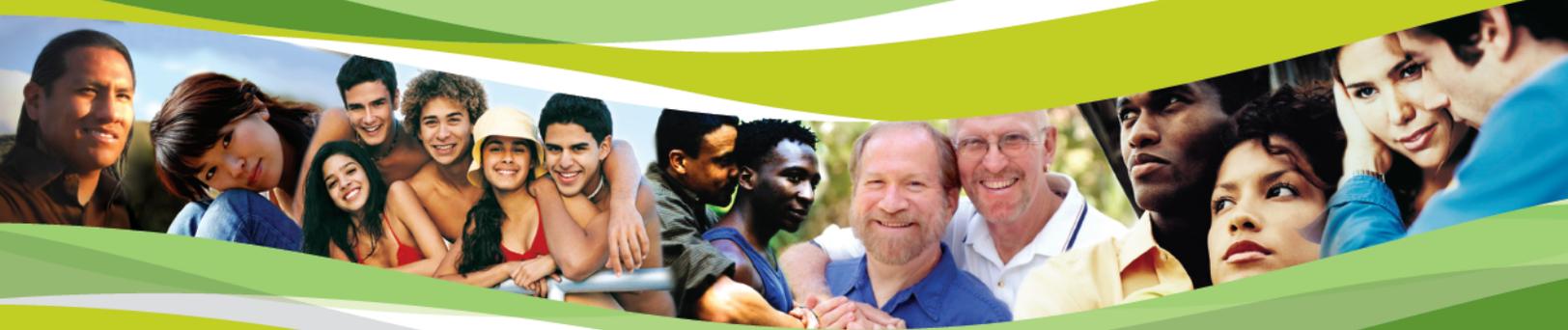




2009 National HIV Prevention Conference  
Promoting Synergy Between Science and Program  
Innovation and Action to End the Epidemic

# Abstract Book



August 23–26, 2009

Hyatt Regency Atlanta &  
Atlanta Marriott Marquis

Atlanta, Georgia

[www.2009NHPC.org](http://www.2009NHPC.org)

The Abstract Book contains all conference abstracts listed in the order that they are presented. More than 900 abstracts were submitted by authors from the United States and other countries, and each abstract was reviewed by five peer reviewers. Conference Track Co-Chairs prepared the overall program by combining abstracts and invited speaker presentations into sessions.



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**Monday, August 24, 2009**  
**Roundtable Sessions Sessions**  
**7:30AM-8:15AM**

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**Track A****AR01 - African American Mothers with HIV and Their Affected Daughters: Qualitative Findings for Family-Based Interventions****Room: Hanover F/G (Hyatt Regency Atlanta)**

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**Presentation Number:** AR01**Presentation Title:** African American Mothers with HIV and Their Affected Daughters: Qualitative Findings for Family-Based Interventions**Author(s):** Dorie Gilbert

**BACKGROUND:** This innovative study explored the extent and nature of HIV-risk among 12-20 year old, African American, HIV-affected daughters for four reasons. First, among all HIV-affected youth, African American adolescents are over-represented due to the fact that 63% of all HIV-positive women are African American, and most are mothers. Second, gender differences studied by Rotheram-Borus and colleagues found that HIV-affected girls experience more emotional distress and internalizing behaviors (e.g., depression, anxiety) than HIV-affected boys. Moreover, feminist developmental theory predicts negative outcomes for daughters whose mother-daughter connections are impacted by stressful situations, such as a mother's chronic illness. Third, African American girls account for 58% of new AIDS cases reported among U.S. youth between ages of 13 and 19, although they represent only 8% of American adolescents (CDC, 2001). Fourth, other research indicates that African American girls are the least likely across all ethnic groups to receive information about sexuality from their mothers or to receive accurate information from their mothers about HIV risk reduction behaviors. On the other hand, studies show when African American mothers, prior to their adolescent's first sexual encounter, actively engage their adolescents in conversation about condoms and sexual risks, their adolescents are more likely to use condoms during their first sexual relationship and in subsequent sexual relationships and to postpone early initiation of sexual activities

**METHOD:** Thus, this qualitative study explored aspects of both risk and resiliency HIV-affected girls. The author recruited mother-daughter dyads from a major urban setting in the South.

**RESULTS:** The qualitative study investigated characteristics of the mother, the daughter, and the mother-daughter dyad relationship that potentially impact the mental health, social functioning, and behavioral outcomes for the daughters. The study explored whether or not HIV-affected African American girls are at high risk for HIV as a result of poor adjustment to mother's HIV status, poor communication about sexuality, or other high risk situations.

**CONCLUSION:** The study's results point to both risk and resiliency. Resiliency was related to financial stability, long-term, stable relationships for daughters, and academic achievement. Risks include unstable family relationships with frequent interruptions in mother-daughter living situations and relationships. Few girls lived continuously with mothers from birth to time of study. Incarceration played a part in mother and family instability in majority of cases. Mothers tended to overemphasize academic achievement and downplay daughters psycho-emotional needs for intimacy. Daughters reported mothers tended to give "sex" talk as a single "warning" rather than as an ongoing dialogue about sexuality. Sexual activity was prevalent among daughters and many daughters under 17 had "idealized" understanding of safer sex practices.

The study uncovered important mediators of risk and resilience related to mother-daughter relationship patterns in HIV-affected African-American mother-daughter dyads. The findings point to the need for family-based interventions for mothers, daughters, and extended kinships to emphasize HIV prevention education and discussions which serve to break the silence around sexuality within African American families.

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**Track A****AR04 - Late Breaker 2****Room: Cairo (Hyatt Regency Atlanta)**

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**Presentation Number:** AR04**Presentation Title:** A Socio-epidemiological Perspective and its Implications for Prevention Planning**Author(s):** Carla Lewis, PhD; Wiewel, E; Fernando, D; Rona Taylor

**BACKGROUND:** The primary task of community planning groups (CPGs) is to develop a comprehensive HIV prevention plan that includes a prioritized ranking of populations. In the past, New York City (NYC) prioritized populations using epidemiologic data on HIV diagnoses and grouped populations by HIV transmission risk. NYC's CPG wanted to expand the model to incorporate social and structural cofactors and to group populations so that virtually all New Yorkers would be included. The new prioritization model was developed by NYC's CPG and may be of use to other CPGs and health departments around the country.

**METHOD:** We developed methods for a new model that includes virtually all New Yorkers, ranks target populations by race/ethnicity and sex, and identifies critical target subpopulations by HIV transmission risk, area of residence (borough) and age group. The model incorporates four population/epidemiologic factors (population size, HIV diagnosis rate, percent change in HIV diagnoses, and HIV/AIDS prevalence) and four social/structural cofactors (rates of poverty, homelessness, sexual transmitted infections, and mental distress). All eight factors and cofactors are locally relevant to HIV transmission, have quantifiable data available for each target population, and were weighted according to their relative contribution to the epidemic. A literature review was conducted to support the inclusion of these factors, the naming of additional cofactors beyond those that were quantifiable, and prevention for populations with limited population-level data. The model is the outcome of intensive collaboration between community and government representatives. It is an adaptation of best practices from other jurisdictions and adheres to Centers for Disease Control and Prevention (CDC) guidelines.

**RESULTS:** We ranked target populations for HIV prevention. HIV-positive persons ranked first as per CDC recommendation, followed by Black males (2nd), Black females (3rd), Hispanic males (4th), Hispanic females (5th), White males (6th), White females (7th), Native American males (8th), Asian/Pacific Islander females and Native American females (tie for 9th), and Asian/Pacific Islander males (11th). Rankings of target populations would have been different had they been based solely on population/epidemiologic factors. Transgender persons as such were unranked because of absence of population-level data. However, transgender persons who identify as male or female were included in the aforementioned target populations, and group discussion and literature review supported the need for prevention services for transgender persons. Top critical target subpopulations were heterosexual Black females (by risk), Manhattan White males (by borough) and 20-29-year-old Black males (by age).

**CONCLUSION:** The new model is a customizable framework to prioritize populations that could be adapted by other jurisdictions and changed over time. The inclusion of social/structural cofactors influenced rankings. We successfully merged community voices and epidemiologic/scientific data and methods. The model was developed and disseminated through multiple, varied opportunities for exchange of ideas and training.

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**Track B****BR01 - African-American Street-based Sex Workers: An Intervention to Reduce HIV Infection Risk in AA Street Based Sex****Room: Hanover C (Hyatt Regency Atlanta)**

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**Presentation Number:** BR01**Presentation Title:** African-American Street-Based Sex Workers Are at Increased Risk for HIV in Miami, Florida**Author(s):** Leah Varga; Hilary Surratt; James Inciardi; Kristen Rosen

**BACKGROUND:** African-American women have been disproportionately affected by the HIV/AIDS virus. In 2007, the national HIV incidence rate for African-American women was 56.2 per 100,000, and African Americans account for 64% of cases among women. In Miami-Dade County, African American women account for a full 70% of female HIV cases. In our study population of female African-American, street-based, sex workers in Miami 21% reported positive HIV status. Several factors appear to contribute to the elevated rates of HIV among our target population, including high rates of homelessness,

chronic drug use, and risky behaviors such as unprotected sex with multiple partners; as well as lack of education, and high percentages of mental health problems and violent victimization.

**METHOD:** This randomized intervention trial implements two robust case-management conditions designed to assess the nature and extent of mental and physical health, and other health and social service needs and/or barriers among a sample of 550 drug-involved indigent African-American women sex workers in Miami. Respondents are recruited into the study using targeted sampling methods. An initial prescreen is conducted to determine eligibility, followed by a structured baseline interview, assignment to a 5 session case management intervention, and a 3 and 6-month follow-up assessment. Interviewers collect specific information on HIV status and HIV risk behaviors during all interview contacts. Testing for cocaine, opiates and amphetamines is administered at the baseline contact. To date, 290 women have been recruited into the study.

**RESULTS:** Among the 290 participants that have been recruited, 21% report being HIV positive. 100% of the sample population identified as Black/African-American with a mean age of 39.5 years. Only 16.2% of participants reported having some college education or college graduation, with 53.1% reporting less than a high school education. In the past three months, substantial proportions of the sample reported using alcohol (89%), marijuana (71.2%), crack-cocaine (72.7%), and powder cocaine (62.4%). Over 50% reported crack or powder cocaine as their drug of choice. 81% of the study population reported prostitution/sex work as their primary source of income, with 53.1% reporting unprotected vaginal sex within the past month and 80.7% having 3 or more partners in the past 90 days. In addition, 53.2% reported being homeless, 86.2% reported a lifetime history of abuse/violent victimization and 84.8% met the DSM-IV criteria for substance dependence.

**CONCLUSION:** Analyses of the baseline data collected thus far demonstrate that African-American female sex workers in Miami are at high risk for HIV/AIDS due to a variety of factors. Drug use, violence, mental health issues, homelessness, and risky sexual behaviors contribute to this trend. In particular, crack-cocaine use continues to be a strong predictor of sexual risk behaviors for HIV in this population of women. The effectiveness of the case management interventions at reducing high risk behaviors for HIV is discussed.

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## Track C

### CR01 - Preparing for the Advent of Pre-Exposure Prophylaxis

**Room: Hanover D (Hyatt Regency Atlanta)**

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**Presentation Number:** CR01

**Presentation Title:** Preparing for the Advent of Pre-Exposure Prophylaxis

**Author(s):** Bart Aoki; George Ayala; Victor Martinez

**BACKGROUND:** Pre-Exposure Prophylaxis (PreP) is a potentially effective strategy for preventing HIV infection through the use of antiretroviral medications prior to HIV risk activities. While research has not been finalized, evidence suggests that PreP may well provide us with a consistently effective biomedical HIV prevention tool. Yet while PreP has the potential to dramatically alter the way in which HIV prevention is delivered and financed, few public or community-based agencies are prepared to fully participate in its deployment. Additionally, since PreP is a drug-based intervention, there is the strong potential for exacerbation of health disparities if ethnic minority and other marginalized groups do not have equal access to PreP.

**METHOD:** The California HIV/AIDS Research Program and three major community-based HIV service organizations in California: AIDS Project Los Angeles and Bienestar Human Services in Los Angeles and the San Francisco AIDS Foundation in San Francisco.

**RESULTS:** Between October 2006 and April 2008 - through funding provided by private foundations - the California HIV/AIDS Research Program (CHRP) coordinated a statewide program to prepare policymakers and community-based organizations to implement appropriate policy and HIV prevention systems in the event that PreP proves to be a successful biomedical intervention. The project contributed to the development at UCLA of a new international website to track developments in PreP research and implementation ([www.prepwatch.org](http://www.prepwatch.org)) and funded the three-community-based agencies above to begin to investigate issues and barriers related to the potential approval of PreP interventions.

**CONCLUSION:** The community-based agencies participating in the project identified a broad range of barriers to PreP dissemination and utilization that contribute to the potential for ethnic minority and disenfranchised populations to be excluded or to receive an inadequate share of PreP support and medications. In two of the project's three local surveys, three-quarters of respondents had never heard of PreP, and the percentage of clients across all three surveys who stated that they would use PreP if available was limited to 30% - 46%. Additionally, participating organizations concluded that instead of shifting HIV prevention to clinical settings, PreP would more likely require increased educational resources at the community level in order to ensure patient education and access. The organizations also concluded that without adequate complementary services, including access to mental health care and programs to address stigma, PreP was unlikely to reduce HIV transmission in the disadvantaged communities they served. On the other hand, the agencies believed that the appearance of PreP may offer a much-needed context for expanded integration among HIV prevention and clinical providers. The proposed roundtable involves project leads sharing

and discussing issues and problems involved in implementing potential PreP interventions at the community level, while leading a group discussion designed to generate alternative approaches, strategies, and agendas for readying communities, providers, and policy makers for the advent of PreP.

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**Track C****CR05 - Fostering New Investigators: NIH Grant Mechanisms and Models of Success****Room: Hanover E (Hyatt Regency Atlanta)**

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**Presentation Number:** CR05**Presentation Title:** Fostering New Investigators: NIH Grant Mechanisms and Models of Success**Author(s):** Cynthia Grossman

**BACKGROUND:** This roundtable session will provide early career stage investigators submitting their first NIH grant application with information about funding mechanisms available to them. The panel will include program officers from NIMH's Center for Mental Health Research on AIDS (CMHRA) and new investigators that have secured recent NIH funding. CMHRA Program officers will moderate the session, discuss research priorities, and provide an overview of selected grant mechanisms most appropriate for new investigators (K's, R03s, R21s, R34s, etc.).

**METHOD:** NIMH supports research conducted in a variety of domestic and international settings.

**RESULTS:** Panelists will consist of newly funded, early career stage investigators conducting HIV prevention science who can describe challenges and strategies for competing successfully for NIH funding.

**CONCLUSION:** The goal of the roundtable is to highlight commonalities across grant mechanisms aimed at new investigators.

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**Track C****CR10 - Family Wellness, Not HIV Prevention: Adapting a Suite of Interventions for Families****Living with HIV****Room: Inman (Hyatt Regency Atlanta)**

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**Presentation Number:** CR10**Presentation Title:** Family Wellness, Not HIV Prevention: Adapting a Suite of Interventions for Families Living with HIV**Author(s):** Sung-Jae Lee; Mary Jane Rotheram-Borus; Li Li; Eric Rice

**BACKGROUND:** HIV infection is a family affair, affecting not only the person living with HIV/AIDS (PLH) but also their families whose lives are integrated throughout their lifetimes and form the backbone of social networks. Family-based interventions address the needs of caregivers, children, and PLH as a family system and mutual support network. Framing interventions in terms of "Family Wellness" as opposed to HIV prevention helps overcome stigma and marginalization of PLH while supporting the family in addressing common developmental challenges and environmental barriers that drive risks for HIV infection as well as other diseases and life challenges. In this session, we outline a framework to guide successful adaptations of evidence-based interventions for HIV-affected families based on 15 years of intervention development, research, and adaptation in domestic and international contexts.

**METHOD:** We describe common elements of evidence-based interventions for families affected by HIV which include common Factors, Processes, and Principles. Factors refer to: a framework for HIV and families; conveying issue-specific and population-specific HIV/AIDS information; building cognitive, affective and behavioral self-management skills; addressing environmental barriers to implementing health behaviors; and providing tools to develop ongoing social and community support. Processes refer to: structural features of intervention programs; group management strategies; competence building activities; and activities addressing developmental challenges. Principles refer to the key content themes and messages embedded in program activities. Four levels of context are highlighted for adapting family-based interventions (country, local institutions, local communities, and families) and successful adaptation and diffusion of interventions can be guided by addressing each of these levels using the common factors, processes and principles framework.

**RESULTS:** A suite of family-based HIV interventions is described with emphasis on their adaptations in the United States, China, Thailand, and South Africa. Adaptations of common intervention elements (factors, processes, principles) and their impacts on common outcomes are described to highlight commonalities across interventions and their specific tailoring to the needs of each family, community, collaborating institution, and country. Results from long term follow up suggest that positive intervention effects impact children and grand-children long after the interventions are delivered.

**CONCLUSION:** The global need for comprehensive family-based HIV interventions exceeds our current capacities to design, deliver, and diffuse programs that are both effective and relevant to local communities. Given increased funding and political will to scale HIV prevention globally, new models of intervention design and adaptation are needed to quicken the adoption and adaptation process in collaboration with service providers, community leaders, and families affected by HIV/AIDS and related diseases and challenges in local communities. Common factors, processes, and principles operationalize intervention elements in a framework that facilitates adaptation to local priorities while maintaining fidelity to elements that support intervention effectiveness. Family-based interventions provide opportunities to intervene early in the life-course, build social support and skills that prevent HIV and promote health broadly throughout life, and overcome stigma that is a significant barrier to HIV-identified service utilization.

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## Track D

### DR03 - Stories of Interventions in Public Housing Contexts

#### Room: Spring (Hyatt Regency Atlanta)

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**Presentation Number:** DR03-1

**Presentation Title:** Sustaining Substance Abuse and HIV Prevention Programs in Public Housing Developments Through Community Capacity Building.

**Author(s):** Suzanne Boucher

**BACKGROUND:** Multiple studies document the disproportionate rates of HIV infection and HIV/AIDS diagnoses among persons of color in the U.S. In Massachusetts, residents living in public housing around the Boston area reflect a diverse group of ethnic minorities. For example, Haitians represent about one third of the residents in public housing in Somerville, MA. While there are cultural differences within and among ethnic groups, there are some shared common factors that place individuals living in public housing at increased risk of HIV/AIDS: discrimination; stigma; unemployment; poverty; high mobility; isolation; and marginalized status. In addition, ethnic enclaves of Haitians, Latinos/Latinas, and other minority groups within public housing help perpetuate cultural biases, myths, and fears related to HIV/AIDS. HIV spreads faster and farther in conditions of poverty, powerlessness, and lack of accurate information; that is, in situations where engaging people in curricula and services which might help is itself problematic.

**METHOD:** The project targeted Haitian and Latino youth (ages 12-18) and their caregivers residing at four public housing developments, and involved other community stakeholders such as public housing authorities, local hospitals, community police, and provider organizations in Somerville and Waltham, MA.

**RESULTS:** The Center for Substance Abuse Prevention funded Wayside Youth and Family Support Network (Wayside) to provide substance abuse and HIV/AIDS prevention services in minority communities. The project engaged and utilized the expertise of public housing residents and other community stakeholders to build upon and sustain existing systems in the community. The project utilized evidence-based curricula that emphasize strength-based approaches including peer leadership trainings, and provided opportunities which inspired personal responsibility in decreasing risky behaviors, thereby helping to protect against HIV transmission. The project paid particular attention to how program staff adapted and/or supplemented the evidence-based curricula to engage participants, generating a longer-term impact in preventing substance abuse and HIV infection.

**CONCLUSION:** From 2004 to 2008, Wayside provided services to 727 individuals living in or near public housing. The primary target population consisted of 248 individuals who participated in the evidence-based curricula in addition to the community action project: 99 youths and 149 caregivers. One of the key project objectives was to increase accurate knowledge about HIV/AIDS. Based on 50 matched pairs from youth baseline to post-test, there was a statistically significant improvement in correct responses to the HIV knowledge measure based on 24 questions ( $p < .01$ ). This finding, which controlled for participant clustering by group and housing development, provides strong evidence of a direct effect of project programming on participants' knowledge of HIV and HIV risk factors. Most of this gain was retained at six-month follow-up. Other outcome measures showed a pattern of improvement that was not statistically significant.

The engagement and retention process with both individual participants and the existing systems in the community were critical to the success and sustainability of the project. Project staff's development and integration of innovative wrap-around services and activities to augment the evidence-based curricula to engage youth and their caregivers was crucial for a successful HIV/AIDS prevention strategy.

**Presentation Number:** DR03-2

**Presentation Title:** Participatory Action Project in Public Housing Enables Minority Youth to Build Human and Social Capital

**Author(s):** Meelee Kim

**BACKGROUND:** Overall, young people today are engaging in risky behaviors at younger ages that put them at great risk for HIV infection. Young people living in public housing are challenged with additional issues including poverty, gang-related activities and crime, and lack of community pride and cohesion. Thus, youth residing in public housing can be exposed to high-risk peers modeling drug use and risky sexual behavior and have limited exposure to a wider group of peers modeling more diverse behaviors including those that serve to prevent and protect against harm. Community-based organizations that work with low income ethnic minority youth are increasingly asked to implement evidence-based programs that are culturally appropriate and to sustain those programs over time through the engagement of existing systems in the community. This may be achieved by engaging and incorporating the expertise of the project participants in a meaningful way.

**METHOD:** The project targeted Haitian and Latino youth (ages 12-18) and their caregivers residing at four public housing developments, and involved other community stakeholders such as public housing authorities, public schools, community police, and provider organizations in Somerville and Waltham, MA.

**RESULTS:** The Center for Substance Abuse Prevention funded Wayside Youth and Family Support Network (Wayside) to provide substance abuse and HIV/AIDS prevention services in minority communities. The project utilized a Participatory Action Research (PAR) model to build community capacity to engage existing systems in the community as well as build the human and social capital of project participants. PAR assumes that in order to gain true understanding of the social issues such as HIV/AIDS and substance abuse, we need to acknowledge that the experts are the local people who live in the community affected by the social issues. The project utilized evidence-based curricula that emphasize strength-based approaches including peer leadership trainings, and provided opportunities which inspired personal responsibility in decreasing risky behaviors, thereby helping to protect against HIV transmission. The project paid particular attention to how program staff adapted and/or supplemented the evidence-based curricula to engage participants, generating a longer-term impact in preventing substance abuse and HIV infection.

**CONCLUSION:** The Wayside Peer Leaders in Somerville, MA used data from the project and other sources to identify a gap in prevention services in their community. They developed the concept and produced an educational video to address the myths associated with HIV/AIDS among their peers titled: "What's Going On? The Wayside HIV Education and Prevention Project." This youth-created and led video production has been aired on local cable, shown in the Somerville public school's health classes, and presented at the 2008 CADCA Youth Forum. In addition, the Peer Leaders worked closely with city representatives and local community based organizations to further fine tune their video production.

The engagement process with both the individual participants and existing systems in the community are critical to the success and sustainability of the program. The PAR approach provides a useful framework in which program staff can integrate innovative wrap-around services to augment evidence-based curricula in a way that is more meaningful to youth participants.

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## Track D

### DR07 - HIV Prevention Program Performance Indicators: A Tool for Program Monitoring and Improvement at Multiple Levels

**Room: Kennesaw Room (Hyatt Regency Atlanta)**

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**Presentation Number:** DR07

**Presentation Title:** HIV Prevention Program Performance Indicators: A Tool for Program Monitoring and Improvement at Multiple Levels

**Author(s):** Dale Stratford; David Cotton

**BACKGROUND:** In 2003, the CDC's Division of HIV/AIDS Prevention (DHAP) responded to federal mandates for annual reporting on HIV prevention program goals by developing twenty-three National HIV Prevention Program Performance Indicators. These indicators address critical domains of HIV prevention program planning, service delivery, and evaluation. At the national level, the implementation of performance indicators complements and extends the CDC's ongoing HIV prevention monitoring and evaluation (M&E) efforts associated with, for example, CDC's HIV Prevention Strategic Plan and the Heightened National Response. Likewise, at the local level, indicators can be used in combination with other data to assess progress and improve efforts to address HIV prevention program goals and objectives.

**METHOD:** Since 2003, fifty-nine health department jurisdictions funded under CDC Program Announcement (PA) 04012 have submitted baselines, annual targets, and five-year goals — as well as actual annual performance measures — for each of the twenty-three performance indicators. By 2010, all CDC-funded HIV prevention grantees (including health departments and community-based organizations [CBOs]) will be required to report performance indicators as part of their cooperative agreement with CDC.

**RESULTS:** This panel provides an overview of the development, implementation, and utilization of CDC's HIV Prevention Program Performance Indicators. Specific objectives of the panel are to: 1) describe the purpose, rationale, and context for CDC's HIV prevention program performance indicators; 2) present major findings from indicator data submitted by health

department grantees during 2003-2008 including reporting compliance rates, 2006 target achievement, and factors affecting 2006 target achievement (e.g., for indicators related to HIV Counseling, Testing, and Referral; Health Education/Risk Reduction; and, HIV Partner Services); 3) highlight grantee reporting challenges and lessons learned related to indicator reporting during 2003-2008; 4) describe the participatory process — involving representatives from health departments, CBOs, national HIV/AIDS agencies, as well as DHAP staff — used to develop a set of improved indicators for the reporting period 2010-2014; and, 5) demonstrate the practical application of indicator target and goal setting for HIV prevention program planning and improvement at the local level.

**CONCLUSION:** Grantee compliance with indicator reporting requirements increased from 2004 to 2006 across indicator domains; by 2006, nearly all of the 59 health department jurisdictions were compliant with indicator reporting requirements. CDC's next steps related to performance indicators include collaborating with grantees to develop revised technical assistance guidelines and training materials that address lessons learned about performance indicators since 2003 — including the need for improved guidance on target and goal setting; clearly articulated operational definitions; improved calculation methods; and guidance for using indicator data for local program planning and improvement.

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## Track D

### **DR11 - The First Step in Implementing an Effective Program: Preparing a Sound Grant Proposal Room: Baker (Hyatt Regency Atlanta)**

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**Presentation Number:** DR11

**Presentation Title:** The First Step in Implementing an Effective Program: Preparing a Sound Grant Proposal

**Author(s):** Stephen Fallon

**BACKGROUND:** Late this year, CDC will release its long anticipated Request for Proposals to directly fund non-profit agencies nationwide. This will be the first funding opportunity of its type posted since 2003. While many agencies desire funds to make a difference in their community, only a limited number of applications will be awarded funding. This workshop will review key steps that agencies can undertake now, even before the RFP is released, to increase their likelihood of winning funding, and of implementing a desired program effectively.

**METHOD:** Community-based organizations, faith-based organizations, AIDS service organizations, community clinics.

**RESULTS:** Writing a responsive application requires a narrow focus on the specific RFP questions, and plenty of time for revisions and peer review. Simply cutting and pasting too much narrative from past proposals, or citing an EBI's core elements cannot distinguish your application as the most promising. In this workshop, participants will learn strategies to convince grant reviewers that their proposal offers the most effective, culturally competent, and measurable prevention or support service programs. This hands-on session will invite participants to review and critique a wide range of actual grant narrative examples (agencies' names removed)—some solidly written, and some that miss the target. Participants will learn how to turn agency goals into concise process goals and behavioral outcomes. Interactive activities will show participants how to pilot test new programs, demonstrate community need, and document process goals and behavioral outcomes. Steps for creating boilerplate portions of grant applications and documentation will be shared. Time estimates for completion of various standard grants will be presented so that grant writing teams can allocate duties to complete a proposal on time.

**CONCLUSION:** This workshop will take the anxiety-causing mystery out of the grant writing process by giving participants tools they need to compete on a level playing field. Participants will learn how to build programs rather than just chasing funds. Planning a realistic and achievable program in advance will ensure successful implementation when the grant is awarded.

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## Track F

### **FR01 - Preconception & Reproduction Health for HIV+ Women: National Recommendations Room: Piedmont (Hyatt Regency Atlanta)**

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**Presentation Number:** FR01

**Presentation Title:** Improving Preconception and Reproductive Healthcare for HIV-Infected Women

**Author(s):** Carolyn K. Burr; Margaret A. Lampe; Rebecca S. Fry; Elaine Gross

**BACKGROUND:** Childbearing has been and continues to be an important part of the lives of many women living with HIV infection. Comprehensive pre- and inter-conception healthcare presents an opportunity to optimize women's health as well as to prevent HIV transmission to uninfected partners and to children. The traditional separation of reproductive health (RH) and GYN services from HIV primary care poses a challenge to the effective delivery of comprehensive reproductive healthcare for

HIV-infected women. Although ample guidance exists on what constitutes preconception care for all women, neither HIV providers nor women's health providers are pro-actively delivering preconception or inter-conception care for HIV-infected women.

**METHOD:** An expert panel of clinicians from various governmental agencies and academic institutions as well as community representatives met in Washington DC in July 2008 to identify critical areas of program, policy and research regarding RH needs of women with HIV infection. The intended audience for the recommendations made at this meeting and their implementation, are HIV and RH providers as well as federal and state agencies.

**RESULTS:** A national resource center with support from the CDC convened an expert panel of 32 HIV and women's health providers and community representatives. The goal of the meeting and subsequent efforts has been to identify and implement national strategies to improve preconception and RH care through the integration of HIV management with RH and family planning services for women with HIV infection. Ongoing conference calls among panelists will guide the implementation of recommendations and development of support materials.

**CONCLUSION:** The expert panel made a series of recommendations and continues to work in 3 topic areas: program and services, policy and research and data. Recommendations from the program and services group included: a call to assemble and disseminate best practices and models of care delivery that link Title X and Ryan White agencies; the development of clinician support tools, e.g., scripts and algorithms, to assist HIV providers in delivering preconception care; increased funding opportunities for integrating HIV and RH services; an inventory of provider training needs; and consumer education and outreach to women with and at risk for HIV. The policy group recommended: including preconception care content from the USPHS Perinatal Guidelines in the USPHS Adult ARV Guidelines; co-location of Title X and Ryan White grantees; an expansion of Title X's role beyond HIV testing; and a federal agency working group on decreasing barriers to RH. The research and data group advocated: an examination of the health parameters describing HIV-infected women across federal agency data sets and an assessment of gaps in knowledge; support for infrastructure to collect data on women with HIV from various sources; and research targeted to gaps in data.

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## Track G

### GR02 - Evaluation of Population Specific HIV/STD and Viral Hepatitis Prevention Task Forces in Houston, Texas

**Room: Courtland (Hyatt Regency Atlanta)**

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**Presentation Number:** GR02

**Presentation Title:** Evaluation of Population Specific HIV/STD and Viral Hepatitis Prevention Task Forces in Houston, Texas

**Author(s):** Brandi Knight

**BACKGROUND:** The Houston Department of Health and Human Services (HDHHS), Bureau of HIV/STD and Viral Hepatitis Prevention, developed HIV Prevention Task Forces, a strategic effort to reach targeted populations. The task forces are facilitated by HDHHS staff and comprised of various community volunteer members who offer their time and talents to further the HIV prevention efforts within the Houston Eligible Metropolitan Area (EMA). Each task force provides advocacy, recommends strategies and provides resources that will build the Houston HIV Prevention Community Planning Group's capacity to help direct the HDHHS in offering quality HIV/AIDS, STD and Viral Hepatitis prevention services.

This evaluation will assess the initiatives of the each task force by focusing on their capacity for developing, enhancing and sustaining links among stakeholders and prevention activities. The results of the analysis help determine (1) whether the task forces are being implemented as designed; (2) if the task force provides information useful to improvement of prevention efforts for the target population; and (3) whether the existing model is effective.

**METHOD:** The methodology for assessing the HIV/STD and Viral Hepatitis Prevention task forces is to review the performance of each task force by conducting facilitated discussions with task force members, and with HDHHS staff who work closely with each task force.

**RESULTS:** The results of the facilitated discussions will determine whether or not the task forces provide a commitment to HIV/STD and Viral Hepatitis prevention and expand the reach of current prevention efforts; additionally, challenges experienced by the task forces will be identified.

**CONCLUSION:** The Houston Department of Health and Human Services anticipates concluding that although task forces operate on limited funding and encounters challenges, evidence of achievement demonstrates that the task forces build and sustain HIV/STD and Viral Hepatitis prevention capacity particularly, within grassroots communities.

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**Monday, August 24, 2009****Concurrent Sessions****10:30AM-12:00PM**

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**Track A****A01 - Provider and Researcher Perspectives****Room: Baker (Hyatt Regency Atlanta)**

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**Presentation Number:** A01-1**Presentation Title:** Insight, Objectivity & Ethics in HIV/AIDS Research Targeting Black MSM: Perspectives of Black Gay Researchers**Author(s):** Patrick Wilson; David Malebranche; Jose Nanin; Leo Wilton; Terrance E. Moore

**BACKGROUND:** Black men who have sex with men (BMSM) are at very high risk for HIV infection in the U.S. relative to other populations. Men who have sex with men (MSM) represented 63% of Black men newly infected with HIV in 2006, and this group has the highest rate of new infections in the U.S. population (MMWR, 2008). The HIV crisis among BMSM is not a newly emerging one, as for the past decade large-scale HIV seroprevalence studies of MSM have consistently shown disproportionately high rates of infection among BMSM. Research has examined heightened HIV risk among BMSM as a function of factors existing at the individual, community, cultural, and structural levels. Likewise, interventions targeted to BMSM have been developed and evaluated (Jones et al., 2008; Peterson, et al. 1996). Nonetheless, HIV remains a public health crisis among BMSM. The lack of representation of people of color in HIV prevention research may explain how HIV prevention has failed BMSM. The perspectives and insights presented in this panel focus on facilitating a collegial exploration of issues that may present themselves in understanding the successes and failures of HIV/AIDS prevention research among BMSM.

**METHOD:** Four Black gay male HIV/AIDS researchers, each working at different academic institutions in the U.S., within different academic disciplines, and at varying levels of career experience, have been engaged in long-term research within BMSM communities. These researchers, whose training and research has been funded through federal grants, and who have worked on diverse, large-scale research teams and studies, draw upon their experiences in leading and participating in research focusing on HIV among BMSM.

**RESULTS:** Facilitated by a national HIV/AIDS policy advocate and expert on HIV/AIDS among BMSM, the research and clinical experiences of the four researchers will be presented and discussed. Specific topics to be explored include: (1) Comprehensively defining "cultural competence" and understanding its role in describing HIV risk among BMSM; (2) Black gay male researchers' objectivity in conducting research with BMSM; (3) Inclusivity, exclusiveness, and ethics in federally-funded HIV/AIDS research and research teams; and (4) Challenges and barriers involved in non-Black, non-MSM researchers in understanding the lived experiences of BMSM within diverse communities.

**CONCLUSION:** The experiences of the panel suggest that greater attention needs to be placed on the underrepresentation of gay researchers of color within the HIV/AIDS research. Also, the contributions and limitations of HIV/AIDS research conducted by researchers who do and do not belong to the cultural and/or epidemiological populations their work targets should be further explored. Lastly, programs and initiatives focusing on diversifying the number of people of color across HIV/AIDS research are noted, including programs implemented by the CDC and NIH.

There has been progress in promoting insight, objectivity, and ethics in HIV/AIDS research with BMSM. However, more work is needed to ensure that BMSM increasingly enter the field of HIV/AIDS research, are successfully mentored, and not exploited through the process. Likewise, HIV/AIDS researchers from all backgrounds need to understand the nuances involved the lived experiences of BMSM as they relate to HIV/AIDS in this population.

**Presentation Number:** A01-2**Presentation Title:** Impact of MARI in the Context of an Ongoing HIV/AIDS Domestic Epidemic**Author(s):** Madeline Y Sutton; Dawn K. Smith; Peter Kilmarx

**BACKGROUND:** Blacks and Hispanics in the United States continue to be disproportionately impacted by the HIV/AIDS epidemic and together accounted for an estimated 64% of incident HIV infections in 2006. Innovative, targeted, and culturally appropriate research remains an imperative component of addressing the epidemic in black and Hispanic communities. The Minority HIV/AIDS Research Initiative (MARI), started in 2003 at the CDC, seeks to: 1) support research by minority investigators who have cultural and community ties to blacks and Hispanics affected by the HIV/AIDS epidemic, 2) contribute to the gaps of information regarding how public health can more effectively conduct research and deliver programmatic interventions that are culturally appropriate.

**METHOD:** In 2003, MARI research studies were funded in several cities with disproportionately high rates of HIV prevalence, including Bronx, NY; Miami, Florida; Washington, DC; Jackson, Mississippi; Atlanta, GA, and Oakland, CA.

**RESULTS:** MARI investigators conducted studies that have filled gaps in how we understand and address HIV/AIDS in highly impacted black and Hispanic communities. Examples of studies conducted include: 1) an assessment of routine HIV testing in primary care settings; 2) determinants of engagement in HIV care and treatment; 3) prevalence of HIV, hepatitis, and risk factors among Hispanic intravenous drug users, and 4) understanding resiliency factors and HIV risk among black men who have sex with men. In the process of conducting their studies, MARI investigators were paired with senior CDC researchers and mentored to help provide support and ensure their success.

**CONCLUSION:** Ten of 11 MARI investigators funded in 2003 have completed their research studies, presented at national and international conferences and published their data. Many have also successfully competed for larger research awards and used their initial MARI research data as the foundation for their ongoing HIV/AIDS research in black and Hispanic communities. Each of the completed studies has filled important gaps in knowledge as part of our understanding of the HIV/AIDS epidemic within highly-impacted communities. In addition, several targeted black and Hispanic communities obtained a direct and immediate impact to decrease their HIV risk based on study findings.

**LESSONS LEARNED:** MARI continues to fill an important need in the support of minority researchers who are doing important work in highly impacted black and Hispanic communities as part of the HIV/AIDS epidemic. In 2007, 8 new MARI investigators were funded to conduct important new research studies. The work of MARI investigators is a vital component of confronting the ongoing epidemic in black and Hispanic communities in the United States. This session will describe the progress of previously funded MARI investigators in detail and highlight lessons learned, especially where programmatic translation has been particularly successful. The ongoing success of the MARI investigators and the impact of their work underscores the importance of programs like MARI and how well they can contribute to our understanding and resolution of the domestic HIV/AIDS epidemic.

**Presentation Number:** A01-3

**Presentation Title:** Physicians' Knowledge of and Attitudes Toward Male Circumcision as a Means to Reduce HIV Acquisition

**Author(s):** Katrina Kretsinger; Deb Gust; Bob T Chen; James Heffelfinger; Peter H Kilmarx

**BACKGROUND:** Three recent randomized controlled trials (RCTs) among heterosexual adult men in sub-Saharan Africa demonstrated a 50-60% reduction in HIV incidence among men randomized to male circumcision (MC), leading WHO/UNAIDS to recognize MC as a strategy to prevent heterosexual HIV acquisition. However, the implications of these data for U.S. physicians are unclear.

**METHOD:** A web-based survey (DocStyles) was administered to a panel of physician subscribers to Epocrates, a provider of clinical reference tools. Physician identity in DocStyles was verified against the American Medical Association (AMA) master file, and a sample was drawn to match AMA proportions for age, sex, and region. Quotas by specialty group were predefined and the survey was filled in the order responses were received. Physicians were queried on many topics, including current MC practices and knowledge of, and reactions to, the MC RCTs.

**RESULTS:** Responses were obtained from 490 internists (IM), 510 family physicians (FP), 250 pediatricians (PD) and 250 obstetricians (OB). Almost all FP (91%), PD (98%), and OB (87%) reported that they could appropriately counsel parents of newborn sons about MC, and most IM (53%) and FP (73%) felt that they could appropriately counsel adult men. However, many physicians (IM 46%; FP 46%; PD 29%; OB 30%) indicated that they were "not at all familiar" with the MC RCT results. A minority (FP 32%; PD 29%; OB 27%) felt that the medical benefits of infant MC outweighed the risks, rather than being equal to (FP 40%; PD 49%; OB 35%) or not justifying the risks (FP 18%; PD 17%; OB 24%). A minority (FP 35%; PD 22%; OB 24%) "generally recommend" MC, rather than being neutral (FP 50%; PD 61%; OB 61%) or recommending against MC (FP 7%; PD 6%; OB 6%). Most IM (57%) and FP (58%) reported that the MC RCT data made them more likely to recommend MC for men who engage in high-risk heterosexual sex. Although the MC RCT were among heterosexual men, 61% of IM and 60% of FP reported the MC RCT also made them more likely to recommend MC for men who have sex with men (MSM). Most FP (53%), PD (59%) and OB (58%) reported that the MC RCT made no difference in their likelihood of recommending MC for newborns.

**CONCLUSION:** These survey data suggest that while U.S. physicians believe they can appropriately counsel patients on the risks and benefits of MC, many physicians are unaware of the MC RCT data. They may also misinterpret the data as applying both to heterosexual men and to MSM. Further education and formal recommendations are needed in order to help physicians make evidence-based recommendations regarding MC and HIV prevention.

**Presentation Number:** A01-4

**Presentation Title:** HIV Prevention Providers' Responses to the Failed HIV Vaccine Trials

**Author(s):** Laura Hickman; Gina Lathan; Regine Rucker; Patrick A. Wilson; David J. Malebranche; Jose Nanin; Leo Wilson; Terrance E. Moore

**BACKGROUND:** Background: In September 2007, Merck announced an early end to a large scale clinical trial of an experimental HIV vaccine after the vaccine failed to prevent HIV infection. In addition, the vaccine may have actually increased susceptibility to HIV infection among some participants (those with preexisting immunity to the common cold virus). There is concern among members of the medical and public health communities that the startling failure of the vaccination may have resulted in decreased optimism, enthusiasm, and trust in future HIV vaccination efforts. It is not yet known to what extent this failed trial may have affected the attitudes and beliefs of (a) the public, or (b) HIV service providers (e.g., HIV health educators, counselors, nurses) in terms of participating (or encouraging client participation) in future HIV vaccine trials.

**METHOD:** Methods: A web-based questionnaire was developed and emailed to approximately 150 HIV prevention service providers in the state of Illinois. Both structured and open-ended items were included in the questionnaire. The questionnaire assessed providers' awareness, beliefs, and perceptions of the recent failed HIV vaccine trials. Specifically, the survey examined 1) service providers' beliefs in an effective HIV vaccine and 2) service providers' willingness to recommend HIV vaccine trials to their clients, 3) provider-client discussions of the HIV vaccine trials, and 4) client willingness to participate in future HIV Vaccine Trials.

**RESULTS:** Results: Preliminary results indicate most HIV prevention service providers believed the development of an effective HIV vaccine is possible. However, most were also either unaware or had limited awareness of the failed HIV vaccine trials. Of those who were aware, few had discussed the failed trials with their clients, although they indicated that they (a) would be interested in receiving information on the HIV vaccine trials, and (b) thought such information was important to professionals in their field. Respondents reported mixed opinions on whether or not and how the failed trials might affect participation rates in future vaccine trials.

**CONCLUSION:** Next Steps: Key recommendations are discussed for engaging HIV prevention service providers in the participation of future HIV vaccination trials. Lack of knowledge of the failed HIV vaccine trials in general indicates that decreased optimism and trust may not be as widely spread as previously thought. The lack of knowledge of HIV service providers also points to a missed opportunity to educate both clients and working professionals about current HIV prevention research and vaccination efforts. Educational resources and networking tools should be distributed to providers to increase their knowledge of HIV vaccination trials.

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## Track A

### A04 - From Corrections to Communities

Room: Vancouver/Montreal (Hyatt Regency Atlanta)

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**Presentation Number:** A04-1

**Presentation Title:** Racial Disparities in Recent Arrest Among MSM in Atlanta

**Author(s):** Jennifer R Lim, MPH; Patrick S Sullivan, PhD, DVM; Anne Spaulding, MD, MPH; Laura F Salazar, PhD

**BACKGROUND:** African Americans and men who have sex with men (MSM) are disproportionately impacted by the HIV epidemic in the United States. Incarceration rates are considerably higher for black Americans than for white Americans, and incarceration has been proposed to be an important driving force of the HIV epidemic in communities of color. However, few investigations have examined whether the disparities in incarceration by race also exist among MSM. We sought to describe history of arrest among MSM and factors associated with recent arrest.

**METHOD:** We used data from the Atlanta sample of the National HIV Behavioral Surveillance study -- a cross-sectional survey of MSM conducted in gay-identified venues in Atlanta, GA. Respondents were recruited through venue-time-space sampling, with systematic selection of respondents within venues. Data on arrest in the 12 months (recent arrest) before the interview, risk behaviors, and demographic information were collected by face-to-face interviews. We tabulated the proportion of respondents reporting recent arrest by demographic and behavioral factors, and calculated a rate ratio by comparing to the rate of arrest for all Georgia adult males in 2004. We used multivariable logistic regression to describe factors associated with recent arrest.

**RESULTS:** Between October 2003 and October 2004, 1233 potential participants were approached; 1145 (93%) met initial eligibility criteria, and 1006 (88% of eligible) consented to participate and completed an interview. 862 met all final behavioral eligibility criteria and were included in the analysis. Of these, 48 (5.6%) reported being arrested in the past year; the arrest rate for all Georgia males in 2004 was 3.4% (rate ratio=1.6, 95% confidence interval [CI]: 1.2-2.2). 4.7% of white MSM, 6.4% of black MSM, and 10.5% of Hispanic MSM reported recent arrest. In multivariable analysis, recent arrest was associated with use of non-injection (adjusted odds ratio [aOR] 2.5, CI: 1.3-4.8) or injection (aOR 4.3, CI: 1.3-13.9) drugs in the 12 months before interview, and younger age (aOR 1.9, CI: 1.3-2.8 per 10 years of age). Other factors in the model included engaging in exchange sex in the 12 months before interview (aOR 2.2, CI: 0.9-5.1), black race (aOR 1.2, CI: 0.6,2.5) and Hispanic ethnicity (aOR 2.1, CI: 0.8-5.8).

**CONCLUSION:** About 1 in 20 MSM in our survey reported being arrested in the past 12 months a rate that was 60% higher than arrest rates for adult males in Georgia during the same period. Arrest among our MSM respondents was associated with

drug use and commercial sex work. Although our sample was relatively small, our data suggest that the black/white disparity in arrest observed in the general US population may be less prominent among MSM; given that the outcome of arrest is uncommon, this issue merits further exploration with larger datasets where greater statistical power can be achieved.

**Presentation Number:** A04-2

**Presentation Title:** Identification of Multiple HIV Risk Factors Among Jail Detainees

**Author(s):** Tao Liu, Ph.D.; Lauri B Bazeran, MS; Allison K. DeLong, MS; Amy Nunn, Sc.D.; Megan Pinkston, Ph.D.; Timothy P. Flanigan, MD

**BACKGROUND:** Jail incarceration offers an opportunity to provide HIV counseling and testing (C&T) and risk reduction prevention interventions to persons who may not otherwise access these services. We previously conducted a study examining the effect of two different jail-based HIV C&T methods on post-jail release HIV risk behavior among 264 male jail detainees. Subjects completed a baseline HIV risk assessment that included self-reported risk behaviors during the 3 months prior to incarceration. We analyzed the baseline HIV risk factors within this cohort to investigate whether the presence of a particular risk behavior was associated with 1) the presence of other concurrent risk behaviors, or 2) demographic characteristics.

**METHOD:** Analysis 1: We assessed pair-wise associations between HIV risk behaviors using logistic regression models. The odds ratios (OR) of the presence of one risk behavior with respect to the presence versus absence of a second risk behavior were calculated, adjusting for covariates (age, race, number of prior incarcerations, length of incarceration, and education). Analysis 2: We examined the relationship between selected risk behaviors and demographic covariates using logistic regression. For both analyses, an OR > 1.0 suggested a positive association. All reported ORs are significant at a p-value < 0.05.

**RESULTS:** The median age of the subjects was 30 (range 18-65) and 52% were White, 22% African American, and 14% Hispanic. The following proportions of subjects reported recent risk behaviors: cocaine use (38%), heroin use (10%), injection drug use (IDU) (8%), multiple (≥ 3) sexual partners (23%), unprotected vaginal/anal sex with a main sexual partner (77%), and unprotected vaginal/anal sex with non-main sexual partner(s) (40%). In Analysis 1, the following associations between risk factors were identified: IDU was associated with cocaine use (OR 6.6, CI 1.9-23) and heroin use (OR > 10); multiple sexual partners was associated with cocaine use (OR 2.5, CI 1.1-5.3); unprotected sex with non-main partner(s) was associated with unprotected last sex (OR > 10) and unprotected sex with main partner (OR 8.6, CI 1.3-57). In Analysis 2, the following demographic associations were identified for risk factors: IDU was associated with ages 30-40 (OR 2.8, CI 1.2-6.9) and with ≥ 7 prior incarcerations (OR 2.9, CI 1.1-7.7); multiple sex partners was associated with age < 30 (OR 2.1, CI 1.2-3.8), African American race (OR 3.1, CI 1.6-6.0), and less education (did not finish high school) (OR 1.9, CI 1.1-3.4); and non-African American race was associated with unprotected sex with non-main partner(s) (OR 7.1, CI 2.2-23).

**CONCLUSION:** This cohort of male jail detainees in RI is at increased risk of HIV infection due to recent substance use and risky sexual behaviors prior to incarceration. Specifically, IDUs were more likely to use cocaine in addition to heroin, and cocaine use was associated with multiple sexual partners. Subjects having unprotected sex with non-main partner(s) were more likely to also have unprotected sex with their main partner. These findings can be used to develop specific HIV prevention interventions for jail detainees, particularly those under the age of 40.

**Presentation Number:** A04-3

**Presentation Title:** Project R.E.F.I.O.R.S. (Reduction Education For Individuals Incarcerated Or Returning to Society)

**Author(s):** Rev. Tommie Watkins, Jr.; Dr. Jo Pryce

**BACKGROUND:** Of the 56, 500 new cases of HIV/AIDS each year 73% are among males and Black MSMs or Black men whose sex partners include other men, who may identify as gay or bisexual or "other than heterosexual", (MSMs) account for 53% of the total male cases and most of these cases are for individuals aged 29 and under. A neglected population is Black incarcerated males who identify as MSMs. It is critical to understand the importance of the risk factors that put these incarcerated Black males at higher risk because most of them will be returning to society. The sexual health of this population not only affects the individual - but the prison system, the family, the institutional caregivers and the larger community. In Alabama alone, there has been an annual increase of Black male inmates and the current percentage of Black male representation to over 16,000 inmates, which is 57% of the total prison population. While HIV services for those inmates who are identified as being HIV positive have kept current those HIV-negative and high risk of HIV infection who are returning to society often times are not educated on the latest safer sex methodologies to include latex condom use because of current prison policies, which prohibit safer sex barriers being available to inmates. Black males often report the most chronic health disparities in and outside of prison. There is a prevalence of chronic health concerns in the Black male population: hypertension, diabetes, cancer, and HIV/AIDS. This independent study research provides a unique opportunity to explore the risk factors and protective factors that prison constructs on the Black male.

**METHOD:** The proposed study will employ a qualitative, case study method to explore the protective and risk factors associated with HIV and other sexually transmitted diseases experienced by these black male prisoners. The aim of this study is to clearly

articulate these factors and various sexual behavior experiences of black male prisoners who are currently incarcerated at the Donaldson Correctional Facility in Jefferson County, Alabama. The description of these factors and the use of specific cases will not only include the inmate's current sexual health status and behaviors, but also previous sexual behaviors experienced while incarcerated. The study will also explore the perceived HIV risks of the inmates. Their perceived risks, current health status, and protective factors will be measured through qualitative open-ended questionnaire. Probing follow-up questions will be used if needed. These qualitative group participants will include the five focus group participants as well plus the additional 15 to 20 inmates recruited through the current MSM social network.

**RESULTS:** The participants articulated clear methods a correctional system can employ to increase the protective factors and decrease risk factors inmates encounter during their incarceration. The qualitative responses will be presented from the 40 question risk assessment instrument with no bias.

**CONCLUSION:** The data shows that clear prevention models can be developed and then implemented with further means testing. These preliminary research outcomes will be clearly presented and discussed.

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## Track A

### A08 - Latino Cultural Issues

#### Room: Singapore/Manila (Hyatt Regency Atlanta)

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**Presentation Number:** A08-1

**Presentation Title:** Aesthetics and Assumptions: The Role of the Body in HIV Risk Behaviors Among Latino MSM

**Author(s):** Walter Gomez; Hector Carrillo, MPH, DrPH

**BACKGROUND:** In recent years, Latino men who have sex with men (MSM) have become the second group with highest HIV risk in the United States. Many of these men are immigrants who are adjusting to new social and sexual contexts, and who are having sexual interactions with partners of different racial and ethnic backgrounds for the first time. This presentation addresses the role of the body as a source of attraction and the use of bodily indicators to decide, in the absence of objective information, whether a sexual partner may be HIV negative or positive. With a focus on Latino MSM, the presentation also addresses relational challenges that emerge in the context of cross-cultural sexual interactions.

**METHOD:** The data for this project came from the Trayectos study. The sample for this study included 116 self-identified gay or bisexual Latino men, 80 of whom were born or raised in Mexico. These men participated in semi-structured, in-depth qualitative interviews conducted in San Diego, California. The interviews were transcribed and later analyzed utilizing the NVivo qualitative software package.

**RESULTS:** A number of Latino men in our sample reported having decided not to ask about HIV or use condoms with casual sexual partners on account of these partners' looks. They cited general aesthetics, build, age, race/ethnicity and a general perception that the man in question "looked healthy" as influencing their decisions. In many cases, participants acknowledged having been aware of the HIV risks incurred, but they justified them by noting that a person who "looked like that" would likely not be HIV-positive. However, in discussing these issues, some participants also thought that their decisions were related to perceived low self-esteem or a search for acceptance.

Participants also referred to how their sexual partners' identities influenced their risk-taking behaviors. For example, some men were willing to take certain risks with partners who identified as heterosexual or who were in the military. In this sense, perceptions of a man's masculinity seemed to influence the assessment that he posed little risk. Similarly, participants often searched for bodily signs of HIV—including low weight or facial wasting—in order to evaluate whether a partner might be HIV positive.

**CONCLUSION:** These data indicate that assumptions about the body play an important role in the decisions that Latino MSM make in assessing whether unprotected sex with a sexual partner might be risky or not. Similarly, our analysis suggests that these decisions are further complicated by psychological factors, including Latino MSM's search for validation in the context of cross-cultural relations. Our results stress the importance of considering these issues in the design of interventions for this population.

**Presentation Number:** A08-2

**Presentation Title:** Ethnic Identity and HIV/AIDS Behavior Change Among Migrant Workers

**Author(s):** H. Virginia McCoy, Ph.D.; Emma Ergon-Rowe; Anamika Batra

**BACKGROUND:** Migrant workers who have lived in the US longer are more acculturated to the English language and American lifestyle and tend to have higher HIV risk behaviors than others. Migrant workers who are English-speakers tend to have higher risk behaviors than Spanish-speakers. Language is only one aspect of cultural identity. Ethnic identity is about people who come from many different countries and their involvement in their culture and self-identification with that culture. The mobility of migrant workers who come from many different countries and the influence of their culture, as well as American

culture, may experience increases in their risks for HIV. Interventions to reduce HIV risks in these populations require attention to their language, ethnic identity, gender, and culture. This study reports the effects of ethnic identity on Blacks' and Hispanics' short-term behavior changes in HIV risks, including condom use, alcohol and other drug use, and sexual risk behaviors.

**METHOD:** Participants were recruited using targeted sampling in rural Florida. After baseline measurements, participants were randomly assigned to an experimental, Peer Education Ends Risky Behaviors (PEER) or a comparison, Health Education Always Leads To Healthy You (HEALTHY), intervention. This report is restricted to migrant workers who completed baseline and 3- and 6-month post-intervention visits (n=226). Pre- to post-intervention changes in self-report behaviors were assessed using Chi-square or Fisher's Exact tests. Ethnic Identity was measured using the Multigroup Ethnic Identity Measure (MEIM) (Phinney, Cantu, Kurtz 1997). Two factors, ethnic identity search and affirmation/belonging/commitment, were examined.

**RESULTS:** Migrant workers with high ethnic identity were significantly more likely to be older (45 and over) and to earn less income (< \$399 monthly) than those with low ethnic identity. However, no significant differences were found between African Americans and Hispanics on ethnic identity. Significant changes were found in number of sex partners and in cocaine and marijuana use from baseline to 6-months follow-ups. Other behavior changes in alcohol and sexual behaviors were also not significantly associated with ethnic identity. Two factors of ethnic identity, search and affirmation, were not correlated with behavior change.

**CONCLUSION:** While we expected ethnic identity of migrant workers to have some effect on behavior change, the association was not as strong as we expected since previous research found associations for acculturation and language. Behavior change is a complex phenomenon that requires attention to multiple factors.

**Presentation Number:** A08-3

**Presentation Title:** Needle Sharing Behaviors of Puerto Rican Injection Drug Users: Acculturation Matters

**Author(s):** Lisa de Saxe Zerden, MSW; Luz Lopez, MSW, MPH, PhD; Lena Lundgren, MA, PhD

**BACKGROUND:** Currently, Latinos comprise over 41 million persons of the total US population, yet they account for a greater proportion of HIV/AIDS cases than their representation in the overall US population (KFF, 2006 & 2008). Whereas Latinos represent approximately 15% of the US population, they account almost 20% of the AIDS cases diagnosed in 2006. Furthermore, among Latinos in the US, Puerto Ricans are the most likely to contract HIV as a result of injection drug use. This study examines the HIV risk of Puerto Rican injection drug users (IDUs) who engage in needle sharing behaviors among a dual-site sample of Puerto Rican IDUs residing on the Island of Puerto Rico and in the Commonwealth of Massachusetts (MA). Specifically, this study aims to identify the acculturative markers associated with needle sharing among Puerto Rican IDUs.

