weight of the evidence suggests that the use of substances prior to sex reduces the likelihood that safer sex is practiced, and to date no study has examined whether it makes a difference if one or both or which gender's partner uses substances prior to sex.

OBJECTIVES: To determine if safer sex practices vary by which partner or both partners use substances and what substances are used prior to sex and how the use of substances by one gender partner or both influences a woman's confidence (self-efficacy) in her ability to refuse sex without a condom.

RESULTS: The data are from a pretest of a large randomized trial of a behavioral intervention designed to reduce sexual risk taking in at-risk main partners. Data were collected from both partners. Fifty percent of couples reported being high when they had sex in the year prior to data collection. Of those, the use of alcohol to get high by male only was reported in 13.0% of couples, by female only in 14.5% of couples, and by both in 13.2% of couples. The corresponding percents for having sex and being high on marijuana by male only, female only, and both are 9.6%, 4.7%, and 9.8%, respectively. Having sex and being high on cocaine by male only occurred in 5.4% of couples, by female only in 3% of couples, and by both in 1.5% of couples. The corresponding odds of unsafe sex for those high on alcohol, marijuana, and cocaine were 8.5%, 9.1%, and 8.9%, respectively. However, the largest odds of unsafe sex occurred when both partners were high (25.3 for alcohol, 33.5 for marijuana, and 100 for cocaine) followed by when the female only was high (8.2 for alcohol, 18 for marijuana, and 12 for cocaine). We found that a woman's confidence to refuse sex without a condom varies according to the substance used and the gender of the partner using the substance.

CONCLUSIONS: Unsafe sex is largely influenced by the use and type of substances, though variations exist by whether one, two or both partners use and the gender of the partner. These findings highlight the need for prevention interventions to address the context and ways under which couples make decisions about substance use and HIV/STD protection. Further studies are necessary to better understand gender differences in risk behaviors and to test if strategies that target the above risks increase women's self-efficacy and the likelihood of safer sex practices.

BACKGROUND: Studies of the association between substance use and sexual behaviors have been based on

ABSTRACT 376

Drug Type and HIV Risk Behavior Among Adolescent Offenders

Dévieux, J; Sanchez-Martinez, M; Prado, G; Jennings, T; Lucenko, BA; Malow, RM

University of Miami, Miami, FL

BACKGROUND: There is a commonly assumed link between substance abuse and HIV sexual risk behavior among adolescents. However, little is known regarding the differential risk contributions of preferentially using various substances, with most studies confined to adult populations.

OBJECTIVES: To address the gap in the literature pertaining to use of specific substances as it relates to HIV risk behavior among adolescent offenders.

METHODS: Baseline data from 187 youths in a Juvenile Detention Center and 185 youth in a court-ordered substance rehabilitation program were analyzed according to how sexual risk behavior differed among subgroup classified as preferentially abusing (a) marijuana only, vs. (b) marijuana + alcohol, vs. (c) marijuana + alcohol + cocaine. Participant's ages ranged from 12 to 18 years (mean = 15.65; SD = 1.19) with 70% male, 30% black, and 47% non-black Hispanic. Multivariate analyses of variances within conceptual domains were performed, and significant multivariate effects were followed by t-tests.

RESULTS: Significant differences were noted for impulsive propensity and illegal offenses on the Million Adolescent Clinical Inventory, with those using alcohol, marijuana and cocaine scoring higher than those using alcohol or alcohol and marijuana. In addition, those using alcohol, marijuana and cocaine reported having more difficulties and more unprotected sex than those using alcohol only.

CONCLUSIONS: These findings indicate that HIV risk is greater as a function of the number of substances used and that marijuana and cocaine may confer a greater risk than alcohol alone. Proper screening and identification according to drug type could maximize the efficacy of referral and increase the probability for appropriate intervention and treatment.

ABSTRACT 377

Staying Outside of the Box: Social Marketing in the New Millennium

Katzman, A

Gay City Health Project, Seattle, WA

ISSUE: Gay and bisexual men need targeted messages that address their specific health information needs. These messages need to be free of shame, stigma, and judgment, and must utilize the language and cultural framework of a segmented target audience. Both the media form and content must engage, inform, and empower a target audience and also connect to specific performance objectives, which for example could include promoting self-esteem, increasing condom use, or quitting smoking.

SETTING: Gay City Health Project serves gay and bisexual men ages 18 and over in the Greater Seattle area. Gay City's media campaigns are in over 40 venues.

PROJECT: Gay City's mission is to "promote gay and bisexual men's health and prevent HIV transmission by building community, fostering communication, and nurturing self-esteem." In addition to community forums, workshops, retreats, and groups, Gay City has produced 3 media campaigns as of Spring 2001. "We're All In Bed Together" addresses HIV prevention and disclosure, STDs, communication, and community. "Party Smart" focuses on harm reduction in relation to club drugs popular with MSM. "Out To Quit" encourages gay men and lesbians who want to quit smoking to take that step. Gay City successfully utilizes social marketing, applying commercial sales marketing strategies to social causes.

RESULTS: Gay City's media campaigns consist of permanent posters in bars, sex clubs, retail outlets, medical offices and youth centers. Additional media includes the empowerment booklet "Strong" and an "Out To Quit" booklet, which are distributed in similar venues as the posters. Better World Advertising conducted a survey on the efficacy of "We're All In Bed Together". Ninety-one percent of respondents recalled the campaign. The majority of men interpreted the messages of all of the ads correctly. All ads had a favorable impact rating. Half of all the respondents said that their feelings and/or behavior were influenced by the campaign. Eighty-nine percent of respondents characterized as opinion leaders felt the campaign made a significant favorable impact on HIV prevention in Seattle. The media campaigns also serve to increase the profile of Gay City as a whole,

build attendance at Gay City events, and create relevant tie-ins to specific prevention, harm reduction, and community-building programming.

LESSONS LEARNED: Gay City provides an excellent example of a successful use of social marketing techniques to put an organizational mission into action. By defining the media's objective, identifying the market, developing the messages in a collaborative, community based process, and distributing the media in targeted venues, Gay City is able to maximize the educational and empowerment potential of our media. Creativity, sex and pleasure positivity, solid relations with key venues and community leaders, and always thinking outside of the box, have enabled Gay City to produce vital, relevant messages that connect to our target audience. These methodologies can be applied by other organizations to meet specific prevention, harm reduction, and educational goals.

ABSTRACT 379

Street Youth and Injection Drug Use: Predictors of Initiation into Injection

Roy, É^{1,2,3}; Haley, N¹; Leclerc, P¹; Cédras, L¹; Blais, L⁴; Boivin, J-F^{1,3}

1 Direction de la Santé Publique de Montréal, Québec, Canada; 2 Institut National de Santé Publique du Québec, Montréal, QB, Canada; 3 McGill University, Montréal, QB, Canada; 4 Université de Montréal, Montréal, QB, Canada

BACKGROUND: Injection drug use has been found to be a frequent phenomenon among street youth in North America. The risk factors for initiation into this mode of drug use are still poorly understood.

OBJECTIVES: To determine the incidence of injection drug use and identify independent predictors of initiation into injection drug use among street youth.

METHODS: Since its inception in January 1995, youth (aged 14 to 25 years and meeting specific criteria for itinerancy) were recruited in a prospective cohort study. Semi-annual follow-up included completion of a questionnaire addressing, among other topics, sociodemographics, drug and alcohol use, and sexual behaviours. For this analysis, we selected participants who had never injected drugs at study entry and had completed at least one follow-up questionnaire as of January 31, 2000. Predictors of initiation into injection were identified using Cox proportional hazards regression with a backward selection procedure. Variables were

classified as **constant** (e.g. gender, country of birth) or **time-dependent**, with two types of time-dependent variables: *irreversible* (e.g. tattooing) and *transient* (e.g. drug use).

RESULTS: Among the 951 participants recruited during the study period, 415 (131 girls, 284 boys) were eligible for this analysis. Of these 415, 74 (30 girls, 44 boys) initiated injection drug use during follow-up (incidence rate: 8.2 per 100 person-years; 95% CI: [6.4 – 10.3]). The independent predictors of initiation identified in the final Cox regression model were: irreversible variables including being less than 18 years of age (RR = 3.3; 95% CI [1.9 – 5.6]), having one or more tattoos (RR = 2.0; 95% CI [1.3 – 3.3]), and having been raped (RR = 2.0; 95% CI [1.2 – 3.4]) and transient variables including being homeless (last 6 months) (RR = 3.8; 95% CI [1.7 – 8.4]), using heroin at least once a week (last month) (RR = 9.8; 95% CI [3.2 – 30.6]), using crack or cocaine at least three times a week (last month) (RR = 3.5; 95% CI [1.6 – 7.6]), and using more than 4 types of drugs (last 6 months) (RR = 3.3; 95% CI [1.9 – 5.7]). Moreover, we found that having a friend who injects drugs (transient variable) was a significant independent predictor among girls (RR = 5.3; 95% CI [1.8 – 15.6]), but not among boys (RR = 1.5; 95% CI [0.8 – 2.8]).

CONCLUSIONS: Our study is the first to establish the rate of initiation into injection drug use among street youth. Both individual and social factors appear to contribute to the onset of this mode of drug use and should be addressed when designing prevention interventions.

ABSTRACT 381

In the Absence of Political Will: Barriers to HIV Prevention in International Settings

Stephens, PC¹; Indyk, D²; Gurtman, A²; Moulton, D³; Scyld, E⁴; Rivadeniera, E²; Kipperman, G²

1 State University of New York School of Public Health, Albany, NY; 2 Mount Sinai School of Medicine, New York City, NY; 3 Consultant/Linguist, Provincetown, MA; 4 La Perosianna Hospital, La Matanza, Argentina

ISSUE: Absence of political will is a frequent barrier to HIV prevention, diagnoses, and care in both developing and developed countries, particularly when the underserved population differs from the majority by race, ethnicity, poverty, religion, enfranchisement, language, culture or any combination of such characteristics.

SETTING: A public hospital serving 1.3 million residents of La Matanza, a collection of villas and barrios bordering Buenos Aires, Argentina.

PROJECT: A Mt. Sinai School of Medicine [MSSM] and Fogarty-funded project to reduce perinatal HIV transmission in the hospital catchment area was initiated in 1999. While local project staff were co-authors of the initiative they faced the serious risk — and barrier — of occupational and nosocomial HIV transmission in their work setting. For example, in the Neonatal Intensive Care Unit [NICU], staff moved from one infant to another without gloves or other barriers and without hand-washing facilities. To overcome this barrier a seminar for administrative and medical staff was scheduled to discuss recent findings on the survival of HIV in various body fluids, injection equipment and surfaces. Delivered in both Spanish and English, the presentation segued into a discussion of the scientific mechanics and rationale of hand washing and the resultant reduction nosocomial transmission of various organisms, including HIV. At no time were staff criticized or chided nor were current practices discussed.

RESULTS: Two days later in the same site visit, US project staff entering the NICU were greeted by a nurse and directed to an antiquated but very adequate and newly repaired hand-washing unit. During the 2000 site visit, one year later, the NICU was equipped with gloves and other disposables and new sinks with up-to-date plumbing.

LESSONS LEARNED: While it was imperative to overcome this barrier, it was important to recognize — and respect — the political arena and cultural constraints of the medical staff. The errant practices were not due to lack of concern or care but due to habituation to scarcity. By speaking only scientifically and grounding the information in empirical data, the topic was raised both to administrators in charge of procurement and medical staff in need of supplies and facilities. The assumption that everyone there desired quality care and personal safety allowed each person to buy in to new protections without having to discuss previous gaps. These changes were not without cost; as no new funds were available, appropriate cuts were made elsewhere to best support new supplies and plumbing. The various solutions were accomplished without undue friction between administrative and medical staff via a joint committee. Continued support was provided post-site visit via Internet.

ABSTRACT 382

Cross-training for Two Invisible Epidemics: HIV and Domestic Violence

Iverson, RM¹; Parry, S²; Cotroneo, RA¹; Wright, G²; Klein, SJ¹

1 New York State Department of Health, Albany, NY; 2 New York State Office for the Prevention of Domestic Violence, Rensselaer, NY

ISSUE: HIV and Domestic Violence (DV) are two invisible public health epidemics affecting some of the most vulnerable persons in the state. In assessing training needs, it became clear to us that there were several missed opportunities for training HIV and DV providers.

SETTING: Large state with highly diverse population, DV and HIV providers did not have a history of collaboration; political backdrop included new legislation on HIV Reporting and Partner Notification (PN) that requires HIV service providers to screen all newly diagnosed HIV-positive clients for DV.

PROJECT: The New York State (NYS) Department of Health AIDS Institute (AI) and the NYS Office for the Prevention of Domestic Violence (OPDV) implemented regional needs assessments to assess service gaps and training needs. The AI and OPDV worked together to promote collaboration at the local level by funding community coalitions to foster grass-roots collaboration between DV and HIV providers. An easy 7-step DV screening protocol for use in HIV counseling, testing, referral and partner notification (CTRPN) settings was developed. The AI and OPDV worked closely with community providers to develop numerous trainings for HIV providers including; training on basic DV information, DV in gay, lesbian, bisexual and transgender (GLBT) communities, and integrating DV screening protocol in HIV CTRPN settings. To further clinicians' knowledge and skills, training sessions have been provided to clinical staff. Training was also developed for DV providers that focused on their unique training needs. This presentation will describe the ongoing efforts to cross-train HIV and DV providers and will focus on specific efforts involving curriculum development and coalition building; DV in the HIV CTRPN setting; DV in GLBT communities; training evaluation data; and key issues still requiring consideration.

RESULTS: Since 1998 over 1750 HIV providers have received basic training on DV; from 7/00-11/00 over 1400 HIV providers were trained on integrating the DV screening protocol in HIV CTRPN settings. Beginning

3/01, statewide training will begin on DV in GLBT communities; during the last quarter of 2000 about 200 DV providers attended HIV training. Evaluation data from training programs consistently demonstrates that 85-90% of participants feel strongly or very strongly that the information they learned was meaningful and resulted in a moderate to substantial amount of new information or skills.

LESSONS LEARNED: Leadership provided by state agencies addressing HIV and DV can result in heightened awareness and increased planning at the local level. When provided a forum, HIV and DV providers are willing and able to engage in ongoing local planning. There is a need for continued support for training, program development, advocacy and evaluation of services. HIV and DV providers are prepared to work together to meet the needs of DV cases identified through the HIV CTRPN DV screening protocol.

ABSTRACT 383

HIV Prevention Education for the Incarcerated Population

Goff, E

ISSUE: Many programs in jails only target intravenous (IV) drug users. Due to the likelihood of contracting HIV/AIDS and sexually transmitted diseases (STDs) among non-IV drug users, Planned Parenthood of Southeastern Virginia, Inc. (PPSEV) established a program that addresses the entire inmate population.

SETTING: HIV/AIDS and STDs education classes are conducted for some 2,400 inmates (male and female) residing in local and regional correctional facilities in Southeastern Virginia. The inmates are of all races and ages. PPSEV also conducts education classes for juveniles residing in incarcerated settings and probation programs.

PROJECT: Within a two-hour time frame, PPSEV provides accurate information about HIV/AIDS and STD transmission. A PPSEV program dispels myths and very clearly spells out behavior that places one at risk for HIV/STDs. PPSEV also provides information about testing and promotes its availability. Safer sexual behavior as well as a compassionate response to those individuals affected by HIV/STDs is also discussed. Educators demonstrate the proper way to use sexual protection equipment. Inmates are also given packages that include information about HIV/AIDS and STDs. Business cards for free condoms are given to participants.

RESULTS: Through the use of a comprehensive pre- and post-test, PPSEV has been able to ascertain the knowledge gained by participants, as well as their intent to change future risky behaviors. During calendar year 2000, a total of 1,657 pre- and post-tests were completed by inmates. Within the factual questions asked, respondents increased knowledge by an average of 10%, our goal for the grant period. The largest increase in correct answers occurred with the question about contracting HIV from insect bites; a 17% increase on the posttest. The next largest increase pertained to the question about contracting HIV from oral sex; a 15% increase on the post-test. Most importantly, 79% of the inmates tested indicated they planned to make some changes in their sex life in the future. This is well above our goal of 50%. Another success is the number of individuals who stated they would now start using condoms, an increase of 32%. Over 98% felt that people need to know about HIV. A total of 22 people redeemed their condom cards and received 220 condoms. Follow-up forms indicated 55% had been tested since attending the education session.

LESSONS LEARNED: PPSEV has learned there is more work that needs to be done. Some jails make this education mandatory for their inmates, others do not. Thus, there is not 100% participation from all the jails. Both inmates and guards welcome this program. If we were to discontinue programs in all these facilities, there would be no HIV preventive education at all.

ABSTRACT 384

Toward Successful HBV Vaccination Among Substance Users in Drug Treatment: Feasibility, Acceptability and the Role of Financial Incentives

Lally, MA; Christiansen, M-M; Alvarez, SB; MacNevin, R; DiSpigno, MG; Pugatch, DL; Stein, MD

Brown University, Providence, RI

BACKGROUND: Despite the availability of a hepatitis B vaccine, substance users have not benefited from this highly effective prevention tool. Low compliance with this 3-dose vaccine is one reason efforts to immunize this high-risk population have been unsuccessful. This pilot study assesses the feasibility and acceptability of HBV testing and initial vaccination among female inpatients in short-term drug treatment. The effect of a financial incentive on rate of return for subsequent vaccinations is also examined.

METHODS: Non-injecting drug using female inpatients at a Rhode Island drug treatment center were systematically approached and invited to participate. Informed consent was obtained from those interested. Participants received pre- and post-test hepatitis B counseling. HBV results were available within 24 hours of testing and vaccination candidates were offered the 1st dose at the treatment center. Arrangements were made to administer the 2nd and 3rd doses at a community hospital in 1 and 6 months. Participants were then randomized to either receive a supermarket gift certificate for each of the 2 subsequent vaccinations completed (6/10) or to receive no financial incentive (4/10). At 1 and 6 months, written and telephone reminders were attempted with all 10 women. Cab transportation to the hospital was offered.

RESULTS: Eighty-nine percent (17/19) of women approached agreed to participate. Of those tested, 76% (13/17) had no exposure to HBV and were therefore eligible for immunization; 12% had been exposed; 12% were already vaccinated. Three participants left treatment before results were available and could not be contacted. Thus, 10/13 received results and were offered the 1st vaccine. Of these, 87% (7/8) of sexually active women practiced unsafe sex. Forty percent (4/10) reported ever having an STD, and 90% reported knowing very little about HBV. Vaccine acceptance rate was 100%. Eighty-three percent of the incentive group (5/6) received the 2nd vaccine versus 25% (1/4) of the non-incentive group. All women completing the 2nd dose (6/6) were contacted by phone before their appointment vs. only 2/4 of the women who did not return. At 6 months, 33% (2/6) of the incentive group received the 3rd vaccine vs. 0% (0/4) of the non-incentive group. All women who returned at 6 months could be reached by phone before their appointment (2/2) vs. 38% (3/8) of those who did not return.

CONCLUSIONS: HBV testing and vaccination is feasible and acceptable to high-risk women in short-term drug treatment. While access, motivation, transportation and limited follow up contact may be barriers to completing vaccination, they may be overcome through financial incentives and joint efforts between treatment centers and local hospitals to increase the likelihood that high-risk individuals return for vaccination.

ABSTRACT 385

The Next Step: Adaptation of an Intervention for Youth Living with HIV

Lightfoot, M; Rotheram-Borus, MJ

University of California (UCLA), Los Angeles, CA

ISSUE: Increasing numbers of youth are infected with HIV and are confronted with a series of challenges, including stopping HIV transmission to others, maintaining health care regimens, and improving their quality of life. Interventions that address the multiple issues for youth living with HIV (YLH) are critically needed.

SETTING: Community based organizations and health clinics in Los Angeles, San Francisco, and New York.

PROJECT: Over a four-year period, an intensive, 31-session, 3-module intervention was designed, implemented and evaluated to help YLH meet these challenges. YLH significantly changed behaviors; however, a restructuring of the intervention was required based on our experience and new scientific breakthroughs: 1) only 30% of YLH continue their substance use and sex risk after learning they are seropositive; 2) 30% of YLH never attended any groups session; and 3) the recent scientific advances in HIV require addressing beliefs regarding life expectancies, undetectable viral loads, and the role of substance use in adhering to new medical regimens. This paper will discuss the type of modifications that it was necessary to make to address the numerous needs of YLH.

RESULTS: Building on the positive results of the previous study and the theory of social action, a secondary prevention program, CLEAR (Choosing Life: Empowerment, Action, Results) was developed to be delivered only YLH who have engaged in transmission risk behaviors. There were a number of modifications made to the original intervention. Given the reduced time of the intervention, different techniques were employed to build rapport. For example, YLH were introduced to the concept of the "higher self" and the facilitators were conceptualized coaches that allow the YLH to express the best of themselves. In addition, the number of sessions was reduced from 31 to 18. There were a number of decisions made regarding how the intervention was to be reduced and what should be dropped from the original intervention. Of additional concern was maintaining the integrity of the original intervention and maintaining the positive behavior changes that the original intervention prompted. For example, it was important that the

intervention increased skills regarding trigger identification and problem solving. However, instead of YLH spending one session on external triggers for sex and one session on internal triggers for sex (original intervention), CLEAR generalized the concept of triggers and addressed triggers for both sex and substance use. In addition, the model of delivery of the intervention was changed from small group to YLH being randomly assigned to a 3-module intervention that was delivered in either: a) anonymous telephone groups or b) individual sessions.

LESSONS LEARNED: YLH are responsive to risk-reduction interventions. Some of the old barriers to participation in the intervention remain; however, new challenges also emerged. For example, YLH did not always have access to telephones to participate in phone groups, and traveling to a community site to participate in an individual intervention session was sometimes difficult. Additionally, YLH seem to appreciate the length of the intervention and expressed "connection" to the concept of the higher self.

ABSTRACT 387

Trends in HIV Prevalence Among Military Applicants and Job Corps Entrants, 1993-1997

Dale, M; Miller, M; Valleroy, L; Mackellar, D

Centers for Disease Control and Prevention, Atlanta, GA

BACKGROUND: The CDC monitors the results of routine HIV screening of military applicants and Job Corps entrants. The Department of Defense tests all military applicants as part of the entrance medical evaluation, and the US Department of Labor tests all Job Corps entrants. Both sources of data provide information on the trends of HIV, racial disparities in the epidemic, and geographic differences in the prevalence of HIV infection.

OBJECTIVES: To monitor the HIV epidemic by providing estimates of HIV prevalence over time among selected demographic and geographic populations and to recognize new and emerging patterns of HIV infection.

METHODS: After all personal identifiers are permanently removed, results from the HIV screening, along with demographic information, are transmitted to the CDC by the US Department of Labor and the Department of Defense. During the 5-year study period, 1,714,215 specimens from military applicants and 253,932 specimens from Job Corps entrants were tested for HIV. To evaluate

secular trends, prevalence rates were standardized to the 1993 population by region, race/ethnicity, age group, sex, and metropolitan statistical area.

RESULTS: In both populations, blacks had a significantly higher prevalence of HIV infection. Among military applicants, blacks had the highest unadjusted mean HIV prevalence (0.17%) compared with Hispanics (0.04%), and whites (0.02%). Unadjusted mean HIV prevalence rates for Job Corps entrants over the 5-year period were 0.32% among blacks, 0.08% among Hispanics, and 0.05% among whites. Although prevalence among male and female Job Corps entrants were similar in 1993 (0.22% and 0.23% respectively), by 1997 rates had decreased for males to 0.12%. The highest rates among Job Corps entrants were those for black women; prevalence in this group varied between 0.29% and 0.52% during the study period (Hispanic and white women ranged from 0% to 0.07%). For both populations, prevalence was higher in the northeast and south than other regions.

CONCLUSION: HIV prevalence remains disproportionately high among blacks in both studies. While trends over the 5-year study period, in general, show a decrease in prevalence, this favorable news is tempered with the fact that not all racial/ethnic groups benefited to the same degree. HIV prevention efforts need to target these vulnerable populations and need to be more heavily concentrated in those regions with the greatest prevalence.

ABSTRACT 389

A Comparison Study of Two School-Based HIV/AIDS Programs

Mills, MV

Substance Abuse and Mental Health Services Administration (SAMHSA), Rockville, MD

BACKGROUND: Conventional prevention models that were predominantly cognitive in nature seldom focused on attitudinal and behavioral changes. To be effective, HIV/AIDS school-based programs must include issues identified by the youth as most important, rather than what seems to be most critical to program developers. It is vital to consult the target population (youth) rather than rely on what works for other groups who used the intervention strategies before.

OBJECTIVE: This study examined the effectiveness of a student-developed approach to HIV/AIDS education designed to increase HIV/AIDS knowledge scores and change attitudes of adolescent African American females

in Washington, DC, public high schools. The study compared the impact of a student-developed intervention that involved adolescents in the design of the program with a traditional health education program on HIV/AIDS knowledge and attitudes of adolescent African American females in Washington, DC, public schools. In this study, traditional health education is defined as HIV/AIDS prevention programs developed by teachers and health education professionals that teach HIV/AIDS as one of many health topics in the Washington, DC, public school system. The traditional health education program used in the Washington, DC, Comprehensive School Health Program informs students about HIV/AIDS along with other topics that include smoking, alcohol use, and nutrition. The HIV/AIDS component of the curriculum focuses on providing information about the disease and how it is spread.

METHODS: Group A participated in a 2-week student-developed HIV/AIDS prevention program. Group B received the traditional health education program. Group C, the control group, received neither program. All three groups took a pretest and a post-test that measured knowledge of and attitudes toward HIV/AIDS. From the three schools, 301 students took the pretest and 294 completed the posttest. During the course of the programs, 7 students from the traditional HIV/AIDS program dropped out. Ages of the participants ranged from 13 to over 18 years old. The mean age was nearly 16 years old. The mode was 16 years old. The mean grade level was the 10th grade. The mode grade level was the 9th grade.

RESULTS: Results showed that Group A had higher levels of knowledge about HIV/AIDS than did Groups B and C. Group B had more knowledge about HIV/AIDS than did Group C. Group A had higher attitude scores regarding HIV/AIDS than did Groups B and C. Group B members showed no difference in attitudes toward HIV/AIDS when compared to Group C. This study concluded that a student-developed approach to HIV/AIDS education was effective in changing knowledge and attitudes. Three hypotheses were tested in the study:

1. The knowledge-of-HIV/AIDS mean score of the student-developed program group is equal to the knowledge-of-HIV/AIDS mean score of the traditional program group, which is equal to the knowledge-of-HIV/AIDS mean score of the control group.
2. The attitudes-toward-HIV/AIDS mean score of the student-developed program group is equal to the attitudes-toward-HIV/AIDS mean score of the traditional program group, which is equal the attitudes-toward-HIV/AIDS mean score of the control group.
3. There is no relationship between knowledge of HIV/AIDS

and attitudes toward HIV/AIDS and type of group.

CONCLUSIONS: The data gathered from the study suggest that when adolescents participate in the design of a program for them and about them, there is a sense of responsibility and ownership. Their participation, discussions, and involvement in the design of the student-developed HIV/AIDS prevention education program not only enhanced their knowledge of and attitudes toward HIV/AIDS but also empowered them to think about their behaviors and the behaviors of their peers, their family members, and their communities. The adolescent African American females who participated in this study received adequate information and engaged in healthy dialogue about what is needed to change their attitudes and increase their HIV/AIDS knowledge. They indicated that they were committed because they helped shape an HIV/AIDS program for and about them, and one that will help them change their attitudes and increase their knowledge about HIV/AIDS — a program that could save their lives.

ABSTRACT 390

Helping Our Men Empower (H.O.M.E.) Reducing the Infection Rates Among Men of Color Who Are MSM

Watkins, T; Hardy, M

HIV/AIDS Prevention Education Ministry, Greater Bethel African Methodist Episcopal Church, Miami, FL

ISSUE: HIV prevention programs are little to non-existent in the black church. The church is the most influential and effective institution among people of color that can educate and embrace its members regarding HIV/AIDS, but is neglecting to do so because of barriers, namely homophobia.

PROJECT: The HOME initiative is implemented to help prevent the further spread of HIV/AIDS in black males, primarily gay and bisexual males, including youth, ages 13 to 24, and MSM (men who have sex with men).

In collaboration with organizations that provide a supportive environment to gay, lesbian, bisexual, and transgender youth, Greater Bethel has formed a strong partnership to expand the support system for HIV/AIDS prevention with Pridelines Youth Services, Inc., and Project YES (Youth Empowerment & Support), both youth-oriented agencies whose desire is to empower

sexual minority youth. Village Mission Services, Inc., provides services to individuals and families through activities that include social, multi-cultural and economic awareness. "More Than Conquerors" Outreach Ministries provides support to ex-offenders returning to society who are categorized as men who have sex with men (MSM), but do not self-identify as gay. Greater Bethel served as the managing partner to provide administrative, prevention case management responsibilities, and facility use.

The Program consisted of four components:

- 1) Street outreach — contact with perspective participants into the program by providing HIV risk reduction materials at those sites where the target population frequent;
- 2) HIV Prevention Case Management — participant is encouraged to test for HIV antibody, provided one-on-one counseling and develop behavior goals and objectives based on self-monitoring;
- 3) Group counseling — co-facilitated by a black gay male and a spiritual counselor (minister), to provide information on psychosocial and spiritual, or faith-based questions that many participants pose; and,
- 4) Monthly risk reduction health forums — featuring community health, education, mental health professionals that will address particular issues for medical, physical, psychological and spiritual healthcare.

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. We believe the church should be the holistic institution to aid all of God's children.

RESULTS: The HOME program allowed us to outreach to 1,200 male persons of color, many of whom are MSM. 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.

ABSTRACT 391

Collaborating to Provide Inmates with HIV/STD Prevention Services

*Richardson-Moore, A¹; Welych, L¹;
Rosario-Girona, E¹; Mulligan, C²*

1 New York State Department of Health, Albany, NY; 2 New York State Department of Correctional Services, Albany, NY

ISSUE: HIV prevention education and anonymous HIV counseling and testing are traditionally offered on a weekly or biweekly basis by Department of Health staff at state correctional facilities.

SETTING: Two state correctional facilities; a substance abuse treatment facility and a medium security correctional facility in a rural area.

PROJECT: The New York State Departments of Health and Correctional Services developed an innovative HIV/STD prevention education and HIV counseling and testing model of services. Both agencies were involved in the interview and hiring of staff counselors. One HIV counselor is stationed at each correctional facility four days per week. Outreach is conducted to every incoming inmate to describe services and provide testing requisitions. HIV/STD prevention education is targeted to pre-release groups on a weekly basis. Anonymous HIV counseling and testing is available four days per week. Spanish-speaking services are offered during every prevention education and counseling and testing session. Special theme projects, including World AIDS Day, Condom Awareness and STD Awareness, are developed with inmate participation. HIV infected inmates are provided with education on treatment adherence prior to deciding whether to take medications, as well as referrals for HIV-related services prior to release.

RESULTS: An increase in Spanish-speaking clients receiving services in their native language was observed. In the traditional model of service delivery, Spanish-speaking counseling and testing services were provided to 43 of 2,269 inmates (2%), while in the new model of service delivery Spanish-speaking counseling and testing services were provided to 115 of 431 inmates (27%) from June through November 2000. The number of inmates tested through the traditional model during the six-month period was 2,269 for 22 correctional facilities served or 103 inmates per facility while 431 inmates or 215 per facility were served through the new model of service delivery. A total of 1102 of the 2,084 inmates (52%) receiving HIV/STD education in English and 100%, of the 100 inmates receiving HIV/STD education in Spanish were served at the two facilities through the new program model.

LESSONS LEARNED: Providing inmates with services in their native language improves acceptance of services. Stationing an HIV counselor on-site in a correctional facility improves collaboration between Departments and increases acceptance of services by inmates. Including inmates in the development and presentation of HIV/STD prevention materials through special theme projects increases the opportunities for delivery of HIV/STD prevention messages in corrections.

ABSTRACT 392

Using Syphilis Elimination Efforts to Enhance HIV Testing: A Collaboration of Two Programs to Increase Screening at Non-traditional Test Sites

Muriera, AB; Williams, SL; Carnicom, LA

Wake County Human Services, Raleigh, NC

ISSUE: Many challenges exist in reaching and screening populations at risk for HIV. Among the barriers are: 1) disparities in access to healthcare; 2) inadequate transportation; 3) testing available only during “normal” business hours; and 4) inability to reach individuals engaging in high risk activities. Collaborations between community-based organizations (CBOs) and health agencies often have had minimal success recruiting individuals to test for HIV. Non-traditional Test Sites (NTS) frequently lack an active outreach program, resulting in minimal awareness of these sites and low participant turnout.

SETTING: High incidence of drug trafficking, prostitution and violence contribute to the prevalence of HIV, syphilis and other STDs, yet these often remain undetected in the community. Street based outreach efforts include work in the homeless shelters, county jail and door-to-door educational activities.

PROJECT: The Wake County Human Services HIV/STD Non-traditional Testing Site Program (NTS) teamed up with the Syphilis Elimination Project (SEP), a CDC-funded initiative, to enhance outreach efforts to improve syphilis and HIV screening. Utilization of a syphilis elimination community task force, a social marketing campaign, and intensive community educational efforts (ICEEs) contributed to increased screenings at NTS sites. Outreach activities including street intercept, club outreach, and neighborhood events such as breakfasts and fish fries were implemented to heighten the awareness

of HIV and syphilis prevalence and transmission risks in Wake County. A significant increase in the number of persons at highest risk who tested at the NTS sites was the primary goal of the partnership.

RESULTS: At current testing locations, a 13% increase was seen in the number of tests given at the 13 NTS sites and in the STD clinic. Post-test return rate rose from 74% to 77% in one year. More dramatically, the incidence of HIV infected persons identified at NTS increased by 50%, indicating that targeted, collaborative outreach and testing is reaching individuals engaging in high-risk behaviors. Community members as well as CBOs have contributed to the planning and implementation of events and thus have increased the community’s capacity to combat HIV and syphilis. Outreach efforts have also led to the implementation of a new NTS site at a homeless shelter, housing 300 men.

LESSONS LEARNED: Community involvement in health promotion and intervention programs is essential. Collaboration between CBO’s, governmental agencies, and communities can have a beneficial outcome when the people affected are involved.

ABSTRACT 393

Comprehensive HIV Services in the Community Health Center Setting (CHPCI) - New York State Model

Roland-Labiosa, L; Rothman, J

New York State Department of Health, Albany, NY

ISSUE: Community Health Centers (CHCs) serving the poorest and highest seroprevalence communities in New York State lacked the resources to provide comprehensive HIV services.

SETTING: Community Health Centers (federally qualified health centers and look-alikes) located in impoverished minority communities primarily in urban areas throughout New York State.

PROJECT: CHPCI was established in 1989 to meet the growing need for community-based HIV services. Grants from NYS, CDC and HRSA were awarded to CHCs and local health departments for HIV prevention and primary care services. Since its inception, the initiative has grown from 17 to 42 facilities, including 25 CHCs, 6 county health departments and 11 hospitals.

Facilities are funded to provide comprehensive prevention and support services including: street and community outreach; risk reduction education; HIV counseling and testing; partner notification; peer support; HIV primary care; staff education; case management; mental health; substance abuse; dental; nutrition and medical specialty services. CHC linkages to other service providers include: hospitals; community-based service organizations; drug treatment programs; women's service agencies and agencies providing services to adolescents.

RESULTS: From 1991 to 2000, 213,090 HIV tests were conducted identifying 6,131 positive individuals, for an overall seroprevalence of 3.1%. Over the same period, statewide seroprevalence declined from 8.3% to 2.3%. The demographic breakdown demonstrates success in reaching populations most affected and individuals at highest risk for HIV, including communities of color. In 2000, of the 28,173 pretest counseling sessions conducted, 41.7% of clients were African American, 32.9% Latino, and 71.9% were women. In 2000, 60,987 persons were reached through outreach (duplicated count), 1,068 HIV+ persons received substance abuse services, 2,513 infected persons received mental health services, and 3,437 persons received peer support services. The initiative has also demonstrated the ability to bring the highest risk populations into care. Of the 6,307 persons receiving HIV primary care as of Dec 31, 2000, 50% are African American, 34% are Latino, and 41% are female. The risk breakdown of the caseload reveals 55.7% heterosexual, 21.1% MSM and 20.1% IDU.

ABSTRACT 394

80 Million Condoms and Still Counting: Statewide Condom Distribution in Louisiana, 1993-2000

LeSage, D; Cohen, DA; Wendell, D; Scribner, R; Bedimo, A; Scalco, B; Farley, TA

Louisiana Department of Health and Hospitals, New Orleans, LA

BACKGROUND: Over the past 8 years, Louisiana has institutionalized a condom distribution program as the cornerstone of its prevention efforts to combat sexual transmission of HIV/STD. Condom distribution was initiated by the Department of Health and Hospitals through a policy which required condoms to be made available in public health units, mental health centers and substance abuse treatment sites across the state. The program was expanded to include over 1,000 private

businesses in communities with high rates of STD and HIV. In 1997, social marketing of a unique condom at a low price was attempted. Evaluation efforts included on-going street intercept interviews, surveys at businesses distributing condoms, clinic based surveys documentation of condom distribution efforts, and observations of condom distribution sites.

OBJECTIVES: To review the history of condom distribution in Louisiana and to determine the efficacy of condom distribution for HIV prevention.

RESULTS: Over 8 years, more than 80 million condoms were distributed, an average of 10 million per year. Initially, across surveys condom use increased substantially among persons with 2 or more sex partners. A cost-effectiveness analysis indicated that condom distribution may have prevented 170 HIV infections between 1994 and 1996. When low-cost commercial sales were introduced, reports of condom use declined, but increased after charges for condoms were abandoned. Reports of condom use plateaued at 58%- 61% using condoms at last sex among persons with two or more sex partners, but there has been no increase in the average reported number of sex partners.

CONCLUSIONS: Condom distribution appears to increase condom use over time but not to increase high-risk sexual behaviors. Despite political opposition, the statewide condom program is still feasible statewide and is saving lives.

ABSTRACT 396

Evaluation of HIV Prevention Strategies Targeting Men Who Have Sex with Men in Thirteen Rural States of the USA

Rosser, BRS^{1,2}; Johnson, BC²

1 University of Minnesota, Minneapolis, MN; 2 Centers for Disease Control and Prevention (CDC), Atlanta, GA

BACKGROUND: HIV prevention targeting high-risk populations in rural areas has not been comprehensively evaluated. The rural HIV prevention experience is an important topic to address. Even in states where male-male sex constitutes the majority of transmission, it is uncertain whether rural men who have sex with men (RMSM) have access to HIV prevention interventions that address both the rural context and HIV risk behaviors between men.

OBJECTIVES: To evaluate HIV prevention targeting RMSM by (1) identifying its strengths and barriers; and (2) comparing states where HIV prevention programs have been effectively implemented with those where they have been less successful.

METHODS: Thirteen rural states reporting male-male transmission as their primary epidemic were selected. In each state, semi-structured qualitative interviews were undertaken with 5 expert key informants: the CDC project officer, the State AIDS Director, the CPG co-chair, HIV prevention workers who target MSM; and RMSM themselves. After giving informed consent, each interviewee reviewed their state's profile, evaluated prevention efforts, identified strengths and barriers, and prioritized three major barriers. Interventions targeting MSM were described, and gaps in interventions, identified. RMSM were asked to provide brief descriptions of gay life in rural America. In all, approximately 80 HIV prevention "experts" undertook in-depth interviews for between 1-2 hours each, and another 400 CPG members provided input in group sessions.

RESULTS: HIV prevention in rural states has significant strengths and unique barriers. Most experts estimated that rural states are funded at 50% of that necessary to adequately implement HIV prevention. Barriers commonly cited included lack of infrastructure, geography, poverty, a politically hostile climate, population conservatism, HIV and homosexuality perceived as urban problems, endemic homophobia/ignorance about homosexuality, and a perception that federal agencies do not fully appreciate the challenges in rural areas. Barriers within the target population include RMSM being more closeted, with less resources, and greater threat of violence. Comparing states where HIV prevention targeting RMSM has managed to flourish with those where no explicit targeted programming exists identified a cluster of barriers, including greater political/administrative barriers, prioritization of funding internally, administrative 'filtering out' of RMSM, lack of MSM advocates, and returning of funds to the CDC.

CONCLUSIONS: With significant unmet prevention needs being identified by the expert respondents, HIV prevention in the rural USA appears in many states largely a voluntary enterprise. Lack of rural-specific interventions and lack of urban-rural translational research necessitates rural states taking urban-tested interventions, adapting and implementing them with mixed results. Funding to develop and test interventions specific to rural areas is needed. Innovative interventions in rural areas may include Internet HIV prevention, weekend retreats, neighborhood potlucks, and truck-stop condom dispensers. A meeting of key HIV prevention providers targeting RMSM is proposed to identify best practices.

ABSTRACT 397

How Do Teens View the Female Condom?

Latka, MH; Saynisch, MC

Center for Urban Epidemiologic Studies, New York Academy of Medicine, New York, NY

BACKGROUND: The female condom has been hailed as a female-initiated method that can shift the power of sexual protection towards women. While an extensive literature exists about adult perceptions, little is known about how teens view the female condom.

OBJECTIVES: To identify existing constructs that teens have about methods of sexual protection and to determine where the female condom fits in such constructs.

METHODS: Single-gender focus groups were conducted among 15 - 18 year-olds. Participants were recruited through community-based adolescent programs in Central and East Harlem in New York City. Gender-matched adult facilitators followed a scripted guide, which included a brief (10-minute) educational session about the female condom. Then, conceptual mapping was used to identify existing sexual protection constructs and to determine where the female condom fit in those constructs. First, the group generated a list of protective methods and a list of features associated with protective methods in general. Participants were then asked to privately classify or "map" the methods on paper, grouping like things together. Finally, participants shared their classification systems with the group. Both maps and transcripts were independently reviewed; themes commonly identified by both reviewers (ML and MS) are reported.

RESULTS: Seven groups (n = 5 with girls; 2 with boys; n = 48 teens) provided data for this analysis. The sample was 81% African American; 47% of girls and 100% of boys reported being sexually active; 50% knew a person with HIV; and over 60% had a close friend who had either been pregnant or had fathered a child. Most had heard of the female condom, but few had seen it. Initial reactions to the female condom were similar to adult reactions (looks too big and complicated); after the educational session, impressions were that it looked strong and safe. Participants largely classified the female condom as a "condom" (grouping it with the male condom), rather than as a "female-initiated" method of protection. Reasons for the condom classification varied and included factors such as being available over the counter, being of low cost, or lacking side effects. Girls consistently classified methods by their effectiveness against pregnancy,

side effects, and availability. Classification systems among boys varied. STD/HIV were mentioned as concerns, but pregnancy emerged more prominently as the main concern when classifying methods of protection.

CONCLUSIONS: The female condom was viewed squarely in the realm of “condom” that is, as a barrier method, rather than as a female-initiated method. Emphasizing the method’s ability to prevent pregnancy, its lack of side effects, and its over-the-counter availability may be especially important when introducing the female condom to adolescents.

ABSTRACT 398

Michigan Successfully Targets High-Risk Populations Utilizing OraSure® Testing Technology

Peterson, AS¹; Ganoczy, D¹; Clayton, J;² Randall, L¹

1 Michigan Department of Community Health, Lansing, MI; 2 Tulane University School of Public Health and Tropical Medicine, New Orleans, LA

BACKGROUND: Since 1993, Michigan has been actively involved in the HIV Prevention Community Planning Process, and has been actively engaged in the process of identifying those at highest risk of HIV infection in our state, and targeting interventions to reach them. In looking at HIV counseling and testing data throughout the state, it was clear that those at highest risk, were not those being tested in proportion to their infection rates. In January 1997, the Michigan Department of Community Health made available, free of charge, OraSure® oral HIV-1 collection devices, as well as training and laboratory support for their use, to community based HIV counseling and testing sites.

OBJECTIVE: To study the effectiveness of OraSure oral HIV antibody testing technology in reaching high-risk populations.

METHODS: Available data from public HIV test sites in Michigan were analyzed for the year 1998 (N = 68,809). SAS was utilized to conduct bivariate analysis utilizing Pearson’s chi-square test. Additionally, logistic regression analysis was conducted looking for the probability of OraSure being the collection method given various factors. The outcome measures of sex, age, race, reported risk exposure, and test result were all analyzed.

RESULTS: In 1998, 47.31% of those tested with serum were male, compared to 58.15% of OraSure testers. Of those testing with serum, 59.17% were white, and with OraSure, 47.44% ($p < 0.001$). Conversely, 33.00% of serum testers were black and 44.66% with OraSure ($p < 0.001$). The proportion of individuals tested from each high-risk group using the two methods differed statistically ($p < 0.001$): MSM (4.25% vs. 11.15%); IDU (3.41% vs. 11.69%); MSM/IDU (0.18% vs. 0.75%); and HRH (3.83% vs. 7.14%). In the logistic regression analysis, black non-Hispanics were 1.66 times more likely than whites to be tested with OraSure; and among high-risk populations, the combined category of MSM/IDU were most likely to be tested with OraSure (OR 4.08 [3.09 – 5.38]) with IDU and MSM categories resulting in odds ratios of 3.30 and 3.20, respectively. High-risk heterosexuals (HRH) were twice as likely as low risk individuals to be tested with OraSure (OR 2.20 [2.03 – 2.38]). These results were significant among all risk groups at the $p = 0.001$ level. Regarding results, testing with OraSure was slightly more likely to result in a positive test, however with an odds ratio of only 1.13, the difference was not significant ($p = 0.385$).

CONCLUSION: During the study period, a greater proportion of persons tested with OraSure, as compared to serum, reported high-risk behavior for HIV infection. OraSure is an effective tool in increasing the number of high-risk individuals who learn their HIV status.

ABSTRACT 399

Youth Involvement in Community Planning

Connor, E¹; Wong, R²; and a Panel of Expert Youth from Community Planning Groups

1 Advocates for Youth, Washington, DC; 2 National Alliance of State and Territorial AIDS Directors (NASTAD), Washington, DC

ISSUE: 50% of all new HIV infections in the US occur in people under 25 years of age. Therefore, it is important to set youth as a priority in HIV Prevention plans and to develop strategies for HIV prevention for youth. Parity, inclusion, and representation of youth in community planning is an important strategy for youth HIV prevention.

SETTING: Community Planning Groups (CPGs) lacking youth involvement.

PROJECT: NASTAD and Advocates for Youth collaborate to assist community-planning groups increase their youth participation. Various models of youth involvement will

be presented through a panel of expert youth involved in community planning.

RESULTS: Through our collaboration, there has been an increased awareness in issues regarding recruitment and retention for youth involved in community planning. We have examined the importance of youth involvement in CPGs, as well as the needs of CPGs with youth involvement, with an examination of retention and other issues regarding youth involvement in CPGs.

OBJECTIVES: To increase youth involvement in community planning groups and to build awareness of issues regarding recruitment and retention of youth in community planning.

LESSONS LEARNED: We will share our findings from the field so that by the end of the workshop, participants will be able to:

- 1) Identify barriers and challenges to successfully involving youth.
- 2) Recognize components of a successful involvement of youth in a CPG.
- 3) Recognize strategies for youth recruitment and retention in a CPG.

ABSTRACT 400

Women's Inspirational Network: Effective HIV Prevention for African American Women

Kelly, P; Houston, W

M.O.V.E.R.S., Inc., (Minorities Overcoming the Virus through Education, Responsibility, & Spirituality), Miami, FL

ISSUE: Prevention intervention programs must be designed and delivered to address African American women's diverse needs, roles, and beliefs all within the context of their social, economic, behavioral and cultural realities.

SETTING: Culturally appropriate HIV/AIDS/STD, substance abuse, and domestic violence small-group interventions with women who are incarcerated. Those recently released from correctional facilities are encouraged to attend weekly support groups in the Miami Liberty City neighborhood.

PROJECT: The Women's Inspirational Network (WIN) is a compilation of HIV prevention services for women of color that takes a holistic approach in addressing barriers to primary and secondary prevention. The curriculum is designed to help women address those behaviors and factors that put them at risk. Participants engage in skill-building activities in the areas of (1) self-

validation; (2) sexual expression; (3) sexual negotiation; (4) domestic violence; (5) interpersonal development/job skills; and (6) self-esteem building/enhancing. Each module of the curriculum is comprehensive so that the women who are transient and/or residing in correctional facilities receive a complete intervention with each meeting that they attend. The "Sister Circle", the weekly support group, is designed to be an on-going intense intervention that empowers women to initiate positive behavioral changes.

RESULTS: By the end of the third quarter of the first year of program implementation, 437 African American and Haitian women participated in 120 skills-building workshops. Ninety percent (90%) of all the participants demonstrated and modeled competency in newly acquired skills. Participants of the "Sister Circle" support group self-reported improved coping skills with realistic solutions to every day problems and situations that in the past put them at risk for HIV/AIDS/STDs, substance abuse and domestic violence. These coping skills have lead to a sense of empowerment, which in turns promotes self-worth, and a feeling of "somebodiness."

LESSONS LEARNED: In the African American community, sexual issues are not openly discussed. Furthermore, discussion on HIV/AIDS remains taboo surrounded in a shadow of misinformation. MOVERS has found that within the African American community, continuity, familiarity, and fellowship are very important factors in establishing trust; which is essential for effective interventions and a client's adherence to their treatment plan.

ABSTRACT 401

Latina Leaders as Equal Partners in Health

Alvarado, E; Beltrán, J

National Latina Health Network, Washington, DC

OBJECTIVE: To cultivate support for and conduct innovative programming in the Latino community through the use of *teatro* as a tool for prevention education; To promote collaborative partnership building by supporting and promoting TAPP for Latinas in their community.

BACKGROUND ISSUE: To mobilize the Latina community around HIV prevention efforts requires the support and involvement of community Latina leaders in all walks of life. Often times mainstream approaches do not work, therefore other types of strategies need to be explored and designed. In developing a prevention program that

was community-relevant, the *Teatro AIDS Prevention Project (TAPP) for Latinas* provided the catalyst for networks of Latinas to become involved in HIV prevention.

SETTING: Theatrical presentations were performed in various locations in the community, e.g., at high schools, ESL and job-training programs, churches, colleges, and other centers of community life where young Latinas congregate including community forums, professional meetings and conferences.

PROJECT: *TAPP for Latinas* was designed to be executed at the local level. The core theater program is supported by proven peer-education approaches. The story line and vignettes were developed by and for Latinas. The formation of a coordinating committee to assist with outreach activities; focus groups, field-testing via a “Community Premiere” event; building community partnerships and collaborations to maintain ongoing HIV prevention efforts in their community was the key to community involvement and empowerment.

RESULTS: (1) Participants engaged in dialogue about concrete strategies and prevention programs that work, like the *TAPP for Latinas* project. (2) The process enabled and encouraged Latinas to actively respond to HIV prevention initiatives in their community. (3) They identified mechanisms for strengthening, supporting, and involving networks of Latina leaders together with public/private sectors in recommending approaches to appropriate agencies and health officials to improve outreach and access.

LESSONS LEARNED: The expectation that local communities will have a “buy-in” or a sense of ownership is one of the major purposes of *TAPP for Latinas*. Where funding was available for mobilization at the local level, there were activities to continue the work of building community partnerships among networks of Latinas. Empowerment activities were based on “do-able” action items that were time-limited in scope.

ABSTRACT 402

A Community Response to Domestic Violence in HIV Names Reporting and Partner Notification Legislation

Hiemcke, T

AIDS-Related Community Services, Mid-Hudson Valley, NY

ISSUE: New legislation requiring HIV names reporting and partner notification in New York State (NYS) has

left many service providers questioning how to address the potential for domestic violence when sexual and needle-sharing partners are named. HIV service providers throughout the state have sought assistance from local domestic violence (DV) providers and guidance from the state. The Lower Hudson Valley Coalition of HIV and Domestic Violence Service Providers was created to discuss the implications of the new legislation for both the HIV and DV service communities. The goals of this unique group are to: increase awareness of the intersection of HIV and DV, develop cross-training opportunities, and ensure that HIV test counselors and public health investigators have the tools necessary to conduct DV screening accurately and sensitively.

SETTING: The DV/HIV Coalition is comprised of HIV and DV service providers from the Lower Hudson Valley of New York.

PROJECT: The coalition has developed service goals as described above. The group meets regularly to discuss common issues, provide updated information in each discipline, and develop plans to address service delivery barriers.

RESULTS: Cross-training has occurred among each of the Coalition’s member agencies. Together the membership has created a brochure for consumers addressing the risks connecting domestic violence and HIV infection, as well as information about local resources. The Coalition developed a regional conference, entitled “Case Connections”, for 75 case managers who provide direct services to individuals impacted by HIV and domestic violence. A second Case Connections conference for 100 substance use service providers discussed how differing goals of recovery, safety and harm reduction create barriers and opportunities for successful service delivery. In addition, the coalition developed and implemented a skill-based training to prepare HIV test counselors to implement the NYS Domestic Violence Screening Protocol. This course was adopted by the NYS Department of Health AIDS Institute and included in their statewide training calendar. The Coalition has greatly increased collaboration in the region and continues to contribute to successful implementation of controversial legislation within the state.

ABSTRACT 403

The HIV-Positive Person's Attitudes and Beliefs Regarding Sex and the Relationship to Behavior

Lightfoot, M; Rotheram-Borus, MJ; Singh, W; Alisangco, J

BACKGROUND: Prevention programs that address the transmission risk behaviors for HIV positive persons are critically needed. A promising approach, motivational enhancement therapy, would suggest that describing to an individual the disconnect between perceived personal attributes and actual behavior may serve as motivation for individual behavior change. Therefore, information regarding the meaning of sex and its relationship to behavior is examined.

OBJECTIVES: To examine the relationships among HIV-positive persons' perceived values, attitudes and beliefs regarding sex, perceived responsibility for protecting others from HIV, belief regarding the probability of infecting others, and current sexual behavior.

METHODS: HIV-positive clients from an AIDS service organization in Los Angeles completed an audio-computer assisted self-interview (ACASI) on transmission risk behaviors. In addition to reporting their sexual behaviors, patients rated their attitudes and beliefs about their current sexual behavior, life values, perceived responsibility for protecting their sexual partners from HIV, and if they believe they may have infected someone else in the past 3 months. Univariate regression and chi-squared analysis was conducted to examine the relationships between sexual behaviors and attitudes and beliefs about current sexual practices.

RESULTS: A total of 123 HIV-positive persons completed the assessment. Participants were predominately male (88%), African American (60%), white (21%), and Latino (10%), with a mean age of 41.2 years (S.D. = 10.6). Most participants completed high school (M = 13.25 grade level, S.D. = 2.50), reported working in the past 90 days (57%), and characterized their financial situation as either very poor or poor (55%). Thirty-five percent of participants were sexually active in the past 3 months. Participants were most likely to have protected sex if they indicated that: a) compared to other persons living with HIV, they practice more safe sex and have fewer sex partners, b) it was unlikely that someone got HIV from them in the last 6 months, c) it was their responsibility to keep their partner safe, d) feeling or expressing love

was an important reason to have sex, e) having sex with a condom allowed them to feel loved or express love, f) having sex with a condom allowed them to feel physical pleasure and passion, and g) that it was important for them to be forgiving and self-controlled. There was a bimodal distribution on how positive the participants felt about entirely stopping risky sex, and the variables were compared and contrasted along this dimension.

CONCLUSIONS: The current study suggests that interventions that foster self-control as a value may be successful in encouraging condom use. The findings would also suggest that affective feelings, beliefs and attitudes impact sexual behavior. For interventions to be efficacious, they may need to address any negative feelings an individual may have regarding making changes in sexual behavior before beginning to talk about sexual behavior. Interventions may also need to address the reasons that people engage in sex. The expression of love is an important reason this sample engaged in sex.

ABSTRACT 404

Developing Interventions for Young Men Being Released from Prison: Research Findings and Lessons Learned from Project START

Eldridge, GD¹; Morrow, KM; Seal, DW²; Wolitski, RJ³; Zack, B⁵ for the Project START Study Team

1 Jackson State University, Jackson, MS; 2 CAIR, Medical College of Wisconsin, Milwaukee, WI; 3 Centers for Disease Control and Prevention, Atlanta, GA; 4 Miriam Hospital (Brown University), Providence, RI; 5 Centerforce, San Quentin, CA

BACKGROUND: There are relatively few prevention programs that work with incarcerated men despite the fact that they are disproportionately affected by HIV/AIDS, STDs, and hepatitis B and C.

OBJECTIVES: To present formative results from Project START, a CDC-funded, four-site study of 18 – 29 year old men about to be released from prison, including: (1) provider views of men's HIV/STD/hepatitis risk and preventive behavior and prevention needs; (2) assessment of the frequency and context of men's HIV/STD/hepatitis risk behavior before and after their incarceration; (3) recruitment and retention strategies; and (4) implications of these findings and lessons learned for HIV/STD/hepatitis prevention.

METHODS: Across the four sites, a total of 99 qualitative interviews were conducted with providers who work with men who have been incarcerated. Qualitative and quantitative interviews were conducted with 116 incarcerated men prior to their release. Follow-up interviews were scheduled 1-week, 1-month, 3-months, and 6-months after release with 110 men who were released from prison. Retention rates for the interviews ranged from 81% to 88%. Most of the men in the sample were African American (55%) or white (28%). Mean length of incarceration was 3.2 years. The majority of men were single, and 61% had less than a high school education.

RESULTS: Providers believed men were at-risk for HIV/STDs/hepatitis after release from prison because of multiple, casual, and at-risk sexual partners; infrequent condom use; and sex in conjunction with substance use. The young men reported high rates of alcohol and marijuana use before and after incarceration and of cocaine use before incarceration. They also reported high rates of multiple, casual, and at-risk sexual partners and of sex in conjunction with substance use. Few men reported condom use or injection drug use. Qualitative data from providers and the men highlight individual, interpersonal, situational, and structural influences on behavior.

CONCLUSIONS: Despite the challenges of working with correctional institutions, research studies and prevention programs that start while men are incarcerated and continue after their release are feasible. The study findings and lessons learned by the research teams have important implications for reducing HIV, STD, and hepatitis risk among incarcerated persons.

ABSTRACT 405

Evaluation of HIV Testing of Pregnant Women in Connecticut Following Implementation of a New Legal Requirement

Roome, A; Linardos, H; Melchreit, RL; Hadler, JL

Connecticut Department of Public Health, Hartford, CT

ISSUE: Treatment of pregnant HIV infected women and their newborns with zidovudine (ZDV) and other antiretrovirals significantly reduces the rate of perinatal HIV transmission. For infected women and newborns

to benefit; however, several steps must be followed. If any step is missed, a preventable infection of a newborn can occur. Vigorous applications of currently available protocols to all women could nearly eliminate perinatal HIV transmission in the United States.

SETTING: Connecticut

PROJECT: The Connecticut state legislature passed a law that mandates HIV counseling and the offer of HIV testing to all pregnant women. Women of unknown HIV status must be tested at delivery unless the testing is refused in writing. Newborns whose mothers have not been tested during pregnancy or at delivery must be tested. The law went into effect on October 1, 1999. In 1998 and again in 2001, the Connecticut State Department of Public Health (DPH) surveyed all obstetricians in the state to assess HIV counseling and testing activities in their practices. These surveys cover time periods (1997 and 2000) before and after the law went into effect. DPH also audited a sample of prenatal and obstetric medical records for 1996 and 1999 (the latter audit covers the period immediately before and after the date the law went into effect).

RESULTS: According to the chart audit, the HIV testing rate in pregnant women increased dramatically when the law went into effect, from approximately 30% in the months before to 80% in the three month period immediately following implementation. Data from the survey of obstetricians suggests this legislation has resulted in almost universal testing in pregnant women with minimal negative impact on prenatal patients. It also shows that they usually followed CDC HIV counseling and testing guidelines when counseling pregnant women.

LESSONS LEARNED: Changes in public health laws can be a valuable tool to ensure that pregnant women know their HIV status, an essential step in perinatal HIV prevention.

ABSTRACT 406

The Regional Resource Network Initiative

Allison, B; Malone, C¹; McCulloch, A; Goff, J; Young, T; Price, C²

1 US Department of Health and Human Resources Region IV Resource Coordinator, Atlanta, GA; 2 Cicatelli Associates Inc., New York, NY

ISSUE: Many of the small community-based organizations that are effectively providing HIV/AIDS services to racial and ethnic minority populations lack the knowledge,

experience and infrastructure to be able to identify and access public or private funding to support their efforts.

SETTING: The Regional Resource Network is a national demonstration program, utilizing a public-private partnership. The project is coordinated by Cicutelli Associates Inc. (CAI), a private, non-profit, 501(c)3 organization based in New York City. CAI has placed a full-time staff person in five federal regional offices (New York City, Atlanta, Chicago, Dallas and San Francisco). These five staff people, called regional resource consultants (RRCs), function as a liaison between the federal government and small, community-based, HIV/AIDS service organizations and local health departments.

PROJECT: The primary purpose of this project is to increase the capacity of small community-based organizations (CBOs) to provide prevention and early intervention services for poor, minority communities disproportionately impacted by HIV/AIDS. During the first year of this demonstration project, the RRCs were responsible for three major tasks: 1) Compilation of regional resource directories that list small CBOs providing HIV/AIDS services; 2) Distribution of small (under \$2,500), capacity-building awards to assist small, minority-serving CBOs in strengthening their infrastructure and ability to seek federal funding; and 3) Provision of training and technical assistance to high-risk communities to facilitate local and regional planning and prevention efforts, and create mechanisms for closer working relationships with federal regional offices.

RESULTS: During the first year of the project, the RRCs developed five regional resource directories of community-based HIV/AIDS services agencies, provided capacity-building awards (maximum of \$2,500 each) to over 100 CBOs, and provided technical assistance (TA) to small HIV/AIDS service organizations.

LESSONS LEARNED: Groups need far more assistance than expected. Not only do they need assistance with securing funding, they need ongoing technical assistance in developing their infrastructures and managing their programs/services. There is a lack of local level services and resources, as well as a lack of coordinated efforts amongst federal agencies to provide TA and training. CBOs may not have adequate personnel to conduct and submit ongoing funding searches and applications to maintain or expand their services. TA and funding applications by public health agencies may need to be adapted to meet the needs of the successful grassroots organizations working with the minority communities they are trying to reach.

ABSTRACT 407

Creating Collaborative STD Prevention Efforts: Strategies for Communities

Beadle de Polomo, F; Hoffman, R; Anderson, MA

AED, Center for Community-Based Health Strategies, Washington, DC

ISSUE: The Local STD Action Collaborative Project addresses the need for targeted and collaborative STD prevention programs and services at the community level. The project supports the development of STD interventions at community-based organizations (CBOs) while promoting useful collaborative between CBOs and health departments.

SETTING: The three Local STD Action Collaborative Project grantees include:

- *Community Call to Action*, Minneapolis, MN. Target population: African American youth.
- *Gay City Health Project*, Seattle, WA. Target population: Gay and bisexual men.
- *Latino Community Development Agency*, Oklahoma City, OK. Target population: Latino youth of high school age.

PROJECT: The Local STD Action Collaborative Project is a demonstration project funded by the Ford Foundation to support community-based STD prevention partnerships and programs. The goal of the project is to promote a planned, data-driven approach to the primary prevention of STDs among the target population in each community. The project emphasizes the development of a collaborative relationship between the CBO and local health department. The three CBOs are now completing a ten-month planning cycle to develop appropriate STD interventions for their target populations. Each CBO is working with an advisory committee, comprised of key stakeholders in the community and members of the target population, to develop their interventions.

RESULTS: The Local STD Action Collaborative grantees worked collaboratively with their local health departments and other stakeholders to conduct a comprehensive needs assessment in their communities and identify the specific STD prevention needs of their target populations. They are now prepared to move forward with a focused implementation plan for STD prevention interventions for their target populations.

LESSONS LEARNED: The Local STD Action Collaborative Project highlights the importance of collaborative approaches to community-based STD prevention initiatives. The Local STD Action Collaborative grantees demonstrate that community-based organizations and health departments can work in partnership to develop data-driven programs and services that fill gaps in their community. Lessons learned and strategies for conducting a needs assessment and collecting meaningful data on STD prevention will be reviewed.

ABSTRACT 408

Building Capacity in HIV Prevention Programs: A Training Intervention

Peterson, AS¹; Lapinski-LaFaive², M; Randall, L¹

1 Michigan Department of Community Health, Division of HIV/AIDS-STD, Lansing, MI; 2 Western Michigan University, Kalamazoo, MI

ISSUE: As the face of the HIV epidemic changes, HIV service providers have needed to change as well. In Michigan we find ourselves with a group of agencies, that hold the structural capacity to administer programs, but whom, in some cases, lack the cultural competence and ties to provide services to the populations at highest risk today. On the other hand, other fledgling, grass-roots organizations with strong ties and legitimacy in high-risk communities lack the knowledge and infrastructure to develop, implement and evaluate effective HIV prevention programs.

SETTING: A two-pronged series of capacity building workshops attended by a highly racially and educationally diverse population of program administrators and front line staff from throughout the state of Michigan.

PROJECT: From January to June 2000, the Michigan Department of Community Health (MDCH) presented two series of capacity-building workshops. The first series, the Capacity Development Series (CD) was a linked series of two-day, skills-based workshops, which required enrollment in the entire series. The second series, the Technical Assistance (TA) Series was a series of one day, primarily didactic, presentations, which mirrored the content of the Capacity Development Series. Topics of the series included: Program Planning; Needs Assessment; Process and Outcome Evaluation; Writing Quality Goals and Objectives; Utilizing Existing Data

to Make Your Case; Incorporating Behavioral Theory in Programs; Identifying Community Partners; and Staff Recruitment, Retention and Supervision. Expertise from the local and national level were engaged in the presentation of curriculum, and a central staff person from the state health department facilitated all sessions.

RESULTS: Eighteen EDs, and program managers successfully completed the series of six CD courses in June. Fifty-six (56) individuals from over 40 ASOs and local health departments attended at least one of the TA workshops, and the majority attended 2 or more. Formal evaluation was conducted on three variables: knowledge, comfort, and attitude. Statistically significant changes at the $p = 0.001$ level in a positive direction were observed on each variable when observing all participants. On the average, participants improved over 7 points on a 24-point knowledge assessment, and rated their overall comfort on a 5-point scale as higher following the series (3.6 pre, 4.19 post). Additionally, on a similar 5-point scale, their attitudes became more positive regarding the importance of various tasks covered in the series (3.98 pre, 4.44 post).

LESSONS LEARNED: Independent of their level at the beginning of the series, on the average, individuals enrolled in MDCH Capacity Building Series improved in a positive direction in each of three areas measured: knowledge, comfort level, and attitudes. Findings suggest that a training-based intervention can increase the knowledge, comfort level, and attitudes of providers regarding issues and skills critical to the development, implementation, and evaluation of effective HIV prevention programs.

ABSTRACT 409

STD and Hepatitis Infections, and Risk Perceptions Among 18 – 29 Year Old Men Recently Released From Prison

Sosman, JM¹; MacGowan, RJ²; Flanigan, T³; Vardaman, J⁴; Eldridge, G⁴; Fitzgerald, C³; Margolis, A²; Kacanek D³; Binson, D⁵; Cunliffe, T³ for Project START

1 University of Wisconsin School of Medicine, Madison, WI; 2 Centers for Disease Control and Prevention; 3 Brown University, Providence, RI; 4 Jackson State University, Jackson, MS; 5 University of California (UCSF), San Francisco, CA

BACKGROUND: Men entering prisons have significantly higher rates of STDs, hepatitis B, and HIV than the general population. Yet little information is known about the prevalence of these infections among men who are recently released from prison.

METHODS: Male inmates (n = 110) soon to be released from prison were enrolled into a formative study from four locales across the United States to assist in the development of a behavioral intervention to reduce HIV/STD and hepatitis risk behaviors. Participants were interviewed while incarcerated and after their release. Participants who were not incarcerated at the six-month follow-up were offered free testing for gonorrhea, chlamydia, trichomonas, syphilis, and hepatitis B and C. Those tested were provided with their results, information, and referral. Free hepatitis B vaccination was offered where indicated.

RESULTS: From the initial interview of 109 participants, 37% reported having had at least one of the following infections before this incarceration: gonorrhea, chlamydia, trichomonas, syphilis, HBV, and HCV. Prior to their release from prison, 25% thought they had $\geq 50\%$ chance of acquiring a STD six months after their release from prison, and 13% reported $\geq 50\%$ chance of becoming infected with HIV during the same period. Seventy-five men were eligible to be tested for STDs and hepatitis. Of the 33 men tested, 21% (7/33) of the men had an infection (chlamydia, trichomonas, HCV) that could potentially be passed to a sex or drug partner. Three of 32 (9%) tested positive for chlamydia, three of 32 (9%) for trichomonas, and two of 28 (7%) had prior syphilis infections identified. Of 28 tested for hepatitis B, five (18%) were immune to HBV, and four (14%) had an uncertain status and required further follow-up, and 19

(64%) were not immune. Two of 28 men (7%) tested positive for hepatitis C infection. None of the 19 men who were offered HBV vaccination six months after their release from prison accepted the offer of free vaccine.

CONCLUSIONS: The high prevalence of communicable infections in young men, who have been incarcerated, suggests the need for HIV/STD and hepatitis prevention, testing and vaccination programs for this population while they are in prison and after their release.

ABSTRACT 410

HIV Counseling and Testing Can Be a Useful Setting for Hepatitis C Virus Testing

Melchreit, RL¹; Carley, K¹; Roome, A¹; DelGado, BP¹; Brinkman, C¹; Mayo, D¹; Baume, R¹; Birden, H²; Halder, JL¹

1 Connecticut Department of Public Health, Hartford, CT; 2 City of New Britain Health Department, New Britain, CT

ISSUE: Hepatitis C virus (HCV) is a serious, widespread blood-borne disease. Persons at risk need to be educated, counseled, and tested. HCV-infected persons need referral for medical care. HCV is widespread among injection drug users, a population also heavily affected by human immunodeficiency virus (HIV). HIV counseling and testing programs already serve many injection drug users and other persons who may be at risk for HCV infection.

SETTING: Publicly funded HIV counseling and testing sites in Connecticut.

PROJECT: To plan for the expansion of HCV services into HIV counseling and testing programs, the Connecticut Department of Public Health performed an HCV seroprevalence survey in HIV counseling and testing sites that are funded by the Department and that submit blood samples to the state laboratory for HIV testing. Over 2000 blood specimens submitted for HIV testing from HIV CTS during 60 days in April to October 1999 were tested for anti-HCV using an enzyme immunoassay (EIA) screen and repeatedly reactive specimens were confirmed by recombinant immunoblot assay.

RESULTS: HCV seroprevalence was 9.8% while the HIV seroprevalence of the samples was 1.3%. HCV seroprevalence was very high in injection drug users regardless of setting: 68% in drug treatment programs

and 65% in non-drug treatment sites. Non-injectors in drug treatment programs also had a high HCV seroprevalence (16%).

LESSONS LEARNED: Publicly funded HIV counseling and testing sites should be expanded to offer HCV education, counseling, testing, and referral services. The first priority for such an expansion should be to drug treatment centers where all clients, not just injection drug users, should be routinely tested for HCV.

ABSTRACT 411

Setting HIV Prevention Priorities: A Model and Best Practices from HIV Prevention Community Planning Groups

Peyton, JH; Young, AP

Academy for Educational Development, Washington, DC

ISSUE: Priority setting is the core task of HIV prevention community planning. Many HIV prevention community planning groups struggle to set priorities based on a mixture of quantitative evidence of need as well as more qualitative data. In many cases, the criteria used to set priorities are not explicit, creating conflict and reducing the group's satisfaction with its decisions. A model for incorporating both types of data is needed.

PROJECT: The Academy for Educational Development, in cooperation with several HIV prevention community planning groups and the Centers for Disease Control and Prevention, documented a model for setting prevention priorities among populations and for interventions for those populations that incorporates both quantitative and qualitative data. The model and step-by-step instructions are described in *Setting HIV Prevention Priorities: A Guide for Community Planning Groups*, a 150-page document that includes worksheets, case scenarios, and examples from the field.

RESULTS: The model and many variations are in use by planning groups across the country. The results are well-defined target populations and interventions for those populations.

LESSONS LEARNED: Priority setting is a challenge for HIV prevention planning groups. The use of explicit criteria for decision-making, clarity about the process, and involvement of the group lead to better decisions about priorities and more support for those priorities.

ABSTRACT 412

HIV Prevention in the Senior Community: Our Aging Society at Risk

Agate, L; Mullins, J

Florida Department of Health, Tallahassee, FL

ISSUE: South Florida is home to one of the largest senior populations in the United States. Nationally, approximately 11% of all AIDS cases are in the age group 50 and above. In Broward County the percentage of AIDS cases in this age group is 13%.

SETTING: Community-based HIV prevention education workshops are held in areas of high senior population (including senior centers, adult congregate living facilities and senior communities) with great ethnic and economic diversity in Miami-Dade, Broward and Palm Beach Counties.

PROJECT: The Senior HIV Intervention Project (SHIP) of the Broward County Health Department/AIDS Program has developed an innovative, multi-faceted program, which includes community education, training of volunteer peer educators, design of community educational materials, and use of mass media for outreach activities. By creating a cadre of trained seniors within various communities, SHIP has built bridges to faith-based organizations, the private/business sector, and care givers. Through a unique intervention in Belle Glade Florida, "SHIP Spirit 2000," over 50 pastors and ministers have joined hands to provide support to their senior parishioners through SHIP. The farming area of Belle Glade was especially hard hit in the early days of the pandemic and the stigma associated with those days remains. The involvement of seniors in HIV prevention activities has been invaluable.

RESULTS: Approximately 30,300 individuals received education through SHIP during the year 2000. Over 7,150,000 individuals received HIV/AIDS awareness education through various forms of mass media. The educational sessions primarily target females (who outnumber men 7:1 in this age group) with an emphasis on safer-sex techniques and the offering of HIV counseling and testing during educational sessions. To date approximately 200 participants have accessed testing.

LESSONS LEARNED: SHIP findings have validated the importance of peer education in the area of HIV prevention. Identifying "gatekeepers" (as in the case of Belle Glade and the use of church pastors and ministers) has proven to be a good way to target diverse populations.

ABSTRACT 413

Findings of a Socially Focused Intervention Study Among Injection Drug Users

Koester, SK¹; Glanz, J²; Baron, AE²

1 Health & Behavioral Science Program, University of Colorado, Denver, CO; 2 University of Colorado School of Medicine, Denver, CO

BACKGROUND: The majority of blood-borne disease interventions aimed at injection drug users (IDU) have focused on reducing syringe sharing through individual behavior change models. Recently, socially focused models have been implemented to address not only syringe sharing, but also other injection-associated risks.

OBJECTIVES: To reduce injection-associated risk behaviors through socially focused intervention models. We report findings of a study emphasizing the drug-using network rather than the individual as the unit of intervention and analysis.

METHODS: We compared two interventions: a network-focused, but individually administered intervention and a network-focused group administered intervention. Three intervention sessions used active learning techniques to change behavior and norms related to drug injection. We used targeted sampling (Watters and Biernacki, 1989; Carlson, *et al.*, 1994), informed also by participant observation, to recruit participants, who were interviewed, intervened with and followed over 6 months. We used qualitative and quantitative methods to collect data and to evaluate the effectiveness of the interventions. We analyzed the quantitative changes in injection risks over time, clustered by network, using linear mixed regression models (Littell, *et al.*, 1996). In a series of analyses, we looked at distinct aspects of the heroin injection process: syringe transfer, sharing of drug solution, drug preparation for others, cooker sharing and cotton sharing. We modeled these as a function of factors reported by a subject regarding the last injection episode: location (safe vs. unsafe), quantity of heroin injected, withdrawal status of episode participants, and type of economic exchange for obtaining the drug. In addition, we included as regression variables ethnicity, gender and number years injecting for individuals, and two measures of network stability: change in network size and change in network composition. In this presentation, we will limit the discussion of results to the interventions' impact on syringe transfer, drug sharing, and drug preparation.

RESULTS: We recruited 357 networks comprising 777 individuals. While there were no statistically significant differences in reducing injection risk practices between the two socially focused interventions, there was a significant overall reduction in drug solution sharing between the baseline and 3-month ($t_{388} = -2.81$, $p = 0.0053$) and baseline and 6-month ($t_{329} = -3.45$, $p = 0.0006$) time periods. Reductions in syringe transfer and drug preparation were noted at 3 months and at 6 months of follow-up, but these were not statistically significant. Unsafe location significantly increased the frequency of all of these risk practices, and a small quantity of heroin injected significantly increased the frequency of drug solution sharing and drug preparation.

CONCLUSIONS: Interventions for IDU need to highlight the risks involved in sharing drugs as a solution. Socially focused interventions are an effective way to reduce this risk. Further, injection location is an important determinant of injection risk. Therefore, public health policy should recognize the need and advocate for safe-injection locations.

ABSTRACT 414

Churches United to Stop HIV (CUSH): A Collaboration Between Church, Government and the Private Sector

Mullins, J; Rolle, V

Florida Department of Health, Tallahassee, FL

ISSUE: In Florida, it is estimated that 1 in every 50 blacks is infected with HIV. This staggering statistic has been a "wake-up" call to communities of color throughout the state. The importance of faith-based organizations as partners in HIV prevention programs, and as a vital link for individuals who may be HIV-positive to medical care and treatment, cannot be understated.

SETTING: HIV prevention education is provided in faith-based settings throughout Broward County, Florida. The church is a center point of many ethnically diverse communities and has always been a natural gathering place in times of concern and crisis.

PROJECT: Since 1999, the Broward County Health Department/AIDS Program, the county-based representative of the Department of Health, has partnered with the Mt. Bethel Human Services Corp. to implement the Churches United to Stop HIV (CUSH) project. CUSH is funded

through the private sector, the Community Foundation of Broward. The project provides training for faith-based peer education, and has, as one of its primary objectives, the creation of faith-based ministries for HIV/AIDS. These ministries provide educational programs, outreach services, referral information, and support to individuals infected and affected by HIV.

RESULTS: CUSH has successfully implemented 54 Memoranda of Understanding with community churches throughout the county. These churches have joined together to form a CUSH consortium for the planning and implementation of project activities. The “ownership” of this project, by the pastors and their congregations, has ensured a wider distribution of prevention information, increased access and availability of HIV counseling and testing services, and has expanded support services, including church-based support groups and home visiting, for people living with HIV.

CUSH has provided technical assistance in the formation of 7 HIV/AIDS Ministries since the implementation of the program.

LESSONS LEARNED: CUSH activities underscore the importance of faith-based initiatives in the prevention of HIV/AIDS. Increasing the knowledge and awareness of church leaders in HIV/AIDS has helped to decrease the fear and stigma related to the disease in communities of color. The willingness to make commitments, in the forms of developing HIV/AIDS Ministries and signing Memoranda of Understanding, shows the growing awareness of the impact of this epidemic by community leaders.

ABSTRACT 415

Improving Your HIV Prevention Efforts for Injection Drug Users: An Introduction to the Comprehensive Approach and the IDU Technical Assistance System

Raybon, D¹; Rendón, JG¹; Willis, K²

1 AED-Center for Community Based Health Strategies, Washington, DC; 2 Centers for Disease Control and Prevention, Atlanta, GA

primarily viral hepatitis. There is a documented need for more effective prevention efforts and available assistance for IDU service providers.

SETTINGS: This technical assistance (TA) system is designed to support health departments and community-based service providers (e.g., CBOs) to enhance their HIV and blood-borne infection prevention efforts among IDUs. The system is funded by the Centers for Disease Control and Prevention (CDC) and coordinated and managed by the Academy for Educational Development's Center for Community-Based Health Strategies. TA needs are determined through an initial diagnostic telephone consultation. The design and delivery may be provided by any of the following: field experts, peer organizations, and former IDUs.

PROJECT: This TA system is intended to improve the comprehensiveness, quality and availability of HIV prevention programs for IDUs. CDC's primary goal in this effort is to promote a comprehensive approach to prevention programs for IDUs and to develop a technical assistance system to deliver TA to CDC-funded prevention partners. This technical assistance system model will further current prevention efforts.

RESULTS: The comprehensive approach has been pilot tested and in operation since early 2000. Several health departments have successfully accessed the TA system and are currently applying the strategies outlined in *A Comprehensive Approach*. The results have been demonstrated through increased coordinated and collaborative prevention efforts among IDUs, their partners, and their families.

LESSONS LEARNED: Ongoing and newly developed prevention efforts are captured in an 80 page published manual titled: *A Comprehensive Approach: Preventing Blood-borne Infections Among Injection Drug Users*. Components of a comprehensive program would include services such as timely access to substance abuse treatment; community outreach programs; access to sterile syringes for drug injectors who continue to inject; HIV counseling and testing; prevention services for special populations; collaboration between substance abuse, corrections, mental health, primary care and HIV/AIDS service providers, and prevention of sexual transmission among IDUs. If organizations and providers, public health staff, and prevention planners are to succeed in effectively reducing the transmission of HIV and other blood-borne infections, they should consider a comprehensive approach to working with IDUs.

ISSUE: Injection drug use plays a key role in the continuing epidemics of HIV and other blood-borne infections,

ABSTRACT 416

The Role of the State Correctional Facility in the Diagnosis of HIV in Rhode Island

Desai, AA; Latta, ET; Spaulding, A; Flanigan, TP

Brown University School of Medicine, Providence, RI

BACKGROUND: HIV testing in correctional setting has played an important role in the diagnosis of HIV in Rhode Island, particularly among IDU, African Americans, and younger individuals. A 1999 report from the Centers for Disease Control and Prevention found that 29 percent of all deaths in US prisons were due to AIDS, 17 percent of all men released from prison in 1996 were HIV-positive, and 57,000 inmates were infected in 1997. Diagnosis and treatment of infectious disease in prisons, particularly HIV, has significant community-wide benefit and can further public health goals of HIV control, prevention, and education.

OBJECTIVES: To determine where HIV-positive persons are tested in our community, to provide temporal trends regarding the role of the correctional institution in HIV diagnosis, and to identify specific subgroups that are especially vulnerable with higher HIV identification in the correctional setting.

METHODS: The focus of our study was on those individuals testing positive for HIV while incarcerated and comparing them to non-incarcerated individuals testing positive between 1989 and 1999. The primary variables used to compare these populations were sex, race, age, identified mode of disease transmission, and number of HIV+ tests per year.

RESULTS: In the study period 1989-1999, 32.9 % of all persons tested HIV-positive in the state were tested at the Rhode Island Department of Correction (RI DOC). Individuals testing positive in the state correctional facility were much more likely to be male [odds ratio (OR) 1.7; 95% confidence interval (95% CI) 1.5 – 2.1], African American (OR 1.7; 95% CI 1.5 – 2.0), and have injecting drug use (IDU) (OR 2.5; 95% CI 2.2 – 2.9) as the primary risk factor for HIV transmission compared to those testing positive at settings other than the correctional facility. Alternatively, those testing positive in the RI DOC were much less likely to be older (age 40 – 49, OR 0.7; 95% CI 0.6 – 0.8), white (OR 0.7; 95% CI 0.6 – 0.9), and the primary risk factor was men having sex with men (MSM) (OR 0.1; 95% CI 0.1

– 0.2) or heterosexual sex (OR 0.2; 95% CI 0.1 – 0.3). The proportion of males and females testing positive in the ACI versus those testing positive in other facilities has shown a gradual decrease, with positive female HIV tests declining more substantially in the RI DOC in recent years (Chi-Square method for linear trend, males: 21.03, $p < 0.001$, females: 14.75, $p < 0.001$). There were differences in location of HIV diagnosis for various risk groups. For MSM, physician offices (35%), hospitals (21%), and HIV testing facilities (25%) were the primary locations for positive tests. Of those individuals who identified IDU as the primary risk factor, 43% were diagnosed in the RI DOC, 18 % in HIV testing facilities, and 15% in STD Clinics or other facilities.

CONCLUSIONS: The correctional setting has played an important role in the diagnosis and treatment of HIV in Rhode Island, but its role is changing. Improved community-based testing has led to a decline in the proportion of HIV positive tests made in the state correctional facility. However, specific groups, such as males, African Americans, and IDU's continue to be more likely to be diagnosed in the state correctional facility. These differences may reflect barriers to health care access that other community initiatives have failed to address.

ABSTRACT 418

The Impact of Current Sexual Risk Behaviors Among Men Who Have Sex with Men: Implications for Health Education Interventions and Program Policy Decision Makers

Cain, RE; Minuto, LF; Loberti, PG

Rhode Island College, Providence, RI

ISSUE: Prior to the AIDS epidemic, it was common for men who have sex with men (MSM) to engage in casual sex with many partners, often with strangers. In the third decade of AIDS, studies suggest an increase in unprotected anal intercourse, inconsistent condom use, and sex with multiple partners. Public health guidelines suggest that abstinence or completely monogamous relationships are the best avenues for primary prevention. What impact does this resurgence in risky behavior have on health education program standards for MSM, policies that govern funding decisions, and community planning priority setting?

SETTING: A convenience sample of 121 of urban MSM was accessed through visiting various locations (i.e., gay bars, gay bath houses, adult book stores, an annual gay pride festival and AIDS walk) to learn of their current sexual risk behaviors.

PROJECT: Decisions regarding program standards, funding, and policy should be driven by scientific research, as opposed to anecdotal evidence from front-line staff, political climates, or past practices. Models that were used earlier in the epidemic may not be as effective with current attitudes and sexual behaviors among MSM. Anecdotal evidence indicated that local MSM were engaging in diverse, risky sexual practices; however, more information was needed. A cross-sectional survey research design was employed to collect information about attitudes and current sexual practices.

RESULTS: Respondents' ages ranged from 20 to 65 ($R = 37.8$, $SD = 9.98$). Most were white (89%) and were employed full-time (82%). Sixty-seven percent had a bachelor's degree or higher. Results support other findings that there is an increase in sexual risk behavior among MSM. More than half (69.5%) reported sexual encounters from places where it is easy to engage in anonymous sex and 59.6% reported engaging in anal sex. Of those who had anal sex, 36.9% indicated not being consistent in using a condom. Less than half (32%) reported being in a relationship with another man; however, almost half (48.7%) of those men reported having extra-domestic sexual encounters and 55% believed that their partner had extra-domestic sex. Of those who engaged in extra-domestic sex and who had a partner, 20.6% of those indicated engaging in sex with anonymous partners. MSM not in relationships were not as consistent in using condoms as were MSM involved in a relationship with another man.

LESSONS LEARNED: Participants will engage in decision-making activities using results from this study as an example. The lessons learned will include how to use data from current scientific research to set priorities for community planning, make funding decisions, and target program planning for MSM.

ABSTRACT 419

Six Weeks and \$400 Puts You Behind the Wheel of a Safer Community (Act Now!): Designing Effective Prevention Marketing Media for Rapid Deployment

Fallon, SJ; Cavan, JN

1 Skills4, Inc., Ft. Lauderdale, FL; 2 Council of Community Clinics, San Diego, CA

ISSUE: Glossy magazines show guys with ripped abs and chemically friendly smiles. Rumors rip through cyberspace claiming that the next movie theater seat hides a syringe that will infect you. HIV-positive men may think HIV prevention has nothing to do with them. In these environments, can HIV prevention media stand out, and guide people to "buy in" to behavioral change? Many ASOs and CBOs believe that social marketing requires budgets and expertise beyond their means. But grassroots, localized social marketing activities can have tremendous impact for minimal cost.

SETTING: Urban or rural environments, including narrowcast locations such as restrooms and bus shelters, traditional print media (existing local publications), and distribution channels (radio broadcasts, giveaways at community fairs). Participants will explore the barriers to risk sensitization, self-efficacy, and reasoned action in their local communities.

PROJECT: The presenters have implemented successful social marketing campaigns in South Florida and Southern California. This interactive workshop will introduce National HIV Prevention participants to the rhetorical strategies that underlie for-profit print and televised advertising campaigns — including textual and verbal tools (inductive syllogisms, polyvalency, metaphor and analogy, puns, metonymic association, intertextuality, repetition) as well as visual and auditory tools (color, style, motion, icons, emphasis, music). The workshop will then challenge participants to create their own product magazine ad, utilizing these tools. Facilitators will then introduce the goals of non-commercial social marketing, with examples (election campaigns, armed forces recruitment, civic group appeals). Facilitators will discuss behavioral and epidemiological support for both tight narrowcasting focus and for broader social marketing efforts in some situations. A framework will be provided, taking participants through the steps of proper social marketing decision points.

RESULTS: By the end of this workshop, National HIV Prevention participants will understand how to: itemize their target population's core values using focus groups; assess barriers and benefits to change as perceived by the target group; identify values and themes to incorporate in social marketing media; distinguish the separate importance of format, style, and content; describe and employ the inductive method of persuasion; pre-test pilot marketing media; and track effectiveness of a campaign.

LESSONS LEARNED: Facilitators will share the best and worst of their own prevention marketing campaigns, and encourage participants to identify the attributes that make for successful efforts. A full social marketing campaign requires a sustained budget and dedication of time. Yet the facilitators' own case studies show that \$400 and six weeks can defuse rumors and re-orient community norms and values, both impacting the community and serving as a pilot program to secure continued social marketing budgets.

ABSTRACT 422

Hospital-Based Directly Observed Therapy (DOT) Late in Pregnancy: A Strategy to Prevent Perinatal HIV Transmission

Garcia, PM; Stanislawski, DM; Till, ML

Northwestern University Medical School, Chicago, IL

ISSUE: The lowest rates of perinatal HIV transmission are achieved through complete viral suppression and in some circumstances, delivery via a planned cesarean section. Achieving this requires steadfast adherence and presentation prior to the onset of labor or rupture of membranes. Both of these requirements are often unattainable for undomiciled, chemically dependent (CD) or mentally ill pregnant patients who find it difficult to link to prenatal care and often present late in pregnancy.

SETTING: An in-patient antepartum unit in a Chicago maternity hospital.

PROJECT: The vast majority of women in the Perinatal HIV Program are able to achieve a completely suppressed or very low viral load prior to pregnancy through participation in the outpatient prenatal program. Increasingly, undomiciled women who may have CD or mental health issues are unable to achieve the same level of consistent antiretroviral (ARV) drug use or present

in a timely manner for a planned cesarean delivery. Antepartum hospital admission was offered to women in order to stabilize a chaotic social situation so that adherence to ARV therapy could be assured and a planned cesarean delivery accomplished (if a viral load of < 1000 copies was not achieved).

RESULTS: Three of 24 HIV-infected pregnant women who presented in the last year were offered and accepted hospitalization for directly observed therapy (DOT). Two of the patients were not engaged in prenatal care when they presented, and a third was enrolled in care but was non-adherent with therapy and had an escalating viral load. Despite presenting at 30 – 32 week's gestation with viral loads of 23,000, 32,700 and 235,000 copies/mL, respectively, all delivered infants with negative HIV-PCR tests at birth. Two delivered vaginally (viral loads < 1000), and one had a cesarean delivery.

LESSONS LEARNED: Hospital-based DOT is an acceptable intervention capable of assuring a reduction in maternal viral load and thereby substantially reducing the risk of pediatric HIV disease. The cost effectiveness and long-term impact on maternal health outcomes must be assessed.

ABSTRACT 423

A Visual Exploration of Social Marketing Strategies That Are Counter to HIV Prevention Efforts

MacIntosh, JM

University of Victoria, Victoria, BC, Canada

BACKGROUND/OBJECTIVES: The spread of HIV, a fatal sexually transmitted disease, serves to illustrate a point where individual, social, and cultural variables converge. This poster session will illustrate a number of social and cultural factors understood by prevention researchers and workers to increase risk of HIV infection for young women. Two decades into the epidemic, much of the public seem to be desensitized to many of the factors that contribute to the continued spread of HIV/AIDS. This poster is designed to re-sensitize people to the problems facing young women living in an era of HIV/AIDS and to explicitly challenge some of the media representations of social and cultural norms that contribute to their vulnerability and which may promote HRSB (high-risk sexual behaviours).

METHOD: This poster project is a visual rendering of a comprehensive, interdisciplinary review of HIV/AIDS epidemiology and the biological, psychological, sociological, and cultural factors associated with the heterosexual transmission of the HIV virus, as relevant to North American society.

RESULTS: Many heterosexual females, and particularly young heterosexual females, are at risk of contracting HIV due to sex specific biological vulnerabilities that are compounded by social and cultural factors. Scientific/social research findings have determined that a range of social and cultural norms increase HIV risk for young women. Youthfulness, social roles, relationship dynamics, economic inequality, and isolation all increase the vulnerability of women to HIV infection. However, there appears to be increasing public apathy towards the problem. This, coupled with a tendency for marketing campaigns aimed at youth to exploit images of sexuality and social norms that are counter to HIV prevention efforts, is a problem.

CONCLUSIONS: Social marketers have capitalized on provocative visual images that romanticize, trivialize, or otherwise normalize many of the social relationships that are counter to HIV prevention. These norms are challenged by presenting ubiquitous media images and marketing messages in combination with highlights of scientific research findings that provide evidence that such images and marketing strategies are counter to HIV prevention efforts.

ABSTRACT 424

Evaluation of HIV Counseling, Testing, Referral and Partner Notification Services in a Southern US State

Atwood, KA; Zimmerman, RS; Montross, L; Riney, E

University of Kentucky, Lexington, KY

BACKGROUND/OBJECTIVES: A simulated patient study was conducted at a stratified random sample of 31 HIV counseling and testing sites in a southern US state (modeled after Silvestre, *et al.*, 1999) to assess the degree to which sites met CDC's 1994 mandates and guidelines.

METHODS: Sixteen local actors (10 known HIV- and 6 known HIV+ actors) portrayed various "risk profiles" and were assigned to testing sites. Actors completed self-administered surveys to assess the initial phone call

and pre- and post-test counseling sessions and completed a 90-minute debriefing interview about each site to assess the quality of the client/counselor interactions. A second component evaluated partner notification services. HIV-positive actors provided another actor's name who portrayed his/her "sex partner". The actor and sex partner completed surveys to assess the quality of partner notification services. Survey data were analyzed using SPSS and qualitative data from the interviews were analyzed using coding and thematic analysis.

RESULTS: Actor/clients rated pre-test counselors highly on interpersonal skills. The average pre-test session lasted 16 minutes (including blood draw). At 40% of sites, counselors did not discuss the client's risk behaviors and, at the majority of sites, counselors did not discuss a plan to reduce risks or barriers to change (70% and 89% respectively). At 85% of the sites, HIV brochures were not easily attainable in the waiting area and at most sites condoms were not visibly available in the waiting rooms or counseling rooms (89% and 70%, respectively). At post-test, the average session lasted 6 minutes for HIV- clients. At 62% of these sites, post-test counselors did not discuss ways to reduce risk. For HIV+ clients, the mean length of the post-test was 57 minutes. At 83% of these sites, HIV+ actors were referred to case managers and at 100% of sites counselors discussed the need for early medical care. However at 67% of these sites, the post-test counselors did not discuss risk reduction tactics mentioned at pretest.

CONCLUSION: Although clients were seen quickly and counselors' interpersonal skills were rated highly, they did not conduct a thorough risk assessment or develop plans to reduce HIV risk.

ABSTRACT 426

HIV Awareness & Testing Campaign: OraSure® Initiative

Hector, KD; Broussard, D; Riddley, E

Chicago Department of Public Health, Chicago, IL

BACKGROUND: Community involvement coupled with counseling and non-evasive testing is essential to disease reduction. Community-based organizations (CBO) serving indigent populations are often viewed as community stakeholders and nontraditional providers. These agencies have usually built strong relationships within the community. They have established a positive rapport and are familiar with area activities and their associated

HIV risk factors. However, most agencies lack the capacity and or resources to provide HIV counseling and testing to the community on a large scale. Therefore, it is essential to involve local CBOs in the expansion efforts of HIV counseling and testing.

OBJECTIVE: Expand HIV counseling and testing throughout the city of Chicago.

METHOD: The Chicago Department of Public Health (CDPH) STD/ HIV Prevention and Care Program developed an innovative HIV awareness and testing campaign to promote inclusion and community collaboration. The nucleus of the campaign is the OraSure® Initiative. This initiative is built upon a two-tier approach to symptomatically deliver assistance to qualified CBOs wishing to expand their HIV counseling and testing services. Both tiers encourage partnerships, participant networks, and collaboration to service the community. The STD/ HIV Program provides technical assistance, support, training, supplies and laboratory processing to nine agencies with limited resources and various counseling experiences to reach individuals in high-risk populations.

RESULTS: Since the onset of the campaign, 9 agencies have participated in this initiative and 1,600 individuals have been tested. The OraSure Initiative has an overall positivity rate of 2%; this exceeds a 1% positivity rate for traditional HIV testing sites.

CONCLUSION: The CDPH STD/HIV Prevention and Care Program expanded HIV counseling and testing in the city of Chicago. Non-traditional partnerships were established to promote inclusion and increase services. Through this initiative CDPH has been able to successfully provide local CBOs with resources and assistance to compliment existing services and outreaches in hard to reach high-risk communities.

ABSTRACT 428

Designing, Evaluating and Expanding Programs to Rural and Suburban Sex Workers

Tkachik, A

ISSUE: Literature in print on programs to sex-workers are programs and interventions specific to inner city issues.

SETTING: Community-based, not-for-profit, peer-led agency in the mid-west (suburban and rural) delivering HIV prevention and testing to sex-workers and IDUs.

PROJECT: A peer-founded, -governed, -directed and -staffed agency in the mid-west, Sisters and Brothers Helping Each Other delivers HIV prevention based on the Harm Reduction model to sex-workers and IDUs. A spreadsheet pre-funding evaluation tool is used to assess the need and the specific place services will be delivered. Client satisfaction and behavior change surveys are done at the close of each funding year to evaluate the effectiveness of the program. By using science-based strategies, a cost-effective, behavior-changing program can be developed in resistant communities (suburban and rural) to traditionally invisible populations (IDUs and sex-workers).

RESULTS: A program was established in a rural and suburban setting that can be duplicated and used in any suburban or rural area. The program was developed by peers, but can be duplicated by agencies who have only service delivery people as peers.

LESSONS LEARNED: By using science-based program development in conjunction with life style experience of peers, a cost-effective, behavior-changing HIV prevention program can be implemented and continued successfully in a community acceptable way in a small-budget agency. This no-fail combination of facts provides service delivery and accountability to funders.

ABSTRACT 429

Implementation of Non-occupational Post-exposure Prophylaxis in Australia

O'Sullivan, B; Correll, P; Smith, D; Kippax, S; Hendry, O; Grulich, A

National Centre in HIV Epidemiology and Clinical Research, Sydney, Australia

BACKGROUND: In contrast to the US, many health jurisdictions in Australia have introduced guidelines recommending the use of antiretroviral therapy for PEP after non-occupational exposure. These guidelines recommend the prescription of PEP as soon as practical after non-occupational exposure to HIV.

OBJECTIVES: We conducted a population-based, observational study of the use of PEP in New South Wales, Australia. All doctors who were able to prescribe PEP were contacted and asked to refer patients eligible for PEP, whether or not they elected to receive the treatment. Participants were followed up at baseline, 4 weeks and 6 months after prescription.

RESULTS: From December 1998 to December 2000, there were 215 enrollments to the study, with average enrolment increasing from an average of 1 a week in December 1998 to 4 a week in December 2000. The study continues to enroll at a rate of 4 – 5 per week. Overall, 69% of exposures were male homosexual contact, 11% heterosexual contact, and 16% percutaneous injuries including injecting drug use. In 48% of cases, the source person was known to be HIV-positive, and this was highest in homosexual men. The median time between exposure and receipt of treatment was 23 hours. Despite guidelines that recommend two drugs in most situations, 76% of prescriptions were for three or more drugs. People who experienced the highest risk exposures (percutaneous exposure, or unprotected anal or vaginal intercourse with a known positive source) were more likely to receive three drugs. The drug regimen most commonly prescribed was zidovudine and lamivudine with either nelfinavir or nevirapine. Compliance was assessed as good by the treating practitioner in over 75% of cases. Side effects were experienced by 67% of those who were prescribed PEP but were mostly mild. There were two serious adverse effects including a case of Stevens–Johnson syndrome and a case of severe myopathy. Of the more than 50% of participants who had been followed to 6 months, none had seroconverted to HIV in relation to the risk episode, although one man became infected in relation to continuing risk behaviour after receiving PEP.

CONCLUSIONS: In this setting of the introduction of non-occupational PEP, uptake was modest, and prescription was mostly appropriate for moderate to high-risk exposures. Compliance was better than that reported for occupational exposure. The overuse of three-drug combinations was of concern, and probably contributed to the high rate of reported side effects.

ABSTRACT 430

Sex Worker Health, San Francisco Style: A Peer-Based Specialty Clinic in San Francisco

Cohan, DL¹; Cloniger, C²; Breyer, J³; Cobaugh, C³; Klausner, J²

1 University of California (UCSF), San Francisco, CA; 2 San Francisco Department of Public Health, San Francisco, CA; 3 St. James Infirmary, San Francisco, CA

workers rarely look at other health issues beyond HIV and sexually transmitted infections (STIs).

SETTING: A comprehensive, multi-service clinic designed by and for sex workers in the San Francisco Bay Area.

PROJECT: The St. James Infirmary (SJI) is an innovative, peer-based health and safety clinic for sex workers in the San Francisco Bay Area. The clinic is a unique collaboration among the San Francisco Department of Public Health, UCSF Department of Obstetrics and Gynecology, and community sex worker activists. Services include primary medical care; testing and treatment of HIV, STIs and hepatitis A, B, and C; immunizations; peer counseling; and legal, mental health, and social service referrals. Nearly all SJI staff members are current or former sex workers.

RESULTS: Between June 1999 and January 2001, 223 sex workers received medical care for a total of 545 clinical encounters. Women obtained medical care more often (77% of patients) than male (16%) and transgender clients (7%). In the past year, women had a mean of 67 non-intimate male partners; men had a mean of 100 non-intimate male partners; and transgender patients had a mean of 25 non-intimate male partners. Overall, 26% of patients reported receptive anal sex, 16% of whom never use a condom. Sixty-five percent of patients reported vaginal sex, 18% of whom never use a condom. No condom was used during the last sexual encounter by 68% of patients with a main partner or by 28% of patients with a non-intimate partner. Of 149 sex workers tested, there were no new diagnoses of HIV infection. There were 4 known HIV-infected sex workers who sought medical care at SJI. Elective screening was performed for chlamydia (n = 194), gonorrhea (n = 232), and syphilis (n = 149), with a prevalence of 0.5%, 1.3%, and 0% respectively. Nonetheless, 64% of clients reported using drugs and 20% injecting drugs. Forty-six percent smoke tobacco. Forty-seven percent of clients disclosed a history of domestic violence, and 51% had experienced violence or harassment in the workplace.

LESSONS LEARNED: The health needs of sex workers are broader than simply STIs and HIV – including violence, drug use, and tobacco use. Furthermore, sex workers are interested in participating in research on their community if they are included in the process.

ISSUE: Few HIV prevention programs include sex workers as collaborators. Furthermore, programs targeting sex

ABSTRACT 431

How To Do HIV Outreach to the Asian & Pacific Islander Community*Nguyen, A; Chen, A; Promlack, T; Dang, H*

ISSUE: Asian and Pacific Islander (A&PI) communities don't think that HIV/AIDS is a serious health problem for them. They tend to think of HIV/AIDS as a gay disease. There is a lack of information about health and HIV/AIDS available. HIV/AIDS is a taboo topic of conversation.

SETTING: Outreach workers go into the community to reach their target audience, which is gay, lesbian, bisexual, and transgender A&PIs. They go to nightclubs, restaurants, video stores, massage parlors, temples, schools, street fairs, etc., in San Francisco.

PROJECT: There are different staff members to outreach different communities. The Asian & Pacific Islander Wellness Center's MSM (men who have sex with men) program has Vietnamese, Cambodian, Thai/Lao, and Pacific Islander outreach workers and programs. Various support groups and workshops provide forums to discuss issues, share feelings, and educate the A&PI communities. Topics include coming-out issues, safer sex, sexual decision-making, multi-racial relationships, HIV status in relationships, self-esteem, etc.

RESULTS: Four full-time outreach workers with assistance from about eight volunteer/peer leaders serve the A&PI community in San Francisco. Each visit to large dance clubs reaches approximately one to two hundred A&PIs with HIV/AIDS information, referrals, and education. At street fairs like the Castro Street Fair, thousands of people of all races and cultures come by the A&PI booth for information, education, and referrals. Wednesday evenings at the A&PI Center are Wellness Wednesdays. The MSM-outreach workers staff Wellness Wednesdays and offer free HIV testing and counseling to several individuals weekly in several languages, e.g. Vietnamese, Thai/Lao, Cambodian, Tagalog, etc. A total of 16 languages are available through our agency.

LESSONS LEARNED: HIV/AIDS education and counseling needs to be delivered in a culturally sensitive way and in the native language of the client when possible. This is especially true for the A&PI communities, which do not place a high priority sometimes on health but rather on financial survival in a new country, etc.

ABSTRACT 432

Best Practices in Implementation of the Revised Guidelines on HIV Counseling, Testing and Referral*Randall, LM; Hunt, K*

ISSUE: HIV counseling, testing and referral (CTR) has long served as a key prevention strategy. A number of important advancements in technologies and techniques relevant to HIV counseling, testing and referral services have occurred in recent years. As a result, the CDC has recently released revised *Guidelines on HIV Counseling, Testing and Referral*. Implementation of these guidelines is expected to enhance the effectiveness of CTR as an intervention both through application of evidence-based technologies and techniques and through improving access and acceptability of CTR services among at-risk communities.

SETTING: This session will address the different environments in which CTR services take place including, public health clinics, outreach settings, and community-based organizations.

PROJECT: This session will profile current practices responsive to recommendations articulated in the CDC *Guidelines on HIV Counseling, Testing and Referral*. Individual presentations will address: implementation of alternative counseling techniques; use of multiple testing technologies; routine and targeted testing; and CTR services in the community-based settings.

RESULTS: A panel representing state and local health departments will discuss the development and implementation of CTR strategies. Challenges and facilitators to program implementation will be described. Quality assurance and provider training technical assistance issues will be highlighted.

LESSONS LEARNED: The learning objectives of the session include:

1. To identify challenges associated with managing and monitoring referrals
2. To describe a variety of referral strategies
To highlight "best practices" in referral services
3. To identify technical assistance needs and potential strategies for improving referrals

ABSTRACT 434

Addressing HIV/AIDS Among Migrant and Seasonal Farmworkers and Their Families: A Replicable Model

Gonzalez, M; Ortega, R; Cisneros, R

Farmworker Justice Fund, Inc.

ISSUE: Roughly 4.17 million farmworkers and their dependents can be found in the US. Of these, about 60% live in poverty, nearly 80% are Hispanics, and many do not speak English. When we add to this the fact that the National Commission to Prevent Infant Mortality estimates the rate of HIV/AIDS infection among farmworkers to be approximately *10 times* the US national average, we see the need of finding an appropriate method of providing this population with HIV education.

SETTING: Peer-to-peer educational activities, culturally and linguistically appropriate, provided by *Promotores de Salud* to migrant and/or seasonal farmworkers or family members as well; at homes, churches, on transportation provided to and from fields, and in the fields themselves.

PROJECT: The Farmworker Justice Fund, Inc. (FJF) with the collaboration of local CBOs, recruited and trained *Promotores de Salud* (lay health workers) at four US-Mexico border communities with large migrant and seasonal farmworker populations to provide HIV/AIDS education. FJF effects the training with a culturally sensitive, linguistically appropriate Spanish curriculum created by FJF. Furthermore, *Promotores* are supplied with handouts (condoms, fact sheets, etc.) by FJF for peers and/or other community members for the educational activities

RESULTS: (a) **In the communities**, over 20,000 community members have been educated with reference to HIV/AIDS; hundreds have been assisted with HIV Testing, encouraged to use protection and provided with condoms, as well as assistance with additional referrals. (b) **The Promotores:** These not only provide educational activities, but have honed new skills. As the writers of a fotonovela and the producers of HIV/AIDS prevention plays ("*La Importancia De La Prevención*") they have received local, state and national recognition. The *Promotores* have become models for others in their communities, evolving into the new leaders in those communities. (c) **FJF:** In addition to being acknowledged by its local partners, FJF has

been recognized by other local, state and national organizations for being a driving force for education within the targeted population of these communities. Even more, FJF was also honored when it was awarded the *2000 CDC Business and Labor Response to AIDS Leadership Award* for providing education to all the family.

LESSONS LEARNED: There are many reasons for which migrant and seasonal farmworkers are at risk for HIV/AIDS, these however can be reduced with the aid of *Promotores de Salud*. We trust, we listen to what is being said when it comes from "one of our own". As peer educators they have created change in their communities and are now looked upon with respect and as someone to be emulated. Plays presented in their own settings with their same backdrops have helped in some cases to dispel myths such as machismo and in others to encourage more and often new dialogue between partners, or even between parents and children. Very importantly, the *Promotores* serve to bridge the cultural gap that many times exists between public health providers and the farmworker community.

ABSTRACT 435

Sexual Risk Reduction Among Gay Men: Association With Risk of HIV Infection

Grulich, AE; Prestage, G; Li, Y; Law, M; Kippax, S; Kaldor, JM

National Centre in HIV Epidemiology and Clinical Research, Sydney, Australia

BACKGROUND: Despite many years of education emphasizing that the only form of safe sex is the consistent use of condoms, some gay men continue to practise unprotected anal intercourse (UAI), often within a context of risk reduction. Such practices include partner selection (anal sex with a regular partner who is believed to be HIV negative), practising insertive rather than receptive anal sex, and practising receptive anal sex with withdrawal.

OBJECTIVES: To document the extent of risk reduction practices and the association with risk of HIV seroconversion within the Sydney Men and Sexual Health (SMASH) study, a cohort of 701 initially HIV-negative men followed between 1993 and 1999. In this study, men underwent an annual interview and HIV serology testing.

RESULTS: Of the 701 seronegative men at enrollment, 30 became HIV infected between 1993 and 1999, with an annual incidence of between 1 and 2 per hundred person-years. The follow-up rate of those enrolled during 1992-3 was 61% by 1998. Overall, men reported UAI during 44% of the total person-years at risk (PYAR). UAI was subdivided by partner type and by whether or not any receptive UAI was reported, and the risk in these groups was compared to that in men who reported no UAI. Of the total person-years in which UAI was reported, 59% were from men who reported UAI only with a regular partner who was perceived to be negative (“negotiated safety”), while 41% were from men who reported a casual partner, a regular partner of unknown or positive status, or both. Men who reported UAI only with a regular HIV negative partner were not at significantly increased risk of HIV (7 seroconversions, RR 1.37, 95% CI 0.53 – 3.54). Of the total person-years in which UAI was reported, 23% were from men reporting only insertive UAI. Men who reported insertive UAI as their highest risk practice were at non-significantly increased risk of infection (4 seroconversions, RR 2.00, 95% CI 0.54 – 5.12). The risk was particularly high when the insertive UAI was with a regular partner who was not known to be seronegative (2 seroconversions, RR 7.34, 95% CI 1.63 – 33). Fifty-one percent of the PYAR were in men who reported receptive UAI with withdrawal as their highest risk, and these men were at significantly increased risk of HIV infection (13 seroconversions, RR 2.95, 95% CI 1.65 – 4.86).

CONCLUSIONS: A variety of forms of sexual harm reduction, other than the use of condoms, are employed by homosexual men. These include partner selection and insertive/receptive status during anal sex. In this study, although the power was limited, the practise of negotiated safety was not associated with an increased risk of HIV infection, whereas the practice of insertive UAI, or receptive UAI with withdrawal, were both associated with an increased risk of HIV infection. Educational interventions that address these forms of sexual harm reduction are needed.

ABSTRACT 436

HIV Prevention Interventions? Which Gives the Most Bang for the Buck? Cost-Effectiveness Analysis? Project RESPECT

*Varghese, B¹; Kassler, W²; Kamb, ML¹;
Peterman, TA¹; Douglas, JM³; Zenilman, J⁴;
Bolan, G⁵; Rhodes, F⁶; Iatesta, M^{1,7}*

1 Centers for Disease Control and Prevention, Atlanta, GA; 2 New Hampshire Department of Health and Human Services, Concord, NH; 3 Colorado Department of Public Health and Environment, Denver, CO; 4 Baltimore City Health Department, Baltimore, MD; 5 San Francisco Department of Public Health, San Francisco, CA; 6 Department of Health and Human Services, Long Beach, CA; 7 New Jersey Department of Health and Senior Services, Trenton, NJ

BACKGROUND/OBJECTIVE: A multicenter randomized controlled trial (Project RESPECT) found that compared to informational counseling typical of current practice, both 2-session risk-reduction counseling (CDC model) and 4-session behavior theory-based intervention prevented 20% of incident STDs annually. This study evaluates the cost effectiveness of risk reduction vs. informational counseling in preventing STDs and HIV from societal and provider (STD clinic) perspectives.

METHODS: We collected time and wages for counseling and administration, and for societal costs we included patient and treatment costs of STDs. Costs of the intervention were estimated by adjusting per-person costs for non-completion of sessions. We estimated effectiveness in terms of cases of STD prevented over a 12-month period. For HIV, we assumed that counseling resulted in similar reduction in risk and estimated the prevented HIV cases. Incremental cost-effectiveness ratios were estimated and are expressed in 1999 US\$ for a cohort of 10,000 patients.

RESULTS: The marginal cost of counseling per person for the provider [societal] were: \$22 [\$260] for information; \$33 [\$249] for 2-sessions; and \$128 [\$410] for 4-sessions. Compared to information session, patients in 2-session counseling had 16% fewer STDs and 4-session had 20% fewer STDs.

Description	Information	2-session	4-session
STD cases [cases prevented]	2,607 [ref]	2183 [424]	2085 [522]
Provider cost for the intervention	\$201,404	\$ 305,623	\$959,403
Incremental societal cost per STD prevented	Referent	\$70	\$2,232
HIV cases [cases prevented]	30 [ref]	25 [5]	24 [6]
Incremental societal cost [savings] per HIV prevented	Referent	\$(157,959)	\$34,580

CONCLUSIONS: Compared to information, both risk reduction counseling models prevented STDs and HIV. However, the 2-session counseling model prevents disease at a fraction of the cost of 4-session model. The 2-session counseling intervention is very cost-effective in preventing STDs and actually saves money by preventing HIV.

ABSTRACT 437

Cost-Effectiveness Evaluation of HIV and STD Prevention Programs: Hampden County Correctional Center (HCCC), Massachusetts and Cook County Jail (CCJ), Illinois

Varghese, B¹; Mugalla, C¹; Gift, T¹; Beidinger, H¹; Irwin K¹; Conklin, T²; Vivian, J²; Mier, S³; Beete, D³; Broussard, D³; Kraut, J⁴; Tuthill, R⁵; Beidinger, H⁶; McIntyre, A⁷

1 Centers for Disease Control and Prevention, Atlanta, GA; 2 Hampden County Correctional Center (HCCC), Ludlow, MA; 3 Cook County Jail (CCJ), Chicago, IL; 4 Northern Illinois University, DeKalb, IL; 5 University of Massachusetts, Amherst, MA; 6 Chicago Department of Public Health, Chicago, IL; 7 University of Illinois, Chicago, IL

ISSUE: Correctional facilities offer access and an opportunity for HIV/STD prevention for a sub-population who are often at higher risks of these diseases than the general population. However, resources for HIV and STD programs are limited. Cost-effectiveness evaluation is an important tool that can be used to help guide resource allocation.

SETTING: Hampden County Correctional Center (HCCC), Massachusetts and Cook County Jail (CCJ), Illinois.

PROJECT: To compare the: a) cost of serum and oral mucosal transudate HIV tests in notifying inmates of test results; b) cost-effectiveness of HIV counseling and testing (CT) compared to no CT in preventing future infections; c) cost to detect and treat a new case of gonorrhea using urine-based nucleic acid amplification tests vs. non-amplification tests with urethral or endocervical specimens and cost-effectiveness of using universal vs. targeted or no screening for gonorrhea and chlamydia; and d) cost to detect and treat a new case of syphilis with a stat Rapid Plasma Reagin (RPR) testing program vs. a routine RPR program at CCJ.

RESULTS: The panel will present results from cost and cost-effectiveness studies and evaluate the programs and provide recommendations to HCCC and CCJ.

LESSONS LEARNED: Cost-effectiveness analysis is an important tool for evaluating programs.

ABSTRACT 438

Prevention in HIV Primary Care: Prevention Policies in Massachusetts ACT NOW Sites

Hirschhorn, LR^{1,2}; Kunches, LM¹; Amicone, L³; McGuire, JF³; the ACT NOW QA Working Group

1 JSI Research and Training, Boston, MA; 2 Dimlock Community Health Center, Roxbury, MA; 3: Massachusetts Department of Public Health, Boston, MA

ISSUES: Primary medical care of people living with HIV/AIDS (PLWH) is becoming more complex in the HAART era with increasing rates of co-morbidities including substance abuse, mental illness and hepatitis. The integration of prevention in a growing number of areas into primary care is critical to reduce the spread of HIV, and to continue improvements in morbidity and mortality. These areas include risk reduction, prevention of opportunistic infections, post-exposure prophylaxis (PEP) and adherence. Written policies are important to standardize prevention practices and ensure quality of care (QOC).

SETTING: Eleven health centers, which receive funding from Massachusetts Department of Public Health to provide care to uninsured and underinsured PLWH (ACT NOW program).

PROJECT: As part of a comprehensive HIV primary care quality assurance project, we reviewed the existence of prevention policies in a 10 areas including risk reduction, STD management, partner notification, PEP, and adherence. Protocols were scored as written (= 2), practiced but not written (= 1), and not in place (= 0). Mean scores were calculated for each policy across sites and for total policies at each site.

RESULTS: The mean policy scores ranges from 0.91 to 1.81 with the highest number of sites having written policies in counseling and testing, occupational PEP, and STD treatment. Lowest scores were in non-occupational PEP, partner notification and management of acute retroviral syndrome. Mean site scores ranged from 0.9 to 1.9.

LESSONS LEARNED: The existence of written or practiced prevention policies varied widely between sites and within sites of HIV primary care despite similarities of practice characteristics between many sites. Protocols for which national guidelines exist were more likely to be in place at all sites. Sharing of existing written policies in the areas of prevention in primary care settings and further development of guidelines in prevention and HIV/AIDS care are important to decrease administrative burden, increase adoption of minimal standards and potentially improve QOC.

ABSTRACT 439

Closing the Gap: Meeting the Sexual Health Needs of Women in Prostitution by Collaborating with Law Enforcement

Headlee, MR; Krempasky, MB; Dorian, KJ; Coleman, DA; Collins, WE

Sexual Health Team, Columbus Health Department, Columbus, OH

ISSUE: The Columbus Health Department (CHD) in collaboration with the Franklin County Correctional Center (FCCC), community and law enforcement agencies began seeing need for STD testing for women charged with crimes relating to prostitution. The Columbus Health Department already offered HIV testing once a week, but these agencies realized gaps in services existed for these women in large part because of the overburdened FCCC medical staff. Many women were released before they could be tested for STDs.

SETTING: To provide sexual health services for women working in the sex industry field. The women are located in the Franklin County Correctional Facility while awaiting hearings or serving sentences.

PROJECT: Members of the CHD Sexual Health Team working closely with the FCCC medical staff began offering on site testing for STDs in March of 2000. The CHD staff person is provided with a list of women who have been brought in on prostitution-related charges, those women are brought to the medical area. Sexual health assessments are done with each client and they are offered LCR urine testing for chlamydia and gonorrhea and blood is drawn for syphilis. The results are returned to the client within one week and the FCCC medical staff does all necessary treatments.

RESULTS: Currently we have tested 379 women and found 44 positive for chlamydia, 29 positive for gonorrhea, 8 dual infections, and 24 positive for syphilis with 7 new cases. We have also referred many women into our sexual health clinic and have helped some women address addiction issues.

LESSONS LEARNED: The women have been very receptive to testing in such an efficient and non-threatening manner. The data shows these women are at high risk for STDs and continued collaboration and expansion of services are warranted.

ABSTRACT 440

Delivery of HIV Prevention Counseling by HIV Medical Care Providers: Preliminary Results from a Multi-Site Provider Survey

Metsch, LR¹; Gardner, LI²; Loughlin, AM³; Anderson-Mahoney, P⁴; Duffus, WA⁵; Dickinson, G¹

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

OBJECTIVE: The integration of HIV prevention services into HIV medical care is one of the national objectives of the CDC HIV prevention Strategic Plan. A multi-site survey of medical care providers aims to describe the current HIV care practices, and the provider-specific barriers to prescribing and monitoring ART. In addition, provider-specific prevention initiatives, such as treatment, transmission and risk reduction counseling will be assessed.

METHODS: Surveys were mailed to over 400 HIV medical providers including physicians, physician assistants, and nurse practitioners from practices that serve disadvantaged HIV-infected adults. This study was conducted in four metropolitan areas in the United States (Los Angeles, Baltimore, Atlanta, and Miami).

RESULTS: Preliminary data (n = 63) indicate that 56% of providers report discussing transmission prevention with their patients on a frequent basis or during every session while 44% provide counseling once or twice a year or only if asked. When the providers were asked if they provided HIV prevention counseling to new patients,

72% of providers reported doing so with more than 75% of their patients. When asked the same question about established patients, 19% of providers reported providing HIV prevention counseling with more than 75% of their patients. The majority of providers (81%) reported spending less than 10 minutes on HIV prevention counseling, with 37% reported spending less than 5 minutes doing so.

CONCLUSIONS: While providers discussed transmission prevention practices with their patients, the frequency by which these services are provided is less than optimal. Providers were more likely to report the delivery of HIV prevention counseling with new patients compared with established patients.

ABSTRACT 441

Non-occupational PEP (NPEP) Use in Massachusetts: Experience in 6 Diverse Sites

Mayer, KH¹; Singal, R¹; MacGovern, T¹; Kwong, J¹; Smith, D²; the Mass. NPEP Surveillance Team

1 Fenway Community Health (FCH), Boston, MA; 2 Centers for Disease Control and Prevention, Atlanta, GA

BACKGROUND: NPEP has been used in Massachusetts for more than 3 years. A recent statewide survey revealed differences in provider experience with NPEP and the indications for which it was prescribed. Subsequently, 6 different sites with prior experience with NPEP were selected to participate in a surveillance network to track its usage.

OBJECTIVES: To provide the first description of an NPEP surveillance system established in Massachusetts by the CDC and FCH, in collaboration with local organizations.

RESULTS: Between 11/99 and 1/01, 103 persons receiving NPEP were reported: 71 were from FCH, a community health center that serves Boston's gay community; 16 were from a Boston teaching hospital; 6 were from a hospital in Lawrence; 5 from a hospital in Worcester; 4 from a private ID practice in Springfield; and 1 from a Boston children's hospital. Referrals for NPEP came from primary providers (9), from hot lines (12), sexual assault programs (9), AIDS service organizations or HIV testing sites (5), 22 persons presented directly to hospitals (including ERs) for NPEP; 16 were referred by their partner or a

friend. Four people presented for a second course of NPEP. The most common exposures associated with NPEP were: anal intercourse (43%), vaginal intercourse (36%), oral sex (35%), or needle exposure (6%). Fifty-four percent of those who received NPEP were MSM, 27% were women, 75% were Caucasians, 7% were African American, and 13% were Latino/a. The median age was 29. Ninety-nine percent presented within 72 hours. The most commonly used regimens were AZT/3TC/NFV (40%), AZT/3TC alone (47%). Completion rates for ART were 78% for those who returned for follow-up — but only 32% of those who initially presented, and did not differ substantially whether the patient used 2 or 3 drug regimens. Eighty-one percent of those returning for follow-up reported side effects. Referrals were made to other services for 81% of those who received NPEP. None of those who received NPEP has been found to have subsequently become HIV infected.

CONCLUSIONS: NPEP in Massachusetts has been used in a diverse array of settings. People who may be appropriate candidates for NPEP may present to a variety of community-based programs, suggesting the need for wider provider education regarding the indications for NPEP and the availability of local community resources. Long-term program assessment was difficult because of limited follow-up rates.

ABSTRACT 442

Microbicides 2001: A Review of What is Known and Directions for Future Research and Advocacy

Mayer, KH; Rosenberg, Z; Harrison, P

Brown University, Providence, RI; Fenway Community Health, Boston, MA

ISSUE: With more than 8,000 women becoming infected with HIV every day, there is an urgent need for safe, cheap, and effective means of mucosal protection against HIV transmission that are under a woman's control. Moreover, anal intercourse continues to be a major route of HIV transmission for women and MSM. Topical microbicides may offer effective means of mucosal protection.

PROJECT: To review the salient features of the biology of HIV transmission that need to be considered in the development of new microbicide agents. To discuss the data from efficacy studies of nonoxynyl-9 (N-9), which failed to demonstrate in vivo protection, despite promising in vitro findings; To review the current status of development

of new microbicide agents and to discuss recent clinical guidelines for testing these products; To discuss the existing opportunity for advocacy for the more expeditious development of protective microbicides.

RESULTS: More than 60 different products have been developed for use as topical anti-HIV microbicides, although none has yet been shown to be protective in clinical trials. Microbicides may act by a variety of mechanisms, including the disruption of the viral envelope or membrane, promotion of agglutination, alterations in micro-environmental pH, interference with HIV binding to target cell receptors, inhibition of viral-cell fusion, and inhibition of post-fusion events (including the inhibition of viral replication). The only compound studies in efficacy trials thus far is the surfactant, N-9, which has not been protective. Compounds using other mechanisms of action, such as altering vaginal pH and inhibiting HIV binding, have been shown to be safe in early phase studies and will soon be studied in efficacy trials. Effectiveness trials will require thousands of participants, necessitating the development of large, multicenter consortia, such as the HIV Prevention Trials Network, and outlays of hundreds of millions of dollars. Several US and international trials groups have been established to mount these studies, and support from private foundations has recently increased. Parallel studies of the effects of these compounds on other STD pathogens, vaginal and rectal microflora, and other potential surrogate markers of activity, such as genital tract and rectal cytokines, HIV load, and pH are also underway. Advocacy for increased funding for, and public awareness of, microbicide research has been undertaken by a variety of interested groups, with the coordination of the Alliance for Microbicide Development.

LESSONS LEARNED: Microbicide research is progressing rapidly with emphasis on candidate products with a variety of mechanisms of anti-HIV activity. Efficacy trials getting underway may help to demonstrate the activities of these anti-HIV microbicides in preventing HIV transmission.

ABSTRACT 443

From Clinic to Community and Back Again: Helping Youth in Detention Centers Feel Comfortable

Headlee, MR; Kremapsky, MB; Dorian, KJ; Marion, SL

The Columbus Health Department, Columbus, OH

ISSUE: For three years Columbus Health Department (CHD) in collaboration with Franklin County Correctional System has offered non-invasive LCR testing for chlamydia and gonorrhea to youth in Juvenile Detention Center (JDC). We have built many relationships with the youth and realized we could meet more of their needs by expanding our testing to include more comprehensive services.

SETTING: To expand an already existing program to better meet sexual health needs of incarcerated youth by adding testing for syphilis, HIV and comprehensive sexual health exams looking especially for viral STDs. To help youth feel comfortable with accessing services independently outside of JDC.

PROJECT: By offering youth sexual health education in non-threatening confidential environment, staff can assess youth for their personal testing needs. When a youth is determined to have needs that cannot be met in JDC environment that youth is brought to CHD clinic for full exam, which is completed by a nurse clinician they have already talked with at JDC.

RESULTS: Of 1139 adolescents tested, 232 were positive for chlamydia, gonorrhea or both. To date expansion services have resulted in finding a new case of syphilis and made many diagnoses of HPV, PID, bacterial vaginosis and trichomoniasis. We will continue to gather data on expansion services.

LESSONS LEARNED: Youth are now more comfortable with accessing sexual health care and feel it is something they can do, after leaving JDC. Continued and expanded collaboration is needed to help insure incarcerated youth have accessible sexual health education and screening.

ABSTRACT 445

Unprotected Sex and the Internet: Is Meeting Place Related to Risk?*Perdue, T¹; Thiede, H¹; MacKellar, D²; Valleroy, L²*

1 Public Health – Seattle Et King County, Seattle, WA; 2 Centers for Disease Control and Prevention, Atlanta, GA

BACKGROUND: Patterns of HIV-related risk behavior among young men who have sex with men (YMSM) may vary by where YMSM meet partners for sex. Recent studies suggest that MSM who meet partners through the Internet (chat rooms; bulletin boards) may take more sexual risks than those who meet partners at other venues.

OBJECTIVES: To assess sexual and drug-use risk behaviors by the places where YMSM met recent sex partners in Seattle, WA.

METHODS: The Young Men's Survey (YMS) was an anonymous, venue-based, HIV prevalence and risk behavior sample survey of young (age 23 – 29) MSM in six US cities. Seattle YMS asked participants where they met their three most recent sex partners.

RESULTS: A total of 431 Seattle YMS participants reported anal or oral sex in the last 6 months. Of these, 419 provided information on where they had met a total of 1183 sex partners. Forty-one percent of these partners were met in a bar or dance club; 28% through friends, at work, or at a party/social event; 10% through the internet; and 4% at bath houses, sex clubs, or other public sex environments (the remainder were met at other places such as businesses, on the street, on public transportation, etc). YMSM who met partners on the Internet were more likely to report recent unprotected anal sex with a non-monogamous partner compared with those who did not meet partners on the net, (16% vs. 9%, $p < 0.05$). Those who met partners at a bar or dance club were more likely to report sex while high on drugs or alcohol compared to those who did not meet partners at bars or clubs (69% vs. 58%, $p < 0.05$), while those who met partners on the Internet were less likely to report sex while high (45% vs. 69%, $p < 0.01$). Those who met partners at a bathhouse or sex club were more likely to report ever having an STD compared to those who did not meet partners at those venues (42% vs. 26%, $p < 0.05$).

CONCLUSION: In Seattle, meeting sex partners through the Internet was associated with recent high-risk sexual behavior. Intervention efforts should address the apparent higher levels of risk behavior among those who meet partners in cyberspace. Other focused interventions targeting risk factors (sex while high among bar and club patrons and STD risk among bath house/sex club patrons) are also indicated.

ABSTRACT 446

Innovative Evaluation Strategies for a Multi-site, Multiple-Intervention HIV Prevention Program for HIV-Infected Persons*Stratford, D¹; Dooley, S¹; Senterfitt, W¹; Braithwaite, R²; Hammett, T³; Baskin, M²*

1 Centers for Disease Control, Atlanta, GA; 2 Emory University, Atlanta, GA; 3 Abt Associates, Arlington, VA

ISSUE: The Prevention for HIV-Infected Persons Project (PHIPP) is a multisite program designed to provide primary HIV prevention services, through a wide variety of intervention types, to persons living with HIV. Evaluating such a complex project poses many challenges.

SETTING: The PHIPP grantee program sites vary considerably — from corrections institutions to street outreach to provider settings and public venues, among others — and are located in Maryland, Wisconsin, Los Angeles, San Francisco, and 10 other sites in California.

PROJECT: PHIPP goals include finding individuals who are HIV-infected but not in prevention and care services; providing primary HIV prevention services to HIV-infected individuals and linking them to state-of-the-art medical care and other services; and improving organizational capacity to provide these services. PHIPP evaluation goals include improving program performance and identifying effective strategies for conducting primary HIV prevention among people living with HIV and AIDS. We proposed to meet the challenge of evaluating PHIPP's multisite, multiple interventions by adapting Goodman's approach to evaluating community-based health programs: utilizing a variety of qualitative and quantitative methods, an array of data sources, and constant feedback of evaluation data into programs for program improvement. This approach, relying on the weight of evidence rather than the certainty of a clinical trial, is often more appropriate for community-based efforts than a randomized trial model.

RESULTS: The multi-method, triangulation evaluation approach advocated by Goodman and others for evaluation of community-based programs has been effectively adapted and is appropriate for large-scale, multi-site projects that involve community-based interventions. For example, in addition to the more traditional process evaluation measures, one PHIPP site is also utilizing resources such as minutes of front-line staff meetings, STD surveillance data, tracking police drug sweeps, and advisory board minutes to develop or revise weekly strategies for their mobile van intervention and track the impact of social contexts on program implementation and effectiveness.

LESSONS LEARNED: The evaluation team learned to begin with local evaluation needs, identified by grantees, rather than with a set of evaluation measures that would be applied across all sites. We then incorporated many comparable process and outcome measures from all the sites into a coordinated national evaluation plan. We found that utilizing an array of methods produced both quantitative and qualitative information about how successful programs operate, under what conditions, and what contributes most to their success.

ABSTRACT 447

Implementation of Rapid HIV Testing in a Local Health Department Sexual Health Program

Whetsel, JR; Krempasky, MB; Dorian, KJ; Coleman, DA

Columbus Department of Health, Columbus, OH

ISSUE: HIV testing coupled with interactive prevention counseling has been shown to reduce the risk of infection with STDs/HIV. Since a significant number of people testing at publicly funded testing sites do not return for their results, the CDC, recommends that rapid HIV testing be made available.

SETTING: Publicly funded sexual health program in a local city health department providing HIV testing to adolescents and adults, in Columbus, Ohio.

PROJECT: To evaluate the acceptance and effectiveness of offering rapid (less than an hour) HIV testing to clients testing in our STD clinic and counseling and testing site. A survey of STD clinic and HIV counseling and testing site patients found that they would be willing to pay \$10 for a rapid HIV test versus a free EIA, which

necessitated returning for results in 7-10 days. New protocols were written for routine pretest counseling to include a discussion of the rapid test and what positive results would mean. All counselors received training per CDC recommendations for rapid testing. A standard EIA Western Blot followed all positive SUDS/rapid tests.

RESULTS: Surveys revealed that a majority of STD clinic patients (58%), males (67%), females (58%), those under 25 (59%), over 25 (67%) years old, whites (71%), and blacks (47%) were willing to pay for the rapid test. From July 1999 through March 2000, 1003 patients were tested by SUDS/rapid EIA. Compared to the same period of time in 1998, number of patients testing increased by 10% and the number actually receiving HIV results increased by 17%.

LESSONS LEARNED: Sexual health program clients readily accepted the rapid HIV test and the percent of patients testing and receiving results increased.

ABSTRACT 448

The Options Project: Computer-Delivered Assessment of Risk Behavior in HIV Positive Patients in Clinical Care

Amico, KR¹; Cornman, DH¹; Fisher, JD¹; Fisher, WA²; Friedland, GH³

1 University of Connecticut, Storrs, CT; 2 University of Western Ontario, London, ON, Canada; 3 Yale - New Haven Hospital, New Haven, CT

ISSUE: The assessment of risky sexual and drug use behaviors in HIV+ individuals is critical to tailoring, implementing, and evaluating interventions targeting risk reduction in HIV+ patient populations. Assessment tools created to capture levels of and changes in the risk behaviors of HIV+ individuals must be as dynamic and diverse as the target population and reflect cultural competencies across a wide variety of risk groups (e.g., injection drug users, gay and bisexual males, sex workers, and heterosexuals). Such thorough assessments of risk behaviors are often not possible due to the burden that such lengthy assessments place on participants. A promising method for assessing risk behaviors in HIV+ individuals that is both thorough and flexible is the use of computer-delivered surveys. We present the development and implementation of the computer-delivered Assessment of HIV+ Risk Behaviors (AHRB) survey currently used in the multi-site Options Project.

SETTING/PROJECT: The Options Project is a controlled trial of a physician-delivered intervention based on the Information-Motivation-Behavioral (IMB) Skills model of risk reduction among HIV+ patients receiving clinical care at several HIV clinics in Connecticut. Two hundred-fifty patients will receive the intervention and be compared to 250 control patients. Initial levels of risk behaviors, in addition to key constructs of the IMB model, subjective health, and psychological status, are assessed via the computer-delivered AHRB at baseline. Reduction in risk behaviors and maintenance of safer behaviors is also assessed with the AHRB survey at 6-month intervals.

RESULTS: To provide a thorough yet manageable assessment of risk behaviors in an HIV+ population, a computer software package was used to produce a computer-administered self-interview with audio (ACASI) in both English and Spanish formats. The resulting AHRB survey is administered via laptop computers to Options Project participants in private rooms within the clinical care setting. As of 3/1/01, the survey had been administered to 186 patients. The length of time required to complete the survey averaged 40 minutes (15 to 112 minutes), with the Spanish version of the survey taking, on average, longer to complete (59 minutes) than the English one (33 minutes). Preliminary reliability analyses suggest acceptable internal consistency for IMB construct scales and measures of subjective health. Trends in reporting risk behaviors based on partner type and status are also reviewed.

LESSONS LEARNED: The efficacy of the Options Project's physician delivered intervention to HIV+ patients in clinical care is assessed primarily through the ACASI AHRB survey. Using an ACASI format, multiple skip patterns were employed that allowed for risk behavior assessment that was tailored to the specific participant's sexual and drug use behaviors. Additionally, the AHRB was manageable in length and sensitive to a wide range of sexual and drug use behaviors. Special issues in the assessment of HIV+ risk behaviors, including the handling of low base-rate behaviors, importance of maintenance, and language of survey are also discussed.

ABSTRACT 449

HIV Seroprevalence Among Persons Entering a County Correctional Facility in Illinois

Tablan, N; Gonzales, J; Woods, C; McAuley, J; Murphy, J

Chicago Department of Public Health, Chicago, IL

BACKGROUND: An estimate of HIV prevalence among entrants to the correctional facility (CF) is needed to better understand the current burden of infection in this population. Currently, the available prevalence data come from the CF's on-site, voluntary HIV counseling and testing (CT) program and represent only detainees who voluntarily seek HIV CT or are referred to HIV CT because of a positive sexually transmitted disease screen and who stay at the jail long enough to complete the program (typically 2 – 3 weeks). This study is an anonymous, unlinked survey that sampled persons immediately upon their admission to the CF and thus provides an estimate of HIV prevalence in the CF, with minimal volunteer and sampling bias.

OBJECTIVE: To estimate the prevalence of HIV-1 infection among persons entering the CF.

METHODS: From March through April, 2000, residual sera from routine tests performed during the CF's intake process were anonymized and then tested for HIV-1 antibodies using an enzyme-linked immunosorbent assay (ELISA). Specimens repeatedly reactive to the ELISA were tested by confirmatory Western blot. Consecutive samples were collected until the target sample sizes of 1,250 men and 1,250 women were reached. Information on demographic characteristics, reason for incarceration, and history or previous incarceration was obtained from correctional databases. Results from routine medical tests conducted at intake were obtained from laboratory records.

RESULTS: Data and satisfactory serum samples were obtained for 2,495 detainees. Of these, 64 (2.6%; 95 percent confidence interval 2.0 – 3.2) tested positive for HIV-1 antibodies. The rate was 2.5% for men (95% CI 1.6 – 3.4) and 2.6% for women (95% CI 1.8 – 3.6). By race/ethnicity, the rate was 2.7% for blacks (95% CI 2.0 – 3.4) and 2.3% for whites (95% CI 0.9 – 3.7). Adjusted to the gender distribution of the CF, the institutional seroprevalence is estimated to be 2.5% (95% CI 1.7 – 3.3). Those who had been previously incarcerated had a higher rate (3.4%) than those who had not (1.0%) (p

< 0.001, chi-square test). Those who tested positive for syphilis had a higher rate (7.0%) than those who tested negative (2.3%) ($p < 0.001$, chi-square test).

CONCLUSIONS: The estimated HIV seroprevalence among entrants to the CF is lower than the reported seroprevalence (5%) among detainees who access the CF's voluntary HIV CT program and is likely a less biased estimate of the prevalence among detainees in the CF. However, the two prevalence estimates are much higher than the estimated prevalence of HIV (approximately 0.7%) in the general county population, and underscore the need for intense HIV prevention efforts and treatment services targeting CF detainees.

ABSTRACT 450

HIV Testing Among Young Injection Drug Users in Substance Abuse Treatment

Pugatch, DL; Combs, CM; Lally, MA; Harwell, JI; Flanigan, TP; Brown, L

Brown Medical School, Providence, RI

BACKGROUND: Adolescents and young adults admitted to substance abuse treatment centers are at high risk of HIV infection due to risk taking associated with drug addiction.

OBJECTIVES: To examine the feasibility and acceptability of HIV testing, among adolescent and young adult IDUs in acute substance abuse treatment.

METHODS: Enrollment in this study was offered to clients, ages 18 – 25, in substance abuse treatment at two detoxification centers in Rhode Island. Subjects completed an interviewer-administered, confidential questionnaire about their demographics, HIV testing histories, drug use, sexual behaviors, and perceptions of HIV risk. All subjects were offered a choice of either a standard serum-based or an oral (OraSure®) HIV test.

RESULTS: As of December 2000, 77% (264/343) of eligible clients agreed to enroll in this study. Of these 264 enrolled, 169 were IDUs. This subgroup of IDUs had a mean age of 22 years and were 59% male, 148/169 (88%) white, 11/169 (7%) Hispanic, 2/169 (1%) American Indian, and 8/169 (5%) other. Seventy-five percent (126/169) of clients chose HIV testing as part of this study. In a multivariate model, not having had an HIV test in the past 6 months [odds ratio (OR), 14.4; 95% confidence interval (CI) 4.7 – 43.8, $p < 0.001$], not having received

the most recent HIV test result (OR, 5.0; 95% CI, 1.7 – 14.9, $p < 0.005$), having used speedball in the past 6 months (OR, 8.1; 95% CI, 2.7 – 24.5, $p < 0.001$), and having shared injection equipment in the past 6 months (OR, 3.3; 95% CI, 1.3 – 8.5, $p < 0.02$), were all independently associated with accepting HIV testing. One hundred percent of those tested chose the oral (OraSure) HIV test. Just under one percent, (1/126), tested positive for HIV-1 infection. Overall, 58% (73/126) of those tested received their results. Of those requiring a follow-up appointment outside of the treatment facility, only 8% (7/84) attended.

CONCLUSIONS: HIV testing is feasible and acceptable among young adult IDUs in the detox setting. The oral (OraSure) HIV test was preferred by all participants. Follow-up for test results and the potential for early diagnosis could be improved with new rapid-testing technologies.

ABSTRACT 451

An Emerging HIV Epidemic in Northern Vietnam

Chu, TV; West, GR; Durant, TM

BACKGROUND: The HIV epidemic in Vietnam is rapidly growing. More than 30,000 Vietnamese have been officially reported as having HIV or AIDS. However, more than 120,000 are believed to be HIV infected. In 1990, Vietnam identified its first HIV case in Ho Chi Minh City, located in the southern region. Since then, the number of HIV/AIDS case in each of the 61 provinces has increased. And in 1996, an HIV epidemic began to emerge in the northern provinces. HIV transmission in the North primarily occurs via injection drug use. Little data exists on the effectiveness of counseling Vietnamese injection drug users (IDUs) and their partners on HIV transmission. Effective counseling could help to reduce and to slow the spread of HIV transmission in all Vietnamese provinces.

OBJECTIVES: These analyses will: (1) identify the HIV seropositivity of the female sex partners of IDUs in the three Northern Vietnam Provinces [Hai Dung, Haiphong, Quang Ninh], and (2) assess HIV counseling use and client perceptions in Vietnam.

RESULTS: Between July and September of 2000, 135 HIV-infected IDU males were counseled and interviewed by representatives of Vietnam's National AIDS Standing Bureau (NASB) and staff of the preventive medical

centers of the three provinces. Participants were asked to identify female sex partners and reported sex with many partners including commercial sex workers. One hundred thirty-five steady or current female sex partners were anonymously counseled, interviewed and offered HIV testing. Among the identified sex partners, HIV seropositivity was found to be greater than 16% (22 of 135). Only 2 (of 135) female sex partners were injection drug users. Participants and their female sex partners readily accepted the counseling, but were very concerned about confidentiality and obtaining services.

CONCLUSIONS: HIV prevention counseling of HIV-infected men and their female sex partners is a feasible prevention strategy for Vietnam. Counseling is readily accepted, but there are substantial concerns about confidentiality and obtaining needed services. Injection drug users in Vietnam are sexually active and frequently transmit the virus to their female sex partners. A much larger HIV prevention program is urgently needed to reduce transmission risks and findings from this pilot project will be used to develop and adapt methods and interventions to the cultural context and situations in Vietnam.

ABSTRACT 452

HAART Penetrance, Attitudes, and Sexual Behavior: The Chicago Halsted Street Market Days Survey, 1998-1999

Ostrow, DG; Robinson, PB

Loyola University Medical School, Maywood, IL

OBJECTIVES: To measure over time the uptake of HAART among gay men in Chicago and the impact of HAART on attitudes and behaviors related to AIDS.

METHODS: The Halsted Street Market Days Survey (HSMDS) has been collected each August since 1997 at Chicago's largest community street fair. Participants are randomly approached, offered \$5 to fill-out a 4 – 6 page anonymous survey that measures knowledge and attitudes about AIDS/HAART, HIV serostatus, and sexual behavior with primary and casual partners.

RESULTS: Between 1998 and 1999, HAART usage increased from 73% to 89%. Otherwise the two samples were nearly identical in terms of age, race, ethnicity, and % HIV+ (13.5%). There was a reduction concern over HIV overall and for both HIV- and HIV+ men between 1998 and 1999. A similar pattern was seen for

decreased threat of HIV. HIV “safer sex” burnout increased only among HIV- men, while sexual sensation seeking increased modestly among HIV+ men. Over the same period, the percent of sexually active men who engaged in unprotected anal intercourse with primary partners increased from 52 to 60% for HIV- men ($P < 0.02$) but stayed stable at 37 to 44% for HIV+ men. In contrast, unprotected anal sex with casual partners increased from 32 to 41% ($p < 0.02$) for HIV- men and stayed at 51 to 48% (ns) for HIV+ men.

CONCLUSIONS: While HAART usage is increasingly occurring among HIV+ gay men, HAART-related attitudes and unprotected anal sex are occurring increasingly among HIV- gay men as well. In order to prevent new epidemics of HIV transmission related to HAART, effective interventions are urgently needed that address reduced concern about HIV and AIDS among both HIV+ and HIV- gay men previously thought to be well-educated about HIV risk.

ABSTRACT 453

Gender Differences in Sexual HIV Risk Behavior Among Young IDU in Substance Abuse Treatment

Pugatch, DL; Combs, CM; Patterson, DM; Reinert, S; Filippone, WJ; O'Connell, JV; Flanigan, TP

Brown Medical School, Providence, RI

OBJECTIVE: To examine the relation between gender and HIV risk behaviors among older adolescent and young adult injection drug users (IDU) in acute substance abuse treatment.

METHODS: IDU ages 18-25 completed a confidential demographic and risk behavior questionnaire during their stay in acute substance abuse treatment. Participants were offered a choice of no HIV testing, serum-based HIV testing, or oral fluid testing.

RESULTS: A total of 106 men and 72 women were enrolled in this study. While there were no significant gender differences in drug-related risk behaviors, significant differences were found between men and women's HIV sexual risk behaviors in bivariate analysis. Female IDU were significantly more likely to report having ever exchanged sex for money or drugs [risk ratio (RR), 3.3; 95% confidence interval (CI) 1.5 – 7.2, $p < 0.001$], and more likely to report having exchanged sex for money,

drugs, or a place to stay in the past 6 months (RR, 3.5; 95% CI, 1.6 – 7.6, $p < 0.001$). Female IDU were also significantly more likely to report having recently had sex with another IDU in the past 6 months (RR, 2.2, 95% CI, 1.6 – 3.1, $p < 0.0001$). Female IDU were more likely than male IDU to classify their risk for HIV as “high” ($p < 0.003$) as opposed to “low” or “no” risk. In a multivariate model, having ever exchanged sex for money or drugs [odds ratio (OR), 3.1; 95% confidence interval (CI) 1.2 – 8.1, $p < 0.02$] and having sex with an IDU in the past 6 months (OR, 4.5, 95% CI, 2.3 – 8.7, $p < 0.001$) were independently associated with female gender.

CONCLUSIONS: Female IDU were more likely to exhibit sexual risk behaviors than male IDU. Interventions that target IDU should focus specifically on sexual risk reduction in female IDU.

ABSTRACT 455

Adult Physical Abuse and Uptake of Male Condoms by HIV-Infected and At-Risk Women

Hamburger, ME¹; Moore, J¹; Koenig, L¹; Schoenbaum, E²; Schuman, P³; Mayer, K⁴; Vlahov, D⁵

1 Centers for Disease Control and Prevention, Atlanta, GA; 2 Montefiore Medical Center, Bronx, NY; 3 Wayne State University, Detroit, MI; 4 Brown University, Providence, RI; 5 New York Academy of Medicine, New York, NY

BACKGROUND: HIV prevention interventions focusing on the introduction and negotiation of male condom use may not be effective with women with a history of abusive or violent relationships. Women who have a history of abuse may feel helpless or powerless to change their partner’s behavior and consequently make no attempt to introduce or negotiate condom use. We used longitudinal data to investigate the extent to which adult abuse influences adoption of condom use by HIV infected and at-risk women receiving ongoing safe-sex counseling.

METHODS: As part of the CDC-supported HIV Epidemiology Research Study (HERS), HIV-infected and at-risk women were interviewed at baseline and semiannually thereafter. Information regarding medical history; drug use; sexual activity; history of adult physical abuse (i.e., asking women if they had ever been “beaten, physically attacked, or physically abused” as an adult); as well as psychosocial and sociodemographic information were obtained at each visit. Women also received HIV counseling

on safer sex and drug using practices. Uninfected women were tested for HIV at each visit. The main outcome variable for these analyses is consistent (always) condom use at one-year follow-up among women who reported *inconsistent* (not always) condom use at baseline.

RESULTS: A total of 414 women (197 uninfected and 217 HIV-infected) reported inconsistent condom use at baseline and were sexually active at the one-year follow-up, comprising the sample for these analyses. Two-thirds of the women (69% HIV infected and 66% uninfected) reported experiencing some form of physical abuse during adulthood. Among uninfected women, those with a history of adult abuse were nearly 3 times more likely to be concerned about their partner’s reactions to suggested condom use than women without a history of abuse (OR = 2.8; 95% CI = 1.35 – 5.75). Moreover, HIV uninfected women who reported ever experiencing adult physical abuse were 3.3 times *less* likely (OR = 0.3; 95% CI = 0.13 – 0.63) to report consistent condom use at one year than uninfected women who had not experienced abuse during adulthood (while controlling for potential confounders such as number of sex partners and drug use).

CONCLUSIONS: The pervasiveness of adult physical abuse and the deleterious impact it had on adoption of condom use suggests that traditional HIV counseling and testing may not be effective for HIV uninfected women with a history of physical abuse. To address this issue, HIV service providers should include an assessment of abuse history and, if necessary, consider this in their HIV prevention messages.

ABSTRACT 456

HIV Vaccine Trials: Current Status; Participation by Women, Youth, and Communities of Color; and an Interactive Discussion with Prevention Leaders about Issues for Testing and Counseling Program

Connor, E¹; Murguia, M²; Buch, A³; McCullough, R; Pick, B

1 Advocates for Youth, Washington, DC; 2 Capital Area Vaccine Effort, Washington, DC; 3 Vaxgen Study Community Advisory Board, USA

ISSUE: Development and deployment of an HIV/AIDS vaccine, likely still years in the future, will change the course of the AIDS epidemic. Prevention scientists,

workers, and organizations need information about the status of HIV vaccine trials and the issues that trials and vaccine development hold for them. Women, youth and communities of color are the new faces of the HIV epidemic, yet their participation in HIV vaccine trials is extremely low — in most sites less than 10%. Large vaccine trials in the US and other countries raise issues for testing and counseling because sero-positivity on a standard test may not be a reliable indicator of infection.

SETTING: HIV vaccine community advisory boards (CABs) and prevention programs

PROJECT: This workshop will increase participants knowledge about and skills to manage issues that vaccine research will pose for HIV/AIDS testing and counseling; discuss the level of meaningful community involvement in HIV vaccine trials and on CABs; identify ways for prevention leaders to work collaboratively with vaccine advocates to prepare communities for large scale HIV/AIDS vaccine trials; and manage the impact of vaccine research on testing and counseling.

RESULTS: Using a varied adult learning model, presenters will provide an update on the current status of HIV vaccine trials; will present and discuss communities that have traditionally been underrepresented in biomedical research, continue to be so in current HIV vaccine trials, and on CABs; discuss the issues for testing and counseling; and will describe successful community experiences that could be models for other communities.

LESSONS LEARNED: HIV vaccine trials are occurring in dozens of US communities and additional trials are planned in the US and in other countries. HIV prevention leaders need information about vaccine trials and an opportunity to dialogue with vaccine advocates and experts. Advocates for Youth explored the role of the CAB as it relates to participation of women, youth and communities of color in HIV vaccine trials, barriers to vaccine and clinical trials, ways to overcome barriers to vaccine clinical trials, and models of outreach, recruitment and retention.

ABSTRACT 458

Hepatitis B Infection Among Young Men who Have Sex With Men: The Baltimore Young Men's Survey

Sifakis, F; Hylton, JB; Solomon, L; Celentano, DD

1 The Johns Hopkins School of Public Health, Baltimore, MD; 2 Maryland Department of Health and Mental Hygiene, Baltimore, MD

BACKGROUND/OBJECTIVES: Estimate the prevalence of hepatitis B (HBV) infection, susceptibility to HBV, and co-infection with HIV, as well as determine associated risks of present or past HBV infection in a population of young men who have sex with men (YMSM) in Baltimore, Maryland.

METHODS: The Young Men's Survey was a cross-sectional, venue-based sample of YMSM aged 15-22, who frequented public venues. A questionnaire was administered and blood specimens were drawn for HIV and HBV testing between 1996-1998. Stepwise logistic regression was utilized to determine correlates of HBV infection. Agreement between report of HBV immunization and serology was investigated by means of the kappa (k) statistic.

RESULTS: There were 357 participants with complete records (39.6% African American, 47.8% white, 3.1% Asian, 3.1% Hispanic, 34.7% homosexual, 65.3% bisexual, median age of 20). Prevalence of past or present HBV infection was 10.4%, whereas the proportion of those still susceptible was 71.4%. Among the HBV infected, the rate of HIV co-infection was 24.3%.

Multivariate analysis revealed that HIV positivity (OR = 4.7; 95% CI: 1.8, 12.2), Asian (OR = 6.5; 95% CI: 1.4, 29.8), Hispanic (OR = 5.2; 95% CI: 1.2, 23.5), age at first anal sex with a man 15 – 19 years of age (OR = 3.1; 95% CI: 1.3, 7.2), ever runaway/removed from home (OR = 2.9; 95% CI: 1.3, 6.2), and having over 19 male lifetime partners (OR = 2.9; 95% CI: 1.3, 6.3) were independently associated with HBV infection. Agreement between self-report of HBV immunization and presence of HBV surface antibody was moderate (k = 0.44; 95% CI: 0.33, 0.55).

CONCLUSIONS: Prevalence of HBV infection is high (10.4%) among YMSM, particularly affecting HIV infected individuals and minorities. Absence of serologic markers for HBV, indicating susceptibility to future infection, is very high (71.4%), whereas report of HBV

immunization only marginally predicts the potential for spread of HBV. Prevention and education programs need to be further developed to promote HBV immunization, especially targeting ethnic groups and high-risk YMSM.

ABSTRACT 459

The Association of Perceived Peer Norms with Drug and Sexual Behavior of Gay/Bisexual Men During a Recent Circuit Party Weekend

Rader M¹; Mansergh G¹; Marks G¹; Colfax G²; Guzman R²; Buchbinder S²

1 Centers for Disease Control and Prevention, Atlanta, GA; 2 San Francisco Department of Public Health, San Francisco, CA

BACKGROUND: Previous studies have found that people's perceptions of peers' behaviors (i.e., perceived peer norms) are associated with their own behaviors. We examined this idea in the context of circuit parties (CP), which are weekend-long social events for gay/bisexual men where drug and sexual risk behavior are highly prevalent. This study assessed the accuracy of gay/bisexual men's perceptions of peer risk behaviors at CP and the manner in which those perceptions relate to their own risk behavior during a CP weekend.

METHODS: The sample of 209 gay/bisexual-identified men were recruited through street outreach and community-based organization in San Francisco. The men provided data on their own drug/sexual behaviors and their estimates of peer behaviors for their most recent CP weekend period. Accuracy of perceived peer norms was based on the difference between the prevalence of the actual behavior for the sample and the participant's estimated percent of peers who engaged in that behavior. Participants were divided into three categories based on their distance from the actual prevalence of the behavior: accurate-estimators (within ± 15 points), over-estimators ($> +15$ points) or under-estimators (< -15 points) of peer behavior. Individual and composite behaviors were assessed (unprotected insertive and receptive anal sex; use of ecstasy, crystal, ketamine and GHB).

RESULTS: More men (31%) overestimated than underestimated (24%) drug use; 45% of the men were considered accurate-estimators. In multivariate analysis that adjusted for sociodemographic variables, over-estimation on the composite drug use score was significantly

associated with an individual using multiple (3+) drugs during the CP weekend (OR, 11.4; 95% CI, 4.2 – 31.1). There were fewer men (23%) who overestimated than underestimated (60%) unprotected anal sex; 13% were considered accurate-estimators. In multivariate analysis, over-estimation of unprotected anal sex among peers was associated with the men's own unprotected anal sex (OR, 2.5; 95% CI, 1.6 – 3.7) and with higher income (OR, 1.7; 95% CI, 1.2 – 2.4). Those who underestimated peer drug and sexual behavior were less likely to have engaged in drug or sexual risk behavior themselves.

CONCLUSIONS: During CP weekends, over-estimators of peer behavioral norms are likely to have higher rates of that behavior, both for drug use and sexual risk behavior. Although the directionality of the association was not assessed in this cross-sectional study, other studies have demonstrated that perceived peer norms influence future behavior. HIV prevention interventions which focus on lowering inflated perceived peer norms of drug use and sexual risk behavior during CP weekends may reduce actual behavior of over-estimators.

ABSTRACT 460

Homelessness Among Persons With HIV/AIDS, 1990-2000

Schulte, JM; Curtis, AB; Burgess, D; Campsmith, M; Nakashima, A

Centers for Disease Control and Prevention, Atlanta, GA

BACKGROUND: Persons who are homeless may engage in behaviors such as injection drug use and sexual activity with multiple partners that increase the risk of HIV infection. Once infected, persons with HIV may become homeless if they are unable to work. However, few studies have assessed the prevalence of homelessness among persons reported with HIV/AIDS nationally.

METHODS: Our objectives were to assess the proportions of persons with HIV/AIDS who reported being homeless and to compare the demographics, risk behaviors, HIV testing circumstances and access to medical care among the homeless to those with homes. We used data from 12 states and local areas collected through interviews with adults who are 18 years of age or older and newly reported as HIV/AIDS cases. The data was collected between 1990 and November 2000 in SHAS, the Supplement to the HIV/AIDS Surveillance. Homeless persons were those who reported ever living on the streets or in shelters. We assessed difference between

the homeless and non-homeless using the chi-square test and report results as odds ratios with 95% confidence intervals.

RESULTS: Between 1990 and November 2000, 1,048 persons (4.3%) of the 24,296 HIV/AIDS cases reported ever being homeless. Of these, 464 (44.3%) were homeless before the HIV/AIDS diagnosis, 444 (42.4%) became homeless after the diagnosis, and 140 (13.4%) remained homeless. Compared to persons with homes, the homeless were more likely to be single (OR 1.20, 95% CI (1.06 – 1.37), to be black (OR 2.11, 95% CI 1.85 – 2.40), to use intravenous drugs (OR 3.19, 95% CI 2.81 – 3.63), to have dropped out of high school (OR 2.43, 95% CI 2.14 – 2.75) and have an income less than \$10,000 (OR 5.55, 95% CI 4.53 – 6.79). Homeless persons were more likely to have HIV testing done in a correctional setting (OR 3.81, 95% CI 3.16 – 4.59) and not to have a source of medical care in the last year (OR 1.86, 95% CI 1.58 – 2.19) than were persons with homes.