**METHOD:** Data was collected using in-person, in-depth, interviews with Puerto Rican IDUs residing in both locales (N=124 in Puerto Rico and N=224 in MA). Place of birth, parent and grandparent place of birth, where most of respondent's family lives and percentage of time spent in each locale were used to assess level of acculturative markers towards the U.S. The outcome variables asked: "in the past 6 months have you ever shared needles with someone?" and "have you ever shared needles with someone thought or known to be HIV positive?" Bivariate and logistic regression analyses was conducted to predict the association between acculturative markers towards the U.S. and needle sharing in the past 6 months, while controlling for age, gender, homelessness, incarceration history, severity of substance use, use and self-reported mental health symptoms.

**RESULTS:** Findings indicate that acculturative markers towards the U.S. reduce the risk of needle sharing behaviors. Sample respondents in Puerto Rico engaged in more HIV risky behaviors surrounding needle sharing. Specifically, respondents with at least one U.S. acculturative markers were 42% less likely to have shared needles in the past 6 months (OR:.58, CI:.36-.95). Additionally, those in MA were 70% less likely to have ever shared needles with someone thought or known to be HIV positive (OR:.28, CI:.12-.65) while controlling for confounding variables. Other factors identified as positively associated with needle sharing include having ever been incarcerated (OR: 2.0, CI: .99-3.4), having attempted suicide (OR: 1.74, CI: 1.025-2.96) and having a positive STD diagnosis (OR: 1.94, CI: 1.04-3.62).

**CONCLUSION:** The acculturation process and adaptation to new environments includes social, economic and political dimensions—all which have an impact on the understanding, prevention, and treatment of substance use and related HIV risks among Latinos. Findings highlight the increased HIV risk of Puerto Rican IDUs with fewer acculturative ties toward the mainland U.S. Understanding this is of seminal importance given the frequent movement and migration patterns between the two locales. Prevention and treatment programs need to consider the patterns of drug abuse, acculturative characteristics and incarceration histories of Puerto Rican IDUs in order to comprehensively address the spread of HIV through needle sharing.

**Presentation Number:** A08-4

**Presentation Title:** Sexual Topics: What Do Puerto Rican HIV Positive Mothers and Their Daughters Talk About?

**Author(s):** Nanet M. Lopez-Cordova; Jose A. Capriles- Quiros

**BACKGROUND:** Mothers of adolescent daughters need the skills to communicate with, supervise and educate their daughters regarding risk behaviors, especially those associated with HIV acquisition. Adequate communication has the potential to reduce

risky adolescent sexual behavior by fostering responsible sexual decision-making. Female adolescents of HIV+ mothers are particularly vulnerable as they are exposed to the same environments that placed their mothers at risk for HIV. The objective of this study was to explore the degree of HIV knowledge possessed by the participating mothers with specific attention being paid to the risk factors associated with the infection and how to minimize them; it was also our intent to examine the mother-daughter communication regarding sexuality.

**METHOD:** Qualitative study. Twenty-two HIV+ mothers were recruited from Immunology clinics in Bayamón, Ponce and San Juan. Three focus groups, one per institution, were conducted following a methodology originally developed by R. Krueger. Sessions were tape-recorded and transcribed ad-verbatim, and these conversations were coded for specific topics. All qualitative analysis was conducted in Atlas Ti. SPSS v14.0 was used to calculate descriptive statistics.

**RESULTS:** The mean age of the 22 participants was 41 years, and 12.5% were married. A history of illicit drug use was found in 45.8%, while 87.5% had used alcohol. The mean age at first sexual intercourse was 16. The majority of the participants reported that sexual issues were not discussed in their homes of origin. They went on to describe such issues as being taboo, resulting in their being barriers to open conversation with their own daughters. Study participants professed to be most at ease discussing physical sexual development, self-esteem, illicit drug use, HIV, and sexual abstinence; the most difficult themes for them to discuss were sexual intercourse and condom use; disclosure of HIV+ status and sharing personal sexual experiences with their daughters was also hard for participants. Several of the women talked about using their own experiences as HIV-positive individuals as examples of what not to do; they considered the relating of these incidents as being effective tools for HIV prevention.”

**CONCLUSION:** HIV-positive mothers find it difficult to discuss certain sexual related topics with their adolescent daughters. Parenting and communication skills can be affected among HIV+ women, in part due to the socio-demographic characteristics of this group. The factors that lead to the HIV infection among this group of mothers may be causing them to compromise their roles parent. Recommendation: The issues presented herein need to be considered when designing prevention, parenting and/or education interventions that are targeted at HIV+ mothers of adolescent girls.

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## Track A

### A13 - Women and HIV Prevention

#### Room: International Ballroom South (Hyatt Regency Atlanta)

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**Presentation Number:** A13-1

**Presentation Title:** Perceived Life Stability and Sexual Risk Behavior

**Author(s):** Danielle German; Carl A. Latkin

**BACKGROUND:** Researchers suggest that lack of social stability among those at risk for HIV contributes to a context of situational uncertainty, frequent change and general chaos that fosters mental distress, creates competing priorities and impedes HIV prevention. This literature lacks a guiding conceptual framework and measurement of life instability varies extensively, making it difficult to measure the relationship with HIV risk. This study developed and validated a scale to assess perception of life stability and evaluated its association with sexual risk behaviors among a sample of primarily African-American low-income women at risk for HIV.

**METHOD:** Data are from comprehensive interviews with 409 low-income urban women and their female social network members completing 12-month follow-up of an HIV prevention intervention in Baltimore, MD. The perceived stability scale was developed through formative research and pilot testing. Psychometric testing including factor analysis and discriminant validity resulted in a 5-item scale,  $\alpha = .86$ . Descriptive statistics and regression analyses accounting for clustered data were used to assess the association between perceived stability and sexual risk behaviors.

**RESULTS:** Higher perceived stability was associated with a variety of objective indicators of social stability, including housing stability ( $p < 0.001$ ), employment ( $p < 0.001$ ), residential transience ( $p < 0.05$ ) and higher income ( $p < 0.05$ ). Controlling for age and education, higher perceived stability was associated with lower likelihood of multiple partners ( $b = -1.31$ ,  $p < 0.05$ ), sex exchange ( $b = -1.32$ ,  $p < 0.05$ ), sex while high ( $b = -1.43$ ,  $p < 0.05$ ) and any partner risk ( $b = -1.15$ ,  $p < 0.05$ ).

**CONCLUSION:** This study validates a brief scale of perceived stability that may be helpful for HIV prevention research and evaluation and could be used for assessing relative needs of individuals in social service settings. Higher perceived stability was associated with lower sexual risk behavior. Understanding and addressing the factors that contribute to perceived stability and its association with HIV risk should be a priority for HIV prevention efforts.

**Presentation Number:** A13-2

**Presentation Title:** Alcohol Use: Correlate of Risky Sex and Psychosocial Mediators of HIV/STI-Associated Behavior Among African-American Women

**Author(s):** Puja Seth, PhD; Gina M. Wingood, ScD; LaShun Robinson, PhD; Ralph J. DiClemente, PhD; Nikia Braxton, MPH

**BACKGROUND:** Previous research has primarily focused on the relationship between illicit drug use and HIV/STI-risk behavior among African American women. Scant literature has reviewed the role of alcohol use on sexual behavior among African American women. In an era of increasing and disproportionate rates of HIV/AIDS among African American women, specifically resulting from heterosexual contact, it is pertinent to examine factors contributing to increased HIV-risk behavior. The present study examined frequency of alcohol use as a correlate of risky sexual practices and psychosocial mediators of HIV/STI-associated sexual risk behaviors among African American women at risk for HIV.

**METHOD:** Eight hundred forty-eight African American women, between the ages of 18-29, participated in the study at baseline. Data collection occurred from October 2002 through March 2006. Participants completed a 40-minute Audio Computer Assisted Survey Interview (ACASI) assessing sociodemographics, alcohol use, HIV/STI-associated sexual risk behaviors, and psychosocial mediators of HIV/STI-associated sexual risk behaviors. Given that the overall sample reported relatively low frequency of alcohol use, alcohol groups were not defined based on a review of the empirical literature. A median-split technique was utilized to create the drinking categories (< 1 vs. > 1 day(s) over the past 30 days).

**RESULTS:** The results indicated that participants who consumed alcohol more frequently over the past 30 days, relative to those who consumed alcohol less frequently, were more likely to have a risky sexual partner (OR= 1.80, 95% CI= 1.33-2.42, p= .00), multiple sexual partners over the past 6 months (OR= 1.78, 95% CI= 1.33-2.40, p= .00), multiple sexual partners over the past 12 months (OR= 1.58, 95% CI= 1.19-2.10, p= .001), older partners (OR= 1.36, 95% CI= 1.02-1.80, p= .03), less sexual relationship options (OR= 1.65, 95% CI= 1.24-2.20, p= .001), less communication frequency (OR= 1.49, 95% CI= 1.12-1.97, p= .006), more partner-related condom barriers (OR= 1.62, 95% CI= 1.22-2.14, p= .001), and more sex-related condom barriers (OR= 1.31, 95% CI= .99-1.74, p= .05).

**CONCLUSION:** This is one of the first studies solely to examine frequency of alcohol use as a correlate of HIV/STI-associated risk behaviors among African American women. In an effort to maximize effectiveness, HIV-related behavioral interventions for African American women should target reducing alcohol and incorporate education regarding the link between alcohol and HIV-risk behavior. Moreover, a deeper understanding of other factors contributing to this relationship is paramount to the development of efficacious prevention programs that target African American women individually and at the community level. These findings highlight that clinicians, specifically those who provide STI services, should be encouraged to screen African American women regarding their alcohol consumption and potential alcohol-related issues, especially with those engaging in high-risk sexual behavior. By coordinating these services, early detection of potential alcohol-related physical health complications will be facilitated.

**Presentation Number:** A13-3

**Presentation Title:** HIV Transmission Knowledge Among Sexual Partners of HIV Positive African American Females in Rural Georgia

**Author(s):** Tanisha S. Grimes; Su-I Hou; Kimberly A. Parker

**BACKGROUND:** African American females in the state of Georgia are continuing to become infected with HIV. Out of the women living with HIV/AIDS in Georgia, 84% are African American females, with the majority reporting becoming infected from heterosexual sex. Of these women, 71% reported not knowing that their partner was infected with HIV. The HIV transmission knowledge of male sexual partners in the rural South needs to be examined in order to help reduce the risk of women becoming infected with HIV.

**METHOD:** Individual interviews were conducted with 17 African American women ages 18-45 living with HIV/AIDS who received services from a Ryan White Clinic in rural south central Georgia.

**RESULTS:** Utilizing grounded theory methods, individual interviews were conducted with each participant. Women were asked how they became infected with HIV, and what life has been like for them since becoming infected with HIV. Several participants revealed the reaction of their male sexual partner when they disclosed their HIV status.

**CONCLUSION:** The majority of participants (94%) disclosed their status to their current male partner and continued to stay in that relationship. Of these women, only 2 reported using condoms 100% of the time, who were also 2 of the 3 married participants. The remaining participants who did engage in unprotected sex did so at their partner's insistence. Their male partners believed that they could not become infected with HIV, with some of the common beliefs being: the woman was just a carrier and could not infect anyone; the woman did not really have HIV and was just being used as a guinea pig for the government; it would be God's will if they became infected with HIV and were willing to take that risk; HIV could not be transmitted sexually, and that there was a cure for HIV. Some of the participants also reported that their partner also engaged in sex with other women. Additionally, 2 of the 17 participants became pregnant after they found out their HIV status. All of the participants also reported that there were no HIV education programs in their towns.

**Lessons Learned:** Many of the HIV positive women engaged in unprotected sex with their male partners, who simultaneously engaged in sex with other females. Male partners believed that HIV could not be transmitted by a female and felt safe not using a condom during intercourse. Due to the lack of HIV prevention programming in rural areas, male partners do not have access to

resources that provide HIV education. This lack of transmission knowledge may contribute to the spread of HIV in the rural Deep South. Increasing prevention efforts in rural cities and towns may be beneficial in reducing the spread of HIV in these areas.

**Presentation Number:** A13-4

**Presentation Title:** Examining the Context of Risk: Lesbians and HIV

**Author(s):** Kimberleigh Smith

**BACKGROUND:** Gay Men's Health Crisis (GMHC) fights to end the AIDS epidemic and uplift the lives of all affected. Reflecting the New York City (NYC) epidemic, GMHC serves an active client base with 23% women (n=2698 clients in FY08). GMHC's Lesbian AIDS Project (LAP), founded in 1992, confronts the HIV prevention and care needs of lesbians and women of color in NYC who have Sex with Women (WSW). LAP currently serves 85 active, unduplicated, female clients per year through regular services and activities. The vast majority is African-American and lives in higher HIV-prevalence areas of NYC. While female-to-female sexual contact may be a less efficient route of HIV transmission when compared to male/male or male/female, we know from experience in this population that WSW do get HIV and engage in behaviors that put them at risk. Some WSW use injection drugs and may share needles and works. Some WSW have sex, or sexual histories, with HIV-positive men and/or injection drug users. Our observations in LAP suggest that WSW of color in NYC experience a number of environmental adversities that drive risk and confound expectations based solely on their sexual orientation. Therefore, GMHC designed a community-based participatory research project to identify factors putting this group at risk for HIV.

**METHOD:** GMHC developed and conducted a survey of sexual health and risk with WSW of color in NYC. The survey was comprised of nine domains assessing demographics; risk; history of STIs; relationships; sexual perception and self-esteem; physical and mental health; exposure to violence; substance use history; and religious faith and spirituality. Peers administered the survey at social venues and organizations where WSW frequent in high HIV-prevalence neighborhoods of NYC. Staff entered and aggregated the survey results and analyzed them using SPSS.

**RESULTS:** Findings show that the context of risk can be located in specific environmental factors that influence an individual's access to resources, the way she perceives herself, and the way society perceives her. The factors with high correlations to sexual health include positive self-image and a high comfort level with sexual identity and/or having sex with women. The factors with high correlations to sexual risk are substance abuse, history of sexual trauma, violence, perceived homophobia, racism, and economic distress.

**CONCLUSION:** First, interventions that change community norms and attitudes related to women's sexuality are likely to improve community health outcomes. Increased attention to the needs of NYC WSW of color would respond to the local epidemic in NYC. Developing and implementing culturally compelling community-level interventions aimed at increasing resiliency in the face of racism, sexism, poverty and fears of female sexuality hold promise as a critical HIV prevention strategy. Secondly, the findings have implications for HIV prevention funding streams and programming aimed at stemming the epidemic among women of color, by addressing WSW within their context of risk. Finally, the findings support existing advocacy efforts to add an "acquisition category" to the CDC surveillance system to capture information on factors known to elevate women's risk of infection, outside of presumed or identified sexual behavioral markers.

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**Track A****A16 - Prevention with Heterosexuals****Room: Courtland (Hyatt Regency Atlanta)**

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**Presentation Number:** A16-1**Presentation Title:** Assessing Economic Factors Relevant to HIV Risk Behavior Among Lower Income Heterosexuals in San Francisco**Author(s):** Michael P. Arnold; H. Fisher Raymond; Willi McFarland

**BACKGROUND:** Given the majority of heterosexually-acquired HIV infections in the US occur in lower income areas, the CDC has recommended income generating programs such as microenterprise be adopted as HIV prevention interventions. Since income generating programs may only modestly improve household income, we assess whether marginal changes in income and employment are associated with changes in heterosexual risk behavior among lower income men and women residing in high risk areas (HRAs) for heterosexual transmission in San Francisco (SF).

**METHOD:** Data were the first wave of the National HIV Behavioral Surveillance survey of heterosexuals residing in HRAs in SF. Respondent-driven sampling recruited adults over the age of 17 from September 2006 to October 2007. HRAs were defined as the top 20% of SF census tracts with the highest heterosexual AIDS case burdens and the highest poverty rates. The sample consisted of 176 men and 307 women.

Negative binomial distribution models were applied to 4 risk rate measures: total number of partners (TP) and total unprotected vaginal intercourse (UVI) partners (UP) in 12-months, and total sex acts (TA) and total UVI sex acts (UA) in 6-months. Risk models included household income, log household per capita income, or employment, and were stratified by gender and adjusted for residence in an HRA, age, and marital status. We report relative risk rate ratios for TP (TP-RR), UP (UP-RR), TA (TA-RR), and UA (UA-RR). We also estimate difference in relative risk ratios for UP versus TP (P-DRR), and UA versus SA (A-DRR). Values less than 1 indicate reductions in UVI RR greater than expected based on TP or TA alone.

**RESULTS:** Among men, median rates were 4 TP (interquartile range (IQR) 6) and 2 UP (IQR 2), and 40 TA (IQR 82) and 21 UA (IQR 51). Economic factors were not associated with any RR. Residence outside of an HRA was marginally associated with a 0.74 UP-RR (95% CI 0.51-1.09). However, the P-DRR indicates that this benefit is largely attributable to corresponding marginal reductions in TP rather than UP alone (1.01 (95% CI 0.95-1.05)).

Among women, median rates were 3 TP (IQR 4) and 2 UP (IQR 2), and 48 TA (IQR 82) and 27 UA (IQR 68). Lower UP-RR was found among women with full-time employment (0.62 (95% CI 0.40-0.94)), attended school (0.52 (95% CI 0.30-0.90)), or were homemakers (0.08 (95% CI 0.03-0.21)). However, the UP-RR benefits were not as great as the TP-RR benefits with P-DRR typically greater than 1. Log per capita income was associated with a 0.97 UA-RR (95% CI 0.96-0.99), and the UA-RR benefit was greater than the TA-RR benefit with an A-DRR of 0.95 (95% CI 0.94-0.95). Non-HRA residents had 0.85 UA-RR (95% CI 0.82-0.88), only marginally lower than the TA-RR (A-DRR 0.99 (95% CI 0.98-1.01)).

**CONCLUSION:** Our results support income generating activities as potentially effective HIV prevention for women in high risk neighborhoods, but not for heterosexual men. Our findings also affirm that, beyond individual income, residential context has important implications for heterosexual risk behavior.

**Presentation Number:** A16-2**Presentation Title:** HIV Prevention and Transmission Myths among a Sample of Heterosexually Active Adults in South Florida**Author(s):** Dano W. Beck, MSW; Lisa Metsch, PhD; Marlene LaLota, MPH; Gabriel A. Cardenas, MPH; David W. Forrest, PhD; Spencer Lieb, MPH

**BACKGROUND:** The new estimates of HIV incidence in the United States emphasize the need for continued primary prevention activities. In developing new HIV prevention strategies, it is important to explore the full range of prevention and transmission beliefs among persons at risk for or infected with HIV.

**METHOD:** This cross-sectional analysis uses preliminary data collected in face-to-face interviews as part of the National HIV Behavioral Surveillance study. Venue-based, time-space sampling was used to recruit 1,224 participants between January and October 2007 in areas with high rates of heterosexually acquired HIV/AIDS and poverty within Miami-Dade and Broward counties in South Florida. Eligible participants included adult males and females reporting at least one opposite-sex partner in the past 12 months. Participants were interviewed about their sexual and drug use risk behaviors, HIV testing behaviors, and use of prevention services. Questions were also asked about participants' belief in the effectiveness of various correct and incorrect HIV prevention and transmission methods. Multivariable analysis was conducted to examine the characteristics of participants reporting HIV prevention and transmission myths.

**RESULTS:** The majority of study participants indicated belief in the effectiveness of correct HIV prevention strategies, such as a man using a condom (94.1%) and not having sex (92.4%), and correct transmission methods, including anal sex (96.5%), vaginal sex (98.4%), and sharing needles/syringes (99.7%). However, a sizeable minority of participants reported believing in the effectiveness of at least 1 prevention myth (27.2%) or transmission myth (38.5%). Ineffective strategies for preventing HIV transmission reported as effective by participants include a woman douching before (4.9%) or after (6.0%) having sex, taking antibiotics (3.6%), having sex with only healthy-looking people (4.1%), washing genitals with bleach (5.4%), alcohol (4.9%), or soap (5.4%) after having sex, and urinating after having sex (6.9%). Participants indicated that HIV can be transmitted through incorrect means, such as mosquitoes (34.5%), public toilets (9.1%), food (5.2%), and drinking fountains (4.4%). In multivariable analysis, having at least one incorrect prevention belief was associated with being younger (age as a continuous variable, AOR .98, CI .97, .99), heavy alcohol use (AOR 1.8, CI 1.3, 2.4), being depressed (AOR 1.3, CI 1.0, 1.7), not having seen a physician in the past 12 months (AOR .73, CI .56, .95), and not knowing one's HIV status (AOR 1.5, CI 1.1, 1.9). In another multivariable analysis, having at least one incorrect transmission belief was associated with being Hispanic (AOR 3.3, CI 1.2, 9.5), being depressed (AOR 2.1, CI 1.6, 2.8), and not knowing one's HIV status (1.5, CI 1.1, 2.1).

**CONCLUSION:** While more than 90% of participants held correct beliefs about HIV transmission and prevention, it is concerning that, in the third decade of the HIV/AIDS epidemic in the United States, a sizeable minority reported 1 or more misconceptions about HIV transmission and prevention. These findings show that participants who reported these myths were commonly unaware of their HIV status and may be at increased risk for transmitting HIV to others. Future public health interventions must work actively to debunk HIV prevention and transmission myths.

**Presentation Number:** A16-3

**Presentation Title:** REPRESENT-ing Black Heterosexual Men: Exploring the Implications of Structural Context on Condom Use

**Author(s):** David J. Malebranche, MD, MPH; Jeanne M. Tschann, Ph.D.; Michelle Teti, DrPH, MPH; Shawn White, MHS

**BACKGROUND:** The HIV/AIDS epidemic continues to have a severe and disproportionate impact in Black communities, with Black heterosexually active men playing a major role in heterosexually transmitted HIV. Yet, Black heterosexual men in the U.S. remain largely invisible in HIV prevention research. This NIH/NICHHD -funded study used qualitative methods to gain a culturally grounded understanding of how structural context (racial discrimination, unemployment, incarceration) masculinity, sexual scripts, and religiosity/spirituality may influence condom use with main and casual sex partners in a sample of 56 Black heterosexual men in Philadelphia.

**METHOD:** We conducted 4 focus groups (n = 26) to explore themes relevant to Black heterosexual men's perspectives about structural contextual factors, masculinity, sexual scripts, religiosity/spirituality and condom use. We then conducted individual interviews on the same topics with a different sample of men (n = 30). To understand sexual scripts that may influence condom use, we asked interviewees detailed questions about their sexual experiences. We defined a dimension as any data relevant to the study's existing concepts (e.g., masculinity) and a theme as any new concept that emerged from the data.

**RESULTS:** Participants ranged in age from 18 to 44 (M = 31.30, SD = 8.23) with 51.7% reporting annual incomes of less than \$19,999 and 41.1% reporting incomes greater than \$20,000. Analyses identified new dimensions relevant to structural context (e.g., unemployment, financial hardships, problems finding work post-incarceration), masculinity (e.g., redefining aggressive to mean taking care of one's children), and religiosity and spirituality (e.g., religion as a coping strategy). For example, one interviewee described the challenge of finding employment after a conviction: "I'm still tryin' to find a job, 'cause I been arrested a while ago. Had a conviction on me, and, it seems like every time I get after 6 or 3 months, I'm gettin' laid off [of] something that happened 13 or 14 years ago." Another interviewee described religion as a coping strategy: "It's strong because, you know, sometimes when you can't talk to nobody, you can always go down and sit down and talk to God." Analyses also identified new themes: life as a struggle psychological distress, and experiences of violence. For example, one interviewee noted "it kind of depressin' when people expect those negative things to be who you are [and] .. not to be expected to excel [because you are a Black man]."

**CONCLUSION:** Participants frequently described structural factors such as unemployment and racial discrimination as influencing stress and psychological distress in ways that have implications for their lack of interest in condom use. These findings suggest that a social discrimination framework is vital to understanding the links between structural factors, psychological distress and individual HIV risk behavioral choices among Black heterosexual men. Similarly, more research is needed to understand how factors such as religion and spirituality help men cope with stress and psychological distress and their implications for HIV prevention. Information such as that provided by this research is critically needed to inform the development of culturally appropriate intervention and prevention efforts for Black heterosexual men.

**Presentation Number:** A16-4

**Presentation Title:** HIV Risk Behaviors and Testing Outcomes among African Americans Undergoing Rapid Testing for HIV in Philadelphia

**Author(s):** Amy Nunn, ScD; Curt Beckwith; Alexandra Cornwall; Kenneth Mayer, MD; Trevor Wilson; Helena Kwakwa; Jeannia Fu

**BACKGROUND:** Philadelphia's HIV incidence rates were 114 per 100,000 people in 2006, approximately five times the national average. Of 1,123 new HIV cases diagnosed in Philadelphia in 2006, 780 (69%) were among African Americans. In 2007, Philadelphia introduced a city-wide rapid testing campaign in public clinics to expand HIV testing to individuals with limited or no access to health services, particularly African Americans at high risk for contracting HIV.

**METHOD:** Data on demographics, HIV risk behaviors and HIV test results were collected during Philadelphia's rapid HIV testing campaign. We assessed African Americans' HIV risk behaviors and HIV outcomes.

**RESULTS:** Of 5,896 individuals counseled and rapid tested for HIV in Philadelphia between July 1, 2007 and November 15, 2008, 4,347 (74%) were African American. African Americans reported significantly higher rates of many HIV risk behaviors than the broader testing population, including cocaine use (RR=2.9, 95% CI 2.3--3.7) and having ever exchanged sex for drugs or money (RR=1.6, 95% CI 1.2--2.0). African Americans were also significantly more likely to have ever had a sexually transmitted infection (RR=3.5, 95% CI 2.9--4.2) and more than 5 sex partners in the last year (RR=2.5, 95% CI 1.9--3.3). However, African Americans did not report statistically significant differences of condom rate use than the overall population tested. African Americans were significantly more likely to test positive for HIV than their counterparts of other races (RR=2.3, 95% CI 1.1--4.9), and prevalence of HIV among African Americans was 1.2%, compared to 1.0% for the entire population of testers.

**CONCLUSION:** Philadelphia's HIV testing campaign has successfully expanded access to HIV testing for African Americans at high risk for contracting HIV. However, African Americans generally report higher risk behaviors and are much more likely to test positive for HIV than their counterparts of other races. Novel HIV prevention programs are urgently needed to address HIV risk behaviors and disproportionately high rates of HIV among African Americans in inner-city Philadelphia.

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## Track A

### A19 - Prevention Needs of Transgender Women

**Room:** Regency Ballroom V (Hyatt Regency Atlanta)

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**Presentation Number:** A19-1

**Presentation Title:** Addressing Prevention in MTF Transgender Young Adults: Development and Evaluation of Two Unique Behavioral Interventions

**Author(s):** Juline Koken; Jeffrey T. Parsons; Sarit Golub; Heather Joseph; Andrew Margolis; Nicole Perez; Lisa Kuhns; Andrew Margolis; Raekiela Taylor

**BACKGROUND:** Estimates of HIV prevalence among MTF transgender persons, including young adults (YAs), range from 11%-50%; however, there are currently no rigorously evaluated interventions for this population. Transgender young adults specifically often face a myriad of challenges including stigma and a lack of familial support, stable housing, and basic resources. Here we discuss the development of two interventions (TWISTA and Lifeskills) for MTF transgender YAs, provide preliminary descriptive baseline and post-intervention behavioral data collected from participants, and offer implications for further research.

**METHOD:** Both TWISTA and Lifeskills interventions are based on a small group, multi-session design (6 sessions over a 3-week period) and are facilitated by peer educators. TWISTA is based upon a CDC DEBI intervention (SISTA) and adapted for the unique needs of MTF transgender YAs of color. Lifeskills, collaboratively developed with MTF transgender YAs and based on an ecological framework, is a theory-based intervention addressing HIV prevention among MTF transgender YAs of all racial/ethnic backgrounds. Ongoing data collection includes both baseline and 3-month follow-up (3MFU) surveys assessing behaviors during the previous three months. The interventions are being evaluated by the Broadway Youth Center in collaboration with CDC.

**RESULTS:** To date, 78 self-identified MTF transgender YAs have enrolled in the interventions (Lifeskills N=51—TWISTA N=27). Participants range in age from 16-24 (Mean=20).

Among Lifeskills participants, 67% were African American, 14% white, 8% Asian, and 23% Other. Twenty-nine percent reported Hispanic ethnicity. TWISTA participants were all MTF transgender YAs of color. At baseline, a significant proportion of participants in both programs reported homelessness (31% Lifeskills—TWISTA 44%); incarceration (53% Lifeskills—TWISTA 36%); commercial sex work (16% Lifeskills—TWISTA 30%); and multiple sex partners (Mean=4.5 Lifeskills—TWISTA Mean=11) during a 3 month period. Fourteen percent of Lifeskills participants and 12% of TWISTA participants were HIV-positive.

For participants currently retained at 3MFU (N=42) for both interventions, positive behavior changes appear to be emerging, however formal statistical analyses will be performed on multiple indicators of sexual risk once data collection is complete. Specifically, fewer participants were engaging in commercial sex work (14% Lifeskills—TWISTA 25%), and having sex with fewer partners (Mean=3.6 Lifeskills— TWISTA Mean=3.0). Most participants also reported condom use at last sex (81% Lifeskills—TWISTA 90%). Approximately half of participants (47% Lifeskills—TWISTA 50%) had been recently tested for HIV. Many participants continued to face challenging life circumstances, including homelessness (31% Lifeskills—TWISTA 50%).

**CONCLUSION:** We are currently evaluating 2 unique interventions for MTF transgender young adults. Baseline data suggest that participants in both programs engaged in high-risk behaviors prior to intervention. Although data collection is ongoing, preliminary programmatic outcomes specific to sexual risks and HIV testing appear to suggest that the interventions may provide viable prevention strategies for this population. Importantly, the programs face several critical challenges (e.g. retention and programmatic impact of homelessness) that also need to be further explored as additional data are collected. Should either or both programs demonstrate preliminary efficacy, larger controlled trials would be needed to confirm true intervention efficacy for this critical population.

**Presentation Number:** A19-2

**Presentation Title:** Social Service Programming: Past Experiences and Expressed Needs Among Transgender Women in New York City

**Author(s):** **Author(s):** David S. Bimbi; Juline Koken; Jeffrey T. Parsons; Sarit Golub; Heather Joseph; Andrew Margolis

**BACKGROUND:** Transgender women (male-born persons identifying as female) are at increased risk for HIV infection. Stigma, lack of social support, marginalized social status, and lack of access to acceptable health care and other preventative services likely contribute to this risk. To help inform the development of a tailored, four-session group-level intervention program for adult transgender women, qualitative data were collected to gain a better understanding of how to meet the unique needs of this population.

**METHOD:** Participants were recruited by the outreach team of a community-based organization in the New York City region. Twenty sexually active adult transgender women of color completed a qualitative interview during the developmental phase of a larger intervention study. Participants were compensated \$50 for their participation.

**RESULTS:** Participants ranged in age from 18-55 (Mean = 32). Fifty percent of participants identified as African American, 40% as Hispanic, and 10% as multi-racial. Sixty percent identified as transgender and 40% as female. Most (70%) were unemployed, and almost half (45%) were HIV-positive.

Most (90%) of the participants provided positive feedback about the proposed intervention curriculum. Positive attributes included the ability to access a program that was in a safe space with a sense of community and a perception that participants would be treated with respect and would be supported and encouraged by a well-trained staff. Participants liked the integration of HIV prevention programming into a broader health curriculum. The majority (70%) of the participants preferred to have programs and services led by other transgender women.

Over half the sample (60%) reported negative past experiences with prevention programming. According to participants, several areas requiring improvement included: lack of structure within programs, limited sense of community, and competition among transgender women accessing the services.

Several major service needs emerged. Medical care was discussed by 70% of respondents, who reported a need for access to unbiased healthcare, safe hormone therapies, and sex reassignment surgery. Fifty percent of the sample reported a need for mental health services focused on building confidence and self-esteem, as well as transgender-specific treatment programs for substance abuse. Need for stable employment and housing was identified by 50% and 30% of participants, respectively. Access to legal services was a priority among 30% of participants. HIV prevention and safer sex were also salient issues; easy access to condoms and other safe sex tools were specifically mentioned.

**CONCLUSION:** Specific recommendations to consider in shaping prevention programs for this population, and which were integrated into our intervention curriculum, include a better integration of HIV prevention into other programs and services and well-trained transgender staff that can maintain a supportive environment focused on community building. Given that participant's needs varied and spanned multiple types of services, it was appropriate that our program address HIV prevention with a holistic approach focusing on self-care and healthy lifestyle choices. A pilot study will establish preliminary efficacy of this intervention.

**Presentation Number:** A19-3

**Presentation Title:** Correlates of Sexual Risk Among Urban Adult Transgender Women

**Author(s):** Jeffrey T. Parsons; David S. Bimbi; Sarit Golub; Andrew Margolis; Heather Joseph

**BACKGROUND:** Transgender women (male-born persons living and identifying as female) have been a recognized group at high risk for HIV infection. High rates of HIV infection, unsafe sexual behaviors, and involvement in commercial sex work have been observed in previous research, however relatively little has been studied on psycho-social factors related to unprotected anal sex in this population. As part of the development and preliminary evaluation of a group-level intervention for adult transgender women, baseline data were collected to further explore behaviors and specific mediators contributing to risk.

**METHOD:** Participants were recruited by the outreach team of a community-based organization in the New York City region. Seventy-five sexually active transgender women, age 18, completed audio-computer assisted self-interviews (ACASI) from late December 2007 to April 2008. The ACASI survey assessed sexual behavior by different partner types (e.g., primary, casual, sex work), drug use and included a battery of psychosocial measures (e.g., depression, coping, life stress, social support). The survey included a 90-day reporting period. Participants were compensated \$40 for their participation.

**RESULTS:** Participants were mostly of color (43% African-American, 39% Latina, 13% Multi-racial/other, and 5% white) with an average age of 35 (range 18-56). Half (51%) were HIV-positive. Thirty-five percent injected silicone to feminize their body, however few participants (5%) reported needle sharing for silicone, hormones, or drug injection. A third of participants reported recent commercial sex work, and 13% reported trading sex for food, drugs or shelter. Just over a third (37%) reported being drunk once a month, 25% used marijuana on a regular basis (i.e., weekly), and 16% reported using crack cocaine. Only one participant reported using heroin. Just over a third (36%) reported unprotected anal sex (UA) with someone other than a primary partner. In logistic regression analysis, participants who engaged in commercial sex work were more likely to report UA (OR=3.62; CI 1.32-9.96) with someone other than a primary partner. However, neither UA or commercial sex work were associated with a participant's HIV serostatus. In multivariate analyses of variance (MANOVA), participants reporting UA scored significantly higher in transgender-related stigma, depression, and life stress; and significantly lower in supportive coping, social support and emotional growth.

**CONCLUSION:** This study further documents high levels of HIV infection and unprotected anal sex among transgender women. Although the study included a relatively small sample size, observed differences among participants engaging in risky sexual behaviors suggests the need for interventions to address psycho-social factors that are likely contributing to risk in this population. Such efforts should incorporate, at a minimum, discussions and exercises to improve coping skills, reduce the stigma of being transgender, and increase social support. Some transgender women may require individualized counseling to address depression and emotional growth.

**Presentation Number:** A19-4

**Presentation Title:** Qualitative Insights On Factors Related to Unprotected Sex Among Transgender Women in New York City

**Author(s):** David S. Bimbi; Jeffrey T. Parsons; Sarit Golub

**BACKGROUND:** Transgender women (male-born persons living and identifying as female) have been identified as a group at great risk for HIV infection. Previous research has imputed high risk in this population through reported high rates of HIV prevalence. Very little research however has focused on the psycho-social factors related to risk and even less has utilized qualitative methods. The purpose of the present investigation was to elicit from transgender women factors they believed have lead are contributing to unprotected sex for themselves as well as among other transgender women.

**METHOD:** A sample of 54 sexually active transgender women of color, age 18 and over were recruited by the outreach team of a community-based organization in the New York City region in December of 2007 and January of 2008. As part of a larger intervention study, at the 3 month follow up appointment, participants were invited to participate in a qualitative interview focused on eliciting factors related to unprotected sex among transgender women. Interviews ranged from 15 minutes to half an hour and participants were compensated \$20 for their participation.

**RESULTS:** The participants ranged in age from 18-56 years old (M = 37). 44 percent (n = 24) of the participants identified as African American, 39% (n = 21) identified as Hispanic, and 7.4% (n = 4) identified as multi-racial, 2 native, 3 white. 55.6 percent (n = 30) of the participants identified as transgender, and 44.4% (n = 24) identified as female. Just over half (53.7%) the sample self reported being HIV positive.

Participants mentioned that many transgender women fell invulnerable to HIV and they attributed this to being adolescent as well as generational differences. Participants shared that when they were young transgender women they felt invulnerable to HIV and they see that trend in addition to "HIV is no big deal" among younger transgender women they encounter. Participants also specifically discussed the lack of HIV prevention efforts targeting transgender women.

Participants also discussed that self esteem and particularly using sex to validate their female or transgender identity as factors relating to unprotected sex. Sex work as means of survival (as transgender women often face job discrimination and "have no other choice") as a risk factor, particularly while working under the influence of alcohol and drugs or "partying" with clients.

**CONCLUSION:** Participants identified several salient themes that provide clear targets for HIV prevention efforts and further modification of the intervention in which they participated. Self esteem, gender validation and sex under the influence of drugs and alcohol could be addressed through one on one counseling and group interventions. There is also a clear need for transgender specific HIV awareness campaigns, particularly targeting transgender youth. Finally, the lack of employment opportunities as

well as educational opportunities for transgender women may force them to choose to engage in survival sex work. It is unclear however, if each area is independently related to risk, or if they all are interconnected in an ecological framework of risk in this population.

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**Track B****B01 - Ushering in the Era of Using HIV Incidence Data for Prevention Planning****Room: Dunwoody (Hyatt Regency Atlanta)**

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**Presentation Number:** B01-1**Presentation Title:** HIV Incidence Among Individuals Testing in the Public Health Laboratory in Houston, Texas**Author(s):** Biru Yang; Shirley Chan; Marcia Wolvorton; Jan Risser

**BACKGROUND:** The goals of this study were to (1) determine the cumulative HIV incidence among individuals who had HIV tests performed in the Houston Department of Health and Human Services (HDHHS) public health laboratory between June 1, 2005 and May 31, 2007, (2) describe the demographic and risk characteristics of incident HIV cases diagnosed through the HDHHS public health laboratory, and (3) compare the two methods used to estimate the cumulative HIV incidence among these individuals.

**METHOD:** The Centers for Disease Control and Prevention (CDC) developed the Serologic Testing Algorithm for Recent HIV Seroconversion (STARHS) to differentiate new versus long-standing HIV infections. Data for this study was collected between June 1, 2005 and May 31, 2007 by the HDHHS HIV surveillance and prevention programs in collaboration with CDC. HDHHS, in collaboration with the University of Texas School of Public Health, developed another statistical method to estimate HIV incidence for Houston in the interim (the HDHHS method). The numbers of new HIV infections in this study were estimated using both CDC and HDHHS statistical procedures and compared to each other. The at-risk population was estimated by the number of HIV-negative testers plus the incident HIV cases and categorized by sex, race/ethnicity, age, and mode of transmission groups.

**RESULTS:** Among the 54,394 persons who tested for HIV during the study period, 942 tested HIV positive (positivity rate=1.7%). Of these HIV-positive individuals, 448 (48%) were newly reported to Houston's HIV/AIDS Reporting System. Over 90% of the 448 specimens among the newly reported cases were available for STARHS testing. STARHS results showed 33% of these specimens were recently infected with HIV. Using independently developed CDC and HDHHS methods, the cumulative HIV incidence over the two-year study period were 862 per 100,000 persons (95% CI: 655-1,070) and 925 per 100,000 persons (95% CI: 908-943), respectively.

**CONCLUSION:** Using independently developed CDC and HDHHS statistical approaches, the estimated cumulative HIV incidence were comparable. Similar to the national trend, African Americans and men who had sex with men comprised most of the new HIV infections among Houston public health laboratory testers. The results of this study were a direct measure of HIV incidence. These findings can be used as a reference for HIV prevention planning in Houston.

**Presentation Number:** B01-2**Presentation Title:** Using Incidence Data to Strengthen Prevention Programs: Louisiana's 2006 and 2007 HIV Incidence Estimates**Author(s):** Lauren Granen; Luke Cvitanovic; Samuel Ramirez; William Robinson PhD

**BACKGROUND:** Timely and accurate data describing the HIV/AIDS epidemic are needed to inform and direct HIV prevention and services programs and activities at the local and national level. While HIV prevalence data are readily obtainable from standardized case registries, the number of newly diagnosed cases of HIV or even AIDS has been traditionally used as a proxy measure for "true" HIV incidence. With the advent of new techniques developed by CDC and others, surveillance programs now have the capacity to estimate the number of new HIV infections within a given time-frame providing a more direct measure of disease incidence. These incidence estimates can be more useful than newly diagnosed cases because incidence disregards older cases that were not tested until well after infection, thus providing a more current depiction of the epidemic.

Nationally, these new incidence estimates have been widely publicized and several local agencies have been prolific in reporting local level estimates as well. Because of their novelty, however, these data can be difficult to understand and thus potentially underutilized by the prevention community. This is unfortunate because they can provide insight into shifting risk patterns, population disparities and used to target populations for prevention planning efforts. The purpose of this presentation is to acquaint prevention providers, consumers, and community stakeholders with incidence estimates, illustrate the difference between incidence and newly diagnosed cases, and demonstrate how incidence can be used in prevention planning and evaluation activities.

**METHOD:** As one of 22 state and local HIV Surveillance programs participating in CDC's incidence project, Louisiana utilized data on blood samples from newly identified HIV positive persons to estimate the number of statewide HIV incident cases in 2006 and 2007.

**RESULTS:** Incidence data, when available, should be considered in the prevention planning process. These data can be used to assist community planning groups, identify priority populations and allocate resources accordingly, develop prevention plans, and evaluate current or past interventions. Examples on how to effectively present data will be provided during the presentation.

**CONCLUSION:** Because incidence data are estimates of persons who recently contracted HIV and because the formula of calculating these numbers is fairly new, it should be introduced into the planning process in conjunction with more established community planning tools such as demographic profiles and community assessments. Regardless, HIV/AIDS Prevention efforts can benefit from incidence data, both as a planning and an evaluation tool for a program. By targeting subpopulations with the greatest need, prevention budgets can be spent wisely and allocated to areas where they will have the most impact.

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## Track C

### C03 - HIV Prevention for At-Risk Youth & Families

**Room: Cairo (Hyatt Regency Atlanta)**

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**Presentation Number:** C03-1

**Presentation Title:** Church-Based Parent-Child HIV Prevention Project

**Author(s):** Nickie N. Jackson; Bridgette M. Brawner; Jillian Baker; Loretta Sweet Jemmott, PhD

**BACKGROUND:** Background: Inner-city African American adolescents are at high risk of sexually transmitted diseases (STDs), including HIV infection. By practicing sexual abstinence by either postponing or ceasing sexual involvement, adolescents can eliminate the risk of STDs. Parents can play a key role in reducing the adolescents' sexual risk behavior. Historically, Black churches have been important to the well-being of the Black community. However, few studies have documented the effects of parental or church-based interventions in reducing adolescents' sexual risk behavior.

**Objective:** We wanted to identify an effective, inventive church-based, theory-driven intervention and test the efficacy of HIV/sexually transmitted disease (STD) risk-reduction church-based intervention to help parents reduce their childrens' risk of STDs, including HIV.

**METHOD:** Methods: The methodological approach draws on Bandura's social cognitive theory, Fishbein and Ajzen's theory of reasoned action/planned behavior, and the investigators' risk-reduction research with inner-city African American adolescents and their parents. In a randomized controlled trial, 613 African American parents and one of their children 11 to 14 years of age were recruited through 10 Black Baptist churches in low-income communities in Philadelphia, PA. We randomly assigned parent-child dyads to 1 of 3 conditions: (1) a Faith-Based Abstinence HIV risk-reduction intervention that uses biblical scriptures to encourage abstinence until marriage; (2) a non-Faith-Based Abstinence HIV risk-reduction intervention that uses family, future goals, and being proud and responsible messages to encourage abstinence until marriage, and (3) a control group that receives a general health promotion intervention concerning health issues unrelated to sexual behavior. The interventions were structurally similar: 12 1-hour modules that included informative and creative films, exercises, and group discussions implemented by specially trained adult facilitators on 3 consecutive Saturdays. Three-hour "booster" intervention sessions were implemented with parents and children 3 and 6 months later.

**RESULTS:** Results: Data were collected before, immediately after, and 3, 6, 12, 18, and 24 months after the initial interventions. According to the retention reports, 1123/1226 (91.6%) returned for Day 2 and 1171/1226 (95.4%) returned for Day 3 of the intervention, 892/1226 (72.8%) returned for 6 week booster, 989/1226 (80.7%) returned for 3 month follow up (MFU), 979/1226 (79.9%) returned for 6MFU, 982/1226 (80.1%) returned for 12MFU, and 972/1226 (79.3%) returned for the 18MFU. The primary outcome measure was childrens' HIV sexual risk behavior. The secondary outcomes included parents' influence attempts and parents' and childrens' intentions, beliefs, and self-efficacy—the theoretical mechanisms hypothesized to mediate intervention effects. The data were analyzed with ANCOVA, mixed-model ANOVA, planned contrasts, multiple regression, and logistic regression. Specific Aims included (a) testing the effects of the interventions on adolescents' sexual behavior, (b) examining theoretical mediators of intervention effects, and (c) testing potential moderators of intervention effects, including parents' characteristics (e.g., age, involvement with their children) and adolescents' characteristics (e.g., age, gender, sexual experience).

**CONCLUSION:** Conclusion/Implications: Churches have the potential to play a pivotal role in combating the spread of HIV/AIDS in the Black Community. These findings have contributed to the development of efficient, innovative and effective HIV risk-reduction programs for inner-city African American adolescents.

**Presentation Number:** C03-2

**Presentation Title:** Reducing Substance Use and HIV Health Disparities Among Hispanic Youth: The Familias Unidas Research Program

**Author(s):** Guillermo Prado

**BACKGROUND:** Preventing/reducing substance use and HIV among Hispanic youth is essential to eliminating the health disparities that exist between Hispanics and other segments of the population. To our knowledge, there is only one published behavioral intervention with demonstrated efficacy in preventing both substance use and unprotected sexual behavior among this population. The objective of this presentation is to present on a program of research involving Familias Unidas, a Hispanic-specific, parent-centered intervention, aimed at preventing/reducing substance use and unsafe sexual behavior. This presentation will focus on the theoretical foundation for the intervention, the empirical research supporting the theoretical model, the intervention model itself, and the findings of the program of research.

**METHOD:** Familias Unidas has been evaluated and found to be efficacious in two randomized controlled trials.

**RESULTS:** In the first study (Pantin et al., 2003), Familias Unidas was shown to be efficacious relative to a no intervention control condition in increasing family functioning and reducing conduct problems, risk factors for substance use and unprotected sex. In the second study (Prado et al., 2007), Familias Unidas was found to be efficacious, relative to two attention control conditions, in preventing/reducing cigarette use, illicit drug use, and unprotected sexual behavior. Familias Unidas was also found to be efficacious in preventing STDs. In both studies, the effects of Familias Unidas were mediated by improvements in family functioning. A third and fourth randomized trial of Familias Unidas is currently under way. Preliminary evidence also supports the efficacy of Familias Unidas for Hispanic youth with clinical levels of behavior problems.

**CONCLUSION:** Familias Unidas has been found to be efficacious in reducing substance use and HIV health disparities among Hispanic youth. Moving interventions, such as Familias Unidas, from efficacy to effectiveness to broad dissemination is essential to reducing the health disparities that exist between Hispanics and other segments of the population.

**Presentation Number:** C03-3

**Presentation Title:** Involving Communities in Adapting an Evidence-Based Parent-Level HIV Prevention Program to Rural Western Kenya

**Author(s):** Melissa N Poulsen; Kim S Miller; Hilde Vandenhoutd; Chris Obong 琺; Juliet Ochura; Gillian Njika; Sarah C Wyckoff

**BACKGROUND:** Evidence-based programs are important for effective HIV prevention. However, countries in the midst of the AIDS epidemic cannot afford to spend multiple years developing, implementing, and rigorously evaluating interventions. Rather than creating novel, culturally-specific interventions, existing evidence-based interventions may be adapted for new settings. This abstract describes the process of adapting a US evidence-based pre-risk HIV prevention intervention for use in rural Kenya. The Parents Matter! Program (PMP) is a once weekly, 5-session intervention that helps parents of pre-adolescents gain the knowledge, skills, comfort, and confidence to discuss sexuality and sexual risk reduction with their children and to enhance positive parenting skills. PMP, originally developed and evaluated for African American families, was adapted for use in Asembo, a farming and fishing subsistence community in Nyanza Province (NP), which has the highest HIV prevalence in Kenya.

**METHOD:** During a rapid needs assessment conducted in NP, youth reported a lack of sexual health knowledge, insufficient communication about sexual issues with parents, and a lack of positive role models. PMP was identified as an intervention that could be adapted to Kenya to fill the gap in youth sexuality education. A four-step process was used to adapt PMP beginning in 2003. First, to assess PMP's relevance for Asembo, local intervention staff, youth representatives, and adults in Asembo reviewed PMP's objectives, methods, and content. These groups found PMP concepts to be applicable to Asembo and perceived the program as timely and relevant. Second, adaptations were identified. Parents and youth attended the intervention, giving feedback on the comprehensibility and acceptability of the content/methods. Their input helped determine areas for adaptation. Making the adaptations was an iterative process between the intervention staff, program developer, and community. Community members contributed heavily, such as youth drawing program posters, and adults recording audiotapes. Core elements remained intact; aspects of the content, materials, and delivery were modified. The program was renamed "Families Matter!" in consideration of the parenting environment in NP, which includes extended family networks, polygamy, and high rates of orphanhood. Third, a pilot-test of the adapted intervention was conducted. Trained facilitators delivered the program in five consecutive days to rapidly assess implementation challenges, with parents, children, facilitators, and observers making recommendations. Fourth, the adapted program was delivered to parents in Asembo, at which time an evaluation of the program began, using a pre/post intervention design with 2-year follow-up. Routine observation of early implementation assessed delivery, fidelity, and monitoring strategies, and materials were further refined.

**RESULTS:** Evaluation results showed the program successful at promoting parent-child sexual communication and positive parenting practices. Ultimately, the program was delivered to over 7,000 families in Asembo and neighboring communities between 2004-2008 with high levels of acceptance and satisfaction.

**CONCLUSION:** An evidence-based HIV prevention program can be successfully adapted for a new cultural setting if it is relevant to local needs, the community is involved in recommending adaptations, and pilot-testing and early implementation are well-monitored.

**Presentation Number:** C03-4

**Presentation Title:** HIV Prevention Programming for Parents: Implementing a Multi-Session Program for African-American Parents in Resource-Constrained Communities

**Author(s):** Kim S. Miller; Carol Y. Lin; Amy M. Fasula; Melissa Poulsen; Sarah C. Wyckoff; Rex Forehand

**BACKGROUND:** Parenting interventions can provide parents with needed knowledge, support, and skills to effectively communicate with their children about HIV, sexuality, and sexual risk reduction. For parents in the highest HIV risk communities, however, time and resource constraints may make it difficult to attend multi-session parenting interventions. We examine the success of implementing a multi-session parenting program for African American parents in resource-constrained communities.

**METHOD:** Data are taken from a longitudinal efficacy study of the Parents Matter! Program (PMP). PMP is an HIV prevention intervention designed for parents of 9-12 year olds to promote positive parenting and effective parent-child communication about sexuality and sexual risk reduction. PMP was implemented in 3 US cities: Atlanta, Georgia, Athens, Georgia, and Little Rock, Arkansas and was delivered over 5 consecutive weekly 2.5 hour sessions. Participant interviews were conducted at enrollment (n=378), post-intervention (n=317) and at 1 year post-intervention follow-up (n=293). To determine if we were able to recruit and retain parents with time and resource constraints, we examined demographic data and program acceptance and retention rates. In addition, to determine if PMP resonated with this population, we examined how satisfied parents were with the program, the relevancy and usefulness of the program, and whether or not parents shared program information with others.

**RESULTS:** Demographic data collected at enrollment show that the 378 parents in PMP have time and resource constraints. Forty-two percent of parents had a total monthly household income of less than \$1000, and the median household size of the sample was 4. In addition, 51% and 11% worked full- and part- time respectively. Despite these constraints, of the 378 parents eligible for PMP participation, 90% (n=339) attended 1 or more PMP intervention session. Of the 339 participating in the intervention, 86% (n=292) attended 4 or more sessions and 67% (n=226) attended all 5 sessions. Program participant data at post intervention assessment revealed that 97%(n=307) of participants had a “very positive” overall experience in the PMP. When asked “how important do you think the information and skills covered in the Parents Matter Program are to families like yours?”, 94% (n=297) found the program information and skills “very important.” In addition, 96% (n=304) reported that it is likely that they will continue to use the information and skills learned in PMP. At 1 year post intervention follow-up, 100% of participants had used the information or skills learned in the program with their child, and 97% (n=284) of participants had shared PMP program information with their friends.

**CONCLUSION:** Despite significant time and resource constraints, many parents are motivated to participate in multi-session parenting programs that can give them tools to help their children avoid HIV risk. PMP was developed and implemented by and for African American community members. The program’s high retention rates, participant satisfaction, usefulness, and relevancy suggest that if we provide programming that resonates with the needs and experiences of parents in high HIV-risk communities, it is feasible to implement such programs. Strategies that contributed to program success will be discussed.

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## Track C

### C08 - Immigration Experiences, Mental Health and Substance Abuse Co-Morbidities in MSM

**Room: International Ballroom North (Hyatt Regency Atlanta)**

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**Presentation Number:** C08-1

**Presentation Title:** Implementation of the First Pilot Intervention for Latino MSM Newcomers to Canada

**Author(s):** Gerardo Betancourt; Celeste Joseph

**BACKGROUND:** Latino MSM have been showing the steepest rise in HIV diagnoses of the 6 ethnocultural groups (Black, South Asian, Latin American, Asian, Arab/West Asian, Aboriginal) tracked in Ontario, accounting for the largest proportion of HIV diagnoses of the 6 in 2004, and continuing to rise faster than the MSM average through 2006.

**METHOD:** An HIV prevention and sexual health intervention was designed through collaboration between the Centre for Spanish Speaking Peoples and a researcher by: (a) reviewing the Latino-specific HIV prevention research literature, (b) consulting with Rafael Díaz (San Francisco State University), (c) ongoing involvement of an advisory committee of 7, 5 of whom were Latino gay men, and (d) review of the program just prior to implementation by a focus group of Latino MSM. The format and content of the intervention was strongly inspired by Hermanos de Luna y Sol, a “model program” for Latino MSM sponsored

by the Center for AIDS Prevention Studies in San Francisco. The working language of the research team, advisory committee, and the intervention was Spanish.

**RESULTS:** The intervention consisted of an initial day-long session followed by 4 2-hour evening sessions that addressed the topics of: immigration experience and services, sexual orientation and homophobia in family and culture, HIV prevention and STIs, Toronto gay scene, bathhouses and casual sex, dating and relationships. Twenty Latino MSM, who were within 3 years of arriving in Canada, attended the first session. Fifteen completed all 5 sessions. Eight indicated their immigration status as refugee, 3 as permanent residents (all of whom were married to their male partners), and 4, other statuses. There were no noticeable differences in the demographics of those who completed the program compared to those who did not.

**CONCLUSION:** In the pre-test sexual risk questionnaire, 3 (of the 15) reported UAI with a regular male partner, 1 with regular male and female partners, and 2 with a casual male partner of unknown serostatus. At post-test, 2 reported UAI with a regular seroconcordant male partner and none with a casual partner. One of the post-test regular partners was in an open relationship of more than 5 years; the other a monogamous legal marriage. The mean score on the UCLA Loneliness scale decreased from 43.27 (sd = 11.29) on the pretest to 40.47 (sd = 8.37) on the posttest. Given the small sample size, the difference between the two means did not reach statistical significance ( $t = 1.09$ ,  $df = 14$ ) using the paired sample T test. Qualitative interviews conducted by a research assistant who was not involved with the intervention showed a high level of enthusiasm, a strong sense of group solidarity, requests for more sessions, and interest in additional information on STIs. Participants subsequently organized and facilitated additional sessions with the assistance of the Centre. Overall this first intervention for Latino MSM in Canada shows movement in the right direction and considerable potential to be effective and well liked by participants.