CONCLUSIONS: The small proportion of persons with newly reported HIV/AIDS who reported ever being homeless may represent a challenge for providers of treatment and prevention services. Problems of access to care may be exacerbated among homeless persons with characteristics such as low income and educational levels, incarceration in a correctional facility and drug use.

ABSTRACT 461

HIV and Latino Gay Men

Ayala, G¹; Diaz, RM²; Ramirez-Valles, J³; Zea, MC⁴; Reisen, CA⁴; Bianchi, FT⁴; Poppen, P⁴; Reisen, CA⁴; Echeverry, JJ⁴; Marin, BA²

1 UCLA, Los Angeles, CA; 2 University of California (UCSF), San Francisco, CA; 3 University of Illinois-Chicago, School of Public Health, Chicago, IL; 4 George Washington University, Washington, DC

DISCUSSANT: Marin, Barbara (University of California (UCSF), San Francisco, Center for AIDS Prevention Studies)

[EDITOR'S NOTE: The following four abstracts combined (Abstracts 461A, 461B, 461C, and 462D) comprise material to be presented in the group oral presentation "HIV and Latino Gay Men" (Abstract 461).]

ABSTRACT 461A

Good Community Action Research Has No Need For Translation: The Case of/Case for *Nuestras Voces* (Our Voices)

Ayala, G¹; Diaz, RM²

1 UCLA, Los Angeles, CA; 2 University of California (UCSF), San Francisco, CA

Seldom do investigators have the opportunity to document the research process (the necessary "process" ingredients and strategic decisions for effective community research). The proposed talk will tell a story that plots the evolution, successes and challenges of *Nuestras Voces* (Our Voices): The Latino Gay Men's Study.

Nuestras Voces is a five-year, three-city study of Latino gay men designed to document the role that social discrimination plays in determining the sexual risk for HIV infection observed in this population. A probability sample of 912 Latino gay men was drawn from men entering social venues (bars, clubs, weeknight events identified as Latino and gay) in the cities of New York (n=309), Miami (n=302) and Los Angeles (n=301).

All participants for the study were recruited in a week with more than 5,000 individuals approached and screened. The quantitative survey was preceded by a qualitative study in which we interviewed approximately 300 Latino gay men in the context of focus groups in the three cities. Eighteen months were devoted to an analysis of the qualitative data, the construction and pilot testing of the questionnaire to ensure its sensitivity, appropriateness and psychometric quality.

Our goal was to create a survey instrument that reflected the stated experiences of Latino gay men and that could reliably measure those experiences. The study was met with broad-based community support; excellent recruitment rates; psychometrically reliable scales; statistically significant relationships between experiences of social discrimination and psychological distress, substance abuse, and HIV risk; and unsolicited requests from community stakeholders for data runs and technical assistance.

We attribute the success of the study to three factors: 1) Considerable front-end planning; 2) basic people skills, i.e., patience, diplomacy, respect, honesty, humility; and 3) employment of conceptual frameworks and methods that honor local meaning, respect subjective experience, value input from community stakeholders, allow for

course correction throughout, view research as a service to the community, and does not privilege statistical significance over practical significance.

ABSTRACT 461B

Community Involvement and HIV Sexual Risk Behavior Among Latino Gay Men

Ramirez-Valles, J

University of Illinois-Chicago, School of Public Health, Chicago, IL

Gay and bisexual men's community involvement has two critical public health implications. First, through their involvement in gay and HIV/AIDS-related organizations, individuals develop and maintain a positive sense of themselves and become educated and conscious of HIV/AIDS risks and preventive behaviors. Second, via this involvement individuals affect change in their communities, and make health interventions culturally appropriate and sustainable. Yet, little research exists on community involvement and HIV sexual risk behavior among minority gay men, particularly Latino gay men.

The aims of this talk are to present preliminary results from the *Nuestras Voces* project on: a) the association between community involvement (e.g., participation in gay and Latino organizations) and sexual risk behavior. b) The correlates (e.g., education, SES, acculturation) of community involvement among Latino gay and bisexual men. Data come from a venue-based, probability cross-sectional sample of 912 Latino gay men who attend Latino-identified gay bars in New York, Miami, and Los Angeles.

Results from this study could help generate hypotheses for future research and guide prevention programs based on the active and direct involvement of participants, particularly communities of color.

ABSTRACT 461C

Disclosure of HIV Status Among Latino Gay and Bisexual Men

Zea, MC; Reisen, CA; Bianchi, FT

George Washington University, Washington, DC

Although the HIV crisis has affected gay men from all racial backgrounds and ethnicities, Latino gay men in the USA have been disproportionately affected yet

infrequently studied. This paper presents Year One summary of the Latino Men Research Project (LMRP), a four-year NIH-funded project on antecedents and consequences of disclosure of HIV status among Latino gay and bisexual men in New York and Washington, DC. The presentations will cover the project objectives, methodology, and preliminary results from the 160 HIV-positive participants.

This presentation will provide a conceptual overview of the project's theoretical model of disclosure of HIV status, as well as description of the sample. Studies on other populations have found disclosure is associated with medication compliance, psychological well-being, protected sexual behavior, and reduced substance use. The research model is concerned with understanding why Latino gay and bisexual men are less likely to disclose seropositive status than men from other ethnic groups.

Disclosure is conceptualized as a multi-domain construct that includes disclosure to family, friends, and main partner. We posit that different factors predict disclosure in each domain. For instance, anticipated consequences of disclosure vary across domains: Latino gay men may anticipate sexual rejection from potential sex partners while they may anticipate inflicting pain on their parents with the newly found knowledge of seropositive status. Similarly, they may anticipate support from gay friends and siblings. We propose that anticipated consequences of disclosure would influence levels of disclosure across domains. Other antecedents of disclosure are self-efficacy for disclosure, peer norms, and sociocultural factors such as experiences of discrimination because of sexual orientation and ethnicity.

Consequences of disclosure may also be organized differently across domains. We submit that those who have disclosed to main partners are more likely to have protected sex if the partner is seronegative, while those who have disclosed to family members and main partners are more likely to adhere to medical treatment because they do not need to hide their medication from their significant others. On the other hand, those who have not disclosed to friends and main partners may be more likely to experience loneliness and isolation, depression, and lower levels of satisfaction with social support.

To test this model, 160 participants were obtained in Washington, DC and New York City. Their average age was 38.4; they came from 18 different Latin American countries and the USA, and were more fluent in Spanish than in English. Ninety-two percent earn less than \$1,600 a month; 54% obtained a high school education or less. Most tested HIV-positive 7 years ago, and the earliest tested positive in 1985. Twenty-seven percent were formerly married to a woman.

ABSTRACT 461D

Data Collection Methodology in the LMRP Audio-CASI*Poppen, P; Reisen, CA; Echeverry, JJ*

George Washington University, Washington, DC

The target population for the Latino Men Research Project (Washington and New York) posed major challenges for data collection. This presentation concerns the methods used to address these problems. One objective was to develop valid measures for this population, regardless of English fluency and reading ability, on sensitive topics that are frequently misreported. Audio-enhanced CASI (Computer Assisted Self-Interviewing) was used to address these concerns.

For any survey, two major concerns are obtaining a representative sample of the population of interest and having adequate data collection techniques. Both of these concerns posed special challenges for the LMRP study: There are no lists of HIV-positive Latino gay men from which sampling can be done; common data collection techniques can be too rigid to accommodate participants with diverse language backgrounds and educational experiences. In addition, many of the LMRP domains of interest — antecedents and consequences of disclosure of HIV status — are sensitive topics that participants may misreport. For year one, our principal concern was with the development of adequate measures and data collection techniques. Audio-enhanced CASI was used to address the anticipated problems. With computer administration, we were able to use both English and Spanish questionnaires. The audio-enhancement allowed participants the option to hear (as well as read) instructions, questions, and response alternatives, enabling those with lower reading proficiency to participate. Touch-screen computers made responding simpler for those with limited computer experience. CASI has also been shown to improve reporting on sensitive topics: CASI participants typically reveal more information about threatening topics than do questionnaire or interview participants. Moreover, computer administration allows complex skip patterns that would be very difficult for participants to follow on questionnaires.

Overall, participants had favorable reactions to CASI. On average, participants took 97 minutes to answer all questions, the fastest taking 47 and the slowest 258; those answering in English took about 10 fewer minutes than those in Spanish. In this sample, 99% of the participants reported they had revealed their status to

their closest friends, 82% to their main partner, 34% to their mother, and 28% to their father. This presentation will provide more details on the preparation, use, and evaluation of the audio-CASI technique as well as preliminary findings on disclosure of HIV status.

ABSTRACT 462

Development, Implementation and Evaluation of a Combined Substance Abuse and HIV Curriculum for Inner-City Youth*Graham, AV; Wagstaff, B; McCain, R; Grey, S; Nichols, C*

Case Western Reserve University, School of Medicine, Cleveland, OH

ISSUE: Effective curricula have been developed for preventing substance abuse in youth and for preventing the risky sexual behaviors that lead to HIV infection. Currently, there are no tested curricula available that address both problems together, even though many of the skills needed to avoid both kinds of risky behavior are the same.

SETTING: Community-based HIV and substance abuse prevention sessions for groups of predominantly African American young people between the ages of 11 and 14 in Cleveland, Ohio.

PROJECT: Case Western Reserve University, The Substance Abuse Initiative of Greater Cleveland and Community of Faith Ministries have established a partnership to develop, implement and evaluate a theory-based, universal, combined substance abuse and HIV prevention curriculum for inner-city Cleveland youth between the ages of eleven and fourteen. In the development phase, elements from two tested curricula (*Life Skills Training* for substance abuse and *Be Proud! Be Responsible!* for HIV) have been integrated into single curricula to provide: (1) generic social and personal self-management skills, (2) specific substance abuse reduction skills, and (3) specific HIV risk reduction skills. In the implementation phase, the staff first recruits community organizations (churches, recreation centers), then parents with a presentation, and finally youth participants. The curriculum is then taught by trained community outreach workers. Evaluation includes a process component that assesses the development and implementation of the curricula, and a outcome component that assesses the curricula's effects on participant knowledge, beliefs, expectancies, self-efficacy,

and intentions to engage in risky behaviors with a control group that receive only the Life Skills Training curricula.

RESULTS: To date, 64 youths in 5 communities received the combined and 21 youths in 2 communities received the control curricula. Program completion rates were 100% and 86% respectively. However, no parents of youth in the combined curricula permitted their children to receive an optional session on condom use skills. Interviews with program staff and community leaders indicate that flexibility in presenting the program in different settings (i.e., daily summer camps, weekend retreats) was important. The provision of incentives was useful in increasing involvement, but accepting ownership of the program by community leaders and parents was more important.

LESSONS LEARNED: Limited implementation of this community-based program suggest that flexibility in the presentation of the program into different settings was important for implementation, but program fidelity needs to be assessed when altering the program to different settings. The role of community leaders and parents was essential when implementing this program. Few community leaders or parents supported the condom use skills session and attendance reflected this. Feedback from community leaders and parents indicated that traditional programming increasing parents in involvement is desired, and additional follow-up programming for youth is also desired.

ABSTRACT 464

Crack Cocaine Use, Antiretroviral Treatment, and HIV-Infected Black Women

Sharpe, TT; Lee, LM; Nakashima, A; Elam-Evans, L; Fleming, PL

Centers for Disease Control, Atlanta, GA

BACKGROUND: Adherence to antiretroviral treatment (ART) improves health and survival for HIV-infected persons and reduces potential for development of viral resistance. Effective regimens require complex schedules of ≥ 3 drugs. Adherence to ART is difficult for crack cocaine users because of cyclical crack binges. Many inner city poor black women are addicted to crack.

OBJECTIVES: To study the effect of crack cocaine use on ART adherence among HIV infected black women.

METHODS: We analyzed HIV/AIDS interview data reported to 12 state health departments. We selected

black women ≥ 18 years of age with HIV/AIDS who were interviewed from May 1996 to September 2000 in the Supplement to HIV/AIDS Surveillance (SHAS) Project. We used logistic regression to examine the effect of crack use on adherence to ART, controlling for age, education, and income. We stratified our sample into the following categories: non-drug users, users of other drugs, women who used crack.

RESULTS: Of 1195 women, 448 (37%) were non-drug users, 441 (37%) were other drug users, and 306 (26%) were crack users. In bivariate analysis, among 798 (86%) women currently taking ART, fewer crack users (56%) took their medicines exactly as prescribed compared with non-drug users (78%) and users of other drugs (63%) [$p = 0.001$]. In multivariate analysis, compared with non-users, crack users and users of other drugs were less likely than non-drug users to take their medicines exactly as prescribed [(OR 0.36, CI 0.24 – 0.56), (OR 0.50 CI 0.35 – 0.72)] respectively.

CONCLUSIONS: HIV-infected black women who use illegal drugs, especially those who use crack may require sustained treatment and counseling to help them reduce substance use and adhere to ART. HIV prevention among women should be comprehensive and include integrated drug treatment services.

ABSTRACT 465

Self-Reported Substance Use Problems Associated with Sexual Behaviors among Men Who Have Sex with Men

Tesh, E; Thiede, H; Perdue, T

Public Health – Seattle and King County, Seattle, WA

BACKGROUND: Studies have shown that substance use (drugs and alcohol) is common among men who have sex with men (MSM). To effectively target HIV prevention activities, it is important to identify which substances are perceived by MSM to cause problems in their lives and which may be associated with risky sexual practices.

OBJECTIVES: To assess self-reported problems with drugs or alcohol and the association with demographic characteristics and high-risk sexual behaviors.

METHODS: The Young Men's Survey (YMS) was an anonymous, venue-based, HIV prevalence and risk behavior survey of MSM aged 23-29 in six US cities. Seattle YMS data were used for this analysis. Participants were

asked if use of drugs or alcohol ever caused problems with family, social relationships, job, school, and financial or legal situation. Associations were assessed using chi-square, odds ratio (OR) and 95% confidence interval (CI).

RESULTS: Nearly all 436 Seattle YMS participants reported ever having used alcohol (99%). Drugs ever used included marijuana (78%), hallucinogens (45%), ecstasy (41%), cocaine/crack (36%) and methamphetamine (meth) (33%). Ninety-four (22%) reported ever having had problems with alcohol or drugs. Alcohol was reported as a problem by 13% (13% of alcohol users), meth by 7% (22% of meth users) and marijuana by 5% (7% of marijuana users). Twelve percent had tried to stop or reduce their use of alcohol, 7% had tried to stop or reduce their use of meth, and 5% had tried to stop or reduce their use of marijuana. Those who reported a substance use problem were less likely to have a college degree (37% vs. 62%), more likely to have been in jail (35% vs. 7%), report being forced to have sexual contact (40% vs. 23%), and report an STD (35% vs. 22%) in their lifetime. Having a problem with a substance was associated with having > 20 male sex partners (OR 2.0; 95% CI 1.3 – 3.3), ever having unprotected vaginal or anal sex with a female (OR 1.9; 95% CI 1.2 – 3.1), and being HIV positive (OR 3.2; 95% CI 1.3 – 7.9).

CONCLUSION: Lifetime risky sexual behaviors, history of an STD, and HIV infection were more common among men who recognized they had a problem with alcohol or drugs. Users of meth were more likely to report problems and to have made an effort to try to stop or reduce use compared to users of other substances. These findings suggest HIV prevention efforts should focus on men who have a substance abuse problem and caution young men about meth use.

ABSTRACT 466

The Development of a Comprehensive HIV Prevention Program for Inmates

Zack, B; Kramer, K

Centerforce, San Quentin, CA

ISSUE: Providing HIV Prevention in the correctional setting presents itself with inherent obstacles and barriers. The mission of the correctional institution is custody and control, not public health. The relationship between

(and among) custody staff and the inmate population is based on control and mistrust. There are few effective collaborative relationships between community agencies and corrections; even fewer that provide comprehensive services. By understanding these inherent differences between corrections and public health, community agencies can develop, implement and evaluate comprehensive HIV prevention interventions.

SETTING: San Quentin State Prison and the San Francisco Bay Area.

PROJECT: Centerforce staff has been providing HIV prevention programs at SQ since 1986. The initial program was a monthly presentation. Today's comprehensive programs include: 1) Daily HIV/health education at prison reception; 2) Voluntary HIV testing at prison intake; 3) Inmate peer education; 4) Newly diagnosed counseling; 5) Prevention and transitional case management; 6) Secondary prevention for HIV+ inmates; 7) Women's visitors peer program; 8) Community health fairs; 9) Meditation program; and 10) two multi-year research studies: a) HIV, STD, hepatitis prevention for young men being released from prison and b) HBV and HCV serosurvey. The successful implementation of these programs require representation from corrections, public health, academia, community agencies and the inmate population.

RESULTS: Factors associated with effective programs include: 1) history with the institution; 2) physical location of the community agency (community or prison based); 3) funding sources outside of corrections; 4) incorporating institutional priorities into program priorities; 5) delivery of services; 6) viewed as a resource by both institutional staff and inmates; 7) creative programming; and 8) trust and respect.

LESSONS LEARNED: There are three major implications for the programs described herein: 1) In the prison setting, the more comprehensive, the more effective; 2) That by moving beyond HIV specific programming and including other STDs and hepatitis, program and intervention activities will increase participation of the target population; and 3) By bringing all the players to the table, (including representation from all components of corrections, custody, health, administration) the providing agency will understand and work to overcome the inherent differences between corrections and public health.

ABSTRACT 467

The Effectiveness of the HIV Outreach Demonstration Program

Tinsman, PD¹; Bullman, SL¹; Burgdorf, K¹; Chen, X¹; Thompson, DC²

1 Caliber Associates, Fairfax, VA; 2 Center for Substance Abuse Treatment, Rockville, MD

BACKGROUND: In 1995, The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) initiated the HIV Outreach Demonstration Program, a multi-site, multi-year demonstration program, to test the effectiveness of integrating referral to substance abuse treatment with street outreach models for HIV prevention to populations that are at highest risk for exposure to HIV.

OBJECTIVES: The HIV Outreach Demonstration Program was designed to provide outreach services to injection drug users (IDUs), other chronic, hard-to-reach substance abusers, and their sex and/or needle-sharing partners. The goal of the demonstration was to reduce HIV transmissions among these high-risk populations and provide greater access to substance abuse treatment. Twelve sites were funded to conduct this demonstration project. For this presentation, we will first provide an overview of the demonstration program. Secondly, we will summarize the findings of a multivariate statistical analyses aimed at identifying important project and client characteristics in (1) persuading at-risk clients to obtain HIV tests, and (2) facilitating entry of substance abusing clients into structured substance abuse treatment.

RESULTS: Of the 9296 clients in the HIV Outreach program, 61% had used substances in the 30 days prior to intake, with 31% injecting drugs in those same 30 days. Clients were more likely to be tested for HIV in projects where there were mobile units in which to do testing [OR = 86.06; 95% CI 6.40 – 1156.40] or where the project could provide the testing on-site [OR = 21.22; 95% CI 1.14 – 396.68]. If projects did not offer these testing capabilities, it was important that their clients receive transportation services (token, bus fares, etc.) in order to receive HIV testing [OR = 11.67; 95% CI 3.57 – 38.15]. Among those who had recent drug use, 41% entered a structured substance abuse treatment (SAT) facility. Clients who reported crack use were more likely to enter SAT [2.47; 95% CI 2.03 – 3.00]. Projects who had SAT facilities as part of its overall organization were more successful in facilitating treatment entry for its clients [OR = 8.03; 95% CI 1.06 – 60.68].

CONCLUSION: To promote HIV and related (STDs, TB, etc.) testing to the hard-to-reach populations, projects should employ a mobile unit to provide testing services on-the-street, or provide on-site HIV testing. Additionally, project-provided transportation services increased the likelihood that clients would be tested. To promote substance abuse treatment entry, it appears highly desirable for HIV Outreach projects to be housed within agencies that provide substance abuse treatment.

ABSTRACT 468

Xa Di Sida (Go Away AIDS): Behavioral and Situational HIV Risk Assessment of Commercial Sex Workers in Nha Trang, Vietnam

Nguyen, MT¹; West, GR¹; Do, NT¹; Durant, TM²; Chong, SP¹

1 Centers for Disease Control and Prevention, Hanoi, Vietnam;
2 Centers for Disease Control and Prevention, Atlanta, GA, USA

BACKGROUND: The HIV/AIDS epidemic in Vietnam is rapidly growing, with more than 30,000 cases already reported. However, it is estimated that more than 120,000 persons are living with the disease. Many of these cases are in commercial sex workers (CSWs). Nha Trang City, located in Khanh Hoa Province, is a tourist town with a large CSW population. The Khanh Hoa Provincial AIDS Committee and Preventive Medical Center have supported a peer education program since 1995 and have worked hard to reduce HIV-related risks in the province.

OBJECTIVES: (1) Identify the behavioral and situational risks and HIV prevention practices of CSWs in Nha Trang City. (2) Evaluate the HIV/AIDS surveillance system in Khanh Hoa Province and, in particular, assess the reliability and comprehensiveness of information related to CSWs.

RESULTS: A total of 714 structured interviews of CSWs were conducted between October and December 2000. Findings indicate that direct CSWs are older, more likely to have been married and have children than indirect CSWs. The need to support their parents, family or their own children is the major reason that women enter sex work in Nha Trang. Compared to only 13.9% of indirect CSWs, 35.9% of direct CSWs have one or more clients per day. Ninety percent of sex workers ask all of their clients to use condoms, but less than 50% say all of their clients actually accept. Only 38.5% of the direct CSWs

and 19.5% of the indirect CSWs report that they have been tested for HIV. The peer education program in Nha Trang has likely been very effective, with 26% of the CSWs reporting that they first learned how to use condoms from a peer educator, and, of those who have had sexually transmitted infection (STI) treatment, 75% were taken to the clinic by a peer educator.

CONCLUSIONS: CSWs in Nha Trang are at risk for HIV and other STIs. However, because of relatively high levels of condom use, fewer numbers of male clients, and access to treatment for STIs, CSWs in Nha Trang are at lower risk than CSWs in other provinces or some other countries. In Nha Trang, women are primarily involved in sex work for economic reasons. They are trying to use condoms, but male clients often do not cooperate. The peer education program has likely made substantial contributions to keeping the HIV prevalence low in this population and in the community. Findings from this project are now being used to identify measures that can be used to further reduce risks of HIV for this and other populations in Vietnam.

ABSTRACT 469

Wake-Up Call or Death Knell: Changes in HIV Risk Behaviors Subsequent to HIV Seroconversion Amongst African American Injection Drug Users

Valle, M; Levy J

University of Illinois-Chicago, School of Public Health, Chicago, IL

BACKGROUND: The Centers for Disease Control have set the goal of reducing HIV incidence by 50% by the year 2005. The focus of prevention efforts to date has been to educate high-risk groups and the general population as to HIV risk behavior and safer sex strategies. A dramatic decrease in HIV incidence, after prevention efforts were put in place, has been followed by a 5-year plateau of 40,000 new HIV infections annually. In order to further impact HIV incidence, prevention efforts must target HIV-positive individuals to prevent HIV transmission. An understanding of the processes by which HIV-positive individuals make life changes after they seroconvert is crucial to providing effective secondary prevention.

METHODS: Using snowball sampling techniques, street outreach was used to recruit 1151 active injection drug users (IDUs) not in drug treatment and their sex and needle

partners for HIV counseling, testing, and partner notification. All of these completed structured interviews at baseline and at the time they were given their results. Of the sample, 172 tested HIV sero-positive. Ninety-two of these completed in-depth qualitative interviews 3 months to 2 years after their positive test results.

RESULTS: Testing HIV positive can act as either a wake-up call for positive change or a death knell that signals increased risk behavior and suicidal ideation. IDUs who made positive life changes following HIV seroconversion tended to be women, tended to have some sort of spiritual or religious support, and tended to be more concerned with their health prior to testing. IDUs who maintained high levels of risk behaviors tended to have little social support and to be very concerned with the stigma of HIV.

CONCLUSIONS: The period following HIV seroconversion seems to provide an opportunity for prevention and treatment that must not be overlooked if we are to make an impact on HIV incidence. By providing supportive services to HIV positive individuals we can both encourage testing of sexual and needle partners and decrease HIV transmission.

ABSTRACT 470

Improving HIV Programming and Capacity Development in Correctional Institutions

Chavez, RS

National Commission on Correctional Health Care, Chicago, IL

ISSUE: In 1997, an estimated 16 percent of all HIV-positive individuals in the United States were prison or jail releases. There are a number of significant barriers that make it difficult for prisons and jails to improve services. Most barriers fall into one of four categories lack of leadership, logistical barriers, limited resources, and correctional policies. As a result, few prison or jail systems have implemented comprehensive HIV prevention programs or have adequate clinical monitoring systems.

SETTING: The proposed model is for use by administrators and health care clinicians in US correctional institutions. The intended audience is health care professionals and policy makers with interest in prevention and clinical management of HIV in incarcerated adults.

PROJECT: The National Commission on Correctional Health Care (NCCCHC) developed policy guidelines for reducing the stigmatization and consequences of HIV care

in correctional institutions. The policy guideline is an incorporation of health services standards, position statement on administration of care, and standards for clinical care. This model addresses the major barriers encountered in HIV care for the incarcerated and provides guidance for policy makers and health staff in prevention and health service delivery.

RESULTS: It is difficult to maintain confidentiality in correctional settings. Patients and non-medical staff can quickly learn who is infected if the HIV infected persons are managed in conspicuously different ways – such as only HIV patients receive medicines via directly observed therapy, or separate medication lines are used, or designated HIV clinic sessions are used to provide care. The NCCHC standards and position statements recommend specific actions that enhance opportunities to maintain confidentiality.

Another barrier to HIV care is the difficulty of maintaining continuity. Correctional health care clinicians have a difficult time identifying persons with HIV on a timely basis, maintaining medications while they are incarcerated, and facilitating discharge to community or prison care. The NCCHC clinical guidelines recommend a categorization methodology that can help providers and institutions assess both individual patient and institution success.

LESSONS LEARNED: Model administrative policies, standardization, and clinical guidelines can effectively guide correctional institutions in improving their prevention efforts and management of HIV care. The NCCHC model improves correctional institutional HIV programming and capacity development.

ABSTRACT 471

Targeting HIV Prevention Services for People with HIV and at Risk for HIV Based On Care Financing Mechanisms

Levi, J¹; Kates, J²; Gallagher, K³; Neal, J³

1 George Washington University, School of Public Health and Health Services, Washington, DC; 2 Kaiser Family Foundation, Menlo Park, CA; 3 Centers for Disease Control and Prevention, Atlanta, GA

ISSUE: The new focus on HIV-infected persons (and those at high risk for HIV) for prevention interventions in primary care settings requires a better understanding of where HIV infected persons (and those at high risk)

get their care, when they enter the care system, and what public programs finance that care.

SETTING: The findings to be presented in this group oral session reflect a collaboration among the Kaiser Family Foundation, the George Washington University's Center for Health Services Research and Policy, and the NCHSTP's Division of HIV/AIDS Prevention's Surveillance Branch to address these and other questions. Results of analyses currently under way will be presented.

PROJECT: CDC HIV/AIDS surveillance data including information from the Supplement to HIV/AIDS Surveillance (SHAS) project, the HIV Testing Survey (HITS) and the Adult Spectrum of Disease (ASD) Study are being analyzed to determine when, where, and how people with HIV and at-risk for HIV are interacting with the primary care health delivery system and how their care is being financed; to determine how that interaction differs based on demographic and risk factors; and to assess programmatic policy options to assure that programs financed with public primary care dollars (e.g., Medicaid, Medicare, the Ryan White CARE Act) support the integration of prevention services with primary care.

RESULTS: Findings from analyses of HIV/AIDS surveillance data will be presented and based on these various policy options for publicly financed health care will be presented.

LESSONS LEARNED: This presentation will assess the hypothesis that many people with HIV and at risk for HIV receive publicly financed health care and propose that policy and programmatic changes can be effected to improve the provision of prevention services for infected as well as at risk populations through publicly financed care.

ABSTRACT 472

Methamphetamine Use and Associated Sexual Behaviors Among Young Men Who Have Sex with Men

Thiede, H¹; Perdue, T¹; Valleroy, L²; MacKellar, D²

1 Public Health – Seattle & King County, Seattle, WA; 2 Centers for Disease Control and Prevention, Atlanta, GA

BACKGROUND: It is important to understand the role of alcohol and specific drugs on sexual behaviors among young men who have sex with men (YMSM) in different areas of the country in order to effectively focus HIV

education and prevention messages and efforts to this high-risk population.

OBJECTIVES: To assess methamphetamine (meth) use patterns and the relationship between being high on meth during sex and sexual risk behaviors among YMSM participants in the CDC Young Men's Survey (YMS).

METHODS: YMS sampled 15-22 year old YMSM at public venues in Baltimore, Dallas, Los Angeles, Miami, New York City, the San Francisco bay area, and Seattle between 1994 and 1998. YMS was an anonymous cross-sectional HIV prevalence and risk behavior survey. Patterns of meth use were described. Associations between being high on meth and sexual risk behaviors in the past 6 months were analyzed using logistic regression.

RESULTS: Data from 3,147 YMS participants including 1747 from the eastern and southern cities (ESC) and 1400 from the west coast cities (WCC) who reported sex with other men in the 6 months prior to the interview, were included in the analysis. In the past 6 months 30% in WCC and 12% in ESC reported using meth. YMSM who were white (13% vs. 7%), identified as bisexual (11% vs. 8%), and were from WCC (15% vs. 4%) were more likely to report having been high on meth during sex in the past 6 months. After adjustment for race, region, and identifying as bisexual, being high on meth during sex was associated with having ≥ 4 male sex partners (AOR = 2.0; 95% CI = 1.5 – 2.6), sex with male exchange partners (AOR = 2.8; 95% CI = 2.2 – 3.6), unprotected insertive or receptive anal sex (AOR = 1.9; 95% CI = 1.5 – 2.5 and AOR = 1.8; 95% CI = 1.4 – 2.3), and unprotected vaginal sex (AOR = 2.2; 95% CI = 1.7 – 3.0) in the past 6 months.

CONCLUSION: Meth use and being high on meth during sex were much more common among YMSM surveyed in WCC compared to YMSM surveyed in ESC. Being high on meth during sex was associated with risky sexual practices. HIV and STD prevention efforts should emphasize meth use as part of discussions of drug use and its consequences, particularly among YMSM on the West Coast. Further studies should examine the relative risk of meth use vs. other drug use and ways to effectively address meth use and its consequences among YMSM.

ABSTRACT 473

Treatment-Era Declines in AIDS Incidence Lowest Among Persons with Heterosexually Acquired AIDS, United States, 1995 – 1999

Neal, JJ; Klevens, RM; Fleming, PL

Centers for Disease Control and Prevention, Atlanta, GA

OBJECTIVES: To compare trends in AIDS incidence, prevalence, and deaths among men and women with AIDS attributed to three major modes of HIV exposure: male-to-male sexual contact (MMS), injection drug use (IDU), and heterosexual contact (HET).

METHODS: We reviewed AIDS cases among adults and adolescents reported to CDC through June 2000. After adjusting for reporting delays and statistically redistributing cases initially reported without risk, we analyzed trends in estimated AIDS incidence, death, and prevalence by mode of HIV exposure and sex from 1995 through 1999.

RESULTS: From 1995 through 1999, AIDS was diagnosed in an estimated 206,000 men and 59,000 women. Substantial declines in overall incidence of AIDS and deaths among persons with AIDS were observed from 1996 through 1998 after which incidence and deaths appeared level. From 1996 through 1998, the average annual decline in AIDS incidence was 14% overall, 17% for AIDS attributed to MMS, 16% for AIDS attributed to IDU, and 4% for AIDS attributed to HET. Among men, the average annual decline in incidence, by exposure mode, was 17% for MMS, 16% for IDU, and 2% for HET. Among women, the average annual decline in incidence by exposure mode was 14% for IDU and 5% for HET. For the same time period, average annual decline in deaths among men with AIDS, by exposure mode, was 34% for MMS, 25% for IDU, and 20% for HET. Average annual decline in deaths among women with AIDS by exposure mode was 20% for IDU and 20% for HET. Among all AIDS cases diagnosed, the proportion attributed to heterosexual contact increased significantly — from 17% of 69,000 AIDS cases diagnosed in 1995 to 25% of 43,000 cases in 1999. From 1995 through 1999, the average annual increase in the number of men living with AIDS was 21% for HET, compared with 9% for MMS or IDU; the average annual increase in number of women living with AIDS increased 18% for HET, compared with 9% for IDU.

CONCLUSION: Since 1996, declines in AIDS incidence and deaths have been least and proportionate increases in prevalence greatest for persons with AIDS attributed to heterosexual contact. Although these data may reflect differential current or historical patterns in HIV incidence, further analysis must be conducted to determine the underlying causes for these differences, including whether persons exposed to HIV through heterosexual contact differ from others in timeliness of testing, HIV diagnosis, and access and entry to care.

ABSTRACT 474

High HIV Incidence Among 23- to 29-Year-Old Men Who Have Sex with Men in 6 US Cities

Valleroy, LA; MacKellar, DM; Mei, JV; Secura, GM; Behel, SK; and the Young Men's Survey Study Group

Centers For Disease Control and Prevention, Atlanta, GA

BACKGROUND/OBJECTIVES: Recent findings suggest a resurgent HIV epidemic among men who have sex with men (MSM) in the US. Because few recent studies have measured HIV incidence in this population, we used a new testing method to investigate HIV incidence among 23- to 29-year-old MSM in 6 US cities.

METHODS: The 1998-2000 Young Men's Survey (YMS) is a cross-sectional, multisite, venue-based sample survey of 23- to 29-year-old men sampled at public venues in Baltimore, MD; Dallas, TX; Los Angeles, CA; Miami, FL; New York City, NY; and Seattle, WA. At sampled venues, men are interviewed and counseled; blood is drawn for HIV testing. HIV-positive specimens were tested with the Serologic Testing Algorithm for Recent HIV Seroconversions (STARHS) to determine which were incident infections. The following are preliminary results from the ongoing survey.

RESULTS: As of 2/01, we had surveyed 2823 young MSM (i.e., men who had ever had sex with men) of whom 16% were African American, 5% Asian American, 24% Hispanic, 8% mixed/other race, and 47% white; 351 (12.4%) MSM were HIV-positive. Of these 351 HIV-positive specimens, 294 were STARHS-tested; 43 were incident infections. Incidence was 5% overall [95% confidence intervals (CI), 3 – 9%], 5% (CI, 3 – 11%) among 23- to 25-year-olds, and 5% (CI, 3 – 11%) among 26- to 29-year-olds. Incidence was highest among African Americans (16%; CI, 8 – 35%), 7% (CI, 2 –

22%) among men of mixed/other race, 5% (CI, 2 – 12%) among Hispanics, and 3% (CI, 1 – 7%) among whites. There were no recent infections among Asian Americans. Incidence levels paralleled prevalence levels, which were 30% among African Americans, 10% among men of mixed/other race, 15% among Hispanics, 7% among whites, and 3% among Asian Americans.

CONCLUSIONS: We found high HIV incidence and prevalence among young MSM, particularly African Americans and other young men of color. These data show a significant and continuing HIV epidemic among MSM and a critical need to reach young MSM with early and sustained prevention efforts.

ABSTRACT 475

Implementing a Culturally Competent HIV Prevention Program Using Behavioral Theory to Target African Americans at High Risk in Four Philadelphia Communities

Dillard, KC¹; Beale, DK¹; Metzger, D²

1 Youth Outreach Adolescent Community Awareness Program, Philadelphia, PA; 2 University of Pennsylvania School of Medicine, Philadelphia, PA

ISSUE: Many HIV prevention programs fail to produce effective outcomes that reduce unsafe behaviors and decrease HIV seroprevalence among target populations.

SETTING: The focus of this workshop is to provide a prototype and illustration of the steps used by a small community based organization to design and develop a culturally competent, theory-based HIV prevention intervention targeting three select groups of African Americans living in four improvised urban communities who are female sex industry workers addicted to crack cocaine; high risk, sexually active adolescents; and the heterosexual male sexual partners of the female sex industry workers.

PROJECT: The Youth Outreach Adolescent Community Outreach Program (YOACAP), a CDC defined "minority CBO" providing HIV intervention services primarily targeting low-income, African Americans has been directly funded by the CDC to conduct a four-year project targeting the aforementioned high-risk populations (described above in "SETTING" subsection). The project, entitled Project Shakedown (Stopping HIV/AIDS from Killing Everybody), is based on reasoned action and

social cognitive learning theories. With consultation from an expert in HIV intervention evaluation from the University of Pennsylvania, the project aims to define the HIV related attitudinal, affective, normative, and self-efficacy variables underlying the risk behaviors of the target populations. According to the theories, interventions that are designed taking into account these behavioral determinants can be effective in reducing risky behaviors. The project employs peer outreach workers who provide on-going individual risk reduction counseling, group activities, and linkages to HIV counseling and testing and other support services.

RESULTS: The learning objectives of the workshop are to assist participants in (1) understanding the importance of theory-based interventions, (2) learning 5 concrete, viable methods showing how to practically apply theory to intervention design, implementation, and evaluation (3) understanding the relationship between theory application and maintaining multicultural integrity of services, and (4) understanding the benefits of developing collaborations with scientific and/or academic institutions.

LESSONS LEARNED: Goals to be achieved: (1) program participants will show level of comprehension of the workshop learning objectives as evidenced by pre/post-test scores, and (2) program participants will be provided a list of information and sources for technical assistance.

ABSTRACT 476

Characteristics and Behaviors of MSM Who Attend Circuit Parties Compared to MSM Who Do Not: A Three-Study Assessment

Mansergh, G; San Francisco Prevention Messages Study Team; Young Men's Survey-Phase 2 Study Group; Seropositive Urban Men's Study Team

Centers for Disease Control and Prevention, Atlanta, GA

BACKGROUND: Circuit parties are popular multi-day events primarily for gay and bisexual men that occur throughout the United States and the world. A recent study reported very high prevalence of drug use and sexual behavior among men during circuit party (CP) weekends and also found increased drug use and sexual risk during CP weekends compared to other weekends for the same men. An important remaining question, however, is whether men who have sex with men (MSM) who attend circuit parties differ from MSM who do not

attend CPs. Thus, the purpose of this paper is to assess differences in demographic and psychosocial characteristics and sexual behavior of MSM who attend CPs compared with men who do not.

METHODS: Three studies provided data for independent between-group comparisons, including demographic (age, ethnicity, income, education and HIV-status), gay-identification (no, yes), and sexual behavior (number of male sex partners, unprotected anal sex) items. One sample (n = 2861) was the Young Men's Survey-Phase 2 (YMS2), a large study of MSM age 23 – 29 in six cities (Baltimore, Dallas, Los Angeles, Miami, New York, Seattle). A second sample (n = 491) was the San Francisco Prevention Messages Study-Phase 1 (SFPMS), an ethnically and age-diverse sample of MSM. A third sample (n = 201) was from the Seropositive Urban Men's Study-Phase 2 (SUMS), a study of HIV-positive MSM in New York City and San Francisco.

RESULTS: Prevalence of ever attending a CP was 27% (YMS2), 19% (SFPMS) and 23% (SUMS). In bivariate analysis, the following characteristics were consistently associated ($p < 0.05$) with CP attendance in each of the three samples: higher income and education, gay identification, unprotected anal sex, and a higher number of male sexual partners. White ethnicity and HIV-negative status (SUMS was only HIV-positive men) were associated with attendance in two of the studies. Multivariate analyses found income and number of male sex partners to be associated with attending CPs in each of the three samples. In two of the samples, gay identification was associated ($p < 0.05$) with CP attendance in younger MSM.

CONCLUSIONS: Circuit parties are attended by a sizeable subgroup of MSM, particularly among higher income men. Men who attend CPs should be targeted with risk-reduction efforts because they have more sex partners and tend to have higher sexual risk than men who do not attend circuit parties.

ABSTRACT 477

Domestic Violence and HIV Risk Amongst Latinas: Effects of Depression and Self-Esteem

Ferrer, L; Cianelli, R; Peragallo, N; McElmurry, B

University of Illinois College of Nursing, Chicago, IL

BACKGROUND: Domestic violence (DV) is a major social problem in the United States that affects the physical, social and mental health of its victims. DV also is strongly associated with increased HIV risk due to related factors that hamper HIV risk reduction. In the Latino culture, as is true of other ethnic/racial groups, women and children are subject to DV and its increased risk for AIDS. Accurate data about this problem, however, is lacking.

OBJECTIVES: This research examines the profile of Mexican and Puerto Rican women experiencing DV to determine if a relationship exists between domestic violence, depression and level of self-esteem. The results are then explored as to how they may increase HIV risk.

METHODS: The findings are from a secondary analysis of data from the project "HIV Risk Reduction among Latinas: Project SEPA" (Grant R01NR04746-02, P.I.N. Peragallo). Structured interviews were conducted using a convenience sample of 450 Latino women (80% Mexican and 20% Puerto Rican). The secondary data analysis examined socio-demographic characteristics, violence, self-esteem, and depression. DV, self-esteem and depression were operationalized using: the Conflict Tactic Scale, CES-D and Rosenberg respectively.

RESULTS: All of the participants reported being sexually active with a male partner in the three months prior to data collection. In addition, 78.2% appear to have suffered at least one type of DV, particularly psychological aggression (78%). Multiple regression analysis showed a positive association between depression and DV (0.3357; < 0.01), and a negative association between self-esteem and DV (0.2774; < 0.01). Both relationships likely exert a negative impact on prevention behavior.

CONCLUSIONS: Considering the relationship between DV and HIV is crucial when working with Latino women to reduce their incidence of AIDS. The findings from this study indicate that programs aimed at HIV risk reduction must incorporate strategies to treat depression and increase self-esteem if they are to prove effective in reducing transmission of the virus.

ABSTRACT 478

The Drop-In Center as a Focal Point for Youth HIV Prevention Services

Roseman, DE; Carroll, SP; Machado, CO; Padilla, C; Perez, MA

San Diego County Health and Human Services Agency, San Diego, CA; University of San Diego, San Diego, CA

ISSUE: Although a number of services exist to address individual aspects of youth HIV prevention, it is continually challenging to coordinate these services to meet the continuum of HIV prevention service needs. Youth drop-in centers serve as a connecting point for HIV prevention services, while providing an environment to build the skills and confidence of youth.

SETTING: Three drop-in centers targeting sub-populations of high-risk youth in San Diego County.

PROJECT: Three drop-in centers are operated by agencies with expertise in subpopulations of youth: homeless; gay/lesbian/bisexual/transgender/questioning; and low-income youth of color. The youth-friendly atmosphere and activities at the centers attract and retain large numbers of youth. These young people can then easily access numerous services appropriate to their individual needs, including: HIV testing; case management; tutoring and GED preparation; homeless youth services; an empirically-tested HIV prevention curriculum; care and support for HIV-positive youth; and opportunities for community involvement.

RESULTS: In just the first 6 months, 899 unduplicated, ethnically diverse youth made a total of 6,042 visits to the centers. These clients have received 251 referrals to other services and 218 case management sessions. Thirty-eight have been tested for HIV, and 27 for STDs. In addition, youth from these programs have become involved with the HIV Youth Council and are helping to plan a youth conference for their peers in San Diego County.

LESSONS LEARNED: Reaching youth with any single HIV prevention service becomes easier when young people can access a drop-in center in which they feel comfortable. By structuring center activities around the specific needs of a youth sub-population, providers build trust with clients and facilitate their access to other services. At the same time, the supportive center environment fosters empowerment and skill building in youth, encouraging community involvement. Process indicators of this new program, combined with proven effectiveness

of individual program components, suggest that continued center participation will result in a broad range of healthy choices among youth clients.

ABSTRACT 479

Community-Based HIV Prevention Planning in an Immigrant Community Paralyzed by Fear, Denial and Distrust

Jean-Louis, E¹; Walker, J¹; Madison, AM²; Rogers, D³

1 Center for Community Health, Education, and Research, Inc., Dorchester, MA; 2 University of Massachusetts, Boston, MA; 3 Boston AIDS Consortium, Inc., Boston, MA

ISSUE: In addition to the problems new immigrants face in adjusting to a new homeland, Haitians are faced with the challenge of being the only ethnic group in the United States to be singled out as an AIDS at-risk group. This stigma has caused fear and denial that HIV is a health problem, creating a high level of distrust among Haitians and between Haitians and HIV service providers. Distrust, fear, and denial have exacerbated the problem of mobilizing the Haitian community to address HIV as a public health issue.

SETTING: The Center for Community Health, Education and Research provided leadership in bring the Greater Boston Haitian community together to form a broad-based community coalition to conduct a needs assessment and HIV prevention action plan.

PROJECT: The Center for Community Health, Education and Research, Inc. (CCHER) located in Dorchester, Massachusetts, is a community-based public health organization serving Haitians. CCHER was the lead agency in forming a community-based coalition to plan and implement an integrated, comprehensive preventive education strategy to reduce the occurrence of new HIV cases within the Haitian population. The coalition developed a multi-faceted media and community outreach strategy to involve a diverse group of the Haitian community stakeholders in a planning process. Coalition representation included the faith-based community, the media (print and radio), HIV consumers, community leaders, government public health agencies, community-based health and human service providers, and residents of the target neighbors.

RESULTS: The major achievements of the Metro Boston Haitian REACH 2010 Coalition were the development of a community action plan and the mobilization of community resources to implement the plan. Community consensus building in support of the plan was achieved through community outreach strategies including community forums, coalition meetings, one-to-one meetings and radio talk shows. The consensus building efforts resulted in broad-based community support for the action plan. The plan will be implemented over the next 4 years. The coalition provides a mechanism for the Haitian community to support and sustain collaborative work to address a broad range of public health issues.

LESSONS LEARNED: The Boston Haitian experience suggests that in order to maximize the benefits of coalition formation for immigrant populations, funding should be made to a credible agency that reflects the ethnic group. The formation of coalitions in immigrant communities that are not accustomed to broad-based community decision-making raises the community's awareness of its capability to influence its future. Further, the coalition and the planning process provided an open forum for individuals to address their fears and to come to terms with facts about HIV disparities and the need to address HIV as a community concern.

ABSTRACT 480

NIDA-Funded HIV and Drug Abuse Prevention Programs in At-Risk Populations

Reider, EE¹; Lindenberg, C²; Rotheram-Borus, MJ³; Resnick, H⁴; Solorzono, RM²; Pittman, K²; Swendeman, DT³; Comulada, S³; Ramos, ME³

1 National Institute on Drug Abuse, National Institutes of Health, Rockville, MD; 2 University of Washington, Seattle, WA; 3 University of California (UCLA), Los Angeles, CA; 4 University of South Carolina, Columbia, SC

OBJECTIVES: This group oral session will describe three research grants on the prevention of HIV/AIDS and its transmission within the context of drug abuse prevention funded by the Prevention Research Branch (PRB) at NIDA. They focus on high-risk groups, including adolescents and young adults, females, and minorities:

Cathy Lindenberg will describe the incremental steps and multiple studies undertaken to develop a theoretically driven, empirically-based, bilingual, web-based, Youth Risk and Resilience Multi-scale Profile (YMSP) and a

10 module psycho-educational Risk and Resilience Prevention curriculum, for Latina adolescent girls and their families. The measures and the prevention curriculum, based on the Social Stress Model for Substance Abuse and Other Risk Behavior Prevention, are designed to promote protective factors and prevent or reduce alcohol, tobacco and other drug use (ATOD) and risky sexual behaviors (RSBs) among Latino youth and their families.

Mary Jane Rotheram-Borus is delivering an intervention to eliminate and/or reduce HIV risk behaviors among substance using HIV positive youth. The intervention study, called CLEAR (Clean, Living Efforts And Rewards), consists of a 3-module intervention delivered to 200 substance-using youth living with HIV (YLH) aged 13 to 29, by either: a) individual telephone sessions; or b) individual sessions. The intervention was designed to reduce substance use and sexual behaviors that may transmit or enhance transmission of the HIV virus; to reduce negative impacts of substance use on seeking and utilizing healthcare, assertiveness, and adherence to health regimens; and to enhance the quality of life and self-actualization of YLH in order to maintain behavior changes over time.

Heidi Resnick will present data are from an ongoing randomized controlled trial of an intervention delivered via video to rape victims prior to conducting the emergency post-rape medical exam. The intervention is designed to reduce acute distress during post-rape medical care and provide strategies to cope adaptively with post-rape fear and distress. It also addresses HIV testing, HIV concerns and partner condom use. Comparison group women receive treatment as usual. Follow-up assessment of drug and alcohol abuse, PTSD and major depression is conducted. Preliminary 6-week follow-up indicate current PTSD lower in video condition (35%) than usual treatment group (51%).

[EDITOR'S NOTE: The following three abstracts combined (Abstracts 480A, 480B, and 480C,) comprise material to be presented in the group oral presentation "NIDA-Funded HIV and Drug Abuse Prevention Programs in At-Risk Populations" (Abstract 480).]

ABSTRACT 480A

Teensmart/Informa-T/Ayuda-T: Developing an Internet/Web-based ATOD and Sexual Risk Prevention Intervention for Latina Adolescent Girls and Their Families

Lindenberg, C; Solorzono, RM; Pittman, K

University of Washington, Seattle, WA

BACKGROUND AND OBJECTIVES: The transition from childhood and adolescents into adulthood is a difficult one. For American youth, this transition is complicated by ambiguous cultural and community norms, increased availability of alcohol and illicit drugs, peer pressure to use drugs and experience sexual intimacy at an early age, low self-esteem, inadequate family and social support, and media exposure to models of risky behavior. For American Latino youth this transition is further aggravated by issues of poverty, low levels of education, pressures to acculturate, and limited access to health information and health services. As a result, Latino youth are particularly vulnerable for adopting alcohol, tobacco and other illicit drugs (ATOD), and related sexual risks (STDs, HIV/AIDS, teenage and unintended pregnancy) that endanger not only their own lives but also those of their future children. High fertility rates and teenage pregnancy, as well as STDs and HIV/AIDS among Latino youth are of particular concern. Latina young women are more than twice as likely to experience a teenage pregnancy, STDs and HIV/AIDS, as compared to non-Hispanic whites [CDC, 1997 #640; CDC, 1997 #641]. These largely preventable problems create a vicious cycle, keeping Latino youth at low socioeconomic levels, reducing their access to further education and job opportunities, limiting access to health care and thereby continuing the incidence of poor health outcomes for themselves and future generations.

METHODS: This paper describes the incremental steps (quantitative and qualitative studies) undertaken to develop the Risk and Resilience Curriculum, a theoretically driven, empirically based intervention program for high-risk Latina young girls and their families. The measures and the prevention curriculum, based on the Social Stress Model for Substance Abuse and Other Risk Behavior Prevention (Rhodes & Jason, 1988), are designed to promote protective factors (personal competence, family support, and positive peer influence) and prevent or reduce alcohol, tobacco and other drug use (ATOD), and risky sexual behaviors (RSBs). Materials and methods

have been designed to serve the developmental, socioeconomic, cultural, and linguistic (Spanish) realities of low-income Latina girls and their families. The program is offered in user-friendly delivery modes that are flexible and readily accessible to the developmental and social context in which young women live.

RESULTS: Both non-randomized and randomized pilot studies demonstrate that the content is relevant, acceptable, culturally and linguistically appropriate and flexible to individual developmental needs. Pilot studies also suggest that the most user-friendly and sustainable methods of delivery of the prevention intervention for this population are directly to households via correspondence with telephone follow-up and support and/or in school settings via an interactive website combined with telephone communication and intermittent support group activities. Workshops and seminars requiring transportation, childcare, after-school or out-of-home or employment commitments of time are less feasible and acceptable. Preliminary evidence of the effectiveness of the content and methods suggest that the intervention supports prevention of ATOD, but not necessarily reduction of ATOD among those already engaging in substance use. When controlling for marital status, improved trends were noted in future intentions to increase condom use among single women and contraception use among partnered women in the following year. Both interventions significantly improved attitude scores, sexual self-efficacy scores, and resilience scores. Most importantly, both interventions improved reported safe sex practices. Contraceptive use increased among women in common-law or married relationships and both condom use and contraceptive use increased among sexually active, single, young women, and both interventions also had significant positive effects on reported ability to discuss precautions to prevent HIV/AIDS with their significant partner.

CONCLUSIONS: Large randomized field trials are needed to further evaluate the short and long-term cost-effectiveness of the prevention intervention and methods of delivery to significantly prevent and or reduce ATOD and sexual risky behaviors among predominantly Latina adolescents and their parents/guardians. This research is also needed to further refine theoretical frameworks that adequately describe, explain and or predict these risky behaviors for this population.

ABSTRACT 480B

Prevention of Drug Use and Sexual Risk for HIV+ Young People

Rotheram-Borus, MJ; Swendeman, DT; Comulada, S; Ramos, ME

University of California (UCLA), Los Angeles, CA

BACKGROUND: Substance use is associated with sexual risk behaviors for transmission of HIV infection. Young people living with HIV (YPLH) who use substances are at risk for transmission of HIV to their sex partners. Interventions targeting YPLH should be accessible and deliverable in appropriate formats in order to be effective and translatable to real world contexts.

OBJECTIVES: To evaluate the efficacy of a cognitive-behavioral intervention, delivered in one of two formats (telephone or in-person), in reducing substance use and sexual risk, and improving health behaviors.

METHODS: A cohort of 188 substance using HIV-positive young people (aged 13 to 29) was recruited from three cities (LA, NYC, and San Francisco) in 1999 to 2000 to participate in a trial of a cognitive-behavioral secondary prevention intervention. The sample is: 25% female, 28% African American, 31% Latino, 22% of mixed ethnicity, 51% gay/lesbian, 15% bisexual, and 61% sexually abused. Most have used antiretroviral therapies (78%), but only about half are currently taking antiretroviral medications. Youth were randomized to either an 18-session intervention by telephone (n = 64) or individually (n = 64), or a delayed control condition (n = 60). Delivered in 3 modules, the intervention addresses: 1) improving health behaviors, 2) reducing substance use & sexual risk behaviors, and 3) improving quality of life. The 90-minute sessions are highly structured.

RESULTS: Outcomes observed at the 6-month follow-up assessment interval include effects on substance use, HIV-related transmission acts, antiretroviral treatment adherence, service utilization, coping strategies, and quality of life.

CONCLUSIONS: Interventions can reduce substance use and sexual risk behaviors, and improve quality of life of young people living with HIV.

ABSTRACT 480C

A Brief Intervention to Reduce Substance Abuse and HIV Risk Behaviors Among Recent Rape Victims

Resnick, H; Acierno, R; Combs-Lane, A

University of South Carolina, Columbia, SC

BACKGROUND AND OBJECTIVES: Rape victims who report the crime to police are routinely seen for forensic medical care within 72 hours post-assault. Women with histories of rape or other assault have been found to engage in higher rates of risky sexual behaviors than non-assaulted women. The medical care setting in which recent rape victims are seen provides a unique opportunity to implement and evaluate an early intervention that might reduce development of drug and alcohol abuse and positively effect health-related behaviors including HIV testing and having partners consistently use condoms during sexual behavior. This presentation will provide descriptive information about drug and alcohol use prior to and post-rape and risky sexual behaviors post-rape. Rape victims concerns about HIV due to rape will also be described. Findings will also be presented about effects of an early intervention to reduce post-rape substance abuse and promote positive health behaviors following rape.

METHODS: A sample of 81 adolescent and adult women who were seen for medical care within 72 hours post-rape and who completed follow-up assessment at 6 weeks post-rape were participants in this study. Eligible participants were randomly assigned to receive either a video-based treatment or standard medical care as usual. The video-based treatment was shown to women prior to receipt of the medical exam and included information to prepare women for the medical procedures as well as information about HIV related concerns and coping options. Psycho-education about substance abuse and other mental health problems following rape and instructions in adaptive coping strategies were also provided. Ratings of psychological distress and anxiety were taken prior to the medical exam and immediately following the medical exam. Women were also assessed at 6 weeks post-rape using structured interview to evaluate reported substance use prior to the rape, current substance abuse since the rape, concerns about HIV due to rape, PTSD, depression, and reported condom use by partners.

RESULTS: Most women (89%) reported some degree of concern about HIV due to the rape. A majority of rape victims (64%) reported using either drugs (21%) and/or alcohol (49%) during or just prior to the assault. Women who were currently sexually active (post-rape) who reported

that they had used alcohol just prior to or during the assault were significantly less likely to report that their partner(s) used a condom regularly (every time or almost every time during sexual intercourse) since the assault (35% vs. 64%). There was a trend indicating that women who reported drug use during the assault were more likely to have partners who used condoms regularly since the assault (67% vs. 46%). No significant differences in condom use were found as a function of intervention condition. However, current alcohol or drug abuse was lower in the group that participated in the video intervention condition (12%) than the group exposed to treatment as usual (25%) $\chi^2 = 3.10, p < 0.10$.

CONCLUSIONS: Preliminary data indicate that alcohol use at the time of rape is associated with unprotected sex following rape. In contrast, those who reported drug use during assault were more likely to report regular condom use by current sexual partners. It is possible that women who used drugs prior to assault were more concerned about possible exposure to HIV due to rape or other factors. Data will be updated as increased numbers of participants are enrolled in the study. Implications for risk reduction within groups of recent crime victims will be discussed.

ABSTRACT 482

Two Different Measures of HIV Incidence (1994-2000) for Patients Attending Denver Health Clinics

Landrigan, JA; Breese, PS; Douglas, JM, Jr; Rietmeijer, CA

Denver Public Health, Denver Health Authority, Denver, CO

OBJECTIVE: To determine HIV incidence and predictors of seroconversion in Denver Health patients using two measures: 1) test-retest analysis and 2) self-reported prior test recall.

METHODS: Adults with an initial HIV negative test and at least one additional confidential test between 1994 and 2000 at any of three Denver Health sites (STD Clinic, Counseling and Testing Services (CTS) site, and Denver Health Medical Center) were included in the test-retest incidence analysis. Second, incidence was also measured by self-reported recall of date and result of previous HIV test for confidential testers in CTS. The number of seroconversions and person-years (PY) of observation were used to estimate HIV incidence. Cox proportional hazards models were used to determine predictors of seroconversion.

RESULTS: Test-retest analysis: A total of 15,067 persons had repeat HIV tests: 43% male; 38% white; 35% Hispanic; 24% African American; 74% heterosexual/other exposure; 12% MSM; and 13% IDU. There were 84 seroconverters with an incidence rate of 0.26 (95% CI: 0.21 – 0.33) per 100 PY. In the multivariate model, exposure groups MSM, IDU, and MSM/IDU had a significantly increased risk of seroconverting.

Test recall analysis: There were a total 9,420 testers in the CTS test recall population: 59% male; 71% white; 15% Hispanic; 10% African American; 63% heterosexual/other exposure; 20% MSM; and 14% IDU. Incidence was 0.52 (95% CI: 0.43 – 0.61) per 100 PY with 122 seroconverters. Significant predictors of seroconversion in multivariate analysis were MSM and MSM/IDU.

	Test-Retest		Test Recall	
	Incidence per 100 PY (95% CI)	Relative Hazard (95% CI)	Incidence per 100 PY (95% CI)	Relative Hazard (95% CI)
Heterosexual/other	0.07 (0.03 – 0.12)	Reference	0.08 (0.04 – 0.13)	Reference
MSM	1.67 (1.21 – 2.26)	18.5 (9.5 – 36.4)	2.24 (1.82 – 2.78)	34.4 (15.9 – 74.4)
IDU	0.31 (0.14 – 0.60)	2.7 (1.2 – 5.8)	0.16 (0.05 – 0.37)	2.5 (0.9 – 7.3)
MSM/IDU	0.66 (0.08 – 2.38)	5.3 (1.2 – 24.0)	2.84 (1.51 – 4.85)	49.0 (19.5 – 123.7)

CONCLUSIONS: Although the overall estimated incidence was different between the two measures, this difference appeared to be a function of population composition. Incidence by risk group was similar with overlapping confidence intervals; predictors of seroconversion were also similar with MSM exposure category as the most important predictor in both models. Incidence assessment based on test recall should be validated by other measures, including the sensitive–less sensitive assay, but may be a simple and cost-effective tool to assess epidemiological trends.

ABSTRACT 483

Insurance Coverage Among Participants of the AIDS Patient Survey

Daniels, D; Curtis, AB; Lehman, AS; Fleming, PL

Centers for Disease Control and Prevention, Atlanta, GA

OBJECTIVE: Although highly active antiretroviral therapy has been effective in the treatment of HIV, some HIV-infected patients may not have the resources to pay

for this therapy. Data from the AIDS Patient Survey were analyzed to assess insurance coverage status of newly reported AIDS cases.

METHODS: The AIDS Patient Survey (APS) is a retrospective cohort study of AIDS cases reported to 8 state health departments from May 1995 to December 1996. Participating states were AZ, CO, MS, MO, NM, NC, OR, and TX. To be interviewed, participants had to be living, be at least 18 years of age, and have received the AIDS diagnosis within 12 months of the report date. We analyzed insurance coverage at both the time of HIV diagnosis and interview. For this analysis, participants without complete data on insurance status at both time points were excluded.

RESULTS: Of the 1908 participants interviewed, 1891 (99%) provided complete data on insurance status. Fifty-three percent were non-Hispanic white, 33% were non-Hispanic African American, and 11% were Hispanic. Fifty-seven percent were men who have sex with men, 13% were heterosexual injection drug users, 17% were all other known modes of exposure (i.e., heterosexual contact, transfusion, hemophilia), and 13% were people with no identifiable risk. Eighty-three percent were male. The median number of months from HIV diagnosis to interview was 26 (range: 0 – 180). At HIV diagnosis, 57% of participants had insurance: 36% private, 10% Medicaid, 5% non-Medicaid public, and 6% other/mixed. At interview, 74% of participants had insurance: 27% private, 27% Medicaid, 8% non-Medicaid public, and 12% other/mixed. Overall between HIV diagnosis and interview, 52% remained insured, 21% remained uninsured, 22% obtained insurance, and 6% lost coverage. Among the 811 without insurance at HIV diagnosis, 48% had not obtained insurance by the time of interview. Among the 1080 with insurance at HIV diagnosis, 10% had lost insurance coverage by time of interview.

CONCLUSIONS: Although there was an increase in insurance coverage among participants between time of HIV diagnosis and interview, over a quarter of participants had no insurance coverage at interview. Also, a greater percentage of participants had publicly funded insurance at interview. These data support the need for additional programs to provide access to treatment and services and highlights the importance of surveillance data in characterizing populations with unmet needs to assist targeting Ryan White Care Act resources.

ABSTRACT 484

Mobilizing for Microbicides: Demanding Non-condom Prevention Tools

Forbes, A

Global Campaign for Microbicides, Washington, DC

ISSUE: Millions of people need HIV prevention tools that are self-controlled, rather than partner-controlled. Topical microbicides — gels, suppositories or lubricants that can be used vaginally or rectally to reduce infection risk — would meet that need. Given adequate funding, an effective microbicide could be on the market within five years. Research is impeded at present, however, by inadequate resources. In 1999, \$35 million was spent worldwide on microbicide research and development, compared to the \$2 billion invested in AIDS treatment research. Large pharmaceutical companies, concerned about potential profitability, aren't investing in microbicides yet. Instead, non-profit entities, academic researchers, and small bio-pharmaceutical companies, all reliant on government and foundation grants, are exploring over 60 potential product leads. NIH spent 1% of its AIDS-related research budget on microbicide research and development (less than \$29 million) last year. Without expanded microbicide research funding, the goal of making self-controlled HIV prevention tools available in the near future is unreachable.

SETTING: This project is national in scope and part of an international campaign.

PROJECT: The Global Campaign for Microbicides is a broad-based, international effort to mobilize public demand for increased access to HIV prevention technologies other than the male condom. Advocacy for increased microbicide research funding is a key function of the Campaign. Established in late 1999, the Campaign has already gained over 60 organizational co-sponsors, established active Global Campaign Sites in nine North American cities to date (as well as elsewhere in the world) and influenced public investment in microbicide research in FY 2001. Using low-budget community education, constituency building and media promotion strategies, the Global Campaign engages people and organizations at the local, regional and national levels in collective advocacy to increase public funding for microbicide research and development.

RESULTS: As a direct result of the Campaign's advocacy, the National Institutes of Allergy and Infectious Diseases,

a branch of the NIH, increased its microbicide research budget for FY 2001 by \$7 million. An astonishing \$12 million earmarked for increased work on microbicides was added to the budget of the US Agency for International Development. And advocacy by Canadian Campaign members led to a commitment of \$3 million new dollars to microbicide research by the Canadian government in FY 2001.

LESSONS LEARNED: This project shows that a powerful, albeit largely latent, global demand for microbicides exists. It further demonstrates that, using education, community-organizing and coalition-building techniques, the power of this demand can be mobilized effectively to generate political pressure leading to the increased resources needed to expedite microbicide research and development.

ABSTRACT 485

An Evaluation of the Information, Motivation, and Behavior (IMB) Model Among Severely Mentally Ill Substance Abusers

*Peipman, FEW¹; Dévieux, JG¹; Malow, RM¹;
Lucenko, BA¹; Feaster, DJ¹; Kalichman, S²*

1 University of Miami, Miami, FL; 2 Medical College of Wisconsin, Milwaukee, WI

BACKGROUND: Persons with severe mental illness and substance dependence present with high levels of risk for HIV infection. Based on the Information, Motivation, and Behavior (IMB) theory, information (factual knowledge concerning HIV transmission) and motivation (to reduce HIV risk behavior) work through behavioral skills enact HIV preventive behavior (i.e., using condoms).

OBJECTIVE: To test the predictive value of the IMB model for HIV risk reduction among severely mentally ill (SMI) substance abusers.

METHODS: Guided by the Theory of Reasoned Action, and consistent with other IMB formulations, a motivation composite variable was constructed which combines perceived susceptibility for HIV risk, social support for practicing safer sex, the value of social support to the individual, and attitudes toward using condoms. The behavioral skills component of the IMB model was operationalized as condom use skills (the number of correct steps enacted in simulating condom use) and sexual self-efficacy for condom use (the belief in one's own ability to effectively negotiate and practice condom

use). Whereas the former provides a direct measure of behavioral skills, the latter reflects more of a cognitive indicator of self-appraised behavioral skills. Including an objective skills assessment in the behavioral skills component in a test of the IMB model, rather relying only on a self-efficacy scale as a proxy for behavioral skills, represents an advance in this area of research.

RESULTS: A total of 296 participants were evaluated, all of whom reported one or more sexual partners within the six months before initial assessment. Fit was excellent (CFI = 0.99) for the overall model testing the IMB theory among this sample. Motivation was positively associated with sexual self-efficacy, condom use skills, and percent condom use. Factual knowledge was positively associated with condom use skills, although negatively associated with percent condom use. Condom use skills were significantly and positively associated with percent condom use. Participants who were motivated to use condoms, who had skills in applying and using condoms correctly, and who believed in their own ability to use condoms correctly were more likely to have used condoms during intercourse.

CONCLUSIONS: These results support the IMB model of HIV risk reduction among SMI substance abusers. Findings support the mediational effects of indices of behavioral skills upon HIV risk behavior. Motivation to reduce HIV risk was a strong predictor of behavioral skills and HIV risk behavior, highlighting the importance of this construct in the design and implementation of HIV risk reduction interventions. The negative path between factual knowledge and HIV risk behavior, in light of the positive paths between behavioral skills and risk behavior, highlights the importance of actual behavioral skills and efficacy for condom use, rather than factual knowledge, in engendering safer sexual practices.

ABSTRACT 486

Peer Education in the Socialist Republic of Vietnam

Chung, A¹; West, GR¹; Valdiserri, RO²; Pham, HT¹

1 Centers for Disease Control and Prevention, Hanoi, Vietnam;

2 Centers for Disease Control and Prevention, Atlanta, GA

BACKGROUND: The HIV epidemic in Vietnam is rapidly growing. More than 30,000 Vietnamese have been officially reported as having HIV or AIDS. However, more than 120,000 are believed to already be HIV infected. In 1990, Vietnam identified its first HIV case in Ho Chi

Minh City, located in the Southern region. Since then, the number of HIV/AIDS cases in each of the 61 provinces has increased. In 1993, Vietnam began a peer education program that has been expanding steadily to additional provinces. This type of HIV prevention program is especially important for a developing country as salaries and other costs are paid at a scale consistent with the local economy and are affordable. The science base for peer education is strong and such a program can potentially reduce HIV risks significantly. This national program has never been formally assessed. In 2000, an assessment of this program was carried out by the National AIDS Standing Bureau of Vietnam, with assistance from the US Centers for Disease Control and Prevention (CDC).

OBJECTIVES: These analyses will: (1) inventory and assess the functioning of all known, provincial peer education programs in Vietnam, and (2) make recommendations for expanding and improving the national peer education program for HIV prevention in Vietnam.

RESULTS: Twenty provinces were identified as having peer education programs. Definitions of “peer”, peer education, and goals of program varied significantly from province to province. Seventy-nine peer education teams were identified involving 514 active peer educators. The teams target injection drug users (20 provinces), commercial sex workers (12 provinces), clients of commercial sex workers (11 provinces), youth (16 provinces) and other populations. Peer educators work on city streets (19 provinces), drug injection settings (15 provinces), gardens and parks (12 provinces), railways (10 provinces), hotels and restaurants (11 provinces), cafes and karaoke bars (13 provinces) and other settings. More than 7,000 persons are contacted each month. Services provided included distributing pamphlets and brochures, condoms and sterile injection equipment, educational cassette tapes, and other materials. Counseling was also provided. Training and financial and other support for the peer education teams are very limited and many provinces are concerned they will not be able to continue their programs.

CONCLUSIONS: Peer education programs have begun in Vietnam and are reaching substantial numbers of persons at high risk for HIV. However, training and other support is very limited and the effectiveness of the program cannot be confirmed. Many provinces with substantial HIV epidemics have not yet begun programs, and in some provinces where programs do exist, the coverage and number of peer educators is very small. For the peer education program to have a substantial impact on the HIV epidemic, it will have to be substantially expanded, training and support strengthened and the outcomes of services evaluated much more thoroughly.

ABSTRACT 487

Recruiting for a Phase I Microbicide Trial: What Works in the US?

Forbes, A; Maslankowski, LA; Metzger, DS

University of Pennsylvania School of Medicine, Philadelphia, PA

ISSUE: Recruitment for Phase I prevention trials can be difficult as many people, especially those in good health, are reluctant to be among the first to use a new product or drug. In microbicide trials, this difficulty is compounded by the need to recruit people who will report their product use reliably and who can assure their partners', as well as their own, cooperation with trial protocol. The tension between necessarily precise inclusion and exclusion criteria and the need to enroll quickly to stay on schedule (especially in multi-site trials) adds yet another layer of complexity. Development of efficient recruitment methods that attract appropriate participants is a central challenge in microbicide trials.

SETTING: This project, undertaken in the Philadelphia, PA metropolitan area, involved two intersecting communities; (1) consumers, staff and volunteers in community-based HIV/AIDS and women's health care provider agencies and (2) students on two urban college campuses. Ours was one of four sites participating in HIVNET 020, a Phase I trial of a novel vaginal microbicide.

PROJECT: Over 24 months, we tested two recruitment strategies individually and in combination. Strategy A focused on outreach to the staff and clients of targeted agencies, offering them free materials and in-service training on microbicides. Strategy B relied on broad-based publicity efforts (flyers, newspaper ads, etc.) on two large university campuses. Strategy C focused primarily on the targeted recruitment of HIV positive women and used a combination of both strategies.

RESULTS: Using Strategy A, we attracted 50 respondents, 28 of whom qualified as potential participants (women both interested in, and eligible for, trial participation after pre-screening). With 56% of respondents qualifying as potential participants, this strategy produced the highest respondent to potential participant ratio. During the Strategy B phase, 44 of the 150 respondents (29%) qualified as potential participants. Strategy C yielded 19 potential participants out of 54 respondents (35%).

LESSONS LEARNED: While Strategy A produced the highest potential participant to respondent ratio, it was labor-intensive to implement and slower to yield results than Strategy B. The initial investment we made in community education and agency engagement under Strategy A paid off, however,

during the Strategy C phase as agency referrals substantially facilitated our recruitment of HIV positive women. Although Strategy B produced the lowest potential participant to respondent ratio, it generated an influx of respondents — enough of whom were potentially eligible to keep enrollment on schedule during the middle part of the trial. We learned that multiple recruitment strategies were needed to identify, recruit and enroll a broad range of participants while meeting the trial's protocol and time line requirements.

ABSTRACT 489

Survival of AIDS Patients According to Heterosexual Transmission Mode in Puerto Rican AIDS Patients

Fernández, DM; Gómez, MA; Otero, JF; Hunter, RF

Universidad Central del Caribe-School of Medicine, Bayamon, Puerto Rico

OBJECTIVES: This paper aims to: (1) describe heterosexual transmission mode (yes/no) according to age, gender, living with family, having partner, professional status, AIDS diagnosis criteria and antiretroviral use; and (2) assess survival differences between heterosexual and non-heterosexual according to age, gender, living with family, having partner, professional status, AIDS diagnosis criteria and antiretroviral use.

METHODS: This study is a survival study of a longitudinal cohort. The sample was composed of 1282 AIDS patients of a cohort of HIV-infected adults who sought medical care at the Bayamón health service facilities between January of 1992 and December of 1999. The variables studied were the following: survival time of AIDS, heterosexual transmission mode, age, gender, living with family, having partner, professional status, AIDS defining criteria (clinical or immunological) and antiretroviral use (yes/no). The Kaplan-Meier procedure was used to analyze the median survival time.

RESULTS: Significant difference ($p = 0.0104$) was found on survival between heterosexual and non-heterosexual, where heterosexual had higher survival (median: 24.0 months) than non-heterosexual (median: 16.7 months). Significant differences ($p < 0.05$) in the survival functions (heterosexual vs. non-heterosexual) were found among patients that were living with family, employed patients, alcohol users, male patients, younger patients, patients with immunological criteria and antiretroviral use. The survival among these variables was higher in heterosexual than non-heterosexual.

CONCLUSIONS: This study suggested that variables related with high survival among heterosexuals were: living with family, employed patients, alcohol use, male patients, younger patients, patients with immunological criteria and antiretroviral use. Clinical endeavors should take into consideration the variables related with heterosexual survival to develop health programs in order to enhance the quality of life and the survival of the AIDS patient. Sponsored by RCMI/NIH grant number G12RR03035 and CDC/ASD grant numbers U62/CCU206209.

ABSTRACT 490

Translating Research Into Practice; Using RARE Outcomes for the Design of a Culturally Competent HIV Prevention Program Using Behavioral Theory to Target African Americans at High Risk in Four Philadelphia Communities

Dillard, KC¹; Beale, DK¹; Metzger, D²

1 Youth Outreach Adolescent Community Awareness Program, Philadelphia, PA; 2 University of Pennsylvania School of Medicine, Philadelphia, PA

ISSUE: The outcomes of the Rapid Assessment, Response, and Evaluation process (RARE) are being used to enhance HIV prevention and intervention activities targeting African Americans at high-risk for HIV and other STDs in four Philadelphia communities.

SETTING: RARE data was used to re-design street outreach and other interventions targeting 3 distinct groups of African Americans at increased risk of HIV/STDs in 4 urban communities of high AIDS prevalence in Philadelphia. Targeted individuals engage in multiple risk behaviors within these communities that are severely impacted by poverty, poor health status, and lack of services.

PROJECT: The Youth Outreach Adolescent Community Awareness Program (YOACAP), a community-based organization providing HIV intervention services primarily targeting low-income African Americans, has been directly funded by the CDC to conduct a 4-year project targeting female sex industry workers addicted to crack cocaine; high-risk, sexually active adolescents; and the heterosexual male sexual partners of the female sex industry workers. The project, entitled Project Shakedown (Stopping

HIV/AIDS from Killing Everybody), is designed to deliver services within small, concentrated areas called "HIV risk pockets." This paradigm shift from providing outreach and other services to large areas reaching hundreds of persons was a direct result of outcomes and recommendations of the RARE research that showed that very high-risk activities were occurring within small, concentrated sections, typically an area of about 1 sq. mile. Using low-threshold saturation (LTS) outreach strategies, peer outreach workers provide on-going individual risk reduction counseling, group activities, and linkages to HIV counseling and testing and other support services for some of the Philadelphia's hardest-to-reach at-risk individuals.

RESULTS: Under the direction of HIV researchers Drs. Metzger & Perkins who submitted the final Philadelphia RARE report to the City of Philadelphia & the US Dept. of Health & Human Services, key recommendations were to: target interventions in concentrated clusters; provide intensive low-threshold interventions reaching those at highest risks; employ target population members as peer outreach workers; and continue RARE process to identify more risk pockets. These recommendations were also accepted by the local CPG.

LESSONS LEARNED: CBO/ASOs and health departments can derive beneficial outcomes by using the RARE process in their HIV prevention needs assessments and other planning & development initiatives.

ABSTRACT 492

Models for Integrating HIV Prevention into HIV/AIDS Care Settings

Senterfitt, W¹; Eroglu, D¹; Blair, J¹; Conviser, R²; Dooley, SW¹

1 Centers for Disease Control and Prevention (CDC), Atlanta, GA; 2 Health Resources and Services Administration (HRSA), Rockville, MD

ISSUE: The need for primary HIV prevention services for people living with HIV is increasing. Prevention services for HIV-positive persons can help prevent new infections. As more persons seek care for HIV, care providers will become increasingly important for the delivery of prevention services; but, these services are not widespread in care settings.

SETTING: Five health departments in California, Maryland, and Wisconsin. The project targets diverse populations in similarly diverse settings, including clinics, street outreach environments, public venues, correctional institutions, and other settings.

PROJECT: In 1999, the CDC initiated the Prevention for HIV-Infected Persons Project (PHIPP). Five health departments were funded to provide primary HIV prevention services to HIV-infected individuals, especially racial and ethnic minorities and others having difficulty accessing prevention or treatment services. These health departments are working with HIV prevention providers in the community to develop and implement a variety of locally appropriate services for affected populations. The Health Resources and Services Administration (HRSA) is collaborating on this project.

RESULTS: Several sites are reaching HIV-infected persons and providing prevention services to them by integrating these services into care settings. For example, in ten California sites, harm reduction activities are located in HIV Early Intervention Clinics, with HIV risk reduction specialists functioning as part of the regular clinic staff. In Baltimore, MD, a mobile van functions as an STD and HIV screening and treatment clinic and provides HIV prevention case management services. In Los Angeles, Partner Counseling and Referral Services are integrated into clinical care at community-based clinics, and outreach workers are working in clinical care settings to recruit clients into an intensive, group-level risk reduction program. In San Francisco, integration of prevention into care is being approached by training HIV care providers on prevention issues. These projects are encountering a variety of practical challenges such as providers not having sufficient time to allocate to prevention, conflicts between care and prevention service providers, and lack of objective screening instruments to identify clients who need more intensive prevention services. Development and implementation of solutions for these challenges are being systematically documented.

LESSONS LEARNED: Integrating primary HIV prevention with HIV care services is challenging. This is due primarily to difficulties inherent in establishing new programs and in changing established modes of service provision and provider behavior. Similar challenges will likely be faced by other organizations as they attempt to integrate HIV prevention into care settings. Lessons learned from PHIPP projects may prove valuable for such organizations.

ABSTRACT 493

The Texas Hepatitis C Initiative: Integrating Hepatitis C into HIV Counseling and Testing Programs

Robbins, AS; Melville, SK; Blass, CS

Texas Department of Health, Austin, TX

ISSUE: Hepatitis C is the most common chronic blood-borne infection in the US and causes cirrhosis and liver cancer. Almost 4 million Americans are infected with hepatitis C, many of which do not know they are infected. Many of the risk factors hepatitis C infection are the same as those for HIV infection. The challenge is to integrate hepatitis C prevention activities into existing HIV prevention programs with limited resources.

SETTING: The Texas Department of Health (TDH), in response to State legislation, implemented hepatitis C counseling and testing at 18 publicly funded HIV counseling and testing (CTS) sites in every public health region.

PROJECT: TDH developed hepatitis C training modules that can be integrated into the counseling and testing pre-course for HIV counselors or can stand alone. Hepatitis C oriented skills were also added to the HIV counseling and testing course and a new training videotape that includes HCV counseling techniques was developed. TDH conducted hepatitis C counseling and testing training with current HIV counselors at each of the selected hepatitis C sites. TDH also developed guidelines for counselors to target limited resources to those at highest risk for hepatitis C. A supplemental data form was created to collect information on specific hepatitis C risk factors and linked to the HIV counseling and testing data collection form. On September 1, 2000, 18 HIV CTS sites began providing hepatitis C counseling and testing in Texas.

RESULTS: As of February 14, 2001, 2068 clients have been counseled and 1654 tested for hepatitis C. The overall hepatitis C positivity was 32%. Of the clients tested for hepatitis C, 47% were injecting drug users (IDU); 28% had a medical exposure, occupational exposure, unsanitary piercing/tattoo or other blood exposure; 8% had risky sex; 2% shared snorting equipment; and 15% had other risks or no identified risk. The highest positivity was among IDU at 56%. The second highest positivity was among those with a medical exposure at 17%. The other exposure categories ranged between 7-14% positivity.

LESSONS LEARNED: Due to the higher positivity rate of hepatitis C compared to HIV, counselors report spending a much higher proportion of their time conducting positive results counseling but that is it less emotionally draining than giving HIV-positive results. They also report frustration at the lack of the availability of referral resources for hepatitis C. Many sites do not have enough phlebotomy resources since blood spot technology is not available for hepatitis C testing at this time. Surprisingly, some high-risk venues are reluctant to offer hepatitis C testing at their site.

ABSTRACT 497

Serological Testing Algorithm for Recent HIV Seroconversion (STARHS): CDC's Investigational New Drug Program for a Testing Strategy to Detect Early HIV-1 Infection

Withum, DG; Janssen, RS; Fridlund, CA; Linley, LA; Bell, KA; Mei, JV; Parekh, BS; Kothe, DL; Bell, CJ; Lackritz, EM; Satten, GA; Byers, RH; Peterman, TA

Centers for Disease Control and Prevention, Atlanta, GA

BACKGROUND: STARHS currently uses a less sensitive (LS) version of the Abbott 3A11 EIA assay to distinguish persons with recent HIV-1 infection. The LS assay is non-reactive if a person has been recently infected (average within 140 days) or if reactive, suggests a long-standing HIV-1 infection (average > 140 days).

METHODS: The US Centers for Disease Control and Prevention (CDC) developed a standardized laboratory protocol, test reagents, reporting system, and quality assurance (QA) program for STARHS. CDC sponsored an Investigational New Drug (IND) program approved by the US Food and Drug Administration. The IND allows STARHS use in certain research studies and permits CDC to distribute standardized reagents (including a calibrator [CAL] and a low positive control [LPC]) needed for optimal assay performance. Beginning in September 1999, CDC distributed a series of 3 blinded QA panels containing 8 specimens each to 14 IND laboratories. Both recent and long-standing HIV-1 positive specimens were included in the panels. Participating laboratories conducted STARHS testing on QA panels and reported results to CDC.

RESULTS: As of January 2001, a total of 26 laboratories (12 non-US and 14 US) have participated under the IND. Besides 17 in North America, laboratories are located in the continents of Africa (3), Asia (1), Australia (1), Europe (3), and South America (1). Due to training aspects and reagent availability, not all laboratories have yet begun using STARHS. Results from QA testing from 13 laboratories (303 total tests) were 100% concordant with expected classification (recent vs. long-standing). Median values for standardized reagents were: CAL = 0.36 (SD 0.09) and LPC = 0.13 (SD 0.04). Correlation of LPC and CAL was 0.84 ($p < 0.0001$).

CONCLUSIONS: Reproducibility of STARHS testing was high among participating laboratories. Variance of test data on CDC-IND reagents was low. Continuing research will assess STARHS reliability among geographically diverse laboratories, non-B-clade HIV-1 subtypes, and specimens from persons on HAART. CDC is also evaluating EIA assays from a variety of manufacturers for potential use in STARHS, as well as assessing the utility of STARHS for HIV prevention programs.

ABSTRACT 498

HIV Risk and Concern About HIV Exposure Among MSM

Tolou-Shams, M^{1,2}; McKirnan, D^{1,2}

1 University of Illinois, Chicago, IL; 2 Howard Brown Health Center, Chicago, IL

BACKGROUND: A recent report from the Centers for Disease Control and Prevention (CDC) suggests that men who have sex with men (MSM) are increasingly practicing unsafe sex (MMWR, 1999). Moreover, while AIDS cases are generally decreasing among MSM, the rate of HIV and general STD infections in this population has remained constant or actually increased (CDC, 1997, 1998; MMWR, 2001; San Francisco Dept. Public Health, 2001). Thus, there continues to be a strong need for more efficacious safer sex interventions in this population.

OBJECTIVES: This study examines the discussion content of HIV counseling and testing (HIV-CT) sessions among 162 HIV negative MSM (\bar{M} age = 37; 86% European-American) who previously participated in an HIV vaccine preparedness study. Measures include a standard behavioral assessment questionnaire and the counselors' coded written session notes. We examined variables such as substance use or mood that contribute to both high-risk sexual behavior and subjective concern about HIV exposure.

RESULTS: We defined “high risk” as one or more episodes of unprotected anal sex in the past 6 months ($n = 79$). All other sexual activities were considered “low risk” ($n = 83$). Results from self-report measures indicated that there were no differences between risk groups in education, age, frequency of general substance use, total number of different drugs used besides alcohol, frequency of substance use with sex, perception of whether they are less sexually safe while under the influence of drugs and alcohol, total number of male partners, and the number of physical symptoms reported at testing ($p > 0.05$). Moreover, concern about HIV exposure did not differentiate high vs. low sexual risk [$P^2(1, N = 161) = 1.77, ns.$]. Forty-six percent of MSM who had unprotected anal sex in the past 6 months did not express any concern about HIV exposure ($n = 36$). Men who had unprotected anal sex and *were* concerned about HIV exposure had a significantly greater number of male sex partners ($M = 14$ v. 7 ; $t = -1.97, p \leq .05$), reported a greater number of physical symptoms ($M = 1$ v. 0.17 ; $t = -4.10, p < .001$), and felt they were less likely to practice safer sex when using alcohol and/or drugs [$P^2(1, N = 76) = 4.65, p < 0.05$]. The most salient counseling topics for recent risk episodes were primary relationships, partner characteristics (i.e., communication, physical characteristics, HIV status), and substance use. Those who discussed a primary relationship, partner characteristics, or affect engaged in riskier sexual behavior than those who did not discuss those topics [$P^2(1, N = 161) \geq 3.81, p \leq 0.05$]. Those who were concerned about HIV exposure (regardless of actual sexual risk-taking behavior) were more likely to discuss compulsive sexual behavior, the context of the sexual situation, and affect [$P^2(1, N = 161) \geq 3.97, p \leq 0.05$].

CONCLUSIONS: Quantitative measures indicated that precursors of risk found in other studies had no relationship to actual sexual risk status in this high-risk cohort. In contrast, qualitative analysis of HIV-CT notes supported previous literature in finding associations between risky sex and primary relationships, partner characteristics, and affect. Subjective concern about HIV exposure did not differentiate high and low sexual risk-taking behavior. Moreover, 46% of MSM who were unconcerned about HIV exposure had nonetheless engaged in unprotected anal sex. It is critical that counselors tailor prevention efforts to this important subgroup, since they may often have abridged risk-reduction counseling sessions after they indicate no concern about HIV exposure.

ABSTRACT 499

When and Where Do Youth Have Sex?

Taylor, SN¹; Sanders, L¹; Martin, DH²; Cohen, DA³

1 Louisiana State University Health Sciences Center, and LA State Office of Public Health, Baton Rouge, LA; 2 Tulane University School of Medicine, New Orleans, LA; 3 Louisiana State University Health Sciences Center, Dept. of Health and Preventive Medicine, Baton Rouge, LA

BACKGROUND: As part of a school-based STD screening project, high school youth were asked about their health risk behaviors, especially with regard to when and where they have sex.

OBJECTIVE: To identify factors related to HIV risk behaviors and transmission of STDs among inner-city youth.

RESULTS: Data from 550 participating youth are currently available. Among these, 20/284 (7%) boys and 28/266 (10.5%) girls had chlamydia (Ct). Among boys 4/284 (1.4%) and among girls 12/266 (4.5%) had gonorrhea. 48% of youth are not involved in any extra-curricular activities. Forty-six percent of youth take care of themselves after school with no adult present for 4 or more hours a day, with 30.4% being alone for 6 or more hours. Among youth not in after school activities 29/261 (11.1%) had Ct compared to 19/292 (6.5%) in after school activities. Youth who were not supervised by an adult for 4 or more hours per day were more likely to have ever used marijuana (OR 1.65; 95% CI 1.14, 2.40). The infection rate of Ct among youth who had ever smoked marijuana was 19/127 (15%) compared to 29/426 (6.8%) among youth who never smoked ($p < 0.004$). Among youth who had sex, 35% had sex in their own home, 44% in their partner's home, 12% at a friend's house and 4% in a hotel/motel. No one reported having sex in a car or van. Girls were more likely than boys to have sex at their partner's house (59% vs. 33%, $p < 0.000$) and girls who had sex at their partner's house had higher rates of Ct infection than girls who had sex at their own house [16/91 (17.6%) vs. 5/40 (12.5%)]. Two of 6 girls who had sex in a hotel were infected with Ct. Fifty-seven percent of sexually active youth reported that the last time they had sex was during the school week.

CONCLUSION: The lack of extra-curricular activities for inner-city youth appears to be an important contributor to HIV risk behaviors and transmission of STDs. Extra-curricular activities for youth should be tested as a potential intervention to reduce risk-taking behaviors.

ABSTRACT 500

HIV Seroprevalence of Minority Inner-city Youth with a History of High-Risk Behaviors in Grady Health System in Atlanta, GA

Sawyer, MK; Purnell, C; Bone, N; McCallum, C; Kotler, H

Grady Health System, Atlanta, GA

BACKGROUND/OBJECTIVES: Minority adults have had increasing HIV seroprevalence in the US over the past five years. Many youth also begin behaviors that place them at risk for HIV: early sexuality, multiple sexual partners, sexually transmitted diseases (STDs), and sexual assaults. Additionally, young minority girls are frequently sexual partners of older men. This places them at very high risk for HIV. Thus, the increasing HIV infection rate in young adults may actually begin during the adolescent years. Counseling and testing for HIV in youth with high-risk behaviors would allow for earlier detection and treatment as well as prevention strategies. HIV testing of all youth in the Grady Health System was undertaken to track the epidemic in this population. This surveillance is compared to that of Grady Health System's Adolescent Clinic; this clinic has a primary focus on prevention with a multidisciplinary staff.

METHODS: Weekly results of all HIV tests in the Grady Health System on youth are collected by the Grady laboratory and sent to adolescent clinic staff for review. Youth testing in the Grady Health System encompasses youth seen as inpatients, outpatients, in satellite clinics, in obstetrics, and in the emergency department. Positive tests are referred back to the testing area to offer assistance in counseling and tracking. Youth who do not return for scheduled counseling are confidentially tracked by telephone calls and/or public health official home visits. The majority of youth return to the adolescent clinic for counseling and immediate HIV education and care.

RESULTS: From May 1999 through December 2000, 4,433 tests were performed on youth within the Grady Health System. Thirty-five youth were EIA+ and confirmed by Western Blot; this gives a seroprevalence of 8/1000. There were 22 black heterosexual females, 12 black males, and one white male. Five of the males self-identified as males having sex with males (MSM). During the same time period, 952 tests were performed within the adolescent clinic with three HIV positive youth identified. This gives a seroprevalence of 3/1000. Of the

three identified youth, there was one black heterosexual female, one white gay male, and one black gay male.

CONCLUSIONS: During an 18-month period, 35 youth were identified as HIV+, counseled, and offered prevention and care. The high numbers of HIV infection in youth suggest that the increasing seroprevalence in young adults may actually begin in the adolescent years. This illustrates the importance of offering counseling and testing to all asymptomatic youth presenting to clinics with a history of high-risk behaviors. This data also supports increasing prevention efforts among high-risk youth.

ABSTRACT 502

The Effectiveness of HIV Post-Test Counseling

Eichler, MR; Ray, SM; del Rio, C

Emory University - Rollins School of Public Health, Atlanta, GA

BACKGROUND: In 1994 the CDC created standardization guidelines for HIV pre- and post-test counseling. Since then there has been limited research to evaluate the effectiveness of counseling in producing desired outcomes such as seeking medical care. Initiating medical care serves several purposes including access to antiretroviral medication and HIV-related services such as education and social support. In the twenty years since the first cases of HIV were identified, there has been a lack of research on ways to encourage HIV-positive individuals to initiate medical care.

OBJECTIVES: To determine whether HIV post-test counseling influences health care seeking behaviors among newly diagnosed HIV-positive individuals.

METHODS: One hundred HIV-positive inpatients were interviewed in a metro Atlanta, GA public hospital. The patients' names were obtained from a list of all admitted HIV-positive patients compiled daily by the social services department. The survey consisted of 38 questions and a chart review to obtain medical information such as medical history, test results, dates and reason for admission.

RESULTS: The majority of the sample was male (72%), African American (88%), and receiving public health insurance (86%). Median age was 39 years, and median time since HIV diagnosis was 5.9 years. Fifty-four subjects reported having received post-test counseling following the HIV test that led to their diagnosis. Individuals who received counseling ($p = 0.009$) and/or referrals to medical care ($p = 0.01$) sought care 7 months earlier than those

who reported they did not receive counseling. Individuals who received counseling were 2.7 times more likely to seek care within 3 months of HIV diagnosis (95% CI 1.04 – 7.43) than those who did not receive counseling ($p = 0.023$). Subjects counseled by a counselor or social worker were 11.6 times more likely to seek medical care (95% CI 1.0 – 314.2) and 8.7 times more likely to initiate HIV medication (95% CI 1.6 – 53.1) than subjects counseled by a physician or nurse. Within the past 2 years only 62.5% of newly diagnosed individuals received post-test counseling, between 2 and 10 years ago, 58% of newly diagnosed individuals received counseling, and more than 10 years ago, 38% of newly diagnosed individuals received counseling. Although this trend is not statistically significant, ($p = 0.08$), it reveals that post-test counseling is still not performed regularly.

CONCLUSIONS: When performed, HIV post-test counseling effectively encourages HIV-positive individuals to seek medical care. Although effective, counseling is underutilized. Regular use of standard post-test counseling could significantly impact the health of HIV patients and their contacts. It is imperative that counseling and referral services be expanded to a variety of settings in both the public and private sectors, and that individuals at every testing site are trained to conduct effective counseling sessions.

ABSTRACT 503

Acceptability and Feasibility of Conducting Counseling, Testing and Referral within the Context of Rapid Assessment, Response and Evaluation in Crisis Response Team Cities

Dean, HD¹; Needle, RH²; R Lewis-Hardy, R³; Troutman, A³; Ullah, E⁴; Bates, C²; Janssen, RS¹

1 Centers for Disease Control and Prevention, Atlanta, GA; 2 US Department of Health and Human Services, Office of HIV/AIDS Policy, Washington, DC; 3 Fulton County Department of Health and Wellness, Atlanta, GA; 4 Miami-Dade County Health Department, Miami, FL

ISSUE: In 1999, the Crisis Response Team (CRT) Initiative was implemented by the United States Department of Health and Human Services to assist communities to identify potential strategies to enhance prevention efforts; to maximize community health support and services networks; and to provide access to HIV counseling, testing, and care for the most vulnerable populations

impacted by the HIV/AIDS epidemic. Metropolitan statistical areas (MSA) eligible for CRT assistance were identified based on: (1) MSA population size $\geq 500,000$, (2) $\geq 1,500$ African American or Latino persons living with AIDS, and (3) 50% or greater of total MSA HIV/AIDS cases were African American or Latino.

SETTING: Selected Crisis Response Team Cities.

PROJECT: CRT members (experts representing HHS, CDC, HRSA, SAMSHA, NIH) work in partnership with local officials, public health personnel, and minority community-based organizations to assess the threat and impact of HIV/AIDS on vulnerable populations. The CRT utilizes the Rapid Assessment Response and Evaluation (RARE) method, which involves rapid ethnographic assessments of knowledge of HIV, and community risks conducted within an 8 to 12 week period in neighborhoods, selected by the local CRT community advisory group. RARE findings are presented back to the community advisory group to identify potential strategies to enhance prevention efforts and to maximize community health and support service networks and access to care. In 2000, the counseling, testing and referral component (CTR) was added to the RARE methodology. The goal of the CTR was to: (1) determine if counseling and testing is acceptable to the community within the context of rapid ethnographic survey methods such as focus groups, key informant interviews and rapid surveys; (2) determine if CTR is feasible to conduct in this setting; and (3) if CTR was found to be acceptable and feasible, implement CTR in RARE communities.

RESULTS: Thus far, two cities have completed the acceptability and feasibility phases. The results from the acceptability phase found selected communities to be very willing to be tested, expressing a desire to be able to receive HIV results immediately and indicating a need for counseling and testing to be conducted during non-traditional hours. Both cities found CTR to be feasible and have decided to implement mobile HIV testing services during non-traditional hours.

LESSONS LEARNED: The results of this project will expand prevention efforts in these communities by increasing the number of persons who know their HIV serostatus and providing referrals and linkages to care and prevention services.

ABSTRACT 504

What Works in HIV Prevention*Ehrmann, T*

AIDS Action, Washington, DC

ISSUE: Although the total number of new HIV infections has remained constant in recent years, the individuals at risk are increasingly diverse. Substance users and men who have sex with men are still heavily represented in disease statistics, but CDC figures also show increasing rates of infection among women, incarcerated populations, communities of color and young people. Prevention efforts must keep pace with these evolving trends.

SETTING: Community-based organizations (CBOs) are the intended audience

PROJECT: AIDS Action authored a series of five guides, which describe HIV prevention strategies in communities disproportionately affected by the epidemic. Specifically, these documents contain profiles of CBOs effectively tailoring their prevention strategies to meet the needs of substance users, men who have sex with men, women of color, incarcerated populations and young people. They also discuss HIV and AIDS statistics, along with possible cofactors that contribute to increasing rates of infection. References and contacts for further information are also included. These documents are intended to be a resource for CBOs seeking to better reflect epidemiological data by starting new prevention programs or expanding current efforts.

RESULTS: AIDS Action compiled a series of five guides detailing effective prevention strategies targeting substance users, men who have sex with men, women of color, incarcerated populations, and young people. These collective experiences and individual programs serve as a starting point for other CBOs thinking of expanding prevention efforts.

LESSONS LEARNED: Where HIV prevention is concerned, one size does not fit all. As CBOs seek to reduce the number of HIV infections, it is important to tailor standardized prevention messages and specifically address hard-to-reach populations. Substance users, men who have sex with men, women of color, incarcerated populations and young people all respond to unique social, economic and political pressures. These issues must be incorporated into HIV prevention programs. Every approach may be different, but encouraging dialogue between CBOs will go a long way to reducing HIV infections in increasingly diverse communities. These organizations are intrinsically creative and, in many cases, are best able to respond effectively to the needs of hard-to-reach populations.

ABSTRACT 505

Validation of Race and Transmission Mode in the HIV/AIDS Reporting System, United States, 1995-1997*Lee, LM; Lehman, JS; Fleming, PL*

Centers for Disease Control and Prevention, Atlanta, GA

BACKGROUND: The national HIV/AIDS reporting system (HARS) relies on medical record review to complete case reports. We compared medical record data on race/ethnicity and transmission risk to self-reported data collected during a survey of persons recently diagnosed with AIDS to assess validity of these data fields.

METHODS: We used data from the AIDS Patient Survey (APS), an interview study conducted in Arizona, Colorado, Mississippi, Missouri, New Mexico, North Carolina, Oregon, and Texas. From HARS, we stratified by transmission risk and drew a sample of 1907 persons newly reported with AIDS from May 1995 to December 1996. Because the study was conducted during a period when nearly all persons with HIV progressed to AIDS, the sampling frame is the population of HIV-infected persons at least 18 years of age whose AIDS diagnosis was within 12 months before report to the state health department. We compared self-reported responses on questions about race/ethnicity and HIV transmission risk to race/ethnicity and transmission risk reported to HARS. In APS race and ethnicity were asked separately and multiple races could be reported; in HARS race/ethnicity is a single variable.

RESULTS: Of 1907 persons interviewed in APS, 1 (0.05%) was missing race/ethnicity, and 9 (0.5%) were missing transmission risk; 1587 (83%) were men. Of 1010 persons self-reporting white race, 999 (98.9%) were classified as white in HARS. Among 633 persons self-reporting black race, 623 (98.4%) were classified as black in HARS. Among 192 persons self-reporting Hispanic ethnicity, 165 (86%) were correctly classified in HARS. Agreement with HARS was lower among Asian/Pacific Islanders (A/PI) and American Indian/Alaska Natives (AI/AN) [2 of 6 (33%) and 11 of 31 (35%), respectively]. All misclassified persons in AI/AN and A/PI groups had self-reported two race categories and were classified in the other category in HARS. Ninety-two percent of 927 men self-reporting MSM transmission risk were correctly classified in HARS; 76% of 168 men reporting IDU, 55% of 174 self-reporting MSM/IDU, and 29% of 302 men reporting heterosexual contact (HC) were correctly classified in HARS. Seventy-one percent of 243 women self-reporting heterosexual contact and 91% of 75 reporting IDU were correctly classified in HARS.

Among both men and women, most misclassified HC cases were “undetermined” in HARS.

CONCLUSIONS: Self-reported and HARS race/ethnicity and transmission risk agreed well for most groups. Racial/ethnic groups with smaller numbers and HC among men had poorer agreement. Accurate demographic data are critical for assessing epidemiological trends and accurately addressing prevention needs of communities affected by HIV. To get the best information for less frequent race/ethnicity and transmission risk groups, we need multiple strategies, including medical record documentation and patient interviews.

ABSTRACT 506

HIV Risk Reduction Interventions for Youth: A Review of Randomized, Controlled Trials

Pedlow, CT; Carey, MP

Syracuse University, Syracuse, NY

BACKGROUND/OBJECTIVES: Sexual risk behavior accounts for increasing rates of HIV and epidemic rates of STDs among youth. HIV risk reduction interventions are not consistently effective in reducing risk behavior, and the essential features of effective interventions remain to be identified. This study provides a comprehensive review of empirical studies of HIV risk reduction interventions for youth that employed a randomized, controlled design. Study outcomes are reviewed, and a critique is provided of the populations sampled, settings, use of theory, measurement, study design, and data analysis.

METHODS: Literature searches were conducted of PsycINFO, AIDSLINE, MEDLINE, and CINAHL databases, and reference sections from empirical articles were reviewed (N = 22 studies met the inclusion criteria). Inclusion criteria were: (a) age range of 13-19 years, (b) randomized, controlled study design, (c) sexual risk reduction behavior outcomes, (d) studies published before September 2000, and (e) conducted in the US.

RESULTS: Studies were conducted in school, community, and health care settings with youth identified at high risk for HIV, including minority youth (82%) and STD clinic patients (14%). Thirteen of 22 studies (59%) demonstrated effectiveness in reducing at least one HIV risk behavior. Unprotected sex was reduced in 6 of 8 studies that measured this outcome. Condom use was increased in 8 of 15 studies that measured condom use. Improvements

in rates of abstinence were reported in only 1 of 7 studies that measured this outcome. Strengths of the studies were noted in their selection of high-risk youth, use of theory to guide intervention development, emphasis on behavioral skills, use of individualized interventions in clinic settings, and procedures for intervention fidelity. Limitations were identified in the lack of information provided about control conditions, inconsistent measurement of theoretical mediators, high rates of participant attrition, and limited follow-up data.

CONCLUSIONS: Randomized, controlled studies of HIV risk reduction interventions have been targeted to high-risk youth and less frequently to younger and sexually inexperienced youth. Effective interventions tended to be guided by a social cognitive theory, and emphasized behavioral skills training combined with decision-making, problem-solving and planning skills.

ABSTRACT 507

HIV and STD Concerns of Men Who Have Sex with Men: The Experience of the CDC National STD and AIDS Hotlines

Thomas, DP; Ford, KM

CDC National STD and AIDS Hotlines, Research Triangle Park, NC

ISSUE: HIV and STD infection rates among men who have sex with men (MSM) 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. Due to the high volume of calls reaching the hotlines, nearly 4,000 calls from people who could be identified as MSM were surveyed between September 2000 and January 2001.

RESULTS: White and African American callers identified as MSM make up a lower percentage of callers compared to other male callers, whereas, higher percentages of MSM were Hispanic, black Hispanic, and Asian. Higher

percentages of the MSM callers were HIV+ or AIDS diagnosed than other male callers. Also, the surveys showed that more MSM than other male callers demonstrated a high level of concern or were in crisis.

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.

ABSTRACT 508

State of HIV/AIDS Among Latinos in Alameda County, CA

Ortiz, S^{1,2}; Vaz, L²

1 Tiburcio Vasquez Health Center, Inc., Union City, CA;
2 SalvaSIDA, Alameda County, CA

This collaborative research panel will examine the current state of HIV/AIDS among Latinos in California, highlight the behaviors and practices that place Latinos at high risk of HIV infection, and to assess the current HIV testing and prevention efforts available to Latinos living in California's Alameda County. The research document, *Tu Eres Mi Otro Yo: SalvaSIDA: State of HIV/AIDS Among Latinos in Alameda County*, will be discussed by members of SalvaSIDA,

SalvaSIDA is a network of community agencies and individuals devoted to HIV prevention and education efforts targeting Latinos in Alameda County. The network was created in response to the epidemics in-roads into the Latino community, hoping to keep the epidemic in check and to advocate for appropriate services to be available and accessible to Alameda County's diverse Latino community. SalvaSIDA provides Latinos a forum to discuss prevention methods, create collaborative efforts, and to advocate to community organizations and public and private funders of the need to address the epidemic. This paper represents SalvaSIDA's collaborative efforts gathering research, statistics, and anecdotal information, in an effort to raise awareness and consciousness of HIV/AIDS.

In addition, while this document primarily focuses on prevention efforts, SalvaSIDA is also committed to future investigation of treatment opportunities as they relate to AIDS and AIDS-related diseases. Although specific findings

as illustrated in this paper are now being researched, several of the same barriers that are discussed within this paper can be horizontally transferred as barriers for obtaining proper treatment and participating in traditional AIDS support systems.

ABSTRACT 509

Antiretroviral Therapy, Adherence, and Outcomes: Comparison of Data Collected Through Interviews and Medical Records

Nakashima, AK; Hanson DL; Dworkin MS; Burgess DA; Wan PC; Courogen M; Davidson AJ; Pratt JM; Sorvillo F; Jones JL

Centers for Disease Control and Prevention, Atlanta, GA

BACKGROUND: Monitoring antiretroviral therapy (ART) and adherence is important to identifying health care and service needs. We evaluated data on ART regimens, adherence, and outcomes collected from self-reported interviews and medical record reviews.

METHODS: Cross-sectional interview data from HIV-infected persons ≥ 18 yrs of age in the Supplement to HIV/AIDS Surveillance (SHAS) project were compared to data from the same individuals in the Adult Spectrum of HIV Disease (ASD) project, in which medical records were reviewed at intake and at 6-month intervals. The ASD record closest in date (± 3 mos.) to the SHAS interview was used for the comparison. Outcomes were evaluated using log-normal regression models.

RESULTS: Of matched cases, 315 reported ART use in both ASD and SHAS. Of these, 68% had identical ART regimens in SHAS and ASD, an additional 27% matched on ≥ 1 drugs, and 65% were prescribed HAART (USPHS recommendations). From SHAS data, 71% 'always', 24% 'usually', and 5% 'sometimes/rarely/never' adhered. Of persons (w/ CD4+ ≥ 200 cell/mL 1 yr before interview) on HAART, the model-estimated PCR VL (ASD data), was 31 copies/ml for 'always/usually' adhered vs. 1,435 copies/ml for 'sometimes/rarely/never' adhered; for persons on non-HAART ART, VL was 291 and 13,621 copies/ml, respectively. We observed a trend ($p > 0.05$) in deaths (ASD data) by adherence: 14.0 deaths/100 person years of follow-up (PY) for 'sometimes/rarely/never', 7.5 deaths/100 PY for 'usually', and 3.7 deaths/100 PY for 'always' adhered.

CONCLUSIONS: SHAS and ASD are two large, on-going surveillance projects that collect information for prevention and care programs. Our results validate that accurate data on treatment regimens can be obtained by both SHAS interview and ASD medical record review. Adherence information obtained in the interview also correlated with expected outcomes in the medical record.

ABSTRACT 510

Developmentally Appropriate Features of HIV Risk Reduction Interventions for Adolescents

Pedlow, CT; Carey, MP

Center for Health & Behavior, Syracuse University, Syracuse, NY

BACKGROUND: The need to design developmentally appropriate interventions for adolescents has been recognized by HIV prevention practitioners and researchers. Despite this recognition, guidelines for designing developmentally appropriate interventions are not widely available. Furthermore, the benefit of using developmentally appropriate interventions has not been established empirically.

OBJECTIVES: The purpose of this paper is to identify features that should be considered when developing HIV risk reduction interventions to address the unique needs and characteristics of adolescents.

METHODS: Literature searches of PsycINFO, MEDLINE, and CINAHL databases were conducted to identify randomized, controlled studies of HIV prevention interventions with youth. Inclusion criteria were: (a) age range of 13-19 years, (b) randomized, controlled study design, (c) sexual risk reduction behavior outcomes, (d) studies published before September 2000, and (e) conducted in the US. Twenty-two studies met the inclusion criteria. These studies were carefully reviewed, and developmentally appropriate features were identified. Attention was paid to sample selection, formative research, intervention content, measurement, and study design.

RESULTS: Twenty-one of 22 studies (95%) included at least one component or feature that addressed developmental concerns. Several studies selected a specific sample of adolescents, such as youth in the same-age cohort (5%), or those who had recently initiated sexual activity (5%). Formative research with adolescents was reported in 41% of the studies. Numerous examples of developmentally appropriate intervention content were found, such as:

illustrating abstract concepts using personalized, real-life examples (5%); addressing a future-time perspective by including goal-setting exercises (18%), decision-making exercises (23%), planning skills (9%), sexual communication skills (18%), and ways of coping with peer pressure for risky sex and fostering social support for reducing HIV risk (36%). Long-term assessments of 1 year or longer were noted in 18% of studies. Three studies measured developmental moderators or mediators related to HIV risk reduction, including cognitive level, locus of control, and skill at reducing peer pressure for risky sex. Changes in each of these variables were associated with positive risk reduction outcomes, such as improved condom use.

CONCLUSIONS: Nearly all published RCTs with adolescents incorporated aspects of intervention content or study design that are consistent with the needs and characteristics of adolescents. However, few studies included multiple developmentally appropriate features. Identification of such features may assist researchers in adapting existing risk reduction interventions for youth or in designing new interventions. Research needs to evaluate the effect of developmentally appropriate interventions on HIV risk reduction outcomes.

ABSTRACT 511

Hotlines and HIV Prevention: Reaching Rural Populations

Israel, A; Ford, KM

CDC National STD and AIDS Hotlines, Research Triangle Park, NC

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 hotline callers from states with rural populations. Information from callers from these states will be examined.

RESULTS: Last year, approximately 26,000 individuals called the CDC NSTDAH from these six states. 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.

ABSTRACT 512

Low Health Literacy is a Predictor of HIV Test Acceptance

Barragán, M; Hicks, GC; del Rio, C; Williams, MV

Emory University School of Medicine/Grady Memorial Hospital, Atlanta, GA

BACKGROUND/OBJECTIVES: The CDC's "HIV Prevention Strategic Plan Through 2005" has as one of its goals to increase the proportion of HIV-infected people who know their serostatus. To accomplish this goal, CDC proposes to increase the number of patients who are tested in health care settings. However, little is known about factors that determine acceptability of HIV testing in health care settings. As part of a study comparing rapid (RT) vs. standard (ST) HIV testing at an urgent care clinic (UCC) at a public hospital, we surveyed patients who had been offered an HIV test by their providers and had accepted (acceptors) or refused (refusers) testing. Pre-test counseling was provided using a low literacy brochure given to all patients upon registration into the clinic. Providers were encouraged to routinely offer testing with an option to decline (opt-out).

METHODS: A cross-sectional study was conducted over a 6-month period during which we surveyed patients ages 18-65. Patients who had been HIV tested during the previous 6 months, and those in the UCC to receive HIV test results were excluded. Prisoners and pregnant women are not seen at this clinic. The instrument assessed the following independent variables: gender, income, age, marital status, education level, race/ethnicity, type of test offered (RT or ST), and type of health insurance. We measured health literacy level using the Rapid Estimate of Adult Literacy in Medicine (REALM). Univariate analyses were performed for each independent variable comparing HIV test acceptors and refusers. Significant

predictors of HIV test acceptance were determined using logistic regression with inclusion of all independent variables found to be significantly related to this in univariate analysis.

RESULTS: In all, 391 patients were enrolled in the study (212 acceptors, 179 refusers). In univariate analysis, no statistically significant difference between HIV test acceptors or refusers was found for gender, race/ethnicity, marital status, income, type of health insurance, educational level, or type of test offered. A low literacy score, defined as a REALM score of sixth-grade level or below, and age < 40 years were both statistically significant predictors of test acceptance with acceptors being more likely to have a low literacy level [OR=1.946; 95% C.I. 1.194 – 3.170] and be < 40 years-old [OR = 1.786; 95% C.I. 1.180 – 2.701]. Both of these variables remained significant in multivariate analysis.

CONCLUSIONS: A low health literacy and younger age were shown to be significant predictors of HIV test acceptance in our study, suggesting that these populations provide an opportunity to increase access to testing. Given the current epidemiology and dynamics of HIV/AIDS among marginalized communities, our study suggests that opportunities for early diagnosis of HIV have not been fully explored and further prevention efforts should be placed within these populations.

ABSTRACT 513

Community Based Organizations and Adherence Programs

Ehrmann, T; and AIDS Action

AIDS Action, Washington, DC

ISSUE: Combination drug therapies have made HIV infection manageable by enhancing and extending the life of those living with the virus. Still, complicated adherence regimens have been a barrier between these medical advances and actual quality of life improvements. AIDS service organizations have been critical partners in efforts to improve client adherence to highly active antiretroviral therapy (HAART).

SETTING: Six community based organizations (CBOs) around the country with adherence programs. These organizations administer programs in both urban and rural areas and address the adherence needs of traditionally underserved populations.

PROJECT: AIDS Action visited six organizations and interviewed clients, physicians, mental health specialists, peer educators and case managers to create a “Guide to CBO Adherence Programs.” This manual was intended to serve as a resource for CBOs looking to start adherence programs as well as those already engaged in providing adherence support. The “Guide to CBO Adherence Programs” profiles the experiences of each program, discusses their common elements, and outlines current barriers to providing adherence support. It also describes evaluation methods and has a comprehensive list of resources for further information.

RESULTS: AIDS Action produced a “Guide to CBO Adherence Programs” intended to highlight the experiences of CBOs that help individuals maintain combination drug therapy regimens.

LESSONS LEARNED: Community based organizations know that many life circumstances make following a HAART regimen difficult, and have addressed these medical and non-medical needs in their adherence programs. Adherence programs proved most successful when they used an individualized approach to deliver comprehensive, unbiased information about combination drug therapy. Strong partnerships between these organizations and other support services work in tandem to help clients make well-informed choices about treatment options and follow through with them. Still, limited resources for capacity building and the shortage of long-term funding undercut the sustained success of adherence programs.

ABSTRACT 514

Five Years of Descriptive Analyses of Callers to the CDC National STD and AIDS Hotlines Spanish Service: A Tool for Outreach Prevention Programs

Israel, A; Simpson, P

CDC National STD and AIDS Hotlines, Research Triangle Park, NC

ISSUE: AIDS incidence rates in the United States are three times higher among Hispanics than among Caucasians.

SETTING: Active and passive survey data collected from callers to the CDC National STD and AIDS Hotline’s Spanish Service over five years identify characteristics of Hispanics reached by this service that are useful in developing outreach programs to this population.

PROJECT: Random surveys were requested in one out of three calls answered where service was provided to the caller. Descriptive analyses were performed on data collected from 23,737 callers to the CDC National STD and AIDS Hotline from 1995 through 1999.

RESULTS: Results obtained created a profile of Hispanic callers and identified concerns over a five-year period. The mean age for Hispanic callers was 28.9, and the largest ethnic group identified was Mexican in origin (40%, N = 12,313). Forty-nine percent of all Hispanic callers surveyed were female, and 50% of all callers were male, with less than 1% unknown (N = 21,054). HIV testing was the initial concern of 22% of callers (N = 23,737) followed by requests for written information (15%) and referrals (15%). Herpes was identified as the STD other than HIV of most concern.

LESSONS LEARNED: Survey data collected from a national hotline can be helpful in identifying characteristics and concerns of a population disproportionately affected by HIV/AIDS and STDs. Information obtained can be valuable in a comparative analysis with other populations to develop outreach programs and prevention strategies.

ABSTRACT 515

Systematic Reviews of HIV Behavioral Prevention Research in US Minority Populations

Darbes, LA¹; Kennedy, GE¹; Peersman, GV²; Zohrabyan, L¹; Carson, TL³; Gomez, M²; Rutherford, GW¹

1 University of California (UCSF), San Francisco, CA; 2 Centers for Disease Control and Prevention, Atlanta, GA; 3 Office of the Surgeon General, Washington, DC

ISSUE: Recent data have shown a substantial increase in the number of HIV infections in communities of color across all transmission groups in the US. For example, a study conducted by the CDC in six US cities recently found that nearly one in every three African American MSM has HIV. Though prevention efforts to stem the increase of HIV have been undertaken throughout the epidemic, our knowledge of successful prevention efforts across both communities of color and transmission groups is limited. Few studies in the extant literature have focused specifically on high transmission groups within communities of color. As a result, The Leadership Campaign on AIDS (TLCA) is working with the Cochrane Collaboration’s HIV/AIDS Group to systematically review

studies of effective interventions for communities of color in an effort to help prevent the further spread of HIV/AIDS.

SETTING: Ethnic minority populations (African American, Latino/Hispanic, Asian American and Pacific Islander, American Indian and Alaskan Native) in the US.

PROJECT: The Surgeon General's TLCA is supporting the production of systematic reviews of all controlled studies of interventions designed to prevent HIV infection in communities of color in the US. The reviews focus on four risk groups (men who have sex with men/gay men, heterosexuals, youth/adolescents, and injection drug users) within each of the following communities of color: African American, Latino/Hispanic, Asian American and Pacific Islander, and American Indian and Alaskan Native. The reviews are being conducted by the Cochrane Collaboration's HIV/AIDS Group (based at UCSF), in collaboration with the Centers for Disease Control and Prevention. The reviews entail the following steps: a comprehensive and systematic search for intervention studies, both published and unpublished; contacting current researchers regarding ongoing relevant research; describing characteristics of identified studies in terms of the targeted population, components of the intervention, demographics of the participants, research design, and study outcomes; summarizing the findings of both successful and unsuccessful interventions; and identifying research gaps.

RESULTS: Preliminary results indicate that few HIV prevention interventions targeting communities of color have been formally evaluated. In particular, compared to other transmission groups, prevention interventions focusing on men of color who have sex with men are severely lacking. This is especially striking given the number and scope of studies that have been conducted since the epidemic began. Final results and recommendations will be discussed at the conference.

LESSONS LEARNED: There is a paucity of scientific literature in which HIV prevention interventions targeting US minority populations have been rigorously evaluated. Researchers who conduct prevention interventions with people of color should include analyses of the findings by race/ethnicity, when feasible. Studies specifically targeting communities of color should be widely disseminated and incorporated in regularly updated systemic reviews. This is essential to improve the effectiveness of future HIV prevention policy and practice.

ABSTRACT 517

From Community Planning Groups to Posters: Implementing a Multi-layered Social Marketing Campaign

Farber, LB¹; Cavan, JN²; Siordian, RM²; Burhenne, R¹

¹ San Diego Health and Human Services, San Diego, CA;

² Council of Community Clinics, San Diego, CA

ISSUES: In 1995, the San Diego HIV Prevention Community Planning Board identified a need to invest in general technical assistance and training services and a countywide social marketing campaign for HIV prevention agencies to enhance their ability to successfully implement educational interventions.

SETTING: The setting takes place at both the program level and within target populations. Specific areas in which this occurs is at the San Diego County HIV Prevention Community Planning Board, at county counseling and testing sites, community-based programs and testing locations, and within various neighborhoods.

PROJECT: This project has four distinct components: 1) HIV Prevention Program Support Services which includes technical assistance services such as marketing, social marketing, media advocacy, consultation, training, and collaboration; 2) Target Population Services which includes technical assistance to the community to include research on effective prevention messages, the compilation of messages used in other communities, and the identification of resources available for use or adaptation; 3) Target Population Prevention Program Support Services which includes providing technical assistance to HIV Prevention Providers that includes consultation on message development, effective interventions, and evaluation of the intervention used locally; and 4) Narrowcast messages which have been created and placed throughout San Diego County to raise awareness for consistent condom use and referral for HIV antibody testing.

RESULTS: The Social Marketing Campaign was actively involved in activities for AIDS Awareness Month and World AIDS Day. This included developing materials (print media ads, press releases, promotional stickers, t-shirts) to support the various activities. The campaign also participated in a series of "traveling events" throughout the county and marched in the Annual Gold Coast Classic Parade. The campaign manager has actively worked with five HIV Prevention Providers to create program-specific, social-marketing campaigns.

LESSONS LEARNED: Some lessons learned have been that training needs to happen on an on-going basis mostly due to staff turnover, changes in the target populations, and changes in both programs and at community venues. HIV prevention messages need to be refreshed on a continual basis because people do not pay attention to old messages. Finally, additional support needs to be sought for both the campaign and specific programs to be able to implement all activities in the best way possible.

ABSTRACT 518

Effective HIV Intervention for the Transgender Community

Calma, N

Asian Pacific Islander Wellness Center, San Francisco, CA

ISSUE: The emergence of HIV infections in the transgender (TG) community in the United States has been quite noticeable and alarming, HIV service providers face the dilemma of how to intervene and outreach to this marginalized community. This workshop will discuss why it is difficult to do HIV work to this community, why this community is so hard to reach and discuss barriers and hindrances in doing HIV intervention to this community. It will discuss methods, techniques that worked for this community. Hence, it will also give the attendees important skills and ideas on how to work with this community.

SETTING: The TG community, in all its different stages, has similar issues and problems that make this community hard to reach. These are the major issues that will be discussed that are vital and important to this community: a. medical issues, b. psychosocial issues, c. discrimination issues, d. legal issues.

PROJECT: Agencies nationwide have contributed different small media, print media, and other intervention ideas and prevention methods and models that will set as examples for other CBOs and other non-profit organizations. Attendees will develop skills and be encouraged to implement ideas and concepts that will be the results of issues to be discussed. They will also be given a chance to share and hear other effective interventions that worked from other service providers.

RESULTS: All of these materials and ideas have been proven to be effective in reaching out to the TG population. These materials have been widely distributed to the target population and have garnered positive feedback. All the intervention models have successfully rallied around the

TG communities in regards to HIV risk reduction. Such interventions display appropriate use of needles for hormones and drugs, condom usage and negotiation skills, and other necessary issues that is important to this community.

LESSONS LEARNED: The workshop will provide a guarantee that there are certain special techniques and processes that are important and needed in reaching out to the TG community. The materials used will be available to display their effectiveness and usefulness, thus, exemplifying the need to appropriately address the needs of the community in regards to HIV prevention and HIV education campaigns.

ABSTRACT 519

This Place is Killing Me: Comparison of Counties with Smallest and Largest Increases in AIDS Incidence

Peterman, TA; Lindsey, C; Selik, R

Centers for Disease Control and Prevention, Atlanta, GA

OBJECTIVES: Most STD/HIV prevention interventions focus on individuals, but risks also vary by community. We studied communities to identify clues to possible interventions at that level.

METHODS: We calculated cumulative AIDS cases by county, for 1981-1990 and 1995-1999. We included counties with at least 50 cases in either interval. Then we compared the 20 counties with the smallest increases in cases between these periods to the 20 with the largest increases using US census database, reported syphilis, and Community Health Status Reports of the Health Resources and Services Administration (HRSA).

RESULTS: Compared to the 20 counties with smallest increases in AIDS cases, the 20 counties with largest increases were: more likely to be in the south (18 vs. 1); had less people per square mile (mean 166 vs. 6,332), a higher proportion of African Americans (29% vs. 7%), lower proportion of Hispanics (1% vs. 12%), more households living in poverty (20% vs. 13%), only slightly higher income inequality (gini coefficient 0.45 vs. 0.44), more persons with low literacy (28% vs. 20%), fewer registered voters voting in Nov. 2000 (61% vs. 68%), more births to mothers aged < 18 years (8.4% vs. 3.8%), and more early syphilis cases in 1984-1998 (62 vs. 19 per 100,000); were more likely to report fair or poor health (19% vs. 12%); had higher age-adjusted mortality rate (1,044 vs. 882 per 100,000), higher infant mortality rates (1057 vs. 618 per 100,000), more homicide (12

vs. 6 per 100,000), more lung cancer deaths (72 vs. 55 per 100,000), more heart disease deaths (253 vs. 211 per 100,000), more motor vehicle injury deaths (25 vs. 12 per 100,000), and more stroke deaths (80 vs. 62 per 100,000). All 9 death measures on the HRSA reports were higher in counties with highest AIDS increases.

CONCLUSION: AIDS has increased most in areas where people have many other health problems. Health interventions should address the root causes of ill health in addition to disease-specific causes.

ABSTRACT 520

Primary HIV Prevention Services for Persons Living With HIV

Abdul-Quader, AS¹; Bonhomme, J²; Dooley, S¹; Senterfitt, W¹; Brown, S³; Booker, C⁴

1 Centers for Disease Control and Prevention, Atlanta, GA; 2 Emory University – Rollins School of Public Health, Atlanta, GA; 3 TRW, Inc, Atlanta, GA; 4 Abt Associates, Inc, Cambridge, MA

ISSUE: As there has been no apparent decline in the estimated number of new HIV infections since 1992, there is a need to develop and implement primary HIV prevention services for persons living with HIV.

SETTING: Five health departments — the State of California, the State of Maryland, the City of Los Angeles, the City of San Francisco and the State of Wisconsin.

PROJECT: In 1999, the CDC initiated the Prevention for HIV Infected Persons Project (PHIPP). Five health departments were funded to develop and implement prevention services for persons living with HIV. People living with HIV represent all racial/ethnic and behavioral risk groups. Provision of prevention services to these diverse populations requires a variety of strategies to reach them and provide them with appropriate prevention services. Each project did formative analyses to identify and prioritize groups requiring prevention services; assess resources needed to provide services; identify gaps; develop services to fill the gaps; develop evaluation tools; and evaluate implementation and effectiveness.

RESULTS: The five project sites are identifying and reaching diverse target populations and providing them with an array of prevention services. All five sites prioritize persons of color, reaching previously unknown and known HIV infected persons who are not currently receiving HIV prevention services. In Baltimore, the project is successfully using a mobile van to reach high risk, primarily African American men and women and

provide them HIV counseling and testing and STD screening and treatment. In Early Intervention Programs in 10 urban and rural California counties clinic-based risk reduction specialists recruit HIV-positive individuals and provide prevention case management to them. In San Francisco, HIV-positive individuals are being reached through a social marketing campaign, called “HIV Stops with Me”, that includes a pledge of personal responsibility. In Los Angeles, inner-city African American and Latino/a men and women are being reached through partner counseling and referral services, social network approaches, and outreach counseling and testing in non-traditional settings such as public sex environments. In Wisconsin, HIV-positive injection drug users and men who have sex with men are being provided with prevention case management to help them adopt and maintain safer behaviors.

LESSONS LEARNED: In order to have a significant impact on reducing HIV transmission, it is necessary to use multiple methods to reach persons living with HIV to provide them with multiple HIV prevention interventions. PHIPP is successfully implementing multiple innovative strategies for reaching people not accessible through established programs.

ABSTRACT 521

Providing Prevention Services in the Care Setting: Approaches Used by State and Local Health Departments

Aldridge, C; Randall, L

National Alliance of State and Territorial AIDS Directors, Washington, DC

ISSUE: The *CDC HIV Prevention Strategic Plan* places an increased focus on providing prevention services to individuals who are HIV positive. Care providers are in a key position to provide these services. Doctors, case managers, and counselors build long-term relationships with clients, which allow them to develop the trust necessary to address client risk behaviors. This session will focus on how health departments are working with care providers to increase access HIV positive individuals have to prevention services.

SETTING: Settings include all those in which care is provided such as clinics and doctor’s offices, community-based organizations, and mental health and substance abuse programs.

PROJECT: This session will profile current programs that integrate HIV prevention into care services. Representatives of state and local health departments will describe a variety of approaches and “best practices” to integrate HIV prevention and care services.

RESULTS: A panel representing state and local health departments will discuss the development process for their programs and the barriers to implementation. Successes and continued challenges will also be presented along with outcome data. Finally, the session will provide resources for health departments and community agencies that are beginning to look at integration issues.

LESSONS LEARNED: The session has the following learning objectives:

1. To describe different programs which provide prevention for HIV-positive individuals in the context of care services.
2. To identify “best practices” in providing prevention services in the care setting.
3. To gain knowledge of resources available to develop programs which integrate prevention into the care setting.

ABSTRACT 522

The Options Project: Frequency, Patterns and Correlates of HIV Transmission Risk Behaviors Among HIV Seropositive Patients In Clinical Care

Friedland, GF¹; Fisher, J²; Fisher, W³; Cornman, D²; Amico, R²

1 Yale-New Haven Hospital, New Haven, CT; 2 University of Connecticut, Storrs, CT; 3 University of Western Ontario, London, ON, Canada

BACKGROUND/OBJECTIVES: HIV+ patients receiving antiretroviral therapy (ART) who engage in risk behavior may transmit new and resistant HIV infections. The Options Project characterizes frequency, patterns, and correlates of HIV risk behavior, ART adherence and viral resistance in patients and is testing a clinic-based, physician-delivered intervention to reduce HIV risk behavior.

METHODS: Patients receive standardized baseline and follow-up questionnaires regarding demographics, sexual and drug use risk behaviors, and medication adherence. Clinical status, CD4 cell counts, viral load (VL) and resistance measures are obtained from clinical databases and specimens.

RESULTS: Baseline characteristics of first 123 patients enrolled through 2/01 include: 58% males, 42% females; 23% white, 38% black, 37% Hispanic; 10% MSM, 38% injection drug users, 51% heterosexual partners; mean 7 years known HIV+. Twenty-four percent of patients engaged in sexual risk behaviors during prior 3 months, with 839 unprotected transmission episodes; 375 with partners of unknown or HIV serostatus (3 penile anal, 257 penile vaginal, 115 penile oral). Additionally, 178 HIV-negative or status unknown partners were potentially exposed to HIV. Among patients with risk behaviors, median VL was 602 copies (range 50 – 277,500 copies/mL); 60% had detectable VL, 47% > 1500 copies; median CD4 count was 327 cells/mL (range 32 to 839). In preliminary analyses, median VL, CD4, years living with HIV, number of years on ART, days meds missed, physical and mental well-being, did not differ among those engaging in risk and those not. Trends suggest higher VL may be associated with anal and oral insertive behaviors and lower VL with penile-vaginal and anal-receptive risk behaviors.

CONCLUSIONS: Patients receiving ART with and without detectable VL continue to engage in transmission risk behaviors. Total number of events and exposed partners are substantial. The clinical care setting is an important and underutilized site for interventions to reduce HIV transmission.

ABSTRACT 523

HIV, HCV and Syphilis Among Young Newly Initiated Injection Drug Users (IDUs) and Non-IDUs

Strathdee, SA¹; Ompad, D¹; Laney, G¹; Fuller, CM²; Vlahov, D^{1, 2}; Sherman, S¹; Latkin, CA¹

1 Johns Hopkins University, School of Public Health, Baltimore, MD; 2 Columbia University, School of Public Health, New York City, NY; 3 New York Academy of Medicine, New York City, NY

BACKGROUND: Studies have consistently shown a high risk of HIV infection among young, new initiates to injection drug use, although data among young non-IDUs are sparse. Recent studies of older, established IDUs have demonstrated an important role for sexual HIV transmission; therefore, studies are needed to examine relationship between HIV and sexual risks among young IDUs and non-IDUs.

OBJECTIVES: To compare prevalence rates of HIV, HCV and syphilis among young newly initiated IDUs and non-IDUs; and examine correlates of infection.

METHODS: IDUs who had first injected illicit drugs in the prior 5 years and a comparison group of non-IDUs who had initiated use of cocaine, heroin or crack by means other than injection in the prior 5 years were recruited into a community-based cohort using street outreach. Subjects were required to be 15-30 years old. Eligible subjects underwent an interviewer-administered questionnaire pertaining to drug and sexual behaviors within the past 6 months, and provided a venous blood sample for antibody testing of HIV, HCV and syphilis. Characteristics of IDUs and non-IDUs were compared using Chi-square tests or t-tests. Correlates of HIV infection were assessed using Mantel-Haenszel odds ratios, adjusting for IDU/non-IDU status.

RESULTS: To date, of a total of 142 IDUs and 107 non-IDUs, median age was 24.9 years, 48.6% were male and 59.4% were African American. IDUs primarily injected heroin (91%). Non-IDUs snorted heroin (81.3%), cocaine (22.4%), heroin/cocaine in combination (12.1%) or smoked crack (44.9%). HIV prevalence rates among IDUs versus non-IDUs were 6.6% and 6.7%, respectively. HCV prevalence rates among IDUs versus non-IDUs were 61.2% and 3.9%, respectively ($p < 0.001$). None of the non-IDUs were HIV/HCV co-infected, which argues against the possibility that HIV-infected non-IDUs were covert injectors. African Americans were more likely to be HIV infected, controlling for injection drug use [Odds Ratio (OR) = 6.8, 95% CI: 1.2 – 30.7]. HIV-infected individuals were older than HIV-negative individuals (27.1 vs. 24.8 years, $p = 0.02$). Prevalence of syphilis was 2.2% among IDUs vs. 6.9% among non-IDUs ($p = 0.08$). Among non-IDUs only, there was a strong association between HIV and syphilis ($p < 0.01$). Among IDUs, the majority (73.8%) injected at least daily, and 29.1% reported receptive syringe sharing in the prior 6 months.

CONCLUSIONS: Among our sample of young drug users, HIV prevalence among young non-IDUs was surprisingly similar to that of IDUs. The former group appeared at higher risk for syphilis, which is consistent with a role for sexual HIV transmission. Detailed analyses of sexual and drug use risk factors are pending, since data collection is ongoing. These data indicate a need for a sharpened focus on HIV and STD prevention among young drug users, especially non-injectors.

ABSTRACT 524

Home Grown: A Multi-layered Social Marketing Campaign for Gay Latino and African American Men

Cavan, JN²; Farber, LB¹; Siordian, RM²; Burhenne, R¹

1 San Diego Health and Human Services, San Diego, CA; 2 Council of Community Clinics, San Diego, CA

ISSUES: Nationally, African American and Latino men are disproportionately impacted by HIV and AIDS. Locally, both groups are significantly over-represented in San Diego County's HIV and AIDS epidemic. In 1998, a countywide campaign was launched to increase HIV testing and condom usage among these two groups in San Diego County.

SETTING: Countywide social marketing campaign in San Diego County. Technical assistance activities were implemented to CBOs that target Latino and African American men who have sex with men (MSM). Small and large media campaigns were developed and disseminated at local venues and open public areas.

PROJECT: San Diego HIV Prevention: "A Way of Life for Life" implemented a multi-layered social marketing campaign that targets gay Latino and African American men through building the capacity of local HIV prevention programs to develop program messages concurrently as a centralized county campaign was launched. Formative research was used to identify condom use and HIV testing benefits and barriers within the two groups. Activities included training and collaboration of local HIV prevention providers that target the two groups. Programs developed and placed distinct condom use and HIV testing messages for Latino and African American MSM in local bars and neighborhood venues. Telephone cards were distributed to individuals by county testing counselors at county sites as incentives for the campaign. Also a public service announcement for television targeted towards Latino and African American MSM was developed and aired through local stations. The public service announcement and narrowcast message were also developed in Spanish.

RESULTS: From 1999-2000, 151 individuals were tested as the direct result of the campaign as reported by the county HIV testing risk assessment database. Twelve percent were African American, 24 percent were Latino, of which 55 percent of both groups identified as MSM. Ninety percent returned for their results. Three programs that target the African American and Latino communities

participated in local neighborhood health fairs with an onsite mobile testing van and distributed 200 T-shirts and 300 stickers. Sixteen press articles appeared in local ethnic publications that do not traditionally cover HIV-related stories. Three social marketing trainings occurred in San Diego County; five programs implemented their own campaigns specifically targeting African American IDU MSM, non-gay-identified Latino MSM migrant workers, and gay-identified MSM and Latino IDU. They also collaborated in the development of narrowcast components and public service announcement for television to ensure sensitivity for Latino and African American MSM.

LESSONS LEARNED: Programs felt that the public service announcements should focus less on gay identity in order to not offend the ethnic communities who are less accepting of homosexuality. Also prevention messages should put more focus on non-gay-identified men of color and centralized around the community, HIV testing, and health issues. Airtime for the public service announcement must be budgeted because pro-bono time cannot be levered. Continued support and funding for local programs must be given to programs for their social marketing efforts.

ABSTRACT 525

Impact of Named HIV Reporting on the Epidemiologic Profile of HIV Disease and HIV Testing Behaviors in Texas

Melville SM; Robbins AS; King SA; Hamaker DW

Texas Department of Health, Austin, TX

ISSUE: On January 1, 1999, the Texas Department of Health (TDH) implemented named HIV infection reporting for adults (> age 13). Prior to that date, only pediatric HIV cases (\leq age 12) and AIDS cases were reportable by name. One of the most frequently expressed concerns about HIV reporting by name is that it would deter people from testing, particularly those at highest risk for HIV disease. The issue is the impact of named HIV case surveillance on the Texas HIV/AIDS epidemiological profile and on HIV testing behaviors.

SETTING: The TDH HIV/AIDS database (HARS), which houses information from HIV/AIDS case reports from laboratories and healthcare providers throughout Texas, was used to determine numbers of cases and

conduct descriptive demographic analyses. The TDH HIV counseling and testing system (CTS) that collects data from publicly funded CTS sites throughout the state was used to determine changes in numbers and demographic profile of persons testing, and HIV positivity rates before and after implementation of named HIV reporting.

PROJECT: The State of Texas disease reporting rules were changed as of January 1, 1999 to include name as one of the required disease reporting elements for HIV. TDH staff carefully monitored HIV/AIDS case reports and the information on HIV testing numbers and client profiles submitted by HIV CTS providers to detect any differences between the epidemiologic profile of HIV and AIDS cases and to detect any change in publicly funded HIV testing behaviors.

RESULTS: The 1999 epidemiologic profile shows African Americans constitute around 37% of AIDS cases but 47% of HIV cases. Compared to AIDS cases, HIV cases have a greater proportion of women and a lesser proportion of male-to-male sex as the mode of exposure. In 1999, the number of publicly funded HIV tests dropped 6.7 %, continuing a long term decline in testing numbers which began several years prior to the implementation of named HIV reporting. The proportion of anonymous HIV tests remained stable from 1998 to 1999 at approximately 17%. The HIV positivity rate in 1999 was unchanged from 1998, 1.3 positives per 100 HIV tests.

LESSONS LEARNED: The HIV named-reporting system is revealing important differences in the epidemiologic profile of those with HIV compared to AIDS. When overall testing trends are accounted for, HIV named reporting does not deter publicly funded HIV testing nor cause an increase in anonymous testing.

ABSTRACT 526

Referral as a Prevention Strategy: Best Practices from State and Local Health Departments

Randall, L; Aldridge, C

National Alliance of State and Territorial AIDS Directors, Washington, DC

ISSUE: Referral is a key primary and secondary prevention strategy. For HIV-infected persons, research demonstrates the health benefits of early access to care and treatment. Access to and use of psychosocial and other supportive

services facilitates adoption and maintenance of behavioral strategies to reduce the risk for transmission and/or acquisition of HIV. The forthcoming *Guidelines on HIV Counseling, Testing and Referral* and the CDC *HIV Prevention Strategic Plan* place increased emphasis on referral from counseling and testing to medical, prevention, and support services. The current capacity of state and local health departments to provide high quality referrals, pursuant to the *Guidelines*, is highly variable.

SETTING: This session will address the different environments in which CTR services take place including health departments, clinics, outreach settings, and community base organizations.

PROJECT: During 1999 and 2000, the National Alliance of State and Territorial AIDS Directors implemented the STATUS Project. A key component of which was an assessment of health department practices around referral. STATUS also identified “best practices” with respect to referral. Using STATUS findings as a foundation, this session will profile current referral strategies supported by local and state health departments.

RESULTS: Key findings from the STATUS Project included: training and education specific to referrals available to publicly supported providers is very limited; health departments have relatively low capacity but high interest in monitoring and evaluating referral services; and the strength of local provider networks significantly influences referral services. A panel representing state and local health department will describe a variety of approaches to providing quality assured referrals. Barriers and facilitators to provision of referral services will be highlighted.

LESSONS LEARNED: The learning objectives of the session are:

1. To identify challenges associated with managing and monitoring referrals
2. To describe a variety of referral strategies
3. To highlight “best practices” in referral services
4. To identify technical assistance needs and potential strategies for improving referrals

ABSTRACT 527

Religiosity as a Protective Factor Against High-Risk Sexual Behaviors Associated with Contraction of HIV

Ball, J; Lindner, GK; Clark, HJ; Armistead, L; Baldwin, J; Barber, CN

Georgia State University, Atlanta, GA

BACKGROUND: African American female adolescents and young adults are at risk for contracting HIV. Most commonly, they are infected through heterosexual contact. Thus, it is imperative to identify factors that are associated with safer sexual practices. Religiosity has been found to be a significant protective resource against many types of maladaptive adjustment outcomes among various adolescent samples. The present investigation examined religiosity as a protective factor against risky sexual behavior.

OBJECTIVES: The present study will accomplish two goals: 1) A description of religiosity in a large sample of African American female adolescents will be provided. 2) The value of religion as a resource for these adolescents will be assessed by focusing on the association between reported level of religiosity and targeted areas of sexual activity. We hypothesize that greater religiosity will be associated with fewer lifetime partners and a lower likelihood of current sexual activity.

METHODS: Four-hundred and fifty-five African American females, ages 13 – 19, participated in the project. Participants were recruited from multiple sites in a large urban area; the majority of the sites were community centers. Adolescents completed pen and paper measures and were compensated \$25 after completion of their assessment.

RESULTS: The majority of adolescents in this sample identified as Christian (80%), with 12% reporting no religious affiliation. Ninety-six percent endorsed a belief in God, and 40% attended religious services at least once a week. Thus, for the majority of adolescents in the current sample, religiosity appears available as a resource. Using regression analyses, we controlled for adolescent age and mother’s educational level in our examination of the association between religiosity and whether adolescents were currently sexually active, as well as their number of lifetime partners. Results revealed a significant association between religiosity and current sexual activity and number of lifetime partners. Interestingly, the association between religiosity and current sexual activity was in the expected direction, while the association between religiosity and number of partners was not.

CONCLUSIONS: By identifying the role of religiosity in the lives of teens at risk for HIV, professionals can consider incorporating this construct into empirically based HIV prevention interventions. This study suggests that associations between religiosity and sexual behavior are mixed. A greater number of lifetime sexual partners was associated with greater religiosity. However, perhaps most importantly, current religiosity was associated with a lower likelihood of current sexual activity. Further research that is longitudinal in nature may be better able to understand the potential of this relationship.

ABSTRACT 529

Community-Level HIV Testing Mobilization

Farber, LB¹; Cavan, JN²; Siordian, RM²; Burhenne, R¹

1 Office of AIDS Coordination, San Diego Health and Human Services, San Diego, CA; 2 Council of Community Clinics, San Diego, CA

ISSUES: In San Diego County, the county counseling and testing sites have consistently had low numbers of African Americans and Latinos come in for HIV counseling and testing.

SETTING: Counseling and testing takes place at county test sites, neighborhood venues such as community clinics and other health and social services agencies, health fairs, and at mobile testing vans. Testing messages are placed at local venues throughout the county.

PROJECT: Through a targeted social marketing campaign, this issue has been addressed. Narrowcast messages are created to specifically target the African American and Latino populations. One way this has been done is through posters and take-away cards that are placed in strategic venues throughout the community. A public service announcement (PSA) inclusive of all target populations was developed to promote the "get tested" message. Two additional PSAs specifically targeting African Americans and Latinos are under development. HIV prevention providers receiving county funds are required to have a contract component that requires them to refer clients to counseling and testing. As an incentive, for both the county test sites and for the HIV prevention providers, telecards have been used. These 20 minute phone cards are given to clients when they return for their test results, or show proof of their test results. A two-way tracking system has been developed between counseling and testing and the social marketing campaign manager.

RESULTS: One hundred twelve (112) venues have posters and take-away cards (201 total display points) with an HIV prevention message and referrals to obtain testing. To date, one PSA has been produced, and two more are under development. Reports on the return of the take-away cards at testing sites have shown that from October 1999 through January 2001, 151 people have been tested. The results show an increase of 69 tests in the last quarter of 2000.

LESSONS LEARNED: It was learned that strong incentives were necessary to encourage people to take the test. It was also learned that very tight coordination is needed between testing sites and local community-based HIV prevention providers. Focus groups have guided changes that need to be made for the next two PSAs. An "800" phone number with HIV prevention messages has been established so that people can easily call to anonymously receive referrals to counseling and testing sites.

ABSTRACT 531

Participation in Drug Detoxification Predicts HIV Infection

Metzger, D; Navaline, H; Woody, G; Galai, N

University of Pennsylvania/PVAMC - Center for Studies of Addiction, Philadelphia, PA

BACKGROUND: Methadone treatment has often been associated with lower rates of drug use and HIV risk behaviors. Importantly, long-term participation in methadone treatment has also been linked to lower rates of prevalence and incidence of HIV infection. Unfortunately, access to methadone treatment is very limited, if available at all, in many areas of the US and brief detoxification has emerged as the most accessible form of intervention for drug users.

METHODS: Using behavioral and serologic data from an eight-year longitudinal study of injection drug users in Philadelphia, we were able to examine the role of drug detoxification in the prevention of HIV. Assessments were completed semiannually and data were analyzed using a Poisson regression model with time-dependent covariates to evaluate the association between participation in detoxification and subsequent HIV seroconversion.

RESULTS: Three hundred forty-eight HIV negative injectors were enrolled into the study. Subjects had a median age of 38, 24% were female, and 69% were African American. A total of 1,721 person years of follow-up were achieved. Thirty-three (9.5%) subjects became

infected. In adjusted regression analyses of risk factors, those who participated in detoxification only were significantly more likely to become infected with HIV than those participating in no treatment at all or methadone treatment (OR 2.93; CI: 1.22 – 7.02).

CONCLUSIONS: These data suggest that drug detoxification alone is not a prevention intervention. In fact, in stark contrast to methadone treatment, drug detoxification is associated with significantly increased risk of HIV infection. Detoxification programs need to be closely linked to long-term treatment programs if they are to play a role in HIV prevention.

ABSTRACT 532

What Is the Role of Cost-Effectiveness Analysis in the Allocation of HIV Prevention Resources?

Scotton, C; Holtgrave, D

Centers for Disease Control and Prevention, Atlanta, GA

ISSUE: The Institute of Medicine (IOM) report, No Time to Lose: Getting More From HIV Prevention (Fall 2000), challenged current HIV prevention resource allocation procedures. It argued that the nation should adopt the explicit HIV prevention goal: *to avert as many new HIV infections as possible with the resources available*. However, adopting cost-effectiveness principles, which the report suggests, may not be a feasible or universally acceptable method for allocating HIV prevention resources.

SETTING: A recent CDC consultation on cost-effectiveness emphasized the need for a wider dialog about cost-effective resource allocation in relation to legal, political, and equity concerns.

PROJECT: The panel will present perspectives on the use and misuse of cost-effectiveness analysis for allocation of HIV prevention resources.

RESULTS: This session will explore the ideas behind cost-effective allocations of HIV prevention funds, including conceptual arguments for and barriers against the use of cost effectiveness analysis. Discussion will also focus on the possible differences in resource allocation decisions if more emphasis were placed on cost effectiveness.

LESSONS LEARNED: Resource allocation decisions have a significant effect on HIV prevention efforts and

the course of the epidemic. Examining the role (and possibly, the effect) of cost effectiveness considerations in this process can provide important insights for policy making.

ABSTRACT 533

Diffusion of Effective Behavioral Interventions – A Multi-faceted Approach for Improving HIV Prevention

Getty, CA; Collins, CR; Isoke, SC; Taveras, S

Centers for Disease Control and Prevention, Atlanta, GA

ISSUE: Many HIV prevention programs do not have access to the information or resources necessary to adopt or implement HIV prevention interventions scientifically proven to be effective in changing behavior.

SETTING: The Diffusion of Effective Behavioral Interventions (DEBI) Project provides classroom training workshops, coaching and technical assistance (TA) to teach program personnel about one of 5 interventions proven effective in changing behavior

PROJECT: The DEBI Project seeks to encourage implementation of behavioral interventions with proven effectiveness. The interventions were selected from those for replication by the CDC Replication of Effective Programs (REP) Project. A specific diffusion strategy for each intervention has been defined based on Roger's Diffusion of Innovation Theory and Cronbach's Evaluation Theory. Each strategy identifies early adopters, provides them with knowledge, materials, training and TA in order to assist them in adopting and implementing a chosen intervention. After receiving the intervention materials and appropriate training (identified in the diffusion strategy), programs are provided additional support in the form of "coaches" during the implementation process. The coaches provide consultation and technical assistance in a format requested by the program (i.e., phone calls, site visits, written reports). The DEBI Project interventions are then evaluated for fidelity to the core elements of the original intervention as well as adaptation and generalizability to different populations and settings.

RESULTS: The REP Project has completed diffusion packets for 4 interventions. Two of the 4, POL and VOICES/VOCES, were selected for diffusion. Intervention packages have been developed, along with training workshops.

LESSONS LEARNED: Experience with the DEBI Project suggests that providers of HIV prevention programs need clear, easy-to-understand information in order to implement effective behavioral interventions as well as opportunities to view the intervention, strategize about how to implement it in their setting and address barriers to implementation. Programs are more likely to successfully implement interventions when training is coupled with access to coaching/TA throughout the implementation and evaluation process.

ABSTRACT 534

Condom Use and HIV Testing: A Comprehensive Social Marketing Campaign with Centralized Themes and Micro-Targeted Messages.

Cavan, JN¹; Farber, LB²; Siordian, RM¹; Burhenne, R²

1 Council of Community Clinics, San Diego, CA;

2 San Diego Health and Human Services, San Diego, CA

ISSUE: There is a need to encourage condom and HIV testing among high-risk populations in San Diego especially to communities of color. Micro-targeted social marketing messages can influence HIV prevention awareness and assist in fostering community norms that support risk reduction and utilization of prevention resources, especially to communities of color. Because of inadequate funding and staff knowledge, often times local programs do not have capacity to implement a competitive media intervention.

SETTING: In San Diego County, a multi-layered, media campaign utilized the community planning approach, ensuring the involvement of technical consultants, HIV prevention program staff, and representatives of the target group in the development and implementation of a county-wide social marketing program with centralized county themes and specific program messages for priority target groups.

PROJECT: San Diego County HIV Prevention: "A Way of Life for Life" used centralized coordination to implement trainings and consultations and to increase social marketing activities within the county and among HIV prevention programs. Technical assistance such as marketing, social marketing, and media advocacy were provided to programs and included consultation, training, and collaboration. Programs developed their own campaigns concurrently while they developed a large-scale county

campaign with themes to increase HIV testing and condom use. Programs developed messages for youth, women, and Latino and African American MSM for the countywide campaign through four distinct narrowcast messages and one public service announcement and participated in a telephone calling card incentive program.

RESULTS: From 1999 to 2000, 151 individuals were tested as the direct result of the campaign as reported by the county HIV testing risk assessment database. Three social marketing trainings occurred in San Diego county; nine programs implemented their own campaigns specifically targeting homeless youth, African American IDU MSM, non-gay-identified Latino migrant workers, and gay-identified MSM, Latino IDU, Catholic women, and general gay MSM. They also participated in the county components of the campaign collaborating in the development of narrowcast components and public service announcement for televisions to ensure sensitivity for their target groups.

LESSONS LEARNED: Bridging the separate spheres of HIV prevention messages county-wide among county HIV testing counselors and HIV prevention providers can deliver effective messages. The county-wide campaign not only gives resources to local programs and mobilize them in social marketing efforts through technical assistance and collaborations but also gives them creative freedom to tailor their prevention message for their program specific clients. There is a need for the products from the county campaign to be general enough to allow programs to utilize them without comprising their creativity to tailor the condom use or HIV testing message for the program's target group. Programs have different social marketing capacity, and it is essential to have a central base to share resources including images, graphics, and leverage buying power in the production phase of the products. Future products include more program focused narrowcast messages, towelettes for condom outreach kits, and calling cards.

ABSTRACT 535

Parents Educating Parents: Peer-Led HIV Prevention Workshops*Galloway, E*

Mothers' Voices, New York, NY

ISSUE: Current statistics indicate that the HIV/AIDS epidemic is spreading to new segments of the population, increasing dramatically among adolescents and young adults. According to the CDC, two young people age 13 to 24 are infected with HIV every hour of every day. Studies have also shown that young people who engage in honest, open communication with their parents about sexuality and risk reduction are more likely to postpone the onset of sexual activity and are more able to avoid risk behavior when they do become sexually active.

SETTING: Mothers' Voices maintains a national office in New York City, the US epicenter of the HIV/AIDS epidemic. From this office, peer-led programs are conducted for diverse parents' groups throughout the city. Frequently utilized venues include PTAs, communities of faith and places of business. The intended audiences for our programs are parents or parental figures. Other cities in which Mothers' Voices programs have been initiated include Grand Rapids, MI, Miami, FL and Providence, RI.

PROJECT: Mothers' Voices is the only national not-for-profit grassroots organization in the country dedicated to mobilizing parents as educators and advocates for HIV prevention. Our peer education program, *Parents Educating Parents*, provides parents and other parental figures with a culturally appropriate forum for disseminating HIV prevention information, even in communities where open discussion of sexuality is not the norm.

RESULTS: Public health data bears out the basic premise of our programs: talking (and listening) to our children is one of the most effective strategies we have to promote healthy sexuality and to prevent HIV infection among our youth and young adults. Moreover, we consistently find that parents readily unite across class and ethnic barriers in wanting to protect their children. Whenever possible, we endeavor to match the demographic characteristics of our trained peer-educators with those of the group requesting our program.

LESSONS LEARNED: Mothers' Voices recognizes the need for community-focused and culturally sensitive responses to the epidemic. We have designed our workshops to provide parents from diverse backgrounds with the tools they need to address issues within the context of their own cultures, values and community norms.

ABSTRACT 536

Evaluating Crack Intensity as a Predictor of Sexual Risk Behaviors Among Women*German, D¹; Elifson, KW²; Sterk, CE¹; Theall, K¹*1 Emory University – Rollins School of Public Health, Atlanta, GA;
2 Georgia State University, Atlanta, GA

BACKGROUND: Crack use has been identified as a predictor of sexual HIV risk, including high frequency sex, unprotected sex and number of paying partners. More recently, the role of crack use frequency in influencing HIV risk behaviors has garnered increased attention. However, researchers differ on the most valid measure of crack use frequency. The authors have combined four existing measures of crack use into one variable with increased depth of measurement.

OBJECTIVE: To investigate existing measures of crack use frequency in comparison to a new measure of crack use intensity in predicting indices of sexual risk behavior among a sample of crack-using women.

METHODS: As part of an HIV intervention study for African American adult drug-using women, 418 adult women who used crack at least once in the past month completed a comprehensive survey that included questions about demographics, drug use, sexual behavior, experiences with violence, and psychosocial measures. A measure of crack intensity ($\alpha = 0.83$) was created from the women's responses to four questions of crack use frequency: # of days smoked crack in the past 90 days, # of days smoked in the past 30 days, # of days smoked in an average week, and avg. # of hits in a day. Using multiple regression, we assessed the extent to which this variable and its components predicted indicators of HIV risk: # of sex partners in the past year, # paying partners in the past 30 days, perceived chance of getting AIDS, condom use, and an 8-item sexual risk scale ($\alpha = 0.72$).

RESULTS: When combined with the independent variables of age, education, income, living in own home, ever injecting drugs, being married, and depression, crack intensity was found to be a significant independent predictor of sexual risk ($p < 0.001$), # sex partners in past year ($p < 0.001$), # paying partners in past 30 days for vaginal sex ($p < 0.001$) and oral sex ($p < 0.001$), chance of getting AIDS ($p < 0.05$), and condom use with paying partners in past 30 days ($p < 0.05$). With the same independent variables in separate models, the other 4 measures of crack use showed similar trends, but they predicted less well.

CONCLUSIONS: These results indicate that crack use intensity is a better predictor of HIV risk behavior among crack-using women than 4 alternative measures of crack use. Further research is needed to confirm these findings, but they indicate that HIV interventions might benefit from targeting users according to level of crack use intensity.

ABSTRACT 537

RAVEN Study: Summary of the Seattle Needle Exchange Evaluation

Hagan, H; Thiede, H

Public Health – Seattle Et King County, Seattle, WA

BACKGROUND: The Seattle RAVEN study used a longitudinal cohort design to examine the association between needle exchange use and risk of infection with HIV, HBV and HCV; change in injection and sexual risk behavior; and entry and retention in drug treatment.

METHODS: Recruitment for RAVEN was carried out 6/94 to 5/97 in drug treatment clinics, a drug assessment agency, the county corrections facility and a street outreach and social service agency. Needle exchange programs were not used as recruitment locations. A baseline and 12-month follow-up visit included a risk assessment interview and blood draw and testing for HIV, HCV, HBV and other infections.

RESULTS: Of 2879 eligible injection drug users (IDUs) enrolled in RAVEN, 70% had ever used a needle exchange. Seventy-eight percent completed a follow-up interview. Annual cumulative incidence of HIV was 2/1000 vs. 21/100 for HCV and 10/100 for HBV. Risk of HCV and HBV infection did not vary in relation to exchange use, even after adjustment confounding factors. (HIV incidence was too low to analyze as an outcome of exchange participation.) Examination of IDUs beginning or stopping use of the exchange suggested that over time the proportion of high-risk IDUs using the exchange would increase. Exchange users were significantly less likely to inject with a syringe used by another injector (summary OR = 0.7, 95% CI 0.5-0.9) but were no less likely to report sharing of drug cooker, filtration cotton or rinse water, or back-loading. IDUs who had formerly been exchange users were more likely than never exchangers to report a substantial ($\geq 75\%$) reduction in injection frequency (ARR = 2.9, 95% CI 1.5-5.5), to stop injecting altogether (ARR = 3.5, 95% CL 2.1-5.9), and to remain in drug treatment. New users of the exchange were five times

more likely to enter drug treatment than never-exchangers. Among all RAVEN participants, sharing of cookers and cotton was associated with a 3.8-fold excess risk of HCV infection, adjusted for other factors.

CONCLUSIONS: The RAVEN Study examined several major outcomes of participation in needle exchange programs. Lack of an effect of the exchange on HCV and HBV may be explained by continued transmission via cooker/cotton sharing and over-representation of high-risk IDUs among exchange users. Although it cannot be attributed to the exchange, HIV transmission was extremely low, and the exchange is the primary method of HIV control for Seattle IDUs. Needle exchange appears to have had a marked impact on syringe sharing, but HCV control may require reductions in other injection risk behaviors. The net impact of the exchange on drug use in the community seems to be to lower use and increase drug treatment utilization. Thus, the needle exchange would appear to have accomplished several of its primary public health objectives.

ABSTRACT 538

Demographic, Behavioral, and Geographic Characteristics Among Adults Who Have Migrated from Place of AIDS Diagnosis to Death, United States

Harris, NS; Dean, HD; Fleming, PL

Centers for Disease Control and Prevention, Atlanta, GA

OBJECTIVE: To compare demographic, behavioral and geographic characteristics of adults and adolescents reported to AIDS surveillance who died in a state different from their state of residence at AIDS diagnosis.

METHODS: We analyzed reports of adults and adolescents (≥ 13 years old) with AIDS whose state of residence at AIDS diagnosis and state of death were different and who died between January 1993 and December 1999. AIDS diagnosis and death are monitored through active case finding and routine review of death certificates and statewide death registries.

RESULTS: Between January 1993 and December 1999, 217,803 adults and adolescents with AIDS have died. There were 9,987 (4.6%) persons whose state of AIDS diagnosis and state of death were different (migrants). Compared to non-migrants, migrants were more likely

to be male (relative risk [RR] = 2.0, 95% confidence interval [CI] = 1.9, 2.2), white versus nonwhite (RR = 2.3, 95% CI = 2.2, 2.4), and men who have sex with other men (MSM) versus non-MSM (RR = 2.3, 95% CI = 2.2, 2.4). Among persons diagnosed with AIDS before the initiation of highly active antiretroviral therapy (HAART) (1993-1995), persons diagnosed within 1 year (< 12 months) of death were less likely to migrate compared to persons whose time between AIDS diagnosis and death was ≥ 1 year (adjusted RR=0.62, 95% CI= 0.59, 0.65). However, for persons diagnosed with AIDS after the initiation of HAART, there was no difference in migration among those who were diagnosed within 1 year of death and those who were diagnosed ≥ 1 year of death (adjusted RR = 0.87, 95% CI = 0.74, 1.02). Of the migrants, 14% died in the north central region, 14% in the northeast, 51% in the south, and 21% in the west. There were 5,019 (50.3%) persons who migrated to other states within the same geographic region (intra-region), and 4968 (49.7%) who migrated to states in a different region (inter-region). Of the inter-region migrants, 34% (1665/4968) migrated to the south from other regions. Of the intra-region migrants, 51% (2543/5019) were persons whose state of residence at AIDS diagnosis was in the south, and state of death was a different state in the south.

CONCLUSION: A small proportion of persons with AIDS migrated between diagnosis and death; however, most migration occurred to states in the south. HAART therapy may have a long-term impact on migration patterns and shift the need for resources and services. Although a small proportion of persons with AIDS migrated between diagnosis and death, those who do migrate may have an impact on the destination health care and service systems because funding for some programs (e.g. Ryan White CARE Act) is based on residence at AIDS diagnosis.

ABSTRACT 539

Cost Analysis of Three Referral Strategies to HIV Partner Notification Program: Estimates from Monte Carlo Simulation

Ekwueme, DU; Holtgrave, DR; Pinkerton, SD

Centers for Disease Control and Prevention, Atlanta, GA

BACKGROUND: Partner notification (PN) or contact tracing, has been a part of sexually transmitted disease control strategy since the 1930s. Since the beginning of the HIV epidemic, PN has been recommended as a

voluntary intervention strategy, to prevent the spread of HIV infection. In 1998, the Centers for Disease Control and Prevention (CDC) published a *Guidance for HIV Partner Counseling and Referral Services*, which defined at least 3 alternative referral strategies for notification of partners when a patient has tested HIV seropositive.

OBJECTIVES: To estimate and compare the intervention costs of three alternative referral strategies for HIV partner notification under 3 scenarios: (1) partner was found, notified, counseled and tested for HIV antibody, (2) partner was found, notified, counseled, but refused to be tested, and (3) partner was not found (search cost).

METHODS: We developed a cost analysis model to calculate the incremental intervention costs of using the provider, patient and dual referral strategies for PN. The three referral strategies were defined by CDC as follows: (1) **provider** (health intervention specialist) occurs when the health provider, with consent of the HIV-infected patient, takes the responsibility in contacting the sex and/or needle-sharing partners of the infected index patient; (2) **patient** (self) occurs when the index patient takes the responsibility for notifying his/her sex and/or needle-sharing partners of their possible exposure to HIV infection; and (3) **dual** (mixed) occurs when the HIV-infected index patient, with the assistance of the health provider, informs his/her sex and/or needle-sharing partners of their possible exposure to HIV infection. The resources used in the estimation included primarily time, wages, materials and travel costs. The analysis was conducted from both the societal and program perspectives. We performed a multivariate sensitivity analyses using a Monte Carlo simulation to ascertain the robustness of the base-case results.

RESULTS: From the societal perspective, the cost per partner found, notified, counseled, and tested for HIV was estimated to be approximately \$384 under provider-based strategy, \$270 for patient-based notification, and \$291 for the dual-referral strategy. From the program perspective, we estimated intervention costs to be less (e.g., \$304 for provider strategy). In general, the base-case estimates from the simulation results did not appreciably alter the base-case results.

CONCLUSIONS: The results from this study indicate that if cost were the only deciding factor when selecting a referral strategy to notify a partner who may have been exposed to HIV infection, then the patient referral strategy should be favored. Of course, cost is not the only factor to be considered. The findings are helpful for HIV program managers and directors in making informed decisions about the true intervention costs associated in using each PN referral strategy for planning national, state, or local HIV prevention programs.

ABSTRACT 540

Race/Ethnicity and Gender Differences in Late HIV Testing

Campsmith, M; Burgess, D

Centers for Disease Control and Prevention, Atlanta, GA

OBJECTIVE: To describe factors associated with late HIV testing, defined as diagnosis with AIDS at initial HIV test or developing AIDS within one year of first testing HIV positive.

METHODS: Analysis of cross-sectional interviews of HIV-positive persons ≥ 18 years of age reported to 5 state and local health departments having both HIV and AIDS case surveillance. Data were from interviews conducted on persons first diagnosed with HIV from 1994 through 1999.

RESULTS: Among 2912 HIV+ persons, 26% were white, 53% black, 17% Hispanic, <1% Asian Pacific Islander and 3% Alaska Native/American Indian; 76% were men. Overall, 41% of persons either had AIDS at the time of HIV diagnosis (19%) or developed AIDS within one year of their first HIV+ test (22%); these groups are defined as late testers. Late testing was significantly more common among men than women (45% vs. 31%; $P < 0.05$) and among persons age 30-44 years (46%) or 45+ years (53%), compared to age < 30 years (26%). Compared to white men, black and Hispanic men were more likely to be late testers (41%, 47%, and 48%, respectively). Among men, injection drug users (IDU) were more likely to be late testers (54%); there was no difference in late testing for women by race/ethnicity or HIV risk. In logistic regression analysis, age 30-44 (adjusted odds ratio [AOR] 2.5; CI 2.0 – 3.1), age 45+ (AOR 3.3; CI 2.5 – 4.4), black race (AOR 1.3; CI 1.1 – 1.6) and Hispanic ethnicity (AOR 1.5; CI 1.2 – 2.0) were associated with late testing among men. Among women, late testing was associated with age 30 – 44 (AOR 2.3; CI 1.5 – 3.4), age 45+ (AOR 3.1; CI 2.0 – 5.0) and heterosexual risk (AOR 1.5; CI 1.1 – 2.2). For men and women and for all race/ethnicity groups, the primary reason (41% overall) for having an HIV test was “illness”; a significantly higher proportion of men (44%), persons ≥ 30 years old (44%), and late testers (60%) tested due to illness.

CONCLUSIONS: A sizeable proportion of persons with HIV infection are not tested for HIV until they become ill or have an AIDS-defining condition; in our study this was especially true for men, certain racial/ethnic groups,

and persons ≥ 30 years of age. Reasons for this late testing should be addressed, as early diagnosis offers expanded prevention and treatment opportunities for persons with HIV. CDC’s Serostatus Approach to Fighting the Epidemic (SAFE) program will focus on increasing awareness of serostatus in communities at high risk for HIV infection, and identifying and addressing barriers to HIV testing and subsequent care.

ABSTRACT 541

Successful Interventions in Non-traditional Settings

Thome, L¹; Darnell, D²; Hicks, E³

1 The Home Depot, Atlanta, GA; 2 United Auto Workers, Local 12, Toledo, OH; 3 Regional HIV/AIDS Consortium, Charlotte, NC

ISSUE: Developing and sustaining public-private partnerships that engage business, labor, and the community in HIV/AIDS awareness and prevention.

SETTING: HIV prevention education workshops and health fairs provided in the workplace, union, and community settings.

PROJECT: (1) United Auto Workers Union (UAW) formed partnerships with local AIDS service organizations to reach at-risk populations with HIV prevention messages and partnered with community-based organizations to deliver services; (2) The Home Depot provides HIV prevention information to managers and employees, as well as supporting community prevention programs and philanthropic outreach; and (3) the Charlotte, NC, Regional Consortium meets monthly to plan and market prevention efforts to workplaces through presentations, mailings, roundtables, conferences, and corporate fairs.

RESULTS: Local 12 UAW in Toledo, Ohio, partnered with American Red Cross (ARC) to sponsor community activities that included hosting an HIV Testing Day that had a record turn out. For the last 3 years, Local 12 has provided AIDS awareness t-shirts for World AIDS Day to 1,000 individuals. The Union worked on Black History Month program targeting 3 high schools and 3 junior high schools with high African American and Hispanic enrollment. Presenters addressed the impact of HIV among youth within a community of color. More than 3,636 youth were reached during this program. The Charlotte Consortium’s workplace alliance is 35 members strong. By 1999, more than 1,500 employees of organizations throughout the region completed HIV/AIDS training

sessions in more than 50 presentations. **The Home Depot** partnered with the ARC to conduct HIV/AIDS workplace training for management personnel. The program has since expanded to include employee education. The company has offered more than 60 educational sessions reaching over 1000 managers at a cost of about \$19 per employee.

LESSONS LEARNED: Business and labor unions are key partners in providing HIV prevention information and services to their local communities. Union and workplace settings offer excellent forums for teaching prevention messages. Employers and unions are a highly credible source of information for employees/workers, and today's workplace offers access to people of every race and ethnicity, gender, sexual orientation, religion, disability, and age. More than half (55%) of American workers are between 25 and 44 years of age. Three-quarters (75%) of the people reported with AIDS are in that same age group. The workplace offers unique access to this concentration of the age-appropriate population as well as their families and the communities in which they reside.

ABSTRACT 543

Recent HIV Seroconversion, and Prior Use and Satisfaction with HIV Prevention Services Among African American Young Men Who Have Sex with Men

MacKellar, D; Valleroy, L; Secura, G; Behel, S; for the Young Men's Survey Study Group

Centers for Disease Control and Prevention, Atlanta, GA

OBJECTIVE: Recent findings suggest considerably higher HIV incidence among young African American men who have sex with men (AAMSM) compared with MSM of other races. Differential use of HIV prevention services, which might contribute to this racial disparity, has not been previously investigated. Using preliminary data from CDC's Young Men's Survey (YMS), we compared AAMSM with all other MSM on recent HIV seroconversion, and past use and satisfaction with HIV prevention services (e.g., HIV/AIDS education, risk assessment, risk reduction counseling, or testing).

METHODS: Conducted from 1998 through 2000, YMS was a multi-site sample survey of MSM aged 23 to 29 years who attend gay-identified venues. At sampled venues, participants were interviewed, counseled, and had

their blood drawn for HIV testing. We restricted our analysis to 833 MSM sampled in Baltimore, Dallas, Los Angeles, and New York who reported last testing negative for HIV within one year of their interview.

RESULTS: Twenty-four percent (44/182) of AAMSM recently acquired HIV compared with 5% (31/651) for other MSM. AAMSM were as likely as other MSM to report having a regular health care provider (71% vs. 70%), using their provider five or more times as an adult (50% vs. 57%), and ever receiving one or more HIV prevention services from their provider (63% vs. 55%). AAMSM were significantly more likely than other MSM to report that receiving HIV prevention services from their provider was important (89% vs. 70%; $p < 0.0001$) and to be satisfied with the prevention services their provider delivered (74% vs. 62%; $p < 0.05$). Most AAMSM had tested (and were presumably counseled) for HIV three times or more, but were significantly less likely to have done so compared with other MSM (73% vs. 80%; $p < 0.05$). At their last negative HIV test, AAMSM were significantly more likely than other MSM to report that receiving counseling with that test was important (79% vs. 60%; $p < 0.0001$); were as likely to receive any counseling (58% vs. 61%); were significantly more likely to receive full counseling (35% vs. 23%; $p < 0.01$); and were as likely to be satisfied with the counseling that was provided (87% vs. 85%). Among AAMSM, HIV seroconversion was not associated with not having a regular provider or not receiving any of the above prevention services.

CONCLUSIONS: Compared with other MSM, AAMSM were nearly five times more likely to recently acquire HIV, yet reported similar prior use and satisfaction with HIV prevention services. Our findings not only suggest that many providers missed opportunities to deliver prevention services to all MSM, but that many delivered services failed to prevent infection, particularly among AAMSM. Evaluation and improvement in the practice of HIV prevention for MSM, and in particular AAMSM, is urgently needed.

ABSTRACT 545

Targeted HIV Counseling For Sexually Transmitted Disease (STD) Clinic Patients: Getting the Biggest Bang For Your Buck – Baltimore, Denver, Long Beach, Newark, and San Francisco, 1993–1998

Bolu, O; Lindsey, C; Kamb, M; Peterman, T; Bolan, G; Zenilman, J; Douglas, J; Rhodes, F; Rogers J

Centers for Disease Control and Prevention, Atlanta, GA

BACKGROUND/OBJECTIVES: Annually, an estimated 2.3 million persons receive federally funded HIV counseling and testing. A randomized trial, in which patients from five STD clinics were assigned to brief risk-reduction counseling or usual educational messages followed by STD testing at 6 and 12 months, found 20% fewer participants assigned counseling acquired STDs compared with participants assigned to educational messages. Given higher counseling cost, varying STD prevalence, and potentially varying intervention efficacy among different persons, we sought to identify which subgroups of STD patients benefit the most from HIV counseling in order to target counseling efficiently.

METHODS: We conducted a secondary analysis of the trial, using intent-to treat approach and calculated STD (gonorrhea, chlamydia, syphilis and HIV) incidence to determine cases prevented among selected subgroups.

RESULTS: Of 2,890 participants, 504 (17.4%) were adolescents (< 20 years); 1708 (59%) were black; 785 (27%) had STD at baseline; 851 (29%) had no prior HIV test; and 1100 (38%) had ever used condoms. After 12 months, new STDs had occurred in 211 (14.6%) of 1443 participants in education compared with 173 (12.0%) of 1447 in counseling. Thus, counseling prevented 2.6 infections per 100 persons counseled overall. Counseling surpassed education in all subgroups but infections prevented per 100 persons counseled was higher in persons: < 20 years (9.1) vs. older (1.3); with STD (5.3) vs. without STD (2.1); with condom experience (3.7) vs. no experience (1.4); without prior HIV testing (3.5) vs. with testing (2.3); who were black (3.3) vs. non-blacks (1.2).

CONCLUSIONS: The greatest benefit per person counseled occurred among adolescents and persons with an STD. Programs with limited funds for counseling should consider giving priority to these persons.

ABSTRACT 546

Outreach

Alter, D; Figueroa, L

ISSUE: CBOs and ASOs take valuable time and hard-won funds to plan for comprehensive and innovative HIV/STD prevention programs. However, even the finest potential programs are for naught unless they can effectively reach the client and communities for whom they were intended. PROCEED has developed a highly effective community and street outreach program which has served as a national model for capacity building, training and technical assistance, community service, client solicitation and engagement.

PROJECT: Entering the streets of the community in dyads or triads; morning, day and evening; by foot or van, outreach workers will bring education prevention, information and awareness through personal interaction and distribution of culturally sensitive literature and harm reduction materials.

RESULTS: Through dedicated, non-judgmental, on-going, repetitive exposure which leaves little room for short-term frustration, workers have gained trust, come to know and educate the population/communities, identified those in special need and began to modify behavior through education, availability of services, and a network of agencies including their own.

LESSONS LEARNED: Continuing involvement with individuals and groups results in filling unmet HIV/STD prevention needs among a diverse, high-risk, essentially minority population of sexually active heterosexual men and women, MSM, IDUs, sex workers and others, within the communities of Elizabeth, Newark, and East Orange, NJ.

ABSTRACT 547

E-Racism

Loberti, PG¹; Haig, D²; Lopes-Coleman, P¹

1 Rhode Island Department of Health, Providence, RI; 2 Haig & Associates, RI

ISSUES: The Office of HIV & AIDS at the Rhode Island (RI) Department of Health has engaged the community as well as the public health department in a layered approach to raising the stakes on cultural competency.

SETTING: We have worked with Haig & Associates, a RI consulting firm specializing in cultural diversity and competency issues, to bring cultural diversity and competency training to the RI Department of Health management team, as well as to community-based agencies. A special program called “E-Racism” targeting youth CBOs and youth participants will be discussed.

PROJECT: “E-Racism” was a collaborative effort to bring the concepts of cultural competencies to youth in RI. In addition, Haig & Associates, together with RI Department of Health, have developed a curriculum towards many facets of cultural competencies. We have utilized a number of powerful experiential activities and other strategies, through Haig Associates, Project REACH and through CBOs.

RESULTS: The results of the programs we have implemented are: Well over 20-plus, solid collaborations/partnerships among diverse community-based agencies, who never worked together before this project, can be documented. The outcome has been a greater sense of self and translates into better functioning, more aware groups. In addition, process evaluations regarding the public health training and the youth E-Racism Project received high scores. Overall, approximately 250 individuals were trained for the public health cultural competencies, and another manager training ensued with 35 individuals. The youth project combined with the CBO trainings on cultural competency numbers well over 100 individuals.

LESSONS LEARNED: The issues around cultural competency have provoked individuals to confront their own biases and discomforts about those who are “other” or “targeted” within their frame of reference. Development of bringing effective cultural public health competencies (as recommended by the IOM report) to diverse groups have prompted the following: 1) the provision of strategies which can foster meaningful partnerships among diverse groups about the necessary aspects of cultural competency; 2) the development of a range of skills to help overcome the elements of prejudice, racism and cultural inappropriateness; 3) the incorporation of a set of skills and curriculum into CBO trainings, especially youth CBOs, and, the establishment of standards associated with the definition of cultural competency.

ABSTRACT 548

Lessons on Transferring HIV Prevention Technology from the Prevention for HIV-Infected Persons Project (PHIPP)

Eke, A¹; Dooley, S¹; Brown, SS²; Kaplan, M³

1 Centers for Disease Control and Prevention, Atlanta, GA;
2 TRW, Inc, Atlanta, GA; 3 Academy for Educational Development, Washington, DC

ISSUE: Reducing the rate of new HIV infections in the United States will require expanding prevention services to HIV-infected persons. Few primary prevention programs target HIV-infected persons, and often, the lessons learned in these programs are not widely shared for the benefit of others who are trying to implement similar programs. Thus, the Centers for Disease Control and Prevention (CDC) is developing a technology transfer system to diffuse important lessons learned from the Prevention for HIV-Infected Persons Project (PHIPP).

SETTING: In 1999, CDC initiated the PHIPP to provide primary HIV prevention services to HIV-infected individuals, especially to racial and ethnic minorities and others having difficulty accessing prevention or treatment services. Five health departments in California, Maryland, and Wisconsin are implementing PHIPP. The project targets populations in diverse settings, including clinics, the street and other public venues, and correctional institutions.

PROJECT: The major goals of PHIPP include developing and maintaining an extensive technology transfer system for diffusing innovative strategies among the PHIPP programs and to other project areas. We are developing a technology transfer model to provide ongoing identification and dissemination of prevention technologies (e.g. intervention processes and methods, training curricula, operational guidelines), beginning at formative stages of the project and continuing, as evaluation results are available. The model encourages participation by staff at local, state, and national levels, and employs multiple media for dissemination.

RESULTS: A working group is developing strategies for identifying types of technologies appropriate for transfer, potential audiences, and mechanisms for dissemination. Technologies for transfer have been identified from the project sites and partnering organizations. For example, the Baltimore site has developed a strategy for using multiple sources of data available in the community to

target, monitor, and evaluate their programs. The San Francisco site has developed a curriculum for training providers who serve HIV-infected persons. Dissemination mechanisms under consideration include development of a web site and a listserv for all grantees allowing them to share their experiences and development of a 'learning communities' concept to promote information sharing among sites implementing similar programs.

LESSONS LEARNED: Technology transfer is a multifaceted process that requires collaboration among the developers and the end users of the technology. PHIPP technology transfer requires input from the funders, the grantees, technical assistance providers, and media experts.

ABSTRACT 549

The Challenges of Collaborative Survey Development: The HIV Prevention Services Survey for New York State (NYS) Correctional Facilities

Hall, JY¹; Bruner, D²; Phillipe, M³; Klein, SJ³; O'Connell, DA³; Gieryic, SM³; Klopff, L⁴

1 Greater Brownsville Youth Council, Inc., Brooklyn, NY; 2 The Discovery Huther-Doyle, Rochester, NY; 3 NYS Department of Health AIDS Institute, Albany, NY; 4 NYS Department of Correctional Services, Albany, NY

ISSUE: In 1997, the New York State (NYS) HIV Prevention Planning Group (PPG) Criminal Justice Committee in conjunction with the NYS Department of Health AIDS Institute (NYSDOH) and NYS Department of Correctional Services (DOCS) decided that more concrete and detailed information was needed on which HIV prevention services were being provided to incarcerated persons in NYS correctional facilities and by whom.

SETTING: Seventy (70) correctional facilities located in urban, suburban and rural communities throughout New York State.

PROJECT: In November 1997, the NYS PPG Criminal Justice Committee embarked on a collaborative process with the NYSDOH AIDS Institute and the NYS DOCS to develop a survey to assess the needs and gaps in HIV prevention services being provided to inmates incarcerated in the 70 NYS correctional facilities. The Criminal Justice Committee was pivotal in providing focal points for the survey, monitoring the survey development process,

reviewing and providing sign-off for the survey at all phases, and assisting in the planning for survey administration. In May 2000, the "Survey of HIV/AIDS Prevention Services: New York State Correctional Facilities" was disseminated to the facilities.

RESULTS: The collaborative survey development process started in November 1997 and completed in June 2000 presented many challenges which included but were not limited to: (1) deciding on the primary HIV prevention services areas and the questions to be asked that would meet the needs of all collaborative partners; (2) keeping the process on track; and (3) obtaining approval from all collaborative partners. As a result, a comprehensive HIV prevention services survey was developed, administered to and collected from 70 NYS correctional facilities which provides information on what HIV prevention services exist, who provides the services and what needs/gaps exist. There was a 100 percent response rate from the 70 facilities.

LESSONS LEARNED: Collaborative survey development in the HIV prevention community planning process can be a slow, tedious yet rewarding process. Community planning groups should work closely with their health departments and other governmental agencies that can assist in gaps analysis with target populations. However, defined target time frames should be developed from the outset of the collaborative process with all partners.

ABSTRACT 550

Living Positively: A Formative Study of HIV+ Seroconcordant Heterosexual Couples

Williams, SP

Centers for Disease Control and Prevention, Atlanta, GA

BACKGROUND: There is a growing body of literature regarding seroconcordant relationships where both partners are HIV+. Much of the research on HIV+ seroconcordant couples has focused on gay men. However, there is an increasing amount of work being done with heterosexual couples.

METHODS: In this qualitative investigation, the impact of dual HIV diagnosis was explored by interviewing 14 HIV+ seroconcordant heterosexual couples (N = 28). Same gender interviewers individually interviewed partners. Partner interviews ranged from 45-90 minutes, were conducted simultaneously, and audio taped. Interview topics included

life experiences prior to HIV diagnosis, at the time of diagnosis and at the time of the interview, formation and maintenance of the relationship, health status, coping strategies, and safer-sex practices. Audio-taped interviews were transcribed and analyzed for thematic content.

RESULTS: Of the 14 couples interviewed, 10 were African American/black, and four were Latino. Mean age of the sample was 37. Most completed at least 12 years of school. For four of the couples, dual HIV diagnosis occurred during the course of their relationship. The remaining 10 couples had formed their relationships post-individual HIV diagnosis. Median time of relationship was two years (range 1 to 10 years). Time period since HIV diagnosis ranged from six months to 13 years. Thirteen couples reported previous substance use histories. The length of time in recovery ranged from 8 months to 10 years. Primary differences were observed by gender and the timing of the formation of the relationship. Gender differences observed included type of substances used previously, relationship histories, current health status, and coping strategies. Difference were found between couples whose relationships formed prior to HIV diagnosis and those whose relationships formed post-individual HIV diagnosis with respect to discovery of HIV seropositivity, the function of personal and partner responsibility in the relationship, as well as participation in and the meaning of safer sexual activities.

CONCLUSIONS: Findings add to the understanding of the challenges couples living with dual HIV diagnosis may experience. Findings also have implications for the development of interventions that can assist couples in coping with dual HIV diagnosis, exploring and adopting safer sexual practices, and enriching their individual as well as collective quality of life.

ABSTRACT 551

Assessing Determinations for Post-test Counseling Using Quantitative and Qualitative Methodologies: Findings from an Urban Mobile Van HIV/STD Project

Fox FitzGerald, M¹; Bonu, S²; Vogel, R³; Christmyer, C¹; Shea, M¹

1 Maryland Department of Health and Mental Hygiene, Baltimore, MD; 2 Johns Hopkins University School of Medicine, Baltimore, MD; 3 Baltimore City Department of Health, Baltimore, MD

BACKGROUND: The Ujima Project uses a mobile HIV/STD clinic to increase the number of individuals who know their HIV serostatus as early as possible after infection and to provide them with primary HIV prevention and care services in high-risk African American communities in Baltimore City.

OBJECTIVES: To examine predictors of return for post-test counseling.

METHODS: The associations between client demographics, HIV risk, previous HIV test history, health insurance status, test results and post-test visits were analyzed using logistic regression. Additionally, qualitative interviews were conducted with a subset of the mobile van clients about their intentions to seek HIV test results and the barriers and facilitators to obtaining HIV test results.

RESULTS: Data on 707 clients (247 female and 460 male) who visited the Ujima van during CY 2000 whose post-test visit status is known were analyzed. Of these, 264 (37%) were post-test counseled. Post-test visit was associated with positive test result (odds ratio (OR) 4.29; 95% confidence interval (CI) 1.75 to 10.48), previous test history (OR 1.8; 95% CI 1.23 to 2.71), injection drug use (OR 1.64; 95% CI 1.19 to 2.26), exchange of sex for drugs and money (OR 1.53; 95% CI 1.001 to 2.33), and sexual relations with IDU (OR 1.53; 95% CI 1.09 to 2.14). Post-test counseling was negatively associated with clients who are ≤ 30 years (OR 0.524; 95% CI 0.35 to 0.778) and clients who do not acknowledge any risk behaviors (OR 0.40; 95% CI 0.2 to 0.8). Results of logistic regression shows that only previous test history, no acknowledged risk, age ≤ 30 years and positive test result were significant predictors of returning for post-test counseling. Preliminary results from the qualitative interviews with clients also support these findings and emphasize the importance of social support

mechanisms (i.e., drug treatment programs, friends, religious faith) for encouraging HIV testing and post-test counseling.

CONCLUSIONS: Clients who have a previous HIV test history; are HIV positive; and are older have a higher probability of returning for post-test counseling. Also, those clients who acknowledge that their behaviors put them at high risk for HIV are more likely to return. Strategies to increase return rates may include enhanced counseling for younger clients that focuses on perceptions and awareness of risk.

ABSTRACT 552

HIV Prevention for IDUs

Alvarez, ME

BACKGROUND: IDUs and their partners are at the highest risk for infection and transmission of HIV/AIDS and other STDS. PROCEED Safely is a pro-active, collaborative, street-based, van initiative designed to educate IDUs and their sex or needle sharing partners about HIV prevention, risk reduction, counseling/testing and motivates access to drug treatment. The program significantly enhances the delivery of HIV/AIDS prevention efforts through its guarantee of services and can serve as a national model in this important respect.

SETTING: High drug trafficking/activity areas throughout the cities of Elizabeth, Newark and East Orange; five (5) afternoons/evenings a week to provide prevention messages, information, and materials and promote available treatment services.

PROJECT: The project offers one-on-one counseling services on a mobile van to assist behavior change and facilitate linkages to services in clinic and community settings in support of behaviors and practices that prevent HIV transmission. Outreach workers also conduct health education and risk reduction interventions individually and or in small groups, on the streets or in a community setting and provide HIV antibody counseling/testing. They disseminate condoms, food, HIV information, program cards, bleach kits, dignity packs and incentives as a critical recruitment and access mechanism. Vouchers are provided for free services to implement a tracking system and follow-up on referral services.

RESULTS: As of the end of the second quarter, the program had collaborated with six drug treatment agencies to provide 27 clients with services in detox, detox

through methadone, methadone maintenance, drug-free life skills education and training. The program staff tested and counseled 30 IDUs and or their needle-sharing partners. A total of 76 IDUs and their needle sharing and/or sexual partners were referred to methadone maintenance and detoxification services, of which 53% gained access into drug treatment services including methadone maintenance, residential short outpatient and detox. We project that during the first year we will refer about 200 to 250 consumers with at least 50% gaining access into treatment.

LESSONS LEARNED: When agencies can pool their substantial resources and take their services onto the streets and into the heart of the communities, client solicitation and engagement is dramatically enhanced. The promise of services can be actualized and guaranteed so that unmet needs are served and fewer potential individuals are lost or turned away. As a result, PROCEED Safely is fast emerging as a major player in health and substance abuse management in the cities of Elizabeth, Newark, an East Orange, NJ.

ABSTRACT 554

Formative Evaluation To Develop an Entertainment-Education Radio Serial Drama for HIV Prevention in Botswana

Lansky, A¹; Tabane, C²; Swalehe, R³; Galavotti, C⁴; Lloyd, E³

1 Centers for Disease Control and Prevention (CDC), Atlanta, GA;

2 CDC – Global AIDS Program, Gaborone, Botswana;

3 Population Media Consultants, Dar Es Salaam, Tanzania;

4 CDC – NCCDPHP, Division of Reproductive Health, Atlanta, GA

BACKGROUND: HIV prevalence in Botswana is estimated to be 20 – 40%. In high prevalence areas, mass media interventions targeting the general population can be effective in increasing knowledge and changing behavior. We conducted formative research to develop an entertainment-education radio serial drama, focusing on HIV prevention.

METHODS: Twenty areas throughout Botswana were selected to reach a broad cross-section of the population, encompassing rural and urban location. Across the 20 areas, we conducted 57 focus groups among youth and adults, 144 key informant interviews with community leaders, and an anonymous survey of 497 persons selected

through systematic sampling of households. Data were analyzed using EpiInfo for quantitative data and text analysis for qualitative data.

RESULTS: Knowledge of methods for HIV prevention and transmission was high; 84% of survey respondents said “not having sex” and 71% said “using condoms” when asked about preventing sexual transmission of HIV. However, some misconceptions persisted, e.g., condoms contain worms or HIV, and cause illness. Over half (54%) of the survey respondents were not in monogamous relationships. Focus group participants indicated that having > 1 sex partner was more common in rural than urban areas and was more common among men than women. Condom use within primary relationships was through to be indicative of lack of trust. Exchange of sex for gifts (cell phones, cars) or necessities (school fees) was most common between older men and younger girls. HIV testing was fairly high in a country with few voluntary counseling and testing services — 18% among survey respondents; most of those who were not tested said there was “no particular reason” for not testing. Nearly half of the sample (48%) demonstrated attitudes of stigma towards persons with AIDS (PWA), such as not wanting to buy food from a grocer with AIDS or not wanting to send their children to a school where a teacher had AIDS.

CONCLUSIONS: Priority issues for the radio drama include trust and condom use in primary relationships and the importance of HIV testing for knowledge of serostatus. Presenting accurate information on HIV transmission will help address myths about condoms and stigma towards persons with AIDS. Formative research findings will be used to develop characters that model positive and negative behaviors; the storylines will show the consequences of these behaviors.

ABSTRACT 556

Assessing the Needs of Latino Men in Baltimore City/County: Findings from the Health Education Resource Organization’s Latino CONNECT Project

Villanueva, L¹; Ruiz, R²; Cubano, L¹; Fox Fitzgerald, M¹

1 Maryland Department of Health and Mental Hygiene, Baltimore, MD; 2 Health Education Resource Organization (HERO), Baltimore, MD

BACKGROUND: Due to cultural stereotypes and stigma surrounding HIV/AIDS, the male Latino community has not responded well to targeted prevention efforts. Information on the knowledge, beliefs, perceptions and behaviors of the Latino community served in Baltimore is critical for the planning/effectiveness of HIV/AIDS prevention programs.

OBJECTIVES: To assess the health needs of Latino men in the Baltimore Metropolitan area for developing HIV prevention initiatives specifically targeting Latino men.

METHODS: The Latino Men Health Needs Survey (LMHNS) was designed to assess Latino men living, working, or seeking health services in Baltimore City and Baltimore County.

RESULTS: The LMHNS was administered to 151 individuals (94.7% male, 5.2% male to female transgender). It was an anonymous 34 question street-based survey assessing demographic information, risk behaviors, knowledge about HIV/AIDS and perceptions about testing and personal risk. The majority of respondents (65.6%) were from Central America and 7.3% reported that they had at least once used injection drugs. Of the 111 respondents who reported having had sex in the last 6 months, 36% reported that they always used condoms with their main partner, but only 18.9% reported that they always use condoms with other partners. When HIV negative respondents (n = 144) were asked about their perceptions of HIV counseling and testing services (CTS), 32.6% did not want to know their HIV status, 18.8% felt that the test results could be used against them, and 18.1% were against testing altogether. Only 36.8% (n = 53) of these respondents reported ever being tested for HIV. Knowledge was high regarding behaviors that do not transmit HIV (i.e., hugging), but respondents were less certain about some of the major modes of HIV transmission: 20.5% did not know that sharing needles

can transmit HIV; and 21.9%, 39.1%, and 53.6% did not know that vaginal, anal and oral intercourse can transmit HIV, respectively. When asked about their information needs, 59.6% of respondents wanted to know more about how to protect themselves from HIV/AIDS, and 41.1% of respondents want to know where they could be tested.

CONCLUSIONS: Risk for HIV infection is high among the clients interviewed. By utilizing the information collected from this survey, a more focused intervention can be developed to address this target population. Strategies to increase testing rates may include enhanced outreach efforts to address the following concerns: the benefits of CTS, the ability to safely be tested without legal papers or health insurance, and the availability of culturally sensitive care and treatment services for those testing positive, regardless of health insurance status.

ABSTRACT 557

Assessing Risk and Resiliency: Exploring Social and Environmental Influences Upon Young Gay Male Sexual Behavior

*Dawson, A¹; Elwood, B¹; Pedraza, S¹;
Freeman, A¹; Henry, D¹; Shehan, D¹; Caughy, M²*

1 University of Texas Southwestern Medical Center, Dallas, TX;

2 University of Texas, Houston, TX

BACKGROUND: Recent work has indicated that traditional 3-tier HIV prevention interventions (individual, small group and community level) may not adequately address risk factors present in the lives of young men who have sex with men (MSM). To more effectively address the evolving prevention needs of this group, social and environmental factors affecting their risk taking behaviors need to be considered when establishing and implementing behavioral interventions.

OBJECTIVES: To apply qualitative and quantitative research methods in identifying social and environmental factors impacting risk taking behaviors among young (18 – 26 years of age) MSM.

METHODS: Young MSM were purposefully sampled in numbers to approximate ethnic representation within the general population. Participants were recruited from ads placed within free publications in the gay community, venues commonly frequented by young gay men (bars, restaurants, bookstores and specialty shops) and various

street locations. In both focus groups and key informant interviews, participants were asked open-ended questions to elicit social and environmental factors that impact their choices regarding sexual behaviors. All interviews were recorded and transcribed; data was analyzed for recurrent patterns using a qualitative analysis software package.

RESULTS: A total of 26 individuals participated in 4 focus group sessions, in which general domains of influence (family, religion/spirituality, connection to the community in general, peer social interaction, perceived connection to the gay community, gay mentors/role models, self perception & self efficacy, media, school, and the workplace) impacting their sexual behaviors were identified. Following this, 41 participants (55% white, 30% Hispanic and 15% African American) completed key informant (individual) interviews. Two-thirds of the respondents had participated in unprotected anal sex within the last year. The average period of time between first gay self-conception and first sexual experience with another man was 5.7 years. The average period of time between coming out and first incidence of unprotected anal sex was 1 year. Participants readily identified societal interventions, often within the gay community itself, as potential methods to reduce HIV transmission. Emergent themes included self-efficacy, gay community norms, societal constructs of sexual and gender roles and spirituality.

CONCLUSIONS: Young MSM readily identified spheres of influence that uniquely shape their self-perception and, thereby, their sexual behaviors. Suggested interventions to reduce at-risk behavior are broadly based and centered around both family and community.

ABSTRACT 558

Technical Assistance Demonstration Project Targeting Disparities and Unmet Needs in HIV/AIDS and Substance Abuse-Related Service Delivery in Highly Impacted Minority Communities

Capp, LD

Health Choice Network, Miami, FL

ISSUE: Technical assistance demonstration project targeting disparities and unmet needs in HIV/AIDS and substance abuse-related service delivery in highly impacted minority communities

SETTING: Classroom/on-site based training with racially diverse population of community-based organizations (CBOs) in the Miami-Dade area.

PROJECT: During the first of a 3-year federal demonstration project, technical assistance and capacity-building services have been provided to organizations and agencies serving those in Miami's minority communities most highly affected by substance abuse and HIV/AIDS.

Utilizing a coalition framework, the aim is to develop a replicable model for constructing a network of shared expertise, data, training and knowledge systems among CBOs responsible for services to HIV/AIDS affected and substance abusing individuals and those at risk.

Our CBO Resource Network (C-BORN) model is designed to build community, capacity and resilience by enhancing the fiscal, technical and organizational viability of grass root CBOs in meeting the distinctive crisis facing these highly impacted minority populations.

Several innovative components will be presented: the integrated design among public/private organizations and providers to create a continuum of care; the multi-level representation process for true involvement of families, youth, public/private organizations, and people living with HIV/AIDS and addiction; the cross-site and site-specific evaluation structure for project assessment, service planning and solidifying the network; and the strategies for promoting a network-wide learning and transdisciplinary culture and public trust environment. Methods for improving responsiveness to multicultural populations needs will be discussed.

RESULTS: In its first year of operation, C-BORN provided technical assistance to 63 different CBOs. A total of 272 staff from the various CBOs participated in the training provided in areas such as HIV/AIDS Counselor Certification, Grant Writing and Grant Management, Cultural Competency, Performance Improvement and Advocacy. C-BORN's effort to promote collaborative agreement has culminated as a catalyst in bringing the Florida Department of Health (State), city municipality and private-non-profit CBOs in partnership in the operation of a state-of-the-art mobile health screening van to provide services during non-traditional hours.

LESSONS LEARNED: Strategies for community engagement, partnership and collaborative development.

ABSTRACT 559

The Development of a Science-Based HIV Prevention Intervention for Gay Men of Color

*Coury-Doniger, P*¹; *Knox, K*¹; *Morgan, J*²; *Jenersen, E*³; *McGrath, P*; *Scahill, M*; *Roberson, M*³; *English, G*³

1 University of Rochester, Rochester, NY; 2 MOCHA Project, Buffalo, NY; 3 People of Color in Crisis, Brooklyn, NY

ISSUE: Gay men of color (GMOC) are experiencing some of the highest rates of new HIV infection. Effective interventions that meet the HIV prevention needs of this special population are a priority. Many existing HIV prevention interventions with evidence of effectiveness were developed primarily for white, gay men. However, some factors influencing the risk behaviors of GMOC are different including homophobia, racism, and lack of social support or a sense of community. Prevention interventions must address issues as these issues impact on individuals coping mechanisms and risk behaviors.

PROJECT: *Many Men, Many Voices*, is an STD/HIV prevention intervention designed for GMOC. It is an adaptation of the Behavioral Skills Acquisition Model for Risk Reduction originally developed and evaluated by the Center for AIDS Intervention Research (CAIR) in the Department of Psychiatry and Behavioral Medicine of the Medical College of Wisconsin. The adaptation was done by faculty from the University of Rochester in collaboration with Men of Color Health Awareness (MOCHA) Project, a community-based organization in Rochester, New York. MMMV is a group behavioral counseling intervention with six, weekly sessions, each approximately 2.5 hrs. Focus groups of GMOC, including MOCHA staff were conducted in order to assess the cultural relevance of the original intervention and to identify influencing factors relating to STD/HIV prevention issues specific to GMOC. Modifications were made to tailor the intervention to the cultural and sexual relationship issues of GMOC. A particular focus is to help participants understand the connections between the dual identity of gay men of color (GMOC) and their sexual relationships and behaviors. A key objective of the intervention was to provide experiences to help the participants move towards a greater readiness to change self-identified STD/HIV risk behaviors. The adapted intervention was then replicated by the People of Color in Crisis, Inc., (POCC) in Brooklyn, NY in 1999. Through the New York State Black Gay Network, the intervention was further diffused

to other CBOs. A KABB (Knowledge, Attitude, Belief and Behavior) instrument specific to the intervention and population has been developed and tested and evaluation is underway.

RESULTS: Sessions at both MOCHA and POCC are very well attended, showing a high level of acceptability of this intervention by GMOC. Preliminary results from the interventions conducted at MOCHA indicate an increase in the following: awareness of HIV issues and perception of personal risk; knowledge regarding the connection between a prior STD and increased risk of HIV transmission; and readiness for behavior change. Baseline data collected at POCC are similar to the baseline data collected at MOCHA. As more data is collected the project will conduct more detailed analysis.

LESSONS LEARNED: HIV prevention interventions with evidence of effectiveness often need to be adapted and tailored for use with other special populations. These modifications may assist in the dissemination of these interventions in 'real world' settings.

ABSTRACT 560

Human Immunodeficiency Virus Infection (HIV) and Gonorrhea (GC) Among African American Clients Attending Sexually Transmitted Disease (STD) Clinics: The Family of Serosurveys (FOS), Baltimore, MD

Fujii, KE¹; Sifakis, F¹; Caldeira, E¹; Belenson, P²; Solomon, L¹

¹ Maryland Department of Health and Mental Hygiene, Baltimore, MD; ² Baltimore City Department of Health, Baltimore, MD

BACKGROUND/OBJECTIVES: Recent surveillance data indicate disproportionately high rates of HIV and GC within African American communities. In the present study, we estimated the prevalence of HIV and GC and determined associated factors among African American clients attending STD clinics.

METHODS: The FOS was a series of unlinked surveys that were conducted in selected sites nationwide. HIV testing was performed on residual sera (obtained for routine diagnostic purposes) after removal of personal identifiers. Demographic, clinical, and risk information were abstracted from medical records. Our analysis was

restricted to African American clients (95.6% of total) who attended two STD clinics in Baltimore during 1997 and 1999. Correlates of HIV infection and GC diagnosis were ascertained using stepwise logistic regression.

RESULTS: A total of 6697 African American clients were tested for HIV (63.2% male, 88.8% aged 15-44, 87.4% heterosexual). A total of 6611 African American clients had information on STD diagnoses (64.0% male, 88.7% aged 15-44, 87.3% heterosexual). Overall positivity rates were 5.9% for HIV and 12.2% for GC. Results of multivariate regression analyses indicated that HIV seropositivity was independently associated with male gender [odds ratio (OR) = 1.33; 95% confidence interval (CI): 1.04, 1.69], age 45+ years (OR = 1.80; 95% CI: 1.17, 2.77), ever having a homosexual (MSM) (OR = 23.06; 95% CI: 11.32, 46.97) or bisexual (OR = 2.91; 95% CI: 1.44, 5.87) contact, ever injection drug use (OR = 3.69; 95% CI: 2.68, 5.08), ever having a sex partner with HIV or AIDS (OR = 12.89; 95% CI: 8.99, 18.49), and clinic visit for follow-up STD services (OR = 2.56; 95% CI: 1.74, 3.76). Multivariate regression analyses revealed that GC diagnosis was associated with male gender (OR = 2.02; 95% CI: 1.68, 2.42), age < 15 years (OR = 3.09; 95% CI: 1.71, 5.59), ever having sex with an injection drug user (OR = 0.58; 95% CI: 0.41, 0.81), HIV testing at current visit (OR = 0.44; 95% CI: 0.21, 0.90), clinic visit for follow-up STD services (OR = 0.21; 95% CI: 0.07, 0.58), clinic visit for a symptomatic STD (OR = 3.28; 95% CI: 2.69, 4.00), and having a previous HIV test (OR = 0.71; 95% CI: 0.59, 0.86). No significant association was observed between HIV seropositivity and GC diagnosis.

CONCLUSIONS: Prevalence of both HIV (5.9%) and GC (12.2%) were high among African American clients of STD clinics. However, the risk profiles of those affected differed, with HIV primarily impacting an older clientele and GC affecting a younger clientele. This age differential, along with the distinct risk profiles, suggests the existence of separate social networks, and different transmission modes, by which these infections are propagated. Furthermore, the high prevalence of GC among younger clients suggests that, without effective behavioral interventions, this group could continue to fuel the HIV epidemic within the African American community. Prevention and education efforts should be targeted to reduce risk behaviors specific to the transmission of HIV and GC in the respective age groups.

ABSTRACT 561

Using Geographic Information Systems to Identify Effective HIV Prevention Policies

Yancura, LA; Webb, DS; Livermore, S

California Department of Health Services, Sacramento, CA

ISSUE: Many of the demographics and behaviors important in HIV prevention can be geographically represented. Understanding of the spatial relationships among these variables greatly facilitates the development and implementation of effective HIV prevention strategies.

SETTING: State of California Department of Health Services Office of AIDS, Prevention Research and Evaluation Section.

PROJECT: The capabilities of Geographic Information Systems (GIS) to display these types of data are shown by sample maps using demographic and behavioral information from the HIV Counseling Information System database of the State of California Office of AIDS from 1995 to 2000 of all clients who tested at state-funded clinics. This project demonstrates the application of GIS to HIV prevention at state, county and clinic levels. State level maps show the distribution of HIV positive test results by county and ZIP Code and the proportion of African American clients testing positive for HIV. County level maps demonstrate the race and age distributions of clients who tested for HIV in Sacramento County by ZIP Code. Site-level maps use data from all clients who tested at a single testing site to determine the race and age distributions of its clients in relation to topographic features such as transportation routes to the clinic.

RESULTS: These sample maps of the behavioral correlates of HIV infection provide information in a format that researchers and public health practitioners can easily use to make informed decisions. However, caution must be taken with the use of GIS to represent client data because mapping may violate confidentiality.

LESSONS LEARNED: This presentation demonstrates that GIS analysis is an invaluable tool to guide population-based epidemiological surveys, target outreach efforts to likely high transmission locations and evaluate the effectiveness of prevention programs. The capabilities of GIS could be expanded through linkage of data sets to US census or other public sources to plan more effective interventions.

ABSTRACT 562

Building Bridges Between Communities of Color, Community Based Organizations, and the Education System

Amaya-Fernandez, E

Public Education Network, Washington, DC

ISSUE: For schools to sustain improvement and for the public to take back responsibility for the quality of their schools, the public must be involved in deciding on the right policies for its public schools and must be vigilant in ensuring these policies are applied appropriately. When all constituencies in a community take responsibility for their public schools, a stronger civic infrastructure will be present; there will be an increased capacity to solve problems; communities will have stronger economic status; and people will fully participate in their communities. In order for *all* people to be involved, mechanisms must be in place to include families of color and families with limited English proficiency.

SETTING: Community forums with diverse members of the population, which included, city officials, parents, educators, students, and community-based organization staff in Paterson, NJ.

PROJECT: Public Education Network and Local Education Funds (LEFs) are linking school health and school reform through the critical issue of school and adolescent health. Paterson Education Fund, one of our LEFs, has managed to gather community leaders, school staff, community-based organizations, and families of various ethnic groups and English-speaking abilities, at community forums to discuss school health issues, including HIV prevention, and to participate in a community assessment. Presenters will share lessons learned from the work in Paterson, NJ, and other communities served by LEFs. They will facilitate a discussion on how to reach communities of color, how to engage them to become more involved in their schools and in the decision-making process around HIV prevention issues, and to restore their sense of responsibility for what is happening within their schools.

RESULTS: PEN & LEFs have clearly identified the need to coordinate health and community services and programs, as well as the importance of engaging the public to prioritize pressing needs and to pool resources to address comprehensive issues.

ABSTRACT 564

Tips and Tricks for Writing and Conducting Successful Community Based Surveys

Betts, KS¹; Carroll, SC²

1 Research Strategies International, Washington, DC;

2 Whitman-Walker Clinic, Washington, DC

ISSUE: Many community-based organizations would like to gather HIV, STD and drug use related risk information from their target populations, but believe designing and conducting a survey is beyond their capacity.

SETTING: Street, event, club, bar, and bathhouse survey of MSM in Washington, DC

PROJECT: In 2000, Whitman-Walker Clinic, a gay and lesbian community health organization and ASO, was funded by the Government of the District of Columbia, Department of Health, Administration for HIV/AIDS to develop and conduct a sexual health survey of white MSM in the Washington, DC area. The survey was designed to be conducted by peer volunteers to yield information on the behaviors and situations where gay and bisexual men in the District of Columbia might be at potential risk for exposure to HIV and STDs. Data collection and analysis was a step toward identifying educational strategies and health care policies that better meet the needs of white gay and bisexual men in the District.

RESULTS: A 2-page, approximately 6-minute survey instrument was developed through several stages. The project coordinator and outside researcher conducted a review of existing surveys and literature related to the target population, and consulted with outside reviewers. Focus groups and pilot surveys were used to test the clarity of questions, validity of results, and plausibility of getting community members to stand still long enough to complete a survey. Between June and November 2000, over 3,000 surveys were collected during outreach visits to gay organizations, gay events, neighborhoods, bars, discos, sex clubs, gyms, and bathhouses. Of the total surveys collected, 1,026 respondents met the demographics required for funded analysis.

LESSONS LEARNED: In addition to discovering patterns of risk-related behavior in the study population, the project team learned a great deal about the process of conducting surveys. Lessons learned include how to create meaningful involvement of community volunteers in the research process, how to find background information on the topic at hand, how to avoid common hurdles and barriers to data collection, and how to engage hard-to-reach individuals.

ABSTRACT 565

Unexpected Success in HIV Prevention for Injecting Drug Users in New York City

Des Jarlais, D; for National Development and Research Institutes, New York City, NY; New York City Department of Health, New York City, NY; & IDU Research Group

Beth Israel Medical Center, New York City, NY

BACKGROUND: New York City has experienced the largest HIV/AIDS epidemic of any city in the world. During the 1980s, HIV seroprevalence stabilized at approximately 50% among IDUs in New York, with HIV incidence between 4 to 5/100 person-years at risk. Large-scale syringe exchange program were initiated beginning in 1992.

METHODS: We examined trends in: 1. HIV prevalence; 2. HIV incidence; 3. Risk behaviors; and 4. Use of HIV prevention programs through multiple cross-sectional surveys and multiple cohort studies from 1990 through 1997. Total N > 11,000 for the cross-sectional surveys and over 6000 person-years for the incidence studies.

RESULTS: HIV prevalence declined from approximately 50% to approximately 30%, and HIV incidence declined from 4 to 1/100 person-years at risk. Use of syringe exchange increased from 20% to 50% of current injectors, while having been tested for HIV increased from approximately 40% to approximately 80%. Participation in syringe exchange was associated with reductions in risk for exposure behavior and knowing that one was HIV+ was associated with reductions in risk for transmission behavior. The most recent data suggest possible stabilization of HIV prevalence at approximately 20% and incidence at approximately 1/100 person-years at risk.

CONCLUSIONS: Large-scale syringe exchange and HIV voluntary counseling and testing programs appear to have "reversed" the HIV epidemic among IDUs in New York City. Whether the favorable trends will continue and the eventual "endemic" level of HIV in this high-risk population remains to be determined.

ABSTRACT 566

Partner Counseling and Referral Services for Persons with HIV Infection – Florida

Schmitt, K; George, DJ; Kissler, CJ; LaLota, M; Liberti, T

Florida Department of Health, Tallahassee, FL

BACKGROUND: Since 1987, the Bureaus of STD and HIV/AIDS have utilized Partner Counseling and Referral Services (PCRS) as a key component of Florida's comprehensive HIV prevention program. Providing PCRS to HIV-infected persons is an opportunity to address their immediate physical and emotional needs through referrals to medical and support services. PCRS also provides an opportunity for HIV-infected persons to maintain their confidentiality while having their sex/needle-sharing partners informed of their exposure so they can make decisions related to behavioral change and HIV testing. Recent studies have proven that the majority of sex and needle-sharing partners would rather know of their exposure to HIV and consequently make decisions to get tested and adopt safer sex practices.

OBJECTIVES: To evaluate outcomes of PCRS activities offered to HIV-infected persons and describe both the investigative and test result dispositions of their sex and needle-sharing partners.

METHODS: Persons testing HIV positive through one of the nearly 1,000 county health department (CHD)-based confidential HIV counseling and test sites, or through a private provider are offered PCRS by a Disease Intervention Specialist (DIS). The Bureau of STD Control and Prevention collects data via the STD Management Information System (STD*MIS) to measure specific outcomes that include: number of HIV-positive individuals assigned for follow-up, number accepting the service, and number of HIV-exposed partners elicited. In addition, data are collected on the dispositions of the partners to include: number actually located and apprised of their exposure, number who accept counseling and testing, number who previously tested positive, number who are newly identified positive, etc.

RESULTS: In 2000, a total of 2,609 HIV-infected persons were assigned to DIS to offer PCRS. Of those, 1,268 were tested through a CHD, and 1,341 were tested through a non-CHD provider. Of the 2,609 persons assigned to a DIS, a total of 2,361 (90.5%) were located and offered PCRS; 1,442 (61.1%) accepted. A total of 2,625 partners

were initiated and assigned for follow-up. Among the 2,625 partners named, 470 (17.9%) were found to have previously tested positive, 1,121 persons were tested as a result of a recent HIV exposure (within 1 year), and 162 (16.9%) tested HIV positive for the first time.

CONCLUSIONS: PCRS is an extremely valuable service offered to persons who test HIV positive through public and private testing sites. Through counseling, referrals and early intervention services, clients are far more likely to benefit from available resources. In Florida in 2000, over 60% of HIV positive persons who were offered PCRS accepted the service.

ABSTRACT 567

Mobilizing Behavioral and Social Volunteers to Improve HIV Prevention Programs in the Community

Anderson, JR¹; Wilkerson, ED¹; Goldstein, E²; Phields, M³; Hickman, D⁴

1 American Psychological Association, Washington, DC; 2 University of California (UCSF), San Francisco, CA; 3 Birch & Davis, Silver Spring, MD; 4 Sisters Together and Reaching (STAR), MD

ISSUE: Community-based HIV prevention service providers have struggled to adopt science-based strategies of needs assessment, intervention, and evaluation. Although technical assistance has been provided from many sources, consultants offering such assistance are often viewed and experienced as critical, jargon-using, one-shot outsiders who make unrealistic recommendations that do not incorporate lessons learned in the community.

SETTING: The likelihood of successful collaboration is increased, local capacity for HIV prevention is enhanced, and continuity of effort is promoted when technical assistance is offered on an ongoing basis by culturally sensitive experts who live and work in the community. It is possible to recruit, train, and mobilize behavioral and social scientist volunteers with critical expertise who want to become more involved with their communities and who are capable of engaging in collaborative partnerships with community providers on the front lines of HIV prevention.

PROJECT: The Behavioral and Social Science Volunteer (BSSV) Program is a national HIV prevention technical assistance program directed by the American Psychological Association (APA) Office on AIDS. The BSSV Program,

funded by the Centers for Disease Control and Prevention (CDC), through a subcontract with the Academy for Educational Development (AED), has been established to assist HIV prevention efforts by performing three categories of activity:

(1) **Recruiting** qualified behavioral and social scientists from several disciplines for volunteer participation in HIV prevention planning and program implementation activities in their respective communities;

(2) **Orienting** behavioral and social scientists to issues involved in establishing successful working relationships with community-based organizations (CBOs) and community planning groups (CPGs); and

(3) **Linking** behavioral and social scientists with prevention planners and program implementers in their respective communities

This national network of psychologists, sociologists, anthropologists and public health experts is organized to offer free technical assistance to community-based organizations (CBOs), health departments, and HIV prevention community planning groups (CPGs) that want state-of-the-science prevention for their community.

RESULTS: The BSSV Program has recruited and trained over 190 volunteers who have provided technical assistance to over 80 CBOs, planning groups, and health departments involved with HIV prevention. The types of technical assistance offered include: using behavioral and social theory to guide intervention development, defining goals and clarifying objectives, identifying elements of effective interventions, conducting formative research to guide intervention design, adapting proven interventions to new settings and new populations, improving evaluation efforts, and writing grant proposals.

LESSONS LEARNED: The proposed group oral session will describe lessons learned about recruiting, training, and linking volunteers with CBOs, CPGs, and health departments requesting technical assistance related to the application of behavioral and social science to HIV prevention. Lessons learned will be discussed from the perspective of BSSV program staff, a volunteer, a trainer of volunteers, and a community-based recipient of technical assistance.

ABSTRACT 568

The Use of Large Psycho-Educational Support Groups To Reduce the Spread of HIV Among Gay and Bisexual Latino Men in Washington, DC

Aguilar, W; Shattuck, T

Whitman-Walker Clinic, Washington, DC

ISSUE: Many Latino gay and bisexual men come to the US from their countries suffering from isolation, loneliness, low self-esteem, and depression. While health services may be available to these men, these services often lack cultural and linguistic competence. Without the needed support, gay men may turn to drugs and alcohol, placing themselves at increased risk for HIV through unprotected sex. In Washington, DC, nearly 75% of Latino men contract HIV through unprotected sex.

SETTING: This program takes place in an area of Washington, DC, that has a high concentration of gay and bisexual Latino immigrants. The monthly groups are offered alternately at the Whitman Walker Clinic-Office of Latino Services and La Clinica del Pueblo.

PROJECT: Currently in its second year, The Gay Bisexual Men of Color Program (GBMC) is an innovative, multi-component, and multi-agency HIV prevention intervention. The purpose of this evaluation was to assess one component of the GBMC program, the large (N ≈ 35) psycho-educational support groups. Facilitated by gay, Latino immigrant men, these interactive and skill-based groups offer a safe space where participants can explore their lives as gay Latino men and gain knowledge and skills to prevent the spread of HIV. The objectives are to help participants build life skills to overcome feelings of isolation, loneliness, low self-esteem, and depression. Sample topics include safer sex practices, negotiating safer sex, coming out to family, coping with substance use and abuse, decision-making, shame, and guilt. Evaluation activities consisted of exit surveys and focus groups to assess participant satisfaction and to obtain recommendations for future sessions. In addition, two self-concept surveys were administered at the end of Year 1 and in the middle of Year 2 to assess participants' perceptions of the impact of the program.

RESULTS: This year, the program has served 142 different participants. Findings from the self-concept survey (N = 47) indicate that participants are primarily gay men (mean age = 28) from Central America who have resided

in the US for an average of 11 years and who have attended an average of 6 sessions. Over 90% of respondents agreed or strongly agreed that the psycho-educational groups have helped them ‘communicate with others,’ ‘set goals for myself,’ ‘avoid or get out of destructive relationships,’ ‘overcome feelings of depression,’ and ‘isolation/loneliness.’ Eighty-three percent of respondents reported that the program has helped them to avoid unsafe sex.

LESSONS LEARNED: A culturally sensitive psycho-educational support group may assist gay and bisexual Latino immigrants to increase protective factors and reduce risk factors thereby reducing their risk of contracting HIV.

ABSTRACT 569

Barriers to the Use of Existing STD/HIV Services in a High-Prevalence Community

Ford, CL¹; Tilson, EC²; Leone, PA³; Miller, WC¹

1 University of North Carolina, School of Public Health, Chapel Hill, NC; 2 Duke University, Durham, NC; 3 Wake County Human Services, Raleigh, NC

BACKGROUND: In high-prevalence populations, mass testing and treatment of sexually transmitted diseases (STDs) has been shown to be an effective strategy for reducing human immunodeficiency virus (HIV) incidence. Since many infected individuals do not have recognizable symptoms, screening for STD infection is essential for the detection asymptomatic disease. Successful screening, however, relies upon a clear understanding of the factors that either facilitate or obstruct access to STD/HIV testing in the target population.

OBJECTIVES: The objectives of the study were to identify barriers to the use of existing STD/HIV clinical services in a high-prevalence, urban population. The study also explored the amenability of participants to non-traditional strategies for the provision of STD prevention services.

METHODS: Focus group interviews were conducted with community members residing in the ZIP Code area with the highest rates of STD/HIV. Participants were recruited from homeless shelters, a public housing community, and inpatient and outpatient substance abuse programs. During the focus groups, participants discussed factors that serve as barriers to their use of existing STD/HIV clinical services. They also discussed the

appropriateness of various non-traditional approaches to the provision STD/HIV services in the target community. Data were analyzed using Ethnograph software.

RESULTS: Eleven focus groups (n = 6 female groups, and n = 5 male groups) were conducted. Participants reported that both psychosocial and logistical factors serve as barriers to the use of existing STD/HIV services. Of the two, psychosocial factors were more frequently identified as barriers. Overall, confidentiality and stigmatization were the most frequently reported potential barriers. Participants also reported that fear of rude or discriminatory treatment by health care staff discourages but does not completely obstruct their use of STD/HIV services. Reported logistical barriers included limited clinic hours, transportation problems and insufficient childcare services.

CONCLUSIONS: In order to implement mass testing and treatment of STDs in communities with high rates of infection, it is important to develop a strategy that is tailored to the concerns and needs of the specific community under study. These focus group interviews suggest that while high-risk community members are generally aware of the importance of obtaining adequate STD/HIV care, their perception of certain barriers is sufficient to obstruct their use of existing STD/HIV services. Community members also encourage public health officials to employ innovative, yet non-stigmatizing approaches for delivering STD/HIV prevention and treatment services.

ABSTRACT 570

The Impact of Support Services on HIV-Infected Recovering Addicts in a Community-Based Organization

Ajuluchukwu, DA¹; Faulk, TE²

1 City University of New York, New York City, NY; 2 Positive Health Care, Inc., Newark, NJ

ISSUE: The management of HIV disease places overwhelming responsibilities on recovering addicts, especially as their HIV progresses. As a result, recovering addicts are more likely to relapse and return to substance abuse as a coping mechanism for dealing with HIV. Support services are critically needed for relapse prevention and helping the individual to have an optimistic attitude in managing their HIV disease.

SETTING: A community-based organization serving primarily black, HIV+ recovering addicts in Newark, NJ.

PROJECT: Positive Health Care, Inc. has developed intensive weekly substance abuse counseling, case management and support group services for project participants. The intervention includes peer counseling, role playing, and behavior modification skills.

RESULTS: In March 2000 to February 2001, 400 recovering addicts participated in support services. The minimal participation period was three months. Five percent of the participants dropped out before the minimal participation period. Eighty percent of the consumers who completed the minimal participation period remained drug free, reported improved medical compliance, better self-esteem, more knowledge about HIV disease and much improved attitude in accepting their HIV status. Ninety-six percent of the consumers who remained in the program for the entire year remained drug free.

LESSONS LEARNED: The findings validated the overwhelming need for psychosocial support services for recovering HIV-positive addicts. Furthermore, the improved behavior modifications among this population indicates that this intervention should be a part of continuous services not just for community-based organizations, but all HIV treatment facilities.

ABSTRACT 571

Survey of HIV Disease and Care: Methods and Preliminary Findings from a Population-Based Study of HIV-Infected Patients in Care

McNaghten, AD; Buskin, S; Jones, PA; Ginnebaugh, J; Mehta, M; Malitz, F; Sullivan, P

Centers for Disease Control and Prevention, Atlanta, GA

BACKGROUND/OBJECTIVES: Population-based estimates to determine if HIV-infected patients are receiving care in accordance with current guidelines have not previously been available. The Survey of HIV Disease and Care (SHDC) project was developed by the Centers for Disease Control and Prevention in conjunction with HRSA to obtain population-based estimates of patients receiving primary medical care by provider size, geographic area, and presence or absence of Ryan White CARE Act (CARE Act) support.

METHODS: A two-stage sampling design with unequal selection probabilities was used. Study sites used providers of individual HIV and AIDS case reports to identify providers of care for HIV-infected patients. Providers were stratified by geographic location, provider size, and CARE Act support. Providers were selected within each stratum using sampling proportional to size. Patients at these selected providers were stratified by race and sex and randomly sampled. Medical records of selected patients were retrospectively reviewed for calendar year 1998. Data collected included demographics, mode of HIV exposure, prescription of treatment and prophylaxis, receipt of vaccinations, CD4+, viral load, and opportunistic illnesses.

RESULTS: Preliminary data were available for one site. Larger proportions of whites were seen by non-CARE Act providers (80.2%) than by CARE Act medical providers (70.0%) and larger proportions of men exposed to HIV through sex with men (MSM) were seen by non-CARE Act providers (55.7%) than CARE Act-supported providers (46.5%). Larger proportions of MSM who also used injection drugs were seen by CARE Act-supported providers (15.2%) compared to non-CARE Act providers (6.6%). The proportion of eligible patients receiving prophylaxis for *Mycobacterium avium* complex did not differ between CARE Act-supported (50.7%) or non-CARE Act-supported providers (54.6%). The proportion of eligible patients receiving prophylaxis for *Pneumocystis carinii* pneumonia was also similar at CARE Act (27.9%) compared to non-CARE Act (21.8%) providers. Patients were more likely at CARE Act-supported compared to non-CARE Act-supported providers to receive pneumococcal vaccines (65.6% vs.56.3%), influenza vaccines (32.9% vs. 24.4%) and tuberculin skin tests (79.1% vs.45.6%). A larger proportion of female patients received annual pap smears at non-CARE Act-supported providers (53.9%) than at CARE Act-supported providers (41.4%).

CONCLUSIONS: In the pilot SHDC study we found that the proportion of whites and MSM were lower at CARE Act-supported providers, and some differences in the standard of care were found when comparing patients receiving care at CARE Act- versus non-CARE Act-supported providers. The pilot data indicate that the SHDC study will be a useful tool to determine if patients are receiving the standard of care. Continued monitoring of these and other SHDC sites is needed to determine if the standard of care differs by provider size, geographic location, or other provider or patient characteristics.

ABSTRACT 573

Uniting Resources, Uniting Communities: Building Capacity in Minority Community-Based Organizations

Burroughs, E; Iqbal, K

South Carolina Department of Health and Environmental Control, Columbia, SC

BACKGROUND: Currently in South Carolina, 30% of the state's population are African Americans; however, approximately 75% of all the HIV/AIDS cases in South Carolina occur in African Americans. With such a high disparity, it is critical that community-based organizations (CBOs) targeting communities of color are supported by a stable infrastructure. With a stable infrastructure, CBOs can respond effectively to pivotal funding and resources that will build capacity. The Minority HIV/AIDS Demonstration Project is an initiative of the Office of Minority Health in South Carolina that is contributing to the development of a stable infrastructure for Minority Community-Based Organizations (MCBOs) through its capacity building activities.

OBJECTIVES:

- Data collection, analysis and tracking to assist in identification of HIV/AIDS needs in minority communities
- Facilitate linkages between MCBOs with state and local recipients of federal funds
- Coordinate and provide access to federal resources and other forms of technical assistance to high need minority areas particularly MCBOs

RESULTS: The South Carolina HIV/AIDS Demonstration Project has successfully created a registry of MCBOs that are active in community-based HIV/AIDS interventions that target communities of color in South Carolina. Recognizing that a wealth of information about resources can be accessed via the Internet, the Project is assisting MCBOs gain access to the Internet by distributing computer technology to nine CBOs that are without a computer. In an effort to link MCBOs with recipients of state and federal funds, the Project recently sponsored a networking symposium that brought together over 20 MCBOs that are providing services to African Americans. The MCBOs that attended the symposium attended sessions designed to sharpen capacity-building skills. At the request of several MCBOs, the Project is now

facilitating the development of an MCBO Coalition that would politically unify the voices of MCBOs.

CONCLUSIONS: The HIV disparity in South Carolina's communities of color shows the need for aggressive intervention and outreach. Epidemiological data provides the foundation for targeting highly affected HIV areas and demonstrates the need for facilitation of technical assistance, funding, and awareness. The SC HIV/AIDS Demonstration project has proven to be an effective tool to providing MCBOs with capacity-building resources.

ABSTRACT 574

Health Indicators Among Low-Income Women Who Have Engaged in Sex Work: The Population-Based Northern California Young Women's Survey

Cohan, DL¹; Kim, A²; McFarland, W² for the Young Women's Survey Team

¹ University of California (UCSF), San Francisco, CA; ² City and County of San Francisco Department of Public Health, San Francisco, CA

BACKGROUND: Numerous studies have evaluated the prevalence of HIV and other sexually transmitted infections (STI) among sex workers. Nearly all of these studies, however, have relied on convenience samples and are vulnerable to significant bias. This study represents the first population-based analysis of women who engage in sex work.

OBJECTIVES: To examine differences in demographics, sexual and drug-using behavior, and prevalence of HIV, STIs, and hepatitis A, B and C among low-income sex workers and non-sex workers.

METHODS: This study is a secondary analysis of the Young Women's Survey (YWS), a cross-sectional, cluster-sample, door-to-door, population-based survey of low-income women in 5 Northern California counties between April 1996 and January 1998. Study participants completed a structured interview and were tested for HIV antibodies, syphilis, herpes simplex type 1 and 2 antibodies (HSV-1, HSV-2), hepatitis A (HAV), B (HBV), and C (HCV) antibodies, gonorrhea and chlamydia.

RESULTS: Overall, 9% (226/2543) of the total sample reported a history of sex work ("ever sex workers"). Among "ever sex workers", 107 (47%) reported sex work within the past 6 months ("current sex workers"). Compared

to non-sex workers, current sex workers had more lifetime male sex partners (median 33.5 vs. 4; mean 662 vs. 7.9), and a higher prevalence of ever engaging in anal intercourse (56.5% vs. 17.5%), sex with an injection drug-using (IDU) partner (46.6% vs. 9.1%), and sex with an HIV+ partner (11% vs. 0.7%). Current sex workers were more likely to have injected drugs (28% vs. 2%) and shared needles (69% of IDU current sex workers vs. 40% of IDU non-sex workers). Condom use with steady partners was low in both current sex worker and non-sex worker groups (22.7% vs. 27.5% for vaginal sex and 9.1% vs. 13.7% for anal sex). Nevertheless, current sex workers were significantly more likely to use condoms with casual and new partners during vaginal and anal sex as compared to non-sex workers. The prevalence of HIV was higher among non-sex workers (0.3%) than current sex workers (0%), though not statistically significant. Non-sex workers had a higher prevalence of HAV (35.9% vs. 17.4%). Current sex workers, on the other hand, had a higher prevalence of HSV-2 (81.7% vs. 28.4%), syphilis (9.4% vs. 1.1%), HBV (13.8% vs. 7.7%), and HCV (19.3% vs. 0.9%), even after adjusting for age, demographics, IDU and IDU sex partners.

CONCLUSIONS: There is significant high-risk activity among both current and non-sex workers. Current sex workers were more likely to have HCV (OR 7, CI 2.4 – 20.3) regardless of IDU or having an IDU partner. Given the lower prevalence of HAV among current sex workers and the high risk of fulminant hepatitis in HCV-infected individuals who, subsequently, get HAV, it is crucial to provide hepatitis vaccination to sex workers.

ABSTRACT 575

Injection Risk Behavior Among Syringe Exchange Participants in Russia and Eastern Europe

Des Jarlais, D¹; Grund, J-P¹; Paone, D¹; Zadoretzky, C¹; Titus, S¹; Perlis, T²

1 Beth Israel Medical Center, New York, NY; 2 National Development and Research Institutes, Inc., New York, NY

OBJECTIVE: To assess HIV risk behavior among participants in syringe exchanges in ten eastern European cities: Nizhny Novogorod, Pskov, Rostov-Na-Donu, St. Petersburg, and Volgograd (all in Russia), Prague (Czech Republic), Budapest (Hungary), Skopje (Former Yugoslavian Republic of Macedonia), Krakow (Poland) and Poltava (Ukraine).

METHODS: Subjects were recruited from participants of the exchanges. Structured questionnaires covering drug use and HIV risk behavior were administered by trained interviewers. Injection risk behaviors were assessed for the 30 days prior to interview (while using the syringe exchange program) and for the 30 days prior to first use of the syringe exchange program.

RESULTS: In all, 595 subjects were interviewed across the five programs. There was substantial variation among participants in the ten programs in terms of age, length of injection history and in drugs injected (powder heroin versus “homemade” opiate or amphetamine preparations). Relatively low percentages of participants reported recent “injecting with needles and syringes used by others” in the past 30 days, from 1% to 29% across the ten programs. These represented substantial reductions from the percentages of subjects reporting “injecting with needles and syringes used by others” in the 30 days prior to first use of the syringe exchange — from 8% to 48%. Reductions in sharing of cottons, cookers and rinse water were also reported but rates of these behaviors remained high at most of the programs.

CONCLUSIONS: IDUs participating in the exchanges appear to be responding positively in reducing sharing of needles and syringes. The percentages of subjects reporting recent receptive syringe sharing are similar to those in effective syringe exchange programs in other countries. Syringe exchange and other HIV prevention programs for injecting drug users in Russia and Eastern Europe should be expanded.

ABSTRACT 576

HIV Testing Among High-Risk Populations and the Reasons for Seeking and Avoiding Testing.

Kellerman, S; Lehman, JS; Lansky, A; Stevens, M; Fleming, P

Centers for Disease Control and Prevention, Atlanta, GA

BACKGROUND: Understanding HIV testing behaviors in high-risk populations is critical for HIV prevention program planning and helps to identify barriers to test seeking and knowledge of HIV serostatus.

OBJECTIVES: We selected 6 states that conducted the HIV testing survey (HITS), a cross sectional, interview study of individuals at high risk for HIV infection in 2 time periods before and after introduction of highly

active antiretroviral therapy (HAART) (1995-96 [HITS-I] and 1997-98 [HITS-II]). We quantified proportions of persons testing for HIV, the reasons for seeking testing among tested individuals, and the reasons for not testing among untested individuals among three groups of high risk persons: men who have sex with men recruited from gay bars, street-recruited injection drug users, and heterosexuals recruited from sexually transmitted disease (STD) clinics.

RESULTS: In HITS-I, 1226/1599 (77%) respondents reported having been tested for HIV, and in HITS-II, 1375/1711 (80%) persons reported a history of testing ($p = 0.01$). The proportion of men tested was significantly higher in HITS-II compared with HITS-I (80% vs. 77%, $p = 0.04$), but there was no difference in the proportion of women tested. In both surveys, the proportion of persons aged < 25 with a testing history was significantly lower than those ≥ 25 (HITS-I: 71% vs. 78%, $p = 0.007$. HITS-II: 63% vs. 85%, $p < 0.001$) but the spread was greater in HITS-II. The 5 main reasons for testing among those previously tested were the same from HITS I to HITS-II: "Wanting to know where one stood", "Thought exposed through sex or drugs", "Concern about transmitting HIV", and "Part of a routine medical or STD exam." The 5 main reasons for not testing among those never tested were the same from HITS-I to HITS-II but the proportions changed: "Unlikely exposed to HIV" (17% to 30%, $p < 0.0001$), "Thought HIV negative" (14% to 22%, $p < 0.004$), "Afraid of finding out HIV positive" (27% to 18%, $p < 0.0001$), "Not wanting to think about being positive" (49% to 41%, $p < 0.04$), and "Unsure of where to get tested".

CONCLUSIONS: HIV testing rates were higher in HITS-II than in HITS-I, but testing rates among the youngest respondents was lower in HITS-II. Denial of HIV risk factors and fear of being HIV positive were the principle reasons for not testing in both surveys. While these data were not representative of all at risk persons, in these 2 surveys there was no evidence that availability of HAART affected testing rates among high-risk persons, but may have affected attitudes toward HIV. The lower testing rates among young persons in HITS-II is of concern and highlights the need for research on the impact of HAART on perceptions of risk and attitudes toward HIV testing.

ABSTRACT 577

Estimated Sexual Identity Among Adults Diagnosed with AIDS in the United States

Denning, PH; Sullivan, PS; Hanson, DL; Lin, LS; Campsmith, M

Centers for Disease Control and Prevention, Atlanta, GA

BACKGROUND: While the national AIDS surveillance system collects information on sexual risk behaviors, it does not routinely collect information on sexual identity. Thus, to assess the impact of the HIV epidemic upon self-identified heterosexuals, gays, lesbians, and bisexuals and to examine HIV risk behaviors among these populations, we developed a model for estimating the sexual identity of persons reported with AIDS.

METHODS: To estimate sexual identity among adults with AIDS, we applied sexual identity probability weights to data from all men and women ≥ 18 years of age who were diagnosed with AIDS in the US in 1999. The probability weights were derived from demographic and sexual identity data on 8,382 men and 2,636 women with AIDS who were ≥ 18 years of age and interviewed in 12 cities and states between January 1995 and October 2000. We validated our weighting method by applying probability weights from those interviewed in 1995-98 to data from those interviewed in 1999-2000 and found no notable differences between the observed and estimated sexual identities for either men ($p = 0.91$) or women ($p = 0.73$).

RESULTS: Of the 10,031 women diagnosed with AIDS in 1999, 95% are estimated to self-identify as heterosexual, 2% as lesbian, and 3% as bisexual. Primary HIV exposure risks for heterosexual women were male-female (MF) sex (63%) and injection drug use (IDU, 34%); for lesbians, IDU (55%) and MF sex (44%); and for bisexual women, IDU (61%) and MF sex (38%). Of the 31,516 men diagnosed with AIDS in 1999, 47% are estimated to self-identify as heterosexual, 41% as gay, and 12% as bisexual. Primary HIV exposure risks for heterosexual men were IDU (53%), MF sex (26%), male-male (MM) sex (15%), and the combined risk of MM sex and IDU (MM sex/IDU, 4%); for gay men, MM sex (90%) and MM sex/IDU (8%); and for bisexual men, MM sex (79%) and MM sex/IDU (12%).

CONCLUSIONS: These data can help HIV prevention programs identify at-risk populations for prioritizing and targeting interventions. Although lesbians and bisexual women have not historically been considered

a high-risk group for HIV infection, an estimated 5% of women with AIDS self-identified as lesbian or bisexual. This proportion is comparable to the proportion of women who self-identify as lesbian or bisexual in national surveys, suggesting that AIDS rates in these women are as great as those in heterosexual women. The data can also assist prevention programs in designing appropriate interventions for sexual identity groups based on their risk behaviors. For example, MM sex was found to be a major HIV exposure risk among all men with AIDS, including nearly one in five of those estimated to self-identify as heterosexual.

ABSTRACT 578

Laughing and Learning About HIV/AIDS: How To Make Your HIV Prevention Programs Entertaining, Engaging, and Motivational

Fallon, SJ; Lopez, OR; Parsons, C

Skills4, Inc., Ft. Lauderdale, FL

ISSUE: HIV prevention professionals are often invited to provide workshops to captive audiences — students, inmates, juvenile offenders, court appointees, etc. How can educators make their workshops fun and engaging, winning over even indifferent or resistant populations? Do ice-breakers have to consume time from the content of a risk-sensitizing and skills-building workshop? Can information be imparted in fun ways to ensure participation of target group members, and even retention of the lessons learned?

SETTING: Middle schools, high schools, correctional facilities, halfway houses, youth “coming out” support settings, court-mandated alcohol and drug education classes.

PROJECT: The presenters provide both train-the-trainer and direct community education workshops throughout the nation. They have developed a compendium of “best practices” for highly rated workshops. Some of the components were developed in three urban peer settings, while others were gleaned from best practices previously recommended by AED, ETR and CDC. National HIV Prevention participants will learn these tools through an interactive workshop, actually playing the part of education consumers in schools, prisons, community centers, or court-mandated classes. A total of five specific tools will be field tested with the National HIV Prevention participants themselves. Guiding theories for all principles

will be presented in easy-to-use fact sheets. Finally, small groups of National HIV Prevention participants will try their hand at creating a new intervention, designed to entertain, illustrate, and convince a specific behavioral point about HIV risk. The workshop will conclude with participants rating the likelihood of such tools succeeding with their own target populations in their local environments.

RESULTS: Teaching through metaphor or analogy allows easy comprehension of important points about HIV’s continued threat. 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.

LESSONS LEARNED: The tools provided were evaluated and found to result in higher satisfaction surveys, higher abstinence/safer sex pledges amongst teens, and even greater likelihood of participants repeating the lessons outside of the original setting. National HIV Prevention participants will leave the workshop confident that they can employ tools in their own settings and that they are able to revise as needed to fit their own target populations.

ABSTRACT 579

Design of a Linked Network of Services: Lessons Learned from a Community-Based Coalition in Baltimore City

Stauffer, P¹; Abebe, S¹; Swafford-Lee, A¹; Green, T²; Blackston, R¹; Toliver, K¹; Shea, M¹

1 Maryland Department of Health and Mental Hygiene, Baltimore, MD; 2 Baltimore City Department of Health, Baltimore, MD

ISSUE: The goal of CDC’s Community Coalition Development project is to increase access to prevention and care services to lessen the impact of HIV/AIDS, sexually transmitted diseases (STDs), and substance abuse in African American communities. In South Baltimore, planning for increased access to services included these steps: a) build a coalition of prevention, health, and social service providers for the purposes of linking services; b) assess barriers to care from provider- and client-level perspectives; and c) design a three-pronged strategy to improve quality of care, increase demand for services, and develop a linked network of providers.

SETTING: Coalition of community-based organizations; prevention, health, and social service providers; health departments; and residents from four communities in South Baltimore.

PROJECT: The project responds to needs identified by service providers in the Coalition, such as fragmented information about available services, difficulty in making effective referrals, and a lack of basic equipment such as computers. Reports from the providers and preliminary focus group data from clients revealed the need to improve quality of care among agencies and to increase knowledge, attitudes, and behaviors affecting prevention and service utilization among clients.

RESULTS: The coalition developed a strategy to address barriers to care:

- (1) improve the quality of services through capacity-building, training, and building of basic infrastructure;
- (2) improve knowledge, attitudes, and behaviors of clients through service promotion, improved outreach efforts, and behavior change materials; and,
- (3) link service providers through a centralized management information system (MIS).

LESSONS LEARNED: Addressing barriers to care requires a multi-dimensional strategy that can be best addressed by a coalition of community and agency stakeholders. Increasing the capacity of the coalition to plan strategically and of agencies to improve quality of care will promote the sustainability of the program. The centralized MIS system, to be housed in the State health department, will enable providers to efficiently make and track referrals in areas of Baltimore City hardest hit by the epidemic.

ABSTRACT 580

Perception and Actual HIV Risk Among Two Generations of At-Risk Women

Theall, KP¹; Elifson, KW²; Sterk, CE¹; Lloyd, LV¹

1 Emory University – Rollins School of Public Health, Atlanta, GA; 2 Georgia State University, Atlanta, GA

OBJECTIVES: To investigate the association between HIV risk perception and demographic, psychosocial, familial, sex and drug use related behaviors among two generations of women at risk of HIV.

METHODS: As part of a larger cross-sectional study on intergenerational health issues, community matched mother–daughter dyads were invited for a quantitative survey and qualitative interview. The quantitative portion covered a variety of topics including sociodemographic characteristics, general and reproductive health, HIV risk perception and related HIV/AIDS measures, family history, as well as sexual and drug use history. Analysis of data involved both univariate and multivariate techniques.

RESULTS: A total of 209 African American women were enrolled between August 1997 and December 2000 in metropolitan Atlanta, Georgia. Mothers and daughters, as well as illicit drug users and nonusers, were equally represented. Multivariate results suggest that a number of factors are significantly associated with HIV risk perception, but that certain factors and their relationship to HIV risk perception differ between the two generations and according to the factor under consideration. Although both sex and drug related risk behaviors were associated with risk perception in both generations, measures capturing the sex-risk connection were of greater significance among the daughters in this study. Further analysis examining HIV risk perception as a predictor of unprotected sex revealed that HIV risk perception was associated with unprotected sex only among daughters, and that relationship characteristics are important determinants of unprotected sex for both generations.

CONCLUSIONS: HIV risk perception and actual sexual and drug using behaviors are associated with one another, but additional factors may play a larger role in determining perception of risk for HIV infection. HIV risk prevention and risk reduction programs should address both internal and external factors that contribute to perceived and actual risk for HIV infection. In addition, it is important to address drug and sex related risks separately as well as in combination.

BACKGROUND: Women now constitute the fastest growing group of new HIV and AIDS cases, with the largest increase being reported among African American women in the Southeastern US. Most cases are due to heterosexual transmission.

ABSTRACT 581**Are HIV Drug Advertisements Contributing to Increases in Risk Behavior Among Men in San Francisco?***Klausner, J; Kim, A*

San Francisco Department of Public Health, San Francisco, CA

BACKGROUND/OBJECTIVES: A number of studies have suggested that HIV “treatment optimism” may play a role in increasing rates of unsafe sex among men who have sex with men (MSM) in San Francisco. Direct to consumer advertising campaigns for anti-HIV drugs have increased awareness and benefits of therapy. However, specific images portrayed in these advertisements may be misleading and could play a direct role in altering a person’s perceptions of the consequences of unsafe sex. This study aims to measure community perception surrounding HIV drug advertisements and self-reported risk behavior.

METHODS: From February 2001 to date, a consecutive sample of male patients seeking STD services at San Francisco’s municipal STD clinic were asked to complete a one-page, anonymous survey on sexual risk behavior and perceptions of HIV drug advertisements. It is anticipated that 1000 surveys will be collected. Future analyses will control for HIV status.

RESULTS: Among the 262 male patients who have completed the survey to date, 143 (55%) were heterosexual and 118 (45%) were MSM: 25 (14%) were HIV positive. Overall, 72% reported that they see HIV drug advertisements portraying men who are healthy, handsome, and strong on a regular basis (daily, weekly, or monthly), and 62% of the sample believed that HIV drug advertisements affect a person’s decision to have unprotected sex. MSM reported more regular exposure to HIV drug advertisements (83% vs. 64%) than heterosexual men. Compared to MSM with low or no exposure to HIV drug advertisements, MSM with regular exposure were more likely to believe that HIV advertisements affect a person’s decision to have unprotected sex (61% vs. 35%), more likely to engage in unprotected sex with a positive or unknown partner in the past month (27% vs. 16%), and more likely to perceive that HAART has made HIV infection a less serious disease (25% vs. 17%). In contrast, the frequency of exposure to HIV drug advertisements was not related to attitudes or behaviors regarding unprotected sex or beliefs about the seriousness of HIV disease among heterosexual men.

CONCLUSIONS: Many men seeking STD services in San Francisco are regularly exposed to HIV drug advertisements. Moreover, nearly two-thirds believe that these advertisements may contribute to unprotected sex. Direct-to-consumer advertising may be influencing trends of increasing sexual risk behavior and subsequent STDs including new HIV infections among MSM in San Francisco. Strategies to reduce the possible harmful effects of HIV drug advertising are needed.

ABSTRACT 582**Reducing AIDS Risk Behaviors Among Gay, Lesbian, and Bisexual Youth: What Schools Can Do***Hack, T; Aaronson, W; Goodenow, C*

Massachusetts Department of Education – Learning Support Services, Malden, MA

ISSUE: Gay, lesbian, bisexual, transgender, and questioning (GLBTQ) adolescents constitute a population known to be at high risk for contracting HIV infection. Although the great majority of GLBTQ adolescents, aged 12 – 18 are enrolled in school, schools have typically not targeted HIV prevention efforts toward these youth and have often not even acknowledged their existence or the special risks they face.

SETTING: Secondary schools

PROJECT: The Massachusetts Department of Education, under the auspices of the CDC Division of Adolescent and School Health Training and Development Consortium, conducted two national training events for twelve state and/or local education agencies (SEAs and/or LEAs) and their community partners. Each entity shared information it had gathered regarding the specific and unique HIV prevention needs of GLBTQ youth, discussed barriers to and supports for addressing those needs, and developed a strategic plan to improve school-based HIV prevention for GLBTQ adolescents in its own jurisdiction.

RESULTS: This poster will:

- (1) Present Youth Risk Behavior Survey results from several SEAs and LEAs, which indicate elevated rates of AIDS-related risk behavior among sexual minority adolescents as well as these adolescents’ lower reported rates of receiving any AIDS education in school;
- (2) Discuss lessons learned and information shared by SEAs and LEAs at the national trainings to increase the capacity of schools to address the HIV prevention needs

of GLBTQ youth with an emphasis placed on young men who have sex with men and youth of color; and

(3) Present results from one evaluation study indicating that GLBTQ-sensitive AIDS education in school is associated with lower rates of risk behavior in this population.

Alternative approaches for addressing HIV prevention needs of GLBTQ youth in school settings will be discussed.

LESSONS LEARNED: Analyses of strategic plans developed by state and city education agencies indicate that most schools are still struggling to meet the basic safety needs for GLBTQ adolescents. Even so, some SEAs and LEAs have begun to develop strategies (in both mainstream classroom and other school settings) to address the AIDS risks and HIV prevention needs of GLBTQ youth.

ABSTRACT 583

Minimum Standard for Conducting Street Outreach to Hard to Reach Populations

Barthwell, A; Booth, R; Clark, D; Eads, T; Farrell, J; Fisher, G; Finkelstein, B; Hewitt, W; Harrison, J; Gallon, S; Leahy, J; MacDonald, S; Norman, P; Rawlins, D; Transchina, J; Tomaszewski, E; Hoffman, J; Crosby-Kowal, H

Danya International, Inc.

ISSUE: In the past 2 years, staff from the Center for HIV, Hepatitis, and Addiction Training and Technology (CHHATT) have been meeting with outreach workers in Washington, DC, and Wilmington, DE. Several focus groups were held in both cities to identify strategies on how to improve the field of outreach. Many issues were brought to our attention, but the majority of issues centered on the training of outreach workers. CHHATT staff observed that in both cities, standards for training have not been developed for outreach. As a result, some outreach workers receive adequate training where others receive minimal or no training. We recognize that this situation is unacceptable, since outreach is an essential component of prevention efforts to out-of-treatment drug users and other hard-to-reach populations. To address this problem CHHATT staff formed the National Advisory Board for Outreach Standards (NAB) composed of men and women from community-based organizations, research universities, and consulting organizations to

identify the essential information needed to conduct street outreach effectively, professionally, and with a consistent message.

SETTING: Has multiple settings, including the training of practitioners and as a tool in the practice of outreach.

PROJECT: The Center for HIV, Hepatitis and Addiction Training and Technology (CHHATT), developed by Danya International, Inc., is a national center for excellence for information gathering and dissemination. CHHATT has developed an infrastructure for community-based organizations on providing expertise on addiction-related HIV/AIDS, hepatitis, and other infectious diseases.

RESULTS: This process is still ongoing but the purpose is to assist in the development of an outline of the minimal competencies for the training of outreach workers. Once completed, the outreach competencies document will help to assist organizations that have outreach workers to provide the training needed to conduct street outreach to hard to reach populations. The goal and purpose of this outline is to promote and guide the professionalization of the field of outreach work through consistent training, certification, and job development.

LESSON LEARNED: The importance of involving a wide range of individuals from different backgrounds in the development of the standards. In addition dealing with other blood-borne infectious diseases while preventing HIV in a larger health context.

ABSTRACT 584

HIV Prevention: An Integral Part of Ministry to Youth

Gebbie, KM¹; Davidson, B²; Grill, J²; Lane, R; Kalke, D³

1 Columbia University School of Nursing, New York City, NY; 2 Presbyterian Health Care Medical Centers, New York City, NY; 3 Lutheran AIDS Network, St. Paul, MN

ISSUE: Many churches and other faith-based organizations could increase effectiveness in HIV prevention with youth by seeing HIV prevention education and support as an integral part of youth ministry rather than a specialized activity.

SETTING: Any religious congregation or service organization serving youth.

PROJECT: The presentation will summarize several examples (from California, Minnesota, New Jersey, and New York) of peer education, after-school programming, and church camping experiences that have integrated HIV prevention into a wide range of ongoing youth activities.

RESULTS: The described programs have been effective in reducing risk behavior and in engaging not only the youth but involved adults in a wider range of health-supporting activities.

LESSONS LEARNED: HIV prevention programs can work in faith settings, whether or not they are integrated with other activities. The likelihood that the programs will be successful and sustained over time is directly related to the extent that HIV prevention is seen as an integral part of outreach to all youth and integrated into a wider range of youth activities.

ABSTRACT 585

Physician Prescribing of Syringes to Prevent HIV and Hepatitis: A Pilot Intervention

McKenzie, M; Rich, JD; Paul, RV; Olson, JL; Osei, A; Taylor, L; Zampi, A; Francois, A; Macalino, G

The Miriam Hospital – Brown University, Providence, RI

BACKGROUND: Limiting access to clean syringes has driven the HIV epidemic by increasing the reuse and sharing of syringes among injection drug users (IDUs). To increase access to sterile syringes we initiated an intervention of syringe prescription by physicians.

OBJECTIVES: To increase access to sterile syringes, reduce syringe sharing, provide health care services, and increase access to substance abuse treatment and IDU-relevant services.

METHODS: Recruitment occurs through outreach to community setting, including homeless service agencies, and participant referrals. Each participant receives free medical care, including HIV, hepatitis and TB screening, and, if necessary, a prescription for sterile syringes. Follow-up medical appointments and referrals are scheduled as needed.

RESULTS: To date, we have enrolled over 350 participants. We have analyzed data for the first 241 participants, of whom 114 (47%) are homeless. Demographic characteristics of the homeless participants are: 71% male; 59% white,

22% African American, 15% Latino; and average age is 37 years. Heroin is reported as drug of choice (88%). Thirty-nine percent of homeless participants report ever having used the needle exchange, and 84% report even having been in drug treatment. Thirty percent reports having a regular doctor, and 32% reports having medical insurance. Preliminary 3-month follow-up data (n = 30) shows a decrease in injecting with used syringes (46% to 20%); a decrease in number of injections per day (4.5 to 1.9) and a decrease in syringe re-use (16 times per syringe to 5.9).

CONCLUSIONS: Thus far syringe prescription has proven to be a feasible strategy in outreaching to IDUs, particularly homeless injectors. Further research is needed to assess participation over time and follow-up of drug treatment and other service referrals.

ABSTRACT 586

Gender-Specific HIV Risk Reduction Intervention for African American Female Drug Users

Sterk, CE¹; Elifson, KW²; Theall, KP¹; German, D¹

¹ Emory University – Rollins School of Public Health, Atlanta, GA; ² Georgia State University, Atlanta, GA

BACKGROUND: There is an urgent need to develop and implement effective methods for reducing HIV risk among African American women, one of the fastest growing HIV infected populations in the US. Such interventions should consider gender as well as cultural factors.

OBJECTIVES: (1) To address the need for gender- and culture-specific interventions targeting out-of-treatment African American female drug users living in a high-seroprevalence area in the Southeast; (2) to present outcome data comparing the NIDA standard risk reduction intervention with enhanced intervention conditions.

METHODS: Women were assigned to one of three theory based intervention conditions using a randomized block design. Data were collected at baseline, post-intervention, and 6-month follow-up. Baseline interviews addressed demographics, relationship history, reproductive health, sexual activity, drug history, health care utilization, and psychological characteristics. Post-intervention and follow-up interviews focused on behavioral change.

RESULTS: A total of 330 women completed all three interviews. The attrition rate was 85% for the 6-month follow-up interviews. Substantial percentages of all

subjects reported an increase in drug-using harm reduction strategies, a greater sense of well-being, increased knowledge of HIV, and a feeling of being less at risk of infection at follow-up. Women in the enhanced conditions reported significant changes in specific measures of drug- and sex-related behaviors, including the frequency of drug use and sex exchanges. Those in the enhanced conditions also reported greater positive changes in the number of paying partners, injection risks, condom use, and psychosocial measures ($p < 0.05$). Moreover, multivariate regression analysis indicated greater change in sex- and drug-related risk behaviors when psychosocial measures were included as predictors of behavior at follow-up.

CONCLUSIONS: Gender- and culturally based interventions can be effective in changing not only drug using women's HIV risk behavior, but also their overall psychological well-being and re-integration into society. Final discussion will also review the importance of merging qualitative and quantitative research paradigms.

ABSTRACT 587

Analysis of Levels and Predictors of HIV Risk Behavior Among African American Women, Ages 17 – 44 Years: Prevention and Intervention Implications

Yancey, EM; Murphy, F; Goodin, LM

Morehouse School of Medicine, Atlanta, GA

BACKGROUND: African American women have been identified as one of the most at risk groups for HIV infection and AIDS. An urgent need exists for the development of education and prevention campaigns that are designed specifically for African American women. Research is needed that leads to the development of effective prevention models and incorporates the identification of the prevalence, nature and predictive factors of HIV risk behavior among this population.

OBJECTIVES: To identify the types and prevalence of HIV risk behavior in a sample of African American women ages 17 – 44 residing in 6 areas of metropolitan Atlanta, and to determine the extent to which psychosocial variables predict HIV risk behavior in this sample of women.

METHODS: For this study, we are employing qualitative and quantitative methodologies to evaluate the prevalence and types of risk behaviors for HIV and AIDS infection with the aforementioned population.

RESULTS: Surveys have been administered to over 250 African American women ages 17 – 44 residing in inner-city Atlanta, GA. Preliminary findings show that 177 (67%) of these women were between the ages of 22 – 44, with 42% indicating they completed high school or received a GED. Over 65% reported annual incomes less than \$10,000 (below poverty). More than 70% of the women reported they were sexually active with 65% indicating not having used a condom every time they had sex. However, 67% indicated they did intend to use a condom within the next 6 months. About 45% reported not having used a condom at all in the past 2 months. When asked if their partner had been tested for HIV/AIDS, about 49% reported that the partner had not been tested or they did not know whether the partner had been tested. Another 11% reported that their partners had been tested, but they did not know the results. About 1% reported that their partner had been tested and was positive of HIV/AIDS. Approximately 23% of all women reported they had never been tested for HIV/AIDS, with 3% indicating they tested positive for the virus. Another 6% reported they did not know the status of their test results. Over 60% of all women reported they did not use a condom in the past 2 months and over 70% reported that in the past 2 months they perceived no risk or very little risk for contracting HIV/AIDS.

CONCLUSIONS: While findings are preliminary, the risks for HIV/AIDS among this population appear to be of substantial significance. The sexually active behavior reported among these women places them at increased risk, which suggests that education is an important strategy needed in reducing risk among this population. The nature and extent of the unsafe behaviors warrants ongoing data collection and intense public health intervention.

ABSTRACT 588

High-Risk Women in a High-Risk World: Having Babies Behind Bars

de Ravello, L¹; Brantley, D¹; LaMarre, M²; Qayad, M³; Blake, P³; Paris, J⁴; Morgan, M⁵

1 Centers for Disease Control and Prevention, Atlanta, GA; 2 Georgia Department of Corrections, Atlanta, GA; 3 Georgia Department of Human Resources, Atlanta, GA; 4 Medical College of Georgia, Augusta, GA; 5 Metro State Prison, Atlanta, GA

BACKGROUND: Women are the fastest-growing incarcerated population and also have higher rates of STDs and HIV than their male counterparts or than non-

incarcerated women. In an effort to better understand the HIV and other reproductive health needs of incarcerated women, CDC's Division of Reproductive Health, the Georgia Department of Corrections, and the Georgia Department of Human Resources collaborated on a retrospective chart review of women incarcerated in the State of Georgia prison system in 1998.

OBJECTIVES: The objectives of the study were to describe the health status of women who entered the Georgia State prison system in 1998, describe the reproductive health status of the subset of these women who were pregnant, and describe birth outcomes for these women and compare them to live births in Georgia for 1998.

RESULTS: Preliminary data analysis indicates 20% had abnormal pap smears, 12% had a STD (gonorrhea, chlamydia, or positive RPR), 3.9% were HIV positive, and 11% tested positive for TB. Three-and-a-half percent of the women entering the prison system in 1998 were pregnant. Compared to non-incarcerated women, these women had higher rates of abnormal pap smears, STDs, HIV, and TB. Additional analysis will look at historical and current risk factors from the prenatal flow records of the pregnant inmates and their birth outcomes.

CONCLUSIONS: Incarcerated women come into prison with poor health status, histories of high-risk behavior, and a record of poor reproductive health outcomes. The health care these women receive in prison is often more consistent and comprehensive than the care they normally receive on the outside. Correctional health care providers have an opportunity and an obligation to provide necessary clinical care, offer prevention and behavior change counseling, and make appropriate referrals upon release from the system.

ABSTRACT 589

Approaches for Integrating HIV/AIDS Prevention Education into Postsecondary Settings in Communities of Color

Saunders, DR¹; Abrams, KC¹; Cohen, TC²; Norman, RH³

1 United Negro College Funds, Special Programs (UNCFSP) Corporation, Fairfax, VA; 2 Student National Medical Association, Washington, DC; 3 The National Organization for Equal Opportunity in Higher Education (NAFEO), Silver Spring, MD

ISSUES: Approximately 40,000 new HIV infections occur each year in the United States. Of these newly infected people, half are younger than 25 years of age. Very few trainings and workshops have been developed based on direct feedback from the target population, particularly those under the age of 21. Furthermore, training of faculty and pre-professional students in health-related programs do not traditionally integrate HIV/AIDS prevention into curricula. We must expand and improve the current intervention/prevention strategies currently available.

SETTING: Preparing students of color in classroom-based HIV/AIDS education at historically black colleges and universities (HBCU) and other postsecondary institutions (including medical schools) in health-related programs nationwide.

PROJECT: Collaborative presentation highlighting the development of peer education curricula to be designed with input from youth and young adults and the development of HIV/AIDS modules for infusion into professional preparation for students pursuing health care careers. This presentation will also address the establishment of a national network of faculty involved in the professional preparation of students pursuing health-related careers.

RESULTS: Strengthen infrastructures of postsecondary institutions to produce competent peer educators and better-trained health professionals providing prevention education and health care to communities of color. It is projected that approximately 400 HBCU peer educators will be trained over a three-year period; recruit and train 450 medical and health students to conduct 16,200 hours of community service using the HIPCORPS curriculum; seventy curriculum modules will be produced and at least forty institutions will develop campus strategic plans for addressing HIV/AIDS/STDs and unintended pregnancy.

LESSONS LEARNED: There is a strong need for postsecondary involvement in HIV/AIDS prevention in communities of color. Curricular infusion is an effective vehicle for exposing students and faculty in health-related programs to HIV prevention education in communities of color. Youth involved programming will change the way adults have traditionally provided prevention messages to young adults and empower youth to take control of their own futures.

ABSTRACT 590

Economizing HIV Prevention Education: Leveraging the Benefits of Standardized Training into Local Programs

Castrataro, G¹; Clemons, R¹; Agate, L²

1 National American Red Cross, Falls Church, VA; 2 Broward County Health Department, Fort Lauderdale, FL

ISSUE: The field of HIV prevention education has grown and evolved significantly over the past 15 years. During this time, great effort has been undertaken by many organizations to develop standardized curricula to assist in staff training and peer educator preparation. These curricula focus on facts, prevention skill building, psychosocial issues, stigma, treatment and cultural issues. These programs are highly relevant and easily integrated into local prevention programs. The result of such integration is a reduction in development and evaluation costs while providing greater consistency and quality assurance within programs allowing these organizations to focus their time and resources in other areas related to responding to this epidemic. The group session will present two examples of this relationship using a health department serving a major city and a large community based organization. Additionally, other nationally developed community level curricula will be discussed.

RESULTS: From 7/1/1999 to 6/30/2000, over 10,000 individuals participated in HIV instructor training utilizing nationally developed curricula. These trainings were conducted using HIV/AIDS program curricula developed by the American Red Cross. The American Red Cross has developed several HIV/AIDS program curricula, including culturally specific Hispanic and African American courses. The training's referenced were delivered in 48 states, Guam, Puerto Rico and on military bases around the world. Analysis of the enrollment data reveals significant program utilization (< 25%) by collaborators

in schools and other settings where the curricula has been incorporated into existent programs.

LESSONS LEARNED:

- (1) Health departments and community-based organizations can provide a standardized base of training for staff providing HIV prevention services using a nationally developed training program.
- (2) Nationally developed curricula can be successfully integrated into local programs to economize program costs and standardize staff training.
- (3) Collaboration between public, private, national and local organizations (including grassroots) creates mutually beneficial relationships that are non-duplicative and easy to replicate.
- (4) Schools and other organizations often recognize and approve of nationally developed curricula from reputable sources.
- (5) Community-based organizations and health departments can often dedicate more time and resources to local issues when utilizing nationally developed curricula.

ABSTRACT 591

Collaboration To Develop an Effective HIV Prevention Curriculum Among Recent Central American Immigrants: The South-North Exchange

Moses, P¹; Torres, G¹; Mora, S²; Hernandex, M³; Fox-Fitzgerald, M⁴; Cubano, L⁴

1 CASA de Maryland, Takoma Park, MD; 2 Montgomery County Dept. of Health and Human Services, Rockville, MD; 3 Asociación Equipo Maíz, El Salvador; 4 Maryland Department of Health and Mental Hygiene/AIDS Administration, Baltimore, MD

ISSUE: Few HIV peer educator training resources in the United States (US) are culturally competent for recent immigrants from Central America. The initial programs often failed to reach populations with low levels of formal education living in urban areas of the US. Spanish translations of curricula targeting non-Latino risk groups in the US do not address cultural barriers to risk reduction unique to Central American immigrants. Latin American health organizations, serving Latinos with low education levels, are a valuable resource for those in the US now attempting to serve recent immigrants.

SETTING: A Latino community-based organization serving low-income recent immigrants from Central America living in the suburban Washington, DC area.

PROJECT: The major goal of this initiative is to utilize community members to educate their own community about HIV prevention. The project drew on the expertise of several participating organizations. CASA of Maryland's *Salud es Vida* program recruited Latino immigrants with low levels of formal education and trained them as peer-educators (promotores/as) to conduct HIV prevention outreach education. Asociación Equipo Maíz (AEM), located in El Salvador, is experienced in conducting popular education activities with people that have low levels of education. The Montgomery County Health Department provided technical support. This collaboration resulted in the synthesis of techniques to design a curriculum for a 40-hour training course for HIV prevention peer educators and the development of a multi-methodological evaluation component specific to the curriculum.

RESULTS: This collaboration resulted in the development of a three-module curriculum that respects traditional cultural norms of the target population while preserving HIV prevention messages. The curriculum's content is unique for its 10-hour culturally appropriate foundation in human sexuality, which breaks the stigma within this culture regarding sexual orientation, extramarital sex, and HIV risk behaviors. Teaching methods improve on other US curricula methods in the predominant use of rich illustrations, games, drama and humor, along with technical information and communication skills.

LESSONS LEARNED: Organizations in the US can develop educational techniques and materials that respect the specific cultural and linguistic needs of their immigrant target populations by collaborating with groups engaged in popular education and HIV prevention in the home countries of recent immigrants.

ABSTRACT 592

Negotiated Safety and Risk Reduction Within HIV-Negative Seroconcordant Primary Relationships in a Diverse Sample of Men Who Have Sex With Men (MSM)

Guzman, R¹; Colfax, G¹; Mansergh, G²; Marks, G²; Wheeler, S¹; Rader, M²; Buchbinder, S¹

¹ San Francisco Department of Public Health, San Francisco, CA;
² Centers for Disease Control and Prevention (CDC), Atlanta, GA

BACKGROUND: For MSM in primary relationships, negotiated safety (NS) has emerged as an alternative HIV prevention strategy to consistent condom use or avoidance of anal sex. Although various definitions of NS exist, they are in agreement that for NS to protect against HIV, it must include an agreement of either monogamy or rules prohibiting unprotected sex outside the primary relationship, an agreement by both partners to disclose if a rule is violated, and full compliance with the set rules. Little is known about the prevalence of NS, particularly among an ethnically diverse sample of MSM. This study determines the characteristics of HIV-negative MSM practicing NS and their compliance with NS agreements.

METHODS: San Francisco/Bay Area MSM were recruited into a cross-sectional study from bars, dance clubs, street locations, agencies, and through flyers and participant referral. NS relationships were defined as those of at least 6 months with less than 100% condom use and rules prohibiting unprotected anal sex outside the relationship. Fully compliant NS relationships also included an agreement to disclose rule breaking and no breaking of set rules.

RESULTS: Of 316 HIV-negative participants (36% white, 28% African American, 22% Latino, 15% other) 94 (30%) reported a current primary relationship with an HIV negative man for at least 6 months. Of these, 39% were in a NS relationship, 27% always used condoms, 24% had no anal sex, and 11% did not always use condoms and had inadequate/no NS rules. Of the 37 men in a NS relationship, 60% complied with their set of rules and agreed to disclose rule-breaking, 40% were not fully compliant due to rule-breaking or lack of a disclosure agreement. Men under 30 were more likely (63%) to be in a NS vs. 100% condom use/no anal sex primary relationship than men 30 and older (35%) ($p = 0.02$). No significant differences were found by race/ethnicity.

CONCLUSIONS: NS is a commonly used risk reduction method among HIV-negative men in seroconcordant relationships, particularly for men under 30. However, men frequently fail to fully comply with NS agreements. This potentially exposes men's primary partners to HIV/STD risks without their knowledge. Prevention programs should emphasize the need for full NS compliance in NS relationships and the high potential for and consequences of compliance failure.

ABSTRACT 593

Sexual Health Needs of HIV+ Individuals

Mutchler, MG; Klosinski, LE; Chion, ATM

AIDS Project Los Angeles, Los Angeles, CA

ISSUE: To understand the sexual health needs of HIV+ men and women.

SETTING: Seven focus groups.

PROJECT: We conducted 2 focus groups with a total of 21 HIV+ bisexual men at a large AIDS service organization. Five additional focus groups will be conducted (2 with gay men, 2 with women, and 1 with heterosexual men) as part of a formative research process to develop a new prevention for HIV positives program; focus groups will be conducted between January 1 and April 15, 2001. The age range of participants in the bisexual men's groups was 25 to 56; 10 were African American, 7 were white, 2 were Latino, 1 was Asian, and 1 was 'Other'. Transcripts of those focus groups have been completed.

RESULTS: Bisexual focus groups were conducted in December 2000. The bisexual men raised the following sexual health needs: relationship issues; disclosure of sexual orientation; disclosure of HIV status; responsibility for safer sex; drugs and alcohol; mental health issues; sexual coercion; health and sexual problems; coping; and program recommendations. Findings from the analyses of all 7 focus groups will be available for the 2001 National HIV Prevention Conference in Atlanta, Georgia.

LESSONS LEARNED: Prevention programs targeting HIV+ positive individuals need to be inclusive of sexual health issues (and not just safer sex). Very few programs targeting HIV+ individuals have been evaluated, but such interventions must be sensitive to the needs of specific groups.

ABSTRACT 595

One Size Need Not Fit All: How the NPIN Databases Can Serve as Your One-Stop Shopping Website for HIV/AIDS, STD, and TB Prevention Resources

Phillips, EM; Plumer, A; McIntyre, J

ISSUE: The CDC's National Prevention Information Network (NPIN) databases contain extensive prevention/education information about HIV/AIDS, STDs, and TB. NPIN collects information about organizations that provide services to various populations and materials in various formats, e.g., posters, brochures, videos, teaching manuals, etc., that are targeted to specific audiences. Knowledge of this resource needs to be widely disseminated.

PROJECT: Our goal is to familiarize our conference audience with NPIN's resources, specifically, through an overview of our databases, by showing them the types of prevention/education resources and materials that are available and by providing search strategies to customize their information. An overview of our databases would begin with a familiarization of our web site and how it is organized followed by an introduction to the NPIN databases; Resources & Services (R&S), Educational Materials (EMAT), Funding, Conference Calendar, and Prevention News. Search strategies and tips for maximizing the information obtained in a search of R&S, EMAT, and the other databases will be distributed. Search results of specific topics such as HIV/AIDS prevention/education information and materials targeted for communities of color, intravenous drug users, migrant populations, men who have sex with men, transgendered populations, women, and youth would be available.

RESULTS: Conference attendees will be able to navigate the NPIN web site and databases for the prevention resources and materials they need with confidence in their ability to obtain a specific result.

LESSONS LEARNED: The small group approach to learning is sufficiently interactive so that everyone in the group has an opportunity to participate and, through this group dynamic, to be privy to a larger informational pool.

ABSTRACT 596

Transgender Youth: At Risk and Under-Served*Grazioli, SM; Hernandez, SJ*

Analytical Sciences, Inc., Silver Spring, MD

ISSUE: Being a youth today is difficult enough but being a transgender youth poses additional problems. Transgender youth are often ostracized by society and cope by participating in risky behaviors. Turning to substance abuse puts this population at an increased risk for contracting the HIV infection. The lack of support and positive role models for this population contributes to their destructive behavior. Potential role models fear assisting transgender youth for how they might be perceived by society. Where can transgender youth get the support they need?

SETTING: Health professionals from organizations nationwide.

PROJECT: The Centers for Disease Control and Prevention's (CDC's) National Prevention Information Network (NPIN) is the US national reference, referral and distribution service for information on HIV/AIDS, STDs, and TB, sponsored by the CDC. All of the NPIN's services are designed to facilitate the sharing of information and resources among people working in HIV, STD, and TB prevention, treatment, and support services. NPIN staff serve a diverse network of constituencies who work in international, national, state, and local settings.

RESULTS: It is often difficult for transgendered individuals to find health care because of their unique and demanding needs (e.g., hormone usage), while social services and AIDS service organizations often do not accept or cater to the needs of these persons. There needs to be a pressing need for further research on the lives and experiences of transgendered men and women with respect to HIV/AIDS. Sharing of resources in our CDC NPIN's database is a way to bring some of these resources to feed that need as we introduce the issue of HIV/AIDS for transgendered people.

LESSONS LEARNED: This presentation will provide attendees with an understanding of the risks faced by transgender youth and the available support. Resource packets will be distributed.

ABSTRACT 597

Estimating HIV Incidence Using Repeat Testers and Unique Identifiers (UI) in the HIV Counseling and Testing Services (CTS) Program*Sifakis, F; Flynn, CP; Bowlin, C; Solomon, L*

Maryland Department of Health and Mental Hygiene, Baltimore, MD

BACKGROUND/OBJECTIVES: Nationally, the HIV Counseling and Testing Services (CTS) program provides estimates of HIV prevalence in the population seeking testing from publicly funded clinics. Since there are no patient identifiers the results are test-based, not person-based. Maryland introduced confidential HIV reporting by unique identifiers (UI) in 1994 and added the UI to the CTS form in 1995. This permits the identification of repeat testers, the development of HIV incidence estimates and the determination of predictors of seroconversion.

METHODS: The population consisted of persons voluntarily seeking confidential HIV testing at over 300 CTS sites statewide from January 1995 through October 1998. Anonymous tests were not included, and the UI was phased in so not all tests initially reported it. Where reported, the UI was complete over 90% of the time. Only tests with complete UI, visit dates and test results were used. Test records were linked using the 14 digit Maryland HIV UI number. Seroconversions and person-years at risk were measured among persons initially negative with subsequent tests. Predictors of seroconversion were examined using stepwise Cox proportional hazards regression analysis.

RESULTS: The Maryland CTS program performs approximately 60,000 HIV tests annually, 50,000 of which are confidential. There were 139,638 tests from 113,045 individuals with complete information. The population was 36% white, 62% African American, 47% male, and had a median age of 27 years; 76% reported heterosexual contact as their only risk. There were 19,059 (16.9%) repeat testers with an HIV negative result at the first visit and their characteristics were similar to the whole. They contributed 24,650 person-years with a median of 2 tests over a median time of 1.1 years. There were 86 seroconverters with a median seroconversion window of 7 months. The overall HIV incidence rate was 3.5/1000 person-years, but was

6.4/1000 person-years for African Americans. Significant predictors of incidence were MSM/IDU (RH = 8.79; 95% CI: 2.15 – 35.99), MSM (RH = 7.09; 95% CI: 2.80 – 17.91), Baltimore City residence (RH = 4.03; 95% CI: 2.36 – 6.86), tested at a correctional facility (RH = 2.58; 95% CI: 1.30 – 5.13), and African American race (RH = 5.66; 95% CI: 2.91 – 11.02). Each one-year increase in age contributed a 5% excess risk for seroconversion (RH = 1.05; 95% CI: 1.03 – 1.07).

CONCLUSIONS: The test-based HIV prevalence data of the CTS program was greatly enhanced to provide person-based estimates of HIV incidence through the attachment of a non-named coded identifier (UI). The HIV incidence estimates produced highlight the concentration of HIV infections in certain demographic and high-risk activity sub-populations. CTS testing and other HIV prevention programs should be better targeted to the populations most at risk.

ABSTRACT 598

No Time To Waste: HIV and HCV Among Methamphetamine Users

Elifson, KW¹; Kachur, RE²; Sterk, CE²; Theall, KP²; Boeri, MW¹

¹ Georgia State University, Atlanta, GA; ² Emory University – Rollins School of Public Health, Atlanta, GA.

BACKGROUND: Methamphetamine use is spreading eastward across the US and, according to drug indicators, is on the rise in many metropolitan areas on the East Coast. Methamphetamine can be administered in a variety of ways, including intranasally and intravenously. The route of administration coupled with the social circumstances often surrounding its use, places many methamphetamine users at risk for HIV and HCV infection.

OBJECTIVES: (1) To assess the knowledge about and perceptions of risk for HIV and HCV among methamphetamine users in a metropolitan area of the Southeastern US and (2) to provide baseline data for risk reduction interventions.

METHODS: Face-to-face, quantitative interviews were conducted with a cross-sectional sample of active, out-of-drug-treatment methamphetamine users in Atlanta, GA. A sub-sample of users was selected through theoretical sampling and interviewed qualitatively on a number of drug and health topics, including HIV and HCV.

RESULTS: A number of themes emerged from the data. Findings revealed that respondents are at high risk for contracting both HIV and HCV as a result of their methamphetamine use, primarily due to sharing drug equipment. Knowledge regarding HIV and HIV risk was much higher than knowledge about HCV and HCV risk. Many of the respondents either lacked any knowledge about HCV or were misinformed about the routes of HCV transmission. In regards to HIV, some users only felt they were at risk for HIV through their sexual behaviors and not through their risky drug use behaviors. Regardless, respondents felt little, if any, risk for contracting either virus. Over 50% of users felt little or no chance of infection with HIV. A substantial percentage (48%) of respondents also reported feeling at no risk for HCV, while 27% did not know. Despite risky using behaviors, only 30% of those who felt at risk for HCV felt that it was due to their drug use.

CONCLUSIONS: Increased efforts are needed to educate both injecting and non-injecting methamphetamine users about HIV and HCV, their routes of transmission, and prevention strategies.

ABSTRACT 599

Integration of Hepatitis C Counseling, Testing, and Educational Activities into an Existing Sexual Health Program

Whitby GA; Krempasky MB; Coleman D; Dorian KJ

Columbus Health Department, Columbus, OH

ISSUE: HCV is the most common chronic blood-borne viral infection in the United States. Most infected persons are unaware of their infection and are capable of transmitting the disease through high-risk injection drug use.

SETTING: A sexually transmitted disease clinic, an HIV Counseling and Testing site (CTS) and various outreach sites.

PROJECT: STD clinic and HIV CTS clients complete a short questionnaire relating to their HCV risk. Those at highest risk are offered testing for HCV antibody. Positives have an ALT performed. RIBA is performed only on those positives that did not self-report IDU. HCV positives are given their results over the phone or in person by viral nurse specialist. Positives are given an “HCV positive” packet and the opportunity to have an educational

appointment with the viral nurse along with HAV/HBV screening & vaccination. The viral specialist also assesses clients' need for drug and/or alcohol services, HIV testing, and hepatitis A and/or B immunizations. Follow-up on HCV positive individuals determines if behavioral changes have been made.

RESULTS: From January 2000 through January 2001, 1025 clients have been tested for HCV infection with 133 (12.9%) positive. Of those tested, 15% were injection drug users, 48% were black, 47% white, and 5% were other; 60% were male and 40%, female; and 55% were over 30 years of age.

LESSONS LEARNED: Clients that attend STD clinics and HIV CTS are at risk for HCV, especially those that are IDUs. We have found that it is easy to integrate counseling, education, and testing into our Sexual Health Program. Post-test counseling of those testing positive is well received.

ABSTRACT 600

Pregnancies Among Women in an HIV Vaccine Preparedness Study: Implications for Future Trials

Brown-Peterside, P; Ren, L; Koblin, BA

Laboratory of Epidemiology, The New York Blood Center, New York City, NY

BACKGROUND: High-risk women will be needed to participate in future HIV vaccine efficacy trials. However, those women at highest risk of HIV infection are increasingly young women who are of reproductive age.

METHODS: This analysis investigates the occurrence of reported pregnancies among women at high risk enrolled in a multi-site vaccine preparedness study (VPS) conducted by the HIV Network for Prevention Trials (HIVNET) in 1998 (N = 1653). Only women aged 18 to 45 who did not report a hysterectomy or tubal ligation are included (N = 1074). The association between pregnancies, demographics and HIV risk behaviors is examined.

RESULTS: In the year-long VPS, 12% of women reported a pregnancy. Women who became pregnant were more likely to be younger (< 35 years), less educated (high school diploma/GED or less), Latina, report a sexually transmitted disease the previous year at screening but not to have reported a male injection drug user as a partner during that time (p < 0.05). Race, income and other HIV risk

behaviors reported in the previous year at screening (crack use/five or more male partners/sex with an HIV infected partner/exchange of sex for money or drugs) were not associated with becoming pregnant. Multivariate logistic regression analysis supported these findings. Though all previous variables remained statistically significant, women aged less than 35 years were 5 times more likely to become pregnant than older women (OR = 5.27; 95% CI = 3.21; 8.71).

CONCLUSIONS: Younger women who enroll in HIV vaccine studies are at greater risk of becoming pregnant than others. Particular attention needs to be paid to the pregnancy intentions of this group, especially during the screening process. On-going contraceptive and pregnancy counseling — in addition to HIV risk reduction counseling — should be made an integral component of visits for all women who enroll in HIV vaccine trials.

ABSTRACT 601

Results of a Three-City Study of Factors Associated With HIV Testing

Eroglu, D¹; Bond, L²; Fernandez, I³; Tang, A⁴

1 Centers for Disease Control and Prevention, Atlanta, GA; 2 Philadelphia Health Management Corporation, Philadelphia, PA; 3 University of Miami, Miami, FL; 4 Tufts University, Boston, MA

BACKGROUND: In spite of the benefits of early detection and treatment, approximately one-third of individuals living with HIV in the US are not aware of their serostatus. Consequently, studies are needed to understand the factors influencing HIV testing behavior among persons at risk for HIV infection. A CDC-funded study was conducted in three US cities in 1998 – 2000 to address this need.

OBJECTIVES: To study current HIV testing patterns of populations at risk, such as IDUs, Hispanic MSM and heterosexuals, at risk because of sexual practices and drug use; and to identify variables which are significantly associated with HIV testing, including demographic and risk characteristics, access to and utilization of health care.

METHODS: Three different but coordinated studies were conducted in three US cities. In Baltimore, 1286 injection drug users and young adults were interviewed. In Miami, 1000 Hispanic men, including 700 MSM and 300 heterosexual men, participated in the study. In Philadelphia, 1643 adults with high-risk drug use and sexual risk practices were recruited. In all three sites,

participants were recruited in a variety of community settings. They were then screened, and interviewed using a comprehensive, structured survey instrument.

RESULTS: Similar proportion of individuals was ever tested in the three sites: 82% in Baltimore, 80% in Miami and 79% in Philadelphia. Among persons ever tested, less than two-thirds were tested in the past 12 months: 63% in Philadelphia, 60% in Miami, and 53% in Baltimore. Persons in Baltimore were less likely to be ever tested if they were 25 years of age or less (odds ratio [OR]= 0.6; $p < 0.05$ for all OR), more likely to have ever tested if they participated in a research study in the past year (OR = 2.6) or if they were ever tested for hepatitis (OR = 3.7). In Philadelphia, persons were more likely to have ever tested if they had ever injected drugs (OR = 3.0), had usual source of care (OR = 2.5); and women were more likely to have ever tested (OR = 4.0) if they gave birth after 1989. In Miami, men were more likely to have ever tested if they had sex with other men (OR = 4.4), if they had a primary care physician (OR = 1.8), and if they worried about getting HIV (OR = 1.4).

CONCLUSIONS: A significant portion of persons at risk in all sites (18 – 21%) had never tested for HIV. In addition, a substantial proportion of those who had ever tested had not tested within the past 12 months, despite apparent recent risk. The results highlight the continued urgency for targeted efforts to promote HIV testing to persons at risk.

ABSTRACT 602

Nationally Developed HIV Prevention Skills Development Activities for African American Communities

Fisher, T; Airall, B; Clemons, R; Coleman, K; During, P; Washington, N; Peterson, K; Washington, D

American National Red Cross, Falls Church, VA

ISSUE: Group activities to develop HIV prevention skills can act as a bridge connecting what people know about HIV prevention to what they do about it. Activities designed for African American communities can address specific cultural interests and needs from “inside” the culture, thus increasing the likelihood of “reaching people where they live” with life-saving skills. National perspective in development can design tools that can be

widely distributed across the country, with information on how to customize for particular groups.

SETTING: Menu-based, culturally specific African American activity options to develop prevention skills in group settings in African American communities across the US.

PROJECT: Description of national program development with cross-functional project team model, from needs assessment through field-testing in demonstration sites and final revisions, and of community input throughout the project. Overview of (1) group activities and video incorporating the following prevention skills: refusal, problem solving, decision-making, and negotiation; and (2) Menu-based “Recipes” that combine cultural elements with skill-building to increase motivation for changing behavior. Presenter will show a video clip from newly produced work and discuss how it would be combined with group activities in a community session.

LESSONS LEARNED: Summary and Implications:

1. National design and development of culturally specific prevention skills materials for African American communities must respect and embody the diversity within African American communities.
2. National development can meet the needs of local groups, if diversity within African American communities is built into nationally available community-level materials.
3. Nationally developed materials must equip facilitators with tools for group needs assessment, and with methods and materials that can be customized easily.
4. The more prevention-skills building activities reflect and resonate with the daily lives of people in their communities, the more likely people will apply what they practiced to what they do.
5. The easier it is to implement prevention-skills building activities, the more they will be used, in a variety of settings.

ABSTRACT 603

Uncontrolled Confounding: A Methodological Problem in Evaluating Condom Effectiveness for Prevention of Sexually Transmitted Diseases (STDs)

Warner, L¹; Newman, D¹; Peterman, TA¹; Kamb, ML¹; Douglas, JM²; Zenilman, J³; Malotte, K⁴; Bolan, G⁵; Rogers, J⁶; Austin, H⁷; Kleinbaum, DK⁷; for the Project RESPECT Study Group

1 Centers for Disease Control and Prevention, Atlanta, GA; 2 Denver Public Health, Denver, CO; 3 Baltimore City Health Dept, Baltimore, MD; 4 Long Beach Health Dept, Long Beach, CA; 5 San Francisco Health Dept, San Francisco, CA; 6 New Jersey Health Dept, Newark, NJ; 7 Emory University – Rollins School of Public Health, Atlanta, GA.

BACKGROUND: Condoms should prevent STDs but few studies show protection. Although HIV discordant couple studies where partners are infected show condoms reduce transmission, studies of other STDs where partner infection status is unknown do not. Uncontrolled confounding of partner infection status between users and nonusers may mask the protective effect of condoms for STD prevention.

OBJECTIVES: To control confounding by partner STD status in condom efficacy studies for STD prevention

METHODS: Baseline data were analyzed from Project RESPECT, a multi-center trial of counseling interventions of 5,758 heterosexual HIV(-) STD clinic patients. Infection with gonorrhea (by culture) or chlamydia (by PCR) was assessed by the number of sex acts condoms were used and not used in the last 3 months in 2 populations: (1) all patients, where partner infection status was unknown and (2) patients with infected partners, where patients were notified by their health department or partner as being a sexual contact to someone who had gonorrhea or chlamydia. Linear trend in infection was assessed with a χ^2 test for trend.

RESULTS: *When partner infection status was unknown*, we found no relationship between infection in patients and number of sex acts with or without condoms (table). *When patients had known-infected partners*, infection in patients was not associated with number of sex acts with condoms ($p = 0.32$), but was associated with number of sex acts without condoms ($p = 0.04$). Thus, using condoms reduced transmission during sex.

Table 1: Percent Infected by Partner Infection Status and Number of Sex Acts With or Without Condoms in Last 3 Months

Source population		Number of sex acts in last 3 months				Chi-square test for linear trend
		0	1-5	6-19	20+	
patients with unknown partner infection status (n=4759)	With condoms	25.5% (461/1805)	28.3% (464/1637)	29.7% (253/852)	24.1% (112/465)	0.5 (p = 0.46)
	Without condoms	25.1% (167/665)	29.3% (442/1505)	28.6% (338/1183)	24.4% (343/1406)	2.0 (p = 0.15)
patients with unknown partner infection status (n=429)	With condoms	42.5% (77/181)	44.3% (62/140)	39.0% (30/77)	32.2% (10/31)	1.0 (p = 0.32)
	Without condoms	30.0% (10/33)	38.6% (49/127)	40.2% (43/107)	47.5% (77/162)	4.3 (p = 0.04)

CONCLUSION: Knowledge of partner infection status is critical in condom efficacy studies. Restricting the source population to patients exposed to known-infected partners, when feasible, can effectively reduce confounding by disease risk in condom efficacy studies for STD prevention.

ABSTRACT 608

Harm Reduction in Prisons and Jails: A Strategy for Success

Greenspan, J

HIV in Prison Committee, California Prison Focus, San Francisco, CA

ISSUE: Harm reduction programs must be made available in US jails and prisons. Currently, only two state prison systems and four county jails allow condom distribution to the incarcerated. No jail or prison system allows prisoner access to bleach or clean needles in the US. Methadone maintenance programs are not unavailable for the incarcerated. Drug treatment programs have long waiting lists and are usually not ineffective. The higher seroprevalence rates in jails and prisons and the growth of the hepatitis C epidemic among the incarcerated are compelling reasons for a harm reduction approach. The US criminal justice system should take its lead from the Canadian prison system that utilizes this approach.

SETTING: Large jails and state and federal prisons would be excellent test sites for pilot programs involving condom and bleach distribution. Ongoing peer education programs could help administer these programs and incorporate them into their ongoing work.

PROJECT: The HIV in Prison Committee of California Prison Focus has conducted extensive visits with hundreds of HIV+ prisoners at three California prisons. The

committee has met with peer educators and prisoners co-infected with hepatitis C. These interviews reveal the daily occurrence of unprotected illegal drug use and unprotected sex within the prison setting. While peer education program attempt to educate the prisoners about risky behavior leading to HIV and HCV transmission, these programs are hampered by no access to harm reduction tools.

RESULTS: For the past several years, Canada has allowed condom and bleach distribution in their provincial jails and federal prison system. Canada and some European countries have also begun pilot needle exchange programs in prisons. The successful condom distribution currently taking place in Vermont and Mississippi state prisons and the San Francisco, Philadelphia, New York City and Washington, DC, county jails prove that harm reduction can work here and must be expanded to include other systems.

LESSONS LEARNED: Prisoners are concerned about HIV and HCV transmission in prisons and jails. US jail and prison systems are endangering the health, safety and well being of the incarcerated by refusing to embrace harm reduction methods. Model systems in Canada and Europe, combined with the expertise of community harm reduction coalitions and HIV/AIDS and hepatitis C consortiums, could provide the impetus for a harm reduction approach within the US criminal justice system.

ABSTRACT 609

Why Poverty Alleviation is Important in HIV Prevention

George, IL

Mopacas Inc., Monrovia, Liberia

ISSUE: Since AIDS was diagnosed in 1981, many institutions involved in the campaign of HIV education, especially in Africa, have failed to address one major factor which have served as an obstacle to HIV minimization: Poverty. Many persons live in severe poverty and have had to involve in financial sex to meet their daily needs.

SETTING: Mopacas Inc., as a community-based organization, carried out an HIV outreach educational and awareness in a highly impoverished and illiterate population dominated by females between the ages of 12 to 45 in Bushrod Island, Montserrado County, Liberia.

PROJECT: Mopacas Inc. launched a program “*MINIMIZE PROSTITUTION BY EMPOWERING FEMALES*

FINANCIALLY (MPEFF).” Mopacas Inc. carried out massive HIV educational and awareness programs within various communities and attracted more audiences by giving loans to females who were prostitutes or involved in sexual promiscuity for financial gains. These females were able to establish mini-sized businesses and were asked to pay back within six months without interest. As they pay back, loans were given to others within the communities to establish theirs.

RESULT: In the space of two years, 65% of females who were prostitutes or involved in sexual promiscuity because of financial gains were no longer having intercourse with many persons for finance. They were able to provide for themselves essential needs from profit gain through business. They no longer went on the streets to hustle. They now practice safe sex or abstinence as attested by them through interview.

LESSON LEARNED: Mopacas Inc. observed that due to poverty many females were involved in prostitution or sexual promiscuity. But we were also convinced that many females did not love being prostitutes or having multiple sex partners and, therefore, sought public intervention in empowering females financially. Giving loans is a consummate method to empower female to financial self-sufficiency.

ABSTRACT 610

African American and European American Lesbians’ Identity and Sexual Risk

Dymlin, KM¹; Tolou-Shams, M^{1,2}; McKirnan, DJ^{1,2}; Wilson, B²; Hope, B¹; Powell, B¹

1 Howard Brown Health Center, Chicago, IL; 2 University of Illinois, Chicago, IL

BACKGROUND: Research on HIV or sexually transmitted infection (STI) risk among lesbians is scarce. Research suggests lesbians who engage in risks such as menstrual blood contact or “toy” sharing do not believe they are risk for HIV or STIs because they do not have sex with men. Because female-to-female sexual transmission of HIV and STIs is possible, and lesbians may be at risk of infection through sex with men, more information is needed. Because research typically addresses white women, research on lesbians of color is needed to reflect diversity.

OBJECTIVES: To examine HIV risk factors among African American (AA) and European American (EA) lesbians, including sexual risk, attitudes, and gender of sex partners.

METHODS: We anonymously surveyed women at Black Gay Pride and a street fair in Chicago, using self-report measures of health and sexual behavior ($n = 208$, AA $n = 113$, EA $n = 93$).

RESULTS: Demographics. AA and EA respondents did not differ in age ($M = 36$). More EA than AA respondents completed a 4-year degree ($p < 0.01$), although there were no differences in income. Sexual Behavior. Analyses are limited to 81% of participants ($n = 168$) who reported at least 1 female partner during the previous 6 months (range = 1 to 6). AA lesbians were more likely to have had a male partner in their lifetime than were EA lesbians ($n = 55$, $p < 0.05$), although only 1 participant in each group had male sexual contact in the previous six months. Rates of HIV/STI risk behaviors with female partners were high (e.g., 84% shared sex toys), and did not differ by group. However, EA lesbians were more likely than AA lesbians to engage in menstrual blood contact (60% vs. 40%, $p < 0.05$) and use alcohol during sex, (53% vs. 47%, $p < 0.05$). Lifetime STI Prevalence. Self-reported STIs were higher among AA than EA respondents (e.g., 7% vs. 1% chlamydia), although differences were not significant (all $ps > 0.05$). AA lesbians were more likely to have ever been tested for HIV (63% vs. 37%) or other STIs (69% vs. 31%, $ps < 0.05$). Thus, higher STI rates could be attributable to more frequent testing among AA lesbians. Attitudes. EA were more likely than AA women to endorse that being lesbian made them feel part of a community (90% vs. 74%). Other items were similar between groups, including lesbian immunity (“... less likely to get HIV from women than men”, 60% overall endorsed), and lesbian identity (“...don’t think women who have sex with men should call themselves lesbian”, 77%).

CONCLUSIONS: Behavioral and attitude differences between EA and AA lesbians may be important in community health and risk factors for STIs or HIV. Many lesbians of either ethnicity engage in risk behaviors, and endorsed items indicating self-perception of “lesbian immunity”. Ethnicity may serve as a proxy for cultural characteristics and integration into the mainstream lesbian community.

ABSTRACT 612

Bridging the Gap Between Knowing and Doing: Nationally Developed HIV Prevention Skills for Hispanic/Latino Communities

Acosta, J; Alvarino, C; Druing, P; Guzman, F; Marquez, X; Munoz, J; Peterson, K; Washington, D

American Red Cross, Falls Church, VA

ISSUE: Group activities to develop HIV prevention skills can act as a bridge connecting what people know about HIV prevention to what they do about it. Activities designed for Hispanic/Latino communities can address specific cultural interests and needs from “inside” the culture, thus increasing the likelihood of “reaching people where they live” with life-saving skills. National development can design tools that can be distributed nationally, with information on how to customize them for particular local groups.

SETTING: Menu-driven, culturally specific Hispanic materials (in both Spanish and English) to develop prevention skills in group settings in Hispanic communities across the US and Puerto Rico.

PROJECT: Description of national program development with cross-functional project team model, from needs assessment through field-testing in demonstration sites and final revisions, and of community input throughout the project; Overview of group activities clustering around these prevention skills: communication, negotiation, community mobilization, condom practice and needle cleaning; Description of optional video “stories” to enhance prevention skills activities. Presenter will show a video clip from newly produced work and discuss how it would be combined with prevention skills development activities in a community session.

LESSONS LEARNED: Summary and Implications

1. National development of culturally specific prevention-skills materials for Hispanic communities must respect and embody the diversity within Hispanic communities.
2. National development can meet the needs of local groups, if diversity within Hispanic communities is built into national available community-level materials in both Spanish and English, and if the materials equip facilitators with tools for group needs assessment, and with methods and materials that they can easily customize.

3. The more prevention-skills building activities reflect and resonate with the daily lives of people in their communities, the more likely people will apply what they practiced to what they do.
4. The easier it is to implement prevention skills-building activities, the more they will be used, in a variety of settings.

ABSTRACT 613

Urine HIV-1 Testing in Communities with Increased Risk

Hilton, CH; Hilton, MC; Sabundayo, BP; Langan, SJ; Urban, C; Henson, C; Quinn, TC; Nelson, K; Margolick, JB

Johns Hopkins University School of Public Health, Baltimore, MD;
Johns Hopkins University School of Medicine, Baltimore, MD

BACKGROUND: In 1999, 2203 new HIV infections were reported in Maryland with 1279 (59%) in Baltimore City. We developed a community coalition for urine HIV-1 testing to identify HIV infections and for enrollment into the Acute HIV Infection and Early Disease Project (AIEDRP).

METHODS: Between 2/99 and 2/01, 12 sites in Baltimore participated in urine HIV-1 testing programs using the Calypte HIV-1 urine EIA (confirmation by Western blot). Individuals ≥ 13 years of age were eligible. The screenings were either scheduled for a 1 or 2 day event ($n = 7$) located in churches, a shelter, a food kitchen, and a health fair or ongoing ($n = 5$) located in a church, a hospital, a DEAF organization, a women's organization, and a van. All volunteers received pre-test counseling and previous testing information was obtained. Post-test counseling and results were given at the same testing site within 1-2 weeks. Blood was drawn to confirm positive results and to determine recent infection (Low Sensitivity EIA). For some, both urine and saliva (OraSure) were tested.

RESULTS: With a median age 38 years (range 13 – 78), 1171 people, 58% male, and primarily African American (AA) were tested. The majority, 858 (73%) returned for results. One hundred forty-two (12%) tested positive for HIV infection. The rate of non-return for results was 24% (176/728) among those who had previously been tested for HIV and 21% (100/486) among those who had not. Of those who tested HIV+, 53 (37%) had never been tested and 56 (39%) had never previously tested positive. Nine percent of the people tested were HIV+ but did not

know it. Most HIV+ people were referred for medical care; two (AA, non-IDU women) were eligible for and enrolled in AIEDRP. At least 57% of those identified as HIV+ have remained in care. A subset of people received urine, saliva and/or blood testing. Saliva (EIA,WB) Urine (EIA,WB) + - Total + 211 1 212 - 0 37 37 Total 211 38 249 The one person who had a negative saliva test result but a positive urine test was confirmed positive by blood. In this population, urine testing had a sensitivity of 100% and a specificity of 93%.

CONCLUSION: Urine HIV testing was well accepted in a variety of Baltimore community settings. This method for HIV testing was useful in identifying many previously undiagnosed cases of HIV. Post-test counseling was focused on access to care and prevention of new infections. The results from urine were consistent with saliva and blood.

ABSTRACT 614

A Cognitive Assessment of Retrospective Self-Reported HIV Medication Adherence

Salam, F; Dilorio, C; Belcher, L

Emory University School of Public Health, Atlanta, GA

BACKGROUND: The use of antiretroviral medications in the medical care of persons with HIV disease has resulted in dramatic declines in morbidity (AIDS) and mortality, increased quality of life and viral load suppression. However, if taken inconsistently these medications can cause drug resistance and the development of a transmittable drug resistant strain of the virus. Medications are difficult to take because of dose scheduling, side effects, and special instructions. Many research studies conclude that measuring HIV medication adherence behavior may pose methodological problems due to social desirability, fear of reprisal, recall bias and other cognitive processes. A study conducted by DiIorio, *et al.*, in 1991 about anti-epileptic medication compliance found support for the cognitive-perceptual approach to understanding compliance and discriminating complaint from noncompliant individuals.

OBJECTIVES: To understand how people decide to answer questions related to HIV medication adherence. The results will help researchers understand what factors are associated with the self-report of HIV medication adherence behavior.

METHODS: Ten respondents completed a one-time, 35-minute, audio, computer-assisted self-interview (A-CASI) about their HIV medication adherence in the past month. Open-ended, verbal probes were used after each item to assess the cognitive processes utilized when self-reporting HIV medication adherence behavior.

RESULTS: A total of 10 persons were interviewed (8 men and 2 women). A content analysis was conducted with the cognitive assessment data. The findings revealed that social desirability and information retrieval influence the way a respondent self-reports adherence to the HIV medication.

CONCLUSIONS: The cognitive assessment method is an effective way to identify sources of respondent induced measurement error. Retrospective, self-reported HIV medication adherence behavior is influenced by many cognitive factors. These factors influence an individual's response to an item that measures adherence. Further studies are needed to understand the cognitive processes used to better determine why people are non-adherent and can be utilized to identify sources of measurement error in HIV adherence studies.

The study was funded by a grant from the National Institute of Nursing Research (#5-20445).

ABSTRACT 615

Age-Mixing Patterns and HIV, HCV and HBV Infection Among New Injectors

Neaigus, A¹; Miller, M^{1, 2}; Persaud, M¹; Friedman, SR¹; Des Jarlais, DC^{1, 3}

1 National Development & Research Institutes, Inc., New York City, NY; 2 Columbia University, New York City, NY; 3 Beth Israel Medical Center, New York City, NY

OBJECTIVES: To examine the relationship between age-mixing patterns in injecting risk networks and infection with HIV, hepatitis C (HCV) and hepatitis B (HBV) among new injecting drug users (IDUs).

METHODS: Between February 1999 and September 2000, 159 new IDUs (injecting 6 or fewer years) aged 18 to 30 were recruited in New York City. They were counseled and tested for HIV, HCV and HBV and interviewed about their injecting risk behaviors and the people they injected drugs with in the last 30 days. They were asked whether they had engaged in receptive injecting-equipment sharing (RES)(receiving injecting-equipment used first by other IDUs or sharing cookers,

cottons or rinse water) and the age of their injecting network members. Odds ratios (OR) and 95% confidence intervals (95% CI) are estimated by logistic regression.

RESULTS: The mean age of the sample was 23 (sd 4.1); 84% were white, and 69% male. The mean age at first injection was 20 years (sd 4.4), and the mean years since initiation into injecting was 2.9 years (sd 1.8). Three percent were HIV, seropositive, 40% HCV antibody-positive, and 26% HBV core antibody-positive. A large majority (89%) reported that they obtained syringes from a syringe exchange program. RES with injecting risk network members was reported by 33% (13% reported receptive syringe sharing, 11% receptive syringe-mediated drug sharing, and 30% shared cookers, cottons or rinse water) and 46% reported having any IDU network member over 30 years of age. Those who had any IDU network member over 30 years of age compared to those who did not were more likely to be HCV infected (51% vs. 30%, OR = 2.4, 95% CI = 1.3, 4.5) and HBV infected (36% vs. 17%, OR = 2.6, 95% CI = 1.3, 5.5), but were equally likely to be HIV infected (3% vs. 3%, OR = 0.8, 95% CI = 0.1, 4.8). Having any IDU network member over 30 years of age remained significantly associated with HCV and HBV infection when controlled by the respondent's age and engaging in RES.

CONCLUSIONS: Many new injectors initiate injecting at an early age. Even though most used a syringe exchange, one-third engaged in RES. While HIV infection in this predominantly white sample was low, HCV and HBV infection was considerable. Injecting with older injectors appears to be a risk for infection with HCV and HBV. Research is needed to better understand the factors that promote age-mixing between younger and older IDUs and injecting (and possibly sex) risk behaviors in these relationships. Public health initiatives need to target those new injectors who are in drug-injecting relationships with older injectors.

ABSTRACT 616

Acceptance of Partner Counseling and Referral Services (PCRS) by Clients with HIV

Libet, M; Baker, C; Rasmussen, H

California Department of Health Services, Sacramento, CA

BACKGROUND: Since 1987, the Bureaus' of STD and HIV/AIDS have utilized Partner Counseling and Referral Services (PCRS) as a key component of Florida's comprehensive HIV prevention/intervention plan. Providing

PCRS to HIV infected persons is an opportunity to address their immediate physical and emotional needs through referrals to early intervention and a wide range of HIV case management services. The service also provides a unique opportunity for HIV infected persons to maintain their confidentiality while having their sex/needle-sharing partners informed of their exposure so they can make decisions related to behavioral change and HIV testing. Recent studies have proven that the majority of sex and needle-sharing partners would rather know of their exposure to HIV and consequently make decisions to get tested and adopt safer sex practices.

OBJECTIVES: To evaluate outcomes of PCRS activities offered to HIV-infected persons and describe both the investigative and test result dispositions of their sex and needle-sharing partners.

METHODS: Persons testing HIV positive through one of the nearly 1,000 county health department-based confidential HIV counseling and test sites, or through a private provider are offered PCRS by a disease intervention specialist (DIS). The Bureau of STD Control and Prevention collects data via the STD Management Information System (STD*MIS) to measure specific outcomes that include; the number of HIV-positive individuals assigned for follow-up, the number accepting the service, and the number of HIV-exposed sex/needle-sharing partners elicited. In addition, data are collected on the dispositions of the sex/needle-sharing partners to include; the number actually located and apprised of their exposure, the number who accept counseling and testing, the number who previously tested positive, the number who are newly identified positive, etc.

RESULTS: In 2000, a total of 2,609 HIV infected persons were assigned to Florida's DIS workforce to offer PCRS. Of those, 1,268 were tested through a county health department and 1,341 were tested through a non-health department provider. Of the 2,609 persons assigned to a DIS, a total of 2,361 (90.5%) were located and offered PCRS. Among the persons offered PCRS, 1,442 (61.1%) accepted. Of the 1,442 counseling and partner elicitation sessions, a total of 2,625 sex/needle-sharing partners were initiated and assigned to local STD programs DIS for follow-up. Among the 2,625 partners named, 470 (17.9%) were record searched and found to have previously tested HIV positive. A total of 1,121 persons were tested as a result of a recent HIV exposure (within 1 year), a total of 162 (16.9%) tested HIV positive for the first time.

CONCLUSIONS: PCRS is an extremely valuable service offered to persons who test HIV positive through public and private testing sites. Through counseling, referrals and early intervention services, clients are far more likely

to benefit from available resources. In Florida in 2000, over 60% of HIV-positive persons who were offered PCRS accepted the service. PCRS is also a highly effective intervention for identifying, counseling and testing persons with a known exposure to HIV. In addition, PCRS serves to identify persons who tested positive previously, continue to engage in high-risk behavior and require enhanced prevention counseling. Of equal importance, non-infected partners can take measures to reduce their risk of becoming infected.

ABSTRACT 617

HIV Prevention Programs Target Older Adults

Fowler, JP

National Association of HIV Over Fifty, Inc., Kansas City, MO

ISSUE: Although the HIV/AIDS epidemic is now in its third decade, older adults in the US continue, for the most part, to be ignored by planners of prevention programs. Representatives of the National Association on HIV Over Fifty, Inc. (NAHOF), have made it their mission to remedy this oversight, by speaking out in educational sessions and also by engaging the media to call attention to how HIV impacts the aging community.

SETTING: Presentations have been given, and continue to be offered, at meetings and conferences in local, state, national and international venues; also to audiences of all ages and sizes in schools, churches, health care agencies, corporate offices and at meetings of social and service clubs, professional and non-profit organizations. In addition, journalists for television networks, magazines and newspapers have reported on the fact that HIV does infect and affect elders.

PROJECT: From the perspective of NAHOF's primary presenter, Jane P. Fowler, the educational component is strengthened by the inclusion of speakers who are HIV-infected, older adults. With expertise to discuss transmission and prevention, they also incorporate their personal stories into their programs, describing how they live with the virus. Fowler and others frequently make themselves available for media interviews, another good way of publicly discussing the issue.

RESULTS: While the number of persons who have benefited directly from NAHOF programs is impossible to calculate, there is no doubt that many thousands of people have learned that senior citizens are at the same risk for HIV infection as their younger counterparts,

depending on their behaviors, and have been taught the basics of prevention. In recent years, Fowler, herself, has given about 350 speeches, including presentations in some 60 national venues, and in the year 2000, for example, her story was told in the AARP magazine, *Modern Maturity*, in the *USA Today* newspaper and in *People* magazine (with a combined readership in the millions).

LESSONS LEARNED: HIV prevention in older adults can be provided most effectively by educators who, themselves, are aging with the virus and are willing to be candid in their presentations and in contacts with the media. With each year, the issue of HIV/AIDS in aging adults, and the need for prevention in order to reduce the incidence, gains greater visibility because of NAHOF's endeavors.

ABSTRACT 619

Maneuvering Through the Technical Assistance Systems for HIV Prevention

Carrillo, I¹; Workman, J²

1 US-Mexico Border Health Association, El Paso, TX; 2 Academy for Education Development, Washington, DC

ISSUE: The demand and need for assistance in building community capacity has increased as HIV prevention community planning, has evolved. Through this evolution, technical assistance providers have played an important role in translating, transferring, building, and developing skills and information to bridge gaps between health departments, community stakeholders, community-based organizations, researchers, and policy makers. Although in place and available, this system does not guarantee effective access or utilization of this support. Often the role of the technical assistance provider has been misunderstood and even more often underutilized.

SETTING: State, regional and local prevention partners including health departments, community planning groups and other community stakeholders engaged in the planning or provision of prevention interventions.

PROJECT: As the need to support and build communities continues to increase, so has the universe of capacity-building providers. With guidance provided by the Centers for Disease Control and Prevention, a comprehensive system of capacity-building/technical assistance has been formed to support the ongoing development of community capacity for HIV prevention.

RESULTS: State, regional and local providers are utilizing a variety of strategies to orient, exchange information, and provide guidance on how to access services and translate knowledge gained into effective community capacity building.

LESSONS LEARNED: While there is potential for community planning groups, community-based organizations and other community stakeholders to get lost in the intricacies of the capacity building/technical assistance system, this risk can be minimized when services are appropriately promoted through ongoing community education efforts.

ABSTRACT 620

Involvement of Community-Based Organizations in HIV Prevention for Incarcerated Populations

Robillard, A¹; Arriola, KJ¹; Braithwaite, RL¹; Hammett, T²; Kennedy, S²

1 Emory University – Rollins School of Public Health, Atlanta, GA; 2 Abt Associates, Boston, MA

ISSUE: Penal systems in the US have been severely impacted by HIV/AIDS. Incidence of AIDS is significantly higher among incarcerated individuals than in the general population. These elevated rates are due in part to the high concentration of incarcerated persons with behavioral risk factors for HIV infection, including injection drug use and commercial sex work. HIV-positive individuals being released back to the community are a particular concern because of discontinuity care, likelihood of transmission and recidivism. The purpose of this discussion is to describe the innovative activities conducted by the CBOs involved in the CDC/HRSA HIV/AIDS multi-state demonstration project.

SETTING: Funding from the Centers for Disease Control and Prevention and the Health Resources and Services Administration has been provided to seven states (California, Florida, Georgia, Illinois, Massachusetts, New Jersey and New York) to address issues related to HIV/AIDS in incarcerated populations. A portion of this funding supports the activities of local community-based organizations (CBOs) which provide services to HIV-positive and high-risk incarcerated populations. The demonstration projects have developed a comprehensive array of HIV prevention and treatment services to improve access to and utilization of care. They are also offering services to inmates who have HIV and other communicable diseases or who are at risk of contracting them.

PROJECT: As part of the individual site-specific models, CBOs are offering services within jails, prisons, and juvenile facilities. These services include discharge planning and post-release case management. The CBOs are notably committed to those they serve, and very informed about the needs of their clients. As such, they may be able to better connect with high-risk individuals to provide the empathy and guidance that soon-to-be-released HIV-positive inmates may need.

RESULTS: Through collaborations with local health departments and corrections, CBOs are providing a host of services across the seven sites. Services include, but are not limited to, HIV/AIDS prevention education, discharge planning, case management, transitional housing, and substance abuse counseling. CBOs are often under-funded or encounter institutional difficulties when working in correctional settings. Despite these challenges, they remain committed to serving an often-ignored population.

LESSONS LEARNED: CBOs have the ability to provide an invaluable service to HIV-positive incarcerated individuals. They supply an array of important and necessary services that support positive discharge planning and continuity of care. Funding for the multi-site CDC/HRSA HIV/AIDS demonstration project has enhanced the capability of the CBOs to engage in varied activities surrounding HIV prevention, treatment and care for incarcerated populations.

ABSTRACT 621

Use of an Allocation Formula to Determine Prevention Funding Within a State

Christmyer, C; Solomon, L; Flynn, C

Maryland Department of Health and Mental Hygiene,
Baltimore, MD

ISSUE: States receiving prevention funding are faced with decisions around how to allocate the money throughout the state. Selection of variables to be used in making fair and equitable decisions is often difficult. Use of a standardized formula composed of variables that reflect the need for prevention activities can be used to make funding allocations within the state, based on the proportion of the total need.

SETTING: In order to implement HIV prevention programming, the State of Maryland is divided into five geographic regions. Two of the regions represent heavily urban parts of the state and the largest burden of HIV disease. Three regions represent largely rural communities. The need for prevention programming varies based on many factors, and there are competing needs throughout the state for prevention funding.

PROJECT: Using a community process, a Prevention Allocation Formula was initially developed in 1995 and revised in 2000. The need for revision in Maryland was identified due to three factors: the availability of HIV case reporting, representing more recent infections; the importance of emerging STDs; and an increasing focus on prevention for seropositives. Factors considered included those representing disease burden (HIV, syphilis, chlamydia) and those representing non-disease variables (such as population and poverty). The advisory group also discussed the implications of using incident, prevalent or cumulative data and the utility of using rates versus absolute numbers, availability of data and weighting of variables were also considered.

RESULTS: The revised allocation formula included increased emphasis on factors representing surrogate markers for unprotected sexual activity, e.g. chlamydia; as well as the importance of new HIV cases (incident infections) and the burden of providing care for populations living with HIV/AIDS (PLWHA); factors representing non-disease variables (population and poverty) are also included. The final formula factor and weighting value is: population, 0.2; poverty, 0.3; HIV incidence, 0.2; chlamydia, 0.1; PLWHA, 0.2.

LESSONS LEARNED: A formula representing need for prevention services can be successfully developed and applied to proportionately allocate funds within a state. Those who wish to implement such a formula need to consider issues such as how to handle significant shifts in funding and how to communicate funding changes to affected communities.

ABSTRACT 622

Factors Associated With HIV Testing and HIV Infection Among Men With Infectious Syphilis in Chicago

Ciesielski, CA^{1,2}; Boghani, S¹

1 Chicago Department of Public Health, Chicago, IL; 2 Centers for Disease Control and Prevention, Atlanta, GA

BACKGROUND: Increasing the number of persons who have knowledge of their HIV infection status is a key component of HIV prevention strategies. Monitoring HIV testing behaviors among high-risk populations, identifying persons who have never been tested, and addressing barriers to HIV testing are crucial elements towards meeting the national goal that 95% of HIV-infected persons will know their infection status by 2005.

OBJECTIVES: To assess HIV infection and HIV testing status in men with recently acquired, infectious syphilis and to identify factors associated with HIV testing and HIV infection among these men.

METHODS: Data were abstracted from all cases of primary, secondary, and early latent syphilis (infectious syphilis) in men reported to the Chicago Department of Public Health between 1/1/98 and 7/31/00. Demographic and behavioral risk factors were analyzed using univariate and multivariate logistic regression.

RESULTS: Of the 897 men with infectious syphilis, 165 (18%) were men who have sex with men (MSM) and 732 (82%) were heterosexual (HSX). HIV infection status was known for 353 (39%), including 90/165 (54%) of the MSM and 263 (36%) of the HSX men. Of the 90 MSM, 43 (48%) were HIV infected (HIV+), as were 17 (6%) of the 263 HSX. Factors associated with HIV+ were: MSM, [odds ratio (OR) 13.2; 95% confidence interval (CI) 6.9 – 25.1], age < 35 (OR 1.9; 95% CI 1.1 – 3.5), and having > 5 recent sex partners (OR 3.6; 95% CI 1.6 – 6.7). In multivariate regression, only MSM was significantly associated with HIV+ (adjusted OR 10.9; 95% CI 5.3 – 22.2). Of the 897 men, 304 (34%) had had never been HIV tested, including 50 (30%) of the MSM and 254 (35%) of the HSX. MSM were more likely to have been HIV tested than HSX (OR 1.6; 95% CI 1.05 – 2.5). HIV testing history was unknown for 240 men, including 25 (15%) MSM and 215 (29%) HSX.

CONCLUSION: Among these men with infectious syphilis, MSM were 10 times more likely to be HIV+ than HSX. MSM were also more likely than HSX to have been tested for HIV infection. However, at least 34%

of these men with high-risk behaviors, including 30% of MSM and 35% of HSX, had never been tested for HIV. These data demonstrate that there is a critical need to increase HIV testing efforts among both MSM and high-risk HSX, as well as to identify the real and perceived barriers to HIV testing in Chicago.

ABSTRACT 623

Prevalence of HIV and Hepatitis B and C Among Injection Drug Users in a Syringe Prescription Program

Martin, EG; Zampi, AL; Taylor LE; Osei, A; McKenzie, M; McNamera, SF; Rich, JD

The Miriam Hospital and the Brown University School of Medicine, Providence, RI

BACKGROUND: Injection drug users (IDUs) are at increased risk for acquiring HIV and hepatitis B (HBV) and C (HCV), primarily due to the sharing of contaminated syringes. We have recently demonstrated that syringe prescription to IDUs is a viable option to provide access to sterile syringes and medical treatment. We report here results of HIV and hepatitis tests in this population.

METHODS: Three hundred and three patients were enrolled over 18 months in a syringe prescription program in Providence, RI. The goals of the study are to evaluate the feasibility and acceptance of syringe prescription among IDUs and to study the impact of prescribing syringes on the transmission of blood-borne pathogens. Upon entry into the study, participants were encouraged (but not mandated) to undergo free testing for HIV, HBV, and HCV.

RESULTS: Of the 303 participants enrolled in the program, complete HIV, HBV, and HCV blood work was obtained from 156 patients to date.