**Presentation Number:** C08-2

**Presentation Title:** Effects of a Sexual Health Intervention to Reduce Serodiscordant Unsafe Sex Among HIV Positive MSM

**Author(s):** B.R. Simon Rosser; Michael H. Miner; Seth Wells; David Brennan; John L. Peterson; Eli Coleman; Margherita Ghiselli; Brian R. Lee; Scott Jacoby

**BACKGROUND:** Effective interventions are needed in the United States to prevent transmission of HIV infection by Persons living with HIV. While effective interventions have been identified for other persons with HIV, to date, no rigorously tested behavioral interventions exist to reduce high-risk sexual behavior among HIV-positive Men who have Sex with Men (HIV+MSM). To address this gap, this study had two aims: 1) to test a sexual health approach to lowering the long-term risk behavior of HIV+MSM, and 2) to study whether tailored interventions (addressing HIV prevention from the perspective of an HIV+MSM) are more effective than non-tailored interventions (designed for all MSM). In addition, to address the historical under-representation of MSM of Color in such trials, we aimed to over-recruit HIV+MSM of Color.

**METHOD:** This NIMH-funded randomized controlled trial tested the effectiveness of a comprehensive sexual health intervention in preventing serodiscordant unsafe sex among 675 HIV-positive MSM in 6 US epicenters. The trial was conducted between January, 2005 and April, 2006 in Seattle, WA (n=114); Washington, D.C. (n=71); Boston, MA (n=64); New York, NY (n=177); Los Angeles, CA (n=146); and Houston, TX (n=103). To be in the study, participants needed to be HIV+MSM over 18 years with a recent history of unsafe sex with serodiscordant partners (SDUAI). The weekend-long seminars were “Positive Sexual Health”, a HIV prevention interventions tailored specifically for HIV-positive MSM and “Man-to-Man”, an equivalent designed for all MSM. Both interventions consisted of 14-16 hours of large group presentations, activities, exercises, and small group discussions. “Men Speaking Out” was a contrast arm and consisted of three hours of HIV prevention videos. Baseline, 6-, 12- and 18-month follow-up surveys assessed the frequency of SDUAI, and its predicted mean count throughout follow-up.

**RESULTS:** Approximately 75% of participants were HIV+MSM of Color, and 80% gay-identified. Overall, we retained 78% of participants after 18 months of follow-up. Between baseline and 6-month follow-up, SDUAI significantly decreased across all arms from approximately 45% to 29% and remained lowered at 12- and 18-month follow-up. However, no differences were observed between arms.

**CONCLUSION:** An almost 50% reduction in SDUAI across the interventions is consistent with the promise of a sexual health approach in reducing long-term risk behavior of HIV+MSM. The lack of significant differences across arms appears to indicate that all arms were equally effective. We found no evidence that tailoring the intervention increased or decreased the behavioral effectiveness of the intervention. Positive Connections is the fifth RCT to use a contrast arm only to yield ambiguous findings. We recommend other studies should consider using null condition conditions not contrast conditions. We attribute the high involvement of HIV+MSM of Color to a strong partnership with local AIDS Service Organizations. We gratefully acknowledge our partners: Howard Brown Health Center (Chicago); Gay City Health Project (Seattle), Whitman Walker Clinic (Washington, DC); Fenway Community Health Center (Boston), Gay Men’s Health Crisis (New York), AIDS Project Los Angeles and Black AIDS Institute (Los Angeles), and Legacy Community Health Services (Houston).

**Presentation Number:** C08-3

**Presentation Title:** Exploring Childhood Sexual Experiences and Vulnerability to Intimate Partner Violence Among African American MSM/W

**Author(s):** Gail E. Wyatt, Ph.D.; Kimberly Kisler, MPH; Dorie Glover, Ph.D.; Andres Sciolla, M.D.

**BACKGROUND:** While the HIV epidemic has disproportionately affected African American men who have sex with men (MSM), few HIV interventions have focused on African American men who have sex with both men and women (MSM/W). Childhood sexual abuse among MSM has been associated with increased sexual risk for HIV infection and poorer psychological outcomes, such as depression. For non-gay identifying (NGI) African American MSM/W, appraisal and self-definition of childhood sexual experiences may influence sexual identity and affect their ability to establish adaptive and safe physical and sexual boundaries. Additionally, these early sexual experiences may increase the risk of being in an adult relationship with intimate partner violence (IPV), specifically adult sexual abuse. Attention to the associations between appraisal of early sexual experiences and adult physical and sexual abuse need to be considered when developing HIV risk reduction interventions for HIV-positive NGI African American MSM/W.

**METHOD:** Two groups of HIV-positive NGI African American MSM/W in Los Angeles, California participated in semi-structured focus group discussions, where each group met twice for 90-minutes. Thus, group A met twice for a total of 3 hours, as did group B. General discussions on childhood sexual experiences, appraisal and self-definition of these experiences, intimate adult relationships, and being HIV-positive in the African American community occurred at the initial meeting, with more in-depth exploration occurring at the second meeting. Eligible participants were HIV-positive African American men who had histories of sexual contact before the age of 18 years, had engaged in unprotected sex with both male and female partners in the prior 3 months and were non-gay identifying. Discussions were recorded, transcribed, and analyzed with a constant comparison qualitative method.

**RESULTS:** Mean age of participants (n=16) was 40.5 years. The majority had a high school education (69%), with 33% earning an annual income of less \$10,000 and 50% reporting being "unable to work or unemployed." While eligibility criteria required all participants to be NGI and behaviorally bisexual, on post-demographic survey 56% identified as gay and 13% as bisexual. Childhood sexual experiences were not perceived to be traumatic by 37%. Intimate partner violence, including both physical and sexual abuse, was viewed to be commonplace among African American heterosexual couples, but especially among male-male relationships by 56% (n=9). Reasons for physical and sexual violence included mirroring behaviors displayed by parents and violence being a proxy for manhood, strength, and love. Also reported was the occurrence of men being both victim and perpetrator in both male-female and male-male relationships. Only two participants acknowledged IPV as being a reason to terminate a relationship and only one acknowledged early sexual experiences as possibly contributing to unsafe adult sexual behaviors.

**CONCLUSION:** Understanding how NGI African American MSM/W interpret early sexual experiences may have an impact on sexual decision-making, sexual identity formation, and ability to form healthy adult sexual relationships. The impact of early sexual experiences, especially those that include negative appraisal and coercion must be considered when developing HIV risk reduction interventions for NGI African American MSM/W.

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## Track C

### C16 - Eliminating Perinatal Transmission in the US

#### Room: Piedmont (Hyatt Regency Atlanta)

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**Presentation Number:** C16-1

**Presentation Title:** All Perinatal HIV Transmission Is Local: Using FIMR to Identify and Address Missed Prevention Opportunities.

**Author(s):** Margaret A. Lampe; Brenda Thompson; Rebecca Carlson; Kathleen Buckley; Carol Brady; Stephen Henry; Lynn Kleiman

**BACKGROUND:** Preventive interventions exist to eliminate perinatal HIV transmission in the United States, but many infants become HIV-infected due to missed prevention opportunities. The Fetal & Infant Mortality Review (FIMR) methodology is an effective continuous quality improvement model used to improve perinatal systems to reduce infant mortality in more than 200 U.S. communities. Like infant mortality, perinatal HIV transmission is a sentinel event warranting local investigation and action, a FIMR-like methodology may support strong systems to prevent perinatal HIV transmission.

**METHOD:** Using FIMR as a prototype, CDC, ACOG, CityMatCH and the National FIMR Program partnered to create a protocol to identify and address missed opportunities and local systems failures associated with perinatal HIV transmission, i.e., the FIMR-HIV Pilot Project (FHPP). The protocol includes a priority assessment tool for selecting cases to review, detailed medical record abstraction and maternal interview forms, a case review team meeting guide and community action team meeting guide. Medical record abstraction forms utilized Enhanced Perinatal Surveillance and FIMR items, when possible for efficient data collection.

**RESULTS:** Through a competitive application process, 3 communities (Baton Rouge, LA, Detroit, MI and Jacksonville, FL) received minimal funding to conduct the FHPP over 2 years. Each site was to gather information on 25 mother-infant pairs per year, choosing cases most likely to elicit information on gaps in perinatal and HIV health systems. The sites were to convene multidisciplinary, expert, case-review teams to identify key missed opportunities and make specific recommendations for change. In addition, they were to convene community action teams (CATs) of local leaders whose charge was to implement the recommended changes.

**CONCLUSION:** The 3 pilot projects reviewed 135 cases, resulting in several recommendations for systems change. All 3 sites identified gaps in reproductive health and family planning for HIV-infected women, such as a lack of patient education on safer sex, and prevention of unintended pregnancy. Improvements in family planning and preconception care were recommended by all three projects. Examples of recommendations include: 1) enhance mental health services for HIV+ women, 2) ensure timely transfer of records among providers and 3) improve prenatal HIV testing rates. Several actions have been taken by the CATs, e.g., a reproductive health needs assessment for HIV-infected women was developed and is being used by Ryan White Part A case managers in Jacksonville and the Ryan White data system (CAREWARE) has incorporated reproductive health questions. Baton Rouge has tailored CDC's One Test. Two Lives. social marketing campaign to include local resources and disseminated it throughout key areas in the community to promote HIV prevention and testing during pregnancy. While all 3 sites successfully implemented the project and found the gleaned information useful, they identified some challenges and indicated that technical assistance would be helpful for new projects. To that end, CityMatCH is working with the other national partners to create a replication guide and toolkit and will fund additional sites to conduct a FIMR-HIV project in 2009-2010. CityMatCH will also provide technical assistance to CDC's perinatal HIV prevention grantees and FIMR sites opting to use this new tool.

**Presentation Number:** C16-2

**Presentation Title:** Characteristics and Prenatal Care Utilization of HIV-Infected Pregnant Women, Enhanced Perinatal Surveillance, 24 Areas, 1999-2003

**Author(s):** Barbara DeCausey; Kathleen McDavid Harrison; Shubha Rao; Ming Wei; Suzanne Whitmore

**BACKGROUND:** Perinatal HIV transmission rates have significantly decreased since treatment recommendations were published by the United States Public Health Service in 1994; however, due mostly to missed opportunities for prevention, HIV transmission still occurs. Lack of prenatal care contributes to perinatal HIV transmission; however, adequacy of prenatal care using the Kotelchuck Index has not been assessed in this population.

**METHOD:** Using data from 24 Enhanced Perinatal Surveillance (EPS) areas during 1999-2003, we examined age, race/ethnicity, substance abuse, timing of HIV diagnosis, CD4 count closest to delivery (cells/ $\mu$ L), receipt of prenatal care, and the number of prenatal care visits of HIV-infected pregnant women. We examined the adequacy of prenatal care utilization using the Kotelchuck Index, which defines adequacy of prenatal care using the gestational month prenatal care was initiated and the number of prenatal care visits to create four levels of care: inadequate, intermediate, adequate, and adequate plus. A large proportion of cases were missing these two variables. We calculated univariate odds ratios and associated 95% confidence intervals (CIs) to evaluate the difference between receipt of intermediate, inadequate, or no prenatal care (inadequate) and adequate or adequate plus prenatal care (adequate).

**RESULTS:** During 1999-2003, 13,102 HIV-infected pregnant women were reported to EPS. The following characteristics were noted: 50% were in the 25-34 year age group; 67% were black, not Hispanic, 18% were Hispanic, and 11% were white, not Hispanic; 20% reported substance abuse; 59% were diagnosed with HIV infection prior to pregnancy and 30% were diagnosed during pregnancy; 10% had a CD4 count < 200; and 88% received some prenatal care. Thirty-eight percent (38%) of cases were missing sufficient data to classify adequacy of care. Among those for whom adequacy could be calculated, 26% received adequate and 36% received inadequate prenatal care. Compared to white HIV-infected pregnant women, non-Hispanic blacks had 1.9 times the odds (95% CI, 1.6-2.1) and Hispanics had 1.3 times the odds (95% CI, 1.1-1.5) of receiving inadequate prenatal care. HIV-infected pregnant women with injection drug use had 2.5 times the odds (95% CI, 2.1-2.8) of receiving inadequate prenatal care compared to those with high-risk heterosexual contact as their risk factor. HIV-infected pregnant women substance users, compared with nonusers, had 3.2 times the odds (95% CI, 2.8-3.6) of receiving inadequate prenatal care. HIV-infected pregnant women with alcohol and tobacco usage had 2.7 times the odds (95% CI, 2.2-3.4) of receiving inadequate prenatal care compared with those who did not use either.

**CONCLUSION:** Among the 62% of HIV-infected pregnant women with sufficient data to evaluate adequacy of prenatal care, a higher proportion received inadequate than adequate prenatal care. Our results indicate that HIV-infected pregnant women, who are non-Hispanic black, inject drugs, are substance abusers, or use alcohol and tobacco have higher odds than their counterparts of receiving inadequate prenatal care. HIV prevention programs should continue to target HIV-infected pregnant women with special attention on activities to improve prenatal care in these disproportionately affected populations. EPS data quality should be improved to better monitor care for HIV-infected pregnant women.

**Presentation Number:** C16-3

**Presentation Title:** Overview and Preliminary Evaluation Findings of CDC's One Test. Two Lives. (OTTL) Perinatal HIV Campaign

**Author(s):** Donata Green, PhD; Michael Burke, MPH, PhD; Judith K. Griffith, RN, MS; Melissa K. Taylor, PhD; Laura McElroy

**BACKGROUND:** Despite CDC's recommendations that all pregnant women be tested for HIV before delivery, in 2000, approximately 29% of HIV-infected infants were born to mothers who did not know they were living with HIV. About 40% of women of childbearing age are unaware that treatment is available to prevent perinatal transmission of the virus. Early diagnosis of HIV infection by obstetric care providers, appropriate referral, and accessible treatment is essential for reducing the number of newborns infected with HIV. Women who are diagnosed and begin antiretroviral therapy early in pregnancy can reduce the risk of transmitting HIV to their babies from approximately 25% to 2% or less while also protecting their own health. Women are not tested for HIV for various reasons, ranging from late prenatal care to no perceived need to be tested.

**METHOD:** OTTL is the first CDC national perinatal HIV prevention social marketing campaign targeting obstetric providers to encourage universal voluntary perinatal testing for HIV.

**RESULTS:** In 2007, the CDC launched the OTTL campaign to help obstetric providers reduce the number of infants born with HIV. OTTL offers providers materials to encourage all of their pregnant patients to learn their HIV status as a routine part of prenatal care.

**CONCLUSION:** The OTTL campaign employs several strategies, including: collaboration with stakeholders, opinion leader presentations, conference outreach, and advertisements in professional journals. Process and outcome data are systematically collected to determine effectiveness in reaching obstetric providers and to assess impact on provider practices. Evaluation strategies include: case studies, analysis of Porter Novelli's DocStyles web-based survey, a mail survey of Journal of Midwifery & Women's Health (JMWH) subscribers, and tracking of campaign activities and orders for materials. To date OTTL has generated more than 300,000 media impressions. According to the JMWH survey results, OTTL has higher brand recognition than several other paid advertisements in JMWH. Over 32,000 campaign materials have been disseminated and there have been over 8,000 views of the OTTL website home page. Nine case studies with obstetric providers in high prevalence cities were conducted to examine OTTL implementation and HIV testing practices. Results indicated that providers use OTTL materials that contain information they believe their patients need and make HIV education easier. Providers almost always offer an initial HIV test to their pregnant patients, but do not often repeat testing in the third trimester in accordance with CDC's recommendations. According to the 2008 DocStyles survey of 250 OB/GYNs, the number of providers using an opt-out approach to HIV testing increased by approximately 12% from 2007. An overview of OTTL will be presented followed by evaluation strategies, initial evaluation data, and future evaluation activities.

OTTL provides valuable materials to help ensure that pregnant patients receive early HIV testing. These materials fill a gap for needed free HIV prevention resources. Initial evaluation results indicate that there is an increase in the use of an opt-out approach but also a need to further emphasize third trimester HIV testing. The campaign will continue to promote the awareness and implementation of CDC's revised HIV testing recommendations.

**Presentation Number:** C16-4

**Presentation Title:** Elimination of Perinatal HIV Transmission in the United States

**Author(s):** Steven Nesheim

**BACKGROUND:** Prevention of mother-to-child transmission of HIV (PMCT) in the United States has been remarkably successful, so successful that the possibility of eliminating perinatal HIV transmission has raised issues regarding programmatic approaches and resource allocation. This presentation will provide an overview of PMCT in the United States and the status of a new initiative to maximally reduce mother-to-child transmission.

**METHOD:** The estimated number of new perinatal HIV infections in the United States peaked at approximately 1760 cases in 1991. Following recommendations for routine prenatal HIV testing and antiretroviral prophylaxis of all pregnant HIV-infected women (eventually including highly active antiretroviral therapy, or HAART), the number of cases was reduced > 90%. Mother-to-child transmission (MCT) rates of < 1% can be achieved among women whose HIV viral load becomes undetectable as a result of HAART. However, cases of MCT continue to occur. Some possible causes for ongoing cases include acute HIV infection during pregnancy and antiretroviral resistance. The portion of new perinatal HIV infections attributable to these causes is yet to be determined, but it is clear that "missed opportunities" for PMCT account for a large percentage of the cases that occur. In addition, providing optimal preventive interventions to a hard-to-reach small percentage of HIV-infected women will continue to pose a significant challenge. The estimated number of HIV-infected women delivering annually has increased by 30% between 2000 and 2006; an estimated 8700 HIV-infected women gave birth in 2006. There is a possibility that this number may increase further as a result of increasing well-being of HIV-infected persons, and the increased availability of possibly safer conception methods, such as use of pre-exposure prophylaxis (PrEP). Finally, the number of HIV-infected women of

childbearing age continues to increase, and the racial/ethnic disparity among HIV-infected pregnant women (87% African American or Hispanic) is large. All of these factors will affect strategies to eliminate perinatal HIV transmission.

**RESULTS:** Efforts to eliminate perinatal HIV transmission will require 1) ongoing and increased emphasis on family planning and preconception care for HIV-infected women; 2) comprehensive case-identification; 3) coordinated case finding, case management and case-review; and 4) local action based on the concept that perinatal transmission is a sentinel event, prompting action locally.

**CONCLUSION:** Coordination of the components of a national PMCT program is vital and may require innovative uses of public health data. Effective PMCT in hard-to-reach populations is likely to require more effort and expense per case than has been the case for the reductions already seen in MCT. Given the estimated discounted lifetime cost of medical care for an HIV-infected child (\$250,000), the financial benefit of further reductions of MCT is evident. The role of pre- and inter-conceptual reproductive care needs expansion; this focus on women is an important link between perinatal HIV and the larger epidemic in the United States. Finally, because new cases of HIV continue to occur in women, it must be recognized that "elimination" of perinatal HIV is not a one-time accomplishment, but, rather, must be accomplished every year.

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## Cross-Cutting Theme 2

### CCT2A - Intersecting Epidemics: Patterns, Trends and Response

**Room: Hong Kong (Hyatt Regency Atlanta)**

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**Presentation Number:** CCT2A-1

**Presentation Title:** STI/HIV Co-Infection: Effective Interventions Needed to Prevent Ongoing New Infections

**Author(s):** Aynalem G; Kerndt, PR; Samson J; Ramirez, F

**BACKGROUND:** Background: As the complex biologic and behavioral relationships between STI and HIV infections are unraveled, early STI diagnosis and effective treatment should continue to be fundamental components of HIV/STI prevention programs for both HIV-infected and uninfected persons and their partners.

**Objective:** Determine demographic and behavioral profiles of HIV infected individuals with single and multiple STI co-infections and identify factors correlated with STD/HIV transmission potential, and to study outcomes of partner services provided.

**METHOD:** Data from HIV positive persons reported for the purpose of partner services (PS) were analyzed to identify the prevalence of STI co-infection, study their demographic and behavioral profile, and determine PS outcomes. Logistic regression analysis was performed to explore the influence of demographic and behavioral characteristics on prevalence of HIV and other STI co-infections.

**RESULTS:** Of the 8,555 HIV positive patients reported for the purpose of PS between January 2005 and November 2008, 35% (n= 3,029) were diagnosed with one or more STI and 12% (n=1,070) had two or more STIs. Of these 3,029 individuals with an STI co-infection, 9.5% (n=288) had Chlamydia (CT); 10.2% (309) had gonorrhea (GC); 45% (1,362) had early syphilis (ES); 8.7% (265) had both CT and GC; 8.3% (254) had both CT and ES; 8.9% (271) had both GC and ES; and 9.2% (280) had all CT, GC, and ES; 32.6% of all ES reported during this period was co-infected with HIV. Compared to those who had only HIV infection, those who had one or more STIs more likely to be males (OR=17.2, 95% CI 11.1-26.8), Whites (OR=1.5, 95% CI 1.3-1.8), MSM (OR=1.9, 95% CI 1.2-2.9), less likely to accept PS (OR=1.3, 95% CI 1.2-1.6), and less likely to name their partners (OR=5.8, 95% CI 4.7-8.9).

**CONCLUSION:** STIs among HIV infected persons are common and are likely to be a source of ongoing HIV transmission.

Early diagnosis and treatment of STIs among HIV infected individuals along with targeted behavioral interventions and partner services for those who are co-infected should remain a priority in the effort to reduce incident infections.

**Presentation Number:** CCT2A-2

**Presentation Title:** HIV Testing in Categorical STD Clinics: Key Findings of a Nationwide Needs Assessment

**Author(s):** Michael D McElroy, MPH; Lauren B Rettberg, MPH; Jamie Miller, MPH; Chris S Hall, MD MS; Ann Oldervoll, MPH

**BACKGROUND:** Categorical sexually transmitted disease (STD) clinics--defined as having a primary mission to provide STD screening, diagnosis and treatment services--are a key public health intervention to reduce the spread of STDs through testing, early diagnosis, and treatment, as well as patient education and partner services. Testing for HIV in such clinics is opportune, given the epidemiologic synergy between HIV and other STDs. We sought to assess HIV testing availability and practices in U.S. categorical STD clinics, including the types of HIV testing methodologies used, barriers and facilitators surrounding testing, linkages to comprehensive HIV medical care, and technical/training assistance needs.

**METHOD:** During the period April to October 2008, the National Network of STD/HIV Prevention Training Centers invited 579 clinics providing STD services to complete an internet-based survey: 279 clinics completed surveys (48 percent response rate), and follow-up key informant interviews were conducted with a subset (n=22). 202 (72 percent) responding clinics fit the defining criteria of categorical STD clinic and were included in the analysis.

**RESULTS:** All but one of the surveyed categorical STD clinics (n=201 of 202) conduct some type of HIV testing on-site. Of these, 85 percent (n=171) offer conventional HIV testing, almost half (44 percent, n=89) offer rapid testing, and 11 percent (n=23) offer diagnostic HIV nucleic acid amplification testing. At 73 percent (n=107) of responding clinics, respondents indicated HIV testing levels have increased over time at; 79 of these clinics cite the Centers for Disease Control and Prevention's (CDC) 2006 recommendation for opt-out HIV testing as contributing to this increase. Clinics reported a range from 0 to 5 percent HIV positivity (mean 1.2 percent, median 1.0 percent) for conventional HIV testing. Rapid HIV test positivity rates ranged from 0 to 13 percent (mean 1.7 percent, median 1.0 percent). Seventy-nine percent of responding clinics (n=159) offer HIV partner services to patients at the time of positive HIV test result delivery. One in five clinics (n=41) reported facing barriers to HIV testing including: clinic lacking adequate staffing (17 percent, n=34); clinic lacking adequate financial resources (15 percent, n=30); medical providers not having enough time to test (13 percent, n=27); and HIV testing disrupting clinical flow (10 percent, n=21). Key informant interviewees (n=22) described HIV testing practice patterns. Fourteen interviewees offer HIV testing to all clients; of these, seven employ a hybridized universal/targeted approach, whereby those at higher risk (e.g., men who have sex with men (MSM), intravenous drug users (IDU), pregnant women) are "strongly encouraged" to test. Most interviewees (n=20) indicated that their clinic needs training and technical assistance, especially for obtaining funding to support integration of HIV testing.

**CONCLUSION:** Categorical STD clinics are a key venue for HIV testing, reaching populations with elevated risk of HIV incidence compared to the general population. Some clinics have implemented HIV testing targeting those individuals at greatest risk. Increased funding, staffing, and training/technical assistance may facilitate implementation of the recent CDC recommendation for opt-out universal HIV screening in these settings.

**Presentation Number:** CCT2A-3

**Presentation Title:** High Prevalence of Concomitant HIV and Syphilis Infections in the Nation's Capital, 2001-2007

**Author(s):** Ruchi Vangani; Titilola Jolaosho; John Heath; Bruce Furness; Gonzalo Seanz; Angelique Griffin; Tiffany West Ojo; Amanda Castel; Shannon Hader

**BACKGROUND:** The District of Columbia has the highest AIDS case rate in the United States. Previous studies have shown that identification of HIV infection can lead to a reduction in risky sexual behaviors yet a significant number of HIV infected individuals continue to have concomitant sexually transmitted infections (STI). This study sought to determine the risk factors associated with concomitant HIV and syphilis diagnosis in the District of Columbia.

**METHOD:** Cases diagnosed and reported between 2001 to 2007 from the DC syphilis registry and DC HIV/AIDS surveillance databases were electronically linked using a probabilistic matching algorithm. Descriptive analysis of the matched and unmatched HIV cases was performed and logistic regression was conducted to identify any potential associations between HIV infection and the diagnosis of syphilis. Variables included in the logistic regression model included sex, race, mode of HIV transmission, clinical stages of syphilis and HIV, age at HIV diagnosis, socioeconomic status, and health insurance status.

**RESULTS:** A total of 8,805 HIV cases were matched to 19,029 syphilis cases. 455 (5.2%) syphilis cases matched to those captured in the HIV surveillance database. Among these 455 cases: 408 (89.7%) were men; 312 (68.6%) were black; 273 (64.6%) were men who have sex with men (MSM) or MSM/IDU; 181 (39.8%) were 30-39 years at the time of HIV diagnosis; 146 (32.1%) were specifically either primary or secondary syphilis. MSM and MSM/IDU were significantly more likely to be diagnosed with both HIV and syphilis when compared with heterosexuals (aOR, 1.92 [95% CI, 1.40-2.62] and 2.30 [95% CI, 1.35-3.93], respectively). Women were less likely to have a concomitant HIV-syphilis diagnosis compared to men (aOR, 0.40 [95% CI, 0.28-0.58]). For each ten-year age interval increase, the risk of concomitant HIV-syphilis infection decreased; individuals diagnosed with HIV in the oldest age group ( $\geq 50$  years old) were significantly less likely to be concomitantly diagnosed with syphilis compared to those 13 to 29 year old (aOR, 0.24 [95% CI, 0.15-0.36]). Regarding timing of diagnoses: 108 (23.7%) had syphilis diagnosed more than 6 months before HIV diagnosis; 138 (30.3%) HIV cases were diagnosed concurrently with syphilis (i.e., within 6 months of each other); and 209 (45.9%) cases were diagnosed with syphilis more than 6 months after HIV diagnosis.

**CONCLUSION:** The study demonstrates that despite knowledge of HIV infection status, there continues to be a high prevalence of syphilis among HIV-infected persons in the District of Columbia. These findings support the need for implementation of innovative secondary HIV prevention strategies including risk reduction education and reinforcement of the need for safe-sex practices among those who are HIV infected. It also illustrates the need for all STI screening to be inclusive of HIV screening.

**Presentation Number:** CCT2A-4

**Presentation Title:** Epidemiologic Trends of HIV and Syphilis Co-Infection in Houston, Texas

**Author(s):** Biru Yang; Byron Oujesky; Karen Chronister; Marcia Wolverton

**BACKGROUND:** The Centers for Disease Control and Prevention (CDC) estimates that individuals with syphilis are 2 to 5 times more likely to acquire HIV when exposed. Moreover, the presence of syphilis itself is a marker of unsafe sexual practices. Between 2000 and 2007, 68% of syphilis cases in Houston were in men and 39% of male cases indicated same-sex contact as a risk factor. The syphilis outbreak among men who have sex with men in Houston began in 2001 and steadily increased each year before peaking in 2007. Recently the Houston Department of Health and Human Services launched a joint project between its HIV and STD surveillance and prevention programs to examine the rates and emerging trends in HIV and syphilis co-infection in the Houston area.

**METHOD:** Surveillance data for both HIV and syphilis were matched using specific inclusion and exclusion criteria to identify cases reported in the HIV/AIDS Reporting System and the Sexually Transmitted Disease Management Information System between 1999 and 2007. Data was then analyzed using SAS to ascertain the prevalence of co-infection in Houston and examine any apparent trends. Demographic and risk characteristics of individuals with co-infections and those with HIV only were compared and associated odds ratios and 95% confidence intervals calculated.

**RESULTS:** Among the 11,683 reported HIV cases, 601 (5%) were identified as co-infected with syphilis. In the Houston area, the prevalence of syphilis co-infection among persons with HIV increased from 4% to nearly 8% between 1999 and 2007. Individuals with both HIV and syphilis infections had different demographic and risk characteristics compared to those with HIV only. Ninety-five percent of the co-infected individuals were male compared with 71% of the individuals with HIV only (odds ratio (OR) = 7.74, 95% confidence interval (CI) = 5.35 – 11.20). Co-infected cases were 1.3 times more likely to be white compared to those with HIV infection only (OR = 1.30, 95% CI = 1.07 – 1.55). Approximately 79% of co-infections were among men who have sex with men compared to 35% of the persons infected with HIV only. There was an increasing trend of co-infection among younger age groups, particularly individuals between 20-29 years of age at HIV diagnosis (43% co-infected compared to 26% with HIV only).

**CONCLUSION:** The prevalence of HIV and syphilis co-infection among HIV-infected individuals in Houston nearly doubled between 1999 and 2007. Syphilis and HIV co-infected individuals are different in demographic and risk factors from the individuals with HIV infection only. Co-infected individuals are more likely to be men who had sex with men, white, and between 20-29 years old than individuals with HIV only. Continued monitoring of HIV and syphilis co-infection trends is important to aid prevention programs in reaching populations at greater risk for co-infection and individuals in areas with an increased prevalence of both diseases.

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## Track D

### D01 - HIV Testing in Non-Clinical Settings

**Room: Hanover C (Hyatt Regency Atlanta)**

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**Presentation Number:** D01-1

**Presentation Title:** The Presence of HIV Testing in a Bathhouse Has Limited Influence on Risk Behavior

**Author(s):** William Woods; Lance M. Pollack; Diane Binson

**BACKGROUND:** The CDC recommends HIV testing, stressing the importance of reaching target groups in outreach settings. The availability of such programs raises the question: Does the presence of on-site HIV testing influence unprotected anal intercourse (UAI) among patrons at a bathhouse, even among those who do not test?

**METHOD:** Probability sampling was used to recruit men exiting a bathhouse in the last 5 weeks of 2001 and 2002. Sampled patrons were interviewed, reporting on their sexual behavior during the visit and in the prior 3 months. During the 2001 survey (n=440) there was no HIV testing going on at the bathhouse; during the 2002 survey (n=412) testing was offered on site for 3-5 hours/day for 5 days/week. We conducted four sets of analyses to assess whether the presence of testing influenced prevalence of UAI at the bathhouse: (1) We compared entire samples 2002 (testing) and 2001 (no testing). (2) In 2002 sample two subgroups were compared: men whose visits overlapped when testing was offered vs. men whose visits did not overlap. (3) In the 2002 sample two narrower subgroups were compared: men whose visits occurred during or after testing periods vs. men whose arrival and departure were not within 12 hours of testing. (4) In a parallel set of analyses to #3, the 2001 sample was grouped to identify men whose visits would have overlapped the testing program schedule of 2002. In each of the four analyses, we compared those defined as present during testing to those defined as not present during testing. We assessed differences in prevalence of UAI, insertive UAI, and receptive UAI in both bivariate analyses and multivariate analyses adjusting for visit length, HIV status, age, race/ethnicity, day of the week, and week of the data collection period.

**RESULTS:** There was no significant difference in UAI between the groups in three sets of the analyses (1, 2 or 4). In #3, multivariate analysis within the 2002 sample found that men present during testing were significantly ( $p < 0.05$ ) less likely to engage in insertive UAI than men not present (5.8% vs. 11.8%, respectively). There was no difference for UAI or receptive UAI.

The 2001 and 2002 samples were comparable in demographic characteristics and behavior. UAI was reported by 13.9% of the combined samples; HIV negative men who reported having UAI were twice as likely to have been the insertive partner.

**CONCLUSION:** These analyses provide evidence that the presence of HIV testing in a bathhouse environment may have limited impact on risk behavior as indicated by the lower likelihood of men engaging in insertive UAI when bathhouse visits coincided with occurrence of a testing program. The intervention is not particularly robust, as there was no halo period in which the influence of testing carries over into non-testing times, and only insertive UAI showed a significant difference while receptive UAI did not. That difference may have merit as HIV negative men tend to favor insertive UAI. The small sample sizes may have resulted in insufficient power to detect other existing differences.

**Presentation Number:** D01-2

**Presentation Title:** HIV Counseling, Testing and Referral in the Non-Clinical Setting: Revised Guidelines

**Author(s):** Rebecca Morgan; Patel, AD; Jakhmola, P; Bosshart, J; Branson, BM; Lyles, C; Dooley, S

**BACKGROUND:** CDC Guidelines for HIV Counseling, Testing and Referral (CTR) have been revised to address the specific needs and challenges of the non-clinical setting. These revised guidelines will impact both public and private-sector testing programs as they work to increase access among high-risk populations by offering testing in non-traditional venues such as mobile vans, community events and churches.

**METHOD:** These guidelines address HIV testing in the non-clinical setting.

**RESULTS:** In 2001, CDC published revised Guidelines for HIV Counseling, Testing and Referral, which presented recommendations for best practices for public- and private sector policy makers and service providers of HIV counseling, testing and referral, in all settings. There have been many changes since the release of these guidelines; in 2006, CDC recommended universal HIV screening for patients in all health-care settings, and FDA has now approved six rapid HIV tests that support expansion of testing services and allow same-day HIV diagnosis and counseling. These and other changes stimulated the decision to review and update the guidelines for CTR programs in the non-clinical setting.

**CONCLUSION:** Results: These revised guidelines are being developed using best practices for development of evidence-based guidelines. During a series of conference calls, representatives of partner and stakeholder organizations, end-users and senior academic and HIV policy professionals have provided input on individual and programmatic areas of concern or omission in the earlier guidelines, as well as field experience with CTR strategies. These discussions have informed a thorough examination of the published literature, and the combined results of both were summarized for review during a Consultation in Atlanta. The results of the literature review and the input from stakeholder calls, as well as the recommendations of the Consultation participants provided input into a draft guideline document which will be presented for public review and comment, prior to publication.

These guidelines will be reviewed from four perspectives: (1) the historical perspective, which will examine the relationship of these revised CTR guidelines for the non-clinical setting with the 2001 guidelines, which combined both the clinical and the non-clinical setting, and the 2006 guidelines, which considered only the clinical setting; (2) the process, which combined the best practices of evidence-based guideline development with broad consensus-based input from end-users, partners and stakeholders, to ensure a product that is both rigorous and relevant to the needs of programs and clients; (3) a review of the findings from the literature review and the input from stakeholders; and (4) the expected key recommendations including likely changes from the 2001 document (although final recommendations will not be available until a later date).

Lessons Learned: HIV testing in the non-clinical setting is an important component of a comprehensive HIV testing program, increasing access for high-risk populations in the community. These revised guidelines will support efficient, effective testing programs across diverse settings.

**Presentation Number:** D01-3

**Presentation Title:** Successfully Targeting High Risk Populations At Unconventional Locations and Times for HIV Testing

**Author(s):** Ludlam, JK; Roland, EL; Navarro, AJ

**BACKGROUND:** In Houston it is estimated that 1 in 93 are living with HIV and that more than 5000 people living with HIV do not know their status. Thus, offering regularly scheduled HIV testing at unconventional local venues during unconventional times provides us with a way to reach high risk individuals who are unaware of their HIV status and may not otherwise test.

**METHOD:** Houston area locations; i.e. bars, bath houses, book stores and restaurants, where individuals at high risk for HIV frequent.

**RESULTS:** Legacy Community Health Services has a longstanding reputation in the Houston community that has enabled us to form collaborations with community site owners to offer HIV testing at their sites. In an effort to access a greater number of high risk individuals, we chose to offer testing during non-traditional hours. Outreach Health Educators (HE) scouted locations frequented by populations at high risk for HIV by distributing condoms and talking to clientele to determine new sites patronized by at-risk individuals. To ensure continuity and develop rapport with the clients, the HEs provided HIV testing at the same time

and location each week. To increase the number of clients reached, we marketed our testing sites through local publications, our website and a dedicated phone line. We also posted a monthly schedule of testing times and locations at the testing sites and other popular locations near places where testing is provided. We monitored every site for productivity on a regular basis to determine if we should continue testing there. The HEs continuously identified new locations popular with high risk populations in order to adjust our testing locations accordingly.

**CONCLUSION:** From January 2008 through June 2008, 2171 clients were tested at our outreach sites. Our overall positivity rate was 3.4%. We found higher than average positivity rates in white MSM (2.8%), Hispanic MSM (4.2%), African American MSM (8.0%), Hispanic heterosexual males (4.2%), African American heterosexual males (2.1%), white females (3.4%), Hispanic females (2.0%), and African American females (1.6%).

Offering HIV testing at unconventional locations where high risk individuals congregate during the time of day that they are most populated has proven to be a very effective method of identifying HIV positive clients that are unaware of their status who may not have been willing to go to a clinic to test. Providing clients with a consistent and convenient schedule of testing locations, days and times has helped us gain the trust of the community which in turn increased participation. Developing strong relationships with the owners of popular establishments throughout Houston has allowed us flexibility in determining when and where to test.

**Presentation Number:** D01-4

**Presentation Title:** Using Social Network Theory to Refer High Risk Individuals to (CTR) in Non-Medical Setting

**Author(s):** Terrence Young

**BACKGROUND:** The District of Columbia has one of highest rates of HIV/AIDS in the United States. In 2007, it was reported that AIDS case rates per 100,000 in DC were 128.4 versus 14.0 nationally. To combat these statistics, the District implemented an aggressive campaign to expand HIV CTR services by increasing the number of community-based, non-clinical organizations that provide CTR services in hard to reach, at risk populations. Community Education Group (CEG) was among those trained and funded to recruit high risk individuals as recruiters for CTR services.

**METHOD:** From January 1 – December 31, 2008, CEG used the social network theory to recruit community members in high risk communities to recruit individuals in their social and sexual networks to CTR services. The objective was to target individuals in Wards 7 and 8 of the District known to be populated by high risk individuals, recruit them to refer individuals in their social and sexual networks to CTR services, and then encourage these individuals to receive linkages to case management and other supportive services.

**RESULTS:** In total, 774 individuals have been referred to CTR services by 143 individuals recruited within high risk communities in Wards 7 and 8 of the District. Of this group 34 were diagnosed as being preliminary reactive for HIV antibodies, thus yielding a 4.4% positive rate for this method of recruitment. As a part of CTR services provided to these individuals it was discovered that the group reported like risk behaviors when it came to sexual practices and substance use/abuse.

**CONCLUSION:** Using the social network theory to refer high risk individuals to CTR services is highly effective. As risk assessment data shows that individuals in social and sexual networks of high risk individuals are likely to share many of the same behaviors. Training or providing the capacity for non-medical, community-based organizations to provide CTR services in communities at greatest risk for infection, can be an effective means of reaching populations that do not utilize traditional health services. Through this program, more than half of those recruited to CTR demonstrated high risk behaviors in need of prevention services.

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## Track D

### D16 - Fidelity, Adaptation, and Sustainability with Evidence-Based Interventions

**Room:** Hanover E (Hyatt Regency Atlanta)

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**Presentation Number:** D16-1

**Presentation Title:** Identifying Green, Yellow and Red Light Adaptations for Evidence-Based HIV Prevention Programs

**Author(s):** Lori A. Rolleri; Cherri Gardner

**BACKGROUND:** Evidence-based interventions are an effective strategy for reducing sexual risk-taking behaviors related to contracting HIV and other STD. For a variety of reasons, practitioners are not always able to implement these interventions with fidelity. Time limitations, policy restrictions, staff limitations due to staff turnover, cultural differences between the youth to be served and the youth originally tested with the intervention, and organization capacity are examples of implementation challenges often requiring intervention adaptations. Understanding how to make adaptations to evidence-based interventions without compromising fidelity to their core components (i.e., the characteristics of the intervention essential to its effectiveness) is critical for those practitioners planning, delivering and evaluating them.

**METHOD:** Education, Training and Research Associates (ETR), in collaboration with the Division of Reproductive Health at the Centers for Disease Control and Prevention (CDC DRH), developed "adaptation kits" for 5 evidence-based programs designed to prevent HIV and other STD among adolescents in school-based and community-based settings. These programs include: Becoming a Responsible Teen, Making Proud Choices, Making a Difference, Reducing the Risk and Safer Choices. Multiple activities aimed at increasing the capacity of practitioners to use these kits have been conducted for CDC DRH grantees in MA, MN, SC, NC, PA, OK, CO, WA, and HI.

**RESULTS:** ETR Associates, in collaboration with CDC DRH, developed a 4-step process for analyzing evidence-based curriculum-based interventions designed to prevent HIV among adolescents. The 4-step process includes: 1) coding every activity in every lesson of the curriculum for the psychosocial determinant it was designed to change and the pedagogical method used to deliver it, 2) using the data gathered from step 1 to develop a logic model demonstrating the links between the intervention's goal, teens' sexual behaviors linked to that goal, the determinants related to those behaviors, and the intervention activities linked to changing those determinants, 3) identifying the intervention's core CONTENT, PEDAGOGICAL and IMPLEMENTATION components, and 4) identifying green, yellow and red light adaptations based on the intervention's core components. A fidelity and adaptation monitoring log for every lesson of each curriculum was then developed based on these analyses.

**CONCLUSION:** The four-step process described above provides a systematic and scientific framework for identifying a curriculum's core components. This approach leaves little room for debating the identified core components and the need to implement programs with fidelity. Building on previous efforts to identify core components, ETR/CDC DRH's approach categorizes core components into content, pedagogical and implementation. Not only do practitioners need to understand WHAT is being taught by the curriculum (core content components), but they must also understand HOW the content is taught (core pedagogical and implementation components). This typology has helped to surface capacity building needs especially around pedagogical skills. The identification of green, yellow, and red light adaptations has proven to be a highly useful tool among CDC DRH grantees and other practitioners. The 4-step process described above can be used to identify green, yellow, and red light adaptations for other HIV prevention interventions.

**Presentation Number:** D16-2

**Presentation Title:** Dissemination of Eighteen Efficacious Interventions for HIV Prevention

**Author(s):** Charles Collins

**BACKGROUND:** Technology transfer from research to practice is critical in building capacity to implement science-based prevention programs and slow the HIV epidemic. Technology transfer must be strategically planned and implemented to build the evidence base of prevention practice.

**METHOD:** HIV prevention agencies throughout the USA.

**RESULTS:** The CDC initiated a project, Diffusing Effective Behavioral Interventions (DEBI) to diffuse evidence-based interventions to community based organizations and health departments throughout the United States. The eighteen interventions currently disseminated through the project were designed for IDUs, sex partners of IDUs, MSM including MSM of color, heterosexuals at high risk, PLWHIV, and homeless/runaway adolescents. DEBI is an 8-step, multi-partner system for diffusing behavioral interventions. Interventions are diffused through training, resource materials distribution, and technical assistance.

**CONCLUSION:** Over 12201 individuals were trained representing over 5041 agencies in the first 5.5 years of implementation on these 18 interventions. Agency capacity to deliver evidence-based programs was increased through the strategy of materials distribution, training on the interventions, and intervention specific technical assistance. Separate diffusion strategies must be developed for each science-based intervention due to complexity of interventions, populations they were designed to reach, outcome behaviors they were designed to impact, and capacities of the prevention partners. The job of diffusing science to practice is best accomplished by organizing the resources and efforts of multiple technical assistance, training, and capacity building providers for systematic diffusion and maintenance.

**Presentation Number:** D16-3

**Presentation Title:** The "CHANGE" Approach to Capacity Building Assistance

**Author(s):** Miriam Vega

**BACKGROUND:** The community-based organization (CBO) has historically represented the vanguard for implementation of HIV prevention programs. HIV prevention programs were frequently designed locally rather than empirically validated behavioral theories. This does not necessarily invalidate the locally designed prevention programs that have had an impact, but rather necessitates an understanding of determinative local factors in the success of a program. In 2002, the Centers for Disease Control and Prevention (CDC) began asking CBO receiving CDC funding to implement interventions from the CDC's Diffusion of Effective Behavioral Interventions (DEBI) project. The DEBI Project was intended to accelerate the integration of behavioral theory based, empirically supported prevention programs into local CBOs. The DEBIs have distinctly different implementation

methodologies from traditional local programs, requiring new and more rigorous styles of provision, documentation, and assessment of services on the part of CBOs. The introduction of the DEBIs may be regarded as a "disruptive technology", and specifically a "low-end" disruption i.e. the rate at which the improvement is introduced exceeds the rate at which the user can adopt the new performance. To operate effectively in this new environment, many need to reorient established patterns of organizational practice and address program sustainability. This reorientation is often best facilitated with the aid of capacity building assistance (CBA) providers who can span the gulf between behavioral theory, local implementation, and existing skill sets.

**METHOD:** Capacity-building recipients within community-based-organizations serving ethnic-minority populations in the Northeastern part of the U.S.

**RESULTS:** The "CHANGE" approach to capacity building assistance (CBA), developed, tested, and fine-tuned by The Latino Commission on AIDS Manos Unidas' Program through 4 years (2004-2008) assisting community-based HIV prevention programs focused on communities-of-color in eight Northeastern U.S. states, Puerto Rico, and the U.S. Virgin Islands, represents a system for initiating self-replicating processes of capacity building, providing community-based-organizations (CBO) with not only the knowledge to implement interventions from the CDC's DEBI project, but also organizational capacity to engage in critical analysis of interventions and their implementation. The CHANGE (Customized; Holistic; Analytical; Network-building; Grassroots; Evaluatory) approach entails a comprehensive CBA model emphasizing programmatic-diagnosis and reflection, enhancement of staff skills based on tailored sequentially-driven curricula, customized coaching-sessions, a partnership element to strengthen collaborative-relationships between organizations, de-stigmatization of capacity building through Training Institutes, and reorientation to the cultural-community being served. An essential structural focus of the CHANGE approach is the early involvement of CBO staff in identifying existing organizational capacities, resources, and needs through formative evaluation, followed by provision of a framework for tailored program development using local insights, and inculcating the crucial idea that program implementation requires attention to sustainability, thereby requiring CBOs to continuously self-evaluate.

**CONCLUSION:** CBA was transformed from generic trainings to empowering "technique" transfers. This paper provides evidence of the approach's effectiveness based on high levels of satisfaction and positive changes in knowledge. The CHANGE approach establishes CBA as an ongoing partner in a positive relationship with CBOs, both benefiting from continuity, higher levels of coordination, culturally and linguistically appropriate services, as well as a clear, shared-understanding for ongoing assessment and customization of services.

**Presentation Number:** D16-4

**Presentation Title:** Helping Community-Based Organizations (CBOs) Implement an Evidence-Based, HIV-Prevention Intervention with Fidelity

**Author(s):** Susan M. Kegeles; Scott Tebbetts; Lance Pollack; The TRIP Research Team

**BACKGROUND:** Little research has focused either on the extent to which CBOs implement evidence-based interventions (EBIs) with fidelity to the original methods, or how to help CBOs increase fidelity. Implementing EBIs with fidelity to the original research models increases the likelihood that replications will be effective. The Mpowerment Project (MP), a community-level HIV prevention intervention for young MSM, has multiple core elements including coordinators (paid staff from the target population), small-groups, project-space, publicity, formal-outreach (OR), and informal-OR.

**METHOD:** 48 CBOs implementing MP were followed over two years. To help CBOs implement MP with fidelity, we provided state-of-the-art capacity building to each CBO including ongoing, proactive technical assistance (TA); in-person trainings; and written/video/website intervention materials. Our capacity building efforts focused primarily on the front-line staff responsible for implementing MP and only minimally addressed the agencies' internal and external organizational issues which could also affect the implementation of EBIs. Multiple staff from each CBO (N=329) were interviewed periodically over the course of 2 years. The interviews consisted of open-ended questions and multi-item quantitative scales regarding agency characteristics, attitudes about MP, TA and materials utilization; N=532 interviews. Fidelity was rated two ways: 1) Respondents indicated if the agency dropped, modified, or implemented each core element as described in the MP materials; sum of scores is self-reported fidelity (SRF); 2) three researchers reviewed the qualitative data regarding implementation and rated each CBO's fidelity, and we calculated externally-rated fidelity scores (ERF) from the mean of these ratings. Changes to MP that were consistent with the project's guiding principles did not adversely affect CBOs' ERFs. Analyses concern fidelity at 2-year follow-up.

**RESULTS:** Factors correlated with ERF (Pearson correlations, all p values <.05) are CBO issues, including intention to adhere to core elements (.48), perceived ability (efficacy) to implement MP (.47), number of coordinators (.34); TA about core elements: including formal-OR (.39), small-groups (.34), informal-OR (.34), publicity (.30); and utilization of intervention materials (.32). Significantly correlated with SRF are intention to adhere to core elements (.62), number of coordinators (.56), efficacy to implement MP (.49), HIV prevention budget (.46); TA about: informal-OR (.39), formal-OR (.36), project-space (.38), publicity (.32), small-groups (.31); and utilization of intervention materials (.39).

**CONCLUSION:** CBOs that received more intervention-specific TA and used the intervention materials more frequently implemented programs with higher fidelity than agencies that received less TA and used the intervention materials less often. However, specific organizational issues not addressed in our capacity building services (i.e., identifying sufficient financial and staff resources, CBOs' beliefs in their ability to implement the intervention, and their desire to adhere to core elements) also were significant predictors of fidelity. To help CBOs implement EBIs with fidelity, it is crucial to place a greater focus on the entire implementation system, including the funders, and working with staff members on more than just the nuts and bolts of the implementation, so they can buy into, or champion, the EBI model. Future, systems-level capacity building services have the potential to help CBOs get the best return on their investment in implementing evidence-based models.

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## Track D

### D24 - HIV Prevention in Rural Communities

#### Room: Hanover D (Hyatt Regency Atlanta)

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**Presentation Number:** D24-1

**Presentation Title:** Tearing Down Fences: HIV/STD Prevention in Rural America: A New Guide from RCAP

**Author(s):** William Yarber

**BACKGROUND:** Despite its stereotypical "safe" image, today's rural communities are not immune to problems often associated with urban areas, such as HIV and other STDs. Given the unique nature of rural communities, typical HIV/STD interventions designed for urban areas may not fit rural areas. Multiple factors contribute to the challenge of HIV/STD prevention in rural communities, requiring specific responses. A guide elaborating various strategies that may work in the rural setting is needed. No such guide had been developed.

**METHOD:** The Rural Center for AIDS/STD Prevention (RCAP) at Indiana University sponsored and published in early 2009 the guide, *TEARING DOWN FENCES: HIV/STD PREVENTION IN RURAL AMERICA*, the first such guide focusing on rural communities. *FENCES* reflects the perspectives of nearly 20 leaders in HIV/STD prevention in rural communities from throughout the United States. The group, called the Rural HIV/STD Prevention Work Group, met at Indiana University and identified important issues and essential prevention strategies unique to rural communities. Following the consultation meeting, the guide editors (RCAP staff) in consultant with the guide co-sponsors, developed the text of the guide, bringing together the perspectives of the Work Group. The guide was first published as a hard copy document, but then efforts were directed in spring and summer of 2009 to place the guide as a "living document" on the RCAP website ([www.indiana.edu/~aids](http://www.indiana.edu/~aids)). Hence, the guide will continually be updated and available via the Internet.

**RESULTS:** The purpose of the *FENCES* guide is to help those who create and implement policy to understand the unique issues that rural communities face and to help those who live and work in rural communities harness their strengths, address inherent challenges and prevent HIV and other STDs in their communities. The guide shares concerns and ideas generated by those living and working in rural areas to prevent, detect, treat and manage HIV and other STDs. *FENCES* describes the state of HIV/STD in rural America, unique prevention challenges, approaches to HIV/STD education, and strategies for meeting the needs of those diagnosed with HIV infection or AIDS. Further, this guide shares ideas for reaching hard-to-reach populations and describes programs that are currently being implemented in rural areas that may prevent HIV transmission in rural settings. The guide's eight chapters: HIV/STD Prevention in Rural America; Epidemiology of HIV/STDs in Rural America; Rural HIV/STD Education; HIV/STD Testing in Rural Settings; Responding to New Reports of Infection; Living with HIV/AIDS in Rural Communities; Behavioral Interventions That May Work; Opportunities for the Next Decade.

**CONCLUSION:** The development of *FENCES* was a team effort of senior editor and RCAP co-director Susan Dreisbach, the co-editors, the Rural HIV/STD Prevention Work Group, the Centers for Disease Control and Prevention, and the guide co-sponsors: National Alliance of State of State and Territorial AIDS Directors, National Association of People with AIDS, National Coalition of STD Directors, National Minority AIDS Council, and the National Rural Health Association. The collaboration of these individuals and groups produced a document that presents innovative approaches and advances HIV/STD prevention in rural communities.

**Presentation Number:** D24-2

**Presentation Title:** Pathways to African Americans Success (PAAS): An e-Learning HIV Prevention Program for Rural Families

**Author(s):** Velma Murry

**BACKGROUND:** The Strong African American Families Program (SAAF) is the only universal family-based preventive intervention designed to deter HIV-related risk behavior among rural African American youth that has been evaluated in a randomized prevention trial. The SAAF curriculum is based on findings from more than a decade of longitudinal research with

rural African American youth and their families, feedback from focus groups of rural African Americans, and extant intervention research. Analyses of data gathered from 667 rural African American families with an 11-year-old youth supported SAAF's efficacy in deterring youths' vulnerability to HIV-related risk behavior 2 years post-intervention (Murry et al., 2007). These data support SAAF's potential for making a significant public health impact among the several million African American youth living in the rural South.

Many participants in the SAAF trial experienced barriers to attending prevention sessions, such as a lack of transportation, inflexible work schedules, exhausting jobs, and responsibility for the care of children other than the target youth. Through the extensive use of culturally appropriate engagement procedures, the SAAF trial attained high participation levels. Nevertheless, 35% of the families were unable to attend the minimum number of sessions required to realize positive changes. Recent advances in computer-based interactive technology offer a potentially cost effective means to implement SAAF that could overcome the logistical and practical barriers that limit program participation for a segment of rural African American families. Increasing access to, and familiarity with computer technology, makes computer-based prevention a feasible option among rural African Americans.

**METHOD:** The sample will include 600 rural African American families with a 7th-grade student. Pre-intervention, post-intervention, and long-term follow-up assessments of youths' sexual behavior will be gathered from the entire sample.

**RESULTS:** To reduce these barriers, efforts are underway to transport the SAAF curriculum into a e-Learning, computer-based version. This presentation will describe the methodological approaches undertaken to transport the group-based, version of SAAF into a technology driven on-screen program, The Pathways to African Americans Success (PAAS): A Youth Development Program for African American Families. PAAS is designed to increase the accessibility and diffusion potential of HIV risk reduction programming for rural African Americans. This project will include a three-arm prevention trial in which families will be randomly assigned to one of three conditions: (1) a technology-based, e-Learning version; (2) a group-based program; or (3) a minimal intervention control group.

**CONCLUSION:** Transporting a manualized group-based preventive intervention has the potential to be an effective method to reduce barriers for reaching high-risk families residing in geographically isolating places. e-Learning family-based preventive intervention approaches may also improve the delivery and cost-effectiveness efforts for dissuading rural African American youth from engaging in risky behaviors that place them at risk for HIV.

**Presentation Number:** D24-3

**Presentation Title:** Rural HIV Prevention

**Author(s):** Latrece Rowell; David Bradley

**BACKGROUND:** The Human Immunodeficiency Virus had infected over 40 million people worldwide by the year 2007 and will have impacted countless millions more by the end of 2008. The national funding allowed increased qualitative and quantitative data collection. The results of HIV prevention and intervention projects and services were proven effective against this pandemic. This presentation will focus on HIV infection among those 50 million Americans who reside in non-metropolitan areas or more commonly known as rural America. The purpose of this workshop is to establish the complex HIV prevention differences between metropolitan and non-metropolitan service areas. The topics discussed will be effective preventions and interventions and the innovative ways in which they are implemented. We will provide step-by-step information why HIV has increased in rural populations and what methods can be utilized to combat further rise of this disease and other sexually transmitted diseases. We will also address how cooperation, coordination, and collaboration between community based organizations, private business, churches and the local governments can accomplish change when the economic base of these regions lack infrastructure and financial stability

**METHOD:** The presentation will cover the complex definition of "Rural Population", which surrounds those private and government agencies that disseminate HIV data and information concerning those who reside in the effected areas. The model takes place in the rural population in Florida. The initial onset of the program and the service population initially were African American males and female ages 18-44. The re-evaluation of the program and it's effectiveness caused a modified intervention with a new approach which involved a change from a basic group level intervention to a community intervention. A populations that has not received federal funding to those of a lower socio-economic and depressed communities.