	HBV*HCV-	HBV*HCV+	HBV-HCV+	HBV*HCV+	Total
HIV-	24	23	8	92	147 (94.2%)
HIV+	0	1	1	7	9 (5.8%)
Total	24 (15.4%)	24 (15.4%)	9 (5.8%)	99 (63.5%)	156 (100.0%)

Of the 123 patients positive for HBV, 10% (N = 12) had evidence of recent infection by the presence of HepBc IgM. Twenty patients initiated HBV vaccine series.

CONCLUSIONS: This syringe prescription program was successful in recruiting active IDUs, bringing them into medical care, and testing many of them for HIV,

HBV, and HCV. The large number of IDUs uninfected with HIV represents an opportunity for intervention to decrease further transmission. Furthermore, there is evidence of ongoing HBV transmission, highlighting the need for HBV vaccination in this population. Syringe prescription may be a valuable tool in fighting HIV and hepatitis among IDUs.

ABSTRACT 624

Strategies for Successful Implementation of the CDC Evaluation Guidance: The Maryland and Wisconsin Approaches

Shea, M¹; Cassidy-Stewart, H¹; Christmyer, C; Gasirowicz, M²; Hermann, M²; Napp, D³; Glassman, M⁴; Hill, C⁴.

1 Maryland Department of Health and Mental Hygiene, Baltimore, MD; 2 Wisconsin Division of Public Health, Madison, WI; 3 Practical Applications of Public Health, Durham, NC; 4 Centers for Disease Control and Prevention, Atlanta, GA.

ISSUE: In 1999, CDC released the Evaluation Guidance (EG) for CDC-funded Health Department HIV prevention programs. This session presents strategies used by Maryland (MD) and Wisconsin (WI) to implement the EG including the development and implementation of evaluation instruments and reporting mechanisms, building local evaluation capacity, and using data to improve programs. We will demonstrate the databases and share capacity building activities and data collection instruments. Participants will discuss how these approaches may be used in their own jurisdictions.

SETTING: Health Departments in states, territories, and directly funded cities are responsible for implementing the EG. Local agency evaluation capacity varies in MD and WI. Before the release of the EG, reliable data were not available to determine project reach by risk behavior or program fidelity by intervention type; baseline data for program evaluation were inadequate.

PROJECT: WI's and MD's EG strategies are similar in that they both 1) utilize standardized forms to collect process monitoring data, 2) collect client-level data for selected interventions, 3) provide training and technical assistance to support grantees in evaluation processes, and 4) provide feedback to agencies about intervention reach and content. These two state systems are different in that 1) WI addresses intervention plan data needs by

requiring agencies to submit intervention plans and MD uses prescribed interventions, and 2) WI uses a web-based database for agencies to enter process monitoring data and MD utilizes centralized data entry and reporting.

RESULTS: The EG prompted MD and WI to assess and improve their prevention program reporting systems. There are similarities and differences in their systems with regards to collecting client-level data, addressing concerns about confidentiality, increasing efficiency and accuracy of reporting, assigning responsibility for data management and analysis, providing feedback to agencies about project reach, and utilizing data to improve prevention programs and guide resource allocation.

LESSONS LEARNED: Strategies for implementing the EG in WI and MD have improved reporting consistency and quality. Each state has developed systems responsive to its own needs and that of its local agencies and CDC. No single approach to implementing the EG is appropriate for every jurisdiction. Health Departments need to develop systems compatible with their capacity and evaluation needs and concerns.

ABSTRACT 626

HIV Vaccine Trials and Issues for HIV Counseling and Testing

McCullough, RA; Pick, B; Mariner, D; Orendine, S

ISSUE: Development and deployment of an HIV/AIDS vaccine, likely still years in the future, will change the course of the AIDS epidemic. Community planning has a vital role to play right now in preparing communities for that day and the road to it: large vaccine trials in the US and other countries, prevention of the 'protease inhibitor' effect, likely efficacy trial results that do not immediately lead to an effective preventive HIV/AIDS vaccine, the complication of testing and counseling because sero-positivity on a standard test may not be a reliable indicator of infection.

SETTING: This workshop will explore the impact of vaccine trials on testing and counseling, the possible impact of vaccine research on behavior, and a variety of issues that will become important in an era of widespread vaccine trials to prevention planners in their work with a variety of community constituencies.

PROJECT: This oral panel presentation will increase participants knowledge about and skills to manage issues

that vaccine research will pose for HIV/AIDS testing and counseling; identify ways for community planners to work collaboratively with vaccine advocates to prepare communities for large scale HIV/AIDS vaccine trials; and develop action plans for working with community constituencies to help them understand vaccine basic science and trials, manage the impact of vaccine research on testing and counseling, and prevent or minimize any tendency toward more unsafe sex.

RESULTS: Using a varied adult learning model, presenters (a community prevention planner, a leading HIV vaccine advocate, and public health community educator, and representative of a community based CBO doing vaccine advocacy) will provide an update on the current status of HIV vaccine trials; will discuss the issues for testing and counseling; and will describe successful community experiences that could be models for other communities. Presenters will lead and encourage an interactive and participatory discussion on the impact on HIV testing and counseling that prevention planners will face during HIV vaccine efficacy trials and techniques to prevent or minimize the possibility of a 'protease moment' (a behavior change to more unsafe sex based on misinformation about vaccine trials). Presenters will focus on messages and techniques for working with a variety of community constituencies to manage the impact of vaccine research on testing and counseling, and prevent or minimize any tendency toward more unsafe sex

LESSONS LEARNED: HIV vaccine trials are occurring in dozens of US communities and additional trials are planned in the US and in other countries. HIV prevention leaders need information about vaccine trials and an opportunity to dialogue with vaccine advocates and experts.

ABSTRACT 627

Characteristics of Transsexual, Transvestite, and Transgender Persons with AIDS

Klevens, RM; Mays, M; Steinberg, S

Centers for Disease Control and Prevention, Atlanta, GA

BACKGROUND: Although transgender persons may be at increased risk of HIV infection, little is known concerning characteristics of transgender persons at risk of HIV and how to prevent HIV transmission. In several small studies, transgender persons had high prevalence of HIV infection. Even descriptive information on HIV/AIDS among transgender persons could be valuable

in obtaining resources and tailoring prevention activities for this population.

METHODS: Transsexuals are persons who feel they are or should be the opposite sex. Transvestites are persons who wear clothing of the opposite gender for various reasons. Transgender is a general term that describes a spectrum of persons who question their biological sex. AIDS cases are reported to CDC from all states, the District of Columbia, and US dependencies. Although gender is not collected uniformly to capture transgender persons with AIDS, states may record the information in comment fields of the surveillance case report form. We searched these fields for all cases ever reported to CDC through June 2000.

RESULTS: The first transgender case was reported in 1996, and from 1996 – 2000, there were 372 AIDS cases among transgender persons reported to CDC. Of the 372, 282 (75.8%) were transsexual, 55 (14.8%) were transvestite, and 35 (9.4%) were transgender persons. Cases among transsexual persons were reported from 35 states, among transvestite persons from 21 states, and among transgender persons from 11 states. Most cases were born male (92.1%). The percentage of cases who were African American was similar in the three groups (40.4%, 41.8%, 40.0%, respectively). Most were infected with HIV through high-risk sexual activity (73.1%, 67.3%, 65.7%, respectively), rather than through IDU. Most were diagnosed with AIDS at between 25 and 39 years of age (69.5%, 78.2%, 74.3%, respectively).

CONCLUSIONS: AIDS surveillance data are limited in describing cases among transsexual, transvestite, and transgender persons. Due to the medical intervention required to change biological sex, notes describing transsexual persons may be more evident in medical records, and thus transsexuals may be over represented in surveillance data compared to transvestite and transgender persons. Our findings indicate that cases were geographically diverse, were frequently African American, and were mostly infected through sexual activity. One goal of HIV prevention in the transgender community should be to promote safe sexual practices.

ABSTRACT 629

Social Marketing Campaign To Increase HIV Testing in Women of Childbearing Age and Their Sexual Partners

Bowlin, C¹; Richardson, D¹; Christmyer, C¹; Williams, J²

1 Maryland Department of Health and Mental Hygiene, Baltimore, MD; 2 Johns Hopkins University Center for Communication Programs, Baltimore, MD

ISSUE: Although there has been a steep decline in perinatal transmission of HIV resulting from the use of antiretroviral agents, babies are still becoming infected, largely because their mothers do not receive prenatal care which includes counseling, HIV testing, and as necessary, antiretroviral medication. To eliminate perinatal HIV transmission, all pregnant women should be counseled about HIV and offered testing and treatment.

SETTING: The social marketing campaign targets pregnant women or women who might become pregnant, their male sexual partners, and providers of health care in Baltimore City. The target population is largely African American.

PROJECT: The Red Ribbon Question Mark Campaign is a comprehensive, multimedia campaign designed to encourage HIV testing among women of childbearing age, as well as their male sexual partners. The campaign, which utilizes radio and television advertising, transit posters, billboards, collateral materials, and direct communication with health care providers, aims to increase HIV testing by increasing awareness of the value of testing among the target population and by motivating prenatal caregivers to counsel women about HIV and offer testing. The campaign was developed using formative research including focus groups to develop messages and images that would have impact on the target population. All campaign materials contain a unifying symbol, the red ribbon question mark, and slogan, "Live Long. Live Strong. Get Tested."

RESULTS: During the most intensive phase of the media campaign, calls to the telephone testing referral hotline increased by over 1,500% compared to preceding period. Sixty-two percent of callers to the hotline cited the Red Ribbon Question Mark Campaign as the motivation for their call. In an independent market research survey, 46% of respondents said they were considering being tested, an increase of 19 percentage points compared to

pre-campaign measurements. Testing at 2 sentinel sites increased by more than 30% after the campaign began. Over half of 432 respondents surveyed at an annual 2-day community event said they had talked to a friend or family member about the ads. A third of this group reported that the ads had motivated them to actually get tested for HIV. Among providers, 41% responding to a mail survey had seen at least one campaign advertisement. Many of these providers believed the campaign materials helped them talk to their patients about HIV.

LESSONS LEARNED: A comprehensive, social marketing campaign can reach its intended audiences, be effective in increasing awareness of the importance of testing, and can impact testing behavior. Campaign materials can be useful in reminding providers counsel and offer HIV testing.

ABSTRACT 630

Access to Care in Maryland (MD): Lessons Learned from People Living with HIV/AIDS (PLWH/A)

Astatke, H; Abebe, S; Shea, M; Smith, L

Maryland Department of Health and Mental Hygiene, Baltimore, MD.

BACKGROUND: Identifying factors that influence the service utilization of PLWH/A is important to ensure that all people living with HIV/AIDS benefit from recent medical advances and to reduce the incidence of HIV infection.

OBJECTIVES: This qualitative study identifies facilitators and barriers relating to the initiation and the continuation of care for PLWH/A.

METHODS: Between April and June of 1999, 22 discussion groups, averaging 90 minutes, were conducted with 113 PLWH/A residing in Maryland. Participants were recruited through local health departments, Title II Ryan White consortia, and community based organizations. Discussion group notes were analyzed based on common themes relating to barriers and facilitators of service utilization (e.g., knowledge about HIV/AIDS, satisfaction with the quality of care).

RESULTS: (1) With respect to initiating care, barriers included insufficient knowledge about HIV/AIDS, negative psychological responses such as denial and fear, dissatisfaction with the quality of care, and substance use. Facilitators to initiating care included psychological responses such

as the will to live, gaining knowledge about HIV/AIDS, satisfaction with the quality of care, and family involvement. (2) With respect to the continuation of care, barriers included inaccessibility of transportation and clinics and substance use, and facilitators to continuation of care included satisfaction with quality of care and accessibility of transportation.

CONCLUSIONS: Increasing utilization of medical services by PLWH/A requires improving the quality of care that is available and addressing other needs such as substance use and mental health issues associated with living with HIV and AIDS.

ABSTRACT 632

Windows of Opportunity: Age-Related Risk Taking Among Dallas' Young Gay and Bisexual Men

Shehan, DA; Henry, MD

Department of Internal Medicine, UT Southwestern Medical Center, Dallas, TX.

BACKGROUND: Limited studies in the early 1990's found high rates of HIV infection among gay and bisexual men under 30. Few, however, focused on how risk behaviors might change across age groups.

OBJECTIVES: To assess age-related sexual risk taking among Dallas area Young Men's Survey (YMS) participants.

METHODS: The YMS is a cross-sectional, multi-site, venue-based sampling survey developed by CDC with collaborating researchers. The Dallas YMS was conducted between 1994 and 2000 in 2 phases at over 35 public venues frequented by gay/ bisexual young men age 15 – 29. Participants were tested for HIV, hepatitis B (HBV), and syphilis, and answered questions collecting demographic, behavioral, psychosocial, and medical history information.

RESULTS: A total of 1,045 men who have sex with men (MSM) were enrolled in the study. The overall infection rate was 12% for HIV and 16% for HBV. HIV infection prevalence was higher among men age 27 to 29 compared with men age 15-17 (21% vs. 0%, respectively) (OR, undefined; $p < 0.01$). HBV infection prevalence was similar: 24% among those age 27 – 29; and 4% among those age 15 – 17 (OR, 9.1, 95% CI, 1.4 to 377.1). Reports of unprotected anal sex within the past 6 months steadily increased with age, but peaked at 56% for men age 27, then declined again. In multivariate analyses, factors most strongly associated with unprotected

sex among men this age included a history of more than 30 lifetime sex partners, a history of forced sex, and a perception of low personal or partner risk.

CONCLUSION: Increasing rates of unprotected sex as participant age increases, offers evidence that there is a limit to the effectiveness of traditional prevention messages that target the larger MSM community as a whole. Our findings support "windows" of opportunity for age-tailored interventions that could be delivered before the onset of anal sex and during the years of higher risk-taking behavior, to address relapse to unsafe behaviors.

ABSTRACT 633

Evaluating an Empowerment Intervention for Commercial Sex Workers in India

Newman, PA¹; Jana, S²; Rotheram-Borus, MJ¹; Basu, I²

1 University of California (UCLA), Los Angeles, CA; 2 STD/HIV Intervention Program, Calcutta, India

ISSUE: India has 4.1 million HIV-positive people, more than any other country in the world. Commercial sex workers (CSWs) are at particularly high risk, with HIV seroprevalence rates of 50% and higher in Delhi, Pune and Chennai.

SETTING: Calcutta, in West Bengal, India, is a gateway to the Golden Triangle, the nexus of many national truck routes, and home to a large Red Light Area (RLA).

PROJECT: The STD/HIV Intervention Program (SHIP) is a model peer-based empowerment intervention begun among CSWs in Calcutta in 1992. Despite HIV seroprevalence of over 50% in CSWs in other major Indian cities, the rate among CSWs in Calcutta is 5.5%; yet there is no empirical evidence to document the effectiveness of the SHIP intervention. The UCLA-SHIP project replicated the SHIP intervention among CSWs (n = 100 each) in two sites with two sites as controls (n = 100 each) across 4 RLAs in order to assess the effectiveness and critical elements of the SHIP model.

RESULTS: Baseline data indicate 42% of CSWs do not use condoms with their general clients, and 99% do not use condoms with their primary client (babu). Baseline STD rates will be reported. Preliminary findings indicate critical components of the prevention intervention are: 1) peer education, advocacy, and modeling; 2) social marketing of condoms; 3) structural intervention (with police, policy

makers, sex trade controllers); 4) community-building among CSWs; 5) accessible STD treatment; and 6) central involvement of CSWs from the program's inception.

LESSONS LEARNED: Issues in conducting cross-national research in the developing world include: cultural imperialism/ethnocentrism; expertise; knowledge flow; infrastructure; standards of care; consent; confidentiality; translation; case-control design; and who owns the research products. Open discussions and training along these lines are essential.

ABSTRACT 634

HIV Surveillance Using a Non-Name Coded Identifier. Maryland's Seven Year Experience

Flynn, CP; Solomon, L; Benjamin, G

Maryland Department of Health and Mental Hygiene,
Baltimore, MD

ISSUE: HIV incidence data is more valuable for tracking the epidemic than the traditional AIDS surveillance data. AIDS occurs on average 10 years after infection with HIV, and recent therapeutic advancements are lengthening this time period. Maintaining a name-based registry of HIV infected individuals, for periods of 10 or more years prior to illness has raised issues of confidentiality, stigmatization, and community acceptance. Some states have addressed these issues by opting to use non-name, coded identifiers to track the HIV epidemic.

SETTING: Maryland, a state with 5 million population has the fourth highest AIDS incidence rate. A laboratory-based, non-named reporting system was instituted in 1994, using the last four digits of the Social Security number, date of birth, race and sex.

PROJECT: After five years of debate over confidentiality, the Maryland legislature adopted compromise language creating the patient unique identifier (UI). Laboratory reporting is used for primary HIV surveillance and secondary AIDS surveillance (CD4 < 200 reporting). No state or federal funds were provided for implementation. CDC funded an evaluation of the Maryland and related Texas HIV surveillance systems.

RESULTS: The system receives 8000 test results per year, 4000 of which are HIV positive results, and 2000 are found, after matching to prior HIV tests and to the AIDS registry to be newly reported HIV positives. The system has been evaluated on several levels including: Uniqueness of the UI, where it was found to be 99.987%

unique when applied to the AIDS registry and found four times as many duplicates than it introduced. The UI was also 100% unique when matching multiple tests of individuals at HIV Counseling and Testing Services sites across the state. Completeness of UI elements: date of birth, race, and sex were over 95% complete, Social Security number was approximately 75% complete, mostly due to individual laboratories or providers, and not due to patient direction. Other tests included matching across databases, such as the AIDS registry, CTS reports, and Medicaid databases, and an analysis of the sensitivity and specificity of the UI in field use.

LESSONS LEARNED: The Maryland UI is highly unique, and non-completeness of reporting is an issue with individual providers. Laboratory reporting has increased and sped up AIDS case reporting. After epidemiologic follow-up, many HIV tests are found to be only that, and no risk assessment data or evidence of care is present. Non-named HIV reporting has produced useful and timely epidemiologic data for monitoring the epidemic, planning for services, and allocating resources.

ABSTRACT 635

Developing Comprehensive Prevention Services for Persons Living with HIV/AIDS: The Prevention for HIV-Infected Persons Project (PHIPP)

Senterfitt, JW¹; Dooley, SW¹; Baskin, M²; Booker, C³

1 Centers for Disease Control and Prevention, Atlanta, GA; 2 Emory University School of Public Health, Atlanta, GA; 3 Abt Associates, Cambridge, MA

ISSUE: There is substantial need and demand for guidance in developing, evaluating, and disseminating information about primary HIV prevention services for persons living with HIV/AIDS (PLWHA). However, little work has been systematically described in this area.

SETTING: A variety of settings (e.g., health clinics, community-based organizations (CBOs, mobile vans), in CA, MD, and WI, targeting persons of color and others with difficulty accessing services, in all HIV exposure categories.

PROJECT: PHIPP goals are to: (1) increase the number and proportion of HIV-infected individuals who know their HIV serostatus; (2) provide primary HIV prevention

services to HIV-infected individuals; (3) assist HIV-infected individuals in obtaining medical care and other needed services; and (4) strengthen quality assurance, training, and technology transfer systems for prevention services provided to HIV-infected individuals. Implementing this project has involved (a) working with and supporting the health departments during development of their programs, (b) developing methods for evaluating the programs, and (c) developing a system for sharing lessons learned.

RESULTS: Five health departments were funded to develop comprehensive, primary HIV prevention services for HIV-infected persons. Each site is developing a range of services; for example, one Los Angeles activity is a clinic/CBO collaboration to deliver an intensive prevention intervention through a weekend retreat and follow-up weekly support groups. This program culminates with training participants as volunteers and HIV+ leaders to support HIV prevention in their communities. Extensive evaluation is being done locally and by CDC. For example, qualitative and quantitative data collection about prevention case management is regularly fed back to providers and CBOs in WI to improve quality and targeting of service. Also, a system is being developed to provide continuous, interactive diffusion of innovations emerging from these programs.

LESSONS LEARNED: Involvement of PLWHA is critical to providing effective and acceptable services. All populations and individuals do not need or respond to the same types of interventions; thus, a spectrum of interventions must be considered. Evaluating community-based programs requires a flexible, multidimensional approach. Lessons learned from PHIPP may be valuable to others expanding prevention services for persons living with HIV/AIDS.

ABSTRACT 636

Project ASSIST: New Approaches in Integrated HIV/AIDS and Prevention Services for Adolescents of Color

Marcel, A; Campbell, M

JRI Health, Boston, MA

ISSUES: Adolescents of color continue to be at high-risk for HIV/AIDS. Upon examining the contextual related risk behaviors and socio-economic factors, adolescents of color face enormous barriers to health care, housing,

education, and employment, in addition to HIV prevention and education. Adolescents tend to present a multitude of health and risk issues. The success of comprehensive services for youth is predicated on the size and funding of agencies and programs. However, community-based organizations have difficulty in obtaining financial resources and funding to provide these additional HIV-related services.

SETTING: Adolescent Support Services & Integrated Site Teams (Project ASSIST) provides integrated adolescent services to programs for youth of color, including HIV prevention education and CTSS, in an urban population, ages 13 – 24, in the Boston-Cambridge area. The mobile site teams of service providers include CTSS, HIV Outreach, Medical/Nurse Practitioner Services, HIV Support Groups, and Young Men's and Women's Empowerment Groups. With these mobile teams, JRI Health is able to offer onsite HIV/AIDS and baseline health care services to community-based organizations, who in turn provide additional youth services. These organizations include Boys and Girls Clubs, HIV/AIDS service and advocacy organizations, and urban GLBT youth service organizations.

RESULTS: Before the creation of Project ASSIST, 70% of service recipients were ages 20 – 24. Since deployment of site teams, 75% of service recipients are ages 13 – 19. Earlier intervention means earlier opportunities for building self-empowerment and integrating HIV prevention strategies into the behaviors of sexually active adolescents.

LESSONS LEARNED: By taking comprehensive HIV prevention teams into sites where youth already receive other services, access to culturally competent HIV prevention education is increased, and case finding and treatment facilitated.

ABSTRACT 638

Using a Geographic Information System (GIS) Analysis of HIV Incidence to Target Prevention Programs

Flynn, CP; Vertefeuille, J; Solomon, L

Department of Health and Mental Hygiene, Baltimore, MD

BACKGROUND: Maryland, a high HIV prevalence state ranking fourth in AIDS incidence at 27.2/100,000 population, instituted laboratory-based non-named HIV reporting in 1994. A GIS analytic approach was used

to examine geographic variations in HIV prevalence and in incidence trends over time to better inform policy decisions for prevention programs.

METHODS: HIV-positive test results are reported by laboratories to the health department using a patient unique identifier (UI) number and are matched to prior HIV test results and to AIDS cases to identify newly reported cases of HIV infection. The reports of new HIV infection are used to estimate yearly HIV incidence and six-year cumulative incidence provided an estimate of prevalence, which was examined at the state, region (6), county (25), and ZIP Code (626) levels. Trends in annual geographic incidence of HIV were examined using linear regression. Geographic areas with significant HIV trends were further examined for trends in AIDS case reporting and HIV counseling and testing services (CTS) program testing.

RESULTS: The 11,599 non-AIDS HIV cases reported from 1994 to 1999 were heavily concentrated in Baltimore City (54%) and the suburban counties adjoining Baltimore City and Washington DC (24%). The highest prevalence rates were observed in Baltimore City (844.5/100,000), Prince George's County (adjoining Washington, DC) (180.9/100,000) and rural Wicomico (148.0/100,000) and Worcester (97.1/100,000) counties. Wide variations were seen by ZIP Code within each county. Statewide there was an annual increase of 3% in HIV incidence from 1994 to 1999. This significant increasing trend was only observed in the central region, and more specifically in Baltimore City, where it was 16% per year. Further examination of incidence trends found three contiguous ZIP codes in northwest Baltimore City with a 38% annual rate of increase. These were the only ZIP Codes with significant rates of change in the entire state. These ZIP Codes experienced the same rate of decline of AIDS cases over time as the rest of the city and state. Also, the rate of CTS HIV tests per population increased in these ZIP Codes at the same rate as the rest of the city, while it declined in other areas of the state.

CONCLUSIONS: National estimates are of a flat or slightly declining HIV incidence rate. Maryland observed an annual increase of 3% during 1994 to 1999. The entire increase is attributable to one, relatively small, geographic area with an annual increase of 38%. This area did not have the highest prevalence rates and had not been especially targeted for testing or other interventions. Extensive efforts are now underway to expand existing prevention programs, encourage HIV testing, and develop new programs and new funding streams to reduce the spread of HIV in this area.

ABSTRACT 639

Evaluating Innovative Approaches to Community-Based Substance Abuse and HIV Prevention: A Collaboration Between Research and Practice

Nolan, J¹; Mauch, M¹; Mangione, T¹; Vega, R¹; Wheeler, D²; Gillen, S³; James, P⁴; Pomerantz, P⁵; Raimondi, S⁵; Raj, A⁶; Perez, L⁷.

1 JSI Research and Training Institute, Inc., Boston, MA; 2 Columbia University School of Social Work, New York, NY; 3 AIDS Service Center of Lower Manhattan, New York City, NY; 4 We're Educators: A Touch of Class (WEATOC), Boston, MA; 5 Families United, Buffalo, NY; 6 Boston University School of Public Health, Boston, MA; 7 Substance Abuse and Mental Health Services Administration (SAMHSA), Rockville, MD

ISSUE: This panel presentation will provide an overview of the research and community collaboration process undertaken by 47 integrated substance abuse and HIV prevention service programs and its Program Coordinating Center (PCC), under the SAMHSA Cooperative Agreement. The SAMHSA Cooperative Agreement, an initiative of the Congressional Black Caucus, funds program development, implementation, and evaluation for integrated substance abuse and HIV prevention programs for racial/ethnic minority women, youth, and families. We will focus on how collaboration occurred to ensure full and effective participation from the diverse 47 sites in a cross-site evaluation that was both reflective of their program's goals and respectful of their clients. The three presentations in this panel and will be comprised of the following: 1) A description of the variability in populations served and strategies used across sites. 2) The participatory process used to develop evaluation tools reflective of these diverse populations and programs. 3) A description of challenges faced and solutions uncovered by programs engaged in this research process.

SETTING: Programs funded under this initiative are currently occurring in 27 metropolitan areas around the United States, reflecting all regions in the country and including both rural and urban samples. Populations served by the evaluated program vary considerably by site. The majority of the programs are tailored to African Americans or diverse racial/ethnic groups.

PROJECT: Programs also vary by site, using a variety of approaches including family strengthening, peer-led and faith-based. Programs vary from outreach and drop

in centers to intensive trainings and workshops, with facilitators being of varying levels of education and experience, depending on the program provided. The diversity in both program and target population across the 47 sites made development of a cross-site tool for program evaluation more difficult, requiring even greater involvement of sites in the participatory process of tool development.

RESULTS: During our initial year of funding, effective collaboration between the 47 program sites and the PCC has resulted in the programs' full participation in the cross-site evaluation. This collaboration has included 1) the use of participatory process to develop a cross-site evaluation tool to meet the needs of the diverse programs included in this initiative and 2) the use of PCC-supported technical assistance to empower agencies in their development of a site-specific research design, identification of measurable outcomes, and acquisition of IRB approval.

LESSONS LEARNED: Effective collaboration can occur between research and practice in ways that maintain the ethical considerations of program clients while still meeting the methodological restrictions of sound research. This collaboration requires participatory process to ensure that community agencies meeting the needs of clients are able to effectively demonstrate program effects; it also requires intensive support from research experts to assist with research design and evaluation.

ABSTRACT 641

Capacity Building for HIV Prevention: Program Models and Guidelines

de Palomo, FB¹; Cleveland, J²; Villar, C²; Kaplan, M¹; Ross, E¹

1 Academy for Educational Development, Centers for Community-Based Health Strategies, Washington, DC; 2 Centers for Disease Control and Prevention (CDC), Atlanta, GA

ISSUE: Capacity building and infrastructure development for HIV prevention programs have become topics *du jour*, however, the concepts and frameworks for capacity building have not been examined in depth. In this group oral workshop, Centers for Disease Control and Prevention (CDC) staff, in partnership with the Academy for Educational Development (AED), will provide an overview and "test" of an upcoming document — *Capacity Building for HIV Prevention: Guidelines*.

SETTING: This interactive institute will use small and large group exercises to help participants gain information and skills on capacity-building approaches. The institute will provide participants with the opportunity to participate in a "TA Clinic" — small group creative brainstorming and problem solving — on capacity-building activities. Materials include a draft copy of the capacity-building guidelines, and specific program models/approaches.

PROJECT: This group oral workshop focuses on providing participants with hands-on learning and creative problem solving around capacity-building activities to support HIV prevention. In addition, specific capacity-building models from the field will be presented and discussed. Participants will have an opportunity to discuss their respective current and planned capacity-building activities and approaches, and will gain information on how to implement capacity-building activities presented in the guidelines in their programs and project areas.

RESULTS: An overview of the *Capacity Building for HIV Prevention: Guidelines* Field-based models from two directly-funded community-based organizations, one health department, and a capacity-building assistance provider Creative capacity-building problem-solving How to implement capacity-building activities
LESSONS LEARNED: By the end of the workshop, participants will be able to: Identify the basic components of CDC's capacity-building framework Identify the difference between short- and long-term capacity-building outcomes Describe process to request capacity-building assistance supported by CDC Describe how to implement at least one capacity-building activity

ABSTRACT 642

Survey of Addiction Specialists – A Survey of Syringe Prescription for HIV Prevention

Taylor, L; Runarsdottir, V; Gross, M; Macalino, G; McKenzie, M; Zampi, A; Osei, A; Burris, S; Sanford, S; Rich, JD

The Miriam Hospital/Brown University, Providence, RI

BACKGROUND: Limited access to sterile syringes leads to the sharing of syringes between IDUs, and the spread of blood-borne infections. A pilot intervention to increase access to sterile syringes through syringe prescription by physicians was initiated in 1999.

OBJECTIVE: To assess attitudes and practices of physicians attending an addiction medicine conference regarding prescribing syringes to injection drug users (IDUs).

METHODS: A 14-question anonymous, self-administered survey was conducted at the American Society of Addiction Medicine's (ASAM's) Annual Medical Scientific Conference in April 2000.

RESULTS: There were 113 responders. Seventy-nine percent of respondents had active IDUs in their patient population. Only three reported ever prescribing syringes to IDUs with the specific intent that the syringes would be used for safer injection of illegal drugs. Nineteen (18%) had prescribed syringes to diabetic patients whom they knew would use the syringes for injecting illegal drugs. Overall, 61% indicated that they would consider prescribing syringes to IDUs, but this varied significantly between specialties. Of the psychiatrists, only 37% responded that they would consider prescribing, while 74% of internists, 65% of family medicine doctors and 63% of other specialists (included physicians only) answered that they would.

CONCLUSIONS: Prescription of syringes to IDUs can be part of a comprehensive approach to preventing the spread of HIV and other blood-borne pathogens, decreasing the medical complications of syringe reuse, and bringing IDUs into medical care and substance abuse treatment. The majority of addiction specialists surveyed expressed interest in prescribing. Psychiatrists, who may be treating a significant percentage of IDUs, may be less willing to do so.

ABSTRACT 644

Utilizing the Power of Peer Education as a Tool for HIV Prevention Among Urban Youth

James, B; Lozano, M; Sorett, J

ISSUE: Peer education has been documented as an effective tool for changing and shaping behavior. In particular, peer education is a particularly useful tool in shaping HIV prevention programs for youth.

SETTING: Community-based HIV prevention workshops and theatrical performances with a racially and culturally diverse group of pre-teen and teenage age youth in urban settings throughout the Greater Boston area.

PROJECT: By and For Youth (BFY) is an HIV/AIDS and Substance Abuse Prevention project, which builds on WEATOC's 20-plus year history of providing peer education services on a myriad of issues to Boston's urban youth. BFY addresses the particularities of the

disproportionate nature of the HIV/AIDS epidemic among African American and Latina/o youth by providing youth with knowledge and resources that allow for an informed decision-making process and a reduction in risky behavior. BFY also enables WEATOC to replicate its program at 6 – 10 local organizations, ranging from churches to community centers and neighborhood clinics; therefore making a greater impact on Boston's youth population.

RESULTS: BFY is currently engaged in the official evaluation process (2nd year of 3-year federal grant). However, the success of WEATOC's peer education model is demonstrated by its 22-year track record. Since its inception WEATOC's central program participants (over 1000) account for a total of one teenage pregnancy. This young lady still went on to finish high school and graduate from college. WEATOC reaches an average of 20,000 youth and adults annually through the mediums of workshop presentations and theatrical performances.

LESSONS LEARNED: WEATOC's BFY project reaffirms the power of peer education in changing behavior and reinforcing health decision-making. Building on the African Proverb, "Each one, teach," WEATOC peer educators continue to spread the message of HIV prevention.

ABSTRACT 645

"Are You Having Good Sex...?"

Philip, EW; Soliz, EV

Houston Department of Health and Human Services,
Houston, TX

ISSUE: The incidence of HIV infection among heterosexual, minority men, between the ages of 25 – 44 have and continue to increase at an alarming rate. The prevention and intervention techniques tend not approach these men in a manner that is non-traditional and neither culturally nor linguistically appropriate.

SETTING: Non-traditional focus group held in the Crystal Ballroom of the Rice Hotel, in Houston, Texas, with heterosexual men between the ages of 21 – 44, that were racially and economically diverse.

PROJECT: The HDHHS – Bureau of HIV/STD Prevention, created and developed the focus group to particularly address: (1) Traditional and non-traditional roles of manhood; and how those roles, based on their childhood, are included in the process of their sexual behavior; (2), To review their knowledge and understanding of

female/male anatomy and their concept of how that relates to their sense of sexuality and sensuality; (3), To challenge their feelings about negotiation and communication of safer sex with their partners; in conjunction with their sense of religion and/or spirituality; (4), Finally, educating and informing the participants on the issues of HIV/AIDS, and how the above topics shape their ideals of what safer sex is and how, if they choose, they negotiate and communicate the option of using safer sex precautions with their partners.

RESULTS: A total of 30 heterosexual, minority men participated in the focus group that addressed four areas as outlined above. While intervention and prevention workers acknowledge a consensus that, men have strong stereotypical beliefs about masculinity, which correlates to higher levels of unprotected sex. The majority of men also acknowledge a lack of prevention and intervention models and/or techniques that address the overt traditional messages that they receive in a manner that is culturally and linguistically sensitive.

LESSONS LEARNED: As we defined one of the primary lessons learned in this project, we confirmed that childhood, age-appropriate information and education that participants, either received or did not receive, continued to shape their decision-making process of engaging in various forms or relationships and on various levels. Lack of information and prevention messages that do not target heterosexual men in a cultural and linguistic manner can be associated with the increase of HIV/STI infections. This is because we, possibly unknowingly, do not effectively respond to this group in a fashion that is appropriate to their needs.

ABSTRACT 646

Outcome Monitoring of Prevention Case Management (PCM) With an Incarcerated Population: Four Years of Results

Bauserman, RL; Richardson, D; Shea, M; Bowlin, C; Tomoyasu, N; Christmyer, C; Solomon, L

Maryland Department of Health and Mental Hygiene, Baltimore, MD

BACKGROUND: High prevalence of HIV and AIDS in incarcerated populations, relative to other groups, indicates the need for effective HIV prevention interventions with this population. Maryland has conducted a PCM

program for this population, including group and individual skills-building sessions, since 1996.

OBJECTIVES: To evaluate changes in HIV-related perceived risk, behavioral attitudes and self-efficacy, and behavioral interventions following participation in the PCM program.

METHODS: Incarcerated men and women participated in a skills-building HIV prevention intervention in individual or group sessions or both. Participants completed mandatory modules (e.g., HIV and risk reduction) and optional modules on other topics (e.g., employment), according to individual needs as assessed by their PCM counselor. Change was assessed by comparing pre- and post-intervention surveys.

RESULTS: For the four-year period July 1996-May 2000, 743 participants completed both pre- and post-tests; 525 of these also had information on aspects of program implementation (modules completed, duration of participation, etc.). Participants showed significant increases in positive attitudes toward condoms, $t(677) = 7.1, p < 0.001$; self-efficacy for condom use, $t(665) = 7.2, p < 0.001$; self-efficacy to reduce injecting drug use (IDU) risk, $t(581) = 5.5, p < 0.001$; self-efficacy to reduce other substance-related risk, $t(645) = 6.7, p < 0.001$; and intentions to use condoms or abstain from sexual behaviors following release, $t(684) = 4.0, p < 0.001$. Males and females did not significantly differ in improvement. Both African Americans and whites showed positive change on all scales. African Americans scored higher than whites on all scales at pretest, but whites showed greater improvement in condom use and substance risk reduction self-efficacy, and safer sex intentions. Participation in group modules or sessions and total group duration were negatively correlated with improvements in condom attitudes self-efficacy, but positively with improvements in IDU risk reduction self-efficacy. Participation in individual sessions and total individual session duration correlated positively with improvements in condom attitudes.

CONCLUSIONS: Participants in Maryland's PCM program for incarcerated men and women showed positive change in attitudes, self-efficacy, and intentions regarding HIV risk reduction, consistent with a positive effect of program participation. Demographic- and implementation-related differences in reported change suggest areas of possible program improvement, such as examining cultural sensitivity and emphasizing individual sessions for condom education. Further research is needed on successful HIV prevention strategies for this population, as well as follow-up information on actual post-release sexual and substance use behavior.

ABSTRACT 647

The Biggest Risk Factor for Progressing to AIDS is Not Getting Tested for HIV*Schmidt, MA; Kent, J; Montgomery, JP*

Michigan Department of Community Health, Lansing, MI

BACKGROUND/OBJECTIVES: Early diagnosis of HIV is linked to better prognosis, decreased probability of progression to AIDS, and decreased risk of transmitting HIV to others, particularly with the availability of highly active antiretroviral therapy (HAART). We examined HIV-infected people reported to the Michigan HIV/AIDS surveillance system (HARS) to see if the proportion of persons who first enter the HIV-related health care system with signs of advanced HIV-infection had changed over time.

METHODS: Between 1996 and 1999, 3290 HIV-infected persons were reported to HARS. We looked at the proportion who were diagnosed with AIDS two months or fewer after having been diagnosed with HIV (late presenters), compared to those who presented with HIV more than two months before they were diagnosed with AIDS (early presenters) or those who did not develop AIDS. We also examined demographic characteristics of early and late presenters.

RESULTS: The proportion of this population (n = 3290) who were late presenters was 38% and did not change over time (p = 0.959). Men were more likely than women to present late in the disease process (p < 0.0001) and whites were more likely than blacks to be late presenters (p < 0.0001). Men who have sex with men (MSM) and injecting drug users (IDU) were more likely to be late presenters than those classified as heterosexual (p < 0.002). Of the subset that developed AIDS between 1996 and 1999 (n = 1807), 68% received their first HIV diagnosis two months or fewer before their AIDS diagnosis and did not change over time (p = 0.572).

CONCLUSIONS: People who enter care before they progress to AIDS tend to develop AIDS at a much slower rate. Therefore, it is of great concern that more than one-third of those presenting with HIV, several years after the introduction of HAART, still present simultaneously with AIDS. Late testing reduces our ability to prevent HIV-infected persons from progressing to AIDS and from transmitting HIV to others. IDU and white MSM have been the target of HIV-prevention programs since the beginning of the epidemic. Despite this, these data show that we have not been successful at getting the HIV-infected persons among these groups tested early and into care.

ABSTRACT 648

The Cochrane HIV/AIDS Group: Development of an International Registry of Biomedical HIV/AIDS Prevention Studies*Tholandi M¹; Kennedy, GE²; Rutherford, GW²*

1 California Department of Health Services, Sacramento, CA;

2 AIDS Research Institute, University of California, San Francisco, CA

ISSUE: Health professionals, including physicians, public health practitioners and researchers involved with HIV/AIDS prevention and intervention efforts, need easy access to the best available scientific evidence. The Cochrane Collaboration's HIV/AIDS Group is currently developing a centralized registry of all biomedical HIV prevention intervention trials. In addition to a biomedical registry, the Group continues to expand its behavioral, social and policy prevention registry, which contains more than 600 studies.

SETTING: The Cochrane Collaboration is an international network of health care professionals and consumers committed to developing, disseminating and maintaining regularly updated systematic reviews of the best evidence from research. Established in 1997, the HIV/AIDS Group is one of forty-seven such collaborative review groups and is based at the University of California (UCSF), San Francisco. The Group conducts systematic reviews of HIV/AIDS prevention, treatment and health services interventions.

PROJECT: Existing electronic databases that are currently being searched to compile the HIV biomedical prevention intervention registry include: AIDSTRIALS, MEDLINE, EMBASE, and the Cochrane Library. Studies that are either randomized controlled trials or controlled clinical trials are included. The final centralized registry will include field parameters so that the database may be searched to create intervention subsets according to keywords including study design, population or intervention type. The completed registry will be available on-line to members of the Cochrane HIV/AIDS Group.

RESULTS: Biomedical interventions, including treatments of sexually transmitted diseases, vaginal microbicides, post-exposure prophylaxis, perinatal HIV transmission, and condoms for heterosexually transmitted HIV are currently targeted for inclusion in the registry. The database contains approximately 200 studies to date.

LESSONS LEARNED: A centralized biomedical registry will serve to identify gaps in current HIV/AIDS research

and will also facilitate the process of identifying studies for evidence-based reviews. In this session, we will discuss search strategies used to compile the database. We will also inform the audience about the Cochrane HIV/AIDS Group, accessing the registry and opportunities for individual involvement with the Group.

ABSTRACT 649

Building Synergy Between Hepatitis and HIV Prevention Efforts

Anderson, MA; Hoffman, R; Timmons, L

Academy for Educational Development Centers for Community-Based Health Strategies, Washington, DC

ISSUE: An estimated 1.25 million Americans are chronically infected with hepatitis B. An estimated four million Americans are chronically infected with hepatitis C, while only five percent of this number are aware they have the virus. Approximately 30 – 40% of individuals with HIV are co-infected with hepatitis C. Many barriers exist for individuals seeking care for hepatitis. Hepatitis is still not recognized as a major concern in many communities and several programmatic needs exist including training, education, prevention, referral, diagnosis, and management services.

SETTING: Collaboration with local and national partners, which includes health departments and program planners, will be utilized. The Centers for Community-Based Health Strategies will work closely with hepatitis infected/affected communities.

PROJECT: The Academy for Educational Development Centers for Community-Based Health Strategies (CCHS), in partnership with the National Minority AIDS Council (NMAC), are working to help prevent and control viral hepatitis among two populations that are at especially high risk for infection, men who have sex with men (MSM) and injection drug users (IDUs) of color. The primary goals of HepSmart are to identify culturally relevant educational materials and messages on viral hepatitis control and prevention for MSM and IDUs of color and to test, disseminate, and evaluate accurate, effective, and culturally-relevant educational materials and messages on viral hepatitis control and prevention for MSM of color. The HepSmart Project will collaborate with local and national partners to conduct a needs assessment of current hepatitis prevention efforts across the country that focus on MSM and IDUs of color.

RESULTS: Based upon a national needs assessment of current hepatitis prevention efforts and materials across the country, a wide range of hepatitis programs and materials were found to exist. The HepSmart project also collected data on current prevention activities for MSM and IDUs of color, delivered at the local level.

LESSONS LEARNED: The HepSmart Project's findings indicate that there is a wide range of hepatitis prevention efforts occurring at the national and local levels. These findings will be discussed. The issues of incorporating hepatitis prevention into HIV prevention efforts and examining the relationship between HIV and hepatitis, including shared risk behaviors, still need to be addressed.

ABSTRACT 650

Physician Prescribing of Syringes to Prevent HIV and Hepatitis

Rich, JD^{1,2}; McKenzie, M; Paul, RV; Olson, J; Osei, A; Taylor, L; Zampi, A; Francois, A; Macalino, G

1 Brown University, Providence, RI; 2 The Miriam Hospital, Providence, RI

BACKGROUND: Rhode Island ranks among the highest in the nation for injection drug use (IDU) associated AIDS cases (over 50%) and syringe reuse rates (mean 14 times per syringe). Syringe laws have traditionally been severe in Rhode Island, limiting access to sterile syringes IDUs.

OBJECTIVES: A pilot intervention of syringe prescription by physicians was initiated in 1999 to reduce the spread of HIV and hepatitis B and C. The project goals are to increase access to sterile syringes, reduce syringe sharing while providing primary health care services, and a conduit to substance abuse treatment and other IDU-relevant services.

METHODS: Each participant receives free medical care, including HIV, hepatitis, and TB testing, and, if necessary, prescriptions for free sterile syringes. Follow-up medical appointments and referrals are scheduled as needed. Participants are interviewed at enrollment and at 3, 6, and 12 months.

RESULTS: Of 343 participants enrolled, we have preliminary data on the first 268: 64% are male, 56% are white, 25% black, 47% homeless, and the average age is 38. The drug of choice is heroin (85%); 60% do not have a regular doctor; 42% report ever having used the Rhode Island needle exchange; and 27% use the exchange on a regular basis. In 3-month follow-up

(N = 101), there was a decrease in syringe re-use (14 times at baseline to 5 times at 3 months); a decrease in injecting with shared syringes in the last 30 days (43% to 22%); and a decrease in number of injections per day (4.9 to 2.7).

CONCLUSIONS: 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, demonstrating that this is a feasible practice to increase access to sterile syringes and outreach to an underserved community. In addition, the physician-patient relationship facilitates utilization of medical care and may facilitate entry into substance abuse treatment or other IDU-relevant services. The syringe prescription program could serve as a complement to existing programs such as the needle exchange to provide greater access to syringes and medical care, reducing the risk for HIV and other blood-borne pathogens.

ABSTRACT 651

Psychiatric Diagnoses Among Adolescents Bereaved and Living with a Parent with HIV

Rotheram-Borus, MJ¹; Lee, S-J¹; Comulada, S¹; Leonard, N²; Ilardi, M²; Song, J¹

1 Center for Community Health, UCLA – Neuropsychiatric Institute, Los Angeles, CA; 2 Family Studies Unit, UCLA, New York, NY

BACKGROUND: Emotional distress, both anxiety and depression, have been documented among children with somatically ill parents and bereaved children. Parents living with HIV are often emotionally distressed and parental distress is likely to be associated with their adolescent children's distress as it has in other samples of parents and youth.

OBJECTIVES: To examine the psychiatric disorders of adolescent children living with a parent with HIV and compare them to adolescents who were bereaved by parental death from HIV.

METHODS: Adolescent children and their parent living with HIV were recruited and followed longitudinally for up to 72 months. Over the follow-up period, 48% of the parents died. At 2 – 5 years following parental death, interviews with the Composite International Diagnostic Interview (CIDI) were conducted with the bereaved adolescents and non-bereaved adolescents in the study.

RESULTS: A total of 339 adolescents completed the CIDI. They were a mean age of 14.73 years (S.D. = 2.03), predominately female (56%), and of African American (37%), Latino (51%) and Other (12%) ethnicity. High rates of post-traumatic stress disorder (24%), depressive disorder (18%), and anxiety disorder (39%) were reported by the youth. Bereaved adolescent males and non-bereaved females reported significantly higher rates of generalized anxiety disorders compared to other groups. Non-bereaved youth reported significantly higher rates of post-traumatic stress disorder compared to bereaved youth. When youth bereaved by HIV were queried regarding psychiatric symptoms following parental death, higher rates of depressive symptoms typically persisted for more than 3 years.

CONCLUSIONS: It is important to recognize the resiliency of youth coping with difficult life situations, more than half (56%) did not report psychiatric diagnoses as measured by the CIDI in this study. However, the base rates of depression and anxiety disorders were higher than would be expected. Further, bereaved youth were about 1.7 times more likely to have a depressive disorder than non-bereaved youth. These results suggest there is an increasing negative impact of parental death over time for adolescents.

ABSTRACT 652

Trends and Regional Variation in Public School Education About STDs/HIV/AIDS in an Abstinence Promotion Environment, 1988 – 1999

Landry, DJ; Darroch, JE; Singh, S

The Alan Guttmacher Institute, New York, NY

BACKGROUND/OBJECTIVE: This study analyzes changes in the teaching of sexuality education in the public schools between 1988 and 1999. Particular emphasis is placed on the teaching of abstinence-only versus more comprehensive approaches that incorporate instruction on HIV/AIDS and effective condom use. The extent and importance of regional differences in the teaching of sexuality education is examined.

METHODS: In 1999, a nationally representative survey collected data from 3,754 teachers in grades 7 – 12 in the five specialties most often responsible for sexuality education. Results from those teachers and from the subset of 1,767 who actually taught sexuality education are compared with the findings from a comparable national survey conducted in 1988. Logistic regression analyses are conducted to ascertain what factors are associated with teaching abstinence-only versus more comprehensive sexuality education.

RESULTS: In 1999, 93% of all respondents reported that sexuality education was taught in their school at some point in grades 7 – 12; sexuality education covered a broad number of topics, including sexually transmitted diseases (STDs), abstinence, birth control, abortion and sexual orientation. Some topics — how HIV is transmitted, STDs, abstinence, how to resist peer pressure to have intercourse and the correct way to use a condom — were taught at lower grades in 1999 than in 1988. In 1999, 23% of secondary school sexuality education teachers taught abstinence as the only way of preventing pregnancy and STDs, compared with 2% who did so in 1988. Teachers surveyed in 1999 were more likely than those in 1988 to cite abstinence as the most important message they wished to convey (41% vs. 25%).

CONCLUSIONS: Sexuality education in secondary public schools is increasingly focused on abstinence and is less likely to present students with comprehensive teaching that includes necessary information on topics such as the use of condoms as a form of STD/HIV prevention, abortion and sexual orientation. Because of

this, and in spite of some abstinence instruction that also covers birth control and condoms as effective methods of prevention, many students are not receiving accurate information on topics their teachers feel they need.

ABSTRACT 653

Peer Led Drop In Program for High Risk Youth In Chicago

Olszewski, Y¹; Murphy, JT²

1 Howard Brown Health Center, Chicago, IL; 2 Chicago Department of Public Health, Chicago, IL

ISSUE: The north lakefront area in Chicago comprises a geographic region home to a large proportion of the city's GLBT community. It is also an area of the city that attracts many GLBTQ youth, as well as, homeless/throwaway youth. These youth are at particularly high risk for HIV and STDs.

SETTING: A Friday night Drop-In Program (DIP), located in Chicago's north lakefront area, where many homeless, GLBTQ youth hangout and socialize, that provides a safe space for disenfranchised youth.

PROJECT: DIP has offered comprehensive services for at risk youth for six years and is located in Chicago's north lakefront area, which is frequented by high-risk street youth. This has been accomplished through public and private partnerships. This particular area is the "entry port" to Chicago for homeless youth. Trained peer educators (PE) offer street outreach and indoor education, social activities, and peer support. The youth PEs, who are seen as gatekeepers, provide a sense of neutrality to other youth who may be intimidated to enter into a formalized health care setting. The DIP offers testing to youth, free of cost, for HIV and STDs. DIP has had a three-year-long collaboration with the Chicago Department of Public Health, who currently provides DIP with the ability to offer free STD testing to youth. DIP also enables youth to access comprehensive medical care that tend to go unattended because of the lack of "youth friendly" spaces to receive such services. The DIP's testing nights offers great convenience for youth seeking these services. DIP is also a place that is seen as a social program where trustworthy medical and referral services are conveniently provided.

RESULTS: In the year 2000, 550 youth visited the DIP, and the PEs made 2,635 street outreach contacts. Of these contacts, there were 96 youth tested for HIV and 87 tested for gonorrhea and chlamydia (GC/Ch). Of those tested, 4% tested positive for HIV, 3% tested positive for GC

and 3% for Ch. All of the infected youth received or were referred for appropriate medical treatment and services.

LESSONS LEARNED: As members of, and young persons familiar with the local youth street culture, the DIP PEs are able to provide very effective interventions for at risk youth. The in-depth training that they receive makes them approachable, accessible and an important source of information for at-risk youth in need. Utilizing available resources and partnering with other organizations to maximize services for the unmet needs of this hard to reach population has proven to, be an effective way to educate hundreds about risk reduction practices. More importantly, an effective way for concerned youth to demonstrate their compassion and contribute towards protecting the overall well being of their peers.

ABSTRACT 654

Motivational Enhancement for Physicians Prescribing Syringes to Injection Drug Users to Prevent HIV

Rich, JD^{1,2}; Morrow, K; Cunliffe, T; Taylor, L; Zampi, A; Osai, A; McKenzie, M; Macalino, G

1 Brown University, Providence, RI; 2 The Miriam Hospital, Providence, RI

ISSUE: Physicians who interact with injection drug users have a unique opportunity to encourage drug users to reduce their high-risk behaviors for HIV and enter substance abuse treatment. Injection drug users coming to a syringe prescription program, by the very nature of the intervention, are encouraged to have an open discussion of their drug use behaviors during the process of obtaining syringe prescriptions.

SETTING: A syringe prescription program in Providence, Rhode Island, with 350 active drug users enrolled to date.

PROJECT: A specific motivational enhancement evaluation of physician practices aimed at encouraging injection drug users to enter substance treatment and decrease HIV risk behaviors.

RESULTS: The four physicians currently participating in syringe prescription without specific motivational training are actively involved in informally evaluating patients' stage of readiness to change HIV risk behaviors and enter substance abuse treatment programs. Physicians are also encouraging participants to reduce risk behaviors. However, many opportunities for improvement in motivating participants for treatment are frequently lost or missed.

LESSONS LEARNED: A specific motivational enhancement training in a setting of syringe prescription may be beneficial in assisting physicians in motivating their patients to reduce HIV related high-risk behaviors. Further, this may also be of value in motivating patients for behavior change in other settings as well. Physicians who treat injection drug users are in a unique position to impact the HIV risk behaviors of their patients, for both primary and secondary HIV prevention.

ABSTRACT 655

HIV Knowledge and Risk Behaviors Among Persons Living with HIV/AIDS in Resource-Poor Settings

Smith Fawzi, MC¹; Behforouz, H²; Jagannathan, P³; Eusebe, C³; Kim, JY³

1 Harvard Medical School, Boston MA 2 Brigham and Women's Hospital - Women's Health Center, Boston, MA; 3 Prevention and Access to Care and Treatment program (PACT), Partners in Health/Soldiers of Health, Boston, MA

ISSUE: Healthcare providers and other individuals involved with direct services with persons living with HIV/AIDS (PLWHA) often encounter many obstacles in ensuring access to high quality care in resource-poor settings. Given that the epidemic has shifted towards an increasing incidence among communities of color, it is important to examine factors that may improve health outcomes among those who are HIV-positive and to investigate new strategies for preventing the spread of HIV.

SETTING: Community center in a resource-poor area of Boston.

PROJECT: The Prevention and Access to Care and Treatment (PACT) program at Soldiers of Health/Partners In Health provides case management services for individuals living with HIV and promotes education and prevention among high-risk individuals in the area (e.g. substance users). We analyzed intake information for the first 50 HIV-positive clients who enrolled in our case management services.

RESULTS: The majority of this population was male (68%), with 10% African American or Caribbean and 78% Latino. Only 58% were literate in English, and the average grade attained was 9th grade. Approximately 18% of this population was homosexual. Out of this population, only 66% knew their CD4 count, and 58% knew their viral load at intake. Although this population

had knowledge of their infection for an average of 6.7 years, there were a number of gaps in HIV-related knowledge and protective behaviors in this group. For example, only 58% of this group selected “false” when asked whether “condoms make intercourse completely safe.” In addition, 8% of this population was not aware that oral intercourse carried a risk for HIV transmission. Similar results were observed among other items related to knowledge. In addition, only 42% of the group indicated that they always use a condom when they are having sex with their partner. Ten percent of this population also indicated that they were sharing needles at the time of the interview.

LESSONS LEARNED: HIV knowledge among PLWHA may present with some critical gaps that can potentially result in poorer health outcomes and an increase in the transmission of HIV. Implications of these results in terms of access to care, adherence to medications, and prevention of HIV transmission are discussed.

ABSTRACT 657

Strategic Plan for Eliminating Perinatal HIV Transmission (PHT) in the United States (US)

Fowler, MG; Cleveland J; Lindegren ML; Hale, D; Abdul-Quader, A; Hammett, T; Dominguez, K; Orloff, S; Sansom, S for the CDC Perinatal HIV Evaluation Working Group

Centers for Disease Control and Prevention, Atlanta, GA

ISSUE: US perinatal HIV transmission rates have dramatically decreased over the last 6 years through receipt among HIV+ pregnant women and their infants of a cascade of services. These services include prenatal care, perinatal HIV counseling and testing (C&T), HIV-related care of the mother, perinatal HIV prophylaxis, and counseling regarding the avoidance of breastfeeding. However, women who receive late or no prenatal care and/or are substance abusers may fail to receive the full cascade of services. In addition, some health care practitioners fail to offer HIV C&T to pregnant women or fail to emphasize the importance of testing. State and local policies may not facilitate the delivery or documentation of services.

SETTING: CDC has developed a three-pronged strategy toward the elimination of perinatal transmission in the United States, including 1.) funding state and local prevention programs to reduce perinatal HIV transmission;

2.) conducting enhanced surveillance of infants exposed to HIV; and 3) involving key national organizations in prevention efforts. The CDC strategy is in its 3rd of 5-year project period.

PROJECT/ RESULTS: 1.) State and local health departments, located in 16 sites with the highest HIV seroprevalence among pregnant women have focused on 6 main areas including: rapid HIV testing late in pregnancy or at delivery for women untested earlier in their pregnancy; provider training; outreach to high risk women, case management for HIV-infected pregnant women and their infants, social marketing campaigns, and policy development. 2.) Enhanced perinatal surveillance activities are being conducted in 26 health departments to monitor the cascade of services and to help assess program impact. 3. National organizations involved in maternal child health, and urban and pediatric HIV issues are working to improve provider training and capacity-building among those who delivery services.

LESSONS LEARNED: Early lessons include: 1.) Streamline and simplify the training process for providers; 2.) Integrate services such as family planning, substance abuse rehabilitation, pregnancy testing, HIV counseling and testing and other perinatal infectious disease prevention efforts; 3.) Include consumers in planning of prevention programs; 4.) Develop protocols to standardize counseling and testing and HIV-treatment and prophylaxis; 5.) Develop policy at state or local level to facilitate the provision and documentation of the cascade of services; 6.) Recognize that states without HIV-reporting laws may still be able to collect information about HIV-exposed children through existing reporting laws.

ABSTRACT 659

Community Response – Syphilis Outbreak in Los Angeles Among Men Who Have Sex with Men (MSM) – 2000

Ford, TM¹; Klosinski, L²; Bailey, J³

1 AIDS Healthcare Foundation, Los Angeles, CA; 2 AIDS Project Los Angeles, Los Angeles, CA; 3 Los Angeles Gay and Lesbian Center, Los Angeles, CA

ISSUE: With the outbreak of syphilis among men who have sex with men (MSM), there was an urgent need for the creation and distribution of persuasive health promotion and prevention messages which would have

an immediate effect in reducing the risk for both syphilis and HIV and stopping the spread of the outbreak.

SETTING: Prevention interventions were focused in geographic areas of the highest concentration of cases — primarily West Hollywood, Hollywood, Silver Lake and Long Beach. Expanded STD and HIV testing was initiated in primary care settings, however, the community response by the three presenting agencies was focused in areas of very high risk. These interventions were concentrated in areas outside of sex clubs and bathhouses, outside and inside of gay bars, in back alleys and parks where MSM are known to have anonymous sex.

PROJECT: The LA Department of Health Services (DHS) called upon the community AIDS service organizations (ASOs) to help design an immediate action plan to stop the outbreak. Although other agencies participated, the three submitting agencies were chosen and funded by the Board of Supervisors to work together to create sex-positive and erotic social marketing prevention materials (posters, postcards, print advertisements, video, etc) targeted at MSM of all races/ethnicities and ages, distribute these materials in both English and Spanish throughout the community, provide expanded STD and HIV testing through mobile testing units and community events, greatly expand condom distribution within the highly affected areas and to bring all of the stakeholders together for the first time to unify in the response to the outbreak — this included bathhouse and sex club owners, DHS staff from both the LA County STD Programs and Office of AIDS Programs and Policy (OAPP), as well as community ASOs.

RESULTS: The syphilis outbreak was confirmed on March 22 when health officials reported 18 new syphilis cases among MSM. By May 18th, the number of cases linked to the outbreak had risen to 92. Within a month of that, the outbreak “capped” or stalled at just over 100 cases. The combined DHS and ASO interventions had a significant effect in making the population at risk aware of the outbreak. The link between HIV and syphilis was emphasized — resulting in the increase of both HIV and syphilis testing during the peak of the marketing efforts.

LESSONS LEARNED: Many lessons were learned. Large agencies at odds can work together effectively; a lack of knowledge and fear of syphilis dramatically aided HIV testing efforts in reaching high risk MSM; the outbreak brought community agencies, business owners and DHS together with a sense of urgency. That sense of urgency must be sustained in order to stop the spread of HIV and other STDs. The shortcomings of HIV and STD prevention in Los Angeles became clearly evident during the outbreak — the lack of integration of STD

prevention with HIV prevention, the lack of community based testing at alternative venues, a shortage of “sexy” collateral materials, and the lack of community leadership, communication and collaboration. All of these issues have been reviewed and discussed post-outbreak, but sustainable solutions are the bigger challenge.

ABSTRACT 660

The New York LINK: Horizontal Resource Exchange Among PLWHAs and NGOs in the Caribbean, Central America and New York City

Cicatelli, B; Pedraza, J; McEvoy, P; Chi, B

Cicatelli Associates Inc., New York, NY

The New York LINK is part of the Caribbean Empowerment Initiative, a collaborative partnership between UNAIDS, UN Volunteers, New York State AIDS Institute, Cicatelli Associates Inc. (CAI), and several Caribbean countries — Dominican Republic, Haiti, Jamaica, Guyana, Barbados, Trinidad & Tobago, Curacao (Netherlands–Antilles), Cuba, and Suriname. The project was developed in response to the increasing needs of community-based organizations (CBOs) to develop more effective and culturally competent HIV prevention interventions for rapidly growing Caribbean communities throughout New York, especially in New York City.

In Spring 2001, representatives from five of the 10 partnering Caribbean countries (Haiti, Dominican Republic, Jamaica, and Guyana) were brought to New York City for a two-week “resource exchange” project that was to facilitate their linkage to CBOs in New York City that serve corresponding Caribbean communities. These activities were aimed at developing a “bridge” or “linkage of exchange” that would accomplish the following:

- Facilitate the exchange of HIV/AIDS prevention strategies and technology between NGOs and health ministries of Caribbean countries and agencies in New York City;
- Increase access to HIV/AIDS treatments; and
- Provide a forum through which “best practices” are shared between New York City CBOs and the partnering Caribbean countries as well as between the partnering countries.

During the two-week visit, Caribbean participants met with several New York City CBOs and had opportunities to participate and learn about different HIV prevention

interventions and programs. The participants, in turn, shared some of the strategies and prevention activities that are being used in Caribbean countries, in the face of very limited resources, stigma, and lack of access to treatment. This was an opportunity for both sides to share strategies and resources and learn lessons learned.

Cicatelli Associates Inc., a non-profit 501(c)3 training and technical assistance organization, is the coordinating center for the project; developing training materials, providing technical assistance in capacity building for in-country HIV prevention activities, facilitating the "linkage" relationships, and maintaining project data for evaluation and reporting purposes.

Our panel presentation will be an overview of the visit, its development, the different information and resources shared, the evaluation and lessons learned.

ABSTRACT 661

HIV-Specific Prenatal Classes: A Novel Adherence Strategy for Promoting Maternal Well-Being and Reducing Perinatal Transmission

Garcia, PM; Stanislawski, DM; Statton, A; Marder, R; Taylor, D

Pediatric AIDS Chicago Prevention Initiative, Chicago, IL

ISSUE: Effective interventions to reduce perinatal transmission of HIV include adherence to antiretroviral therapy in order to achieve an undetectable or low viral load, cesarean delivery prior to labor or rupture of membranes, suppression of lactation and administration of AZT syrup to newborns. Information presented in traditional prenatal classes (e.g., avoidance of potentially harmful drugs, presenting to Labor and Delivery only after labor is well-established, the encouragement of breast feeding) is often inappropriate or counter productive for HIV infected women who may feel very isolated in this setting.

SETTING: Community-based HIV-specific prenatal education classes taught by experienced HIV, pediatric and obstetric providers.

PROJECT: A series of prenatal classes was specifically designed for HIV-infected women in order to help them better understand and cope with having a healthy pregnancy and baby in the setting of HIV infection. The class provides a supportive environment in which to review some basic issues of pregnancy, childbirth and

newborn care as it pertains to HIV infection. The goal of the class is to enhance understanding and adherence with strategies that will promote maternal health and maximize the chance of delivering an HIV-free infant. The specific issues addressed include: the safety and importance of HIV medicines in pregnancy, the biology of perinatal transmission and effective strategies to prevent it, route of delivery decisions, coping strategies for postpartum depression, how and why to suppress lactation, administration of AZT syrup to newborns, the meaning and importance of testing and follow-up for infants, contraception and safer sex and whether to continue antiretroviral therapy after pregnancy.

RESULTS: Client satisfaction, the rate achievement of an undetectable viral load, adherence with the prescribed delivery plan and rate of newborn/maternal follow-up will be compared for three groups of HIV infected women: those attending routine prenatal classes, those attending HIV-specific prenatal classes and those not attending prenatal classes.

LESSONS LEARNED: HIV-specific prenatal classes may be an effective adherence tool to improve maternal and neonatal health outcomes. Incentivising participation through the provision of transportation, childcare, food and mother/baby items is important.

ABSTRACT 662

Linkage of Medical Care and Community Services for HIV+ Offenders Being Released From Prison as Secondary Prevention

Rich, JD; Holmes, L; Salas, C; Macalino, G; Davis, D; Ryczek, J; Flanigan, T

ISSUE: HIV infection is more prevalent among the incarcerated than the general population. For many offenders incarceration is the only time that they may access primary care.

SETTING: Project Bridge is a federally funded demonstration project that provides intensive case management for HIV positive ex-offenders being released from the Rhode Island state prison to the community.

PROJECT: The program is based on collaboration between co-located medical and social work staff. The primary goal of the program is to increase continuity of medical care through social stabilization and follows a

harm reduction philosophy in addressing substance use. Program participants are provided with assistance in accessing a variety of medical and social services. The treatment plan may include the following: mental illness triage and referral, substance abuse assessment and treatment, appointments for HIV and other medical conditions, and referral for assistance to community programs addressing basic survival needs.

RESULTS: In the first three years of this program, 97 offenders were enrolled. Injection drug use was reported by 80% of those enrolled. 90% were followed for 18 months; 7% moved out of state or died; and 3% were lost to follow-up. 48% were re-incarcerated at least once. 75% of those expressing a need were linked with specialty medical care in the community, and 100% received HIV related medical services. 67% of those expressing a need for substance abuse treatment were successful in keeping appointments for substance abuse treatment within the community.

CONCLUSION: Project Bridge has demonstrated that it is possible to maintain HIV positive ex-offenders in medical care through the provision of ongoing case management services following prison release. Ex-offenders will access HIV related health care after release when given adequate support. This appears to have a beneficial effect upon secondary prevention by decreasing HIV risk behaviors.

ABSTRACT 663

Expanded Use of Rapid HIV Testing

Kroc, K¹; Doty, R¹; Harden, R¹; Wilson, B¹; Kendrick, S¹; Rydman, R²; Withum, D³; Branson, B³; McAuley, J⁴; Mennella, C⁴; Weinstein, R¹; Peterman, T³

1 CORE Center, Chicago, IL; 2 Cook County Hospital, Chicago, IL; 3 Centers for Disease Control and Prevention, Atlanta, GA; 4 Cook County Jail, Chicago, IL

BACKGROUND: Delayed receipt of positive standard HIV test (ST) results and delayed entry into care are common problems in public clinics. Early knowledge of HIV-positive (HIV+) serostatus allows the patient (pt) to learn protective behaviors, avoiding transmission of HIV to others and benefit from early entry into care and introduction to HAART. High-risk pts who test HIV negative (HIV-) can access available prevention services and adopt HIV risk reduction behavior. To assess if point of care rapid HIV testing (RT) is feasible in high volume,

challenging public medical settings, RT was offered in an STD Clinic, a county jail receiving area and in the near future in a public hospital ER. RT performance, test acceptance, and pt entry and retention in care were also evaluated.

METHODS: SUDS® HIV-1 rapid test was used to test pts. Eligible pts were age ≥ 18 and able to provide informed consent. Known HIV+ pts were excluded. Conventional EIA testing was performed on all specimens. Health educators performed all counseling, phlebotomy, RT, and pt follow-up.

RESULTS: STD Clinic: Three-quarters of pts approached (N = 2641) were eligible (N = 2018). Sixty-eight percent (N = 1372) of eligible pts accepted RT, 10% (N = 209) refused RT but accepted ST, 20% (N = 403) refused all testing, and 2% (N = 34) were refused for study inclusion. Thirty-seven (2.7%) were positive and confirmed by Western Blot (WB). Mean time between pts entering pretest and completing post-test counseling was 69 minutes; 99% of RT patients received results and were post-test counseled. Eighty-six percent (N = 31) of RT HIV+ pts went to their first clinic appointment within an average of 9.5 days vs. 54.8 days for a historical cohort of 98 ST pts. Fifty percent (N = 18) of RT pts have been retained in care for ≥ 6 months.

Jail: Of 1156 females approached for RT, 82% (N = 952) were eligible, 49% (N = 470) accepted RT, 44% (N = 422) refused all testing, and 7% (N = 60) were refused for study inclusion. Ninety-nine percent learned their results prior to leaving the receiving area. Four were positive and confirmed by WB for a prevalence of 0.85%; none reported for their first clinic visit without additional contact from staff.

CONCLUSIONS: These data suggest that RT is acceptable and feasible in these high volume public settings. Performed on site, RT significantly increases the number of people who learn their test results. Data suggest that RT in the STD Clinic can promote early entry into medical care. RT was associated with a higher proportion and more timely engagement of pts in treatment thereby reducing costs related to delays in initiating treatment. Reasons for low prevalence and relatively low test acceptance rate in the jail require further study.

ABSTRACT 664

Outreach Assisted Case Management: A Model for HIV and STD Prevention

Levy, J; Valle, M

School of Public Health, University of Illinois, Chicago, IL

ISSUE: Despite posing a grave threat to health, avoiding HIV poses just one more problem in a life already filled with problems for injecting drug users (IDUs). Consequently, HIV prevention activities may take low priority when compared to confronting other, more pressing difficulties.

SETTING: A converted storefront in a high-crime, impoverished neighborhood on the west side of Chicago with high rates of drug use and HIV.

PROJECT: Outreach-assisted HIV prevention case management helps active IDUs who are not in drug-treatment to successfully meet their basic survival needs within a context of AIDS education and social support. Its goal is to help IDUs who are HIV seronegative to remain negative. In a test of the model, outreach workers recruited 208 active IDUs for HIV/STD counseling and testing followed by random assignment of the 198 who tested HIV seronegative to a standard (AIDS education only) versus enhanced condition. In addition to providing the standard intervention, the latter offered street-based case management services that included social support and help in accessing medical, social, and drug treatment services.

RESULTS: HIV prevention using outreach-assisted case management is highly needed by IDUs. Of the sample, 6% tested positive for untreated gonorrhea, 6% tested positive for chlamydia, 12% for hepatitis B, and 67% for hepatitis C, along with numerous other illnesses. Besides medical treatment, IDUs have a critical need for food, housing, and drug treatment that case management helps to alleviate while promoting HIV risk-reduction.

LESSONS LEARNED: Education alone is insufficient. HIV programming also must address other competing problems of high-risk groups.

ABSTRACT 665

In the US, Who Has Stigma Regarding Persons With HIV?

Newman, DR; Eroglu, D; Fanning, M; Peterman, TA

Centers for Disease Control, Atlanta, GA

BACKGROUND: HIV-related stigma has adversely affected lives of those infected with the virus. Stigma surrounding HIV infection is also believed to hinder progress in controlling the epidemic. In order to eliminate stigma, it is important to identify and characterize those who embrace stigmatizing beliefs, and to target them with appropriate messages. We present responses from a survey (Fall 2000) to two opinion statements indicating HIV-related stigma and describe those who agree with these opinions.

OBJECTIVE: To characterize individuals who admit to strong negative feelings concerning people diagnosed with HIV.

METHODS: Surveys were mailed to an adult sample that was stratified on different demographic variables to ensure representativeness. In all, 2353 usable surveys were returned, yielding a 75% response rate. Responses to two opinion statements were analyzed: "People with HIV are dirty" and "People with HIV should be ashamed of themselves". Agreement with these statements was measured on a 5-point Likert scale. We dichotomized responses into those who agree (moderately agree and strongly agree categories) and those who do not. Logistic regression was used to estimate the association of gender, race, knowing someone with HIV, marital status, education, and age with agreement with the two stigmatizing opinions.

RESULTS: Of those who responded, 7% thought "people with HIV are dirty", and 9% thought "people with HIV should be ashamed". Significant associations with the opinion that "people with HIV are dirty" include: male (adjusted odds ratio [AOR] = 1.9, 95% CI = 1.4 to 2.7); minority race (AOR = 1.8, 95% CI = 1.3 to 2.7); and age ≥ 65 (AOR = 1.8, 95% CI = 1.3 to 2.6). Similar associations were found for the opinion that "people with HIV should be ashamed": male (AOR = 1.4, 95% CI = 1.1 to 1.9); minority race (AOR = 1.5, 95% CI = 1.1 to 2.1); age ≥ 65 (AOR = 2.7, 95% CI = 1.9 to 3.6); and high school or less (AOR = 1.4, 95% CI = 1.1 to 1.9).

CONCLUSIONS: In the US, it appears that males, minority races, and older people harbor more negative

opinions of persons diagnosed with HIV than the general population. Stigma reduction programs should be developed to reach members of these groups.

ABSTRACT 666

Outcomes of HIV Counseling Among South African Women Receiving Same-Day HIV Rapid Test Results in a Community Setting

Smith, DK¹; Nkala, B²; Campbell, CH¹; Mqoqi, Z²; Rees, H²

1 Centers for Disease Control and Prevention, Atlanta, GA; 2 Reproductive Health Research Unit, Johannesburg, South Africa

BACKGROUND: Adaptation of HIV test-decision and prevention counseling protocols is needed for use with fingerstick whole blood tests for HIV infection that provide results during the counseling session.

OBJECTIVES: To evaluate the behavioral and emotional response to same-day counseling and testing procedures in a peri-urban South African township with high rates of HIV infection.

METHODS: Women invited from the general community and clinic waiting rooms in Orange Farm who consented for screening for an incidence study received HIV test-decision counseling, risk-reduction counseling, and HIV testing with dual rapid assays. Seronegative (SN), sexually active, nonpregnant women who enrolled in the study were interviewed, examined, treated for diagnosed STDs and received risk-reduction counseling every 3 months for a year. HIV high-risk behaviors assessed included women's multiple partners, belief that her partner had multiple partners, and known infected partners. After each counseling session, data was collected on the content and outcomes of the session (Analyses reported here use Chi-square tests; (*) indicates $P < 0.001$, and n.s. = $P > 0.05$).

RESULTS: Through January 2001, 1395 women had screening counseling sessions; 98% consented to HIV testing; 25% were seropositive. Forty-one percent of women screened identified high-risk behaviors; seropositives (SP) 3.7 times more often than seronegatives (SN)(*). Ten percent of SP reported a partner with known HIV infection; 1% of SN. Seventy-one percent of women committed to a personal risk-reduction plan; 40.2% of SP intended to disclose to their sex partner(s) and 32%, to other supportive persons. Seventy-two percent were

reported to have a good or excellent emotional state during counseling; 10% had a poor state, 32% of SP and 1% of SN(*). Thirty percent of SP and < 1% of SN accepted referral for social support services. For the 486 SN women enrolled in the incidence study, 875 follow-up counseling sessions have occurred. At enrollment, 76% had discussed condoms, and 38% always used condoms with their main partner; 68% always had condoms available. At follow-up, 79% had discussed and 43% always used condoms with their main partner (n.s. vs. baseline) while 82% always had condoms available (*). At follow-up counseling 36% identified a high-risk behavior (*).

CONCLUSIONS: Among women offered same-day counseling and testing, acceptance is high, high-risk behavior is often identified, and poor emotional response to counseling and HIV test results occurs in a minority. Among SN women in a high incidence community, personalized risk reduction plans can be developed and reduction in risk behaviors demonstrated.

ABSTRACT 667

Assessment of Sexual Risk Behaviors in China

Lee, MB¹; Rotheram-Borus, MJ¹; Wu, Z²

1 University of California at Los Angeles, Los Angeles, California; 2 Chinese Academy of Preventive Medicine, Beijing, P.R. China

ISSUE: The reliability of sexual risk behavior self reports with STD markers has often been questioned.

SETTING: Fuzhou is one of the cities in an economic developing zone in China.

PROJECT: A tape-recorded survey in combination with a physical examination including the collection of blood, urine and/or vaginal specimens was conducted among 310 workers or owners of the stalls (aged 18 to 49) in the markets. The tape-recorded survey included questions on socio-demographic status, STD-like symptoms in the past 12 months, history of diagnosed STD in the past 12 months, and high-risk sexual behaviors in the last 12 months.

RESULTS: In May 2000, 9 markets were selected in Fuzhou, China. About half of the 310 participants (n = 153; 49%) were females; 71% were between 20 and 39 years of age; and about 70% had at least middle school education. Among females, the prevalence rate of STD (gonorrhea, chlamydia, trichomoniasis, syphilis) was

21%, which is higher than STD rate among males (10%). STDs were most common among those in an older age group (30 – 49). Thirty-four percent of (n = 18) females self-reported no sexual activities in the past 12 months but they were diagnosed with STD, and 15% (n = 5) males who had STD reported no sexual activities in the last 12 months.

LESSONS LEARNED: It is important to use biological markers to verify reliability and validity of self-reported sexual behavior data. The questionnaire must be well designed. In addition, the recall period is a significant factor in the design of questionnaire.

ABSTRACT 668

Prevention of Drug Use and Sexual Risk for HIV+ Young People

Rotheram-Borus, MJ; Swendeman, DT; Comulada, S; Ramos, ME

University of California (UCLA), Los Angeles, CA

BACKGROUND: Substance use is associated with sexual risk behaviors for transmission of HIV infection. Young people living with HIV (YPLH) who use substances are at risk for transmission of HIV to their sex partners. Interventions targeting YPLH should be accessible and deliverable in appropriate formats in order to be effective and translatable to real world contexts.

OBJECTIVES: To evaluate the efficacy of a cognitive-behavioral intervention, delivered in one of two formats (telephone or in-person), in reducing substance use and sexual risk and improving health behaviors.

METHODS: A cohort of 188 substance-using, HIV-positive young people (aged 13 – 29) was recruited from three cities (LA, NYC, and San Francisco) in 1999 to 2000 to participate in a trial of a cognitive-behavioral secondary prevention intervention. The sample is: 25% female, 28% African American, 31% Latino, 22% of mixed ethnicity, 51% gay/lesbian, 15% bisexual, and 61% sexually abused. Most have used antiretroviral therapies (78%), but only about half are currently taking antiretroviral medications. Youth were randomized to either an 18-session intervention by telephone (n = 64) or individually (n = 64), or a delayed control condition (n = 60). Delivered in 3 modules, the intervention addresses: 1) improving health behaviors, 2) reducing substance use & sexual risk behaviors, and 3) improving quality of life. The 90-minute sessions are highly structured.

RESULTS: Outcomes observed at the 6-month follow-up assessment interval include effects on substance use, HIV-related transmission acts, antiretroviral treatment adherence, service utilization, coping strategies, and quality of life.

CONCLUSIONS: Interventions can reduce substance use and sexual risk behaviors, and improve quality of life of young people living with HIV.

ABSTRACT 669

Nuestra Salud: An Innovative Response to Latina Lesbian Health Needs

Lugo, MA; Cristian Flores, G

LLEGÓ, The National Lesbian, Gay, Bisexual, Transgender Organization, Washington, DC

ISSUE: There is a lack of adequate health services and information directed at lesbians and WSW. For Latina lesbians and WSW, the problems are compounded by health institutions' lack of sensitivity to their needs. Specifically, there are few HIV prevention interventions available in Spanish that focus on the needs of Latina Lesbians.

SETTING: Videos are presented at workshops sponsored by community based organizations in the US and Latin America. The sponsoring organizations are asked to donate space and promote the workshop to Latina lesbians and WSW.

PROJECT: *Nuestra Salud* is a set of four videos in Spanish, some with English subtitles, aimed at promoting health and well being among Latina lesbians and WSW. The videos were created by Dr. Teresa Cuadra and Suzanne Newman out of the need to reach Latina lesbians who feel alienated from health systems that often lack sensitivity. The HIV prevention video generates open and honest dialogue concerning safe sex, sexually transmitted diseases, and life with HIV.

RESULTS: *Nuestra Salud* has been enthusiastically welcomed in the US and Latin America. The videos have been presented in New York, San Diego, Miami, Tijuana, Brazil, Colombia, and Honduras. At the moment, arrangements are being made to show this video in more locations, including Argentina.

LESSONS LEARNED: *Nuestra Salud* videos have been praised for their non-judgmental and open invitation to dialogue, as well as for their diverse portrayal of Latina

Lesbians. *Nuestra Salud* project is its initial stages therefore conclusions about its impact are not available at this time. Questionnaires have been immediately distributed after the workshops to evaluate the effectiveness of the class, and three months after, a follow-up interview is conducted with participants to measure lasting results.

ABSTRACT 670

Physician Prescribing of Syringes to Prevent HIV

Burris, S^{1,2}; *Macalino, G*; *Taylor, L*; *McKenzie, M*; *Zampi, A*; *Osei, A*; *Rich, JD*^{3, 4}

1 Temple University – Beasley School of Law, Philadelphia, PA; 2 Johns Hopkins University School of Hygiene and Public Health, Baltimore, MD; 3 The Miram Hospital, Providence, RI; 4 Brown University School of Medicine, Providence, RI

ISSUE: Injection drug users, their sex partners, and their children are at high risk for acquiring HIV infection and other blood borne diseases. The risk for disease transmission in the United States is, in large part, the result of restricted access to sterile injection equipment. Physicians and pharmacists can play an important role in providing syringe access by prescribing and dispensing syringes to patients who use injection drugs. Prescribing and dispensing injection equipment are ethical, clinically appropriate, and fully consistent with current public health guidelines under these provisions.

SETTING: Physician practice sites and pharmacies throughout the United States.

PROJECT: An analysis of the laws of the fifty states, the District of Columbia, and Puerto Rico and an update on the status of syringe prescribing in different states.

RESULTS: Physicians, in nearly all these jurisdictions, may legally prescribe sterile injection equipment to prevent disease transmission among drug-using patients, and pharmacists in most states have a legal basis for filling the prescriptions. Syringe prescription to injection drug users is occurring in Rhode Island and being actively pursued in Massachusetts, New York, and California. The American Medical Association and the Infectious Disease Society of America recently came out with policy statements explicitly endorsing syringe prescription to prevent HIV in injection drug users.

LESSONS LEARNED: Physician prescribing of syringes to active drug injectors is possible and is actively being pursued as an alternate strategy to increase access to syringes,

medical care and substance treatment among injection drug users in many states. Effective implementation is facilitated by cooperation and collaboration among regulators, departments of public health, physicians, pharmacists, lawyers, and others.

ABSTRACT 671

High Levels of Sexual Risk Taking Among HIV-Positive Individuals on HAART

Ekstrand, M; *Crosby, M*; *Stall, R*

University of California (UCSF), San Francisco, CA

OBJECTIVE: To assess levels and correlates of unprotected sexual intercourse with partners of unknown or negative serostatus among HIV-positive individuals in San Francisco who are taking highly active antiretroviral therapy (HAART).

METHODS: These data are part of a study to examine and increase adherence to HAART among HIV-positive individuals with detectable viral loads, who use alcohol and/or recreational drugs. Participants are recruited primarily through bars, gyms, and health clinics and are assessed every four months at the study site, using interviews, self-administered questionnaires, and blood tests. The present analyses use baseline data on demographics, sexual risk taking, and psychosocial factors from the first 100 participants in this study.

RESULTS: The vast majority of the participants is male (91%), homosexual (85%) and has completed less than two years of college (75%). The sample is ethnically diverse, with 44% white, 26% African American, and 19% Latino participants. Fifty-six percent of the participants reported practicing unprotected anal or vaginal intercourse during the past year, and 41% stated that this occurred with a partner who was HIV-negative or of unknown serostatus. Bivariate analyses showed that sexual risk taking was significantly more likely to occur among gay-identified participants ($p < 0.005$) than among heterosexual men and women. Having sex while high on recreational drugs was also significantly related to both sexual risk-taking outcomes ($p < 0.0001$), however, having sex while drunk was not. Loneliness and depression were not related to sexual behaviors in this study.

CONCLUSIONS: The high rates of sexual risk-taking in this population are a cause for concern, especially in

light of the recent increases in HIV incidence in San Francisco among gay men. These results show that renewed prevention efforts are urgently needed targeting HIV-positive men and gay male substance users. Recent studies have shown sexual risk taking to be related to “treatment optimism” among HIV-negative men in San Francisco. Additional research is needed to determine whether sexual risk taking is related to similar treatment-related perceptions among HIV-positive men.

ABSTRACT 672

Brushing Up on HIV Prevention at the Beauty Parlor

Womeodu, RJ¹; D’Andrea, R²; Wright, T¹

1 University of Tennessee, Memphis, TN; 2 DePelchin Children's Center, Memphis, TN

ISSUE: HIV disproportionately affects African American women, with the greatest increases in infection rates recently seen in the southern US. Eighty percent of HIV-infected persons in Memphis are African Americans — 30% of whom are ages 20 – 29. Many women establish long-term personal relationships with beauticians who could deliver credible, repetitive, and personalized HIV prevention messages.

SETTING: The intervention takes place in African American beauty parlors in Memphis, TN, and is designed to target childbearing-age women.

PROJECT: The “Beautiful Black Health Coalition” (BBHC) assumed that, with specific training, African American beauticians would deliver culturally appropriate HIV and STD risk-reduction messages to their clients. An appropriate curriculum was developed incorporating American Red Cross’s “Facts and Facts Practice” to train beauticians as “health advisors” to empower women to assess their HIV and STD risks and adopt strategies of risk reduction. Beauticians attended two, 5-hour training sessions addressing: knowledge and attitudes about HIV and STDs; confidentiality and disclosure; compassionate listening skills; communication methods to encourage realistic assessments of HIV risk status; referral and facilitating skills to encourage active practice of HIV risk-reduction strategies; and self-care methods. Relevant health education pamphlets were placed in participating beauty parlors, and restocked during BBHC follow-up visits. Evaluation involved focus groups and pre and post-tests of HIV and STD related knowledge, attitudes, and beautician’s comfort discussing health issues. Training evaluation forms, and beautician and client demographics were collected.

RESULTS: Twenty-two licensed African American beauticians completed the training at a cost of \$178.85 per beautician. They had 4.8 ± 2.0 beauticians working in their beauty parlors and personally provided services to 29.9 ± 14.4 clients per week. Among the findings were: the majority reported being very comfortable discussing HIV/AIDS (79%) and the use of condoms (74%) with female clients at the completion of training. Focus groups indicated that participants regularly engaged in frank HIV prevention discussions, clients referred friends and family for HIV prevention information, pamphlets were a stimulus for discussions, and older clients misunderstood their potential HIV risk.

LESSONS LEARNED: Beauticians can be trained as credible messengers to reach large numbers of African American women from multiple generations. Brochures stimulate discussions and reach other community members. Access to adolescents and young women is particularly noteworthy since they are more likely to be at risk and have limited access to preventive health information. Strengthening relationships with cosmetology educators and opinion leaders will facilitate recruitment of beauticians, and start discussions related to integrating the concepts of “health advisors” into cosmetology school curriculums. We must also find additional ways to assess the impact of the intervention.

ABSTRACT 673

Innovative Approaches to Integrating Substance Abuse Treatment and HIV Prevention for Women

Lockett, GJ¹; Montenegro, L²; O’Bryant, KE³; Phields, ME³; Slaughter, R⁴

1 California Prostitutes Education Project, Oakland, CA; 2 United Bronx Parents, Inc., Bronx, NY; 3 Birch & Davis Associates, Inc., Silver Spring, MD; 4 PROTOTYPES, Culver City, CA

ISSUE: In dealing with substance abuse and HIV, women — particularly women with children — present multiple needs and concerns stemming from their varied roles and responsibilities that ultimately affect their health status. Service providers often do not develop gender-specific programming and interventions that will: (1) reduce the spread of substance abuse-related HIV/AIDS and (2) attend to the multitude of needs in this population.

SETTING: Community-based substance abuse treatment agencies that integrate HIV prevention and services,

servicing ethnic and racial minority women with high risk for HIV infection. Two of the programs are in California: one in the San Francisco Bay area and one in the Los Angeles area. The third program is in the Bronx, New York.

PROJECT: In an effort to reduce the spread of HIV/AIDS in communities of color, the Congressional Black Caucus Minority AIDS Initiative, funded by SAMHSA's Center for Substance Abuse Treatment, funded 65 community-based substance abuse treatment programs to expand availability of treatment to minorities and to enhance treatment with HIV services. Three projects funded under this initiative will discuss their innovative approaches to providing comprehensive and integrated substance abuse treatment and HIV services for women and their children. The Womenslink project at PROTOTYPES in Culver City, California has developed a female-oriented outpatient day treatment program that targets African American and Latina women and their children and provides comprehensive substance abuse and HIV services for women and their families. The California Prostitutes Education Project in Oakland, California provides day treatment services and HIV services through collaborations with community-based organizations to African American women engaged in work in the sex industry. La Casita program at United Bronx Parents in New York provides residential drug treatment and HIV wraparound services for homeless, pregnant and parenting ethnic and racial minority women in the Bronx. La Casita represents one of a few programs that allow parents to enter residential treatment with their children.

RESULTS: To date, 170 women have been engaged in substance abuse treatment. Each program will discuss its unique approach to engaging women in treatment and providing substance abuse treatment and HIV services to them and their children. They will discuss innovative strategies and interventions for retention, relapse prevention and recovery maintenance, and follow-up of graduates of their programs. In addition, specific challenges of working with women and women in residence with their children, and strategies to overcome them will be highlighted.

LESSONS LEARNED: In order to reduce the spread of substance abuse-related HIV/AIDS among women, providers of substance abuse treatment and HIV services need to develop a gender-specific model of integrated care and services that incorporates female-oriented programming. Programs, such as the ones highlighted, are more likely to result in successful engagement of and service delivery to women, as well as positive outcomes from the gender-specific interventions.

ABSTRACT 674

Psychosocial Correlates of Adherence to HAART Among Alcohol and Recreational Drug Users in San Francisco

Ekstrand, M¹; Crosby, M¹; Stall, R²

University of California (UCSF), San Francisco, CA; 2 Centers for Disease Control and Prevention, Atlanta, GA

OBJECTIVE: To examine rates and psychosocial correlates of adherence to HAART among individuals with detectable viral load, who use alcohol and/or recreational drugs.

METHODS: These data are part of a randomized, controlled intervention study of adherence to HAART among HIV positive individuals with detectable viral loads, who report use of alcohol and/or recreational drugs. Participants are recruited primarily through bars, gyms, and health clinics and are assessed every four months at the study site, using interviews, self-administered questionnaires, and blood tests. The present analyses use baseline data on demographics, adherence, and psychosocial factors from the first 100 participants in this study (91% male, 85% gay, 44% white, 26% African American, 19% Latino).

RESULTS: Sixty-four percent of the participants reported taking at least 90% of their medication in the past four days and were considered adherent for the purpose of this analysis. Chi-square and t-tests of psychosocial adherence correlates showed several trends: Compared to those who adhered, participants who reported missing at least 10% of their medication were slightly more likely to report medication side effects (60% vs. 40%, $p < 0.08$), more likely to be angry ($p < 0.07$), have less structured lives ($p < 0.10$), and lower incomes ($p < 0.09$). Perceptions that HAART had positive effects on their lives were also related to adherence, with participants being more likely to adhere if they reported that their treatment helped them enjoy their friends more ($p < 0.05$) and look better ($p < 0.10$). Ethnicity, gender, sex orientation, homelessness were not correlated with adherence.

CONCLUSIONS: Given the high levels of non-adherence reported in this sample, HIV positive individuals on HAART who use alcohol or recreational drugs are in great need of adherence enhancing interventions to reduce their risk of developing drug-resistant virus. Those who have a lack of an organization in their personal lives may need help developing a daily structure

to which they can tailor their regimen. Interventions that help minimize or cope with the negative side effects of HAART and that emphasize its positive impact on their lives may also be useful.

ABSTRACT 675

Long-Term Effects of an Intervention for Parents With AIDS and Their Adolescent Children

Lee, MB; Rotheram-Borus, MJ

University of California (UCLA), Los Angeles, CA

BACKGROUND: A coping intervention developed to improve social, behavioral, and mental health outcomes for adolescents and their parents with AIDS.

OBJECTIVES: Long-term effects of this intervention were evaluated.

RESULTS: Parents with AIDS (n = 307) and their children, aged 11-18 years (n = 413), were randomly assigned to an intensive intervention or a standard care control condition and followed over four years. In this AIDS-affected population, 182 (44%) of adolescents were parentally bereaved, and 231 (56%) were living with a parent with HIV at the four-year follow-up. Adolescents in the intensive intervention condition reported significantly lower levels of emotional distress, multiple problem behaviors, conduct problems and family-related stressors and higher self-esteem than adolescents in the standard care condition over the first 2 years. Parents with AIDS in the intervention condition also reported significantly lower levels of emotional distress and multiple problem behaviors over the first 15 months. Coping style, illness disclosure regarding HIV serostatus, and planning for the child's custody in the event of parental illness or death were similar across intervention conditions.

CONCLUSIONS: Interventions can reduce the long-term impact of parental HIV illness and death on HIV-affected families.

ABSTRACT 676

An Intervention to Increase Adherence to HIV Antiretroviral Therapy (ART) Among Alcohol and Recreational Drug Users

Crosby, GM¹; Ekstrand, M¹; Stall, R²

1 University of California (UCSF), San Francisco – Center for AIDS Prevention Studies (UCSF – CAPS), San Francisco, CA; 2 Center for Disease Control and Prevention (CDC), Atlanta, GA

OBJECTIVE: Long-term adherence to HIV antiretroviral therapy (ART) is likely to be problematic among alcohol and recreational drug user/abusers. We will a) describe an intervention specifically designed to increase ART adherence, and thereby decrease viral load in this population and b) measure the presenting complaints that correspond to the content of the intervention.

METHOD: Beginning in September 1999, participants receiving ART were screened for detectable viral load and substance use and randomly assigned either to the intervention or control. Every four months participants were assessed using interviewer and self-administered surveys and blood tests. We are currently testing a six-session one-on-one intervention utilizing Motivational Interviewing (MI) counseling techniques to help substance using/abusing men and women strategize ways to increase adherence to ART and thereby decrease viral load. Each session is tailored to the particular needs of each participant. Six tools have been developed that are intended to increase adherence: (Tool #1) Tailoring Regimen to Lifestyle, (Tool #2) Managing Medication Side Effects, (Tool #3) Interaction with Health Care Providers (HCP), (Tool #4) Social Support, (Tool #5) Stress Management, and (Tool #6) Reducing/Removing Barriers. We also assess for significant problems related to heavy alcohol and recreational drug use, and address the role substance use plays with adherence. Brief substance abuse counseling is given as well as referrals to appropriate treatment facilities.

RESULTS: Data on intervention variables among the first 100 participants enrolled in the study: 38% reported problems with personal organization (Tool #1); 48% reported health problems or side-effects caused by taking medications (Tool #2); 28% report some difficulty with interacting with their HCP (tool#3); 32% and 20% reported no support from family and friends, respectively (Tool #4). Stress Management (Tool #5) and Reducing/Removing Barriers (Tool #6) do not have

direct measurable items. These tools are used at the discretion of the counselor when stress levels are high or when a particular issue around adherence is not addressed by any of the other tools.

CONCLUSIONS: The six-session intervention addresses many of the issues that the alcohol and recreational drug users are currently challenged by on a day-to-day basis. It is possible to have standardized intervention that can be tailored based on individual needs.

ABSTRACT 677

Innovative Approaches to Engaging At-Risk Populations in HIV Services and Substance Abuse Treatment

Atanda, R¹; McDonald, S²; O'Bryant, K¹; Phields, ME¹; Thompson, D³

1 Birch & Davis Associates, Inc., Silver Spring, MD;

2 Health Outreach Project, Inc., Atlanta, GA;

3 Center for Substance Abuse Treatment, Rockville, MD

ISSUE: Providing substance abuse and HIV services to persons, who are active abusers of alcohol and drugs, transient, homeless, and/or involved in the sex or illegal drug industries, can be especially challenging. Outreach is usually the first step in engaging high-risk, hard-to-reach populations toward provision of services. Outreach strategies and interventions often need to be innovative and particularly engaging to result in connecting at-risk individuals.

SETTING: Community-based alcohol and drug treatment program targeting dually diagnosed substance abusing African American men, women, and youth for outreach, substance abuse treatment and HIV services near the downtown area of Atlanta, Georgia.

PROJECT: In an effort to reduce the spread of HIV/AIDS among racial and ethnic minorities, the Congressional Black Caucus Minority AIDS Initiative, funded by SAMHSA Center for Substance Abuse Treatment, funded 39 community-based substance abuse treatment programs to expand availability of treatment to minorities and to enhance treatment with HIV services. One project funded under this initiative will discuss its tailored approach to outreach, engagement in substance abuse treatment, and effective referral: HIV/AIDS Outreach Program at Health Outreach Project, Inc. in Atlanta, Georgia. In addition, cross-site evaluation data from 25 projects from the initiative will be presented including outreach contacts;

number tested for HIV; number who entered substance abuse treatment programs; number referred for services; clients' substance abuse and sexual risk behaviors; other risk behaviors; housing status involvement in the criminal justice system; mental and physical health; and employment status.

RESULTS: Based on the cross-site evaluation from 25 projects in the Congressional Black Caucus Minority AIDS Initiative, 112,933 outreach high-risk contacts were made and 7,540 entered drug and alcohol treatment programs. In all, 5,185 persons were tested for HIV, and 2,697 were provided with referrals. Baseline data suggested the clients have a multitude of substance abuse, HIV, and other service needs as evidenced by high levels of drug and alcohol use (59%) and unprotected sexual contact (55%), homelessness and habitation in shelters (22%), unemployment (58%), and involvement in the criminal justice system (20%). Comparison between baseline and 6-month follow-up data showed a reduction in risk behaviors associated with substance use (50%) and unprotected sexual contact (50%), homelessness and habitation in shelters (20%), and involvement in the criminal justice system (7%).

LESSONS LEARNED: Program experience and cross-site evaluation data supported the belief that more than one contact with high-risk populations is required to engage them in more comprehensive substance abuse treatment and HIV services. Moreover, HIV prevention and related services can be successfully integrated with substance abuse services.

ABSTRACT 678

Alcohol, Recreational Drug Use and Non-Adherence to Antiretroviral Therapy

Crosby, GM¹; Ekstrand, M¹; Stall, R²

1 University of California "C Center for AIDS Prevention Studies (UCSF "C CAPS), San Francisco, CA; 2 Center for Disease Control and Prevention (CDC), Atlanta, GA

BACKGROUND/OBJECTIVES: Alcohol and drug abusers face serious challenges in maintaining sufficient levels of adherence to antiretroviral therapy (ART) essential to sustaining viral suppression and drug resistance. This analysis will present data on the role substance use has on adherence to HIV antiretrovirals.

METHODS: These data are part of an ongoing randomized controlled intervention study designed to increase adherence to ART and reduce viral load among substance using and abusing men and women. Beginning in September 1999, participants receiving ART were screened for detectable viral load and substance use and randomized into the intervention (six one-on-one sessions) or control (regular care). Every four months participants are assessed using the interviewer and self-administered surveys and blood tests. The present analysis uses baseline data on demographics, substance use and adherence behaviors of the first 100 participants of the study.

RESULTS: Mean age of the participants was 40 years; 91% were male and 85%, homosexual. The sample is ethnically diverse, with 44% white, 26% African American, and 19% Latino. Most had less than 2 years of college (73%) and earned less than \$20,000 in the previous year (79%). Eighteen percent reported frequent/heavy alcohol drinking, 89% reported any recreational drug use, and 24% reported injecting drugs in the past 4 months. Fifty-seven percent reported taking all of their medications at least 95% of the time in the previous 4 days and, thus, were considered adherent. Compared to those who were adherent, non-adherent participants were significantly more likely to report problems relating to alcohol and drug use (2 scales: interpersonal problems $p \leq 0.01$; and loss of control, $p \leq 0.05$) and to have ever been concerned about their alcohol use ($p = 0.05$). The following trends were also detected: the non-adherent group earned less income, were more likely to still be concerned about their alcohol use, use methamphetamines, ever have shared needles and been concerned about their drug use than those who were adherent.

CONCLUSIONS: Alcohol and recreational drug use is associated with non-adherence to HIV-antiretrovirals at baseline. It is important therefore to develop novel interventions tailored to meet the needs of this unique population.

ABSTRACT 679

The Intersection of Sexual Desire, Alcohol Use, and Gender Role Expectations among Adolescents

Dreisbach, SL

University of Colorado, Denver, CO

BACKGROUND: Despite school-based, community, and public health efforts that have informed teens of the HIV, STD, and pregnancy risks associated with unprotected

sex, more than one in five high school students report having engaged in sexual intercourse without using a condom. The objective of this study was to reveal the process by which personal, interpersonal, and environmental factors interact to influence the willingness and ability of teens to act on what they know about protecting themselves from HIV and other sexually transmitted infections.

METHODS: Thirty-two middle- and upper-class high school students purposively recruited from urban and suburban communities participated in systematic data collection pile sorts, long-term ethnographic interviews, and semi-structured confirmatory interviews. A grounded theory approach guided the analysis using thematic coding of the pile sorts and narratives to develop a model of adolescent sexual behavior and decision-making.

RESULTS: Stereotypical male and female gender role expectations influenced how teens approached negotiating safe sexual relationships. The young men were more concerned with increasing the level of sexual intimacy in their relationships while the young women were interested in increasing the level of emotional intimacy. There was little understanding among the teens of how to build a healthy relationship that met both male and female intimacy expectations and comfort levels. The majority of male high school students and many female high school students used easily accessible alcohol ("liquid courage") to compensate for their perceived lack of efficacy in their communication, negotiation, and relationship building skills with their potential partners. Under the influence of alcohol, these teens' relationships often progressed to unprotected sexual intercourse despite this not being the intent, particularly of the female partners.

CONCLUSIONS: The likelihood of high school students having unprotected sexual intercourse is increased in social situations in which alcohol is readily available, teens are sexually attracted to one another, and teens lack the skills and perceived self-efficacy to establish relationships and negotiate sexual activities to the satisfaction of both partners. Prevention interventions should include community-based adolescent alcohol reduction efforts, forums for teens to discuss relational gender differences, and opportunities to learn and practice the gender-sensitive skills needed to build healthy sexual relationships within the social context of sexual desire and alcohol intoxication.

ABSTRACT 680

Ten Years of Syringe Exchange in New Haven: Effects on AIDS Cases*Heimer, R; Khoshnood, K; Buchanan, D; Singer, M*

BACKGROUND: Just over ten years ago, in November 1990, a citywide mobile syringe exchange program (SEP) began operating in New Haven. The SEP, run by the city health department, was the first legal SEP in New England and among the first half-dozen in the country. Now that ten years, the average incubation period for an untreated HIV infection to progress to AIDS, has passed, it seems appropriate to investigate whether the institution of the legal SEP in New Haven has influenced the AIDS case rate.

METHODS: A proper control outside of New Haven is required, since the influence of the SEP has probably spread within New Haven beyond those who became its customers. Such a city exists just north of the Connecticut border – Springfield, MA. Springfield and New Haven are very similar cities in terms of population (130,500 in New Haven, 157,000 in Springfield), economic status of its inhabitants, dollars spent per citizen on AIDS prevention (excluding the money New Haven spent on its SEP), and, so far as we can tell, the proportion of its citizen who are active drug injectors. Using Springfield as a control, we can estimate how well New Haven has fared by starting its SEP ten years ago and, conversely, how poorly Springfield has fared by failing to do so. In this analysis, we start with the number of AIDS cases in each city reported over the past two years.

RESULTS: There were 166 AIDS cases reported in New Haven and 276 AIDS cases reported in Springfield. Adjusting these to relative populations and percentages of cases associated with drug injection (43% in New Haven and 55% in Springfield), we estimated that there was a 43.8% decrease in injection-related AIDS in New Haven and that 55 fewer cases occurred in New Haven than would have been expected in the absence of the SEP. Adding the costs of running the SEP and of an AIDS case, we have calculated that the New Haven SEP saved \$180,455 per cases or \$9.925 million dollars.

CONCLUSION: Injection-related AIDS cases have been cut by more than 40%, 55 infections have been averted, and almost \$10 million has been saved by the timely introduction of legal, government-supported syringe exchange in New Haven.

ABSTRACT 682

Structural Interventions to Reduce HIV Incidence in Connecticut Drug Users*Blankenship, KM¹; Bray, SJ¹; Altman, J¹; Heimer, R¹; Khoshnood, K¹; Merson, MH¹; Burris, S²; Sylla, LB³*

1 Yale University – Center for Interdisciplinary Research on AIDS, New Haven, CT; 2 Temple University – Beasley School of Law, Philadelphia, PA; 3 HIV Action Initiative, Hartford, CT

ISSUE: Structural influences on HIV risk among drug users (DUs).

SETTING: Connecticut (CT)-based as well as nationwide interventions affecting DUs, individuals on welfare, and DUs in the criminal justice system (CJS).

PROJECT: Structural interventions (SI) view health as a product of social context, rather than of individual choice, behavior, or pathology, and promote health by altering this context. We have developed a framework and methodology for identifying priority SI to address HIV risk in CT DUs. One key component of our approach is the linking of causes of HIV risk to development of intervention strategies. Another is identification of factors underlying, and strategies to reduce, the disproportionate burden of HIV infection among minority DUs. First, we identify factors associated with HIV transmission, ranging from immediate risk behaviors to broad social causes. We then develop a “causal web” surrounding this starting point. At each point in this web, we also identify relevant empirical and/or theoretical research. Once the “causal web” and supporting documentation have been developed, key points in the web are identified where SI may be particularly effective at reducing HIV incidence and disparities in HIV infection. In considering these key points, we also examine the feasibility and acceptability of potential SI.

RESULTS: Using this framework, we have identified three priority intervention areas: drug policy enforcement, welfare reform, and syringe deregulation. For drug policy, we document the number and demographics of individuals who access drug treatment programs in the CJS, barriers to their utilization, and information on their impact on drug use and HIV risk. We demonstrate where changes are likely to have the greatest impact on offenders’ access to drug treatment and on the disproportionate incarceration of drug-dependent minorities. Regarding social welfare, we examined drug-related restrictions in cash benefits,

food stamps, medical insurance, and housing assistance programs. Analysis of focus group interviews with DUs and a research review suggest that denial of benefits increases HIV risk among DUs. We focus on syringe deregulation to examine issues of public support for and political acceptability of SI. Syringe deregulation creates the broadest range of syringe access options for intravenous DUs but has encountered political opposition. We have analyzed deregulation legal strategies used in the US, as well as popular press and public opinion data, to identify key sources of resistance and how these may be overcome.

LESSONS LEARNED: Structural influences on DUs health, in the form of drug policy, welfare policy, and syringe regulations, play an important role in determining DUs' HIV risk, and HIV risk reduction can therefore be achieved through alteration of these structural factors.

ABSTRACT 683

Clarifying Personal Vulnerability to HIV Through STD Education

Glymph, RD; Valentine, PA

Howard University, Washington, DC

BACKGROUND: Many individuals have difficulty accepting their personal vulnerability to HIV/AIDS. However, this differs for other STDs such as gonorrhea and syphilis. When the interrelationship of HIV and other STDs is clarified, personal vulnerability becomes clear.

SETTING: Classroom-based HIV prevention education workshops with students enrolled in predominantly black universities and colleges in the US.

PROJECT: The National AIDS Minority Information and Education Program of Howard University developed an interactive workshop "HIV and Those Other STDs" to educate students about HIV and other common STDs, to recognize their personal vulnerability, and enhance prevention skills. Interrelated case scenarios, set on the university campus, describe typical behaviors and circumstances that put one at risk for transmission of HIV and other STDs, and illustrate clinical manifestations of each disease. Students were challenged to identify the risk behaviors and circumstances that led to transmission and identify practical and achievable risk reduction practices.

RESULTS: From 1997 to 2000, this workshop was presented to more than 3000 allied health students on campuses of historically and predominantly black universities

and colleges. Surveys conducted at the beginning of each session revealed moderate-to high-risk practices among the students and their peers. The case scenarios and graphic illustrations led to a high level of discussion and interaction among the audience and presenters. Evaluation results affirmed that clear and concise information about HIV/STDs, accompanied by pictures of how these diseases present clinically was extremely valuable, convinced them of their personal vulnerability and enhanced their intention to practice safer behaviors.

LESSONS LEARNED: Participants recommended that this workshop be presented to all students, especially freshmen, and provided ongoing positive feedback. This confirmed our hypothesis that when individuals understand the interrelationship between HIV and other STDs, they are more accepting of their personal vulnerability to HIV.

ABSTRACT 685

Development of a Faith-Based HIV Prevention Curriculum and Training Program: A Process Evaluation

Stockton, DG¹; Hylton, KK¹; Jordan, SR¹; Richmond, BDF¹; Barrington, T²; Wilkinson, LH²

1 The MayaTech Corporation, Silver Spring, MD; 2 Centers for Disease Control and Prevention, Atlanta, GA

ISSUE: As part of the National Minority AIDS Initiative (NMAI), the Centers for Disease Control and Prevention (CDC) funded a divinity school at an historically black university to develop and implement a faith-based HIV and substance abuse prevention curriculum and training program to be used by faith leaders from various faith traditions. This presentation will discuss the development of a process evaluation protocol to assess these activities.

SETTING: A divinity school located at a historically black university.

PROJECT: The goal of the evaluation is to assess: (1) the type and frequency of program activities related to the development of the curriculum and training program; (2) the extent to which faith leaders were trained using the curriculum and training program; (3) whether or not the curriculum and training program promoted support for HIV and substance abuse prevention among faith leaders; and (4) the extent to which the curriculum and training program engaged faith leaders to provide HIV and substance abuse prevention services.

RESULTS: A Faith-Based Curriculum Logic Model (which includes the main elements of the program activities and outcome objectives), major evaluation questions, research methods (e.g., measures and data sources) and data collection instruments were developed.

LESSONS LEARNED: Participatory evaluation is important to gather feedback from various stakeholders (e.g., funding recipients, CDC staff, and state and local representatives) and evaluation experts. Using venues such as meetings, periodic updates telephone consultations, etc., before, during, and after the development of a process evaluation protocol helps to assure that all key issues have been addressed.

ABSTRACT 686

Developing Evaluation Methods for the National Minority AIDS Initiative

Hylton, KK¹; Randolph, SM¹; Mayas, JM¹; Day, HR¹; Barrington, T²; Lacson, R²; Wilkinson, LH²; Chen, H²

1 The MayaTech Corporation, Silver Spring, MD; 2 Centers for Disease Control and Prevention, Atlanta, GA

ISSUE: In compliance with specific congressional language, the Centers for Disease Control and Prevention (CDC) funded five program announcements to address the HIV prevention and related needs of African Americans and other racial-ethnic minority groups. The programs, known as the National Minority AIDS Initiative, were implemented through three strategic areas: 1) Community-based organizations (CBOs); 2) Community coalition development (CCD); and 3) Capacity-building assistance (CBA). Since evaluation is of utmost importance in determining outcomes of this initiative for accountability and program improvement, a comprehensive evaluation was designed with stakeholder input. This presentation will discuss the development of an evaluation protocol to assess the NMAI.

SETTING: NMAI-funded CBOs throughout the United States.

PROJECT: The evaluation objectives are to: (1) assess the accomplishments of the program objectives of three strategic areas; (2) measure the effectiveness of the services in each strategic area; and (3) determine the extent to which the initiative addressed the HIV prevention needs of African Americans and other racial-ethnic at-risk groups.

RESULTS: This presentation will describe and provide examples of the process used to develop a NMAI Logic Model (based upon the goals, objectives, and activities of the three strategic areas). In addition, major evaluation questions and specific sub-questions, data collection instruments, and corresponding methodologies (e.g., markers, measures, and data sources) will be shared.

LESSONS LEARNED: The CDC evaluation conceptual framework, which describes four standards (e.g., utility, feasibility, propriety, and accuracy) that convey the quality of program evaluation, has proved essential in developing evaluation tasks and activities. Meetings with various stakeholders and evaluation experts facilitated the development of the evaluation protocol. These activities also helped to assure that: (1) all key methodological issues were addressed; (2) the implementation of this evaluation was feasible and practical; and (3) the results would be used by grantees for program improvement.

ABSTRACT 687

Strategies for Evaluating the Development of the National Minority AIDS Initiative Community Coalition Projects

Addison, KL¹; Lacson, R²; Joseph, JX¹; Hylton, KK¹; Stockton, DG¹; Barrington, T²; Wilkinson, LH²

1 The MayaTech Corporation, Silver Spring, MD; 2 Centers for Disease Control and Prevention, Atlanta, GA

ISSUE: As part of the National Minority AIDS Initiative (NMAI), the Centers for Disease Control and Prevention (CDC) funded several community coalition development (CCD) projects to increase access to health services by developing linked networks of HIV, STD, TB, and substance abuse prevention, treatment, and care services for African American communities disproportionately affected by HIV/AIDS. These coalitions were required to develop a plan for creating and maintaining a linked network of services for African American communities. This presentation will discuss the development of an evaluation protocol to assess these activities.

SETTING: Twenty CCDs throughout the United States were funded to develop a linked network of HIV, STD, TB and substance abuse prevention, treatment, and care services.

PROJECT: The goal of this evaluation is to assess the process and the development of a plan for using community coalitions to create linked networks of services. This includes documenting the type and frequency of program activities related to the development of the plans and measuring the quality of the plans.

RESULTS: Based upon the activities required by the funding agency and consultations with evaluators and stakeholders, major evaluation questions and sub-questions, data collection instruments, and corresponding methodologies (e.g., markers, measures, data sources) were designed.

LESSONS LEARNED: The involvement of stakeholders was essential in developing measures to determine the quality of plans for community coalitions.

ABSTRACT 688

An Evaluation of the National Minority AIDS Initiative Community-Based HIV Prevention Projects for African Americans and Gay Men of Color

Jefferies-Leonard, KL¹; Ramirez, VM¹; Jordan, SR¹; Hylton, KK¹; Barrington, T²; Wilkinson, LH²; Chen, H²

1 The MayaTech Corporation, Silver Spring, MD; 2 Centers for Disease Control and Prevention, Atlanta, GA

ISSUE: As part of the National Minority AIDS Initiative (NMAI), the Centers for Disease Control and Prevention (CDC) developed programs to: (1) provide direct HIV/AIDS prevention services to African Americans and gay men of color; (2) support HIV prevention programs that are consistent with the prevention priorities outlined in the jurisdiction's comprehensive HIV prevention plan or other adequately justified priorities; and (3) promote collaboration and coordination of HIV prevention efforts among community-based organizations (CBOs), HIV prevention community planning groups, and other state-, locally, federally, and privately funded programs. This presentation will discuss the development of an evaluation protocol to assess these activities.

SETTING: Seventy-nine CBOs throughout the United States providing HIV prevention services to African Americans and gay men of color.

PROJECT: The goal of this project is to assess the HIV prevention services provided to African Americans and gay men of color. This includes documenting types and frequencies of program activities related to the provision of HIV prevention services and measuring the effects of these activities on increasing HIV prevention services.

RESULTS: A CBO Logic Model based upon the required program activities for organizations funded to provide direct HIV prevention services to African Americans and gay men of color will be discussed. Primary and secondary evaluation questions, corresponding methodologies (e.g., markers, measures, and data sources) and data collection instruments were developed.

LESSONS LEARNED: The utilization of a CBO logic model to guide the evaluation process is tantamount to attaining results and recommendations that address the information needs of the various stakeholders. CDC's evaluation conceptual framework (which emphasizes program evaluation as a process that involves evaluation staff, evaluation experts, and various stakeholders) facilitated the development of the CBO evaluation protocol.

ABSTRACT 689

Developing Standards for Evaluating the CDC's National Minority AIDS Initiative Capacity-Building Assistance Projects

Gyabaaah, AB¹; Barrington, T²; Richmond, BDF¹; Stockton, DG¹; Hylton, KK¹; Wilkinson, LH²

1 The MayaTech Corporation, Silver Spring, MD;

2 Centers for Disease Control and Prevention, Atlanta, GA

ISSUE: The Centers for Disease Control and Prevention (CDC), as part of the National Minority AIDS Initiative (NMAI), established programs to provide targeted capacity-building assistance (CBA) to community-based organizations (CBOs) serving African Americans and gay men of color. CBA was designated to be provided in four priority areas: (1) Organizational infrastructure development and assessment; (2) HIV intervention design, development, implementation, and evaluation; (3) Community capacity-building for HIV prevention; and (4) HIV prevention community planning effectiveness and participation. This presentation will discuss the development of standards for CBA activities as part of an overall evaluation framework.

SETTING: Eighteen organizations throughout the United States were funded to provide CBA to CBOs.

PROJECT: The goal of this project is to assess the extent to which there were improvements in the capacity of CBOs in four priority areas: (1) Organizational infrastructure and development; (2) Intervention design, development, and evaluation; (3) Community mobilization; and (4) HIV prevention community planning.

RESULTS: Two CBA Logic Models were designed based upon the required program activities for the four priority areas. Major evaluation questions and sub-questions addressed the goals and objectives of the program, and standards (markers and measures) were developed as benchmarks to determine outcomes of the CBA process.

LESSONS LEARNED: The utilization of standards proved useful in developing the CBA evaluation protocol. Furthermore, the six steps (engage stakeholders, describe program, focus evaluation design, gather and analyze evidence, justify conclusions, and ensure use of information) of the CDC program evaluation framework were important in developing and accurately applying these standards to the four priority areas addressed by CBA organizations.

ABSTRACT 690

Peer-Based Model for Technical Assistance in Sub-Saharan Africa: A Case Study of Nigeria

Sakolsky, N¹; Jackson, L¹; Rastogi, R¹; Jourden, J²; Slater, L³; Whiticar, P⁴

1 National Alliance of State and Territorial AIDS Directors (NASTAD), Washington, DC; 2 Washington State Department of Health, Infectious Disease, and Reproductive Health, Olympia, WA; 3 Minnesota Department of Health, St. Paul, MN; 4 Hawaii Department of Health, Honolulu, HI.

ISSUE: Over the past couple years there has been a growing political awareness that although US infection rates are holding constant, the global HIV/AIDS outlook is dire. A recent influx of resources dedicated to addressing HIV/AIDS prevention issues in Sub-Saharan Africa has brought new players and approaches to HIV prevention efforts. Recently, the National Alliance of State and Territorial AIDS Directors (NASTAD) was funded by the Centers for Disease Control and Prevention's (CDC) to provide peer-based technical assistance to resource constrained countries designated in their Leadership in Fighting the Epidemic, or LIFE Initiative.

SETTING: NASTAD represents the nation's chief state and territorial health AIDS directors who have programmatic responsibility for administering HIV/AIDS health care, prevention, education and supportive services funded by state and federal governments. NASTAD has collaborated with Family Health International (FHI) offices based in Washington, DC, and Lagos, Nigeria, to organize and refine a contextually appropriate, peer-based technical assistance episode with Nigerian Ministry of Health (MOH), National Action Committee on AIDS (NACA) and Nigerian State Action Committees on AIDS (SACAs).

PROJECT: NASTAD, in collaboration with FHI, employed a peer-based model to facilitate communication and technology transfer between state AIDS directors and their functional equivalents in the Nigerian Ministry of Health, NACA and SACAs. NASTAD has supported state AIDS directors onsite in four Nigeria states to share their experiences over the past two decades of fighting the HIV/AIDS epidemic and approaches for implementation the strategic plans that Nigeria's MOH, NACA and SACAs have written. State AIDS directors collaborated with FHI to work with specific organizations in their proposal development process.

RESULTS: State AIDS directors were able to share with Nigerian MOH, NACA and SACAs the elements of effective public health system responses, cross-program (multi-sectoral) integration, and the contextualized value of participatory planning. Nigerian health officials brainstormed with state AIDS directors on the complex realities of their HIV/AIDS prevention and care service delivery systems and on moving toward implementation of their strategic planning. NASTAD found that the putative peer relationships identified prior to onsite activities were enabling agents, which helped to alleviate the cultural and economic resource differences that exist between working environments.

LESSONS LEARNED: It is clear that while the resource environments in Nigeria and United States health departments are disparate, there are many similarities in terms of the prevention and care needs that must be addressed, the political will that initially surrounded the HIV/AIDS epidemic, and the impact of stigma has on prevention, care and treatment. The history and perspective that state AIDS director have as program managers represents one of the greatest resources available to build the capacity of national AIDS control programs throughout resource-constrained countries.

ABSTRACT 692

Health Department Technical Assistance and Capacity-Building Assistance for Prevention Services in Communities of Color

Greabell L¹; Santana A¹; Randall L²; Kern N³

1 National Alliance of State and Territorial AIDS Directors, Washington, DC; 2 Michigan Department of Community Health, Lansing, MI; 3 Hawaii Department of Health, Honolulu, HI

ISSUE: State, territorial, and local health departments are uniquely positioned to identify and address the technical assistance needs of individual community-based organizations (CBOs). State, territorial, and local HIV/AIDS program directors. HIV/AIDS programs within state, territorial, and local health departments offer a wide array of training and technical assistance opportunities. Capacity building and methods for doing so, however, varies significantly between jurisdictions.

SETTING: Results of a national assessment of health department AIDS directors conducted by NASTAD in 1999-2000 as part of its Supplemental Technical Assistance, Testing and Unified Services (STATUS) Project suggest that health departments currently have high capacity with respect to providing technical support in many areas related to program planning and support for program components which are traditionally considered "core" public health functions (e.g., HIV counseling and testing, STD treatment, partner counseling and referral).

PROJECT: Various models for health department technical assistance and capacity-building assistance (TA/CBA) programs have been assessed through the STATUS Project. NASTAD sought to assess health department AIDS directors' perceptions of the TA/CBA provided to minority CBOs, catalogue various health department TA/CBA models, and develop case studies on various models in existence. It is also developing TA resources around TA/CBA programs specifically geared towards building the capacity of agencies and organizations serving communities of color.

RESULTS/LESSONS LEARNED: Working with models already established, NASTAD supports a TA/CBA peer networking and support system for health departments and TA resources on components of effective health department TA/CBA programs for minority CBOs. It is through peer exchange and networking that health departments can support the further development of their capacity to provide TA/CBA in their jurisdictions. Specific case studies from health departments will be presented to

illustrate the range of TA/CBA health departments provide for communities of color.

ABSTRACT 693

Innovative Approaches to Providing HIV Prevention and Substance Abuse Treatment to a Criminal Justice Population

Lin, J¹; Love, C²; O'Bryant, KE³; Phields, ME³; York, W⁴

1 The Fortune Society, New York, NY; 2 Clove, Inc., Providence, RI; 3 Birch & Davis Associates, Inc., Silver Spring, MD; 4 New Directions Club, Inc., Houston, TX

ISSUE: Providing substance abuse treatment and HIV services to individuals involved in the criminal justice system presents unique challenges to providers as well as the criminal justice system. Providers need to develop service models that integrate behavioral interventions that aim to reduce the rate of re-incarceration as well as the spread of HIV/AIDS and specifically substance abuse-related HIV/AIDS.

SETTING: Substance abuse treatment agencies that integrate HIV prevention and services, serving ethnic and racial minority men and women involved in the criminal justice system, both in correctional facilities and post-incarceration settings (e.g., parole offices and other community-based organizations). The project located in Rhode Island, New York, and Texas.

PROJECT: In an effort to reduce the spread of HIV/AIDS in communities of color, the Congressional Black Caucus Minority AIDS Initiative, funded by SAMHSA's Center for Substance Abuse Treatment, funded 65 community-based substance abuse treatment programs to expand availability of treatment to minorities and to enhance treatment with HIV services. Twenty-five additional projects were funded to provide HIV outreach to high-risk, drug-using, minority populations, with the goal of providing comprehensive substance abuse, HIV, and medical services to the communities affected. Three projects funded under this initiative will discuss their innovative approaches to providing comprehensive and integrated substance abuse treatment and HIV services for incarcerated and recently paroled clients. Project Safe Release through The Providence Center for Counseling and Psychiatric Services serves incarcerated minority women. Project Home Safe through the Fortune Society

in New York City is a collaborative effort between five agencies that provide HIV outreach to high-risk men, women, and adolescents who are incarcerated or on parole. The Initiative for Positive Change is a collaboration between New Directions Club, Inc., and two other community-based substance abuse treatment providers and HIV-related services that target substance abusing African Americans who are involved in the criminal justice system and their families.

RESULTS: To date, 1,744 clients have either been engaged in substance abuse treatment or HIV prevention activities. Each program will discuss its unique approach to providing substance abuse treatment and HIV prevention services to criminal justice clients. They will discuss innovative strategies and interventions for retention, relapse prevention and recovery maintenance, and outreach. In addition, particular challenges of working with criminal justice populations will be highlighted.

LESSONS LEARNED: In order to reduce the spread of substance abuse-related HIV/AIDS in the criminal justice population, providers of substance abuse treatment and HIV services need to develop models of integrated care and services that address behaviors that impact re-incarceration and continuing involvement in the criminal justice system. Programs, such as the ones highlighted, are more likely to result in successful engagement of and service delivery to criminal justice populations, as well as positive outcomes from interventions tailored to the specific needs of the target population.

ABSTRACT 694

Building for the Future: Behavioral Surveillance and HIV

Etzel, M; Rotheram-Borus, MJ

University of California (UCLA), Los Angeles, CA

ISSUE: Understanding the health of a community presents challenges and opportunities for researchers, public health officials and residents and is an ambitious, but necessary process. A surveillance system that provides valuable information about a community and the public health issues it faces would play an integral role in program planning and resource allocation. This type of system would monitor more than traditional markers for health and broaden its focus to include individual risk behaviors. Behavioral surveillance systems, which are used for other health conditions, may have great utility in state planning efforts for HIV prevention and treatment programs.

However, designing a behavioral surveillance system for HIV requires collaboration among researchers, state and local government officials, HIV prevention and treatment providers, and consumers and is inherently challenging.

SETTING: Los Angeles, CA, for members of the HIV community, public health staff, policy makers, and researchers.

PROJECT: The Center for HIV Identification, Prevention, and Treatment Services (CHIPTS), a research center funded by the National Institute of Mental Health, focused its 2000 policy forum on the development of a behavioral surveillance system for HIV in California. Sponsored by the California State Office of AIDS and the University-wide AIDS Research Program, this conference, held on December 7, 2000, was a vehicle for stakeholders to discuss the parameters to be considered in designing an HIV behavioral surveillance system and to identify areas where additional research is needed to understand the impact of new surveillance models. This was achieved through the use of work groups and will result in the development of a set of recommendations to the California Department of Health Services.

RESULTS: Recommendations on the parameters of an HIV behavioral surveillance will be developed from the forum and will focus on five areas: (1) Means and ends of behavioral surveillance; (2) Existing data collection processes; (3) Goals of behavioral surveillance for HIV; (4) Integration of qualitative and quantitative data collection; and (5) Policy implications of behavioral surveillance. This document will articulate areas where additional process and outcome research is needed to better understand the impact of new models and methods for HIV surveillance.

LESSONS LEARNED: Current strategies and proposals regarding HIV surveillance may not effectively meet the goal of monitoring sexual health and risk for HIV infection. A number of recent scientific advances have heightened the importance of systematically examining the issues of HIV prevention, detection, and care. A behavioral surveillance system is needed to measure the prevalence of HIV risk behaviors and HIV incidence. The potential benefits of a behavioral surveillance system include an ability to identify new pockets of HIV infection and the capability to allocate limited resources to address emerging needs. Data from an HIV behavioral surveillance system would also allow for more effective planning of local, state, and federal prevention programs, including social marketing campaigns. The recommendations developed in the five primary areas will help shape the health policy research agenda in California and may inform national policy directions in HIV surveillance.

ABSTRACT 695

Female Genital Cutting: A Risk Factor for HIV?

Chitty, JA; Page, FE

US Office on Women's Health, Washington, DC

ISSUE: Female genital cutting (FGC), the collective name given to several different traditional practices that involve the ritual cutting of the external female genitalia, can facilitate the transmission of HIV. Although limited evidence exists, FGC is not addressed in HIV prevention or research agendas. An estimated 130 million women and girls worldwide have undergone FGC. The practice, in one form or another, persists in over 28 African countries, the Middle East and Asia, and it is also seen in Europe, Australia, and North America.

PROJECT: The 1996 US federal legislation on female genital cutting directed the United States Department of Health and Human Services (DHHS) to conduct research on the prevalence of FGC in the United States, carry out educational outreach, and develop and disseminate recommendations for students in medical and osteopathic schools.

RESULTS: In response to the Congressional directive, the Centers for Disease Control and Prevention estimated that in 1990 over 168,000 females in the United States had either undergone or were at risk for FGC (*Public Health Reports*, Sep–Oct 1997; 112(5): 368-77). DHHS held community consultation meetings on FGC in seven US cities in order to foster dialogue between health care providers, immigrant service agencies, and members of African immigrant communities. In addition, DHHS commissioned the development of a technical training manual for health professionals entitled “Caring for Women with Circumcision,” which was distributed to Schools of Nursing, Medicine and Osteopathy in the United States and Canada.

DHHS's findings validate that the physical, mental and sexual consequences of FGC can be severe, and may result in chronic health conditions, disability and possibly HIV/AIDS. FGC puts women at risk for HIV infection through at least two mechanisms: (1) reuse of contaminated instruments to conduct the cutting procedure; and (2) consequent sexual practices and/or accommodations that may occur with infibulation (the most severe form of FGC), including vaginal tearing, anal sex, and extramarital sex.

LESSONS LEARNED: The practice of FGC is not an isolated issue, but it must be considered within a broader

context of health, culture and human rights. By integrating FGC into existing programs, DHHS can aid the process of both stopping FGC and promoting the health of those affected by the practice. Currently no HIV prevention programs address FGC. The integration of FGC into HIV research and prevention programs should be considered, particularly in programs that target areas where FGC is prevalent.

ABSTRACT 696

Integrated Systems of Care: Substance Abuse Treatment, HIV/AIDS, and Other Services

Atanda, R¹; Castro-Donylan, C²; Cohen, J³; O'Bryant, K¹; Phields, ME¹

1 Birch Et Davis Associates, Inc., Silver Spring, MD; 2 Massachusetts Department of Public Health, Boston, MA; 3 East Bay Community Recovery Project, Hayward, CA

ISSUE: Although the connection between HIV/AIDS and substance abuse is widely recognized, too often, HIV/AIDS services and substance abuse treatment services are provided in a disjointed manner. Commonly, substance abuse treatment programs working with injection drug users must seek and utilize HIV prevention, testing, and services in a multitude of settings. Integrated systems of services and care are critical to reducing the spread of HIV/AIDS in drug-and alcohol-using populations.

SETTING: A community-based alcohol and drug treatment program targeting ethnic and racial minorities for substance abuse treatment and HIV services in Oakland, CA; A community-based consortium of HIV providers, consumers of services, local officials, the private sector, and the medical community in Boston, MA.

PROJECT: In an effort to reduce the spread of HIV/AIDS among racial and ethnic minorities, the Congressional Black Caucus Minority AIDS Initiative, funded by SAMHSA's Center for Substance Abuse Treatment, funded 65 community-based substance abuse treatment programs to expand availability of treatment to minorities and to enhance treatment with HIV services and 6 projects to develop minority community-planning grants for integration of HIV/AIDS and substance abuse treatment, mental health, primary care, and public health. Two projects funded under this initiative will discuss their stylized approaches to comprehensive, integrated HIV services and substance abuse treatment: the Men's Services Network program at the East Bay Community Recovery Project in Oakland, CA, and the Massachusetts Department of Public Health.

RESULTS: Based on the preliminary cross-site evaluation data from 35 projects in the Congressional Black Caucus Minority AIDS Initiative, 4,112 clients have been engaged in drug and alcohol treatment and HIV services. Baseline data suggest that the clients have a multitude of substance abuse, HIV, and other service needs as evidenced by past-30-day drug and alcohol use (59%), unprotected sexual contact (34%), emergency room visits (11%), homelessness and habitation in shelters (16%), unemployment (14%), and involvement in the criminal justice system (22%). Comparison between baseline and 6-month follow-up data showed a reduction in risk behaviors associated with substance use (from 59% to 45%), homelessness and habitation in shelters (from 16% to 8%), and involvement in the criminal justice system (from 22% to 12%).

LESSONS LEARNED: Program experience and cross-site evaluation data supported the belief that high-risk populations have a complex melange of concurrent service needs and that integration of HIV services and substance abuse treatment and other services was related to reductions in HIV risk behaviors associated with substance abuse. Moreover, HIV prevention and related services can be successful integrated with substance abuse services.

ABSTRACT 697

Challenges of Program Evaluation Within a Cultural Context of HIV and Substance Abuse Treatment and Outreach Programs

Allen, T¹; Kanuha, VK²; Murphy, B³; O'Bryant, K⁴; Phiels, ME⁴

1 San Mateo County Health Services Agency, San Mateo, TX; 2 The Salvation Army, Oahu, HI; 3 CODAC Behavioral Health Services, Inc., Tucson, AZ; 4 Birch & Davis Associates, Inc., Silver Spring, MD

ISSUE: Designing and implementing program evaluation for HIV prevention and substance abuse treatment programs can be more challenging when working with racial and ethnic minorities who are active or recovering substance abusers and at risk for HIV infection. Often, traditional methods of program evaluation are not appropriate within a cultural context or congruent with the cultural framework of many racial and ethnic groups. More culturally appropriate approaches to program evaluation are needed for programs targeting a variety of cultural groups.

SETTING: Community-based organizations that integrate outreach, substance abuse treatment, HIV services, and referrals in Hawaii, Texas, and Arizona.

PROJECT: In an effort to reduce the spread of HIV/AIDS among racial and ethnic minorities, the Congressional Black Caucus Minority AIDS Initiative, funded by SAMHSA's Center for Substance Abuse Treatment, funded 103 community-based substance abuse treatment programs to conduct outreach to bring more ethnic and racial minorities into drug treatment, to expand availability of treatment to minorities, and to enhance treatment with HIV services. Three projects funded under this initiative will discuss their approaches to implementing culturally appropriate program evaluation in outreach, substance abuse treatment, and HIV service programs: 1) the San Mateo County Substance Abuse and HIV Outreach Project at the San Mateo County Health Services Agency, 2) the Pulama N'Wahine Ola Hou Project of the Salvation Army, and 3) the Adolescent Drug Treatment Expansion Cooperative at CODAC Behavioral Health Services, Inc. (CODAC), of Pima County.

RESULTS: Each program will discuss its stylized approach to designing and implementing program evaluation of outreach, substance abuse treatment, and HIV services within a cultural context and within the context of addiction and recovery. They will discuss innovative approaches to evaluation design, instrumentation, data collection, data analyses, and data interpretation.

LESSONS LEARNED: Programs targeting racial and ethnic minorities require program evaluation strategies that take into account the cultural environment, social milieu, and political context under which these programs operate. Specifically, measurement approaches, popular in "traditional" evaluation, include closed-ended surveys with predetermined response categories that may not accurately capture the experience of the minority client, and worse, may not take that client's experience into account. This issue is particularly salient to minority populations whose experiences and perspectives may not be congruent with the majority population. Qualitative and or emic evaluation techniques need to be used, as such methodology would be much more accurate in capturing the unique (and usually critical) cultural factors that contribute to recovery, risk reduction, and program effectiveness.

ABSTRACT 698

Shades of Color: A Model of Peer Education at Boston GLASS

Ward; KJ; Neely, LS

Justice Resource Institute (Gay/Lesbian Adolescent Social Services, JRI Health), Boston, MA

ISSUE: Gay, lesbian, bisexual, and transgender (GLBT) youth between the ages of 13 and 25 experience health and social risks at a higher rate than their heterosexual and gender-matched peers. Contracting HIV is one of these risks. The complex nature of oppression as it is linked to healthy identity development is the foundation of this work. Specifically, the experience of homophobia, individually and at the collective level, can lead to feelings of isolation, self-destructive behavior, diminished self-esteem/efficacy, and an increased chance of suicide. Additionally, the parental rejection experienced by many GLBT youth often leads to circumstances in which young people find themselves emotionally and financially unsupported. These factors conspire to increasing GLBT young people's chances of becoming sexually exploited (e.g., commercial sex work) and physically reckless (e.g., drug abuse, and unprotected sexual intercourse).

SETTING: The Boston GLASS Community Center is a 1400-square-foot facility located in downtown Boston, MA. It houses a lending library, a kitchenette, 2 classrooms, a TV/Video Room, a computer lab, a darkroom, and a lounge. Approximately 30 GLBT youth access the drop-in center daily. The center has 4 full-time professional staff: Program Director, Crisis Counselor, HIV Specialist, and Prevention Programming Coordinator.

PROJECT: *Shades of Color* is the center's peer leadership program. It employs 10 youth who work approximately 6 hours per week in the center and throughout the Boston metropolitan area, educating their peers on issues related to HIV/AIDS. The program implements a holistic approach to HIV prevention. Understanding that the prevention of HIV is as much psycho-social as it is behavioral, *Shades* creates curricula whose focuses are not always apparently directly related to HIV prevention. Its workshops, called *Raptures*, have titles such as *Show Me What You're Working With: Body Image and the Queer Community* and *Black Queer Pride: The Historical Contributions of Black GLBT People*. The idea is that psycho-educational opportunities (during informal drop-in hours and during structured workshops) lead to healthy psycho-social development, a process that leads to healthy decision-making. These interactive events are

conducted in the center for its GLBT members, at least twice per month with youth in other community- and school-based leadership programs, and with adult health and social services providers.

RESULTS: Through this model, hundreds of youth and adults throughout the Boston community and nationally have been educated on identity development, oppression, and the implications for HIV/AIDS. Simultaneously, every year the cohort of 10 learns valuable professional and leadership skills from public speaking to grant writing.

LESSONS LEARNED: Young people learn from the shared experiences of their peers. The peer leaders see this, and in recognizing their own talents to learn and teach, they gain a sense of self-worth and self-love. The community built through this process provides the social and emotional support that many have had taken from them.

ABSTRACT 699

A Tailored Self-Help, Safer Sex Intervention: Results from a Randomized Trial in Two Managed Care Settings

Scholes, D; McBride, CM; Grothaus, L; Ichikawa, LE; Civic, D; Yarnall, K; Fish, L; Rebolledo, V; Yarbro, P; Albright, J; Talenti, R

Group Health Cooperative, Seattle, WA; Duke University Medical Center, Durham, NC

BACKGROUND: Effective individual-level HIV/STD prevention interventions have been developed, but they often target self-selected, higher-risk populations and are resource-intensive. While written minimal self-help strategies have demonstrated efficacy in other behavior change areas, they are not well evaluated in the context of HIV/STD prevention. If proven efficacious, these interventions have the advantages of being self-directed, less resource-intensive and possibly more suitable to broader public health applications. Through computer tailoring, it is now possible to develop conceptually based written materials that maximize personal relevance while minimizing text.

OBJECTIVES: To evaluate, via randomized trial, a minimal tailored, written, self-help intervention to increase condom use among young women at increased risk for HIV/STD.

METHODS: Potential participants, women (ages 18 – 24), were identified using computerized enrollment databases at managed-care sites in Seattle, WA, and Durham, NC. Women who agreed and who were eligible (sexually active, non-monogamous, not pregnant) received a telephone interview and were randomized to intervention or to usual care groups. Participants randomized to the intervention group received a mailed packet containing a computer-generated self-help magazine individually tailored on selected items such as stage of readiness to use condoms, barriers to condom use, STD/HIV risk perception, and partner type. Condom samples and a carrying case were also included. A tailored ‘booster’ newsletter was mailed 3 months later. Participants were surveyed at 3 and 6 months for their condom use in the past 3 months and other outcomes (consistent condom use, purchasing/carrying condoms, condom use by partner type).

RESULTS: We recruited and randomized 1,210 participants (801 Seattle, 409 Durham). Follow-up was 89% and 85% at 3 and 6 months, respectively. Use of the materials by the 90% of intervention women who received the packets was high (88% for the tailored magazine). At baseline, 72% of sexually active women reported condom use in the past 3 months. Women in the intervention group were significantly more likely than controls to use a condom at the 3-month follow-up (OR [odds ratio]= 1.45, 95% CI 1.06 – 2.00), with a stronger intervention effect at the 6-month follow-up (OR = 1.71, 95% CI 1.24 – 2.36).

CONCLUSIONS: This non-volunteer sample responded favorably to mailed, tailored self-help materials promoting condom use. Our ongoing analyses support the conclusion that a minimal self-help intervention strategy can increase condom use among young sexually active women at risk for STDs.

ABSTRACT 700

“Wanted”: A Few Good Young People; Sustaining a Youth Peer-Led HIV Prevention Program

Gallaread, A¹; McCright, J¹; Sieverding, J², Boyer, C²; Yankah, E²

1 San Francisco Department of Public Health, San Francisco, CA;

2 University of California (UCSF), San Francisco, CA

SETTING: Classroom-based training at the San Francisco Department of Public Health and comprehensive venue-street-based field experience in the community.

PROJECT: Youth United Through Health Education (YUTHE), a program of the San Francisco Department of Public Health, STD Prevention and Control Division, provides peer-led HIV/STD prevention educational workshops and STD screening and treatment for African American adolescents in San Francisco. To reduce the risk of staff turnover and to address the need of ongoing training of youth outreach workers, the YUTHE team developed a comprehensive training manual. The manual can be used for successive waves of training. The initial training takes place over 36 hours, during a six-week period. Highlighted topical areas include: an introduction to street outreach, intro to STDs, intro to HIV/AIDS, STD transmission, HIV transmission, the relationship between STDs and HIV, anatomy and physiology, epidemiology, prevention, STD screening procedures, professionalism in the work place, history of the Bayview Hunters Point community, risk factors and teamwork. An innovative recruitment strategy was developed in conjunction with the manual to retain sustainability and retention of staff. Regularly scheduled staff meetings have also been incorporated to insure a high degree of constancy and quality to their outreach work.

RESULTS: To date, 10 youth peer educators have been trained using this approach. Peer outreach workers successfully transferred what was learned during the training period into the delivery of a consistent street-venue-based brief intervention. YUTHE peer outreach workers have contact with approximately 400 youth weekly.

LESSONS LEARNED: Youth-led peer education programs require internal structure throughout the program and especially during periods of staff turnover. To ensure stability and consistency over time, a comprehensive written training program and recruitment strategy for all new staff may be helpful.

ISSUE: Peer education programs traditionally have a high turnover in staff. Most often peer-led programs rarely address retention and sustainability in their program planning methods.

ABSTRACT 701

Higher Levels of STDs and Risk Behavior Among Men Using Viagra®, San Francisco 2000-2001

Kim, A; Kent, C; Klausner, J

San Francisco Department of Public Health, San Francisco, CA

BACKGROUND/OBJECTIVES: If Viagra® (sildenafil) use increases sexual risk behavior among men who have sex with men (MSM), it may play a role in facilitating HIV and STD acquisition and transmission. The objective of this study was to evaluate sexual and drug use behavior of men using Viagra and seen at the municipal STD clinic in San Francisco.

METHODS: A consecutive sample of 943 male patients seeking public STD screening and treatment services at the STD clinic were asked to complete a one-page, self-administered survey on Viagra use, from December 2000 to February 2001. Survey data were linked to a computerized clinic database using a unique medical record number.

RESULTS: Among 855 patients who completed they survey, 17% (143/840) reported using Viagra in the past year. MSM were more likely to use Viagra in the last year compared to heterosexual men (31% [110/352] vs. 7% [33/476], $p < 0.01$). A higher proportion of MSM Viagra users reported receiving Viagra from a friend (56%) than from a health care provider (42%). MSM who reported Viagra use had a higher mean number of sexual partners in the past two months (5.6 vs. 3.5, $p < 0.01$) than MSM who did not report Viagra use. MSM Viagra users were more likely to have a current GC or CT diagnosis (32% vs. 22%, $p = 0.06$) and to report unprotected sex with an HIV-positive partner in the past 2 months (47% vs. 27%, $p < 0.01$). No differences were observed in self-reported HIV serostatus (HIV-positive: 29% vs. 21%, $p = 0.2$). MSM Viagra users reported taking Viagra with the following recreational drugs: ecstasy (44%), methamphetamines (40%), nitrates (15%), and ketamine (13%). MSM who took Viagra with these drugs were more likely to be younger (< 35 years) (79% vs. 33%, $p < 0.01$), have received Viagra from a friend (76% vs. 39%, $p < 0.01$) and to believe that using drugs with Viagra enhances one's sexual experience (76% vs. 27%, $p < 0.01$). Compared to other MSM Viagra users, MSM who used Viagra with recreational drugs were more likely to report unprotected sex in the past 2 months (59% vs. 36%, $p = 0.03$) and sex with an HIV-positive partner in the past 2 months (57% vs. 37%, $p = 0.08$).

CONCLUSION: Nearly one-third of MSM STD clinic patients in San Francisco reported using Viagra in the last year. Higher levels of sexual and drug risk were observed among MSM Viagra users. Of particular concern are young MSM who use Viagra recreationally with other drugs.

ABSTRACT 702

Temporal Changes in HIV Risk Perception Among Public STD Clinic Clients in Los Angeles County

Harawa, N; Bingham, T

Los Angeles County Department of Health Services,
Los Angeles, CA

OBJECTIVES: To examine changes in HIV risk perception between 1993 and 1999 by HIV risk group and race/ethnicity among 89,541 clients of public STD clinics in Los Angeles County.

METHODS: We analyzed data from an unlinked HIV seroprevalence survey involving a brief interview and blinded testing of routinely collected syphilis specimens. The following behavioral risk groups were examined separately: men who report *any* sex with men (MSM), women who report *any* sex with men (WSM), and men who report *only* sex with women (MSW). WSM and MSW clients were further subdivided into those reporting one sexual partner and those reporting more than one partner in the previous twelve months. Those who believed that their sexual and drug-using behaviors could have possibly exposed them to HIV were classified as having a perception of their HIV risk.

RESULTS: HIV risk perception remained largely unchanged between 1993 and 1999 among all MSM and among heterosexually active men and women reporting one sexual partner. In contrast, among those reporting multiple partners in the previous 12 months, HIV risk perception increased 27% among MSW (1993: 45%; 95% Confidence Limits [CL] = 43, 46% versus 1999: 57%; 95% CL = 55, 59%) and 25% among WSM (1993: 46%; 95% CL = 44, 48% versus 1999: 57%; 95% CL = 54, 60%). Similar increases in HIV risk perception occurred among each of the three racial/ethnic groups examined (blacks, Hispanics, and whites). In 1999, 65% of MSM perceived themselves to be at some risk for HIV; however, among those with one partner, only a small percentage of the heterosexually active men (21%) and women (25%) did so.

CONCLUSIONS: HIV education and prevention efforts appear to have successfully heightened awareness and risk perception among heterosexuals with multiple partners. They do not appear to have affected risk perception among heterosexuals with one recent sexual partner, even those with an STD-related complaint. In areas of elevated HIV prevalence, prevention efforts should be specifically tailored to persons who practice serial monogamy.

ABSTRACT 703

Learning the Ropes: Training Community-Based Agency to Integrate and Conduct Sexually Transmitted Disease Screening in HIV Prevention Programs

McCright, JT¹; Poe, D²; Lee, M¹; Phillip, A²; Klausner, J¹

1 San Francisco Department of Public Health, San Francisco, CA;
2 Black Coalition on AIDS, San Francisco, CA

ISSUE: HIV prevention programs primarily focus on HIV and rarely address other sexually transmitted diseases (STDs). STDs are important co-factors in HIV transmission. Thus, there is a missed opportunity to integrate STD/HIV prevention in community settings.

SETTING: STD screening and prevention training conducted at the Black Coalition on AIDS (BCA) program headquarters with community agency staff.

PROJECT: The San Francisco Department of Public Health (SFDPH) – STD Prevention and Control Services Division collaborated with the (BCA), which is a community-based agency that provides a wide spectrum of HIV prevention services for the African American (AA) community of San Francisco. Since chlamydia rates are highest among young AAs, they are also at risk for HIV. BCA staff was selected to participate in the training because they could provide STD services, along with HIV prevention services to the clients they serve in the AA community. By obtaining the skills to conduct chlamydia urine screening, they can reach the clients in their venues vs. referring or calling in outside agencies. The staff received training in the following areas: STD epidemiology, anatomy & physiology, chlamydia urine screening procedures, quality assurance, infection control procedures, lab and registration form procedures and STD screening terminology. Upon the completion of training,

all staff performs a role-play to assess their STD screening skills, and accompany STD Prevention and Control staff to conduct hands-on, venue-based STD screening in the community.

RESULTS: To date, 15 staff have been trained to conduct chlamydia urine-based screening in community settings. Staff consisted of 1 director, 5 program managers, 8 outreach workers and 1 case manager. All staff completed a pre-test and the baseline data showed that 80% had very little knowledge about STD symptoms, transmission and their relationship to HIV transmission. Results indicate that there is a need for community-based, non-medically-trained staff to receive an overview of STDs and their relationship to HIV prior to the integration of STDs into HIV prevention programs.

LESSON LEARNED: Partnering between health departments and community-based agencies to integrate and conduct STD urine screening is feasible. Comprehensive, convenient, culturally sensitive, community-based STD/HIV prevention services are essential to meet the needs of the community and to control the spread of STDs/HIV.

ABSTRACT 704

Designing and Implementing HIV and Drug Prevention Programs for Male-to-Female Transgenders

Nemoto, T; Keatley, J; Adao, CL

University of California (UCSF), San Francisco, CA

ISSUE: Male-to-female transgenders are one of the highest risk groups for HIV infection. Multiple pathways contribute to HIV risk for this group, including commercial sex work; injection drug use; unprotected sex with primary partners; and an array of psychological, economic, and cultural factors associated with social stigma surrounding transgenders. HIV prevention programs must consider the multiple forces that co-determine risk behaviors for this population.

SETTING: A community living space in the Tenderloin district of San Francisco provides workshops, drop-in counseling, and referral services that address an array of HIV and health-related issues specific to male-to-female transgenders. In coordination with the living space, a residential drug treatment program offers services specific to the needs of male-to-female transgenders.

PROJECT: The Transgender Resources and Neighborhood Space (TRANS) project was developed in response to the

high rates of HIV infection and drug abuse in the male-to-female transgender population. A collaborative team of researchers from the University of California at San Francisco, drug treatment service providers from Walden House, Inc., and several community-based organizations have coalesced to develop and implement programs aimed at diminishing HIV risk behaviors and drug use in this population. This project has two divisions. First, in a neighborhood community space, a team of male-to-female transgenders conduct workshops and referrals that address HIV prevention, drug abuse prevention, psychological needs, gender identity and gender confirmation, employment and career goals, relationships, and other lifestyle considerations. Second, drug treatment services specific to the needs of male-to-female transgenders are offered by Walden House, Inc., the largest such provider in San Francisco. Presenters will provide an overview of the HIV and drug abuse prevention workshops conducted at the community living space and will describe drug treatment curricula conducted at the residential treatment facility.

RESULTS: In the first 6 months of the project, TRANS has developed a community advisory board, which meets regularly to discuss needs in the male-to-female transgender community; conducted focus groups consisting of members of the male-to-female transgender community, including individuals who have entered drug treatment; and developed workshops and curricula based on focus group findings.

LESSONS LEARNED: Substance abuse and HIV are intimately interconnected epidemics in the male-to-female transgender community. Interventions must target both issues simultaneously in order to provide effective results. Interventions must also address the social and psychological issues that underlie HIV risk behaviors and substance abuse. Programs must provide pathways to employment, housing, and social support services in order for clients to maintain low levels of risk.

ABSTRACT 705

Recruitment Strategies for High-Risk HIV-Negative Persons Participating in a Long-Term, Individual-Level Intervention

Caldwell, RA¹; Paterniti, DA²; Molitor, F²

1 California Department of Health Services, Sacramento, CA; 2 University of California, Davis, CA

ISSUES: Recruiting challenges for high-risk HIV negative individuals into a long-term, individual-level intervention through HIV counseling & testing (C&T) should not be underestimated. Various factors influence providers' abilities to recruit individuals who report unsafe behavior into risk reduction-oriented services.

SETTING: In California, risk reduction specialists (RRS), who are master's-level mental health professionals, are recruiting clients from various types of C&T sites into an individual-level, harm reduction-based intervention. The intervention is a hybrid of risk reduction counseling and case management. The intervention is designed to help clients take incremental steps to reduce unsafe behaviors.

PROJECT: The project undertook a qualitative evaluation that began with a review of strategies used by RRS to recruit clients into the program. From this review, an open-ended recruitment survey was designed to elicit avenues of recruitment and was followed by an interview to clarify their responses.

RESULTS: The three-part survey contained questions about: (1) C&T venues (i.e., clinic and outreach-based), (2) outside recruitment sites (i.e., drug treatment programs, domestic violence and homeless shelters), and (3) promotional activities (i.e., presentations, program flyer distribution). It was completed by seven RRS, reflecting approximately 300 client contacts. Primary recruitment strategies included: (1) providing C&T, (2) referrals from C&T and other venues that serve high-risk persons, (3) provider/ consumer presentations, and (4) flyer distribution. RRS reported the most effective recruitment was referrals from colleagues who clearly understood and valued long-term risk reduction counseling for their clients. A strong relationship with the RRS was a conduit to this understanding. RRS viewed traditional recruitment strategies, such as presentations and flyer distribution to service providers and/or consumers, as ineffective in recruitment.

LESSONS LEARNED: Responses from surveys and interviews revealed elements of recruitment strategies that contribute to their effectiveness. They need to emphasize programmatic understanding, value strong provider relationships, and focus on client-based needs. Traditional broad-based recruitment strategies are ineffective in recruiting high-risk HIV negative clients because they emphasize the general value of risk reduction services, rather than the individuals' needs. Furthermore, qualitative assessment through an open-ended survey and follow-up interviews can serve as an educational opportunity, opening up a dialogue about issues of recruitment and encouraging critical reflection regarding current strategies for recruitment. This type of dialogue has proven effective in maximizing the results of recruitment efforts.

ABSTRACT 706

Using the Unique Testing Code (UTC) as a Tool for Program Characterization and Evaluation

Lengyel, B; Shehan, DA; Banks, K

University of Texas - Southwestern Medical Center, Dallas, TX

BACKGROUND: Successful prevention planning and evaluation depends on meaningful data collection and utilization. A unique testing code has been developed for clients who test at publicly funded HIV Prevention Counseling and Partner Elicitation (PCPE) sites in the state of Texas. The UTC is used to count and characterize one-time and repeat testers who access the PCPE sites in Texas.

METHODS: Data is collected on-site by the counselor during the initial counseling session and recorded on the state's HIV Counseling and Testing scan form. This includes the date of birth, race, gender, the first letter of the first name and the last two letters of the last name (maiden name for women). Data is analyzed using SPSS. This presentation includes data collected in 1999 and excludes the city of Houston.

OBJECTIVES: The UTC was designed to work with the current counseling and testing system and to count the number of clients who use HIV testing services while protecting client anonymity. The UTC can also be used to periodically evaluate the PCPE site in order to ascertain if the sites are addressing the needs of their clients.

RESULTS: A total of 75,658 testing episodes were evaluated from throughout Texas. There were a total of 5,934 repeat testers. Eighty-eight percent tested twice. Eleven percent

tested three times, and 1% tested four or more times. Forty percent were white, 25% were African American (AA), and 35% were Hispanic. The major risk factors were having sex with a male in the last 12 months (51%), having sex with a female in the last twelve months (49%) and injecting drug use in the last twelve months (17%, n = 5,934). Men were more likely than women to have more than one test. Of those who tested four or more times (n = 115), 83% were men. AAs were least likely to have more than one test, indicating that PCPE programs need to become more active in the AA community (25% of AAs sought out a second test as compared to 39% of whites and 35% of Hispanics).

CONCLUSIONS: Unduplicated testing data is useful in measuring the success of reaching target populations as defined by local community prevention and planning groups and evaluating the success of prevention efforts at the state level. In addition, recent seroconversion can be observed among repeat testers.

ABSTRACT 707

Confidence in HAART and Recent Unprotected Anal Sex Among Men Who Have Sex with Men (MSM): Findings from Los Angeles and Seattle

Bingham, T¹; Thiede, H²; Johnson, D¹; Harawa, N¹; Secura, G³; Bartholow, B³; MacKellar, D³; Valleroy, L³

1 HIV Epidemiology Program, Los Angeles, CA; 2 Public Health: Seattle & King County, Seattle, WA; 3 Centers for Disease Control and Prevention, Atlanta, GA

BACKGROUND: Reports of a decline in safer sex behaviors and increasing incidence of HIV infection among MSM suggest a causal connection between confidence in highly active anti retroviral therapy (HAART) and increases in unprotected anal sex. Syphilis outbreaks among MSM in Seattle and Los Angeles may indeed substantiate claims that safer sex practices are declining in these metropolitan centers. In the absence of longitudinal data to monitor changes in sexual practices among MSM since HAART's introduction, we examined the association between confidence in HAART and recent unprotected sex using Young Men's Survey (YMS) data from Los Angeles and Seattle.

METHODS: YMS is a multi-site, cross-sectional study of HIV-related risk behaviors, attitudes, and HIV infection in men, ages 23 to 29, sampled from public venues frequented by MSM. We assessed the awareness of and confidence in HAART among 878 men who enrolled in YMS between 1998 and 2000 and reported oral or anal sex with a male in the past 6 months. We performed multiple logistic regression to estimate the association between confidence in HAART and unprotected anal sex within the past 6 months.

RESULTS: Of the 839 MSM reporting negative or unknown HIV status during the interview, 619 (74% overall; 86% in Seattle, 62% in Los Angeles) were aware of HAART compared with 92% of the 39 self-disclosed HIV-positive men. In addition to Seattle residency and self-disclosed positive status, awareness of HAART was positively associated with having a regular source of health care [prevalence odds ratio (OR) = 2.2, 95% confidence limits (CL) = 1.6, 3.0], white race (OR = 3.5, 95%CL = 2.6, 4.8), and college education (OR = 2.0, 95%CL = 1.5, 2.7). Of the 619 MSM of negative or unknown HIV status who were aware of HAART, 87 (14%) reported a perceived lower risk of sex with HIV-positive partners who were on HAART, and 37 (6%) reported decreased concern about unprotected sex given HAART availability (with minor differences by city). Among these 619 MSM, men reporting decreased concern about unprotected sex had a 2.9-times higher odds of unprotected anal sex in the past 6 months (95%CL = 1.6, 5.7) than men not reporting decreased concern. This association was largely unchanged after controlling for high general optimism, STD history, educational attainment, and exchange sex.

CONCLUSIONS: A large proportion of MSM of negative or unknown status was aware of HAART. A much smaller proportion reported a lower perceived risk of HIV transmission or decreased concern about becoming infected because of HAART. Within this population, however, HAART does appear to contribute to unprotected anal sex among susceptible MSM. Risk reduction counseling should address continuing risks of transmission and other limitations of HAART.

ABSTRACT 708

Why Gay Male Prevention Programs Emphasize Individual-Level Interventions and Why This Threatens Our Chances of Stopping HIV Transmission

Wohlfeiler, DA

University of California (UCSF), San Francisco, CA

ISSUE: More and more community-based organizations conducting prevention for gay men are relying on individual-level interventions. Unless carried out at a large enough scale, these threaten our ability to affect the epidemic's trajectory. This paper seeks to understand why we have gone from seeing our communities as partners to seeing them as clients.

SETTING: Gay male prevention programs in large urban cities in the US. (Although the emphasis of this project is on gay male prevention programs, there are clear implications for programs in other communities, which often have fewer resources and competing priorities.)

PROJECT: Qualitative interviews were conducted with HIV prevention planners and program managers in several large cities, and the literature of the history of HIV prevention in the US was reviewed. Program archives and contracts from the early 1980's and 1990's were reviewed in San Francisco, where the epidemic was and remains mostly among gay and bisexual men.

RESULTS: Multiple forces were identified which have led programs to become increasingly professionalized and to emphasize one-on-one interventions. These include a) the decreasing severity of the threat posed by HIV; b) the difficulty of maintaining the community's focus on prevention; c) bureaucratic tendencies present in almost all organizations, i.e., self-preservation and a decreasing willingness to take risk; d) the competition for resources by care and support activities; e) internalized and external homophobia; and f) pressures to be accountable to funders.

LESSONS LEARNED: HIV prevention planners spend considerable time debating how to divide resources among populations, but rarely make strategic decisions about which level of interventions is most appropriate. While the forces described above may appear to be insurmountable, there are specific and practical strategies which government, funders, and community-based organizations have used, and may continue to use, to

explicitly confront and address them. These strategies include writing objectives that provide maximum community ownership without precluding decision-making, creating leadership roles for volunteers, and involving partners in the private sector and healthcare system. They also include environmental and structural interventions that do not rely on community involvement and have the potential to affect the risk of those whom even the most aggressive outreach programs cannot reach.

ABSTRACT 709

Higher Levels of Drug Use and Patterns of Anonymous Sex Among MSM Diagnosed with Rectal Gonorrhea, San Francisco, 2000

Kim, A; Kent, C; Klausner, J

San Francisco Department of Public Health, San Francisco, CA

BACKGROUND: Male rectal gonorrhea (RGC) may be a useful marker of HIV risk among men who have sex with men (MSM). Citywide increases in RGC among MSM in San Francisco point to a potential resurgence of HIV transmission among MSM.

OBJECTIVES: The objective of this study was to identify risk factors for male RGC in San Francisco.

METHODS: San Francisco's municipal STD clinic screens all MSM patients who report receptive anal intercourse with or without condom use, regardless of symptoms. From January to October 2000, a self-administered survey on drug use and sexual behavior was distributed to a consecutive sample of MSM patients undergoing RGC screening at the STD clinic. Cases were culture positive for GC.

RESULTS: Among 566 MSM patients who completed the survey, 40 (7%) had a positive RGC diagnosis. No differences were observed in race/ethnicity ($p = 0.8$) or education ($p = 0.9$) between cases and non-cases. RGC cases were more likely to be HIV-positive (55% vs. 24%, $p < 0.01$), report anonymous receptive anal sex in the past two weeks (50% vs. 30%, $p < 0.01$), and report meeting their most recent sexual partners at anonymous venues, including over the Internet (40% vs. 18%, $p < 0.01$) and at bathhouses (19% vs. 10%, $p = 0.1$). Injection drug use in the past 3 months (11% vs. 3%, $p = 0.01$) and non-injection drug use during sex (69% vs. 42%, $p < 0.01$), including amphetamine use (44% vs. 25%, $p = 0.05$)

were higher among RGC cases compared to non-cases. The effect of drug use during sex (OR = 1.8 vs. OR = 3.3) and injection drug use in the past 3 months (OR = 2.6 vs. OR = 4.9) was lower among HIV-positive RGC cases compared to HIV-negative RGC cases. However, compared to HIV-negative RGC cases, HIV-positive RGC cases had a greater risk of meeting their most recent sexual partners in a bathhouse (OR = 4.1 vs. OR = 0.3) or over the Internet (OR = 3.7 vs. OR = 1.5).

CONCLUSIONS: RGC is associated to patterns of anonymous sex among HIV-infected MSM in San Francisco. HIV-negative MSM who inject drugs or mix recreational drugs with sex may have an elevated risk for RGC. Results may highlight the need to develop new prevention methods to reach MSM.

ABSTRACT 710

Trends in Racial/Ethnic and Risk Characteristics Among Persons with HIV/AIDS in the General Population

Mitts, BJ; Bishop, SA; Reynolds, KM

Houston Department of Health and Human Services, Houston, TX

BACKGROUND: Due to current medication regimens, an overall decrease in new AIDS cases has been seen in the United States. In the beginning of the epidemic in Houston, AIDS primarily affected the white, MSM community. Today, the demographics of AIDS diagnoses have shifted to reflect an increase in the black community along with an increase in heterosexual transmission.

OBJECTIVES: To study shifts in racial/ethnic characteristics and shifts in risk factors among persons with HIV/AIDS in the general population.

METHODS: General AIDS surveillance in Houston, TX, was initiated in 1983, while name-based HIV reporting was only initiated in 1999. Reports are made to the Houston Department of Health and Human Services (HDHHS) in a variety of ways, including direct reports from providers, direct reports from laboratories, and retrospective record reviews. For this study, we evaluated racial/ethnic and risk factors in cases of HIV/AIDS reported to the HDHHS since 1983, and, in cases of HIV infection reported to the HDHHS since January 1, 1999, with a residence in Houston or Harris County.

RESULTS: A total of 18,598 persons have been reported to the HDHHS as having an AIDS diagnosis since 1983. A total of 3,077 persons have been reported to the

HDHHS as having an HIV infection since January 1, 1999. In 1983, 81% of the AIDS diagnoses reported to HDHHS were white, while only 13% were black. In 2000, only 23% of the AIDS diagnoses reported to HDHHS were white, while 53% were black. Although HIV-infection reporting was only recently established, a similar picture is seen: 57% of the reported HIV infections are black, while 26% of the HIV infections are white. The AIDS reporting data reflects a crossover between the proportions in the black population and the white population during 1996/97 in AIDS diagnoses. The same shift in the predominant population is seen when analyzing the date of HIV infection, but two to three years earlier in 1992/93. When looking at the date of HIV infection, Hispanics overtook the white population in 1997/98, while the same crossover in AIDS diagnoses did not show until 2000. In 1983, the highest burden of AIDS diagnoses fell in the MSM population, with 73% of the AIDS cases while cases, due to heterosexual contact compiled only 2% of the AIDS cases. Today, MSM still account for 63%; however, heterosexual contact accounts for 10% of the new AIDS diagnoses. A slightly different picture is seen when looking at the HIV infection data: only 36% of reported HIV infections are due to homosexual contact while heterosexual contact accounts for 27%.

CONCLUSIONS: The HIV/AIDS epidemic in Houston, TX, has shifted from a predominantly gay, white male disease to a predominantly minority disease which is also increasingly female and transmitted by heterosexual contact. Analyses of various data sets such as AIDS cases, HIV infection dates, and HIV reporting statistics all show the similar shift.

ABSTRACT 712

California Prostitutes Education Project (CAL-PEP) HIV/STD Testing Project

Dillard Smith, C; Udoh, I; Rhodes, P; Lockett, G

California Prostitutes Education Project, (CAL-PEP), San Francisco, CA

ISSUE: High HIV infection rates are indicative of the behaviors that will place an individual at risk for STD infection as well, yet standard HIV testing and counseling protocols do not allow for a structured discussion of this with high-risk clients.

SETTING: A venue-based HIV/STD mobile testing project in geographically mapped, high-risk communities in Alameda County, where there is currently a state of emergency with respect to HIV in the African American community. The population includes high-risk prostitutes, injection drug and crack cocaine users, with a special effort to reach young people between 18 – 25 years old.

PROJECT: The California Prostitutes Education Project (CAL-PEP), in collaboration with the University of California (UCSF), San Francisco, Family Health Outcomes Project, have developed a collaborative intervention study of their HIV/STD testing project, called “The Outing”. The study aims to measure the biological, psychological, and social markers that indicate risk factors for HIV and STD infection. The Outing provides an enhanced HIV testing counseling session to our clients, which includes STD messages. Clients can also access STD screening as well as interact with a nurse practitioner onboard the mobile clinic. The enhanced intervention incorporates various peer role model stories, maps and pictures that designate “Hot Zone” areas (African American neighborhoods with high infection rates), and birth control and douching education for men and women.

RESULTS: The project, initiated in August 2000, has generated qualitative and anecdotal results. Initial observations by program staff have shown that we have been able to identify STD positive individuals who are *asymptomatic* and unaware of their status. We have engaged young injectors and crack users who *want* to be tested. Of 112 individuals tested, 76 (68%) returned for results. Of those 112, 10 (8.9%) tested positive for an STD and were HIV positive. Anecdotally, we have seen young injection drug users.

LESSONS LEARNED: There are many benefits from combined HIV/STD testing counseling and educational protocols: 1) Asymptomatic individuals are testing positive for gonorrhea and chlamydia. 2) The expanded testing and counseling protocol provides access to clinic-based HIV/STD services for populations that do not otherwise access these services. 3) Intervention staff have indicated that the structure of providing both HIV and STD messages enhances the dissemination of educational information.

ABSTRACT 713

Vermont Gay Pride Survey 2000: Risk Behavior Among Men Who Have Sex with Men (MSM) Living in Vermont

Ndao-Brumblay, SK; Aloisi, T

Vermont Department of Health, Burlington, VT

BACKGROUND: The largest proportion of AIDS cases reported in Vermont has been among men who have sex with men (MSM). Because of structural issues specific to rural areas, little is known about MSM behavior in Vermont.

OBJECTIVES: To describe sexual risk behavior, psychosocial factors, testing habits, and health care experience among MSM living in Vermont.

METHODS: A cross-sectional study was conducted at the 2000 Gay Pride in Burlington, VT. The self-administered survey instrument assessed sexual orientation, sociodemographic and psychosocial factors, risk behaviors, HIV testing, serostatus, and health care access.

RESULTS: Of 175 men, 80% were both MSM and Vermont residents. Among these, 92.1% were white, and 60.7% lived in the largest county. Also, 67.8% were aged 25 to 44. Overall, the group was well educated and had a high income. Most (91.3%) had at least one male sex partner in the previous 6 months, of which 47.1% reported having one partner only. Of those, 77% had a long-term relationship with their partner. Very few had a female sex partner. There were low frequencies of injection drug use, needle sharing and excessive drinking. However, one-third reported having sex while drunk or high. Although oral sex was very common, only 4% reported always using condoms. Of the 76.6% who reported anal sex in the last 6 months, half always used condoms during receptive or penetrative anal sex. There was no statistical difference between men with one partner and those with multiple partners in any behavioral variables. Respondents were very confident with safer sex practices, knowledge, and comfort discussing sex. Confidence in safer sex practices was significantly higher among men with one partner when compared to men with multiple partners (OR = 0.3, $p < 0.05$). No statistical difference in risk self-assessment was found based on sociodemographics. Most of the respondents (85.4%) had been tested for HIV, with 6.3% positive. Access to health care was high, but white men were more likely to have public or private insurance than non-whites

(OR = 4.0, $p < 0.05$). Although 97.5% believed their primary health provider to be gay friendly, 22.9% had not disclosed their sexual orientation.

CONCLUSIONS: The results suggest that prevention among MSM in Vermont should remain a priority. Many MSM are having unprotected oral and anal sex. Also, the use of alcohol or drugs during sex, as well as a high HIV/AIDS prevalence may increase the risk of infection. Interventions targeting condom use, alcohol and drug use and promoting alternative sexual methods may be an effective way to address risk behavior in this population. However, Vermont MSM may be at low risk due to few sexual partners and many long-term relationships. Because most MSM do not have female sex partners, there may be a low risk for HIV to spread from the MSM population to the general population. Results also indicate the need to develop programs for MSM of color to increase health care access. Further research is needed as these results are based on a convenience sample at a public gay pride festival.

ABSTRACT 714

HIV Risk Taking and Predictors of Risk Behavior Among Dallas' Young African American Women: the Dallas Young Women's Survey (YWS)

Shehan, DA; Henry, MD

University of Texas – Southwestern Medical Center, Dallas, TX

OBJECTIVES: To identify specific factors most strongly associated with STD infection and HIV/STD-related high-risk behavior among young African American women.

METHODS: African American women, ages 15 to 24, were recruited from three family planning clinics in Dallas. Participants answered an interviewer-administered survey and allowed access to their medical records for the results of routinely performed STD tests. All participants received HIV/STD risk reduction counseling. Positive STD results were considered surrogate markers of risk for HIV infection.

RESULTS: At the time of enrollment, 19% of participants were STD positive, and 39% reported a history of one or more STDs. Eighty percent (80%) reported previously testing for HIV. Current STD infection rates were highest among younger women, ages 15 – 18 (28%). In bivariate analyses, life histories of runaway behavior, partner-domestic

violence, and previous STD infection were among factors most consistently associated with risk taking. Independent predictors of current STD infection included age less than 18 years (AOR = 2.2; 95% CI = 1.1 – 4.1) and having a lifetime history of more than 15 sex partners (AOR = 6.0; 95% CI = 2.2 – 16.4). Predictors of inconsistent condom use in the past 6 months included having a verbally abusive partner (AOR = 2.9; 95% CI = 1.4 – 6.0), having a history of an STD, or having ever run away from home were marginally significant.

CONCLUSIONS: Though YWS participants reported low numbers of lifetime partners, 1 in 5 were currently STD positive, and more than 1 in 3 reported a history of STD infection. These rates, along with reported HIV/STD-related risk behaviors, and life situations that could predict elevated risk, underscore the potential for HIV infection among young African American women. Tailored interventions encouraging individual behavior change should be developed alongside specific social and environmental interventions directed to reduce the risk of transmission among this population.

ABSTRACT 716

A Case Study of the California Prostitutes Education Project's (CAL-PEP) Integrated HIV Prevention and Substance Use Treatment Program

Ryan, L; Dillard Smith, C; Lockett, G

California Prostitutes Education Project, Oakland, CA

ISSUE: CAL-PEP has succeeded in providing services to active injectors and prostitutes. CAL-PEP's HIV prevention services have not resulted in a reduction of injecting and sex trading, two primary risk behaviors. In fact, those who inject and use crack more frequently turn to CAL-PEP stabilize and reduce their drug use and immediate risk of HIV infection. (Bowser, Lockett, 1997, UARP) CAL-PEP used these findings to change program interventions. Over time, we added substance use treatment placement, relapse support, and prevention case management programming.

SETTING: Client contact occurs on the streets and in alleyways, in single-resident-occupancy hotels, homeless shelters, crack houses, and drug recovery homes, on our mobile clinic and at partner agencies. Outreach workers make repeat contacts and develop trust of the clients while providing harm reduction information, condoms, bleach

kits and referrals. As rapport develops, outreach workers listen for client intent to change behavior. Clients who persist in requests for referrals for substance use treatment are invited to the office for an assessment.

RESULTS: From the period September 1999 to February 2001, CAL-PEP has placed 55 clients into substance use treatment services including residential, 21-day detox, and methadone maintenance.

LESSONS LEARNED: Barriers to treatment are: 1) Lack of residential treatment slots for crack cocaine and heroin; 2) Housing; 3) Lack of harm reduction based programming; 4) Funding for funding for tracking clients (New CAL-PEP HIV prevention programming allocates funding for limited purchase of treatment slots); 5) Unlicensed community-based treatment homes address housing needs of substance users, yet need training and licensing.

ABSTRACT 717

Risky Sex, GHB, and Crystal Use in Young Men Who Have Sex With Men: The Dallas Young Men's Survey (YMS)

Funderburgh, OK; Henry, MD; Shehan, DA

University of Texas – Southwestern Medical Center, Dallas, TX

BACKGROUND: “GHB” (gamma-hydroxybutyrate) and “crystal” (methamphetamine) are two illicit drugs sometimes used among young men who have sex with men (MSM). Among users, these drugs are often taken during sexual encounters to release sexual inhibitions and to increase euphoria and are thought to increase the chance of engaging in unprotected sex.

OBJECTIVES: To evaluate life situations associated with GHB and crystal use during sex, and to examine the role that GHB and crystal use have on HIV risk behaviors among MSM.

METHODS: The YMS is a cross-sectional, multi-site, venue-based sampling survey developed by CDC with collaborating researchers. The Dallas Phase 2 YMS was conducted between 1998 and 2000 at 28 public venues frequented by gay/bisexual young men, ages 23 – 29. Participants were tested for HIV, hepatitis B (HBV), and syphilis and answered questions collecting demographic, behavioral, psychosocial, and medical history information. Preliminary analyses described patterns of crystal and GHB use and life situations associated with use during sex; those variables with significant association with sexual risk behaviors were considered using multivariate regression.

RESULTS: Over 500 (N = 513) MSM were enrolled in the study. In the past 6 months prior to the interview, 17% reported having used crystal; 10% reported use of GHB. Both drugs were associated with use during sex, with a lifetime history of > 35 sex partners, and with a greater number of non-steady partners in the past 6 months. Bivariate analyses revealed significant associations ($p < 0.05$) between GHB or crystal use and lifetime history of an STD, having ever spent time in jail, having ever been to a circuit party, having been forced to have sex, and not discussing HIV status with new partners before having sex with them for the first time. Multivariate analyses confirmed that greater numbers of sex partners, attendance of circuit parties, and a history of STDs were the risk factors most closely associated with GHB or crystal use.

CONCLUSION: HIV/STD prevention programs are more likely to be effective when interventions target specific factors known to predict risk-taking behaviors. Appropriately tailored interventions should be developed, and further studies should examine how these messages are received and processed by the young gay community.

ABSTRACT 718

Back to School, Everyone!: From Latex to Sex Education for Latino Gay and Bisexual Men

Castellanos, D

Proyecto P.A.P.I. (Poder, Apoyo, Prevención e Identidad), Gay Men's Health Crisis, New York City, NY

ISSUE: Latino gay and bisexual men are one of the most impacted groups by HIV/STD in the United States. New York City has 17% of the AIDS cases in the US; out of them, 30% are among Latinos. However, there are few interventions that effectively address the specific cultural issues of being a Latino gay man in New York City. In particular, programs haven't addressed the cultural meanings of volunteering and counseling and the lack of sex education among Latino immigrants.

SETTING: Proyecto P.A.P.I. (Poder, Apoyo, Prevención e Identidad) is a volunteer-based, harm reduction and client-centered program. Its goal is to involve volunteers in HIV/STD prevention among immigrant Latino gay and bisexual men in New York City.

PROJECT: The program provides individual and group experiences for clients and volunteers, with different degrees of involvement. For clients: psycho-educational workshops, counseling, discussion groups, HIV testing,

and ear-point acupuncture treatment. For volunteers: regular meetings, social events, peer education training, clinical supervision, educational materials development, and HIV/STD testing triage. Strategies include:

1. Moving beyond HIV prevention into gay men's sexual health, including sex education and substance use;
2. Addressing issues of cultural identity and acculturation in relation to sexual practices, particularly anal sex
3. Explore the overlapping of volunteer's and client's roles by using parallel processing techniques.

RESULTS: Some of highlights include:

- a) The "Tunnel of Love" workshop series on anal and oral-anal sex (including anal anatomy, breathing, and STD, among others topics.);
- b) *El diario de Andrés* and *O diario de Sergio*, for Spanish and Portuguese speakers, respectively;
- c) An HIV-testing campaign which included billboards, palm-sized calendars, and 8 postcards in Spanish, English, and Portuguese;
- d) Over 2500 group and individual interventions conducted;
- e) Increasing volunteer participation (over 800 men registered in a mailing list, 250 of which participated as volunteers, 60 volunteers trained as outreach workers, and 15 volunteers attended a leadership retreat.);
- f) Increasing HIV testing and hepatitis A & B vaccination among volunteers.

LESSONS LEARNED:

- 1) Cultural notions and values regarding counseling, therapy, and volunteering must be incorporated into program development;
- 2) Promoting socio-cultural norms about community, family and friendship help volunteers get consciously involved in prevention efforts.
- 3) Incorporating religion, substance use, and isolation, among other issues, into discussions of sexual identity and health help men to integrate sexuality and other parts of people's lives when making decisions.
- 4) Moving beyond HIV prevention into gay men's sexual health based on harm reduction guidelines has to be a priority at this moment of the AIDS epidemic.

ABSTRACT 719

Violence and Risk Taking Among African American Women: Results from the Dallas Young Women's Survey (YWS)

Henry, MD; Shehan, DA

University of Texas – Southwestern Medical Center, Dallas, TX

BACKGROUND: HIV infection disproportionately affects African American women in the US. While AIDS and HIV infection data document high rates, little information is available regarding which life situations may predispose young African American women to risk taking. Violence has been suggested to represent a context of increased risk, yet this rarely has been quantified in terms of personal, partner, and parental sources.

OBJECTIVE: To better understand the association between violence and STD infection, and violence and HIV/ STD related high-risk behavior.

METHODS: Sexually active African American women, ages 15 to 24, were recruited from three family planning clinics in Dallas, Texas. Participants (N = 308) answered an interviewer-administered survey and agreed to allow access to their medical records to abstract the results of routinely performed STD tests. All participants received HIV/ STD risk-reduction counseling. Positive STD results at the time of interview were considered surrogate markers of risk for HIV infection.

RESULTS: Over half (54%) reported irregular condom use with a current or recent partner; 19% were STD positive at the time of interview. Twenty percent reported some form of previous sexual abuse as a minor; 16% reported alcohol or drug abuse in the home. Factors significantly associated ($p < 0.05$) with STD prevalence or irregular condom use were runaway behavior; having been pushed, shoved, or grabbed by a sex partner; having a partner who verbally abused or threatened violence; or having a partner who had been jailed or incarcerated. Multivariate analyses consistently demonstrated current or recent partner abuse as the major source of inconsistent condom use, and to a lesser extent, current STD infection.

DISCUSSION: Violence from self, partner, or familial sources greatly impacts the lives of young African American women, with a demonstrable affect on sexual behavior. Counselors who work with this population should become aware of the public health significance of violence in order to improve the efficacy of risk reduction efforts.

ABSTRACT 720

The Three Faces of Steve: Identity Clashes Among Black Men Who Practice Same-Sex Desire

Benston, T

Gay Men's Health Crisis, New York City, NY

SETTING: Group-level interventions and street-and community- level outreach to black gay and bisexual men in the club, bar, sex venues in the 5 boroughs of New York City (NYC).

PROJECT: Soul Food is an HIV Prevention Program at NYC's Gay Men's Health Crisis targeting black gay and bisexual men in NYC. The program operates on the basic premise that HIV Prevention is a community mobilization effort where black men must be invited in from places of strength and not from places of crisis. Black men staff the program and have input into the program's direction. The program's success has rested on the leadership of program participants and volunteers. Program interventions, such as street and community outreach, discussion groups, and spirituality rap sessions, have encouraged program participants to speak unabashedly about their sexual desires and to become conscious of how that desire informs their sexual risk taking: Where is safe to be gay?; Where is safe to be HIV positive?; Where is it safe to be black or any combination of these selves? Through interactive group work with an emphasis on spirituality, program participants have become conscious of the splits in their lives. The program work in Soul Food is rooted in helping black men heal through full integration of these "selves" and encouraging them to be active in each other's healing process.

RESULTS: Approximately 1100 black gay and bisexual men have attended the group-level interventions within Soul Food since 1997. Through group interviews and surveys, program participants have reported that there are spaces in their lives where it is safe to be gay, HIV-positive or -negative, or black. But those spaces are often distinct and separate from each other, such as clubs, sex parties, church, work, and family. While some identities are strong (race), others are weak (sexual). Through our sexual health survey of 2500 black men, we have discovered that black men are taking sexual risks against these splits, where the sexual identity has become the most problematic. A significant number of men are conscious of their splits while others are not. Those who remain unconscious often resort to drugs and alcohol to cope.

LESSONS LEARNED: How black men are “doing gay” must be central to any HIV prevention effort. HIV prevention strategies can no longer address the sexual behaviors of black men without considering how those behaviors are impacted by a strong racial identity. At its core, for black men, preventing HIV infection is about relationship building and as such, prevention efforts must also see serostatus as identity. Those strategies should examine how black men receive support around their racial identities and recreate similar strategies for strengthening sexual identity and serostatus identity.

ABSTRACT 721

HIV Prevention Education for Transgenders and Their Male Identified Partners

Blaza, J; Berris, R

Transgender Program, Asian Pacific AIDS Intervention Team, Los Angeles, CA

ISSUE: Developing and implementing effective and successful HIV prevention programs for the transgender (TG) community is a challenge. The task even becomes greater when the primary targets are the male-identified partners of transgenders or the men who have sex with transgenders (MSTG).

SETTING: Outreach encounters or one-on-one educational/behavior change session, which may occur at venues such as bars, restaurants, parks, stroll areas, community events, via the Internet (web site, e-mail, chat rooms, instant messaging [IM]), or on the telephone.

PROJECT: The Asian Pacific AIDS Intervention Team has a TG program that provides prevention services to Asian/Pacific Islander (API) TG youth (ages 12 – 24), adults (25 and above), and the MSTG population. The TG prevention services address a variety of issues that surround and supercede their need for HIV prevention education. By doing so, the participants will empower themselves with the knowledge and skills necessary to make their own informed choices regarding their beliefs, attitudes, and behavior to prevent HIV infection and early access to AIDS intervention.

RESULTS: By December 31, 2000, a total of 446 API TG's received HIV/AIDS education information through contacts or encounters which led to 115 that participated in three educational/behavior change session. Of the 446, 70 participated in at least one HIV risk reduction

group session, and 66 indicated that they always or usually get tested for HIV. Fifty-three MSTGs received one HIV/AIDS education encounter, of which 13 indicated that they have never taken an HIV test in the last six months of the encounter. Four A/PI TG youth were recruited and completed a peer leader training.

LESSONS LEARNED: Most educational encounters included addressing issues of dating and relationships from either population as well as transformation or coming out issues, which support the notion to first address their variety of issues that surround and supercede their need for HIV prevention education before the prevention can be conducted.

ABSTRACT 722

Access and Utilization of HIV Prevention Services at County-Funded Agencies in Los Angeles

Ayala, A; Ogata PC; Lee, HY; Perez, MG; Miller, ME

Los Angeles County Office of AIDS Programs and Policy, Los Angeles, CA

BACKGROUND/OBJECTIVES: The Countywide Risk Assessment Survey (CRAS) is an important data resource and a crucial tool for evaluating prevention planning and development in Los Angeles County. In April 1999, the Office of AIDS Programs and Policy (OAPP) implemented the CRAS survey, which is used to assess general demographics, substance use, sexual risk behavior, and types of services utilized by individuals receiving HIV prevention services from county-funded agencies.

METHODS: A standardized sampling methodology and weighting of data allowed OAPP to project an estimate of total clients (N = 9,433) that received HIV prevention services at 103 county-funded programs. Exploratory statistics were calculated to determine the variation among different race/ethnicities and the proportion of service utilization.

RESULTS: Overall, 24.6% of CRAS respondents were African American, 47.4% Latino/a, 11.0% Asian/Pacific Islander, 0.7% Native American, 15.1% white, and 1.1% other. Approximately 77% of estimated clients reported ever receiving HIV testing or counseling. The high proportion of estimated clients who received HIV testing and counseling is consistent among all race/ethnicities but lowest among Asian/Pacific Islanders in Los Angeles

County. Among Asian/Pacific Islanders, 34% reported not ever receiving an HIV test or counseling services. The CRAS respondents utilized a variety of services such as 71.1% health education/risk reduction, 17.2% housing/shelter, 33.5% STD testing/treatment, and 11.6% needle exchange in the prior six months. Approximately 41% of the clients that reported receiving HIV testing/counseling had received the services more than six months prior. Although Native Americans are a small proportion of the CRAS population, more Native Americans utilize housing/shelter, STD testing/treatment, and needle exchange services than any other race/ethnicity. There was very little variation among type of intervention site/office/clinic or outreach/ by race/ethnicity except that more white respondents received their services from an office or clinic setting rather than from outreach programs.

CONCLUSION: CRAS results reflect strong outreach efforts in response to the increasing and disproportionate burden that HIV/AIDS places on communities of color. The diverse cross-section of HIV prevention program respondents also highlights the need for culturally sensitive education programs and interventions. A special effort to increase access and utilization of services among Asian/Pacific Islanders must be a priority. A critical component of HIV prevention is ensuring that once high-risk clients receive HIV testing/counseling they continue to receive prevention services through a strong linkage and referral system and are integrated into partner referral services and other prevention programs.

ABSTRACT 723

Techniques for Training HIV/AIDS and Other Reproductive Health Educators in the Use of a Comprehensive Model

Zielony, R

Jewish Board of Family and Children's Services, New York City, NY

ISSUE: HIV/AIDS educators are called upon to be multi-talented. They need the skills to be culturally sensitive facilitators, public speakers, health educators, actors, counselors, advocates, and negotiators. Training for HIV/AIDS educators, and their teams, and the subsequent delivery of their programs to various target audiences must ideally use a comprehensive, interactive model.

SETTING: Training settings for: HIV prevention/education providers, HIV prevention behavioral and social science

skills building, school-based interventions, group-level interventions, prevention case management.

PROJECT: Training Techniques for Successful AIDS Educators — A Comprehensive Model

As a result of this techniques-based workshop, participants will gain several skills with which to engage and train AIDS-educators, and will know a comprehensive model for HIV/AIDS (peer) education, including:

Information: e.g.,

- Interactive techniques to engage audiences in factual updates;
- A password game (to learn and/or review information on HIV# & Sexuality interactively);
- Using a questionnaire to stimulate curiosity;

Motivation: e.g.,

- How to work in collaboration with speakers living with HIV/AIDS;
- How to gain an audience “buy-in” and audience trust of the educators.

Skills: e.g.,

- “Role-Play Revolution” (an improvisational negotiation skills game in a rapid & longer form);
- Brainstorming techniques (five questions to address in workshops).

Resources: e.g.,

- Making the local relevant resources available to the audience.

This poster will include tips on applications of these training techniques in religious settings, international forums and in foreign countries in which the predominant language is not that of the trainer.

RESULTS: Many HIV/AIDS educators have been well trained in several programs to deliver sensational workshops, which move participants to take HIV/AIDS seriously and consider changing their behavior.

LESSONS LEARNED: When properly trained, HIV/AIDS and sexuality educators can deliver comprehensive workshops that captivate their audiences and get them invited back again.

ABSTRACT 725

Gay Gotham: Leadership Development, Volunteer Management, and Innovative Outreach as HIV Prevention

Altman, E

Gay Men's Health Crisis, New York, NY

ISSUE: Many HIV prevention programs targeting MSM in urban areas use outreach as an approach towards reducing HIV transmissions. In order for these programs to be effective, they must go beyond traditional outreach strategies such as condom distribution by fostering leadership and visibility.

SETTING: The Gay Gotham HIV Prevention Initiative at the Gay Men's Health Crisis, in addition to its many other program components, provides interactive, educational outreach for gay & bisexual men at bars, clubs and sex venues throughout New York City. Team members are often drawn from the venues they frequent.

PROJECT: Gay Gotham's outreach strategy is based on a harm reduction approach. Effectiveness is not measured in the number of brochures distributed, but through the visibility, consistency and approachability of our many active outreach teams. This is different than traditional tabling and outreach approaches employed in the past.

RESULTS: Through our outreach approach and the structure in place for intake, training and supervision, we have witnessed an increase in volunteer leadership. Volunteers have started new teams at unique venues such as a leather bar and an LGBT college dance. Volunteer leadership in Gay Gotham has led to a larger outreach base and increased visibility in HIV prevention efforts. As a result, we engage more people at different levels in their thinking (private and public) about their sexual desire and behavior. Increased reflection and articulation helps support conscious sexual decision-making. They are interventions en route to fewer HIV transmissions.

LESSONS LEARNED: In order to create effective outreach teams, there are concrete management components that must be examined. These include how to:

- 1) Start, continue and build relationships with venue owners;
- 2) Put an outreach team together;
- 3) Supervise outreach teams;
- 4) Empower volunteers to develop their own creative

interventions;

- 5) Foster leadership development in outreach programs; and
- 6) Build partnerships with other HIV prevention outreach programs.

These six components, and how they all utilize motivational techniques, are essential to effective outreach. In addition, the way volunteers have taken on leadership roles demonstrates a level of ownership in HIV prevention programs that has largely been absent since the beginning of the epidemic. Investing in leadership development pays off through expanded visibility efforts and effective interventions created by those whom we are serving.

ABSTRACT 726

Clinic, Corrections, Community, Church and College: STD Free!, Multi-Door Access to Prevention Services and Testing

Whitlow, EL

Metropolitan Health Department – STD Free! Initiative, Nashville, TN

ISSUE: Governmental downsizing of local health department community clinics resulted in reduced access to prevention services and increased post-infection health – seeking behaviors. As preventive STD/HIV education opportunities decreased, the city experienced a rise in ulcerative STD infections, in particular syphilis, a facilitator of HIV transmission.

SETTING: Multiple venues for targeted HIV/STD screening and education are identified throughout Davidson County, Nashville, TN. Intervention sites and strategies are developed among 5 key community workgroups and health department clinic personnel.

PROJECT: The STD Free! Initiative takes prevention education to areas where individuals engage in risky behaviors and provides screening and services in the same settings where STD infections occur. To stimulate earlier access to services and increase STD awareness, the health department combines clinic services with social marketing and unique health promotion activities. Church meetings, college dormitories, libraries, bars, classrooms, shelters and correctional settings, all function as access venues to health department clinic services. This community partnership utilizes health department surveillance to assist in problem diagnosis, while enabling

each community to individually formulate prescriptive measures based on internal, neighborhood-driven assessments of need.

RESULTS: In 1998, during the height of the Nashville syphilis epidemic, a cross-segment of the community met in a citywide forum to develop strategies towards the reduction of syphilis. It was believed, by reducing syphilis infections, a downward trend in all STDs could be encouraged. The resulting 57.1% reduction in primary and secondary syphilis infection from 2000 to 2001, and similar reductions in chlamydial and gonorrhea infections (-27.9% and -27.1%), are attributed to a system of intensified *collaborative* efforts. These efforts include successful jail screenings, enhanced reporting efforts, and the health department clinic and STD Free! community partnership/awareness campaign. STD Free! is currently utilizing the momentum of this process to implement the Rapid Ethnographic Community Assessment.

LESSONS LEARNED: The success of the STD Free! program model demonstrates that through health department partnerships, communities can aid in implementing strategies that reduce gaps in access and disease incidence. Community inclusion is central to successful program design and to effectively shape message content at each level of intervention. Enhancing awareness among *all* populations is paramount in reducing disease transmission among *target* populations. By delivering prevention messages through informal leaders within a targeted area, message acceptance and adherence are substantially increased.

ABSTRACT 727

HIV/AIDS Prevention Intervention Program for Asian and Pacific Islander Men Who Have Sex with Men and Women

Montilla, T; Alunit, J

ISSUES: Asian and Pacific Islander (API) men who have sex with men and women (MSM/W) confront various cultural, social and personal issues that put them at risk for HIV/AIDS and other STDs. Currently, there are no established prevention program to specifically address the HIV/AIDS issues and dynamics surrounding API MSM/W. This subset of the API population may be gay-identified or non-gay-identified men who have sex with men.

SETTING: Community-based outreach and educational preventive workshops takes place in gay and heterosexual environment such as clubs/bars, coffee shop, events, fundraising events, fairs, colleges and public sex environment in the Los Angeles County.

PROJECT: Swinger (MSM/W), a prevention program designed to reduce the risk of HIV infection among API MSM/W. The program provides comprehensive HIV/AIDS education, one-on-one counseling, socialization or group discussion (e.g., Understanding Sexuality and Sexual Behavior), workshops covering a range of topics like self-esteem and identity-building and to assist in facilitation of one's understanding of sexual beliefs, attitudes and behavior to prevent HIV infection. Swinger also provides access to early intervention and treatment of HIV-related diseases.

RESULTS: Based on our experience with this population group, we found that API MSM/W are not as receptive to HIV/AIDS prevention services as their gay-identified counterparts. Certain dynamics within the API MSM/W community poses barriers to HIV/AIDS prevention services. For example, API MSM/W do not seek HIV/AIDS services because they consider HIV/AIDS to be a gay disease. However, they engage in high-risk behavior with the opposite sex, and they do not identify with being gay or bisexual due to stereotypical perceptions of associated with those labels.

LESSONS LEARNED: We found that the API MSM/W population needs more extensive one-on-one interaction and other outreach methods for drawing individuals into program activities. Making all educational and program materials culturally and linguistically appropriate is only a basic first for reaching clients. It is more important to actively reach out to where the clients are and design flexible "safe spaces" for clients.

ABSTRACT 728

The START Program: A Unique 4 – 6 Week Inpatient Education Program Designed to Address the Needs of Severely Non-adherent HIV Individuals

Myers, J; Farthing, C; Ricaurte, JC

AIDS Healthcare Foundation, Los Angeles, CA

BACKGROUND: The identification and treatment of non-adherence to antiretroviral (ARV) therapy has rapidly become one of the most challenging aspects of HIV care.

A large number of HIV-positive individuals have severe adherence issues requiring a number of interventions.

METHODS: AIDS Healthcare Foundation's Success Through Antiretroviral Therapy (START) program is a 4–6 week inpatient education program that was designed to meet the needs of individuals for whom other adherence tools had not been successful. Patients identified by their primary care providers as having multiple adherence issues are admitted in to a skilled nursing facility and undergo an intense assessment to identify the barriers to adherence.

RESULTS: Since the programs inception in December 1998, a total of 73 patients have completed the full START program. Fifteen patients (26%) have been lost to follow up. Of the remaining 58, 37 patients (64%) remain fully adherent to their ARV regimens as reported by both patient and provider. Nine patients (16%) have viral loads less than 50 copies/mL, 22 patients (38%) have viral loads less than 500 copies/mL, and 26 patients (45%) have viral loads less than 5000 copies/mL. Eleven patients (19%) are thought to have high-level resistance. Among those who completed the program, 13 patients (22%) have not maintained adherence.

CONCLUSIONS: The two most common reasons cited for persistent non-adherence are relapsed substance abuse and poorly controlled psychiatric disease. Although long-term directly observed therapy (DOT) may not be realistic in HIV care, this study shows that short-term DOT and accompanying psychosocial interventions may be adequate to tip severely non-adherent patients over to adherence.

ABSTRACT 729

Integrating Harm Reduction Practices Among Crystal-Using Gay and Bisexual Men in NYC Who Engage in Unprotected Sex

Candelario, N

Gay Men's Health Crisis, New York, NY

ISSUE: Most substance use programs offer HIV prevention information without exploring the desire attached to the risky behavior. Numerous studies have linked crystalline methamphetamine (crystal) use to unprotected anal sex identifying multiple psychosocial and biomedical factors as contributing factors. Many of our clients report engaging in receptive anal sex, but have difficulty

tolerating or acknowledging this behavior. Crystal use complicates HIV prevention because of the internal and external associations connected to receptive anal sex.

SETTING: The HIV Prevention Department at Gay Men's Health Crisis (GMHC) has integrated the Substance Use and Education initiative (SUCE) to address the inter-relatedness substance use and HIV prevention.

PROJECT: The core services provided in the SUCE initiative are individual and group counseling sessions and workshops. These services target gay and bisexual men living in the New York City 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 decision-making process. Harm reduction peer counselors help clients assess the nature of their use. An ongoing assessment allows SUCE clients to make incremental changes that are realistic and obtainable.

RESULTS: In the last two years we have witnessed an increase of crystal use often connected to unprotected receptive anal sex from many clients accessing SUCE services. Individuals report that the likelihood of engaging in unprotected receptive anal sex increases while using crystal. On many occasions, this behavior is considered part of the crystal experience. One of the benefits reported by clients is the ability to transcend their own sexual limits and boundaries in spite of the possibility of becoming infected or re-infected.

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 created at times when using crystal. 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.

ABSTRACT 730

Maximizing Existing Provider and System Networks to Recruit and Retain Women Living with HIV into a Behavioral Intervention Program

Hubbard McCree, D¹; Mikhail, I²; DiClemente, R¹; Wingood, G¹; Davies, S²

1 Emory University – Rollins School of Public Health, Atlanta, GA; 2 University of Alabama, Birmingham, AL

ISSUE: Historically, it has been difficult to identify, recruit and enroll high-risk populations into behavioral interventions and clinical trials. Given the current incidence and prevalence rates for HIV among women, there is a tremendous need to develop effective methods for enhancing access to and enrollment of this high-risk population into secondary prevention programs. This presentation describes a successful method utilized to identify, recruit, and enroll women living with HIV into a randomized, controlled behavioral trial designed to reduce depression, stress, and high-risk sexual behavior.

SETTING: The program targeted 18 to 50 year old, sexually active women living with HIV (WLH). Between September 1997 and December 2000, women were recruited as they sought treatment at university-based HIV clinics and county health department hospital clinics in Alabama (Birmingham, Montgomery, and Anniston) and Georgia (Atlanta).

PROJECT: Investigators from two academic institutions in Alabama and Georgia identified and contacted existing health provider and system networks through project directors who served as liaisons between the study sites and academic institutions. A trained project recruitment team was integrated into these existing provider and system networks. Additionally, site-specific recruitment schemes that facilitated the recruitment and retention of women into the program were developed. Those eligible women who elected to enroll in the program agreed to a one-year program commitment that included baseline, 6- and 12-month in depth interviews conducted by trained program interviewers; one month of structured workshops conducted by project health educators; and monthly phone-calls from program peer educators.

RESULTS: A total of 415 women were identified for the program. Of those identified, 92% (n = 383) elected to enroll into the program and were randomized into one of two program conditions. Additionally, 97% (n = 373) of those enrolled completed all four program workshops.

Current follow-up retention rates are 97% at 6 months and 96% at 12 months.

LESSONS LEARNED: By integrating program staff into existing health provider and system networks and utilizing project directors to serve as liaisons between the sites, investigators were able to mobilize and optimize those system linkages that allowed identification of the largest number of HIV-positive women. Program recruiters successfully identified and enrolled 383 women into the program. Future studies should focus on the application of this strategy to enroll populations that have historically been difficult to recruit into other types of programs including clinical trials.

ABSTRACT 731

How to Find Reliable HIV/AIDS Prevention Information on the Internet

Hester, S¹; McLean, J²

1 Oak Ridge Institute for Science and Education, Oak Ridge, TN; 2 Analytical Sciences, Inc., Silver Spring, MD

ISSUE: HIV/AIDS is a preventable disease. As HIV infection rates continue to rise, health professionals and community-based organizations must increase efforts to disseminate prevention education, information, and materials. The National Library of Medicine and the Centers for Disease Control and Prevention's National Prevention Information Network sponsor this workshop to address the following issues concerning HIV/AIDS prevention information on the Internet:

- Criteria for evaluating the accuracy of information on the Internet;
- Cultural sensitivity of prevention information;
- Fact sheets for patient education;
- Internet sources for ordering HIV/AIDS prevention materials;
- How to find journal articles on HIV/AIDS prevention programs;
- Internet sites that are considered to be good sources of prevention information.

SETTING: Searching reliable and quality HIV/AIDS Web sites for information is an efficient, inexpensive, and powerful way to find current and culturally sensitive prevention materials. This class is for health professionals and community-based organizations that need to find

information to start or incorporate into current prevention programs. Anyone with an Internet connection can access valuable prevention information. This information may be of special interest to those in rural areas without access to a large health library and those who wish to find information anonymously to protect their privacy. For many, the Internet is a readily available and convenient way to access information.

PROJECT: The Centers for Disease Control and Prevention has begun a new prevention effort aimed at those who have HIV/AIDS, based on the observation that those who know they have the disease will decrease risky behaviors. This workshop will provide health care professionals and community-based organizations with educational and information tools that they can use in the specific cultural communities they serve to educate those with HIV/AIDS and those who have not been exposed about effective prevention methods. Emphasis will be placed on finding prevention materials for a variety of cultural groups.

RESULTS: This seminar will follow a lecture format with instructor demonstrations online. Each participant will receive a manual containing copies of the overhead slides and an annotated list of HIV/AIDS prevention materials available on the Internet. The result will be that health professionals and community-based organization workers will be armed with a wealth of prevention information and educational materials, including those geared to communities of color, that they then can use in or adapt to their own programs.

LESSONS LEARNED: There is no need to reinvent the wheel. Each community can benefit from using or adapting prevention materials already available.

ABSTRACT 732

Challenges of Outreach to Non-gay-Identified MSM of Color

Wheeler, DP; Larson, B; Stackhouse, B; Saunders, M

New York City Prevention Planning Group, New York City, NY

ISSUE: Developing and sustaining outreach programs for MSM, particularly non-gay-identified MSM of color requires solutions, methods and models unique to the target group. Developing these highly targeted and specialized interventions is a process that requires equally tailored planning and execution.

SETTING: Community-based, non-institutionalized urban black and Latino men living in the New York City (NYC) metropolitan area.

PROJECT: In 2000, the NYC Prevention Planning Group commissioned, as part of its annual cadre of special population studies, a focus group of non-gay-identified MSM of color. The primary goal of this study was to identify issues that would need to be addressed and/or included in a comprehensive needs assessment within this population. A grounded approach to developing this nascent understanding of the needs of men within this population was seen as an appropriate and necessary step.

RESULTS: The process of developing the consensus on questions for the MSM focus group and the recruitment strategy were major aspects of the overall community planning initiative. The focus group consultant met with the work group members and listened to their information needs and interests. From this, the consultant drafted group questions and, after feedback from the workgroup was received, prepared the final version of the question guidelines. Recruitment strategies were also agreed upon at this level. As a result of the successful recruitment 25 instead of 10 men agreed to participate in the focus group. As a matter of logistics three groups were convened. Findings from the rich narrative data provided significant results in a number of areas:

- (1) Assessing the level & type of services available in specific areas;
- (2) Examining the theoretical basis upon which an outreach program to these men is best designed;
- (3) Developing clear & objectively determined risk profiles of targeted MSM;
- (4) Issues relating to engaging and sustaining interactions with the men.

LESSONS LEARNED: These efforts highlighted the need for continued work towards establishing communications and active prevention planning efforts with this population. The men who participated in the group, members of the PPG work group and members of the NYC Department of Health participating in this project worked collaboratively in a way that will undoubtedly pave the way for further work targeting HIV/AIDS and STD prevention among MSM of color.

ABSTRACT 733

Engaging and Sustaining Successful HIV/AIDS Prevention Relationships Within MSM Populations

Wheeler, DP; Cylar, K; Thompson, D

Columbia University School of Social Work, New York City, NY

BACKGROUND: HIV/AIDS prevention efforts targeting MSM, and particularly MSM of color, have historically focused on the risk manifest by the man and thus risk reduction and prevention efforts have focused on the man's behavior, emotions or other intrinsic factors. Little research has focused on the nature of the interaction between men and health care providers as unit of analysis to assess the impact of this interaction on risk.

OBJECTIVES: The focus of the study was to identify and expound on issues effecting health beliefs, HIV/AIDS treatment selections, and HIV/AIDS prevention methods among urban black gay men and MSM.

METHODS: The method of investigation was primarily qualitative, using focus groups and interviews with members of the target population, as well as key informant interviews — including front line staff, administrators and health care providers. A semi-structured interview schedule was used. Included in this schedule were questions pertaining to HIV/AIDS prevention efforts used by the men; the role of sex and sexuality in risk; the role of race, race-based interactions and ethnicity in risk for HIV/AIDS, care and treatment; and factors that influence the use of HIV/AIDS services and prevention information.

RESULTS: A total of 120 persons participated across levels of this study; 80 MSM of color and 40 persons representing service providers across a broad continuum. Analysis of the data employed NU*DIST for text-based data examination. Major themes emerging from the data included: identification of antecedent variables impacting health care interactions; the significance of patient provider relationship in treatment; the relationship between patient-provider interactions and treatment outcomes; and the significance of providers' multicultural competence in facilitating beneficial patient/client outcomes. Each of these areas is examined in detail, with an emphasis on the critical role of the providers' multicultural self-awareness.

CONCLUSIONS: Data from our study suggest that social services, community-based organizations and health care providers can and do have significant roles

in facilitating HIV/AIDS prevention among MSM of color. The reality is that the impact can be negative as well as positive. The ability of the provider or provider system to be responsive and accommodating to the presenting needs of MSM of color is a critical factor in facilitating sustained contact which can translate into sustained prevention efforts. Critical to agencies and individual providers ability to sustain these relationships is their own level of attentiveness antecedent variables that impacted their racial and sexual development. Having resources which sustain and enhance critical self-awareness within the setting are important for promoting positive outcomes for MSM of color.

ABSTRACT 734

Managing Occupational Exposures to Blood-Borne Pathogens: 10,000 Calls to the National Clinicians' Post-exposure Prophylaxis Hotline (PEpline)

Goldschmidt, RH; Perlman, JL; Balano, KB; Birnbaum, NR; Gruta, CI; Aranow, R; Dong, BJ; Tokumoto, JIN; Kindrick AV; Tulskey, JP; Harvey A; Behrens, C; Bromer, SP; Bangsberg, DR

San Francisco General Hospital, University of California (UCSF), San Francisco, CA

ISSUE: Occupational exposures to HIV and other blood-borne pathogens (BBP) require urgent expert evaluation and treatment to prevent transmission and provide proper counseling to the exposed health care worker. The benefits of PEP in reducing the risk of BBP transmission must be balanced against potential antiretroviral drug toxicity, including recently recognized life-threatening adverse reactions to some agents. Current guidelines do not address all scenarios and many facilities do not have 24-hour local expertise available to balance the risks and benefits of PEP.

SETTING: Hospitals, emergency rooms, clinics, occupational and employee health services, chronic care facilities, and other inpatient and outpatient settings.

PROJECT: The National Clinicians' Post-exposure Prophylaxis Hotline (PEpline) at (888)-HIV-4911 is a free, 24-hour national hotline for health care worker (HCW) exposures to HIV and other BBPs. The PEpline is part of the HRSA National HIV/AIDS Clinicians' Consultation

Center and receives additional funding from the CDC. UCSF faculty physicians, clinical pharmacists, and nurse practitioners at San Francisco General Hospital staff the PEline.

RESULTS: From November 1997 through December 2000, the PEline received 15,877 calls from all 50 states (14 per day). Data are reported from the first 10,000 calls. Of all exposure calls, 87% required immediate management advice. Treating clinicians were predominantly physicians (62%) and nurses or nurse practitioners (29%). Callers also included potentially exposed persons themselves (39%). Most common exposures were to nurses (31%) and physicians (11%); 13% were non-occupational exposures. There were nearly equal percentages of exposures in inpatient and outpatient settings. Exposures were percutaneous (66%), mucous membrane (19%), and cutaneous (15%). Thirty-two percent of source patients (SP) was known to be infected with any BBP, 26% with HIV, 9% with hepatitis C, and 2% with hepatitis B. Among known HIV+ SP, 26% had received antiretroviral (ARV) drugs; 19% had received no prior ARVs. ARV history was not known in 55%. HIV prophylaxis was discouraged in 36% of cases after assessment of the reported exposure. A change in regimen was advised in 23% of those already receiving PEP.

LESSONS LEARNED: Expert assessment can guide clinicians in assessing transmission risk, providing health care worker counseling, selecting regimens when ARV resistance is suspected, and limiting drug toxicity.

ABSTRACT 735

Conducting Successful HIV/AIDS Prevention and Education Workshops for Faith-Based Organizations (Churches, Synagogues, Religious Schools, etc.)

Zielony, R

Jewish Board of Family and Children's Services New York, NY

ISSUE: Faith-based communities can make enormous strides towards the goal of including HIV/AIDS prevention and education as part of their focus. There are, however, inevitable resistances to overcome and strategies with which to do this. Experience has taught many of us that we can reach the "gatekeepers" in faith-based settings if we proceed carefully. In the past, many clergy have been far more comfortable in the arena of caring for those already

sick, rather than helping take on the more controversial issues of helping congregations with prevention needs. We must proceed with both caution and optimism in delivering HIV/AIDS prevention and education messages the faith-based arena.

SETTING: Faith-based organizations which serve young people and families anywhere.

PROJECT: This workshop will provide a place for participants to learn and share have a variety of approaches with which to engage faith-based organizations and institutions in HIV/AIDS awareness and education. Participants will hear some examples of how, in a religious context, often it is possible to suspend some laws, if someone's welfare is in jeopardy. Participants will have the opportunity to discuss strategies they have found successful, so as to learn how others have overcome obstacles in faith-based settings. Participants will be invited to join in role-plays of typical situations, which are encountered in faith-based settings, and successful negotiations to overcome such barriers.

RESULTS: Participants will leave with a battery of techniques and strategies for successfully getting HIV/AIDS prevention and education workshops into faith-based forums. Participants will learn how the biblical or other religious texts, can be called upon as a way of legitimizing HIV/AIDS education, that is geared toward saving and improving lives. Examples will be brought to this forum, demonstrating some of the barriers participants have experienced in religious settings. Any conference participants with a background in work in faith-based settings are encouraged to attend.

LESSONS LEARNED: Great strides can be made through careful, culturally sensitive program development in HIV/AIDS awareness with faith-based organizations and clergy. This may be for some, the only realistic environment in which to reach them with HIV prevention and compassion messages.

ABSTRACT 736

Gender Gaps in the Prevention Potential of HIV Vaccines for At Risk Individuals and Main Partners

Sly, DF¹; Moore, TW^{1,2}; Montgomery, DH²

Florida State University, Tallahassee, FL: 1 Center for the Study of Population; 2 School of Social Work

BACKGROUND: Although it is agreed that HIV vaccines are not likely to be a “magic bullet,” a review of the literature leaves little doubt most experts predict they will be a potent prevention tool. Experts also agree that vaccinations will have to be done on a voluntary basis, and that the most important populations to reach will be high-risk groups. At the same time, experts suggest that these may be the least likely to come forward for voluntary immunizations.

OBJECTIVE: We examine the likelihood of vaccine acceptance in a high-risk population of main sex partners separately by gender and ethnicity. We also examine vaccine acceptance between paired partners to assess how it could reduce risk for each gender in paired relationships. The data are from a pretest of a large randomized trial designed to test the efficacy of an intervention intended to reduce risk in main partner dyads.

RESULTS: Within the population studied about 1 in 5 women and 1 in 4 men are not likely to initially accept HIV immunization. Self-reported acceptance is related to risk level in both genders. Women’s recent level of risk is more closely associated with acceptance than their lifetime risk, but among men this is reversed. Women who score high and medium on a multi-component measure of risk are 6 and 2 times more likely, respectively, to accept than women who score low. Men who score high and medium are both 3.5 times more likely to accept than men who score low. These associations hold even after controls are introduced, but ethnicity plays a key role in acceptance. Hispanic women report the highest levels of acceptance among women, but the lowest levels among men. Blacks of both genders are more likely to accept than whites. When couple measures are entered into the equations women’s acceptance is influenced by their own level of risk, but not by their partner’s, but among men both their level of risk and their partner’s are related to acceptance.

CONCLUSIONS: Vaccine acceptance is related to level of personal risk taking in both genders. The introduction

of vaccines, however, is not likely to have a substantial impact on the gender gap in susceptibility to HIV. This results from women in high partner risk relationships being less likely to get immunization than men in high partner risk relationships. Women who bring high risk to their main partner relationships appear more concerned with protecting their partners than men who bring high risk to their main partner relationships. Potential vaccine effectiveness can be enhanced if we empower women to be equally concerned with protecting themselves from partner risks as protecting partners from their risks.

ABSTRACT 738

Women’s and Men’s Use, Reactions and Experiences with the Female Condom

Sly, DF¹; Montgomery, DH¹; Moore, TW^{1,2}

Florida State University, Tallahassee, FL: 1 Center for the Study of Population; 2 School of Social Work

BACKGROUND: There is a need for female-controlled barrier methods of contraception that protect against HIV/STIs. The female condom has emerged as one promising method of this type yet its adoption has been limited. Most of what we know about the positive and negative qualities of the device, and its use, is derived from focus groups of women shown the device, and a few longitudinal studies of women who have used the device. In some studies, women have been asked to discuss or report their partner(s) reaction to the device, but direct reports of male partner reactions and experiences using the device have been lacking.

OBJECTIVE: This presentation will report and contrast female and male self-reports and their reports of partner’s perceived reactions to and experiences with the female condom. The data are from a large randomized trial designed to evaluate the efficacy of an HIV/STI risk reduction intervention for main sex partners in high-risk couples. One safer sex behavior promoted in the intervention was condom use. Treatment group couples were provided with both male and female condoms.

RESULTS: At pretest there was no difference between the control and experimental group in the rate of having tried the female condom for either females or males. At a 12 month post-test treatment females were 6.7 ($p = 0.001$) times more likely, treatment males 4.2 ($p = 0.001$) times more likely and treatment couples 18.1 times more likely to have tried the device than their respective control

groups. The rate of device use with someone other than main partner increased significantly for both males and females in the treatment group, but this rate was twice as high for females compared to males.

Using a Likert-type evaluation scale participants who used the female condom were asked to rate it on 6 physical/use characteristics and 5 sensual characteristics. There were no gender differences in ratings on the physical/use characteristics; however, men rated the condom higher than women on all sensual characteristics. Women tended to under report men's reactions on the sensual characteristics more than men over-reported women's. Highest ratings for both genders tended to be on the feeling of protection while using the female condom.

CONCLUSIONS: Compared to our earlier reported work and that of others, mixed-gender interventions enhance the likelihood that women will try the female condom. This results not merely from use with attending male main sex partners, but also because of use with other partners. It is possible that this results from or is related to women's underestimation of male partner reaction to and satisfaction with the female condom. Men as well as women need to be better informed of the positive reactions to the female condom.

ABSTRACT 739

Revising the National HIV Counseling and Testing Data System (CTS) in Response to the New Guidelines for HIV Counseling, Testing, and Referral

Greby, S; Peterman, T

Centers for Disease Control and Prevention, Atlanta, GA

OBJECTIVES: HIV counseling, testing, and referral are important HIV prevention strategies. To ensure the availability of high-quality counseling services, Guidelines for HIV Counseling, Testing, and Referral (CTS) were revised and will be published in 2001. The guidelines stress the importance of high-quality HIV prevention counseling to reduce HIV transmission. The quantity of data collected in CDC-funded sites can interfere with counseling and some variables are not valid or useful. We are reviewing the database to determine which variables provide useful information.

METHODS: We are currently reviewing past use of the CTS variables. A review of the published annual reports

from 1992 through 1998 is complete. A Medline review of published literature and a review of data requests completed to evaluate the national program are in progress.

RESULTS: Currently there are 22 variables that may be collected for each of the approximately 2.3 million tests conducted each year. Some variables were not included in the annual reports and are clearly not providing the information expected when originally included in the dataset. For example, a detailed description of the health insurance information is not included in the annual report because services are publicly funded and not billed to a third-party payer. Other variables may not be so clearly classified as useful or not useful and are currently under review. Risk information from 1978 to present is collected so a behavior that stopped many years before a previous negative test may carry greater weight than current risks. Variables related to demographics (N = 6), service delivery (N = 6), and test information (N = 4) will be considered for retention and streamlined.

CONCLUSION: An emphasis on data collection can interfere with high-quality counseling. The primary purpose of each visit should be to provide the best possible counseling and testing services to the client. A review of current data collection and use of the data will lead to a smaller, more useful data set that will minimize negative effects of counseling.

ABSTRACT 740

Innovative Strategies for Oral HIV Testing in Asian and Pacific Islander Communities

Elder, AB; Wong, B

Asian and Pacific Islander Wellness Center, San Francisco, CA

ISSUE: In 1999, out of the total number of HIV tests taken at public funded sites only 9% of those were Asian and Pacific Islander (A&PI) even though A&PIs represent 1/3 of the San Francisco (SF) population. Issues regarding immigration status, language barriers, lack of HIV, STD and sex education, and overall cultural barriers prevent A&PIs from accessing HIV testing services. In particular, A&PIs have needs regarding an expansive language capacity, mobile testing, and community-level outreach and intervention to breakdown cultural barriers in order to educate and test more A&PIs.

SETTING: Within the San Francisco (SF) Bay area, oral testing allows for the possibility of both on- and off-site testing, as well as providing direct intervention for the A&PI community. Unique to most HIV off-site test providers, Asian and Pacific Islander Wellness Center (A&PIWC) provides testing within massage parlors, Thai temples and at community events.

PROJECT: A&PIWC is continuing to build an effective HIV testing program that, as a community-based organization (CBO) seeks to empower the A&PI community by offering testing, outreach and mobile testing, prevention case management and CARE services in 18 different languages. The project's innovative means of providing mobile HIV testing in massage parlors and Thai temples allows for more immediate client-centered counseling. The community events that the project provides addresses the A&PI community at large in order to breakdown the cultural barriers and stigmas around HIV and HIV testing.

RESULTS: Since oral testing began at A&PIWC, HIV testing has continued to increase amongst A&PIs exponentially. In the past year, 50% of all A&PIs tested were high-risk males who have sex with males (MSM), transgendered (TG), female sex workers in the SF massage parlors and/or injection drug users. Youth comprised 20% of all tests. Mobile testing allows for more client-centered and effective counseling and intervention. The Women's Program at A&PIWC offers testing in massage parlors for sex workers. At the SF Pride Parade 2000, 17 people were tested in just a few hours as a direct result of our education/entertainment stage that demonstrated the oral test. Certified staff increased by over 50%, increasing language capacity and cultural sensitivity. Preliminary results confirmed our hypothesis that the A&PI community requires more sensitivity regarding language capacity, mobile testing, and community-level outreach and intervention to breakdown cultural barriers in order to educate and increase access to HIV testing.

LESSONS LEARNED: A&PIWC's project findings validated the need to use the oral HIV testing method in order to create more culturally sensitive programs to increase HIV testing and prevention education in the API community. Further, the positive evaluation of A&PIWC's intervention in the community through community events such as the SF Pride Parade 2000 and the testing done at this year's Vietnamese New Year Festival indicates that broad-based outreach and intervention are effective in breaking down critical barriers in order to educate and test more A&PIs.

ABSTRACT 741

Differences in HIV Knowledge and Attitudes Among Urban Middle-School Students of Primarily English-Speaking and Non-English-Speaking Households

Reidy, WJ; Sey, EK; Espinoza, L; Hanrahan, SE; Bingham, TA

Los Angeles County Department of Health Services, CA

OBJECTIVE: The objective of this analysis is to identify differences in HIV knowledge, attitudes, and sources of HIV information among students of two urban Los Angeles middle schools. Specifically, we wish to assess differences existing between students from primarily English-speaking (PES) households and those from primarily non-English-speaking (NPES) households.

METHODS: We conducted a cross-sectional study of 469 randomly selected students in 1996. Participants were asked to respond to a standardized interviewer-administered questionnaire. Study eligibility was restricted to students between the ages of 11 and 14 who received parental consent and were able to participate in a face-to-face interview in either English or Spanish. Bivariate and stratified analyses were used to examine associations between the amount of English spoken in students' homes (mostly English vs. English 50% of time or less) and HIV/AIDS-related knowledge and beliefs, and sources of HIV information. These findings were then examined by sex, country of birth (US vs. all others), and age.

RESULTS: Sixty-nine percent (37/54) of Asian/Pacific Islander students, 89% (219/247) of Latino/Hispanic students, 71% (63/89) of white students, 0% (0/30) of black students, and 70% (23/33) of all other students reported speaking a language other than English at home at least half of the time. We found striking differences in knowledge, attitudes, and sources of information regarding HIV/AIDS between these students and students living in PES households. For example, 30% of students from NPES households did not disagree with the following statement: "Only gay/homosexual men get HIV/AIDS," while only 11% of PES students did not disagree with the statement. Almost 40% of NPES (vs. 17% of PES) students did not disagree with the statement "The only way you can get HIV/AIDS from having sex is if you have anal sex." Additionally, differences appeared in students' reported sources of HIV/AIDS information. While 73% of all students reported learning about HIV in school, students

from PES households were more likely than NPES students to report learning about HIV/AIDS from their parents (OR = 2.5, 95% CI = 1.6 – 3.7). Conversely, NPES-household students were more likely than PES students to report having learned about HIV/AIDS from no source other than school (OR = 2.9, 95% CI = 1.7 – 5.1). NPES students were also more likely to agree with the statement, “I wish I had someone to talk to about sex,” (OR = 2.0, 95% CL = 1.3 – 3.1) and to wish that they knew more about protecting themselves from HIV/AIDS (OR = 3.1, 95% CL = 1.8 – 5.2) We also performed the analyses described above stratified by sex, age, and country of birth, and most associations remained similar.

CONCLUSIONS: Additional and more effective HIV/AIDS education should be developed for youth in primarily non-English-speaking households. Education and prevention messages relevant to youth should also be targeted at parents in NPES households.

ABSTRACT 742

Evaluating the Impact of Discharge Planning on Adherence to Treatment and Recidivism on HIV-Positive Inmates Exiting Prison

Devereux, PG¹; Ragavan, A¹; Whitley, R²; Vollman, J²; Guinan, M²

1 University of Nevada, Reno, NV; 2 Nevada State Health Division, Carson City, NV

BACKGROUND: Previous researchers have demonstrated that health services are lacking for HIV-infected inmates leaving prison and that persons with HIV will even seek arrest to obtain medical services. It is therefore important to have easily accessible medical services for released prisoners and to provide inmates with linkages to community services in order to maintain treatment and to increase successful re-entry into the community. A previous evaluation of a prison release program for HIV-positive women revealed that pre-release counseling that focused on linking the women with community resources increased adherence to treatment and successfully reduced recidivism compared with control groups.

OBJECTIVES: The objective of this research is to evaluate the impact of a discharge-planning program on recidivism and adherence to treatment for HIV-positive male and female inmates exiting the prison system.

METHODS: In the month prior to their release date, HIV-positive inmates were met by community health practitioners and given a one-month's supply of medication provided by the AIDS Drug Assistance Program (ADAP). In addition, an appointment was made for the inmate with a community AIDS clinic within the month following exit from prison. Outcome data up to 21 months were collected for inmates receiving the discharge planning. The outcome data consisted of received medication provided by ADAP in the months following exit from prison. Data were also collected on reasons for removal from the ADAP program such as being eligible for Medicaid, noncompliance to treatment, and returning to prison.

RESULTS: Fifty-nine inmates received discharge planning beginning in March 1999 (85% men and 15% women; 53% African American, 31% white, 12% Hispanic). The mean age was 38.26 (SD = 7.98). Twenty-nine percent were identified as having a history of substance abuse, and 15% were diagnosed with a mental illness. On average, 27% of the ex-prisoners received medication following release. During the twenty-one months that the sample was tracked, 12% (all African American; 1 woman) returned to prison. In addition, at the end of the 21 months, 15% of the inmates were still on the program, 15% had moved out of the state, 17% were removed from the program because they were eligible for other assistance (e.g., Medicaid), and 36% were noncompliant with treatment. There was a significant difference by ethnicity for released prisoners who were noncompliant (45% of African Americans were not compliant compared with 29% of Hispanics and 28% of whites).

CONCLUSIONS: The results provide support for adherence to treatment for up to 21 months for inmates who receive discharge planning. However, significant differences existed for the effectiveness of the program depending on the inmates' ethnicity. Future researchers and practitioners need to examine mechanisms for increasing the positive benefits of discharge planning for African American inmates exiting prison in particular.

ABSTRACT 745

The Participation of Men in Couple-Level Behavioral Trials and other Issues of Selectivity Involved in Couples Research

*Moore, TW*¹; *Sly, DF*¹; *Montgomery, DH*^{1,2}; *Delva, J*²

Florida State University, Tallahassee, FL: 1 Center for the Study of Population; 2 School of Social Work

BACKGROUND: In the last three years, a number of advocates and some research scientists have questioned the utility of trials to test behavioral interventions to reduce HIV/STI risks for women. The position of these critics centers on the argument that trying to change only women's behavior places all responsibility for risk reduction on women, that men must change as well and that risky men select out of behavioral trials.

OBJECTIVE: To describe a large randomized trial of a behavioral intervention designed to reduce HIV/STI risks for heterosexual partners and to determine whether various gender-specific selectivity biases occur during and after recruitment.

RESULTS: A total of 1,874 (1,025 F & 849 M) first persons were screened; 72.8% and 70.3% of first women and men, respectively, were eligible on demographic and risk behavior criteria. Of the eligible females and males, 1 in 4 and 1 in 3, respectively, had partners who agreed to participate. We consider 28 variables in 3 sets: demographic, perceptions of partner's risk behaviors, and respondents self-reported risk behaviors. When we compared screen data, we found for both men and women no differences between those who had partners who agreed to participate versus those who had partners who refused to participate. We further analyze pretest data to compare the women and men who were first recruited to those who were subsequently recruited. We find that men in the study are greater risk takers than women. This is consistent regardless of whether the man was recruited first or second. We also find no differences in levels of risk-taking between men recruited first and those recruited subsequently. However, some evidence suggests that women brought into the study by their partners are greater risk-takers than those women who were recruited first.

CONCLUSIONS: We clearly demonstrate that if properly administered, couple-level designs do not necessarily result in selection biases. Specifically, relatively risky men are no less likely than less risky men to be recruited

into behavioral interventions designed for couples. Our findings also suggest that there are no selection biases that occur in couple designs with respect to whether men are recruited first or subsequently by their partners.

ABSTRACT 746

Dot.Cum: Building HIV Prevention Among Men Who Have Sex with Men in On-Line Chatrooms

Miranda, M; Gibson, S; Wright, V

STOP AIDS Project, San Francisco, CA

ISSUE: Researchers have recently presented findings on the role the Internet plays for gay and bisexual men searching for sexual partner (Cybersex.net: Sexual Networks Over the Internet, Silicon Valley, 1999-2000; Kim, McFarland, Yu and Klausner, SFDPH). Among their findings: gay and bisexual men who had been treated for STDs were more likely to report finding sexual partners over the Internet; and gay and bisexual men reported higher levels of sexual risk behavior, specifically receptive anal sex, with Internet partners compared to non-Internet partners.

SETTING: Community-based HIV prevention programs with gay and bisexual men in San Francisco.

PROJECT: The STOP AIDS Project initiated a program of web-based individual outreach to gay and bisexual men in online chat rooms that target men looking for men (M4M). Interventions are made by STOP AIDS volunteers/staff who use member profiles that identify them as outreach workers with the STOP AIDS Project. These profiles will include key words such as "butt sex", "partying", "raw sex", "barebacking" and "safe sex". This establishes the outreach worker's presence so that chat participants performing key word searches will find the outreach worker and be able to read more about them.

STOP AIDS enters chat rooms but does not initiate contact with others; if the person in the room wishes to send an Instant Message (IM), they do so and are encouraged to ask questions about HIV prevention and personal risk. This strategy is important because of the anonymity and sexually charged atmosphere of the venue. Additional components of this intervention include cyber forums to be conducted on-line as well as two social events to be used as evaluation tools.

RESULTS: The interventions from the project described have been instrumental in meeting and assessing individual risk and the HIV prevention needs of gay and bisexual men who are meeting for sex. We have answered hundreds of questions ranging from the risk of contracting HIV from oral sex to STD information. This intervention has provided a valuable entrée to talking about issues such as “barebacking”, disclosure and other issues which resonate with men in the online community.

LESSONS LEARNED: The Web Outreach Program at STOP AIDS has succeeded at identifying and involving gay and bisexual men in the implementation of HIV prevention programs at a time when many MSM no longer perceive HIV transmission to be a severe public health threat. The Web Outreach Program is an innovative and accessible program which supports the mission of STOP AIDS to build HIV prevention through community-based organizing.

ABSTRACT 747

Thinking Outside of the Box: HIV Prevention Programming for “At-Risk People Of Color”

Lawrence, J; Elcock, SE

Harlem United Community AIDS Center, New York City, NY

ISSUE: While prevention case management (PCM) services for at-risk HIV negative individuals are a critical component of the continuum of HIV prevention programming, PCM programs are at a disadvantage because they cannot access the programmatic and financial resources available for HIV-positive individuals. Issues of housing immigration, legal and employment resources are essential, yet not available for “at-risk”, HIV-negative populations.

SETTING: Community-based organization in Central Harlem, NY, serving racially and economically disenfranchised African Americans.

PROJECT: The Case Management Services Program at Harlem United has created and implemented an intensive case management program that not only provides one-on-one risk reduction counseling, but behavior modification groups, and harm reduction services and on-site HIV counseling and testing services, but has also secured housing, employment and primary care services for HIV-negative, “at-risk” individuals. Through working relationships, linkages and referrals to non-HIV/AIDS

organizations, the program has successfully engaged hard to reach and serve individuals into a continuum of care that has increased knowledge and strategies around behavior change.

RESULTS: From 1999 to March 2001, the program has served 220 clients. Seventy-five percent (165) have successfully engaged in assessments and care planning. Seventy percent (154) have been counseled and attend behavior modification groups, 40% have secured housing, 20% have undergone a HIV test, 30% have been linked to primary care services and 10% have been assisted with legal services.

LESSONS LEARNED: In order to successfully implement programming for HIV-negative persons or individuals unaware of their serostatus, it is critical that groups providing these programs be intricately linked to a comprehensive array of non-traditional HIV organizations. Additionally, HIV prevention dollars must be available for HIV-negative, “at-risk” individuals that would allow programs to provide similar services (housing, food, healthcare, etc.) available to individuals living with HIV/AIDS.

ABSTRACT 748

Culturally Appropriate Participatory Evaluation Models for Canada’s Aboriginal HIV/AIDS Community-Based Initiatives

Dodds, J¹; Zoccole, A²

1 Health Canada, Ottawa, ON, Canada; 2 Canadian Aboriginal AIDS Network, Ottawa, ON, Canada

ISSUE: HIV programming evaluation can be an essential tool to determining the effectiveness of program delivery and be beneficial as a planning tool and social marketing influence. Aboriginal communities who have been subject to attempted colonization often perceive evaluation as a punitive, culturally insensitive exercise imposed by non-Aboriginal funding agencies such as governments.

SETTING: Community-based HIV prevention activities (First Nations, Inuit and Metis) addressing Aboriginal communities in urban, rural and remote settings across Canada.

PROJECT: The Prevention, Care and Treatment Programs Unit of the HIV/AIDS Policy Coordination and Programs Division of Health Canada provides financial support to off-reserve community-based HIV prevention initiatives.

To increase the capacity of the Aboriginal community's ability to evaluate the effectiveness of its programs, Health Canada has developed a culturally relevant approach to program evaluation. In consultation with Aboriginal people with expertise in community-based service delivery and program evaluation, Health Canada has developed a workbook around evaluation. In addition to the technical aspect, the program works to demystify evaluation and presents evaluation as a positive tool for improving the delivery of community-based prevention interventions.

RESULTS: Nineteen community-based Aboriginal HIV/AIDS programs across Canada have participated in two skills-building activities around evaluation, including the development of a culturally appropriate workbook. Over the last nine months of the program almost all initiatives have shifted their evaluation paradigm from external consultants to participatory evaluation. Evaluation has now become an integral planning tool, and the outcomes of evaluations are being used to promote prevention issues through social marketing approaches in Aboriginal communities.

ABSTRACT 749

By Any Means Necessary: HIV Prevention for African Immigrant Women

Tratore, T; Elcock, SE

Harlem United Community AIDS Center, New York City, NY

ISSUE: Implementing HIV prevention services for African immigrant women need a comprehensive approach that incorporates multiple interventions simultaneously. Programs must also think outside of the box and use all venues accessed by this population.

SETTING: Hair-braiding salons, restaurants, boutiques in New York City's Central Harlem.

PROJECT: In 1999, Harlem United received funding from the New York State Department of Health, AIDS Institute, and created an innovative three-tier HIV prevention program linking peer-based, street-level outreach with group- and community-level interventions. This program (*BONDLA – WELCOME*) links the target population to a full continuum of prevention and care services taking place in a variety of venues including hair-braiding salons, restaurants, schools, and African shops. Beginning with the identification and training of peers to conduct outreach

and provide HIV prevention education, the program moves into a bi-weekly psycho-educational group and quarterly socials designed around African holidays, baptisms, and cultural events. Based on the needs identified as the program moved forward additional services; ESL classes, genealogical screenings and on-site counseling and testing were added to the services provided.

RESULTS: In the year since the program has started, the success has been significant and the project has expanded its scope. To date, 5 French-speaking peers have been identified and educated about HIV and outreach. Approximately 3,000 women have been reached through outreach activities and community socials. Twenty-seven women have been linked, through the Agency's Prevention Case Management program to housing, and assistance with entitlements, immigration status, and medical services. Ten women have been counseled and undergone HIV testing, and approximately 20 women attend a bi-weekly psycho-educational group.

LESSONS LEARNED: Interventions for the African immigrant population must utilize many phases simultaneously. Additionally, to successfully engage this population, one must have access to additional resources that goes beyond linkages and gives entrée into the extensive services the population need to access.

ABSTRACT 750

A Network-Oriented HIV Prevention Intervention for Drug Users

Latkin, CA

Johns Hopkins University School of Public Health, Baltimore, MD

BACKGROUND: Although injection drug users (IDUs) continue to have high incidences of HIV infection, few experimental interventions have convincingly demonstrated risk reduction. The current study, named the SHIELD study (Self-Help In Eliminating Life-threatening Disease) used components of peer outreach derived from social identity theory and theories of active learning. The social component emphasized superordinate goals of caring for one's family, friends, and community as well as for oneself through practice and advocacy of health protective behaviors.

OBJECTIVES: Out of 1,070, 250 were eligible and randomly assigned. Participants in the experimental and control group were provided up to 10 intervention sessions. The intervention incorporated harm-reduction methods and emphasized both injection related and

sexual risk behaviors. Ninety-two percent (229) returned for the 6-month follow-up.

RESULTS: There was no difference between the experimental and control condition in average the number of sessions attended or demographic variables. At follow-up, there was a significant difference in reports of talking to anyone about HIV in the prior month, 72% of the experimental and 58% of the controls ($\chi^2 = 4.49$, $p < 0.05$).

There was a significant association between assignment to the intervention condition and decrease frequency of injecting heroin and cocaine and a significant association between assignment to the intervention condition and cessation of injection drug use. Those in the experimental condition were more than twice as likely to stop injecting compared to those in control condition. After adjusting for age, gender, employment and HIV serostatus, assignment to the experimental condition continued to be associated with reduction in injection behaviors (Wald = 3.97, $p < 0.05$).

An analysis of change in condom use for vaginal sex with casual partners revealed a stronger association with 17% of those in the experimental group increasing condom use with casual partners as compared to 5% of those in the control group. There was also a significant decrease in the number of casual partners with 17% of the experimental reported reduction in the number of partners compared to 7% in the control

CONCLUSIONS: The data from the study suggest that participants in the experimental arm of the network-oriented intervention reduced significantly more HIV risk behaviors than those in the equal-attention control condition.

ABSTRACT 751

Racial and Ethnic Classification of Persons with HIV/AIDS in Washington State: A Comparison of Two Public Health Databases

Courogen, M

Washington State Department of Health, Olympia, WA

BACKGROUND: As in many parts of the United States, people from certain racial/ethnic backgrounds in Washington State continue to be over-represented in the HIV epidemic. Accurate reporting of race and ethnicity is necessary to assess the impact of HIV on these

population groups in order to better allocate resources for prevention and care services.

OBJECTIVES: To compare the race/ethnicity classifications of persons with symptomatic HIV and AIDS from two reporting sources.

METHODS: Race/ethnicity data were collected on 1,500 individuals through HIV/AIDS case reports and through Supplement to HIV/AIDS Surveillance (SHAS) interviews. On case reports, race and Hispanic ethnicity are collected as a single variable with mutually exclusive categories: white (not Hispanic), black (not Hispanic), Hispanic, Asian/Pacific Islander, American Indian/Alaska native, and not specified. Information is typically obtained from medical records or via provider report and not from personal interview. On SHAS interviews, race and Hispanic ethnicity are coded as two independent variables. They were recoded to create a single variable comparable with the race/ethnicity categories on the case report. All persons answering "yes" to Hispanic or Latino ethnicity were coded as "Hispanic" regardless of race specified. American Indian and Alaska native categories were collapsed together. Self-reported race/ethnicity from SHAS was compared with race/ethnicity on the case report for the same individual.

RESULTS: Agreement between self-reported race/ethnicity and that collected on HIV/AIDS case reports was highest for whites (99%) and blacks (94%). Agreement was lowest among American Indian/Alaska natives: 18 of 46 persons who self-reported as American Indian/Alaska native during interview were classified in other race/ethnicity categories on the case report form, in most cases the "white" category. This misclassification was also seen among persons who self-reported as Hispanic.

CONCLUSIONS: Current surveillance methods underestimate the impact of the HIV/AIDS epidemic on some communities. There are many complexities associated with collecting and analyzing data on race and ethnicity. Nonetheless, these classifications will continue to be used as surrogates for economic, cultural, and social determinants of health. It will be important to periodically evaluate surveillance data on race/ethnicity to the extent possible, as well as socioeconomic measures that are associated with health disparities between population groups, in order to improve interpretation of racial/ethnic disparities in HIV/AIDS rates.

ABSTRACT 752

The Challenge of “Almost Zero” Mother-to-Child Transmission Rates: Determinants of Recent Diagnosed HIV Infections in Catalonia

García-Fructuoso, MT¹; Romaguera, A¹; Almeda, J¹; Casabona, J¹; Sánchez, E²; Fortuny, C³; Rodrigo, C⁴; García, L⁵; Bertrán, JM⁵; Mur, A⁶

NEN-EXP working group: 1 CEESCAT, Hospital Germans Trias i Pujol, Badalona, Spain; 2 Servei Català de la Salut, Barcelona, Spain; 3 Hospital Sant Joan de Deu, Barcelona, Spain; 4 Hospital Germans Trias i Pujol, Badalona, Spain; 5 Hospital Vall d'Hebrón, Barcelona, Spain; 6 Hospital del Mar, Barcelona, Spain

BACKGROUND: Since 1994 the mother-to-child transmission rates in developed countries have decreased dramatically after the introduction of the ACTG076 protocol and HAART for therapy and prophylaxis. Catalonia is a Spanish region with 6 million of inhabitants, 55,000 newborns/year, and an estimated prevalence among pregnant women from unlinked anonymous screening of 0.23% in 1997 and 0.17% in 1998. In this region, both systematic HIV screening and antiretroviral treatment among pregnant women is recommended since 1994. Because of that, vertically acquired AIDS cases have decreased from 19 cases in 1994 to 3 in 1999. Nevertheless, some infections are still occurring among babies.

OBJECTIVE: To identify and describe the determinants of HIV infections through vertical transmission between 1997 and 2000 in Catalonia.

METHODS: Both, the AIDS registry and a retrospective cohort study of children born of infected mothers were used to identify children infected during the study period. A trained pediatrician contacted pediatrician in charge and reviewed clinical records to identify whether the mother was known to be positive and whether treatment was offered and accepted. Type of delivery and treatment were also collected.

RESULTS: Overall, 26 HIV infected children were identified, 10 of them with AIDS. Out of the 26 infected mothers, 9 (34.6%) were not identified as being HIV infected; one of them was identified as negative during the first quarter of pregnancy and found to be positive after delivery. One (3.8%) known infected woman without prenatal care delivered in the emergency room without

being identified as such. One (3.8%) known infected woman refused the treatment, and 12 (46.2%) women were treated. Out of them, 4 had normal vaginal delivery, 2 had instrumented vaginal delivery, 2 had a prolonged membrane rupture, 3 had an elective section, and 1 had a section because of non-progressive delivery. The treatments received were: ZDV only (6); ZDV+3TC (2); and ZDV+3TC+Nevirapine (4).

CONCLUSION: The introduction of HIV preventive programs has been an effective measure to decrease the vertical transmission rates in Catalonia. Nevertheless, there still are a potential preventable number of HIV-infected children, and a good proportion of women may still benefit from a more aggressive systematic counseling before the delivery, as well the implementation of rapid test assessment.

ABSTRACT 753

Merging HIV and STD Community Testing Programs: Implications for Improved Access to Care

Moseley, CT; Stevens, P; Gibbs, RD; Thompson, PR; Mickens, LM

Guilford County Department of Public Health, Greensboro, NC

ISSUE: HIV testing services are often offered separately from STD testing in community-based settings. Offering HIV testing in non-traditional settings increases access to care for those who traditionally do not use health department services. However, these individuals are also at risk for other STDs (particularly syphilis) and need access to this test also.

SETTING: Non-traditional testing sites staffed by a local health department and community-based organizations in Guilford County, North Carolina. Guilford County has had epidemic levels of syphilis since 1994 and high rates of HIV as well. Examples of sites include homeless shelters, AIDS service organizations, bars, jails, neighborhood centers, street corners, and crack houses.

PROJECT: The Guilford County Department of Public Health collaborates with a variety of community-based organizations to offer HIV and syphilis testing in non-traditional settings. This collaboration is funded by two state grants, the non-traditional testing (NTS) grant and the syphilis elimination project (SEP). Testing is offered at fixed-sites and special events. Community-based organizations provide outreach to promote testing. Street

outreach teams offer testing for HIV and syphilis on the spot as well as condoms, information, and referrals. Two fixed sites also offer testing and treatment for other STDs.

RESULTS: In 2000, the NTS program tested 716 people for HIV, and seven were positive (1%). Fourteen out of 698 were positive for syphilis (2%). The SEP staff reached 641 people on outreach in the last two quarters this year.

LESSONS LEARNED: Combining HIV with syphilis testing is essential in counties that are experiencing epidemic levels of syphilis, since syphilis increases your risk of contracting HIV. Offering both tests in non-traditional locations increases access to care for those most at risk. It also serves the “whole client” and facilitates understanding about the link between HIV and other STDs. Pairing outreach with testing services increases acceptability of testing and offers on-the-spot risk reduction messages that can increase awareness of risk and facilitate safer sexual behavior.

ABSTRACT 754

Lessons Learned from Providing HIV/STD Prevention in a Homeless Shelter’s Substance Abuse Treatment Program

Moseley, CT; Thompson, PR

Guilford County Department of Public Health, Greensboro, NC

ISSUE: Substance abuse and HIV/STDs are serious health problems for many of the homeless. Reducing risky sexual behavior and abstaining from drugs and alcohol are closely linked for many addicts. Pairing HIV and STD prevention knowledge and skills with recovery skills can help addicts stay clean longer and ensure better success for long-term sobriety and healthier sexual behavior.

SETTING: A substance abuse treatment program for residents at a homeless shelter in Greensboro, North Carolina. This city is located in a county that ranks among the highest for syphilis rates and also has a high rate of HIV. Most of the participants are African American men.

PROJECT: The Guilford County Department of Public Health collaborated with Greensboro Urban Ministries to provide HIV/STD prevention as part of its substance abuse treatment program for its residents. The course focuses on knowledge- and skills- building and was

designed through participant input. There are seven sessions that include HIV and STD recognition, condoms use skills, the connection between sex and drugs, and personal testimony from a recovering addict living with HIV. This education program is paired with an HIV and syphilis testing program offered on the same night at the homeless shelter.

RESULTS: On average, there were 13 participants, 11 of which were men and 2 of which were women. On average, there were 10 African American participants, 2 white participants, and 1 Latino participant. Eighty-nine people were tested for HIV and one was positive (1%); 55 were tested for syphilis, and three were positive for syphilis (5%).

LESSONS LEARNED: Substance abuse treatment centers are an important place to intervene with HIV and STD risk reduction messages and skills. Homeless shelters are an important venue to offer both substance abuse treatment and HIV counseling and testing as well as prevention. HIV and STD prevention programs specific to recovering addicts’ needs can motivate addicts toward sexual risk-reducing behavior, which can in turn, reinforce recovery skills.

ABSTRACT 755

Drug Injection as a Social Process: From Drug Acquisition to Blood-Borne Disease Transmission

Glanz, J; Koester, SK; Baron, AE

University of Colorado Health Sciences Center, Denver, Colorado

BACKGROUND: Indirect sharing practices are relatively frequent occurrences among the majority of injection drug users (IDU) in Denver. These practices are often embedded within a larger social process that begins with how IDU obtain drugs and the locations in which they use drugs. **OBJECTIVES:** To delineate the process of heroin injection and to demonstrate how certain injection practices are associated with how drugs are acquired and where they are prepared.

METHODS: As part of two socially focused interventions, a network-focused but individually administered intervention and a network-focused group administered intervention, we recruited participants, and interviewed, intervened with and followed them over 6 months. We used qualitative and quantitative methods to collect data, analyze and interpret the injection process and factors that influence it. Using logistic regression modeling with random effects to cluster the responses of members within a network,

we conducted a series of analyses looking at distinct aspects of the heroin injection process: dividing the drug as a liquid; sharing of rinse water; sharing a cooker; beating a shared cotton; and syringe transfer. We modeled the probability of these as a function of factors reported by a subject regarding the last injection episode: location (safe vs. unsafe), quantity of heroin injected, withdrawal status of episode participants, and type of economic exchange for obtaining the drug. We concluded by comparing these results with ethnographic findings regarding the injection process.

RESULTS: Baseline data from 234 networks were included in these analyses. The following were statistically significant variables associated with injection practices: location of episode; quantity of drug; dopesickness; chipping in money; and providing the drug. When compared to those who injected in a safe setting, those who injected in an unsafe location were more than twice as likely to be part of an injection episode where there was cooker-sharing (OR = 2.48, $p < 0.0001$). The smaller the quantity of heroin (≥ 1 gm vs. > 1 gm) present at the last injection episode the more likely cooker-sharing occurred (OR = 1.8, $p = 0.002$). Individuals were more likely to beat cottons if they chipped in money (OR = 2.02, $p = 0.039$), provided the drug (OR = 3.82, $p = 0.008$) or were dopesick (OR = 1.86, $p = 0.004$).

CONCLUSIONS: Because these practices are such an integral part of the injection process they may be difficult to change. Blood-borne disease interventions should address these practices as part of a larger social process, and they should depend on the expertise of users to find realistic strategies for lessening them.

ABSTRACT 756

Obstacles to HIV Prevention, Care and Treatment for the Incarcerated

Greenspan, J

HIV in Prison Committee, California Prison Focus, San Francisco, CA

ISSUE: Providing quality HIV care and treatment in the incarcerated setting is a challenge to prison administrators, medical staff and outside AIDS service organizations. The concentration of hepatitis C, particularly in jails and prisons, presents an additional and critical challenge to the provision of this care. Education about HIV drug therapies, hepatitis C treatment and psychosocial support for those with HIV and hepatitis C becomes an important component of all HIV prevention, care and treatment

programs for the incarcerated populations. While prison administrators often discourage peer involvement in these programs, the use of peer treatment advocates, educators and counselors are critical for their success.

SETTING: Ongoing HIV peer education programs provide a vehicle for HIV/HCV prevention and treatment interface in jails and state and federal prisons in the US. Unfortunately, there is continuing resistance from prison administrators to these essential peer education programs.

PROJECT: Based upon interviews with prisoners with HIV and HCV at the Central California Women's Facility in Chowchilla, CA and California State Prison, Corcoran, CA, the HIV in Prison Committee has defined some of the problems and obstacles of HIV prevention, care and treatment programs for the incarcerated.

RESULTS: The use of Directly Observed Therapy (DOT), the growing hepatitis C epidemic (especially for those co-infected with HIV), untreated HAART therapy side effects, daily prison life (including lockdowns and cell searches) and lack of education about these twin epidemics have created a crisis in care inside prisons and jails. A degree of punishment dispensed alongside medical care has created a climate of distrust between prisoners and staff.

LESSONS LEARNED: While prisons and jails can provide excellent opportunities for the development of comprehensive programs for the treatment and care of HIV, the adversarial nature of incarceration creates barriers and obstacles for the provision of this care. The failure to utilize prisoners as peer educators and treatment advocates creates distrust and an unwillingness of the affected incarcerated population to identify itself and come forward for treatment. A critical reevaluation of these programs (along with the development of a comprehensive HIV and HCV education program) is essential for successful HIV prevention and treatment interface within prisons and jails.

ABSTRACT 757

Development of a Peer Training Program with HIV Prevention Messages to Reach Young African American and Latino Men Who Have Sex with Men

Wrisby, C¹; Ammons-Johnson, E²; Murphy, W

1 Cicatelli Associates, Inc., New York City, NY; 2 William F. Ryan Community Health Center, New York City, NY

ISSUE: In New York City, new studies indicate that 1 in 3 young, gay men of color are HIV infected.

SETTING: Structured training sessions at a Community Health Center and an Education Training Center for health professionals in New York City. Small-group support sessions and individual-level community outreach sessions delivered by peer trainees.

PROJECT: Through the Risk Targeting Model adopted by the New York City Prevention Planning Group, men who have sex with men (MSM) were identified as one of the populations whose members are at high risk for HIV infection and have been underserved by HIV prevention programs. The William F. Ryan Community Health Center as a member of the New York City Peer Training Institute, addresses the rising rates of HIV infection in young, minority MSM by offering peer training and peer-delivered services that reach the population on a community and individual level. In addition to the population specific training offered at the Ryan Center, Cicatelli Associates, Inc., the lead agency of the New York City Peer Training Institute, provides 8-day core training on HIV/AIDS and effective outreach strategies. The Ryan Center and Cicatelli Associates modified an existing peer education curriculum, which had been proven successful with adolescents, to meet the specific cultural competency needs of the MSM trainees. The MSM peer delivered interventions incorporated aspects of a small group behavior change model developed by Ryan Center staff with assistance from the Centers for Disease Control and Prevention (CDC).

RESULTS: Ryan Center staff conducted focus groups consisting of gay, bisexual and gender questioning young men of color and service providers from youth service agencies. The groups reviewed portions of a comprehensive curriculum, suggested methods for targeted outreach and emphasized the need for ongoing support of the young men. During the first cycle of implementation, the peer trainees participated in the revision of the curriculum,

providing them with a sense of ownership of the program and reinforcing their commitment to complete the training and intervention phases of the project. Peer trainees demonstrated an increase in knowledge about prevention of HIV transmission and successfully co-facilitated a series of group sessions (supporting positive behavior changes) for other MSM who were referred from street and community outreach settings.

LESSONS LEARNED: It is important to present HIV information in a matrix of basic sexual health and wellness education because young men often lack a foundation of knowledge about their own bodies. The provision of psychosocial support during peer training yields higher levels of retention of trainees. Peer-delivered services targeted to young African American and Latino MSM can also address the stigmatization associated with HIV and a perceived gay identity.

ABSTRACT 758

Riding the Wave: Using the Internet to Enhance HIV Prevention Intervention Design and Reporting

*Manchester Harris, AE¹; Pringle, LS²;
Courogen, MT¹; Peppert, JF²; Hall, NP²*

Washington State Department of Health, Olympia, WA: 1 IDRH Assessment Unit; 2 IDRH HIV Prevention and Education Services Unit

ISSUE: In 1998, after the release of the Centers for Disease Control's Draft Evaluation, Washington State began to examine their current data collection system to see if a system could be designed to enhance HIV prevention intervention design and reporting. Washington State had an existing data collection system that was outdated and did not assist in program design.

SETTING: This was a statewide activity that took place over a two-year period and involved meetings with a workgroup, presentations and input from state and federally funded contractors, and HIV prevention planning committees.

PROJECT: The Washington State Department of Health along with the AIDSnet Coordinators recognized that a better reporting system could improve program design and assist in being accountable to stakeholders by informing them of progress made in HIV prevention. A 14-member workgroup was established consisting of state staff, regional coordinators, program administrators, program evaluators, frontline workers, and data entry

personnel. State staff also conducted presentations at regional educator and community planning meetings to gather input for a new system. As the CDC finalized their system, Washington State was well on their way to creating a system that would not only address the evaluation needs but also provide local, regional and statewide data needs.

RESULT: The SHARE (Statewide HIV Activity Reporting And Evaluation) system was developed. This web-based system is a relational database that links programs to worker activity through their process objectives. The system also provides the users with: 1) a guide to developing HIV prevention programs; 2) immediate on-line help with definitions — intervention types to risk transmission categories; 3) customized worker forms; and 4) immediate availability to data reports. The system was fully implemented in Fall of 2000 and has been well received throughout the Washington State. It has provided the State Health Department, Regional Coordinators and HIV Planning groups a more concise understanding of all state and federally funded HIV prevention programs in Washington State. The system has also been reviewed by many other states interested in developing web-based reporting.

LESSONS LEARNED: The success of SHARE can be contributed to the fact that people impacted by the new system were involved in an ongoing dialogue throughout its design. Making a system that is easy for users and provides them with relevant information at their level, increases the data quality. Several trainings were provided to educators, contractors and community planning groups on the elements of the evaluation guidance. One of the most important lessons learned is that many people see evaluation as very complicated and taking away from their 'real' work. This continues to be an area of increased training need.

ABSTRACT 759

A Cohort Study of Sexual Practices and Condom Use Among HIV-1 Seropositive Men Who Have Sex with Other Men (MSM), 1996-2000

Lampinen, TM; Critchlow, CW; Holmes, KK; Heagerty, PJ; Weiss, NS; Kiviat, NB

University of Washington, Seattle, WA

OBJECTIVES: To assess trends and identify correlates of high-risk sexual practices in a cohort of HIV+ MSM.

METHODS: Men recruited into an open cohort study completed self-administered questionnaires every 4 months that measured partner-specific sexual activity and condom use. Percentages of men reporting unprotected anal intercourse (UAI) were examined in 6-month calendar intervals and stratified by sexual practice (insertive versus receptive) and partner HIV status (seropositive, seronegative, unknown). Cumulative probabilities of UAI were estimated using product-limit methods. Correlates of UAI were identified using odds ratios and standard errors computed using GEE (generalized estimating equations).

RESULTS: At entry, the 314 men enrolled between July 1996 and December 1999 were 39 ± 8 years old, and 63% had class A HIV disease. The median CD4 count was 411 cells/mL, and median plasma HIV-1 RNA level was 3,593 copies/mL. Ninety-four percent (295 men) returned for a median of 8 follow-up visits (total 2,097 visits during 8,891 person-months). HAART increased from 32% in 1996 to 54% in 2000. The percentage of men reporting UAI was initially stable (32% in 1996 to 29% in 1998) then increased to 43% in 2000; these trends were observed in open and closed cohort analyses. Condoms were used more frequently with partners serodiscordant for HIV [64% of 9,771 acts with HIV-seronegative (OR = 6.7, 3.2 – 14.4) and 62% of 1,832 acts with HIV status unknown (OR = 3.53, 1.8 – 7.1)] than with HIV-seropositive partners (19% of 8,277 acts). The cumulative probability of insertive UAI with any HIV-seronegative or unknown serostatus partner at 6, 12, 24, and 36 months was 13%, 19%, 20%, and 25%, respectively.

CONCLUSIONS: These results are consistent with modest increases in UAI among HIV+ MSM since 1998. Targeted HIV prevention efforts are warranted for that minority of HIV+ MSM who practice insertive UAI with serodiscordant or serostatus unknown partners. Infrequent condom use among HIV-seropositive partners suggests potential for sustained transmission of sexually transmitted infections.

ABSTRACT 760

The Need for a Participant's Bill of Rights and Responsibilities When Conducting Studies Relating to Methods and Products to Prevent HIV Infection

Gibson, TJ^{1, 2}

1 HIV Vaccine Trial Network; 2 Silver & DeBoskey, PC, Denver, CO

ISSUE: Over the years that human trials have taken place, frequent abuses of study participants have been documented, especially among disenfranchised populations. The Tuskegee trials, among others, have evidenced the need to build protections for study participants. Further, in order to ensure the success of any human trial, participants should be aware of and agree to basic responsibilities.

SETTING: Trials regarding vaccines to prevent HIV infection in humans.

LESSONS LEARNED: The session will be an open forum focusing on: (i) the fundamental concepts to be included in a Participant's Bill of Rights and Responsibilities, (ii) the specific language to be used to express such concepts, and (iii) the mode of relaying such specific language to study participants.

ABSTRACT 761

Developing Community Health Worker Networks for HIV Prevention

Davis, DC; Parker, EM; Henry, EL

AIDS Alabama, Birmingham, AL

ISSUE: Over the years, HIV educators have realized the benefit of working together. These efforts have reduced duplication of services, improved collaboration, and helped to spread limited prevention dollars. Although these efforts have greatly improved community access to prevention education, collaboration with other health workers could greatly expand prevention efforts. Community Health Worker Networks seek to value outreach as a profession, creating formal lines of communication among workers of diverse professions, and developing worker job skills.

SETTING: An annual community outreach workshop providing skills-based training on outreach strategies, exhibits of community agencies, and networking opportunity for outreach workers in the Birmingham area.

PROJECT: The Education Department of AIDS Alabama has developed an innovative approach to increasing community awareness of the virus to non-HIV outreach professionals in the Birmingham area. To better network with community health workers in our area, we designed our first community outreach workshop. The workshop was marketed as a skills training and community-resource opportunity.

RESULTS: Since January 2000, over 150 community educators, social workers, probation officers, drug treatment advocates, nurses, street outreach workers, and counselors have participated. Experienced outreach workers lead sessions on outreach encounter training, diversity issues, safety and mental health needs of workers, boundaries and limitations, and problem-solving.

LESSONS LEARNED: Although this was not an HIV training workshop, participants gained skills in recognizing the needs of at-risk populations and information on available services for those infected.

ABSTRACT 762

National HIV Testing Day Campaign – June 27th, 2001

Perkins-Gibson, C; Rivera, H

National Association of People with AIDS, Washington, DC

ISSUES/SETTING: Awareness of one's own HIV status has been a priority with The National Association of People with AIDS since 1995 when National HIV Testing Day was developed. The national goal of the Centers for Disease Control and Prevention's Strategic Plan through 2005 is to reduce the number of new HIV infections in the United States from an estimated 40,000 to 20,000 per year. Through voluntary counseling and testing, increase from the current estimated 70% to 95% the proportion of HIV-infected people in the United States who know they are infected. Also, increase from the current estimated 50% to 80% the proportion of HIV-infected people in the United States who are linked to appropriate prevention, care and treatment services.

Although early diagnosis allows one to take actions to prevent the spread of HIV to others and to receive the benefits of the new medical treatments, some people are

reluctant to get tested. Stigma, denial, and fatalistic attitudes are major barriers throughout the United States that contribute to the reluctance of getting tested.

PROJECT: The presenter will give a history of the campaign and an overview of the 2002 campaign. Also, discussion will include innovative and successful campaign efforts, and overall success of the campaign. Expanding this campaign to offer counseling and testing into additional facilities and increasing outreach efforts will identify more of the HIV-infected individuals who do not know their HIV serostatus.

RESULTS/LESSONS LEARNED: At the conclusion of the presentation, the participant should be able to identify the effects of National HIV Testing Day as well as the importance of knowing one's HIV serostatus. Participants will also learn more about the campaign, and how community-based organizations and HIV prevention and outreach programs can benefit from incorporating the National HIV Testing Day into existing activities.

ABSTRACT 765

HIV Prevention for High-Risk Youth

Monroe-Spencer, K; Arnette, K

AID Gwinnett, Lawrenceville, GA

ISSUE: Teens at risk for HIV infection need effective, culturally sensitive interventions to decrease their risk of HIV infection.

SETTING: Several locations in the East Metro Health District situated outside Metro Atlanta that are associated with teen youth in high-risk situations. Locations include the Regional Youth Detention Center, a residential therapy program for male, juvenile sex offenders, residential adventure therapy for juvenile offenders, an alternative school for youth with behavioral problems, and court-ordered drug treatment programs in Gwinnett, Newton and Rockdale Counties. Local middle and high schools are also targeted.

PROJECT: Due to the staggering increase of HIV infection incidence among youth and teenagers, the "Be Proud, Be Responsible!" curriculum was designed to increase knowledge in the area of HIV transmission and prevention. Attitude towards risky behavior are also addressed. This program places a strong emphasis on audience involvement with the use of role-plays and hands-on activities.

RESULTS: During the year 2000, over 600 youth, ages 12 through 20, participated in the "Be Proud, Be

Responsible!" program. In addition, over 1,000 middle and high school students have been exposed to a one-shot HIV prevention program.

LESSONS LEARNED: After the completion of the HIV risk reduction programs, AIDGwinnett, through collaborations with agencies that provide access to youth in high-risk situations, has successfully increased knowledge about HIV prevention and increased participants' intentions to practice safer sex.

ABSTRACT 766

Prenatal HIV Testing Coverage in Catalonia, Spain

Perez, C^{1,2}; Blanch, C²; Casabona, J²; Canet, Y³; Coll, O³; Ollé, C³; Payà, T³; Pérez-Picañol, E³

1 Centre for Epidemiological Studies on AIDS of Catalonia (CEESCAT), Catalonia, Spain; 2 Hospital Universitari Germans Trias i Pujol, Catalonia, Spain; 3 COBEMB working group

BACKGROUND: Counseling and voluntary testing for HIV among pregnant is considered a priority intervention to prevent vertical transmission. Catalonia is an autonomous Spanish region with 6 million inhabitants, with about 55,000 births per year (half of them in private hospitals) and an estimated prevalence of HIV among pregnant women from unlinked anonymous testing of 0.2% 95% CI (0.17 – 0.27). The objectives of the study are to assess HIV testing, to offer coverage in the region, and to describe associated determinants for not testing

METHOD: Nine public and two private hospitals (which account for more than 22,000 deliveries per year) were selected to carry out a cross-sectional survey during year 2000. From each hospital a representative sample of parturients was drawn (total, n = 2499). Women were face to face interviewed by trained professionals who also reviewed their clinical records. From both sources of information, data about HIV testing during pregnancy and trimester of testing were collected. In addition, women were asked about having been informed about HIV testing, reasons for not being tested, previous HIV testing and reasons for previous testing. From the clinical records information from pregnancy follow-up, test results, type of delivery, and risk behaviors were also collected.

RESULTS: Because of low recruitment rate a hospital was excluded from the analysis. Overall, fourteen women refused to participate. The final study population was 2230 women; out of them, 48% preferred not to have

received information about HIV testing during pregnancy. Nevertheless, out of the 2230, 67% reported knowing to have been tested. From clinical records HIV testing was recorded as been performed in 89% of pregnant women, being this proportion 94% and 71% in public and in private hospitals respectively. Women from private hospitals were older, were more educated, a higher proportion was employed, and a lower proportion was immigrant; but no differences were identified between tested and untested in neither public nor private hospitals.

CONCLUSIONS: Although prenatal HIV testing coverage in Catalonia is high, counselling needs to be improved. On the other hand, the recording of HIV testing in the clinical records should be better systematized. Finally, the population of pregnant who reach delivery without knowing her serostatus could benefit from the implementation of rapid HIV testing.

ABSTRACT 767

Reaching *Mi Gente* – Outreach with the Latino Community in a Rural State

Reyes, L¹; Lins, C²

1 Our Gang, Inc, Wichita, KS; 2 Center for Community Leadership, Madison, WI

ISSUES: Organizations in rural states face a variety of challenges in meeting the needs of their target communities — sources of good data and information, limited resources, large distances, and limited number of qualified candidates for positions

SETTING: Our Gang, Inc., operates in Wichita, Kansas. The presentation will focus on how Our Gang, Inc., collects information and data and uses that data to develop their outreach and intervention efforts with MSM, female partners of MSM, youth, and lesbians. Their presentation will focus on addressing the needs for prevention education and intervention within the Latino community within rural states.

PROJECT: Our Gang, Inc., uses the following methods in conducting their work:

“*Café Con Leche*”: Discussions with Latino community segments. Used to gather information to complement statistical data about the needs of the Latino community. Also used as a teaching opportunity.

Hispanic/Native American Collaboration: Program partnership to provide outreach to the MSM and two-

spirit community.

Youth Groups: Regular group that meets for education and building parent involvement in HIV/AIDS activities.

Bar and Club Outreaches: Outreach and testing efforts with the bisexual, gay and lesbian community.

RESULTS: The state of Kansas and the city of Wichita, in particular, have seen a significant increase in the rate of infection among Latinos. Our Gang, Inc. believes that this is because they have done a better job of working with the community to help them know their serostatus. Our Gang, Inc., is also completing an assessment process for the HRSA Title III Planning Grant process on data collection within the Latino community.

LESSONS LEARNED:

1. Strategies used to address the needs of the Latino community in a rural setting.
2. Data and information gathering techniques within the Latino community.

ABSTRACT 768

Educational Entertainment: Characters and Messages That Matter

Berlin, C; Hornbeck, K

NiteStar Program, St. Luke's Roosevelt Hospital center, New York City, NY

ISSUE: This poster will offer HIV providers, educators and youth tools for incorporating innovative theater and role-plays in to their existing programs.

SETTING: “Theater in Education” workshops take place any place young people gather. These include classroom settings, youth centers, community-based organizations, peer education training settings, and other group training facilities, both in New York City and nationally.

PROJECT: The NiteStar Program, located at St. Luke's Roosevelt Hospital center, in New York City, has developed an institute to jump-start competency in role-plays and educational theater. The Institute will take beginners and move them to an intermediate/advanced level in two workshops. Entering as novices, participants will depart as actor/directors who take justified pleasure and pride in their ability to convey health educational messages through compelling and realistic theater. The workshops are titled ‘Zip to Script’ (Zip) and ‘Creating Backstories’

(CB). In Zip, participants will be instructed to recognize basic concepts of educational theater, including formulating educational objectives, the importance of integrating scientific knowledge in to their presentations and the need for cultural sensitivity and developmental appropriateness. Participants will identify key topics appropriate to the targeted population and key improvisational tools and, finally, will create, perform, and critique scenarios. Participants will understand the importance of creating histories for characters, explore physical and emotional qualities and learn how to enrich theater scenarios.

RESULTS: Theater is an effective tool for providing messages about protecting young people from HIV and other infectious diseases. Theater grabs attention and ‘hooks’ the audience, focuses their attention and actively involves the audience in an experience. Theater has been proven to be an effective transmitter of messages by providing information, exciting discussion, stimulating thought and changing behavior. Theater has been proven to change the audience/observer’s behavior. It does this by implementing Bandura’s social learning or social cognitive theory. Research has also shown that adolescents tend to model their behavior more closely on those with whom they like or ‘aspire’ to be. Finally, for any educational program to work, it must be culturally and developmentally appropriate. Most researchers have concluded that theater education about HIV/AIDS is a compelling way to inform young people about HIV/AIDS and how to avoid it.

LESSONS LEARNED: NiteStar’s findings have shown that educational theater, particularly multiple interventions, using social learning theory, works. Especially with issues that are difficult to discuss in group/classroom settings, such as sex/sexuality, and sexually transmitted infections, including HIV. Given the effectiveness of theater as a way of starting the conversation among young people about HIV/AIDS, NiteStar can help existing programs develop skills in using educational theater.

ABSTRACT 769

Deaf Community HIV Prevention Outreach

Emery, N

Communication Service for the Deaf, Saint Paul, MN

ISSUE: Barriers that exist in the deaf community to effective HIV information include: Lack of trust in hearing community and medical/social service providers;

shame related issues related to sexuality information; high use of alcohol and drugs; lack of culturally competent outreach programs that employ deaf community staff who are familiar with social settings, deaf culture and American Sign Language; Lack of culturally appropriate K – 12 and adult information regarding pre-test considerations including the basics of HIV infection and causal relationships; lack of access to public/government forums to express community need; high levels of sexual abuse and rape; and lack of deaf community recognition in high prevalence CDC recognized Metropolitan Statistical Areas.

SETTING: CDC Price Fellowship project, August 2000, survey participants including national deaf community professionals, grassroots community members, sign language interpreters and social service agency representatives.

PROJECT:

- (1). Develop a set of best practice strategies and related co-factors regarding deaf community HIV/STI outreach. Special attention to cultural and linguistic competence issues is important. Strategies primarily focused on identification of environmental outreach sites, co-factors and associated risk behavior identification.
- (2) Survey deaf and hard-of-hearing community members, professionals in the field of deafness, sign language interpreters, deaf community human service providers, HIV prevention specialists and deaf education professionals.
- (3) Conduct site visits in deaf community HIV programs

Assumptions: Project assumed that the following were in place; fluent staff, funding and culturally/linguistically appropriate materials. The reality is that these are not in place in many deaf community organizations. In order to complete the project in the span of the fellowship, this was necessary. These gaps are recognized in co-factor discussion.

RESULTS: Results of 400 national deaf community surveys will be presented including information about: lack of prevention programs in CDC designated MSAs; 85% of participants rate community HIV factual knowledge at low level; 90% of participants rate peer interaction as vital to outreach acceptance; and findings related to optimal outreach. Prioritization of funding development, recognition of diversity, outreach plan development and community recruitment strategies are included in best practice outreach recommendations.

LESSONS LEARNED: The Price Fellowship Project was a result of a wonderful opportunity to network with professionals at DHAP within the CDC. A dearth of information exists at a national level on deaf community cultural norms and language. Many opportunities to fill in these gaps were presented during the fellowship.

A beginning for national program support and growth was established. The long-held deaf community belief that health educators, health care professionals and scientific community members still perceive deaf community members as a pathological community instead of a cultural/linguistic community was clear. A bridge to challenging this perspective was built. Clear communication about deaf community norms and institutions will show us a way to have mutual respect between the communities.

ABSTRACT 770

Self-Care Time for Care Givers and Care Receivers

Trotter, JC

Wholistic Stress Control Institute, Inc., Atlanta, GA

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.

SETTING: Workplace, hospitals, home, etc. (Any setting)

PROJECT: The Wholistic Stress Control Institute, Inc. (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 spiritually based healing practices used over centuries to deal with adverse physiological and psychological stress. Knowing the proper balance of stress for your body and how to develop a wellness lifestyle is crucial for healthier living. These workshops will include:

Deep Breathing: This simple act of taking deep breaths can significantly aid the body's healing.

Acupressure and Gentle Massages: Rubbing tense muscles and/or applying pressure to key points on the body helps stimulate the healing chemicals such as endorphin.

Relaxation: When relaxation is accompanied with deep breathing, the body goes into the alpha state, and it produces continuous healing for the body

Tai Chi and Qi-Gong Exercise (meaning internal healing energy): These slow moving exercises accelerate the metabolism and increases circulation of oxygen.

Nutrition: Participants will learn about healthy food preparation, food combinations and healing properties of herbs. The workshop will include biofeedback, forgiveness/emotional releasing, affirmation and visualization, and the importance of a support system.

The workshop will be participatory and include mini-lectures, discussion, demonstration and practices.

RESULTS: The Wholistic Stress Management model was first implemented and researched from 1984 to 1987. 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. WSCI uses this model in all of its community education and prevention programs.

LESSON LEARNED: The results validated research studies stating 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.

ABSTRACT 771

Bridges to Health: HIV Risk Reduction for Repeat Negative Testers

Sipan, CL¹; Vera, AY¹; Blumberg, EJ¹; Hovell, MF¹; Kelley, NJ¹; Ginsberg, MM²; Hart, S²

1 San Diego State University, San Diego, CA; 2 County of San Diego Health and Human Services Agency, San Diego, CA

ISSUE: Repeat HIV-negative testers are a high-risk, hard-to-reach population accessible at the time of post-test counseling for recruitment into prevention services. A multi-session, multi-disciplinary risk reduction counseling intervention offered at post-test counseling may result in HIV risk reduction in this population.

SETTING: The County of San Diego Health and Human Services Agency and the Center for Behavioral Epidemiology and Community Health (CBEACH) are evaluating the effectiveness of *Bridges to Health*, a multi-session HIV risk reduction program with community referrals for long-term follow-up, support and psychosocial problem

resolution. High-risk, repeat HIV-negative testers accessing county-operated, CA Office of AIDS-funded HIV testing and counseling sites who are interested in considering behavior change, are screened and recruited by CBEACH staff into the evaluation.

PROJECT: A social worker, health educator and nurse practitioner from the county provide 7 counseling sessions and short-term case management with referrals for psychosocial or medical service needs as follows:

Session 1) The client and health educator develop a client-centered, short-term risk reduction plan.

Session 2) The social worker examines psychosocial bases for ongoing risk behaviors, enhances the short-term risk reduction plan, and formulates a long-term risk reduction strategy with the client.

Session 3) The nurse practitioner provides medical screening, STD testing and HVB immunizations.

Session 4 – 7) Staff provide psychosocial and medical follow-ups, problem-solving skills training, referrals, and shaping individual risk reduction practices.

RESULTS: Seventy-three percent of clients were male, 27.2% gay or bisexual, 19.2% homeless, and 58% non-white, with a mean age of 38.4 yrs. Drug use in the last year was reported by 83% of clients. Of males reporting insertive anal intercourse, 42% used condoms only sometimes. Condoms were used sometimes by only 32% of clients reporting receptive anal intercourse. Condoms were used for vaginal sex by only 47% of those with female partners. No significant differences were found between clients recruited and the repeat negative-testing population, with the exception of a greater representation by non-whites among those recruited.

LESSONS LEARNED: It is possible to recruit high-risk individuals into risk reduction programs through testing sites. Retention in the program requires aggressive follow-up, rapport building and use of incentives. Homeless clients are willing to return for follow-up measures.

ABSTRACT 772

An Intra-Agency Collaborative for Prevention Services for HIV-Infected Persons

Wongvipat, N; Mutchler, M; Cason, G; Klosinski, LE

AIDS Project Los Angeles, Los Angeles, CA

ISSUE: Traditionally, case management services have been delivered separate from prevention services. Setting up an effective integration between two functionally separate departments can be challenging.

SETTING: Community-based organization with a highly racially diverse population of people living with HIV/AIDS in Los Angeles County.

PROJECT: Recently, a large AIDS service organization began a collaborative between case management services and prevention services by setting up an integrative model of delivering prevention services to HIV-infected persons. This integrative model was developed to provide highly individualized and intensive case management support and prevention counseling to people living with HIV disease. The goal was to promote the adoption and maintenance of HIV risk reduction behaviors by clients with multiple, complex problems and risk reduction needs in order prevent further spread of the virus, delay the onset of symptomatic HIV disease, and improve the client's health status.

RESULTS: As a result of the formal collaboration with Case Management Services, the Prevention Department was able to create a social service model that HRSA (Health Resources and Services Administration) had originally envisioned for case management services, an integrative model of prevention education and support and case management. Case management targeting HIV-infected individuals unintentionally developed into a narrow definition of social services by leaving out the prevention component, mainly because prevention services had traditionally been focused on HIV-negative individuals. This integrative model provided an opportunity for the creation of a cohesive service model for people living with HIV by addressing the fragmentation of services and serving as a conduit to an integrative service delivery.

LESSONS LEARNED: As a result, the collaboration also served as a bridge between various client services departments by synthesizing prevention services throughout the agency. For example, agency-wide assessments of clients' sexual and drug risk profiles have been implemented as a result of the collaboration. Psychoeducational support groups co-facilitated by mental health and prevention staff were also developed.

ABSTRACT 775

Promoting Prevention Through Video: Cultural Attitudes About Homosexuality and HIV

Pyeatt, M; McFarland, B

University of Texas – Southwestern Medical Center, Dallas, TX

ISSUE: Fear can interfere with homosexuals receiving the support of their community. Many people, even health professionals, are unwilling to openly discuss homosexuality and how cultural attitudes about it might affect HIV prevention.

SETTING: The video was created in response to the need to address concerns about how cultural perceptions of homosexuality may be interfering with HIV prevention messages.

PROJECT: This presentation centers around the video “Cultural Voices: Homosexuality and HIV”, which was developed by the AIDS Prevention Project of the University of Texas Southwestern Medical Center at Dallas to promote discussion about homosexuality in our training course (“Health, Sex and HIV/STD: The Role of Cultures”). The focus of the video is to explore viewpoints on homosexuality and how these viewpoints relate to the perceptions of HIV/AIDS and, consequently, affect risk factors. It is used to assist health providers in understanding various cultural perceptions of homosexuality, HIV/AIDS and their relationship, so that they may provide better services to the whole community.

RESULTS: The project explores what various cultures and their sub-groups believe about men and women and their roles, acceptable sexual behaviors and homosexuality. The video encourages discussion of possible prevention messages as we discover barriers created by cultural beliefs about homosexuality. It also investigates viewpoints on how varying attitudes and ideas affect perceived risk factors, as well as how to best address prevention messages.

LESSONS LEARNED: While effective in the classroom, we felt the video could also be used in a broader context to help reach all cultures more effectively with prevention messages. In order to expand the usefulness of the video, we developed a discussion guide, which gives pre- and post-film guidelines for leading the discussion. These guidelines help focus dialogue on both the barriers created by homophobia and their impact on prevention, while the exercises help the audience discover ways they may use what they’ve seen to create more effective intervention and prevention messages.

ABSTRACT 777

Developing Valid Behavioral Outcome Measures for Drug Users and Evaluating Harm Reduction

Ruefli, T¹; Rogers, SJ²

1 New York Harm Reduction Educators, Inc., New York, NY;

2 Academy for Educational Development, New York, NY

BACKGROUND: Harm reduction programs for drug users have been considered controversial because of their use of syringe exchange to discourage drug injectors’ shared use of syringes and possible HIV transmission. Few people are aware that these programs can be effective in helping drug users to make incremental change in the direction of less harm, connect to life stabilizing services, and improve their quality of life. Part of the reason that people are not aware that these programs can be an effective alternative to traditional abstinence-based drug prevention programs is that realistic and culturally appropriate measures have not been developed to evaluate this approach. And, without sound data on their efficacy, harm reduction programs have remained under-funded and marginalized in the field.

OBJECTIVE: The New York Harm Reduction Educators (NYHRE), Inc., in partnership with the Academy for Educational Development, conducted a qualitative research project to develop user-generated harm reduction outcomes and used these measures to evaluate the largest harm reduction program in New York City.

METHODS: The study used nominal group technique (NGT) involving approximately 120 active drug users in 11 groups. Study participants were directly involved in defining and hierarchically ranking incremental measures of the eleven study outcomes. These scaled outcomes are being used at baseline and follow-up to measure the kinds of incremental change that 150 program participants make over the course of an 18-month study. The evaluation design is quasi-experimental contrasting the change in clients who only utilize the program’s syringe exchange components vs. those who participate in a full spectrum of services.

RESULTS: The qualitative study to develop outcome measures resulted in hierarchical-incremental scales of 11 life areas important to drug users. This included ways of: 1) being housed/homeless; 2) making an income; 3) relating to family, friends and partners; 4) getting something to eat; 5) dealing with health problems; 6) dealing with negative emotions; 7) dealing with problems with drug use; 8) dealing with legal problems; and 9)

improving oneself. It also included hierarchical scales of preferred programs/benefits/services for drug users and the extent of stable vs. chaotic drug use. Data from the evaluation of the NYHRE harm reduction program using these measures are still being gathered and results will be presented at the conference.

CONCLUSION: Harm reduction programs can be an effective approach in helping marginalized drug users reduce harm in their lives, connect to life-stabilizing services and increase quality of life. By using valid outcome measures for drug users, harm reduction programs can demonstrate the progress they are making in the lives of their clients and increase their capacity for fund-raising.

ABSTRACT 778

Syringe Availability Through Pharmacy Purchase: A Multi-Site Trial

Compton, WM¹; Horton, JC¹; Cottler, LB¹; Booth, R²; Leukefeld, C³; Singer, M⁴; Cunningham-Williams, R¹; Reich, W¹; Corsi, KF²; Staton-Tindall, M⁴; Fink, JL⁴; Stopka, T³; and Spitznagel, EL¹

1 Washington University School of Medicine, St. Louis, MO; 2 University of Colorado, Denver, CO; 3 Hispanic Research Council, Hartford, CT; 4 University of Kentucky, Lexington, KY

BACKGROUND/OBJECTIVES: In 42 states, no specific laws prohibit over-the-counter (OTC) sale of syringes. On the other hand, pharmacies and pharmacists may refuse to sell to suspected drug users or place restrictions on such sale by requiring bulk purchases. This means that pharmacies are potential sites for HIV prevention interventions, but the type and extent of such interventions are uncertain. To examine these issues, we are conducting a multi-site study of OTC syringe purchase in Missouri, Colorado, Connecticut, and Kentucky, states that vary in policies and regulations governing syringe purchase and possession.

METHODS: The field experiment had a balanced, stratified design. Male, female, white and minority (African American or Latino, depending on the site) research assistants (RAs) attempted to purchase syringes at 100 urban and rural pharmacies in each site (i.e., 400 total pharmacies). Following the field study, pharmacists from urban and rural regions were invited to participate in focus groups that attempted to determine attitudes and behaviors towards OTC syringe purchase.

RESULTS: Results indicate that of 1600 overall purchase attempts, 35% were refused (either directly or indirectly). States varied significantly in rates of refusal (25% vs. 28% vs. 41% vs. 47%, $p < 0.05$). Furthermore, in urban settings, 40% of purchases were refused compared to only 31% in rural settings ($p < 0.05$). Race and gender of the RA did not seem to impact refusal. Pharmacist focus groups indicated a reluctance of pharmacists to participate actively in OTC syringe sales because of concerns about possibly encouraging drug abuse and fears about damaging the reputation of their pharmacy. On the other hand, pharmacists were quite interested in participating in patient education regarding syringe hygiene and disposal.

CONCLUSIONS: The overall goal is to understand syringe purchasing in more detail because this may lead to new interventions to reduce HIV transmission and will help to explain how an important component of HIV transmission may be influenced by local practices above and beyond existing state laws and regulations. The significant differences found between urban and rural pharmacies indicate that areas where HIV infection rates are highest may also be where syringes are most difficult to purchase. Future work will include interventions with pharmacists to encourage syringe sales as a means to reduce the spread of HIV.

This Project was supported by NIDA grant DA12340 (Compton, PI).

ABSTRACT 779

Implications of Recent Public Policy Developments Ensuring Linguistic Access and Cultural Competence in HIV Prevention and Care Programs

Bau, I¹; Daus, G²

Asian and Pacific Islander American Health Forum: 1 San Francisco, CA; 2 Washington, DC

ISSUE: HIV prevention and HIV/AIDS care programs must be accessible to individuals with limited English proficiency as well as those that face cultural barriers to effective access. Recent federal government public policy developments have highlighted the need for linguistically accessible and culturally competent health education, prevention and care programs.

SETTING: Federal, state, local, territorial, tribal and community-based HIV education, prevention and HIV/AIDS care programs.

PROJECT: During the last year, there have been significant federal government public policy developments that have highlighted the need for linguistically accessible and culturally competent health education, prevention and care programs.

RESULTS: In August 2000, Executive Order 13166 and the Department of Health and Human Services (DHHS) Office of Civil Rights reaffirmed legal requirements under Title VI of the 1964 Civil Rights Act to prohibit discrimination and to ensure equal access to federally funded programs and services for individuals with limited English proficiency. The executive order also applied the Title VI requirements to DHHS itself, including all CDC and other DHHS HIV prevention activities. In November, DHHS finalized the objectives for Healthy People 2010, including an overall goal of reducing health disparities, especially in communities of color, and recognition of the need for cultural competence to achieve its goals and objectives. In December, the DHHS Office of Minority Health published final Culturally and Linguistically Appropriate Services standards. In January 2001, the Health Care Financing Administration published final regulations for Medicaid managed-care plans, including requirements for linguistic access and cultural competence.

LESSONS LEARNED: These policy developments have far-reaching implications for all federally funded health programs and services, including HIV/AIDS programs. As increased attention has been re-focused on HIV/AIDS in communities of color, these federal policies regarding linguistic access and cultural competence will be increasingly relevant for all HIV/AIDS programs. Few program planners, evaluators or policymakers are familiar with these federal requirements and policies and how they impact the design, implementation and evaluation of HIV prevention and HIV/AIDS care programs. Through this presentation, participants will gain greater familiarity with each of these federal public policy developments and will learn how to apply these policies to their programmatic and local settings. Implementation of these policies will result in the improved effectiveness of HIV/AIDS programs working with communities of color and populations with limited English proficiency.

ABSTRACT 780

How Public Policy Impacts Asian American and Pacific Islander HIV Prevention Efforts

Bau, I¹; Chow, P¹; Daus, G²

Asian and Pacific Islander American Health Forum; 1 San Francisco, CA; 2 Washington, DC

ISSUE: Asian Americans and Pacific Islanders have often been overlooked as an insignificant population in the HIV epidemic, often categorized as a residual “other” in surveillance and other data. The White House Initiative on Asian Americans and Pacific Islanders has highlighted both the ongoing needs in the Asian American and Pacific Islander communities as well as the tremendous community assets and resources that continue to provide vital services to community members. However, institutional policies often create barriers to increased access and utilization of both governmental and non-governmental programs, including HIV prevention programs.

SETTING: Federal, state, local, territorial, and community-based HIV prevention programs.

PROJECT: The workshop will review the findings and recommendations of the President’s Advisory Commission on Asian Americans and Pacific Islanders from its January 2001 Interim Report.

RESULTS: Each of the five priority issues established by the Commission will be highlighted: 1) improve data collection, analyses and dissemination, 2) increase access, especially linguistic access and cultural competence, 3) ensure civil rights and equal opportunity, 4) strengthen and sustain community capacity, and 5) recognize and include Native Hawaiians and Pacific Islanders. Particular attention will be focused on the planned activities of the Department of Health and Human Services (DHSS) and the findings and recommendations of the Commission relevant to HIV prevention, including stigma and lack of data. For example, improved data collection, analyses, and dissemination can make the HIV prevention community planning process more responsive to the HIV prevention needs of Asian Americans and Pacific Islanders. Addressing both short-term and long-term community capacity building needs in the Asian American and Pacific Islander communities can also assist in sustaining effective community-based HIV prevention efforts. Recognition and inclusion of the unique political, cultural and social issues of Native Hawaiians and Pacific Islanders can improve the effectiveness of the programs working in those communities and jurisdictions.

LESSONS LEARNED: Through this workshop, participants will gain greater familiarity with how to frame Asian American and Pacific Islander prevention efforts in the context of these critical community priorities. Specific public policies relevant to HIV prevention, including HIV surveillance, the Congressional Black Caucus Minority AIDS Initiative and the reauthorization of the Ryan White CARE Act will be discussed. The findings and recommendations from the Commission's Interim Report can provide invaluable background information as well as practical examples of "best practices" to overcome some of the institutional barriers to improved access and utilization of HIV prevention programs among Asian Americans and Pacific Islanders.

ABSTRACT 782

Teaching Sexual Responsibility to Long-Term Survivors of Perinatal HIV Infection: One Center's Experience

Desai, N^{1,2}; Cosigua, EE^{1,2}

1 State University of New York, Brooklyn, NY; 2 Brooklyn Pediatric AIDS Network, Brooklyn, NY

ISSUE: To develop, administer and evaluate "sexual responsibility" training for perinatally HIV-infected teens/preteens.

SETTING: Our clinic serves about 300 HIV infected children. Most are perinatally infected. Due to advances in therapy an unprecedented number are "aging" and growing into adolescence. In a survey we conducted addressing the issue of disclosure & presented at the 13th World AIDS conference at South Africa, caregivers indicated the need to adequately prepare this unique group of children to face puberty. Our team also felt it important to address the issue of sex education to protect the children from health related hazards & legal implications, and to fulfill caregiver needs.

PROJECT: Discussions were held involving all team members – case managers, health educator, psychologists, legal and ethics experts, nurses and physicians. Issues addressed were morality; legality; and the need for consent, confidentiality, parental involvement and religion. All patients who were sexually active, presenting with an STI, and entering puberty physiologically (regardless of age), or if they were 12y or older, were offered training. Caretakers were advised of the content of the training

but formal consent was not obtained; training was modified in case of strong objections without compromising the basic aim. Content was different for children who were disclosed compared to those who were not. One-on-one sessions were conducted with hands-on training, demonstrations and confidential discussions about sex, dating, pregnancy and marriage were held.

RESULTS: Sixteen first-time sessions done to date. Twelve girls (10 – 21y) & 4 boys (13 – 14y). All boys and 11/12 girls were disclosed. No HIV-related issues were discussed with the non-disclosed child and with 2 other girls on parental request. Psychologist follow up was continued or started in all patients. Six patients have had follow up sessions 6 mos. later. Feedback obtained by direct questioning, follow-up interviews, role-play and objective questionnaire has been uniformly positive.

LESSONS LEARNED: There is an urgent need for imparting sexual responsibility training to perinatally HIV-infected teens. This is felt by parents and evident by the reactions, questions and attitudes of the teens during the training. It will not only protect the teens from health and legal pitfalls but are necessary to give them a sense of purpose and hope. Further work needs to be done due to the absence of any pre-existing guidelines.

ABSTRACT 783

Prevention Case Management Using Motivational Interviewing

Heidere, CS; Ryan, R

Lifelong AIDS Alliance, Seattle, WA

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 sexually active. Until recently, HIV+ individuals have been largely neglected by traditional HIV prevention efforts in the MSM community, which have focused their efforts on primary prevention. Prevention case management is an effort to join prevention and care services in order to keep HIV-positive MSM from transmitting the disease.

SETTING: Agency-based intervention with HIV-positive, case-managed MSM in Seattle, WA.

PROJECT: The Prevention Case Management (PCM) Program at the Lifelong AIDS Alliance provides intensive prevention counseling and support in order to help

clients reduce their risk for transmitting HIV to others. In collaboration with Project SHAPE at the UW School of Social Work, a screening and assessment process has been developed to determine each client's level of risk as well as key co-factors for risk, such as substance abuse. Motivational Interviewing is used to help HIV-positive MSM assess and discuss their anal sex behavior, condom use, perceived risk, environmental barriers, and status disclosure among other issues. PCM utilizes a series of follow-up session to help clients evaluate these issues and how they may inhibit safer sex behavior. Client needs and risks are reevaluated six months after baseline, utilizing the same initial assessment tool.

RESULTS: From December 2000 through February 2001, 23 clients have been enrolled in PCM. Eighty-two percent of those clients reported having unprotected anal sex in the last six months. We have had at least one follow up session with 30% of those clients. Since this program is less than 6 months old, there are no evaluative results to report on at this time. However, enrollment and follow-up are ongoing and, by the time of our presentation, we will be able to speak more fully about outcomes.

LESSONS LEARNED: Thus far, PCM has had positive responses from clients and the HIV community as a whole. Preliminary data suggest that clients are having unprotected sex with multiple partners who are both HIV-positive and HIV-negative. Many clients are concerned about their sexual behavior, are open to talking with their case managers about it, and feel relief in being able to honestly talk about their sexual behavior in a non-judgmental, supportive environment. Challenges we are currently facing are client retention and staff discomfort in talking about sexual issues. Actions are being taken to increase retention, including altering incentives. Continued training for staff about discussing sex with clients is planned.

ABSTRACT 784

From Amistad to AIDS: A Death of a People & a Community

Anderson, M; Leach, AC; Lofton, RL

National Youth Advocacy Coalition, Washington, DC

BACKGROUND: "WAKE UP", the phrase that ended the motion picture "School Daze" has never meant so much as it does today. Mothers, fathers, sisters, brothers, aunts, uncles and all relatives of the African American

community we are in a state of emergency as it pertains to HIV/AIDS. We are in dire need of a conversation that has been in all of our hearts and minds, and lingering on our tongues. We must begin the dialogue.

The US Government isn't helping. They say they will, but history has shown us, we cannot look to 1600 Pennsylvania Avenue for our answers. That feeling was clear during the ill-fated Tuskegee Experiment, when African American males were treated as guinea pigs to further the Government's investigation into the effects of syphilis without treatment.

Historically, African Americans have turned to each other for comfort, understanding and support. During the turbulent and violent crossing of the Atlantic to the "New World" of oppression, our ancestors created extended families that provided a sense of community and home, we must now return to the old ways.

As we face this current state of emergency, the doors have been shut, the windows locked and mouths closed tight as HIV/AIDS runs rampant in our community. The once familiar feeling of community has been replaced with fear and isolation.

SETTING: A Town Hall meeting comprised of invited panelists and other stakeholders from the African American community.

PROJECT: This Town Hall meeting will provide participants with a retrospective look at the impact of HIV/AIDS in the African American community, as well as an explanation of the current state of emergency facing African Americans, particularly, men who have sex with men. This increased understanding will contribute to the development of a multi-level approach to interventions designed to reach various sub-populations of the African American community.

LESSONS LEARNED: As HIV continues to ravage African American gay and bisexual men, with 1 out of 3 men living with HIV, and increased infection rates among African American women, something must be done. Let's turn back the hands of time. Let's get back to the mantra of "It takes a village to raise a child." Let's become our brothers' and sisters' keeper once again.

ABSTRACT 785**Evaluating Youth Outreach Programs***Shacham, E*

AID Atlanta, Atlanta, GA

ISSUE: Many of the youth in the United States are receiving HIV/AIDS/STD prevention education. This education has not shown to be adequate when reviewing the statistics: the HIV epidemic is spreading faster among people under age 25, it is estimated that they make up 50% of new infections. Sexually transmitted disease (STD) incidence rates also are primarily occurring in the 10 – 24 year age group.

SETTING: Most of our youth outreach education programs that AID Atlanta, Inc. offers take place within Metropolitan Atlanta, Georgia for individuals between the ages of 11 – 18. The programs typically take place in schools, community centers, youth detention centers, and churches.

PROJECT: Youth outreach programs in an AIDS service organization provide the knowledge and skills to prevent HIV and other sexually transmitted diseases (STDs).

The goals are basically the same throughout the variety of programs we offer: to reduce HIV and STD incidence rates for youth between the ages of 11 – 18 years. The objectives typically do not vary drastically from increasing knowledge about HIV and other STDs, increasing skills of prevention techniques, increasing communication skills with partners, and/or delaying the onset of initial sexual experience. The avenues messages are delivered vary as needed, usually due to the population currently being served. The challenges summarized here are regarding three main programs currently implemented at AID Atlanta. The major issues that refer to successful youth prevention programs would include limitations on information provided, recognizing successful messages to youth, recruiting the desired population, varying programmatic styles, and collaboration with other agencies. Issues do arise between the development and implementation of the programs and the school, church, organization, and/or community leaders; program developers need to accept those limitations and implement the most effective program possible. Programmatic style may reflect what appears to be successful but unfortunately may not actually have an effect on an individual's decision-making process. Lastly, the reality of collaboration tends to challenge the program staff whether due to programmatic or staffing issues. There are a multitude

of challenges in youth outreach programs; this discussion must offer more solutions and alternatives to further the research and development of successful HIV/STD prevention programs.

RESULTS: Assessing pre- and post-tests that are administered during our programs, it seems as if the programs themselves are effective. However, long-term behavior modification has not been reported. The challenges faced when developing, implementing, and evaluating youth outreach education programs are vast. It is important to recognize the limitations that are delineated to educators in this field with this age group. While they recognize the need for these prevention programs, the messages that are provided typically are limited in scope. There is a struggle between the educators who are setting those limitations and the educators who recognize what is most effective for the youth of the 21st century.

LESSONS LEARNED: While we, as HIV prevention specialists, hope to lower incidence of HIV, we must be realistic in scope. The programs are developed and implemented in communities that need the education and skill enhancement to prevent HIV, but we cannot reach everyone, and everyone that we reach may not accept the messages and education that we offer. The limitations that are outlined by authorities, whether they are school or community leaders, also create barriers to effective prevention messages.

ABSTRACT 786**Focusing on Family Strengthening to Prevent HIV/AIDS and Substance Abuse Among African American Youth***Parker, L*

AID Atlanta, Atlanta, GA

ISSUE: HIV/AIDS is spreading at an alarming rate among African Americans. Forty-three percent of the new AIDS cases from 1999 in the 13 – 24 age range were among African American youth. Fifty-eight percent of the children diagnosed with AIDS in the 13 and younger category were African Americans. AIDS still remains the leading cause of death among African Americans ages 25 – 44. Due to the fact that many symptoms do not appear until 10 years after infection many of these young adults were more than likely infected during their adolescent

years. Therefore, prevention education needs to be introduced in as many culturally relevant ways as possible.

SETTING: This program targets African American youth, ages 11 – 18, and their parents. It takes place in various communities in the Metropolitan Atlanta area.

PROJECT: The UNITY Project provides sessions for parents and youth to increase HIV/AIDS and substance use knowledge, improve communication skills for participants, and help families locate resources in their own communities. The program also gives participants a chance to develop their character and become culturally enriched through the use of cultural activities. The “T-Cell Game” activity will be demonstrated to show the progression of HIV into AIDS.

RESULTS: The UNITY Project has successfully completed two sites. There were a total of 32 participants. Of these 32 participants, 22 participants completed the program and were eligible for graduation. These results confirmed that both parents and youth found the UNITY project to be both informative and an opportunity for families to bond and learn about themselves and their community.

LESSONS LEARNED: Through the implementation of this program, the UNITY Project has learned that both parents and youth are interested in learning about HIV/AIDS and substance abuse but are more interested in learning about basic survival skills before they concentrate on HIV/AIDS prevention. Also, this further proves that infection rates will continue to rise until programs are developed to prevent HIV with a comprehensive approach. The use of interactive activities has proven that African Americans enjoy an interactive environment, filled with dialogue and activities rather than a lecture-style environment.

ABSTRACT 787

Adolescents Seeking Knowledge To Understanding Safer Sex and Sexually Transmitted Infections (ASK US) Peer Education Program

Bumphus, AM

AID Atlanta, Atlanta, GA

ISSUES: HIV/AIDS is spreading at alarming rates among youth between the ages of 13 – 24. Although African Americans represent less than 14% of the population, they represent 37% of all AIDS cases reported to the CDC. African Americans also represent 40% of the more than

290,000 people estimated to be living with AIDS in the US, and young African Americans represented more than half (57%) of new AIDS cases reported among 13 – 19 year olds in 1998. Therefore, prevention education needs to be introduced in as many culturally relevant ways as possible.

SETTINGS: ASK US (Adolescents Seeking Knowledge to Understand Safer Sex and Sexually Transmitted Infections) presents prevention information in many different venues. The program does outreach at Metropolitan Atlanta schools, churches, youth detention centers, jails and community-based organizations.

PROJECT: AID Atlanta’s youth outreach program, ASK US, uses interactive methods to educate youth about HIV/AIDS and other sexually transmitted infections. ASK US is a peer education program that teaches youth to facilitate workshops about HIV, sexually transmitted infections, human anatomy, communication and decision-making skills, and prevention. ASK US was started in 1992 and has been replicated in several sites in Georgia as well as in Barbados. Participants will be given the opportunity to participate in each activity and then to discuss the educational points and steps of each one. Participants will then be encouraged to participate in teach-back activities to practice facilitating the new activity. Participants will leave with an activity guide to help them utilize the activities in the future.

RESULTS: Youth are able to learn basic HIV/STD information. With this information, they know how to protect themselves from HIV as well as other STDs. Our pre-test and post-test show an increased knowledge of information.

LESSONS LEARNED:

1. Participants will learn how to utilize icebreakers to build trust and to enhance cultural awareness.
2. Participants will learn an interactive activity to show the progression of HIV into AIDS inside the body.
3. Participants will learn innovative ways to present information about sexually transmitted infections and their relationship to HIV.

ABSTRACT 788

Prevention Case Management Inside/Out: Working with Incarcerated Populations

Goldhammer, B; Gandelman, A

California STD/HIV Prevention Training Center, Berkeley, CA

ISSUE: During the past two decades, California has experienced a 25-fold increase in the number of drug offenders sentenced to state prison. Upon release, these offenders are unaware of resources to stay healthy and stay out of prison. Often times, social service providers do not make contact with incarcerated populations until after release. Through a comprehensive training and education course developed by the California STD/HIV Prevention Training Center (PTC), providers are learning to extend themselves beyond the wall and “meet clients where they are at”.

SETTING: Training is provided at community-based providers’ respective agency sites.

PROJECT: We integrated a skill-based model based on harm reduction principles for providers on case management inside and out of incarcerated settings. Included is an examination of the harms prevalent in incarcerated settings and skills building to improve competence in prevention case management and counseling. Further, case management is broken into basics by teaching practical skills including counseling and communicating, crisis intervention and the case manager’s role. Practical skills such as logistics of working with corrections departments, developing and maintaining appropriate referrals, advocating for clients, and maintaining boundaries are also emphasized.

RESULTS: We have successfully developed a skill-based model on prevention case management. A preliminary analysis of training participants’ evaluations indicates skill enhancement and increased self-efficacy with both the assessment and referral components of case management issues. With future trainings, these results will be further evaluated and documented

LESSONS LEARNED: The PTC is discovering that case management training is needed and appropriate and can be adequately integrated into other trainings, including harm reduction, hepatitis, STD/HIV, and other health-related concerns. A preliminary analysis of training participants’ evaluations indicates skill enhancement and increased self-efficacy of providers in working with both incarcerated and post-release clients. Future trainings will be further evaluated and documented.

ABSTRACT 789

Volunteer Based HIV Counseling and Testing

Ellis, M

Whitman-Walker Clinic, Washington, DC

ISSUE: As the need for HIV counseling and testing in communities of color continues to grow, the competition for funding among community-based organizations, faith-based organizations, and health care agencies has increased. This has resulted in reduced budgets, fewer employees, and a decrease in the number of HIV counseling and testing services individual organizations/agencies are able to offer.

SETTING: Inner-city HIV counseling and testing programs serving a highly racially and economically diverse population through community-based organizations, faith-based organizations, and health care agencies.

PROJECT: The HIV counseling and testing program at Whitman-Walker clinic in Washington, DC, has developed a unique program for recruiting, training, and retaining volunteers to conduct HIV counseling and testing within a highly racially and economically diverse population. A comprehensive recruiting plan using local media, community events, and monthly volunteer opportunity meetings has been developed and implemented by Whitman-Walker’s Department of Volunteer Resources. Training for all volunteers begins with a weekend-long basic volunteer training. Volunteers wanting to be HIV counselors then participate in a three-day “Fundamentals of HIV Prevention Counseling” training to prepare them to provide pre-test counseling, testing, and post-test counseling for clients who test negative. A separate two-day training is required for volunteer HIV counselors who provide post-test results to clients testing positive. Retention efforts are ongoing and include volunteer advisory committees, newsletters, and recognition events including an annual volunteer awards program. Throughout their tenure, volunteers also participate in an ongoing and mandatory quality assurance process to assess their skills and measure the quality of the services we provide our clients.

RESULTS: In our community, where 1 in 20 adults is HIV-positive, the AIDS rate per 100,000 is the highest in the United States (nine times the national average), and African Americans account for almost 9 out of every 10 cases. Nearly 9,000 people in DC are living with AIDS, another 14,000 to 17,000 have been identified as HIV-positive, and as many as 50,000 people could be

infected with HIV without knowing it. We have been able to maintain a consistent level and quality of HIV counseling and testing services, in spite of budget reductions and the loss of employees, through the effective recruiting, training, and retention of volunteer HIV counselors.

LESSONS LEARNED: The establishment of a volunteer-based HIV counseling and testing program has been an effective response to a reduced budget, fewer employees, and prevented a decrease in both the level and quality of our HIV counseling and testing services at Whitman-Walker Clinic.

ABSTRACT 790

Helping Communities Build Leadership in the Community-Planning Processes of Care and Prevention

Lovato, J; Green, Y

National Association of People with AIDS, Washington, DC

ISSUE: To enhance the abilities of communities to respond to the HIV epidemic by developing the capacity of people living with HIV and their advocates, to serve as community leaders in the fight against AIDS and to improve the nation's health.

SETTING: Cities in specific geographic regional locations i.e., Phoenix, Arizona — the Southwest.

PROJECT: A series of workshops that are designed to provide information about HIV prevention and care planning, collaboration, coordination, and resource allocation. Participants learn about the facts of HIV prevention community planning and the Ryan White CARE Act basics. Topics include: how to assess community needs, set priorities, understand the collection of EPI data and how it is used, the value of empowerment, the legislative landscape of HIV/AIDS services, Robert's Rules of Order, writing the plan and obtaining technical assistance.

RESULTS: To conclude the training, a feedback and evaluation session is held. During this session, an in-depth group dialogue is fostered between participants and staff regarding their learning experiences, needs, and what (if anything) they would change or enhance. Also, participants are sent a 6-month evaluation by mail asking them to evaluate how knowledge gained at the training has been used for self- and/or professional empowerment. Many attendees are new to the process, some are seasoned

veterans, 70 – 80% are living with HIV/AIDS, and the remaining 20 – 30% are affected by the disease in one form or another. Participants reflect many ethnic groups from both rural and urban areas and represent a wide range in age.

LESSONS LEARNED: Even the most seasoned veterans of community planning still need additional education, information and-most importantly-the ability to network and hear regional specific issues from neighbor states to which they would otherwise not be privy. • Many individuals who were new to the process overcame intimidating factors and are still involved with planning group activities. Some have decided to get involved with their planning groups for the first time. • The importance of producing bilingual materials and conducting sessions in Spanish. • Many individuals continue to report how the training helped them achieve more sound understanding of advocacy training, skills building, and the culture of the HIV/AIDS community they serve.

ABSTRACT 791

Avanzando: HIV Prevention from the Latino Perspective

Lewis, YV¹; Velazquez, JC²

1 Avanzando Project; 2 LLEGÓ, the National Latina/o Lesbian, Gay, Bisexual, and Transgender Organization, Washington, DC

Drug combinations render HIV/AIDS a “chronic, manageable disease.” Deaths from AIDS are plummeting, and the number of infections is spiraling down. We have seen these headlines and believed they were a cause for joy — even a cause for the generation of the slogan, “AIDS is over.” When the stories behind the headlines are told, it becomes clear that they reflect the world of mostly white, adult, gay males, while women, people of color and youth continue to have unacceptably high levels of infection and death. A recognition of the (continued) disparity leads to the allocation of funds to devise innovative and culturally competent HIV prevention strategies within the people of color communities. The outcome of one such strategy is the Avanzando Project, a program to provide capacity-building assistance services that are “available, accessible, acceptable, accountable and affordable.”

In this workshop, the presenters will detail the birth of the Avanzando Project, its growing pains and its success at strengthening the HIV prevention programs that directly impact the wellness of Latina/o communities in the United States, Puerto Rico and the US Virgin Islands.

OBJECTIVE: Viewers will learn innovative techniques to providing culturally competent care to Latino populations.

CONCLUSION: Cultural competency is essential in the development of realistic and effective prevention programs.

ABSTRACT 792

Reducing Barriers to HIV Testing and Prevention Services in a Large Private Integrated Health Care Setting

Tobacman, J; Allerton, M; Klein, D; Fermer, M; Dean, M; Melichar, J; vonColl, S; Elam, S

Kaiser Permanente of Northern California, Oakland, CA

ISSUE: Kaiser Permanente in Northern California (KPNC) has been training staff in HIV testing and counseling for over 10 years. However, new realities of the epidemic change the needs for prevention counseling. For some high-risk clients, their main objective is screening for early detection. For some moderate or low-risk clients, counseling acceptability not initially desired, though they have many questions and concerns relevant to HIV and STD risk once the opportunity to ask is presented. Primary care providers seeing many patients for diverse reasons don't always have time or interest to provide effective prevention education. Consequently, test results are sometimes disclosed without prevention counseling, never disclosed at all, or disclosed inappropriately. In addition, patients do not always wish to return for a second visit, making result disclosure more challenging.

SETTING: Clinical settings in a private, integrated health care system serving 3 million health plan members, including 4300 HIV-positive individuals.

PROJECT: KPNC implemented several strategies to:

- (1) Maximize opportunities for HIV antibody pre- and post-test education and counseling;
- (2) Integrate education and counseling into existing services; and
- (3) Eliminate barriers to testing experienced by clients and providers so that those who test HIV-positive can find out their results and receive high quality care and those who test negative are more likely to remain so.

From 1998-2000, KPNC developed and implemented protocols to provide telephone counseling with disclosure of negative test results. KPNC also trained a variety of

staff, including health educators and medical assistants (non-licensed personnel) to provide pre-test counseling — something not always readily accepted in the medical community. Finally, services that previously had been provided only in face-to-face pre- and post-test counseling sessions were re-evaluated as to the necessity of doing this in all cases.

RESULTS: Disclosure of negative test results by phone was implemented by trained staff at 26 of 33 facilities from January 1998 to December 2000. This practice was found to be feasible and well accepted by clients, and it appears to increase rates of disclosure at some sites. Anecdotal evidence indicates some clients are more willing to disclose risk by phone than in person, enhancing the prevention counseling experience. Health educators and medical assistants providing counseling were rated highly by clients and well accepted by providers. They also expressed increased job satisfaction. Testing services providing the option of drop-in testing without pre-test counseling for individuals who had previously been tested reported better rapport with clients.

LESSONS LEARNED: Innovative approaches not previously considered acceptable by many HIV prevention experts or medical providers may improve service quality and reduce testing barriers in private health care settings serving diverse populations with varied risk for HIV infection. Follow-up should be done to evaluate whether testing, counseling and disclosure rates increased with implementation of these systems changes.

ABSTRACT 794

Motivations for Trial Participation and Risk Behavior Among Participants in an HIV Vaccine Efficacy Trial

Colfax G¹, McKirnan D², Neidig J³, Rogers T⁴, Buchbinder S¹, Celum C⁵, Jermano J⁶, Bartholow B⁷

1 HIV Research Section, San Francisco Department of Public Health, San Francisco, CA; 2 Howard Brown Health Center, Chicago, IL; 3 The Ohio State University College of Medicine and School of Public Health, Columbus, OH; 4 Fenway Community Health Center, Boston, MA; 5 University of Washington, Cabrini Medical Tower, Seattle, WA; 6 VaxGen, Inc., Brisbane, CA; 7 Centers for Disease Control and Prevention, Division of HIV/AIDS Prevention, Epidemiology Branch, Atlanta, GA

BACKGROUND: Determining motivations for joining HIV vaccine efficacy trials — including whether participants join efficacy trials with the hope of being protected from HIV — is critical to understanding participants' expectations of these trials and to focus vaccine trial recruitment and education efforts.

OBJECTIVES: To describe participants' motivations for joining the AIDS-VAX study, the first HIV vaccine efficacy trial, and to determine if joining to get protection from HIV is associated with increased risk behavior.

METHODS: Randomized, double blinded, placebo-controlled, multi-center trial with sites in the US, Canada, and Holland. Volunteers were screened for sexual activity and HIV-seronegative status and were randomized 2:1 to AIDS-VAX B/B or placebo.

RESULTS: A total of 5418 participants were enrolled; 94% were men who have sex with men (MSM); 6% were women at heterosexual risk (WAHR). In the 6 months prior to enrollment, 55% reported unprotected anal sex (UA), 43% reported an HIV+ partner, and 26% reported 12 or more sex partners. Most participants gave altruistic reasons for trial participation: 99% reported joining to help find an HIV vaccine; 98% wanted to help their community. Many joined to protect themselves from HIV, with 56% joining to reduce risk behavior and 46% to get protection from HIV. Other motivations included to obtain current information about HIV (75%), receive free HIV testing (34%), financial reimbursement (14%), and to receive medical care (9%). Compared with MSM, WAHR were more likely to report joining the trial for protection against HIV (62% vs. 45%, $P < 0.001$).

Compared to participants motivated for other reasons, more of those motivated to join for protection reported UA (47% vs. 44%, $P < 0.001$), an HIV+ partner (48% vs. 44%, $P < 0.05$) and 12 or more sex partners (49% vs. 45%, $P < 0.001$). In multivariate logistic regression analysis, adjusting for sociodemographic variables and sexual risk behavior, compared to MSM, WAHR remained more motivated for protection (OR 2.3, 95% CI 1.8 – 3.0). Participants motivated to join for protection remained slightly more likely to report UA (OR 1.2, 95% CI 1.0 – 1.3), an HIV+ partner (OR 1.1, 95% CI 1.0 – 1.3) and to have 12 or more partners (OR 1.2, 95% CI 1.0 – 1.3).

CONCLUSIONS: While most participants reported altruistic reasons for trial participation, nearly half of all participants reported joining to obtain protection from HIV. Their risk behavior suggests that these participants are at increased risk for HIV infection. Trial risk reduction counseling should continue to emphasize the placebo-controlled trial design and unknown efficacy of the product, particularly among WAHR. Receipt of HIV information and HIV testing were motivating factors for many participants, suggesting a need for provision of such services outside of research trials.

ABSTRACT 795

Effects of Quantitative Information About Unprotected Oral and Anal Sex Risk for HIV on Behavioral Intent Among Men Who Have Sex with Men (MSM)

Colfax G¹; Guzman, R¹; Mansergh, G²; Marks, G²; Wheeler, S¹; Rader, M²; Buchbinder, S¹

1 HIV Research Section, San Francisco Department of Public Health, San Francisco, CA; 2 Centers for Disease Control and Prevention, Atlanta, GA

OBJECTIVES: Persons at risk for HIV may inaccurately estimate the risk of HIV transmission from unprotected oral or insertive anal sex (IAS). No prior studies have examined the impact of current data about HIV transmission risk on sexual decision-making. We determined the impact of contemporary quantitative information regarding the risks of unprotected receptive oral sex and IAS on intention to engage in such behaviors among MSM.

METHODS: MSM were recruited through street outreach and community-based organizations in the San Francisco

Bay area. An interviewer-administered questionnaire included risk messages about unprotected receptive oral sex and IAS risk messages using data from prior cohort studies.

Oral sex messages were:

Message 1: Eight percent of a newly infected cohort of HIV patients reported receptive oral sex to ejaculation was their only unprotected risk behavior; Message 2: Unprotected receptive oral sex to ejaculation is 10 times less risky than unprotected receptive anal sex.

IAS messages were:

Message 3: Nine percent of a cohort of newly infected HIV patients reported that unprotected IAS was their riskiest behavior;

Message 4: Unprotected IAS is 4 times less risky than unprotected receptive anal sex.

RESULTS: In all, 316 HIV-negative participants were recruited; median age was 31. Thirty-four percent of participants reported they would decrease their unprotected receptive oral sex behavior in response to message 1; 25% in response to message 2 ($P < 0.05$ for comparison of proportion shifting in Message 1 vs. 2). Twenty-nine percent reported they would decrease their unprotected IAS behavior in response to message 3; 26% in response to message 4 ($P > 0.05$ for comparison of proportion shifting in Message 3 vs. 4). For all messages, 4% or fewer participants responded they would increase their risk behavior. In multivariate analysis, adjusting for sociodemographic factors, participants reporting unprotected receptive oral sex with an HIV-positive or unknown serostatus partner were more likely to report intent to decrease their receptive oral sex behavior in response to oral sex messages (OR 1.9, 95% CI 1.2 – 3.1). Participants reporting unprotected IAS with an HIV-positive or unknown serostatus partner were more likely to report intent to decrease their unprotected IAS behavior in response to IAS messages (OR 2.5, 95% CI 1.3 – 4.9).

CONCLUSIONS: Providing quantitative information about HIV transmission may decrease risk behavior among MSM, particularly among those at high-risk for HIV infection. Risk reduction programs should consider providing current quantitative risk information about HIV transmission through unprotected oral and anal sex.

ABSTRACT 796

The Impact of Scientific Information Regarding HIV Treatments on HIV Risk Perception and Behavioral Intent Among an Ethnically Diverse Sample of Men Who Have Sex with Men (MSM)

Colfax, G¹; Guzman, R¹; Mansergh, G²; Marks, G²; Wheeler, S¹; Rader, M²; Buchbinder S¹

1 San Francisco Department of Public Health, San Francisco, CA; 2 Centers for Disease Control and Prevention, Atlanta, GA

OBJECTIVES: HIV prevention messages containing scientific data about HIV may influence behavior. No prior studies have examined the influence of quantitative data on populations at risk for HIV. We determined the impact of current scientific information about treatment failure and antiretroviral resistance on risk perception and behavioral intent.

METHODS: San Francisco/Bay Area MSM were recruited through street outreach and community-based organizations. An interviewer-administered questionnaire included findings from peer-reviewed journals on treatment failure (Message 1, 50% of HIV patients show evidence of antiretroviral treatment failure) and viral resistance (Message 2, 16% of newly infected MSM become infected with resistant strains).