**RESULTS:** The program model sought to recruit participants through many venues in which at risk individuals were located. Some of the venues were similar to metropolitan areas, but many were not metropolitan. The recruiting efforts were based on HIV counseling and testing with other needed health disparity and safety classes with the intentions of recruiting and developing prevention and intervention practices. The program utilized a group level intervention that eventually evolved into a community intervention because of the complexity of developing and implementing programs in rural populations. The presentation will cover the outcomes of rural data collection, which would prove vital to the economy of local governments, and community based organizations that provide community health services and HIV prevention in rural populations. We will provide a regional assessments tool to identify not only gaps in services, but

obstacles to prevention. Also, the session will provide structure on how to develop sustainable programs through community interventions with diverse populations, businesses, churches, and institutions.

**CONCLUSION:** The agencies direction proved successful through a 250% increase in collaborative partners and over 1,200 residents learned their HIV status. Group level interventions increased by 400% and the agency's program named a "model" program by the Substance Abuse and Mental Health Service Agency (SAMHSA) in 2007.

**Presentation Number:** D24-4

**Presentation Title:** HIV Integration in Indian Country

**Author(s):** LaJuana Locklin; Beatriz Reyes; Wendy Nakatsukasa-Ono; Amanda Newtetter

**BACKGROUND:** In the U.S., American Indians and Alaska Natives (AI/AN) face profound health issues that are exacerbated by poverty and social/cultural challenges. During 2002–2004, approximately one quarter (24.3%) of the AI/AN population were living in poverty—a figure twice the national average (12.4%). The AI/AN communities comprise 1.5% (4.1 million people) of the total U.S. population.

These communities are disproportionately affected by STIs. National Surveillance data from 2006 indicates that in the U.S. AI/AN communities rank second in rates of Gonorrhea and third in rates of Syphilis. Similarly, with a new HIV/AIDS diagnoses rate of 10.4 for every 100,000 people, the AI/AN communities rank third in rates of HIV/AIDS diagnosis, after African Americans (71.3) and Hispanics (27.8). National surveillance data indicates that AI/AN youth and women are particularly vulnerable to the continued spread of HIV infection.

Despite increasing attention paid to health disparities in other racial/ethnic minority populations, AI/AN communities are often overlooked. Few published reports describe the prevalence and patterns of risk behavior for HIV/AIDS among AI/AN people.

**METHOD:** Primary Care health sites serving AI/AN communities

**RESULTS:** The Center for Health Training (CHT) in Seattle, WA., and Oakland, CA., will provide training and technical assistance related to HIV Integration to two sites that provide primary care to Native communities. In addition, CHT will provide training and disseminate findings related to lessons learned to providers working in AI/AN communities. Over the past 15 years, CHT and other Title X Family Planning Regional Training Centers (RTCs) have been compiling a toolkit to help reproductive health clinics integrate HIV services more effectively.

In 2007-2008, another RTC, JSI Research and Training Institute (JSI-Denver) received CDC funding to review the toolkit to make the materials more applicable and culturally relevant to Native communities. CHT received funding (2008-2009) to implement this revised AI/AN toolkit with Native communities. CHT will work closely with an Urban Indian Health Center in Oakland, CA., and a Tribal Health Center in Anchorage, AK (including rural and remote clinic sites). Working closely with these agencies and other stakeholders, additional HIV integration tools and training will be developed to assist providers serving AI/AN populations.

**CONCLUSION:** Potential issues facing AI/AN communities when addressing HIV include; reservation-urban circular migration, lack of health resources, low priority placed on HIV issues among tribal governments, under reporting of HIV/AIDS within the population, limited confidentiality within communities, and importance of considering cultural values within the context of prevention and intervention.

Dehumanizing stereotypes can cause the most educated professional to be grossly uninformed about AI/AN life and culture, which leads to damaged credibility and ineffective program development.

It is very important that non-AI/AN providers and/or technical consultants educate themselves about the core values, beliefs, and histories of their service populations, and understand the need to convey information in a respectful manner.

Planning and implementing HIV Integration programs in AI/AN tribes and nations, tribal agencies, and urban programs requires a specific knowledge and understanding of the history and cultural background of the local tribes and how differing communication styles may affect program implementation and its outcomes.

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## Track F

### F03 - Using the Best Tests Wisely: From Rapid Tests to HIV RNA Testing

**Room: A705 (Atlanta Marriott Marquis)**

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**Presentation Number:** F03-1

**Presentation Title:** CLIA-Waived Rapid HIV Testing Quality Assurance: Best Practices from the Field

**Author(s):** Kevin Delaney; Shelly Facente; Thomas Knoble; Alice Heimsoth; Grant Colfax MD; Steven Ethridge; Terri Dowling; Salaru Gratian

**BACKGROUND:** Issue: A survey conducted in November 2007 by The National Alliance of State and Territorial AIDS Directors (NASTAD) reported that the volume of rapid HIV tests conducted in the US is expected to increase from 604,867 in 2006 to over one million in 2008. NASTAD estimates that more than half of all publicly funded HIV tests conducted in US health departments will be performed using rapid HIV tests in 2008. This dramatic change in how traditional counseling and testing sites provide testing services has challenged many testing site managers and test providers to learn new skills and implement appropriate quality assurance procedures to maintain high quality testing and counseling services. In 2007 the CDC released the revised "Quality Assurance Guidelines for Testing Using Rapid HIV Antibody Tests Waived Under the Clinical Improvement Amendments of 1988," also known as CLIA, to guide those developing or expanding rapid HIV testing programs using CLIA-waived tests.

**METHOD:** Setting: This session will provide an overview of the 2007 revision to the Quality Assurance Guidelines and specific examples of how these guidelines have been applied in testing programs in the United States.

**RESULTS:** Project: Quality assurance (QA) is the underlying framework that ensures the quality of a HIV CLIA-waived testing program. QA practices can be broken down into six parts: 1) organization of the QA program, 2) testing personnel, 3) process control (before testing, during testing, and after testing), 4) external assessment, 5) documents and records, 6) evaluation and troubleshooting. Each activity requires standard operating procedures and documentation in order to maintain the quality and consistency of the testing activity.

**CONCLUSION:** Results: This session will highlight specific examples of how HIV CLIA-waived testing managers, QA coordinators and trainers have implemented different parts of the QA process and dealt with challenges to maintaining adequate QA. Topics to be covered include: developing effective training strategies; determining the appropriate frequency for running external quality control; using an effective QA program to help manage unanticipated issues; using proficiency testing for external assessment and resolving a proficiency test failure; and developing and using competency assessment tools to standardize counseling test messages, testing procedures, interpretation of test results, and follow up activities.

Lessons learned: Each presenter will discuss specific examples of the six rapid HIV testing QA activities as well as lessons learned during the implementation or management of a rapid testing QA program. Specific lessons learned include the benefits of expanding proficiency testing to include test operator activities, using procedures to resolve a proficiency test failure, and selecting the optimal frequency of running external quality controls. Session participants will understand the recommended CLIA-waived HIV testing quality assurance activities. The intended audience for this presentation is HIV CLIA-waived testing managers and persons conducting HIV tests under a CLIA waiver.

**Presentation Number:** F03-2

**Presentation Title:** Acute HIV surveillance documents population impact of p-NAAT screening in New York City STD Clinics

**Author(s):** SD Bodach, MPH; CW Shepard, MD; KD Gallagher, MPH; AV Kowalski, MPH; AS Terzian, PhD, MPH; S Blank, MD, MPH; EM Begier, MD, MPH; IB Weisfuse, MD, MPH

**BACKGROUND:** Detection of acute HIV infection (AHI) is a challenge because this initial phase of HIV infection may lack distinctive symptoms or be asymptomatic, and AHI is not detected with commonly used tests for HIV antibody (Ab). AHI is of public health importance because its characteristic high viral load results in higher transmission risk during a time individuals are often unaware of their infection. Lack of AHI surveillance data limits the ability to measure the impact of initiatives to increase the number of AHI cases diagnosed and reported citywide.

**METHOD:** In 2008, two initiatives were launched to increase the diagnosis and reporting of AHI in NYC. Starting in February, routine surveillance of HIV was enhanced to categorize case status systematically as acute or non-acute based on provider diagnosis of AHI or laboratory results ascertained through chart review of potential new HIV cases, initiated by mandated reporting or through active surveillance. A medical epidemiologist confirmed acute case status. In May through July, 4 NYC Department of Health and Mental Hygiene (DOHMH)-run Sexually-Transmitted Disease (STD) clinics implemented pooled nucleic acid amplification testing (p-NAAT) screening among clients who tested Ab-negative with blood-based OraQuick Advance Rapid HIV-1/2 test. Ab-negative specimens were tested in pools of ~512 by a commercial vendor. Positive pools were deconstructed to identify which specimen(s) contributed the viral ribonucleic acid (RNA). These case-patients were referred to care and reported to the surveillance registry as acute cases. Demographic and transmission risk information was abstracted from the chart and/or case interview.

**RESULTS:** The DOHMH identified N=70 AHI cases citywide, representing 1.9% of 3,601 newly diagnosed NYC HIV cases in 2008 (reported by March 15, 2009). Cases were primarily male (n=66; 94.3%). Transmission risk was largely men who have sex with men (MSM) (n=56; 80.0%), and an additional 3 (4.3%) were reported as MSM and IDU. Other cases reported IDU only (n=2; 2.9%), probable heterosexual (n=3; 4.3%), or unknown risk (n=6; 8.6%). Overall, one-third of cases were non-Hispanic Black (n=23), one-third were Hispanic (n=24), and over one-quarter were non-Hispanic White (n=19). Forty percent (n=28) of AHI diagnoses were among 20-29 year olds. Nearly one-quarter (n=17) of the cases were diagnosed through p-NAAT, representing 38.6% of cases identified since July when p-NAAT screening was operating. P-NAAT case-patients reported 4.7 partners, on average, in the 3 months prior to AHI diagnosis, and over half (n=9) had current or prior primary or secondary

syphilis infection. A slightly higher proportion of non-Hispanic Blacks (47.1% vs. 28.3%) and smaller proportion of non-Hispanic Whites (17.6% vs. 30.2%) were diagnosed through p-NAAT than through other, standard means.

**CONCLUSION:** Routine HIV surveillance can be enhanced to include detection of AHI. Introduction of p-NAAT screening in public STD clinics substantially increased the number of AHI cases diagnosed at the population level. The high proportion of identified AHI cases with MSM risk underscores the HIV epidemic disproportionate impact on this population, and also likely reflects heightened AHI awareness and diagnostic vigilance on the part of MSM and providers serving the MSM community.

**Presentation Number:** F03-3

**Presentation Title:** HIV Rapid Testing Best Practices: Establishing Ongoing Competency Assessment to Maintain HIV Testing Skills

**Author(s):** Teri Dowling, MA, MPH; Shelley Facente, MPH; Thomas Knoble; Grant Colfax MD

**BACKGROUND:** 75% of the 17,000 annual HIV tests provided by government-supported testing agencies in San Francisco are rapid. Some of the agencies currently run up to three rapid HIV tests from different manufacturers. While persons running and reading the rapid HIV tests have to complete and pass a required and rigorous State Office of AIDS certification training or a local Health Department certification training prior to providing testing, it quickly became apparent that on-going assessment and documentation of testing competency was critical to ensure testing quality.

**METHOD:** San Francisco Department of Public Health, HIV Prevention Section. The Section supports 18 organizations to provide HIV counseling and testing; 14 of these agencies provide HIV rapid testing. These organizations include county jails, community organizations, an STD clinic, a primary care clinic. The intended audience for this presentation is health departments, community organizations and medical facilities offering point-of-care rapid HIV testing.

**RESULTS:** To develop an effective method of ensuring the competency of HIV testing personnel at government-supported HIV testing sites to accurately run, read and document a variety of CLIA-waived rapid HIV tests.

**CONCLUSION:** In 2004 the Department implemented a Competency Assessment Test (CAT) developed by the California State Office of AIDS. The CAT is a checklist of critical steps that must be followed to continue to be certified to read and run a particular test. The CAT was originally developed for oral fluid and fingerstick whole blood testing for one manufacturer. The Department recently developed CATs for the other two waived rapid HIV tests currently on the market. The CATs require testing staff to be visually observed running, reading and documenting the test results at specific intervals post initial certification. Documentation of the CAT is maintained and failure to pass or receive a CAT results in loss of certification and the ability to run and read the test in San Francisco. In addition to the CAT, for every testing site the Department implemented the Model Performance Evaluation Program (MPEP), a blinded proficiency test that is provided twice yearly by the CDC. Additionally, when there are a greater than expected number of false positives at any testing site, Department staff make site visits to provide direct observation of testing staff at that site, using the CAT to ensure that tests are run and read according to manufacturer guidelines.

Lessons Learned: (1) A written checklist of required steps to run and read each different manufacturers waived rapid HIV test provides a uniform standard for assuring on-going quality assurance for all testing staff. (2) Regularly scheduled CATs help to ensure that no testing staff fall through the cracks and that problems can be identified and corrected early. (3) Impromptu observations of actual testing when the opportunity arises help identify problems that may not be seen when someone is **being** their best behavior?for a scheduled observation. (4) MPEP is an effective QA tool because it removes any bias from the personnel observing, and any errors detected can be corrected early before they become a problem.

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## Track G

### G01 - Integration of Services: National and International Perspectives

**Room: A707 (Atlanta Marriott Marquis)**

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**Presentation Number:** G01

**Presentation Title:** Integration of STD and HIV Services - More Important Now Than Ever

**Author(s):** Sevgi Aral

**BACKGROUND/ METHOD/ RESULTS/ CONCLUSION:** Disturbances in the public health infrastructure and relative declines in economic resources available for STD and HIV prevention in the United States and the rest of the world increase the saliency of integrating STD, HIV and other sexual and reproductive health services. This session will focus on specific integration issues and global integration initiatives.

The presentation will cover the opportunities and challenges inherent in formulating and disseminating integrated prevention messages for HIV and other STIs through the media; the enhanced potential for integrated STD and HIV partner services through

the use of new communication technologies including electronic mail and text messaging; and the service integration initiatives that are being implemented at global public health agencies.

The discussions will cover the opportunities for service integration; the challenges being faced and approaches that can be implemented to overcome specific challenges.

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## Track G

### G03 - Integration in the Laboratory: A Day in the Life of a Specimen

**Room: A706 (Atlanta Marriott Marquis)**

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**Presentation Number:** G03

**Presentation Title:** Integration in the Laboratory: A Day in the Life of a Specimen

**Author(s):** Kelly Wroblewski

**BACKGROUND:** Recently public health programs have increasingly been encouraged to look for areas of cross over and opportunities for integration, especially in the areas of HIV, TB, STD, and Hepatitis. CDC's Program Integration and Service Coordination initiative is a prime example. The laboratory is one important HIV prevention partner that is often overlooked and frequently misunderstood by program staff. However, if the program integration plans are going to be implemented successfully, the laboratory must be recognized as an important partner with many models in already place that illustrate effective integration of different departments. The laboratory has, for many years, routinely coordinated different areas to provide testing in a broad variety of disease areas.

**METHOD:** The proposed session will outline the average specimen's journey through the laboratory, starting with specimen collection through receipt in the laboratory, accessioning, testing, results, storage, and reporting.

**RESULTS:** The speaker will use this illustration to highlight the effective methods that various laboratory sections (e.g. HIV, STD, etc) use to communicate and trouble shoot in order to provide results to a wide variety of different tests.

**CONCLUSION:**

Laboratories should not be viewed as a barrier to effectively integrating public health programs. In fact there are many lessons to be gained from the communication and collaboration strategies utilized by various laboratory departments in the course of the testing process.

Program staff should walk away from this session with an improved understanding of what happens once a specimen is submitted to the public health laboratory. Effective understanding between public health program and laboratory staff will become increasingly important as the lines blur with the increase in point-of-care testing.

Furthermore, the communication and collaboration strategies utilized by various laboratory sections may be useful to HIV programs currently involved in designing their own plans for program integration.

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## Track C

### LB1 - Late Breaker 1

**Room: A703 (Atlanta Marriott Marquis)**

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**Presentation Number:** LB1-1

**Presentation Title:** Youth-focused Case Management for HIV-Positive Latino and African American Men Who Have Sex with Men

**Author(s):** Windy Garland; Amy Rock Wohl; Juhua Wu; Chi-Wai Ua; Angela Boger; Rhodri Dierst-Davies

**BACKGROUND:** From 2001 to 2006, HIV incidence increased approximately 11% in the US for 13 to 24 year old Latino and African American young men who have sex with men (YMSM). HIV- positive Latino and African YMSM in the US are difficult to engage and retain in HIV care and enhanced programs are needed to support timely and consistent HIV care.

**METHOD:** A clinic-based, youth-focused case management (YCM) intervention was developed to engage and retain African American and Latino YMSM, ages 13-24, in HIV care. The 2-year intervention consisted of weekly meetings for 2 months followed by monthly meetings for 22 months with a case manager (CM). Participants were administered a psychosocial assessment to guide treatment plan development and to identify needed referrals. Retention in HIV care was defined as © 2 clinical care visits in the past 6 months per the USPHS Treatment Guidelines. Wilcoxon rank sum and t-tests were used to test for differences by race/ethnicity in YCM and HIV care attendance and chi-square analyses were used to test for differences in the

proportion of participants retained in HIV care at 6 months. Continuous variables were square root-transformed and logistic regression was used to model predictors of retention in HIV care.

**RESULTS:** From 4/2005 to 4/2009, 69 participants were enrolled in to YCM and HIV care (49% Latino, 51% African American; median age 21 years; mean months since HIV diagnosis= 14; 93% exposed to HIV through sex with men). Of these 59 were in YCM for  $\geq$  6 months. Total hours of YCM received was significantly more for Latinos compared to African-Americans (7.4 hours versus 4.3 hours,  $p=0.01$ ). Referrals were primarily for housing (25%), risk reduction counseling (11%) and mental health treatment (12%). At 6 months, 30% of referrals had been completed for African Americans and 55% for Latinos ( $p=0.02$ ). Over 6 months, participants attended an average of 3 HIV care appointments and attended 69% of scheduled HIV care appointments. In addition, 67% of participants were retained in HIV primary care at 6 months with no significant differences between Latinos and African Americans. Retention in HIV care at 6 months was associated with the hours of YCM received ( $OR=3.5$ ,  $95\%CI=1.4,9.3$ ). Neither race/ethnicity nor number of completed referrals was associated with retention in HIV care at 6 months.

**CONCLUSION:** These findings demonstrate that a clinic-based YCM intervention has the capacity to improve engagement and retention in HIV care among YMSM. More total hours of YCM received increased the likelihood that YMSM were successfully retained in HIV care at 6-months, underscoring the need for intensive case management for this high-risk population. In addition, the high proportion of intervention appointments attended suggests that YCM is an acceptable intervention for Latino and African American YMSM.

**Presentation Number:** LB1-2

**Presentation Title:** The Bold and the Beautiful: Strategic Advocacy for Structural Interventions for LGBTQ Young People

**Author(s):** Vanessa Brocato; Julie Davids

**BACKGROUND:** Young gay and bisexual men and transgender women are growing up amidst a rampant HIV epidemic, especially in communities of color.

Since the beginning of the HIV epidemic, public policy has perpetuated bias against lesbian, gay, bisexual, transgender and queer (LGBTQ) people, excluded them from health research and services, and perpetuated cycles of poverty, violence and discrimination that increase vulnerability to HIV. Current interventions have focused on individual behavior change, failing to address the social and structural factors that make young gay and bisexual men and transgender women particularly vulnerable to HIV infection. Our communities and policy makers must address these complex factors to ensure our most vulnerable young people can avoid HIV infection and receive quality care and services when they are HIV-positive.

**METHOD:** Through our Fight Homophobia to Fight AIDS Project, the Community HIV/AIDS Mobilization Project (CHAMP) is working with allies in Washington, DC to analyze and organize around a new vision for federal level policies affecting young LGBTQ people nationwide. Local leaders apply and adapt resulting materials and tools to address the needs of LGBTQ young people in their communities.

**RESULTS:** Opportunities are emerging to advance federal policies that support the health of LGBTQ young people. Through a series of consultations, young LGBTQ people, service providers and policy analysts are reviewing, advising and strategizing on a new platform for federal and local policy to realize and prioritize the health of LGBTQ young people with particular attention to disparities based on race and class. Key issues include safe housing, family acceptance, and addressing pervasive homophobia and transphobia. Your input will be incorporated into this vision statement and comprehensive policy framework that are being developed, disseminated and put into practice through a network of national LGBTQ and youth serving organizations. Presenters will discuss opportunities to engage in national efforts and facilitate discussion on local strategies for utilizing these frameworks.

**CONCLUSION:** This project is advancing opportunities for the development of policies that can support LGBTQI young people, particularly young people of color, in protecting their health. Ensuring their health and rights now lays a foundation to become healthy adults. And brings us closer to someday seeing an AIDS-free generation of the LGBTQ community. The anticipated prevention and policy outcomes from this project will result in lasting change in the policy and social environment in which LGBTQ young people experience their health and HIV risk.

Incorporating structural approaches to reduce the HIV vulnerability of LGBTQ young people is critical for ensuring the effectiveness of behavioral interventions. Current policies limit programs and research that would support LGBTQ communities despite proven models and existing evidence. We are identifying these models and developing strategies for priority policy or program changes. The HIV/AIDS community has a vital role to play in ensuring that LGBTQ young people have not only programs that deliver the HIV-related information and services they need but also an environment in which it is possible to take care of their health and wellbeing.

**Presentation Number:** LB1-3

**Presentation Title:** Reduction in HIV Transmission Risk among HIV+ MSM in an Online HIV Prevention Trial

**Author(s):** Mary Ann Chiasson; Roberta Scheinmann; Robert Remien; Andrew Margolis; Reed Emmons; Mike Humberstone; Francine Shuchat Shaw

**BACKGROUND:** Preventing HIV transmission among HIV-positive men who have sex with men (MSM) who engage in unprotected anal intercourse (UAI) with serodiscordant partners is of significant public health importance. In this analysis, we explored baseline rates of serodiscordant UAI and changes in transmission risk over time among HIV-positive men who enrolled in a large Internet-based randomized controlled trial (RCT).

**METHOD:** From 4/08-7/08, MSM were recruited via email to participate in an online RCT evaluating video-based interventions to prevent the transmission and acquisition of HIV. The email, delivered to 675,000 U.S. members of a gay-oriented sexual networking website, contained a link to an online consent form and a self-administered behavioral survey. No incentives were provided. Eligibility criteria for the RCT included completing the baseline behavioral survey, being  $\geq 18$ , being able to read/respond in English, being a U.S. resident, and providing an email address. Participants were randomized into one of five study conditions: 1) control group (no intervention content); 2) HIV prevention text-based website; 3) 9-minute dramatic prevention video; 4) 5-minute documentary prevention video; or 5) both videos. At 60 days post-randomization, participants received an email linking them to the 60-day follow-up behavioral survey. The baseline and follow-up surveys assessed behaviors during the previous 60 days.

This analysis focused only on HIV-positive MSM, who accounted for approximately 11% (n=1,330) of the overall study sample completing the baseline behavioral survey. McNemar test assessed changes in serodiscordant UAI with HIV-negative or unknown serostatus male sex partners from baseline to 60-day follow-up. Descriptive statistics were reported for participants' demographic characteristics.

**RESULTS:** Among the 1,330 HIV-positive men completing the baseline behavioral survey, 971 (73%) were eligible for study randomization, and about half (n=513) enrolled in the study. Among HIV-positive men who were randomized, the median age was 44 (range 20-78); 82% were white, 3% were African American, 10% were Hispanic/Latino, and 5% were mixed/other race. Most (71%) reported a positive HIV test within the past decade. At baseline, 53% of HIV-positive men reported serodiscordant UAI with male sex partners. Among the men retained at follow-up (n=201), a significant reduction in serodiscordant UAI was reported, irrespective of study condition assignment (McNemar odds ratio 1.7, p=.03).

**CONCLUSION:** HIV-positive MSM who participated in an online HIV risk reduction RCT significantly reduced serodiscordant UAI at follow-up. This overall reduction in HIV transmission risk, irrespective of study condition assignment, may be in part due to completing the detailed baseline behavioral survey (i.e., instrument reactivity), or other methodological factors that cannot be evaluated in this study design. The success of reducing serodiscordant UAI signals the need for methodological refinement (i.e., study design, recruitment methods) of Internet-based trials for HIV-positive MSM, in order to implement the most effective interventions.

clinicaltrials.gov Identifier: NCT00649701

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**Monday, August 24, 2009****Concurrent Sessions****1:30PM-3:00PM**

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**Track A****A02 - Research Methodologies****Room: Baker (Hyatt Regency Atlanta)**

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**Presentation Number:** A02-1**Presentation Title:** HIV Prevention Message Complexity and Sexual Behavior Intentions of Men Who Have Sex with Men**Author(s):** Cari Courtenay-Quirk; Lisa Belcher; Sherri L. Pals; Jennifer Uhrig; Carolyn Guenther-Grey; Martin Fishbein; Joseph Capella; Richard J. Wolitski

**BACKGROUND:** Developing more effective HIV prevention messages for men who have sex with men (MSM) in the United States is a prevention priority. Although a variety of approaches have been used to communicate the HIV risk of specific sexual practices, little is known about which message formats are most efficacious. This study investigated HIV prevention message efficacy in reducing MSM's intentions to engage in sexual risk behavior by varying the presentation and format of risk information.

**METHOD:** In 12 U.S. cities, HIV-negative or unknown status MSM were recruited through local market research firms, screened for eligibility, and consented to participate in the study (N = 405). After completing a baseline assessment of demographic and other characteristics, MSM were randomized to one of three message arms or to a no-message control group. For each message arm, men were presented a computerized brochure containing HIV risk information about several specific sexual behaviors. In the categorical arm, behaviors were grouped into one of three categories, labeled "lowest risk to you", "medium risk to you", and "highest risk to you". In the ranking arm, behaviors were presented in rank order from lowest to highest risk. In the magnitude arm, behaviors were presented in a bar graph with a numeric transmission risk estimate for each behavior relative to the lowest risk behavior. Participants completed a post-test assessment of intentions to have any sex and intentions to engage in specific sexual behaviors with a new HIV-negative, HIV-positive, or unknown status partner. To test for intervention effects, we fit a mixed model, including city as a random effect and self-rated prior understanding of HIV as a fixed effect.

**RESULTS:** Of the 405 participants, 280 (69%) were white, 50 (12%) were African American, and 43 (11%) were Latino. Mean age was 36 years (SD=10.61). After controlling for city and prior understanding of HIV, participants in the magnitude condition were less likely to report intentions to have any sex in the next 6 months than those in the other message and control conditions (F[3,387] = 3.36, p < .05). No differences were observed for intentions to engage in specific sexual behaviors, regardless of new partner's HIV status.

**CONCLUSION:** This study demonstrated that MSM's intentions to have any sex are slightly reduced when HIV risk messages contain more specific risk information, such as estimates of the relative transmission risk of different behaviors. Prevention messages that target MSM may benefit from presenting relative magnitudes of risk so the viewer can readily assess the extent to which certain behaviors increase risk. However, no effects on intentions for specific behaviors were observed, suggesting that such variations in how HIV risk information was presented had relatively limited impact on prevention message efficacy. As this study is among the first to examine how varying the presentation of risk information affects HIV prevention messages, future research should explore other ways in which different formats of risk information may increase the impact of messages used in HIV prevention interventions and campaigns.

**Presentation Number:** A02-2**Presentation Title:** Patterns of Substance Use Among MSM: The Argument for Micro-Targeting HIV Prevention Messages**Author(s):** Jim Pickett; G. Simone Koehlinger; Beau Gratzner; Braden Berkey; Courtney Reid; Jeff Glotfelty; Anthony Galloway; James Swartz

**BACKGROUND:** Numerous studies have found an association between substance use among MSM and risky sexual behaviors. Studies of this relationship, however, have been methodologically limited as to how substance use was modeled (e.g., as a single drug or as multiple drugs but with the effect of each drug modeled independently). Consequently, there is not yet a good understanding of the patterns of substance use among MSM and their relationship to sexual risk behaviors. This study sought to address these issues through modeling substance use as a latent class variable and then examining the relationship between substance use latent class and sexual risk among MSM.

**METHOD:** Two data sets were analyzed: data collected in Chicago from MSM 18 years and older for the Centers for Disease Control (CDC) National Health Behavioral Surveillance (NHBS) system, which tracks HIV risk behaviors among high-risk

populations including MSM (N=1,258); and data collected over two consecutive years via an Internet survey conducted as part of a methamphetamine prevention project targeting MSM in Chicago (N=798). Drug use items for the Internet survey questionnaire were constructed to parallel the items on the NHBS questionnaire. Items analyzed included: past-year use of 8 substances, self-reported HIV status, and past-year HIV risk behaviors such as unprotected anal intercourse with serodiscordant partners. Latent class analyses (LCA) were conducted with Mplus software and evaluated using standardized fit indices. Focus groups were also conducted to elicit qualitative information on the reasons underlying initiation of substance use.

**RESULTS:** Both data sets yielded similar models, with the best fitting model composed of four latent classes: a “normative” class (53%) characterized by no or infrequent use of alcohol and marijuana; a recreational/experimental use class (30%) characterized by regular alcohol use and moderate use of marijuana and poppers; a “party-drug” use class (12%) that used alcohol, club drugs, poppers and methamphetamines regularly; and a small class of poly-substance users (4%) characterized by regular use of marijuana, cocaine, tranquilizers, pain killers, and moderate use of most other substances. Sexual risk behaviors were strongly associated with latent class. MSM in the two most intense substance use classes had significantly higher rates of risk behaviors on all indicators. MSM who were seropositive had a greater likelihood of being in the party-drug use class and evidenced the highest levels of sexual risk behaviors. Those in the poly-drug use class also had an especially high rate of serious mental illness (~40%).

**CONCLUSION:** A small but epidemiologically important group of MSM (10 – 15%) regularly uses multiple substances, particularly poppers, club drugs and methamphetamines. They coincidentally and frequently engage in sexual behaviors that place them at high risk for HIV infection. Prevention efforts need to consider how the use of various substances clusters among MSM rather than targeting any single substance du jour. The focus group data further suggested that the motivations for substance use vary considerably among (and within) the latent drug use classes, arguing for micro-targeting prevention messages to more effectively address specific psychosocial concomitants of substance use and HIV risk among MSM.

**Presentation Number:** A02-3

**Presentation Title:** Defining HIV Status: Supplementing Self Report with Recency of HIV Testing and Risk Behaviors

**Author(s):** Rebecca Swinburne Romine; Beatrice "Bean" Robinson, MA, PhD

**BACKGROUND:** Research on HIV status in the MSM community often relies on self-report. Self-report has many advantages including cost and simplicity. Conducting actual HIV tests necessitates additional logistical and financial resources and can deter participants unwilling to consent to testing. Questions remain however about the accuracy of self-report of HIV status. This presentation will demonstrate some of the inherent problems with self-reported HIV-status and suggest possible methods for more accurate assessments of sero-status.

**METHOD:** Non-probability sampling methods (i.e., facility-based sampling, time-location sampling (without randomization), respondent-driven sampling, print and internet advertisements, and the use of paid recruiters from the target community) were used to recruit 574 self-reported AAMSM from Boston and Minneapolis-St. Paul for a cross-sectional survey. The survey was administered via an audio-computer-assisted self interview (ACASI). In order to classify participants into categories based on HIV status, two methods were used. The first used self report only, and participants were allowed to classify themselves as positive, negative, or unknown. The second used a combination of self-report, and self-reported risk factors. In this technique, those who were self described as negative, but had a history of high risk behavior without recent testing, were categorized as unknown. Unprotected sex with a main partner under certain conditions was considered to be safe. Such conditions included mutual monogamy, no use of intravenous drugs, and knowledge of partner's HIV negative status. Unprotected sex with other partners was considered unsafe in all conditions, as was sharing needles for IV drugs. Either of these behaviors resulted in participants without recent negative HIV tests being reclassified into the HIV status unknown category.

**RESULTS:** Of the 302 AAMSM who reported their status as negative, only 37 (12%) met all of the criteria for consideration as HIV-negative. Of the remaining 265 men who reported being negative (88%), 38 (13%) had not been tested in the past year, but reported no unsafe sex or shared needles in their recent history. These participants were categorized as  $i_{\bar{c}}\frac{1}{2}$ low risk $\bar{i}_{\bar{c}}\frac{1}{2}$ . The others had all engaged in unprotected anal intercourse with a risky partner (n=217, 72%) and/or shared needles in the past three months (n=21, 7%). When compared to those who reported their HIV status as unknown, the participants who reported negative status, but were re-categorized as unknown were not significantly different in such risk variables as condom usage, or drug use. The only variables on which the two groups differed were those related to HIV testing. Those who had identified themselves as negative were more likely to have been tested, more likely to have received a negative test result, and had been tested more recently than those who reported not knowing their status.

**CONCLUSION:** Because many of the self-reported HIV negative respondents had engaged in high risk behaviors since their most recent HIV test, questions are raised about the validity of self-reported sero-status in this population. Future research needs to take this into account, and either conduct HIV testing or supplement self-report data with additional risk information. This presentation provides information regarding one method of doing that.

**Presentation Number:** A02-4

**Presentation Title:** Developing a Screening Index to Predict HIV Infection in Men Who Have Sex with Men

**Author(s):** Sherri Pals; Dawn K. Smith; Andrew C. Voetsch; Zinzi D. Bailey; Jeffrey H. Herbst; James W. Carey

**BACKGROUND:** In planning for the implementation of biomedical HIV prevention interventions (e.g., pre-exposure prophylaxis), it is clear their cost-effective use will depend on identifying persons at highest risk of infection. Healthcare providers will need rapid, simple, and valid risk screening tools for this purpose, similar to current screening tools for alcohol abuse, substance abuse, and suicide risk. Persons selected by the screening tool would be candidates for further discussion about HIV risk behavior and possible eligibility for the HIV prevention intervention. We developed a clinical risk index for men who have sex with men (MSM) because this population continues to be at high risk for HIV infection. Our goal is to identify candidate items that best predict incident HIV infection and to convert those items into a brief, provider-administered screening tool for evaluation in clinical settings.

**METHOD:** We used data from the VaxGen VAX004 study, a randomized, double-blind, placebo-controlled, phase III multicenter HIV vaccine trial. Participants were followed for 36 months and completed questionnaires and testing for HIV seropositivity every six months. For our analysis, participants were included if they were MSM, reported no injection drug use during the study, and were HIV-negative at baseline. We used generalized estimating equations (GEE) with a backward stepwise method to identify significant predictors of incident HIV infection. Using the coefficients from the GEE analysis, categories for significant variables were weighted and summed to create a risk index score. Using the total score, we computed the area under the receiver operating characteristic (ROC) curve and assessed the sensitivity and specificity of varying cutpoints.

**RESULTS:** Significant predictors of incident HIV infection were age, total number of sex partners during the past six months, total number of HIV-infected sex partners during the past six months, number of times the participant had receptive anal sex with an HIV-infected partner, number of times the participant had receptive anal sex with a partner of unknown status, reported amyl nitrate use during the past six months, and reported amphetamine use during the past six months. The area under the ROC curve was 0.75, indicating fair discrimination of those who would become HIV-infected. Regression coefficients were converted to point values for each possible participant response on the seven items in the index, and sensitivity and specificity were computed for different cutpoints. With a cutpoint of 10 (of 46 possible points), 48% of the sample would be considered positive on the screening tool and this would include 80% of those who became infected.

**CONCLUSION:** Using standard statistical methods, we identified a limited set of variables to predict incident HIV infection in a large prospective cohort of MSM in the United States. Variables were converted to a risk index that can be easily administered and scored by busy providers to prioritize patients for further screening for biomedical HIV prevention. Further work will focus on exploring the utility of different cutpoints on the scale and on pilot testing the instrument with providers and patients to assess feasibility and ease of administration and scoring.

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## Track A

### A17 - Web Data Collection

**Room:** Courtland (Hyatt Regency Atlanta)

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**Presentation Number:** A17-1

**Presentation Title:** Risk Profile Associated with Attrition in an Online HIV Prevention Trial Among MSM

**Author(s):** Mary Ann Chiasson; Roberta Scheinmann; Mike Humberstone; Reed Emmons; Robert Remien; Andrew Margolis; Francine Shuchat Shaw; Sabrina Hirschfield

**BACKGROUND:** To identify baseline risk characteristics associated with attrition in a randomized online intervention study for men who have sex with men (MSM), by comparing those returning to complete a 60-day follow-up survey to those who were lost to follow-up (attrition).

**METHOD:** MSM were recruited via an email delivered to 675,000 members of a popular gay-oriented hook-up site. The email contained a banner ad linking men to a behavioral survey. Between 4/08-9/08, baseline and follow-up survey data were collected assessing participant behaviors during the previous 60-day reporting period. No incentives were given. Intervention eligibility criteria included being age  $\geq 18$ ; able to read/respond in English; a U.S. resident; providing an email address; having had sex (oral or anal) with a male partner; and sex (oral, anal or vaginal) with a new partner, either male or female. Participants eligible for the intervention study were randomized into either a control group (no online intervention content) or one of four interventions: 1) prevention website; 2) 9-minute dramatic prevention video; 3) 5-minute documentary prevention video; or 4) both videos. Participants received an email linking them to the 60-day follow-up survey. Up to 4 reminder emails were sent. Bivariate and multivariate analyses assessed differences in attrition by demographic characteristics, sexual behavior and substance use reported at baseline. Only differences significant at  $p < .01$  were reported because of the large sample size.

**RESULTS:** Of 23,213 MSM who clicked on the banner ad, 13,674 consented to participate and 11,721 completed the baseline survey. Analysis was limited to men randomized into the online interventions study (N=3,049). No demographic, behavioral, or attrition differences were found across intervention groups. Retention for the 60-day follow-up was 53%. Median age was 39; most were white (81%), with at least a college degree (55%). At baseline, 69% reported having a new male sex partner, and the median number of male sex (oral or anal) partners was 2. About half (51%) reported limited per-partner sexual events (median=1), and 11% reported  $\geq 5$  drinks on average before/during sex. Of those ever tested for HIV (n=2,791), 18% were HIV-positive.

Compared to men who completed the 60-day follow-up, characteristics significantly associated with attrition included being under age 30, non-white, having less than a college degree, reporting  $\geq 1$  male oral sex partners, sex with a male partner  $\geq 2$  times, and  $\geq 5$  drinks on average before/during sex. All characteristics retained significance in multivariate analysis (under age 30, AOR 1.6; non-white, AOR 1.4; less than college degree, AOR 1.4;  $\geq 1$  male oral sex partners, AOR 1.6; sex with male partner  $\geq 2$  times, AOR 1.4;  $\geq 5$  drinks on average before/during sex, AOR 1.6).

**CONCLUSION:** Attrition in a randomized, online HIV prevention intervention for MSM was associated with being younger, non-white, less educated, having more male oral sex partners, reporting more sexual events, and more alcohol before/during sex. Findings demonstrate the challenges of retaining high-risk MSM in an online non-incentivized study. Given the level of risk among men who did not follow-up, innovative and targeted retention strategies are needed for future internet-delivered intervention studies.

Trial Registration [clinicaltrials.gov](http://clinicaltrials.gov) Identifier: NCT00649701

**Presentation Number:** A17-2

**Presentation Title:** HIV Risk Behaviors Among MSM Who Take Illegal Drugs: An Internet-Based Study

**Author(s):** Sabina Hirshfield; Mary Ann Chiasson; Reed Emmons; Mike Humberstone; Robert H. Remien; Heather A. Joseph; Francine Shuchat Shaw; Roberta Scheinmann

**BACKGROUND:** Men who have sex with men and inject drugs present prevention challenges because of their dual risk. Non-injection drug use is also associated with greater sexual risk taking behavior among MSM. This analysis compared HIV risk behaviors among MSM who inject drugs (MSM-IDU), those who use non-injection drugs (MSM-NIDU), and non-drug users (MSM-NU) recruited online.

**METHOD:** Data for this analysis come from the baseline survey of a study to evaluate an internet intervention for MSM. Members of four gay-oriented "hook-up" websites were recruited between 4-6/2008 for an anonymous survey that had no incentives. The reporting period was the previous 60 days. MSM-IDU were defined as reporting any injecting drug use, while MSM-NIDU reported use of drugs (cocaine, crack, methamphetamine, downers, ecstasy, GHB, heroin, ketamine, or nitrite inhalants (poppers)) and reported no current injecting. MSM-NU reported no drug use. To guard against type I error, we set the alpha level to 0.001.

**RESULTS:** Analysis was limited to men who responded to questions about recent drug use (N=8232): 5% reported injecting (MSM-IDU), 44% reported non-injection drugs (MSM-NIDU), and 51% no use (MSM-NU). Overall, 80% of the sample was white, 64% earned \$40,000+, 55% had at least a college degree, and 26% were HIV-positive. Median age for MSM-IDU and MSM-NIDU was 42 years old, while MSM-NU were younger (36). The drugs most frequently used by injectors were methamphetamine, ketamine, cocaine, and GHB.

In bivariate analysis, MSM-IDUs were significantly (all  $p < .001$ ) more likely than MSM-NIDU/MSM-NU to reside in the US Pacific region (26% vs. 16% vs. 12%), live in a large urban area (39% vs. 31% vs. 22%), be HIV+ (48% vs. 20% vs. 9%), and have over 100 lifetime anal (58% vs. 33% vs. 15%) and/or oral (62% vs. 45% vs. 25%) partners. MSM-IDU were significantly more likely to have accepted money or drugs for sex (20% vs. 8% vs. 4%) and report unprotected anal intercourse (UAI) with their most recent partner (81% vs. 63% vs. 56%). MSM-IDUs were significantly more likely not to disclose their HIV status to their most recent partner (28% vs. 22% vs. 19%). Multivariate analysis was limited to drug users (MSM-IDU versus MSM-NIDU). After adjusting for race, age, income, urban residence, region, current and lifetime male partners, and HIV disclosure, MSM-IDU were significantly more likely to live in the US Pacific Region (AOR=1.86), be HIV-positive (AOR=2.03), trade sex for drugs or money (AOR=2.33), and report UAI with their most recent partner (AOR=1.80) (all  $p < .001$ ).

**CONCLUSION:** While MSM-IDUs represented a small proportion of this online sample, they reported very high risk behaviors. They were more likely to be HIV-positive, exchange sex or drugs for money, and have recent unprotected anal sex, compared to their MSM-NIDU counterparts. Though MSM-IDUs are traditionally a hard-to-reach population, a relatively large sample of IDUs was recruited quickly, demonstrating that they can be reached online. Interventions for MSM-IDU are greatly needed. Online prevention initiatives should address sexual risk behaviors in the context of injection use and emphasize reduction of these risks.

**Presentation Number:** A17-3

**Presentation Title:** Internet-Based Focus Group Among MSM: Formative Research

**Author(s):** Darin Jackson; Eric Knudsen; Jacob Rickoll; Joshua Fegley; Ryan McNeely; Jean Redman; Seema Gai

**BACKGROUND:** Men who have Sex with Men (MSM) who identify as other than Caucasians continue to be an extremely vulnerable population affected by high rates of HIV/AIDS. As part of Adopting and Demonstrating the Adaptation of Prevention Techniques (ADAPT) project, the agency conducted formative activities to improve understanding of the processes needed for adapting evidence-based behavioral interventions for on-line use with sero-positive MSM of color.

**METHOD:** 10 Internet-based focus groups were conducted via chat room with approximately 3-10 participants per focus group. A total of 47 people participated among whom 27 participated in the group for MSM who reported HIV negative or unknown serostatus and 20 participated in the group were MSM identified as other than Caucasians and were HIV positive.

**RESULTS:** A total of 144 (Registrants) people were interested in participating in the focus group among them 47 (Participants) completed participation in the focus group. In comparison to registrants the majority of the participants were in the age group 26 to 35 years (30 vs. 36%), had some college/technical education (35 vs. 40%), employed for wages (36 vs. 49%), and earned less than 20,000 (41 vs. 30%). Additionally, findings from the focus group looking at the issues such as Internet venues, relationships, characteristics of popular people, perception of online trainings, effects of hurricanes, obstacles and benefits to provide prevention services through Internet will be presented.

**CONCLUSION:** The presentation will highlight issues about the adoption of EBI interventions, identify steps necessary to adapt interventions targeting seropositive MSM of color populations to online environment, and explore and improve online HIV prevention efforts using the project as an example.

**Presentation Number:** A17-4

**Presentation Title:** A Comparison of Risk Behaviors Reported by Online Versus In-Person MSM in Los Angeles County

**Author(s):** Trista Bingham; Ekow Kwa Sey; Juli-Ann Carlos

**BACKGROUND:** Increasingly, men who have sex with men (MSM) are relying on the Internet to identify male sexual partners. As more men shift their partner-seeking behaviors to the Internet, it is unclear whether traditional, venue-based HIV behavioral surveillance activities are capturing the universe of MSM at risk of HIV infection. There are concerns that important segments of MSM are being excluded from field-based research and whether it is possible to engage MSM in Internet-based research and prevention interventions. Given the steady increase of MSM using the Internet each year, it is important to determine whether MSM who are on the Internet are somehow different from men who are more easily accessed by researchers and prevention workers in physical venues.

**METHOD:** Los Angeles County (LAC) participated in a CDC-funded project known as Web-based HIV Behavioral Surveillance (WHBS) in 2004-2007. This multi-site investigation enrolled MSM, ages 18 years and older, using an Internet-based direct marketing approach with banner-ad recruitment from seven popular MSM web sites. LAC participants consented to and completed brief, on-line questionnaires between April and August, 2007. Questionnaire topics included socio-demographics, Internet usage, self-reported HIV status, and sexual and drug-use behaviors. During a similar time period, LAC conducted the 2008 LA Men's Survey, using venue-based sampling as part of CDC's National HIV Behavioral Surveillance (NHBS) system. To examine differences between web-based and venue-based sampling methods, we compared socio-demographic and behavioral characteristics reported by MSM recruited in each of these studies.

**RESULTS:** During four months of subject recruitment, we enrolled 1,234 MSM in WHBS and 538 MSM in NHBS. WHBS had a much higher percentage of White participants (56%) than NHBS (32%) and participants were much younger (18-24 years) in WHBS (46%) than in NHBS (18%). Sexual orientation was similar for both groups with approximately 82% identifying as homosexual, 16% bisexual and 2% heterosexual. When asked about their most recent casual partner, 63% of WHBS participants reported meeting him online compared to 18% of NHBS participants. Recent unprotected anal sex with male partners was reported by 61% and 54% of WHBS and NHBS participants, respectively. The mean number of male partners for WHBS participants was 20 and 10 for NHBS participants. Eighteen percent of WHBS participants reported never testing for HIV compared to 5% of NHBS participants. Self-reported HIV seroprevalence was 10% for WHBS and 13% for NHBS. Of the 91% of NHBS participants who consented to an HIV test, 19% were HIV positive.

**CONCLUSION:** Although we observed significant differences in socio-demographic characteristics such as age and race/ethnicity, we did not identify major differences in risk behaviors or self-reported HIV status across study populations. Our findings suggest that, while it may prove more efficient to obtain larger samples of MSM using online methods, there are specific sub-populations, such as non-White and older MSM, that are more reliably sampled in public settings. Additional benefits of venue-based studies include the ability to conduct HIV counseling and testing and to engage participants in longer and more detailed risk questionnaires.

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**Track B****B04 - Factors Associated with HIV Transmission: Viral Load, Lack of Care and Risk Behaviors****Room: Dunwoody (Hyatt Regency Atlanta)**

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**Presentation Number:** B04-1**Presentation Title:** Assessment of High-risk Sexual Behavior Among HIV-infected Patients in the HIV Outpatient Study (HOPS)**Author(s):** DerShung Yang; Kathy Wood; Bienvenido Yangco; Kate Buchacz; John T. Brooks; Marcus Durham

**BACKGROUND:** HIV care providers can help reduce ongoing HIV transmission by identifying and addressing behaviors capable of facilitating HIV transmission with their patients. To better understand the extent of current patterns of sexual and recreational drug use behaviors among HIV-infected persons, we reviewed recent data collected from HOPS participants by a T-ACASI.

**METHOD:** Between March 2007 and September 2008 a convenience sample of HOPS participants were queried by T-ACASI about the following behaviors in the preceding 6 months: tobacco use, alcohol and drug use, antiretroviral (ARVs) adherence, sexual activity and disclosure of HIV status to sexual partners. The HOPS is a clinical open prospective cohort of HIV-infected patients seen at 9 public/university and private U.S. HIV-specialty clinics since 1993. During a routine clinic visits at 7 of the study sites HOPS participants were provided a phone number with access code and asked to complete the T-ACASI behavioral survey. Participants were given the option to complete the T-ACASI at the clinic or at home.

**RESULTS:** 2,450 HOPS patients had a clinic visit or contact between March 2007 and September 2008, 901(37%) initiated a T-ACASI, 63% either were not offered or may have failed to undertake the T-ACASI. Thirteen surveys (1.4%) were started but not completed. Of 888 participants who completed the survey (83% male, 70% white, 19% black, 8% Hispanic, 73% men who had sex with men [MSM], 18% heterosexual, median age 48 years), more men than women reported recreational drug (58% vs. 24%,  $p < .001$ ) and alcohol use (74% vs. 45%,  $p < .001$ ), had > 2 sex partners (61% vs. 10%,  $p < .001$ ), and engaged in unprotected anal or vaginal sex at least once (37% vs. 22%,  $p < 0.01$ ) during the prior 6 months; however more women than men used tobacco (34% vs. 24%,  $p < .01$ ). Missing any doses of ARVs was associated with neither HIV risk group (17% high-risk heterosexual [HRH], 14% MSM, 25% other contact [OC],  $p = .06$ ) nor gender (15% men vs. 20% women,  $p = .08$ ). MSM reported more recreational drug use than participants whose HIV risk was categorized as HRH or as OC (60%, 31%, 35%,  $p < .001$ ), had > 2 sex partners (64%, 15%, 29%,  $p < .001$ ), and unprotected anal or vaginal sex (39%, 21%, 20%,  $p < .001$ ). Among MSM, 23% reported unprotected insertive anal sex and 29% unprotected receptive anal sex with partners whose HIV status was either negative or unknown. Approximately half of participants disclosed their HIV status to all of their sexual partners (54% men vs. 57% women,  $p = 0.30$ ).

**CONCLUSION:** Many persons in this convenience sample of contemporary HIV-infected patients receiving routine outpatient care continue to engage in behaviors that place them and their sex partners at risk of infection with HIV and other STDs. A substantial proportion of respondents failed to disclose their HIV status to all sexual partners. Based on our findings, regular monitoring for these behaviors along with continued counseling of HIV-infected individuals regarding safe sex practices throughout their clinical care is recommended.

**Presentation Number:** B04-2**Presentation Title:** Surveillance of HIV-Infected Persons Who Have Not Entered HIV Medical Care**Author(s):** Linda Beer; Samuel M. Jenness; Corliss Heath; Daniel Hillman; Alan Neagus; Kathleen A. Brady; Barbara Bolden; Maria Courogen; A.D. McNaghten; Jeanne Bertolli

**BACKGROUND:** Linkage to care after a positive HIV test is a fundamental prevention strategy, yet the characteristics of and reasons why some HIV-infected persons have not entered care are poorly understood. The Never In Care (NIC) pilot project, a population-based, supplemental surveillance system, was conceived to enumerate and describe persons diagnosed with HIV in the United States who have never received HIV medical care. We present preliminary NIC data.

**METHOD:** HIV-infected persons who had not entered care within 3 months of diagnosis were identified using HIV/AIDS Reporting Systems (HARS) and associated laboratory data in Indiana, New York City, and Philadelphia. Non-entry into care was defined by the absence of a CD4 or HIV viral load (CD4/VL) report subsequent to diagnosis. First, we identified persons diagnosed during December 2006-November 2007, reported to HARS by February 2008, who were  $\geq 18$  years old, aware of their HIV status, and had no reported CD4/VL by February 2008. Then we constructed 5 additional monthly sampling frames, advancing all "eligible dates" by one month for each subsequent frame. From these 6 frames, all (or a random sample) of eligible persons, depending on area totals, were selected each month for investigation. Care entry status at selection was retrospectively

assessed through interviews, provider records, and CD4/VL reports to HARS. Interviews assessed reasons for non-entry into care.

**RESULTS:** A total of 9,569 persons were diagnosed during December 2006-April 2008 and reported by July 2008; 27% were classified as never in care. Of these, 1,234 (47%) were selected for investigation. By September 30, 2008, 595 (48%) case investigations had been closed: 132 (22%) based on interview and 463 (78%) without an interview. Of the cases closed, 27 (5%) were confirmed as never in care and 427 (72%) had been misidentified as never in care due to CD4/VL reporting delay or laboratories not reporting; 8 (1%) were unaware of their HIV status; 10 (3%) were deceased and 49 (8%) were otherwise ineligible; and 74 (12%) could not be located or refused to be interviewed. Among 27 interviewees confirmed to have not entered care, 19 (70%) were male; 14 (52%) were aged 18-34 and 13 (48%) were  $\geq 35$ ; 16 (59%) were black; 5 (19%) Hispanic, 3 (11%) white, 2 (7%) multi-racial, and 1 (4%) missing race/ethnicity; 11 (41%) were  $\leq 6$  months and 16 (59%)  $> 6$  months from diagnosis, respectively. The 5 reasons for not entering care mentioned most frequently by interviewees were: lack of money/health insurance (54%), not wanting to think about their HIV+ status (50%), not wanting to tell anyone about their HIV+ status (46%), feeling depressed (43%), and not believing their HIV+ status (29%).

**CONCLUSION:** The majority of cases that were closed were among persons misidentified as not having entered care, in part because care entry is more quickly confirmed than non-entry (investigation is ongoing). Misidentification will likely decrease with improvements in the timeliness of CD4/VL reporting and increases in the numbers of laboratories reporting. NIC data hold promise for guiding improvements to HIV/AIDS surveillance and linkage to care.

**Presentation Number:** B04-3

**Presentation Title:** Evaluating Factors Associated with High Viral Load Values Among HIV-Infected Individuals in New York City

**Author(s):** Hani Nasrallah; Wilson Lo; Colin Shepard

**BACKGROUND:** Since June 1, 2005, all laboratories have been required by New York State (NYS) law to report the results of all HIV-related tests conducted on NYS residents or by NYS physicians, including HIV viral loads. In 2006 and 2007 New York City (NYC) received over 550,000 viral load tests on approximately 93,000 presumed HIV-infected NYC residents. High HIV viral loads have been associated with increased transmissibility as well as excess morbidity and mortality. We sought to characterize patients receiving viral load tests in 2006 or 2007 in NYC and to understand the distribution of high viral loads across demographic categories and transmission risk groups.

**METHOD:** We used the population-based NYC HIV/AIDS Registry (HARS) to perform a cross-sectional analysis of viral load values reported among NYC residents 13 years or older who were reported to HARS by September 30, 2008. Case-patients were included if results of at least 2 viral load tests were conducted at least 3 months apart between January 1, 2006, and December 31, 2007. We classified patients based upon their highest viral load value during the analytic time frame and their year of initial diagnosis of HIV. We included all patients diagnosed after December 31, 2000 and compared demographic characteristics of patients with consistently low viral load values ( $< 10,000$  copies/mL) vs. patients with at least one highest viral load value  $> 100,000$  copies/mL.

**RESULTS:** Of the 102,404 persons diagnosed and reported in NYC and presumed to be living with HIV/AIDS as of December 31, 2007, 58,749 (57.3%) received at least two viral load tests in 2006 or 2007. The majority of patients, 54,515 (93%), received 3 or more tests. 16,103 (27.4%) were newly diagnosed between 2001 and 2007. Of these new diagnoses, 3,049 (19%) had at least 1 viral load value  $> 100,000$  copies/mL. Patients with a high viral load were 1.5 times more likely to be male (95% CI: 1.39- 1.68), 1.2 times more likely to be white (95% CI: 1.05- 1.31), 1.4 times more likely to report MSM as a risk factor (95% CI: 1.23- 1.51), and 1.5 times more likely to be  $< 40$  years of age (95% CI: 1.41- 1.67). In addition, patients with a high viral load were 2.2 times more likely to progress to AIDS (95% CI: 2.03 - 2.43) and 3.4 times more likely to die (95% CI: 2.62 - 4.53) by the end of 2007.

**CONCLUSION:** Universal laboratory reporting provides a unique opportunity to monitor HIV-1 viral loads in a large and diverse population receiving HIV-related medical care. In NYC, patients who were white, MSM, and  $< 40$  years of age were more likely to receive a high viral load in 2006 or 2007. Due to the potential for increased transmission by persons with high viral loads, characterizing this population is critical for focusing prevention efforts for HIV+ persons. The increased morbidity and mortality seen in this population warrant further investigation and possible intervention strategies aimed at decreasing viral load values, delaying progression to AIDS and increasing survival.

**Presentation Number:** B04-4

**Presentation Title:** Geographic and Clinical Correlates of San Franciscans Virologically Most at Risk for HIV transmission

**Author(s):** Priscilla Chu; Glenn-Milo Santos; Deirdre McDermott Santos; Annie Vu; Grant Nash Colfax

**BACKGROUND:** HIV viral load is directly related to infectiousness. Few jurisdictions monitor the proportion of persons with HIV/AIDS who are virologically suppressed or those with extremely high viral loads (EHVL) who are greatest risk for HIV forward transmission.

**METHOD:** Using San Francisco's mature, accurate (>90% complete) HIV/AIDS surveillance system and mandatory laboratory reporting of HIV viral loads (VL), we studied all HIV-infected individuals on antiretroviral therapy who had at least one VL from January 2005 to December 2007. We calculated the percentage of all San Franciscans who were virologically suppressed (VL<75/mL) and the percentage of EHVL defined as VL>100,000/mL. We examined the geographic distribution of the percentage of persons with virologic suppression and EHVL with Geographic Information Systems software ArcGIS v 9.1. Using Wald adjusted odds ratios, we evaluated correlates of EHVL as compared to virologic suppression after controlling for demographic, clinical and socioeconomic characteristics.

**RESULTS:** We found that overall in San Francisco, 68% (5867/8606) were virologically suppressed and 4% (367/8606) had EHVL. Homeless persons (45%) and persons residing in the neighborhood with lowest median household income, the Tenderloin (59%), had the lowest rates of virologic suppression. The neighborhoods with the highest percentage of EHVL (Bayview 8%, South of Market 7%, Tenderloin 6%) were those with the lowest median household incomes. Higher log mean CD4 count was significantly associated with a decreased odds of EHVL (AOR=0.26; 95%CI [0.22, 0.37]). Having ever changed ART regimen was significantly associated with a two-fold increased odds of EHVL (AOR=1.9; 95%CI [1.1, 3.2]). Engagement in care (defined as seen at least once every six months for the past year) was associated with significantly decreased odds of EHVL (AOR=0.56; 95%CI [0.42, 0.73]). Race/ethnicity, transmission risk category, or other demographic characteristics were not significantly associated with an increased odds of EHVL.

**CONCLUSION:** In San Francisco, where a majority of those receiving ART are virologically suppressed, certain clinical characteristics (lower CD4 count, ART regimen change history, and lack of engagement in care) are associated with EHVL. These population-level data highlight key areas for public health intervention, such as support for engagement in care or increasing expert HIV resistance consultation in order to maximize virologic response to ART and ultimately reduce HIV transmission in San Francisco.

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## Track B

### B08 - HIV in the Nation's Capital and Beyond: Incarceration, Intoxication and Poverty

Room: Hanover E (Hyatt Regency Atlanta)

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**Presentation Number:** B08-1

**Presentation Title:** HIV Rates among Non-injection Drug Users: Challenges and Opportunities for Assessment and Prevention

**Author(s):** Salaam Semaan; Don Des Jarlais; Kamyar Arasteh

**BACKGROUND:** National surveillance data show that, among all HIV cases, the percentage reported among injection drug users (IDUs) has decreased over time (40% of HIV cases among IDUs in the mid-1980s, 12% in 2006). Reduced HIV transmission among IDUs of heroin and cocaine is attributed primarily to safer injection practices. During the same time, heterosexual transmission of HIV has increased (15% of HIV cases in the mid 1980s, 31% in 2006). Studies of crack users and studies of non-injecting heroin and cocaine users show strong relationships between non-injecting drug use and HIV infection. However, present data systems do not permit tracking the contribution of non-injecting drug use to sexual transmission over time.

**METHOD:** We reviewed studies published during the past 15 years that reported on HIV prevalence both among IDUs and non-injecting drug users (NIDUs). We compared prevalence of HIV infection among subgroups of drug users, by site (e.g., region, city), and over time (e.g., mid-1990s, 2000s).

**RESULTS:** HIV prevalence among crack users varied with that of IDUs, with consistent patterns reported for multi-site data, and new patterns reported over time. Multi-site data (16 cities) from the mid-1990s showed that HIV prevalence among crack users was half that among IDUs (8% vs. 16%). Higher prevalence rates were reported for both groups in the Northeast (e.g., New York: 47% for IDUs, 17% for crack users; Miami: 48% for IDUs, 23% for crack users), and lower for both groups in the West (e.g., Long Beach: 4% for IDUs, 2% for crack users; Portland: 2% for IDUs, 1% for crack users). Moderate prevalence rates and consistent patterns were reported in the Central/Midwest states (e.g., Denver: 4% for IDUs and 2% for crack users) and in the South (e.g., Houston: 7% for IDUs and 3% for crack users). HIV prevalence also varied by drug administration (e.g., Philadelphia: IDUs--10%; crack smokers--7%; and IDUs who also smoked crack--14%) and by whether crack smokers exchanged or did not exchange sex for crack (e.g., 3-city, multi-site data--30% vs. 10%). In the late 1990s, HIV prevalence among NIDUs of crack, heroin, and cocaine was still around 50% of HIV prevalence among IDUs (Baltimore: IDU: 10%, NIDU: 4%). In the mid-2000s, however, HIV prevalence among IDUs and NIDUs of heroin and cocaine appeared to have equalized (e.g., New York: 18% among both groups).

**CONCLUSION:** Data from the mid-2000s show rates of HIV among IDUs and NIDUs are becoming increasingly similar, reflecting a change from the 2:1 ratio reported in the 1990s. A large number of studies have linked non-injecting use of heroin

and cocaine with HIV infection, but we currently have no method for monitoring HIV among NIDUs. It is important to re-examine the challenges and opportunities in assessment and prevention of HIV among NIDUs. New assessment categories and studies can provide data to monitor emerging HIV trends, continue the successful efforts of reducing HIV among IDUs, and develop relevant interventions to reduce heterosexual transmission in general and specifically among NIDUs.

**Presentation Number:** B08-2

**Presentation Title:** Associations Between Community Socioeconomic Status and HIV Diagnosis Rates Among Adults Aged 18-50 Years, 2001-2006

**Author(s):** Joseph Prejean; Qian An; Kathleen McDavid Harrison

**BACKGROUND:** Community socioeconomic status (SES) characteristics are key determinants of population health. Stratifying population health data by community SES status is a useful approach to analyze and monitor public health inequalities. Such analyses quantify health differences between socioeconomic groups or areas and can identify groups or areas that may benefit from prevention, treatment and other support services. These analyses have been conducted frequently in investigating cancer and other diseases, however, there has been limited use of the method in assessing socioeconomic disparities in HIV infection in the United States. This study examined the association between community socioeconomic status (SES) and HIV diagnosis rates among adults aged 18 to 50 years in the US from 2001 to 2006.

**METHOD:** We used principal component analysis to create a community level SES index using 2000 census data. Using diagnoses of HIV infection from 2001 through 2006 and reported to CDC through June 2007, and population denominators from census data of 2403 counties in 33 states with confidential name-based HIV infection reporting since 2001, we examined the associations between the county-level SES index and 6-year combined HIV diagnosis rates overall and within race/ethnicity-sex groups. We investigated the effect of socioeconomic status on HIV diagnosis rates using Poisson regression. We quantified racial/ethnic disparities in HIV diagnosis rates at each level of community SES.

**RESULTS:** Overall, HIV diagnosis rates increased significantly as county-level SES decreased.

The HIV diagnosis rate ratio of low to high SES counties was greater in females than males: 3.6 (95% CI: 3.3-3.9) and 2.7 (95% CI: 2.5-2.9), respectively. Among racial/ethnic groups, blacks had the lowest rate ratio of low to high SES counties: 1.4 (95% CI: 1.4-1.5). In all racial/ethnic groups, males residing in high SES counties had the lowest HIV diagnosis rates. Females residing in low SES counties had the highest HIV diagnosis rates, indicating females are disproportionately affected by low SES of the county. The rate ratios between low to high SES counties were smaller in black men, black women and Hispanic women than whites and Hispanic men. Racial disparities in HIV diagnosis rates persisted after controlling for SES, and were most pronounced in high SES counties, particularly among females residing in high SES counties.

**CONCLUSION:** Findings support continued targeting of HIV testing, prevention, and treatment interventions to persons in economically deprived areas, particularly, females residing in low SES counties, as well as blacks residing in counties of all SES levels.

**Presentation Number:** B08-3

**Presentation Title:** A Modern HIV/AIDS Epidemic in the Nation's Capitol

**Author(s):** Amanda Castel; Rowena Samala; Angelique Griffin; Titilola Jolaosho; Tiffany West-Ojo; Alan Greenberg; Shannon Hader

**BACKGROUND:** The WHO defines a generalized epidemic as an epidemic that is firmly established in the general population. The District of Columbia continues to consistently have the highest AIDS case rates in the country with rates that have been compared to those in developing countries. This study sought to examine whether the District's HIV surveillance data reveals an emerging generalized epidemic.

**METHOD:** Data collected through routine surveillance between 2001 and 2007 were analyzed using both the code-based and name-based HIV/AIDS surveillance registry data. Risk categories were defined as per CDC definitions, but the heterosexual sex category used the CDC hierarchy and also included those individuals whose only documented risk factor was heterosexual sex. Univariate and bivariable analysis were performed to describe the epidemic and rates were calculated based on available US census estimates.

**RESULTS:** 15,120 District residents were living with HIV/AIDS at the end of 2007. Among living HIV/AIDS cases, the majority of cases were male (71.7%), black (76.3%) and had infections attributed to MSM (36.9%) followed by heterosexual contact (28.1%). Among the newly reported AIDS cases diagnosed from 2003-2007, the majority were also male (69.5%) and black (85.0%) and 31.5% of cases were attributed to heterosexual sex, followed closely by MSM (29.0%). Persons currently ages 40-49 had the highest prevalence rate of those living with HIV/AIDS at 7.2%. The most recent HIV data from 2006 found that among newly reported HIV cases, the majority were also male (64.7%) and black (81%) and 37.4% of cases were attributed to heterosexual sex followed by MSM (25.8%). At the end of 2007, the overall prevalence among those living with HIV/AIDS was 2.9% in a city of approximately 500,000 persons. Rates of those living with HIV/AIDS at the end of 2007 were

disproportionately higher among blacks (4,305.4 cases per 100,000 population) as compared to other race/ethnic groups (3.1 times vs. whites; 2.2 times vs. Hispanics) with rates among black women more than 16 times higher than that of white women (2,593.6 vs. 159.4 cases per 100,000 population, respectively). Absolute prevalence rates for all racial/ethnic groups are all above 1%: whites 1.4%; blacks 4.3% and Hispanics 1.9%.

**CONCLUSION:** These data suggest that these high rates may indicate a generalized epidemic with an additional complexity of risk and race that make this a truly modern epidemic. HIV/AIDS is firmly established throughout the District of Columbia, with a disparate impact among all minorities with blacks experiencing the highest prevalence rate, an emerging heterosexually transmitted epidemic and a persistent MSM epidemic. As a result of the scale of the epidemic and these newly emerging trends in the District, systems-level interventions and implementation of responses that serve to scale should be considered and developed.

**Presentation Number:** B08-4

**Presentation Title:** Risk Factors and Clinical Outcomes in the Incarcerated Population with AIDS in Washington, DC

**Author(s):** Karishma Anand; Rowena Samala; Titilola Jolaosho; Tiffany West; Many Magnus; Shannon Hader; Reena Charkraborty; Henry Lesansky; Devon Brown; Shyam Misra

**BACKGROUND:** The District of Columbia has the highest AIDS case rate in the nation with between 3-5% of adult residents estimated to be living with HIV/AIDS. The District also has a high rate of incarceration, with 10% of the District's population estimated to have been in jail or prison at some time. In June 2006, DC Central Detention Facility (CDF) began routine opt-out HIV screening of inmates. The CDF also makes HIV assessment a core part of health care and discharge planning. Overall, 8% of AIDS cases diagnosed from 2001-2006 were diagnosed at intake upon incarceration at the DC CDF. The objective of this study was to compare the demographic distribution and clinical indicators and outcomes between individuals who were incarcerated and not incarcerated at the time of AIDS diagnosis in DC.

**METHOD:** Surveillance data from persons incarcerated at the time of AIDS diagnosis between 2001-2006 were extracted from the DC HIV/AIDS case registry (HARS) and compared to non-incarcerated AIDS cases. Chi-square testing and logistic regression were performed to describe associations between incarceration status and demographic and clinical characteristics.

**RESULTS:** From 2001-2006, 4,641 AIDS cases were identified from the HARS database, 366 (7.9%) were diagnosed at intake upon incarceration. Among these cases, the majority diagnosed with AIDS were black (94.8%), male (76.2%), and between the ages of 30-49 (71.8%). These proportions were similar to those among the non-incarcerated AIDS cases. Almost half (49.7%) of the cases diagnosed at incarceration intake identified IDU as the mode of HIV transmission while 30% of cases diagnosed outside the jail were attributed to MSM ( $p < .0001$ ). The mean CD4 count was 234.7 (S.D. 182.0) for incarcerated cases and 148.4 (S.D. 160.7) among the non-incarcerated. Incarcerated cases were 3.2 times more likely (OR=3.2, CI:2.5-4.0) than non-incarcerated cases to have a CD4 count  $\leq 200$  at AIDS diagnosis, after adjusting for race, age, sex, mode of transmission, time from HIV to AIDS diagnosis, and presence of opportunistic infection. Survival analysis showed that survival among incarcerated cases was 11% higher than the non-incarcerated AIDS cases after 6 years.

**CONCLUSION:** While the demographics of incarcerated and non-incarcerated AIDS cases in the District do not differ, IDU continues to be a leading risk factor for infection among those diagnosed at incarceration. Improved clinical outcomes and survival among the incarcerated cases may reflect comprehensive healthcare services provided in the DC CDF and earlier detection of AIDS in this population. In conjunction with routine HIV screening and the provision of bridge services and medications for HIV infected inmates, efforts such as these will continue to lead to improved outcomes among the jail population.

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## Track C

### C05 - Adaptation and Innovation in a Family of EBI's for Homeless, At-Risk, and HIV-Positive Youth

**Room:** Cairo (Hyatt Regency Atlanta)

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**Presentation Number:** C05

**Presentation Title:** Adaptation and Innovation in a Family of Evidence-Based Interventions for Homeless, At-Risk, and HIV-Positive Youth.

**Author(s):** Dallas Swendeman; Marguerita Lightfoot; Norweeta Milburn; Eric Rice; Mary Jane Rotheram-Borus

**BACKGROUND:** Almost half of new HIV infections occur among young people under age 25. The behavioral and structural factors that drive HIV risks among young people are common across overlapping subgroups of homeless, at-risk, and HIV-positive youth. A family of evidence-based interventions (EBI) targeting these subgroups and utilizing the same common core elements (i.e., tools, framing, goals, activities, etc.) is being disseminated by the CDC's Diffusing Effective Behavioral Interventions (DEBI) program while also being adapted and tested in research trials domestically and globally. Recent research

has identified common factors, processes and principles embedded in five EBI for youth from different researcher-developer teams to develop a framework to facilitate effective adaptation and innovation.

**METHOD:** Over the past 20 years, a series of intervention research trials has adapted a common set of core elements for interventions with different subgroups of youth. Elements from interventions for homeless youth were adapted for high-risk and HIV-positive youth, many being homeless. Small group programs have been adapted to telephone, one-on-one in-person, computerized, and internet delivery formats. Research with homeless youth has identified that many go in and out of homelessness so a family-based intervention has been adapted and tested. In international adaptations these interventions' core elements are adapted to local languages and contexts. The common factors, processes, and principles framework operationalize intervention elements that may not always be reflected in stated core elements.

**RESULTS:** The "Street Smart" small group DEBI was developed with homeless youth, broadened to target at-risk youth, and has been adapted nationally and globally. "Project Light" utilized similar core elements with high-risk groups and has been adapted for computerized delivery to individual high-risk youth. The "Together Learning Choices" (TLC) small group DEBI for HIV-positive youth was adapted to one-on-one delivery in "Choosing Life: Empowerment, Action, Results" (CLEAR), now being adapted and diffused in the CDC Prevention Case Management program. "Project Strive" is a family-based intervention for homeless youth that adapted core elements from both youth interventions and prior family-based interventions with HIV-positive mothers. Research with homeless youth identified clusters of lower-risk and higher-risk networks with lower-risk youth maintaining social ties on the internet; a MySpace page devoted to HIV prevention has been developed for lower-risk youth to support and maintain safer behaviors while reducing exposure to higher-risk networks that can occur in small group interventions. Innovative mobile phone based interventions are in development.

**CONCLUSION:** The global need for effective evidence-based interventions for HIV prevention among youth exceeds our current capacities to design, deliver, and diffuse effective programs. Given increased funding and political will to scale HIV prevention globally, new models of intervention design and adaptation are needed to quicken the adoption and adaptation process. Common factors, processes, and principles operationalize intervention core elements in a framework that facilitates adaptation while maintaining fidelity to elements that support intervention effectiveness. The global dissemination of internet and mobile phone technology, particularly among youth, holds the potential to widely diffuse interventions more quickly but more research is needed on innovative technology-based delivery strategies as replacements and/or enhancements to in-person delivery.

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## Track C

### C09 - HIV Prevention in Young Diverse MSM

**Room: International Ballroom North (Hyatt Regency Atlanta)**

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**Presentation Number:** C09-1

**Presentation Title:** Community Level Interventions with the House/Ball Community in NYC

**Author(s):** Norman Candelario; Francisco Roque

**BACKGROUND:** Data suggest that active participants in the House and Ball community are primarily MSM who are African American or Latino – two groups at highest risk for HIV infection in New York City. Additionally, the House Ball Study indicated that 29% of men who have sex with men reported having unprotected anal intercourse at least once in the past 12 months, and 10% reported exchanging sex for money. While the majority of MSM reported that they had been tested for HIV in the past 12 months, almost three-quarters of the men who tested HIV-positive were unaware of their infection. As in the multi-city studies, data from the House Ball Study showed that African-American MSM were more likely to be HIV-positive than other MSM in the study.

**METHOD:** Targeted prevention programs for young men of color who sex with men in the House and Ball scene in New York City.

**RESULTS:** Within the GMHC Institute for Gay Men's Health (IGMH) there are two projects that specifically target this population: The House of Latex Project (HOL) and Community PROMISE (Peers Reaching Out and Modeling Intervention Strategies). The House of Latex is a HIV prevention program started in 1993; it provides education and outreach support to participants in the NYC House and Ball scene. In 2007, CDC funded Community PROMISE is a community level STD/HIV prevention intervention that relies on role model stories and peers from the House and Ball Community to reach out and model intervention strategies.

**CONCLUSION:** In 2005 we conducted an evaluation of the HOL program to determine its scope and opportunities for more effectively targeting the community. Though the questions asked in the evaluation were specific to HOL as a unique intervention, many of the findings are relevant to other community-based prevention and wellness programs working with youth in the New York City House & Ball Community (HBC) and ethnic minority LGBT youth populations. Community PROMISE works with

the same community and is informed by a community analysis including: mapping, interviews, focus groups, information gathered from the HOL evaluation, the House Ball study, and other relevant resources.

The data from the HOL program evaluation suggested that HOL has been effective in reaching youth and young adults between the ages 15 and 25 and also that prevention programs should work within existing social networks within the HBC may in order to get the message out. A community based intervention such as Community PROMISE offers an opportunity to change community norms and reduce HIV risk behaviors.

**Presentation Number:** C09-2

**Presentation Title:** The MALE Center: Combining Multiple Interventions to Address the Sexual Health Needs of MSM

**Author(s):** Michael D. Shankle, MPH; Mark Forry; Kevin N. Gavit; Sophie Godley, MPH

**BACKGROUND:** Nationally, 53 % of new infections are attributed to men having sex with men (MSM). Men having sex with men are the only risk group that has shown a steady increase in new infection rates since the mid-nineties. Young African American/Black MSM (under 29) are disproportionately impacted by HIV/AIDS. The MALE Center is a community resource and wellness center for gay and bisexual men in Boston. The concept for the Center grew organically out of community conversations with gay and bisexual men discussing the state of gay and bisexual men's health. Issues of increasing sense of isolation, lack of role models and mentors, struggles related to access to health care and HIV treatment, prevention apathy and fatigue, substance use and increased risk behaviors, and a need for a community space to congregate and to advocate for needs of the community resonated throughout these discussions.

**METHOD:** The MALE Center's storefront drop-in space is located in South End, historically Boston's gay neighborhood. The Center is strategically located to provide easy access to diverse communities.

**RESULTS:** The MALE Center's mission and programs provide an innovative approach to addressing the complex sexual health needs of the gay and bisexual men's community in Boston. The Center promotes the well-being of gay and bisexual men through activities that focus on the whole person—spiritual, emotional, and physical. Employing a multifaceted strategy The MALE Center engages clients on three levels: individual, group, and community. The intervention philosophy is holistic, addressing multiple risk factors of individuals through, community building, social networks, and social marketing. Programming includes components of Community PROMISE, Health Navigation, Social Marketing, rapid HIV testing, Comprehensive Risk Counseling Services, and Mpowerment. Utilizing and adapting multiple intervention techniques has enabled the Center to develop a comprehensive and integrated strategy. Each intervention stands on its own while augmenting other program components as recruitment, screening, and referral tools. The program is funded through CDC, SAMHSA, and Boston Public Health Commission.

**CONCLUSION:** From 1 July 2007 to 30 June 2008, 29,326 contacts were conducted through Community PROMISE outreach and peer advocacy activities; 15,910 Role Model Stories distributed in the community; 31 Monthly @ MALE events/activities (Community Mobilization), 200 Sex Life Coaching clients participated in individual level counseling; 73 health navigation clients (substance use, housing, medical care, etc.) accessed services through New Champions; 81 community member volunteers trained to provide peer outreach and health promotion; 459 MSM CTRS clients accessed services HIV rapid testing (2.56 seropositivity rate).

Building community is essential to empowering MSM. It takes time to build a reputation and a relationship with a community. Adaptation of DEBI program components must be used to augment existing services and resources. Service provision is possible regardless of staff size when specialization and collaboration occurs. The MALE Center is not just a program; it is a product of the community working to address health disparities.

**Presentation Number:** C09-3

**Presentation Title:** Exploring the Role of Faith-Based Organizations (FBOs) in HIV Prevention for Young Black MSM (YBMSM)

**Author(s):** Susan M. Kegeles; Michael Foster; Emily Arnold; Greg Rebchook; Richard Hamilton

**BACKGROUND:** HIV rates have reached catastrophic levels among YBMSM. Our previous research showed the importance of religion and spirituality for many YBMSM. Tapping into these sources of strength and resiliency may yield a culturally sensitive and effective HIV prevention approach for YBMSM. Therefore, we are studying the role that FBOs and spirituality can play in HIV/AIDS prevention for this group.

**METHOD:** We conducted interviews with 22 African American ministers from churches in the Oakland/San Francisco and Los Angeles areas. The interviews lasted up to 2 hours each. Diverse churches were included, such as Catholic, African Methodist Episcopalian (AME), Baptist, Congregational, and non-denominational Christian, and they ranged in size from 75 to 4000 congregants. Very conservative churches were not included, since they were unlikely to provide HIV prevention services to MSM. All of the semi-structured interviews were conducted in-person, and covered: the church's history and institutional hierarchy, the church's current HIV prevention efforts, interest in other prevention approaches, views of homosexuality,

involvement of MSM in the church, and congregants' views of homosexuality. Transcripts were coded and discussed at team analysis meetings. Analysis memos captured the content for each analysis session. Two Community Advisory Boards, comprised of African American ministers and individuals knowledgeable about the issues, reviewed our findings and gave substantial input. **RESULTS:** 1) Churches were on a continuum that included: "Non-condemning," "Accepting," "Open and Affirming," and "Progressive and Inclusive." They varied in terms of openness to explicit discussions about homosexuality; how "out" church members were; the extent of ministries for gay men; and the extent to which HIV prevention was discussed; 2) Decision-making and communication patterns within the Church hierarchy strongly impacted HIV prevention efforts. Buy-in from all levels was important, and greatly influenced the likelihood of conducting HIV prevention efforts for YBMSM; 3) There was tremendous variability in how pastors could support sexual minority congregants from the pulpit, in their health ministries, and in private; 4) Due to discomfort addressing sexuality, many more Churches were willing to promote HIV testing efforts or support groups for HIV+ men than they were to doing HIV prevention for YBMSM; 5) Many churches did not want to focus on MSM, preferring to provide broad messages to men in general; 6) Women held a great deal of power, albeit informally, and may play a key role in HIV prevention efforts for YBMSM; 7) Given the pervasive disconnection of many YBMSM from church, HIV prevention efforts conducted by FBOs may have limited reach into the YBMSM community unless strategies are developed to draw them back, including stigma reduction.

**CONCLUSION:** Homophobia continues to be an enormous issue at many Black churches, including those not considered very conservative. Addressing stigma towards MSM requires a conversation about human sexuality and oppression, which is an anathema for many churches. A menu of specific HIV prevention strategies for the different types of churches to choose from may be most effective. The way to motivate churches to address HIV prevention for YBMSM may be through mobilizing female congregants to support their sons and grandsons.

**Presentation Number:** C09-4

**Presentation Title:** Fidelity and Adaptation in Community-Based Organizations' Implementation of an Evidence-Based Intervention for Diverse Young MSM

**Author(s):** Susan M. Kegeles; Gregory Rebchook; Scott Tebbetts

**BACKGROUND:** CBOs (Community Based Organizations) are being encouraged to implement evidence-based HIV prevention interventions. However, many CBOs are uncertain how to adapt them for their own populations and locales while retaining fidelity to the original program. The Mpowerment Project (MP) is a multi-level, including community-level, intervention for young MSM. It is comprised of nine core elements and is based on guiding principles developed through extensive formative research and behavior and community change theories. We examined adaptations of the MP's core elements in a longitudinal, collaborative study with 72 CBOs.

**METHOD:** We provided services to CBOs implementing the MP (technical assistance, written and on-line materials, and a training, which together comprised the "Mpowerment Project Technology Exchange System" [MPTES]). Guiding principles regarding the MP are presented in the MPTES (e.g., that the program should facilitate the empowerment of YMSM, should use social concerns to attract YMSM to the program). The guiding principles are meant to help CBOs understand the social and psychological processes the MP seeks to stimulate that result in risk reduction. We conducted semi-structured telephone interviews (532) with 1-5 people (N=329) from each CBO at baseline, 6, 12, and 24 months, assessing the implementation and adaptation of core elements. Responses were entered into a database. Grounded theory was used to analyze the content of responses via monthly analysis meetings.

**RESULTS:** There was considerable variation in implementation effectiveness. Although the MPTES described the core elements, some CBOs and funders did not recognize that all core elements needed to be in place for the project to be successful. CBOs that carefully considered the guiding principles created programs that were both high in fidelity to the original model and well adapted to the population and locale. Other CBOs were unable to use the guiding principles to make such adaptations, and instead sought guidance about how to make the program fit their population/locale. One adaptation has been particularly problematic: CBOs often reduced their funding for MP's core elements, and instead implemented HIV testing believing that it is a part of the intervention. However, unless testing is integrated into the MP following guiding principles, it reduces the ability to implement the MP with fidelity.

**CONCLUSION:** Fidelity and adaptation are not mutually exclusive, as is often believed. CBOs frequently need help in adapting the intervention to their populations, although when they understand the core elements and guiding principles some implement excellent adaptations. In our next generation MPTES, we will emphasize how to adapt core elements while still following the MP guiding principles. The revised MPTES will also include examples of adaptation "best practices" observed during site visits to CBOs that have made culturally-relevant adaptations for specific populations (e.g., young Black, Latino, and rural MSM) while also retaining fidelity to the intervention. We will also provide more information about how to integrate testing into the MP without losing fidelity. Years of research has shown that HIV-negatives do not reduce their risk behavior following testing, and thus it is inappropriate for testing to supplant implementation with fidelity of an evidence-based intervention.

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**Track C****C11 - Innovative Approaches for Racial/Ethnic Minority Youth****Room: Vancouver/Montreal (Hyatt Regency Atlanta)**

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**Presentation Number:** C11-1**Presentation Title:** Spanish Radio and TV to Encourage Latino Parents to Talk About HIV to Their Children**Author(s):** Alison Frye; Julie Minardi; Jim Zians, PhD

**BACKGROUND:** The Latino population, the fastest growing ethnic community in the Pacific Northwest, doubled in 2006, becoming 10.2% of Oregon's population. Latinos are disproportionately impacted by HIV/AIDS representing 17.7% of all HIV infections while making up 10.2% of the population. In the Portland metropolitan area, new HIV infections outnumber existing infections, with a spiked Latino incidence of 12.1%, constituting a 31% increase in new cases. Searching for new strategies and solutions, local health leaders identified that HIV prevention information in Spanish was greatly needed within the local Spanish media outlets such as radio and television.

**METHOD:** Cascade AIDS Project, in Portland Oregon, implemented a Social Marketing Campaign in Spanish, via radio and TV throughout the Pacific Northwest. The campaign reached an estimated 20,000 Spanish-speaking listeners and viewers. The campaign's targeted audience consisted of Latino youth and their parents. Baseline and post-intervention surveys were conducted within community settings in several of Portland's Latino neighborhoods.

**RESULTS:** Latino youth and their parents oversaw the writing and production of social marketing messages that reflected core community issues associated with HIV and STI risks. Communication between Latino youth and their parents was the campaign's focus and included candid comment on sex and sexuality. The repeated-measure evaluation assessed campaign saturation, and several variables of interest specific to the target audience (attitudes, risk behaviors, religiosity, and parent-child experiences). Post-test measures assessed the "effectiveness" of the prevention messages, whether the messages were deemed "culturally appropriate" for the target audiences (parents and their children), the campaign's "motivational potential" and whether the messages improved the "dissemination" of HIV information.

**CONCLUSION:** A total of 344 evaluation surveys were collected, 174 before the Spanish media social marketing intervention began (baseline), and 170 following the campaign's launch (post-intervention). Results demonstrated a strong association among campaign's "effectiveness," "cultural appropriate application," "motivational potential," and "message dissemination potential." Interestingly, "religiosity" was also strongly associated with these four constructs. Also, respondents' rating on "importance to talk to your children about HIV" was highly related to the campaign's "effectiveness" ratings. Comparisons of respondent ratings from baseline to post-intervention showed a significant increase in message saturation on the local Spanish TV station, Univision: HIV-specific messages ( $t=5.3, p=.02$ ) and overall health messages ( $t=7.8, p=.006$ ). No change was noted for campaign saturation involving the local Spanish radio station. Baseline to post-intervention results also demonstrated significant change ratings of whether respondents had "seen" HIV messages in the community ( $t=2.4, p=.02$ ).

This campaign was developed using strong grassroots community-level applications. This project has shown that campaigns may be enhanced by having members of the target population help craft intervention messages for radio and TV, particularly when dealing with monolingual, non-English speaking audiences. This helps community engagement and supports development of good formative research methods. Empirical evaluation methods can be applied to HIV prevention social marketing campaigns such that it is possible to assess a campaign's "saturation effect," "effectiveness" and other outcomes of interest ("motivational potential," and "message dissemination potential"). Why TV worked better than radio is an interesting question.

**Presentation Number:** C11-2**Presentation Title:** Keep It Up: A Community-Based Health Screening and HIV Prevention Strategy for Young African-American Men**Author(s):** Lydia O'Donnell; Heather Joseph; Beverly Bonaparte; Deborah McLean Leow; Leigh Willis

**BACKGROUND:** Critical challenges exist in developing a new generation of HIV prevention interventions that are efficacious and designed from the outset to overcome obstacles to reaching priority populations.

**METHOD:** Education Development Center, Inc. and Medgar Evers College of the City University of New York (MEC) in collaboration with CDC are developing and evaluating the Keep it Up (KIU) program targeted to young African American men in high-poverty communities where HIV, other sexually transmitted infections, substance use and unintentional pregnancies are elevated and where detection and treatment of chronic diseases is often delayed. Together, these contribute to ongoing health disparities.

**RESULTS:** KIU seeks to "normalize" HIV prevention and testing in the context of a convenient, non-invasive comprehensive health check-up for men. This integrated structural, community, and individual-level intervention embeds HIV behavioral

prevention and testing within a comprehensive social marketing and health screening program. The intervention incorporates four core elements: (1) Culturally tailored and male-targeted social marketing campaign to raise awareness about sexual health and the KIU program; (2) Sexual and general health screening that includes simple, non-invasive biologic testing for HIV, hypertension, cholesterol, diabetes, asthma and Body Mass Index (BMI); (3) Brief, engaging computerized HIV behavioral risk reduction that uses video clips and interactive activities to trigger self-assessment of risk, increase motivation for safer behaviors and relationships, model condom use and negotiation skills, and provide normative support; and a (4) Personalized health profile and risk reduction plan.

**CONCLUSION:** A community advisory group, an expert panel of researchers and practitioners, and focus groups with key segments of the target audience informed intervention development. An initial KIU run-through was conducted in Spring 2008 to refine intervention components. A pilot study is enrolling 100 men to assess feasibility, acceptability and preliminary indicators of benefits; findings will be used to inform an efficacy trial. To date, men (n=73), ages 18-30, attending KIU events report high levels of satisfaction; all but 1 would “highly recommend” KIU to others. Participants have commented on KIU’s relevance to the “younger generation,” the convenience of “one-stop” health screening, and the importance of free and rapid testing. The realistic strategies modeled in the HIV risk reduction computer module and being treated with “respect” and “friendliness” when receiving a personalized health profile and risk reduction plan have also been salient issues for participants.

The KIU pilot is demonstrating the feasibility and acceptability of an innovative community-based approach to providing HIV testing and behavioral prevention. Drawing the connection between sexual health and cardiovascular risks may be a promising strategy for encouraging young men to receive a medical evaluation and a personalized risk reduction plan. High levels of satisfaction and willingness to recommend KIU to others suggest that utilizing peer-marketing to reach into underserved and high-risk populations of young men is a viable strategy. Overall, the integration of broader screening and personalized health recommendations with HIV prevention, including testing, is clearly a promising approach, with the potential to overcome barriers encountered in traditional medical services and screening programs.

**Presentation Number:** C11-3

**Presentation Title:** Protecting Our Future, Innovative HIV and AIDS Education for Latino Youth

**Author(s):** Roberto Astorga; Alison Frye

**BACKGROUND:** In 2004, although Hispanics comprised 14 percent of the U.S. population,(2) they accounted for 20 percent of new AIDS cases and 19 percent of total AIDS cases.(1) The AIDS case rate among Hispanic adults/adolescents was the second highest of any racial/ethnic group in the U.S. (25 per 100,000 population) and 3.5 times that of whites in 2004. (1) 1). Centers for Disease Control and Prevention. HIV/AIDS Surveillance Report, 2004. Vol. 16. Atlanta: US Department of Health and Human Services, Centers for Disease Control and Prevention; 2005

**METHOD:** Protecting Our Future was implemented in Portland, Oregon, where Latinos represent 10% of the population and are the largest ethnic and racial minority group. Different than other Latino groups in the USA, especially those outside of the West and Southwest regions of the country, the Latino community in Oregon is composed mainly of people of Mexican origin.

**RESULTS:** Protecting Our Future is an interactive model that engages Latino/Hispanics young people in HIV prevention and education activities built around the development of social marketing materials. This model is participant driven and can be used with any group of youth or young adults. This workshop presents a successful application that utilizes innovative approaches to HIV and AIDS education throughout the implementation of health communications strategies centered on the Sabido Methodology using radio novelas to illicit behavior change among the target population. At the end of the workshop, participants will: understand some aspects of this framework and will be able to identify the resources necessary to put them into practice.

**CONCLUSION:** Participant Age Group: Latino teens 12-18 The results of the evaluations of this program indicated that: 89 % of participants reported an increase on HIV knowledge and transmission: 89% reported intention to decrease their behaviors that put them at risk for HIV/STI infection:100% reported intention to educate their communities and families about HIV, including encouraging them to get tested.

**Presentation Number:** C11-4

**Presentation Title:** HIP HOP 4 HIV Testing for Tickets: Community Mobilization

**Author(s):** Nike Lukan; Marlene McNeese-Ward

**BACKGROUND:** The Centers for Disease Control has confirmed that HIV is an epidemic primarily affecting young people. Young people between the age of 13-29 represent the highest amount of newly diagnosed infections(34%). Lack of routine HIV testing within this population increases the potential risk for infection within this age group, especially among minorities.

**METHOD:** AIDS Foundation Houston in partnership with the local health department, other AIDS Service organizations and a HIP HOP radio station coordinated a mass testing event and concert for almost 10,000 at risk young adults in the Houston area, yearly since 2007.

**RESULTS:** HIP HOP for HIV provides an exceptional escape for at risk young adults while also encouraging them to know their status. AIDS service organizations(ASOs) in Houston Texas, the local health department, and local radio station joined together in 2007 to increase HIV education and testing among young adults in the Houston area. The purpose of the event has been to encourage young people to take an HIV test by offering a free HIP HOP concert ticket. ASOs coordinated testing events throughout the city through the African American State of Emergency Taskforce. The health department facilitated access to community centers city-wide, supported the event through funding, staffing assistance, and by providing testing supplies. The local radio station coordinated and funded the concert and promotional materials, and also secured artists for the concert.

**CONCLUSION:** From May 2007 to July 2008 the city of Houston tested close to 10,000 youth and young adults for HIV with this event. Surveys completed on a sample of the youth who participated showed that 66% knew that HIV was a major problem within their communities. The survey also showed that being able to go the concert was a major reason why almost half the participants got tested and had this ticket not been offered almost a quarter would not have been willing to get tested. This effort demonstrates that more needs to be done to encourage at risk populations to get tested and access services. Structural interventions and prevention projects need to be designed with the consumer in mind.

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## Track C

### C20 - Adapting Interventions for Racial/Ethnic Minority Women

**Room: International Ballroom South (Hyatt Regency Atlanta)**

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**Presentation Number:** C20-1

**Presentation Title:** Adapting an Evidence-Based HIV Prevention Intervention for Non-English Speaking Monolingual Women

**Author(s):** Fiona Ka Wa Ao; Peter Cruz; Jury Candelario; Lois M. Takahashi

**BACKGROUND:** Los Angeles County is home to the largest Asian and Pacific Islander (API) population in the US, representing 45 different ethnicities. Though reported AIDS cases for APIs remains relatively low, according to the CDC, AIDS cases among APIs are under-reported by as much as 25% due to various cultural and social issues. In particular, non-English speaking monolingual API women face severe obstacles to information and capacity for HIV and STD prevention, including immigration status, poverty, exploitation in employment, low human capital (education, job skills), and linguistic isolation.

**METHOD:** To address these obstacles, APAIT designed and is currently implementing the Chieh Mei Ching Yi/Sisterhood Project in Los Angeles County. The project targets monolingual Chinese women.

**RESULTS:** An adaptation of SISTA, a CDC DEBI, the Sisterhood Project targets monolingual Chinese women in Los Angeles County and is supported by the GENERATIONS Initiative, a project of the National AIDS Fund and Johnson and Johnson. Adaptation required substantial changes to SISTA to address barriers these monolingual Chinese women face such as scheduling constraints and a culturally distinct way of understanding empowerment and self-esteem. This resulted in fewer but longer sessions, changes to the curriculum to accommodate Chinese norms of self-esteem and gender, and varied program incentives.

**CONCLUSION:** For the purpose of evaluation, pre-, post-, and follow-up surveys were collected to assess HIV transmission knowledge and risk behaviors. Our pilot phase data, including pre-/post-/1-month follow up, show that there is an increase in HIV knowledge and intention to engage in risk reduction behaviors among participants. By Feb 2009, we aim to collect and analyze pre-, post- and follow-up survey data on 50 women.

Non-English speaking monolingual communities face a wide range of health disparities that inhibit them from accessing HIV/AIDS and other services. It is crucial that organizations address the social and cultural needs of marginalized communities. In order to address the needs, adapting evidence-based interventions requires understanding of cultural norms and ability to adjust to structural and individual barriers.

**Presentation Number:** C20-2

**Presentation Title:** Alaska Native Women Facing HIV/STDs Using Community PROMISE: An Original Documentary

**Author(s):** Michael R. Covone; Theresa Devlin

**BACKGROUND:** The state of Alaska has a serious problem with Chlamydia infections. In fact, Alaska had the highest rate of Chlamydia infection in the US in 2006 (682 cases per 100,000). In the same year, Alaska native women had a chlamydia rate of 3,012 cases (per 100,000), over four times the state rate. This high rate of chlamydia infection is contributing to increased incidence of HIV infection and poor sexual health outcomes in the population. Historically, there has been very little attention paid to the HIV/STI prevention needs of Alaska Native women.

**METHOD:** The Community PROMISE intervention focusing on the HIV/STI prevention needs of Alaska Native women aged 21-35 in the city of Anchorage, which is Alaska's urban center.

**RESULTS:** Program staff conducted a qualitative community assessment in Anchorage in order to implement the Community PROMISE intervention. This was the first HIV/STI assessment focused on Alaska Native women.

**CONCLUSION:** The community assessment uncovered several key issues that relate to HIV/STI risk behavior in this community; low levels of self esteem and cultural pride, pervasive sexual and domestic abuse and high levels of discrimination. These issues seem to stem from the historical trauma Alaska Native people experienced soon after contact with Westerners in the last century and earlier. The original documentary entitled 'Breaking the Cycle: Stories of Alaska Native Women' highlight the results of this community assessment in the voices of the women themselves. This powerful and emotional 30 minute documentary will be shown and discusses along with more detailed findings from the qualitative assessment. These issues are often overlooked in prevention programs. This documentary is being distributed to demonstrate how Alaska Native women view the connections between history, culture, discrimination and HIV/STI risk behavior.

**Presentation Number:** C20-3

**Presentation Title:** HIV Prevention in Correctional Facilities: Orange County Bar Foundation's SISTA Adaptation for Young Latina Women

**Author(s):** Claudia Rodriguez

**BACKGROUND:** As the second largest county in the state of California, Orange County reported more AIDS cases in 2003 than 25 U.S. states and ranked 28th in the number of AIDS cases reported among the nation's largest 100 metropolitan areas (CDC, 2004). Women in correctional facilities represent one of the most "hardly reached" populations when it come to HIV/AIDS prevention. HIV prevention programs implemented in correctional facilities present an opportunity to offer female inmates time to focus on health care and to be part of a captive learning environment that encourage acquiring new attitudes, knowledge, skills and behaviors around HIV prevention.

**METHOD:** Group level intervention, the HERMANAS Project, has been implemented in women's correctional facilities, specifically with Latina inmates, throughout Orange County, Ca by staff from the Orange County Bar Foundation (OCBF).

**RESULTS:** The Orange County Bar Foundation took one of the CDC's proven; evidence based intervention, SISTA, and adapted it for use with young incarcerated Latinas at sexual risk and called it the HERMANA Project and with the technical support of Accion Mutua/Shared Action, embarked on a series of outcome monitoring activities. OCBF outreach workers screened female inmates for program eligibility; conducted client health and social service needs assessments; and offer a 6-session closed group level intervention designed to reduce risk, increase skills around condom use and increase access to testing services. Upon completion of the program each participant receives a graduation certificate which can be presented in court as proof of completing an educational program.

**CONCLUSION:** From January 2006 through July 2008, the HERMANA Project screened for program eligibility and provided HIV prevention education to over 186 women in correctional facilities. Results from monitoring activities and analysis of client-level process data indicate that:

- All post intervention questions that assessed participants' self-efficacy for safer sex negotiation were statistically significant; participants increased their self-efficacy for safer sex after the intervention ( $p < 0.05$ )
- All post intervention questions that assessed individual's perception of her ability to use condoms showed statistical significance; participants reported increase in their ability to use condoms ( $p < 0.05$ )
- All post intervention questions that assessed individual's intention to use condoms showed statistical significance; participants reported increase in the intention of using condoms ( $p < 0.05$ )

**LESSONS LEARNED:** Providing HIV/AIDS prevention services within the correction system is a challenging yet effective method to reach high-risk populations. During the presentation Accion Mutua will share what specific elements of the SISTA intervention had to be adapted to meet the needs of this population.

**Presentation Number:** C20-4

**Presentation Title:** SisterAct: Sisters Inter-Acting to Prevent HIV Through Strengthened Intergenerational Communication

**Author(s):** Abby Charles; Jeanine Valrie; Nayantara Watsa

**BACKGROUND:** HIV/AIDS is increasing among women in DC at alarming rates. Although Black women make up 58% of the female population, they accounted for 90% of all new female HIV cases from 2001-2006 and represented 82% of infections among young women ages 13 to 24. African American females, generally, do not freely talk about HIV and other issues surrounding their sexual health with their family members or partners. This demonstrates a desperate need for integrated and deliberate HIV prevention interventions that address the age, gender and culture-specific needs of African American women and girls. SisterAct is targeted towards these women and girls, and focuses on incorporating intergenerational communication skills into HIV prevention education, as a means to reduce the spread of HIV in this community.

**METHOD:** Targeted Intergenerational HIV/AIDS prevention education and counseling for African American women and girls in family and kinship networks, over the age of 12 years is implemented in groups at The Women's Collective, a community

based organization committed to providing prevention, care management and advocacy services in a safe space for HIV positive and high risk women and girls in the Washington DC metropolitan area.

**RESULTS:** SisterAct is an innovative intervention intended to empower cross-generations of African American girls and women in family and kinship networks with age and culturally appropriate communication and education about HIV prevention. SisterAct provides 10 girl and woman-centered group sessions made up of 5 sessions of the CDC's DEBI, SISTA, and 5 interactive learning sessions of the SisterAct curriculum. The SisterAct curriculum builds on the SISTA curriculum by: 1) incorporating non-judgmental, age-appropriate, inter-generational communication about the female body and sexual health issues; (2) using visual and spoken art, music, and dance to engage multi-generations of women in effective HIV prevention education; and (3) pairing an educational behavioral intervention with free, woman-focused, individual and family counseling and HIV counseling and testing services.

**CONCLUSION:** Results: From February to August 2008, TWC implemented SisterAct with 121 African-American women and girls. SisterAct (1) positively impacted participants ability to communicate with female family and kinship members about sexual health; (2) increased participant knowledge of the risk factors for HIV infection and how to prevent its spread; (3) increased gender and ethnic pride; (4) increased their ability to introduce safer sex practices into their lives and their social networks; and (5) built confidence and normalcy into accessing HIV testing.

Lessons Learned: SisterAct successfully improves intergenerational communication about HIV and other sexual health issues, increases knowledge about HIV, builds prevention skills, encourages safer sex behaviors and increases access to testing and referral services. We have learned that (1) intergenerational communication that effectively eases discourse around sexual health issues within female family networks, complements regular HIV prevention education by further reducing risk; and (2) pairing an educational behavioral intervention with providing easy access to individual and family counseling, testing and referral services further increases access to woman-focused health services among African American women and girls.

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## Track C

### C23 - Implementation of Routine Testing in High Resource Countries with Mixed HIV Epidemics

Room: A703 (Hyatt Regency Atlanta)

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**Presentation Number:** C23

**Presentation Title:** Implementing Routine HIV Testing in High Resource Countries with Mixed HIV Epidemics

**Author(s):** Bernard Branson, MD; Howard Njoo, MD, MHSc, FRCPC; Kevin Fenton, MD, PhD, FFPH

**BACKGROUND:** High resource countries with mixed HIV epidemics, (i.e., low overall prevalence, but higher prevalence among some subpopulations) face similar challenges with respect to domestic responses to HIV/AIDS, sexually transmitted infections (STIs), other blood borne infections and TB. To stimulate discussion and promote capacity building, the Public Health Agency of Canada and the Centers for Disease Control and Prevention are bringing together public health officials from high resource/mixed HIV epidemic countries to provide presentations and promote the sharing of strategies and lessons learned, based on domestic approaches that deal with the challenges associated to HIV/AIDS and co-infections.

In this panel session, panelists from the United States, Canada, European Union and other high resource/mixed HIV epidemic areas describe their efforts to date in making HIV screening routine. The discussion at the Prevention Conference continues policy discussions among high resource countries, mixed HIV epidemic countries initiated at the International AIDS Conference in Mexico City in 2008.

**METHOD:** High resource, mixed epidemic countries will share their experiences with making HIV screening routine via guidance, testing initiatives and other means. CDC has been focusing on implementation of its HIV screening recommendations for medical care settings, which were published in September 2006. The recommendations for health care providers are designed to make voluntary HIV screening a routine part of medical care for all patients aged 13 to 64. The recommendations aim to promote HIV screening in health care settings and increase early HIV diagnosis among those HIV-positive Americans who are unaware of their infection.

**RESULTS:** Panelists will discuss best practices for HIV screening, country-specific guidance, and implementation of screening strategies. The means by which screening is being promoted include issuing guidance, such as in the United States and United Kingdom; through testing initiatives encouraging increased screening; and through strategic planning and coordination with professional organizations. Recent experience in promoting routine HIV screening in the United States, Canada, and other countries will be discussed. Discussion will include evidence used to direct the recommendations, work with partners to implement recommendations, and the impact of the recommendations on new HIV diagnoses.

**CONCLUSION:** HIV screening is an important strategy being used to reach those with undiagnosed HIV infection. Participants at this session will learn about strategies for implementing routine HIV screening and may be able to adapt strategies for their country settings.

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**Cross-Cutting Theme 4****CCT4A - Reaching People through Social Venues****Room: Hong Kong (Hyatt Regency Atlanta)**

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**Presentation Number:** CCT4A-1**Presentation Title:** Go to the Movies in Wyoming: Rural State Uses the "Silver Screen" for HIV Prevention**Author(s):** Julie Minardi; Robert Johnston; Canyon Hardesty; Jim Zians

**BACKGROUND:** Wyoming's public health staff, located mostly in Cheyenne and Casper, requires innovative methods to access hard-to-reach rural and small city audiences scattered hundreds of miles apart across the state. Women and men under the age of 44 represented 80% of cumulative HIV cases between 1984 and 2008. Rural states like Wyoming, although represent a less dense population, face unique challenges when disseminating accurate information about sexual health and HIV prevention. Wyoming public health officials and a group of collaborative community-based organizations partnered with Project SMART (a grantee of the Capacity Building Branch of the CDC's Division of HIV/AIDS—Focus Area 3) for the purpose of developing a successful, cinema-based social marketing campaign. This campaign was developed and evaluated using a science-based approach that included formative, process and outcome evaluation methods.

**METHOD:** Movie theaters are well attended by residents in Wyoming; therefore, theater settings were piloted to disseminate sexual health information. The Wyoming team worked with a Wyoming professional graphic design firm (AdBay) to develop cinema-based advertisements comprised of different sexual health messages. These advertisements were shown on theater screens before feature films, while movie goers arrived, settled in their seats and waited for their film to begin. This social marketing campaign was piloted in three Wyoming cities: Cheyenne, Casper and Rock Springs.

**RESULTS:** The social marketing campaign was designed to help young adults obtain much-needed sexual health information using a pop-culture appeal. The campaign used real Wyoming role-model stories and referral resources. The pre/post-test evaluation for the campaign involved random-catch surveying at selected cinemas on Friday and Saturday evenings. Surveys assessed sexual health attitudes, risk behaviors and past exposure to sexual health messages. Post-test evaluations included ratings of the campaign's effectiveness. Movie-goers were offered free popcorn if they agreed to take the survey upon conclusion of the movie.

**CONCLUSION:** A total of 1,664 evaluation surveys were collected (766) before the cinema-based health promotion intervention began (baseline), and (898) following the campaign's launch (post-test). Results demonstrated a strong association between "level of attention" paid to the ads and both "liking" the ads and rating the ads as "effective." Multiple Linear Regression Analyses were run to determine final models for 1) campaign effectiveness, 2) liking the campaign and 3) paying attention to the campaign ads. Campaign effectiveness was predicted by age, gender, level of alcohol use, risk factors for HIV, having been tested for HIV and attitudes ( $R^2 = .24$ ,  $p < .001$ ). Liking the campaign was predicted by gender, marital status and attitudes ( $R^2 = .06$ ,  $p < .001$ ), and level of attention paid toward the ads was predicted by marital status and attitudes ( $R^2 = .06$ ,  $p < .001$ ).

Rural states can benefit greatly from collaborations involving government health agencies, community-based organizations and commercial businesses. Empirical methods used during early phases of campaign development can be cost effective if research results are used to tailor specific ads in order to attract specific audiences and to be considered more "effective" or "well-liked" by specific audiences.

**Presentation Number:** CCT4A-2**Presentation Title:** Examining Gay Chat Room Users by Level of Sex-Based Motivation: Implications for Online HIV Prevention**Author(s):** Zachary Y. Kerr

**BACKGROUND:** Numerous studies have studied MSM's (men-who-have-sex-with-men) pursuit of casual sex partners through the Internet and have recommended HIV prevention tactics. Yet, the dwindling economy creates hardships on AIDS-service organizations, inciting a refocus towards Online MSM most at risk. Research indicates that much unprotected sex with casual partners originates from gay chat room (GCR) interactions. It is essential to examine MSM who utilize GCRs primarily and frequently to find casual partners, and to tailor HIV prevention to better engage such users. This study examined differences in demographics, identity, and GCR usage among Online MSM with low, medium, and high casual sex-based motivations.

**METHOD:** Data was collected from a national convenience sample of 363 MSM from a large GCR. Participants took an online survey featuring measures of demographics (age, race, location, etc.), identity (sexuality disclosure, and "Real Me" -- the extent to which one feels that GCRs are a better venue to disclose aspects of one's self than offline venues), and GCR usage (frequency, duration, motives). The scores for the "finding casual sex partners" motive were divided into low ( $n=132$ ), medium ( $n=112$ ), and

high (n=119) groups. One way ANOVAs with post-hoc analyses explored group differences. Missing data was excluded pairwise. (Respondents did not answer HIV-status and risk assessment questions; this exploratory study focused on the underlying factors of seeking casual sex partners prior to HIV-status and condom usage dialogue)

**RESULTS:** Casual sex-based motivation groups differed in: age,  $F(2,361)=7.58, p<.001$ ; sexuality disclosure,  $F(2,308)=4.68, p<.01$ ; the “Real Me” measure,  $F(2,354)=15.40, p<.001$ ; and frequency of GCR usage,  $F(2,362)=6.56, p<.005$ . Post-hoc analyses revealed that the majority of differences between groups occurred in the low and high groups. MSM who were highly motivated by seeking casual sex partners were: older ( $I-J=4.86, p<.001$ ); disclosed their sexuality less ( $I-J=-.072, p<.01$ ); felt GCRs were better venues than offline venues to disclose aspects of themselves ( $I-J=0.48, p<.001$ ); and more frequent GCR users ( $I-J=0.67, p<.005$ ).

**CONCLUSION:** Much debate on which users are most likely to seek sex online and at risk for HIV centers on how “out” the user is. This study recognizes another psychological identity concept alongside sexual identity. The “real me” concept targets how much MSM perceive themselves to be better able to present themselves in GCRs versus offline venues. With anonymity, accessibility, and acceptability found in GCRs, MSM have a venue where they can freely express casual sex desires. This study recommends guidelines if HIV prevention will target MSM highly-motivated to find casual sex partners. First, such MSM may be older than and not as “out” as other users. Interventions should be respectful to life experience and possible reluctance not to “come out.” Second, interventions should actively engage these frequent users with diverse data that intrigues and incites upon every log-in into a GCR. Last, when MSM believe they can present their “real selves” well in GCRs, they may inherently have favorable opinions towards them. Interventions must collaborate with GCRs, rather than blaming them for HIV infections. Users seeing collaborations between public health and GCRs will have more trust in future interventions.

**Presentation Number:** CCT4A-3

**Presentation Title:** Sexual Health Services in a New England Gay Bathhouse: Opportunities for HIV/STD Treatment and Prevention

**Author(s):** Robert Ducharme; David Abbott; Timothy Cavanaugh; Patricia Case

**BACKGROUND:** Background: More than half of HIV infections in New England have been diagnosed in MSM, in conjunction with increases in bacterial STDs. Many MSM who entered care in recent years who were not gay-identified tended to present with more advanced disease, suggesting a need to find ways to offer testing in non-traditional environments.

**METHOD:** Methods: Starting in 2004, a Men’s Health Collaborative (MHC) began offering health education and HIV rapid testing (OrasureTM, ClearviewTM) during 3 hour weekly or biweekly sessions in the largest gay bathhouse in New England, following a successful Hepatitis A and B vaccination program that began there in 2000. Serologic testing for syphilis, urine NAAT (AptimaTM) screening for gonorrhea and Chlamydia, and testing for Hepatitis C were subsequently added. Men who availed themselves of testing services were offered participation in a research study that collected demographic, behavioral and attitudinal information about the men, including their perceptions of personal risks and availability of health care services.

**RESULTS:** Results: Between 6/04 and 11/08, the MHC tested 867 MSM for at least one infection. STD prevalence was 2.8% for HIV; 1.5% for syphilis; 1.8% for Hepatitis C; 1.1% for Chlamydia. No cases of urethral gonorrhea were diagnosed. Almost half of the men (49.4%) were from Massachusetts; 40.0% from Rhode Island; 4.5% from Connecticut. Men from 11 other states also availed themselves of testing services. Although more than 80% of the men were Caucasian, 10.3% were Latino, and 3.8% identified as Black. Fifty-five percent of the men were between 30 and 50 years old, but 17.4% were between 18 and 30 years old, and 6.7% were over 60 years old. Men reported a diverse array of relationships, including 22.5% of the men who had at least one current female partner. Many of the men engaged in risky practices, including: 46.3% reporting unprotected anal intercourse, 12.8% having unprotected sex while drunk or high, and 26.8% having had sex with at least one HIV-infected partner in the prior 3 months. Although 77.5% of the respondents had a primary care provider, 19.4% of those who had a provider indicated that they would not be comfortable being tested for HIV or syphilis by their provider, and 10.7% of the men had their first HIV test in the bathhouse. All but one of the participants expressed satisfaction with being tested for HIV in the bathhouse setting. More than 90% of the men diagnosed with HIV or an STI were successfully triaged into care.