RESULTS: Of the 316 HIV-negative participants, 36% were white, 28% African American, 22% Latino, and 15% were of other race/ethnicities; the median age was 31. Message 1: 61% of participants reported that the information increased their concern about becoming HIV infected; 43% reported they would decrease their sexual risk behavior based on the message. Message 2: 60% reported increased concern about HIV infection; 42% reported they would decrease their sexual risk behavior. For both messages, 2% or fewer participants reported they would increase their risk behavior. No significant differences were found between the two messages on these three outcomes. In a multivariate analysis of response to either message, adjusting for sociodemographic factors, compared to whites, men of color were more likely to report increases in concern about HIV (African American, OR 2.2, 95% CI 1.1 – 4.3; Latino, OR 3.9, 95% CI 1.8 – 8.5) and intent to decrease risk behavior (African American, OR 2.3, 95% CI 1.2 – 4.2). Participants who reported unprotected anal sex with an HIV-infected or unknown status partner were

also more likely to report intent to reduce this risk behavior (OR 2.1, 95% CI 1.3 – 3.5). Similar results were found in separate analyses of responses to each message.

CONCLUSIONS: Presenting up-to-date, quantitative medical information to MSM may be an effective method of reducing risk behavior. Prevention campaigns should integrate contemporary scientific data about HIV into efforts to reduce HIV risk behavior, particularly among men of color.

ABSTRACT 797

Epidemiology of HIV infection in Siberia, Russia (1987 – 2000)

Valikhova, SS¹; Khryanin, AA²

1 Novosibirsk State Regional Center for Prophylaxis and Control of HIV, Novosibirsk, Russia; 2 Novosibirsk State Medical University, Novosibirsk, Russia

BACKGROUND: Currently, the spread of HIV infection is acquiring an epidemic pattern in Russia. For example, the HIV incidence rates increased by 11.4 times last year and the cumulative number of HIV cases reported in the country increased fivefold compared to 1997-1998.

PURPOSE: The aim of this study was to report on the epidemiology of HIV infection in Siberia Region, Russia from 1987 through 2000.

METHODS: Siberia Region (West and East Siberia) comprises of 14 administrative regions (Republic of Altai, Novosibirsk Region, Irkutsk Region, Krasnoyarsk Region, etc.) with a total population of 32,115, 697 people, which is about one fourth of total Russian population. Blood samples were analyzed by ELISA, immunoblot, and PCR tests. Data collected through December 31, 2000, are presented.

RESULTS: Trends in the incidence of HIV infection are shown in the tables.

Table 1: HIV infection: Reported cases in Siberia Region, 1987 – 2000

	1987-1997	1998	1999	2000
Russia	7,024	10,952	26,414	79,881
Siberia (Western & East Siberia)	226	493	5,456	12,881
Novosibirsk region (Western Siberia)	16	29	48	167
Irkutsk region (East Siberia)	22	47	3,285	7,997

In 2000, the HIV incidence rates in Irkutsk and Novosibirsk Regions were 287.65 and 6.19 per 100,000 inhabitants accordingly.

Table 2: HIV/AIDS: Reported cases in Siberia Region, 2000

	HIV		AIDS	
	Total	Dead	Total	Dead
Russia	79,881	741	431	90
Siberia (Western & East Siberia)	12,881	182	27	12
Novosibirsk region (Western Siberia)	167	6	3	3
Irkutsk region (East Siberia)	7,997	87	4	4

More than 80% (80.3) of all HIV cases region-wide had been reported from intravenous drug users (IDU) in 14 – 29 years old persons.

CONCLUSIONS: The HIV incidence rate in Siberia Region is 17.0% from all HIV infected in Russian Federation. Additionally, the HIV incidence rate is above Russia by 13.0%. Local resource building is urgently needed to alleviate the forthcoming crisis.

ABSTRACT 798

How to Reach and Influence Minorities in HIV Prevention: Cultural Competency, Pro-Active Communication Methods and the Development of Community Medicine

Huynh-Do, P

Overseas Vietnamese Medical Association, and Policlinic for Infectiology/AIDS, University Hospital, Bern, Switzerland

ISSUE: In 2001, epidemiologic surveys have reported increases of HIV-infection rates in minorities. Minorities and marginalized groups are very vulnerable in front of the HIV-epidemic because of lower socioeconomic conditions or lower instruction, insufficient English proficiency and fear of discrimination. These groups are difficult to reach. There's a necessity to develop innovative and proactive methods of HIV-prevention for them, using the right channels of communication.

SETTING: After the African American communities and the Hispanic communities, Asian American communities could very well be at high risk for an explosion of the

HIV-epidemic. Because of the fast propagation of the pandemic in Asia, the links and frequent trips of the migrants to their countries of origin and sex being a taboo in Asian cultures, prevention work is difficult.

PROJECT: In the Vietnamese Medical Association of the USA, we have developed an AIDS Prevention Project specifically targeting the Vietnamese communities around the world. Vietnamese physicians, dentists, pharmacists, health professionals and journalists of the diaspora function as cultural mediators. The project began with the launching of a media campaign in Vietnamese mass media — newspapers, radio, local television channels on Vietnamese — with diffusion of vulgarization articles on AIDS and easy-to-read information on HIV-prevention for the Vietnamese general public. A specific website on HIV-prevention in Vietnamese and English was created. Bilingual prevention material is distributed at doctors, dentists' and pharmacists' offices, at events like fairs or in Asian supermarkets and stores. The next steps will be to build strategic partnerships with community institutions, such as free clinics for Asians/Vietnamese schools, travel agencies, and religious groups, e.g., Buddhist centers. Another step is to enlist singers and actors/actresses, icons of the public, as speakers for HIV prevention at galas, concerts, on TV and in widely distributed videocassettes.

RESULTS: The project was very well received by the Vietnamese communities in the US and by the Vietnamese mass media. We could enlist always more and more motivated participants coming from all sectors of society in our team and attract the attention of the large Vietnamese public thanks to our easily readable information.

LESSONS LEARNED: Important points are 1) cultural competency; 2) mediators of the same culture/ethnic origin as the target group; 3) integration of HIV prevention in community medicine in order to respond to the needs of the targeted community in a client-centered approach; and 4) interdisciplinary thinking, mobilization of the community, and partnership with the broad civil society.

ABSTRACT 799

Acceptability of a Program for the Prevention of Mother-to-Child Transmission of HIV Infection in a Resource-Poor Country

Shey Wiysonge, C^{1,2}; Cunin, P¹; Ayouba, A¹; Martin, P¹; Sonkeng, C³; Laborde, O³; Tene, G⁴

1 Pasteur Institute of Cameroon, Yaounde, Cameroon; 2 University of Yaounde, Cameroon; 3 Yaounde Central Hospital, Cameroon; 4 Chantal Biya Foundation, Yaounde, Cameroon; for the Yaounde Group for the Prevention of Mother-To-Child Transmission of HIV Infection

BACKGROUND: In Sub-Saharan Africa, about 540,000 children acquire HIV infection each year from their mothers during pregnancy, delivery and breastfeeding. Mother-to-child transmission of HIV (MTCT) is thus an enormous human tragedy in the region necessitating urgent and appropriate preventive strategies. Following demonstration of the efficacy of short-coursed antiretroviral prophylaxis (ARV) in reducing MTCT, UNAIDS recommends the implementation of ARV-using programs for preventing MTCT. However, the acceptability of such public health programs in Sub-Saharan Africa is not known.

OBJECTIVES: To study the acceptance of voluntary counseling and testing (VCT), adherence to ARV and acceptance of alternatives to breastfeeding among women participating in the pilot program for the prevention of MTCT of HIV in Cameroon.

METHODS: Since January 10, 2000, confidential VCT is offered to women attending the main MCH clinic in Yaounde, the political capital of Cameroon, as part of a comprehensive package of basic prenatal and obstetric services. During the initial antenatal visit a detailed interview focusing on demographic and socioeconomic characteristics, obstetric history, planned infant feeding option and previous knowledge of HIV/AIDS is conducted before pre-test HIV counseling. HIV-infected women are offered nevirapine prophylaxis (HIVNET 012) together with the discussion of safe and appropriate alternatives to breastfeeding. The children are followed for HIV infection until age 18 months.

RESULTS: During the first 12 months of the program, a total of 3191 pregnant women (mean age 26, range 12 – 44) were seen in the clinic during their first antenatal visit. These women planned to feed the forthcoming child during the first 6 months as follows; 57% exclusive

breastfeeding, 2% exclusive artificial feeding and 41% mixed feeding. Ninety-eight percent had heard about AIDS before the pre-test HIV counseling, and after the counseling, 98% accepted to do the test. In practice, only 2534 (79%) actually did the test, with 184 (7.3%) being positive. Test refusal was significantly higher among single women, those whose partners were unemployed and those less than 25 ($p < 0.05$). Ninety-three percent (2344/2534) have returned for their results and post-test counseling. The return rate is significantly lower among HIV infected (70%, 95% CI = 63 – 77) than uninfected women (94%, 95% CI = 93 – 95). Of the 35 infected women who have delivered, 26 (74%) adhered to the ARV. The prevalence of exclusive artificial feeding increased from 52% at birth to 100% at 4 months.

CONCLUSION: The program has a good overall acceptability that could be improved by identifying and targeting groups of women not likely to comply with various program components for more energetic counseling.

ABSTRACT 800

Necessity for Strategic, Pragmatic and Global Thinking: A Comprehensive Assessment Nationwide and Public Discussion in Regional Platforms as a Basis for Effective Public Health Policy at a National Level in the Fight Against the HIV Epidemic

Huynh-Do, P¹; Jeannin, A²; Schmid, M²; Dubois-Arber, F²; Spencer, B²

1 Policlinic for Infectiology/AIDS, University Hospital, Bern, Switzerland; 2 Institute of Social and Preventive Medicine, University of Lausanne, Switzerland

ISSUE: As part of the first step in the implementation of the Swiss national programme of fight against HIV/AIDS during the years 1999-2003, the Swiss Federal Office of Public Health set up regional platforms with the groups and institutions active in the domain of HIV/AIDS in about 20 regions covering the entire country. The new programme defines 14 objectives in five domains: 1) health promotion; 2) prevention; 3) care and counseling; 4) research; and 5) quality control.

SETTING: Prior to the launching of a new phase of the HIV/AIDS federal strategy in Switzerland, an assessment exercise was required on the level of activities throughout

the 26 cantons (provinces). As a preparation to these platforms, it was decided to gather information on the various activities taking place in the domain of HIV/AIDS.

PROJECT: A rapid assessment of the state of activities in the field of HIV/AIDS at a national level was done through distribution of a comprehensive and precise questionnaire by the regional antennae of the Swiss AIDS Federation and completed by synthesis of previous studies on the field; it provided a description of the situation at the beginning of the federal programme, and contributed with the enormous amount of information gained to the success of the platforms against HIV/AIDS.

RESULTS: The platforms themselves were one-day meetings at the regional level and gathered participants coming from all sectors of society: health professionals, experts in HIV-prevention and treatment, experts in questions of drug addiction and prevention, social workers, lawyers, other professionals, politicians, and affected persons. The assessment exercise prior to the platforms and then the platforms themselves gave an opportunity to analyse strong points and weaknesses of local prevention programmes and to identify good intervention projects that could be replicated in other regions. Important points were interdisciplinary thinking, participation of the broad civil society, and the will to cooperate between different sectors of society and to search for solutions to the problems identified.

LESSONS LEARNED: The assessment using a bottom-up approach provided a precious amount of information about the situation on the field. The platforms themselves gave a basis for transfer of knowledge and building of strategic partnerships, provided a forum for public debate, and a springboard for a common reflection and future work in networks.

ABSTRACT 801

A Rapid Screening Test for HIV-1 & -2: A Simple Test for Home Use

Khan, WN

Children's National Medical Center, Washington, DC

BACKGROUND: Failure of condoms to prevent HIV transmission among people with risky sexual practices necessitates newer methods of protection against this devastating disease. The high-risk behavior may continue and increase the ongoing HIV transmission to a higher level. Evaluation and monitoring of risk reduction by this inexpensive rapid screening test would be valuable.

OBJECTIVES: To find the impact on AIDS prevention through the use of this test by HIV screening among different people in five underdeveloped countries; To evaluate this self-administered test in a home setting under complete confidentiality; To test this diagnostic immunochromatographic test strip format with lateral flow. The components of test kit consist of (1) a test strip, (2) reagent liquid in a glass capsule within a flexible tube, (3) an alcohol swab, (4) a lancet and (5) an instructions insert. Further, to evaluate possible impact of this test on AIDS prevention.

METHODS: In a small study, 460 persons (160 women and 300 men, multi-sex partners) were tested. Of these, 368 (80%) were sexually active in the previous year, and most of them were not familiar with any AIDS prevention programs. They used condoms infrequently and only for birth control. All participants were fully aware of serious nature of AIDS and gave oral consent for the test. The test reads positive when it shows two reaction lines across the test strip, negative when it shows one line, and invalid when there is no line.

RESULTS: Results from this simple test on the known HIV-positive persons who participated in this self-testing at home, reported 100% positive (130/130). All the healthy persons who were given this test to perform in the privacy of their homes reported negative (330/330).

CONCLUSION: Implementation of this new home screening test for HIV can prove to be a valuable tool with which to screen patients/persons at a point-of-care or to screen people "at home." Results from this small study are not conclusive; the number of persons who participated is very small. For the people who reported negative results, the responses are not reliable (volunteers were asked to bring the test strip back, a small percent said they lost the strip). The test was well received by medical and technical staff in the countries participating in this study.

ABSTRACT 802

Evaluation of Rapid Immunochromatographic Tests for HIV Antibodies and Syphilis Screening in VCT Clients

Barnaba, A¹; Msowoya, K²; Campbell, C³; Rayfield, M³; Marum, E³; Fridlund, C³

1 Queen Elizabeth Central Hospital (QECH), Blantyre, Malawi; 2 Malawi Counseling and Resource Organization (MACRO), Blantyre, Malawi; 3 Centers for Disease Control and Prevention, Atlanta, GA

OBJECTIVE: To assess the specificity, sensitivity, and acceptability for use in voluntary counseling and testing (VCT) centers in Malawi.

METHOD: In all, 203 samples for HIV and 100 samples for syphilis were collected from VCT clients at MACRO, Blantyre, Malawi. The samples were analyzed with new rapid tests based on immunochromatographic techniques (Hemastrip[®] HIV 1+2, Saliva Diagnostics; Determine[®] HIV 1+2, Abbot; Unigold[®] HIV 1+2, Trinity Biotechnology; and Determine[®] Syphilis Sp, Abbot). The results obtained were compared by ELISA, Western blot and TPHA respectively.

RESULTS: The results are presented as the total number of false positives (FP), false negatives (FN), true positives (TP) and true negatives (TN) for each test.

	FP	FN	TP	TN	Total
Determine HIV	2	0	42	161	203
Hemastrip HIV	0	0	42	161	203
Unigold HIV	0	0	42	161	203
Behring HIV1/2 Plus	0	0	42	161	203
Western Blot	0	0	42	161	203
Determine Syphilis	5	1	25	69	100
TPHA	0	0	26	74	100

The sensitivity and specificity of the rapid HIV tests compared to western blot are 100% and 99.8%. The use of two rapid HIV tests (Determine and Hemastrip) simultaneously in VCT provides 100% sensitivity and 100% specificity. Sensitivity and specificity of the rapid syphilis test are 96.2% and 93.2% respectively.

CONCLUSION: Rapid immunochromatographic HIV tests for anti-HIV antibodies have very good sensitivity and specificity. Two rapid HIV tests performed simultaneously gives 100% sensitivity and specificity, and this gives VCT clients confidence in the test results. Their simplicity makes them easy to perform and is acceptable by clients thereby making VCT access in rural areas with limited testing resources possible.

ABSTRACT 803

Grassroots Perspectives of African American Church Leaders on HIV Prevention

Moore, EL; Blake, JH

Iowa State University College of Education, Ames, IA

ISSUE: While it is well known that the church plays a key role in the lives of African Americans, there is little understanding of how religious and local leaders in grassroots communities impact the knowledge, beliefs, and understandings of the issues of HIV prevention.

SETTING: This exploratory study investigates knowledge, attitudes, and beliefs about HIV/AIDS of grassroots ministers (defined as those with the call to ministry but not seminary trained) and local leaders in rural South Carolina and Georgia to understand the relationship between their attitudes and those conditions that enhance or obstruct preventive HIV strategies.

PROJECT: Recent data reveal significant health status disparities including HIV infection among African Americans. In South Carolina, African Americans account for 30% of the population and 71% of its HIV cases. Given the importance and unique perspectives of African American ministers and community leaders, their attitudes and behavior relative to HIV could significantly affect the knowledge, attitudes, beliefs, and practices about prevention in the rural community. Researcher's knowledge of the community and established linkages and contacts through local residents provided access to grassroots ministers often by-passed by traditional research methods. A program of individual interviews with these ministers and leaders as well as focus group sessions was initiated in 1999. This research is on going.

RESULTS: This exploratory study in rural grassroots communities showed that even though many are aware of the presence of HIV/AIDS in their communities, there is a stigma and a strong resistance to acknowledging its significance. There was a legacy of mistrust and suspicion of government-sponsored programs. Through focus groups and interviews with leaders and ministers we found acknowledgment of the disease and the perception of its being a divine plague, but denial of its existence within the community. An unexpected result has been the response of newly called women ministers. They have shown a greater willingness than their male counterparts to address the issues of HIV/AIDS even though community resistance persists. Further studies will unfold the significance of women ministers and leaders in prevention.

LESSONS LEARNED: In spite of the high incidence of HIV and AIDS in the general African American population, there is still a strong pattern of resistance and denial. The mistrust of public agencies regarding the introduction of the virus to the community as well as local culture makes access extremely difficult. However, the code of silence can be broken when the researcher builds strong ties to grassroots influentials. This gives the researcher the advantage of being an outsider with the access and perspectives of the insider.

ABSTRACT 804

The Cost Effectiveness of Appropriate Intervention: A Staging and Harm Reduction Method for Assessing SYSTEM Resistance to and Readiness for Behavior Change

Indyk, D¹; Golub, S¹; Cury-Doniger, P²; Stephens, PC³

1 Mount Sinai School of Medicine, New York City, NY; 2 Monroe County STD Clinic, Rochester, NY; 3 University at Albany (SUNY) School of Public Health, Albany, NY

ISSUE: Unlike most other diseases, how to prevent HIV was known almost from the onset of the epidemic. Still, it has taken many years to acknowledge that producing and disseminating knowledge are quite distinct from the challenge of effecting behavior change, particularly where the need for change crosses social systems, communities, cultures, genders, ages, and settings. What is known and assessed to be best practices by researchers and knowledge producers must be reassessed to evaluate the local usefulness and precise application of this new knowledge.

SETTING: As we progress in our understanding of change, we are aware that individuals, providers and systems are each at different stages of readiness to modify and/or maintain the practices and norms which would reduce individual and environmental risk and disease. Furthermore, even as each individual, provider or system incorporates change, they must be immediately ready to change again in response to continuously emerging new or extended knowledge and technologies.

PROJECT: This paper presents a methodology adapted from Prochaska and DiClemente's Transtheoretical "Stages of Change" Model to assess provider and system readiness to: [1] integrate new knowledge into practice and policy; and [2] apply such technologies at the appropriate moment to maximize individual absorption.

Further, this methodology is offered to: [1] identify factors that may impede or limit the incorporation of this knowledge into practice; and [2] develop strategies that might reduce barriers to application.

RESULTS: We will demonstrate how this methodology has been adapted to identify barriers to the integration of new diagnostic and treatment technologies into practice. In particular, this paper will apply the approach to explain macro- and micro-system resistance to the finding that “secondary prevention of STDs acts to support primary prevention of HIV”. Cost comparisons of appropriate and inappropriate staging of prevention and intervention activities will be used to demonstrate the cost effectiveness of an intervention, accurately staged and menu driven.

LESSONS LEARNED: Resources must be allocated to study, understand and accelerate the processes by which medical and technological advances can be most effectively integrated into practice at all levels. Ideally, this process will be based on a systematic cost-benefit analysis made by all local stakeholders that takes into account where individuals and communities are at with respect to their perceived need and ability and readiness for behavior change. The methodology presented is offered as a step in that direction.

ABSTRACT 809

Epidemiologic Profile of HIV and AIDS Among American Indians/Alaska Natives in the United States

McNaghten, AD; Neal, JJ; Li, J; Fleming, PL

Centers for Disease Control and Prevention, Atlanta, GA

BACKGROUND: Epidemiologic profiles provide a comprehensive overview of the HIV epidemic among persons residing in a planning jurisdiction. In many areas, data on certain racial and ethnic groups may be limited, but when possible, small numbers should be considered relative to the size of the population. National epidemiologic profiles may: 1) help planning group members understand the sociodemographic and behavioral risk factors and the impact of the epidemic among these populations; and 2) help identify sources of data that may be locally available.

OBJECTIVE: Our objectives were to assess the impact of the HIV/AIDS epidemic among American Indians/Alaska Natives (AI/AN).

METHODS: We used data from the US Census Bureau, HIV/AIDS surveillance, and sexually transmitted disease (STD) surveillance to describe the socioeconomic status, impact of HIV/AIDS and other STDs, and geographic distribution of AIDS cases among AI/AN, aged 13 and older, in the United States.

RESULTS: Compared with the total US population, AI/AN had a lower median household income, lower educational attainment, and a greater proportion was living below the poverty level in 1989 (the most recent year for which socioeconomic data are available for this population). Among all AI/AN with AIDS diagnosed through 1999, 58% were residents of 5 states, and 74% were residents of 10 states at the time of AIDS diagnosis. Although AIDS diagnoses among AI/AN (n = 2,037) accounted for < 1% of cumulative AIDS diagnoses in the US through 1999, the estimated AIDS incidence rate in 1999 (cases diagnosed per 100,000 population) was higher for AI/AN (11.2) than for whites (7.8). Among all racial and ethnic groups each year from 1996 through 1999, AI/AN had the second highest reported rates of primary and secondary syphilis, gonorrhea, and chlamydia. From 1994 through 1999, 25 states with integrated HIV/AIDS surveillance systems reported 405 HIV (not AIDS) cases among AI/AN in addition to 497 AIDS cases reported.

CONCLUSIONS: These data demonstrate that the impact of STDs and the potential impact of HIV/AIDS among AI/AN may be greater than the relatively small numbers indicate. Identifying specific AI/AN populations with biologic or behavioral markers of high risk is necessary to focus prevention services where needed. Because socioeconomic conditions, STDs, and behavioral risk factors need to be considered as potential contributors to the spread of HIV, such information should be included in local epidemiologic profiles.

ABSTRACT 810

Is HIV/AIDS Among Immigrants in Italy a Public Health Emergency? Prevalence of Infection Among Immigrants Attending CT Sites in Rome

Puro, V; Serraino, D; Zaccarelli, M; Gattari, P; Spizzichino, L; Orchi, N; De Carli, G; Girardi, E; Scognamiglio, P; Nicastrì, E; Ippolito, G

BACKGROUND: In Italy, in the '90s, the number of immigrants doubled, mostly coming from resource-poor countries with high HIV prevalence. In the same period, the proportion of AIDS cases reported among immigrants increased from 3% in 1990-93 to 12% in 1999. HIV counseling and testing (CT) programs play a major role in the prevention and control of the epidemic. Persons self-referring to HIV CT sites cannot be considered representative of the population at risk for HIV infection, but information systematically collected among them over time, can provide useful clues on the epidemic pattern.

OBJECTIVE: To assess the characteristics and prevalence of infection among immigrants who volunteered their first lifetime HIV CT between 1990 and 1999 at two major CT sites in Rome.

METHODS: Data regarding foreigners attending the HIV CT outpatient clinic at the National Institute for Infectious Disease's L. Spallanzani (CTs A) between 1990 and 1999, and at the HIV CT site for Immigrants (CTs B) between 1993 and 1999 were analyzed. Both clinics are located in Rome, and offer HIV CT, medical care, and psychological support for persons found HIV-positive free of charge, regardless of residence permits.

RESULTS: A total of 1,264 adults (37% male) at CTs A, and of 1,019 (82% male) at CTs B were included. Main self-reported reasons for attending CTs A were prenatal screening (45% in females, and 12% in males), and heterosexual exposure (25% in females, and 48% in males). In CTs B, main reasons were sex work (45% in transvestite/transgender males, and 53% among females) and IV drug abuse (26% in males, and 22% in females). In both CTs the highest HIV prevalence was observed among transvestite/transgender males (about 40%); overall, in CTs A the prevalence was 28% among partners of HIV infected persons and 22% in IVDU; in CTs B, the prevalence was 24% among IDU.

	CTs A						CTs B					
	Males			Females			Males			Females		
	No.	%	%	No.	%	%	No.	%	%	No.	%	%
	HIV+			HIV+			HIV+			HIV+		
Sub-Saharan Africa	60	13	13.3	85	10.7	11.8	22	2.6	9.1	11	6.1	18.2
North Africa-Middle East	107	23.0	1.9	85	10.7	0	165	31.6	4.5	24	13.3	8.3
Latin America-Caribbean	72	15.5	22.2	159	19.9	2.5	428	51.1	34.3	100	55.2	5.0
North America-Australia	19	4	0.0	38	4.8	0	3	0.4	33.3	0	0.0	0.0
Asia	24	5	16.7	83	10.4	1.2	22	2.6	4.5	3	1.7	0.0
East Europe	44	9.5	4.5	129	16.2	2.3	67	14.5	16.4	24	13.3	8.3
West Europe	80	17	6.3	153	19.2	2.6	29	6.3	24.1	19	10.5	26.3
Not reported	60	12	3.3	66	8.3	3.0	0	0	0	0	0	0
Total	466	100	8.4	798	100	3.0	838	100	21.6	181	100	8.8

CONCLUSIONS: Immigrants from developing countries, particularly if clandestine, are often involved in behavior that are related to the risk of acquiring HIV infection. Our data show that similar behaviors, such as drug using or prostitution, are related to high anti-HIV prevalence. In Italy, as well in other developed countries, there is an urgent need for centers offering easy access to testing and care for marginalized population groups, also in the light of evidence that these groups are not easily reached by the preventive messages proposed for the general population.

ABSTRACT 811

Access to Sterile Syringes and HIV Prevention in the Injection Drug User

Tan, L; Cranston, J; Dickinson, BD, Callan, C

American Medical Association, Chicago, IL

ISSUE: Transmission of HIV, hepatitis, and other deadly bloodborne pathogens can be reduced if injection drug users (IDUs) use new, sterile syringes for every injection. However, legal and regulatory barriers to pharmacy sale of sterile syringes to IDUs, including prescription and drug paraphernalia laws and pharmacy regulations on syringe sales, increase the risk of transmission of HIV, hepatitis, and other deadly bloodborne pathogens.

SETTING: Coordinated efforts of state leaders in pharmacy, public health, and medicine are needed to address access to sterile syringes as a means of preventing further transmission of bloodborne infections.

PROJECT: To address this important public health problem and facilitate state-level action on increased

access to sterile syringes for IDUs, the American Medical Association (AMA) in collaboration with 4 other national organizations — the American Pharmaceutical Association, the Association of State and Territorial Health Officials, the National Alliance of State and Territorial AIDS Directors, and the National Association of Boards of Pharmacy—released a joint statement in October 1999 encouraging state-level action to reduce the legal and regulatory barriers that currently restrict access to sterile syringes in nearly every state.

RESULTS: There were many requests from organizations at both state and national levels for the joint statement following the press release announcing its publication. These organizations were all actively involved in facilitating improved access to sterile syringes. In January 2000, the American Bar Association sent a letter to state and local bar association presidents and executive directors urging them to work jointly with local health organizations to eliminate the barriers to syringe access. This letter specifically mentions the joint statement. In June 2000, the AMA adopted the following policy, published in *Annals of Internal Medicine*, which concludes: “Prescribing and dispensing injection equipment are ethical, clinically appropriate, and fully consistent with current public health guidelines on disease prevention.” Finally, since October 1999, Rhode Island, New York, and New Hampshire have enacted new laws that improve access to sterile syringes as HIV prevention measures. New Mexico, Washington, Illinois and Hawaii are considering syringe law changes as well.

LESSONS LEARNED: A national, coordinated effort by organizational leaders in the fields of pharmacy, medicine, and HIV prevention to provide an authoritative statement of their policies and support for improved access to sterile syringes as an HIV prevention measure has played an important role in the recognition of the importance of reforming syringe laws in HIV prevention for IDUs.

ABSTRACT 812

Meeting The Needs of Special Education Students In Human Sexuality and HIV/AIDS Education

Lang, D; Jones, K

Kansas Department of Education, Topeka, KS

ISSUE: Education of students with special needs and human sexuality/HIV/AIDS education is an issue that many organizations seem to avoid. Many of the reasons for

avoidance are that very little information on the education of these students is available.

SETTING: Classroom based human sexuality education and special education students. This workshop was designed for teachers, nurses, administrators in the Kansas public school system who worked with students who had special needs.

PROJECT: The Kansas Department of Education conducted a needs assessment of teachers/administrators throughout the state of Kansas. The assessment showed that school districts were in need of teacher trainings on the topic of human sexuality education and special education. The special populations included, but were not limited to: the areas of behavior disorder; cognitive disabled; ADHD; visually handicapped; and auditory handicapped. During the 1999-2000 academic year, 8 workshops have been held in various parts of the state for health educators, administrators, special education teachers, guidance counselors, and parents that addressed meeting the needs of special education students in human sexuality education.

RESULTS: A total of 250 teachers were trained in a one-day workshop at eight (8) different sites. Teachers were exposed to a model of teaching human sexuality to students with various special needs.

LESSONS LEARNED: Through the use of multi-media computer presentation and audience participation, individuals will become exposed to a model of how one can become more approachable when teaching human sexuality and HIV/AIDS to special education students. Participants left the presentation with an effective model of implementing human sexuality and HIV/AIDS education with special populations.

ABSTRACT 813

Program Design of AIDS 101 Awareness and Action Seminar

Gustavson, T

AID Atlanta, Atlanta, GA

ISSUE: Due to improvements in HIV/AIDS treatments and declining death rates, the public interest in HIV/AIDS education has waned. A complacent attitude has infiltrated the general public and offers new challenges to those committed to increasing awareness.

SETTING: Classroom-based HIV prevention education seminar, open to the general public of the Atlanta area.

PROJECT: AIDS 101 addresses a wide range of subjects and concerns, ranging from AIDS in the African American community, “When Someone You Love has AIDS”, AIDS in the heterosexual community, general and advanced medical overviews, legal issues, living with HIV/AIDS, to death and dying. Presentations at each seminar may vary, but all AIDS 101’s offer broad-based insight into the many aspects of the HIV crisis. Over 20 different sessions are offered to participants in the form of lectures, workshops, panel discussions, and small group breakout sessions. Community professionals speak at the seminars. AIDS 101 is open to the public and is used for initial training of new volunteers and staff to AID Atlanta and other Atlanta area AIDS service organizations.

RESULTS: Since its introduction, over 10,000 individuals have participated in the AIDS 101 program. Each year the seminar is offered 6 – 8 times at locations throughout the Atlanta area and surrounding counties. Averaging 120 – 150 participants at each seminar, AIDS 101 is widely regarded to be one of the most comprehensive AIDS education events in the region.

LESSONS LEARNED: Participant evaluation forms in addition to pre- and post-tests consistently indicate that, over the course of the day, participants improved their understanding of a variety of HIV/AIDS related issues, learned to apply difficult, important information into their daily lives and learned ways to effectively communicate this same information to others. Participants completed the day with an understanding of the impact of the HIV/AIDS epidemic, as well as a more complete perspective on the HIV/AIDS resources available in the Atlanta area.

ABSTRACT 814

Health Education/Risk Reduction in the Medical Setting

Minor, KA; Gnat, R

University of Florida Medical Center, Jacksonville, FL

ISSUE: HIV+ individuals represent a highly diverse population with a wide array of needs for medical education and psychosocial support. Interventions with HIV+ clients must, of necessity, be tied to the ultimate goal of decreasing the virus (secondary prevention).

SETTING: The medical clinic of a large urban hospital providing comprehensive services for HIV infected/affected families. Health education & risk reduction (HERR) is offered in conjunction with scheduled medical appointments.

PROJECT: The Rainbow Center’s HERR Program is designed to decrease the transmission of the virus from patients to uninfected partners using a multi-targeted approach. Issues of concern to patients are elicited and then addressed by the health educator such as: obtaining accurate medical information; disclosure; and promotion of positive behavior and lifestyle changes designed to enhance patient’s sense of personal control, as well as to assist them in altering behaviors which are high risk for both themselves and others. Interventions include individual, group, and family counseling. Screening is done to identify substance abuse/mental health issues that may impact risky behavior. Personal responsibility regarding viral transmission, negotiating safer sex with partners, and counseling/testing of discordant couples/partners is also provided.

RESULTS: From the inception of the HERR program, in April 2000, through December 31, 2001, over 400 patients/partners received HERR services from The Rainbow Center. The following indicators are being tracked to monitor the success of the program: Partner testing, referral/access to substance abuse/mental health treatment, and self-report of patients regarding decrease in risky behavior(s).

LESSONS LEARNED: Due to the extremely personal nature in the discussion of risk reduction, the majority of interviews specifically discussing sexual behavior occurred after the development of a relationship with the health educator over time. Providing HERR services in the clinic setting was advantageous due to the immediate identification of patients in need of services (For example, diagnosis of an STD results in specifically targeted HERR services). Conversely, time constraints imposed by the length of medical appointments and numerous services provided were a barrier to HERR services.

ABSTRACT 815

Sexual Risk Reduction Among Clients Enrolled in an HIV Prevention Program in a Soup Kitchen in New York City

Gordon, CJ¹; Makki, HA¹; Caloir, SC¹; Aponte, CGA¹; Harris, CM¹; Mahoney, KA¹; Bartholow, KK²; Thomas, CW²; Gamble, LM³; Ross, L³; Torian, LV¹

1 New York City (NYC) Department of Health (DOH), NYC, NY; 2 Centers for Disease Control and Prevention, Atlanta, GA; 3 TRW, Inc., Atlanta, GA

BACKGROUND: A randomized controlled trial of a five-session stages-of-change (SOC)-based method of HIV counseling and testing (CT) was conducted at a soup kitchen in New York City (NYC). Consenting clients were assigned to receive this experimental intervention or a control intervention, the standard NYC Department of Health two-session CT. Baseline and follow-up risk factors were ascertained through a structured personal interview.

OBJECTIVE: To compare five-session and two-session clients' self-reported sexual risk factors, such as condom use with main and occasional sex partners and use of crack before or during sex, at baseline and 6-month follow-up.

METHOD: Longitudinal follow-up survey using structured personal interview for collection of self-reported data at enrollment and 6 months.

RESULTS: Just over 50% (337 of the 662) of soup kitchen clients who were randomized into the five-session and two-session intervention arms (48% vs. 52%) of the study completed their respective interventions. The resulting study sample was 60% male and 81% black; 60% had not completed high school. The mean and median age was 40. African Americans were over-represented in the five-session arm (87% to 78%, $p < 0.05$). Clients in the two-session arm were more likely to have been arrested in the previous 3 months (23% to 12%, $p < 0.05$) and were more likely to be in the "pre-contemplation" stage-of-change for condom use with their main partner (55% to 41%, $p < 0.05$).

Clients in both study arms demonstrated significant improvement on the main sexual risk reduction variables: the use of condoms "always" with main sexual partner increased from baseline to 6-month follow-up for both five-session clients (10% vs. 28%, $p < 0.05$) and for two-

session clients (15% vs. 29%, $p < 0.05$). A similar increase was seen from baseline to 6-month follow-up for use of condoms "always" with occasional partners for five-session participants (29% vs. 50%, $p < 0.05$); two-session participants also increased condom use with occasional partners, but the increase was not statistically significant. The percentage of clients who reported never using crack before or during sex increased in both study arms from baseline to 6-months: five-session clients (37% vs. 54%, $p < 0.05$); two-session clients (28% vs. 40%, $p < 0.05$). At follow-up the difference between the five-session and two-session study arms was not significant.

CONCLUSIONS: Clients in both arms reported increased condom use and decreased use of crack before or during sex. That risk reductions were achieved regardless of the intervention suggests that the standard two-session public health approach is an effective prevention tool; augmentation with additional sessions may not achieve additional benefit for this population at high risk for HIV.

ABSTRACT 816

Valuing Diversity in Developing New Approaches to Evaluation of Community HIV Prevention Interventions

Goodwin, DJ

South Carolina Department of Health & Environmental Control, Columbia, SC

ISSUE: National efforts to eliminate racial and ethnic health disparities include collaborations between community-based organizations, traditional public health agencies, academic institutions, and others to attempt novel public health intervention strategies. Evaluation of such strategies is critical for sustaining intervention-funding support, yet the extended period between intervention initiation and demonstration of outcome impacts can be very long. To sustain community and sponsor support in the interim requires monitoring of process level indices to demonstrate sufficient progress within the steps of the operational logic model to support arguments for sustaining project support.

SETTING: National efforts to develop intervention models for eliminating racial and ethnic health disparities have been funded through the REACH 2010 Demonstration Projects. The University of South Carolina and South Carolina's Department of Health and Environmental

Control are leading a national project to develop evaluation methods and national networks for supporting community-based interventions, which target entrenched racial and ethnic health disparities.

PROJECT: This CDC/REACH-funded special interest project is known as the CENTERED Project (<http://www.geocities.com/sip25pr>).

RESULTS: The CENTERED Project has created a highly diverse national Blue Ribbon Panel of evaluation experts and other advisors to guide project activities. Project outputs to date include documents tailored to community-based evaluation needs, including an evaluation framework for community health programs and a guide to non-traditional evaluation approaches which values diversity and supports community interests.

LESSONS LEARNED:

- a) Inclusion of representatives of traditionally disenfranchised communities in the CENTERED Project and their effective empowerment in project administrative and scientific decisions has helped build trust among project participants.
- b) Purposeful efforts to remove barriers to active participation to secure sustained community involvement and to expand representation of community-based organizations have been successful.
- c) Use of a generic logic model for community-based approaches to public health has facilitated planning of evaluation methodologies and selection of interim level indices of intervention progress.
- d) Maintenance of an independent voice to advocate for community-based approaches to health disparities elimination has been critical to trust building.

ABSTRACT 817

Community Advisory Board (CAB) Empowerment: Implications for Prevention Research & Program Planning

Goodman, DA¹; Kennedy, AO²

1 New York Blood Center, New York City, NY; 2 New York Blood Center Community Advisory Board, New York City, NY

ISSUE: Prevention research and program agencies are typically required to maintain active CABs. However, at-risk populations remain largely disenfranchised from

the community planning process. Our site faced this challenge to recruit and sustain a dynamic CAB comprising individuals of color, women at heterosexual risk (WAHR), men who have sex with men (MSM) and injection drug users (IDUs). We continue to progress in developing skills and leadership in CAB members and working with them as equal partners in HIV prevention research design and implementation.

SETTING: HIV preventive vaccine and behavioral intervention research site in New York City.

PROJECT: The CAB was formed in 1995 and has as its mission to: 1) provide community perspectives on issues likely to arise during HIV prevention research studies; and 2) provide informed commentary on research design, study protocols, informed consent process, community education and recruitment. The CAB meets monthly and also assists with community education, recruitment and media relation efforts.

RESULTS: There are 14 current CAB members who are: 45% male; 55% female; 65% African American; 21% Latino; and 14% white. Among other attributes, individual CAB members identify as MSM, WAHR, HIV service professionals, mothers, substance users, and HIV infected. The CAB has shown commitment to maintaining a diverse membership strengthened by ongoing educational opportunities. This is especially important given that WAHR entered the CAB with little knowledge of HIV prevention and research and the inherent challenges this poses to keeping the discussions balanced and informative for a wide range of knowledge. CAB initiatives have led to the inclusion of WAHR in research funding proposals, letters of support from the CAB included in funding proposals, letters directed to NIH leadership regarding community concerns; and advocacy work to standardize risk-reduction counseling and participant rights within vaccine trials. Other efforts include letters of information to the media regarding vaccine research and help planning national HIV Vaccine Awareness Day activities.

LESSONS LEARNED: Our experience has highlighted several key components that HIV prevention research and program agencies should address to develop dynamic, effective CABs. We would like to share tools for developing CAB Bylaws and subcommittees. As well, we will discuss what we have learned as best practices in the following areas: 1) role of a CAB/Staff Liaison; 2) providing targeted, goal-directed educational opportunities for CAB members (including support for in-service training and conference attendance); 3) forging partnership between principal investigator or management staff and the CAB; and 4) creating a CAB/staff shared understanding of the CAB's role.

ABSTRACT 818

Barriers and Solutions to HIV Prevention Programming Within Santa Clara County Correctional Facilities

Vail, K; Ramirez, H; Dalzell, K; Kelly, M

Santa Clara County Department of Correction's Elmwood Correctional Facility, San Jose, CA

ISSUE: HIV is four times more prevalent in incarcerated communities than general society. Increased rates of HIV and HCV threaten inmates' health, the health of correctional officers and non-incarcerated communities. Environmental and social dynamics force HIV outreach workers to face challenges and barriers they would not otherwise encounter.

SETTING: Incarcerated individuals, correctional officers, medical personnel, and administrative staff at the Santa Clara County Department of Correction's Elmwood Correctional Facility in San Jose, California.

PROJECT: AIDS Resources Information and Services (ARIS) staff provide group-level educational workshops and individual-level interventions to incarcerated populations in different settings to help prevent and reduce further transmission of HIV and HCV. Through interactive education and participant observation, ARIS staff utilize a harm reduction framework to identify, critically analyze, and address barriers particular to incarcerated HIV outreach.

RESULTS: Security restrictions create barriers to incarcerated HIV outreach. Inmates cannot own nail or hair clippers, razors, or tweezers and must share with one another. Limited access to alcohol and bleach increase inmates' risk for HIV and hepatitis C. Security needs force understaffed facilities to keep inmates locked in their cells. Classes are suspended during lockdowns, and outreach workers are often barred from teaching due to criteria necessary for security clearance. Mindsets and behaviors also pose challenges to HIV outreach workers. Prejudice against HIV-positive inmates creates an inhospitable environment. Stigma attached to HIV extends to class participation and repercussions are magnified. Silence created by this "unsafe social space" increases risk of disease transmission. Power dynamics between correctional staff and inmates, as well as civilian outreach workers, also create barriers to incarcerated HIV outreach. Objectification of incarcerated populations is also a factor. Inmates are referred to by identification number

and last name only. The humanizing or validating aspects of harm reduction directly challenge institutional processes. Access to and quality of medical attention for inmates poses yet another challenge to incarcerated HIV outreach. Due to understaffed medical personnel and medical budget restrictions, inmates often do not get timely or thorough medical treatment. Inmates do not have access to the full array of HIV/AIDS medications. Booking procedures and extended periods of solitary confinement pose additional risks to HIV-positive inmates.

LESSONS LEARNED: The potential for HIV and HCV transmission within incarcerated environments suggests outreach and education are crucial to the health of inmates. Disease transmission within incarcerated settings likely impacts public health as a whole as inmates are released into general society. Preliminary findings suggest there is a need for collaborative work to address institutional barriers that may further disease spread within incarcerated communities. Staff from ARIS in San Jose, California, have begun to tailor incarcerated HIV outreach to address barriers to and needs of incarcerated specific interventions and education.

ABSTRACT 820

Connecting HIV Prevention, Substance Abuse and Mental Health Services for High Risk Minority Adolescents and Young Adults

Chudwick, SM; Kingwood, N

The Greater Bridgeport Adolescent Pregnancy Program, Inc.
Bridgeport, CT

ISSUE: Due to a dearth of youth-specific and -sensitive HIV prevention, counseling and testing, substance abuse counseling and mental health support services for adolescents and young adults it is extremely difficult to connect and maintain adolescents and young adults in health and support services.

SETTING: Peer based HIV outreach prevention and referral program for a population of minority youth at high risk for HIV, substance abuse, and mental health issues in an urban environment.

PROJECT: The focus of the Services Treatment Outreach Prevention (STOP) program is street and community outreach to minority youth and young adults, ages 13 – 24, at risk for HIV. This outreach takes place individually, in small groups, on the street, and in community settings.

The STOP program utilizes the peer educator concept of outreach as a strategy to lower HIV risk behavior. Services provided include outreach; HIV counseling and testing; prevention case management; on-site substance abuse and mental health counseling; risk reduction counseling; and linkage and referral to substance abuse treatment, mental health treatment, and primary care services. STOP program participants are recruited from youth in custody of the juvenile justice system; youth in the sex industry; substance abusing youth; homosexual youth; runaway, homeless, and otherwise disenfranchised youth. The program utilizes the Transtheoretical Model of Behavioral Change. Individual and group interventions are structured utilizing this model to support behavioral change in the target population.

STOP program utilizes the OraSure® method of HIV testing. This enables us to identify and refer to care adolescents and young adults at high risk for HIV. This also provides opportunity to help change the behavior of those not infected to reduce their risk factors those who are infected, not to infect anyone else. STOP collaborates with established partner agencies such as Bridgeport Hospital, Bridgeport Community Health Center, Park City Primary Care Center, Bridgeport Health Department, and the Liberation-Meridian-Guenster drug treatment center to provide youth sensitive services to those enrolled in the program.

RESULTS: In the last year alone, the STOP Program has made 1,690 individual outreach contacts, 773 contacts through group activities. Of those, 126 receive prevention case management, 51 receive mental health counseling, and 56 receive substance abuse counseling. The close relationships STOP developed with the youth drug court and alternative incarceration programs have resulted in offenders being released directly to our program for counseling and support.

LESSONS LEARNED: As a new program, we've needed to change our outreach strategies in order to access the high-risk youth we target. Because the drug use behavior we originally experienced with this population was different, in that most minority youth do not inject drugs but mix it with marijuana and smoke it, we needed to change our approach in targeting outreach sites.

ABSTRACT 821

The HIV Prevention Trials Network: A Multidisciplinary, State-of-the-Art, Global Research Program

Gross, M¹; Cates, W²; Coates, T³; Hillier, S⁴; Jackson, B⁵; Rosenberg, Z²

1 National Institute of Allergy and Infectious Diseases, Bethesda, MD; 2 Family Health International, Raleigh, NC; 3 University of California (UCSF), San Francisco, CA; 4 Johns Hopkins University, Baltimore, MD; 5 Magee Women's Hospital, Pittsburgh, PA

ISSUE/SETTING: Relentless expansion of the worldwide HIV pandemic calls for new methods to stem transmission.

PROGRAM: Working at the forefront of HIV epidemiology, basic science, biomedical product development, and social and behavioral science, the HIV Prevention Trials Network (HPTN) has formulated a multi-disciplinary, global HIV research agenda in:

- Topical microbicides, with particular emphases on expediting the entry of new products into Phase I safety studies and moving safe products expeditiously into Phase IIB or Phase III efficacy/effectiveness trials;
- Feasible and affordable antiretroviral regimens for preventing mother-to-infant transmission and assessing whether antiretroviral treatment reduces sexual transmission;
- Social and structural approaches to prevention that reinforce individual and group behavioral interventions.

RESULTS: Randomized, controlled, multinational prevention trials will be launched early in 2002 to evaluate:

- Effectiveness of 2 new non-detergent vaginal microbicides, and safety of several additional candidates;
- Efficacy of an inexpensive nevirapine regimen in preventing HIV transmission via breastfeeding in settings where formula feeding is an unaffordable or impractical alternative;
- Whether a disposable wipe for penile cleansing reduces susceptibility to HIV among uncircumcised men;
- Efficacy of a network-oriented peer educator model in preventing HIV transmission among substance users and their network members;
- Impact of antiretroviral therapy on reducing sexual transmission within HIV-serodiscordant couples.

LESSONS LEARNED: Decentralizing scientific leadership increases the diversity and robustness of trial concepts and the speed with which innovative trial concepts exploit new findings. Conversely, strong “middle management” of the scientific agenda poses a challenge in terms of priority setting and allocation of limited resources. Additional challenges are posed by: 1) The need to strengthen the research infrastructure in some developing countries most severely threatened by explosive epidemics; 2) Evolving perspectives on research ethics, with particular attention to long-term sustainability of the innovative methods being studied, appropriate standards of care for HIV-infected study participants, and effective methods to assure informed consent; and 3) Developing strategies to assure effective participation by members of diverse communities worldwide in the formulation and implementation of intervention research.

ABSTRACT 822

Sensation Seeking and Sexual Risk Behavior in HIV Serodiscordant Couples

Israel, HA; Romeis, JC; Spitz T

Saint Louis University School of Public Health, St. Louis, MO

BACKGROUND: Some serodiscordant couples continue to engage in unsafe sexual behaviors even when the risk of HIV infection is clear. Risk reduction counseling is offered in many settings to address this specific risk. Assessment of past and current behavior indicates high-risk behavior continues in a subset of this population. This project examined the relationship between sensation seeking—a specific personality disposition of risk-taking behavior—and safe/unsafe sex practices in HIV serodiscordant couples.

OBJECTIVES: To describe safer/unsafe sex practices among HIV serodiscordant couples, measure sensation-seeking and safer/unsafe sex practices, assess the relationship with other psychosocial covariates, and explore communication between these couples.

METHODS: A survey using a convenience sample of 74 HIV negative partner and 26 HIV infected partners investigated sensation-seeking and high-risk sexual practices. All subjects had some exposure to risk reduction interventions. The surveys quantified the sexual activities of the respondent and measured sensation-seeking and other psychosocial factors that may contribute to high-risk behavior. These other factors included extroversion,

locus of control, belief in susceptibility to HIV infection and condom use, self-efficacy, and drug/alcohol use and open-ended qualitative questions on the couples’ communication style about sexual safety.

RESULTS: Fifty-four percent of the HIV-negative and fifty percent of the HIV-infected individuals did not use condoms for penetrative sex in the 3 months prior to the survey. Sensation seeking was significantly related to unsafe sex practices with an odds ratio of 1.8. When unprotected oral sex was included in unsafe activity, the odds ratio was 1.5. Eighty percent of the sample was homosexual men, and only 10% were women. Age and education were unrelated to unsafe sex practices as well as extroversion, locus of control, self-efficacy and drug/alcohol use. Negative beliefs regarding condom use was related to the frequency of unsafe penetrative sex acts. Only 43% of the HIV-negatives and 35% of the HIV-infected persons discussed condom use with their partner. About 40% of both groups reported either partner would initiate condom use; 13% reported that neither partner initiated condom use. About 40% of both groups had partners outside this relationship.

CONCLUSIONS: A surprisingly high number of these individuals practiced at least occasional unsafe sex. The results, showing a definite relationship between sensation-seeking and unsafe sexual practices, coupled with the failure of current risk reduction methods in this group, warrant investigation of other methods that target predisposition to risk taking. These results have an impact on future prevention interventions and the methods used to provide risk reduction counseling to at-risk populations. Further investigation into understanding the components of risk-taking is warranted.

ABSTRACT 823

Status of African Americans Living with HIV and AIDS at the Beginning of the New Millennium

Dean, HD; Fleming, PL

Centers for Disease Control and Prevention, Atlanta, GA

BACKGROUND: In 1999, African Americans (AAs) had a rate of reported AIDS cases 9 times higher than whites. Data from HIV surveillance also suggest disproportionately higher HIV infection rates among more recently infected AAs. We calculated prevalence of HIV infection or AIDS among AA persons as of 12/31/99.

METHODS: Using national HIV/AIDS surveillance and US census data, we calculated race- and gender-specific AIDS prevalence rates (AIDSP) for adult AA (≥ 13 years) in the United States and for states with $\geq 50,000$ AA population. Race- and gender-specific HIV prevalence rates (HIVP), i.e., HIV diagnosis in the absence of AIDS, were calculated in the 25 states that conducted name-based HIV surveillance since 1994. We compared rates for AA to those of white Americans (WA).

RESULTS:

AIDS Prevalence: In 1999, the AIDSP for AA was 496 per 100,000; seven times the rate of white Americans (75 per 100,000). The AIDSP among AA men was 759 per 100,000 compared to 137 per 100,000 WA men. The AIDSP among AA women was 267 per 100,000 compared to 16 per 100,000 WA women. There were 34 states with $> 50,000$ AA population. The state AIDSP rate ranged from 1117 per 100,000 AA (New York) to 136 per 100,000 (Oklahoma). For AA women, the AIDSP ranged from 685 per 100,000 (Florida) to 40 per 100,000 (Oklahoma); for AA men, from 1655 per 100,000 (New York) to 259 per 100,000 (Mississippi).

HIV Prevalence: For only the 25 states that conducted name-based HIV case surveillance since 1994, the HIVP for AA was 431 per 100,000; eight times the rate of WA (53 per 100,000). In these states, the combined AIDSP and HIVP was 728 per 100,000 for AA and 99 per 100,000 for WA. The HIVP among AA men was 614 per 100,000 compared to 92 per 100,000 WA men. The HIVP among AA women was 275 per 100,000 compared to 17 per 100,000 WA women. Of the 25 states, there were 20 with $> 25,000$ AA population. The state HIVP rate ranged from 833 per 100,000 AA (New Jersey) to 261 per 100,000 (Arkansas). For AA women, the HIVP ranged from 684 per 100,000 (New Jersey) to 129 per 100,000 (Ohio); for AA men, from 1006 per 100,000 (New Jersey) to 386 per 100,000 (Arkansas).

CONCLUSIONS: The differences in rates by race and sex across states highlight the variable geographic impact of the epidemic and can assist federal, state, and local officials in allocation of resources to communities most severely affected by HIV/AIDS. Together with AIDS prevalence, HIV prevalence data will assist state and local health departments in determining which groups require community-specific programs in order to link to appropriate HIV care and prevention services.

ABSTRACT 824

HIV Prevention Project: Education, Counseling, & Testing in the Rural Communities of Petersburg, Surry, and Hopewell

Klyvert, DE; Norfleet, S

Planned Parenthood of Southeastern Virginia, Hampton, VA

ISSUE: Reaching out to rural populations is a challenge to those organizations offering HIV prevention education, counseling and testing. Planned Parenthood of Southeastern Virginia (PPSEV) has developed an approach to offering education and limited medical services including HIV testing to rural populations through the use of a unique mobile health clinic (MHC).

SETTING: PPSEV's HIV Prevention Project takes place in a variety of rural settings. The MHC is parked in various housing communities and homeless shelters. The populations in these areas consist largely of our target population of African Americans. Education also takes place in these various settings, involving group interactions.

PROJECT: These communities are visited twice monthly. During our clinic hours, we provide health screenings, OraSure[®] HIV testing and pre- and post-counseling. Safer sex and birth control are discussed also. Literature, condoms and business cards are given to all clients. In addition, PPSEV invites other health agencies to participate with us. Education sessions are marketed through our MHC and other sources. These sessions stress the difference between HIV and AIDS, debunking the myths and covering the ways in which HIV is transmitted. Testing, practicing safer sex and abstaining from risky behaviors are also covered. Sexual protection equipment is demonstrated, and condoms are given to participants. Incentives are given to participants in exchange for visiting the MHC for HIV testing.

RESULTS: As of January 31, 2001, halfway into this project's grant year, PPSEV has tested a total of 69% of our annual target goal. Thirty-three percent returned for results. A rate of 14% of those that took the OraSure HIV test returned each month to the MHC for additional services. An additional 64 clients were seen for other screenings and services on the MHC. We uncovered 1 positive for HIV antibodies. Fourteen percent came because of an educational session they attended. At the educational sessions, comprehensive pre- and post-test are used for the evaluation of knowledge gained and intent to change future risky behaviors. A total of 119 pre- and

post-tests was completed by participants. Respondents increased their knowledge by 12%, exceeding our goal of 10%. The largest increase of 55% increase in knowledge occurred with the question about women passing the virus to her baby through breast milk. Of those individuals who attended an educational session, 25% stated they plan on making behavioral changes.

LESSONS LEARNED: Since PPSEV implemented this project we have learned a tremendous amount about our population and certainly about rural lifestyles. We have worked hard to overcome the distrust we initially discovered when we initially began offering services. Our Project Coordinator has developed supporters within the communities and within the agencies that provide services.

ABSTRACT 825

Lessons Learned from Controversies Over Infant Testing

Ogden, LL

Centers for Disease Control and Prevention, Atlanta, GA

ISSUE: Public discourse concerning perinatal transmission is often binary and devolves to a false dichotomy between mothers' rights and infants' rights. Two states, New York and Connecticut, have imposed newborn testing requirements; similar legislation is pending in other jurisdictions.

SETTING: United States

PROJECT: The Survey of Childbearing Women (SCBW) was a blinded serosurvey of leftover blood from newborn heel-stick tests.

RESULTS: Political controversy over the SCBW led to its re-evaluation and eventual discontinuation. States have since passed legislation to ensure newborns are tested and their results reported to parents and/or legal guardians.

LESSONS LEARNED: Managing public debate concerning perinatal transmission and, particularly, mandatory testing is important. Facts are not sufficient to sway public and political opinion. To derive the optimal public health and individual health outcomes, debate should not center on the question of mothers' rights versus infants' rights.

ABSTRACT 826

HIV-1 Incidence Among US Army Personnel, 1985 – 1999: Demographic and Occupational Risk Factors

Sateren, WB¹; Renzullo, PO²; Garner, RP²; McNeil, JG¹; Birx, DL¹

¹ Walter Reed Army Institute of Research, Rockville, MD;

² Henry M. Jackson Foundation, Rockville, MD

BACKGROUND: The US Army has routinely tested all soldiers for HIV infection since 1985. The results of this testing program have facilitated the monitoring of trends in the evolving HIV epidemic in a predominantly young sexually active subgroup of the US population.

METHODS: Annual incidence rates (IR) were calculated per 1,000 person-years (py) of follow-up. Demographic information included age, race, gender, marital status, rank, length of service and occupation. Poisson regression was used to assess correlates of HIV seroconversion.

RESULTS: There were 1,275 seroconverters among 2,004,903 active duty Army personnel, accounting for 7,700,231 person-years of follow-up. The HIV-1 incidence rate (IR) was 0.17/1,000 py (95% Confidence Interval [CI] = 0.16 – 0.17). The highest IR was observed in the first year of testing, IR = 0.43/1,000 py (95% CI 0.33 – 0.52). The IR for male and female soldiers was 0.18/1,000 py and 0.08/1,000 py, respectively. HIV-1 incidence declined with age. Significant risk of HIV-1 seroconversion was associated with race (black vs. white, relative risk [RR] = 4.5; Hispanic vs. white, RR = 2.5), gender (males vs. females, RR = 2.3), marital status (unmarried vs. married, RR = 2.1) and rank (enlisted vs. officers, RR = 3.7). The incidence rate for enlisted personnel (n = 1,207) was 0.19 (95% CI 0.18 – 0.20), that for officers, n = 68, 0.05 (95% CI 0.04 – 0.06). Within occupational categories, IRs ranged from 0.10 to 0.63 among enlisted personnel and from 0.00 to 0.09 among officers. The highest IRs among enlisted personnel were seen in the health care (0.30), administration (0.32) and supply handler (0.24) occupational groups. The highest IRs among officers were seen in the health care (0.09) and intelligence (0.08) groups.

CONCLUSIONS: HIV-1 seroconversions in the US Army have been low and stable since the early 1990's. Despite this, HIV-1 infections continue to occur on the order of 50 to 100 per year. Continued HIV-1 incidence surveillance in the US Army provides information on the status of the epidemic in the Army, as well as important corroborative data on HIV-1 infections throughout the US.

ABSTRACT 827

Comparison of Audio, Computer-Assisted Self-Interview (ACASI) with Pen-and-Paper (P&P) Sociodemographic and Sexual Behaviors Data Collection in Rural Rakai, Uganda

Serwadda, D¹; Wawer, MJ²; Nalugoda, F³; Lutalo, T³; Wagman, J²; Sewankambo, NK¹; Gray, RH⁴

1 Makerere University, Kampala, Uganda; 2 Columbia University, New York, NY; 3 Rakai Project, Entebbe, Uganda; 4 Johns Hopkins University, Baltimore, MD

BACKGROUND: Audio, computer-assisted self-interviews (ACASI) may result in more accurate reporting of sexual behaviors compared to interviewer-administered, pen-and-paper (P&P) surveys. Comparisons of ACASI and P&P are needed in rural African populations.

OBJECTIVES: To assess ACASI feasibility and data quality in rural villages in the Rakai District, Uganda.

METHODS: An ACASI pilot study was conducted in preparation for a future trial of a community-leader intervention. An 88-question standardized interview was translated into Luganda by native speakers, back-translated and recorded. Thirty persons, aged 17 – 49, selected from communities in the ongoing Rakai Project HIV cohort study, were invited to participate. Following informed consent, participants received a demonstration and practiced use of ACASI; they then underwent the computer-assisted interview in private. Data included sociodemographic and behavioral information. One non-literate respondent was unable to complete the ACASI. Prior cohort data were available on 20 of the 30 ACASI participants. Twenty-one were also revisited two weeks after ACASI, and re-interviewed using a P&P instrument which exactly duplicated the order, content and phrasing of the ACASI questions. P&P was administered by trained Rakai Project interviewers. Results are reported on the 21 re-interviewed individuals.

RESULTS: Of the 21 participants who did both ACASI and P&P interview, 11 were male and 10 female. Educational level included no schooling/partial primary (47.6%) to completed high school (14.3%), consistent with Rakai population characteristics. Ninety percent of respondents had no electricity; less than a quarter had ever used a telephone; and none had ever used a computer. The mean duration of completed ACASI interviews was

54 minutes (range 9 – 93), compared to 28 minutes (range 15 – 38) for the P&P version. Shorter ACASI completion time was associated with lower educational attainment. Ninety-six percent reported that ACASI was easy or very easy to use, and 86% indicated it provided more privacy. Twenty percent keyed in an incorrect response or no age on ACASI. Compared to P&P, ACASI resulted in reports of higher educational attainment, higher use of condoms, lower reported alcohol use, smaller proportion reporting marriage or any previous sexual experience, and fewer reports of multiple partners. Due to small numbers, differences were not statistically significant. Consistency between P&P and previous Rakai cohort data was higher than between P&P and ACASI. In the field, computer battery power represented a constraint.

CONCLUSIONS: ACASI did not result in higher rates of reporting of potentially sensitive behaviors and may have resulted in inflated reporting of characteristics perceived as socially desirable. Pilot data did not demonstrate advantages of ACASI with respect to data quality. ACASI logistics (duration of interview, battery power, computer transport) in these rural villages represented substantial constraints.

ABSTRACT 828

Resurgence in Unprotected Sex Among MSM Attending Publicly Funded HIV Test Sites in Seattle

White, E¹; Wood, B²; and Goldbaum, G²

1 Public Health – Seattle & King County, Seattle, WA; 2 University of Washington, Seattle, WA

BACKGROUND/OBJECTIVES: Behavioral data regarding the six months prior to clinical visits have been routinely collected from persons presenting for HIV-antibody testing in King County, Washington, since 1988. These data provide a broad overview of the HIV transmission-related practices of at-risk populations over time. Recent increases in incidence of HIV and bacterial STDs prompt an examination of behavioral data from these sources.

METHODS: Behavioral data gathered from 13,145 men who have sex with men (MSM) presenting for testing at Seattle's main publicly funded alternative testing sites between 1994 and 2000. Biennial intervals were created to compare behaviors across time. Each tester contributed only one observation to each interval.

RESULTS: The proportion of MSM testers who reported unprotected anal sex reached a nadir from 1994 to 1995, with 43% reporting unprotected receptive anal sex and 47% reporting unprotected insertive anal sex. Since that time there has been an upward trend in the proportion of MSM reporting those practices. In 1998-99, 51% of MSM testers reported unprotected receptive anal sex, and fifty-four percent reported unprotected insertive anal sex increases of 17% and 19% respectively (test for trend: $p < 0.01$). Increases in unprotected receptive anal sex have been greater among young men (14-25) and men of color (32% and 21% respectively) than among their older or white counterparts. During the period from 1994 to 2000, there has been a concurrent increase in the number of male sex partners reported by MSM presenting for testing, with the number of MSM reporting six or more male sex partners in the previous year increasing from 45% to 58%, an increase of 28%. Furthermore, the increase in number of reported male sexual partners among men who report engaging in unprotected insertive or receptive anal sex has far surpassed that of men who do not report unprotected anal sex ($p < 0.01$).

CONCLUSIONS: HIV transmission-related behaviors are on the rise among MSM presenting at alternative publicly funded test sites in Seattle. This could reflect a secular trend among sexually active MSM in the area, or it could reflect changes in the testing population. Because it is impossible to know from these data whether increases in the number of male partners reported by men who report unprotected anal sex signifies an increase in the frequency of unprotected sexual contacts overall, this finding underscores the importance of behavioral surveillance using the partnership rather than the individual as the unit of analysis.

ABSTRACT 829

Integration of HIV, STD and Teenage Pregnancy Prevention Messages

Mays-Hardy, D

Orange County Health Department, Orlando, FL

ISSUE: Until now, despite common behavioral risk factors in youth, program models have not explored integrating HIV, STD and teen pregnancy prevention into one media campaign

SETTING: Orange County, Florida

PROJECT: The Orange County Health Department is collaborating with community agencies serving adolescents to create a youth-driven prevention message campaign for minority and sexual minority youth. Orange County adolescents meet regularly to develop comprehensive prevention messages.

RESULTS: Over 40 groups of youth, ages 10-19 have been identified to work with the Health Department to develop the messages. The youth are currently involved in an education program to increase their knowledge and awareness of HIV, STD and teen pregnancy. After their participation in the various program sessions, youth will evaluate existing messages and create integrated messages.

LESSONS LEARNED: The presentation will highlight the importance of interagency collaboration in the implementation of the program and the need to develop youth friendly tools that capture adolescent perceptions, attitudes, and feelings as a method to design effective messages.

OBJECTIVES:

1. Identify the ways community agencies can engage in the process of creating integrated messages
2. Gain an understanding about the process of designing an integrated message campaign around HIV, STD, and teen pregnancy prevention

ABSTRACT 830

Factors in Reduction of Initial Opportunistic Infections in the Kansas City, Missouri Metropolitan Area, 1995-2000

Eberle, EM; Griffin, RG; Hoff, GL

Kansas City Missouri Health Department, Kansas City, MO

BACKGROUND: Case management provided through the Ryan White Title I and II grants provides necessary services for reducing mortality and expanding the quality of life for those infected with HIV. More effective treatment options have become available for preventing the progression of disease. Surveillance data is an important component in assessing the effect Case Management and treatments have on survival trends and decreasing the incidence of opportunistic infections (OIs).

OBJECTIVES: To confirm that there has been a decrease in the number new OIs from 1995 to 2000 and to validate the importance of Case Management functions and treatment options in decreasing OIs during this period.

METHODS: A surveillance database was utilized to collect data gathered through an active surveillance system. The database has been continually updated for accuracy and completeness. Standardized entry methods allowed for retrieval of data for analysis. A computer program was written to extract OI data and organize the data in a spreadsheet. OIs were only counted at first diagnosis by month and year.

RESULTS: A total of 1658 persons (162 women, 1496 men) were evaluated. Of these, 540 were reported with an initial OI between 1995 and 2000. The incidence of first OIs decreased to 41 in 2000 from 153 in 1995. Of the total persons evaluated, 1127 (130 women, 997 men) were enrolled in Case Management at some point between 1995 and 2000. Trend data showed the rates of OI incidence among persons enrolled in case management to be lower than those not enrolled in case management for each year.

CONCLUSIONS: In the last 5 years, there was a marked decrease in new OIs in all persons evaluated, those in case management and those not in case management. Incidence rates for those in case management were noticeably less than those not in case management. OI rate reduction may be a surrogate marker for the effectiveness of treatment options. However, further studies need to evaluate whether case management is actually correlated with OI reduction. Completion of OI reporting may have been a limitation in this study.

ABSTRACT 834

Differential Risk Behavior Among Professional Subgroups of Commercial Sex Workers in Dakar, Senegal

Ndao-Brumblay, SK; Brumblay, HG; Eisen, G; Kanki, P; Mboup, S

BACKGROUND: Commercial sex workers (CSWs) in Dakar, Senegal, are known to contribute to the spread of human immunodeficiency virus (HIV) and sexually transmitted diseases (STDs) within the general population. Yet the heterogeneity of this population makes intervention among this group difficult.

OBJECTIVES: This study seeks to: 1) identify different subgroups of Dakar CSWs based on professional characteristics; and 2) determine if particular risk behaviors and other factors are associated with professional subgroups.

METHODS: A questionnaire was administered to 205 CSWs. Cluster analysis was used to classify this population, based on five variables describing professional behavior.

RESULTS: Three subgroups were identified: 1) Medium/High-activity CSWs, 2) Medium-activity CSWs, and 3) Low-activity CSWs. Membership in these professional subgroups was found to be associated with specific sociodemographic characteristics, risk behavior, and client characteristics. Specifically, the Medium/High-activity profile was found to be associated with older age, an older steadier Senegalese clientele, and a history of travel within Senegal. The Medium-activity profile was associated with a foreign clientele, a tendency to consume alcohol with sexual partners, and a history of travel within Senegal. The Low-activity profile was associated with Al Pularen ethnicity, a younger, unsteady Senegalese clientele, the existence of a non-commercial partner, and application of substances to the genitalia during sexual intercourse.

CONCLUSIONS: This is one of the first detailed studies of the behavior of CSWs in Dakar. It is also the first study to use an automated method of classification to identify subgroups of CSWs. The identification of specific features and behaviors associated with particular subgroups of CSWs may facilitate the development of intervention programs designed to reduce the rate of HIV/AIDS infection among Dakar CSWs and, thereby, slow down the spread of HIV/STDs within the general population of Senegal.

ABSTRACT 835

EWE (pronounced YOU): Reducing the Risk!

Connors, LR

REACH Ministries, Washington, DC

ISSUE: Reducing the risk of HIV/AIDS in our communities is and will continue to be our most difficult and challenging task. The preventive messages of safer sex, condom use and abstinence have not been highly effective. Women are still having unprotected sex and becoming infected with the HIV/AIDS virus. The problems I have encountered are that we need to address the underlying issues that plague women. A woman who engages in risky behaviors like sex, drugs, alcohol, eating disorders, etc. are usually looking for ways to fill voids in her life. I find that those voids lead her to becoming involved in unhealthy relationships, being a drug abuser, having eating disorders, being a prostitute and indeed contracting the HIV/AIDS virus!

SETTING: EWE (Empowering Women for Excellence) is an outreach program, which involves service to women. The geographic location is the Washington, DC metropolitan area. The program is conducted in churches, community-based organizations and shelters. The intended audience is adult and adolescent females who are HIV infected and those at a high risk of being infected.

PROJECT: "EWE: Reducing the Risk!" is a faith-based outreach program under the auspices of REACH Ministries. It is a 12-week program, which promotes the spiritual, mental, emotional, social, educational and physical well being of female adults and adolescents. It was designed to address the needs of women from a holistic perspective: to support them in becoming empowered; and help them to improve their self-image, to heal holistically and to address issues that prevent them from becoming empowered. The program focuses on various topics, which addresses the needs of women helping them gain self-worth, self-esteem, self-confidence and self-love.

RESULTS: In the pilot groups which I conducted in the various communities, I have found that the participants are affected by poverty, substance abuse, domestic violence, lack of adequate health care, lack of education and child sexual abuse. Those circumstances have led to unprotected sex, which in turn led to HIV/AIDS. I have also concluded that when women are in dire situations, it is difficult for them to concentrate on protecting themselves from HIV/AIDS. However, the key to overcoming these problems is to educate, empower and encourage them to lead meaningful and productive lives.

LESSONS LEARNED: I learned that it is a challenge to work with women who have diverse issues. However, I learned to develop relationships with them. I have learned that prevention and education are a two-fold method. My efforts should be on targeting women who are living with the HIV/AIDS virus and women who are at-risk of contracting it. Through group sessions, women can share their stories and respect their common journeys. Encouragement from others is a strong foundation to helping reduce the risk.

ABSTRACT 836

Implementation of a School Based Risk Reduction Program Targeting At-Risk Adolescent Black and Hispanic Males

Gehl, MB; Williams, LK; Bryant, P

Orange County Health Department, Orlando, FL

ISSUE: HIV, sexually transmitted infections and unintended pregnancies in Orange County, FL, disproportionately impact black and Hispanic adolescent males. The underlying factors are multiple, and there is a lack of interventions to address the multiple underlying factors unique to this population.

SETTING: A school-based group level intervention that is implemented on four Orange County, Florida high school campuses, which are located in ZIP Codes with the highest rates of HIV, sexually transmitted infections and unintended pregnancies among the target population.

PROJECT: The Champion Club is a male responsibility program. The goal is to reduce behaviors that put adolescent black and Hispanic males at risk for sexually transmitted infections, HIV and unintended pregnancies. Orange County Health Department works closely with Student Assistance and Family Empowerment (SAFE) programs, to recruit at-risk students to participate in the program. Ten students per campus participate in weekly groups sessions per semester to address underlying issues that cause this population to engage in high-risk behaviors. Parents of participants attend parenting sessions and are trained to discuss with their sons information about high-risk behaviors and reinforce risk reduction messages that are disseminated during the weekly group sessions. Additionally, male only health summits are conducted on each campus. The purpose of the summit is to disseminate risk reduction information to program and non-program participants and to recruit prospective group participants.

RESULTS: Data are being analyzed from pre- and post-test surveys to determine changes in knowledge and behavior. Pretest surveys clearly showed the need for information about male and female anatomy, transmission of STD/HIV, and prevention of pregnancy, STD, and HIV. Participants also introduced additional topics for discussion, such as forcing sex on an unwilling female partner (the participants thought the female really meant she wanted sex although she was saying no). The presentation will include results of pre- and post-tests.

LESSONS LEARNED: Participants in group-level interventions did report that they benefited from information about anatomy, transmission of STD/HIV, and prevention of pregnancy, STD and HIV. A group-level intervention needs to be flexible to allow inclusion of topics that may be important to the group, such as date rape. Participants cited that the group intervention was one of their only sources of correct information. Important planning steps include the active participation of the school principal from the beginning of the program. The school principals were very supportive of the program and intervened on the program's behalf when the school administration tried to stop the program.

ABSTRACT 837

Dangerous Crossroads: The Intimate Connections between Domestic Violence and HIV/AIDS

Page, FE

US Office on Women's Health, Department of Health and Human Services, Washington, DC

ISSUE/SETTING: The issues of domestic violence and HIV in women are inexorably linked and must not be viewed as separate societal problems. Future research is needed to refine definitions of violence; better understand the perpetrators of violence among HIV-infected women; and follow individuals longitudinally to elucidate the relationships between violence, sex and drug-related risk behaviors, and HIV infection. Until then, the intersection of HIV and violence will remain a hidden reality and a dangerous crossroad for far too many women.

PROJECT: This workshop highlights the intersection between HIV/AIDS prevention, care and treatment and sexual assault/domestic violence services. For many HIV-positive women who have suffered from partner violence, the presence of violence in their lives is unmistakably bound up with contraction of the AIDS virus, and this connection has implications for HIV prevention efforts for women. Women who suffer from domestic violence can be at an extremely high risk for contracting HIV. In extreme cases, batterers will intentionally infect women with HIV to prevent them from leaving. Abusers have also been known to force women to engage in sexual activity with others outside the relationship and thus knowingly expose the women to HIV and other STDs. For example, HIV education should become a routine component of both sexual assault prevention educational programs and services provided to sufferers of domestic violence.

Additionally, counseling about partner violence should be integrated into HIV-related services such as HIV counseling and testing, substance abuse treatment, and risk reduction interventions.

RESULTS: Participants will be able to understand the inter-linkages between HIV/AIDS prevention and violence against women services and better able to integrate their prevention efforts.

LESSONS LEARNED: The intersection between HIV/AIDS and intimate violence is a dangerous one that affects both prevention of HIV in women and HIV/AIDS care and treatment. Thousands of HIV-positive women in America have to face AIDS totally alone in their homes — even though they have intimate partners. They are the sufferers of intimate partner violence, a problem that up to one-tenth of all women will face during the course of their lives.

ABSTRACT 838

Early Detection of HIV: The HEDS UP Study

Klein, D; Hurley, L; Merrill, D; Suh, C; Young, T

Kaiser Permanente; Group Health Cooperative, WA

ISSUE: HIV may go undetected for many years after infection and CD4 depletion, even among persons with reasonable access to quality health care. The potential benefits of early detection and treatment are clear. Additional insight about the specific clinical events (CE) and historical risk factors (RF) associated with underlying yet undiagnosed HIV infection will further support earlier testing.

METHODS: Medical records of Kaiser Permanente members in 7 US regions and Group Health Cooperative (WA) diagnosed with HIV in 1998 (cases, n=434) and an age and sex-matched population of uninfected members (controls, n=175) were retrospectively reviewed for up to 5 years prior to diagnosis to capture RFs and CE's. Crude CE incidence rates in the potentially infected period for cases (PIP, all person-time in the absence of or after testing negative for HIV) were compared to CE rates in the not infected period of cases (NIP, person-time prior to an HIV-negative test in the subset of cases testing HIV-negative prior to testing HIV-positive). Documented RFs (MSM, IDU, or suspected STD) and HIV-associated CE's (HACEs, CE's that were at least 2x as common in the PIP as in the NIP) were used to estimate person-years (PY) of possibly unrecognized infection (PUI) among cases. The presence of RFs and HACEs among controls was also studied.

RESULTS: At diagnosis, median CD4 was 240 cells; 44% of cases had < 200 cells; 19% had < 50. Median HIV RNA was 55,000 copies/mL. Cases had 1225 PY of PIP (median 3.1) and 96 cases (23%) tested HIV-negative prior to testing HIV-positive, providing 212 PY of NIP (median 2.1). Seven HACEs were identified: oral infection (>10x the rate of PIP vs. NIP); pneumonia (8x); unexplained fever > 100 (5x); herpes zoster (4x); seborrheic dermatitis (3x); night sweats (3x); unexplained weight loss (3x). RFs or HACEs were noted more than 12 months prior to HIV diagnosis in 168 cases (40%), representing 425 PY of PUI. RFs and HACEs were rarely found among controls.

CONCLUSIONS: Nearly half of cases had AIDS-defining CD4 cells at diagnosis, and may have benefited from earlier detection. Classic risks for HIV went undocumented for most cases until just prior to or at diagnosis. Improved risk assessment and attention to clinical conditions associated with underlying HIV infection may prompt earlier testing and detection. An educational intervention for patients and providers (HEDS UP II) is planned.

ABSTRACT 839

Microbicides for Men Who Have Sex with Men (MSM): Why, When, and Which Ones?

Smith, DK; Marks G; Paxton L

Centers for Disease Control and Prevention, Atlanta, GA

ISSUE: The development of topical agents to reduce sexual transmission of HIV (microbicides) has initially focused on the requirements for effective use by women because of the global predominance of heterosexual transmission and the unavailability of an effective prevention technology that can be implemented by women without their partner's active consent and cooperation. However, the majority of transmission in the US occurs in MSM, and it is imperative to also address the needs of this population for effective microbicides.

PROJECT: The Centers for Disease Control and Prevention, in collaboration with advocacy organizations, governmental agencies, academic centers, and biotech companies has recently expanded discussion of topical microbicide development and testing to address biomedical and behavioral issues related to rectal application.

RESULTS: Evidence abounds that, despite condom promotion and use, significant levels of sexual risk

behavior leading to HIV transmission continues to occur in MSM. In several sites, rates of sexually transmitted infection (STI) are increasing, and especially in young African American MSM, current rates of HIV incidence and prevalence are very high. Behavioral studies in the US indicate that MSM are strongly interested in the potential use of an effective rectal microbicide. Most MSM already use a lubricant during anal sex and studies show that use of a rectal microbicide is more likely among those who are inconsistent than consistent condom users. Many of the microbicides now in preclinical studies or clinical trials for vaginal use show significant promise in reducing transmission of both STIs and HIV. However, recent evidence in humans and macaques indicates that rectal use of nonoxynol-9 as a potential microbicide may significantly increase the risk of sexual HIV and STI transmission.

LESSONS LEARNED: As soon as safety and effectiveness of a vaginal microbicide is proven, MSM are highly likely to use it as well. However, because of biological differences in mucosal sites, safety and efficacy with rectal use may not be equivalent with that for vaginal use. Appropriate measures of microbicide effects on rectal mucosa are being developed so that clinical trials may be planned to identify safe and effective microbicides for MSM.

ABSTRACT 840

TalkSafe: HIV Prevention Program Targeting Male Body Workers Within the Sex Industry

Baney, M; Koegel, H; Dalit, B; Parham, D; Lago, M

Saint Vincent's Catholic Medical Centers, New York City, NY

ISSUE: The Body Workers Health Project (BHP) was designed to provide MSM sex workers with free HIV prevention counseling, mental health brief counseling, and facilitate their access to medical services. Specific needs addressed included HIV prevention counseling, individual risk assessments, and mental health counseling on issues surrounding high-risk sexual behaviors and the motivation to participate in these activities.

SETTING: The project office is physically located on 6th Avenue, in the heart of Greenwich Village. The offices are not hospital-based to allow a more confidential and non-judgmental atmosphere for clients. Services are advertised via local gay newspapers, hotlines, phone solicitation, special events tabling, postings at bars and gyms, and street handouts to an intended audience of

male sex workers. The category of “male sex worker” is extremely broad and can include prostitutes working on the street to high-priced callboys providing services to wealthy clientele utilizing luxury hotels in the mid-town area.

PROJECT: The Bodyworkers Program was established to address the special health care needs of male bodyworkers, models, escorts, masseurs, street hustlers, porn stars, go-go dancers, etc. Focus groups were utilized to identify the most prominent needs and issues of MSM sex workers. Brochures were distributed at venues popular with the target audience outlining our program. Advertisements were placed in relevant print media. Participation in public events/parties devoted to body workers was also a targeted outreach effort. The project provides counseling to clients via an intake evaluation, and then they are offered the option to participate in focused/brief counseling that addresses their medical and mental health concerns for up to ten weeks. Issues typically addressed were difficulties in maintaining safer sex practices, self-esteem issues, depression, isolation, shame and the various stressors related to the sex industry. Ph.D. psychologists and/or Ph.D. candidates provided all services. Many clients also chose to be referred to appropriate medical clinics for assessment. Linkages were in place to facilitate that referral process. All arrangements were made to see the program’s clients in a confidential and respectful manner.

RESULTS: The program screened 40 clients for inclusion in the TalkSafe program. A total of 17 actually participated in the entire 10 weeks of sessions. Patients were able to utilize not only the services of TalkSafe, but were also able to access substance abuse treatment, mental health and social services through our outpatient programs.

LESSONS LEARNED: The project allowed us to focus on barriers to accessing services for this population that are extraordinarily suspicious. They have little trust in any agencies and try to avoid any contact with such. Many body workers were fearful of entrapment by undercover police with further prevented them from seeking the services they need.

Common counseling issues identified include the following: Isolation; Shame/Stigma; Fear of personal relationships; Sexual compulsivity; Denial; Substance abuse; Disenfranchisement; Physical/Sexual abuse histories

All of these issues must be brought the any HIV Prevention Program targeting a behavioral intervention for the male sex worker community. Without awareness of the issues outlined above, programs will not be fully able to meet the needs of the patient population in a respectful and useful manner.

ABSTRACT 841

The SIMBA Minority Male Coalition: A Continuum of Care

Ali, N; Bernard, K; Triplett, T; Bruce, C; Trotter, JC

Wholistic Control Institute, Inc., Atlanta, GA

ISSUE: 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. What’s needed is a continuum of care plan to address multi prevention and intervention strategies for the juveniles in the areas of STD/HIV, substance abuse and violence prevention.

SETTING: 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 in the areas of STD/HIV/AIDS, substance abuse and violence prevention. These services are provided through the SIMBA Minority Health Coalition, which consists of six human services organizations, two health departments and youth representatives. The coalition meets on a monthly basis, reviews services provided to the juveniles and makes recommendations for a continuum of care upon their release. Juveniles participate in health prevention classes to increase awareness and to change risky behavior and Tai Chi to reduce stress and improve concentration. Juveniles have been trained and work as STD/HIV/AIDS and violence prevention peer educators. Parent workshops are provided to the families on the same topics.

RESULTS: The first year results showed that: 1) an increase in STD/HIV/AIDS education awareness by 60%, 2) disciplinary actions (66%) among participants had decreased since their participation, 3) HIV/AIDS screening and testing services were set up at a regional youth detention center, 4) 55% of youth scored higher on the internal locus of control test, 5) over 100 juveniles received services and 6) 30% of parents received services.

LESSONS LEARNED: A continuum of care program is highly needed to improve services for incarcerated youth. A coalition can be effective in bringing about system changes and improving health care services for juveniles. There are other areas that need to be addressed for this population — for example, mental health, counseling and employment upon release.

ABSTRACT 842

Safe Disposal of Used Syringes, Needles, and Other Sharps in the Community

Tan, L; Hawk, JC, III; Sterling, ML; Turner, PL

American Medical Association Council on Scientific Affairs,
Chicago, IL

ISSUE: To identify and discuss the public health implications of improper disposal of syringes, needles, and other sharps in the community.

SETTING: “Community” is defined as “outside of health care facilities.”

PROJECT: To examine the public and occupational health hazards of used sharps outside of health care settings and to identify exemplary programs and appropriate procedures to provide guidance on reducing the incidence of needle-sticks caused by sharps that are improperly disposed of in the community, the American Medical Association (AMA) in collaboration with the Centers for Disease Control and Prevention, the American Association of Diabetes Educators, the American Pharmaceutical Association, and the Academy for Educational Development, held a fact-finding meeting titled “Safe Community Syringe Disposal: Understanding the Barriers and Creating Solutions.” This meeting, which brought together more than 30 individuals representing the major stakeholders, was held in Washington, DC, on January 29-30, 2001.

RESULTS: The improper disposal of used sharps in the community is an important public health hazard. Populations exposed to the hazards posed by such sharps include sanitation workers; waste management employees; hospitality services providers (e.g., hotel maids, janitorial staff); children; and others. These hazards include needle-stick injuries, the financial and psychological impact of post-exposure counseling and prevention therapy, and the risk of blood-borne pathogen transmission. However, there are no defined regulations or laws that guide the disposal of home-generated sharps in the community. While states may have their own system for handling the community disposal of used sharps, many are not successful and guidelines that do exist are often conflicting, leading to confusion among stakeholders regarding proper disposal.

LESSONS LEARNED: Meeting participants agreed that the problem of safe disposal of used sharps in the community is complex, requiring multi-layered solutions focused at local levels. Barriers are many, including

issues of cost, confidentiality, convenience, lack of public awareness, lack of leadership, bias, drug paraphernalia laws, and the federal ban on funding of syringe-exchange programs. Definitive data are lacking on several issues surrounding community sharps disposal, such as the incidence of occupational injuries in the community (hospitality staff, solid waste workers, etc.), the current guidelines and regulations at the state and local level, and the proper disposal of used sharps in the community (e.g., in the solid waste stream or reclassified as special waste). There is a critical need for appropriate safe disposal guidelines for self-injectors who currently deposit used sharps in the trash. A problem identification statement concerning the improper disposal of used sharps in the community is being developed that can be used to increase public awareness. A coalition has been established to begin to address this public health problem.

ABSTRACT 843

Designing HIV Related Interventions for Substance Abusers

Kennedy, W

University of Texas – Southwestern Medical Center, Dallas, TX

ISSUE: Alcohol and drug use can increase susceptibility to HIV. Alcohol and drugs can also lead to risky sexual behavior like the exchange of sex for drugs or money. Substance users are also more likely to be HIV positive and more likely to become HIV-positive. Influencing factors found in behavioral theories can be utilized to direct appropriate interventions to the target community. The CDC-funded AIDS Community Demonstration Project is used as a model of community-based interventions and its elements can be applied to substance abusing communities.

SETTING: The CDC’s AIDS Demonstration Project is used in designing community-based HIV and substance abuse interventions for various populations of substance users. The components of harm reduction are identified and its application to HIV and substance abuse interventions are addressed. Theoretically based HIV interventions are designed targeting sub populations of substance users.

PROJECT: The direct implications of substance use in HIV prevention and how substance use increases risk are clarified. Needs are assessed in regard to HIV/substance use interventions; identify the conflicting goals of HIV prevention and substance abuse treatment. Information

is provided to help HIV/STD outreach workers identify substance abuse and make appropriate referrals. The role of behavioral theory in planning interventions is explored. The Stages of Change model (Prochaska) is used to design interventions. The indirect connections between alcohol/drugs and infectious disease are addressed, i.e., high rates of syphilis infection for crack users and hepatitis for IDUs can lead to higher susceptibility to HIV. Principles of harm reduction are reviewed and its goals are considered, including reducing risk, improving health, reducing drug use and higher self-esteem. Harm reduction messages are developed and the challenges of modifying HIV prevention messages to the realistic needs of substance users are addressed. The assessment of individuals for substance abuse is considered and screening tools are reviewed for use in the field. Clients are assisted in making a self-assessment of whether too much alcohol and drugs are being used and whether they have experienced any adverse consequences of substance use.

RESULTS: Theoretically based HIV interventions for substance abuse are designed to focus on specific influencing factors that encourage risk. An outline for the development of interventions is produced addressing these influencing factors. HIV prevention programming is tailored to specifically meet the needs of alcohol and other drug users. Results include interventions that are specifically designed to address HIV related behavior change in each sub-group of substance users.

LESSONS LEARNED: Interventions for substance users which are theoretically based are much more likely to be effective. The AIDS Community Demonstration project can be replicated successfully to target individuals and communities who are using alcohol and other drugs.

ABSTRACT 844

Positive Messages to Postpone Sexual Involvement

Amaya-Fernandez, E

Public Education Network, Berkeley, CA

ISSUE: Adolescents are bombarded with messages about sex constantly. They are hearing contradictory messages daily with no clear answers to their basic questions on human sexuality and STD and HIV prevention. Many adults are also at a loss about how to answer questions appropriately. This workshop will explore terms and concepts that are frequently used to instruct adolescents. Participants will find that they mean different things to

different people. In order for young people to become better capable to postpone sexual involvement, they need to receive clear and consistent messages from adults.

SETTING: Sexuality workshops with diverse members of the population, which include parents, educators, students, and community-based organization staff in Louisiana and New Jersey.

PROJECT: Public Education Network (PEN) and Local Education Funds (LEFs) are linking school health and school reform through the critical issue of HIV prevention education in public schools. PEN staff, the Paterson Education Fund, and the Academic Distinction Fund (two of our LEFs) have managed to gather community leaders, school staff, community-based organizations, faith-based institutions, and families of various ethnic groups and English-speaking abilities at community forums to discuss school health issues, including HIV prevention and how to promote the postponement of sexual involvement among adolescents, and to participate in a community assessment. Presenters will share lessons and strategies learned from their work.

LESSONS LEARNED: PEN & LEFs have clearly identified the need to coordinate health and community services and programs, as well as the importance of having clear and consistent messages about sexuality and STD/HIV prevention.

ABSTRACT 845

STD/HIV Behavioral Interventions: From Research to the Real World

Belzle, T¹; Santos, J²; Slover, B²

1 Dallas STD/HIV Behavioral Intervention Training Center, Dallas, TX; 2 Health Education Training Centers Alliance of Texas (HETCAT), San Antonio, TX

ISSUE: HIV prevention community planning groups (CPGs) need to understand behavioral theory, its importance in HIV prevention interventions, and how to select and adapt behavioral interventions from the CDC *Compendium* and other sources.

SETTING: Classroom-based workshops for CPG members.

PROJECT: A pilot training designed to address the issue of using needs assessments to adapt behavioral interventions without changing core elements. This course, *STD/HIV Behavioral Interventions: From Research to the "Real World"*, was developed jointly by the Dallas STD/HIV Behavioral Intervention Training Center and the Health

Education Training Centers Alliance of Texas (HETCAT) at the UT Health Science Center in San Antonio, Texas. This training is a follow-up to the *Bridging Theory and Practice* training, which discusses behavioral theory and influencing factors. The pilot training provided participants with a list of criteria and components to consider when selecting and adapting interventions from the CDC *Compendium* and other sources. Criteria included five elements: a clearly defined audience; clearly defined goals & objectives; sound behavioral/social science theory; specific risk behaviors; and opportunities to practice relevant skills). An overview of the different behavioral theories and influencing factors associated with each theory was provided. Other components and concepts discussed in the pilot training included type, setting, and length of interventions, as well core elements vs. key characteristics of interventions. Participants were given the opportunity to apply these criteria/components to select and adapt specific interventions based on a specific set of needs assessment findings for each subpopulations.

RESULTS: The pilot training was attended by thirteen CPG members, four Texas Department of Health staff, two Centers for Disease Control staff, and two UT Health Science Center – Houston staff. Additionally, all of the HETCAT staff, which provide direct technical assistance (TA) to the Community Planning Groups attended and were trained in these concepts.

LESSONS LEARNED: A process evaluation was conducted with all participants at the completion of the day-and-a-half workshop. Participants enjoyed the interactive experience of the training as well as the diversity of organization involvement. The Intervention Matrices, a tool to break down each intervention into the various criteria and components, was especially useful in explaining the concepts. The last exercise, which allowed participants to review needs assessment data, find the influencing factors for that population, choose an intervention, and modify that intervention as needed, was a cumulative experience that brought all the concepts together. Suggestions were to link the exercises and discussion closer to the CPG Plan Format and to create a “cheat sheet” which would include behavioral theory and their components. This workshop is available to be presented at local CPG meetings and adjustments can be added for presentation to HIV prevention providers.

ABSTRACT 846

Community Power or Tokenism?

Lawson, PJ¹; Fitzgerald, A²; Coleman, E³; Rendon, JG¹

1 Academy for Educational Development (AED), Washington, DC; 2 Proyecto Acción SIDA de Centroamérica (PASCA), Guatemala; 3 AcciónSIDA, Dominican Republic

ISSUE: The role of the community is a critical issue to prevent the further spread of HIV and AIDS. Often, strategies for community involvement in program design and implementation for HIV prevention are unclear. Defining successful outcomes and evaluating the impact and sustainability of community involvement is essential.

SETTING: AED’s Central American HIV/AIDS Prevention Project (Proyecto AcciónSIDA de Centroamérica- PASCA) is an international program to strengthen Central America’s capacity to respond to the AIDS epidemic in five Central American countries: Panama, Nicaragua, Honduras, El Salvador, and Guatemala. AED’s Dominican Republic HIV/AIDS/STI Prevention Project (AcciónSIDA) works with local NGOs to improve HIV/AIDS/STD prevention programs.

PROJECT: Since 1995, PASCA’s overall objective is to strengthen Central America’s capacity to respond to the HIV/AIDS epidemic in the region. PASCA and its partners design and implement advocacy plans through a strategic alliance strategy. Specific policy reform and development of community awareness are central to PASCA’s agenda. Information dissemination, professional training, and leadership training activities are centered on strengthening the work of the strategic alliances.

Since 1997, AcciónSIDA has worked towards the overall objectives of increased access to HIV/AIDS/STD prevention and care services by at-risk and affected populations of the Dominican Republic. AcciónSIDA is primarily a process whereby stakeholders in HIV/AIDS/STD prevention at all levels, and especially at the grassroots and community level, are involved in influencing the setting of priorities for program and policy.

RESULTS: PASCA’s major outcomes include the development of national strategic plans, the first regional Central American HIV Congress, development of educational and advocacy materials for policy change and the legacy of leadership. AcciónSIDA received a recent external review, which documented the following: reduction in sexual partners; increase in condom use; decrease of stigma and discrimination; implementation of a pilot project for the STD Pre-Packaged Therapy; and involvement of

civil society and creation of a network of persons living with HIV/AIDS.

LESSONS LEARNED: USA has strong linkages with Central America and the Caribbean. Effective strategies, approaches, and lessons learned from these regions can be utilized to enhance prevention efforts in the USA. Both PASCA and AcciónSIDA have been instrumental in the development of specific laws related to HIV, including human rights. PASCA will share specific tools developed and, it has shifted from institutional strengthening of individual NGOs to strengthening stakeholders' capacity to advocate and form strategic alliances — the term 'strategic alliance' is used to capture the concept of networking and/or advocating around a specific issue. USAID identified "best practices" from AcciónSIDA which will be shared such as: behavior interventions for sex workers that focus on 2 methodologies, STI treatment and the "100% condom Thailand" methodology; and interventions that include involve youth, commercial sex workers, etc.

ABSTRACT 847

HIV-Related Stigma: An Internet-Based Survey of Attitudes Among a Representative Sample of the US Household Population

Lentine, DA¹; Anderson, JA²; Fichtner, RR¹; Rietmeijer, CA²

1 Research Triangle Institute, Research Triangle Park, NC;

2 Centers for Disease Control and Prevention, Atlanta, GA

BACKGROUND: Stigmatization of persons living with HIV and AIDS, and the stigma attached to behaviors that have a high associated HIV risk such as same-sex sexual behavior and drug use, can undermine HIV prevention efforts. Fear of being stigmatized may delay individuals from seeking an HIV test, treatment, or prevention information.

OBJECTIVES: To describe the prevalence of stigmatizing attitudes among the general US household population, and the associated demographic characteristics and HIV-related knowledge among those who hold stigmatizing attitudes.

METHODS: The survey employs standard 'random-digit dialing' sampling methodology to obtain a national probability sample of US households. Selected households are provided Internet access and Web-TV[®] hardware in exchange for their participation in weekly surveys. These

sampling methods eliminate the major bias inherent in traditional Internet samples. To test the new method, a subsample of 7,493 persons 18 and older was drawn from the existing panel of 40,000 households. Standard questions measuring HIV stigma were administered.

RESULTS: In September 2000, the test survey was successfully completed by 6306 respondents. National estimates were obtained for knowledge about HIV transmission (41.4% stated there was some likelihood of acquiring HIV through sharing a glass), and on two dimensions of HIV stigma: concern about casual contact with an infected person (42.5% indicated some concern about learning that the neighborhood grocer has AIDS), and blame (18.8% thought that those who acquired AIDS through sex or drug use deserved it). Stigmatizing responses were found more often among those misinformed about how HIV is transmitted, and among males, whites, and those over 55 years old.

CONCLUSIONS: National estimates of knowledge about HIV transmission reveal considerable misinformation among US adults (41.4% stated there was some likelihood of acquiring HIV through sharing a glass). HIV-related knowledge appears to be related to stigmatizing attitudes among US adults. Public education campaigns that increase HIV awareness and knowledge about HIV transmission may help to decrease stigma.

ABSTRACT 848

Positive Parental Involvement in Adolescents' Reproductive Health Decision-making: Best Practices in School-Based Health Centers

Schlitt, J

National Assembly on School-Based Health Care, Washington, DC

It is perhaps one of the most challenging tasks for the school-based health care professional: positively engaging parents in adolescent decision-making regarding reproductive health and sexual activity. As providers of sensitive services to adolescents, school-based health center medical and mental health professionals must balance the desire to protect client confidentiality while engaging parents in important health-related decision-making. The reputation of the school-based health center as a safe haven or refuge is paramount to attracting students in need of screening, assessment, counseling and treatment. Any compromises or breaches in privacy may result in a loss

of student confidence in the center's ability to be a safe place. And yet, there is compelling evidence that parental involvement and connectedness can strongly influence and support the very decisions and outcomes that health care providers seek within their adolescent clients.

How can parents be supported in communicating their values, beliefs, and desires for their school-age children as they relate to relationships and sex? How can adolescents be encouraged and supported to seek parental advice on such matters? What is the role of the school-based health care provider in facilitating this positive parental interaction? The National Assembly on School-Based Health Care, a membership association dedicated to the advancement of quality health care in schools, is engaged in a year-long scope of work to gather best practices from the field's veteran health and mental health providers to identify best practices and guidelines for involving parents in adolescent reproductive health decision-making. Specific questions to be addressed in the session include:

- What have the field's most experienced clinicians learned about successful parental involvement regarding decisions adolescents make about their reproductive and sexual health, whether postponing sexual initiation or using birth control to prevent pregnancy and STDs?
- What are the primary barriers and challenges to positive parental involvement?
- How have they met these challenges while protecting patient confidentiality?
- How has parental involvement changed their own practice and outcomes?
- What lessons can they share with other school-based clinical programs?
- What guidelines should be created to assist the field?

ABSTRACT 849

Bridging The Gap: Straight Talk About Gay/Bisexuality and Homophobia

McWilliams, A

AID Atlanta, Atlanta, GA

ISSUE: Most HIV prevention curricula do not address that the lack of communication surrounding homophobia and bisexuality has a direct impact on the transmission of HIV especially in communities of color. The social climate of prejudice, intolerance, and misrepresentation of

gay/bisexuals are at the core of this direct impact of HIV transmission. "Bridging the Gap" immediately impacts these under-addressed issues within HIV prevention by providing a safe and innovative space for heterosexuals to bond together and learn from and with gay/bisexuals to begin to evaluate these social mores that aid in the transmission of HIV.

SETTING: Classroom-based HIV educational workshops that combine Atlanta metropolitan area heterosexuals with gay/bisexuals of a broad racial, age and gender variance.

PROJECT: Through the Education Department of AID Atlanta, "Bridging the Gap: Straight Talk About Gay/Bisexuality and Homophobia" is produced and implemented. By providing a safe and guided space for participants, communication skills between sexuality discordant groups are heightened and put into immediate practice. Discussions within the workshop are facilitated for all participants to acknowledge individual diverse characteristics of their own. Participants are then guided to greater understanding of other diverse groups from their own personal diversity acknowledgement. The "Secrets" exercise and "Loss from Disclosure of Secrets" exercise will be used to ignite evaluation and/or re-evaluation of homophobia and core sexuality beliefs that both play a role in the transmission of HIV.

RESULTS: AID Atlanta hosted the "Bridging The Gap" workshop for nearly 60 participants in the last half of 2000. Post-evaluations are used to measure desired outcomes and workshop effectiveness. Approximately 80% of the participants reported that because of the workshop, they would be more apt to have conversations with their mates about sexuality and HIV. Over 90% of the participants stated that they have a greater understanding of why people do not disclose sexuality and/or HIV status, and about half of those stated that this understanding causes them to rethink their sexual behavior. We have future plans to evaluate same participants' six months after attending the workshop to better evaluate workshops affect on any behavior due to the workshop. All participants (100%) reported that this was needed dialogue and that they would recommend the workshop to a friend. One participant, who was apprehensive to attend initially, to her own surprise felt more comfortable than she had imagined — so much so that she disclosed that she was HIV+ and had transmitted the virus from unprotected sex with her bisexual husband ten years prior. The most gripping comment she reiterated throughout the workshop was that "If I had this type of discussion in my life 10 years ago, I would not be positive."

LESSONS LEARNED: What we have found through the implementation of this workshop is that people can and will increase communication skills surrounding sensitive subjects such as sexuality and homophobia, if provided

this innovative opportunity to discuss and safely connect with an opposing sexuality group. Also, through the increased awareness and understanding of why people sometimes choose not to disclose their sexuality and/or HIV status, less risky sexual decisions can be made with this new awareness and understanding due to that risk being placed into a real, non-stereotypical perspective. Participants of the workshop learn to re-evaluate core beliefs surrounding homophobia and sexuality that motivate unsafe and misinformed sexual behavior. The most important factor learned is that this dialogue between the sexuality groups needs to occur and will be a key factor in the decrease of HIV transmission.

ABSTRACT 850

STD Control for HIV Prevention: Assessment of Venue-Based Interventions in 3 US Cities

Barnes, R¹; Farley, T²; Cohen, D²; Rompalo, A³; Nwokolo, E³; Leone, P⁴; Miller, W⁴; Fox, K¹; Kamb, M¹; Irwin, K¹

1 Centers for Disease Control and Prevention, Atlanta, GA; 2 Louisiana Department of Health, New Orleans, LA; 3 Baltimore City Health Department, Baltimore, MD; 4 North Carolina Department of Health and Human Services, Raleigh, NC

BACKGROUND: In 1998, CDC funded demonstration projects to assess feasibility of STD control for HIV prevention in 3 US cities with high STD and HIV prevalence; New Orleans [NO], LA, Baltimore [B], MD, and Wake County (Raleigh) [WC], NC.

OBJECTIVES: Summarize preliminary project findings and discuss implications for STD and HIV control interventions for project sites and potential relevance for other locales.

METHODS: Urine-based STD and HIV testing, surveys, focus groups, geographic mapping, and analysis of STD and HIV clinic records were used to assess gaps in STD control, identify STD/HIV co-infected populations, and develop STD control strategies that might reduce HIV. Sites assessed prevalence of STD, HIV, and STD/HIV co-infection in persons attending these venues not routinely screening for STD: emergency departments (EDs), educational facilities, community-based outreach organizations (CBOs), and HIV clinics. Two sites assessed co-infection in STD clinic patients.

RESULTS:

INFECTION STATUS	Chlamydia (CT) +	Gonorrhea (GC) +	Trichomonas (Trich) +	HIV +	HIV/STD Co-infection (with CT, GC, or Trich)
VENUE (number screened)	%	%	%	%	%
Emergency Department (ED)					
Public ED [B] (321)	6.5	5.0	2.5	0.9	0.0
Public EDs -2 [NO] (616)	11.2	2.3	-	1.8	0.5
Private ED [B] (17)	5.9	5.9	-	5.9	0.0
Private ED [NO] (262)	12.2	2.3	-	1.1	0.0
CBO – outreach services					
IV Drug Users (IDU) [B] (109)	1.8	6.4	17.4	4.6	1.8
Sex Workers [B] (10)	10.0	20.0	60.0	0.0	0.0
Homeless Youth [NO] (102)	13.7	2.0	-	0.0	0.0
Educational Facilities					
Voc-tech school [NO] (94)	9.6	3.2	-	0.0	0.0
Community college [NO] (77)	13.0	2.6	-	0.0	0.0
Colleges – 2 [NO] (226)	6.2	2.2	-	0.0	0.0
Other					
Public dental clinic [NO] (327)	9.5	1.8	-	0.0	0.0
STD Clinic (all patients)					
Public clinic [B]	2.21	12.41	13.42	4.31	0.1 – 0.6
HIV medical care clinic					
Public clinic [B] (104)	0.0	0.0	8.7	100.0	8.7
Public clinic [WC] (430)	1.4	0.7	1.8	100.0	4.0
Public clinic [NO] (1121)	1.5	1.1	-	100.0	2.6

¹n = 38007; ²n = 13330

CONCLUSIONS: STD screening, treatment, and prevention counseling for HIV-infected persons in medical care may be useful for HIV control and should be considered in routine care of all HIV-infected persons. Enhanced STD/HIV screening in these community and medical venues (except STD and HIV clinics) identified many STDs, but few cases of STD/HIV co-infection. This points to the difficulty in identifying venues other than STD and HIV clinics where co-infected persons can be found in these communities. Screening in such venues may be a useful strategy for STD control. It remains uncertain whether this strategy may be useful for HIV prevention in these communities.

ABSTRACT 851

STDs Among Out-of-Treatment Substance Abusing Women Enrolled in a Community Prevention Study

Cottler, LB; Meeks, C; Stoner, B; Williams, RC; Compton, WM; Ben-Abdallah, A

Washington University School of Medicine, St. Louis, MO

BACKGROUND: Public health efforts to reduce HIV and STDs are especially important in St. Louis, which ranks 2nd in the nation for chlamydia, 3rd for gonorrhea,

and 8th for syphilis. Given that STDs co-occur with HIV and other high-risk behaviors, we conducted STD screening along with HIV pre and post-test counseling in a high-risk group of women.

METHODS: As part of two NIAAA and NIDA prevention studies to reduce high risk behaviors in out-of-treatment substance using women in the St. Louis area, STD/HIV testing and counseling are conducted. The urine-amplified probe is used for gonorrhea/chlamydia testing; hepatitis C, HIV and syphilis tests are conducted on blood. Eligibility for the NIAAA study includes being a heavy or problem drinker and testing negative for cocaine, opiates, and amphetamines. Eligibility for the NIDA study requires a positive urine test for at least one of these drugs.

RESULTS: To date, we have enrolled and tested 86 women in the NIAAA study and 72 women in the NIDA study. Fifty-nine percent of the NIAAA sample and 49% of the NIDA sample tested negative for any STD. Among the heavy drinkers in the NIAAA sample, 4% tested positive for hepatitis C, 5% for gonorrhea, 8% for chlamydia, and 2% for syphilis. Drug using respondents in the NIDA study had higher rates of all but one STD: 5% were positive for HIV, 26% for hepatitis C, 2% for gonorrhea, 10% for chlamydia, and 8% for syphilis. In both studies, older women were more likely to test positive for an STD. In the sample of heavy drinking women, 16% of younger women tested positive for any STD versus 22% of older women, while in the drug-using sample 27% of younger women tested positive for any STD versus 49% of older women. Past history of drug abuse, and quantity and frequency of alcohol in the presence of high-risk sexual behaviors will be analyzed to determine their association with STD status.

CONCLUSIONS: Increased attention to the health issues of this vulnerable group of women is essential to reducing the overall rates of STDs in this country. Further studies that include HIV and STD screening are vital to continue to identify persons most in need of public health intervention.

ABSTRACT 852

Prevention of AIDS- and HIV-Related Deaths Post-HAART

Buskin, SE; Sohlberg, EH; Wood, RW; Hopkins, SG

Seattle & King County – Public Health Department, Seattle, WA

BACKGROUND: Following the introduction of highly active antiretroviral regimens (HAART) for HIV infection,

HIV-related deaths and AIDS diagnoses in the US plummeted. Yet despite wide availability of HAART, AIDS diagnoses and HIV-related deaths still occur. Our objective was to measure and compare the impact of selected AIDS risk factors on the occurrence of AIDS and death.

METHODS: The Seattle & King County's Adult/Adolescent Spectrum of HIV-related Diseases (ASD) project is one of 10 metropolitan areas collaborating in the CDC-sponsored project. 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. Data from 1998 through the end of 2000 are included. We combined all HIV/AIDS-related endpoints as a single outcome labeled "AIDS/death", including both death and any new AIDS diagnosis (immunologic AIDS with a CD4 < 200, and opportunistic illnesses). The "exposures" of interest included: (1) refusal of antiretrovirals at any time; (2) poor adherence to HAART in 1998 and beyond; (3) late diagnosis of HIV, defined as < 4 months between HIV and AIDS diagnoses; and (4) injection drug use (IDU). For each exposure, we calculated relative risk (RR) that was deemed significant if the 95% confidence interval did not include (1). For each significant risk factor we also calculated an attributable risk percent (AR% or etiologic fraction) — the proportion of the outcome due to the factor among those exposed to the factor — and population attributable risk percent (PAR%), which estimates the amount of morbidity/mortality due to the exposure among all persons with HIV, not just those with the exposure.

RESULTS: We observed 62 deaths (32 without AIDS) and 215 new AIDS diagnoses among 247 persons with death/AIDS outcomes, out of a total of 1367 persons. As in the table below, a late diagnosis of HIV was associated with more than a 3-fold excess risk of AIDS/death, HAART refusal and poor adherence were each associated with more than a 50% excess risk. IDU was not significant.

Exposure/risk factor	Relative risk	95% CI	PAR%	AR%
Refusal of HAART	1.6	1.2 – 2.1	8.4%	37.5%
Poor adherence	1.7	1.4 – 2.2	15.8%	42.9%
Late HIV diagnosis	3.4	2.7 – 4.4	12.7%	70.9%
Injection drug use	1.3	0.9 – 1.9	Not applicable	

CONCLUSIONS: Our data allowed us to estimate of the amount of AIDS-related morbidity and mortality that could potentially be prevented, 71% with early HIV diagnoses and treatment, among the population of persons who did not receive early HIV diagnoses and care. Among all persons with HIV, early diagnosis and treatment may reduce AIDS morbidity/mortality by ~13%. Improvement in HAART adherence might reduce AIDS/death outcomes as much as 16%, and an additional 8% or more of AIDS/deaths may be preventable by greater acceptance/lack of refusal of HAART or factors associated with this. 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 planning to target AIDS prevention interventions.

ABSTRACT 853

Sexually Transmitted Disease Morbidity Among HIV-Infected Persons in Washington State: Implications for Resurgent HIV Transmission

Stenger, MR

Washington State Department of Health, Olympia, WA

BACKGROUND: Recent alarming trends in sexually transmitted disease (STD) morbidity among men who have sex with men (MSM) — many of whom are also infected with HIV — highlight the need for greater integration among STD and HIV surveillance systems. Mounting evidence for measurably increased HIV-transmission risk among individuals co-infected with ulcerative and non-ulcerative bacterial STDs argues persuasively for ongoing, routine surveillance of HIV and STD co-morbidity. The ability to determine the real-time extent of HIV co-infection in STD patients will clearly contribute to our ability to accurately predict and plan for future trends in HIV transmission.

OBJECTIVES: To retrospectively match HIV and STD surveillance registries to determine the extent, rate and character of HIV/STD co-infection and to investigate demographic and geographic factors associated with STD co-morbidity subsequent to HIV infection.

METHODS: As part of a CDC-supported initiative, Outcome Assessment through Systems of Integrated Surveillance (OASIS), Washington State STD and HIV/AIDS

registries were retrospectively matched using a weighted, proportional matching algorithm employing name-based identifiers and date-of-birth. Records matched using this algorithm are considered a minimum estimate of co-morbidity. Matching records were merged with demographic, geographic and morbidity data from both registries and the resulting records characterized.

RESULTS: Surveillance records for 108,669 persons reported with STDs between 1992 and 2000 were matched against records for 13,376 persons reported with AIDS, symptomatic and asymptomatic HIV infection in Washington State between 1982 and 2000. A total of 570 matching records were identified for analysis, which represents 4.3% of HIV/AIDS cases and 0.5% of STD patients reported during the study period. Seventy-two percent of STD episodes reported for HIV-infected persons during the study period occurred subsequent to HIV infection, and multiple episodes of STDs were documented for 19% of matched records. Gonorrhea was the most frequently observed STD occurring subsequent to HIV infection (49% of reported morbidity), while chlamydia, syphilis and NGU follow (20%, 15% and 9%, respectively). Eighty-two percent of STD morbidity subsequent to HIV infection was reported from Washington's major metropolitan area.

CONCLUSION: Co-infection with STDs directly documents ongoing sexual risk behaviors among persons with HIV infection. As morbidity and mortality among HIV-infected persons continue to decrease as the result of widespread use of highly active antiretroviral therapies, including protease inhibitors, ongoing surveillance for STDs among this population is warranted as a direct measure of potentially resurgent HIV transmission risk. Additional analysis of STD/HIV co-morbidity will provide HIV prevention planners with invaluable information for developing new prevention initiatives specifically targeting those groups with a documented risk for HIV transmission.

ABSTRACT 854

A Qualitative Study of Young Injection Drug Users' Experiences with Overdose

Sherman, SG; Smith, L; Laney, G; Strathdee, SD

Department of Epidemiology, Johns Hopkins University, Baltimore, MD

BACKGROUND: Mortality and hospitalization due to overdose is a serious problem among heroin users. In Baltimore, overdose is the leading cause of death among

injection drug users (IDUs) and exceeded the number of homicides in 2000 (DEA, 2000). New IDUs appear to be at high risk for overdose because of their lack of familiarity with the purity of local heroin and their reliance on more established users. This qualitative study examined overdose experiences among new injectors and their personal friends.

METHODS: Twenty in-depth qualitative interviews were conducted with young IDUs (ages 18-29) in Baltimore who had begun injecting within the prior three years and were participating in a larger, prospective study of HIV risk behaviors. Interviews were tape-recorded and a coding scheme was developed from the transcripts to examine common emerging themes associated with overdose experiences.

RESULTS: Participants were: 56% male; 95% white; had a mean age of 24 years (SD = 3.9); had begun injecting at the mean age of 21.7 (SD = 3.1); and all had been arrested related to their drug use. Ninety percent of participants injected heroin an average of 7 times/day. Seven participants had overdosed, 2 of whom did so the first time that they injected because of injecting too much heroin. Five had friends present during the overdose who helped them “come back,” and two participants took friends to the hospital. Only one had taken Naloxone as treatment for their overdose; the remainder did not know where to obtain it. Thirteen (72%) had friends who had had an overdose, seven of whom had been present during their experience. Of these, 5 tried to resuscitate their friends, with only 1 calling the paramedics. When probed why they did not take their friends to the hospital or call the paramedics, participants discussed their fear of the police.

CONCLUSIONS: Overdose appears to be a common experience in the lives of new IDUs in Baltimore. Participants were fearful of overdosing based on their own experiences or that of friends. The general fear of arrest or harassment precluded many from seeking medical help for themselves or others. Few knew where to get Naloxone, which is an effective treatment for overdose. The frequency of overdose among this small sample of new IDUs is alarmingly high and equal to those within larger samples of longer-term IDUs. This study suggests the importance of training newly initiated IDUs in overdose prevention and treatment. Fear of arrest during an overdose is grounded in their negative experiences and needs to be addressed in overdose prevention programs.

ABSTRACT 855

Peer-Based Intervention Models

Bowman, E

Care for Youth Foundation, Washington, DC

OBJECTIVE: To share information on how I developed a peer-based HIV and sexually transmitted disease (STD) prevention intervention model.

METHODS: As a result of my street outreach activities with youth in an inner city neighborhood of Washington, DC, I realized that most of the young people lacked the basic knowledge and understanding about the devastating affect of HIV in their own community, as well as in other parts of the world. I observed high levels of behaviors that put these young people at great risk for acquiring HIV and other (STDs). In addition, many parents failed to provide critical HIV and STD prevention information to their children.

I asked for and received permission from the director of a community center to conduct a series of discussions with a group of neighborhood youth to provide information about HIV and STD prevention and to promote positive peer-to-peer interactions. I publicized the existence of this discussion group by posting flyers in schools, churches, community bulletin boards, and street corners.

RESULTS: The group met twice a week and grew from 4 to 14 members in two months. Group members developed their own guidelines for participation and conduct; they established a name for the group, and gained respect for one another as well as enhanced their self-esteem. The group was highly unusual in the open and frank discussions about topics the members themselves selected. These topics ranged from HIV, sexual orientation, sexual and physical abuse, domestic violence, substance abuse, pregnancy, school issues, prospects for the future, their dreams, their fears, and more. During these animated and sometimes heated discussions, members often asked for and received feedback from their peers. Although the participants determined the topics, discussion was restricted to one or two topics to keep the meeting focused and to stay within the allotted time.

CONCLUSIONS: By allowing the members to shape and carry out their own program while still providing guidance, I was able to catalyze a group that engaged in discussions of tremendous honesty, depth, and validation. Perhaps more importantly, these discussions also fostered their ability to begin to take responsibility for HIV and STD prevention in their own lives by exploring these issues in terms that were meaningful for them. After meeting

together for six months the group had to cease because space was no longer available. Every participant wanted the group to continue, especially in light of the bond each one had developed with one another and with the group as a separate entity. Given the alarming statistics for HIV infection among youth, I feel that peer-based interventions should be a starting point for delivering critical HIV and STD prevention information.

ABSTRACT 856

State Approaches to Expanded Syringe Access Through Pharmacies

Silver, J¹; Munar, D²; Aragón, R³; Detoy, S⁴

1 American Foundation for AIDS Research (amfAR), New York City, NY; 2 Coalition for Responsible Syringe Policy, Chicago, IL; 3 Californians for Responsible Syringe Policy; 4 Rhode Island Medical Society, Providence, RI

ISSUE: As a result of state laws that restrict the sale of syringes without a prescription, as well as the limited supply of sterile syringes available through other venues, such as syringe exchange programs (SEPs), many injection drug users (IDUs) re-use and/or share syringes. This practice is contrary to Public Health Service guidelines, which recommend the use of a new, sterile syringe for each injection, and exposes IDUs to infection from HIV and hepatitis C. Injection drug use is the second leading cause of HIV infection in the US and accounts for one-half of hepatitis C cases.

SETTING: Although the vast majority (49) of states have paraphernalia laws that restrict the furnishing and possession of syringes, only 13 states have additional laws that require a prescription to purchase a syringe. Of these 13 states, seven have some type of provision to allow for the sale of syringes without a prescription in certain circumstances or quantities. However, six states have no such provision (California, Delaware, Illinois, Massachusetts, New Jersey and Pennsylvania).

PROJECT: Over the past ten years, a number of states – including Connecticut, Rhode Island and New York – have changed their laws in order to allow for the sale of syringes through pharmacies without a prescription. Other states – including Illinois and California – are considering similar legislative efforts in the interest of disease prevention. This panel will present information on current state policies designed to broaden syringe access, as well as legislative efforts to pass similar laws in California and Illinois, including:

- (1) Documentation available to substantiate the need for such changes in law;
- (2) The legal approach used in each state;
- (3) Legislative efforts to adopt such laws, including coalition advocacy efforts by community and pharmacy groups;
- (4) Experience implementing such laws, including the level of pharmacy involvement in voluntary programs; and
- (5) As available, evidence regarding the effect of such programs on syringe availability, needle exchange utilization and needle sharing.

RESULTS: After the law in Connecticut was changed, 83% of pharmacists sold nonprescription syringes (Velleroy, et al., *Journal of AIDS and Human Retrovirology*, 1995; 10:73-81), and IDUs reported that their syringe purchases from pharmacies rose from 19% to 78% and street or “black market” purchases (which are not necessarily sterile) fell from 74% to 28% (Groseclose, et al., *Journal of AIDS and Retrovirology*, 1995; 10:82-89). In just the first few months after New York State’s implementation of the Expanded Syringe Access Program (ESAP), over 2,100 pharmacies have registered to participate in the program, including 54% of all community pharmacies.

LESSONS LEARNED: Legislative efforts to amend state laws to allow for the nonprescription sale of syringes will significantly expand IDUs access to sterile syringes, thereby reducing the potential for needle sharing and related infections. Educating elected officials regarding the relationship between disease prevention and access to sterile syringes can have important implications for such efforts.

ABSTRACT 857

Preventing HIV, STDs, and Unplanned Pregnancies in Young Women Entering the US Military: A Cognitive-Behavioral Approach

Boyer, CB¹; Shafer, MA¹; Betsinger K¹; Shaffer RA²; Brodine SK^{2,3}; Kraft H²; Schachter, J¹

1 University of California (UCSF), San Francisco, CA; 2 US Naval Health Research Center, Arlington, VA; 3 San Diego State University, San Diego, CA

ISSUES: Young, single, sexually experienced women are at risk for HIV/STDs, and unintentional pregnancies (UIPs). Research has shown that HIV/STD prevention interventions based on cognitive-behavioral principles are

effective strategies for building skills and/or modifying behaviors associated with these health outcomes.

SETTING: The goal is to evaluate the feasibility and effectiveness of a cognitive-behavioral intervention to prevent and reduce the risk of HIV/STDs and UIPs in young women from throughout the United States entering recruit training for the military.

PROJECT: A randomized control trial assessing pre- and post-intervention measures of sexual behavior, STDs, and UIPs, is utilized to evaluate the intervention. The intervention's development was guided by the Information, Motivation, and Behavioral Skills (IMB) Model (Fisher and Fisher, 1992). It consisted of four, two-hour interactive and didactic group sessions that focused on: information about the prevention and risk factors associated with HIV/STDs, and UIPs (female anatomy, effective contraceptive methods, and use of alcohol and other substances); psychosocial factors (motivation) such as peer norms, self-efficacy, behavioral intentions; and skills-building strategies to enhance communication and problem-solving skills. The control condition was conducted in a similar manner and focused on improving the participants' physical performance through promoting healthier food choices and preventing physical training injuries.

RESULTS: Of the 2288 women approached, 2157 (94%) voluntarily agreed to participate; 1062 (49%) and 1095 (51%) were assigned, by platoons (groups of 50 – 60 women), to the intervention and control conditions, respectively. The participants were primarily young, (mean age = 19.2 years), single (90%), of diverse racial/ethnic backgrounds (white 58%, Latino 20%, African American 16%, other 6%), and sexually experienced (85%). At baseline, the participants were at risk for STDs: 59% initiated sex at ≤ 16 years of age; 82% had ≥ 2 sexual partner; 16% had a history of pregnancy; and 12% had STDs. In the three months prior to the study, 29% had ≥ 2 partners, 57% used alcohol/substances before/during sex, 56% did not use birth control, and 73% did not use condoms consistently; 48% perceived their partners had other partners. At screening, 24% had vaginal symptoms, and 13% were positive for an STD (11% chlamydia, 2% gonorrhea, 2% trichomonas). To date, we have followed 803 (51% intervention) participants at 9 – 11 months post intervention. This number reflects 42% of the 1912 individuals who completed the program: 49 (3%) have declined further participation, and 95 (5%) have been lost to follow-up.

LESSONS LEARNED: Although it is too soon to evaluate the effectiveness of the intervention, our baseline findings of a high prevalence of sexual risk factors and STDs in this national, non-clinical sample of young women suggest the need for ongoing comprehensive interventions

that integrate STDs, HIV, and UIPs into a single program. Such programs should include STD screening and behavioral risk reduction and should also target non-college populations.

ABSTRACT 858

Exploring HIV Risk Behaviors in California African American Gay Men

Webb, DS; Truax, SR

California Department of Health Services, Sacramento, CA

BACKGROUND: African Americans in the United States are disproportionately affected by the HIV epidemic. African Americans represent 37% of all AIDS cases reported in the US while representing only 12% of the total population (CDC, 1998). HIV transmission in African American communities has primarily been viewed as a problem among heterosexual injection drug users and their sexual partners. However, the proportion of AIDS cases attributed to African Americans men who have sex with men (MSM) (36%) is almost equal to that attributed to injection drug use (38%) (CDC, 1998). In addition, African American MSM have the highest AIDS incidence rate of all MSM racial/ethnic groups. Significant research has examined the risk factors associated with HIV infection in MSM. However, there is less research that specifically targets risk factors associated with HIV infection for African American MSM.

METHODS: Data was obtained from structured interviews at California state-funded voluntary HIV testing sites from July 1, 1996, through June 30, 2000. Responses from African American MSM clients who were tested for HIV with valid test results ($n = 6471$) were used for this analysis. We used logistic regression analysis to examine behavioral and demographic variables significantly associated with HIV infection for this group.

RESULTS: The HIV infection rate for this sample was 7.66% ($n = 496$). Logistic regression analyses indicate that African American MSM who engaged in anal receptive sex were at elevated risk for HIV infection when compared to those who did not report anal receptive sex (OR 2.6; 95% CI 2.1 – 3.2). African American MSM who received money for sex (OR 1.6; 95% CI 1.1 – 2.3), reported using amphetamine (OR 1.4; 95% CI 1.1 – 1.9), or had sex with an HIV infected partner (OR 1.4; 95% CI 1.2 – 1.8) were also associated with elevated risk for HIV infection. African American MSM were more

than twice as likely to be infected with HIV compared to all other racial groups who tested at California state-funded testing sites during the same time frame.

CONCLUSIONS: The African American MSM in this analysis demonstrated clearly definable HIV transmission and exposure risks. These data suggest that African American MSM engaging in receptive anal sex, exchanging sex for money, and using methamphetamine have a significant level of transmission risk. Prevention counselors should consider incorporating comprehensive sexual risk reduction strategies and drug treatment counseling focused on amphetamine use. Additional studies examining the role that amphetamine has in relationship with HIV infection among African American MSM may be useful in developing prevention activities.

ABSTRACT 859

HIV Risk Networks and Risk Prevention in Urban, Low-Income Buildings Housing Older Adults

Schensul, JJ¹; Levy, J²; Dushay, R¹; Ward, E²

1 Institute for Community Research, Chicago, IL; 2 University of Illinois, Chicago, IL

BACKGROUND: Sites, settings, life circumstances and social networks may predispose older adults to HIV risk exposure. Older adults in lower-income private or public housing may be exposed to opportunities for exposure to HIV infection including unprotected sexual activity and exchanging sex for drugs and money and injection drug use.

OBJECTIVES: To identify building, social network and behavioral factors associated with exposure to HIV risk and HIV knowledge among older adults in senior housing in two cities with high HIV/AIDS infection rates, Chicago and Hartford.

METHODS: The study utilizes ethnographic methods including participant observation and informal interviewing with residents, drug users and commercial sex workers in and outside of residential units, and an epidemiologic survey of approximately 800 building residents in a total of approximately 14 buildings in both cities, which includes sexual and drug risk behavior, HIV knowledge and attitudes, and a building network survey.

RESULTS: Ethnographic data were collected from neighborhoods and buildings in two cities. Interviews were conducted with approximately 240 residents from

both cities. Data analyzed on the Hartford building showed Puerto Rican residents had a lower median HIV knowledge score (-1) than non-Puerto Rican residents (median = 4; Mann-Whitney $p = .04$). HIV knowledge is higher for sexually active respondents, but just misses significance (2.9 vs. 0.9, $t(64) = 1.70$, $p = .09$); and it is likewise higher for drug using respondents, but just short of significance (5.7 vs. 1.7, Mann-Whitney $p = .08$). A building network was constructed that showed two cliques — a Puerto Rican, Spanish-speaking clique on the periphery of a larger English-speaking network. HIV knowledge is loosely associated with network position. For English speakers, location in the middle of the network is associated with good knowledge about HIV ($p = .33$, $p = .02$), but this is not true for Puerto Ricans ($p = .10$, $p = .74$). Residents who are HIV+ or who use illegal drugs are close to the center of the English-speaking network. Over 50% of residents are sexually active, and most sexually active men see commercial sex workers without using condoms. This analysis will be repeated for the Chicago building.

CONCLUSIONS: The study to date shows that older adults are involved in drug use and with commercial sex workers. HIV knowledge overall is poor but varies in relationship to ethnicity and position in social network, which in turn are related to exposure to sexual and drug risk. HIV knowledge does not correlate with condom use. These data suggest that building-level HIV prevention interventions are necessary, combining network, small group and individualized interactive education with residents, and commercial sex workers.

ABSTRACT 860

Outreach as a Gateway to the Prevention-Care/Prevention Continuum: Results of a Continuous Quality Approach to Program, Staff and Data Development and Evaluation

Indyk, D¹; Boyer, A²; Ellis, I⁴; Love, G³; Pantin, D⁵; Strauss, D⁶

1 Mount Sinai School of Medicine, New York City (NYC), NY; 2 Mount Sinai/ Health Bridge, NYC, NY; 3 Women's Information Network, NYC, NY; 4 Dominican Sisters Family Health Service, Ossining, NY; 5 Project Return Foundation, NYC, NY; 6 VIP Program, Substance Abuse and Mental Health Services Administration (SAMHSA), Rockville, MD

ISSUE: As outreach workers increasingly are confronted with individuals with undiagnosed or untreated disease(s), they are in greater need of sustained training, resources and linkages to systems of care as well as to preventive services. The challenge is to provide outreach staff with training, resources and linkages through which to enable them to reach, engage, retain and follow-up individuals who are often not ready to be engaged.

SETTING: This panel will present 4 outreach approaches to diverse hard-to-reach populations in Manhattan and the Bronx, targeting African American, Mexican, homeless, women, and substance using individuals at risk for and living with HIV.

PROJECT: Five diverse NYC-based projects, 1) Dominican Sister Family Health Service (Title IV), 2) Health Bridge the Women Information Network (Title I and private funding), 3) Project Return Foundation (CDC and SAMHSA), and 4) VIP (SAMHSA) will be presented to describe the developmental approach which has evolved, in collaboration with a social scientist who has supported program, staff and data development and evaluation.

RESULTS: These programs will demonstrate how they are transforming outreach into a gateway to a continuum of services by: (1) incorporating principles of harm reduction and 'stages of change' approaches to many areas of operation and (2) developing the capacity to collect client-based data to support follow-up and retention. These outreach programs use harm reduction approaches to "reach" individuals "where they are at", geographically and emotionally, and to engage them gradually in care or preventive services. The aim is to turn contact into

connection, connection into bonding, and bonding into a bridge between the client and any services he or she might need. The "Continuous Quality Improvement" approach will be described which includes regular case rounds and sustained staff development. Workers and supervisors will describe how they "change their practice" and "practice change" and how they have been able to respond innovatively and progressively to emerging issues.

LESSONS LEARNED: Outreach is a "work in progress" and, as with other modalities must be continually improved through ongoing review of the outreach encounter to assess whom is being reached, where they are being reached and with what outcome; outreach must then be modified based on this feedback. The successful replication of this approach is contingent upon the linkage of front-line workers to accessible and sustained technical assistance which will enable them to develop new outreach and intervention skills and support their efforts to link clients within and between systems. Presenters will describe the common elements shared by these different approaches and the staffing and funding requirements needed to sustain these models.

ABSTRACT 864

Profile of Outreach Activities in Puerto Rico Organized by the Puerto Rico Department of Health

Ocasio, J; Colon-Cartagena, N; Colon, E; Garcia, T; Rullan, J

Puerto Rico Department of Health, San Juan, PR

BACKGROUND: Puerto Rico has an AIDS epidemic characterized by the fact that over 50% of cases have as a risk factor injecting drug use. Since this population does not procure health services by attending clinics alternate strategies are need to help these persons' access to services. Outreach activities providing screening services, physicians and ancillary services were coordinated to improve this situation.

OBJECTIVE: Provide the most current data that will help guide program to modify current outreach strategies and create alternate initiative that will help curtail the AIDS epidemic in this sector of the population.

METHODS: During year 2000, the Outreach section of the Puerto Rico Department of Health coordinated outreach activities targeting injecting drug users. Services provided included testing for HIV zero-status and syphilis,

medical screening, treatment of STD's, referral to detoxification services, prevention health education and collection of socio-demographic data and risk history.

RESULTS: A total of 266 outreach were coordinated by the Puerto Rico Health Department, STD/HIV Prevention Section, Outreach Unit targeting injecting drug users. Areas targeted were profiled to assure the presence of the target population and cooperation within the community. Six health regions were visited and a total of 3239 persons screened for HIV. The overall positivity rate is 5.6% (184/3239), with the San Juan metropolitan area having the highest positivity rate, 5.7% (92/899). Of these 4% (131/3239) had a positive syphilis test. From these 36.9% accepted referrals to other services. Condom use was uncommon within this group. Main risk factor was needle sharing and unprotected sex. Shooting galleries were the best source to gain access to this population, specifically during morning hours.

CONCLUSION: Outreach activities that target injecting drug users in among best strategy available to access injecting drug users. These persons tend to frequent shooting galleries during the morning hours in order to satisfy their drug needs. Given the high positivity rate of 5.6% in this population it is necessary to continue to provide outreach services and related services to this sector in order to properly address the AIDS epidemic affecting these persons. Needle exchange programs need to be expanded and government agencies need to begin to provide these services also. HIV/STD prevention education and preventive case management services should also be more greatly emphasized for this sector.

ABSTRACT 865

HIV Counselor Certification: Quality Prevention Counseling Training for Counselors Means Quality Prevention Counseling for Clients

Knighon, T¹; Ferro, B²

1 US Department of Veterans Affairs' AIDS Service, Washington, DC; 2 US Conference of Mayors, Washington, DC

ISSUE: Recognition that there are no specific guidelines or standards dealing with HIV counselor certification on an organizational, local, regional, or national level. The quality of HIV prevention counseling is often in question. Only a few states provide HIV prevention counseling certification. How can we begin to implement consistency

throughout our HIV prevention counseling efforts?

SETTING: Our intended audience is counselors and the administrative staff overseeing HIV prevention counselors. This HIV counselor certification intervention could be at an organizational, local, regional, or national level.

PROJECT: Public health issues surrounding HIV infection predicates that HIV testing should not only be used as a diagnostic measure, but as a tool for HIV prevention. The CDC has designed HIV-testing and -counseling guidelines and curriculums designed to interface HIV testing with client-centered behavior modification techniques. Trained counselors learn how to facilitate client education, assess client risks, and use counseling skills to assist the client in learning what behaviors to examine that may reduce his/her risk of acquiring or transmitting HIV. This workshop will focus on the design, function and productivity associated with a counselor certification process. Participants will learn elements of comprehensive training, evaluation and continuing education. Attendees will have participation opportunities to generate benefits and challenges associated with establishing effective training and certification programs. Participants will have the forum to exchange experiences in structured exercises designed to offer templates for field use. This workshop assists prevention specialists to train and certify HIV counselors in testing and prevention counseling to deliver the highest standards of care to clients. HIV counselors who receive quality training can better assist clients in behavioral changes that help prevent risks of acquiring or transmitting HIV.

RESULTS/LESSONS LEARNED: Implementation of HIV counselor certification facilitates quality assurance and consistency of the HIV prevention counseling session, which in turn allows the client to be better served. Discussion during the panel session will convey the benefits, barriers, and difficulties in providing HIV counselor certification.

ABSTRACT 866

Aggressive Outreach, Education, and Service Provision is Effective in Reducing the Incidence of HIV Infection Among Female, Street-Based Sex Workers in Impoverished Communities

Wallace, JJ; Alexander, P; Weiner, A

FRom Our STreets with Dignity (FROST'D), New York, NY

ISSUE: Reducing the incidence of HIV infection among low-income, female, street-based sex workers.

PROJECT: Using two mobile units working in tandem, FROST'D has provided counseling and testing for HIV, syphilis, and hepatitis B, since 1989, as well as HIV risk reduction supplies (condoms, dental dams, lubricants, and bleach kits), prevention case management and referrals to drug treatment, health care, shelter, and public assistance, to female sex workers since 1991, and sterile needles since 1995. Women who choose to be tested for HIV are interviewed about various aspects of their work and personal lives.

RESULTS:

Process: During 1998-99, 5,305 women used our services (20,478 contacts). Of these, 804 were tested for HIV, 319 of them sex workers. During that period, we distributed to women: > 436,830 male condoms and 2,425 female condoms, and 45,695 syringes, as well as dental dams, lubricants, bleach kits, and literature. In addition, we distributed 15,365 bag lunches or food pantry bags, 70 sleeping bags, 1,119 toiletries kits, and 922 sets of clothing. Our staff provided 4,000 counseling and/or case management sessions to women, and referred 805 for additional services.

Outcome: Among sex workers who used our services, only 7.6% tested positive for HIV in 1998-99, down from 36.2% in 1989. In addition to sexual and drug use factors, we found that housing status was significantly associated with infection, with 10.1% who were domiciled testing positive, compared with 13.8% who were homeless or in unstable housing. In 1997, we noticed that 22.9% who tested with us for the first time tested positive, compared with 3.6% who had been tested repeatedly over two or more years since 1989.

LESSONS LEARNED: As has been observed throughout the world, poverty is a major risk factor for HIV, and our data suggest that stabilizing the housing of homeless

women would significantly reduce their risk for infection. However, our data suggest that even when housing is insecure, consistently providing a range of supportive services to impoverished women at risk for HIV can reduce the incidence of infection. Governments should increase funding for programs that not only promote safer sex and drug use behavior, but meet the survival needs of populations at risk.

ABSTRACT 867

Decriminalization of Prostitution, the Development of Occupational Safety and Health Regulations, and Access to Non-judgmental Primary Health Care Would Reduce Sex Workers' Vulnerability to HIV

Alexander, P

FRom Our STreets with Dignity (FROST'D), New York City, NY

ISSUE: In 1998, 94,000 persons were arrested in the United States on charges related to prostitution, 57.8% of them women (male arrests include both prostitutes and clients).

RESULTS: Estimates of the prevalence and incidence of HIV infection among sex workers in the United States vary widely (e.g., from 0.0% to > 50%), determined by the workplace (e.g., street vs. brothel vs. independent in/outcall), and the overlap with injecting drug use by the sex workers, their clients, and their significant partners. Other factors that affect sex workers' vulnerability to HIV and other STDs include violence, again related to workplace, and access to non-judgmental health and social services. The United States, and states and local jurisdictions, have allocated little money for sex work-specific HIV/AIDS prevention or health promotion projects. Because prostitution is illegal, there are no occupational safety and health regulations governing working conditions in the work place, such as mandatory universal precautions, leaving prostitutes and other sex workers vulnerable to pressures from management and clients to engage in unsafe practices. Moreover, in many jurisdictions police use possession of condoms as evidence of intent to commit prostitution. Although sex workers commonly report that police and law enforcement are the biggest problems in their lives, little HIV-related research on sex work has looked at issues related to the enforcement of the laws. Moreover, little is known about the health status of sex workers, or the health affects of sex work, beyond HIV and STDs.

RECOMMENDATIONS:

1. Social, behavioral, and epidemiological research on sex work should examine the effect of the laws and their enforcement on sex workers' health.
2. City, state, and federal public health agencies should recommend that legislators examine the impact of criminalization of prostitution on public health.
3. City, state, and federal public health agencies should allocate funding for health clinics for sex workers, to provide non-judgmental health care and collect data on sex workers' health.
4. States and local jurisdictions should establish commissions to evaluate the effect of laws and regulations on sex workers' health, and consider changes in the law, including looking at changes proposed and/or underway in Australia, New Zealand, the Netherlands, and Germany.

ABSTRACT 869

Coalition Building: Targeting Special Concerns Populations to Further Build a Community's Capacity

Branch, L; Edwards, B; LaKosky, PA; Lesondak, LM; Davis, S

Chicago Department of Public Health, Chicago, IL

ISSUE: Community coalitions have been established to address the lack of various services around a particular issue. In Chicago, a myriad of coalitions have been established to address the needs of HIV in various community areas, however due to lack of resources many of these coalitions have not been able to meet the needs of special populations.

SETTING: The CDC has funded 3 regional coalitions in the city of Chicago. Various community agencies and individuals have participated in the coalitions to provide comprehensive HIV services within various communities,

PROJECT: The City of Chicago's Department of Public Health (CDPH) has overseen the funding of the 3 coalitions. The goal of the coalitions is to increase consumer access to health services and strengthen the existing linkages among local prevention, treatment and care providers to better serve these communities. The city's Capacity Building Department has appointed Community Health Specialists to aid in the development, implementation,

and evaluation of coalitions addressing HIV prevention needs. During the second year a Special Concerns Populations (SCP) Task Force was established to better assess the needs of various communities that have been underserved.

RESULTS: The 3 coalitions have recruited close to 100 agencies and several hundred individual members. The various agencies have representatives assessed the needs of the of Special Concerns populations. These groups include persons who are transgender, homeless, with mental and physical disabilities, commercial sex workers, women who have sex with women, and sexually active persons over 50. Reliable data on these subpopulations in the Chicago until now was unavailable. The coalitions in collaboration with university researchers played a central role in designing and implementing research tools necessary to collect information on these groups. Targeting these special populations has enabled the CDPH better serve these underserved communities.

LESSONS LEARNED: The CDPH project has demonstrated how different coalitions can facilitate and share overlapping issues to further develop the resources of the individual coalitions. Members of these coalitions serve on different public health coalitions and have begun to provide regular feedback to the various community and local government. This collaboration has enabled formal linkages between agencies to better serve the public health needs of the various communities that have been previously unmet.

ABSTRACT 870

Determinants of No Prenatal Care in HIV-Infected Women, Selected US States, 1993-1997

Elam-Evans, LD; Fleming, PL; Wortley, PM; Lindegren, ML; Li, J

Centers for Disease Control and Prevention, Atlanta, GA

BACKGROUND: Lack of prenatal care (PNC) is a key barrier to maximal reduction in perinatal HIV transmission; its impact disproportionately affects certain subgroups of women.

OBJECTIVE: To identify determinants of no PNC in a population of HIV-infected women.

METHODS: HIV surveillance data were matched to birth registries to identify 1,839 HIV-infected women who delivered infants in CO, IN, LA, MI, MO, NJ, and SC between 1993 and 1997. Supplemental data were collected

through a review of maternal and infant medical records. Authors used logistic regression to identify determinants of no PNC in the overall population of HIV-infected women. Because drug use is strongly associated with no PNC, analyses were computed overall and were also stratified by whether or not illicit drugs were used during pregnancy to identify barriers to PNC among both drug using and non-drug using women.

RESULTS: In the overall population ($n = 1,839$), 77% were African American, 60% were age 20 – 29, 70% were parous at the time of the current pregnancy, and 31% used drugs during the pregnancy. Overall, 12% of the HIV-infected population received no prenatal care. Twenty-nine percent of 563 HIV-infected women who used drugs during pregnancy and 5% of 1,276 who did not use drugs received no PNC. In the overall model, women who used drugs during pregnancy were 7.4 (CI = 5.3 – 10.4) times more likely to receive no prenatal care compared to women who did not use drugs during pregnancy, controlling for age, race, parity, and size of metropolitan area of residence. Additionally, women residing in metropolitan areas under 2.5 million population were 2.1 (CI = 1.3 – 3.3) times more likely to receive no prenatal care compared to residents in populations over 2.5 million, controlling for the above mentioned variables, including drug use. In models stratified by drug use, we found that among drug users, residents of metropolitan areas under 2.5 million remained at increased risk for no prenatal care (OR = 3.1, CI = 1.8 – 5.4). None of the factors examined were associated with increased risk of no prenatal care among non-drug users.

CONCLUSIONS: Drug use during pregnancy was the strongest risk factor for no prenatal care. Reasons why residents of metropolitan areas under 2.5 million were more likely to have received no prenatal care were not evident from the variables in our analysis, but may be related to the availability of outreach programs or other interventions in larger metropolitan areas. Programs geared towards the prevention of perinatally acquired HIV infection should begin by addressing the substance abuse needs of at-risk women.

ABSTRACT 871

Women Living with HIV/AIDS: A Curriculum for Cross-Cultural Issues in Care for HIV Care Providers

Núñez, AE; Santana, D; Gold, M; Beck-Weiss, L; Polonsky, M; Foster, JA

MCP Hahnemann University School of Medicine (Drexel University), Philadelphia, PA

ISSUE: HIV health care providers, although immersed in the care of HIV-positive women from minority communities, may not be fully aware of the day-to-day issues facing individuals with the dual, alternate cultures of living with HIV and living as an ethnic minority.

SETTING: A university hospital-based, multi-specialty, outpatient HIV program serving ethnic minorities.

PROJECT: Following a needs assessment utilizing focus groups of HIV-positive African American and Latina women, a curriculum was designed to highlight gender difference, primary care issues for women, cultural issues in care, and situations identified as challenging by HIV-positive patients. Additional needs assessment was performed with selected staff from the clinic to determine preferred timing and mode of delivery. The curriculum was delivered in 2, 1.5 hour sessions. The first (AM) session was to raise awareness of issues unique to women living with HIV/AIDS, focusing on discussing minority women's issues separate from HIV and including a video. The second seminar (PM) built on the first by introducing the culture of HIV into this picture and by presenting practical interventions to overcome the cross-cultural gap, including case vignettes with suggested ways of improving cross-cultural interactions.

RESULTS: Nine individuals participated in the first session, with an additional 11 joining the second for a total of 20 health care providers trained. Evaluations of the overall curriculum revealed all participants feeling that the curriculum was clearly presented, 77% that there was a high degree of participation, and 66% that it was effective. The video was particularly highly rated. The second session was disrupted by participants' being interrupted by clinical duties.

LESSONS LEARNED: Health care providers benefit by participation in interventions to improve their cross-cultural efficacy, especially when involving video and with practical applications provided of every day situations. Clinical responsibilities may impact on the delivery of a curriculum unless planned for and avoided if possible; morning sessions, prior to start of the workday, are preferable.

ABSTRACT 872

Limited Prevention of Perinatal HIV Transmission in Philadelphia

Foster, JA; Bagarazzi, ML; Yates, LC; Hassey, KA; Aaron, E

St. Christopher's Hospital for Children, MCP Hahnemann University (Drexel), Philadelphia, PA

BACKGROUND/OBJECTIVE: Effective treatment is available to prevent HIV transmission, however, our clinic continues to see new cases of perinatal HIV infection (PHI) and in increasing numbers. Our objective was to examine characteristics of children presenting with new PHI with special focus on mothers not previously known to be HIV+ prior to diagnosis of the child over a 15-month period at SCHC.

METHODS: A retrospective chart review of newly diagnosed infants and children with PHI.

RESULTS: Eleven new cases of PHI presented from 6/99 – 9/00 (increase from 3 cases in previous 15 mo.). All were African American (60% of clinic is African American), with mean age 6.5 months (1 wk. to 24 mo.). Four cases (36%) born to mothers known HIV+ prior to birth, 2 (50% of known HIV) received adequate prenatal care including ART, but had high viral load and resistant virus, PHI diagnosed within 2 mo. in infants. Of 4 infants born to known HIV+ mothers: birth PCR was positive in 2, negative in 1, not done in 1. Seven mothers (64%) not known HIV+ at child's birth: all had at least 2 pre-natal visits; 5 (71%) reported a negative HIV test on first presentation of a sick infants (2 could be confirmed HIV- from prior testing); 5 (71%) were employed; 6 (86%) denied drug use; all denied injection drug use; 6 (89%) were involved in a relationship with the father at time of diagnosis. Of 9 infants with unknown PCR at birth, 6 (67%) had B or C symptoms at birth, 2 with PCP, the mean age of symptomatic cases was 10 mo., and 1 died shortly after diagnosis. Mean CD4 in infants was 734 (25%) and all had viral load > 50,000 copies/mL (63,000 to 35,000,000). Maternal CD4 counts/viral load met criteria for start of ART in all mothers.

CONCLUSIONS: Perinatal transmission, in general, has been reduced significantly but is not solved. Women in our population were a group of fairly mainstream, working-class African American women, accessed care, were HIV+, did not know, and believed themselves to be HIV-, but had PHI infants. This results in excess morbidity and mortality in infants and women who have untreated HIV. The confusion over HIV status

challenges clinicians in assessing risk of HIV infection at delivery and in sick infants and children. Better testing for HIV during pregnancy is needed to ensure that results get to mothers, providers of pre-natal care, and pediatricians.

ABSTRACT 873

Criminal Law and HIV Transmission: An Analysis of Criminal Prosecutions as Structural Interventions to Regulate Behavior

Lazzarini, Z¹; Bray, S²; Messing, N²; Burris, S³; Blankenship, K²

1 University of Connecticut Health Center, Storrs, CT; 2 Yale University, New Haven, CT; 3 Center for Law and the Public's Health (Temple University – Beasley School of Law, Philadelphia, PA, and Johns Hopkins University School of Public Health, Baltimore, MD)

BACKGROUND/OBJECTIVES: Criminal law has been widely deployed as a structural intervention by legislatures as a means of regulating the behavior of people with HIV. Most states have passed legislation that regulates at least some behavior by people with HIV to some extent, though the types of behavior regulated and the severity of the punishments for violation vary substantially among the states. In standard criminological theory, the effectiveness of these laws to deter behavior will depend in part on the individual's perception of the chances of a violation being detected and punished. Key component of this analysis, in turn, are the frequency with which such laws are enforced, the outcomes of the prosecutions, and the extent to which prosecutions and outcomes are covered in the media. While the number and type of regulations have been reported in the past, there have been no reliable estimates of these key frequencies.

METHODS: We used Westlaw and Lexis electronic legal and news media databases to collect reported cases and media reports of criminal prosecutions of individuals with HIV, based on behavior that allegedly violated general criminal laws or HIV-specific laws. We computed the average number of news stories per case and the length of stories.

RESULTS: We have identified over 200 separate cases, arising under general criminal law, HIV-specific laws and sentencing enhancement statutes. News coverage is generally not extensive or detailed.

CONCLUSIONS: This level of prosecution is very low compared to other sex-related crimes such as rape and prostitution. The level also appears low in light of the data indicating that most people with HIV do at least on some occasions have sex with partners who are not aware of their infection, or otherwise engage in conduct that could be the basis of a criminal charge under some of state laws.

ABSTRACT 874

Improving Options for Safe Community Disposal of Used Syringes: An Important Step in HIV Prevention For IDUs

Jones, TS¹; Taussig, J¹; Burns, A²

1 Centers for Disease Control and Prevention, Atlanta, GA;

2 American Pharmaceutical Association, Washington, DC

ISSUE: HIV prevention efforts to increase the availability of sterile syringes to IDUs can be questioned because of concerns about possible increases in unsafely discarded used syringes in the community. Increased pharmacy sale of sterile syringes should, ideally, be linked to improved community programs for safe disposal of used syringes. Such programs will benefit both IDU and non-IDU syringe users (e.g., people with diabetes who use insulin and home health care patients). Occupational needle-stick injuries in the community are a major concern, particularly due to the increases in “pick lines” where workers remove recyclable items from the general solid waste stream.

SETTING: The community injuries and control efforts are defined as outside health care facilities. Improved community syringe disposal involves households, pharmacies, public places (e.g., parks, streets), hotels, airplanes, landfills, and other locations.

PROJECT: To bring together the major groups concerned about safe community disposal of used syringes: from syringe manufacturers, syringe prescribers, syringe sellers, professional groups working with patients using syringes, solid waste industry, medical waste industry, occupational safety and health, and public health. To establish working relationships and communication among these groups, to share information about the dimensions of the problem, to identify possible solutions, and to build a working collaboration to increase public understanding of the problems and possible solutions.

RESULTS: In January 2001, CDC, American Medical Association, American Pharmaceutical Association, American Association of Diabetes Educators, and Academy of Educational Development co-sponsored a meeting that brought together major syringe manufacturer and solid waste companies, federal agencies, state government environmental program managers, and representatives of pharmacy, home health industry and medical waste disposal companies.

LESSONS LEARNED: The meeting participants agreed that needle-stick injuries outside of health care facilities are a substantial public and occupational health problem and that practical solutions that will reduce or eliminate community generated sharps from solid waste are needed. A coalition was formed to develop more information on the occupational needle-stick injuries, possible solutions, and a public education campaign. The Panel Oral session will include speakers on the occupational needle-stick injuries in solid waste handling, a community syringe disposal program, the role of pharmacy, and public health.

ABSTRACT 875

Criminal Law, Policing, and HIV Risk Among Street Sex Workers and Injection Drug Users

Blankenship, KM¹; Koester, S²

1 Yale University, New Haven, CT; 2 University of Colorado, Denver, CO

ISSUE: Laws and policies form a part of the context in which health and health risk is produced. Some laws and policies are promoted specifically to impact on health. Some are promoted for other purposes but have an impact on health nevertheless. In this paper, we examine some of the ways that criminal law and policing impact on the HIV risk of street-based sex workers and injection drug users (IDUs).

SETTING: We draw from ethnographic work conducted by the two authors, among female street sex-workers in New Haven, CT, and active IDUs in Denver, CO, respectively.

RESULTS: We have identified three different ways in which criminal law and policing policies affect HIV risk among street sex workers and IDUs:

- 1) Most directly, laws and policing policies affect HIV risk by impacting on the availability of HIV protective measures — condoms and syringes. By confiscating or poking holes in condoms, or using the presence of

condoms as probable cause for a prostitution arrest, policing practices limit the availability of condoms for sex workers. Laws prohibiting the sale of syringes or needle exchange all contribute to IDUs' HIV risk by reducing syringe availability. Laws and policing practices may also affect risk by impacting on the conditions under which condom and syringe use is negotiated. For example, police crackdowns can increase sex worker HIV risk by making it more difficult to negotiate with clients over condom use.

- 2) More generally, criminal law and policing make street sex workers and IDUs more vulnerable to arrest and, in turn, more likely to be incarcerated. High rates of incarceration among these two populations can increase their vulnerability to HIV in a number of ways. For example, individual opportunity for drug treatment may be affected by incarceration. Felony convictions also can permanently impact on individual access to various programs (e.g. food stamps, housing, income assistance). Families are broken up by incarceration, as are sexual and drug-use networks, all of which impact on HIV risk.
- 3) Police behavior creates and recreates the vulnerability of street sex workers and IDUs in many different ways. Sex work becomes not an economic activity, but an identity that follows women wherever they go. Similarly, the identity of street IDUs is reduced by law enforcement to a single activity. Other government agencies, from housing to public health, implicitly accept this "diffusion of criminalization" model. Even drug users and sex workers struggle as they incorporate and reject this same perspective in their self-images.

LESSONS LEARNED: Coercive social-control policies can produce health risk. Changes in policing and criminal law can serve an HIV prevention function.

ABSTRACT 876

Providing Adherence Support to Special Population: Reaching, Engaging and Retaining Elusive Individuals in Consistent Care

London, K; Boyer, A; Indyk, D

Mount Sinai School of Medicine and Mount Sinai Hospital, New York, NY

ISSUE: HIV is but one of a multitude of complex problems confronting many individuals. Large numbers of individuals

lack access to consistent care. Where can these critical masses of "high-risk" individuals be found, engaged, and linked to support their retention in appropriate levels of primary, specialty, complementary and preventive care, mental health services and clinical trials?

SETTING: In New York City, the Division of AIDS Services places hundreds of PLWAs in single-room-occupancy hotels (SROs) throughout. Through outreach to actively using PLWAs living in selected SROs in Manhattan, it was determined (in 1997) that over 50% of these residents were not engaged in care. Reasons given for not being in care included:

- "I did [go to the doctor] before I was incarcerated, but I never made it back."
- "I just don't care anymore."
- "There's a two month wait for an appointment. If they don't want to see me..."
- "I have other things bothering me. My 9 year-old daughter was murdered last year."
- "I was going when I lived in Brooklyn, but I'm not in Brooklyn anymore."
- "I don't need any medicine. I'm not sick yet".

PROJECT: Health Bridge is a Title I funded program created in 1998 to address these needs through a low threshold home-based clinical harm reduction model, serving individuals residing in SROs. The goals are to bring individuals into care; keep clients in care; reduce additional risk and link prevention and care. Health Bridge provides a range of services including from urgent care to comprehensive primary care and follow-up and also links clients to primary and specialty care and preventive services. Prevention/health education measures are made relevant to and provided within the context of patients' lives.

RESULTS: Over the past 27 months, over 370 individuals have been enrolled in this program. Over 250 of these individuals have been linked to primary care, specialty care, mental health and preventive services. One hundred and fourteen are currently active. Of these, 28 are on prophylaxis, 6 are on HAART and 17 are on HAART and prophylaxis. Engagement requires multiple visits, reminders, incentives and reaching out to clients.

LESSONS LEARNED: The program incorporates behavioral change and harm reduction theory and practice to reach individuals "where they're at" — geographically, emotionally, spiritually, psychologically, financially and physically — while assessing each person's readiness for risk reduction, engagement in care and engagement in wellness and disease management, and while considering the individual's stage of HIV disease progression, mental health status and other co-morbidities. Clients may be ready: to open the door but not let anyone in; for nutritional support but not ready for a flu shot; to have

their blood drawn in their room, but not ready to go for a comprehensive medical exam; to go to the dentist, but not ready to go the ID clinic; for detox but not ready for prophylaxis; to take AZT to reduce the risk of perinatal transmission of HIV to their child, but not ready to be put on a regimen to treat their own disease.

ABSTRACT 878

Strategy For Preventing Vertical Transmission of HIV (Bombay Experience)

Merchant, RH; Damania, K; Oswal, J; Karkare, J; Gilada, IS

B.J. Wadia Hospital & Wadia Maternity Hospital, Parel, Mumbai, India

BACKGROUND: This prospective ongoing study evaluated the efficacy of an interventional regime to reduce perinatal transmission of HIV at a perinatal HIV clinic of a university-affiliated hospital in Bombay, India.

METHODS: After adequate counseling, consenting HIV-positive women were offered perinatal intervention in the form of a 4-arm protocol consisting of:

1. Administration of 400 mg of zidovudine (AZT) per day for the last 6 weeks of antenatal period;
2. Delivery by elective Caesarian section at 38 weeks gestation, before rupture of membranes;
3. Oral AZT powder in the dose of 8 mg/kg/day to the infant for the first 6 weeks of life;
4. Avoidance of breast milk.

Infants were followed up regularly for at least 18 months. A definitive diagnosis of infectivity was ascertained by two positive ELISA tests, done at the age of 9 months and 18 months.

RESULTS: Of the 135 mother-infant pairs enrolled, 23 infants were lost to follow up. Three infants died under 18 months of age without a confirmed diagnosis. Of the remaining 109 followed up, only 4 (i.e., < 4%) tested HIV-positive at 18 months. Of 229 mother-infant pairs who did not enroll for this study, and hence had not received perinatal intervention, 55 infants (24%) were infected.

CONCLUSIONS: This interventional strategy significantly reduced vertical transmission of HIV. The extent to which elective C-section benefited in reducing transmission needs to be further examined in our settings, where the

safety of Caesarian section particularly in immunocompromised women needs consideration. Our data reinforces recommendation that anti-retroviral therapy must be offered to HIV-infected pregnant women.