**CONCLUSION:** Conclusions: Providing comprehensive HIV/STD screening is an effective way to diagnose infections in a very risky population (HIV prevalence exceeded all but one other HIV testing site in New England), who very often may not be gay-identified, and may be reticent about accessing HIV/STD screening services in their primary health care settings. Because of the high level of mobility and sexual risk behavior in this population, enhanced screening in this highly sexualized environment may be effective in curtailing wider geographic dissemination of HIV and other STDs.

**Presentation Number:** CCT4A-4

**Presentation Title:** Music Inspires Health: Empowering Results from a Concert and Multimedia HIV Prevention Campaign

**Author(s):** Elisa Wershba, M.D.

**BACKGROUND:** Half of all new HIV cases in the United States occur in youth under the age of 25. Residents and medical students at the University of Arizona, Phoenix Children's Hospital, Emory University, George Washington University, and the University of Virginia recently organized a new national health education promotion campaign called "Music Inspires Health" aimed at teaching adolescents and young adults about HIV prevention. Our goal was to educate young Americans from different socioeconomic, racial, and educational backgrounds through innovative and empowering multimedia projects.

**METHOD:** First, we conducted a formative research study of the effectiveness of multimedia HIV prevention education at a variety of college campuses including: University of Arizona, University of Virginia, UNC, Emory University, University of Georgia, Morehouse College, Georgia Institute of Technology, UCLA, UC Berkeley, and the University of Florida. A national survey was created and administered on [www.surveymonkey.com](http://www.surveymonkey.com). In order to reach a broader audience, we also surveyed high school students and young adults in inner-city communities including Atlanta, New York City, Chicago, and Los Angeles via paper surveys. Finally, we organized six health education concert events during Spring 2008 with hip-hop musicians and rock musicians in Atlanta, Washington D.C., New York City, Boston, Chicago, and Los Angeles. The concert events included an evaluation component conducted via paper questionnaires handed out to audience members.

**RESULTS:** We produced three empowering HIV prevention short films with young directors in Hollywood, a multimedia website (flash animation, streaming audio, our short films, and interactive text), a health education concert tour, and a national poster campaign. Our campaign encouraged abstinence, consistent condom usage, getting tested for HIV, and avoiding IV drug use. Each concert reached different demographics. A paper questionnaire was administered nationally at Music Inspires Health Concerts between April-May 2008. Survey items were written by medical students and public health experts on our national medical advisory board. All participants enrolled in the studies by agreeing to an informed consent form and filling out demographic items. Survey response options were jumbled at random to prevent order bias.

**CONCLUSION:** Hip-hop musicians Will Smith and Trey Songz and rock bands U2 and Dave Matthews Band were selected as the most trusted musicians to teach adolescents about HIV Prevention. Evaluation findings showed that 64.3% of high school and college students at our health education concert events reported that our programming would influence their health. The mean age of audience attendees was 25 (range: 12-52). 28% of audience members heard about our health education events by word of mouth, 27% via the internet, 16% specifically by Facebook, 11% by e-mail, 7% from their high school or college, 7% by posters/flyers, 3% by newspapers, and 1% from television commercials. From these surveys, we learned which advertising techniques work to reach young people and could be used effectively by HIV prevention programs utilizing entertainment education to target adolescents, college students, and young adults. 73.2% of audience members reported they would recommend our HIV/STI Prevention multimedia website to their peers.

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## Track D

### D02 - HIV Testing in Emergency Departments

Room: Hanover C (Hyatt Regency Atlanta)

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**Presentation Number:** D02-1

**Presentation Title:** Cost Comparison of an Emergency Department HIV Testing Program and a Community Outreach Program

**Author(s):** Larry Howell, MBA; James Dias, PhD; Arin Freeman, MPH; Richard Sattin, MD

**BACKGROUND:** At least one quarter of seropositive Americans are unaware of their HIV infection. Testing initiatives in community and healthcare settings aim to identify these individuals. Increases in non-targeted HIV testing programs in emergency departments (ED) have occurred since the Centers for Disease Control and Prevention revised recommendations for testing in healthcare settings. Limited financial resources for HIV testing programs underscore the need to determine the cost of finding an HIV positive person in an emergency department setting versus community settings.

**METHOD:** In Augusta, Georgia, the ED testing program was implemented at the Medical College of Georgia and the Ryan White Community HIV Testing Program was implemented at community locations.

**RESULTS:** Since November 2006, the Ryan White Community Testing Program has offered free rapid HIV testing at specific sites and times in the community, using OraQuick® Advance Rapid HIV-1/2 Antibody Test. Sites include churches, the Salvation Army, gay establishments and various other locations. The MCG Outreach Team consists of three individuals with an average of eight years testing experience. In March 2008, the ED Screening program began a pilot project to evaluate the CDC's recommendations for testing in healthcare settings. Persons aged 13 to 64 years who presented to the ED for an illness or injury during a randomly selected testing period, ranging from 8- to 12-hour periods per day, were eligible to be tested using the OraQuick® rapid HIV test. Eligible patients were offered a free OraQuick® rapid HIV test on an opt-out basis by trained HIV Counselors. All persons with an OraQuick® preliminary positive test were confirmed with a Western Blot. The costs in dollars for personnel and testing supplies to identify HIV positive cases in the Community Outreach Testing Program and the ED Testing Program were compared using descriptive statistics. Data from calendar year 2007 were used for the Community Outreach Team while annualized 2008 data (adjusted to 2007 dollars) were used for the Emergency Department Project.

**CONCLUSION:** The cost per confirmed HIV positive case was 2.5 times more in the ED Program than the Community Outreach Program (\$4,285 versus \$1,700). The hours needed to find each positive case in the ED Program was almost twice that in the Community Outreach Program (125.5 hours versus 63.8 hours). Four times more tests were required to find each positive case in the ED Program than the Community Outreach Program (156 tests versus 39 tests). The personnel cost per positive case was \$13.95 for the ED Program and \$12.29 for the Community Program.

Lessons Learned: Community testing programs may be more cost-effective for identifying HIV positive persons than ED testing programs, but the benefit of patients knowing their negative HIV status and the difference in clients in each setting should not be underappreciated.

**Presentation Number:** D02-2

**Presentation Title:** Implementing Routine HIV Testing in Emergency Departments: Follow-up of Strategic Planning Workshops

**Author(s):** Carolyn K. Burr; Margaret A. Lampe, RN, MPH; Elaine Gross, RN, MS; Rebacca Fry, RN, MS; Rhondette Jones, MPH; Jacqueline Elliot; Bernard Branson, MD

**BACKGROUND:** 2006 CDC recommendations urge routine HIV testing (RHT) of adults in medical care settings, including emergency departments (EDs). RHT in hospital EDs can reach populations with less access to testing, resulting in earlier diagnosis and access to care, and decreased risk to others. However, logistical issues, perceived conflict with the primary mission of EDs, and staff reluctance pose potential obstacles.

**METHOD:** Teams of providers—ED physicians and nurses, laboratorians, HIV clinicians, and administrators—from selected hospitals participated in one of 14 CDC-sponsored 1½-day strategic planning workshops between January 2007 and December 2008. The goals of the workshops were to increase providers' knowledge of the benefits of RHT and facilitate hospitals' development of action plans for implementing RHT in their EDs. With their consent, designated hospital contacts were interviewed 9-14 months post-workshop to learn about their institution's progress with ED RHT. A 20-40 minute semi-structured phone interview explored decision making regarding RHT, policies and procedures developed, whether RHT screening was conducted, strategies used to implement RHT, and the usefulness of the workshop program. Data were analyzed using an Access database and NVivo, a qualitative data analysis program.

**RESULTS:** Of 38 hospitals attending the workshops, 32 (84%) consented to follow up. Interviews have been completed for 24 hospitals >1 year post-workshop. According to the designated contacts, 75% (18/24) of the hospitals had decided to offer ED RHT (1 offered it pre-workshop.) Of those, 95% (18/19) had RHT policies in place or in process and 89% (17/19) had RHT currently available in the ED. Only 35% (6/17) were using an opt-out approach because of restrictions in state law or hospital policy. Of hospitals providing RHT, 42% (8/19) were doing point-of care HIV testing. Models for ED RHT ranged from an ED staff-only model which trained ED staff to routinely recommend, conduct and give results of RHT to models using designated staff for RHT through specific funding or from the HIV care services. Hospitals found the workshops helpful in providing evidence-based information on RHT, learning through interactions with colleagues with experience with ED RHT, and allowing time for team-building and planning.

**CONCLUSION:** Strategic planning workshops successfully stimulated adoption of RHT in EDs. Information from experts and ED colleagues and the opportunity to work with other key hospital staff promotes the practice changes needed to implement ED RHT. A similar strategic planning process could be developed for other medical settings needing to implement RHT. Interviews are planned with an additional 68 hospitals who participated in workshops in late 2007 and 2008.

**Presentation Number:** D02-3

**Presentation Title:** Implementation of Routine Opt-Out HIV Screening in Urban Emergency Department Settings

**Author(s):** Marlene McNeese-Ward

**BACKGROUND:** It is estimated that between 5,000 and 6,000 individuals are living with HIV in Houston/Harris County who do not even know it. HIV disproportionately affects populations that are likely to be without a regular source of care or have a history of barriers to care, which may contribute to delayed diagnosis and further transmission of HIV. Many are dependent on the public sector for the financing and delivery of their care. It is estimated that 45 percent of HIV-infected persons have no health insurance; 30 percent receive coverage through Medicaid; and 2 percent have Medicare. Consequently, Emergency Departments (EDs)—whose patients include large numbers of underinsured and uninsured—are likely the only source of health care for many people with HIV or at risk for HIV. High rates of newly diagnosed HIV infection among ED patients who are uninsured or with Medicaid support the argument that many ED patients with HIV do not seek or have ready access to other health care sources. The HIV disease burden in some EDs, particularly urban EDs, surpasses the threshold to warrant screening.

**METHOD:** 2008 marked the historic implementation of routine HIV screening on all patients seeking services began in two level one trauma emergency centers, one federally qualified health center and one community based clinic was implemented in Houston/Harris County Texas.

**RESULTS:** In 2006, the CDC issued new guidelines on how individuals should be tested for HIV, specifically, that all individuals between the ages of 13 and 64 should be routinely screened for HIV in healthcare settings. The CDC further specified that the screening should be on a voluntary, opt-out basis. The CDC recognized that while targeted testing remains important in prevention programs, routine screening is important in determining new infections, by making the testing a standard diagnostic tool. A three-step process was used to 1) prepare project sites for implementation; 2) address site specific logistical considerations; and 3) train staff throughout these sites to implement routine, opt-out HIV screening in these medical settings. All HIV tests implemented through this program utilized conventional, venipuncture testing technologies. Each program site has dedicated disease intervention specialist staff to ensure immediate and quality public health follow-up the offering of partner services.

**CONCLUSION:** During the initial six months of screening activities 10,765 individuals screened for HIV and 100 individuals identified with a newly reported case of HIV who did not know their status before. Positivity rate across all sites combined is 0.929%.

The only two Level I trauma centers in Houston/Harris County now conduct routine, opt-out HIV screening via conventional HIV methodology. While many ERs are using rapid testing technology for routine screening in medical settings this project has demonstrated that hospital laboratories can increase their stat testing capabilities to allow for "rapid" results with conventional technologies. Measuring the cost effectiveness of conventional technologies may be a vital tool in developing long term sustainable screening efforts in medical settings.

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## Track D

### D06 - Transgender Needs, Resources, and Interventions

**Room: Regency Ballroom V (Hyatt Regency Atlanta)**

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**Presentation Number:** D06-1

**Presentation Title:** Serving Transgender Clients in California: A Resource Inventory and Service Gap Analysis

**Author(s):** Jae M. Sevelius, PhD; JoAnne Keatley, MSW; James Rouse I?guez, MA; E. Michael Reyes, MD, MPH

**BACKGROUND:** Transgender people (transgender women and transgender people of color in particular) experience severe health disparities across a number of outcomes, including HIV. In California, transgender female clients of publicly-funded counseling and testing sites have higher rates of HIV diagnosis (6%) than all other risk categories, including MSM (4%) and partners of people living with HIV (5%), and African American transgender women have a substantially higher rate of HIV diagnosis (29%) than all other racial or ethnic groups of transwomen. The Center of Excellence for Transgender HIV Prevention identified the need to synthesize information about existing programs that address HIV prevention needs among transgender people in California in order to identify service needs that are currently being met as well as those that remain unmet and to identify and build upon lessons learned to date.

**METHOD:** We conducted a resource inventory and service gap analysis of transgender HIV prevention programs in California by reviewing existing literature examining current issues in HIV prevention among transgender people and analyzing extensive data we collected describing the services that are currently being provided. For inclusion in the resource inventory, HIV prevention programs were required to be transgender-specific and/or market their HIV prevention services specifically to transgender people. To collect data on the programs identified for inclusion, we designed a qualitative questionnaire to gather basic contact and staffing information as well as more detailed programmatic information, such as host organization and transgender program funding, mission statements, specific services provided, priority populations, history of transgender program, number of clients reached, barriers and facilitators to implementation, recruitment and retention issues, and best practices.

**RESULTS:** Questionnaires were distributed to 22 agencies that represent 24 programs that serve transgender clients in California. (Some agencies provided information on more than one transgender-specific HIV prevention program.) Of the 22 agencies, 16 agencies returned the questionnaire representing 18 distinct transgender-specific HIV prevention programs, yielding a 73% response rate. Five programs are located in Los Angeles County, 10 are in San Francisco County, one is in Santa Clara County, one in San Diego County, and one is located in Alameda County.

**CONCLUSION:** We identified common barriers and facilitators to successful program implementation and management, services that are still needed, which subgroups of transgender people are not adequately being served in California, generated recommendations to inform the allocation of resources, and summarized Best Practices for Transgender HIV Prevention. These Best Practices can strengthen the capacity of agencies that are looking to initiate or improve HIV services for transgender people to implement practices that have already been identified as successful. With access to existing knowledge and experience from thriving programs that already exist in California, we can build on previous learning experiences to efficiently utilize valuable time and resources. We believe that identifying, disseminating, and adapting Best Practices to local communities are vital steps to enabling an effective response to the HIV epidemic among transgender communities.

**Presentation Number:** D06-2**Presentation Title:** Transgender MAP Quest: Guiding CBOs' Transgender EBI Adaptations with the CDC's Map of Adaptation Process**Author(s):** Luis Gutierrez-Mock; Yavante Thomas-Guess; Paul Cotten; Jae Sevelius, Ph.D.; JoAnne Keatley, MSW; Susan Kegeles, PhD

**BACKGROUND:** Although HIV prevalence within transgender male-to-female populations in the U.S. is alarmingly high with estimates ranging from 27 - 54%, there are currently no evidence-based interventions (EBIs) in the Diffusion of Effective Behavioral Interventions (DEBI) project designed specifically for use with transgender communities. Community based organizations (CBOs) serving transgender populations must either adapt EBIs originally designed for other populations or create homegrown interventions. CBOs struggle with adaptation and can benefit from systematic, concrete procedural guidance, infused with transgender cultural competency.

**METHOD:** The Transitions Project (TP) provides capacity building assistance (CBA) for CBOs adapting EBIs for transgender populations. The TP is the only CDC-funded CBA provider assisting organizations across the U.S. that target transgender populations.

**RESULTS:** The Map of Adaptation Process (MAP) model (McKleroy et al., 2006) provides guidance to CBOs adapting EBIs to specific populations. Adaptation guidance is especially useful for CBOs adapting an EBI for transgender populations since there are unique risk factors in transgender communities that must be considered during adaptation. Working closely with seven CDC directly funded CBOs and 35 other CBOs over three years, the TP has used the MAP to assist these CBOs in successfully adapting EBIs, including SISTA and the Mpowerment Project (MP). In adapting MP, TP has also been systematically using the intervention's guiding principles to adapt the core elements.

**CONCLUSION:** The MAP conceptualizes five steps to the adaptation process: Assess, Select, Adapt, Pilot, and Implement. Within each step, there are a variety of considerations unique to transgender populations. For example, challenges that often arise in step 1: Assessment, include: lack of good estimates of transgender populations; faulty existing demographic data due to the misuse of 'generic' data collection methods that do not account for diverse ways transgender people identify according to gender, sexuality and sexual orientation; and the scarcity of research on the HIV prevention needs of transgender populations. As a result, CBOs must consider how to conduct an assessment with a population whose size they do not know, how to conduct outreach to people who may not identify as transgender, and how to incorporate the little available research, which is likely based upon very different populations than their target. The MAP's steps, while helpful, were also challenging to use when creating transgender specific adaptations and themselves needed adaptation. In addition, examining the application of The Mpowerment Project's guiding principles to the core elements was an essential step in the adaptation of the intervention to this population. Developing guiding principles for other interventions may also be helpful in adaptation.

The combination of implementing and adapting the MAP guidance, utilizing guiding principles that maintain the theories behind the interventions, and integrating cultural competency specific for transgender populations at high risk for HIV infection were effective in assisting CBOs that were adapting EBIs for transgender populations, while maintaining each interventions' internal logic and core elements. Sharing the lessons learned by the TP using these methods would be helpful for funders and CBOs striving to adapt EBIs for transgender populations, as well as other groups vulnerable to HIV/AIDS.

**Presentation Number:** D06-3**Presentation Title:** Best Practices for HIV Prevention Among Transgender People: Training Health Care & Social Service Providers**Author(s):** Lydia A. Sausa, Ph.D., M.S. Ed.; JoAnne Keatley, M.S.W.; James Rouse, M.A.; Jae Sevelius, Ph.D.; E. Michael Reyes, M.D., M.P.H.

**BACKGROUND:** One of the fastest growing populations being infected with HIV is transgender (trans) people. In California, publicly-funded counseling and testing sites reported that trans women have higher rates of HIV diagnosis (6%) than all other risk categories, including MSM (4%) and partners of people living with HIV (5%); African American trans women have a substantially higher rate of HIV diagnosis (29%) than all other racial or ethnic groups (California Department of Health Services, 2006). A recent meta-analysis of 29 studies specifically focused on trans people underscored the alarming rate of HIV prevalence among trans people in the U.S. (Herbst et al., 2008). Overall, 28% of trans women tested positive for HIV, though when asked about their HIV status only 12% self-reported living with HIV calling attention to the dire need for increased culturally sensitive testing and care services for trans people. The same meta-analysis reported a rate of 2-3% among trans men, though few studies accounted for or focused on the growing number of trans men who have sex with non-trans men (Sevelius, 2007).

**METHOD:** Health care and social service providers throughout California.

**RESULTS:** "Best Practices for HIV Prevention among Trans People" is a new interactive course specifically designed to address the urgent need for health care and social service providers to be trained on best practices for HIV prevention among trans

people, help them understand the unique health care needs of trans people living with or at risk for HIV infection, and build their capacity to provide effective, culturally-competent care for trans people. The course was piloted in San Francisco and San Diego, and is offered through the Center of Excellence for Transgender HIV Prevention ([www.transhealth.ucsf.edu](http://www.transhealth.ucsf.edu)).

**CONCLUSION:** This course was uniquely created with a statewide Community Advisory Board of 13 health professionals in the field of HIV prevention among trans populations, which enhanced its effectiveness and relevance. In addition, the Best Practices are based on emerging trends and recent innovative research that was collected and analyzed by the Center of Excellence for Transgender HIV Prevention. Findings from the online pilot course evaluation (N =19, 74% return rate) yielded the following results: 93% stated that the course met all its stated goals and objectives; 93% increased their knowledge on the topic; 79% increased their ability to apply the information and/or skills they learned; 71% increased their communication skills about the topic; and 64% increased their confidence to better serve trans individuals. A two-month follow-up evaluation of the course is currently in process.

A common challenge to educators is providing continuing education and training that supports excellence in clinical practice and health care services, while finding new approaches to make learning more stimulating, motivating, and entertaining. Innovative teaching techniques that were found to be effective and rated as excellent or good with learners in the course included media technology and music (100%), an interactive trans tic tac toe game (100%), DVD video case scenarios (93%), and applying the information learned in the course to a specific action step that the participants will implement (86%).

**Presentation Number:** D06-4

**Presentation Title:** Homeless, Transgender and African-American: HIV Prevention Among Youth with Multiple Risk Factors

**Author(s):** Dr. Dina M. Wilderson

**BACKGROUND:** HIV prevention, including prevention for positives, is an integral part of providing services to youth with multiple factors contributing to HIV risk behaviors. Different risk behaviors call for different strategies for treatment and prevention. In particular, service providers face unique challenges when treating HIV+ youth who are homeless or unstably housed, transgender, African-American and substance users.

**METHOD:** Larkin Street Youth Services provides a comprehensive continuum of services to homeless and marginally housed youth ages 12 – 24 in San Francisco. Services include outreach, drop-in services, a range of housing options, and support services to address health, education, and employment needs. Specialized housing is available for HIV+ youth through the Assisted Care/ After Care Program, and prevention is integrated into services throughout the continuum.

**RESULTS:** Service providers identified service needs specific to the target population, recognizing how various needs may affect one another. Comparing the stated goals and observed behaviors of African-American, transgender youth who are HIV negative to those who are positive can illuminate issues surrounding prevention for this multi-risk population. In particular, transgender youth tend to focus on and prioritize their transition. By acknowledging that, we can provide prevention services that are culturally sensitive and more effective.

**CONCLUSION:** Strategies for prevention and treatment must address complex needs in a population engaging in multiple risk behaviors. Service providers must be adaptive in their approach and address the needs specific to the population. Additionally, homeless, transgender, African-American youth will be balancing a variety of competing needs, and the competing factors must be addressed in order to provide effective treatment and prevention.

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## Track D

### D07 - Prevention Interventions with Latinos/Latinas

**Room:** Singapore/Manila (Hyatt Regency Atlanta)

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**Presentation Number:** D07-1

**Presentation Title:** Women4Women: An HIV Prevention Education Curriculum for Women Attending Hispanic Serving Institutions

**Author(s):** Alfonso Carlon

**BACKGROUND:** A lack of culturally diverse and gender-specific interventions exists for young Hispanic/Latina women attending U.S. colleges and universities, despite the fact that young Latinos ages 20-24 continue to report disproportionate percentages (23%) in growth of new AIDS cases, and higher AIDS case rates than white woman. Young women ages 20-24 represent 33% of cases in their age group in comparison to women aged 25 and older representing 26% of cases in their age group. These statistics point to an alarming trend that young Hispanic/Latina women are becoming disproportionately impacted by HIV infection. Gender and culture specific interventions must address the varied needs of Hispanic/Latina women including information on HIV/STI, testing options, employing self-protective measures, understanding sexuality through the lifetime, support systems, and power dynamics in relationships. Interventions must respect the role of culture and understand that culture

is more than racial and ethnic composition such as social expectations on women to be care-givers and nurturers. Lastly, interventions must be culturally varied. Most Hispanic/Latina women can trace their ethnicities cross several continents including North, Central, South American and Afro-Caribbean continents.

**METHOD:** The Center for Health Training developed a college-based student driven educational program titled, “Women4Women HIV Prevention,” which is implemented at the San Antonio College, in San Antonio, Texas. Women4Women offers non-credit educational workshops on campus during both traditional and non-traditional hours such as Saturdays. The target population is sexually active Hispanic/Latina women ages 18-24; however, daughters bring their mothers and grandmothers to participate, building upon the familial “comadre” social matriarchal system.

**RESULTS:** Women4Women is a structured, modular 6.8 hour prevention education curriculum which approaches HIV prevention from a women’s holistic health perspective. A primary goal of the curriculum is to assist women in identifying the importance of self-care, providing knowledge and understanding of physiology and it’s relationship to HIV vulnerability, STI transmissions modes and implementing self-protective methods including self-assertion and condom use. A secondary goal is to increase awareness of peer support for practicing healthy behaviors, by developing a cadre of fellow student peer leaders who promote and deliver the curriculum to fellow female students.

The curriculum is divided into four one-hour and twenty minute segments and one two-hour segment. Each session can be offered as a stand-alone session or as consecutive session for a day-long event such as the “Relationship Retreats” student peer leaders offer at our pilot site at San Antonio College in San Antonio Texas. Session titles include: Taking Care to Take Care, Addressing Health, Sex In our Lives, Taking Charge, and Changing For Me, Healthy Choices Empowerment.

**CONCLUSION:** Preliminary evaluation results indicate that the content of the workshops is valued by program participants, but the length (1.2 hours) per session focus area was too short to have an adequate thoughtful discussion. Peers are motivated when they feel it is a project they own and can direct, and not a “professor’s pet project.” Providing training and developmental opportunities for student peer leaders as well as financial incentives creates a sense of empowerment and ownership in the project.

**Presentation Number:** D07-2

**Presentation Title:** Cafe Latino- Using Promotores (Community Health Workers) for Effective Interventions

**Author(s):** Karina Fernandez; Jose Alvarez

**BACKGROUND:** This presentation is intended to help HIV prevention Promotores/Community Health Workers (CHW) to use the Promotora Model to overcome barriers they face when implementing interventions, by using the “World Cafe” methodology for Latinos also know as Café Latino. The Promotora/CHW Model is a proven method of a collaborative dialogue between the community and its Promotoras, and is focused on the questions that matter most to the community. It’s well known that Promotores are effective disseminators of information, and act as the bridge between governmental and non-governmental systems and the communities they serve. They also act as agents of change within their naturally occurring social networks which make them a vital asset in HIV prevention. The World Café method of creating a living network of collaborative dialogue is a simple tool that can be used to effectively carry out interventions by gathering the questions and concerns to the problems the community is faced with.

**METHOD:** Latinos are the intended audience but this methodology can be used for any population.

**RESULTS:** Participants of the round table discussions focus on HIV/AIDS prevention among Latinos and how they face challenges in the community using the lessons learned for other participating colleagues. They discuss the community needs and identify effective interventions for Latinos.

**CONCLUSION:** This presentation is geared towards guiding the participants on how to facilitate a World Café/ Café Latino round table discussion, how to create a work plan, and how to follow through with what the participants express as their challenges and successes.

**Presentation Number:** D07-3

**Presentation Title:** HIV Prevention in Louisiana: Louisiana’s Targeted Outreach to Latino Migrant Workers

**Author(s):** Mikal Ginacola; Jack Carrel, MPH

**BACKGROUND:** In 2005, Latinos represented 5% of reported new HIV diagnoses in the New Orleans, Louisiana area. By 2007, that number has risen to 10%. Migrant workers who came to New Orleans after Hurricane Katrina have accounted for this increase and are considered at high risk for HIV infection. Latino migrant worker often postpone seeking health care until it is crucial since they spend most of their time working or waiting for jobs. The Louisiana Latino Project (LLP) reaches out to this population at locations where they are waiting for jobs. Providing HIV/AIDS prevention services together with other health services has been found to be a more effective method to screen the Latino community for HIV, rather than providing stand alone HIV testing.

**METHOD:** Targeted outreach for Latinos has been implemented in the New Orleans area. The LLP, under the Louisiana Office of Public Health HIV/AIDS Program, is successfully increasing the number of migrant workers who are tested for HIV and referring HIV-infected individuals to needed primary medical care.

**RESULTS:** LLP has been providing HIV/AIDS prevention services in different locations in the New Orleans area where migrant workers are seeking employment. LLP supports community-based organizations and builds relationships with other health care providers in the city to bring free health services, including HIV testing, to the Latino community. In addition, the LLP has provided stand alone HIV testing in its outreach locations, particularly when other health services were not available. The LLP tracked the acceptance of HIV testing utilizing both of these modalities and it has been found that providing HIV testing together with other health services can increase the number of tests accepted by migrant workers.

**CONCLUSION:** LLP evaluated the testing patterns of individuals over a 12 month period, from July 1, 2007 through June 30, 2008. When stand alone testing was provided from July 1, 2007 to February 28, 2008, 24 individuals or an average of three persons per month accepted HIV testing. However, when other health services were offered along with HIV testing from March 1, 2008 to June 30, 2008, the number of individuals who accepted HIV testing dramatically increased to 69, averaging 17 persons per month.

Providing HIV/AIDS prevention services together with other health services is an effective method to screen migrant Latino workers and helps reduce barriers to accepting HIV testing.

**Presentation Number:** D07-4

**Presentation Title:** From Bereavement to HIV Prevention and Care: The San Francisco Experience

**Author(s):** Sebastian Zepeda

**BACKGROUND:** HIV services funding shortages, and limited linguistically/culturally appropriate services are a major issue affecting HIV/AIDS within the Latino immigrant community in the US. As a result often monolingual, non-acculturated Latinos exposed to HIV may not seek testing or treatment because he/she does not know how to access these services. Stigma related to HIV prevalent in the Latino community prohibits them from talking actions to address HIV/AIDS, engaging in preventative measures, and being aware of behaviors that put them or their partners at risk. Also, Federal HIV funding in past years has remained leveled, but more Latino/a HIV-positive people are seeking treatment and living longer.

**METHOD:** In San Francisco, Latinos made up 15% of all persons living with HIV in 2006. And over 90% of these were men. According to the San Francisco Department of Public Health, 31% of Latinos living with HIV were not receiving medical care. Additionally, at the national level, Latinos/Hispanics are more likely to be first diagnosed with AIDS during the late stages of HIV infection.

**RESULTS:** El Grupo

Since 1989, the San Francisco AIDS Foundation (SFAF) has sponsored El Grupo, a weekly peer based support group for Latinos(as) living with HIV, and their families. Since Spring of 2008, HIV workshops, twice a week, have been added to El Grupo activities. Acción Mutua (Acción Mutua/Shared Action, a CDC funded capacity building collaborative effort between AIDS Project Los Angeles and the César E. Chávez Institute) first became involved with the El Grupo in 2006. At that time, it was important for El Grupo to examine its initial function as a bereavement support group and begin to restructure itself as a broader HIV prevention intervention and program serving the Latino communities in San Francisco and the Bay Area.

**CONCLUSION:** As part of the capacity building assistance to El Grupo, Acción Mutua collaborated with El Grupo to develop an evaluation framework made up of a perceived impact evaluation, evaluations for workshops and other education activities, and an outcome evaluation to measure change in behavior and attitudes resulting from participation in El Grupo.

This is the first measure of the Perceived Impact:

The El Grupo has now developed and tested an instrument to measure the extent to which participants perceive that the program has impacted them along various health and social dimensions.

The main findings were:

El Grupo members perceived the most positive effect from the program in the following three areas:

- More careful about having protected sex (91% strongly agreed or agreed)
- More able to find services (88% strongly agreed or agreed)
- More able to deal with my problems (88% strongly agreed or agreed)

Overall, the members who had participated in the group for five years or more perceived greater positive impact than those who had participated fewer than five years

Recommendations: Increase of Capacity Building services on Evidence Based Practice are necessary to develop culturally and linguistically appropriate prevention programs directed to the Latino community in the US in order to develop new HIV prevention models.

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**Track D****D17 - Building Capacity for Evaluation****Room: Hanover D (Hyatt Regency Atlanta)**

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**Presentation Number:** D17-1**Presentation Title:** Barriers and Facilitators to Outcome Monitoring of Community-Level Interventions**Author(s):** Janet Myers; Andres Maiorana; Carlos Toledo; Gary Uhl; Jane Mezzoff

**BACKGROUND:** Community-level interventions (CLIs) focus on preventing HIV by changing the norms within entire communities. In the U.S., CLIs have been shown to be a cost-effective HIV prevention strategy, and four CLIs (Community PROMISE, the Mpowerment Project, Popular Opinion Leader, Real AIDS Prevention Project) have met the eligibility criteria for inclusion in the CDC's Diffusion of Effective Behavioral Interventions (DEBI) program. Although these four interventions were shown to be efficacious when originally developed and evaluated, feasible ways to monitor their outcomes when they are implemented in the community are lacking. Increased emphasis on program outcomes necessitates that this gap be addressed. Consequently, the aim of this project was to develop outcome monitoring (OM) recommendations for CBOs to evaluate their CLIs.

**METHOD:** We reviewed the relevant literature on the four CLIs. Based on this review and analysis, we drafted OM recommendations for each model. Then, we conducted in-person, semi-structured group or individual interviews with staff at ten CBOs implementing these four CLIs in various parts of the country with diverse target populations. We shared the preliminary OM recommendations with them and obtained their feedback. After analyzing the data, we revised the recommendations and held a group consultation with HIV intervention experts and other stakeholders to discuss and obtain their feedback as well. Finally, a revised set of OM recommendations were established.

**RESULTS:** Based on the review of literature and data obtained during document reviews and site visits, the following were identified as facilitators to OM among the CBOs: (1) previous experience with some or all of the proposed OM methods (e.g., conducting community surveys, collecting process and qualitative data, tracking referrals); (2) ability to tap into existing OM expertise because some agencies had in-house staff trained in evaluation methods, some collaborated with universities or outside evaluation consultants, and some could seek assistance from their CDC Project Officers; and (3) realizing that OM would help them demonstrate the benefits of the CLIs to their stakeholders. Challenges to OM included: (1) difficulty understanding why they should do OM when the models are already proven effective; (2) difficulties prioritizing OM when there are so many challenges related to tailoring, adapting, and implementing the interventions themselves; (3) a perceived mismatch between the original DEBI models and conditions under which DEBIs have been implemented, which often differ because of funders' requirements or conditions in the communities; (4) the need for additional resources to help collect, enter, manage, analyze, or interpret data, and how to apply OM findings; and (5) confusion about CDC-required indicators that made it difficult for agencies to envision how OM would be operationalized at their agencies.

**CONCLUSION:** There was an overall sense of enthusiasm among agencies for implementing OM and for receiving recommendations on how to do it. CBOs look to the CDC for clear evaluation guidance and are willing to conduct monitoring that would be required. However, additional monetary and human resources are often needed to implement OM recommendations.

**Presentation Number:** D17-2**Presentation Title:** Developing and Implementing Outcome Measures for HIV Prevention Programs, County of San Diego**Author(s):** Lisa Kwizera Asmus, MPH

**BACKGROUND:** County of SD HIV prevention contracts require that outcome objectives be reported in quarterly progress reports (QPRs). In California, there is a web-based data system for HIV prevention providers to track and report process objectives: Local Evaluation Online (LEO). There is no State-sponsored mechanism for tracking outcome objectives. Outcome objectives and a database were developed locally to track outcomes for HIV prevention activities including outreach, individual, group and community level interventions.

**METHOD:** County of SD is one of 61 local health jurisdictions (LHJs) in California. It is the third largest county in the state and the sixth largest county in the United States. The county stretches 65 miles from north to south and 86 miles east to west and is comprised of 18 incorporated cities and 17 unincorporated communities. The county consists of diverse populations, a large military presence and is located on the United States/Mexico border, sharing the world's most active international border crossing (40 million crossings per year) with Tijuana, Mexico. County of SD includes a mixture of urban and rural communities, from coastal beaches to mountains and desert. Outcome objectives defined for County of SD are tracked and reported by five regions and seven behavioral risk groups (BRGs).

**RESULTS:** Project: HIV, STD and Hepatitis Branch of Public Health (HSHB) staff worked with HIV prevention providers and consultant to develop and incorporate process and outcome objectives in HIV prevention contracts. Standardized process and outcome measures were implemented with variables added to LEO forms. A prevention outcome database (POD) was developed in Access to track outcomes. Providers received the POD and standardized data collection forms. The POD organizes data into tables that match QPRs. The consultant and HSHB staff provide ongoing technical assistance and training to providers.

**CONCLUSION:** Results: POD reports are used by providers to produce QPRs. An example of the type of data reported is intervention type by BRG including: MSM, IDU, MSM/IDU, women at risk, sex and needle sharing partners of MSM and IDU, youth at risk and transgender. Outcomes are client centered but are appropriate for the intervention type and the risk of the client. Examples of outcomes for MSM are: clients returning for more than one session, getting tested for HIV, getting into primary care, or getting tested and treated for STDs. For IDUs, outcomes are increasing harm reduction activities for needle use, and admission into a detoxification or substance abuse treatment program. Data are made available to providers and community planning groups and utilized to plan services and apply for funding.

**Lessons Learned:** It is imperative to involve those providing HIV prevention services in the discussion and development of outcome measures. Tracking these measures can be cumbersome for already over-taxed HIV prevention workers; thus a user-friendly tool for tracking needed to be developed and implemented. Measuring outcome objectives allows HIV prevention programs to self assess which intervention types are most effective with which BRGs with the ultimate goal of improving service delivery and more efficient and effective utilization of ever decreasing funding.

**Presentation Number:** D17-3

**Presentation Title:** Collaboration of Health Departments and Universities in Developing Fidelity and Outcome Monitoring Models for EBIs

**Author(s):** Clara Gregory; Geri Summers; Tanjika Parks; Ann Dey; Steve Saunders

**BACKGROUND:** Gregory, C. (New Jersey Department of Health and Senior Services, Division of HIV/AIDS Services); Dey, A. (Rutgers University); Summers, G. (Rutgers University); Saunder, S. (New Jersey Department of Health and Senior Services, Division of HIV/AIDS Services).

In order to provide effective HIV prevention interventions, the New Jersey Department of Health and Senior Services, Division of HIV/AIDS Services, (NJHSS, DHAS) conducted a state supported role-out of Effective Behavioral Interventions (EBIs) including SISTA, Healthy Relationships, Safety Counts, Many Men, Many Voices and Voices/Voces in 2006. Grantees receiving HIV prevention funds from NJHSS, DHAS were encouraged to research and select target population appropriate EBIs. Within the first year of implementation, DHAS found that CBOs had difficulty in achieving and maintaining EBI fidelity as well as client retention. DHAS partnered with Rutgers University to develop a model of training, technical assistance and monitoring to increase fidelity and successful outcomes for CBOs.

**METHOD:** Thirty-six CBOs delivering EBI interventions to communities in New Jersey.

**RESULTS:** The technical assistance project was first piloted for Sisters Informing Sisters about Topics on AIDS (SISTA) with the intention of duplicating it for other EBIs. SISTA was chosen for the pilot for three reasons: (1) 36% of those living with HIV/AIDS in New Jersey are women; (2) out of 5 women living with HIV/AIDS are women of color and (3) there are 22 agencies in 15 New Jersey cities conducting SISTA at 36 sites.

“Jersey SISTAs” is a technical assistance program developed for SISTA. This model relies on increasing support to facilitators and supervisors through education and community building including: (1) training of SISTA facilitators in-state by nationally certified instructors; (2) a SISTA facilitator sharing program to ensure programs continue in the event of staffing shortages; (3) bi-annual supervisors trainings; (4) a website that provides the latest intervention materials and additional materials to enhance service delivery; (5) a listserv for information sharing, brainstorming, and problem solving; (6) quarterly meetings for facilitators; (7) agency site visits to monitor fidelity to the SISTA model and to provide hands-on technical assistance for quality assurance activities.

**CONCLUSION:** Facilitators and supervisors report increased self-efficacy in delivering the SISTA intervention as a result of the Jersey SISTAs model of support. The consumer data shows increased retention as well as increased HIV prevention knowledge and decreased risk activities.

In addition, outcome data reflects: (1) increased communication between facilitators, supervisors, funders, and technical assistance providers; (2) increased supervisor capacity to monitor and mentor facilitators; (3) increased fidelity to the training curriculum; (4) increased SISTA cycles per agency; increased graduates per agency; and (5) increased Individual Level Interventions (ILIs) provided at strategic points in the intervention.

**Lessons Learned:** Providing a comprehensive model of support that includes education, peer-support, and on-going technical assistance for agencies providing EBIs to their target populations increases: (1) the effectiveness of agencies in providing the intervention; (2) fidelity to the curricula across agencies; (3) increases in recruitment and retention rates of consumers and (4) positive changes for African American and Latinas in lowering high-risk behaviors.

**Presentation Number:** D17-4

**Presentation Title:** Building Evaluation Capacity for African-American Women's HIV/AIDS Intervention Programs

**Author(s):** Arletha D. Williams, Ph.D.

**BACKGROUND:** The "new face" of HIV/AIDS is African-American, living in the southern United States and without access to healthcare. Over 50 % of new HIV infection rates are African-American heterosexual women and African-American men who have sex with men. What makes the disease so devastating to African-American women is that their positive status affects more than just themselves it also affects large numbers of children, families and communities. In fact, the statistics show that the population that is in most urgent need for new strategies to combat HIV/AIDS is African-American women. (CDC, 2008) Evaluating African-American Women's HIV/AIDS intervention programs can sometimes present challenges for many community-based organizations due to lack of evaluation infrastructure and challenges with access to and participation of the target population in evaluation activities. Most often, type of organization and cultural values are not taken into consideration by researchers when problem-solving and errors of conceptualization or problem formulation can occur. "The choice of formulation has less to do with data than with the traditions, value, world outlooks, and spirit of the times." (Sarason, 1978) We see these types of errors regularly in program evaluation/action research. "Tensions between program evaluators and practitioners often exist when a traditional evaluation paradigm is used, that is, only 'objective' assessment or feedback (no active or direct engagement from program staff) should inform program development, refinement, and improvement." (Duffy & Wong, 2003) Many evaluators have preferred the traditional evaluation paradigm, which does not reflect the cultural intricacies of many communities of color. Traditional evaluation does not promote positive community participation and does not give a clear picture of what is really happening in that community. "One of the negative connotations often associated with evaluation is that it is something done to people. One is evaluated. Participatory evaluation, in contrast, is a process controlled by the people in the program or community. It is something they undertake as a formal, reflective process for their own development and empowerment." (Patton, 1990)

**METHOD:** Community-based organizations that offer African-American women's HIV/AIDS intervention programs and services in Atlanta, Georgia.

**RESULTS:** An evaluation capacity typology of CBOs that offer African-American women's HIV/AIDS intervention programs and services. A discussion of lessons-learned and best practices among organizations (1) are community based, (2) emphasize community empowerment, (3) engage in strategies such as community organizing/mobilization, constituent involvement and development of resident leadership, (4) involve the community in defining and resolving community problems, (5) conduct projects which promote change at the individual, familial, neighborhood, and societal level, and (6) are devoted to systems change and policy change as a way to promote health, prevent disease, and/or address social problems

**CONCLUSION:** As rewarding and profitable as the capacity-building experience can be, the process can also present unexpected challenges, frustrations, unmet expectations, tension and disappointment. Dissonance can occur relative to:

- 1) Time and Commitment
- 2) Resources
- 3) Conflict and Competing Agendas
- 4) Cultural Incongruity

However, building evaluation capacity to community-based organizations is the best way to promote risk reduction and the impact of HIV/AIDS programs and services on African-American women.

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## Track E

### E02 - Mobilizing Black Gay Men

**Room:** Piedmont (Hyatt Regency Atlanta)

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**Presentation Number:** E02-1

**Presentation Title:** Community Mobilization Strategies to Affect HIV Prevention Program and Research Outcomes for Black Gay Men

**Author(s):** Leo Rennie; Kaison Noilmar

**BACKGROUND:** Black men who have sex with (MSM) experience disproportionate rates of HIV, AIDS and other STIs as compared to MSM from other racial/ethnic groups in the US. In 2006, 10,445 or 18.55 percent of the estimated 56,300 new infections occurred among Black MSM. Black gay men have for years used community mobilization strategies to address HIV-related health disparities. These strategies have been grassroots, community-based and led by individuals indigenous to Black gay male communities. This session will: 1) Review as case studies the formation, actions and collaborative projects of various community mobilization efforts such as the National Black Gay Men's Advocacy Coalition, the HIV Vaccine Trials Network, Legacy Project, The Black Gay Men's Network and the Black Gay Research Group; 2) Identify and consider successes and

barriers to organizing the diverse cross section of the Black gay male communities and outline next steps; 3) Delineate lessons learned and implications for ongoing policy reform to better address the HIV crisis confronting Black gay men.

**METHOD:** Examination of national level community mobilization and advocacy strategies to respond to HIV/AIDS prevention, care and research policy issues and the health, wellness and community priorities of Black gay men.

**RESULTS:** A review of community mobilization and advocacy strategies, indigenous to Black gay men, reveals that these strategies play a crucial role in shaping domestic HIV prevention priorities. Input from this community is needed to inform the broad HIV prevention research agenda--Vaccines, Pre and Post Exposure Prophylaxis, Microbicides. Based on interviews with key leaders; literature review; and experience of Black gay researchers, faith leaders and elected officials to mobilize and organize their communities, the authors will discuss how collaborative efforts are paramount to achieving positive HIV prevention and research policy outcomes. Constraints to effective community mobilization, i.e. stigma, homophobia, marginalization, competition for resources and drain on community leadership, will be discussed. Three models were examined and used as case studies: the National Black Gay Men's Advocacy Coalition, the Black Gay Men's Network and the Legacy Project. We will present an overview of the model, successes, challenges and implications for future community mobilization activities.

**CONCLUSION:** Successful community mobilization efforts can create mutually important partnerships with governmental policy makers, funding agencies and private funders of HIV/AIDS services and research. Community mobilization strategies can lead to positive policy outcome with respect to HIV/AIDS prevention program, policy and HIV research. Community mobilization strategies have had a continued impact on HIV/AIDS policy particularly in the areas of federal appropriations for HIV prevention and HIV prevention programs targeting Black gay men. Increasingly, Black gay men are mobilizing on federal HIV prevention research priorities for the development of HIV prevention trials specifically geared toward addressing issues relevant to Black gay men. Lesson learned include: 1) Need for early identification of common principles, priorities and policy outcomes; 2) Competition for limited resources, time constraints confronting community leadership and disagreements among upon leadership can constrain success; 3) National policy makers and researchers can and do benefit from partnerships with gay male community leaders.

**Presentation Number:** E02-2

**Presentation Title:** Cultural Competency and HIV/AIDS Prevention Among Black Gay Men: Voices from Community Stakeholders

**Author(s):** Patrick A. Wilson

**BACKGROUND:** Black men gay men exhibit extremely high rates of HIV infection relative to other populations in the U.S. Data reported from the CDC suggests that, across age groups, Black gay men are increasingly becoming infected with HIV. Rises in HIV prevalence and incidence among Black gay men may be linked to the lack of culturally appropriate interventions targeted toward men in this group. Concepts related to cultural competency may help explain disparate rates of HIV infection and reduced effectiveness of current HIV/AIDS interventions targeted toward Black gay men. Specifically, the research presented in this session focuses on understanding cultural competency and its role in the development of culturally appropriate HIV/AIDS interventions targeted toward Black gay men by focusing on the related concepts of cultural humility and cultural literacy.

**METHOD:** The National Alliance of State & Territorial AIDS Directors (NASTAD) conducted interviews with state & local AIDS Directors, health department (HD) staff, and leaders of community-based organizations (CBOs) in order to gauge resources and document prevention activities directed toward BMSM. Over 70 interviews were conducted with participants in 14 jurisdictions across the U.S. Interviews were transcribed and coded using qualitative data analysis software. Key themes related to interventions targeted toward Black gay men, cultural competency within HD and CBO settings, and norms among Black gay men were extrapolated in the analysis.

**RESULTS:** Results: Findings suggested that, broadly, cultural competency was a major facilitator (or barrier) to effectively intervening with Black gay men. Participants provided a nuanced perspective of cultural competency, focusing on the lack sensitivity in the development of interventions targeting Black gay men or in the conduct of outreach to this population, issues around outsiders understanding the lived realities of Black gay men, and a general lack of respect for complexities and richness of Black gay culture and history. These factors, working alone and in tandem, create a difficult context in which effective interventions can be developed and implemented to effectively combat the HIV/AIDS crisis among Black gay men.

**CONCLUSION:** Structural factors may impede truly increasing "cultural competency" among HD and CBO staff serving Black gay men. However, focusing on ways to promote cultural humility and cultural literacy among HIV/AIDS providers may be beneficial in facilitating the reach and effectiveness of interventions targeted toward Black gay men. Implementing community-based participatory research methods and using other research paradigms that focus on bringing Black gay men into all phases of the development, implementation, and evaluation of interventions targeted toward this population have great promise in promoting cultural appropriateness. Likewise, promoting efforts to increase the organizational capacity of indigenous CBOs serving Black gay men, implementing hiring practices that aggressively aim to bring greater numbers of Black gay men into the

public health workforce, and supporting the development, implementation, and evaluation of homegrown intervention targeting Black gay men are each recommended.

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**Track F****F02 - Interventions to Link HIV Infected Persons to Care****Room: A704 (Atlanta Marriott Marquis)**

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**Presentation Number:** F02-1**Presentation Title:** Utilizing Case Managers Improves the Proportion of HIV-Infected Persons Successfully Linked into Medical Care**Author(s):** Julia Weise; Marshall Gourley; Thomas Deem; Mark Thrun

**BACKGROUND:** The proportion of HIV-infected persons linked to appropriate prevention, care, and treatment services has been identified as an important public health goal. In Colorado, it is estimated that only 50% of people infected with HIV who are aware of their status are currently receiving care. In 2007 the CDC proposed to increase the proportion of people newly diagnosed with HIV who are linked into appropriate care and services from 50%, as currently estimated nationally, to 65%. We describe a successful program linking people diagnosed with HIV into appropriate medical care through the use of case managers in a busy urban health department.

**METHOD:** A specialized case management program based in an urban health department providing linkage to medical care services for all HIV diagnosed clients identified through Denver Public Health (DPH) clinics, an affiliated emergency room and urgent care clinic, and through outreach screening services.

**RESULTS:** In collaboration with our agency's STD Clinic and ID/AIDS Clinic, Denver Public Health established the Denver Linkage to Care (LTC) Program to facilitate the transition of HIV-positive clients from diagnosis to integration into specialized HIV care. Hallmarks of the LTC program include immediate client contact by a single and consistent case manager who provides continuity through the continuum of the linkage process until the client is successfully linked into care. This is defined as one completed medical visit with an HIV specialist within the first 6 months following HIV diagnosis. These case managers identify barriers to accessing care and work with clients to enroll in and navigate the health care system. Clients are provided initial CD4 count and viral load testing for free as an incentive to link them into care. They are also screened for substance abuse and mental health issues. All clients are counseled regarding HIV transmission risk and educated about the importance of initiating and maintaining HIV specialty care and referred to additional services as needed.

**CONCLUSION:** From January 2005 to December 2007, 367 newly-diagnosed clients were referred to our linkage-to-care staff. 29 people were determined to have false positive rapid HIV tests by further testing. 25 people refused services. 313 people accepted our services and were counseled by our linkage-to-care staff. Of these, 211 (67%) were confirmed to have been seen by an HIV-care specialist within 6 months of diagnosis.

The experience of the Denver Linkage-to-Care program at DPH reveals that dedicated linkage-to-care program staff can successfully intervene with newly HIV-infected clients and increase the proportion of those established in appropriate HIV care in a timely manner when compared to historical controls.

**Presentation Number:** F02-2**Presentation Title:** A Systematic Review of U.S.-based Interventions for Linking and Remaining HIV-Positive Persons in Medical Care**Author(s):** Adrian Liau; Sarah Petters; Nicole Crepaz

**BACKGROUND:** In the era of improved treatment, HIV infection that is detected early and successfully managed with proper medical care allows persons living with HIV (PLWH) to lead healthy and productive lives. With a national effort to promote HIV voluntary counseling and testing, it is important to identify effective strategies to link those who have tested HIV-positive into primary medical care and retain them in such needed care. We systematically synthesized the literature to evaluate the types and effects of the interventions that help link and retain PLWH in HIV primary medical care and identify the research gaps.

**METHOD:** Systematic searches of 3 electronic databases (MedLine, Embase, PsycInfo) were conducted to identify relevant studies published from 1996 to 2007. U.S.-based interventions were included if: (1) the main or one of multiple intervention components addressed linking and/or retaining PLWH in HIV primary care, and (2) studies evaluated intervention effects on the following health care utilization outcomes: linkage to care (e.g., for PLWH who have not been connected to HIV primary care, having visited a health care provider in past 6 months) and/or retention in care (e.g., for PLWH who are in care, having missed scheduled medical appointments).

**RESULTS:** A total of 11 independent studies met the inclusion criteria. Only two studies were exclusively conducted with recently diagnosed HIV-positive persons. Five studies specifically targeted PLWH who were loosely connected to HIV medical

care. All had a majority of participants of color. Four studies focused on strategies for linking PLWH to care and 7 studies focused on intervention strategies for retention in care. An array of strategies were tested, including the use of a proactive case manager; an intense client contact model; peer-facilitated support; multiple educational sessions; outreach that included medical providers; access to transportation; and health care system navigation training. Three studies were randomized controlled trials (RCT), one was non-RCT, and the remaining 7 studies provided the intervention to only one group and assessed the effect on the basis of participants' health care utilization before and after the intervention. Significant intervention effects were found in studies that used a proactive case manager, an intense individual client contact model, outreach that included medical providers, or health care system navigation training to encourage health care utilization among PLWH.

**CONCLUSION:** Certain strategies identified in this review have promising potential in successfully linking or retaining PLWH into care. However, heterogeneity among studies as the result of differences in study design, intervention strategies, and reported outcomes makes it difficult to unravel the independent effects or interactions among study, sample, and intervention characteristics. Given the paucity of methodologically sound studies available in the literature, additional research would be helpful to test the promising strategies identified in this review with more rigorous evaluation for PLWH, especially those who are newly infected with HIV.

**Presentation Number:** F02-3

**Presentation Title:** Predictors of Follow-up Care in Postpartum HIV-Infected Women in Mississippi

**Author(s):** Aadia I. Rana; Fizza S. Gillani; Binford T. Nash; Timothy P. Flanigan; Curt G. Beckwith

**BACKGROUND:** Recent studies suggest that with the introduction of potent antiretroviral therapy, continuous retention in care is vital in decreasing long term morbidity and mortality in HIV-infected patients. CDC data indicate that reproductive-age black women in the Southeast are disproportionately affected by the HIV epidemic. We evaluated predictors of optimal HIV follow-up in a postpartum HIV infected population in the Southeast.

**METHOD:** A retrospective chart review was performed at the Perinatal-HIV Service at the University of Mississippi Medical Center in Jackson, Mississippi to identify HIV-infected women  $\geq 18$  years of age with deliveries from 1999-2006 for whom there was at least one prenatal visit documented. Charts were reviewed for socio-demographic and medical parameters of interest, as well as identification of postpartum follow-up visits. For the purposes of this analysis, optimal follow-up was defined as at least two (2) follow-up visits with an HIV-provider within 365 days following delivery. The demographic and clinical characteristics of the women with optimal follow-up were compared with women with inadequate follow-up (less than 2 visits during the 365 days following delivery) using the chi-squared tests for categorical variables. Univariate and multivariate logistic regression analysis were used to identify factors associated with optimal adherence. All covariates significant with  $p < 0.10$  in the univariate analysis and other covariates of interest were used in the multivariate model. All covariates in the multivariate model with  $p < 0.05$  were considered significant.

**RESULTS:** There were 274 women with 297 total deliveries identified during the study time period. Median age was 25 (range 18-42), with 89% black, and 48% living outside a Metropolitan Statistical Area (MSA). Only 54% of the women had optimal HIV-follow up. Factors associated with optimal follow-up with statistical significance on univariate analysis included: Early presentation trimester, i.e., 1st or 2nd ( $p = 0.04$ ); age  $< 24$  ( $p = 0.06$ ); and having a primary care provider prior to the pregnancy ( $p = 0.09$ ). Employment was associated with suboptimal follow-up ( $p = 0.07$ ). On multivariate analysis, early presentation trimester was the only variable significantly associated with optimal follow-up (OR 2.1,  $p = 0.02$ ). Factors not associated with optimal follow-up when the model was controlled for presentation trimester included race, ethnicity, transmission risk, new HIV diagnosis, CD4 cell count, MSA residence, substance abuse history, smoking, psychiatric diagnoses, history of opportunistic infection, sexually transmitted illness, medical co-morbidities, indication for postpartum antiretroviral therapy, and number of living children.

Women with early presentation trimester were more likely to be non-black ( $p = 0.02$ ), age 25-32 (compared to  $< 25$  and  $> 32$ ,  $p = 0.04$ ), have a pre-existing primary care provider ( $p = 0.003$ ), and carry another diagnosis, medical ( $p = 0.002$ ) or psychiatric ( $p = 0.03$ ). Having another diagnosis was not independently related to having a pre-existing primary care provider ( $p = 0.16$ )

**CONCLUSION:** This study demonstrated low rates optimal follow-up in this population of HIV-infected postpartum women in the South. Further research is needed to determine barriers to longitudinal HIV care. There is a critical need for development of targeted interventions to improve rates of retention in care. HIV-infected pregnant women in Mississippi who present after 24 weeks gestation reflect a population at particularly high risk for inadequate follow-up.

**Presentation Number:** F02-4

**Presentation Title:** Linking HIV Positive Individuals to Primary Care Services in Baltimore City Through Field Outreach

**Author(s):** Sheridan Johnson; Rafiq Miazad, M.D.; Glen Olthoff; Phyllis Burnett; Denise Freeman; Sherell Jackson

**BACKGROUND:** Baltimore City comprises almost one-tenth of the population of Maryland, but contributes nearly half the HIV cases in the state. To make sure that testing services are targeting individuals at higher risk of transmission, Baltimore City Health Department (BCHD) substantially increased resources devoted to HIV testing in neighborhoods and social venues where high risk behavior was occurring.

Our objective is to ensure that individuals testing HIV positive through BCHD testing services have access and assistance in enrolling in HIV primary care and case management services.

**METHOD:** The BCHD STD/HIV Prevention Program has been working with the marginalized and hard-to-reach minority populations for more than thirty years. Through the Program's intensive HIV outreach activities, we effectively identify Baltimore City residents with HIV infection. Our program specifically targets intravenous drug users, men who have sex with men of color, and men and women who exchange sex for money or drugs and their customers. More than 75% of the people we test are African-American.