ABSTRACT 880

The Evolving HIV Epidemics Among Drug-Using Populations in South and Southeast Asia

Needle, R; Keenlyside, R; Jones, TS; Taussig, J

Centers for Disease Control and Prevention, Atlanta, GA

ISSUES: Drug abuse and HIV are increasingly significant public health problems in South and Southeast Asia. HIV/AIDS among injection drug users (IDUs) in South and Southeast Asian countries emerged in the late 1980's and early 1990's. In China and Vietnam, IDUs account for more than 60 percent of HIV/AIDS cases.

SETTING: In several South and Southeast Asian countries participating in the US Government-sponsored LIFE and Global AIDS Programs (including India, Thailand, Vietnam and China) rapid increases of HIV among IDUs are being reported. Recent outbreaks of HIV among IDUs in India, Vietnam, and China have been associated with overland heroin trafficking and distribution routes.

PROJECT: Regional and country profiles of drug use and the prevention responses will be synthesized from multiple sources, including the United Nations Drug Control Program World Report on Drugs, epidemiological data from UNAIDS/WHO, and information on current HIV prevention responses from reports to the Global Research Network on HIV Prevention in Drug-Using Populations. The poster will present recent epidemiologic and ethnographic data on drug use and drug use-related HIV in South and Southeast Asia reported by in-country observers and including data from 2001 LIFE/GAP field assessments in Vietnam and Thailand.

RESULTS/LESSONS LEARNED: Injection drug use is a major factor in HIV transmission in South and Southeast Asia. Evidence from more than 20 years of research on epidemics of HIV/AIDS among IDUs indicates that such epidemics can be slowed and even reversed. Introducing and/or expanding availability and access to comprehensive locally adapted interventions, such as community-based outreach, syringe access, and substance abuse treatment, can be effective strategies to prevent and control HIV epidemics among IDUs.

ABSTRACT 881

Assessing Prevention Practices in Ryan White CARE Act-Funded Clinics: A Pilot Study

Morin, SE; Maiorana, AO; Kahn, JO; Chesney, M

University of California – AIDS Research Institute, San Francisco, CA

BACKGROUND: Primary prevention services for people living with HIV has emerged as a priority in HIV prevention, due in part to the fact that more people with HIV are living longer and more sexually active lives. Medical providers are in a very strategic position to help prevent transmission of HIV by assessing their patients for sexual risk and needle-sharing behaviors, and providing counseling or referral to prevention services. If prevention programs are to effectively reach HIV-infected people, clinical care settings offer a major opportunity.

OBJECTIVES: This project is designed to assess the extent and variation of prevention practices for HIV-infected patients in a sample of clinics funded under the Ryan White CARE Act. The aims are to assess: 1) the practices of providers regarding prevention for HIV-infected patients, 2) the incentives and barriers to providing prevention services for HIV-infected patients, and 3) the perceptions of patients receiving care in these clinical settings regarding their prevention needs and the services provided.

METHODS: Assessment of prevention practices for HIV-infected patients in eighteen primary care settings in nine US cities with varying AIDS incidences through quantitative exit surveys with patients, qualitative interviews with clinic administrators, primary care providers, and patients, ethnographic observations, and secondary data on the different clinic sites. In the pilot study, 49 quantitative exit interviews with patients (27 men, 17 women, and 5 transgender male to females) assessed their perceptions and practices of providers in two medical settings in San Francisco.

RESULTS: Of the 49 patients interviewed immediately after a routine primary care visit, 28 (57%) reported that someone at the clinic had talked to them in the past year about safer sex, while only 4 (8%) had talked to someone about risk of transmitting HIV at that day's clinic visit. The majority of patients interviewed (61%) reported being sexually active, and 23% of those were concerned about having transmitted HIV to someone else in the last year. Eleven (22%), 8 (16%), and 6 (12%) respectively reported being asked about specific sexual activity for

oral, anal, and vaginal sex in the last year. Of the 10 persons reporting intravenous drug use, 6 (60%) have had someone talk to them about how to use needles safely at some point but none at that day's visit. Data from qualitative interviews confirmed that providers thought prevention was important though some acknowledged that risk assessment was not practiced routinely.

CONCLUSIONS: While some providers do engage in risk assessment and prevention counseling, the frequency of such prevention interventions does not appear to meet the potential offered by these patient contacts. Data from our full study in eighteen clinics across nine cities will yield additional data on the frequency of prevention interventions in Ryan White-funded clinics. Incentives for clinics taking the time for such interventions also need to be identified.

ABSTRACT 882

Tapping Youth as Agents for Change: Outcome-Based Evaluation of a Peer Education HIV/AIDS Prevention Program

Wallace, LJ; Sprong, S

The Medical Foundation, Boston, MA

ISSUE: Protect Teen Health (PTH) is a community-based, peer education initiative to prevent HIV infection among at-risk adolescents in Massachusetts. The goal of the PTH program is to develop teen educators who can, through education and modeling, discourage other adolescents from engaging in high-risk behaviors. With funding from the Massachusetts Department of Public Health (DPH), The Medical Foundation — a Boston-based, non-profit agency — is conducting a pilot evaluation of PTH.

SETTING: Community-based peer education programs located in approximately 60 sites across Massachusetts. Peer educators are teenagers from ethnically diverse backgrounds and communities hired by a DPH funded program.

PROJECT: The goal of this project is to explore the feasibility of designing and implementing an outcome-based evaluation of a community-based peer educator model for HIV/AIDS prevention. Our objectives include:

- To evaluate the impact of Protect Teen Health on six domains. These include: (1) HIV/AIDS knowledge, (2) self-efficacy, (3) refusal/negotiation skills, (4) knowledge

of planning and presenting skills, (5) perception of oneself as a change agent in the community, and (6) safer sex behavior.

- To examine to what extent the lessons learned from the Year 1 evaluation were implemented successfully in the second and final year of the evaluation.

RESULTS: Data from Year 1 evaluation showed that a great deal was accomplished. The data confirm the view that peer education programs encourage young people to initiate and implement activities that are meaningful to themselves and the community, for which they assume responsibility and have some control. Among the six domains that were selected as relevant outcomes in the Year 1 evaluation, trends suggested an intervention effect for perception of self as a change agent in the community. For peer-led outreach activities to be successful, peer educators must feel confident talking about HIV/AIDS to friends, classmates, and other youth; providing information about reducing or preventing sexual risk-taking behaviors to gay and heterosexual adolescents; and making referrals to an HIV/AIDS test site. In addition, Year 1 results helped us identify important issues to be addressed in Year 2. The Year 2 evaluation re-examines change in these six domains with a larger sample of peer educators and comparison group youth.

LESSONS LEARNED: The first lesson concerned the benefits of engaging program staff in the evaluation process. The second lesson concerned the appropriate target population for evaluating a peer education program. Also, in Year 2 more emphasis was placed on methodology. In Year 2, more emphasis was placed on recruiting comparison group youth who matched the peer educators on key socio-demographic characteristics.

ABSTRACT 883

Harm Reduction from the Bottom Up: Drug Injectors' "Indigenous" Responses to Everyday Health Risks

Koester, SK; White, BA; Miller, DA

University of Colorado at Denver, Denver, CO

BACKGROUND: Injection drug users develop oppositional responses to their social marginality, and among these are practices and strategies aimed at health maintenance. Many of these practices offer pragmatic responses to everyday health threats including blood-borne disease transmission.

OBJECTIVE: To describe ways IDU reduce health risks associated with social marginalization and drug use, and to discuss how such "indigenous" responses were incorporated into two socially focused intervention models.

METHODS: We designed and implemented two socially focused interventions: a network-focused, but individually administered intervention and a network-focused group administered intervention, we recruited participants, interviewed, intervened with and followed them over 6 months. Both interventions relied on a participatory, active-learning approach. IDU were encouraged to identify health concerns and to develop innovative but realistic responses. These responses, as well as IDUs' ideas about risk reduction and health promotion, were collected through health educators' "clinical" notes of intervention sessions, ethnographic field notes and semi-structured interviews. Data was then coded using qualitative data management software and examined for patterns and recurrent themes.

RESULTS: IDU reported a number of practices and strategies for avoiding and lessening risks associated with drug use, poverty and encounters with police. Indigenous responses to drug-associated risks included strategies for reducing disease transmission, abscesses, collapsed veins and overdose.

CONCLUSION: Actively using IDUs' involvement in the development of HIV/hepatitis interventions has been limited at best. Findings presented suggest that this has been a mistake, and that IDUs' local knowledge about health maintenance and risk avoidance should be incorporated into comprehensive HIV and hepatitis intervention programs.

ABSTRACT 884

The Emerging Epidemic of HIV in Drug Using Populations in Sub-Saharan Africa

Needle, R; Wiktor, S; Jones, TS; Taussig, J

Centers for Disease Control and Prevention, Atlanta, GA

ISSUE: In the context of a devastating heterosexual HIV/AIDS epidemic in Africa, epidemiological and ethnographic data suggest that emerging patterns of injection drug use are associated with increases in HIV transmission in some African countries. Globalization of drug markets and recent extensions of drug trafficking in Africa, particularly heroin and cocaine, have created the conditions for the spread of HIV because of drug

injection. Rates of injection drug use and HIV among injection drug users (IDUs) in Africa have not been clearly established.

SETTING: In several sub-Saharan countries participating in the US Government-sponsored LIFE and Global AIDS Programs (including South Africa, Nigeria, and Kenya) increasing heroin and cocaine use and HIV among injection drug-using populations have been reported.

PROJECT: Epidemiologic and ethnographic data on drug use and drug use-related HIV in Sub-Saharan countries are being reviewed. Multiple sources of data are being used to develop regional and country profiles of drug use and HIV infection related to drug use in sub-Saharan Africa, including reports from in-country observers and reports to the Global Research Network on HIV Prevention in Drug Using Populations. The poster will present recent epidemiologic and ethnographic data on drug use and drug use-related HIV in Sub-Saharan Africa reported by in-country observers.

LESSONS LEARNED: Assessing the prevalence of drug use and HIV related to drug use among the often hidden and marginalized populations engaged in illegal behaviors is best accomplished by using multiple techniques. Research outside of Africa has shown that HIV epidemics among IDUs can spread explosively — in some countries, HIV prevalence among IDUs increased from less than 5% to more than 40% within one year. Preconditions for HIV spread among IDUs have been reported in some sub-Saharan countries.

ABSTRACT 885

“PARTNERS”: A Theater Presentation

Fountainne, D

AID Atlanta, Atlanta, GA

ISSUE: African American heterosexual infection rates are rising at an alarming rate. African Americans represent 13% of the total population but are over 56% of those infected with HIV & AIDS. In the state of Georgia, African American women are 80% of those with HIV & AIDS. African American men represent 40% of new infections rates. It is imperative that African Americans recognize the danger of high-risk behavior. Behavior puts all at risk.

SETTING: A theater presentation is a unique way to present the dangers of high-risk behavior and to show how one

can easily become infected. Safer sex information is an important part of the presentation. The target group is African Americans between the ages of 25-50. Drama is used as a medium to present facts in scenarios that will impact this target group. Each participant receives a risk assessment form and does an individual assessment of their own sexual behavior.

PROJECT: In a theatrical format, five-minute monologues from four individuals express the opinions of this target group. The monologues all relate to the sexual habits of one individual: a black, married, bisexual man, age 38, who is having unprotected sex with the three other characters. The first monologue is from a single, black female, who is having an affair with the married man. Second is a monologue from the black female who is married to him. A third monologue is from a single, black, gay male, 30, who is also having an affair with the man. Finally, the fourth monologue is from the main character. These monologues will present the behavior patterns of these individuals and how they got infected from high-risk behavior. Each monologue includes statistics for the target group that they are representing. The audience can easily relate to the actors. They will then assess their own behavior and make necessary changes. They also state how safer sex could have prevented infection.

RESULTS: The monologues give a very personal statement to the behavior. The audience can easily relate to the characters. Most parties recognize themselves from the dialogue of the four characters. This will force persons to see that their own behavior puts them at risk for HIV & AIDS.

CONCLUSION: Many African American heterosexuals are sexually active and engaging in high-risk behavior. Because of the increasing infection rates amongst this target group, our intervention techniques and risk reduction modules should be visual, short, to the point, interactive and force the audience to carefully review their own sexual behavior.

ABSTRACT 886

Community Level Interventions

Fountainne, D

AID Atlanta, Atlanta, GA

ISSUE: HIV & AIDS infection rates in the African American community are alarming. The messages of risky behavior are visible throughout the city. African Americans in health settings are the only ones with access to free condoms. It

is necessary to take condoms to the community and teach in comfortable settings where people feel safe in their own environment.

SETTING: Ten African American businesses where the client population is African Americans between 20 and 60. We chose five beauty salons and three barbershops, two record stores, an auto parts store and a local club. Five of the businesses are in high-crime areas, known for drug trafficking and prostitution.

PROJECT: Leave the fishbowl in a conspicuous location in the business. The fishbowls state that condoms are provided by AID Atlanta. Provide 100 condoms per week for the first 30 days, with no information. Provide: 100 condoms per week per business with lubricant for the next 30 days. After 90 days brochures were left and the employees were encouraged to talk about HIV & AIDS on a daily basis. Provide 100 condoms per week with brochures and information.

RESULTS: Condoms were limited by the individual business owner. Each week the outreach worker was able to talk to ten persons at the local business about HIV & AIDS. Clients at the local business asked questions each time the outreach worker was in to fill up the fishbowls. The clients asked questions and wanted to know how to use the condoms and the lubricants. Statistics were discussed each time the outreach worker was in the establishment. In the barbershops and beauty salons, the outreach worker had a captive audience by talking to those persons that were receiving services. With the disbursement of 12,000 condoms, a total of 2,400 persons received a one-on-one intervention, were given condoms and received information about HIV & AIDS. This population was enthusiastic about the condoms being in a place of business that they frequented, Business owners stated that clients returned at least three times to get the condoms and showed an increase in business.

LESSONS LEARNED: The conventional way of disbursing condoms and information on the street does not reach the average blue-collar African American. If you were passing these out on the street, they would automatically say, "no, thank you." But in a place of business that they frequent, they are more likely to take the condoms, to discuss questions about HIV & AIDS, to share experiences, including stories of a friend or relative that may have gotten infected, and to openly discuss the issues of safer sex.

ABSTRACT 887

Pushing the Margins: Mobilizing Asian & Pacific Islander Women and Youth

Leung, M¹; Gacula, R¹; Doan, XL^{1,2}; Sheth, L^{1,3}

1 Asian & Pacific Islander American Health Forum, San Francisco, CA; 2 Hawaii Multicultural HIV Resource Project, Ewa Beach, HI; 3 Massachusetts Asian AIDS Prevention Project, Boston MA.

ISSUES: The HIV/AIDS prevention needs of Asian & Pacific Islander (A&PI) women and youth are multi-layered, multi-dimensional, and are compounded by the overall invisibility of A&PI communities in HIV/AIDS data, research and policy. A&PIs are often under-represented in data collection and under-served in HIV prevention and care interventions, which provide challenges to meet growing A&PI populations and A&PI HIV prevention needs. While few states collect HIV/AIDS surveillance data specific to the A&PI community, most classify A&PIs as "Other", or misclassify A&PIs into other racial or ethnic groupings.

Additionally, the stigma and shame associated with HIV/AIDS, the lack of knowledge about HIV/AIDS, general mistrust of the health systems and Western medicine, the lack of health insurance, the lack of linguistic and cultural competent services, and the fear of law enforcement institutions have prevented many A&PIs from seeking public health information, medical care and HIV testing.

For A&PI women and youth, these issues are compounded because HIV/AIDS prevention and care interventions that do reach the A&PI community rarely address the specific needs of women and youth. Therefore, perpetuating the belief that A&PI women and youth are not at risk, and leaving A&PI women and youth further under-served in their prevention needs and invisible in behavioral and attitudinal research.

SETTING: A national model (including the Pacific Jurisdictions) of community mobilization and community capacity-building that addresses the local, regional, and national issues of the A&PI community, especially among A&PI women and youth.

PROJECT: The Asian & Pacific Islander Women's HIV/AIDS National Network (APIWHANN), formed in 1998, and the National A&PI Youth and HIV Working Group, formed in 2001, are examples of national efforts to respond to issues of invisibility, marginalization and under-reporting affecting A&PI women and youth. The

two national groups have members from over 10 states and the Pacific Jurisdictions including Guam, Federated States of Micronesia, American Samoa, and Commonwealth of the Northern Mariana Islands. Through the efforts of networking and resource sharing among group members, setting goals and objectives, getting support from key organizations, outreaching to providers working with A&PI women and youth, and involving A&PI women and youth community stakeholders, these national efforts have demonstrated leadership, community empowerment, community resource sharing, and community mobilization. The building of national voices for A&PI women and A&PI youth have proven to be successful strategies that are broad in vision, diverse in practice, and flexible to meet the diverse challenges ahead.

RESULTS: The Asian & Pacific Islander Women's HIV/AIDS National Network (APIWHANN) and the National A&PI Youth and HIV Working Group have started from community members and A&PI service providers voicing a need to collaborate and mobilize on a national level to break the silence of how HIV impacts A&PI women and youth, and to break out of the isolation as community stakeholders and providers. The two national groups have provided an opportunity for resource sharing, mentorship and leadership building, as well as created a forum where A&PI women and youth voices can be heard on a national level. In its first year, the Asian & Pacific Islander Women's HIV/AIDS National Network spearheaded a national study on A&PI women's HIV prevention needs through the use of national and regional networks, community leaders and community researchers dedicated to raising awareness of A&PI women's issues. Both networks are also dedicated to incorporating members and addressing issues from the Pacific Jurisdictions.

LESSONS LEARNED: This session will examine the issues and challenges faced by A&PI women and youth in HIV/AIDS prevention. It will also propose a model of community organizing and community-level intervention that promotes leadership, empowerment and community mobilization. The session will also promote strategies to work with local and regional groups in collaboration and/or coalition that directly impacts HIV prevention efforts for the A&PI community on a local, regional and national level.

ABSTRACT 888

Reducing Degrees of Separation Between Women, Providers and Systems of Care and Prevention

Murphy, B¹; Indyk, D¹; London, K²; Boyer, A³; Pilgrim, A²; Cohen, MA³

1 Mount Sinai School of Medicine and Dominican Sisters Family Health Service, New York, NY; 2 Mount Sinai Hospital, New York NY; 3 Mount Sinai School of Medicine, New York, NY

ISSUE: Addressing adherence to a more positive lifestyle with women living with multiple layers of needs necessitates meeting them where they are. The presentation will describe how unmet psychosocial/family issues of HIV infected clients emerge and begin to be addressed through outreach in various settings (home, clinic, hospital) and how low threshold entry points and harm reduction methods are supported by a network of highly skilled generalists and specialists.

SETTING: Through outreach in various settings (home, clinic, hospital), low threshold entry points, and by using a harm reduction approach, the unmet psychosocial/family issues of these clients emerge and begin to be addressed.

PROJECT: This presentation offers a multi-dimensional and multi-disciplinary harm reduction model for reaching and engaging out-of-care women with triple diagnoses: mental illness, addictions and HIV. The model has been formed by a unique link between two Ryan White programs: The Dominican Sisters (Title IV) and Health Bridge (Title I) programs that have identified the need to engage people where they live: geographically, emotionally and socially.

RESULTS: The front line workers include, and are supported by, medical and health professionals and a social scientist. These disciplines sharpen the assessment lens of other front-line staff, facilitate the addressing of unmet needs as barriers to self-care, and contribute to a broader understanding of these barriers in the larger population. Additional support and communication with the network of highly skilled generalists and specialists within the hospital framework allows for intensive client care at all levels of client readiness and medical need.

LESSONS LEARNED: The assessment process is, of necessity, low threshold, loosely structured, and aimed at developing trust, often by addressing, immediately, needs identified by clients as critical and waiting to raise issues we see as paramount. When we talk about progress, we use it as a verb and we mean that we progress, through

assessing and addressing the unmet needs of individuals, to an understanding that allows us to articulate a new model that has the potential to reduce barriers to successful self-care.

ABSTRACT 889

Asian & Pacific Islanders and HIV Prevention: Capacity-Building Efforts through Local, Regional, and National Peer-to-Peer Activities

Chow, P; Crisostomo, V; Doan, X; Sripada-Vaz, R; Su, J; Syed, J

Asian & Pacific Islander American Health Forum, San Francisco, CA

ISSUE: With limited resources to serve extremely diverse Asian & Pacific Islander communities, community-based organizations working with these populations have difficulty sustaining comprehensive HIV programs. Geographic, racial/ethnic, cultural, and linguistic issues can further isolate CBOs that are already understaffed.

SETTING: Local, regional, and national arenas, including the Pacific Island jurisdictions.

PROJECT: Coordinated peer-to-peer capacity-building efforts have created strong local, regional, and national support networks. Through activities coordinated by Asian & Pacific Islander capacity-building assistance providers, community-based organizations, and community members, a comprehensive peer-to-peer approach has emerged. This model incorporates on-going, sustained activities, like local, regional, and national networks, working groups on specific subpopulations, and coalitions that foster peer-to-peer exchange and program development support, as well as one-time, topic-specific national meetings and yearly conferences and institutes.

RESULTS: In the past three years, this peer-to-peer approach has helped the development of on-going networks and coalitions, including the Asian & Pacific Islander Women's HIV/AIDS National Network, the East Coast Asian & Pacific Islander AIDS Network, the Chicago Asian American Pacific Islander HIV/AIDS Network, the Pacific Islander Jurisdiction AIDS Action Group, and the Hawaii Multicultural HIV Resource Project. Participation in national meetings and conferences have increased; as one network member stated, "it's good to feel like I'm not alone and I'm part of a bigger movement."

LESSONS LEARNED: Peer-to-peer networking and support has translated to a peer-to-peer model of learning and mentoring. As the networks continue to grow and evolve, they help continue the program development of its member organizations.

ABSTRACT 890

Longitudinal Study of Risk Reduction Counseling of HIV+ MSM by Their Health Care Providers

Lampinen TM; Critchlow CW; Nelson PJ; Kiviat NB

University of Washington, Seattle, WA

OBJECTIVES: HIV+ MSM frequently report unprotected anal intercourse (UAI) and acquire STDs. Although HIV+ MSM have been targeted for regular STD screening and sexual risk assessment, the extent to which health care providers (HCP) counsel these men about sexual risk reduction has not been studied. We measured the cumulative incidence, correlates, and recent trends in HCP counseling of HIV+ MSM in Seattle, Washington.

METHODS: HIV+ MSM recruited into an open cohort study completed self-administered questionnaires every 4 months, which measured demographic, health, medication, and sexual histories. At each visit men were asked if any HCP outside the study had spoken with them about "the need for condoms during anal sex or safer sex generally". Cumulative probabilities of HCP counseling were estimated using product-limit methods; correlates were identified using odds ratios and standard errors computed using GEE (generalized estimating equations).

RESULTS: Among 314 men enrolled between July 1996 and December 1999, 94% returned for follow-up. The study cohort is comprised of 273 men who had a private provider for their HIV-related care. These 273 men returned for a median of 9 visits through June 2000 (total of 1,978 follow-up visits during 8,521 person-months). *At entry*, the 273 men were 39 ± 7 years old; 63% had asymptomatic (class A) HIV disease, and 95% had seen a HCP during the previous 4 months. Most men (89%) had been sexually active during the previous year, with a median of 4 (range 1 to 150) partners. Among 190 men reporting anal intercourse during the previous 4 months, 105 (55%) reported UAI. Prior HCP counseling was received by 77% of sexually active men, a median of 11 (range 0.3 to 156) months before study entry.

During follow-up, HCP counseling was reported at 196 (11%) of 1,714 study visits in which an interim HCP visit was noted. The cumulative probability of receiving HCP counseling by 12, 24, and 36 months was 11%, 28%, and 36%, respectively. HCP counseling was positively associated with concurrent UAI (OR = 1.7, 95% CI = 1.2 – 2.6) but was reported during only 15% of 569 follow-up intervals in which both UAI and an interim HCP visit occurred. Men reporting an incident STD diagnosis were more likely to receive HCP counseling (OR = 5.5, 95% CI = 3.0 – 10.1) but only half these men received counseling. Despite modest increases in UAI between 1996 and 2000 (from 32% to 43%) and a highly publicized outbreak of syphilis among HIV+ MSM (which peaked in the cohort in 1999, N = 11), no association between calendar year and HCP counseling was observed.

CONCLUSIONS: Despite regular HCP visits, a minority of those HIV+ MSM who report UAI receives risk reduction counseling. Intervals between repeat counseling appear long. The likelihood of HCP counseling did not appear to increase over time, despite widespread recognition of a local syphilis epidemic among HIV+ MSM. Additional studies of the frequency and effectiveness of HCP risk reduction counseling of HIV+ MSM are warranted.

ABSTRACT 891

Meeting the Sexual Health Needs of Gay Men with HIV is Part of the Next Generation Prevention Strategies – The View from a London HIV Outpatient Clinic

Imrie, J¹; Williams, IG^{1,2}; Davis, MD¹; Hart, GJ³; Davidson, OR^{1,2}; Stephenson, JM¹

1 Royal Free Et University College Medical School, London, UK; 2 Camden Et Islington Community Health Services NHS Trust, London, UK; 3 Glasgow University, Glasgow, Scotland

BACKGROUND: HIV prevention services that specifically target gay men with diagnosed HIV infection are an increasing priority in the UK. But the sexual behaviour and sexual health of gay men with HIV have thus far not been widely researched.

OBJECTIVE: To describe the sexual risk behaviour and sexual health needs of gay men with HIV attending outpatient services with particular regard to onwards transmission, with a view to developing appropriate clinic-based prevention services.

METHODS: Cross-sectional study of one-third of all gay men attending a London HIV-outpatients' clinic (n = 413). Sexual behavioural data were collected by computer-assisted personal interview (CAPI); data on clinical factors were obtained from clinic, microbiology and virology databases. In-depth qualitative interviews, focus groups and a stakeholders 'brain-storming' workshop explored sexual health, prevention, and service provision issues.

RESULTS: A high proportion of the sample was sexually active in the last month (81%) with 66% reporting at least one new sexual partner during the same period. Two-thirds of the men recording a new sexual partner in the last month also indicated they had had insertive anal intercourse (AI) with one or more of these partners. Two-fifths of the men reporting insertive AI with a new partner also recorded multiple episodes of inconsistent or no condom use. More than one-third of all men had a new STI diagnosed in the year prior to interview. Men not currently on antiretroviral therapy (ART) were more likely to have had a recent STI diagnosis [OR: 1.82 (CI 1.12 – 2.94)]. Of the entire sample, 91% experienced symptoms of sexual dysfunction during the last year, but only 31% had discussed their symptoms with a health professional. Only one-third of the entire sample had attended an STD service in the last year, yet over three-quarters felt regular sexual health checks were still important for them. A large majority indicated a preference for sexual health services provided within the HIV outpatient setting.

CONCLUSIONS: This sample of gay men with HIV frequently reported high-risk sexual practices for HIV transmission/STI acquisition, increased rates of STI and very high levels of sexual dysfunction. Recent STI diagnoses were more common among men not currently on ART. We are implementing a separate sexual health and well-being clinic/advice service within our outpatient clinic service and evaluating its effectiveness using an innovative design that will include objective (i.e., biological) and self-reported outcome measures.

ABSTRACT 892

An Effective Way to Select Peer Educators for Peer Education Projects

Pellai, A¹; Sancini, S¹; Saporetti, G¹; Tamborini, B²; Rinaldin, V³; Castelli, B¹; Pagano, A¹

1 Milano State University, Milano, Italy; 2 National Association against AIDS (ALA), Milano, Italy

ISSUE: Peer education (PE) represents an important intervention model for adolescents in order to promote preventive actions. By recognizing peers as the main actors in the process, peer leaders' (PLs) selection results a core issue to implement effective projects.

SETTING: In the area of Varese (Northern Italy), 2 high schools have been involved in a 2-year experimental PE Project, based on interactive participative activities with a group of students.

PROJECT: The local health agency, supported by a professional team from Milano State University, has developed a 2-year PE project for high schools, with the aim to reduce high risk behavior. The adopted innovative approach focuses on the active and central role of adolescents and, therefore, singles out the "class-group" as the system enabled to select its PLs. The selection procedure is planned as the first step of a multi-step health education program, supported by the techniques of "action-research" and "community animation." Students attending the third school year have been conducted, aiming at presenting the project and easing an effective selection. Being representative, motivated, dedicated, skilled and aware of their role have been the indicators provided to the students to select the more suitable figures to become PLs. Furthermore, a self-assessment tool to evaluate individual potential has been filled out by all students: 4 areas (self-motivation, social attitude, organization, technical skills) have been measured through 32 items with a graduated scale.

RESULTS: A total of 302 students of 15 different classes have been involved during the school year 1999-2000. The implemented procedure allowed to create 2 groups of 21 PLs in each school. Statistical analysis (Wilcoxon test) performed for each item of the questionnaire revealed a significant difference between general student population and PL ($p < 0.05$). Representative and voluntary adhesion has been obtained with our model. After 1 year among the PLs' group the retention rate has been very high (86%), and all planned goals have been reached.

LESSON LEARNED: Our data underline the validity and replicability of the Empowered-Peer Education model proposed to select PLs for PE interventions.

ABSTRACT 894

Survey of Addiction Specialists: A Survey of Syringe Prescription For HIV Prevention

Taylor, L; Runarsdottir, V; Gross, M; Macalino, G; McKenzie, M; Zampi, A; Osei, A; Burris, S; Sanford, S; Rich, JD

The Miriam Hospital/ Brown University, Providence, RI

BACKGROUND: Limited access to sterile syringes leads to the sharing of syringes between IDUs, and the spread of blood-borne infections. A pilot intervention to increase access to sterile syringes through syringe prescription by physicians was initiated in 1999.

OBJECTIVE: To assess attitudes and practices of physicians attending an addiction medicine conference regarding prescribing syringes to injection drug users (IDUs).

METHODS: A 14-question anonymous, self-administered survey was conducted at the American Society of Addiction Medicine's (ASAM's) Annual Medical Scientific Conference in April 2000.

RESULTS: There were 113 responders; 79% of respondents had active IDUs in their patient population. Only three reported ever prescribing syringes to IDUs with the specific intent that the syringes would be used for safer injection of illegal drugs. Nineteen (18%) had prescribed syringes to diabetic patients whom they knew would use the syringes for injecting illegal drugs. Overall, 61% indicated that they would consider prescribing syringes to IDUs, but this varied significantly between specialties. Of the psychiatrists, only 37% responded that they would consider prescribing, while 74% of internists, 65% of family medicine doctors and 63% of other specialists (included physicians only) answered that they would.

CONCLUSIONS: Prescription of syringes to IDUs can be part of a comprehensive approach to preventing the spread of HIV and other blood-borne pathogens, decreasing the medical complications of syringe reuse, and bringing IDUs into medical care and substance abuse treatment. The majority of addiction specialists surveyed expressed interest in prescribing. Psychiatrists, who may be treating a significant percentage of IDUs, may be less willing to do so.

ABSTRACT 895

STDs as a Marker of HIV Risk in Urban Youth Networks

Pino, P; Schensul, JJ; Weeks, M; Burkholder, G

The Institute for Community Research, Hartford, CT

BACKGROUND: Urban youth are involved in polydrug use that exposes them to unprotected sexual activity and sexually transmitted diseases. Factors associated with risky sex behaviors include use of specific drugs, sociocultural identity, gender, peer and family characteristics. Contact through social networks exposes network members to greater potential for STDs.

OBJECTIVES: To determine factors associated with risky sexual behaviors and reported STDs in a population of drug-using urban youth and young adults, and to illustrate diffusion of STDs through linked personal networks.

METHODS: This panel study recruited 400 drug-using urban Latino and African American youth, ages 16 – 24, at 2 time points. Data were collected at 2 time points using a survey instrument including background data, information on drug use, drug selling, drug-related consequences, STDs and HIV and personal networks of drug using peers. For this paper, we utilize baseline survey and network data-linking background factors, drug use, risky sex behaviors and self-reported STDs.

RESULTS: A total of 279 males and 116 females were interviewed, (160 Afro-Caribbean; 180 Puerto Rican, 34 other Hispanic and 35 Other). Sex risk outcomes included number of partners in the last year, in the last 30 days, number of encounters in the past 30 days, protected sex ratio or PSR (protected/total encounters) and whether or not the respondent was ever diagnosed with an STD. Regressions were run for each sex outcome by groups of predictors. Males were more likely to report more sex partners (0.35, $p > 0.001$), encounters (0.20, $p > 0.001$) and higher condom use rate (0.12, $p = 0.05$) than females. Female were more likely to be diagnosed with an STD (0.12, $p = 0.05$) Background factors associated with STDs diagnosis were less optimism (0.12, $p = 0.05$), negative family environment (0.12, $p = 0.05$) attendance at church (0.12, $p = 0.05$), problems associated with drugs, pressure to use drugs (0.11, $p = 0.05$), perceived utility of engaging in risky behavior (0.13, $p = 0.05$) and having been involved in violence (0.15, $p = 0.01$). Using marijuana with network members is also associated with higher likelihood of STD diagnosis (0.26, $p = 0.05$). Those who reported not ever being diagnosed with an STD reported

higher rates of condom use than those who had been diagnosed. Network diagrams constructed with UCINET and KRACKPLOT show linked personal networks of respondents with STDs, illustrating the potential flow and reach of STDs through these networks.

CONCLUSIONS: Young women are at higher risk of STD infections because of their male partners' involvement in risky sexual behavior. Smoking marijuana together is an intimate practice that reduces likelihood of condom use. Prevention must focus attention on male awareness of potential for infecting network members and improved use of protection with intimate partners.

ABSTRACT 896

“Cracking the Egg”: A Process for Gaining Community Acceptance of HIV Education and Testing

Vera, MD; Swinson, C

The Health Watch Program, Germantown Settlement, Germantown, PA

ISSUE: How can HIV and AIDS services be introduced into a community with little or no HIV services? In order to introduce of HIV education, prevention, counseling and testing, and available AIDS resources, an agent who had creditability within the community was needed. Partnering with an organization open to the topic became the key to program implementation.

SETTING: Germantown is a low- to middle-class African American neighborhood in Philadelphia. Within this neighborhood is an old well-established CBO, Germantown Settlement, who prior to this activity had no experience in AIDS services. The Health Watch Program, located in a community middle school, is part of Germantown Settlement, and advocates and educates families on health-related issues. The Health Watch Program proved to be the vehicle of introducing the HIV education.

PROJECT: With money obtained from a private foundation, focus groups were held with church, community leaders, teachers and students in Germantown. The Circle of Care, with focus group results, collaborated with the community leaders and designed a model for working with the Health Watch Program to provide HIV education to the students, their parents and the community. The Circle obtained funding from the city of Philadelphia and developed group level interventions for African American 7th and 8th graders; this is the Teens Alive Project, TAP.

RESULTS: By engaging and working with the community leaders, several events have taken place in the school: the development and acceptance of the Teens Alive curricula, and acceptance of HIV testing and counseling. As for the community benefits, Germantown Settlement was able to leverage the Circle of Care money to obtain a city contract to do outreach, and provide a “home” for services to HIV+ women. Students in TAP have been able to educate the community, but most importantly, the students have been able to apply the knowledge and awareness learned to other parts of their lives. Additionally, there has been a change in the culture of the agency towards addressing HIV and AIDS.

LESSONS LEARNED: By listening to the community leaders, getting their “buy-in”, especially as it relates to the “at-risk” youth, tremendous strides can be made in the area of HIV education, and testing and counseling. Involvement of all members of the community makes a difference in acceptance of HIV services and acceptance of available resources. Plans are underway to replicate this HIV education and prevention program in another neighborhood of Philadelphia.

ABSTRACT 897

Taking HIV Prevention Planning in Tennessee Back to Its Community Roots and Beyond

Moody, VA; Bailey, S

Tennessee Community Planning Group, Tennessee Department of Health, Nashville, TN

ISSUE: Since the inception of HIV prevention community planning in Tennessee in 1993, there has been one statewide planning group, the Tennessee Community Planning Group (TCPG) and as many as 10 Regional Advisory Groups (RACs). The mission of the TCPG has been to produce a statewide HIV Prevention Plan, based on the Needs Assessments submitted by the RACs. By 2000, the roles and responsibilities of the TCPG and the RACs had become ambiguous and conflicting.

SETTING: Statewide consolidation of 10 RACs into five regional HIV Prevention Community Planning Groups that geographically mirror the Ryan White Consortia.

PROJECT: Beginning January 1, 2001, statewide HIV prevention planning went to a three-year planning cycle. Ten regional advisory committees (RACs) were consolidated

into 5 regional community-planning groups. The 5 RACs will continue to conduct needs assessments; however, the RACs will now take on a greater role and responsibility for implementing the HIV prevention interventions in their regions. In the revised regional HIV prevention community planning system, the RAC will release regional requests for proposals, review proposals, and do contract monitoring. The State will oversee the contract process and have final approval of selections. Lead Agents, contracted by the State to serve as fiscal and administrative agents for the Consortia, will serve in the same capacity for the RACs. A Community Planning Advisory Council (CPAC) consisting of the RAC Co-Chairs, 2 individuals from The Tennessee Association of People with AIDS (TAPWA) and a representative from the State HIV Prevention Program will meet in August to review the State’s grant application for a letter of concurrence, or non-concurrence.

RESULTS: The consolidation has proved beneficial to both the RACs and Consortia. Collaboration of resources has greatly improved and energized both planning bodies. Approximately \$80,000 a year is being saved by not convening a statewide group to meet every month.

LESSONS LEARNED: Although change is often difficult, community planning is moving forward in Tennessee. The dedicated RAC members at the grassroots level of planning are taking true ownership of the process.

ABSTRACT 898

AIDS Prevention in India: Is It Time for a New Paradigm?

Mishra, M

University of Guelph, Guelph, ON, Canada

Effective service delivery requires the ability to learn from, and respond quickly to, the changing needs of a specific society and its sub-populations. Interventions related to AIDS prevention among the general communities in India draw much inspiration from the Western donor agencies. This Western model of social engineering that adopts a value neutral approach to awareness generation and is constructed around the principles of “informed choice” and “harm reduction” may be politically correct but may not necessarily serve the needs of the Indian community. At present, AIDS prevention initiatives in India are spearheaded by the government through the National AIDS Control Organisation. NGOs play various roles in partnerships with, or, as parallel options to, the

governmental machinery. Their role in health care interventions at grassroots level is, normally, one of a collaborative partner in harmony with the institutional system, supplementing the existing service delivery mechanism and filling up the gaps in the governmental bureaucratic model. But is this model of service delivery, which focuses primarily on “high-risk” groups, appropriate to meet the growing sphere of infection in the country? And are the approaches to awareness generation that adopt a distinctly Western, non-judgmental and value neutral approach culturally appropriate to meet the needs of a society where these may be seen as covertly sanctioning sexually indiscriminate behaviour? Is it time to evolve a new, indigenous model for dealing effectively with the health needs of the communities, especially in the context of an epidemic like AIDS which is much more a social disease than a mere medical condition?

This paper presents a critical analysis of the existing approach to AIDS prevention and makes recommendations for an indigenous, alternative model that is inspired by the concept of *dharma*, religion and moral-ethical education. This alternative model suggests modifications in two crucial aspects of the existing model — its content and its focus — without altogether dismantling the present structure. In this traditionalism-versus-modernism argument, it is recommended that the traditional Indian approach for dealing with social problems be reviewed with seriousness and revoked with possible modifications to confront the growing menace of this killer disease. In short, a value-based service delivery approach for AIDS prevention and control is proposed.

ABSTRACT 899

The Name of the Rose Affects Ethics in Research: Sex Workers, Nonoxynol-9, and Silencing of the Targeted Class

Alexander, P

North American Task Force on Prostitution, New York, NY, and
From Our Streets with Dignity (FROST'D), New York, NY

ISSUE: The voices of sex workers were silenced as genocidal research with nonoxynol-9 was conducted by western researchers in developing countries.

SETTING: Geneva, Seattle, Durban and Johannesburg, Abidjan, Bangkok and Hat Yai, Cotonou, Los Angeles, New York, *et al.*

PROJECT: Clinical trials comparing the effectiveness nonoxynol-9 and a placebo in preventing HIV infection among women, most of them sex workers, in developing countries.

RESULTS: A mega-analysis of studies in six sites found that 50% more women using nonoxynol-9 (n-9) became infected with HIV than women using an inert lubricant. That is, 50% more women were condemned to die.

Discussion: In January 1987, Joan Kreiss, *et al.*, submitted an abstract to the International AIDS Conference, to be held in Montreal. They reported that in a trial comparing the Today® sponge with inert lubricants, more women using n-9 became HIV-positive than women using the placebo. Despite ethical guidelines recommending that researcher stop studies should harm be demonstrated, they continued the study for another 18 months. Beginning in 1989, meetings were held at the World Health Organization, and other institutions, on the need to find non-toxic lubricants that could prevent transmission of HIV. In 1993, Roddy, *et al.*, reported that genital irritation was a dose-related response to inserting n-9 (i.e., women who used it once a day or more were more likely to develop vaginal epithelial disruption). In 1996, Helen Ward, *et al.*, reported moderate inflammation in 20% of women inserting n-9 once a day, compared with 0% who used a placebo. From 1989 on, sex workers' rights advocates repeatedly questioned the ethics of testing n-9 on sex workers. Despite their raising these objections in numerous forums, UNAIDS, the University of Washington, Columbia University, and numerous institutions in industrialized nations collaborated on or funded controlled trials in numerous developing countries, for the most part with sex workers as the subjects, including Benin, Cote d'Ivoire, Kenya, South Africa, and Thailand. *The question is: how do we prevent the exploitation and abuse of human beings who are poor, ill-educated, desperate for health care, stigmatized, discriminated against, and marginalized, in research?*

ABSTRACT 900

Increasing Access for Asian and Pacific Islanders to HIV Counseling and Testing Services

Ma, A; Guzman, R; and Insixiengmay, P

Asian Pacific Health Care Venture, Inc., Los Angeles, CA

ISSUE: How to increase Asians and Pacific Islanders (API) access to HIV counseling and testing services through culturally appropriate and linguistically competent approaches. The review will discuss barriers for APIs to access services, non-traditional “risk” categories, and effective approaches to increase API access.

SETTING: By outreaching through various venues such as API ethnic festivals, gay API parties, API community-based organizations and clinics, Asian Pacific Health Care Venture, Inc. (APHCV) has increased APIs access to HIV counseling and testing services in Los Angeles County.

PROJECT: To address the issue of API access of HIV counseling and testing services, APHCV developed a program that address APIs in a culturally competent and linguistically appropriate manner for access of services.

RESULTS: While prevention planning categorizes only certain people and behaviors as “high risk,” this approach often excludes certain API subgroups that are at “high risk” for HIV. The low number of APIs receiving counseling and testing services does not indicate lower need, but in fact, reveal the lack of adequate and culturally competent HIV counseling and testing services in Los Angeles County. Our efforts clearly indicate demonstrate that APIs do not seek services unless the program is culturally competent and linguistically appropriate. Using the California State risk assessment form often overlooks many APIs who maybe at risk, such as recent immigrant monogamous females, and in effect puts them in a low-risk category. Reaching APIs requires “out of the box” thinking and approaches to effectively combat HIV among this population group.

LESSONS LEARNED: Many API monolingual clients will only access services where they can communicate with the providers in their own languages. In order to better target specific API populations, aggregating HIV counseling and testing data can provide information on different API populations accessing and not accessing services. Primary health care services is sometimes the first venue where recent immigrants have expose to and access to

HIV counseling and testing services, and many hard-to-reach groups access services at outreach sites like community festivals that are ethnic-specific, especially for recent immigrants. API clients acquire information about HIV counseling and testing services through outreach events and sites. Finally, programs need to address APIs in a transnationalist model context to effectively reach the diverse API population.

ABSTRACT 901

Health Department’s Role in Developing Capacity Building for Gay Men of Color

Johnson, KM¹; Daniels, C²; Daniels, S³

1 Wisconsin Department of Health, Milwaukee, WI; 2 Charles D. Productions, Milwaukee, WI; 3 Families of Color: Understanding Sons, Embracing Our Daughters, Milwaukee, WI

ISSUE: Gay men of color (GMOC) have been historically under represented in HIV prevention education and services. In Wisconsin, attempts to reach this target population have proved challenging. As a health department committed to better reaching and serving GMOC, the Wisconsin AIDS/HIV Program has funded an array of activities intended to raise awareness about the needs of this population and expand service delivery. A key element of working in this area has been to challenge normative beliefs around the perception by many GMOC that they are not valued in their community. The interventions developed through this effort have been respectful of the cultural richness of GMOC and the inherent dignity of each human being.

Health Departments’ Role in Developing Capacity Building for Gay Men of Color: This workshop will discuss effective HIV prevention programs directed at GMOC. Presenters will share successes and challenges associated with the implementation of a three-year grant that has promoted capacity building of grassroots GMOC organizations to take charge and be visible in their communities.

Participants will learn about some of the multi-level strategies that have been developed through the project, including: hosting of a community leadership forum to raise awareness about the needs of GMOC; distribution and monitoring of mini-grants to grassroots GMOC organizations; integration of HIV prevention messages in diverse venues such as houses, pageants, and a family-based organization called FOCUSED (Families of Color

Understanding Sons Embracing Our Daughters); and use of the media, pageants, balls, and other community venues to reach and serve GMOC and their families.

LEARNING OBJECTIVES:

- Participants will understand the needs of GMOC;
- Participants will understand cultural strategies for targeting GMOC;
- Participants will learn new ways to build programs for GMOC;
- Participants will learn what you do to get a program off the ground;
- Participants will learn how to use technical assistance and consultants;
- Participants will learn what works and does not work with GMOC.

ABSTRACT 902

Starting and Sustaining Latino Capacity-Building State/Local Networks for HIV/AIDS Prevention

Doria-Ortiz, C

Center for Health Policy Development, Inc. (CHPD), San Antonio, TX

ISSUES: In the age of HIV/AIDS the need for developing and sustaining Latino networks that facilitate the interface of the different systems of prevention, care, and services has become more critical and presents a definite challenge for communities. Latino networks, coalitions, or core groups could also serve as pipelines and capacity-building training ground for their Latino membership as representatives on the Ryan White Community Planning Groups and peer-review committees.

SETTING: Latino HIV/AIDS Coalitions of the Southwest.

PROJECT: Prevention coalitions were implemented in 3 Southwestern communities to address the following issues: 1) The capacity building and leadership skills of Latino communities, 2) The development of a Latino health prevention network, 3) The need to increase the knowledge, availability and coordination of bilingual/bicultural resources and materials, and 4) The building of the necessary infrastructure to address HIV/AIDS prevention efforts and advocacy for Latino communities.

RESULTS: CHPD, through its Southwest AIDS/HIV/STD Information, Education, and Training Project II (SWAIETP II), developed and provided technical assistance to 5 statewide core groups and provided initial culturally based training for four prevention networks.

LESSONS LEARNED: Latino Health Prevention Coalitions have been started and successfully trained in Texas, Colorado, Florida, Illinois, and Nevada. These networks of HIV/AIDS providers are an effective culturally based mechanism to facilitate bilingual/bicultural prevention strategies and to address the need for coordinated mechanisms that are responsive to Latino communities. The development and implementation of these type of networks requires a culturally based process that reaffirms the existing community strengths and facilitates coordination of efforts.

ABSTRACT 903

Latinas/Hispanic Women Who Are at Risk for HIV/AIDS Through Male Partners with Incarceration Experience

Doria-Ortiz, C

Center for Health Policy Development, Inc. (CHPD), San Antonio, TX

ISSUE: Latinas/Hispanic women who are at risk for HIV/AIDS through male partners with incarceration experience.

SETTING: Collaboration between three major systems: Latino Community Based Organizations (CBO), Criminal Justice and Public Health.

PROJECT: Project Capacity-building Alliance to Develop of Effective Networks of Assistance (Project CADENA) will develop and implement regionally structured, integrated Capacity-building assistance (CBA) systems to sustain, improve and expand local HIV prevention services for racial ethnic minority individuals, whose behaviors place them at risk for acquiring or transmitting HIV and other sexual transmitted disease. It will also increase community awareness about three major systems: Criminal Justice System, Public Health System and Latino CBOs. Furthermore, it will develop leadership, and create partnership and support for the prevention of HIV/AIDS in two cities (El Paso, Texas and Denver, Colorado), as well as to develop the process of these collaborations to address the needs of Latinas/Hispanic women who are at risk for HIV/AIDS through male partners with incarceration experience.

POTENTIAL RESULTS: Develop councils that consist of local major opinion leaders from the three systems and will lay the groundwork for the development of a Plan of Action. The emphasis will be to identify specific objectives to conduct a series of topical workshops and identify other opinion leaders and expand their understanding of the local HIV/AIDS prevention issues.

LESSONS LEARNED: Project CADENA will allow the three systems to learn about each other in regards to the funding stream, the organizational structure, staffing patterns, etc. This will help each system interact with each other so that collaborations may take place and sustain throughout the future. Project CADENA will also assist the three systems to identify their needs as they relate to strengthening their linkages with each other and therefore better to serve the target population.

ABSTRACT 905

Project Connect: Enhanced HIV and Syphilis Counseling and Testing Services in a Correctional Population

Jones, VP¹; Olthoff, G¹; Brunson, S²; Ward, M²; Stanton, B³

1 Prince George's County Health Department, Forestville, MD; 2 Maryland AIDS Administration, Baltimore, MD; 3 Prince George's County Correctional Center, Upper Marlboro, MD

ISSUE: 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 county correctional center and subsequent prevention case management for the HIV positive persons who are found.

SETTING: The Prince George's County Health Department will be offering HIV and syphilis counseling and testing to arrestees in the Prince George's County Correctional Center. The population being reached will be between the ages of 18 and 35, African American males and females.

PROJECT: Every new male and female arrested is offered HIV and syphilis counseling and testing as part of the local correctional centers 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 posttest 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: Additional HIV and syphilis screenings began in the third week of January 2001, in the local correctional center. The number of persons tested and the positivity rate will be discussed. Preliminary results for partner counseling and referral services, barriers to program implementation and other logistical issues will also be discussed.

Funding for this project was provided by the CDC, through the Maryland AIDS Administration, Baltimore, Maryland.

ABSTRACT 906

HIV Transmission among Vietnamese Women: Reducing the Risk in a Low-Prevalence and Resource-Limited Environment

Durant, T¹; Van Tien, C²; West, G³; Thi Nhan, D³; Thi Huong, P³

1 Centers for Disease Control Prevention, Atlanta, GA; 2 National AIDS Standing Bureau, Hanoi, Vietnam; 3 Centers for Disease Control and Prevention, Hanoi, Vietnam

ISSUE: Since 1997, the rate of HIV/AIDS in Vietnam has increased rapidly. Approximately 120,000 persons are now infected with HIV or AIDS. HIV has primarily been reported among injection drug users and partners of commercial sex workers. Vietnamese women are primarily infected via heterosexual contact with injection drug using partners. Because of this, women are less likely to be tested for HIV increasing the likelihood of mother-to-child transmission. Maintaining a low prevalence of HIV infection among women and children is a key step in stopping the spread of HIV. And although the prevalence of HIV among pregnant women is less than 1%, it will likely increase as the epidemic spreads. Excluding commercial sex workers, few HIV/AIDS interventions exist for identifying and managing Vietnamese women at low risk for HIV infection.

SETTING: Vietnam is a resource-limited environment with most of its annual US\$4 million HIV/AIDS budget dedicated to blood safety and surveillance. As a result, interventions for low-risk groups have been limited. This model will be implemented in three Vietnamese provinces with high HIV rates. Results will be distributed to local, national, and international organizations.

PROJECT: Components of the proposed model include (1) identifying and counseling partners of HIV-infected

men, (2) providing family planning counseling for all women, particularly women who wish to become pregnant, (3) testing and treating sexually transmitted infections, and (4) geographically targeting areas with high HIV rates.

RESULTS: This model is under development and will be implemented in late Spring 2001. The final model will be completed late spring 2001.

LESSONS LEARNED: Lessons learned may include issues of identifying and recruiting low risk women for counseling and providing drug therapy for HIV-infected mothers. Although the prevalence of HIV infection among Vietnamese women is low, patterns of HIV transmission in other developing countries suggests that the prevalence may rapidly increase. An intervention to reduce HIV-infection in a low prevalence and resource-limited environment could reduce heterosexual and mother-to-child transmission. Vietnam offers a unique opportunity to develop and to implement such a model. If effective, the model could be modified and implemented elsewhere.

ABSTRACT 907

Cross-Cultural Issues in Adapting a US HIV Counselor Training Model in Vietnam

Chong, SP¹; West, GR²; Nguyen, HT²; Do, NT³; Do, NT³

1 Centers for Disease Control & Prevention, Atlanta, GA;

2 Centers for Disease Control & Prevention, Hanoi, Vietnam;

3 National AIDS Standing Bureau, Hanoi, Vietnam

ISSUE: Social and cultural differences such as language, gender, age, position of authority, and learning and teaching concepts present technical and logistical challenges in adapting a US HIV counselor training model to Vietnam. In particular, exact translation of key theories, concepts and practices was not always possible due to limited knowledge of the social and behavioral sciences.

SETTING: Classroom-based HIV Counselor Training workshop with a group of Vietnamese doctors and other public health workers from different regions of Vietnam.

PROJECT: Through a joint effort between the US Centers for Disease Control and Prevention (CDC) and Vietnam National AIDS Standing Bureau (NASB), a pilot HIV Counselor Training curriculum was implemented to improve the counseling skills of existing and new HIV counselors in Vietnam. The curriculum is adapted from a counselor-training model widely used by CDC and the World Health Organization (WHO). It includes

lectures on the HIV epidemic in Vietnam and an introduction to the science of counseling; skills-building exercises on counseling HIV-positive clients and their sex partners and active listening; and group demonstrations on the use of and adherence to a counseling protocol.

RESULTS: Most of the training was conducted in English by CDC staff. Vietnamese translation of some technical terms was incomplete since many of the theories, concepts, and practices presented were new to many participants and to Vietnam. Some lectures and exercises needed additional time to complete because of a need for translation. The participants had a high attention span for lecture and exercise materials and were often able to cite key issues presented. Many participants had a difficult time with role-plays and group demonstrations, often unable to act out their roles. Some scenarios developed for the role-plays and group demonstrations were not appropriate or did not match the experiences in Vietnam. Many participants had difficulties following the step-by-step tasks in the counseling protocol. Placing older and younger participants in the same training workshop presented some problems for the younger cohort. Many of them were afraid or shy to comment or challenge their elders. Participants placed a high regard for persons they perceived to be in a "position of authority" and will defer to their "expertise".

LESSONS LEARNED: Adapting an US HIV counselor-training model in Vietnam is feasible. However, careful attention needs to be placed in modifying both the content and the context of the curriculum to ensure that it meets the needs of the social and cultural structures of Vietnamese society. The participants showed a real interest in learning new counseling concepts and practices. It is also important to allow for ample amount of time for participants to practice counseling using the recommended protocol.

ABSTRACT 908

Southern, African American Women's Experience of Infection with HIV

Mallory, C; Miles, MS

University of North Carolina School of Nursing, Chapel Hill, NC

BACKGROUND: Epidemiological evidence suggests that HIV is a growing threat to African American women across the United States. Yet little is known about the specific circumstances that precipitate women's infection with the virus.

OBJECTIVES: This study was designed to explore Southern, African American women's experiences of infection with HIV in order to refine the theoretical basis for HIV prevention research.

METHODS: Grounded theory methodology was used to guide in-depth interviews with 10 women living with HIV. Women were recruited from an on-going longitudinal study on symptom management and were sampled based on their ability to articulate the circumstances around becoming infected with HIV. Interviews were audio recorded, transcribed verbatim and analyzed using constant comparison.

RESULTS: A major theme constructed from the data was "trusting unfaithful men". Seven of the 10 women described themselves as low risk for becoming infected, that is, they were not injecting drug users, had few lifetime sexual partners, and had been in long-term romantic relationships when they became infected. Women reported that desire for relationships characterized by trust and intimacy, coupled with the inaccurate risk appraisal of sexual partners contributed to their infection with HIV.

CONCLUSIONS: These women are like most women, they perceive themselves to be at low risk and, thus, did not take any measures to protect themselves against HIV infection. With heterosexual contact becoming the most common source of transmission of HIV to women, interventions to prevent HIV among women must address the issues of perceived low risk and trust within romantic relationships.

ABSTRACT 909

Increasing Active Drug Users' Adherence to HIV Therapeutics

Broadhead, RS; Heckathorn, DD; Altice, FL; van Hulst, Y; Carbone, M

University of Connecticut, Storrs, CT

ISSUES: Active drug users suffer from both low utilization of, and adherence to, primary care for HIV disease. Combining drug treatment and primary care on-site reduces these problems significantly because it creates a support structure in which program staffs can monitor patients' adherence and provide ongoing encouragement. But in the US, only a very small minority of drug users with HIV disease receives this demonstrably effective form of care.

PROJECT: We report pilot-study results of an alternative support structure, termed a "peer-driven intervention," that serves as a functional equivalent to drug treatment for increasing active drug users' adherence to HIV therapeutics.

METHODS: The six-month study included 14 adult active drug users receiving medical care for HIV disease in New Haven, Connecticut: three white and five African American males, and one white and five African American females. As health advocates, each subject was assigned and asked to meet with a patient-peer once a week at the project's storefront. The assignments were made by a health educator (HE) who oversaw the study's daily operations. In the HEs presence, each advocate assessed his or her peer's level of adherence using a standardized questionnaire, and provided counseling. As peers, each patient was assigned and asked to meet with a peer-advocate once a week in order for the advocate to assess the peer's adherence. No two patients played both roles for one another. Advocates earned direct monetary rewards for eliciting positive responses from their peers in keeping clinical appointments, responding to physicians' referrals, picking-up prescriptions on time, and attending weekly meetings with the Advocate.

RESULTS: The peers succeeded in keeping 95% (130 of 137) of their appointments with clinicians and advocates. Significant adherence to antiretroviral drug regimens occurred among the subjects. For 30 of the 36 meetings in which adherence scores were calculated, peers' medication adherence scores for the previous week averaged 80% or higher. Eight of the subjects enrolled in drug treatment, and significant reductions in drug-related risk behaviors occurred among the remaining active users. None of the subjects dropped out of the study.

ABSTRACT 911

HIV/AIDS is a Reality in the Aging Population

Del-Rose, LC

New England AIDS Education and Training Center, Watertown, MA; Boston Living Center, AIDS Action Committee, Boston, MA

ISSUE: Approaching the age of 50 and living with AIDS is quite an accomplishment. Research now shows that seniors are becoming one of the fastest growing populations of Americans with HIV/AIDS. In fact, 25% of AIDS cases are people over 60 years of age.¹ With people living longer, new medications such as Viagra® and

hormone therapy replacement (HRT) for women, people are living fuller, longer, and sexually active lives. Adults 50 years of age make up 11% of all AIDS cases in the United States. Women over 60 are becoming one of the fastest growing groups.² Sexual relations continue to be a very important part of life and intimacy regardless of serostatus. Many older people are uncomfortable talking about sexual and bodily dysfunctions with healthcare providers and family members. Good communications skills are critical for both the patient and the provider, so that these discussions can be more comfortable. When it comes to sexual and bodily functions many feel awkward and uncomfortable and often are unable to describe symptoms they may be having. Frequently, embarrassment (by both patient and provider) can lead to undiagnosed or misdiagnosed HIV-related and/or other diseases.

SETTING: Diverse populations across the United States from the inner city to rural areas, including all economic and educational levels, race, religion, sexual preference, and languages spoken.

PROJECT: It has been my personal experience to educate on a one-to-one basis. Factors including but not limited to where I would be, whom I was speaking to, as the appropriate setting is necessary so as not to offend the in-experienced lay person on HIV/AIDS education. My most recent experience was at the dining room table of family members in the Midwest, where the topic was quite easily accepted and discussed, with revealing my status.

RESULTS: Education and prevention must be discussed at every level possible. Starting in the home at the breakfast or evening mealtime, in the work place, schools, places of worship, where ever people gather. This topic needs to become acceptable and commonplace as pregnancy and cancer. This is a public health issue, spread through the misinformed. By empowering the general public with preventative practices, and interventions we just may be able to stop the spread of this disease.

LESSONS LEARNED: Living with HIV into the aging years requires a close look at over all health maintenance issues including sexual health. It can be difficult to communicate with healthcare providers and family members concerning such intimate details of our lives. We need to bridge this communication gap and provide information needed to help with the diagnosis and treatment of HIV disease. HIV is 100% preventable. Careful discussion of sexual practices is critical for HIV+ people but also, a critical prevention tool.

1 Florida Department of Health, Bureau of HIV/AIDS, Tallahassee, FL.

2 Senior HIV/AIDS Prevention and Education, University of South Florida, Tampa, FL

ABSTRACT 912

A Positive Result from the Continuous Distribution of Condoms

Broderick, CW

MOPACAS Inc., Monrovia, Liberia

ISSUE: Over the years, the youths, especially between the ages of 18 to 24 years old have not shown a positive response to adopting the use of condoms during sex as a means of minimizing the spread of HIV/AIDS due to concept that condoms reduces stimulation during sexual intercourse.

SETTING: MOPACAS Inc. a community-based organization conducted a survey of response to the use of condoms by female sex workers, within the Point Four area Monrovia, Liberia, a highly prostituted area.

PROJECT: Condoms were continuously distributed to the Point Four area along with the publicity of awareness programs illustrated on video screen, despite the refusal of condoms by female sex workers and their customers. This process continued for a period of six months to observe adoption.

RESULTS: 75% of female sex workers within this area accepted the constant use of condoms during sex after a period of six months. Until now this percentage of acceptance continues to increase.

LESSONS LEARNED: This proves that youths can adopt the use of condoms or other methods of preventions as with the continuous application as they are being adopted. Therefore, condoms use should not be a go-slow method, but rather more effort should be exercised on this method, as it is the most effective next to abstinence.

ABSTRACT 913

A Model for Building Capacity Within Hispanic Communities: Mobilizing Communities for HIV Prevention

Somerville, GG; Taveras, S; Duncan, T

Centers for Disease Control and Prevention, Atlanta, GA

ISSUE: Hispanic Americans are disproportionately impacted by the HIV/AIDS epidemic. Of the 733,374 cumulative AIDS cases in US residents reported to CDC

through December 1999, Hispanics accounted for 18% of total cases.

SETTING: Hispanic organizations focusing on HIV prevention in high-risk communities throughout the United States.

PROJECT: National Hispanic organizations deliver capacity-building assistance to community-based organizations in four priority areas: organizational infrastructure development; intervention design, development, implementation, and evaluation; community capacity building for HIV prevention; and HIV prevention community planning effectiveness and participation.

RESULTS: Capacity-building assistance results in increased capacity to deliver and sustain HIV prevention programs. For example, Hispanic board members learn skills to increase funding for their HIV prevention programs. Promotores (community outreach workers) learn negotiation skills to effectively deliver HIV prevention messages in the field. Hispanic MSM acquire the ability to participate in their local community planning groups. Another result is that organizational strength and intervention effectiveness is dependent upon levels of assistance. The capacity-building assistance model delineates various delivery mechanisms such as information transfer, skills-building, technical consultation, technical services, and technology transfers, which respond to different levels of need for assistance. For example, to ensure the success of a newly founded Hispanic CBO, the organization may receive intensive and ongoing technical assistance over an extended period of time.

LESSONS LEARNED: Community members know best how HIV prevention messages can be successfully delivered in their communities. Linguistically and culturally appropriate capacity-building assistance can lead to innovative replication of science-based HIV prevention programs.

ABSTRACT 914

Training Counselors to Provide HIV Prevention and Risk Reduction Counseling for Clients Receiving Same-Day HIV Rapid Test Results in Malawi

Misoya, L¹; Munthali, F²; Dillon, B³; Iatesta, M³; Campbell, CH³; Msowoya, K¹; Marum, E³

1 Malawi AIDS Counseling and Resource Organization, Blantyre, Malawi; 2 National AIDS Control Programme, Lilongwe, Malawi; 3 Centers for Disease Control and Prevention, Atlanta, GA

ISSUE: Training and quality assurance for the HIV counseling component needed for providing same-visit HIV test results is a critical aspect for implementing and maintaining a quality Voluntary Counselling and Testing (VCT) prevention service.

SETTING: Provision of VCT in freestanding sites in a community and country heavily impacted by the HIV/AIDS epidemic — Malawi.

PROJECT: Malawi AIDS Counseling and Resource Organization (MACRO) is a non-governmental organization (NGO) providing social and psychological support to individuals, couples, and families in order to reduce the transmission of HIV and the impact of HIV/AIDS. Malawi is one of the countries in southern Africa where greater than 20% of the adult population, aged 15-49, is currently infected. However tragic the HIV/AIDS epidemic is in Malawi, MACRO and the National AIDS Control Programme believe that the delivery of quality VCT services provides an occasion of hope and opportunity for prevention, care, and positive living.

RESULTS: Provision of HIV rapid whole-blood tests with same-day results were implemented in Malawi in January 2000 upon completion of training of staff. An HIV-testing algorithm was evaluated and implemented, and a protocol was developed and adapted for providing HIV prevention counseling including: test-decision risk assessment, prevention counseling, and test result counseling for use with the finger-stick, whole-blood testing algorithm for HIV infection. Through February 2001, greater than 25,000 clients had received counseling sessions and were tested for HIV. Eighteen percent of clients were identified as being seropositive. During the first 12 months of providing same-day results, MACRO has had a four-fold increase in the demand for VCT services and a six-fold increase in clients receiving their

result over the same period in the previous year. Prior to the implementation of same day counseling with results, clients had been asked to return in two-weeks for their results.

LESSONS LEARNED: Quality prevention counseling can be provided and both clients and counselors attest to the improved service delivery of the new strategy — rapid testing with quality prevention counseling.

HIV rapid testing with counseling promotes both prevention and earlier access to care and support.

Quality assurance of the counseling protocol is crucial in order to provide and maintain a quality prevention service, and to maintain the trust and confidence of clients.

ABSTRACT 915

The Malawi Experience: HIV Voluntary Counseling and Testing (VCT) with Same-Day Confirmed Results Utilizing a Finger-Prick, Whole-Blood Testing Algorithm

Msowoya, K¹; Barnaba, A²; Feluzi, H³; Damsoni, H⁴; Campbell, CH⁵

1 Malawi AIDS Counseling and Resource Organization, Blantyre, Malawi; 2 Queen Elizabeth Central Hospital, Blantyre, Malawi; 3 Lilongwe Central Hospital, Lilongwe, Malawi; 4 National AIDS Control Programme, Lilongwe, Malawi; 5 Centers for Disease Control and Prevention, Atlanta, GA

ISSUE: Most people do not know their HIV serostatus — infected or not infected. Provision voluntary counseling and HIV rapid testing services should be a critical component of a country's prevention and care program. The provision of quality voluntary counseling and testing (VCT) services with same-day results provides opportunities for early access to prevention, care, and support.

SETTING: Provision of VCT in freestanding sites in a community and country heavily impacted by the HIV/AIDS epidemic: the Malawi experience.

PROJECT: Malawi AIDS Counseling and Resource Organization (MACRO) is a non-governmental organization (NGO) providing social and psychological support to individuals, couples, and families in order to reduce the transmission of HIV and the impact of HIV/AIDS. Malawi is one of the countries in southern Africa where greater than 20% of the adult population, aged 15-49, is currently infected. However tragic the HIV/AIDS

epidemic is in Malawi, MACRO and the National AIDS Control Programme believe that the delivery of quality VCT services provides an occasion of hope and opportunity for prevention, care, and positive living.

RESULTS: Provision of HIV rapid whole blood tests with same-day results were implemented in Malawi in January 2000, upon completion of training of staff. Several different HIV tests were evaluated, and an HIV rapid-testing algorithm was selected by the national AIDS Control Programme and implemented at MACRO. A counseling protocol was also adapted for providing HIV prevention counseling including; test-decision, risk assessment, prevention counseling, and test result counseling, for use with the finger-stick, whole-blood testing algorithm for HIV infection. Through February 2001, greater than 25,000 clients were tested for HIV. Overall, 18% of clients were identified as being seropositive. During the first 12 months of providing same-day results, MACRO has had a four-fold increase in the demand for VCT services and a six-fold increase in clients receiving their result over the same period in the previous year. Prior to the implementation of same day counseling with results, clients had been asked to return in two-weeks for their results.

LESSONS LEARNED:

An HIV rapid, whole-blood, two-different-test algorithm conducted on-site provides results equivalent to ELISA testing with confirmation conducted in a reference laboratory.

This test algorithm provides confirmed results for both HIV-negative and -positive clients on the same visit, which eliminates the need to return two weeks later for test results and post-test counseling.

The test used in this algorithm is simple and rapid, requires no electricity to process, no refrigeration for storage, has a long shelf life, and can be conducted by a trained counselor.

A computerized information management system is crucial for monitoring services and helping with quality control and evaluation activities.

Quality prevention counseling can be provided and both clients and counselors attest to the improved service delivery of the new strategy.

ABSTRACT 916

Mobilizing Women to Build a Spiritual Connection for HIV Prevention

Austin Lucas, B; Prioleau, FY; Holloway, L

Women, Organizing, Mobilizing, and Building, (WOMB), Brooklyn, NY

ISSUE: To increase the awareness of churchwomen's understanding of sexuality, risk level for HIV, and their compassion level for persons infected and affected by HIV.

SETTING: This behavioral intervention occurred in Brooklyn, NY. The audience was women from different religious denominations.

PROJECT DESCRIPTION: Women's conference sponsored by Women, Organizing, Mobilizing and Building (WOMB) in partnership with Agape Tabernacle International Fellowship. The conference addresses issues that would affect women of faith in the new millennium. There were a series of Sister Circle workshops focusing on HIV/AIDS, Motivating our Children and Ourselves a Joint Agenda (MOJA), Sisters Strengthening Our Sisters (SSOS), African Women of the Diaspora Linking Up and Economic Development. During the general assembly, a representative from The Religious Coalition for Reproductive Choice spoke on the issue of sex and sexuality in the church. The group had approximately 75 women during the general assembly. The participants broke up into small groups and had dialogue on sex, sexuality and HIV/AIDS and how it relates to the topics of the Sister Circles.

RESULTS: The group mandate from those sessions was to set up an all-day conference for training church leaders on a faith-based curriculum on sex and sexuality. The workshop identified gaps and needs of faith-based HIV prevention and services for those infected and affected by HIV. Several of the participants who were in the HIV Sister Circle have established HIV ministries, support groups or other projects related to HIV in their home churches.

LESSONS LEARNED: WOMB experience thus far, as a faith-based group that addresses the issues of economic isolation of women infected and affected by HIV/AIDS, has mobilized member of other churches to break the silence in faith communities of color.

We would like to present our mission statement group structure and format to the audience as a replaceable model for us throughout the world. In addition, we will provide technical assistance to workshop participants for establishing or maintaining an advocacy group that is contained within a faith-based community.

ABSTRACT 917

The CDC/ASPH Institute for HIV Prevention Leadership: A Model for Enhancing CBO Capacity

Potts, LH¹; Richter, DL²; Reininger, B²; Prince, MS³

1 Health Consulting Group, Inc., Atlanta, GA; 2 University of South Carolina - Norman J. Arnold School of Public Health, Columbia, SC; 3 Health Promotion Works, Inc., Pawleys Island, SC

ISSUE: Based on identified capacity-building needs in public health prevention and strategic management of HIV prevention program managers working in community based organizations directly funded by CDC, a national model for enhancing community-based organization (CBO)-capacity was developed and implemented.

SETTING: HIV prevention program managers who work in CBOs serving minority populations in the US

PROJECT: The Institute is designed to enhance CBO capacity through the provision of education in basic principles of public health prevention and strategic planning and management. Program managers participating in the Institute immediately apply what they learn in 4 weekly on-site sessions through an integrative learning experience (ILE) carried out in their own agencies. ILE application is supported through distance learning support via laptop computers provided as part of the Institute. In 2000, the first year of the Institute, 42 managers from CBOs in the US, Puerto Rico, and the Virgin Islands participated in this program.

RESULTS: Based on qualitative and quantitative evaluation results, the first year of the Institute was highly successful with respect to enhancing knowledge and skills in principles of public health prevention and strategic planning and management. Mean pre- and post-test scores indicated statistically significant increases in knowledge. Each manager completed development of a program or agency strategic plan related to one business/operational priority as well as the design, implementation, and evaluation plan for a prevention intervention. Participant evaluation reports indicate these plans, and interventions have been used in several agencies to address strategic issues and have resulted in new funding opportunities and programs. Longer-term evaluations of the impact of the Institute on enhancing CBO capacity are currently underway.

LESSONS LEARNED: Based on intensive evaluation of the first year of the Institute, it appears this model

has been successful in the short term in enhancing the knowledge and skills of HIV prevention program managers. Despite having to be away from work for four weeks during the year, outcomes achieved by the participants have had a direct impact on enhancing their CBO capacity through the dissemination of knowledge and skills fostered by completion of the ILE.

ABSTRACT 918

Measuring Improved Capacity in HIV Prevention Programming and Strategic Management: Results from the CDC/ASPH Institute for HIV Prevention Leadership Pilot Year

Richter, DL¹; Potts, LH²; Reiningger, B¹; Harris, M¹; Oglesby, WH III¹; Prince, MS³

1 University of South Carolina – Norman J. Arnold School of Public Health, Columbia, SC; 2 Health Consulting Group, Inc., Atlanta, GA; 3 Health Promotion Works, Inc., Pawleys Island, SC

ISSUE: The effectiveness of a national model to enhance the public health prevention and strategic management capacity of HIV prevention program managers was pilot tested with an initial cohort of participants.

SETTING: HIV prevention program managers who work in minority community-based organizations (CBOs) in the US participated in the CDC/Association of Schools of Public Health (ASPH) Institute for HIV Prevention Leadership.

PROJECT: The Institute for HIV Prevention Leadership, a national model for capacity building in CBOs, focuses on the interweaving of public health prevention and strategic management skills to enhance both prevention program effectiveness and organizational viability. Thirty-five scholars who completed the pilot offering of the Institute for HIV Prevention Leadership were asked to complete evaluation measures to determine the short- and long-term impact of the Institute.

RESULTS: Mean pre- and post-test evaluation results showed statistically significant increases in knowledge gained and confidence in applying the principles and methods learned in strategic planning, public health prevention, and technology. Results also indicated that Institute content was appropriate, faculty were effective, and Institute participants were able to apply the knowledge and skills they acquired at the Institute “back home” in their CBOs.

LESSONS LEARNED: The majority (> 94%) of program managers who participated in the Institute reported that they had an excellent overview of strategic planning, public health prevention, and use of technology that demonstrated that the Institute’s curriculum was effective in enhancing CBO capacity in these areas.

ABSTRACT 919

The CDC/ASPH Institute for HIV Prevention Leadership: A Participant’s Perspective

González-Gelabert, M

Health Consulting Group, Inc, Atlanta, GA

ISSUE: Commonly, HIV capacity-building educational programs for community-based organizations (CBOs) focus on face-to-face technical assistance and/or conceptual content without offering the opportunity to directly apply the knowledge and skills learned to practical situations within the workplace.

SETTING: Capacity building designed specifically for HIV prevention program managers working in CBOs from the US mainland, Puerto Rico, and the Virgin Islands with diverse cultural, racial/ethnic, sexual orientation, and geographical backgrounds.

PROJECT: The CDC/ASPH Institute for HIV Prevention Leadership is a comprehensive, capacity-building educational program based on nine-month course of study. Includes four weeks of on-site instruction supplemented by distance learning and the application of learning concepts through an integrative learning experience. Through the provision of key knowledge and skills, and the integration of innovative and diverse educational strategies and activities, the Institute is designed to enhance the capacity of CBOs in public health prevention and strategic management, to strengthen the effectiveness of their prevention programs and services, and to increase their organizational efficiency.

RESULTS: In the year 2000, 42 program managers participated in the Institute, held in Atlanta, GA. Based on the learning and practical experiences of one Latina participant, this presentation will show how key learning concepts of public health and strategic planning and management were transferred to and improved the learning capacity and professional development of a CBO in Puerto Rico. Specifically, the organization developed a new mission statement and first values

statement, identified and analyzed strategic issues and took action on findings related to physical structure, funding opportunities, fundraising activities, and evaluation of services.

LESSONS LEARNED: HIV capacity-building educational programs combining the classroom setting with interactive activities and technology proved to be a valuable tool to gain information and at the same time apply the learned concepts to the reality of our organizations. The increase in the level of competence and confidence in prevention areas and strategic management-related topics resulted in more effective HIV services and programs, and its capacity to respond appropriately to HIV epidemic to the needs and changes of the HIV epidemic within our community.

ABSTRACT 920

Examining Changes in Organizational Learning in CBOs Providing HIV Prevention

Reininger, B¹; Prince, MS²; Richter, DL¹; Potts, LH³; Reed, N¹

1 University of South Carolina – Norman J. Arnold School of Public Health, Columbia, SC; 2 Health Promotion Works, Inc., Pawleys Island, SC; 3 Health Consulting Group, Inc, Atlanta, GA

ISSUE: Based on identified capacity-building needs of HIV prevention programs within community-based organizations, a national model for enhancing community-based organization (CBO) capacity was developed and implemented.

SETTING: HIV prevention program managers who work in minority CBOs in the US participated in the CDC/Association of Schools of Public Health (ASPH) Institute for HIV Prevention Leadership.

PROJECT: A key component of the evaluation of the CDC/ASPH Institute for HIV Prevention Leadership is examining changes in the prevention and strategic planning practice of CBOs that have scholars selected to attend the Institute. Enhanced practice in CBOs falls under the realm of organizational learning when defined as an organization's ability to respond to its environment by seeking out and incorporating new knowledge and skills, not daily operations. The evaluation of organizational learning for the Institute involves multiple measures over time using qualitative and quantitative methods. This presentation will describe a quantitative organizational learning scale including its development and first-year results, and two

qualitative measures of organizational learning including their development and first-year results.

RESULTS: First-year results show that organizational learning can be measured and that changes in organizational operations occurred for several CBOs associated with the Institute. Importance of and implications for measuring organizational learning in other non-governmental organizations will be discussed.

LESSONS LEARNED: Although there was not a significant change in the overall scale, there was change with individual items. This may have resulted from the participants realizing as a result of the Institute how organizations should behave and scoring them less optimistically during the post-test. Comments from participants indicated there were improvements in the organizations' learning ability.

ABSTRACT 921

Symposium on Empowering Parents to be HIV/AIDS Educators

Murry McBride, V¹; Brody, GH¹; McNair, LD¹; Icard, L²; Krauss, B³; Tiffany, J⁴; Davis, WR³; Godfrey, C³; Yee, D³; O'Day, J³; DiIorio, C⁵; McCarty, F⁵; Wang, T⁵; De, A⁵; DiClemene, R⁵; Pequegnat, W⁶

1 Center for Family Research, Athens, GA; 2 University of Pennsylvania School for Social Work, Philadelphia, PA; 3 National Development and Research Institutes, Inc., New York, NY; 4 Cornell University College of Human Ecology, Ithaca, NY; 5 Emory University – Rollins School of Public Health, Atlanta, GA; 6 Center for Mental Health Research on AIDS (NIMH, NIH), Bethesda, MD

Overview

This symposium will examine the role of family-based prevention programs in preventing HIV-risk behaviors in youth. In surveys both parents and children state that they would like to discuss sexuality and HIV/STD risk but they do not know how to begin the dialogue. This symposium will include a series of studies supported by NIMH. These studies demonstrate that parents can be effective AIDS educators of their children if provided with good training and materials.

The objectives of this symposium are to: (1) review family-focused state-of-the-art HIV prevention programs focused on adolescents; (2) examine family dynamics that are associated with preventing risky sexual and drug-using

behaviors among its members; (3) evaluate the impact of parental versus peer discussions about risk behaviors in youth; (4) discuss the importance of cultural issues in designing interventions for African American families; and (5) discuss the implications of these findings for family-oriented AIDS prevention programs in communities and schools.

The chair and discussant have extensive experience with family research. They will set the context for the symposium and examine the family-process variables that account for successful family-based prevention programs. The first speaker will present a model of family and social psychological processes, including children's risk behaviors. The second speaker will present data from a family-based AIDS prevention program that dealt with the difference between parent-peer facilitators and professional facilitators in effectively training parents as AIDS educators. The third speakers will present data on the relative effectiveness of fathers or mothers in reducing HIV-risk behavior and AIDS stigma in their children. The fourth speaker will present data on adolescent risk behavior associated with the extent of mother-adolescent discussions about sex-related topics.

(DISCUSSANT: Willo Pequegnat)

[EDITOR'S NOTE: The following four abstracts (Abstracts 921A, 921B, 921C, and 921D) will all be presented as part of the group oral presentation for Abstract 921.]

ABSTRACT 921A

Parents Make a Difference in HIV/AIDS Prevention

Murry McBride, V; Brody, GH; McNair, LD

Center for Family Research, Athens, GA

BACKGROUND: A high percentage of African American adolescents in Georgia have experienced sexual intercourse and are at greater risk for HIV/AIDS than are those in other ethnic groups. In 1997, 15.5% of the rural counties with large African American populations had reported AIDS cases ranging from 14 to 177 per 100,000 residents (Boatright & Bachtel, 1999). Although 13- to 19-year-old African Americans constitute 14% of the rural Georgia population, they represent 36% of adolescents with AIDS in these areas (CDC, 1993).

OBJECTIVES: The objective of this study was to determine the extent to which family-based interventions buffer rural African American youths from engaging in high-risk sexual behavior.

METHODS: A heuristic model of family and social psychological processes will be used to discuss the role of parents in protecting youth from engaging in risky behaviors. This model includes the following predictors: (1) family processes and parenting, such as family routines, parent-child relationship quality, and parents' socialization strategies; (2) children's identity development in the areas of ethnic identity and sexual self-concept; (3) competencies in the areas of academic and psychosocial development; and (4) cognitive antecedents of preventing children's risk behavior.

RESULTS AND CONCLUSIONS: This model can be predictive in family-systems research. It is of heuristic value in determining the extent to which family interventions can shield African American youths from engaging in high-risk sexual behaviors.

ABSTRACT 921B

Working to Empower the African American Family to Reduce AIDS Among African Americans

Icard, L

University of Pennsylvania School for Social Work, Philadelphia, PA

BACKGROUND: Studies have shown family-based AIDS prevention programs to be effective. However, interventions that respond appropriately to the various segments in the African American population are still needed.

OBJECTIVES: The objective of this study was to use Teaming African American Parents with Survival Skills (T.A.A.P.S.S.), which is a family-based prevention program, to reduce the risk of HIV/AIDS among at-risk African American adolescents by focusing on African American families with parents having lower education and income levels.

METHODS: Focus groups of African American parents and their adolescents, along with two advisory groups, helped develop a 2.5-hour, 3-session training program that is responsive to the sub-culture of African American families in a medium-size city of the Pacific Northwest. The study had 3 components: (1) an intervention delivered by trained professionals, (2) training of 2 parents as parent-peer facilitators, (3) delivery of the program by parent-peer facilitators to other parents and their adolescents. Eight parents were assigned to a professional-led treatment condition, and 8 parents were assigned to the parent-peer facilitation led treatment condition. Data were analyzed by using descriptive statistics.

RESULTS: At post-test, parents participating in the peer-led treatment condition scored higher than did parents in the professional-led treatment condition on frequency of communicating AIDS-risk information to their children, level of sexual self-efficacy, comfortableness in talking with their children about AIDS, and perceived level of self-empowerment.

CONCLUSIONS: Regional and sub-culture differences within the African American population are important in designing appropriate and effective family-based interventions.

ABSTRACT 921C

Empowering Parents to be HIV/AIDS Educators: Successful Outcomes from a Community-Based Program

Krauss, B¹; Tiffany, J²; Davis, WR¹; Godfrey, C¹; Yee, D¹; O'Day, J¹

1 National Development and Research Institutes, Inc., New York, NY; 2 Cornell University College of Human Ecology, Ithaca, NY

BACKGROUND: Nearly 80% of preadolescent children in a high HIV-seroprevalence neighborhood (10%) want to learn about HIV from their parents, but they see as barriers their parents' emotionality in discussing sex, drugs and other risks; tendency to treat requests for information as indicators risk; inability to maintain confidentiality; lack of current information about HIV; and inability to understand the child's current social milieu.

OBJECTIVES: Building on Cornell University/Cornell Cooperative Extension's "Talking with Kids about HIV/AIDS" curriculum, a randomized clinical trial of a parent training was conducted to ascertain if interactive parent group training led to children's increased HIV knowledge, comfort in socializing with persons with HIV, intention to reduce sexual risk behaviors and reduced unrealistic HIV worry.

METHODS: Three hundred seventy-five parent-child dyads including mother-son (n = 100), mother-daughter (n = 100), father-son (n = 100), and father-daughter dyads (n = 75) — were randomly quota-sampled and recruited from public housing dwelling units in the Lower East Side of New York City, with 80% of those eligible agreeing to participate. After baseline assessment of parents and children, all parents receive brightly colored

information packets in English or Spanish. An invitation to treatment, to take part in multi-session group trainings, was then randomly offered to two-thirds of the parents. This 'treatment offered' group resulted in acceptors (33.3%) and decliners (30.4%). The remaining third (36.3%) of the sample received no training offer. Parallel assessment batteries are simultaneously and separately administered to parents and children at six-month intervals. Results at 6 months in all domains are reported.

RESULTS: Children of parents offered training evidenced increased HIV knowledge, decreased worry, more comfort socializing with persons with HIV (p < 0.004), and higher intentions to use condoms both at first and subsequent intercourse (67.8% vs. 43.3%, p = 0.03). For trained parents, these outcomes were positively correlated with measures of training dosage or communication efficacy.

CONCLUSIONS: An interactive parent-group training can enhance parental effectiveness as HIV educators of their children.

ABSTRACT 921D

Influence of Parent and Peer Communication About Sex on Adolescents' Sexual Behavior

DiIorio, C; McCarty, F; Wang, T; De, A; DiClemene, R

Emory University – Rollins School of Public Health, Atlanta, GA

OBJECTIVES: The goal of this research was to examine how parent-adolescent discussions about sex-related topics influenced the relationship between peer-adolescent discussion about sex and the involvement of adolescents in sexual behaviors leading to but not including sexual intercourse.

METHODS: Adolescents included in this analysis were 11 through 14 years of age and had participated in an HIV prevention program with their mothers. They were classified into 3 groups (low, moderate, and high discussion) on both parent-adolescent discussion and peer-adolescent discussion about sexual topics. The dependent variable, intimate sexual behaviors, was based on the adolescent's response to 12 items that are hierarchically ordered with respect to increasing sexual intimacy. Analysis of variance was then used to examine the effect of parent-adolescent and peer-adolescent discussion level on adolescent sexual intimate behavior.

RESULTS: The main effects for parent discussion level and peer discussion level were statistically significant ($p < 0.001$), as was the interaction between parent discussion level and peer discussion ($F(4, 509) = 2.382, p = 0.05$). For the main effect of peer discussion, the mean number of intimate sexual behaviors increased slightly as level of peer discussion increased. For parent discussion, the mean number of intimate sexual behaviors was the smallest for the high discussion group. In terms of the interaction effect, the mean number of intimate sexual behaviors was somewhat reduced for those adolescents who had a high level of discussion with their peers as well as a moderate or high discussion level with their parents when compared to those who had a low level of discussion with their parents. It should be noted that while the level of discussion with the parent reported by the adolescent was at least moderately high (average of 5 items), that with peers was somewhat low (average of 3 items).

CONCLUSIONS (Learning Objectives): At the end of this session, the learner will be able to describe the relationship between parent-adolescent discussions about sex and intimate sexual experiences of adolescents, describe the relationship between adolescent-peer discussions about sex and intimate sexual experiences of adolescents, and describe the influence of parent upon intimate sexual behaviors for adolescent's who report high levels of peer discussions about sex.

ABSTRACT 922

Symposium on Designing More Effective AIDS Prevention Programs for Women and Families

Wyatt, GE¹; Meyers, H¹; Longshore, D¹; Vargas Carmona, J¹; Burns Loeb, B¹; Chin, D¹; Guthrie, D¹; Axelrod, J¹; Wingood, GM²; DiClemente, RJ²; El-Bassel, N³; Jemmott, LS⁴; Jemmott, JB⁵; O'Leary, A⁶; Bliss-Holtz, J⁶; Whipple, B⁷; Stribling, LM⁸; Howard, M⁸; Pequegnat, W⁹

1 University of California, Los Angeles, CA; 2 Emory University – Rollins School of Public Health, Atlanta, GA; 3 Columbia University School of Social Work, New York City, NY; 4 University of Pennsylvania, Philadelphia, PA; 5 Princeton University, Princeton, NJ; 6 Rutgers University, Newark, NJ; 7 Rutgers University College of Nursing, Rutgers University, Newark, NJ; 8 University of Pennsylvania – Wharton Graduate School, Philadelphia, PA; 9 Center for Mental Health Research on AIDS (NIMH, NIH), Bethesda, MD

Overview

Although efforts to find a cure for AIDS have not been successful, AIDS is preventable. To reduce the spread of HIV/STD infections, efficient and cost-effective, theoretically based behavioral interventions have been developed. Effective HIV/STD prevention programs must use cultural beliefs, perceived and actual norms, and must provide women with the skills that they need to protect themselves. In addition, programs must take into account a history of physical or sexual abuse that may put them at increased risk and if possible, involve their partners and families in HIV/STD prevention programs.

This symposium is designed to: (1) Identify the contexts in which women make HIV/STD risk related choices that trigger unsafe behaviors; (2) Examine how the health beliefs, perceptions, cultural values, and partner choices affect HIV/STD risk behaviors; (3) Describe the role of childhood sexual abuse and dating violence in later re-victimization; (4) Describe effective strategies used by women to negotiate safer sexual behaviors; (5) Discuss the implications of these findings for delivering culturally appropriate, effective HIV/STD prevention programs in primary health care facilities.

The chair/discussant, Willo Pequegnat, who has extensive experience nationally and internationally in designing HIV/STD prevention programs, will provide a contextual review and evaluation of these presentations. The first

speaker will present findings from a program to treat childhood sexual abuse in HIV+ women to prevent further risky behaviors and enhance their quality of life. The second speaker will present data on the association between a history of dating violence and adolescent sexual health and further re-victimization. The third speaker will present data from an HIV intervention tailored for heterosexual couples, an intervention that can be delivered in a primary health-care setting. The final speaker will present data from a randomized controlled trial of an HIV/STD risk-reducing intervention that decreased HIV /STD risk behaviors and STD morbidity among women.

[EDITOR'S NOTE: The following four abstracts (Abstracts 922A, 922 B, 922C, and 922 D) will all be presented as part of the group oral presentation for Abstract 922.]

ABSTRACT 922A

The Women's Health Project

Wyatt, GE¹; Meyers, H¹; Longshore, D¹; Vargas Carmona, J¹; Burns Loeb, B¹; Chin, D¹; Guthrie, D¹; Axelrod, J¹

University of California (UCLA), Los Angeles, CA

BACKGROUND: The UCLA Women's Health Project (WHP) is an NIMH-funded intervention designed to reduce risk-taking and increase healthful behaviors among 250 HIV-positive women with histories of child sexual abuse (CSA).

OBJECTIVES: The goals of the WHP include teaching women how to understand their bodies, preserve their reproductive health, communicate with significant others while avoiding placing themselves in dangerous situations, and increasing their understanding of the effects of CSA and HIV on past and current behaviors.

METHODS: The WHP is recruiting 250 HIV-positive women with CSA histories to participate in a randomized clinical trial with two conditions: control and treatment groups. The groups are designed for African American, European American, and Latina women of varying ages, cultures, background experiences, and languages. The curriculum targets 5 interconnected areas of women's lives, including physical health, sexuality, relationships with others, emotional health, and use of substances. The goal is to help women understand their current behaviors in these domains, the links that exist between traumatic childhood experiences and these areas, and the effects of HIV on each of the 5 domains. Intervention groups are held once a week for 11 weeks. The groups are

conducted by a trained facilitator and peer mentor. The format is structured with a balance between psychoeducational content and clinical process. The groups are offered at multiple sites with an emphasis on providing the groups in HIV service centers. We provide payment for assessment and group sessions, transportation, food, childcare, and community resources.

RESULTS AND CONCLUSIONS: Our findings demonstrate the importance of including past trauma histories, such as child sexual abuse, in interventions focusing on HIV prevention and treatment. Significant change was noted in psychological health and coping, as well as reduced sexual and drug-related practices, as a result of relating CSA with current functioning for HIV-positive women. In the future, this intervention will be implemented in HIV-related clinics and community-based organizations as a service that may be provided for HIV-infected women with histories of CSA.

ABSTRACT 922B

Dating Violence and African American Females' Sexual Health

Wingood, GM²; DiClemente, RJ²

Emory University – Rollins School of Public Health, Atlanta, GA

OBJECTIVES: This study examines the association between having a history of dating violence and adolescent females' sexual health.

METHODS: African American adolescent females (N = 522) completed a survey that assessed dating violence, defined as ever having had a physically abusive boyfriend, and an interview that assessed sexual behaviors.

RESULTS: Dating violence was reported by 18.4% (N = 96) of adolescents. Adolescents with a history of dating violence, as opposed to those with no such experience, were in the past 6 months 2.8 times more likely to have an STD, 2.8 times more likely to have non-monogamous male partners and half as likely to use condoms consistently. Furthermore, adolescents with a history of dating violence were significantly more likely to fear the perceived consequences of negotiating condom use (OR = 2.8); fear talking with their partner about pregnancy prevention (OR = 2.6); have a higher perceived risk of acquiring an STD (OR = 2.1); perceive less control over their sexuality (OR = 2.4); have peer norms non-supportive of using condoms (OR = 3.1) and have norms non-supportive of having a healthy relationship (OR = 2.1).

CONCLUSIONS: Dating violence may be associated

with a spectrum of adverse sexual health consequences, behaviors, attitudes, beliefs and norms.

ABSTRACT 922C

Couple-Based HIV/STD Prevention for Heterosexual Couples Recruited from a Primary Health Care Setting

El-Bassel, N

Columbia University School of Social Work, New York City, NY

OBJECTIVES: The study examines the effectiveness of a brief, couple-based HIV/STD prevention intervention targeted to women and their steady sexual partners recruited from an urban primary health care setting.

METHODS: Over 2000 women were screened, and 14% were qualified for the study. A woman qualified if she was between the ages of 18 and 55, reported a main male, steady sexual partner with whom she had been involved for six months or more and intended to stay with for at least one year, had vaginal or anal sex with this partner within the last month, did not use condoms consistently with him in the past 90 days, and did not report severe abuse in the relationship. In addition, the woman had to either know or suspect that this partner: (1) had sex with others in the past 90 days; (2) was diagnosed with, or experienced symptoms of an STD in the past 90 days; (3) had injected drugs in the past 90 days; or (4) is infected with HIV. Two hundred and seventeen couples completed a baseline interview and were randomized to one of 3 conditions: 5 sessions of a relationship-based intervention provided in a couples-modality; 5 sessions of the intervention provided one-on-one to the woman alone; or a single-session health-education control for the woman alone. Primary outcomes included self-reported number of unprotected vaginal and anal intercourse acts, consistent female and male condom use, and the proportion of intercourse acts in which a condom was used. Secondary outcomes included enhanced risk reduction negotiation, self-efficacy, sexual comfort, relationship problem solving, relationship satisfaction, sexual communication, and joint HIV testing. Follow-up interviews were completed with the women and men at 3 months. Women will have an additional follow up interview at 12 months. Follow-up rates for the 3-month interview for women and for men were 87% and 80%, respectively.

RESULTS: Of the total sample, 47.5% were African American couples, 29.5% were Latino, and 23.1% were mixed ethnic couples. Most couples were HIV negative (68%), 17% were HIV positive, and 15% were serodiscordant.

CONCLUSIONS: HIV prevention tailored to heterosexual couples who are risk for HIV is needed and feasible in primary health care settings.

ABSTRACT 922D

A Randomized, Controlled Trial of Brief Behavioral STD/HIV Prevention Interventions for African American Women in Primary Care Settings: Effects on STD Incidence

Jemmott, LS¹; Jemmott, JB²; O'Leary, A³; Bliss-Holtz, J³; Whipple, B⁴; Stribling, LM⁵; Howard, M⁵

1 University of Pennsylvania, Philadelphia, PA; 3 Princeton University, Princeton, NJ; 3 Rutgers University, Newark, NJ; 4 Rutgers University College of Nursing, Rutgers University, Newark, NJ; 5 University of Pennsylvania - Wharton Graduate School, Philadelphia, PA

BACKGROUND: STD/HIV is a major cause of morbidity and mortality among African American women.

OBJECTIVES: To evaluate the effectiveness of STD/HIV risk-reduction interventions for African American women on STD/HIV sexual risk behaviors and incidence of sexually transmitted diseases.

METHODS: This study was a randomized controlled trial with 3-, 6-, and 12-month follow-up (86.9% at 12-month follow-up). African American women were recruited at the women's health clinic of an inner-city hospital (N = 564, mean age = 27.2 years). Participants received 1 of 5 nurse-led interventions: (1) 20-minute one-on-one STD/HIV behavioral skill-building intervention, (2) 20-minute one-on-one STD/HIV information intervention, (3) 3.33-hour small-group behavioral skill-building STD/HIV intervention; (4) 3.33-hour small-group STD/HIV information intervention; (5) 3.33-hour control intervention on general health issues. Primary outcomes were self-reported condom use and unprotected sexual intercourse; secondary outcomes included the incidence of STDs, beliefs about condom use, behavioral intentions, self-efficacy, and condom-use knowledge.

RESULTS: Consistent condom use increased over the 12-month study period among skill-building intervention participants as compared with control group participants ($P = 0.02$). Skill-building interventions caused less reported unprotected sexual intercourse during the 12-month study period than did control group ($P = 0.05$). STD/HIV skill-building ($P < 0.0001$) and information ($P = 0.007$) interventions reduced sexual intercourse associated with alcohol and drug use as compared with control group. Fewer skill-building participants than controls tested positive for STD at 12-month follow-up ($P = 0.03$), but not at 6-month follow-up ($P = 0.35$).

CONCLUSIONS: Brief nurse-led, one-on-one or group skill-building interventions can reduce STD/HIV sexual risk behaviors and STD morbidity among inner-city African American women.

ABSTRACT 923

AIDS-Related Risk Among Adolescent Males Who Have Sex with Males, Females, or Both: Evidence from a Statewide Survey

Goodenow, C¹; Szalacha, L²; Netherland, J³

1 Massachusetts Department of Education, Malden, MA;

2 Harvard Graduate School of Education, Cambridge, MA;

3 AIDS Action Committee, Boston, MA

BACKGROUND: From its onset in the early 1980s, the AIDS epidemic in this country has had its heaviest impact on men who have sex with men, many of whom were infected in adolescence or young adulthood. However, there are virtually no population-based prevalence data about the behavioral risks of homosexually or bisexually active adolescent males and very little about factors influencing those risks.

OBJECTIVES: To provide population estimates of AIDS-related risk behaviors among adolescent males with same-sex, opposite-sex, and both-sex sexual partners and to examine the role of partner gender and AIDS education on AIDS risk behavior.

METHODS: Data on sexually experienced adolescent males were drawn from the combined 1995, 1997, and 1999 Massachusetts Youth Risk Behavior Surveys of representative samples of public high school students. Descriptive statistics examined differences in self-reported risk behaviors and experiences between males who had sexual contact with females only ($n = 3065$), with males

only ($n = 94$), and with both sexes ($n = 108$). Logistic regression examined contributions to 4 AIDS-related outcomes: multiple (4 or more) partners, condom use, sexually transmitted disease, and injected drug use.

RESULTS: Adolescent males with any homosexual experience were less likely to report receiving school AIDS education than were exclusively heterosexual youth. Bisexual (but not same-sex only) experience predicted multiple sexual partners, unprotected intercourse, sexually transmitted disease, and injected drug use. AIDS education contributed to each outcome except STDs; school condom instruction predicted condom use; and experience of sexual coercion/abuse was associated with all four outcomes.

CONCLUSIONS: Results highlight the high AIDS risk of bisexually active adolescent males and the value of school AIDS prevention and condom use instruction. Efforts to ensure that adolescent males with same-sex partners receive effective AIDS education are needed.

ABSTRACT 924

Report on the Pilot Phase of the Antiretroviral Treatment and Access Studies (ARTAS): An Emphasis on ARTAS Case Management

Rapp, RC¹; Siegal, HA¹; Valverde E²; Gardner, LI³; Loughlin, AM⁴; Green, S⁵; Anderson-Mahoney, P⁶

1 Wright State University School of Medicine, Dayton, OH;

2 University of Miami School of Medicine, Miami, FL; 3 Centers for Disease Control and Prevention, Atlanta, GA; 4 Johns Hopkins School of Hygiene and Public Health, Baltimore, MD; 5 Emory University School of Medicine, Atlanta, GA; 6 Los Angeles County Department of Health Services, Los Angeles, CA

ISSUE: Persons who are diagnosed with HIV frequently do not follow through with on-going medical care and social services despite potential benefits for both themselves and others. Reasons for not following through are related to both individuals and the health care delivery system. The Centers for Disease Control and Prevention (CDC) addresses this problem in its new HIV Prevention Strategic Plan, i.e., to increase the proportion of HIV-infected people who are linked to appropriate care and treatment from the current 50% to 80% by 2005. To address this issue, a case management intervention to link newly diagnosed HIV-infected persons to clinical care is being developed.

SETTING: Up to 500 newly diagnosed HIV-infected persons will be enrolled from public health clinics, HIV testing sites and community HIV screening projects in four metropolitan areas (Atlanta, Baltimore, Los Angeles, Miami).

PROJECT: The Antiretroviral Treatment and Access Studies (ARTAS) is a CDC-sponsored, randomized controlled trial to determine the efficacy of a brief case management intervention in improving the follow-through of recently diagnosed HIV-positive individuals with on-going medical and social services. A modified strengths-based case management intervention, ARTAS Case Management, consists of up to 5 personal contacts designed to: (1) help clients identify personal strengths and abilities that will encourage them to follow through with services; (2) actively involve clients in identifying personal and system barriers to follow through, and; (3) advocate with service delivery entities on behalf of clients.

RESULTS: Of the 19 pilot phase clients as of February, 15, 2001, 3 had followed through with HIV medical care, 2 refused further contact, and the remaining 14 are still involved with early contacts with the ARTAS case managers. The barriers which clients and case managers faced in accessing clinic services were evenly distributed between personal (i.e., childcare, transportation, finances) and delivery system factors (i.e., location, clinic hours, admission procedures).

LESSONS LEARNED: ARTAS case management seems to be responsive to the needs of a diverse population of newly diagnosed HIV persons and holds promise for facilitating the entry of these individuals into medical and social services. In addition, the pilot phase demonstrated that ARTAS study protocols can be implemented as designed.

ABSTRACT 925

Assessments and Interventions to Improve Access and Use of HIV Care in Newly Diagnosed HIV-Infected Persons: Antiretroviral Treatment and Access Studies (ARTAS)

Anderson-Mahoney, P¹; Green, S²; Loughlin, AM³; Metsch, L⁴; for the ARTAS study group

1 Health Research Association, Los Angeles, CA; 2 Emory University School of Medicine, Atlanta, GA; 3 Johns Hopkins School of Hygiene and Public Health, Baltimore, MD; 4 University of Miami School of Medicine, Miami, FL

BACKGROUND: Increasing the proportion of HIV-infected persons who receive appropriate HIV medical care is one of the goals of The CDC's Strategic Plan for HIV Prevention. A CDC-funded, multi-site randomized, controlled intervention trial aims to determine if brief case management can improve entry and continued use of HIV medical care among newly diagnosed, disadvantaged, HIV-infected adults. This study is being conducted in four US cities (Atlanta, Baltimore, Los Angeles, and Miami).

METHODS: The study consists of two arms, an experimental and a standard of care arm. Participants in both arms will receive education on HIV disease and importance of medical care in remaining healthy. In addition, participants randomized to the experimental arm will meet with an ARTAS case manager for an additional 3 to 5 sessions. The case manager will identify and focus on the strengths of the participant to address potential barriers to care and enhance the likelihood that of succeeding in accessing and maintaining HIV care. The case manager will seek to link the participant with an HIV provider and a clinic case manager. This intervention approach draws on elements from several case management approaches including brokerage, strengths-based, and assertive community treatment. Each study site will enroll at least 100 newly diagnosed HIV-infection adults over a 12-month period. Participants will be randomized to receive either the usual and customary standard of care or an intensive case management intervention. Participants will complete baseline, 6- and 12-month follow-up questionnaires. The baseline questionnaire will assess demographics, medical history, HIV risk information, knowledge and attitudes about HIV care and social support. Blood samples at baseline and follow up will assess CD4+ cell counts and HIV RNA viral load.

RESULTS: The case-management intervention procedures are being tested in a pilot study. As of February 15, 2001, 19 participants were enrolled from all sites. This pilot assures that any methodological or logistic problems are addressed before the trial begins. In addition, the ACASI-administered baseline questionnaire is being tested for reliability. Sixty-nine HIV-infected participants completed the test-retest reliability study. Questions with low reliability scores have been revised in the study's baseline questionnaire. All sites will begin the ARTAS trial in March 2001.

CONCLUSIONS: The ARTAS trial is designed to determine the efficacy of a brief case management intervention designed to improve entry into HIV medical care among newly diagnosed, disadvantaged HIV-infected adults. This case management approach has been shown to be effective in changing the treatment-seeking behaviors of other similarly disenfranchised populations and therefore the ARTAS study will determine whether this method is effective with recently diagnosed HIV-infected persons.

ABSTRACT 926

Automated Computer Assisted Self-Interview (ACASI) Reliability: Test-Retest Results from the Antiretroviral Treatment and Access Studies (ARTAS)

Krawczyk, CS¹; Green, S²; Loughlin, AM³; Anderson-Mahoney, P⁴; Metsch, L⁵; Wang, J⁶; Gardner, LI⁷; for the ARTAS study group

1 TRW, Inc., Atlanta, GA; 2 Emory University School of Medicine, Atlanta, GA; 3 Johns Hopkins School of Hygiene and Public Health, Baltimore, MD; 4 Health Research Association, Los Angeles, CA; 5 University of Miami School of Medicine, Miami, FL; 6 Wright State University School of Medicine; 7 Centers for Disease Control and Prevention, Atlanta, GA

BACKGROUND: Automated computer assisted self-interview (ACASI) systems offer many advantages such as respondent privacy, standardized interviews and data collection, reduced literacy concerns, reduced missing values, and freedom for the respondent to set their own pace. Given these advantages, several studies have concluded ACASI increases reporting of risk behaviors. Our objective was to determine the reliability of using ACASI on recently diagnosed HIV-positive persons, and whether English- and Spanish-version reliability were both in the good or better range.

METHODS: Eighty-six respondents were recruited in the four ARTAS study sites (Atlanta, Baltimore, Los Angeles and Miami). Respondents completed the ARTAS baseline questionnaire using ACASI and were asked to return three days later for re-administration. Kappa statistics were used to assess reliability except in the following situations: variables with more than two responses (weighted kappa statistic), variables with a large expected value on chance alone (\$ 0.90) (percent observed agreement), and continuous variables (Pearson correlation coefficient). For kappa statistics (simple and weighted), percent observed agreement and Pearson correlation coefficients, substantial to excellent agreement was determined using cut points \$ to 0.70, 80% or 0.70, respectively. Variables identified as poorly or moderately agreeing were further analyzed for differences between the English and Spanish instruments. Chi-square and t-tests were used to test for equal kappa and correlations, respectively for the two languages.

RESULTS: Sixty-nine respondents completed both interviews (80.2%) and are included in these analyses. Two study sites administered an English questionnaire (response rates, 74%), and two study sites a Spanish version (response rates, 88.9%). From preliminary analyses, 83.3% (169/203) of the variables had substantial to excellent agreement. The percent substantial to excellent agreement for dichotomous, multiple response and continuous categories was 92.1%, 74.6% and 74.2%, respectively. Seven (20.6%) of the 34 sub-optimally agreeing variables differed by language. Of these seven variables, English had lower kappa values or correlation coefficients in three variables, and Spanish in four.

CONCLUSIONS: Based upon these preliminary results, a significant majority of questions were reproducible over a three-day test-retest with better results obtained for simpler response types. Based on overall reliability, ACASI appears well suited to interviewing a population of recently diagnosed HIV-positive persons, many of whom are of limited literacy and low socioeconomic status. Additionally, language appears to have little effect on the reproducibility of these questions in this population.

ABSTRACT 929

Developing a Prevention Program for Persons Living with HIV in an HIV Clinical Care Setting

Rietmeijer, CA; Flaks, RC; Gourley, PJ; Cohn, DL; Burman, WJ

Denver Public Health, Denver, CO

ISSUE: Due to effective therapy, persons living with HIV (PLWH) enjoy improved health and resume/continue sexual relations. The perception that HIV is now a treatable condition may lead to increased unsafe sexual behaviors, and therefore PLWH may be at risk for ongoing HIV transmission. Linking PLWH to prevention and care is one of the goals in the CDC HIV Prevention Strategic Plan. Developing prevention interventions in the clinical care setting may be an effective strategy to reduce high-risk and maintain low-risk behaviors among PLWH.

SETTING: Denver Health Medical Center (DHMC) provides care to 1,200 PLWH in 3 HIV primary care clinics. In addition, an HIV/AIDS specialty care clinic is housed in the Denver Public Health (DPH) department, which is part of the DHMC and also provides HIV/STD prevention services and training.

PROJECT: In a collaborative effort between HIV care providers, prevention and training staff, DPH is developing a model for clinic-based HIV prevention among PLWH accessing DHMC for clinical care or other services. The project is comprised of the following phases: 1) Risk and needs assessment among PLWH; 2) Needs assessment among clinical care providers; 3) Development of an HIV prevention intervention models for care providers; 4) Training of care providers; 5) Implementation of the intervention; 6) Evaluation using standard methods.

RESULTS: Results from the PLWH survey indicated that 22% engaged in unprotected anal or vaginal intercourse. High-risk behavior was associated with higher viral loads and lower levels of therapy adherence. Both the PLWH and the provider surveys expressed the need and willingness to discuss sexuality and risk behaviors, but there was a mutual perception of reluctance to discuss these issues. From discussions with care and prevention staff, an intervention model emerged based on the client-centered model evaluated in Project Respect, but adapted to the special needs of HIV care providers. Based on risk-assessment, the following interventions were developed: 1) no current risk: reinforcement of safe behaviors; discuss sexuality issues for PLWH who desire

to be sexually active; 2) moderate risk: client-centered behavioral counseling by the clinician; 3) high risk complicated by substance abuse and mental health issues: referral to mental health and prevention case management. A training for clinicians was conducted in December 2000. The project will be evaluated by repeated risk assessments.

LESSONS LEARNED: A small but significant subgroup of PLWH is at high risk for ongoing HIV transmission and in need of prevention services. Both providers and PLWH express the need and willingness to discuss sexual behaviors as part of the clinical interaction. HIV clinical care and prevention providers can collaborate to develop appropriate behavioral interventions to be conducted in the clinical care setting.

ABSTRACT 930

NJIDEKA: An HIV Intervention Program for African American Women

Cook, S; Stamps-Griffin, D; Bailey, N; Wortham, P

Detroit Health Department, Detroit, MI

ISSUE: African American women account for a profoundly disproportionate percentage of all diagnosed AIDS cases among women. Moreover, the rate of infection continues to increase among women, especially African American women. This suggests the need for effective gender-specific, culturally relevant prevention strategies. The NJIDEKA (Swahili for "Survival is Paramount") Program addresses this need.

SETTING: NJIDEKA is specifically designed for African American women at high risk for acquiring HIV. The nine NJIDEKA program sites are located in the Detroit metropolitan area. They include substance abuse treatment facilities and correctional facilities.

PROJECT: NJIDEKA is theoretically based prevention/intervention program designed for African American women at high risk for acquiring HIV. The program consists of three components. The first component is a 12-week series of HIV empowerment workshops designed to eliminate barriers to HIV risk reduction for African American women in substance abuse programs. The second component is a series of 12-week workshops targeted to African American women in correctional facilities. The third component is a follow-up support

group for the women who have either graduated their program or completed the NJIDEKA program. The workshops focus on: 1) Promoting a sense of self, dignity, pride and community; 2) Imparting empowerment skills that will enable women to effectively deal with intra and interpersonal relationships; 3) Effectively negotiate their social context; 4) Provide skills used to initiate and sustain risk reduction, so that women will maintain their non-seropositive status; 5) Create a social support within the contact of the group and community; 6) Promote life skills and behavioral change that will decrease recidivism; 7) Provide education on the importance of maintaining sobriety; and 8) Connect the participants with the necessary and resources in their community.

RESULTS: NJIDEKA has had a profound impact on the lives of its participants. Evaluation results indicate that NJIDEKA workshop participants have demonstrated significant increase in knowledge about HIV and STDs, a more realistic shift in their perceived vulnerability to acquire HIV, an increase in self-reported condom use, and shifts in their levels of readiness to change risk behaviors. A further indication of the program's efficacy is its recognition by the CDC as one of nine reputationally strong programs in the nation.

LESSONS LEARNED: NJIDEKA's experience suggest: 1) Taking the program to where high-risk women are enhances accessibility and effectiveness, 2) African American women favorably respond to a client-centered intervention with a workshop format, 3) Developing a true sense of self is empowering 4) Providing incentives are an important part of the program's success.

METHODS:

1. How to set-up a database for organizational infrastructure.
2. The basics in Web development and design.
3. Using the Web to increase community outreach.
4. Resource development on the Web.
5. Developing an on-line library.

RESULTS:

By the end of the workshop, participants will be able to:

- Search for specific data related to increasing program proficiency.
- Participants will be introduced to three to five Web sites related to resource development.
- Participants will be able to construct a beginning - level database for their infrastructure needs.
- Participants will increase their proficiency in developing community outreach strategies within HIV prevention & intervention efforts.

CONCLUSION: This workshop will be highly interactive and focus on increasing the immediate learning curves and skills of the participants.

ABSTRACT 931

How CBOs and CCD Projects Can Utilize the Web in Their Daily Functions

Oxner, K

National Minority AIDS Council, Washington, DC

OBJECTIVES: This workshop will focus on the basics behind developing a database and using the web to increase program proficiency.

ABSTRACT 932

RESPECT-2 Group Oral Presentation

Padilla, SM¹; Dillon, BA²; Iatesta, M²; Brooks, L³; Raveneau, L⁴; Malotte, CK¹; McKleroy, VS; Metcalf, CA²; Douglas, JM Jr³; Cross, H⁵; and the RESPECT-2 Study Group

1 California State University Long Beach, Long Beach, CA; 2 Centers for Disease Control and Prevention, Atlanta, GA; 3 Denver Public Health, Denver, CO; 4 North Jersey Community Research Initiative, Newark, NJ; 5 New Jersey Department of Health and Senior Services, Trenton, NJ

[EDITOR'S NOTE: The following three abstracts (Abstracts 932A, 932B, and 932C) comprise the group oral presentation of Abstract 932.]

ABSTRACT 932A

Counselor Perceptions and Impressions of HIV Counseling Using a Rapid HIV Test: RESPECT-2

Padilla, SM¹; Dillon, BA²; Iatesta, M²; Brooks, L³; Raveneau, L⁴; Malotte, CK¹; McKleroy, VS; and the RESPECT-2 Study Group

1 California State University Long Beach, Long Beach, CA; 2 Centers for Disease Control and Prevention, Atlanta, GA; 3 Denver Public Health, Denver, CO; 4 North Jersey Community Research Initiative, Newark, NJ

ISSUE: Rapid HIV tests allow clients to be tested and receive their result during a single clinic visit, eliminating the need for a return visit in those whose result is negative.

SETTING: Public STD clinics in Long Beach, Denver, and Newark.

PROJECT: RESPECT-2 is an ongoing, multi-site, randomized, controlled trial comparing the efficacy of rapid HIV test counseling (RTC) with 2 consecutive sessions in a single visit, and standard HIV testing with 2 counseling sessions 1 to 2 weeks apart. Both use a modified version of a counseling protocol shown to be effective at reducing STDs in a previous study (Project RESPECT). To date, RTC has been provided to more than 1,600 participants in 3 cities. Counselor supervisors at the 3 sites conducted individual and small-group interviews with 9 counselors about their perceptions of RTC, using a standardized interview guide.

RESULTS: Five of 9 counselors reported being apprehensive about conducting RTC initially. The 4 without initial concerns all joined the study after sites had gained experience at RTC. Although 8 of 9 counselors were uncomfortable about disclosing preliminary positive results, once familiar with RTC 8 of 9 counselors preferred RTC to standard 2-session counseling. Perceived advantages of RTC included: a belief that the continuity of doing a risk-assessment and giving the HIV result the same day improves counseling (n = 6); an observation that clients appeared more focused on their risk issues (n = 5); and that it ensures that nearly all clients receive their HIV result and a second counseling session (n = 9). All counselors believed that providing the HIV result the same day was more convenient for both clients and counselors. Perceived disadvantages of RTC were: client fatigue (n = 6); the challenge of allocating a larger block of time in order to conduct 2 consecutive sessions (n = 9); and not having an opportunity to speak to the client after counselor and client had time to reflect on risk-issues and the client had time to try the risk-reduction plan (n = 7).

LESSONS LEARNED: From a counselor perspective, the advantages of RTC outweigh the disadvantages for both counselor and client. However, the efficacy of RTC relative to standard 2-session counseling is not yet known.

ABSTRACT 932B

Client Preferences Regarding HIV Testing & Counseling in STD Clinic Settings: RESPECT-2

Metcalf, CA¹; Dillon, BA¹; Douglas, JM Jr²; Cross, H³ and the RESPECT-2 Study Group

1 Centers for Disease Control and Prevention, Atlanta, GA; 2 Denver Public Health, Denver, CO; 3 New Jersey Department of Health and Senior Services, Trenton, NJ

ISSUE: Rapid HIV tests allow clients to be tested and receive their results during a single clinic visit, eliminating the need for a second visit in those whose results are negative.

SETTING: Public STD clinics in Long Beach, Denver, and Newark.

PROJECT: RESPECT-2 is an ongoing, multi-site, randomized, controlled trial comparing the efficacy of rapid HIV testing with 2 consecutive counseling sessions in a single visit, and standard HIV testing with 2 counseling sessions 1 to 2 weeks apart. STD clinic clients who

consent to participate are randomized to have HIV testing and counseling by one of these 2 methods. HIV-negative participants in both arms are followed for one year with STD screening every 3 months. From November 2000, participants answered a brief survey on HIV testing preferences at the 3-month follow-up visit. In order to preserve blinding, the type of HIV testing and counseling intervention received at enrollment was not considered in analyzing test preferences.

RESULTS: Of the 135 participants who answered the survey, 81% said they would prefer to receive the HIV result the same visit; 5% preferred to wait 1 to 2 weeks, and 13% had no preference. Of the 14 who had been tested for HIV previously but did not know the result of their most recent HIV test prior to enrollment, 13 (93%) said they would prefer to receive the HIV result the same visit. All 6 of the MSM in the survey said they would prefer to receive the HIV result the same visit. Participants who preferred to wait for the HIV result were more likely to consider HIV testing stressful than those who preferred to be given the result the same visit (57% vs. 20%; $p < 0.05$). Of those who preferred to receive the HIV result the same visit, reasons given were: finding it less stressful (58%); getting the result sooner (32%); and not having to have a second clinic visit (21%). Of those who preferred to wait for the HIV result, reasons given were: having more time to prepare for receiving the result (57%); a belief that the test would be more accurate (29%); and finding it less stressful (14%).

LESSONS LEARNED: Most clients attending STD clinics prefer to receive their HIV result the same visit. Rapid HIV testing is especially useful in providing counseling and results to clients who are unlikely to return for the test result. However, the efficacy of counseling given in one clinic visit relative to 2 clinic visits is not yet known.

ABSTRACT 932C

Success at Achieving Client-Generated Risk Reduction Plans Following HIV Counseling: Findings from the RESPECT-2 Study

Malotte, CK¹; Dillon, BA²; Iatesta, M²; Douglas, JM Jr²; Cross, H³; Metcalf, CA²; Padilla, SM¹; Metcalf, CA²; Padilla, SM¹; and the RESPECT-2 Study Group

1 California State University Long Beach, Long Beach, CA; 2 Centers for Disease Control and Prevention, Atlanta, GA; 3 Denver Public Health, Denver, CO; 4 New Jersey Department of Health and Senior Services, Trenton, NJ

ISSUE: HIV prevention counseling seeks to reduce HIV/STD risk by means of a realistic personalized risk-reduction plan.

SETTING: Public STD clinics in Long Beach, Denver, and Newark.

PROJECT: RESPECT-2 is an ongoing multi-site randomized trial comparing the efficacy of 2 types of HIV prevention counseling. Both types of counseling focus on the participant's risk behaviors, and assist the participant in developing a realistic risk-reduction plan. A computer-assisted self-interview on recent risk behavior is completed at 4 quarterly follow-up visits. The 3-month interview includes questions customized for each participant, assessing recall of the risk-reduction plan, success at achieving it, and barriers making it difficult to achieve. Those who do not correctly identify their plan are reminded what it was.

RESULTS: Of the 2,366 participants who completed the interview, 66% correctly identified their plan. Most (92%) reported having tried their plan. Of those who tried, 69% reported being very (37%) or somewhat (32%) successful. Of those who reported success, most felt that their actions were very likely (60%) or likely (25%) to have reduced their risk. The most common barriers to achieving the plan were concern about partner's reaction (12%), partner unsupportive (9%), participant discomfort (7%), and difficulty remembering the plan (6%). Compared to those who did not identify their plan correctly, a larger percentage of those who identified their plan reported trying to do the plan (95% vs. 88%, $p < 0.001$) and being successful (71% vs. 64%, $p < 0.001$). There were no differences by age group or gender in correctly identifying the plan, trying to do the plan, or success in doing the plan. However, females were

more likely than males to report concern about partner reaction (15% vs. 10%, $p < 0.001$), and unsupportive partners (12% vs. 7%, $p < 0.001$) as barriers to completing the plan. African Americans (63%) were less likely to correctly identify their plan than Latino (67%) or white (72%) participants ($p < 0.001$), and were somewhat less likely to think that the plan reduced their risk, but were similar on other measures.

LESSONS LEARNED: A majority of participants correctly identified their risk-reduction plan, had tried to achieve it, reported success, and felt this had reduced their risk. One-third of the participants did not identify their plan, however. Additional efforts should be focused on dealing with real or imagined partner resistance, and helping clients to remember their plans.

ABSTRACT 933

Prevention Message to HIV Positive MSM?: Strengthening the Message from the Other Side

Haverstock, SA

MenPlus Program, Body Positive, Phoenix, AZ

ISSUES: HIV prevention efforts primarily focus on HIV information and safer sex skills to uninfected populations. There is a need to increase transmission based HIV prevention for HIV-positive individuals focusing on prevention of HIV transmission and skills to live HIV. Currently the CDC does not have approved secondary or tertiary intervention targeting HIV-positive individuals.

SETTING: Support/Skills building group at CBO. Group meets weekly and rotates between cognitive behavioral skill-building and peer-support sessions. Groups target the HIV-positive MSM population of diverse socioeconomic and ethnic backgrounds in the Phoenix metropolitan area.

PROJECT: The MenPlus program of Body Positive located in Phoenix, Arizona, has created a combination approach to help individuals increase knowledge and attitudes about living with HIV that will impact behaviors that lead to risks to transmit HIV. The program uses a CDC-approved model focused on cognitive-behavioral approaches to increase knowledge and attitudes of behaviors leading to safer sexual practices. The MenPlus program combines peer-led support with the scientifically proven model to help individuals identify and build upon personal strengths. The program goal is to teach

skills that will enable the men to live long and well with their HIV and to decrease behaviors that will lead to HIV transmission. The combination approach also helps to build friendship, bonds, and collective strength to empower the HIV-positive MSM to model positive behavior that will diffuse through networking with other HIV-positive MSM. Discussion of this process and a detailed breakdown of the 6-session MenPlus curriculum will be discussed.

RESULTS: In the year 2000, a sample of HIV-positive MSM ($n = 35$) reported a 70% increase in knowledge of skills to live long and well with HIV. The population also reported a 70% increase in social, behavioral, and emotional supports leading to an increase in their safer sex behavior. Results were obtained through pre- and post-evaluation during the 3-month (6-session) cycle. Attendance records show an increase of 40% of individuals participating in sessions by the end of the year 2000.

LESSONS LEARNED: The elimination of HIV goes beyond the primary prevention messages of safer sex, abstinence, and condom use. Programs that empower individuals living with HIV to take control of their HIV and build upon personal strengths to reduce the transmission of their HIV will positively affect the health of these individual, as well as the community. A change in knowledge and attitudes about HIV and HIV transmission will create a change in the behaviors of the HIV-positive MSM participating in this program. Successes that have been observed and documented through the MenPlus program have greatly affected the HIV-positive individual participating in the program. This program strengthened the efforts to prevent the spread of HIV in the Phoenix metropolitan area.

ABSTRACT 934

HIV Counseling and Testing (Including Anonymous Testing Services)

Garg, V

The HIV counseling and testing is an extension of the "To Save Marriage" project that deals with emotional compatibility between couples. The youth, which has turned towards prostitution in search of emotional satisfaction lacking at home, is targeted.

The peer-group awareness is given due importance by conducting seminars and rallies captioned as "awareness

on wheels". The volunteers move from one village to another and from one end to another end of the city on cycles taking banners and audio system specially designed to attract the illiterate population near Mumbai city, spreading awareness amongst youth and holding HIV counseling and testing.

Anonymous testing is referred to government clinics or NGOs clinics. Distribution of condoms free of charge is sponsored by few medical representatives, who are members of this project. The funding of the project is solved to a certain extent due to the sponsorship by various NGOs. Raising of funds through other sources is very difficult however the co-ordination between all the members of the project has lead to the success of the project and thus reaching out to more than 65,000 people in and nearby Mumbai city.

ABSTRACT 935

Group Counseling Can Effectively Facilitate the Prevention of HIV Contraction

Johnson, T

Health Education and Awareness for Life (HEAL), The Addiction Research and Treatment Corporation, Brooklyn, NY

ISSUE: Many HIV prevention programs utilize individual counseling as their primary mode of intervention, which can be an intimidating environment. Group counseling is an alternative method that can be used to present HIV prevention education. Group counseling actively involves the facilitator and the group members in the learning process. Group members have a safe environment for peer interaction. This process stimulates a greater retention of the prevention techniques.

SETTING: The Addiction Research and Treatment Corporation's methadone maintenance clinic-based in Brooklyn, New York. The group members are ethnically diverse, poly-substance abusers.

PROJECT: Health Education and Awareness for Life (HEAL) is a component of ARTC that utilizes group HIV prevention education for the purposes of increasing patient awareness and knowledge pertinent to HIV. Activities that facilitated the learning process included role-play, outreach and safer-sex demonstrations., including topics such as substance abuse, harm/risk reduction and the modes of HIV transmission. Participation in the group provided the patient with an opportunity for self-

exploration and reassessment of one's attitudes and behaviors. Thus, increasing the patients' ability to use the HIV prevention techniques in pressured situations.

RESULTS: During 1999-2000, 20 patients participated in the HEAL HIV prevention education group. Participants were given assessments prior to implementing the intervention. The data compiled showed only 25% of the group had basic HIV prevention knowledge. Eighty-eight percent of the participants were currently engaging in high-risk HIV contraction behaviors. After the group intervention, participants were given another assessment. The data showed a significant increase in HIV prevention knowledge and 75% decrease in high-risk contraction behaviors.

LESSONS LEARNED: HEAL's findings suggest group learning is an effective tool in aiding in the prevention of HIV contraction. The experiences in the group mirrored "real-life" situations, and the knowledge obtained transcends all areas of the learner's life. Thus increasing the chances of preventing HIV contraction.

ABSTRACT 936

Women of Color: Doing it for Ourselves

Parker, A; Melore, H

Voices of Women of Color Against HIV/AIDS (VOW),
New York City, NY

ISSUE: Women of color are still largely disenfranchised from the decision-making and quality assurance components of the HIV/AIDS struggle. Women of color continue to be the fastest growing population in the HIV/AIDS pandemic. As of as of June 2000, the Centers for Disease Control reported 97,520 cases of AIDS among women of color in the US. They represent 78.18% of the cases of AIDS among all women. We are into the third decade of the AIDS pandemic, and disparities continue in services for women as well as disparities in public policy laws.

SETTING: Women of color, advocacy groups and community-based organizations.

PROJECT: To address this issue, Voices of Women of Color Against HIV/AIDS (VOW) was formed in 1995 to increase the involvement of women of color in all aspects of the efforts against the HIV epidemic. VOW is a women's public policy advocacy group where women of color, both infected and affected, work collaboratively, without power imbalances or preset agendas, to advocate

for improved prevention, care, service and access for women of color to impact funding as well as legislative issues.

RESULTS: The group has grown to approximately 50 active women, with another 10 – 20 at-large members. VOW consciously decided not to become a 501(c)3 non-profit organization in order to most effectively advocate on issues that would otherwise have conflict of interest issues and limits of regulations regarding lobbying-type activities. Though financial resources for advocacy are scarce, VOW has been able to raise funds to send women advocates to regional, national and international conferences. VOW sponsored the first women of color centered prevention and treatment conference in New York City in 1998. VOW was also able to obtain a sole-source government contract for a women's mentorship initiative. VOW and its members have strong links and partnerships with other community based organizations serving communities of color. It is within the framework of collaboration that VOW's advocacy efforts are most effective.

LESSONS LEARNED: VOW's experience thus far as a peer-run group is laudable in bridging the gap between communities of color and HIV prevention and treatment professionals as well as with policy makers. We would like to present our mission statement, group structure and format to the audience, as they are replicable for use throughout the country. As well, we will provide participants best practices for establishing or maintaining an advocacy group/based within communities of color.

ABSTRACT 937

HIV- and STD-Integrated Training for Disease Intervention Specialists

Petz, WJ

North Carolina HIV/STD Prevention and Care Branch, Asheville, NC

ISSUE: Basic training for Disease Intervention Specialists (DIS) has been the 10-day CDC *Introduction to STD Intervention* (ISTDI), which covers only interviewing and partner notification for STDs. The 3-day CDC *HIV Partner Counseling and Referral Services* (PCRS) course trains DIS only for HIV interviewing and partner notification. The concepts and practices of these courses differ. DIS who work with both HIV and STD clients do not have a consistent training that prepares them for their tasks. In addition DIS must complete two somewhat redundant trainings to be fully training in working with clients with STD and HIV.

SETTING: A state where DIS work with both HIV and STD clients on a regular basis.

PROJECT: The development of a curriculum that has consistent concepts and yet recognizes the uniqueness of working with STD and HIV clients. Materials from CDC's *ISTDI*, *PCRS*, *HIV Prevention Counseling* curricula, and a state HIV Interviewing and Partner Notification course were adapted and integrated with original material to create a new 10-day curriculum, *Fundamentals of Disease Intervention*, as basic training for DIS in an integrated HIV/STD program.

RESULTS: After the initial offerings the curriculum was revised on the basis of feedback from participants, supervisors, and trainers. Training using the current curriculum has received positive participants' evaluations. However participants and their supervisors have discovered some significant conceptual and practical differences between the training and actual field practice and expectations. Training time is reduced and conflicts between trainings are eliminated.

LESSONS LEARNED: DIS working in integrated programs benefit from training based on internally consistent concepts and objectives. However these needed greater discussion prior to development of the curriculum in order to deduce conflicts between training and practice.

ABSTRACT 938

Successes and Struggles of Creating an Integrated HIV and STD Program

Petz, WJ¹; Foust, E²

1 NC HIV/STD Prevention and Care Branch, Asheville, NC;

2 NC HIV/STD Prevention and Care Branch, Raleigh, NC

ISSUE: Many states with separate HIV and STD programs have considered merging the programs into a single entity. The prospect and process of the integration of two programs with separate staff, funding, policies, histories, CDC project officers and often different "corporate cultures" are problematic.

SETTING: North Carolina, a state that had separate HIV and STD program until 1990 when the programs merged to form an integrated HIV/STD Program.

PROJECT: To create an effective integrated program the builds upon the common ground of HIV and STD services and objectives and also honors the differences.

RESULTS: After working with protocol agreements and memos of understanding between separate programs a merger was agreed upon resulting in structural, fiscal, training, staffing, and program changes. Each change had internal and external implications to be considered. North Carolina integrated most of its programs in 1990 and later integrated Ryan White Program activities into the HIV/STD Prevention and Care Branch. The integrated Branch has reduced duplication of efforts and expenditures, now speaks with one voice to health care providers, communities and clients, and benefits from the historical strengths of STD and HIV programs.

LESSONS LEARNED: An integrated program creates many advantages to state health departments, program staff and clients, but some tensions and problems continue. HIV Community Planning and Syphilis Elimination projections can be mutually supportive. Integration of programs would be enhanced by establishing a transition team of key staff, taking into account personal and program loyalties, and addressing professional priorities.

ABSTRACT 939

Four Approaches to Program Evaluation for Interventions to Decrease HIV Risk Behavior

Mayne, TJ; Gordon, C; Freudenberg, N; Fatt, N

New York City Department of Health, New York City, NY

ISSUE: There is widespread acknowledgement (National Institutes of Health, Centers for Disease Control and Prevention, Congressional Black Caucus, etc.) that HIV prevention interventions must be evaluated to measure and document their effectiveness at decreasing HIV risk behavior in specific populations. However, community-based organizations (CBOs), which are the mainstay of HIV prevention efforts in the United States, often lack the requisite expertise and infrastructure to design and implement outcome evaluations.

SETTING: The New York City Department of Health (DOH) in collaboration with DOH-funded CBOs.

PROJECT: We are currently testing four models of conducting program evaluation: Academic Consultant; Health Department Evaluation Designees; CBO Training and Capacity Building; and Contracted Technical Assistance. Dr. Nicholas Freudenberg will present the Academic Consultant model in which the outcome evaluation is conducted by a local university, and provide

preliminary results from an evaluation of prevention case management. Dr. Cynthia Gordon will present the Evaluation Designee model, in which Health Department personnel work one-on-one with CBOs and conduct evaluations collaboratively. Dr. Tracy Mayne will present the CBO Training and Capacity Building model, in which CBOs are trained to design and implement their own outcome evaluations. Naomi Fatt will present a Technical Assistance model used for 10 years to assist Title I funded programs, which currently being adapted to the needs of programs providing HIV prevention services.

LESSONS LEARNED: The group will discuss the successes and challenges faced in each model, and facilitate questions and discussions relating to the application of each model in other jurisdictions.

ABSTRACT 940

The Prevention of Perinatal HIV Transmission: Impact of Breastfeeding in Africa

Lobognon-Naki, LD

Lumière Action, Abidjan, Cote d'Ivoire

ISSUE: One of the difficulties we find through the counseling and voluntary trials is the HIV status impact upon the couple and the family's life. The stigmatization and the family's reject are usual; this make women refuse the trial and/or the treatment, or the artificial breastfeeding for their children.

PROJECT: The breastfeeding is responsible for over a third of the HIV transmission cases from mother to child in Africa. That is the result of work led on this field. We must first understand the social cultural gaming which lead this transmission. That is to ask ourselves about the sense given to the breastfeeding; also about the role of those who lead the mother in her choice for feeding the child. According to the African communities, the mother's milk is essential to the child survival. Thus, to refuse to feed a child at the breast is considered as murder by the mother. People do not talk about difficult hygienic life conditions this communities find: the water problem for instance.

LESSONS LEARNED: This field is important for developing prevention action made suitable to the AIDS epidemic context in West Africa.

ABSTRACT 942

Site Selection for a Mobile Van Providing HIV/STD Services

Ellen, JM¹; Vogel, R²; Ward, MA³; Bowling, C³; Baker, G²; Bonu, S¹

1 Johns Hopkins University School of Medicine, Baltimore, MD; 2 Baltimore City Department of Health, Baltimore, MD; 3 Maryland Department of Health and Mental Hygiene, Baltimore, MD

ISSUE: Determinants of site selection for a mobile van providing HIV/STD services targeting hard-to-reach, high-risk population are not well understood.

SETTING: The “Ujima Demonstration Project” utilizes a mobile health van to provide HIV counseling and testing services (CTS) and STD diagnostic and treatment services in 3 high HIV/STD morbidity ZIP-Code areas in Baltimore City.

PROJECT: Sites for Ujima Mobile Van were initially selected based on information about drug activities, high-risk client traffic, and ZIP Code-level STD morbidity. Analysis utilized client-level information, census tract-level STD morbidity index (index built using syphilis, chlamydia and gonorrhea incident counts aggregated at census tract level), and 1990 census poverty, family and housing data.

RESULTS: Between January 1, 2000, through October 15, 2000, the total number of clients tested and percentage of total clients tested at five sites were as follows: site “A”, 287 (33.5%), site “B”, 159 (18.5%), site “C”, 116 (13.5%), site “D”, 118 (13.7%), and site “E”, 54 (6.3%). The percentage of HIV test results which were positive by site are as follows: “A”, 7.8%; “B”, 9%; “C”, 2.5%; “D”, 4.4%; and “E”, 3.7% (overall 5.9%). Sites “A” and “B” were grouped into category “one” to represent good sites (highest yields of HIV-positive test results), and the rest were grouped into category “two” (lower yields). Category “one” sites were more likely to have clients with following HIV risks: injection drug use (IDU) (OR 1.66; CI 1.24 – 2.23); non-injection drug use (OR 1.38; CI 1.015 – 1.88); exchange of sex for drugs and money (OR 1.49; 95% CI 1.02 – 2.2), and having sex with an IDU (OR 1.38; CI 1.02 – 1.868). While all sites were located in the highest quintile of STD morbidity index, category “one” sites’ census tracts had higher percentage of poverty, lower median family income, more vacant houses and fewer owner-occupied houses.

LESSONS LEARNED: STD/HIV morbidity of a neighborhood alone is not a good predictor of the percentage of clients who are HIV infected — the program’s target group. Further research is necessary to develop a process for selecting sites which may most cost effectively deliver services to this hard-to-reach population.

ABSTRACT 943

Reaching Clients at High-Risk for HIV/STD Through the Ujima Mobile Health Van

Vogel, R¹; Bonu, S²; Ward, MA³; Bowlin, C³; Ellen, JM²

1 Baltimore City Department of Health, Baltimore, MD; 2 Johns Hopkins University School of Medicine, Baltimore, MD; 3 Maryland Department of Health and Mental Hygiene, Baltimore, MD

BACKGROUND: Deploying a mobile health clinic to locations that are convenient to high-risk clients may enhance utilization of HIV/STD diagnostic and treatment services by populations who otherwise are not seeking care.

OBJECTIVES: To determine differences between clients using HIV/STD services delivered by the mobile clinic and clients who use the services of a public health STD clinic.

METHODS: The Ujima Project is a mobile health clinic that provides both HIV counseling and testing and STD diagnostic and treatment services. Three months of client demographic, risk and clinical information was analyzed for differences between clients seen at the mobile clinic compared to those seen at a local public health STD clinic.

RESULTS: From November 2000 through January 2001, 2126 unique clients received services at the STD clinic (1333 male and 793 female) and 340 unique clients were seen at the mobile clinic (230 male and 110 female). Mobile clinic clients were older than 30 years (OR 2.9; CI 2.3 – 3.75) and more likely to come from high HIV morbidity ZIP Codes (OR 1.5; CI 1.2 – 1.9). Mobile clinic clients were also more likely to have higher intravenous drug use (IDU) (OR 5.68; CI 4.26 – 7.57); higher use of cocaine (non-injection) (OR 1.7; CI 1.3 – 2.3); have engaged in prostitution (OR 2.05; CI 1.36-3.08); and shared needles (OR 3.76; CI 2.6 – 5.46). Mobile clinic clients were less likely to use contraceptives (OR 0.74; CI 0.56 – 0.97) and condoms (OR 0.46; CI 0.28 – 0.76). The mobile clinic clients were more likely to have sex partners who engaged in IDU (OR 2.65; CI

1.98 – 3.55) and prostitution (OR 1.41; CI 1.02 – 1.94). However, mobile clinic clients were less likely to have a history of an STD (OR 0.64; CI 0.5 – 0.8), and less likely to have sex partners who had HIV, syphilis, gonorrhea, NGU and others STDs (OR 0.024; CI 0.0034 – 0.174). There were no differences in the percentage testing positive for HIV.

CONCLUSION: These data provide evidence that the mobile clinic is reaching high-risk clients. However, it is not known whether reaching high-risk clients through mobile van outreach actually translates into higher numbers of HIV-positive cases identified.

ABSTRACT 944

Anonymous HIV Testing and Counseling in Alternative Venues – Success in Thrift Stores and Coffee Houses, Los Angeles Model

Ford, TM; Mall, K

AIDS Healthcare Foundation, Los Angeles, CA

ISSUE: Many people at high risk for HIV avoid getting a test for many reasons other than fear of the result. Barriers include inconvenient clinic hours, dislike of clinical environments, fear of needles and anxiety over friends and family knowing about the test. There is a need for expanded alternative HIV testing which is free, accessible and non-threatening.

SETTING: Currently, our program provides HIV testing in 4 of our ‘Out of the Closet’ Thrift Stores spread throughout Los Angeles and at our unique coffeehouse in West Hollywood (WeHo). The thrift stores are located in East LA, on the westside in Venice, in the San Fernando Valley, and in a mixed gay and Latino area near downtown LA called Sliver Lake. The intended audience is very diverse, and our demographic data per site confirms that. In West Hollywood, the epicenter of HIV transmission in LA County, the audience is primarily MSM. The largest category tested at Sliver Lake is also MSM, however, that test site as well as the other 3, test a significant number of women at sexual, youth and IDUs.

PROJECT: Our non-traditional program provides free, oral (all oral – no needles) testing during accessible hours – primarily evenings and weekends. No appointment necessary – all testing is drop-in, and we provide both anonymous and confidential tests. We test at the WeHo coffeehouse 7 days per week from 6 –10pm. Silver Lake

testing is also 7 days per week from 4 – 7pm. The other sites vary, but all include weekends. This has made HIV testing in L.A. easy and convenient. The thrift stores offer a “cover” for those who don’t want to be seen going for an HIV test — clients simply shop and mill about while waiting for their test or result. The same is true for the WeHo coffeehouse. Clients have coffee and mingle while waiting and are discreetly called in. This atmosphere has significantly reduced the stigma of getting an HIV test. Another important component is a human greeter (volunteer) who signs people in and helps reduce their stress while waiting. We have two counselors on every shift at most sites, which keeps waiting times to a minimum.

RESULTS: The results have proven that this model works. We provided 6,325 free HIV tests during 2000 and over 15,000 since we began in 1997. Of the tests done in 2000, we identified 116 new positive cases (1.8%). Of those 116, we got 54 into primary HIV treatment at our own healthcare centers and assisted 16 others into treatment with their own doctors. We maintain an overall return rate of 83.6%. Since we started, the program has identified over 300 new HIV positive cases and assisted more than 50% into medical care.

LESSONS LEARNED: Two important keys to being successful at testing high-risk populations are: 1) making testing easy and accessible and 2) removing the stigma. Take away all the barriers and a successful testing program is possible. Also, linking testing to medical care is vital to a complete continuum of care.

ABSTRACT 945

Peer Outreach Work as a Tool for Prevention in Rural Vermont

Carr, EE¹; Livingston, A¹; Weston, G²

1 Vermont Committee on AIDS Research, Education and Services (CARES) Burlington, VT; 2 Vermont Department of Health, Burlington, VT

ISSUE: The tools necessary for an effective HIV prevention program in a rural environment are difficult to share with high-risk populations. Knowledge of one’s own serostatus is one of the prevention tools that high-risk people are often reluctant to explore. The barriers to HIV antibody blood testing in rural areas may include lack of transportation, fear of a breach of confidentiality at a testing site in which they may know someone, fear of judgments about risk behaviors by health care providers,

damaged veins due to injection drug use, fear of triggering an abusive relationship with “suspicious” activity or fear of needles.

SETTING: Small group trainings with diverse teams of volunteers including injection drug users, people living with HIV, men who have sex with men, women and youth. These trainings are held throughout 10 of 14 counties in Vermont which include the most populated and the least populated areas of the state. This training is followed by fieldwork by volunteer outreach workers through one-on-one contact in the informal environment of their daily lives.

PROJECT: The Vermont Committee on AIDS Resources, Education and Services (CARES) Peer Outreach Program was developed in 1997 in order to address the difficulty in reaching high-risk populations in a rural setting with prevention information and skills. Persons living with HIV have been instrumental in the development and implementation of this program, which is based on harm reduction. Trained volunteer outreach workers use their knowledge and experience to provide information, supplies and support to peers in their own communities. Knowledge of serostatus is one prevention tool that is offered by the Peer Outreach Program through the use of OraSure® oral HIV antibody testing. Peer Outreach Workers (POWs) are trained about the role of HIV antibody testing in behavior change, the technical aspects of OraSure oral testing and client-centered, pre- and post-test counseling. POWs are able to reach individuals who are reluctant to seek testing and counseling in a formal institution due to the many barriers of rural living and blood testing, thus connecting further into the dispersed community with high-risk individuals.

RESULTS: Since 1997, 45 people have been trained to be POWs, who have collectively reached over 300 people with prevention information and tools. In addition, this program develops self-esteem and self-advocacy skills for the POWs by providing training on information about HIV and related issues and tools needed to help others and themselves make healthy choices to reduce high-risk behavior. The OraSure testing component of the Peer Outreach training will be added in April of this year. We estimate that in the first 6 months the Peer Outreach team will collectively test 25 people per month using OraSure® throughout the Vermont CARES area.

LESSONS LEARNED: Many people are not reached through traditional, group prevention settings. A peer-based outreach program reaches people at higher risk on an informal level. The inclusion of oral testing in this program provides an opportunity to bring HIV antibody testing as close to the individual at risk as possible, making it more likely that those at highest risk will get

tested and those who test positive will access health care and other services. This form of outreach is an effective method for reaching both a rural population and a dispersed population with high-risk behavior.

ABSTRACT 947

Women Overcoming Risk at Kaiser (WORK)

Washington, D

Kaiser Permanente, Harbor City, CA

ISSUE: Among women in the United States between 1991 and 1995, the incidence of AIDS increased faster through heterosexual sex than through injection drug use. In 1995, heterosexual contact was the predominant mode of exposure for women with AIDS. In 1995, women accounted for 19% of all adult cases of AIDS. The majority of heterosexually transmitted HIV infections in women were attributed to sex with an injection drug user (38%) or sex with an HIV-infected partner of unreported risk (53%).

SETTING: In our health care locations we noticed that the thought of being HIV positive became a reality to HIV-infected women; many issues began to play a big part in their lives. One of Kaiser Permanente Mission Statements refers to having healthy members. This was interpreted as keeping our HIV/AIDS members mentally and physically well.

PROJECT: In September 1997, Women Overcoming Risk at Kaiser was established as a community support group for women living with HIV/AIDS. The purpose was to provide a safe environment where all women living with HIV/AIDS come for support, education and awareness of their disease. The support group would enhance the opportunity for women to communicate with each other, gain education about the disease, heighten spiritual awareness, and identify other support mechanisms/groups and coping skills. The initial education efforts were in the form of a series of classes. A staff member taught each class from a particular specialty, e.g. infectious diseases physician, pharmacist, dietician, and social worker. The WORK support group continues to meet every 4th Tuesday evening.

RESULTS: The women have directed the meeting toward medication awareness and compliance issues, child bearing, intimacy, and HIV disclosure to family members. As a result, the women attending the support group regularly are now able to ask valid questions regarding

their medication and are more compliant. Babies were born healthy, one baby was adopted, some women married, other women left bad relationships or found new intimate relationships, and many disclosed their HIV status to parents.

LESSONS LEARNED: The most important revelation is that the women are finding peace within themselves and feeling that life is worth living.

ABSTRACT 948

Impact of Pharmacy-Based Syringe Access on: 1) Injection Practices Among Injecting Drug Users; and 2) Nonprescription Sale of Syringes at Pharmacies in Minnesota

Novotny, G; Cotten-Oldenburg, NU

Minnesota Department of Health, Minneapolis, MN

To understand the impact changes in the Minnesota legislation have had upon IDUs, the Minnesota Department of Health conducted an evaluation. To assess whether there has been an increase in the number of syringes sold for the purposes of administering un-prescribed drugs, a stratified random sample of pharmacies were surveyed monthly for a 12-month period. To assess whether IDUs have increased their purchases of syringes/needles at pharmacies and have reduced their needle-sharing behaviors, a pre- and post-legislation cross-section of IDUs were interviewed at street locations and an adult county prison.

Approximately 18% (163) of the Minnesota community-based retail pharmacies agreed to participate in the prospective surveillance of monthly syringe sales. Sampling was stratified by geographic region and participation in SAI. Monthly data collection began August 1998 with a 63% participation rate by the end of the 12 months. Data from this survey are currently being analyzed and should be available for the August conference. Trained interviewers conducted pre-legislation in person interviews with 340 IDUs between 3/1/1998 – 6/30/1998 and post-legislation interviews with 331 IDUs between 3/1/1999 – 6/30/1999. Of the IDUs interviewed, 284 of the pre-legislation IDUs and 308 of the post-legislation IDUs met the eligibility criteria of having had injected at least once in the 30 days prior to the interview.

FINDINGS: The proportion of IDUs who used pharmacies as a syringe source increased almost two-fold (pre-

legislation sample = 21%; post-legislation sample = 42%) and replaced other sources as the primary source of syringes. The percentage of IDUs who shared syringes decreased from 28% to 24%, and this decrease was of borderline significance once speedball (cocaine and heroin) injectors and IDUs, who had ever been in prison, had been adjusted for in the analyses (adjusted odds ratio = 0.67; 95% confidence interval = 0.45 – 1.00). Syringe reuse (use of a single syringe for multiple injections) did not change significantly from the pre-legislation to post-legislation periods, 87% and 84% respectively, and neither did the IDUs syringe disposal behaviors. Analyses of the pharmacy data are currently being conducted. Of note: 429 (46%) of the retail pharmacies in Minnesota are currently participating in the SAI.

In Minnesota, the repeal of restrictive syringe and drug paraphernalia laws offers a first step at reducing injection behaviors that contribute to the spread of HIV and other blood-borne diseases among IDUs. Pharmacies are an important source of sterile syringes for IDUs and should be viewed as an essential component of any comprehensive HIV prevention program. Increased syringe access must be coupled with strong prevention messages that address syringe sharing, syringe reuse, syringe disposal and drug treatment services in order to ensure the health of both the IDUs and the larger community.

ABSTRACT 949

Research Work on Men Who Have Sex with Men

Ferren, Y

Provincial Center for Health Education

BACKGROUND: There is a low perception of risk among MSM due to the lack of information with regard to STDs and HIV/AIDS.

OBJECTIVE: To contribute to reduce the incidence of the HIV/AIDS operating in MSM.

METHODS: Focus groups' Surveys; Direct observation on places of meeting.

RESULTS: A total of 285 MSM were evaluated. Fifty percent reported to have been paid or to have paid for sex. Forty-four percent reported occurrences of STDs, mainly gonorrhoea. There were no differences with regard to knowledge about STDs or HIV/AIDS with respect to the rest of the population. Fifty percent used condoms at least once in their lives, 37% once a month, 24% had

always used. Additionally, 87.5% reported a female steady sex partner, 62% reported to have steady male couple, and 25% reported casual sex with men at least once a day.

CONCLUSIONS: There is a low perception of risk among MSM. There's low self-esteem. Very low level of information about STDs and HIV/AIDS. There is not frequent use of condoms. There's not easy access to condoms. High stigma surrounds homosexuality in the community and its environs as among homosexuals. We found a high percentage of masculine prostitution.

ABSTRACT 950

An Artistic Response Related to HIV/AIDS

Rodriguez, CB

Centro Prevencion ITS/MH/SIDA, Cuban Ministry of Public Health, Havana, Cuba

ISSUE: We assume that people can understand better the message of protecting themselves from HIV/AIDS plague through artistic manifestations, and it's also a way to educate the social community.

SETTING: Junior and senior high schools in Arroyo Naranjo community and different neighborhoods in Havana City.

PROJECT: It's a group of people with different sero-status that work in the community developing activities like Literary Reflection Workshop, movies, debates, and performances focusing the HIV theme in adolescents and youth. Most of the text presented in our activities is written for and by PLWA.

RESULTS: Since 1994 up to now, we have been working with different groups of 9th grade students in the same school. They have been stimulated to write about this. They have integrated other prevention groups, and there is also more interaction with PLWA who have played their roles and vice-versa.

LESSONS LEARNED: Stimulating the youth in such a vital theme as the matter of HIV/AIDS, they can express freely from an artistic point of view with interesting results. It's true that the youth take part in a more active way in this struggle through this type of intervention.

ABSTRACT 951

STD/HIV Prevention through Community Coalition Partnerships: A Prospective from the Inner City

Blank, S; Freeman, M

New York City Department of Health, New York City, NY

BACKGROUND: Adolescents, 13 – 24, and adults in communities of color continue to present with comorbidity's that place them at risk for becoming infected with AIDS. Short term sequelae with behaviors that included multi-sex partners, non-consistent condom use, recreational and experimental drug use, lack of understanding for the importance of health screening, and poor mental health, all contribute to the problem. Nearly 20 years into the AIDS epidemic, while significant advances have been made and creative public health awareness campaigns have been launched, we are still seeing new STD and HIV case reports daily. African American and Latino adolescents, 15 – 19, continue to be disproportionately affected by chlamydia and gonorrhea. Repeated exposure places them at risk for HIV infection. Reports from outreach workers around the country indicate a need to include the community in prevention efforts at every level.

OBJECTIVES: One community in the Bronx, NY, was selected as the flagship for the STD Control Program, due to its history of being the hardest hit for the burden of STDs and AIDS. An adolescent STD Prevention advisory group was formed to determine the changing needs and develop a community strategy. The group consisted of youth leaders, educators, faith-based leaders, and medical providers, and political leaders. Twenty members of the group developed innovative ways to gain a better understanding of the community at risk, by determining the behavioral and demographic risk factors. Identify local community gatekeepers, and provide training.

CONCLUSIONS: The STD Adolescent Advisory Group conducted an informal survey with local health providers and residents. It was determined that significant changes had taken place both in the community. A "Hot Spot" mapping was developed to indicate the venues for risk taking behaviors and organizations including religious groups that were located within ten blocks of each venue. Aggressive outreach to the organizations and churches was launched. A teen survey was developed and conducted with teens in different venues. Finally, STD screening was increased in school-based clinics and community groups.

LESSONS LEARNED: Interventions and prevention efforts at the local level require partnerships from persons that have a vested interest in the community. Religious leaders, local storeowners, and young people 13 – 21 are willing to collaborate in mobilization efforts when training and support are provided.

ABSTRACT 952

Peer-Driven Advocacy of Fair Immigration Law and Policy

Tossas Tucker, E; Genna, R; Robinson, G

Gay Men's Health Crisis, New York, NY

ISSUE: HIV-positive undocumented aliens face legal and medical challenges far greater than other immigrants do. If they disclose their HIV status they will be banned from obtaining legal status in the United States. If they are deported they may not be able to obtain medical treatment in their country of origin.

SETTING: HIV-positive undocumented immigrants were recruited through their documented and undocumented peers who were clients of the Gay Men's Health Crisis. The Gay Men's Health Crisis is located in New York City and serves HIV-positive individuals living in the five boroughs.

PROJECT: The HIV-positive undocumented immigrants were educated about the political process in the United States to relieve their fears of the government. Subsequently, the immigrants were organized into an effective advocacy group called the Immigrant Client Advisory Board (ICAB), which helps to educate public officials about the legal and medical challenges facing HIV-positive undocumented immigrants. The ICAB also serves as a peer-driven network and support system for new HIV-positive undocumented immigrants in New York who need assistance securing legal and medical services.

RESULTS: ICAB successfully gained the support of key members of Congress who introduced the Immigration Health and Safety Act of 2000. The Act seeks to amend the Immigration and Nationality Act to prevent deportation of HIV-positive undocumented immigrants who would suffer an extreme medical hardship if they were deported.

LESSONS LEARNED: ICAB demonstrated that undocumented aliens bearing the stigma of HIV have an important voice and that the US Government listens to that voice. Introduction of the bill is only the first step of the process. It is important for the advocacy work of

ICAB and GMHC to continue by encouraging Congress to adopt laws and policies that benefit HIV-positive immigrants. Future work will focus on a national meeting to develop a consensus on these issues for educating legislators around the country.

ABSTRACT 953

The Impact of Peer Education in Correctional Setting and Migrant Farmworker Population

Siegel, K; Santiago, L

Rural Opportunities, Inc., Rochester, NY

ISSUE: Peer Education model provides an effective method of delivering HIV prevention education to special populations that are not reached through traditional approaches.

SETTING: (1) Classroom-based peer HIV prevention education in a female correctional facility, (2) Informal gatherings in migrant camps.

PROJECT: The Women's Prison Initiative at Albion Correctional Facility and the HIV/AIDS Peer Education Program for Migrant Farmworkers train members of specific at-risk populations to provide HIV/AIDS Prevention Education to their peers. The Peer Educators offer cultural sensitivity, language and first-hand experience of the plight of the individuals. Peer Educators bring an enthusiasm and personal concern for the health and safety of the communities they educate. The HIV/AIDS Peer Educators are trained on site by staff using a curriculum developed by the New York State AIDS Institute, and adopted by Rural Opportunities to address the specific programs to meet the needs of the population. Programs provide training on epidemiology, adherence, and mode of transmission; identify risk behaviors, harm reduction and group facilitation skills.

RESULTS: The Women's Prison Initiative provides twenty hours of mandatory HIV peer education to all new inmates arriving at the correctional facility. From a population of 1300 plus, peer educators provide services for 2100 inmates annually. The inmates are informed of HIV testing services, support groups, discharge planning for positive women, newsletter, memorial services and an AIDS Awareness Day Program. Increased HIV testing and participation in programs to become responsible for personal behaviors is prompted by peer education and support. Last year the HIV/AIDS Peer Program

provided services to 2,300 farmworkers, presented 23 educational programs, including 16 general education workshops, 1 advanced risk reduction workshop, and 3 individual one-on-one sessions. Peer education has reduced the discomfort and shame associated with condom use, increasing farmworkers willingness to get and use condoms.

LESSONS LEARNED: Rural Opportunities has learned from The Women's Prison Initiative Program and the Farmworker HIV/AIDS Peer Education that peer educators have more credibility than staff educators. Infected and affected individuals that reflect the population impact risk behaviors more readily than classroom training. Successful recruitment for peer educator requires culturally sensitive staff. Empowerment of peer educators to advocate for themselves and their community has the potential to impact the HIV/AIDS services delivery system.

ABSTRACT 954

Client Services Program: The Interface of Care and Prevention

Howell, J¹; Katz, A²

1 Washoe County Department of Health, Reno, NV; 2 Northern Nevada HIV/AIDS/STD Planning Council

ISSUE: Care and prevention have historically been segregated in the planning process in many communities. Driven by the need for interface, the Northern Nevada HIV/AIDS/STD Planning Council has united care and prevention to provide unique and effective programming.

SETTING: The Northern Nevada area serves all counties, with the exception of Clark. Care is facilitated by Northern Nevada HIV Outpatient Program, Education and Services (H.O.P.E.S), a non-profit, specialty clinic and provides outpatient medical care, education, support services, and a variety of client "healthy living" programs for HIV-positive individuals in northern Nevada and eastern California. The service area encompasses approximately 90,000 square miles.