We achieved this, over the last four years, by actively engaging individuals in the high-risk geographical locations.

**RESULTS:** Any HIV positive case diagnosed through STD clinics or outreach services is initiated for linkage to HIV care. We will record search to see if client has enrolled in care. If no evidence of enrollment in primary care, a field record is assigned to an outreach worker or Disease Intervention Specialist (DIS). If patient is located and desires primary care, we will transport patient to our STD clinic or another provider.

**CONCLUSION:** For the time period January to June 2007, field records for care linkage were initiated for 291 individuals. Among the patients contacted, 19 (6.5%) were linked to care, 158 (54.3%) were already in care, 5 (1.7%) refused care, 17 (5.8%) were out of jurisdiction, 88 (30.2%) were not located, and 3 (1.0%) field records were still open as of August 1, 2007. Many patients contacted by field staff voiced happiness with our service of actively linking people to HIV care and providing transportation to their initial visit.

Contacting HIV positive patients through field investigation is very effective in reaching high-risk populations for the purpose of linking them to quality primary care and case management services. In addition, this allows us to document those patients already in care. Future research and evaluation must monitor how effective field outreach will be in increasing the number of patients linked to primary medical care.

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## Track F

### F05 - Routinizing HIV Testing in Clinical Settings

**Room: A705 (Atlanta Marriott Marquis)**

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**Presentation Number:** F05-1

**Presentation Title:** Frequency and Barriers to Routine HIV Testing Among Massachusetts Community Health Centers

**Author(s):** Carey V. Johnson; Matthew J. Mimiaga; Rodney A. VanDerwarker; Kenneth H. Mayer

**BACKGROUND:** Since 2006, the Centers for Disease Control and Prevention (CDC) has recommended universal, routine, and voluntary HIV testing for all persons aged 13 to 64 in all health care settings. Community clinics are an important site for HIV testing of vulnerable populations, representing 21% of HIV+ diagnoses. The current study evaluated HIV testing efforts in primary care settings among Massachusetts community health centers (CHCs), to determine the extent to which the CDC recommendations have influenced routine HIV testing in these care environments and to identify the barriers and facilitators to routine HIV testing. For this study, routine HIV testing is defined as, "Voluntary HIV testing performed for all patients in a setting unless the patient specifically declines HIV testing, i.e. 'opt out' testing."

**METHOD:** Thirty-two CHCs were enrolled: 16 were recipients of funding from at least one part of the Ryan White Treatment Modernization Act (RW); 16 matched centers received no Ryan White funding. An anonymous survey was administered to a maximum of 5 personnel from each CHC, including 1) a senior-level administrator, 2) the medical director, and 3) three medical providers (e.g. MDs, NPs, PAs), with a minimum of 2 medical doctors participating. Additionally, a confidential, qualitative interview was administered to 1 senior personnel from each CHC.

**RESULTS:** To date, 115 participants from 30 unique CHCs have completed the survey (26 senior administrators, 25 medical directors, 64 medical providers). Twenty-seven individuals have participated in the interview. One-hundred percent of RW-supported and 93% of non-RW-supported CHCs provide HIV testing, with a higher proportion of RW-supported health centers offering a dedicated HIV testing program (92% vs. 31%,  $P < 0.01$ ) and performing a higher mean annual number of HIV tests (835 vs. 286,  $P < 0.01$ ). Sixty-nine percent of senior administrators from RW-supported CHCs indicate that both they and their health centers are aware of the CDC's 2006 revised recommendations, compared to 23% of administrators from non-RW-supported CHCs ( $P < 0.05$ ). Among all CHCs, 50% of administrators report having implemented routine HIV testing at their health centers; however, among medical directors/providers, only 29% report having implemented routine testing in their practices. Among administrators compared to medical directors/providers, the five most frequently reported barriers to implementing routine HIV testing are: 1) constraints on provider's time (69% vs. 71%), 2) time to administer counseling (50% vs. 69%), 3) time to

administer informed consent (46% vs. 54%), 4) lack of provider buy-in (46% vs. 21%,  $P < 0.05$ ), and 5) lack of funding (39% vs. 32%).

**CONCLUSION:** Routine HIV testing is not currently being implemented uniformly among Massachusetts CHCs. Future efforts to increase implementation should consider addressing concerns regarding time, by streamlining ways to facilitate obtaining informed consent and providing counseling, increasing provider buy-in, and funding. Development of a revised testing protocol addressing these concerns and tailored to the expressed needs of individual health centers is warranted.

**Presentation Number:** F05-2

**Presentation Title:** From Pilot to Program: Experiences Implementing Hospital-Wide HIV Testing in an HIV/AIDS Epicenter

**Author(s):** Donna Futterman, MD; Stephen Stafford, BA; Paul Meissner, MSPH; Michelle Lyle, MPH; Barry Zingman, MD; Michelle Davitt, MD; Amy Fox, MD; Jonathan Swartz, MD

**BACKGROUND:** Approximately 25% of HIV+ people in the US have not been diagnosed, a major yet solvable public health problem. In the Bronx, NY, a US epicenter of HIV/AIDS, approximately 40% of those who test HIV+ receive an AIDS diagnosis within a year. Using existing resources, HIV screening could be routinely provided in inpatient, outpatient and emergency departments to eliminate many missed opportunities to identify HIV+ patients earlier in the course of their disease.

Unfortunately, several key barriers have historically prevented HIV screening from being routinized: lack of buy-in, lengthy pre-test counseling that necessitated counselors, risk-based screening and excessive paperwork including separate written consent. This report documents the evolution—from pilot to hospital-wide program—of efforts to routinize HIV testing at the Montefiore Medical Center in the Bronx, NY.

**METHOD:** A streamlined approach to HIV testing called ACTS (Advise everyone be tested, obtain Consent, Test and Support HIV+ and HIV- clients) was developed to facilitate the routine offer of HIV testing by providers. ACTS provided two innovations: a codified implementation process that facilitated leadership buy-in, adapted administrative systems, trained staff and provided ongoing feedback for quality improvement; AND an abbreviated 1-5 minute method of provider-delivered pre-test counseling. The ACTS approach was piloted in 10 of the hospital's outpatient clinics serving 50,000 patients annually. Five clinics received the ACTS intervention in 2004 and five served as lagged controls until 2007. Process logs documented challenges and solutions.

**RESULTS:** From BL to 2005, ACTS sites doubled HIV testing rates from 9% to 27%, a significant achievement when compared to no change at the control sites ( $p = 0.02$ ). In 2007, ACTS was implemented in the five control clinics, resulting in a 50% increase in testing by the end of the year (from 14% to 21%). In concert with external factors including the CDC's recommendations for routine HIV testing (2006) and the launch of a Bronx-wide HIV testing initiative by the NYC DOHMH (2008), the success of the ACTS pilot motivated the hospital leadership of the inpatient, outpatient and emergency departments to integrate HIV testing into routine care. This led to initiatives to routinize testing in the hospital's 11 other outpatient clinics and the emergency department. Identified barriers to routine testing resulted in hospital-wide administrative improvements including: new electronic medical record fields for HIV testing, elimination of an unnecessary lab form, utilization of rapid HIV tests, a revised HIV screening policy that streamlined and routinized testing, and the measurement of HIV testing as a QI indicator.

**CONCLUSION:** Utilizing existing personnel and data resources, the ACTS approach facilitated significant increases in HIV testing. Given the potential public health victory that could be achieved by identifying a large share of the undiagnosed HIV+ patients that interact with inpatient, outpatient and emergency departments, ACTS should be utilized to scale-up routine HIV testing in these settings.

**Presentation Number:** F05-3

**Presentation Title:** A Complete Model for Routine HIV Testing in Community Health Centers: Diagrams, Tools, Data Instruments.

**Author(s):** Cheryl Modica, PhD, MPH, BSN; Janet Myers, PhD; Kathy McNamara; Karen Barton, MD; Kris Drummond, DDS

**BACKGROUND:** The Centers for Disease Control and Prevention's (CDC) revised recommendations of September 2006 advocate routine voluntary HIV screening as a normal part of medical practice. Despite these recommendations, few medical practices have moved to routine HIV screening.

**METHOD:** The National Association of Community Health Centers, Inc. (NACHC), together with key national partners and community health centers in four states, developed a model for the integration of HIV testing into routine primary care that has proven application across a wide range of clinical settings and cultural venues.

**RESULTS:** A primary care based model has been developed that integrates rapid HIV testing into the clinical intake process of a routine primary care visit. The model builds in time-appropriate trainings for nurses and providers as well as tools for each of these staff. Also included are low literacy patient educational materials that address why HIV testing should be routine as well as materials that outline the meaning of negative and reactive rapid HIV test results. The model builds in post-test counseling for confirmed positives using pre-existing resources available in nearly all communities – Health Department employed Disease

Intervention Specialists (DIS). The model also builds in the process of referring to HIV specialty care if such services are not provided by a health center. As part of the model, data is collected on such factors as demographics, acceptance and decline (including reason for decline) as well as information on previous HIV test history.

**CONCLUSION:** Ten health centers, representing 24 clinical sites, have successfully applied this model to integrate HIV rapid testing into primary care. As a result of this model, over 16,000 patients have received an HIV test. Of these, 19 (.12%) new cases of HIV were identified, all but one of whom were successfully linked to care or are in contact with DIS or health center staff regarding their decision to refuse care. Fifty-six percent (56%) of patients tested through this pilot were tested for HIV for the first time. This project articulates a model of integrated rapid HIV testing that is acceptable to both patients and staff. The model, along with testing data, including results and linkage to care, will be presented.

A model for the integration of HIV screening into routine primary care has been developed that has been successfully integrated into over two dozen health center sites. This model has wide implications for the adoption of routine HIV screening at primary care sites nationwide.

**Presentation Number:** F05-4

**Presentation Title:** Expansion and Integration of HIV Testing Within a Large Public Hospital System

**Author(s):** Terry Hamilton; Demetre Daskalakis, MS; Maurice Policar, MD; Ann Higgins, NP

**BACKGROUND:** In 2005 the largest municipal hospital system in the nation sought to expand HIV testing in 11 acute care hospitals, integrating HIV testing within inpatient care (IP), outpatient clinics (OP), emergency departments (ED), and through outreach programs.

**METHOD:** Urban hospitals; commercial sex venues catering to MSM.

**RESULTS:** The HIV Testing Expansion Initiative (HTEI) was designed to increase: 1) the number of unique patients (UPT) who know their HIV status; 2) the proportion of infected patients entering care early; and 3) the proportion of patients retained in care. While keeping HIV testing rates in prenatal clinics relatively level, the Initiative expanded testing beyond HIV/AIDS clinics to IP services, multiple outpatient and dental clinics, the EDs, and community outreach programs. This provided a more routine system of HIV testing access for patients.

Four types of experiences are represented in this project: those of the NYC Health and Hospitals Corporation (HHC) Corporate HIV Services Unit that oversees the HTEI, to demonstrate the system-wide approaches and results; Kings County Hospital Center (KCHC) with IP services; Elmhurst Hospital Center's (EHC) expanding HIV testing in their ED; and the experiences of the Men's Sexual Health Project (MSHP), a joint project of Bellevue Hospital Center (BHC) and New York University. It provides rapid HIV testing, HIV PCR/viral load testing to identify acute HIV infections, and other outreach and clinical services in bathhouses in NYC catering to MSM.

**CONCLUSION:** Results: The number of UPT at all the 11 HHC acute care hospitals grew by 73.6% from FY06 (79,851) to FY08 (138,649) exceeding the number of HIV tests conducted at 135 Veterans Administration laboratories nationwide in FY06\*. The number of UPT through HHCs IP units grew 83.5% from FY06 (7,694) to FY08 (14,122), and the number UPT within EDs corporatewide grew 208% during the same timeframe (12,529/38,580). KCHC tested 72 % more IP patients from FY06 to FY08 (1,045 / 1,797). EHC increased ED testing from FY06 to FY08 by 859% (637 / 6,109). From 2006 to October 2008, 962 unique clients were provided services through the MSHP, 3.6% were newly diagnosed with HIV infection with 38% of these infections dated as recent or acute.

**Lessons Learned:** A group consisting of clinicians, administrators and support staff from different sites were able to markedly expand HIV testing programs by sharing information and lessons learned. Varied approaches to testing expansion were successful at different sites. Testing expansion should occur across multiple venues and specifically within the ED, IP service and through enhanced outreach services.

\*Valdiserri RO, et al. Frequency of HIV Screening in the Veterans Health Administration: Implications for Early Diagnosis of HIV Infection. AIDS Educ Prev, 2008 20(3):258-64

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## Track G

### G02 - State-Level Reality on PCSI and Implementation

**Room: A707 (Atlanta Marriott Marquis)**

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**Presentation Number:** G02

**Presentation Title:** Program Collaboration and Service Integration: Successful Strategies Used by Health Departments

**Author(s):** Dave Kern

**BACKGROUND:** As health departments work to advance program collaboration and service integration (PCSI) in their jurisdictions, they face ongoing challenges associated with the relative inflexibility of program announcements, funding streams, guidelines and trainings, philosophies and data and surveillance systems.

**METHOD:** Health department operated HIV/AIDS, Viral Hepatitis, STD and TB programs, including community-based and other partners.

**RESULTS:** Many health departments have creatively overcome obstacles associated with inflexibility in their efforts to advance PCSI. To highlight strategies that health departments have used to address barriers, three health department programs will be profiled in this panel presentation. Programs will discuss, in 15 minute presentations, best practices and lessons learned, including strategies for using program-specific funding to support PCSI, integrating surveillance and other data collection systems, integrating planning and training activities and promoting integrated services on the client-level. Remaining time will be used for questions, discussions and information exchange from audience participants.

**CONCLUSION:** Results: Despite ongoing challenges, health departments have successfully advanced collaboration and integration across HIV/AIDS, Viral Hepatitis, STD and TB programs. Examples of successful strategies include capitalizing on the flexibility that is already available in CDC program announcements and guidance (e.g., using PS-07786 funding to support HBV/HCV testing and providing combined HIV and STD partner services), developing joint surveillance projects and combined data collection systems, jointly funding positions (e.g., HIV/STD disease investigation specialists and epidemiologists), integrating multiple program areas in funding announcement for health department grantees (e.g., requiring HIV prevention grantees to offer viral hepatitis prevention in the scope of their programs), integrating planning efforts and promoting collaboration on population-specific projects (e.g., combined strategies to address risk behaviors and disease transmission among racial and ethnic minorities, gay men, persons who use injection drugs and individuals involved with correctional systems) and integrated trainings for health department staff and health department grantees.

Lessons learned: Health departments have many key insights into and strategies for promoting program collaboration that results in service integration, including using single-program funds to support the provision of joint program's services, identifying champions to promote collaboration and integration within health departments and community-based organizations, looking beyond fiscal resources to capitalize on the capacity of existing human resources, building cross-program relationships and engendering buy-in and support from program staff and leadership, respecting and appreciating the differences that exist between program areas, capitalizing on opportunities where natural integration makes sense, identifying a single administrator to oversee the budget and staff for multiple programs, convening cross-program meetings and projects and sharing best practices and promising strategies with peers. While challenges still remain, including funding and costs associated with PCSI, the varying size of programs, limited staff time and staff turnover, data collection and training, health departments are committed to supporting appropriate and meaningful PCSI in their jurisdictions.

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## Track G

### G06 - The View from Behind Bars: Integrating Services in Correctional Settings

Room: A706 (Atlanta Marriott Marquis)

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**Presentation Number:** G06-1

**Presentation Title:** Translating Effective Interventions and Research Practices for the Correctional Setting

**Author(s):** Katie Kramer; Barry Zack

**BACKGROUND:** Today, for the first time in its recorded history, the United States, incarcerates more than one in every 100 adults. Approximately 97% of incarcerated persons will eventually be released from correctional facilities and return to our communities. Incarcerated populations are disproportionately at risk and impacted by multiple health conditions and illnesses. Rates of HIV/AIDS in US prisons are 2 ½ times the national rate while rates of HCV are estimated to be as high as 49%. As well, rates of mental illness have been documented in 45-64% of incarcerated populations and rates of substance use have been documented as high as 75%.

Many who are incarcerated come from poor communities, where healthcare services are largely underutilized or inaccessible. Therefore, the period of incarceration presents a significant opportunity to make a difference in addressing public health issues that disproportionately impact incarcerated populations and consequently the communities they return to upon release. As we explore the link between public health and correctional health, it is critical to examine current best practices within our communities including evidence-based program models and successful research practices for their relevance and opportunities for translation to the correctional setting.

**METHOD:** The geographic location discussed in this presentation is "incarcerated settings" as defined as locked facilities administered by a correctional agency including prisons, jails, community supervision programs, and alternative sentencing programs.

The intended audience for this presentation are researchers, program administrators, funders, and/or government agencies who are currently or looking to conduct research or provide programs within a correctional setting.

**RESULTS:** This presentation will provide recommendations on how to adapt program and research protocols to fit the correctional setting including information on (1) understanding the culture of corrections, (2) gaining permission from a correctional agency, (3) establishing an informed consent process within a coercive environment, (4) handling issues of confidentiality and privacy, and (5) maintaining contact with participants after release.

We will also provide an overview of one successful program and research model; Project START. Project START is an HIV/STI/hepatitis risk reduction program for people returning to the community after incarceration. It is based on a CDC funded study of a multi-session intervention for young men being released from a prison and returning back into the community. The research materials for Project START have recently been translated into an implementation package for use by community-based organizations. As a result of this translation, Project START has been selected as the first corrections-based program to be accepted as a DEBI by CDC.

**CONCLUSION:** Research results for Project START demonstrated that fewer men who participated in the full six-session program (Project START) reported unprotected anal or vaginal sex at six months after release.

In addition, lessons learned from the START model suggest that the success of implementing research or program models within a correctional setting rely on: (1) developing relationships with key correctional personnel, (2) working with correctional systems that are open and committed to working differently than their status quo, and (3) integrating correctional priorities into program and research protocols.

**Presentation Number:** G06-2

**Presentation Title:** Get Started Girl - Re-Entry Program Empowering Women to Break Free of Their History

**Author(s):** Maxine Young; Nike Lukan, MPH

**BACKGROUND:** Texas has the second largest prison population in the nation. Of the 156,000 plus inmates within Texas prisons 40,000 are released annually back into Texas communities; more than 8,000 of these are women. In the Houston area many women re-enter society struggling with lack of knowledge regarding; modes of transmission of HIV/STDs, personal risk behaviors, gender specific health information, self-esteem, developing positive support networks and substance abuse. Culturally sensitive programs are needed to address these issues and ensure successful reentry back into society.

**METHOD:** The Get Started Girl (GSG) program has been implemented in the Houston area within parole offices, probation offices, and homeless/re-entry housing programs with women who have been recently released from prison and/or jail.

**RESULTS:** The GSG program is a six session culturally tailored program towards the special needs of women who have been released from prison/jail and are living with HIV or at high risk for HIV infection. This population not defined solely by race or ethnicity but by the bond of common experience. Women gain the knowledge and develop the self-esteem necessary to advocate their own health care needs and negotiate safer-sex practices. Six group level sessions cover basic HIV/STD knowledge, risk behaviors, gender specific health information including: personal health care and prevention, gaining a greater sense of gender identity and empowerment, and techniques for starting discussions within their support networks regarding HIV/AIDS. Women who are HIV positive receive additional HIV treatment education, housing, food and medical referrals. Women of unknown status are offered HIV testing on site. HIV positive women and those of unknown status get the opportunity to learn from each other by sharing their own personal experiences around HIV throughout the six sessions.

**CONCLUSION:** Through the Get Started Girl program HIV positive and negative women get an opportunity to learn from and support one another. Over ninety percent of women who enrolled into the GSG program were able to successfully complete the program. Before the intervention thirty-one percent of participants held false myths about basic HIV knowledge and transmission, but by the end of the intervention that percentage was reduced to five percent. Providing HIV/STD prevention education to women recently released from incarceration is an effective method to reach high risk populations and to provide support to women most at need for supportive services.

**Presentation Number:** G06-3

**Presentation Title:** Integrated HIV and Syphilis Testing in County Jails

**Author(s):** Scott, JL; Hedenquist, RB; Moore, PR

**BACKGROUND:** It is estimated that 32,000 North Carolinians are infected with HIV. Of those infected, it is estimated that 18,000 are aware of their HIV status with only 12,000-13,000 receiving care services. North Carolina has historically ranked among the top ten states reporting infectious syphilis cases. Despite efforts to eliminate syphilis, the state ranked 13 in 2007. North Carolina's Jail Screening Program was created to identify and treat new cases of HIV and syphilis as well as re-link HIV positive persons lost to care.

**METHOD:** Each agency offers blood antibody screening for both HIV and Syphilis. Rapid HIV testing is offered for court ordered testing and for difficult venipunctures. One local health department has integrated Gonorrhea and Chlamydia testing into

their jails screening program and another has integrated Hepatitis C testing into their program. Jails have concentrated populations of persons at risk for substance use, prostitution, and low income African American men and women.

**RESULTS:** The NC Communicable Disease Branch took the existing six county, syphilis only, Jail Testing Program and expanded into 27 jails supported by staff that are based in 8 local health departments, 2 community-based organizations, and 5 non-traditional testing sites. Opt-out HIV testing was incorporated for all persons screened for syphilis. In accordance with North Carolina's new rule change to the administrative code, a general consent form is used. Inmates are recruited for testing through education followed by testing or signing up for future testing. One jail offers screening to all inmates who entered the jail the previous day. In addition to testing, agencies assure treatment for syphilis and make referral for HIV care services.

**CONCLUSION:** From January 1, 2008 to September 29, 2008, the Jail Screening Program tested 8,188 incarcerated men and women for HIV and 8,791 for syphilis. Seventy-three HIV positives and 95 syphilis positives were identified. One site tested 516 inmates for gonorrhea and Chlamydia and identified 6 cases of gonorrhea and 33 cases of Chlamydia. Another site tested 88 inmates for Hepatitis C and identified 3 cases.

County jails can be reluctant to implement an HIV testing due to the financial responsibility for treatment and patient care. In July 2008, the Mecklenburg County Commissioners approved funding for medicine for HIV positive inmates. With this approval, the county was able to begin their screening program. The Mecklenburg County jail is the largest jail in the state and we expect to increase our testing numbers by approximately 1,200 tests per year from this jail alone. In North Carolina, ADAP will be made available in 2009 to counties with budgets that cannot support medical care. HIV and syphilis testing should be offered in tandem whenever doing blood testing. Urine testing for Chlamydia was shown to be productive in adult correctional settings and should be integrated where possible beyond juvenile detention settings.

**Presentation Number:** G06-4

**Presentation Title:** Implementation of a Jail-Based Rapid HIV Screening Program - A Year in Review

**Author(s):** Dana K. Rice, M.S

**BACKGROUND:** The high rate of HIV among inmate populations presents a public health problem not only for inmates, but also for jail employees and the communities into which they are released. The prevalence of HIV/AIDS among inmate populations is estimated to be five times higher than the general U.S. population. However, very few jails provide routine opt-out HIV testing.

**METHOD:** Supported by the Michigan Department of Community Health, the Wayne County Jails (Detroit, MI) developed an opt-out HIV screening program for inmates upon entry into the facility. This program utilizes rapid screening technology and coordinated inter-departmental, inter-agency procedures for reporting, treating, and follow-up care. The intended audiences for this project are healthcare administrators, public health practitioners and HIV program managers.

**RESULTS:** On-site jail healthcare providers offer all inmates upon entry, a rapid HIV screening exam, on an opt-out basis, as a component of the initial health appraisal. The provider provides results and post-test counseling during that initial point of contact. Reporting of tests, results, and case management services occur through a collaborative effort between the jail, local health departments, the state health department and community service agencies.

**CONCLUSION:** Current prevalence estimates among jail inmates underestimate the real occurrence in correctional settings. Standardized opt-out jail-based, rapid HIV screening programs can be used to identify HIV/AIDS cases and bring well-needed prevention programs to high-risk individuals. This project serves as a model for opt-out HIV screening programs in jail settings. The procedures and techniques used by this program create a basis for comparison to the current, risk-based, self-initiated request and informed consent for HIV testing in correctional facilities with the recent CDC recommendations for opt-out consent procedures. During the first year of implementation, HIV incidence was 1%. Several program challenges were encountered including staffing, laboratory compliance and start up delays. However, the implementation of this program and the lessons learned over a year can provide a viable public health practice standard for conducting HIV screenings in large jail settings.

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**Monday, August 24, 2009****Concurrent Sessions****3:30PM-5:00PM**

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**Track A****A03 - Black and Latino Adolescents****Room: Baker (Hyatt Regency Atlanta)**

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**Presentation Number:** A03-1**Presentation Title:** Heterosexual Anal Intercourse Among Urban Female Adolescents: Prevalence and Associated Factors**Author(s):** Carol Roye; Beatrice J. Krauss; Paula Silverman

**BACKGROUND:** Receptive anal intercourse confers a very high risk of transmission of the human immunodeficiency virus (HIV). Data from the authors'™ previous study with urban female adolescents of color revealed that over 1/3 of the young women in their sample had engaged in anal intercourse (AI), and they were significantly less likely to use condoms during AI than during vaginal intercourse. The construct of sexual relationship power, i.e. power to influence another in a specific relationship, is gaining support as a factor which influences sexual risk behaviors. This study was undertaken to determine whether young women with low sexual relationship power are more likely to engage in AI.

**METHOD:** A randomized clinical trial (RCT) of HIV-prevention interventions for urban female Black and Latina adolescents and young adults was conducted at family planning and adolescent clinics in the New York City area. Young women who presented to the clinics were recruited for the study if they met eligibility criteria, including history of sexual activity. A behavioral questionnaire was administered at baseline and 3-month follow-up. The baseline questionnaire included the Sexual Relationship Power Scale. The questionnaire was delivered via Computer Administered Self Interview with Audio (ACASI). This method has been shown to increase levels of reporting of sensitive behaviors. This paper uses baseline data only.

**RESULTS:** One hundred and one young women, aged 14 – 22 (mean = 17) participated in the study. Thirty percent of the sample self-identified as Black or African American, and 70% were Latina. Consistent with previous data, Latina teens were significantly more likely to have had AI than Black teens (32 % vs. 7%) (p=.009). None of the young women reported using a condom during AI with their main partner. However, (43%) reported using a condom at last vaginal intercourse with their main partner. There was no significant linear trend for relationship power and AI. However, there was a significant quadratic effect (R square = .122; p = .003). Relationship power scores were broken down into tertiles (low, medium and high). Chi-square revealed that 54% of the women with low relationship power scores (RPS) had engaged in AI, and 24% of those with high RPS had done so. Only 4% of those with mid-level scores had had AI. When examining the data by ethnicity, the results were more extreme: 78% of Latinas with low RPS had had anal intercourse, as had 31% of those with high RPS (chi square = 13.955; p = .001). Chi-squares could not be run on Black teens because there were too few who had engaged in anal intercourse.

**CONCLUSION:** This study suggests that HIV-prevention researchers who work with young people in heterosexual relationships should address AI as a risk behavior. Furthermore, relationship power may play a role in young women's™ decisions to engage in AI. Clearly, research is urgently needed to contextualize heterosexual AI so that tailored prevention-interventions can be developed.

**Presentation Number:** A03-2**Presentation Title:** Enhancing Evidence-Based HIV Prevention Interventions for African-American Youth: Addressing Gaps Through Review of the Literature**Author(s):** Jennifer S. Galbraith; Lisa M. Romero; Lyndsey S. Wilson-Williams; Kari M. Gloppen

**BACKGROUND:** Many African American adolescents are at increased risk for negative health, academic, and social outcomes due to consequences of risky sexual behaviors. Evidence-based behavioral interventions (EBIs) to reduce risky sexual behaviors remain the most promising approach to reducing negative sexual health outcomes for African American youth. However, evaluations of EBIs have demonstrated modest effect sizes and only short-term impact on risk behaviors. This current study sought to determine how EBIs could be enhanced to improve their impact on HIV risk behaviors by examining if constructs demonstrated in the research literature to be related to HIV risk behaviors among African American adolescents are reflected in EBIs developed for this population. EBIs could be improved by increasing their focus on changing risk and protective factors that have the greatest evidence of association with a reduction in risk behavior among the target population.

**METHOD:** A literature review on behavioral determinants for sexual risk behaviors among African American adolescents was undertaken. Simultaneously, a review was conducted of the contents of eight packaged HIV-prevention EBIs developed for African American youth. Findings from both were organized into eight constructs from prominent behavior change theories (Intentions to perform a behavior; an environment that fosters feasible social, ecological, and structural influences to perform a

behavior; having the skills necessary to perform the behavior; a positive attitude towards the behavior; perceived norms about the behavior that are more positive than negative; consistency between an individual's personal standards or values and practicing the behavior; positive emotional reaction towards performing the behavior; and self-efficacy, the individual's belief that he or she can complete the behavior). These standardized constructs were used to align and compare the literature findings and the contents of the EBIs.

**RESULTS:** Seven (88%) of the EBIs had activities that operationalized all eight theoretical constructs. However, equal amounts of time were not devoted to all constructs. Analysis showed that perceived norms and environmental factors were only minimally addressed in the EBIs even though these constructs were most frequently associated with sexual risk reduction in the literature. Conversely, EBIs devoted considerable time to skills and self-efficacy, yet significant associations for these were reported less often than other constructs in the research literature.

**CONCLUSION:** This review suggests potential ways to improve EBIs. Perceived norms, such as those related to perceived peer sexual behaviors, and environmental constraints such as parental monitoring and communication, and connectedness were frequently shown in the literature to be correlated with sexual risk behavior. These constructs should be further strengthened in EBIs. Adding activities that address perceived peer norms or incorporate parent involvement might enhance the impact of EBIs. Additionally, researchers should better assess skill development, which is thought to be an important characteristic of effective interventions but has little evidence in the research literature. This review of the concordance of the behavioral determinants with the content of EBIs developed for African American youth is an important exercise in the field of public health to ensure that both research and practice are continuously improved.

**Presentation Number:** A03-3

**Presentation Title:** Anal Sex Among Heterosexual Young Adults in Philadelphia and Hartford: A Closer Look

**Author(s):** Marion Carter; Linda Hock-Long; Kendra Hatfield-Timajchy

**BACKGROUND:** Despite periodic calls to address heterosexual anal sex in HIV and STI prevention, heterosexual anal sex remains poorly understood and absent from many prevention interventions.

**METHOD:** Drawing from a project about the sexual behaviors of Puerto Rican and African American urban youth ages 18-25 from Philadelphia and Hartford (CT), we used various qualitative data sources and a quantitative survey to describe the perceptions, attitudes, and meaning of anal sex in participants' heterosexual relationships, as well as the prevalence and correlates of anal sex. The qualitative data (2004-2006) included that from focus groups (N=16 groups), a series of individual debriefing sessions covering a 4 to 6 week coital diary tracking period (N=70), and a set of individual sexual relationship life history interviews (N=122). The survey data (2007-2008) were collected through community venue based sampling in high risk neighborhoods in the two cities (N=483). We used standard survey and qualitative data analysis techniques.

**RESULTS:** Focus group participants identified anal sex as among the top ten sexual behaviors people their age engage in, and although low on that list, they ranked it among the highest risk behaviors. Thirty-three percent of survey respondents reported ever having had heterosexual anal sex; this group first had anal sex at a median age of 17, compared to age 14 for vaginal sex. Puerto Ricans were more likely to report ever having anal sex than African Americans (42% vs. 26% respectively,  $p < .01$ ). Among those with a serious partner in the last 6 months (N=400), 22% reported ever having anal sex with that partner and, of those, 63% reported never using a condom during anal sex with that partner in the last 6 months. For respondents with a casual partner in the last 6 months (N=170), 8% reported ever having anal sex with that partner. From the individual qualitative data, we have identified cases in which anal sex was done out of an apparently mutual desire for sexual variety, in lieu of vaginal sex because a female partner was menstruating, and by a man to show power over his female partner. Some respondents expressed disgust at the idea of anal sex, including people who themselves engaged in a variety of other sexual behaviors, while others seemed able to discuss it openly, though often only through direct probing by interviewers.

**CONCLUSION:** Preliminary conclusions confirm other research suggesting that anal sex is common among younger heterosexual couples. These data also indicate that, despite its prevalence, anal sex is not viewed as mainstream and may be shrouded in embarrassment. This combination may be dangerous, as it can limit open discussion about anal sex while still exposing individuals to its associated health risks. Heterosexual anal sex must be further acknowledged within the sexual health community in hopes of ensuring that individuals fully understand and can prevent any risks they may take by having anal sex.

**Presentation Number:** A03-4

**Presentation Title:** Partner risk behaviors and sexual networks: immigrant and U.S.-born Latino adolescents in San Francisco

**Author(s):** Alexandra Minnis; Irene Doherty

**BACKGROUND:** Although immigrant Latino adolescents have been found to practice fewer HIV risk behaviors than U.S.-born adolescents, the risk profiles and sexual networks of their sex partners have not been described and may differ from those of U.S.-born Latino youth.

**METHOD:** We conducted a prospective cohort study during 2001-2004 to examine sexual network characteristics and reproductive health outcomes in 411 Latino youth aged 14-19 years recruited from a predominantly Latino neighborhood in San Francisco. Study visits were conducted every six months for two years (up to five visits for each participant). At each visit, for up to four recent sex partners, we assessed partner risk profile during the period of time they had a sexual relationship, including frequent (at least weekly) alcohol and marijuana use, any ecstasy use, gang membership, spending time in detention, and whether the partner was monogamous. We compared reports of these partnership characteristics among immigrant and U.S.-born participants using contingency table analysis and GEE to derive effect estimates adjusted for gender and age. We also examined whether the relationships varied between male and female youth.

**RESULTS:** Of 411 participants, 35% were immigrants to the U.S., 51% were second generation (U.S.-born with at least one foreign-born parent), and 14% were third generation (adolescent and parents U.S.-born). Over half (56%) were female and 84% were in school. Immigrant youth reported a lower socioeconomic status compared to U.S.-born participants based on measures of maternal educational attainment and crowded housing. 47% of immigrant youth completed their baseline interview in Spanish compared to only 3% of U.S.-born youth. Immigrant youth were more likely to have partners who also were immigrants (57% vs. 25%,  $p < 0.001$ ). Multivariable analysis suggests that immigrant youth generally chose lower risk partners. The odds of having partners who used alcohol (OR=0.5, 95% CI=0.4, 0.8) and/or marijuana (OR=0.4, 95% CI=0.2, 0.6) frequently, used ecstasy (OR=0.5, 95% CI=0.2, 0.9), and spent time in detention (OR=0.4, 95% CI=0.2, 0.6) were lower for immigrant than for U.S. born youth. Despite high reports overall, we found no significant differences in partner gang membership or in having non-monogamous partners (OR=0.8, 95% CI=0.5, 1.1).

**CONCLUSION:** Although immigrant youth had lower risk sex partners than did US-born youth with respect to substance use and alcohol consumption, their social and sexual networks were similar to US-born youth in important ways that elevate STI risk. First, gang membership constitutes a tightly bonded social network in which densely connected sexual networks form. Second, having non-monogamous partners constitutes a feature of sexual networks that amplifies and accelerates the spread of STIs. Thus, this research highlights STI/HIV prevention needs for immigrant Latino youth in an urban setting.

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## Track A

### A14 - Stress, Violence, and HIV Risk

**Room: Singapore/Manila (Hyatt Regency Atlanta)**

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**Presentation Number:** A14-1

**Presentation Title:** Experiences of Violence Among HIV Positive African American Females in Rural South Central Georgia

**Author(s):** Tanisha S. Grimes; Su-I Hou; Kimberly A. Parker

**BACKGROUND:** In the state of Georgia African Americans accounted for 76% of new AIDS cases, but only account for 29% of the state's population. The risk of HIV infection continues to grow in rural Georgia, where since 2004 29% of men and 43% of women diagnosed with AIDS were living in rural areas. Several studies have also found that violence can be a risk factor and consequence of HIV. As these cases continue to rise among women in the Deep South this intersection needs to be considered in examining women's vulnerability and risk of HIV infection.

**METHOD:** Individual interviews were conducted with 17 African American women ages 18-45 living with HIV/AIDS who received services from a Ryan White Clinic in rural south central Georgia.

**RESULTS:** Utilizing grounded theory methods, individual interviews were conducted with each participant. Women were asked to describe a) how they became infected with HIV and the circumstances surrounding that situation, and b) what life has been like for them since becoming infected with HIV.

**CONCLUSION:** Results: Among the different themes that emerged in the study experiences with Intimate Partner Violence (IPV) (being physically, sexually or emotionally abused by their partner) or Gender-based Violence (GBV)(rape, statutory rape or molestation) was prevalent among a large percentage (68%) of the participants. Some of the incidences of violence women described included statutory rape, physical, sexual and emotional violence and molestation. Also, due to living in a small rural town, the majority of the women knew their perpetrators, and about half of them have to continue to see these perpetrators daily. Additionally, approximately (18%) of women became infected with HIV by their attacker. None of the participants admitted to receiving counseling services to help them cope with the violence that they had experienced.

**Lessons Learned:** There were a high percentage of participants who had experienced some form of violence during their lifetime. Furthermore, due to living in rural cities, participants continued to be exposed to their attackers which may also affect their mental health and partner selection. This qualitative study highlights the need to continue to focus on the relationship between violence and women's vulnerability to becoming infected with HIV, particularly in the rural Deep South. Due to the lack of services focusing on IPV and GBV in rural areas, it is imperative to examine how violence may increase HIV infection in rural areas and to incorporate violence counseling in HIV primary care services.

**Presentation Number:** A14-2

**Presentation Title:** History of Forced Sex and Young Adult Males' Engagement in Sexual-Risk Behaviors

**Author(s):** Jodi Ford, PhD

**BACKGROUND:** Research evidence has revealed that young women who report a history of forced sex are more likely to engage in sexual-risk behaviors. However, few studies have explored this relationship among men. Therefore, we examined associations between a history of forced sex by male or female perpetrators during childhood or adolescence and engagement in sexual-risk behaviors among young adult males that may increase their risk for sexually transmitted infections (STI), including HIV.

**METHOD:** Secondary data from the 2002 National Survey of Family Growth were analyzed using SAS survey and logistic regression procedures. All analyses were weighted. The sample was composed of 1,401 men aged 18-24 years of age. The construct, sexual-risk behavior was operationalized according to the Centers for Disease Control and Prevention's definition as engagement in one or more of the following sexual-risk behaviors in the year preceding the survey: (1) oral, anal or vaginal sex with 5 or more female partners; (2) oral, anal or vaginal sex with a female IV drug user; (3) oral, anal or vaginal sex with a HIV positive female; (4) one or more male sexual partners; (5) exchanged sex for money or drugs or (6) diagnosed with a STI.

**RESULTS:** Approximately 6% of men reported that they were forced to have sex during their childhood or adolescence by a female perpetrator and 1.3% reported forced sex by a male perpetrator. Multivariate analyses revealed that young adult males with a history of forced sex by female or male perpetrators were more likely to engage in sexual-risk behaviors than young adult males without this history (OR=3.44, 95% CI= 1.62-7.27; OR=8.88, 95% CI= 2.75-28.7, respectively), after adjusting for sociodemographic and other sexual-risk behaviors. Men victimized by women most commonly reported forced sex due to the administration of alcohol or drugs (47%) or verbal pressure (56%) while those victimized by males reported forced sex due to larger size of the male perpetrator (60.5%), verbal pressure (58%), administration of alcohol or drugs (46%), threats of physical harm (42%) and/or physical force (40%).

**CONCLUSION:** Young adult males who reported a history of sexual victimization by females or males during their childhood or adolescence were more likely than those without this history to engage in sexual-risk behaviors during young adulthood. Our findings suggest that a better understanding of the history of sexual victimization for males is needed in an effort to reduce sexual-risk taking among victims. Further research that includes larger samples of men also is needed as these findings are likely to be conservative due to underreporting.

**Presentation Number:** A14-3

**Presentation Title:** The Association of Incident Stressful and Traumatic Life Events with HIV Sexual Transmission Risk Behaviors

**Author(s):** Brian W. Pence; James L. Raper; Susan Reif; Kathryn Whetten; Nathan M. Thielman; Jane Leserman; Michael J. Mugavero

**BACKGROUND:** Risk reduction among people living with HIV/AIDS (PLWHA) remains a major focus of efforts to combat the HIV pandemic. Identification of potentially modifiable predictors of risk behaviors is critical to guide intervention development. PLWHA in the US frequently experience traumatic and stressful events such as sexual and physical assault; housing instability; and major financial, employment, and legal difficulties. While numerous studies have documented the influence of distant trauma (e.g. sexual or physical assault) on sexual risk-taking, relatively little is known about the effect of proximal stressful and traumatic events on sexual transmission risk behaviors.

**METHOD:** We assessed incident stressful and traumatic events and sexual transmission risk behaviors over the preceding 9 months during in-person interviews at 0, 9, and 18 months in an 8-site, 5-state study in the Southeast US. We considered a dichotomous composite measure of sexual transmission risk behaviors (any of the following: unprotected sex with an HIV-negative/status-unknown partner, exchange of sex for drugs or money, or unprotected anal sex while high or intoxicated). As secondary outcomes, we considered number of sexual partners and a dichotomous measure of any unprotected sex with an HIV-negative/status-unknown partner. Using generalized estimating equation models to account for the repeat-measures design, we assessed the association of three measures of incident stressful events (all stressful events, severely stressful events, and traumatic events) with sexual transmission risk behaviors.

**RESULTS:** Of 611 baseline participants, 64% were African-American with the remainder primarily Caucasian, 31% were female, and 43% acquired HIV through heterosexual sex. Retention at 9 and 18 months was 81% and 72%. At 0, 9, and 18 months, respectively, any sexual transmission risk behavior was reported by 15%, 12%, and 14%; any unprotected sex with an HIV-negative/status-unknown partner was reported by 12%, 8%, and 10%; and the mean (SD) number of sexual partners in the past 9 months was 1.0 (1.5), 1.0 (1.5), and 0.9 (1.4). Incident stressful events reported at one-third or more of interviews included major illness, injury or accident (non-HIV related); major illness of a family member/close friend; death of a family member/close friend; financial stresses; and relationship stresses. The mean (SD) numbers of all stressful, severely stressful, and traumatic events in a 9-month period were 3.5 (2.6), 1.0 (1.1), and 0.1 (0.4). In models that adjusted for site, sociodemographics,

psychiatric morbidity, drug use, and past trauma history, increased odds of any sexual transmission risk behavior were associated with all incident stressful events (OR=1.16 per event, 95% CI=1.08-1.24), with incident severely stressful events (1.29, 1.12-1.50) and with incident traumatic events (1.91, 1.33-2.75). All 3 measures were also associated with increased number of sexual partners and with increased odds of unprotected sex with an HIV-negative/status-unknown partner.

**CONCLUSION:** Incident stressful events are exceedingly common in the lives of PLWHA and are associated with increased sexual transmission risk behaviors. Interventions that seek to either prevent the occurrence of such events (e.g., financial or relationship counseling) or address their sequelae (e.g., coping skills or other behavioral counseling) may help reduce secondary transmission.

**Presentation Number:** A14-4

**Presentation Title:** Sexual Violence as a Contributing Factor to Racial Disparities in HIV Risk Among Women

**Author(s):** Jamila K. Stockman; Jacquelyn C. Campbell

**BACKGROUND:** The HIV/AIDS epidemic continues to disproportionately affect minority women in the United States. An intersecting epidemic, sexual violence, affects 1 in 6 (16.7%) women at sometime in her life. Preliminary evidence suggests that minority ethnic women with a history of sexual violence experience increased risks for HIV compared to those without such a history. It is unclear, however, the extent to which sexual violence contributes to the racial and ethnic disparities of HIV risk between racial and ethnic minority women and majority women in a nationally representative sample.

**METHOD:** Data were analyzed for Non-Hispanic White, Non-Hispanic Black, and Hispanic women aged 18-44 years using the 2002 National Survey of Family Growth. Sexual violence was measured as forced sexual initiation. Forced sexual initiation was defined as being threatened with injury, physically injured, physically held down, or given alcohol or drugs. Sexual risk outcomes were ten or more lifetime male sex partners and sex with a high-risk partner in the past year. Weighted logistic regression analyses (with adjusted odds ratios (aOR) and 95% confidence intervals (CI)) were used to identify differential risks for sexual risk behaviors by race/ethnicity.

**RESULTS:** Among the 5,409 sexually active women, the majority were Non-Hispanic White (71.1%), with similar proportions of Non-Hispanic Blacks and Hispanics (14.0% and 14.9%, respectively). The prevalence of forced sexual initiation was 12.4%. Approximately 19.7% reported ten or more lifetime male sex partners and 14.1% had a high-risk sex partner in the past year. After controlling for sociodemographic characteristics, for women with a forced sexual initiation experience, a hierarchy of risk for having ten or more lifetime sex partners was observed by race/ethnicity. Non-Hispanic White women who had a forced sexual initiation experience (aOR=1.91; 95% CI: 1.39-2.63) had the lowest risk; Hispanic women had a higher risk (aOR=2.67; 95% CI: 1.33-5.35); and Non-Hispanic Black women had the highest risk (aOR=2.84; 95% CI: 1.38-5.85) of having ten or more lifetime sex partners. Hispanic women who had a forced sexual initiation had the highest risk of having sex with a high-risk sex partner in the past year (aOR=3.40; 95% CI: 1.78-6.49), followed by Non-Hispanic Black women who had a forced sexual initiation (aOR=2.10; 95% CI: 1.16-3.80). Among Non-Hispanic White women, no significant association was observed between forced sexual initiation and sex with a high-risk partner in the past year.

**CONCLUSION:** These findings indicate that a history of sexual violence may contribute to existing disparities in sexual risk behaviors for acquiring HIV infection. However, further research assessing whether differential risks are observed for HIV serostatus are warranted. Appropriate interventions targeting the dual epidemics of HIV/AIDS and sexual violence are urgently needed with particular emphasis towards minority women.

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## Track A

### A18 - HIV Transmission Networks

**Room: Courtland (Hyatt Regency Atlanta)**

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**Presentation Number:** A18-1

**Presentation Title:** Modelling the Impacts of Anonymous Syringe Sharing On HIV Diffusion: Implications for Network Focused Prevention

**Author(s):** Lindsey Richardson; Thomas Grund

**BACKGROUND:** Networks have long been established as crucial to understanding the diffusion of HIV among injection drug users (IDU), predicting both individual risk behavior and who becomes infected with HIV. However, methodological limitations, such as limitations in data quality, the difficulty of modeling change over time and the possibility of anonymous transmission have been identified as serious obstacles to more robust research in this area. These limitations also inhibit the fast and effective delivery of interventions aimed at containing the spread of HIV. This paper proposes the use of agent-based models (ABM) as a reasonable strategy to address these methodological limitations and to facilitate faster and more strategically designed prevention

efforts. The paper explores in particular how anonymous injection environments, such as shooting galleries, impact the diffusion pattern of HIV among IDU.

**METHOD:** Existing data on the network structure and injection practices of a network of 767 IDU in Bushwick, Brooklyn are used to calibrate a series of agent based models that simulate the diffusion of HIV through the network. Simulations over a 48 month period account for the impact of network structure, individual injection practices, and anonymous injections in shooting gallery environment to identify potential areas for intensified prevention efforts.

**RESULTS:** Results demonstrate that network structure and network-specific variation in individual injection practices significantly impact the magnitude and speed of HIV diffusion. Models further show that accounting for anonymous injections is important in two ways. First, anonymous injections increase the speed of diffusion across the network. Second, shooting galleries have the greatest impact on the people that are the least connected to the network, as they increase HIV incidence rates not for the core, but for the periphery of the network.

**CONCLUSION:** ABMs allow for the modeling of shooting galleries as a social environment that operates independently of the formal structural ties in a network, and addresses some of the methodological challenges of network based analysis of hidden populations such as IDU. In this instance, shooting galleries among IDU are shown to be unobservable transmission vectors that link otherwise unconnected components of the network. The omission of anonymous transmission from prior models of HIV diffusion may result in misunderstandings of injection dynamics among IDU that have implications for prevention efforts. In particular, early targeting of high risk, core members of IDU networks who are affiliated with shooting galleries could do much to reduce the speed and breadth of HIV infection among IDU.

**Presentation Number:** A18-2

**Presentation Title:** Concurrent Sexual Partnering Among Young Adults in the U.S

**Author(s):** Christopher R Browning; Elizabeth Cooksey

**BACKGROUND:** Concurrent sexual partnering increases the risk of sexually transmitted infections (STIs) including HIV, and is more likely to occur among young adults than at other ages, and among non-Hispanic Blacks than among other American population subgroups. Because young adults and non-Hispanic Blacks also have the highest STI rates in the U.S., the purpose of this study is to examine the prevalence of concurrent sexual partnering among young adults, the social and behavioral factors associated with this high-risk sexual behavior and the extent to which racial differences remained after pertinent social and behavioral factors are controlled.

**METHOD:** Secondary analyses of the National Longitudinal Study of Adolescent Health, Wave III (2002) were conducted on 6,075 sexually active men and women ages 18-24 years who self-identified as hetero- or bisexual. We utilized SAS survey and logistic regression procedures to examine patterns of concurrent sexual partnering at the time of the interview, along with factors associated with this high-risk sexual behavior. All analyses were weighted.

**RESULTS:** Nearly 7% of the young adults reported that they were engaged in concurrent sexual partnering at the time of the interview. Males (OR=1.42, 95% CI=1.08-1.87), non-Hispanic Blacks (OR=1.91, 95% CI=1.41-2.58) and young adults who engaged in monthly binge drinking (OR=1.52, 95% CI=1.06-2.18), reported having ever exchanged sex for money (OR=1.75, 95% CI=1.09-2.81) or reported either awareness (OR=6.24, 95% CI=4.58-8.51) or uncertainty (OR=7.29, 95% CI=4.08-13.01) that one or more of their partner(s) were engaged in concurrent sexual partnering were more likely to report concurrent sexual partnerships. In addition, young adults who refused to answer about their partner's concurrency status were more likely to engage in concurrent sexually partnering themselves (OR=5.51, 95% CI=2.40-12.62). On the other hand, young adults who initiated sexual activity at older ages were less likely to report concurrent sexual partnerships (OR=0.82, 95% CI=0.77-0.87).

**CONCLUSION:** Public health interventions that address the risk of concurrent sexual partnerships among young adults are warranted, particularly among males, non-Hispanic Blacks and young adults who engage in binge drinking. Interventions should include skills on how to build healthy and trusting sexual relationships, including safer sexual practices such as the use of condoms to reduce STI transmission. Further research is also justified on the role of the broader social and structural environment that may contribute to gender and racial differences in concurrent sexual partnering as well as to mutually concurrent relationships.

**Presentation Number:** A18-3

**Presentation Title:** Sexual Mixing Patterns and Partner Characteristics of Black MSM At Risk for HIV in Massachusetts

**Author(s):** Matthew J. Mimiaga; Sari L. Reisner; Kevin Cranston; Deborah Isenberg; Donna Bright; Gary Daffin; Sean Bland; Rodney VanDerwarker; Benny Vega; Kenneth H. Mayer

**BACKGROUND:** Black MSM are at increased risk for HIV infection in the United States compared to other MSM. The aim of this study was to investigate Black MSM's sexual mixing patterns and partner characteristics in relation to sexual risk taking, as a possible explanation for this observed increase in HIV incidence.

**METHOD:** Between January and July 2008, 197 Black MSM were recruited via modified respondent-driven sampling, and completed a demographic, behavioral, and psychosocial assessment. Bivariate and multivariable logistic regression procedures were used to examine predictors of risky sex across partner types.

**RESULTS:** Overall, 18% of the sample was HIV-infected; 50% reported unprotected sex with men, 30% women, and 5% transgender partners; 53% identified as bisexual or heterosexual, although all reported oral or anal sex with another man in the prior 12 months. Significant predictors of engaging in at least one episode of serodiscordant UAS (unprotected anal sex) with a male partner in the past 12 months were: social isolation (AOR=4.23; p=0.03), unstable housing (AOR=4.19; p=0.03), and at least weekly popper use during sex (AOR=5.90; p=0.05). Predictors of UAS and/or unprotected vaginal sex with a female partner in the past 12 months were: unstable housing (OR=4.85; p=0.04); using cocaine at least weekly during sex (OR=16.78; p=0.006), being HIV-infected (OR=0.07; p=0.02); and perceiving social norms favor condom use (OR=0.60; p=0.05). Predictors of UAS with participants' most recent non-main male sex partner include: use of alcohol and drugs during last sex by participant (AOR=4.04; p=0.01); having sex with a Hispanic/Latino male (AOR=2.71; p=0.04) or a Black male (AOR=0.50; p=0.05) compared to a White male; and lower education (AOR=1.31; p=0.02).

**CONCLUSION:** These findings suggest that sexual risk behaviors of Black MSM differ across partner type and by the characteristics of their sexual relationships, and that Black MSM are at increased risk for HIV acquisition and transmission, but their sexual mixing patterns are diverse. Effective prevention strategies need to address the distinct sexual and behavioral risk patterns presented by different sexual partnerships reported by Black MSM.

**Presentation Number:** A18-4

**Presentation Title:** Network Patterns Among MSM and the Black-White Disparity in HIV Infection

**Author(s):** Derrick D. Matthews; Amanda L. Traud; Molly M. Stapleton; Carol E. Golin; Adaora A. Adimora; Lisa B. Hightow-Weidman

**BACKGROUND:** To explain the disproportionately high rate of HIV infection in Black men who have sex with men (MSM) previous studies have explored racial differences in risky sexual behaviors. Failing to find differences some researchers have hypothesized that Black MSM may have different social and sexual networks that place them at higher risk for HIV acquisition. Few studies have examined the networks of Black MSM or explored if they contribute to the high rate of HIV infection. This analysis explores contrasts in the networks of Black and White MSM.

**METHOD:** Social Networks and Partnerships (SNAP) is a feasibility study that uses respondent-driven sampling to collect information about participant behaviors, psychosocial characteristics, and social and sexual partnerships of MSM. Index participants were comprised of HIV-negative and recently diagnosed HIV-positive MSM, and were recruited using the Internet, community flyers, and HIV care providers. Participants completed an audio computer-assisted self-interview (ACASI) and provided information about people in their social and sexual network. We compared network characteristics and ACASI data using regression techniques to examine the relationship between networks and risk for HIV infection.

**RESULTS:** Among 81 MSM in the sample, analyses were restricted to Black (n=21) and White (n=50) participants; 42.9% of Black MSM were HIV-positive and 20% of White MSM were HIV-positive. The racial makeup of the sexual partners of Black and White MSM differed significantly. Examining the three most recent sexual partners, on average 74.7% of the sexual partners of White MSM were White and 14% were Black; 27% of the sexual partners of Black MSM were White and 49.2% were Black (p-value <0.01). Controlling for demographics and potential confounders, MSM who used the Internet for seeking sex partners were found to have an average of 38.9 more lifetime male partners than MSM who did not use the Internet for sex seeking (p-value <0.01). However, Internet sites were visited differentially by Black and White MSM. Black MSM were over six times more likely than White MSM to frequent two different websites (Site A odds ratio (OR)=6.2, 95% confidence interval (CI) 1.7-22.2 and Site B OR=37, CI 4-338.9) and less likely to frequent another website (Site C OR=0.19, CI 0.05-0.66). HIV-negative Black MSM were "closer" in their networks to a HIV-positive individual than HIV-negative White MSM (mean 2.6 network path-units compared to 3.7, p-value=0.06). We found no statistically significant differences by race in risk behaviors, sexual compulsivity, self-efficacy of safer sex negotiation, or number of lifetime male sexual partners.

**CONCLUSION:** Racial differences exist in network patterns among Black and White MSM. The lack of difference in risky sexual behavior indicates that behavior alone does not explain the racial disparity among MSM in the HIV epidemic; non-behavioral factors may contribute to the high rate of HIV infection among Black MSM. Preliminary findings suggest that rates of HIV infection in Black and White MSM may be a function of their social and sexual networks. Networks should be taken into consideration above and beyond geographic context when planning interventions and conducting future research in racial disparities in the HIV epidemic.

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**Track B****B03 - The National HIV Behavioral Surveillance System among Heterosexuals At Risk: Experiences In the Field****Room: Hanover E (Hyatt Regency Atlanta)**

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**Presentation Number:** B03**Presentation Title:** The National HIV Behavioral Surveillance System Among Heterosexuals At Risk: Experiences In the Field**Author(s):** Elizabeth DiNunno; Tricia Martin; Jamie Barnes; Manya Magnus

**BACKGROUND:** The National HIV Behavioral Surveillance System (NHBS) is CDC's system for monitoring risk behaviors, HIV testing, and use of HIV prevention services among persons at risk for HIV infection. NHBS surveys three at-risk populations in rotating cycles: men who have sex with men, injection drug users, and heterosexuals. Research among heterosexuals is hindered by the lack of consensus on a definition of heterosexuals at risk for HIV coupled with the fact that no sampling method has been identified to effectively reach this population. We therefore conducted a pilot project (NHBS-HET) both to test a definition of heterosexuals at risk for HIV and to determine the best sampling method for future recruitment (respondent-driven sampling or venue-based, time-space sampling).