PROJECT: Prevention programmatic assistance is provided by the Washoe County District Health Department's HIV/AIDS program. Elements of care and prevention within the Planning Council are represented by PLWH, community members, community-based organizations, public agencies, and rural area representatives on the council level. This community collaboration augments the Nevada State Health Division's HIV/STD/TB Program's mission statement:

"Guided by the principles of public health and social justice, our mission is to promote health and reduce the impact of HIV, STD and TB by working in partnership with other agencies and diverse community groups." The Planning Council guides fiscal and programmatic decisions in the service area.

RESULTS: The dynamic integration of care and prevention led to the development of a Client Services Program Team (CSPT) within Northern Nevada H.O.P.E.S. that provides care and prevention in the community utilizing the expertise of PLWH. Gatekeepers in targeted prevention outreach efforts and peers imparting services for fellow PLWH, the CSPT members offer an expertise that is unsurpassed. Development and implementation of this program has been an evolution of empowering PLWH to advocate, lead, provide services, and convey their experiences. Earning stipends for their efforts, the team members provide services to assist PLWH in the continuum of care and wellness.

LESSONS LEARNED: Evaluation data of the prevention programming within the Planning Council indicates positive response to outreach programs that CSPT facilitates. CSPT members receive extensive training in team building, leadership, empowerment, and advocacy. Care and prevention interventions have been recognized throughout the region and community by a multitude of agencies. Challenges to the program sustainability have been care and prevention related issues for the clients, including the small group of clients that participate in all aspects of the program, stress-related concerns, substance use triggers, and group dynamics. Opportunities for increased quality of life, part-time employment, leadership roles, and personal empowerment continue to be core values in the maintenance of CSPT. Stimulated by an impacting mission statement, "to provide, in an equitable and supportive environment, services that enhance clients access to care and their compliance with health recommendations. We are dedicated to preserving, and often times improving, the quality of life and dignity of those we serve by assisting them through the continuum of care"; the CSPT is an inspiring interface of care and prevention in northern Nevada.

ABSTRACT 955

Perception of Risk Among HIV-Infected Foreign-Born Latinas in Los Angeles County, 1991 – 1999

Espinoza, L; Sorvillo, FJ; Pulido, MJ; Castillon, M; Carruth, A; Jimenez, B; Kerndt, PR

Los Angeles County Department of Health Services, Los Angeles, CA

BACKGROUND: The HIV epidemic is increasingly affecting minority women including Latinas. Part of the phenomenon may be a result of the fact that such women do not perceive themselves to be at risk of HIV.

OBJECTIVES: To explore the perception of risk and other reasons for seeking HIV testing at time of HIV diagnosis among foreign-born Latinas and other women.

METHODS: As part of the CDC-funded Supplement of HIV/AIDS Surveillance (SHAS) Project, adult women with an AIDS diagnosis who have been reported to the Los Angeles County AIDS Surveillance system are asked to participate. In addition, a subset of HIV-infected adult women from a public-funded clinic was also asked to participate. Information collected include demographic and socioeconomic characteristics; drug and alcohol use; sexual behavior and STD history; medical and social services; reproductive/gynecological history and child health; and preventive therapy. For this study, perception of risk was assessed by the person's reason for HIV testing at the time of HIV-positive diagnosis.

RESULTS: The association between race and perception of risk was assessed for the time period of May 1991 through December 1999. A total of 613 women were interviewed. A large proportion of women reported testing for HIV due to illness (33%) whereas a small proportion (4%) tested because they perceived themselves to be in a risk group for HIV infection. Logistic regression was used for multivariate analysis. After controlling for marital status and level of education, foreign-born Latinas (adjusted OR = 6.08, 95% CI 1.38, 26.75) were more likely to seek testing for HIV due to reasons such as illness rather than perceiving themselves at risk.

CONCLUSIONS: Current trends suggest that the risk for HIV infection is increasing among heterosexuals and women of color both nationally and locally. However, the results suggest that the perception of risk among these groups remains low. Specifically, the results suggest that foreign-born Latinas are less likely to perceive themselves at risk for HIV infection and may have lower testing rates than white women. These findings have

important implications for the development of culturally sensitive education and testing programs that may lead to HIV prevention and/or early detection.

ABSTRACT 957

En Comunidad

Chacon, G

Latino Commission on AIDS, New York City, NY

OBJECTIVES: The objective of *En Comunidad, Educamos Contra El SIDA* of The Latino Commission on AIDS, is to work collaboratively with Latino faith communities, religious networks and diverse religious traditions to alter community norms, attitudes and belief systems. It is designed to increase and support behaviors known to reduce the risk of HIV infection and transmission in predominantly Spanish speaking and Latino communities.

METHODS: It does so by accessing dominantly Spanish-speaking religious social networks consisting of adolescents, immigrants/migrants and women through collaborative church initiatives in areas with high rates of infection. Some of these areas include the South Bronx, northern Manhattan, the Lower East Side, North/Central Brooklyn and western Queens. Few organizations have invested the time and energy to develop a working relationship with faith communities. The Commission has long recognized the immense potential of communities of faith and their ability to reach populations whom are at risk of HIV infection and transmission. These churches are located in the midst of communities of largely homogenous and isolated Latino communities, and are capable of influencing the lives of people in even the hardest-to-reach communities. In addition, churches are vital centers of community life in Latino neighborhoods and clergy are universally respected as credible deliverers of information and guidance.

RESULTS: For the last four years, *En Comunidad* has been engaging congregants and their social networks in a range of activities designed to alter community norms and attitudes towards HIV/AIDS as a means of preventing the spread of HIV in the Latino community. These activities include local and citywide efforts designed to expand the project's visibility beyond the church community. Specifically, the Commission implemented environmental scans within each community to better identify existing resources and needs in order to provide ongoing training to *En Comunidad* church-based organizers regarding community organizing and HIV/AIDS related issues and prevention strategies. Since 1996, the project has developed

Siete Dias de Oracion y Unidad (Seven Days of Prayer and Unity), which is implemented in October (Hispanic heritage month). On World AIDS Day, December 1st, *En Comunidad* also coordinates a weeklong common prayer calling for education, action and unity. In May, an annual citywide conference for Latino faith communities is held. Some key components of the conference include music, prayer, plenary, and workshops. The project also participates in assisting the coordination of church-based activities including Spanish-language sermons that focus on HIV/AIDS prevention issues, local health fairs, youth interactive role-plays which also focus on HIV/AIDS related issues and educational workshops.

En Comunidad has also expanded the production and dissemination of a range of culturally and linguistically relevant prevention publications. These publications aim to educate, inform, and are directed to the Latino community's HIV/AIDS-related issues, concerns and developments that impact the community's health and well-being. Publications include the *En Comunidad Quarterly Newsletter* that announces programs, events and resources as well as the translation into Spanish of important English-language articles. The project also publishes a bimonthly educational mailing, which contains in-depth information concerning HIV/AIDS related issues. Many of these articles are targeted towards professionals, religious and community leaders. *Voces de Nuestros Lideres* (Voices of Our Leaders), an opinion page, will offer Latino religious leaders opportunities to comment on HIV prevention-related issues in the context of the religious setting. Another important publication is the Liturgical Resource Guide devoted to helping Latino faith communities in their response to the AIDS crisis in our communities.

CONCLUSIONS: The most important conclusion that we have reach is that involving faith communities is a central strategy to confronting AIDS in our communities.

ABSTRACT 962

Structural Interventions for HIV Prevention in Drug Users

Blankenship, KM; Bray, SJ; Burris, S; Heimer, R; Khoshnood, K; Merson, MH; Sylla, LB

Yale University, New Haven, CT

ISSUE: Structural interventions (SI) view health as a product of social context, rather than of individual choice, behavior, or pathology, and promote health by altering this context. Structural interventions have

considerable potential to promote HIV prevention, but more work needs to be done to identify and assess them.

SETTING: We focus on drug users in CT. Our work has implications for US drug users, generally.

PROJECT: We have developed a framework and methodology for identifying priority intervention areas to address HIV risk in Connecticut (CT) drug users. Based on an extensive literature review, focus group interviews, and interviews with policymakers, program administrators, and other key informants, we have identified several intervention areas with particular potential for addressing HIV incidence in drug users.

RESULTS: One key component of our approach is the linking of structural causes of HIV risk to the development of intervention strategies. Another is identification of factors underlying, and strategies to reduce, the disproportionate burden of HIV/AIDS among minority drug users. As a starting point we identify factors associated with HIV transmission, ranging from immediate risk behaviors to broad social causes. We then develop a "causal web" surrounding this starting point. For immediate risk behaviors, we locate behaviors in increasingly broader, more fundamental social sources of HIV. Conversely, for broad social causes we identify increasingly specific risk factors that link social factors with HIV. At each point in this web we also identify relevant empirical and/or theoretical research. Once the "causal web" and supporting documentation have been developed, key points in the web are identified where interventions may be particularly effective at reducing HIV incidence and disparities in HIV infection rates. In considering these key points, we also examine the feasibility and acceptability of potential interventions. At least three key intervention areas have been identified in this way: syringe deregulation, drug policy enforcement, and welfare reform.

LESSONS LEARNED: There are feasible structural interventions with the potential to promote HIV prevention in drug users.

ABSTRACT 970

Young Asian Men's Study: Baseline Risk Behaviors and Community-Level Intervention Activities

Choi, K-H; Han, C-S; Cheng, M; Proctor, K

University of California (UCSF) – Center for AIDS Prevention Studies, San Francisco, CA

ISSUE: Asian and Pacific Islander (API) men in the US who have sex with men (MSM) are getting infected with HIV at younger ages compared to white MSM, but little attention has been paid to API men. This presentation will report baseline data from a randomized HIV prevention intervention trial with young API MSM and describe its intervention activities.

SETTING: A multi-component, community-level intervention targeting API MSM aged 15 – 25 in Seattle, Washington (an intervention site) and San Diego, California (a comparison site).

PROJECT: The Young Asian Men's Study (YAMS) is evaluating the effects of a community-level intervention aimed at promoting safer sex behavior among young API MSM. YAMS is conducting serial cross-sectional surveys in Seattle and San Diego to assess behavioral changes made by the intervention.

RESULTS: Baseline Risk: We conducted a Wave-1 baseline survey in May – August 1999 and recruited 253 API MSM who attended public venues in Seattle and San Diego; men completed a standardized questionnaire administered by interviewers. Participants were 10% Chinese, 30% Filipino, 10% Vietnamese, 33% mixed race, and 17% “others.” The mean age was 21 years. A majority was college educated (77%) and self-identified as gay (72%) or bisexual (20%). Most respondents (88%) had at least one male sexual partner (median, 1; range, 0 – 40) and 24% had had sex with three or more men during the three months prior to the survey. The proportion of men who had engaged in any unprotected anal intercourse in the past 3 months was 33%. Seventy percent of men reported having been tested for HIV; of these, 97% were HIV-, and 3% did not know their test results. No one reported being HIV+. Intervention Activities: In September 2000, we launched the five-component intervention in Seattle. The objectives of each component are: *Social Marketing* — to employ various forms of media to young API MSM and the broader community to disseminate risk reduction messages and promote positive self-image and safer sex peer norms; *Community Health Advisors*

Network — to involve young API MSM and their peers to deliver HIV prevention messages to their peers, assist in linking their peers to services, and conduct intervention-related activities; *Social Events* — to develop safe and fun spaces for young API MSM and their peers to get together, build a sense of community, and share HIV prevention messages; *Small Groups Workshops* — to increase HIV prevention skills and enhance positive self-identity; and *Capacity Building* — to assist community partners in acquiring resources and skills toward implementing intervention components and to enhance sustainability. All of the intervention components have been initiated and will continue throughout the intervention period (two years).

LESSONS LEARNED: Our baseline data suggest that young API MSM engage in unprotected sex at high rates. We are monitoring the intervention with detailed records of all activities in Seattle to help assess the study outcomes.

ABSTRACT 971

Applying the Structural Model of Health to HIV

Cohen, D

Louisiana State University Health Sciences Center, New Orleans, LA

BACKGROUND: Most STD/HIV interventions use social cognitive theories as the basis for targeting individuals. Because social and environmental factors have profound influences on health behaviors, additional theoretical frameworks are needed to address HIV risks at the population level.

OBJECTIVES: To understand the difference between structural and individual level interventions and to describe how structural level interventions impact HIV/STD.

METHODS: By reviewing the literature and analyzing the results and mechanism of action of a variety of STD interventions, non-health interventions, and population-level phenomena, a unified structural model of health behavior was developed and applied to HIV/STD.

RESULTS: The following concepts emerged: 1) universal programs vs. high-risk strategies; (Targeting the average person may have a higher yield than targeting only high-risk persons), 2) collectivity of health risk behaviors (the behavior of the average person determines the percentage of individuals with high risk behaviors); 3) accessibility of healthy and unhealthy consumer products (condoms,

needles, and alcohol) all influence HIV/STD rates, 4) physical structures (abandoned, blighted housing, alcohol outlets, and neighborhood conditions) influence HIV/STD risk, 5) social structures (e.g., social networks and supervision of youth) influence STD risk behaviors and 6) media messages influence health behaviors because they establish reality and values, including who we are and who we will be. By definition, structural-level HIV interventions must be interdisciplinary ventures, require collaboration between communities and government, but are implemented from the top-down.

CONCLUSIONS: The concepts explain the disproportionate concentration of HIV/STD among low-income minority groups and geographic clustering of HIV/STD cases. Both individual and structural level interventions have unique limitations, but together can enhance efforts to control HIV/STD.

LEARNING OBJECTIVES: 1) To understand the difference between structural and individual level interventions; 2) To describe how structural level interventions impact STDs; 3) To understand the unique limitations of individual and structural level interventions.

ABSTRACT 972

Negative Social Consequences of Preventive HIV Vaccine Studies: A Report from the Field

Allen MA¹; Israel H²; Rybczyk K³; Pugliese MA⁴; Loughran K⁵; Wagner L³; Erb S⁴

1 National Institute of Allergy and Infectious Diseases (NIAID), Bethesda, MD; 2 Saint Louis University School of Medicine, St. Louis, MO; 3 Vanderbilt University School of Medicine, Nashville, TN; 4 University of Rochester School of Medicine, Rochester, NY; 5 The EMMES Corporation

BACKGROUND/ OBJECTIVES: Participants in preventive HIV vaccine trials may experience negative social consequences of trial participation, including problems related to vaccine-induced positive HIV antibody tests, yet few clinical vaccine studies have reported on this issue. The objectives of this analysis were to determine the frequency and severity of reported negative social consequences of study participation and assess if problems appeared to be related to HIV testing outside of study.

METHODS: From October 1995 through November 1998, 1,516 AIDS Vaccine Evaluation Group (AVEG) volunteers underwent a Social Impact Survey (SIS) in which they

were asked if study participation has caused them to experience problems such as “trouble with” employment, education, health insurance, life insurance, getting/keeping housing, immigration, or international travel; if they had been “refused” medical or dental treatment, or were “avoided/feared” by family, friends, or co-workers. Study participants were asked if the problem was “resolved”, and to rate the event’s severity as either “not important”, “significant”, or “life-changing”. Participants were also asked if they had undergone HIV testing outside of the study, and to identify the context of the testing (e.g., medical exam for life insurance application).

RESULTS: A total of 90 negative events were reported by 76 (5%) volunteers. The most commonly reported incidents (n = 52, 57.8%) were negative reactions of friends, family, and coworkers to the volunteer or the volunteer’s study participation. Few incidents (approximately 10%) were reported as linked to HIV testing. The majority of events (n = 47, 52%) were described by volunteers as “resolved” at the time of reporting, 36 (40%) as “not resolved”, and for 7 (8%) events, volunteers did not report resolution status.

Reported incidents were analyzed using logistic regression to determine their association with volunteer age, gender, race, sexual orientation and HIV risk category. There was no association between volunteer characteristics and reporting of negative social events. Logistic regression and ANOVA were used to analyze the association of trial sites with the number of events reported. After controlling for site variation in data collection and reporting, no statistically significant differences were found between the sites on the number or type of events reported.

CONCLUSIONS: The fear that preventive HIV vaccine trials would be associated with widespread and severe study-related stigmatization and discrimination has not been borne out by this analysis. In addition, few problems appeared to be related to vaccine-induced positive HIV antibody tests. While the results of this study are reassuring, they should be interpreted with caution, as it is unclear if these results may be extended to Phase III trials enrolling large numbers of individuals at higher risk of HIV acquisition.

ABSTRACT 973

The Impact of Housing on HIV Risk Behaviors: Preliminary Findings From the Special Projects of National Significance (SPNS) Program

Aidala, AA; Cross, J

Columbia University – Mailman School of Public Health,
New York, NY

BACKGROUND/OBJECTIVES: The association between HIV/AIDS and homelessness or inadequate housing has been observed; however, the causal direction and the mechanisms linking housing and HIV infection are little understood. The purpose of this paper is to examine the effect of housing on HIV risk behaviors.

METHODS: Data for the analysis are provided by a multi-site database containing standardized housing, risk behavior, health and services data collected through interviews of over 2000 individuals as part of the evaluation of 34 federally-funded demonstration projects that provide housing, health and other services to low-income persons who are infected with HIV or at risk for HIV infection.

RESULTS: Logistic regression analyses reveal strong, significant effects of housing status on sexual and drug use behaviors. The effects vary across groups. Concurrent receipt of mental health, substance abuse, or other supportive services, including case management, operates as mediating or interactive factors. Discussion of the preliminary findings are made in light of a potential competing selection argument that individuals who practice high risk behaviors are less likely to seek out or accept stable housing than those who do not practice high risk behaviors.

ABSTRACT 975

Risk of Oral Acquisition of HIV Infection and Oral Sexual Behavior Among Men Who Exclusively Practice Oral Sex in San Francisco, CA

Page-Shafer, K; Shiboski, C; Dilley, J; Balls, J; McFarland, W; Greenspan, D; Shiboski, S; Osmond, D

University of California (UCSF), San Francisco, CA

BACKGROUND: Concern has remained consistently high regarding the risk of sexual transmission of HIV associated with oral sex. However, it perceived as low-risk, and oral sex is a “safer sex” strategy practiced by many men who have sex with men (MSM)

OBJECTIVES: To examine the HIV infection, sexual behaviors and perceptions of HIV risk among persons who engage exclusively in oral sex.

METHODS: Persons seeking anonymous HIV counseling and testing (AHCT) services in San Francisco, CA were screened for sexual behavior as part of a larger case-control study to characterize the risk of HIV acquired through oral sex. A structured interview was administered in a consecutive cross-sectional sample of clients who reported engaging only in oral sex in the last 6 months. All participants were screened for HIV infection, recent HIV infection (sensitive/less sensitive enzyme-linked immunoassay); sexual behavior in the past 6 months, and perceived risk of HIV infection.

RESULTS: Of 5,798 AHCT clients screened, 341 (6%) were eligible and 176 (51.6%) consented to participate. All (100%) reported no anal or vaginal sex, or injection drug use in the prior 6 months; 98.9% were male, 100% of whom identified as “gay” or “bisexual”; 69.2% were white, 15.4% Latino, and 5.1% African American; 44.7% were under age 30. Participants reported a median of 2 receptive oral intercourse (ROI) partners (interquartile range (IQR) = 1 – 4). Almost all (96%) reported unprotected ROI; 30% reported ROI with an HIV-positive partner. Of those, 75% did not use a condom, and 58% of swallowed ejaculate. Sixty percent of respondents agreed that there is a small risk of HIV infection from ROI, but they are “willing to take the chance”, and 65% agreed that they “worry about becoming infected”. Those who had ≥ 4 previous HIV tests were 9 times more likely to say they were “willing to take the chance of a small risk of HIV infection through oral sex”. One HIV infection was detected (0.6%) which was not recently acquired

and could not be attributed to a period of oral sex only. No (0) recently acquired HIV infections were detected, and estimated probability of orally acquired infection is 0 (95% CI: 0, 2.1%).

CONCLUSIONS: A consistent proportion of persons seeking testing at AHCT sites engage exclusively in oral sex. A high rate of HIV testing reflects an ongoing concern of HIV infection. A majority of MSM who practice oral sex exclusively have multiple HIV tests even though they believe their risk of HIV infection is low. Despite evidence that there is a very small risk of acquiring HIV through ROI, they are willing to “take the chance”. The very low numbers of HIV infections detected in this sample confirm that orally acquired HIV infection is a rare event.

ABSTRACT 977

Rapid HIV Testing in an Outreach Program Focusing on High-risk African Americans

Keenan, P; Keenan, J

University of Minnesota, Minneapolis, MN

BACKGROUND: Many persons who have HIV testing at publicly funded sites in the USA fail to return for their test results. This represents a waste of resources as well as lost opportunities for prevention counseling and timely HIV therapy. Among ethnic groups, African Americans have the highest rate of failure to return (FTR). Other groups with a high FTR rate include adolescents, IDUs, sex trade workers, and persons previously diagnosed with STD. Historically, community outreach projects have been successful in testing persons at high risk for HIV but have been hampered by high FTR rates (36 – 80%).

OBJECTIVES: To test the hypothesis that rapid HIV testing could be used in the outreach setting to (a) successfully reach African Americans at high risk for HIV and (b) enable a high percentage of those tested to learn their test results.

METHODS: Our family practice residency clinic was funded by the Minnesota Department of Health to do HIV counseling and rapid testing in the predominantly African American community of North Minneapolis. We used the SUDS rapid HIV test with EIA/Western blot confirmation. Our outreach worker went on-site to community-based organizations (CBOs) that were providing services to high-risk groups. These included

7 chemical dependency programs, 7 homeless shelters, a needle distribution program, and other CBOs.

RESULTS: Seven hundred thirty-five SUDS tests were done on outreach clients from April 6, 1999, to September 30, 2000. The subjects included 502 men (68%) and 233 women (32%). Ethnic groups included 577 African Americans (79%), 141 whites (19%), and 25 others (3%). An inventory of risk factors showed 58% were chemically dependent, 14% were homeless, and 12% were IDUs. In the past twelve months, 23% had had sex with 4 or more partners; 12% had exchanged sex for drugs/money, and 8% had an STD. Seven were positive for HIV (1%). The SUDS had a specificity of 99.6%. There was one false negative for a sensitivity of 86%. Fifty-one percent had not previously been tested for HIV. Over 99% (734/735) learned their HIV test result on the same day as testing.

CONCLUSIONS: This project confirmed that rapid HIV testing enables a very high percentage of outreach clients to learn their test result and thereby receive post-test counseling appropriate for their serostatus. The outreach plan was successful in focusing on African Americans at high risk for HIV. This plan is flexible and can be used to target clients by ethnicity, risk factors or geographic locale. Future developments in rapid testing technology include finger-stick, whole-blood tests and oral mucosal transudate tests. With these newer tests this outreach plan will be more efficient and “user friendly” for both outreach worker and client.

ABSTRACT 978

Level of Psychopathy and HIV Risk Among Adjudicated Alcohol and Other Drug (AOD) Abusing Adolescent Offenders

Malow, RM; Lucenko, BA; Jennings, T; Dévieux, JG; Martinez, L; Sanchez-Martinez, M

University of Miami, Miami, FL

BACKGROUND: As the overall incidence of HIV has been declining in the United States, it has been growing at alarming rates for adolescents, particularly those abusing alcohol and other drugs (AOD), those involved in the criminal justice system and those displaying psychopathic or conduct disordered characteristics. Available evidence suggests that adolescent offenders have a particularly high prevalence of psychopathy, although there is considerable variability on this dimension.

OBJECTIVES: While the relationship of antisocial/psychopathic features and HIV risk has been well examined in adults, little is known about how these features might affect adolescent. The purpose of this study was therefore to evaluate the relationship between psychopathy and HIV risk behavior among an adjudicated, AOD-abusing sample of adolescent offenders. An enhanced understanding of the independent and interactive effects of such symptomatology on HIV-risk among adolescents is likely to greatly benefit the design of effective interventions as well as improve our ability to match individuals to optimal interventions.

RESULTS: Participants were 269 male and 110 female inner-city, culturally diverse AOD-abusing adolescents offenders enrolled in two ongoing NIH-funded HIV prevention projects. Measures included the psychopathy content scale derived from the Millon Adolescent Clinical Inventory (MACI), several inventories measuring HIV transmission risk behaviors, skills and attitudes, and a measure of social desirability. Results showed that compared to those low on psychopathy, those with high levels reported more drug and alcohol use, overall unprotected sex, and more sex when high on alcohol and/or marijuana during the past three months. Those high on psychopathy also reported less favorable sex and condom attitudes, less favorable intentions to engage in safer sex behaviors, and lower sexual self-efficacy and sexual response-efficacy than those with less psychopathy symptoms.

CONCLUSIONS: Data from this study suggest that AOD-abusing adolescent offenders should be assessed for levels of conduct disorder symptomatology and associated psychopathic traits and provided with more intensified risk reduction interventions targeting primarily attitudinal and behavioral change.

ABSTRACT 989

Medical Miscommunication: The Impact of Medical Culture on HIV Health Behaviors of Black Men who have Sex with Men (BMSM)

Malebranche, D¹; Fullilove, R²; Stackhouse, B³

1 New York City Department of Health – Preventive Medicine/Public Health Residency Program, New York, NY;

2 Columbia University – Mailman School of Public Health, New York, NY; 3 New York City Department of Health – Office of HIV Services, New York, NY

OBJECTIVES: Current studies have shown that HIV prevalence rates among young BMSM range between 30 – 33% in select US cities, with incidence rates as high as 15% for the same population. While research tends to evaluate rates of risky behaviors in this population, there has been no examination of the impact of the medical culture on how BMSM make health care decisions regarding HIV. This study aims to ascertain the impact of medical environments and personnel on BMSM who are either infected and/or affected by HIV/AIDS.

METHODS: Eight focus groups conducted in Atlanta, upstate New York, and New York City from December 2000 – February 2001. Participants were self-identified BMSM who were recruited through local community-based organizations (CBOs) affiliated with the New York State Black Gay Network (NYSBGN). All participants completed a brief questionnaire on demographics, HIV status, HIV risk behaviors, and health care access. Transcriptions were coded and analyzed using Atlas TI software.

RESULTS: Eighty-one participants were involved in the study. The average age of participants was 35.7, with a range between 19 and 61. Forty-seven percent (38/81) of the men reported they were HIV positive, and 83% of participants reported having primary care providers. Major themes included BMSM as black men before sexuality labels, psychological “displacement” from traditional social support networks, the impersonal nature of medical settings, the influence of fear on communication and trust in the medical setting, medical providers as “family” to BMSM, and the importance of personal responsibility in navigating the health care system.

CONCLUSIONS: Qualitative research is the best way to ascertain the factors currently driving the HIV epidemic in the BMSM “community.” Future HIV prevention

paradigms must address the unique oppressive social context that racially and sexually stigmatizes black men in America. The level of communication and support received from medical environments affects how invested black men become in their health care, which in turn impacts sexual behavior, HIV testing, disclosure of sexuality, and medication adherence. Medical centers/offices are prime arenas for primary HIV prevention and identification of at-risk individuals, especially in this time when “gay”-identified CBOs may be unable to reach non-“gay”-identified black men. The authors recommend the establishment of more medical centers focusing on black men’s health issues, cultural competency training for *all* medical personnel, establishment of health care empowerment seminars targeting black men, and increased involvement of black medical providers in preventive health and HIV community forums.

ABSTRACT 981

The Seattle HIV/AIDS Care and Prevention Collaboration Needs Assessment

Natter, J; Fiano, T; Gamble, B; Wood, RW

Seattle-King County Department of Health, Seattle, WA

BACKGROUND/OBJECTIVE: This project was a needs assessment requested by the Seattle-King County (SKC) HIV/AIDS Planning Council (HAPC). It evaluated whether SKC HIV prevention providers inquire about clients’ HIV status and appropriately refer HIV+ clients into care services, and whether HIV care service providers discuss sex and drug use risk reduction with clients and make appropriate referrals for those who they find have ongoing risk reduction needs. This was our first attempt to see whether local prevention and care providers were dealing comprehensively with clients’ needs.

METHODS: The assessment was designed by SKC HAPC care and prevention committee members and consisted of one-on-one interviews with 31 prevention providers and with 74 care providers and follow-up focus groups. The HAPC identified a stratified sample of providers to be interviewed, representing a comprehensive cross-section of agencies and programs providing HIV-related care and prevention services in SKC. The follow-up focus groups included two with care providers (23 participants) and two with prevention providers (8 attending) to identify barriers to appropriate inquiry and referrals identified in the earlier one-on-one interview process. Additionally, we conducted two focus groups

of consumers (22 participants) to explore their experiences with having service providers discuss risk reduction issues with them and solicit ideas to overcome barriers and improve referral processes.

RESULTS: We found demographic disparities between the prevention and care providers and clients that could impact cross-system collaboration and service effectiveness. Although 90% of prevention providers had referred clients to care services, only one-quarter of care providers discussed sexual risk reduction with all clients, and only half discussed drug use risk reduction. Some prevention providers felt it was not their business to ask about HIV status; some care providers indicated discomfort asking about on-going risk behavior. Knowledge of cross-system referral resources was generally high, although gaps emerged among both sets of providers in several resource areas. Many PLWHA indicated that they would appreciate being asked about and obtaining help with on-going risk behaviors from care providers that they had learned to trust (e.g., primary care physicians, and case-managers).

CONCLUSIONS: The study identified successes and collaboration gaps in the use of inter-system resources and referral processes. Based on the findings, the HAPC implemented several key changes in the SKC prevention and care continuum of services. These included developing resources to be used in cross-training providers (care training for prevention providers, and prevention training for care providers), establishing an ongoing Care-Prevention Collaboration Work Group, and placing funding caveats on the use of federal Ryan White and CDC funds to ensure cross-systems collaboration.

ABSTRACT 982

HIV Testing in an Inner City Emergency Department (ED)

Glick, NR; Silva, A; Charles, D; Zun,L; Whitman, S

Mount Sinai Medical Center, Chicago, IL

ISSUE: Many people who do not otherwise have contact with the healthcare system access healthcare through the ED. Some of these individuals have significant risk factors for HIV infection, but are not routinely offered HIV testing. Our goal is to test these individuals for HIV, counsel those who are HIV negative to help them stay negative and connect those who are positive into care.

SETTING: Mount Sinai Hospital is located on the Westside of Chicago, surrounded by 5 community areas that are among the 15 hardest hit by HIV/AIDS in the city. Four of the 5 are at the epicenter of the IDU HIV epidemic in the city. Fifty percent of the patients are black, and 50% are Hispanic. Forty-eight percent live below the poverty level. Mt. Sinai is a level-1 trauma center, and the ED has 44,000 visits a year.

PROJECT: We have targeted people who come to the ED with other medical issues, but have HIV risk factors including STDs, evidence of past or present substance abuse, pregnant women and victims of violent trauma. The healthcare provider offers HIV testing and if the patient agrees, he or she will sign a consent and have their blood drawn for HIV antibody testing. The patient is scheduled for a return visit to obtain test results and HIV prevention counseling with an HIV health educator. The health educator is also available to answer patients' questions and to do HIV testing when the ER staff is busy. HIV positive individuals are brought into care to our infectious diseases clinic.

RESULTS: The project was initiated in January 2001. In the first 4 months of the study, 189 people were tested and an additional 281 declined testing. Eight people (4%) were HIV infected. Of the people who refused testing, 41% had undergone HIV testing in the previous 3 months, and 37% did not perceive themselves to be at risk. Thirty percent of patients returned for their test results. Of the 8 patients who were positive, 3 have been connected into primary care, a third patient died in the hospital from complications of AIDS, 2 were previously aware of their status and 3 remain unaware of their status.

LESSONS LEARNED: Although we have successfully tested a group of patients who are at risk for HIV infection, we are unable to test many more patients who are at risk because they do not perceive themselves at risk. Bringing people back in for test results remains a challenge and for those who test positive, the connection to care remains an obstacle. Overall, we believe this project remains important because we may not see these high risk ED patients in other areas of the healthcare system.

ABSTRACT 983

A New Laboratory Assay to Detect Recent HIV-1 Seroconversion Among People Infected with Diverse HIV-1 Subtypes for Use in Incidence Estimates

Parekh, BS¹; Pau, C-P¹; Kennedy, S¹; Dobbs, T¹; Hu, DJ²; Mastro, TD²; McDougal, JS¹

¹ HIV Immunology and Diagnostic Branch, Centers for Disease Control and Prevention, Atlanta, GA; ² HIV AIDS Collaboration, Bangkok, Thailand

BACKGROUND: The 3A11-LS assay exhibits different window periods and/or cutoff values among different HIV-1 subtypes (e.g., subtypes B and E), requires Abbott equipments and is currently not available. Development of a simple subtype independent assay would be highly desirable.

OBJECTIVES: To evaluate a new laboratory assay to detect recent HIV-1 seroconversion, determine the seroconversion duration and threshold cutoff among subtypes B and E, and validate the assay in cohorts infected with other subtypes.

METHODS: A 96-well, IgG-capture enzyme immunoassay (EIA) was devised using goat-anti-human IgG coated wells and a branched gp41 peptide derived from multiple subtypes (B, E, and D). A total of 622 longitudinal specimens from seroconvertors infected with US subtype B or Thai subtype B or E were tested (1/100 dilution). Sensitivity and specificity were calculated using varying cutoffs and seroconversion periods to determine optimal cutoff and seroconversion duration.

RESULTS: The IgG-Capture BED-EIA exhibited a gradual increase in normalized optical density (OD-n) following seroconversion for up to 2 years. This was in contrast to conventional EIAs with antigen-coated wells which plateau soon after seroconversion. Analysis of data indicated that cutoff OD-n of 1.0 and a seroconversion duration of 160 days were optimal to distinguish recent and long-term infections with high sensitivity and specificity. Separate application of this assay in Thai B, Thai E, or Kenyan seroconvertors (subtypes A or D) demonstrated that the calculated incidence was within 10% of the observed incidence in all cases. About 2% – 4% of AIDS patients could be misclassified as having recent infections because of their declining antibody levels.

CONCLUSIONS: Our results demonstrate that this new assay can be successfully used to detect recent infection and determine incidence estimates among person infected with diverse HIV-1 subtypes worldwide. This assay should have wide applications for incidence estimates in various populations for monitoring the epidemic, developing prevention programs, selecting vaccine cohort, and identifying individuals for early treatment and partner notifications.

ABSTRACT 984

A Content Analysis of HIV Adherence Studies published in the United States between 1990–2000

Eddens, S

Emory University – Rollins School of Public Health, Atlanta, GA

BACKGROUND: The dawn of antiretroviral therapy has brought a renewed sense of hope for those living with HIV/AIDS and those that care for them. HIV/AIDS is no longer a death sentence, but may be a treatable and manageable illness. However, this new sense of optimism is tempered with a concern for the risks associated with a patient's failure to adhere to their medication regimens. Adherence to antiretroviral therapy is not only a major component of slowing disease progression, it also has important public health implications. Failure to adhere to one's regimen, he/she will be at risk of developing a drug resistant strain of HIV. This poses a grave public health threat in that this drug resistant strain can be transmitted to others, in essence creating a strain of HIV that may not be treatable.

OBJECTIVES: The purpose of this study was to critically synthesize the vast literature on adherence. The focus of the study was articles that addressed the following aspects of adherence: the assessment of adherence, the determinants of adherence, recommendations for interventions to improve adherence and interventions that were tested for their effectiveness in improving adherence to antiretroviral therapy.

METHODS: Content analysis was used to examine 39 peer-reviewed articles and conference papers. Content analysis is a type of research method that systematically synthesizes and interprets forms of communication. The selection criteria were peer-reviewed articles and conference abstracts published in the United States between 1990 and 2000 that addressed aspects of adherence that were identified by the focus of this study. Articles and conference papers were selected by conducting searches in medical

and public health databases such as AIDSline and Medline. A data abstracting form was developed to catalog each article and record the variables of interest. Data collection and analyses was conducted from January 2001 to April 2001.

RESULTS: Results showed that there is a lack of a standard definition or method of measurement for adherence. Data also revealed multiple determinants of adherence. A patient's self-efficacy about treatment effectiveness, the complexity of regimen and the quality and length of patient-provider relationship were the most frequently discussed determinants of adherence. Effective interventions used a variety of strategies to improve adherence such as patient education, support groups, and on-site drug dispensing.

CONCLUSIONS/IMPLICATIONS: Despite the success of antiretroviral therapies in the treatment of HIV, there is heightened concern about adherence and the development of drug resistance strains of HIV. Adherence is critical in the management of HIV, this study provides a basis for developing a consistent definition and a standard form of measure of adherence. The findings from this study can serve as a framework for researchers, health care providers, and community based agencies to develop programs to improve adherence.

ABSTRACT 985

An Effective HIV Risk Reduction Intervention among Severely Mentally Ill (SMI), Alcohol and Other Drug (AOD) Abusers

Malow, RM; Peipman, FEW; Dévieux, JG; Lucenko, BA

University of Miami, Miami, FL

BACKGROUND: The critical importance of developing an effective HIV risk reduction intervention for the SMI is underscored by seroprevalence rates estimated at 10 – 76 times greater than the general population (CDC, 2000). Yet there have been few randomized HIV prevention outcome studies of the SMI and none specifically targeting those abusing AOD's. This is despite documentation that such abuse occurs in over 50% of the SMI and that this abuse greatly increases HIV risk.

OBJECTIVE: To test the effectiveness of an enhanced Cognitive-Behavioral HIV risk reduction intervention (E-CB) and a Health Promotion Comparison condition (HPC) in reducing HIV transmission risk behaviors

among culturally diverse, inner city, sexually-active, “recovering” AOD-abusing severely mentally ill (SMI) participants.

METHODS: Participants were 212 male and female SMI clients in various community-based psychiatric, AOD abuse treatment programs who reported both having vaginal or anal sex and having abused AOD, within six months of their screening/baseline assessment. As a NIAAA funded peer-reviewed RO1 project, rigorous randomized trial methodology with extensive manualized and culturally adapted protocol and quality assurance procedures were employed. Participants were randomized to E-CB or HPC, and both were delivered in 6 small-group interactive sessions. E-CB focused on increasing information, motivation and skills associated with reducing the risk of HIV transmission and AOD abuse. HPC focused on HIV prevention in only one standard care didactic session with the five other sessions devoted to promoting health in areas associated with significant minority health disparities.

RESULTS: Both conditions produced significant intake to two-month post-intervention reduction in HIV risk behaviors, including higher percentage condom use across all sex acts (E-CB: $t = -3.5$, $p = 0.001$; HPC: $t = -2.8$, $p = 0.006$) and higher percentage condom use for: a) vaginal sex (E-CB: $t = -2.9$, $p = .004$; HPC: $t = -2.3$, $p = .026$), b) receiving oral sex (E-CB: $t = -2.3$, $p = 0.021$; HPC: $t = -2.0$, $p = 0.044$), and c) giving oral sex (E-CB: $t = -2.8$, $p = 0.006$; HPC: $t = -2.1$, $p = 0.03$). E-CB produced a significant reduction in the number of sex partners at follow-up ($t = 2.23$, $p = 0.022$) while HPC did not.

CONCLUSIONS: Although both conditions produce comparable reductions in frequency and percentage of risky sexual behaviors, the critical outcome is the significant reduction in number of sex partners produced only by E-CB, since this latter variable is among the most important factors for decreasing HIV risk. Compared to those in HPC, E-CB SMI participants may be better able to reduce risk by exerting control over the number or type of sex partners, (i.e., deciding with whom to have sex) than the more interpersonally challenging task of deciding whether condoms are used during sex. This may reflect a specific interpersonal skills deficit associated with the SMI and may suggest designing interventions that are more focused on remediating such deficits pertaining to negotiating safer sex.

ABSTRACT 986

Integration of HIV, STD, and Teen Pregnancy Prevention: Overview and Update on the Cross-Division Integration Projects

Mezoff, J; Ethier, K

Centers for Disease Control and Prevention, Atlanta, GA

HIV, STD, and teen pregnancy prevention programs have traditionally not been integrated despite common behavioral risk factors and similar intervention strategies. Beginning in 1999, the Division of Reproductive Health (DRH) received funding from the Division of HIV/AIDS Prevention (DHAP) to plan and conduct an integration project through four DRH-funded community-based teen pregnancy prevention projects. These efforts are to develop, implement, and evaluate: 1) innovative service delivery models for HIV, STD, and pregnancy prevention; and 2) individual behavior change messages for youth.

These projects, managed jointly by DRH, DHAP, and the Division of STD Prevention, are attempting to coordinate these overlapping, yet distinct prevention goals. These projects represent an unusual collaborative effort within CDC and offer an opportunity to intervene with adolescents in a more cohesive and comprehensive fashion.

A background and overview of the Integrated Projects will be presented, and examples of integration activities from the four funded sites (Boston, Philadelphia, Orlando and Yakima, WA) will be discussed. Lessons learned from these efforts will be shared, including 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.

LEARNING OBJECTIVES: 1. To gain an understanding for the need to integrate HIV, STD and teen pregnancy prevention programming; 2. To gain awareness of currently funded projects in this area.

ABSTRACT 987**HIV/AIDS Management in India
(A Clinical & Management Profile
of 180 Cases)***Biswas, A; Aggarwal, P; Handa, R; Wali, JP*All India Institute of Medical Sciences, Ansari Nagar,
New Delhi, India

OBJECTIVE: The epidemic of HIV/AIDS is very rapidly increasing in India. It is a great challenge for the nation to control the epidemic and to provide care and support to 4 – 5 million people living with HIV/AIDS (PLWHA). India being a developing country the major stumbling block is the cost of antiretroviral drugs. The cheaper regimens of antiretroviral drugs were advocated in our patients and observed the outcome.

PATIENTS & METHODS: One hundred and eighty patients attending the Medical OPD and ward from Jan 99 to March 2001 were included in the study. Nine children were below the age of 13 yrs and acquired infections through mother to child transmission (MTCT), 171 patient were in adolescent and adult [M-134 (74.4%), F- 46 (25.4%)]. The mode of transmission of infection predominantly was by heterosexual commercial sex workers (CSW: 116, or 67.8%). There were 10 (12.8%) patients in category 1 ($CD_4 > 500$ cells/mm³), 28 (35.9%) patients in category 2 (CD_4 : 200 – 499 cells/mm³), 40 (51.3%) patients in category 3 (CD_4 : 0 – 199 cells/mm³). Out of 55 patients, 28 patients were treated with 3 drugs and 27 patients with 2 drugs. Out of 28 patients, 14 were treated with 3-drug regimen, regimen-1 (didanosine 100mg + stavudine 40mg + hydroxyurea 500mg), and another 14 patient with a different 3-drug combination, regimen-2 (zidovudine 300mg + lamivudine 150mg + nevirapine 200mg). Twenty-seven patients were treated with 2-drug regimen (zidovudine 300mg + lamivudine 150mg).

RESULTS: Fifty-five patients were treated with antiretroviral therapy, out of which 28 patients were taking 3 drugs (regimen-1 and regimen-2), and 27 patients were taking a 2-drug regimen. The patients taken 3-drug regimen were much symptomatically better than the group taken 2-drug regimen. There was not much of difference observed in between the regimen-1 and regimen-2. Out of 39 (22.8%) patients of tuberculosis, 25 (45.5%) patients were on both anti-tubercular and antiretroviral drugs. Drug induced hepatitis were observed in 7 (12.7%) patients, severe vomiting 10 (18.2%) was the commonest problem with those patients. Mortality occurred in 7 (3.9%) patients.

CONCLUSIONS: Advocacy of antiretroviral therapy in HIV/AIDS management is a great difficult task especially in developing country due to high cost and the high percentage of discontinuity in later period. However, some cheaper regimen of antiretroviral therapy may bring some hope to these HIV/AIDS patients in future. Tuberculosis is highly prevalent in India and HIV with tuberculosis is a deadly combination.

ABSTRACT 990**The Collectivity of Sexual Behavior***Cohen, DA¹; Farley, A²; Mason, K¹*

1 Louisiana State University Health Sciences Center, New Orleans, LA; 2 Tulane University, New Orleans, LA

BACKGROUND: The distribution of risk behavior in a population provides clues as to how to reduce risk. Several other risk behaviors and health outcomes have a normal or log-normal distribution, and analyses of these measures have suggested that average risk of the population determines the proportion of the population at high risk. This can be thought of as collectively determined risk.

OBJECTIVES: To determine whether sexual behavior is a collectively determined risk behavior.

METHODS: Data from the General Social Survey from 1988 to 1998 were obtained and then analyzed by state. The data were weighted by race, sex, and age to the US population. The mean number of lifetime sex partners was calculated in several ways, after excluding persons with more than 10, 20, and 40 lifetime sex partners. The mean was then correlated with the percentage of persons with more than 10, 20, and 40 sex partners, respectively.

RESULTS: Fourteen percent of respondents had over 10 lifetime sex partners. After excluding these, the mean of the state-specific mean numbers of lifetime sex partners was 2.52 (SD = 0.59) The mean number of partners was highly correlated with the proportion of the state population with over 10 partners ($r = 0.79$). Correlations between the mean and the percent of the population with more than 20 (5.9%) and 40 (2.5%) lifetime sex partners were $r = 0.66$ and $r = 0.60$, respectively. A linear regression suggested that a reduction of the mean number of lifetime sex partners in the population by 0.5 (from 2.5 to 2.00) would be accompanied by a reduction in the proportion of the population with more than 10 lifetime sex partners by 29% (from 14% to 10%).

CONCLUSIONS: There are collectivities of sexual behavior among the US population. This suggests in order to reduce the proportion of the population with large numbers of sex partners, we should not restrict our efforts to high-risk persons but rather should target the average person in the population. Universal programs targeting the general population may have a larger and more lasting impact than programs that only target high-risk groups.

LEARNING OBJECTIVES: 1) To understand the principle of collectivity of risk; 2) To show the evidence that sexual behavior follows a single distribution. 3) To understand the implication that programs to reduce sexual behavior should target persons at average risk.

ABSTRACT 991

Working Towards Eliminating Perinatal HIV Transmission in Buffalo, NY

Nikischer, AB; Hoppe, BM

Approximately 800 women in Buffalo, NY, and Erie County give birth each year who receive either late prenatal care (7 – 9 months) or no prenatal care at all. These women may be high-risk, including substance users, homeless, very young, being abused by their partners, refugees or immigrants, and many are HIV+ or at risk of becoming HIV+. The Buffalo Prenatal-Perinatal Network's *Community Action for Prenatal Care (CAPC)* project is funded by the New York State Department of Health AIDS Institute to virtually eliminate the perinatal (mother-to-baby) transmission of HIV in Buffalo in 4 years. It is based on a model of community cooperation and collaboration to find these "high-risk" pregnant women and to engage and retain them into prenatal care and other necessary services. The model has several components: street outreach using outreach workers from cooperating agencies, building a community coalition, helping prenatal care providers become more user-friendly and creating a Consumer Advisory Group to inform all aspects of the project. In the first year of project implementation, the Buffalo CAPC project provided services to 66 women. Twenty of these women have given birth and were tracked by the New York State Department of Health AIDS Institute. Of those 20 women, none were HIV+ and only one (6%) gave birth to a low birth weight baby (compared to 12% in the total Erie County population.)

The focus of this presentation will be a brief summary of the model and discussion of the challenges, lessons learned, and a review of case studies and results. As the pilot CAPC project in New York State, several challenges have arisen, including: learning a common language across disciplines, getting all of the relevant parties on board, setting priorities, encouraging participation, and buying into common goals. Despite these challenges, CAPC remains an interesting and replicable model and is adaptable to almost any purpose and outcome because of its low-tech approach and reliance on existing community resources.

ABSTRACT 992

The Value of Routine STD Screening in HIV Clinics

Farley, TA¹; Cohen, DA²

1 Tulane University, New Orleans, LA; 2 Louisiana State University, Baton Rouge, LA

BACKGROUND: Certain bacterial STDs have been shown to facilitate HIV transmission. These STDs are often asymptomatic. Screening and treatment for STDs among high-risk persons should decrease HIV spread. It may be particularly effective and cost-effective to screen HIV-infected persons to prevent spread to their partners, especially since these persons are accessible in HIV clinics.

OBJECTIVES: To determine the prevalence of gonorrhea and chlamydia among HIV-infected persons receiving care in an HIV clinic.

METHODS: Screening for gonorrhea and chlamydia using urine-based ligase chain reaction (LCR) tests was made available as part of routine care for HIV-infected persons at the New Orleans HIV Outpatient Clinic at their initial and biannual visits beginning in October 1998. Data from laboratory reports collected through early June 2001 were analyzed.

RESULTS: Over three years, the prevalence of gonorrhea was 1.4% (18/1,317) in males and 2.1% (25/1,172) in females, and the prevalence of chlamydia was 1.4% (16/1,317) in males and 3.2% (36/1,172) in females. Disease prevalence did not vary substantially by race. In females, from 1998 to 2001 there was a trend which did not reach statistical significance toward increasing prevalence of both gonorrhea (from 0.7% to 2.3%, $p = 0.08$) and chlamydia (from 1.4% to 3.9%, $p = 0.07$); no temporal trend was evident in men. The prevalence of these infections was somewhat lower than in persons of similar

socioeconomic status screened in other settings in New Orleans (gonorrhea, 1.7% in males and 2.5% in females; chlamydia, 9.8% in males and 11.1% in females).

CONCLUSIONS: Gonorrhea and chlamydia infection continue to occur in HIV-infected persons receiving medical care. Although rates are somewhat lower than in HIV-negative persons, these STDs are prevalent enough that their cure could have an important impact on HIV transmission to partners. Routine screening for these STDs is easily accomplished in HIV clinics using urine-based tests. STD screening should be offered routinely in HIV clinics as a means to treat unsuspected STDs and to identify persons in need of intensive counseling.

ABSTRACT 993

Investigating Ways to Prevent the Costs Associated with Injection Drug Use: The Potential Impact of a Heroin Trial

Miller, CL; Spittal, PM; Li, K; O'Shaughnessy, MV; Schechter, MT; Hogg, RS

University of British Columbia, Vancouver, BC, Canada

BACKGROUND: In recent years, cities in North America have witnessed the rapid spread of HIV and Hepatitis C (HCV) among IDUs. The increasing health-related costs for IDU has captured the attention of policy makers to find ways to better prevent blood-borne infections and decrease the costs for health care among this vulnerable population. We undertook the following analysis to determine potential benefits of implementing a heroin trial in a city where an explosive and ongoing HIV epidemic has occurred since 1996.

METHODS: In this hypothetical exercise, we modeled the potential impact of a heroin trial on eligible IDUs in the Downtown Eastside of Vancouver over a five-year period. We used baseline sociodemographic parameters to estimate the size, health status and socioeconomic status of eligible Vancouver Injection Drug Users Study (VIDUS) participants. Baseline hospitalization rates and emergency use were estimated from crude and age-specific estimates and for HIV-positive and HIV-negative IDUs. The median length of stay in hospital and average number of emergency visits per year per subject were established. Criminal activity was based on estimates obtained from the Vancouver Police force of all criminal charges in the Downtown Eastside for the year 1996. In addition

to these demographic parameters, we used estimates obtained directly from the study monograph outlining the experience of researchers in Switzerland for the Swiss Heroin Trial. The potential impact of the heroin trial was estimated by comparing hospitalization, emergency use, and criminal activity costs and employment numbers in two scenarios, participants in a heroin trial and those same participants not in a heroin trial. Total costs are expressed in 2001 Canadian dollars.

RESULTS: There was significant drop in hospital use and emergency visits as well as criminal charges over the study period. Accompanying these decreases was a moderate increase in employment and a large increase in life expectancy. In regard to hospital and emergency care cost, there was a 63% decrease in cost (5.0 million dollars) for trial participant compared to non-trial participants. A similar and large decrease was noted in criminal activity related costs (62% decrease or 4.4 million dollars).

DISCUSSION: There is the potential to reap economic benefits, decrease mortality and increase the social functioning among IDUs in Canada with few associated risks through implementing a heroin trial. Our analyses support the growing body of work which suggests that certain preventative interventions and harm reduction strategies are urgently needed to avert further personal, social and economic costs among IDUs.

ABSTRACT 994

High Rates of HIV Prevalence and Incidence and Associated Risk Factors Among Young Injection Drug Users

Miller, CL; Tyndall, M; Li, K; Spittal, P; LaLiberte, N; Schechte, MT

University of British Columbia, Vancouver, BC, Canada

BACKGROUND: Youth are of particular importance with respect to HIV/AIDS, not only because they are at risk for infection but it is during this period of life when many behaviour patterns are established that will effect their risk of HIV infection throughout their adult years. We undertook the following study to investigate risk for HIV infection among a cohort of youth in a city where a persistent HIV epidemic has occurred since 1996 in order to highlight target populations and behaviours where prevention services are needed.

OBJECTIVES: To compare socio-demographic, drug and sexual risk variables between young (13 – 24) and older (≥ 25) injection drug users (IDUs); and to determine HIV and HCV prevalence and associated risk factors for HIV-positivity among young IDUs.

METHODS: Data was collected through the Vancouver Injection Drug Users Study (VIDUS). To date over 1400 Vancouver area IDUs have been enrolled. Questionnaires elicit information regarding socio-demographic characteristics, substance use, drug initiation and sexual behaviours. Nonparametric and multivariate regression methods were used to compare HIV positive and negative youth.

RESULTS: Young injectors were more likely to: be female, experience incident HCV; work in the sex trade; report condom use; inject heroin daily; smoke crack cocaine daily; and need help injecting. Among the youth, HIV and HCV incidence was 4.37 and 27.6 per 100 person years. Overall HIV prevalence among the youth was 10% and was associated with; Aboriginal; females; history of sexual abuse; engaging in sex trade work; injecting cocaine daily; injecting speedballs daily; having numerous lifetime partners; increased age and a greater number of years injecting.

CONCLUSION: Our data show that despite youth and shorter injection careers, HIV and HCV-prevalence is already high among young injectors. Incidence rates are alarming. This bodes poorly for the future of the epidemic unless immediate preventative action takes place, specifically among female and Aboriginal youth.

ABSTRACT 995

Cost Effectiveness of a 2nd HIV Test During Pregnancy

Sansom, S; Jamieson, D; Farnham, P; Bulterys, M; Fowler, M

Centers for Disease Control and Prevention, Atlanta, GA

BACKGROUND/OBJECTIVES: The US Public Health Service's current guidelines for counseling and testing pregnant women recommends an initial HIV test for all women during the first trimester and retesting in the third trimester for high-risk women, such as those who exchange sex for money or drugs or who use illicit drugs. Targeting individual high-risk women for retesting can be difficult to implement because providers must assess each woman's risk. This study evaluates the cost effectiveness of providing a 2nd test to all women in identified high-risk US communities, as well as the cost-

effectiveness of providing a 2nd test to pregnant women throughout the nation.

METHODS: We considered a hypothetical population of pregnant women who had been screened during the first trimester, who were found to be negative, and who were available to be screened in the third trimester. We used decision analysis to compare perinatal transmissions and costs associated with a 2nd HIV screen during the 3rd trimester to those associated with no 2nd screen. We used a societal perspective, and conducted sensitivity analyses around each variable. We report costs in year 2000 dollars, and applied a 3% discount rate to future costs and benefits.

RESULTS: Among high-risk communities of pregnant women available for screening in the first and third trimesters and with seroconversion rates of 6.2 per 1,000 person-years, a 2nd screen would prevent 4.5 infections for every 10,000 women screened, save 97.9 life-years and save \$6,639 per life-year. The strategy would be cost-saving for maternal seroconversion rates as low as .6 per 1,000 person-years. Among an estimated 2.3 million US women estimated to be available for prenatal care in the first and third trimesters who received a first HIV test during pregnancy, and assuming a seroconversion rate of 0.14 per 1,000 person-years, a 2nd screen would prevent 29 infections, save 631 life-years and cost \$18,384 per life-year saved. For a nationwide 2nd screening strategy to be cost-neutral compared to no 2nd screen, the cost of testing an HIV-negative woman would have to drop from the estimated baseline cost of \$9 to \$2.75. Varying seroconversion rates from 0.085 to 0.17 per 1,000 person-years resulted in costs per year of life saved of \$32,428 and \$12,376, respectively, among the US population.

CONCLUSIONS: In communities where women are experiencing HIV seroconversion rates exceeding 0.6 per 1,000 person-years and where women are available for prenatal care in the first and third trimester, a 2nd HIV screen in the third trimester would be cost saving. Implementing a 2nd screen strategy throughout the United States is cost effective compared to other life-saving interventions, when measures costing less than \$40,000 per life-year saved are considered cost effective.

ABSTRACT 997

New York City Pharmacists' Attitudes Toward Sale of Needles/Syringes to Injection Drug Users

Coffin, PO; Ahern, J; Stevenson L; Vlahov, D

The New York Academy of Medicine, New York, NY

BACKGROUND: In August 2000, the New York State Department of Health mailed background information about a pending state law permitting sale, purchase and possession of up to ten needles and syringes ("syringes") without a prescription to all pharmacies in the state. The law, which went into effect as the Expanded Syringe Access Demonstration Project (ESAP) on January 1, 2001, is intended to reduce blood-borne pathogen transmission among injection drug users (IDUs).

OBJECTIVES: To determine if a health department mailing and the impending initiation of ESAP affected pharmacists' awareness of the law and beliefs about syringe sales to IDUs.

METHODS: We conducted two cross-sectional telephone surveys among mutually exclusive samples of pharmacies in New York City to determine pharmacists' awareness of, beliefs about and practices regarding syringe sales to IDUs. The first survey ("baseline") was conducted in July/August 2000, shortly after law passage and prior to health department mailing; the second survey ("law-change") was conducted in January 2001. We compared pharmacists' beliefs between these two time points.

RESULTS: At baseline and law-change, respectively, 13% and 16% refused to participate, and 130 (69%) and 231 (58%) completed the survey. There was no difference in response rate by socioeconomic status of pharmacy neighborhood; no variations in survey responses were found between those pharmacists completing the survey early and those completing the survey after multiple contacts. At baseline and law-change, sample was 74% male; 29% and 33%, respectively, worked at chain pharmacies. From baseline to law-change, awareness of ESAP increased (48% to 90%, $p < 0.001$); personal support for non-prescription syringe sales to IDUs did not change (40% to 47%, $p = 0.25$). In contrast to baseline results, a significant association was found at law-change between support for syringe sales to IDUs and (1) beliefs about potential beneficial and detrimental impacts of the practice and (2) support for related services such as distribution of safer sex ($p < 0.001$) and safer

intravenous drug injection ($p = 0.02$) pamphlets, counseling on safer intravenous drug injection ($p < 0.001$) and sharps containers in the pharmacy for syringe disposal ($p < 0.01$). At law-change, 81% of respondents reported having received the health department mailing; 39% were registered with ESAP, but there was no association between registration and support for syringe sales to IDUs.

CONCLUSIONS: We found few associations between support for syringe sales to IDUs and related beliefs at baseline, but associations emerged at law-change, probably due in part to the health department mailing and in part to time needed to formulate opinions about the new law. Support for syringe sales to IDUs is still low relative to studies in states that already allow the practice. We were unable to explain the lack of an association with ESAP registration. Future surveys will attempt to identify characteristics of registered and unregistered pharmacists.

ABSTRACT 999

Gender Differences in Sexual and Injection Risk Behavior Among Active Young Injection Drug Users in San Francisco

Evans, JL; Page-Shafer, K; Hahn, JA; Lum, P; Stein, E; Moss A

University of California (UCSF), San Francisco, CA

BACKGROUND: With a growing HIV epidemic among women, and high rates of viral hepatitis infections among drug-using women, there is a need to examine gender-specific injection risks and seroprevalence of hepatitis C and HIV in young injection drug users (IDU).

OBJECTIVES: To examine injection and sexual risk factors and seroprevalences among young (< 30 years) female and male IDU in San Francisco.

METHODS: Young IDUs were recruited into a cross-sectional study by street outreach workers in 3 San Francisco neighborhoods, from January 2000 to present. Those eligible were < 30 years of age, reported injecting in the prior month, and spoke English as their primary language. Participants were given pretest counseling, and tested for anti-HCV, hepatitis B virus (HBV) and HIV. Risk behavior data was collected using structured interviews on 168 females and 419 males.

RESULTS: Females were significantly younger than males (median = 21 vs. 23 years), but not different with

respect to education, race/ethnicity, housing status or history of incarceration. Females were more likely to be vaccinated for HBV than males: 31% versus 18% ($p < 0.01$), and less likely to have HIV (1% vs. 6%, $p = 0.02$). No differences were found in anti-HCV (35% vs. 42%, $p = 0.1$). Females were more likely to have initiated IDU under age 15 than males (23% vs. 15%), to start injecting with heroin (58% vs. 41%), and be initiated by a sex partner (27% vs. 8%), to have injected with a sex partner (71% vs. 47%), and to have borrowed a used syringe (82% vs. 67%) ($p < 0.01$ for all comparisons). Sharing injection equipment *ever* (93% vs. 87%, $p = 0.08$) and having been injected by someone else in the last 3 months (62% vs. 39%, $p < 0.01$) was more common among females. Females were more likely to report sexual intercourse in the last 3 months than males (90% vs. 74%, $p < 0.01$), to have a steady sex partner (74% vs. 43%, $p < 0.01$), to have an older steady partner (2 year vs. 1 year median age difference), and to report an IDU sex partner (74% vs. 54%, $p < 0.01$). Residual gender differences in logistic regression models with sharing of drug preparation equipment and being injected by another as outcomes show that there are differences in injecting practices that cannot be solely explained by behaviors.

CONCLUSIONS: Females are more likely to be injected by another. Females were also more likely to have ever borrowed needles, perhaps due to the differing contexts in which drug injection takes place. Females were likely to have sex partners who were IDUs, and they may have been likely to have shared needles with those partners. Gender-specific, environmental-level risk reduction interventions are recommended.

ABSTRACT 1000

Willingness to Participate May Not Translate into Enrollment in a Phase III Preventive HIV-1 Vaccine Trial

Hogg, R; O'Connell, JM; Chan, K; Strathdee, SA; Willoughby, B; Remis, R

University of British Columbia, Vancouver, BC, Canada

OBJECTIVES: To assess the extent to which HIV-negative Vanguard Project participants would be willing to participate (WTP) in future HIV vaccine trials, identify independent predictors of WTP, and to explore reasons why WTP may not translate into enrollment into the ongoing AIDS VAX[®] B/B phase III vaccine trial.

METHODS: The Vanguard Project is a prospective study of gay and bisexual men in the greater Vancouver region.

Sociodemographic characteristics, sexual risk taking, depression (CES-D), beliefs about HIV-issues, and beliefs surrounding and reasons for not participating in the AIDS VAX B/B trial were collected from self-administered questionnaires. Contingency table analysis compared subjects who were willing to participate (WTP) versus unwilling subjects (not-WTP) and logistic regression models were also developed, whereby variables that attained a significance level of 5% in univariate models were offered separately into multivariate models. All possible two-way interactions were examined.

RESULTS: Of 474 respondents, a greater proportion of participants were WTP (214/474 or 45.1%) than not (97/474 or 20.5%). Almost a third were unsure (129/474 or 27.2%), and only a very small percentage were ineligible as they were HIV-positive (13/474 or 2.7%) or were already in the AIDS VAX B/B vaccine trial (21/474 or 4.4%). Participants WTP were younger [median (IQR) 27(24 – 31) vs. 29(26 – 31); $p = 0.041$], living in unstable housing (16.4% vs 4.3%; $p = 0.003$), and more likely to have injected drugs in the past year (16.4% vs. 6.2%; $p = 0.014$) or in their lifetimes (21.0% vs. 9.3%; $p = 0.011$). Being WTP was also associated with having had more sex partners and engaging in more sexual risk behaviours (all $p < 0.05$). Although participants WTP were more likely to be depressed ($p = 0.018$), and to believe they had been infected with HIV in the past year ($p = 0.018$), they also reported being more optimistic about new HIV treatments (all $p < 0.05$). There was no association between WTP and ethnicity, involvement in the sex trade, education, income, sex with HIV+ partners, or sexual behaviours with regular partners. Only a third of participants WTP (80/214 or 37.4%) had heard of the phase III trial. Among participants who gave a reason for not participating in the AIDS VAX B/B trial, participants WTP were most likely to cite having missed the deadline for enrollment. Participants not-WTP cited fear of health problems and concern for being denied health insurance as reasons for not participating in the AIDS VAX B/B trial (all $p < 0.05$). In multivariate analysis, having a regular sex partner was a negative predictor, and perceived HIV risk in the past year was a positive predictor of being WTP in a future vaccine trial.

CONCLUSION: These data point to the need to better understand behavioural and epidemiologic aspects of HIV vaccine trials, especially perceived HIV risk and how this may influence willingness to enroll in a trial. These data also emphasize that a comprehensive approach to educating communities and trial participants — especially participants who are disadvantaged or who have regular partners — may help to improve community and participant's knowledge base about preventive HIV vaccine trials. As knowledge of HIV vaccine trial concepts changes over time due to education efforts, perhaps WTP will more readily translate into actual trial participation.

ABSTRACT 1001

Enhancing Referrals from Public HIV Counseling and Testing Sites to Medical and Social Services in Louisiana

Wendell, DA; Watkins, DJ; LeSage, DR; Hundley, NC; Longfellow, L; Broyles, ST

Louisiana Office of Public Health, New Orleans, LA

ISSUE: Because of the importance of early entry into care for HIV-infected persons, enhancing linkages into medical and social services is a prevention program priority. A large number of HIV-infected persons are identified at publicly funded HIV counseling and testing (CT) sites, so finding effective ways to directly link persons tested at CT sites into care is critical.

SETTING: All CT sites funded by the Louisiana HIV/AIDS Program (HAP) participated, including statewide public health clinics (STD, prenatal, family planning and tuberculosis), community-based organizations, mobile test sites, and drug treatment centers.

PROJECT: HAP developed new referral procedures and a new CT form, and conducted in-depth training of all CT staff to enhance referrals for HIV-infected persons. Beginning in March 2001, all counselors are required to make a medical care appointment for all HIV-infected persons and make additional referrals for case management, STD services, substance abuse treatment, and other social services, as necessary. All referrals are documented on the post-test counseling form. Since the CT form collects patient name and other unique identifiers, CT data will be matched to HIV-related laboratory information reported to HIV/AIDS Surveillance to see if persons referred into care actually entered care. Client demographic and risk factors, type of CT site and programmatic factors, such as contact with partner notification services, will be analyzed to determine which factors are the most important predictors of early entry into care.

RESULTS: In January – February 2001, before the initiation of the new form, 61% of persons post-test counseled were referred for medical care, 24% for case management, and 12% for other social services. In March – April 2001, after the initiation of the new procedures, 89% of persons post-test counseled were referred for medical care, 39% for case management, and 19% for other social services. Over half (57%) of referrals for medical care were to a public HIV ambulatory care clinic, 30% to a community-based early intervention clinic, and 13% to private physicians or hospitals. The predictors of early entry into care will be analyzed after

July 31, 2001, in order to allow adequate time for entry into care.

LESSONS LEARNED: The changes to the CT program had an immediate beneficial impact on referrals into care. The percentage of persons referred for medical services increased significantly after the initiation of the new form and procedures. Although the number of persons referred into case management and other social services also increased, the percentage of persons receiving those services is still low, and additional training of CT staff will occur.

ABSTRACT 1002

Prevalence and Predictors of Sexual Abstinence among Sexually Experienced Adolescents Over a Six-Month Period

DiClemente, RJ; Wingood, GM; Crosby, RA; Harrington, K; Davies, S

Emory University – Rollins School of Public Health, Atlanta, GA

BACKGROUND: A continuing controversy is whether abstinence is a realistic expectation for sexually experienced adolescents. There is, unfortunately, a dearth of empirical evidence addressing this issue. Understanding the psychosocial predictors of sexual abstinence among sexually experienced adolescents could guide the development of more efficacious HIV prevention programs.

OBJECTIVE: To prospectively identify individual-level and family-level variables associated with abstinence from vaginal or anal intercourse over 6-months among sexually experienced adolescents.

METHODS: Sexually experienced adolescent females 14 – 18 years of age, were recruited from schools and health clinics in low-income neighborhoods. Adolescents (N = 522) completed an in-depth survey and personal interview at baseline; 90% returned to complete a similar assessment at 6-month follow-up. Only adolescents who reported having steady partners during the follow-up period were included in the analysis.

RESULTS: Approximately 12% of adolescents reported being sexually abstinent during the 6-month follow-up. In controlled analyses, sexual abstinence over the 6-month period was associated with being 2.7 times more likely to perceive the majority of their friends practicing safer sex, 2.3 times more likely to have younger boyfriends, and 2.4 times more likely to perceive high levels of parental monitoring.

CONCLUSIONS: A sizeable proportion of sexually experienced adolescents reported being sexually abstinent over a 6-month follow-up period. Controlled, prospective analyses, suggest that sexually experienced adolescents may benefit from intervention programs that target three essential strategies: emphasizing positive peer influences, avoiding older partners, and enhancing parental monitoring. Interventions designed to promote healthy adolescent sexuality may, collaterally, enhance adolescents' adoption of abstinence as one HIV-prevention strategy.

ABSTRACT 1003

Does HIV-1 Superinfection Occur?

Grant, RM

Gladstone Institute of Virology and Immunology and University of California (UCSF), San Francisco, CA

The frequency of HIV-1 superinfection, or whether it occurs at all, remains an important unanswered question in epidemiology. Such sequential HIV-1 infection could contribute to transmission of more pathogenic variants of HIV-1 or the spread of drug resistant HIV-1 in communities. Available information regarding HIV-1 superinfection will be reviewed. Animal studies have indicated that non-human primates can be sequentially infected, although susceptibility appears to be limited in the presence of long-standing infection and/or an established anti-viral immune response. Such animal studies may not reflect human circumstances because of the high titer of virus used to initiate infection, or differences in virus-host interactions. Longitudinal analysis of small numbers of individual humans have been reported which indicate gradual viral sequence evolution over time and no evidence of abrupt viral genetic shifts that are expected if superinfection were to occur from a source that was unrelated to the initial infection. These studies represent relatively small numbers of subjects whose exposure to distinguishable variants of HIV-1 is not known. Further, because highly divergent viral sequences are sometimes presumed to reflect contamination, there may be a reporting bias against superinfection. In contrast, cross-sectional studies have revealed high prevalence of HIV-1 subtype recombinants, which may result from sequential HIV-1 infection, dual concomitant infection, or transmission of circulating recombinant viruses. Further, susceptibility to superinfection may be increased in the era of effective antiviral therapy, because of decreased viral interference and anti-viral immunity. Longitudinal viral sequence analysis from ongoing studies of individuals and couples in treated communities will be presented. HIV-1 superinfection, if it occurs, has implications for sexual counseling and could increase the spread of drug resistant HIV-1.

ABSTRACT 1005

loveLife: Turning the Tide of HIV in South Africa

Sinclair, MR¹; Harrison, D²; Nwokedi, J²

¹ The Henry J. Kaiser Family Foundation, Washington, DC;

² *loveLife* Program, South Africa

ISSUE: South Africa has the highest rate of HIV infection in the world among 15-20 year olds. Despite the fact that about 98% of South African teenagers are aware of HIV/AIDS and the means of transmission, there has been little change in adolescent sexual behavior over the past decade. Extensive research among young South Africans established that most had little regard for traditional HIV/AIDS messages and symbols, and although aware of the risks of HIV/AIDS, generally did not feel personally at risk.

SETTING: In response to these research findings, in September 1999, a national adolescent sexual behavior change campaign of unprecedented scale was launched in South Africa under the name *loveLife*. Combining popular culture with traditional commercial brand marketing techniques, *loveLife* has quickly established national recognition as a new lifestyle brand for young South Africans. National surveys show that more than 70% of young South Africans can spontaneously recognize the *loveLife* brand and accurately describe its attributes.

PROJECT: *loveLife* promotes an alternate lifestyle for youth based on informed choice, shared responsibility and healthy sexuality. *loveLife* combines high powered media with country-wide adolescent-friendly sexual health clinical services and community-level outreach programs based on principles of holistic youth development. Young people are central to development and implementation of *loveLife* programs.

This paper finds that adolescent sexual behavior in South Africa is characterized by brutality — 1 in 4 first sexual encounters among teenage girls is forced. Age of sexual debut is constantly declining (currently 75% of 15 year olds have had penetrative sex) and more than 30% of teenage girls under 18 report having had sex for money or other favors.

RESULTS: In its first two years, *loveLife* has produced a significant response from the teenage target population, as measured by substantial increases in information seeking behavior, favorable acceptance of *loveLife* branded sexual health services, recreational and skills development programs. *loveLife* is breaking new ground in adolescent sexual behavior change by demonstrating young people's willingness to engage with sexual health

messages that are appropriately positioned, communicated through popular youth channels and supported by services and outreach programs that reflect the same youth lifestyle brand.

ABSTRACT 1006

Sexual Risk: Behaviors, Attitudes, and Meaning Among a Diverse Sample of HIV-Seropositive Adults in Four US Cities

Remien, R¹; Morin, S²; Lightfoot, M³; Weinhardt, L; Ehrhardt, AA

1 HIV Center for Clinical and Behavioral Studies, NY State Psychiatric Institute, New York, NY; 2 Center for AIDS Prevention Studies, UCSF, San Francisco, CA; 3 Center for HIV Identification, Prevention, and Treatment Services, UCLA, Los Angeles, CA; 4 Center for AIDS Intervention Research, Medical College of Wisconsin, Milwaukee, WI

BACKGROUND: Increasing numbers of Americans are living with HIV and, with advances in combination antiretroviral therapies, have the potential for longer and healthier lives. In this context, a substantial number of HIV-infected persons continue to engage in high-risk sexual and substance use behaviors. Prevention programs that respectfully address the sexual lives of persons living with HIV are important in reducing HIV transmission. However, to successfully develop and implement such prevention programs, we must first understand and appreciate the complex issues surrounding sex in this population and the dynamic nature of these issues in the context of HAART.

OBJECTIVES: (1) To enhance our understanding of the complex dynamics and issues related to sexual behavior and risk among persons living with HIV. (2) To identify areas of focus for an intervention to address transmission risk among persons living with HIV and the relationship between risk behaviors and changing medical, policy, and legal environments.

METHODS: A series of open-ended questions administered to HIV+ women and men focused on the importance and meaning of sex, beliefs about risk in the context of antiretroviral therapy, perceived societal demands regarding disclosure and sex behavior, beliefs about and practices of “safer sex,” sexual risk in different contexts (i.e., partner types), and understanding of and concerns about shifting public policies. Adapted aspects of Grounded Theory were used to analyze the data for cross-cutting domains and themes — and salient differences — among study subpopulations.

RESULTS: A wide range of themes emerged among individuals and within individuals (varying over time) regarding the importance and frequency of sexual behavior. Participants described significant changes in their sexual behavior, safer sex definitions and beliefs (often erroneous) regarding HIV transmission behaviors, motivation for safer sex, and beliefs and attitudes toward safer sex, since their initial diagnosis of HIV. Individual participants articulated unique facilitators and barriers to safer sex in the context of different partner types and different characteristics of their sexual partners. Diversity in understanding of and attitudes towards disclosure, the relationship between substance use and sex, the female condom, and other alternative “safer sex” strategies were demonstrated.

CONCLUSIONS: A wide range of issues related to sex emerged and there were no consistent patterns among specific subgroups (e.g., gay men, women, IDUs) nor within individuals over time, thus reinforcing the need for individually tailored interventions. Interventions must include information clarification (education), should employ a harm reduction approach to sexual risk, and should incorporate the multiply-determined and unique contexts of sexual behavior for individuals living with HIV.

ABSTRACT 1007

Development of a Coordinated Entertainment Education Initiative for Conveying Public Health Messages to Mass TV Audiences

Beck, V

Centers for Disease Control and Prevention, Atlanta, GA

ISSUE: In the past decade, several CDC programs have developed entertainment education initiatives to communicate prevention messages on topics like HIV, immunization and tobacco to audiences at risk. These individual efforts have achieved important program objectives in the short-term. But there has been minimal agency-wide coordination for a systematic, sustained effort to foster broad public health awareness in Hollywood and develop ongoing use of public health topics, messages and experts in the development of entertainment programming for these same audiences.

PROJECT: In 1998, the CDC Office of Communication established a cross-agency entertainment education effort to educate entertainment industry members about public health topics and issues and to provide expert consultation and resources. A key objective of the program is to help TV writers with accurate depictions of topics they address

and to suggest new topics they could address from CDC communication campaigns.

RESEARCH: Many of the audiences CDC targets for prevention messages pay attention to health information in TV shows. The 1999 Healthstyles survey indicates that 25% of women are regular viewers of daytime dramas, and more than half (53%) of this group report learning about health information from the shows. Women of color report even higher rates of viewing of, learning from and acting on this information.

RESULTS: The CDC program develops resource materials and conducts expert consultations and briefings for writers and producers, recognizes exemplary portrayals of health issues in TV shows, and invites outside experts to serve as advisors, visiting faculty and on expert panels.

ABSTRACT 1008

Two New HIV Prevention Programs that Work for Adolescents

Jemmott, L

University of Pennsylvania, Philadelphia, PA

ISSUE: Programs that effectively reduce HIV risk behaviors among youth have been tested through evaluation research, but reach school and community health educators slowly if at all. The Centers for Disease Control and Prevention (CDC) identifies and disseminates effective programs through its "Programs that Work" (PTW) process. New PTW that have been identified include "Safer-Sex" and "Abstinence" versions of "Be Proud! Be Responsible!"

SETTINGS: The "Safer Sex" and "Abstinence" programs were conducted in out-of-school sessions that included African American middle-school students from lower income Philadelphia communities.

PROJECTS: The "Safer Sex" and "Abstinence" programs consisted of 8 1-hour modules, each conducted in 4 - hour sessions on consecutive Saturdays. The "Safer Sex" program contained activities to strengthen skills in negotiating abstinence and in condom use. The "Abstinence" program contained activities to strengthen positive attitudes toward abstinence and increased negotiating skills to achieve it.

RESULTS: The "Safer Sex" and "Abstinence" programs were evaluated in the same study and compared to a control group who received a general health curriculum (N = 659). Sexually experienced youth in the "Safer Sex" program had less unprotected sexual intercourse, and all participants used condoms more frequently 3, 6, and 12

months after the program than youth in the control group. Youth in the "Abstinence" program were more likely to delay sexual initiation 3 months after the program, and were more likely to use condoms 12 months after the program than youth in the control group.

LESSONS LEARNED: These two programs include approaches not previously included among PTW. These programs include the first abstinence-based program identified as a PTW.

ABSTRACT 1009

Evaluation of HIV Rapid Diagnostic Devices

Michael, NL

US Military HIV Research Program, Rockville, MD

BACKGROUND: Point-of-care, rapid HIV testing holds the promise of reducing HIV transmission by increasing the number of individuals who know their HIV serostatus and, subsequently, reducing behaviors associated with horizontal and vertical transmission. This testing might be the most cost-effective method for serodiagnosis in resource-poor environments.

OBJECTIVES: To identify rapid HIV diagnostic device suitable for field use, ones that provide high sensitivity and specificity at a low cost.

METHODS: Retrospective studies of blood product test devices were evaluated with large numbers of archived sera with known reactivity by conventional HIV EIA and Western blot technology. A single test device capable of HIV antibody detection in blood and oral mucosal transudates (OMT) was prospectively evaluated in intended use format.

RESULTS: Four HIV test devices were tested using panels of approximately 11,000 pedigreed sera with a 1:10 ratio of seropositive to seronegative samples. None of these test devices are currently approved for diagnostic use by the US FDA but are in various states of evaluation by the FDA. These devices, Determine[®] HIV (Abbott Laboratories), Multispot[®] (Bio-Rad Laboratories), UniGold[®] (Trinity Laboratories), and HemaStrip[®] (Saliva Diagnostic Systems) were all highly sensitive and specific, were suitable for field use, and cost less than \$8.00 per test. The OraQuick[®] HIV 1/2 test (OraSure Technologies, Inc.), suitable for OMT and blood and based on a synthetic peptide representing the gp41 immunodominant domain (ID), was prospectively evaluated in 100 seropositive and 100 seronegative subjects. Most seropositive subjects were being treated with highly active antiretroviral therapy (HAART). Four HIV-1 infected subjects were

identified as seronegative by OraQuick HIV 1/2. Ninety-six HIV-1 infected subjects were correctly identified as seropositive, and all 100 seronegative subjects were non-reactive on this test (sensitivity, specificity, positive predictive value, negative predictive value = 96%, 100%, 100%, 96.1%). All four false-negative subjects were negative by both OMT and blood testing using OraQuick HIV 1/2 but positive by EIA and Western blot. OraQuick, EIA, and Western blot, and quantitative gp41 ID EIA testing were performed on sera obtained pre- and post-HAART for all four false-negative and 20 true-positive subjects. All pre-HAART samples were positive on all tests while OraQuick HIV 1/2 and gp41 ID EIA were negative on the four post-HAART samples from the four false negative subjects.

CONCLUSIONS: HIV rapid test devices with high sensitivity, specificity, low cost, and suitable for field use are being produced by multiple manufacturers with serious intent to pursue FDA approval. This corporate intent should be highly encouraged by public health agencies to ensure that it is sustained as this is the underpinning of distilling these encouraging data to specific testing algorithms. HIV diagnostic devices based solely on gp41 ID region peptides are susceptible to false-negative detection of a subset of HAART-exposed individuals with HIV-1 infection who experience a reduction in antibody titer to this region during therapy.

ABSTRACT 1010

CDC's HIV Prevention Strategic Plan: What It Means for Your Community

Ogden, LL¹; Scofield, J¹; McGuire, J²; Liberti, T³; Baker, C⁴; Gardner, G⁵

1 Centers for Disease Control and Prevention, Atlanta, GA; 2 Massachusetts State Department of Health, Boston, MA; 3 Florida State Department of Health, Tallahassee, FL; 4 Whitman-Walker Clinic, Washington, DC; 5 Houston City Department of Health and Human Services, Houston, TX

ISSUE: Given changes in the HIV epidemic, changes in the treatment landscape and changes in the policymaking landscape, the Centers for Disease Control and Prevention required a strategic plan to guide its domestic and international activities; partners are adapting and implementing the plan to address the epidemic in their localities.

SETTING: United States and international partner countries.

PROJECT: Over the course of two years, CDC involved more than 100 experts inside and outside the agency to develop a comprehensive strategic plan for domestic and international HIV prevention activities. Individual workgroups addressed discrete goals and developed explicit objectives and strategies to achieve them. Action steps will be developed by the agency in conjunction with external partners, including other federal agencies involved in HIV/AIDS.

RESULTS: The strategic plan was finalized in January 2001. Partners have begun developing and implementing community-specific, complementary strategic plans for HIV prevention. National priorities and local priorities correspond, but may not be identical (i.e., target populations may differ in their ranking). CDC has arrayed its HIV/AIDS budget against the priorities in the plan and found them to be highly correlated.

LESSONS LEARNED: Pairing agency staff with outside prevention partners is a key element in creating a plan that is scientifically rigorous and, at the same time, responsive to real needs in the real world. Outside consultants provided a necessary grounding in program operations in the field. A national plan is vital to direct federal-level efforts and to inform local HIV prevention programs. However, a national plan cannot supplant local planning efforts.

ABSTRACT 1011

Allocating HIV Prevention Resources: The IOM Report and Beyond

Kaplan, EH

Yale University School of Management, New Haven, CT

BACKGROUND: The Institute of Medicine's Committee on HIV Prevention Strategies was formed to review HIV prevention activities in the United States with the objective of proposing a new national strategy for HIV prevention. The committee recommended that the goal of national HIV prevention should be to prevent as many new HIV infections as possible with the resources available. In particular, the committee argued that allocating resources in accord with cost-effectiveness principles could lead to the prevention of more new infections for the same budget.

OBJECTIVES: This talk will present the analysis used in the resource allocation section of the Institute of Medicine Report. The talk will also extend this analysis to examine the tradeoffs between efficiency and equity in HIV prevention.

RESULTS: The IOM model suggests that at current funding levels, it is possible to prevent 30% more HIV infections annually than estimated at present, were cost-effectiveness principles to be applied strictly. A 50% expansion of the national prevention budget combined with cost-effective allocation would lead to nearly a 50% increase in the number of infections prevented according to the model. However, nearly the same gains in efficiency are possible from funding allocations that might be viewed as more equitable.

CONCLUSIONS: Resource allocation decisions are perhaps *the* most important HIV prevention decisions made in this country. Resource allocation is *not* simply about dividing the pie of available resources. Rather, different allocations of the same resources can lead to better or worse results with respect to HIV prevention. The resource allocation problem is exactly the problem of determining what portfolio of intervention programs to field. In the same way that investors seek the best financial returns from monetary investments, the nation should seek the best returns possible from investments in HIV prevention while respecting social concerns such as fairness and equity.

ABSTRACT 1012

Access to HIV Care among Minorities in Four States

Morin, S

University of California (UCSF) – AIDS Policy Research Center,
San Francisco, CA

BACKGROUND: Eliminating racial/ethnic disparities in health outcomes for people living with HIV/AIDS is a national goal. National data is often difficult to interpret because states play the primary role in shaping publicly funded HIV care. This project involved in-depth case studies in four states assessing HIV drug access and utilization by racial/ethnic minorities.

OBJECTIVES: To determine if racial/ethnic disparities in HIV care were present, and, if so, suggest strategies for eliminating them.

METHODS: The study was conducted in four states — California, New York, Florida, and Texas — focusing on the two major publicly supported programs for HIV pharmaceutical access, Medicaid and the AIDS Drug Assistance Program (ADAP). Three areas of inquiry were used in this study. In order to assess access to HIV pharmaceuticals, we analyzed claims data from Medicaid and ADAP and compared the racial/ethnic participation

rates with representation in the state epidemic. In order to understand racial/ethnic differences in use of HIV medications, we developed three ways to measure the use of optimum therapy as defined by federal standards for each of the racial/ethnic groups. In order to identify policies that were barriers to and facilitators of access, we reviewed state policies and conducted key-informant policy interviews with state program administrators and local eligibility workers in each state. In order to assess community perceptions and to suggest ways to eliminate racial/ethnic disparities, we conducted ethnographic observations and in-depth interviews with four patients and four providers in each of ten clinics serving minority patients.

RESULTS: We identified 151,000 HIV-infected individuals in publicly supported HIV care programs in the four states. African Americans participated in Medicaid 10 – 51% above and in ADAP 17 – 31% below their representation in the state epidemic. Non-Latino whites demonstrated the opposite pattern. Latinos were more likely to participate in ADAP than Medicaid in every state except New York. Difference by race/ethnicity in optimum therapy within programs was small and inconsistent; rates of optimum therapy were higher in ADAP than Medicaid in all states. Policy barriers included Medicaid requirements for legal immigration status and residency; limits on Medicaid eligibility based on disability requirements; and state-imposed income and benefit limits on ADAP. State strategies for overcoming disparities included contracting with community-based organization for treatment education and outreach, regional minority coordinators, and public information campaigns. Social barriers identified included lack of information, distrust of government, and HIV-related stigma. Clinic-based strategies for overcoming disparities included outreach for HIV testing; treatment education, comprehensive support services; providers committed to the ethnic group; and support groups to provide social, emotional and psychological support.

CONCLUSIONS: State policies and clinic-based strategies can be used to reduce racial/ethnic disparities in HIV pharmaceutical access. Eliminating racial/ethnic disparities appears to be an achievable goal with a strong public health response.

ABSTRACT 1013

Adherence To HIV Treatment Guidelines: Disparities In Access to Antiretroviral Therapy (ARV)

Aqins, B¹; Heiner, K¹; Bagley, A¹; Feldman, I¹; Fox, K², Kulpa, B², Birkhead, G¹

1 AIDS Institute, NY State Dept. of Health, Albany, NY; 2 IPRO, Lake Success, NY

OBJECTIVE: To assess adherence to antiretroviral (ARV) guidelines by practitioners and access to ARV among subpopulations of persons with HIV (PWHIV) throughout New York State (NYS).

METHODS: Review of 11,061 medical records was conducted over 5 years in 129 HIV ambulatory care facilities including hospitals, community health centers and drug treatment programs. Records were selected randomly from lists of individuals with either CD4 < 350 cells/mm³ or HIV RNA > 10,000 copies/mL and at least 2 clinic visits within 12 months preceding date of review. Data were abstracted and analyzed with extensive internal and external validity checks and a generalized logistic regression model, using a stepwise model selection procedure to identify significant main effects and second-order interactions.

RESULTS: By 2000, 79% of PWHIV were receiving HAART according to US DHHS guidelines. Facility and year were the strongest predictors of receiving HAART whereas neither race, sex or risk nor any interactions of these factors were significant.

CONCLUSIONS: Access to ARV increased each year without differences between gender, race/ethnicity or risk. The facility at which care was provided was the most important predictor of receiving HAART in NYS. Provider characteristics are more significant determinants of access to HAART than patient characteristics such as race/ethnicity, risk and gender in New York State.

ABSTRACT 1014

HIV/AIDS in Appalachia: A Geo-Cultural Framework for Targeted Policy Analysis Towards CDC-Funded Community-Based Organizations

Akers, TA

Centers for Disease Control and Prevention (CDC), Atlanta, GA

BACKGROUND: The HIV/AIDS epidemic is spreading across both the urban and rural landscape. However, as we direct our focus to take into account the characteristics of rural America (and the infected populations residing in such areas), we quickly realize that rural is more than just wheat fields, wetlands, and isolated regions with lower population density. Rather, rural America can also be marked by unique geographical and cultural boundaries that can, at times, bridge our appreciation of the connection between the past and present, geography and culture. Such is the case with the Appalachian region. The Appalachian region has a past etched into its landscape: the geographical signature of the Appalachian mountain chain — one of the oldest geological areas on the planet — that encompasses thirteen states from as far north as lower New York state to as far south as middle Mississippi. This region also holds claim to a unique culture and people, commonly referred to as Appalachian. For HIV/AIDS prevention intervention programs and services to become more effective, federal, regional, and state commissions, policies and funding need to take into account the historical, geographical, and cultural characteristics embedded into the fabric of rural America, such as that of the Appalachian region.

OBJECTIVES: To geo-spatially map and to assess the community and organizational characteristics of the community-based organizations (CBOs) funded by the CDC that are providing prevention services within the Appalachian region; To integrate national data from such sources as the IRS 990 Form, the National Taxonomy of Exempt Entities classification of nonprofits, and CDC's data files of CBOs funded directly and indirectly.

RESULTS: Our preliminary analysis indicates that, overall, there are 2,710 CBOs within the Appalachian region that are involved in health (general and rehabilitative, 71.4%); mental health crisis intervention (16.4%); diseases and disorders (9.5%), and medical research (2.7%). More specifically, the CDC, based on preliminary data, directly funds 26 CBOs (with 4 from NCHSTP) and approximately 79 grants overall (with 10 from NCHSTP) within the region.

CONCLUSIONS: The Appalachian Region holds uniquely characteristics that transcend both rural and urban America. The CBOs providing services to the HIV/AIDS infected population within the region share in these qualities as well. By being able to geo-spatially map the number and type of HIV/AIDS prevention intervention services provided to populations residing within the region, as well as the mapping the demographics of the area, the CDC will be better equipped to target effective policies and needed resources while, at the same time, possibly identifying the geo-cultural factors that may explain similarities or differences across rural and urban areas and the spread or migration of the epidemic.

ABSTRACT 1015

Developing Effective Community-Based Program Strategies to Increase HIV Counseling and Testing Among Asians and Pacific Islanders in the US

Sy, FS; Nagachinta, T; Chow, W

Centers for Disease Control and Prevention – Division of HIV/AIDS Prevention, Atlanta, GA

OBJECTIVE: To review the trends in HIV counseling and testing among Asians and Pacific Islanders (APIs) and the counseling and testing strategies and intervention protocols used by API community-based organizations (CBO) funded by the Centers for Disease Control and Prevention (CDC).

METHODS: We reviewed the trends in HIV counseling and testing among APIs in publicly funded test sites in the US from 1993 to 1998. We also reviewed the budget tables submitted by the 65 jurisdictions in 1999 with emphasis on counseling, testing, referral and partner notification (CTRPN) and the HIV counseling, testing strategies and intervention protocols in the applications submitted by API community-based organizations (CBOs) to CDC for funding in 2000 and 2001. We will obtain additional information on barriers to counseling and testing from site visits and in-depth interviews of staff of selected API CBOs.

RESULTS: The number of HIV antibody tests among APIs in publicly funded test sites (i.e., in state and local health departments in 50 states, 6 cities, the District of Columbia, Puerto Rico, the Northern Mariana Islands, American Samoa, Guam, the US Virgin Islands, the Marshall Islands, Palau and the Federated States of Micronesia) has been stable (39,870 in 1993 to 38,407 in 1998). The number of HIV positive test results among

APIs in these publicly funded test sites was 268 (0.7%) in 1993 and 201 (0.5%) in 1998. In 1999, these publicly funded test sites spent only 2% of its counseling and testing funds on APIs. Preliminary review of the applications submitted by the API CBOs to the CDC and interviews with some API CBO staff revealed the following barriers: language and cultural barriers; lack of funding; difficulty in accessing information and services by immigrants; social and economic vulnerability; lack of access to culturally appropriate services; stigma, shame, and denial associated with AIDS, sex work and homosexuality.

CONCLUSIONS: To increase HIV counseling and testing among the diverse API population, it is important to overcome the barriers, and develop culturally competent, linguistically appropriate, physically accessible, community-based HIV counseling and testing services using rapid, simple and convenient test kits.

ABSTRACT 1016

HIV Prevention Work with Pacific Islanders

Crisostomo, V

Pacific Islander Jurisdiction AIDS Action Group (PIJAAG)

ISSUE: Resources to serve extremely diverse Asian & Pacific Islander communities are limited. Resources specifically targeting Pacific Islanders are virtually non-existent. Except for Guam, in the Pacific Island jurisdictions there are no community-based organizations providing HIV/AIDS services. Limited HIV Prevention services are instead provided by the respective island's Department of Public Health. Service providers both in the Pacific Island jurisdictions and US Mainland have difficulty sustaining comprehensive HIV prevention programs. Geographic, racial/ethnic, cultural, and linguistic issues compound the work of these already understaffed programs.

SETTING: Focus on the Pacific Island jurisdictions, but Pacific Islander issues on the US Mainland will be addressed.

PROJECT: HIV/AIDS Service providers in the Pacific Island jurisdictions have become painfully aware that the presence of HIV in their respective communities is much greater than originally believed. The accepted statistics show numbers that appear small but do not reflect the true impact on the small populations of the Pacific. The release of the CDC 5-Year HIV Prevention Plan made no mention of the Pacific Island jurisdictions or how this nationwide plan might be implemented. If this plan is to be successfully implemented, resources need to be identified and action taken now.

RESULTS: The Pacific Islander Jurisdiction AIDS Action Group (PIJAAG) was founded in February 2001. Since its inception, Pacific Islander participation in national meetings and conferences have increased tremendously; a proposal to HRSA to provide regional capacity building to create a coordinated service model of HIV care in the region was submitted June 1, 2001, and a meeting has been proposed to CDC to be held in August 2001 to discuss the 5-Year HIV Prevention Plan and its implementation. In February 2002, PIJAAG will present to the Pacific Island Health Officers Association (PIHOA) the “State of HIV/AIDS in the Pacific.”

LESSONS LEARNED: Peer-to-peer networking and support has translated to a peer-to-peer model of learning and mentoring. This has evolved into linkages with service provider networks in the US Mainland. PIJAAG hopes that by drawing on their expertise, combined with the coordinated efforts of Asian & Pacific Islander capacity-building assistance providers, and by establishing partnerships with both CDC and HRSA they will create a regional response to the HIV epidemic in the Pacific.

ABSTRACT 1017

CDC NPIN: A Comprehensive Prevention Internet Resource

President, PA

CDC National Prevention Information Network, Atlanta, GA

ISSUE: Health information systems have played an integral and essential role in the Nation’s response to HIV/AIDS. 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.

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 US 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). All of NPIN’s services, including the Web site (<http://www.cdcpin.org/>), are designed to facilitate the sharing of information and resources among

people working in HIV, STD, and TB prevention and support services. The NPIN Web site is a comprehensive Internet resource that features current information and provides a gateway to the wealth of resources that can support HIV/AIDS prevention, education, and support programs.

RESULTS: The presenter will describe the CDC NPIN Web site and provide strategies for making effective use of NPIN’s Internet services and products. The presenter will also demonstrate NPIN’s web-based databases and share ways to use the databases to access current information and to locate available resources. Emphasis will be placed on how organizations can use the CDC NPIN Web site to strengthen prevention efforts.

LESSONS LEARNED: The CDC NPIN Web site is a comprehensive Internet 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.

ABSTRACT 1018

Phase I and II Clinical Trials of Candidate HIV Vaccines

Graham, B

National Institutes of Health, Bethesda, MD

Development of a preventive vaccine for HIV is the best hope of controlling the AIDS pandemic. There is evidence from natural history studies and experiments in animal models that immunity against HIV is possible, suggesting that vaccine development is feasible. These studies have shown that sufficient levels of neutralizing antibody against HIV can prevent infection, although the effect is type-specific. In contrast, HIV-specific cytotoxic T lymphocyte (CTL) activity has broad cross-reactivity, and, although CTL activity alone cannot prevent HIV infection, it can control the level of viremia at a low level. Evaluation of candidate vaccines in human trials has focused on approaches that can safely elicit HIV-specific antibody and T-cell responses. Current strategies have been unable to induce antibody with broad neutralizing activity against primary HIV isolates. However, recombinant poxvirus and DNA vaccines have elicited CTL responses that are broadly cross-reactive against primary HIV isolates from diverse clades. I will review these and other vaccine strategies currently being evaluated and their likelihood of moving into higher phase trials. Future advances will require the discovery of new immunogens that can induce neutralizing antibodies and efficacy trial evaluation of regimens optimized for CTL induction.

ABSTRACT 1019

Preparing for HIV Vaccine Efficacy Trials in the HIV Vaccine Trials Network

Buchbinder, S

San Francisco Department of Public Health, San Francisco, CA

The NIH-sponsored HIV Vaccine Trials Network (HVTN) has performed a series of Phase I and II trials of canarypox-based vectors. Data to date suggest that these vaccines are both safe and immunogenic. Should immunogenicity milestones be met in a Phase II trial of the most immunogenic of these vectors, ALVAC vCP1452 (Aventis Pasteur), the HVTN plans to initiate an efficacy trial in 2003 of this product, with or without a subunit boost (AIDSVAX B/B', VaxGen). HVTN 501, an 11,000-participant efficacy trial, will provide substantial information not only about these products' efficacy to protect against HIV infection (separately for MSM and heterosexual populations), but also about the vaccine's effect on viral load in blood and genital secretions and on potential immune correlates of protection. To ensure adequate power for this last study endpoint, milestones were set for the Phase II trial that require that 36% of participants have a CD8+ CTL response at day 182 (2 weeks after 3rd ALVAC dose) or 47% at day 98 and/or 182 (2 weeks after 3rd or 4th injections), prior to moving forward to HVTN 501. One of the biggest challenges in planning for this trial is to identify populations, investigators and governments in clade B countries that are willing and able to participate in such trials. The need to identify high-risk heterosexuals to include in this effort is particularly acute, as they are the predominant risk group worldwide and play an increasing role in clade B epidemics. Given the additional time required to include international sites in these multi-site trials (to address training, infrastructure, and regulatory requirements), our efforts to date have been focused on development of a number of sites throughout Latin America and the Caribbean; focused feasibility studies and small Phase II vaccine trials have been planned or initiated at many of these sites. Our efforts must now turn to identification of cohorts within the US, particularly among communities that have been under-represented in HIV prevention studies.

ABSTRACT 1020

Immunological Milestones in the Pathway to Developing an Effective HIV Vaccine

Weinhold, KJ

Duke University Medical Center, Durham, NC

Although the 'correlates of immune protection' against HIV-1 infection have yet to be fully elucidated, the focus of current vaccine strategies under clinical evaluation by the HIV Vaccine Trials Network (HVTN) are clearly focused on elicitation of MHC class I-restricted cytotoxic T-lymphocyte (CTL) reactivities. A review of pertinent immunologic data from past and ongoing HVTN trials will be presented as a framework for designing and evaluating newer and potentially more immunogenic vaccine strategies. Thus far, the most efficient vaccines for eliciting CTL responses in uninfected volunteers have been those that were either vector-based or peptides formulated in adjuvants. New technologic advances on a number of fronts have resulted in novel ways to analyze vaccine-induced cellular immune responses at the single cell level. These assays, which include IFN-g ELISPOT, intracellular cytokine cytometric (ICC), and peptide-loaded MHC class I tetramer-binding techniques, are now being utilized to better quantitate the cellular responses to candidate vaccines. Early results from these ongoing assessments will be presented as a means of assessing comparative cellular immunogenicities among the various vaccine strategies. Qualitative analyses of cellular responses have also been conducted, and new insights on epitope recognition, immunodominance, and cross-clade reactivities will be featured. Collectively, the immunologic assessments conducted in association with AVEG/HVTN Phase I/II clinical trials in uninfected volunteers over the past 10 years indicate a clear evolution of more highly immunogenic vaccine candidates, capable of eliciting critical cellular immune responses that are likely to play an important role in vaccine efficacy. These insights mark important milestones in the pathway leading to the development of an efficacious AIDS vaccine in the future.

ABSTRACT 1021

The AIDSVAX B/B Phase III Efficacy Trial in North America and The Netherlands*Francis, DP; for the AIDSVAX® B/B Investigatory Team*

VaxGen, Inc., Brisbane, CA

A vaccine to interrupt the transmission of HIV-1 is essential to ultimately stop the AIDS epidemic. VaxGen, Inc., has developed two vaccines (AIDSVAX® B/B and AIDSVAX® B/E) based on the envelope protein of HIV-1, gp120. After chimpanzee protection had been accomplished, human trials began in 1992. AIDSVAX B/B, the vaccine used in the North American/European trial, is being tested for its ability to prevent sexually-transmitted HIV-1 infection.

After receiving regulatory and IRB approvals, the Phase III trial began in June 1998. The trial uses a randomized, double-blind, placebo-controlled design with a vaccine to placebo ratio of 2:1. Vaccine (300ug of each antigen) is given at enrollment and at months 1, 6, 12, 18, 24 and 30. The trial has statistical power to detect efficacy after 3 years of follow-up of 30% or higher. The primary endpoint of the study is prevention of infection (ELISA/WB). The secondary endpoint is lowering viral load (quantitative PCR). An independent data and safety monitoring board (DSMB) reviews the trial's conduct and the vaccine's safety every 6 months.

In all, 5,418 volunteers have been recruited in the United States, Canada and Holland. The vaccine has been well tolerated with no serious vaccine-related adverse events or acceleration of disease associated with vaccine receipt in those infected post-vaccination. DSMB reports that incidence of infection in the placebo group is as least as high as projected in the protocol. Risk behavior has not increased with trial participation, and social harms have been minimal. The first interim analysis for efficacy will be conducted in late 2001 with final results expected in late 2002.

ABSTRACT 1022

Behavioral Issues Associated with HIV Vaccine Efficacy Trials*Bartholow, BN*

Centers for Disease Control and Prevention, Atlanta, GA

Despite efforts to reduce HIV risk behavior, the continued global epidemic of HIV underscores the need for a preventive HIV vaccine. To date, over 50 HIV vaccine candidates have been tested, but only two have advanced to large-scale efficacy trials. It is likely that additional efficacy trials will be required to identify a highly effective, broadly protective HIV vaccine. Unique social, ethical, and behavioral issues challenge both the design and conduct of trials. These issues may impact screening and enrollment, obtaining informed consent, motivations for trial participation, unblinding, risk behavior, potential for social harm, and trial-related HIV risk-reduction counseling. Failure to address these challenges could jeopardize the success of trials and impede the goal of identifying an effective HIV vaccine. To determine efficacy in a timely and cost-effective manner, populations with high HIV seroincidence are enrolled in trials. Risk-associated stigmatization may render participants vulnerable to an array of social harms and discrimination. Individuals engaging in risk behavior may be motivated to enroll to seek protection from HIV infection, however, an experimental vaccine may not confer protection and trial participants may receive placebo. Protection motivation may be associated with intentional unblinding (i.e., purposeful HIV testing to discover assignment to vaccine or placebo) that could result in differential risk behavior between vaccine and placebo recipients. Unblinding could seriously bias estimates of vaccine efficacy. Finally, perceptions of vaccine efficacy may contribute to increased HIV risk. Consideration of these important issues will benefit the design and conduct of future HIV vaccine efficacy trials.

ABSTRACT 1023

Implementation Strategies for a Preventive HIV Vaccine

Mastro, TD

Centers for Disease Control and Prevention, Atlanta, GA

Despite substantial advances in HIV prevention in the United States and globally, extensive HIV transmission continues. A safe and effective preventive HIV vaccine could be very useful for controlling HIV transmission and its related disease (AIDS) and could offer the best hope for containing the global epidemic of HIV and AIDS.

Considerations for the implementation of a safe and effective preventive HIV vaccine will require careful and extensive discussion, planning and coordination with a wide variety of organizations, institutions, community groups, and the public. It is quite likely that early HIV vaccines will be less than 100% effective in preventing HIV infection and/or preventing disease progression in vaccine recipients who do become HIV infected. It is also possible that an HIV vaccine that does not fully prevent HIV infection may reduce the probability of HIV transmission from HIV-infected vaccine recipients.

As HIV transmission results mainly from behaviors that can be modified, it will be imperative to address the possibility of “behavioral enhancement,” that is, the possibility that individuals will fail to sustain safer behaviors following vaccination. This possibility will require vaccine implementation strategies to be coordinated and integrated with other prevention and behavior change programs. HIV vaccine implementation strategies will need to consider the risk–benefit scenarios for various population subgroups evaluated for vaccination. Communication strategies will need to address HIV vaccination along with other prevention efforts.

ABSTRACT 1024

Probability of HIV-1 Transmission per Coital Act Among Heterosexual Couples, and Models to Predict the Effect of Therapeutic Reductions in HIV Viral Load on the Course of the Epidemic

Quinn, TC¹; Wawer, MJ; Sewankambo, N; Serwadda, D; Gray, RH; and the Rakai Project Study Group

¹ Johns Hopkins School of Medicine; Johns Hopkins – Bloomberg School of Public Health; and Johns Hopkins Hospital, Baltimore, MD

BACKGROUND: Reductions in HIV-1 viral load (VL) by antiretroviral therapies and, potentially, by future HIV therapeutic vaccines could reduce HIV transmission rates. To estimate the effects of reduced VL on HIV transmission, we examined transmission rates in a cohort of HIV discordant couples.

METHODS: A total of 415 HIV discordant couples were identified in a large population-based study in Rakai district, Uganda (HIV prevalence 16%). Subjects were followed at 10-month intervals for survey and sample collection. HIV VL was determined by RT-PCR on serum from HIV+ partners prior to the interval of seroconversion risk. HIV incidence 100 person years (py) associated with viral load was determined and used to estimate the potential reduction in overall incidence that might be achieved by reductions in VL in HIV+ subjects using a Monte Carlo simulation model.

RESULTS: The mean frequency of intercourse was 8.9/month, declining with age and HIV VL. The overall probability of transmission per act was 0.0017, and was higher at ages 15–24 ($p = 0.0018$) than ages 35–59 ($p = 0.0010$); adjusted RR = 3.03, 95% CI 1.08–9.79; $p < 0.0001$). Transmission probabilities increased from 0.0001/act at VL < 1,700 copies/mL to 0.0034 at $\geq 38,500$ copies/mL (adjusted RR = 39.08, 95% CI 7.48–720.11; $p = 0.0003$), but did not differ between HIV-1 subtypes A and D. Transmission probability was significantly higher among individuals with genital ulceration ($p = 0.0062$) compared to those individuals without ulceration ($p = 0.0012$). Using HHS guidelines, ARV therapy for those with VL > 55,000 copies/mL would reduce HIV incidence by 21.4% over 3 years. Incidence was reduced by 46.1% if treatment was provided to everyone with VL > 10,000 copies/mL. However, a vaccine that could lower VL by one log would reduce incidence by 85% and would be more cost-effective.

CONCLUSIONS: Reductions in HIV VL by treatment of HIV+ subjects could reduce HIV transmission and the overall population-based incidence if VL were maintained at < 10,000 copies/mL. Trials of antiretroviral therapy and development of HIV therapeutic vaccines are an international priority for HIV prevention.

ABSTRACT 1025

Predicting the Future: The Effect of ART on the Transmission of HIV & the Evolution of Drug Resistance in San Francisco

Blower, S

University of California (UCLA), Los Angeles, CA

Combination antiretroviral (ARV) therapies have been widely used in San Francisco since 1996; these therapies have substantially reduced the AIDS death rate in this city, and elsewhere. ARV-resistant strains (where we define ARV resistance as lost suppression of viral replication to a three-drug regimen) have emerged, and have been sexually transmitted.

We will show how much transmission of ARV-resistant strains has occurred in San Francisco since 1996, and we will also predict the expected transmission through to 2005. We will present both prevalence and incidence estimates. We will show that the current prevalence of resistance is high and will continue to rise. In contrast, we will show that the transmission of resistance is currently low, and will remain low. More importantly, we will show that, although the incidence rate in San Francisco has increased, the transmission of resistant strains has not increased the overall number of new HIV infections.

Our results will clearly show that — surprisingly — transmission of resistant strains is, and will remain, a relatively minor public health problem in San Francisco. In addition, we will also identify the key factors that are driving epidemics of ARV resistance; and we will show how these results can be used to design effective strategies for reducing ARV resistance both in San Francisco and elsewhere. Finally, we will discuss the likely epidemiological effects that will occur if combination antiretroviral therapies are widely used in Africa and other developing countries.

ABSTRACT 1026

Impact of Antiretroviral Therapy (ART) on the Transmission of HIV

Fiscus, SA; Cohen, MS

University of North Carolina (at Chapel Hill), Chapel Hill, NC

BACKGROUND: Prevention of perinatal HIV transmission by ART provides the model for understanding the biology of and the potential for the prevention of sexual transmission of HIV.

METHODS: HIV RNA has been measured in blood and genital fluids before and after ART. The concentration of ART has been concomitantly measured in seminal fluid and plasma.

RESULTS: Without ART, in the absence of breastfeeding, 15 – 25% of HIV-exposed infants become infected. ZDV monotherapy reduces this to 5 – 8% and combination ART decreases transmission to 1 – 2%. When blood viral load is < 1000 copies/mL the risk of perinatal transmission is 10% in untreated women, but only 1% in women who receive ART (Ioannidis, *et al.*, J Infect Dis 2001;182:539). In several studies, HIV levels in genital secretions have been linked with the risk of perinatal transmission. Parallels can be found when considering sexual transmission of HIV. We have developed a model to estimate the risk of male-to-female sexual transmission that varies based on seminal plasma viral load. In Uganda HIV transmission between discordant couples was associated with blood viral load, and no transmission occurred when the partner had a blood viral load < 1500 copies/mL (Quinn, *et al.*, NEJM 2000;342:921). In general, blood and genital secretion viral loads are highly correlated and both decrease during ART. Culturable HIV in seminal cells is also highly correlated with seminal and blood plasma viral load, however HIV DNA can be found in the seminal cells of 16% of men with blood HIV RNA levels < 400 copies/mL. Nucleoside and non-nucleoside reverse transcriptase inhibitors achieve concentrations in semen equal to or greater than blood, while protease inhibitors penetrate into the semen less well (Kashuba, AAC 1999;43:1817). The emergence of mutations providing resistance to ART may vary between compartments, in part due to differences in drug penetration.

CONCLUSIONS: The ability of ART to reduce blood and genital fluid viral burden has been shown to reduce vertical transmission and will likely be employed to prevent sexual transmission of HIV. Prevention of transmission will not be absolute and transmission of resistant isolates will be an inevitable consequence of

widespread therapeutic use of ART. Validation of the public health benefits of ART require randomized controlled trials to demonstrate reductions in infectiousness of treated patients. Use of ART for post-exposure prophylaxis both for breast milk transmission and sexual transmission should also be investigated in randomized controlled trials.

ABSTRACT 1027

HIV Prevention Research Update on Vaginal Microbicides

Rosenberg, Z

Family Health International, Arlington, VA

Sexual transmission of HIV continues to occur throughout the world despite the availability of latex condoms that, when used consistently and correctly, can prevent HIV infection. Physical discomfort, decreased sexual pleasure, and implied lack of trust are significant drawbacks to condom use in primary partnerships. Additionally, in many parts of the world, power imbalances in relationships often result in the inability of the female partner to negotiate condom use. Topical microbicides, chemical formulations such as gels, creams, films, foams, tablets, and suppositories that are applied topically to genital mucosal surfaces, represent one approach to prevention of sexual transmission that may address these issues.

The mechanisms of action of potential microbicides that may be formulated as topical preparations include non-specific surface-acting agents, acid/pH buffers, and natural products; inhibitors of HIV-binding to mucosal target cells; inhibitors of replication of HIV or other STD pathogens after initial infection; and combinations of above. Issues to consider in the preclinical evaluation of topical microbicides will also be addressed including *in vitro* efficacy, the effect of the product on normal vaginal flora, compatibility with existing barrier methods, and determination of toxicity. Critical questions surrounding the evaluation of microbicide formulations for safety and efficacy in humans include the role of irritation and ulceration of the genital mucosa in HIV/STD transmission; identification of appropriate study populations; and measurements of compliance with product use. In addition, the current status of clinical trials of topical microbicides will be presented.

ABSTRACT 1028

Tracking the Epidemic: Estimating the Incidence of HIV Infection in the United States

Janssen, RS

Centers for Disease Control and Prevention, Atlanta, GA

BACKGROUND: Since the introduction of highly effective antiretroviral therapy which altered the natural history of progression from HIV to AIDS, national AIDS case surveillance is no longer adequate to monitor the course of the HIV/AIDS epidemic. At this same time, CDC's Strategic Plan for HIV Prevention has set a national goal of reducing new HIV infections from an estimated 40,000 to 20,000 per year by the end of 2005. Therefore, information on the rate of new HIV infections (incidence) is urgently needed.

OBJECTIVES: To describe historical methods used to estimate incidence of HIV infection and the results of previous incidence studies; to describe a new serologic technique (STARHS) developed to detect new infections and its use in pilot studies in several cities; and to discuss CDC's future plans to develop national and local estimates of incidence and the limitations of different study designs.

RESULTS: Reviews of published data have shown variations in incidence by risk behavior and geographic area. Among men who have sex with men (MSM), incidence peaked in the early 1980's and then declined. More recent studies in young MSM using STARHS have shown high rates of new infection. Among injection drug users, incidence remained high in the East during the 1990's and lower in the West. In general population surveys, incidence has remained low and stable throughout the 1980's and 1990's. However, incidence data, especially on trends, are limited to selected cities and demographic and risk groups.

CONCLUSIONS: Participants in a CDC consultation held in February 2001 proposed several research and surveillance approaches to estimating incidence. CDC will conduct pilot studies to test specimens from HIV-positive persons newly reported to state and local health departments as part of HIV case surveillance using the STARHS assay. These studies will be part of a comprehensive set of methods to monitor HIV incidence, HIV testing behaviors and characteristics of persons newly infected with HIV to assist prevention planning and evaluation.

ABSTRACT 1029

2001: The Twenty-Year Odyssey of Men Who Have Sex with Men*Valleroy, LA*

Centers for Disease Control and Prevention, Atlanta, GA

Twenty years after the first report on human immunodeficiency virus (HIV) infection among men who have sex with men (MSM) in the United States, findings on sexually transmitted diseases (STD) and sexual behaviors suggest a resurgent HIV epidemic among MSM. This presentation tracks twenty-year HIV trends among MSM and reviews recent HIV, STD, and behavioral evidence for the reputed resurgence. In addition, this presentation examines evidence for the purported impact of the “Age of HAART” — consciousness—burn-out, complacency, invulnerability, optimism, and pessimism — on sexual behavior. Finally, this presentation previews the newest evidence to be presented at the 2001 Prevention Conference on topics ranging from circuit parties to Viagra.

ABSTRACT 1030

Update on New York’s Perinatal Transmission Prevention Program*Birkhead, G*

New York State Department of Health, Albany, NY

BACKGROUND/OBJECTIVE: Perinatal HIV prevention efforts in New York State address many of the steps leading to prenatal HIV transmission identified by the Institute of Medicine “Reducing the Odds” report. New York’s prenatal HIV prevention program will be described and data summarizing New York’s experience presented.

METHODS: Since 1997, universal newborn testing in New York has permitted follow up of all cases of perinatal HIV exposure to determine the timing of maternal HIV counseling and testing, the adequacy of prenatal care, and patterns of antiretroviral therapy among pregnant women with HIV. Data for prenatal counseling and testing, universal newborn testing and chart review follow up of all HIV-exposed births were examined.

RESULTS: Prenatal HIV testing rates in New York have increased to over 90%, and antiretroviral therapy for pregnant women has increased from 65% in 1997 to almost 90% in 1999. Perinatal transmission rates have fallen from 10.9% in 1997 to 7.0% in 1999.

CONCLUSION: Addressing the HIV prevention needs of pregnant women who receive no prenatal care remains a challenge that is currently being addressed through outreach to high-risk women and expedited testing in the delivery setting.

ABSTRACT 1031

DASH Overview*Kolbe, L*

Centers for Disease Control and Prevention, Atlanta, GA

This session will present an overview of current efforts supported by the Centers for Disease Control and Prevention, Division of Adolescent and School Health (DASH), principally to help the nation’s schools prevent HIV infection among our youth. In FY 2000, HIV prevention programs were supported in the education agencies in all 50 states, 7 territories, District of Columbia and 19 of our nation’s largest cities. The Education agencies work with health departments implement HIV prevention education in schools. In 1999, 91% of all high schools students received HIV prevention education, more than 11 million teenagers. In addition, over 40 national non-governmental organizations are also supported to help implement HIV prevention programs among youth in schools, youth in high-risk situations, and college students, in collaboration with states, local school districts, and institutes of higher education.

ABSTRACT 1032

Exposure to X-rated Movies and Adolescents’ Sexual and Contraceptive-Related Attitudes and Behaviors*Wingood, GM¹; DiClemente, JM^{1,2}; Harrington, K³; Davies, S³; Hook, EW III⁴; Oh, MK⁴*

1 Emory University – Rollins School of Public Health, Atlanta, GA
2 Emory University School of Medicine, Atlanta, GA; 3, University of Alabama School of Public Health, Birmingham; 4 University of Alabama School of Medicine, Birmingham, AL

OBJECTIVES: To examine the association between exposure to X-rated movies and teens’ contraceptive attitudes and behaviors.

METHODS: African American females, 14 – 18 (N = 522) were recruited from adolescent medicine clinics, health departments and school health clinics.

RESULTS: Exposure to X-rated movies was reported by 29.7% of adolescents. Exposure to X-rated movies was associated with being more likely to have negative attitudes towards using condoms (OR = 1.4), having multiple sex partners (OR = 2.0), having sex more frequently (OR = 1.8), not having used contraception during the last intercourse (OR = 1.5), not having used contraception in the past 6 months (OR = 2.2), having a strong desire to conceive (OR = 2.3) and to have tested positive for chlamydia (OR = 1.7).

CONCLUSIONS: Further research is needed to understand the impact of X-rated movies on adolescents' sexual and contraceptive health.

ABSTRACT 1033

A Longitudinal Study of Exposure to Rap Music Videos and Female Adolescents' Health

Wingood, GM^{1,2}; DiClemente, RJ^{1,2,3}; Bernhardt, JM⁴; Harrington, K⁵; Robillard, A¹; Davies, SL⁶; Hook, EW III⁷; Oh, MK⁵

1 Emory University – Rollins School of Public Health, Atlanta GA; 2 Emory/Atlanta Center for AIDS Research, Atlanta, GA; 3 Emory University School of Medicine, Atlanta, GA; 4 University of Georgia, Athens, GA; 5 University of Alabama School of Medicine, Birmingham, AL; 6 University of Alabama School of Public Health, Birmingham, AL; 7 University of Alabama School of Medicine, Birmingham, AL

BACKGROUND: Adolescents are exposed to a variety of media. Unfortunately, little is known about the impact of exposure to music videos on female adolescents' health. This study prospectively examined the association between female adolescents' exposure to rap music videos and a spectrum of health risk indicators over a 12-month follow-up period.

METHODS: Participants, 522 single African American females adolescents, were recruited from schools and community venues. At baseline, and at 6- and 12-months follow-up, adolescents completed a survey that assessed health risk behaviors and an interview that assessed sexual risk behaviors and provided vaginal swabs to assess sexually transmitted infections. The study achieved a participation rate of 85.7%; with 92.2% completing baseline and 12-month follow-up assessments.

RESULTS: Most adolescents, 95.4%, had seen a rap music video. On average, adolescents reported viewing 20.6 hours of rap music videos during a typical week. In logistic analyses, controlling for parental factors and sociodemographic characteristics, compared with adolescents reporting less exposure, those with greater exposure to rap music videos were at 1-year follow-up 1.6 times more likely to have a laboratory-confirmed incident STD, 2.0 times more likely to have multiple sex partners, 3.0 times more likely to hit a teacher, 1.6 times more likely to use drugs, 2.6 times more likely to be arrested, and 1.6 times more likely to use alcohol over the 1-year follow-up period.

CONCLUSIONS: This is one of the first longitudinal studies to assess the influence of rap music videos on a spectrum of adolescent's health indicators. Further research is needed to understand the influence of rap music on adolescent health and to develop public health interventions designed to counter the possible negative effects of exposure to rap music.

ABSTRACT 1034

Rewriting the Script: The MARCH Approach to Changing Behavior to Prevent HIV

Galavotti, C

Centers for Disease Control and Prevention, Atlanta, GA

ISSUE: The inability to script alternative narratives for ourselves — to change our life stories — can be lethal. Nowhere is this more apparent than in Africa, where HIV/AIDS took an estimated 2.2 million lives in 1999. In the face of a public health threat of this magnitude, women and men in developing countries have a limited ability to imagine other futures and other choices. They are held hostage by a societal narrative in which the cycle of early marriage, unprotected sexual behavior, multiple unplanned births, HIV infection, and early death is seen as unavoidable; and where patterns of personal behavior are thought to be unalterable.

SETTING: In 2000, the US Centers for Disease Control and Prevention (CDC) initiated the Global AIDS Program (GAP), to help stop the spread, and mitigate the impact of HIV/AIDS globally. In the area of primary prevention, GAP is focusing on a strategy for changing behavior called *MARCH: Modeling and Reinforcement to Combat HIV*, which is now being implemented in three countries in Africa: Zimbabwe, Botswana, and Ethiopia.

PROJECT: The purpose of MARCH is to provide alternative narratives in which individual control over

sexual and reproductive behavior is made both desirable and *possible*. To do this, MARCH combines two key approaches to behavioral change: 1) entertainment-education using broadcast media, and 2) interpersonal reinforcement at the community-level. MARCH draws from social cognitive theory and others in using long-running serialized dramas on radio to portray role models evolving toward the adoption of positive behaviors. Interpersonal reinforcement and support from friends, family members, and others helps people initiate behavior changes; links people to resources in the community; and supports changes in social norms which are necessary for behavioral effects to be sustained over time.

RESULTS: Behavioral interventions to prevent HIV/AIDS may be most effective when they provide models of desired behaviors and are personalized, emotionally compelling, and linked to social and cultural narratives. One reason the MARCH approach may be especially effective is because it is closely aligned with the customs and norms of its audiences and uses narrative forms with which they are familiar. In addition, MARCH focuses on emotional as well as cognitive factors that influence behavior and provides a direct link, through interpersonal communication and reinforcement, to services and other supporting elements in the community.

LESSONS LEARNED: Evaluation of program implementation and impact is also an integral part of the MARCH strategy; formative, process, and outcome evaluation are critical to understanding not only what effects each program has but how those effects are achieved. This information is essential for dissemination and replication of the program on a broader scale.

ABSTRACT 1035

Microbicides to Prevent HIV Transmission During Anal Sex?

Auerbach, J; Gross, M; Mayer, K; Veronese, F

National Institutes of Health, Bethesda, MD

ISSUE: Topical microbicides — e.g., vaginally applied gels, creams, film, foam, suppositories — offer promise as a woman-controlled method to reduce susceptibility to HIV/STD infection. Use sexual lubricants containing the detergent nonoxynol-9 suggests that other products thought to reduce HIV infection during vaginal intercourse also may be applied rectally by persons seeking additional protection during anal sex. Therefore it is critical to determine the safety and effectiveness of new vaginal microbicide candidates if applied rectally. Very few

projects have assessed fundamental biological mechanisms of HIV infection across rectal mucosa, plausibility and feasibility of providing adequate and persistent coverage to susceptible tissue, the most relevant measures of safety for a rectally-applied product, appropriate criteria for testing the effectiveness of products, or the worldwide prevalence of anal sex in heterosexual and MSM (men who have sex with men) populations.

PROGRAM: An interdisciplinary team of scientists met to review the state of scientific knowledge relevant to rectal microbicide design and development and to identify critical research needs to advance this field.

RESULTS: General conclusions from research presented at the workshop are that:

A minority of heterosexual US adults report anal sex in the recent past, yet this number still exceeds in size the population of MSM.

The fragility of rectal epithelia and the high level of immune activation in rectal mucosa suggest that HIV may be transmitted much more efficiently through anal than through vaginal intercourse.

Very little is known about the characteristics of vehicles when applied intrarectally in terms of coverage of susceptible mucosa, persistence, and effects on innate protective mechanisms in the lower GI tract. It is not known whether applicators that users might find acceptable would be able to deliver the right amount of a microbicide to all the necessary surfaces to provide adequate coverage.

LESSONS LEARNED: Important research needs include better characterization of: the worldwide risk of infection through anal sex among both men and women; cellular and molecular events that occur during HIV infection in the rectum; immune and other protective mechanisms in the lower GI tract and of factors that increase the susceptibility of rectal mucosa to infection; what kinds of vehicles might be safe for delivering a microbicidal agent; and how consistently these vehicles spread over and persist on mucosal surfaces.

ABSTRACT 1036

Protection from SIV Vaginal Challenge Using Sabin Poliovirus Vectors

Andino, R

University of California (UCSF), San Francisco, CA

BACKGROUND/OBJECTIVES: Here we provide the first report of protection against a vaginal challenge with a highly virulent SIV using a vaccine vector. We have

developed a live poliovirus-based vaccine vector system. With this system it is possible to insert gene fragments derived from various pathogens into the full poliovirus genome and to stimulate potent immune responses directed against desired pathogens both in mice and primates.

METHODS: Now we have constructed poliovirus vectors using Sabin-1 and -2 vaccine strain viruses, from which we generated a series of new SabRV-SIV viruses containing SIV gag, pol, env, nef, and tat in overlapping fragments. Two cocktails of 20 transgenic polioviruses (SabRV1-SIV and SabRV2-SIV) were inoculated into seven macaques as a candidate SIV vaccine.

RESULTS: All monkeys made substantial anti-SIV serum and mucosal antibody responses. SIV-specific CTL responses were detected in 3 of 7 monkeys after vaccination. All seven vaccinated macaques, and twelve control macaques, were challenged vaginally with pathogenic SIVmac251. Strikingly, 4 of 7 vaccinated animals exhibited substantial protection against the vaginal SIV challenge. All twelve control monkeys became SIV+. In contrast, two of the seven SabRV-SIV vaccinated monkeys we found no virological evidence of infection following challenge, indicating that these two monkeys were completely protected. Two additional SabRV-SIV vaccinated monkeys exhibited a pronounced reduction in post-acute viremia to < 1000 copies/mL, suggesting that the vaccine elicited an effective cellular immune response. Three of 6 control animals developed clinical AIDS by 48 weeks post-challenge. In contrast, all 7 vaccinated monkeys remain healthy as judged by all clinical parameters.

CONCLUSION: These results demonstrate the efficacy of SabRV as a potential human vaccine vector, and that a vaccine vector cocktail expressing an array of defined antigenic sequences can be an effective vaccination strategy in an outbred population.

ABSTRACT 1037

Working Towards an AIDS Vaccine

Robinson, HL

Emory Vaccine Center and Yerkes Primate Research Center,
Atlanta GA

BACKGROUND: From 1997 to 1999 we showed that DNA priming plus recombinant poxvirus boosters were more effective than DNA alone or DNA plus protein boosters in raising protective immunity against SHIV challenges. To further define parameters for a DNA/poxvirus vaccine, a multi-group preclinical trial was undertaken as a

collaborative effort between the Emory Vaccine Center, Bernard Moss's laboratory of the NIAID, and Janet McNicholl's laboratory at the CDC.

METHODS: Rhesus macaques were immunized with high (2.5 mg) or low (0.25 mg) doses of a SHIV-89.6 Gag-Pol-Env or Gag-Pol expressing DNA at 0 and 8 weeks and boosted with a Gag-Pol-Env or Gag-Pol SHIV-89.6 recombinant MVA (rMVA) at 24 weeks. One Gag-Pol-Env group received recombinant 89.6 gp120 protein in alum at the 2nd DNA immunization and at the rMVA booster. One Gag-Pol-Env group received GM-CSF DNA at both DNA administrations. Seven months following the 3rd immunization when vaccine-raised responses were in memory, the macaques were administered an intrarectal SHIV-89.6P challenge. The trials were monitored for cellular and humoral responses to the vaccine and the challenge infection, and for levels of post challenge viral RNA.

RESULTS: The 89.6P challenge infected all of the vaccinated as well as the control animals. The best control of the challenge was achieved in groups receiving the Gag-Pol-Env DNA/MVA vaccine, where 19 out of 20 animals receiving a high dose DNA prime have controlled the challenge at, or below, the level of detection of viral RNA for more than 8 months. All (12/12) animals receiving the low dose i.d. DNA prime with or without GM-CSF DNA also have controlled the challenge to levels at, or below, the background for detection. The GM-CSF DNA did not make a difference in protection. The Gag-Pol immunogens were not as effective as the Gag-Pol-Env immunogens with some Gag-Pol animals succumbing to AIDS within 10 months of challenge. The added gp120 protein also did not provide better control of the challenge infection; in this group 3 out of 8 animals have a persistent high viremia.

CONCLUSION: We plan to go forward with a Gag-Pol-Env DNA/MVA vaccine.

KEY WORDS: preclinical trials, DNA/MVA vaccine, Gag-pol-Env versus Gag-Pol vaccines, gp120 in alum boosters, GM-CSF genetic adjuvant

ABSTRACT 1038

Effective School-Based Approaches to Prevent Sexual Risk-Taking Among Adolescents

Kirby, D

ETR Associates, Santa Cruz, CA

BACKGROUND: Unprotected sexual intercourse leads to very high rates of STD and HIV transmission among US teenagers. An estimated one-quarter of all new HIV infections occur among young people between the ages of 13 and 21.

OBJECTIVES: To review all research studies meeting certain criteria and to summarize their results about the impact of different kinds of programs designed to reduce sexual risk-taking.

METHODS: Criteria for studies were identified. Many sources were contacted for information about studies meeting those criteria. Seventy-three studies were abstracted, and the results of the studies were summarized.

RESULTS: Nine sex-or HIV-educational programs delayed the onset of sex while 18 had no significant impact; five programs reduced the frequency of sex while 13 had no significant impact; 3 reduced the number of sexual partners while 7 had no impact; and 10 increased use of condoms while 8 had no impact. Sex or HIV education programs that had positive effects on behavior had the following 10 characteristics in common: 1) focused on reducing sexual behavior; 2) were based on theory; 3) gave a clear message about avoiding sexual risk-taking behavior; 4) provided basic information; 5) addressed social pressures; 7) employed interactive teaching methods to help students personalize the information; 8) were appropriate to the age, sexual experience, and culture of the targeted students; 9) lasted a sufficient length of time; and 10) selected and trained teachers or peer leaders. One program had positive effects for as long as 31 months. None of the studies of school-based clinics or school condom availability programs increased any measure of sexual behavior. Some increased condom or contraceptive use, while others did not. Service learning programs delayed the initiation of sex and reduced teen pregnancy, even if they did not address sex.

CONCLUSIONS: Sex and HIV education programs that emphasized abstinence but also discussed condoms and contraception did not increase sexual behavior. Some sex and HIV education programs with definable characteristics, and some service learning programs can reduce sexual risk-taking among adolescents.

ABSTRACT 1039

How Do Funding Policies Affect Program in Resource Allocation?

Austin, L

Centers for Disease Control and Prevention, Atlanta, GA

BACKGROUND: The Institute of Medicine (IOM) report, No Time to Lose: Getting More From HIV Prevention (Fall 2000), challenged current HIV prevention resource allocation procedures. It argued that the nation should adopt the explicit HIV prevention goal: *to avert as many new infections as possible with the resources available*. However, adopting cost-effectiveness principles, which, the report suggests, may not be a feasible or universally acceptable method for allocating HIV prevention resources.

OBJECTIVES: This presentation will: (1) define the current methods used by CDC in allocation of prevention funds to grantees; (2) identify mandates or Congressional language that directs allocation of funds or restricts how funds can be allocated; and (3) discuss areas of latitude and current criteria used in resource allocation that is based on AIDS surveillance data.

RESULTS: This session will identify the current limitations and funding criteria used in resource allocation for CDC HIV prevention grantees. The role of cost effectiveness analysis will be explored within the confines of the existing funding restrictions and directives.

CONCLUSIONS: Resource allocation decisions have a significant affect on HIV prevention efforts and the course of the epidemic. Examining the role (and possibly the effect) of existing resource allocation criteria and the feasibility of incorporating cost effectiveness considerations in this process can provide important insights for policy-making.

ABSTRACT 1040

HIV/AIDS in Indian Country: An Examination of Current Federal Indian Policy and Its “Trust Responsibility” to Tribal Communities and Native American People

Jackson, JC Jr

National Native American AIDS Prevention Center, Oakland, CA

ISSUE: The response of the Department of Health and Human Services (DHHS) to AIDS within Indian communities must include special attention to the unique challenges and opportunities inherent in the relationship that exists between the federal government and the tribal and urban Indian communities.

SETTINGS: Testimony before Congressional members of the Congressional Black, Hispanic, and Asian Pacific American Caucus, Washington, DC, on June 12, 2001.

PROJECT: The author delivered testimony to Congressional representatives regarding HIV/AIDS in tribal and urban Indian communities. The testimony reviewed fundamentals of Indian law and policy, HIV/AIDS in Indian Country, the Minority AIDS Initiative, and AIDS drugs for Native Americans living with HIV/AIDS.

RESULTS: Ongoing.

LESSONS LEARNED: Ongoing.

ABSTRACT 1041

Reducing New HIV Infections by Half – What Will it Take?

*Holtgrave, D¹; Grosz, J²; Oldham, G³;
Beadle de Palomo, FB⁴; Silver, J⁵; Scofield, J⁶*

1 Emory University – Rollins School of Public Health, Atlanta, GA; 2 Children's Evaluation and Rehabilitation Center, Bronx, NY; 3 LA Gay & Lesbian Center, Los Angeles, CA; 4 Academy for Education Development, Washington, DC; 5 American Foundation for AIDS Research (amfAR), Washington, DC; 6 National Alliance of State and Territorial AIDS Directors (NASTAD), Washington, DC

BACKGROUND: In January 2001, the Centers for Disease Control and Prevention (CDC), released the “HIV Prevention Strategic Plan Through 2005” — a document it developed in partnership with other governmental and non-governmental contributors. The Plan has as its overarching national goal to “(r)educ

the number of HIV infections in the United State from an estimated 40,000 to 20,000 per year by 2005, focusing particularly on eliminating racial and ethnic disparities in new HIV infections.” It proposes to achieve this 50% reduction in HIV incidence by: (a) Decreasing by at least 50% the number of persons at risk for acquiring or transmitting HIV; (b) Increasing from 75% to 95% the proportion of persons living with HIV infection who know they are infected; (c) Increasing from 50% to 80% the fraction of persons living with HIV who are linked to appropriate prevention, care, treatment and other needed services; and (d) Strengthening the national capacity to monitor the epidemic, evaluate prevention programs, and develop and implement effective HIV prevention interventions.

Numerous objectives and strategies are listed in each of these topic areas, and the CDC is now developing extensive action steps to implement the Plan. Very importantly, the Plan states, “(a)t CDC's current funding, the goal of this plan cannot be fully accomplished.” Recently proposed levels of fiscal year 2002 funding for CDC's HIV prevention efforts appear to be far below what is needed to accomplish the implementation of this Plan.

OBJECTIVES: Participants in this panel come from a wide variety of disciplinary, organizational, experiential and personal perspectives. Individually and collectively, they will comment on:(a) whether it appears possible to achieve a 50% reduction in new infections in the United States — given current resource levels, behavioral and social challenges, and prevention policies; and (b) regardless of resource levels, what policy, programmatic, scientific, and social actions are necessary to bring down by one-half new HIV infections in the United States. The presentations will include discussion of the number of persons at risk for HIV infection in the United States, the unmet HIV prevention needs, and the economic costs and consequences of meeting (or failing to meet) those HIV prevention needs. Additionally, presenters will comment on the necessary actions for achieving the racial/ethnic health disparities element of the overarching national goal.

OUTCOMES: The session is meant to provide a variety of perspectives and spark discussion on specific actions needed to achieve this critical public health goal. Formal presentations will be brief so as to allow time for audience interaction and expression.

CONCLUSIONS: Reducing new HIV infections by 50% in the United States by 2005 is an appropriate, critical and timely public health goal that must be achieved; CDC and its prevention partners have made this goal the centerpiece of its Strategic Plan for HIV Prevention. Key questions now remain about how to achieve this goal, and these questions needed urgent discussion and solution; this session is meant to contribute to that discussion.

ABSTRACT 1042

HIV Prevention Policies Impacting Latinos

Ileana Leon, M

National Minority AIDS Council, Washington, DC

BACKGROUND: Latinos are disproportionately impacted by HIV/AIDS. Policies related to HIV surveillance, case reporting and testing; immigration; limited English proficiency and needle exchange directly or indirectly impact prevention efforts targeted to Latinos.

OBJECTIVES: At the completion of this presentation, participants will be able to: 1) Understand the HIV prevention needs of Latino populations in the United States; 2) Identify key HIV-related prevention policies that have a direct impact on Latino populations in the United States; 3) Identify key policy changes that are needed to reduce new HIV infections among Latino populations in the United States.

ABSTRACT 1043

HIV Prevention Policy and Structural Interventions

Stall, R

Centers for Disease Control and Prevention, Atlanta, GA

BACKGROUND: It is now widely recognized that structural-level variables (such as poverty, lack of access to health care, lack of housing, gender norm restrictions on sexual practice and restrictions based on access to life-saving technologies, among other variables) act as important facilitators to individual HIV risk behaviors. Despite this widespread recognition, relatively little attention has been devoted to the design of interventions to modify structural level interventions so that individual risk behaviors are decreased.

OBJECTIVES: The objective of this talk will be to review the literature on HIV structural interventions, to identify areas in which structural-level interventions have been attempted; and to identify areas where innovative intervention design might still be attempted to support HIV risk reduction.

ABSTRACT 1044

“Gray Area Behaviors” and Partner Selection Strategies: Working Toward a Comprehensive Approach to Reducing the Sexual Transmission of HIV

Wolitski, RJ; Branson, BM

Centers for Disease Control and Prevention, Atlanta, GA

BACKGROUND: A considerable amount of uncertainty remains regarding what have become known as “gray area behaviors.” These are behaviors that fall somewhere in the middle on a continuum of practices ranging from those that are “safe” or “safer” to those that are “unsafe.” The lack of definitive data and difficulty formulating clear, accurate, and succinct messages about these behaviors has led to confusion regarding these practices among some people who are at-risk for HIV infection.

METHODS: Review and synthesis of the scientific literature regarding the relative risk of oral sex, withdrawal prior to ejaculation, and insertive anal sex.

RESULTS: Data regarding the relative risk of oral sex, withdrawal prior to ejaculation, and insertive anal sex will be briefly summarized. The potential effects of substituting these behaviors for higher risk practices on risk of HIV infection will be discussed. A model that provides a framework for integrating the available data into a tool for sexual decision-making will be presented.

CONCLUSIONS: There are considerable gaps in our existing knowledge regarding the relative risks and potential benefits of intervention strategies that emphasize the substitution of gray area behaviors for higher risk practices. Given that some community members have already adopted these strategies, there is an urgent need to improve the quality of scientific knowledge regarding the potential role of gray area behaviors, partner selection, and other potentially feasible methods for reducing HIV risk. There is also a pressing need to better understand how this information can be communicated in a manner that is understandable and leads to further reduction in HIV infections.

ABSTRACT 1045**Taking It to the Streets: Prevention for the Hard to Reach***Hazel, D*

Planned Parenthood of New York City, Inc., New York, NY

Years of program experience have shown that the individuals at highest risk for HIV infection are often those that are the hardest to reach. To identify and engage these individuals, Project Street Beat (initiated by Planned Parenthood, of New York City, Inc.) brings HIV prevention services, including counseling, testing and referrals, to the streets of New York City, where many injecting drug users (IDUs) and commercial sex workers live and/or work. This presentation will discuss effective outreach strategies employed by Project Street Beat and will provide a framework for development of similar street-based prevention programs that are designed to reach homeless, transient, and other hard-to-reach populations. The presentation will fulfill the following learning

OBJECTIVES: Share innovative street outreach strategies that are effective in reaching IDUs and commercial sex workers;

Introduce “street-based case management” as a successful preventive intervention;

Highlight the “team approach” employed by Project Street Beat; and

Discuss development of community linkages that help further program goals and meet client needs.

ABSTRACT 1046**Adherence, Resistance and Viral Suppression in the Real World***del Rio, C*

Emory University – Rollins School of Public Health, Atlanta, GA

In light of the recent advances in antiretroviral therapy, increasing emphasis is being placed on early HIV diagnosis and initiation of treatment. The Public Health Service's recent CDC Prevention Strategy includes as two goals: increasing the number of patients (a) who are aware of their HIV diagnosis, and (b) who enter care within three months of diagnosis. However, it is not clear that either of these two goals correlates with successful antiretroviral therapy. For example, among a cohort of newly diagnosed patients during a hospitalization in Atlanta and followed for one year, less than 1 in 7 had a successful antiretroviral

treatment outcome defined as having a viral load < 400 copies/mL of plasma. Most patients either did not make it to the outpatient HIV clinic or dropped out of care within a few months of diagnosis. At a national level, a similar situation may well be taking place. Using published estimates of the number of people estimated to be infected in the United States (approximately 900,000); the number who are thought to know that they are infected (480,000 – 540,000); the number who are thought to be in care (292,000 – 372,000); the number on antiretroviral therapy (175,000 – 223,000) and the 40 – 50% success of HAART in the “real world” we calculate that only 1 in 10 HIV-infected persons living in the US have an undetectable viral load, making them the exception rather than the norm. Further Public Health efforts are needed to increase the number of HIV-infected persons who know that they are infected, to ensure that they enter care after diagnosis, to keep them in care, to increase the percent of person in care who are on HAART and to improve adherence to HAART before antiretroviral therapy will have an impact on HIV transmission.

ABSTRACT 1047**Hepatitis C Virus (HCV) in Persons Infected with HIV: Epidemiology and Prevention***Finelli L; Williams IT; Alter MJ*

Centers for Disease Control and Prevention, Atlanta, GA

BACKGROUND: HCV infection is the most common chronic blood-borne infection in the United States. The majority of HCV infections are transmitted by percutaneous exposure to blood. Because the route of transmission for HCV and HIV is similar, co-infection is common in some settings.

OBJECTIVES: To describe the epidemiology of HCV and HCV/HIV co-infection; and to present integrated prevention strategies for HCV and HIV infection.

RESULTS: It is estimated that 3.9 million (1.8%) Americans have been infected with HCV. Most are unaware of their infection as they are not clinically ill. Infected persons are at risk for the development of chronic hepatitis, liver disease and cancer two or more decades after infection. HCV is transmitted primarily by large or repeated direct percutaneous exposures to contaminated blood. Because HIV is transmitted in a similar way, co-infection with HIV and HCV is common among injection drug users and persons with hemophilia who

received clotting factor concentrates before they were effectively treated to inactivate both viruses (i.e., products made before 1987). HCV is acquired more rapidly after injecting drug use than other viral infections (hepatitis B virus, HIV). Young injecting drug users are four times more likely to acquire HCV than HIV; after five years of injecting, as many as 90% of users are infected with HCV. However, not all HIV-positive persons are at high risk for HCV. The efficiency of sexual transmission of HCV is low, and the prevalence of HCV infection among HIV-positive men who have sex with men is 3 – 4%, similar to adult men in the general population. Like HIV, the risk for HCV transmission through occupational exposure to blood is low, although HCV is 6-fold more likely than HIV to be transmitted by a contaminated needlestick (1.8% vs. 0.3%). In contrast, the risk for acquiring infection through perinatal exposure is much lower for HCV than for HIV, although co-infected women are more likely to transmit HCV to their newborns than women infected with HCV alone (14% vs. 6%). More data are needed to determine if HIV co-infection enhances sexual transmission of HCV. HIV co-infection is associated with higher HCV viral loads and more rapid progression of HCV-related liver disease. HCV infected persons with HIV are four times more likely to suffer liver disease related death than those with HCV alone. As highly active anti-retroviral therapy (HAART) and prophylaxis of opportunistic infection increases the life span of HIV-infected persons, HCV-related liver disease has become a major cause of hospital admissions and deaths among HIV-infected persons. The effects of HCV co-infection on HIV disease progression are less certain.

CONCLUSIONS: Similar measures can be used to prevent both HIV and HCV infection, thus HCV prevention programs should be integrated into existing HIV prevention programs. Not injecting illegal drugs will eliminate the greatest risk factor for HCV infection. Substance-abuse treatment and relapse-prevention programs should be recommended for persons who continue to inject drugs. These persons also should be counseled about safer injection practices, that is, never to reuse or share syringes, needles, water, or drug preparation equipment. Although consistent data are lacking regarding the extent to which sexual activity contributes to HCV transmission, persons having multiple sex partners are at risk for other sexually transmitted infections. Persons who inject drugs or who are at risk for STDs should be counseled on what they can do to minimize their risk of becoming infected or of transmitting infection to others, including the need for vaccination against hepatitis B. Injection and non-injection illegal drug users and sexually active men who have sex with men also should be vaccinated against hepatitis A.

ABSTRACT 1048

Value of Qualitative Methodology to Contextualize and Specify Behavioral Interventions for Men and Women Living with HIV/AIDS

Tross, S¹; Kirshenbaum, S¹; Hirky, AE¹; Klitzman, R¹; Kelly, J²

1 HIV Center for Clinical and Behavioral Studies, NY State Psychiatric Institute, New York, NY; 2 Center for AIDS Intervention Research, Medical College of Wisconsin, Milwaukee, WI

BACKGROUND: A substantial number of people living with HIV continue to engage in high risk sexual and drug use behaviors that put themselves and their partners at risk. Medical adherence and other health-related behaviors also pose challenges, and a range of support services in such areas as psychological coping and health promotion are needed, especially among disenfranchised populations. While some determinants of behavior change can be anticipated, formative research is needed to identify the most current situational and lifestyle issues associated with the multiple challenges faced by people living with HIV in order to integrate primary and secondary prevention efforts in a contextualized behavioral intervention.

OBJECTIVE: To use qualitative methodology to identify and describe the social, cultural, and interpersonal contexts that influence high-risk transmission behaviors and adaptation to serostatus in order to integrate both primary and secondary prevention into a behavioral intervention targeting different subgroups of people living with HIV.

METHODS: Qualitative interviews were conducted among men and women living with HIV in four US cities to inform 3 domains for intervention: sexual risk behavior, adherence to medical treatment, and stress and coping. Social Action Theory was used to understand the interaction among factors that influence risk and health promotion behaviors, specifically self-regulatory processes (e.g., skills, attitudes, intentions, normative factors, substance use, and psychological controls), contextual factors (e.g., motivation, relationships status, disclosure), and negative affect and arousal states (e.g., stress, coping, mental health factors). Qualitative data were analyzed using adapted Grounded Theory.

RESULTS: One hundred and fifty-two people living with HIV (56 women, 52 MSM, 44 IDUs) were interviewed from 12/98 to 8/99. Data analyses revealed many cross-

cutting issues as well as subpopulation differences grouped under the 3 intervention domains and their inter-relatedness. For example, confusing or erroneous beliefs regarding transmission risk when on antiretroviral therapy and having an undetectable viral load contributes to sexual risk behavior. For some women, primary concerns for the caretaking and financial security of their children make disclosure of HIV and/or negotiation of safer sex practices difficult due to unequal balances of power in relationships.

CONCLUSIONS: Qualitative methodology, modeled by Social Action Theory to assess the factors that influence risk and health promotion behaviors among specific subgroups of people living with HIV/AIDS, can yield rich and detailed information for the integration of primary and secondary prevention efforts. Concretely addressing issues identified through qualitative interviews in everyday vernacular and through specific skills building exercises is crucial to tailoring interventions to the immediate and individual needs of participants.

ABSTRACT 1049

Stress and Coping Among a Diverse Sample of HIV-Seropositive Adults in Four US Cities

Kertzner, RM¹; Hirky, AE¹; Johnson, M²; Weinhardt, L³; Rotheram-Borus, MJ⁴

1 HIV Center for Clinical and Behavioral Studies, NY State Psychiatric Institute, New York, NY; 2 Center for AIDS Prevention Studies, UCSF, San Francisco, CA; 3 Center for AIDS Intervention Research, Medical College of Wisconsin, Milwaukee, WI; 4 Center for HIV Identification, Prevention, and Treatment Services, UCLA, Los Angeles, CA

BACKGROUND: Since the start of the HIV/AIDS epidemic, research has documented the existence of multiple stressors in the lives of people living with HIV. Further, interventions to teach adaptive coping have been shown to be effective among diverse groups of HIV+ men and women. However, in response to shifting social, economic, policy, and treatment environments, new stressors emerge, priorities shift across groups and for individuals, and coping responses then shift as well. Therefore, it is important to assess the impact of these factors on the experience of stress and strategies for coping among groups living with HIV.

OBJECTIVES: (1) To enhance our understanding of the complex dynamics and issues related to stress and coping among persons living with HIV. (2) To enhance our

understanding of the influence of stress, competing priorities, and general coping strategies on transmission risk behaviors among persons living with HIV, in order to inform behavioral interventions.

METHODS: A series of open-ended questions focused on current stressors, prioritization of needs and concerns, coping strategies used for specific stressors, and self-perception of adaptive and maladaptive coping responses among people living with HIV. Adapted aspects of Grounded Theory were utilized to analyze the data for cross-cutting domains and themes among, and salient differences between, study subpopulations.

RESULTS: Participants reported numerous stressors and areas of need in their lives, such as caretaking of children, HIV-positive partners, parents, friends, and other family members; financial difficulties (including poverty, inadequate housing, contingency planning needs, and homelessness); mental health issues (including depression, suicide risk, and substance abuse and recovery); and history of discrimination, violence, sexual abuse, and experiences of stigma. Participants also reported changes in their needs and priorities over time and described ways that competing demands and shifting treatment expectations affected their sexual risk behaviors.

CONCLUSIONS: Stress and ways of coping are dynamic over time for populations living with HIV, and competing priorities can interfere with safer sexual behaviors. Individually tailored skills building interventions are needed to increase and strengthen the repertoire of coping responses available to HIV+ men and women. Primary prevention efforts must be integrated into comprehensive secondary prevention activities for these populations.

ABSTRACT 1050

Medical Treatment Access and Adherence: Behaviors, Attitudes, and Meaning Among a Diverse Sample of HIV-Seropositive Adults in Four US Cities

Morin, S¹; Remien, R²; Catz, S³; Lightfoot, M⁴; Chesney, M¹

1 Center for AIDS Prevention Studies, University of California (UCSF), San Francisco, CA; 2 HIV Center for Clinical and Behavioral Studies, NY State Psychiatric Institute, New York, NY; 3 Center for AIDS Intervention Research, Medical College of Wisconsin, Milwaukee, WI; 4 Center for HIV Identification, Prevention, and Treatment Services, University of California (UCLA), Los Angeles, CA

BACKGROUND: While the emergence of new medical care regimens have improved the physical health of persons living with HIV infection, access to good medical treatment and good doctor-patient communication is not equal for all. Recent changes in treatment guidelines and recommendations have created added challenges for people living with HIV. Antiretroviral therapy can only be effective, in the long-term, if medication adherence is extremely high (i.e., 95%). Finally, the growing emergence and transmission of resistant strains of HIV highlight serious public health issues. The impact of antiretroviral therapy on the beliefs, attitudes, and sexual behavior of people living with HIV remains unclear.

OBJECTIVES:

- (1) To enhance our understanding of the complex dynamics and issues related to treatment access, understanding, and adherence among persons living with HIV.
- (2) To enhance our understanding of the influence of antiretroviral therapy on attitudes, beliefs, and transmission risk behaviors among persons living with HIV in order to inform behavioral interventions.

METHODS: A series of open-ended questions focused on experiences with the medical establishment; beliefs and attitudes towards and experiences with HIV medical treatments in general, and antiretroviral therapy specifically; understanding of and attitudes towards adherence; perceived facilitators and barriers to adherence; and expectations regarding current and future medical treatments. Adapted aspects of Grounded Theory were used to analyze the data for cross-cutting domains and themes — and salient differences — among study subpopulations.

RESULTS: There was a wide range of experiences among individuals regarding access to treatment and quality of doctor-patient relationships, and multiple factors and types of factors seemed to effect people's self-perceived adherence to antiretroviral therapy for HIV disease. People were unlikely to point to one factor, or even one domain of factors, as the sole facilitator or barrier to their own adherence. Rather, most people spoke of multiple influences on their medication adherence and described adherence as a dynamic phenomenon that changes with their changing beliefs, attitudes, and emotions and with daily events, as well as with larger life experiences. There was also considerable diversity in people's understanding of transmission risk in the context of HAART.

CONCLUSIONS: Diversity in the experiences of people living with HIV regarding access and relationship to medical care and adherence reinforces the need for individually tailored interventions. Results strongly suggest the need for integration of primary and medical intervention messages for diverse populations of people living with HIV.

ABSTRACT 1051

The Preclinical Pipeline: Promise, Problems and Priorities

Johnston, MI

National Institute of Allergy and Infectious Diseases, Bethesda, MA

A safe and effective HIV vaccine offers the best hope of stopping the spread of HIV worldwide. As the 20th anniversary of the discovery of HIV approaches, there is growing optimism that an HIV vaccine is within reach. Is the current optimism justified? When will we get an HIV vaccine? The current optimism has been fueled by a number of factors. These include increased fundamental knowledge of HIV entry, infection and immune control; increased numbers of candidate vaccines in the preclinical pipeline, including a large number based on other than clade B HIV; candidate vaccines that are strong inducers of cellular immune responses in animal models and that provide protection from disease; a growing international clinical trials infrastructure capable of conducting all phases of clinical trials; and increased resources from both private, public and nonprofit sectors. Results of the first efficacy trials are expected in 2002-3. After this, the next two efficacy trials results would not be available sooner than 2007-8, with potentially others following in

this decade. Still, several key challenges remain. These include identifying candidates that induce broadly neutralizing antibodies; deciphering the correlates of immune protection and the significance of HIV subtypes; overcoming the numerous obstacles in conducting HIV vaccine efficacy trials; ensuring strong integration of vaccine research with treatment and care programs in resource poor settings; and ensuring access when a successful HIV vaccine is identified. Innovative efforts and programs designed to help address these obstacles will be overviewed.

ABSTRACT 1052

Potential Benefits from STD, HIV, and TB Data Integration Activities for HIV Community Planning Groups

Thomas, DL¹; Bolan, G²; Brackbill, R³; Hyer, C⁴; Mattocks, L⁵; Schmitt, K⁶; Whelan, M⁷; Zenilman, J⁸; Levine, WC¹

1 Centers for Disease Control and Prevention, Atlanta, GA; 2 California Department of Health, Sacramento, CA; 3 New York City Department of Health, NYC, NY; 4 Oregon Department of Health, Portland, OR; 5 Ohio Department of Health, Columbus, OH; 6 Florida Department of Health, Tallahassee, FL; 7 Massachusetts Department of Health, Boston, MA; 8 Baltimore City Department of Health, Baltimore, MD

BACKGROUND: Although health departments collect a large amount of surveillance data, few resources have been provided that promote the integrated interpretation and use of these data for purposes of improving planning and evaluation of public health programs. In 1998, the Outcomes Assessment through Systems of Integrated Surveillance (OASIS) project was designed to encourage STD programs to conduct analyses of integrated databases and to involve local community members in these analyses.

OBJECTIVE: To obtain feedback from community members regarding database integration and the potential benefit of community involvement in the analysis and interpretation of surveillance data.

METHODS: During a six-month period, approximately 85 HIV Community Planning Group (CPG) members in four sites participated in meetings and engaged in dialogue with Project Directors about the OASIS project. Subsequently, an anonymous seven-item qualitative survey was piloted at two of the four sites. The responses were tabulated, and the CDC EZ-Text software was used to create a database, manage and analyze these data.

RESULT: Of the CPG members participating, 46 (54%) completed the brief assessment tool. Approximately 87% of these respondents indicated a need for involvement of the CPG and similar community groups in data integration activities. Over 75% of respondents felt that the involvement of community members can contribute to the validity and reliability of surveillance data. During the dialogues, most CPG members reiterated that because of considerable STD/HIV, and TB co-morbidity, one benefit of integrated analyses was the increased ability to develop better STD/HIV/TB intervention and prevention programs.

CONCLUSIONS: The majority of participants support the integration of STD, HIV, and TB surveillance databases. Community members want to be informed and allowed input into the analysis and interpretation of surveillance data. Respondents believe that there is a significant level of overlap among persons with HIV, STD, and TB.

ABSTRACT 1055

Increasing Rates of Gonorrhea (GC) and Other Sexually Transmitted Infections (STI) Among Men Who Have Sex With Men (MSM) Compared to Men Who Have Sex With Women (MSW) in the Denver Metro Health Clinic (DMHC): A 10 Year Trend Analysis

Rietmeijer, CA; Judson, FN; Douglas, JM Jr.

Denver Public Health, Denver, CO

BACKGROUND: Rising rates of GC and syphilis among MSM in certain areas of the U.S. suggest increasing levels of risk behavior, potentially leading to increased risk for HIV infection. We studied STI trends among MSM and MSW visiting DMHC for a new problem during that period.

METHODS: A 10-year trend analysis of the computerized DMHC patient database.

RESULTS: Visits by MSM declined from 1172 (14.0% of male visits) in 1990 to 554 (7.2%) in 1995 and then increased to 761 (11.1%) in 1999. During the same time interval GC rates among MSM (all anatomical locations) decreased from 79/1172 (6.7%) in 1990 to 34/554 (6.1%) in 1995 and then increased to 106/761 (13.9%) in 1999, while among MSW GC rates increased from 690/7203 (9.6%) in 1990 to 1100/7427 (14.8%) in 1992 and then decreased to 354/6094 (5.8%) in 1999. Among MSM with GC, the proportion with rectal GC decreased from 35.4% in 1990 to 19.8% in 1999.

Universal Chlamydia trachomatis (CT) screening became available in 1996. CT rates among MSM increased from 4.1% in 1996 to 8.4% in 1999, while rates were stable (11.5%) among MSW. Rates of non-gonococcal urethritis showed a slight increase among MSM from 14.9% in 1990 to 17.4% in 1999, but declined among MSW from 34.9% to 20.3%. Syphilis declined to virtual non-existence for both MSM and MSW, while no trends were observed for HPV and HSV. HIV rates among MSM declined from 33.9% in 1990 to 10.7% in 1999. However, in 1999, GC rates were significantly higher among MSM with HIV infection (19.7%) than among MSM without HIV infection (14.2%, $p < 0.05$). Among MSM, high-risk behaviors (number of partners and inconsistent condom use) increased over time and particularly since 1995, while among MSW both behaviors decreased.

CONCLUSIONS: Since 1995, rates of GC and CT as well as high-risk behaviors among MSM have increased over time as well as in comparison with MSW. Explanations include the perception that HIV infection is less of a threat now that highly active antiretroviral therapy is available; prevention "burn-out", the introduction of a new cohort of gay men not reached by old prevention messages; and the availability of the Internet as an effective medium in sex partner recruitment.