**METHOD:** The NHBS-HET pilot was conducted in 25 cities. These cities were chosen because they had high AIDS prevalence, accounting for approximately 70% of urban AIDS prevalence in the US in 2000. Grantees for NHBS include state and city health departments; many grantees contract with local health departments, universities, or community-based organizations to conduct NHBS activities.

**RESULTS:** The NHBS-HET pilot was conducted during September 2006 – October 2007. The pilot included an extensive literature review and expert consultations to determine a definition for a heterosexual at risk for HIV. This definition included men and women between 18-50 years old who 1) live in areas with high rates of HIV/AIDS and poverty and 2) had sex with an opposite-sex partner in the past year. The pilot involved mapping high-risk areas, conducting formative research to learn more about the population in each city, and conducting interviews. Project sites were randomly allocated to one of two recruitment methods: respondent-driven sampling (15 project sites) or venue-based, time-space sampling (10 project sites). In all project sites, interviewers administered a standardized questionnaire about risk behaviors, HIV testing, and use of prevention services.

**CONCLUSION:** After creating an index of HIV/AIDS rates and poverty and using geographic and ethnographic methods, census tracts within the 25 cities were classified in terms of risk. Approximately 20% of census tracts in each city were classified as high-risk areas. More than 19,000 persons meeting the definition of a heterosexual at risk were interviewed for the NHBS pilot project.

The NHBS-HET pilot provides important data and information necessary to define, identify, and reach men and women who are at high risk for HIV infection. NHBS-HET data can be used to develop effective means of targeting HIV prevention messages and services to heterosexuals at risk for HIV infection. This group session will consist of four presentations about experiences during the NHBS-HET pilot. CDC will provide an overview of the sampling and data collection methods for the pilot; three project sites (Washington, DC, Miami/Ft. Lauderdale, FL, and Detroit, Michigan) will then present findings from formative research and data collection which will include information about HIV stigma among heterosexuals at risk, ways in which sites are using the pilot data to implement new prevention programs, and experiences implementing behavioral surveillance among heterosexuals at risk of HIV.

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**Track B****B06 - Oh What a Tangled Web We Weave: Sexual Networks and HIV Transmission****Room: Dunwoody (Hyatt Regency Atlanta)**

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**Presentation Number:** B06-1**Presentation Title:** Sexual Network Characteristics and HIV Risk Among African American Men Who Have Sex with Men.**Author(s):** Trista Bingham; Ekow Kwa Sey

**BACKGROUND:** HIV disproportionately impacts African American/Black men who have sex with men (AAMSM) compared to MSM of other races/ethnicities. Previous research has not adequately identified the individual-level risk behaviors responsible for this racial/ethnic disparity. A recent meta-analysis noted two factors associated with AAMSM's increased HIV risk—a high prevalence of past or current sexually transmitted disease and a greater prevalence of unrecognized HIV infection. A 1999-2000

study of MSM ages 23-29 years in Los Angeles County (LAC) found that sexual network characteristics, namely anal sex with older partners and reporting a higher proportion of African American male partners, partially explained AAMSM's higher odds of HIV infection compared to Whites after controlling for traditional, individual-level risk behaviors. In this analysis, we examined whether sexual network characteristics continued to account for the higher odds of HIV infection among AAMSM compared to White MSM in a sample of men ages 18 years and older.

**METHOD:** The 2008 LA Men's Survey enrolled 538 MSM using time-space sampling methods as part of National HIV Behavioral Surveillance (NHBS). Men were recruited at public venues frequented by MSM between August and November 2008 and consented to an anonymous, standardized interview with a trained HIV counselor. Eligible men were LAC residents, 18 years and up, and first-time enrollees in the current cycle of NHBS. Participants were offered HIV testing, regardless of their current HIV status, and received \$25 for the interview and \$25 for providing an oral-fluid or blood sample for the HIV test. We performed bivariate and multiple logistic regression analyses to investigate our research question.

**RESULTS:** Ninety-one percent of the enrolled MSM (n=487) consented to HIV testing and were eligible for our analyses. HIV prevalence was highest among African Americans (31.9%), followed by Latinos (18.7%), Whites (14.7%), and Asian/Pacific Islanders (8.8%). Factors associated with a higher crude odds of a new HIV diagnosis included African American and Latino race/ethnicity (compared to White); recent incarceration; low annual income; low educational attainment; recent use of crystal methamphetamine; low connection to a gay community; and anal sex with mainly African American male partners. After controlling for traditionally available covariates in our multivariate analysis, African Americans had higher odds of HIV infection (OR=10.4) compared to Whites. Inclusion of two non-traditional risk factors—anal sex with mostly African American male partners and recent incarceration—in the final model reduced the odds of new HIV infection for African Americans compared to Whites by 47% (OR=5.5).

**CONCLUSION:** Reducing HIV risk among AAMSM remains a challenge for local public health departments, community agencies, and CDC. While AAMSM do not routinely report riskier sexual or drug-use behaviors than Whites or other racial/ethnic groups, their disproportionately high rates of HIV persist. In this study, we found that characteristics of men's recent sexual networks accounted for a large proportion of the African American men's increased odds for new HIV diagnoses compared to Whites. It is important to consider how sexual network factors, such as the prevalence pool of potential male partners, continue to exacerbate AAMSM's HIV risk.

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## Track B

### B06 - Oh What a Tangled Web We Weave: Sexual Networks and HIV Transmission

Room: Dunwoody (Hyatt Regency Atlanta)

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**Presentation Number:** B06-2

**Presentation Title:** Individual and Partner Characteristics Associated with Sex Partner Concurrency Among High-Risk Heterosexuals

**Author(s):** Samuel M. Jenness; Holly Hagan; Christopher S. Murrill; Travis Wendel

**BACKGROUND:** Sex partner concurrency (overlapping sex partnerships) has been associated with increased risk for HIV and other sexually transmitted infections (STIs) and, in simulation studies, with rapidly spreading HIV and STI epidemics. Understanding the individual and sex-partner related risk factors for concurrent sexual partnerships among high-risk heterosexuals can help in the development of programs to prevent heterosexually transmitted HIV and STIs.

**METHOD:** Participants in the heterosexual cycle of the CDC-sponsored National HIV Behavioral Surveillance project in New York City (NYC) were recruited through respondent-driven sampling from NYC zip codes with high rates of HIV and poverty (high-risk areas (HRAs)), 2006 – 2007. In structured interviews they were asked about their sociodemographics, drug use, the characteristics of their most recent opposite-sex sex partner, and whether during the previous 12 months of this sexual relationship they had other sex partners (concurrency). HIV antibody testing was performed on sera. Multivariate logistic regression was used to estimate adjusted odds ratios (AOR) and 95% Confidence Intervals (95%CI) of the correlates of sex partner concurrency. Statistical significance was  $p < 0.05$ . Gender interactions were examined.

**RESULTS:** The analysis sample (N = 738) was 51% female and 49% male, predominantly black (74%) and Hispanic (18%) race/ethnicity, with a mean age of 36 years (standard deviation (sd) = 10.4). Sex partner concurrency during the most recent sex partnership was reported by 68% of participants. Those with concurrent sex partners were significantly more likely to report being diagnosed with STIs in the last 12 months (27% vs. 16%, OR = 1.95, 95%CI = 1.3,2.8) but no more likely to be HIV seropositive (7.9% vs. 7.8%). Engaging in unprotected sex with the most recent sex partner was reported by 80% of those with concurrent partners and 77% of those without (ns). Independent individual correlates of reporting concurrent sex partners included male gender (AOR = 2.73, 95%CI = 1.75,4.27), younger age (AOR = 1.04 per year of increase, 95%CI = 1.02,1.06), having a same-gender sex partner in the past year (AOR = 4.1, 95%CI = 2.2,7.7), being a female who used crack in the past year (AOR = 3.4, 95%CI = 1.9,6.2), and binge alcohol use in the past month (AOR = 1.6, 95%CI = 1.1,2.3). Independent partner

correlates included having a recent sex partner who had other sex partners (AOR = 3.4, 95%CI = 2.3,5.0), or who was a casual partner (AOR = 2.5, 95%CI = 1.5,4.1), and a longer sex partnership duration (AOR = 1.5 per logged month of increase, 95%CI = 1.3,1.7).

**CONCLUSION:** HIV seroprevalence and the prevalence of diagnosed STIs were high among study participants. A high rate of sex partner concurrency combined with a high rate of unprotected sex may be driving HIV/STI epidemics among heterosexuals in HRAs. Sex partner concurrency is greater among certain sociodemographic groups and substance users, who should be targeted by prevention programs. Sex partner concurrency may also be clustered in sexual networks that can be targeted by social network interventions or other appropriate prevention programs.

**Presentation Number:** B06-3

**Presentation Title:** Sexual Partner Age Mixing, Acute or Recent HIV Infection, and Young MSM in North Carolina

**Author(s):** Christopher B. Hurt, MD; Derrick D. Matthews, MPH; Molly M. Stapleton, BM; Adaora A. Adimora, MD, MPH; Carol E. Golin, MD; Lisa B. Hightow-Weidman, MD, MPH

**BACKGROUND:** Identifying characteristics distinguishing men who have sex with men (MSM) at risk of acquiring HIV and those who become infected is critical to designing behavioral interventions for reducing new HIV infections. We sought to determine the association between HIV infection and selection of sexual partners of a different age group.

**METHOD:** Social Networks and Partnerships (SNAP) is a feasibility study of MSM with acute or recent HIV infection (ARHI) and HIV-negative MSM, with two generations of their social and sexual networks, using a respondent-driven sampling model. Subjects completed an audio computer-assisted self interview exploring aspects of behavior involving their three most recent sexual partners prior to their date of enrollment (for HIV-negative MSM) or diagnosis (for ARHI). We conducted bivariate analyses and logistic regression modeling to calculate odds ratios (OR) and 95% confidence intervals (CI).

**RESULTS:** Seventy subjects reporting any lifetime history of having sex with men were included; 16 had ARHI (23%). HIV-negative and ARHI participants had similar demographic characteristics, including age ( $P=0.47$ ). The overall mean age was 24, with 37% non-white and 73% self-identified as gay. Compared with HIV-negative subjects, those with ARHI were less likely to report condom use the last time they had receptive anal intercourse with or performed oral sex on a partner whose HIV status they did not know (anal, 19% versus 2%,  $P=0.01$ ; oral, 38% versus 4%,  $P<0.001$ ). Marijuana use before or during sex was associated with ARHI (OR 9.4, 95% CI 1.1, 84), as was time spent searching for Internet sex on four or more days per week (OR 5.3, 95% CI 1.1, 26). Subjects with ARHI had greater odds of having sex with a partner they knew was HIV-positive (OR 5.8, 95% CI 1.7, 20). When stratified between age 18-24 and  $\geq 25$ , younger men had greater odds of spending more time searching for Internet sex (OR 9.2 versus 4) and having sex with a HIV-positive partner (OR 18 versus 1.7). The mean age of subjects' 3 reported sex partners differed significantly between the groups. Sex partners of ARHI subjects were on average 5 years older; among negatives, they were 5 months younger (4.8 versus -0.4,  $P=0.002$ ). Logistic regression predicted that if the mean age of sex partners was one year older, subjects had 1.4 times the odds of having ARHI (95% CI, 1.1, 1.7) - but increased to 4.9 times or 24 times the odds if partners were on average 5 years (95% CI, 1.8, 13) or 10 years older (95% CI, 3.3, 171), respectively.

**CONCLUSION:** In this network study of young HIV-negative or newly diagnosed HIV-positive MSM, we noted statistically significant greater odds of new HIV infection as the mean age of sexual partners increased. Additionally, ARHI was associated with time spent searching for Internet sex partners - an activity which may facilitate age mixing. These findings can help to inform risk-reduction interventions in communities of MSM at risk for HIV infection, as well as secondary prevention efforts among older MSM already living with HIV.

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## Track C

### C06 - HIV and Aging: Developing a Comprehensive Prevention Effort

**Room:** Cairo (Hyatt Regency Atlanta)

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**Presentation Number:** C06

**Presentation Title:** HIV and Aging: Developing a Comprehensive Prevention Effort

**Author(s):** Luis Scaccabarozzi; Mark Brennan; Stephan Karpiak; Laura Engle

**BACKGROUND:** In New York City, an HIV epicenter, 35% of those with HIV are over age 50, and 72% over 40 (NYCDOH, 2007). This pattern is repeated across the U.S. (CDC, 2008). As the number of older adults with HIV increases (2% annually), so does risk of transmission in this age group. In ACRIA's comprehensive Research on Older Adults with HIV (ROAH,  $n=1000$ ), data showed that almost 16% engaged in unsafe sexual behavior (Karpiak et al, 2006). Few studies focus on this population's needs, and fewer have assessed how best to develop and implement a prevention intervention for this age group.

**METHOD:** New York City's older adult sero-positive and -negative population over age 50, women of color, and gay/bisexual men.

**RESULTS:** With NYC Council funding, ACRIA (2007-2009) coordinated a large collaborative effort to train/sensitize staff and peer leaders from agencies that provide services to older adults to the issue of HIV and aging. Project goals included developing age-appropriate prevention materials and training modules and to begin developing an effective HIV prevention effort.

**CONCLUSION:** A collaborative network of AIDS Service Organizations and senior service centers was established, creating access to over 400 venues where older adults receive services. The primary collaborator was Council of Senior Center Services (CSCS), which represents over 250 senior centers. Using data gathered from focus groups and ongoing trainings (over 300 trainings were done to date and over 1500 people reached), 18 curriculum modules were developed. Also, a comprehensive collection of approved prevention materials in English, Spanish, Chinese Mandarin, Russian and Haitian Creole were created and distributed (over 120,000 pieces). These age-specific prevention materials included two detailed booklets, three trifold on Myths, Stigma, and HIV Health Literacy for Older Adults, five palm cards, and a training/discussion DVD. Individual responses to assessment surveys (n=117) showed that multiple myths and intense stigma toward HIV persist. Significant institutional cultural barriers were encountered. Older adults (age 50-65) at highest risk were not found to be accessing older adult service entities. ACRIA is adapting Community PROMISE for those over 50 living with HIV and those at most risk for HIV (MSM and women of color).

Lessons Learned:

Older adult service organizations are not aware of the aging HIV population.

Significant cultural barriers between HIV and aging staffs are barriers to needed collaboration.

HIV stigma is significant in staff and clients at senior serving centers.

Most older adult service agencies do not provide services to the higher risk 50-65 year old group.

Participants identified a need for more targeted primary and secondary prevention messages/materials.

Agencies that provide services to older adult are not convinced that those with HIV should use their services.

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## Track C

### C10 - Group & Community Level Interventions for High-Risk MSM

**Room: International Ballroom North (Hyatt Regency Atlanta)**

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**Presentation Number:** C10-1

**Presentation Title:** Tailoring the Popular Opinion Leader Intervention to Columbus MSM: Sparking Community Interest, Promoting Participant Retention

**Author(s):** Zachary Y. Kerr; Shaun L. Whybark; Christopher T. Rentsch; Craig Lannaman

**BACKGROUND:** The Columbus AIDS Task Force (CATF) has struggled with the Popular Opinion Leader (POL) intervention since its implementation in 2006. In 2007, CATF aimed to train 120 participants, each of whom would participate in 20 conversations with their peers (for a total of 2400 conversations). Although CATF successfully trained 98 individuals, it received notification of only 581 conversations (5.9 conversations per worker). No participant reached the 20-conversation goal. Efforts in 2008 began to tailor the POL programming to better involve and retain participants.

**METHOD:** The POL intervention is implemented with MSM residing in Columbus, Ohio

**RESULTS:** CATF conducted informal interviews with staff and previous participants, resulting in the POL intervention being tailored in three ways. First, utilizing philosopher Paolo Freire's "anti-banking education" approach (i.e., the student should not be treated as static beings in which the teacher "deposits" information, which the student "withdraws" when necessary), the intervention's format was changed from being lecture to discussion-based. This approach encouraged participants to use their experiences to openly engage in dialogue concerning the stigmas and issues related to HIV/AIDS, HIV/STD testing, and safer sex. Due to the recent Syphilis outbreak in Franklin County, staff also encouraged discussion regarding additional STDs. Next, CATF introduced an online conversation-reporting system, replacing the paper sheets that were originally used to keep track of conversations. The online system intended to facilitate easier participant feedback. Last, trained participants were invited to return to future POL sessions to continue sharing their experiences in effort to contribute to the overall group learning setting.

**CONCLUSION:** From January 1st, 2008 to December 1st, 2008, 96 participants successfully completed the POL intervention. In total, participants reported having 1327 conversations with their peer networks in Central Ohio (average 13.82 conversations per worker). A total of 27 participants reached and/or exceeded their 20 conversations goal (31 reached 10 conversations). The dominant themes in conversations reported by participants revolved around getting tested for HIV, how participants protect themselves from HIV and Syphilis, and condom usage. 17 participants returned to participate in additional POL trainings. It appears that participants in the POL intervention were more engaged, more willing to participate, and as a result, more interested in continuing conversations after obtaining their goal of 20.

Being over 20 years old, the POL intervention is often criticized for being outdated. However, tailoring the intervention around the specific HIV-related issues that were to important participants resulted in increased dialogue. In addition, creating components to ease the laborious aspects of tracking conversations produced increased participant feedback. The implemented changes allowed participants to stay engaged, despite their busy social lives (often an excuse used for not getting involved). The tailored intervention resulted in emphasizing to participants that being an HIV advocate can happen in as little as one three-minute conversation. One conversation has the power to change the behaviors of a peer.

**Presentation Number:** C10-2

**Presentation Title:** Many Men Many Voices: Bottom Up Development of a HIV/STD Prevention Intervention for Black MSM

**Author(s):** Patricia Coury-Doniger

**BACKGROUND:** Black men who have sex with men (BMSM) are experiencing disproportionately high rates of HIV and other sexually transmitted diseases (STDs). Many proven effective HIV prevention interventions for MSM were developed based on the prevention needs of white, gay men. BMSM also experience disproportionately high rates of STDs which are now known to facilitate HIV acquisition and transmission. However, there are no efficacious HIV/STD prevention interventions developed specifically for this population.

**METHOD:** A collaboration was established between two community-based organizations (CBOs) serving BMSM (Men of Color Health Awareness, Rochester, NY and People of Color in Crisis, Brooklyn NY) and an STD/HIV prevention and training program (Center for Health & Behavioral Training, University of Rochester, NY). The goal of the Collaboration was to develop a science-based, integrated HIV/STD prevention intervention based on the unique prevention needs of BMSM.

**RESULTS:** Logic models and intervention curricula of existing, proven effective HIV prevention interventions for MSM were analyzed. In addition, a prevention community needs assessment was conducted using epidemiological data, literature review, program reports, focus groups of BMSM, and structured interviews with key informants in the community. Unique behavioral and social determinants for BMSM were identified. These include a lack of knowledge of STD/HIV interactions, identity and values, the effect of internalized racism and homophobia on sexual and substance use risk behaviors, and sexual relationship dynamics involving complex interactions and power relationships between "Tops" and "Bottoms".

**CONCLUSION:** A new logic model was developed combining these factors with behavioral determinants commonly addressed in effective MSM interventions including knowledge, perceived risk attitudes and beliefs, self-efficacy, skills, and social support. The resulting group-level intervention, Many Men Many Voices (3MV), was implemented in 1998 at MOCHA, in 2000 at POCC, diffused through the New York State Black Gay Network, and then nationally through the CDC's Diffusion of Effective Behavioral Interventions (DEBI) Program. This Collaboration provided an important 'bottom-up' mechanism for quickly developing and diffusing a science-based, STD/HIV prevention intervention to address the unmet prevention needs of this high-risk population. Evaluation support for science-based interventions is needed to allow a more timely response to the prevention needs of emerging populations at risk for HIV and other STDs.

**Presentation Number:** C10-3

**Presentation Title:** Adaptation of an Evidence-Based Intervention, Community PROMISE, for HIV-positive AAMSM in Two Cities

**Author(s):** Autumn R. Benner; Beatrice Robinson

**BACKGROUND:** We describe the adaptation and evaluation of an evidence-based intervention, Community PROMISE, for HIV-positive African Men who have Sex with Men (AAMSM). Data from 112 qualitative face-to-face interviews, two focus group interviews and field observations conducted as part of the Community Identification Process, as well as a cross-sectional survey, were used to adapt the Community PROMISE intervention for this new population. The Map of Adaptation Process: A Systematic Approach for Adapting Evidence Based Behavioral Interventions guided this adaptation process (McKleroy, Galbraith et al., 2006). A baseline and 6-month follow-up evaluation assessed changes in the community for stages of change for consistent condom use.

**METHOD:** Qualitative interviews were conducted with HIV-positive AAMSM, organization and agency staff members who worked with HIV-positive AAMSM, and interactors (family, partners, friends, key observers, and stakeholders) in the HIV-positive community. All participants were recruited from the metropolitan areas of Minneapolis-St. Paul and Boston. Interviews and focus groups explored HIV prevention-related behaviors, influencing factors, and social norms. Field observations were conducted in locations central to the target population and included service agencies, bars, and clubs.

**RESULTS:** Interviews focused on HIV prevention needs of HIV-positive AAMSM as well as study recruitment and retention issues. We used the qualitative computer software program NVivo (2.0) to code interview transcripts by developing core topic areas followed by subcoding for emerging themes within each core topic area. Non-probability sampling methods were used to recruit 259 self-reported HIV-positive AAMSM for a cross-sectional survey. The survey was administered via an audio-

computer-assisted self interview and assessed stage-of-change for consistent condom use for insertive and receptive anal and vaginal intercourse for main and other partners.

**CONCLUSION:** Interview transcripts revealed six major themes: sexual behavior, re-infection with different strains of HIV, HIV medication, disclosure of HIV status, disclosure of gayness, and condom use. Within each of these themes, several sub-themes emerged. Many participants reported experiencing social stigma and homonegativism within the African American culture resulting in more high-risk sexual behaviors. Fear of being "outed" emerged as a major issue for the participants when discussing both disclosure of gayness and treatment for HIV. Denial of HIV status or lack of knowledge regarding re-infection was common. Participants reported that being African American within a very small black community (7% in both metro areas) made disclosure of HIV status especially difficult due to lack of social support, lack of knowledge within the community, and fear of repercussions. The cross-sectional survey revealed that the most common stage of change for consistent condom use for receptive and insertive anal intercourse and vaginal intercourse with both main and other partners was pre-contemplative, the first stage of change in the model. More specifically, the percentage of AAMSM in the precontemplative stage for the specific types of sexual activity were: (1) receptive anal with main (60%) or other (40%) partner; (2) insertive anal sex with main (53%) or other (42%) partner, and (3) vaginal sex with main (73%) or other (54%) partner. Findings were used to develop role model stories that resonated with the population.

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## Track C

### C14 - HIV Prevention.com

**Room: Hanover F/G (Hyatt Regency Atlanta)**

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**Presentation Number:** C14-1

**Presentation Title:** Developing and Implementing a Computerized HIV/STI Prevention Intervention for High-Risk Youth

**Author(s):** Marguerita A. Lightfoot, Ph.D.; Catherine M. Branson, MPH; Gabriel Stover, MPA

**BACKGROUND:** Computer technology can be used to improve the effectiveness of HIV and STI prevention interventions and may be more attractive to younger populations than traditional small-group methods. However, technology-based interventions have unique challenges in development and support during implementation. This presentation will provide an overview of the development, implementation and acceptability of an innovative computerized HIV and STD prevention intervention for delinquent youth.

**METHOD:** Continuation and detention high schools in Los Angeles County.

**RESULTS:** From October 2005 to July 2009, over 700 high school-age delinquent youth participated in an efficacy trial of Computer LIGHT (Living in Good Health Together), a computerized HIV/STI preventive intervention. Extensive formative research preceded implementation of the intervention. In the formative phase the computerized intervention was pilot tested and developed with the target population.

**CONCLUSION:** With the proper formative research it is possible to produce and implement technology-based HIV and STD prevention programs that are attractive and acceptable to delinquent youth. It was important to provide support at every stage of implementation and adapt implementation to conditions at each site. The formative phase revealed a number of important contextual considerations in developing the computerized interventions, including characters, music, scenarios, and language. The resulting intervention is acceptable to delinquent youth. In follow-up, 80.3 % of students agreed or strongly agreed that they liked Computer LIGHT, 75.9% agreed or strongly agreed that they learned about avoiding HIV and STD risk via the computerized program and 74.4% agreed or strongly agreed that they found the program easy to use. Similar results were obtained for variables such as whether students found the program interesting, related to the characters and their situations and preferred the program to other methods of learning about HIV/AIDS and STDs. Implementation of the intervention in classrooms also presented challenges that will be outlined in the presentation.

**Presentation Number:** C14-2

**Presentation Title:** Learning in Real Time: A Hands-On Approach to Using New Media in Response to HIV/AIDS

**Author(s):** Michael LaFlam; Miguel Gomez

**BACKGROUND:** How to use new media to reach untapped audiences (including MSM and other at-risk populations) with HIV prevention, testing, and treatment messages.

**METHOD:** New media technologies transcend location. They can be used with any audience that has access to the Internet. New media approaches to HIV/AIDS can be tailored for any specific audience—taking into account age, race/ethnicity, risk factors, location (rural, urban), etc.

**RESULTS:** Our model uses new media tools to transfer information about HIV/AIDS to at-risk populations in innovative and cost-effective ways. We will employ an experiential approach to demonstrate to participants how to implement the model in their

own contexts—engaging in hands-on learning activities that will promote the conference at the same time (e.g., podcasting, Twittering, texting, and blogging about the conference as it is happening).

**CONCLUSION:** Results: Participants will contribute to a shared online space (MySpace/other social networking site) by posting their own blogs, podcasts, and other media on their experiences at the conference or issues related to HIV prevention. This online community will serve as both a laboratory for understanding and creating Web 2.0 content and as a communication tool for colleagues who may not be able to attend the conference and wish to be connected to the conference experience and the information being shared. The online space will remain active well after the conference has adjourned and will be linked to the official Conference website.

**Lessons Learned:** We will share our experiences with blogging, podcasting, portals, wikis, Twittering, etc., and demonstrate how we are using these new media approaches to respond to HIV/AIDS. We will also share information gathered from 120+ AIDS community leaders and discuss how AIDS service providers in the U.S. are using these tools effectively in the field to prevent HIV transmission and to provide treatment and support to people living with HIV/AIDS and their families and supporters.

**Presentation Number:** C14-3

**Presentation Title:** MySexyCity.com and RawCutProductions.com: Two Interactive Web Based Resources for Young Gay Men and Other MSM

**Author(s):** Giovanni Koll

**BACKGROUND:** The internet has revolutionized the way health education can be delivered to communities. GMHC has developed comprehensive interactive internet campaigns that target young gay men and other MSM, as well as those closely connected to this sub-population. The web sites are designed to engage this sub-population in unique ways whereby creativity, critical thinking, interactivity, decision-making and problem solving are central to the execution and delivery of health messages imbedded within situational contexts presented by on-line animated graphic characters and in video formats. The facilitation of story-telling and sharing of experiences promotes greater self awareness and exploration by the web user, hence more enhanced connectivity to health promotion.

**METHOD:** MySexyCity.com and RawCutProductions.com are Internet interventions with a New York City and national scope. MySexyCity is an animated website comprised of vignettes which invite user interaction. RawCutProductions showcases video public service announcements (PSAs) created by community members and provides web users the capacity to comment on the PSAs.

**RESULTS:** MySexyCity was developed with the central feature of short, entertaining animated vignettes. As characters move through real life situations, web users are provided an opportunity to: 1) receive health promotion messaging based on the context of the character experience; 2) make decisions on behalf of the characters, leading to appropriate messaging; 3) engage with short survey questions embedded into the storylines. By witnessing and participating in the life experiences and decision making of the online characters, the web user will build a contextual frame regarding self empowerment and harm reduction principles and how these concepts can be incorporated into their daily lives.

Raw Cut Productions is a web-based social marketing project that produces sexual health PSAs created by and for target populations. The model is designed on a base of strong consumer participation as its core tenet in creating socio-culturally relevant PSAs. Members of the online community of men who have sex with men (MSM) in New York City are recruited to attend a multi-session workshop where they learn the fundamentals of HIV prevention social marketing and video production. These participants collectively create a PSA. The PSA is then focus-tested by a separate cohort from the target population. The PSA is then made available on the RawCutProductions website as well as on participating web sites.

**CONCLUSION:** MySexyCity was launched on February 14, 2005. Findings from an in-depth evaluation will be presented. An evaluation of RawCutProductions has demonstrated that: overall the participant experience was extremely positive and effective; the online PSA is viewed as a very powerful communication medium; and, participants reported that the Raw Cut program positively influenced their HIV risk behavior.

Strengths include: approach grounded on ethical principles; participants report increased self-efficacy communication of HIV-related issues; target populations connect positively to campaigns. For RawCutProductions, challenges include: resource requirements (time, staffing, equipment, expertise); retention; high level of engagement and commitment required by participants.

**Presentation Number:** C14-4

**Presentation Title:** PowerON: Creation, implementation, and Evaluation of an Interactive Internet-Mediated HIV Prevention Program

**Author(s):** Alex Barros; David A. Moskowitz; Dan Melton

**BACKGROUND:** A major shift has occurred over the past fifteen years in how men who have sex with men (MSM) find potential sexual partners. In the past, MSM searched bars and bathhouses for sexual encounters. Now, MSM have turned to the

Internet to facilitate sex. HIV researchers and service providers have begun to recognize the possibilities of “logging on” (i.e., using the Internet as a venue for tailored prevention programs). Yet, only a handful of Internet-mediated programs have been created, implemented, and evaluated. In response to this paucity, the Prevention Organization with Empowerment Resources on the Net (PowerON) program was created to serve as a community-adaptable, web-based HIV prevention program—an online space that could host information and live, interactive outreach workers who provide instant message online counseling to MSM.

**METHOD:** Programmers created PowerON in Seattle, Washington and Kansas City, Kansas. The Alaskan AIDS Assistance Association adopted and implemented it in Anchorage, Alaska (i.e., PowerONAlaska.org). Independent researchers from the Medical College of Wisconsin evaluated its implementations in Kansas City and Anchorage.

**RESULTS:** PowerON is a national web-based community and individual level intervention for HIV Prevention. Prevention content is deployed through customize micro-sites for cities and regions (e.g., PowerONAlaska.org). This system facilitates referrals to local testing and service agencies, connecting a disparate HIV-risk referral network into a consolidated online resource system. Specifically, as implemented in Kansas City and Anchorage, PowerON outreach workers would visit various Internet chatrooms, counsel MSM chatters, and when appropriate, refer the men to the website or to specific information on the site (e.g., clinic locations). The project was evaluated qualitatively by analyzing the instant message sessions and quantitatively by analyzing web visit frequency, web visit length of time, and web content accessed by men visiting the website.

**CONCLUSION:** PowerON employed new software coding that facilitated ease of use by MSM and the counselors, as well as the ability to track MSM movement on the website. Regarding implementation, the website and online counseling could be easily adopted by an agency unfamiliar with the technology. Training counselors to conduct sessions was unproblematic and cost effective. Barriers such as marketing and exposure to diffuse MSM populations were overcome. Evaluations showed that the instant message sessions informed MSM of HIV testing, risk-taking behaviors, information about HIV/STDs, and in some instances, supplied general counseling. Additionally, Alaskan MSM complied with referrals made online by counselors and attended clinics for testing.

The Internet offers the potential to expand HIV prevention to new audiences. PowerON, as explored at three levels (i.e., creation, implementation, evaluation), provides evidence for continued support of the Internet as a medium through which tailored programs can be implemented. The youngest, most computer-literate generation of MSM to-date is at risk for HIV infection. Instant message counseling used with the PowerON website have the potential to aid in behavioral change. The program is positioned to meet the unique needs and requirements of MSM, and to reduce the increased HIV prevalence among this population.

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## Track C

### C15 - HIV Testing & Interventions for Correctional Settings

Room: Vancouver/Montreal (Hyatt Regency Atlanta)

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**Presentation Number:** C15-1

**Presentation Title:** Decreasing HIV Risk in Incarcerated Women

**Author(s):** Catherine Fogel

**BACKGROUND:** Over 96,000 women are currently incarcerated in state and federal prisons in the United States and their numbers are increasing. Incarcerated women are at high risk for contracting Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS) and are 15 times more likely to be HIV-infected than women in the general population. A unique set of factors in the lives of incarcerated women contribute to an increased risk for contracting and transmitting HIV including sex work, multiple concurrent partners, and exchange of sex for drugs. Further, the ability to reduce their risk of HIV infection is complicated by the high levels of depression, poor social support systems, past and current abuse (physical, sexual, and emotional) and substance abuse. Without addressing these factors, incarcerated women face a disproportionate risk for contracting HIV upon their release and may, in turn, become reservoirs of infection for others. HIV prevention activities in prisons and jails are limited, and there are few if any evidence based programs addressing the HIV risk reduction needs of this population. To address this need, we developed and tested the effectiveness of an HIV-risk reduction intervention.

**METHOD:** We tested whether a primary prevention Women-Centered Risk Reduction Intervention (WCRRRI) for HIV-negative, incarcerated women who reported heterosexual behavior was more effective than a Standard HIV Risk Reduction Intervention (NIDA) or a general Women’s Health intervention (Stay Fit) in preventing HIV infection through reducing sexual risk behaviors and enhancing sexual protective practices upon release from prison.

**RESULTS:** Among the 228 women who completed the 1-month interview after release from prison, women in the WCRRRI and NIDA groups had a significant increase in reported condom use with penis-vagina intercourse. Women’s perceived barriers to condom use, viewed as a central moderator of translating knowledge into behavior change, decreased significantly for the WCRRRI group; NIDA and Stay Fit decreases were not significant. Treatment effects on barriers to condom use were significantly moderated by depression, social support, and whether the woman had ever been forced to have sex. For women with high

depression scores, NIDA and WCRRRI lead to decreased perceived barriers with a slightly larger effect in the WCRRRI group. Women with low social support experienced a decrease in barriers that was significantly larger in WCRRRI than in NIDA or Stay Fit. The overall change in condom self-efficacy did not differ between the three treatment groups, but for women who had ever been forced to have sex (49.7% of participants) or those with low social support, WCRRRI led to an increase in condom self-efficacy that was significantly larger than in the other two groups.

**CONCLUSION:** The WCRRRI was successful in reducing sexual risk behaviors and enhancing sexual protective practices among incarcerated women. Further, there is evidence that WCRRRI is superior to the other 2 interventions, especially among women who are depressed, have a history of sexual abuse, or have low social support.

**Presentation Number:** C15-2

**Presentation Title:** Wall Talk a Peer Education Program Within Texas Prisons

**Author(s):** Allen Barrett; Nike Lukan

**BACKGROUND:** As the HIV epidemic continues unabated, especially among communities of color and other high-risk populations, the need for targeted HIV education and prevention becomes greater. Among the most vulnerable are the men and women who are incarcerated within correctional facilities. Texas, with more than 114 facilities (prisons, jails, and substance abuse treatment facilities), has one of the largest prison systems in the world. HIV positivity rates within Texas units are 2.5 times higher than the general population. The high rate of HIV infection within this population needs to be addressed through community level interventions designed specifically for this population.

**METHOD:** Wall Talk is a community-based, peer-led HIV prevention and health education program implemented in the Texas Department of Criminal Justice(TDCJ) statewide system of corrections. It is currently being implemented in 80 of the 114 Texas facilities. Wall Talk is unique in Texas and the only true peer-education program using offender peer educators.

**RESULTS:** The program consists of two main components: 1) a 40-hour, 5-day intensive training for peer educators delivered by AIDS Foundation Houston (AFH) trainers and 2) ongoing HIV education sessions delivered by offender peer educators to other incarcerated offenders. A 6-module curriculum serves as the basis for the initial, intensive training of peer educators and as the primary resource to be used and adapted by peer educators in delivering education to fellow offenders. A TDCJ Peer Education Coordinator works with AFH to arrange for implementation of Wall Talk within individual units across the state. Within each unit, a Department of Corrections Officer serves as a Wall Talk Coordinator, who makes logistical arrangements (e.g., scheduling, making room arrangements, providing materials) so that the Peer Educators can teach their fellow offenders.

**CONCLUSION:** The Wall Talk program has been shown to increase knowledge of HIV, help offenders identify risk reduction methods, and improve skills needed to prevent transmission when inside and out of incarceration. Offender peer educators participating in the program were able to provide vital linkages to health care for incarcerated offenders living with HIV. Peer educators and their students have shown significant increases in HIV-related knowledge, a greater proportion of peer educators reported ever having had an HIV test, and after receiving peer-led education, more offenders indicated plans to take an HIV test. Providing peer-led education within the incarcerated population improves health outcomes of not only the offenders but also the communities to which they return upon their release.

**Presentation Number:** C15-3

**Presentation Title:** Key Issues in HIV Testing in Jails

**Author(s):** Anne C. Spaulding, MD, MPH; Kimberly Arriola, PhD, MPH; Kevin Ramos; Cristina Booker, MPH; Stephen Resch, PhD, MPH; Rebecca Sweetland; Jeffrey Ratto; Melinda Tinsley, MA

**BACKGROUND:** Each day in the US, just one-third of the 2.3 million incarcerated persons are in jails, but annually nine million unique individuals pass through jails. The large numbers of high-risk people coursing through these short term detention facilities represent an opportunity to provide HIV screening and linkages to care for positives. In the past few years the FDA has approved several rapid HIV tests that return confirmed negative and preliminary positive results within 20-30 minutes. These tests are appropriate for the jail setting where inmates are often released before they can get the results of conventional testing.

**METHOD:** Linkage demonstration projects have been implemented in jails at 10 sites across the country: Atlanta, GA; Chester PA; Chicago, IL; Cleveland, OH; Columbus, SC; New Haven, CT; New York, NY; Philadelphia, PA; Providence, RI; and Springfield, MA.

**RESULTS:** The five-year Enhancing Linkages Project is an initiative funded since 2006 by the HIV/AIDS Bureau of HRSA's a Special Projects of National Significance. The collaborative has developed client and program instruments that will assess the effectiveness of selected models for providing linkages to HIV primary care services for jail releasees. Emory University and Abt Associates have teamed together to form the Evaluation and Support Center (ESC) that will implement the multi-site evaluation of client-level behaviors and patterns of service utilization within the community's HIV continuum of care.

**CONCLUSION:** Each site has developed local goals and objectives for service delivery to a particular target population. Several sites are increasing HIV screening services while conducting their linkage demonstration projects as a way to reach more

individuals. Sites are adapting strategies to identify HIV-infected jail inmates, who typically spend a brief period in jail, to strengthen linkages to care through delivering traditional and rapid HIV tests, coordinated notification of test results for inmates released early, plus coordination of HIV care, treatment and other health and social services at release. The ESC is analyzing common quantitative measurements of process and outcomes. This initiative may contribute to the body of evidence that supports screening persons who pass through US jails each year as a strategy to reduce the portion of HIV infected persons in the US who are unaware of their positive serostatus. Equally importantly, detention in jail may provide an opportunity to strengthen linkages to HIV care in the community post release.

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## Track C

### C19 - Interventions for Young At-Risk Women

**Room: International Ballroom South (Hyatt Regency Atlanta)**

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**Presentation Number:** C19-1

**Presentation Title:** Disseminating Sister to Sister– An HIV/STD Risk Reduction Program for African American Women

**Author(s):** L. Jemmott, PhD; J. Baker, EdM; P. Jones, DrPH, PhD; K. Chibayere, BA

**BACKGROUND:** Women of color, particularly African American women are drastically affected by HIV/AIDS. To date, few brief STI/HIV prevention interventions have been designed for use with African American women in primary care settings. “Sister to Sister HIV Risk Reduction Intervention”, is a behavioral intervention that showed the reduction of HIV/STD risk behaviors and STD morbidity among inner-city African American women in primary care settings. Sister to Sister was recently selected by the CDC to be disseminated for use in women health clinics as part of the REP Project (Replication of Effective Projects). The results demonstrated the feasibility of implementing the intervention in primary care clinical settings that provide services to women.

**METHOD:** Health care providers from three women’s health clinics (two clinics located in Philadelphia, PA and one clinic located in Baltimore, MD) attended a 1-day training session and delivered Sister to Sister on a daily basis over the course of two months to their African American female clients.

**RESULTS:** In this project we: (a) prepared “Sister to Sister” for dissemination, (b) implemented the intervention in three clinical sites; and (c) assessed its feasibility for use in clinical practice. A training curriculum, curriculum manual, training materials, video clips, brochures, marketing materials and supporting documents were developed by the research team based on experiences from the original randomized controlled trial of the intervention. A series of process measures, technical assistance measures, and fidelity measures were collected in order to enhance our understanding of the feasibility of effective implementation of this intervention in clinical settings. A Community Advisory Board (CAB) composed of African American female community members, female staff members from clinical settings, and Project Staff from the CDC reviewed all training and curriculum materials.

**CONCLUSION:** Materials were developed that were culturally appropriate, visually appealing, and easy to use in a clinical setting. Modifications were made at all phases of the process based on recommendations from the CAB, the CDC, and the case agency sites. Process evaluation data captured the experiences of the case study sites in delivering the intervention and adopting the intervention into their clinics. While there were no major issues, technical assistance provided by the research staff was supportive and useful. Questions and issues that were encountered by the case agency sites provided researchers with additional insights into challenges that might occur in delivering the intervention in real world clinical settings. Over a three month period, 134 clients received the intervention. This is the largest number of individual intervention sessions conducted by any CDC REP project.

In conclusion, STDs, especially HIV, continue to represent a major public health concern that disproportionately affects women, especially African American women. Assessing the feasibility of implementation of Sister to Sister into women’s health clinics has provided valuable information to support further dissemination of this effective program. Information from this program will lead to successful integration of Sister to Sister in clinical settings that will reduce the incidence of HIV/STDs among African American women.

**Presentation Number:** C19-2

**Presentation Title:** Title: H.O.P.E. (Helping Others through Preventive Education)

**Author(s):** Dr. Rita Porter; Jackie McDougle; Linda Foley; Carol Brown; Ragan Downey

**BACKGROUND:** The leading cause of death for African American women ages between 25 to 44 is HIV (CDC, 2007). Among women living with HIV, African American women account for 64% of those cases (CDC, 2007). Many African American women are at risk and unaware of the risky behaviors that can cause transmission of the HIV infection. A variety of

factors associated with poverty, including inadequate healthcare, and limited exposure to prevention/education messages increase the risk of HIV infections.

**METHOD:** Pine Belt Mental Healthcare Resources (PBMHR) is a private non-profit agency that provides behavioral health interventions to the medically underserved in southern Mississippi. PBMHR provides HIV targeted outreach and prevention interventions in Forrest, Jones, and Lamar counties.

**RESULTS:** The H.O.P.E. (Helping Others through Preventative Education) Project's mission is to raise HIV awareness and reduce the risk behaviors in African American women, especially those living in poverty, ages 18+, through home-based educational parties. This intervention places a primary focus on participant education; including HIV awareness, sexuality, cultural identity, and assertiveness. Participants are introduced to a culturally relevant mentor who is a living revelation of overcoming obstacles. Participants watch prevention videos, play prevention games, and participate in discussions revolving around four basic themes: 1) self actualization and social support; 2) HIV/AIDS risk factors; 3) assertiveness; and 4) behavioral commitment and accountability. This format is fun, informational, and reduces the stigma associated with attending traditional HIV prevention interventions. This format is also an excellent means to target individuals whose prevention needs require a more intensive intervention that is offered through other projects.

**CONCLUSION:** Since May of 2008, 23 prevention parties with a total of 243 attendees. Of that total, 90% are of African American descent, 70% are women living in poverty, and at least 90% of the participants are at risk for HIV infection or transmission. During the last phase of the parties, a total of 202 women reported that the information provided will increase their quality of life, 190 reported decreasing risky behaviors, 193 reported practicing consistent condom use, and 222 were willing to exercise assertiveness training skills.

The ability to provide HIV education/prevention messages thru creative interventions has improved targeted outreach to high risk populations in order to provide brief prevention intervention messages to alter individual choices that may lead to the infection or transmission of HIV. Additionally, there has been interest from high risk males to participate in the intervention.

**Presentation Number:** C19-3

**Presentation Title:** Adapting a "Best-Evidence" HIV Behavioral Intervention for At-Risk African-American Female Adolescents in Raleigh-Durham, North Carolina

**Author(s):** Felicia A. Browne, MPH, CHES; Wendee M. Wechsberg, Ph.D.; Winnie K. Luseno, M.S.; Jeffrey H. Herbst, Ph.D.; Jennifer Galbraith, Ph.D.; Roberto Mejia, Ph.D.; Vanessa M. White, BA; Rachel Middlesteadt Ellerson, BA

**BACKGROUND:** As part of the CDC's Adopting and Demonstrating the Adaptation of Prevention Techniques (ADAPT) project for persons at highest risk of acquiring or transmitting HIV, this study evaluates whether an adapted "Best-Evidence" HIV behavioral intervention—the Women's CoOp—remains efficacious in reducing HIV-related risk behaviors when delivered to a different target population. The original Women's CoOp was developed for African-American women in Wake and Durham Counties, North Carolina (NC) who abused crack cocaine and other substances. The intervention significantly reduced substance use and sexual risk behaviors. Although this intervention has been adapted for high-risk groups of women in other countries, it has never been adapted for African-American adolescent females in Raleigh-Durham, NC, where the rates of sexually transmitted infections (STIs) and HIV continue to increase among this population. In addition, the highest rates of STIs and HIV occur in this region of NC where adolescent gang-related activity and school dropout are common. This presentation will describe formative research activities involved in adapting the Women's CoOp for African-American female adolescents.

**METHOD:** The adapted intervention will target sexually-active African-American female adolescents aged 16 to 18, who had ever used alcohol or drugs, and who had dropped out of school. Following a systematic adaptation process, formative research activities involved convening expert panels of community members (both adults and adolescents), and conducting individual in-depth interviews, focus groups and pilot tests with the target population. Partnerships were forged with community stakeholders including members of a long-standing Community Advisory Board; an expert panel comprised of state and/or county health department representatives, parents of adolescents, service providers and other health professionals working with our target population in the community. Finally, members of a Teen Advisory Board (TAB) matching the demographics of the target population provided advice on how the adapted Teen CoOp should address HIV prevention for female adolescents.

**RESULTS:** Individual interviews identified issues that African-American adolescent females commonly face to better understand how and why they engage in substance use and sexual risk behaviors and barriers to positive behavior change. Focus group discussions and working group meetings gathered information on how to successfully recruit out-of-school teens into the intervention, and to seek feedback on the proposed instrument and intervention. The TAB recommended that the Teen CoOp should focus on the intersection of substance use, gang-related violence, and sexual risk behavior; address low self-esteem; and provide support and encouragement for adolescents to test for HIV and STIs. Formative findings indicate that friends and older boyfriends are a great influence in teens' decision to drop out of school; many teens turn to trading sex or selling drugs to make money; alcohol, marijuana, and ecstasy are commonly used; gangs and violence are pervasive in teen's communities; and teens often have young children or are pregnant.

**CONCLUSION:** Formative research activities described in this presentation provide critical information on how to adapt and refine an evidence-based intervention. This important work will lay the groundwork for a forthcoming randomized controlled trial to evaluate the efficacy of the adapted Teen CoOp intervention among African-American female adolescents.

**Presentation Number:** C19-4

**Presentation Title:** Addressing the STD Crisis Among Young African American Women Using the Safer Sex Intervention

**Author(s):** Iris Velasco

**BACKGROUND:** In March 2008, the CDC reported that nationwide, 1 in 4 African American teens age 14 to 19 have been diagnosed with 1 of 4 common STDs. Inflammatory STDs increase the risk of HIV transmission 3 to 5 times. An effective, relevant intervention is needed to reduce the risk of STDs and HIV among young African American women.

**METHOD:** The Safer Sex intervention is being implemented at the Columbus Public Health Department and 2 community-based agencies in Columbus, Ohio. The target population is young women, age 13 to 24, who visit Columbus Public Health for STD testing and/or treatment. These women are considered to be at risk for STDs.

**RESULTS:** Safer Sex is a CDC promising-evidence intervention with goals of increasing condom use, reducing other sexual risk behaviors and preventing repeated STDs. The intervention is individual-level with one initial session followed by follow-up booster sessions at 1, 3 and 6 months. Session components include stage of change self-assessment, finishing treatment for STDs, talking about sex, consequences of sex and STD risk, preventing consequences, condoms, secondary abstinence, goal-setting and HIV testing. Sessions range from 10 to 60 minutes.

**CONCLUSION:** Initial sessions were delivered from July through November 2008 to 85 young women. Over 85% of these women reported their race as African American, either fully or partially. Stage of change for STD prevention was pre-contemplation for 3 women, contemplation for 20 women (24%), preparation for 37 women (44%), action for 15 women (18%) and maintenance for 10 women (12%). Sixty-two women (73%) had a main sex partner, with condom use as always or almost always by 28 women (45%), sometimes by 15 women (24%) and almost never or never by 19 women (31%). Of the total sample of 85 women, 46 (54%) had an other sex partner, with condom use as always by 13 women (28%), sometimes by 11 women (24%) and almost never or never by 22 women (48%). Fifty-six women (66%) from the total sample reported ever having an STD. Initial session components were rated as great (highest rating) by 76% of responses and good by 20%. One-month and 3-month follow-up sessions are in the process of being completed. Of the 39 women who have completed a 1-month follow-up session, 24 (62%) reduced partners, 20 (51%) increased condom use and 24 (62%) advanced in stage of change for STD prevention. Too few women have completed the 3-month follow-up session to report results at this time. Results from the 3-month and 6-month follow-up sessions will be presented at the conference.

Safer Sex is an intervention with great promise for reducing STD risk among young African American women. A brief, one-on-one initial session with several follow-up sessions to build on risk reduction and goal-setting seems to be effective and popular with women. Reaching the women for follow-up sessions has been somewhat difficult because the women seem to change locating information frequently. However, when the women are finally reached, they remember the program and seem appreciative of the follow-up.

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## Track C

### C25 - Recruitment Strategies for Testing African American Women

**Room:** Inman (Hyatt Regency Atlanta)

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**Presentation Number:** C25

**Presentation Title:** Sisters Empowered, Sisters Aware: Preliminary Findings from a HIV Testing Project for African American Women

**Author(s):** Donald Brown; Amana Turner; Thalia Dunca-Alexander; Juarlyn Gaiter; Cynthia Prather; Lisa Kimbrough; Carolyn St. Hilaire; Sekhar Thadiparthi; Debbie Hickman

**BACKGROUND:** CDC estimated that 1.1 million persons in the US were living with diagnosed and undiagnosed HIV infection at the end of 2006 and 21%, or 232,700 persons were unaware of their infection (CDC 2006). Women accounted for one-quarter of those infected and African American women accounted for 64% of all cases among women (CDC, 2007; 2008). The annual estimated rate of HIV diagnosis for African American women decreased significantly from 82.7 per 100,000 population in 2001 to 60.2 per 100,000 in 2005 (CDC surveillance report 2005). Lack of knowledge about HIV, lower perception of risk, drug or alcohol use and different interpretations of safer sex have been shown to contribute to this disproportion (Espinoza et al 2007). Efficient programs that get high-risk African American women tested and promote knowledge of their HIV status are needed to reduce HIV transmission.

**METHOD:** CDC funded community based organizations (CBOs) and universities in four cities (Baltimore, MD; Harlem, NY; Houston, TX; Dayton, OH) in 2006 to use multiple recruitment strategies for HIV testing: social networks, alternate venue testing and targeted outreach to improve HIV testing efforts for high-risk African American women.

**RESULTS:** This project evaluated the effectiveness of multiple recruitment strategies, (social networks, PCRS, alternate venue testing and targeted outreach for reaching) and providing HIV counseling, testing and referral services to African American women at highest risk for HIV infection. The project compared each strategy's effectiveness by determining the total number tested by each strategy, total number diagnosed by each strategy and risk behaviors reported by persons tested by each strategy. Local Health Departments provided Partner, Counseling and Referral Services and shared their data for evaluation. Workshop participants will be able to describe the types of recruitment strategies used to effectively recruit women for testing and their utility in reaching women and linking them to care.

**CONCLUSION:** A total of 2004 persons were tested between May 2007 and October 2008 and 1743 (87%) were African American women. Fifty-nine people tested HIV-positive; 52 of those were African American women and 44 of them were newly diagnosed. The sero positivity rate for African American women in the sample was 3%; a value that is slightly higher than reported in other CDC-supported sites. Targeted Outreach and Social Networks were the most successful recruitment strategies for reaching and identifying undiagnosed HIV cases among African American women. Most of the women acquired HIV through high-risk heterosexual sex and injection drug use. Agency capacity and close community relationships were related to competence in implementing the testing strategies. Multiple recruitment strategies were most useful in identifying undiagnosed HIV cases among African American women at highest risk for infection. Program managers must consistently employ quality assurance checks to improve the adequacy of recruitment strategies. Difficulty in gaining competence to implement the social network strategy was a challenge experienced by all sites and required on-site technical assistance, extra training sessions and close monitoring. The lessons learned from this project will be compiled in a technical assistance guide and shared with the CBOs.

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## Cross-Cutting Theme 4

### CCT4B - Contexts of Risk -- Problems and Solutions

#### Room: Hong Kong (Hyatt Regency Atlanta)

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**Presentation Number:** CCT4B-1

**Presentation Title:** Routine Jail-Based HIV Testing in Rhode Island, 2000-2007

**Author(s):** Michael Poshkus, MD; Sutopa Chowdury, MBBS, MPH; Andrew Margolis, MPH; Cari Courtenay-Quirk, PhD; Josiah Rich, MD, MPH; Timothy Flanigan, MD; Nicole Aucoin; Paul Loberti, MPH; Walter Chow; Robin MacGowan, MPH

**BACKGROUND:** The known HIV prevalence among incarcerated populations is over 4 times as high as community-based prevalence estimates (1.7% versus 0.4%). While CDC recommends HIV testing in jails and prisons as part of the routine medical evaluation, many jails do not provide HIV testing. The Rhode Island Department of Corrections (RIDOC) has performed routine opt-out HIV testing upon entrance to jail since 1991. Using conventional HIV testing methods, test results are typically returned within 14 days. This presentation will present characteristics of RIDOC jail detainees newly diagnosed with HIV by the length of incarceration, and suggest strategies for jail-based HIV testing programs.

**METHOD:** We analyzed data on HIV testing from 1/2000 through 12/2007 from the RIDOC central jail. The number of persons newly identified as being HIV-infected (cases) was calculated by year of diagnosis. We cross-referenced cases identified through the RIDOC with those already reported to the Rhode Island Department of Health (RIDOH) data to determine new diagnoses. Descriptive data are presented on the demographic characteristics, HIV exposure category, and length of incarceration for persons newly identified as being HIV-infected.

**RESULTS:** People were charged and detained 140,377 times for criminal offenses. Based on the RIDOC medical records there were 270 confirmed positive HIV tests. Following review of RIDOH HIV surveillance data, 169 of the 270 persons (63%) appeared to be newly diagnosed with HIV infection as a result of receiving HIV testing in the jail. The remaining 101 had represented previously diagnosed persons. Most (90%) were males, 79% were diagnosed between the ages of 30-49, and 71% were either black or Hispanic. Forty-eight percent did not specify an HIV exposure category, 26% reported injection drug use, and 16% reported being men who have sex with men. Of the newly diagnosed cases, 49 (29%) were released within the first 48 hours, 72 (43%) were released within 7 seven days, and overall 57% were released within 2 weeks of incarceration, and required community follow-up for notification of test results.

**CONCLUSION:** Expansion of HIV testing within jails has the potential to increase diagnoses of HIV infection and therefore, prevent new cases of HIV infection within the United States, especially among minorities and persons who may be hard to reach through traditional community-based services. Routine opt-out HIV testing programs, like the one in RI, are important because almost one-half of the RIDOC detainees newly diagnosed with HIV did not report an HIV risk behavior category. Delaying HIV testing beyond 7 days would result in almost half of the persons with undiagnosed HIV infection being released and not provided

HIV testing. Using rapid HIV tests in jails could overcome the barrier associated with result notification because results are available within 20 minutes.

**Presentation Number:** CCT4B-2

**Presentation Title:** Knowledge and Use of Non-Occupational Post-Exposure Prophylaxis (nPEP) in High Risk MSM Recruited Online

**Author(s):** Kelly Kirkpatrick; Roberta Scheinmann; Susan A. Olender

**BACKGROUND:** The most effective way to prevent HIV infection is to prevent exposure. nPEP, the use of antiretroviral medications shortly after a high risk exposure, may also be beneficial in preventing HIV transmission according to CDC recommendations. To assess the likelihood that this method of prevention would be used, a national sample of MSM was asked if they knew about and had used nPEP.

**METHOD:** In February 2006, MSM completed an online sexual risk behavior questionnaire which also asked about knowledge and use of nPEP and whether men personally knew anyone who had HIV/AIDS or had died of HIV/AIDS. This questionnaire was completed 3 months after men had participated in an online video HIV prevention project. The 9-minute video drama was designed to promote critical thinking about HIV risk and did not have information about nPEP. Men were recruited for the intervention through banner ads on a popular subscription-based gay sexual meeting website. No participant incentives were provided. Bivariate and multivariate analyses were used to assess the relationship between demographics, sexual behaviors, knowing people with HIV/AIDS and knowledge of nPEP.

**RESULTS:** Overall 474 MSM completed the survey. The majority of men were White (74%) (14% Hispanic, 4% Black, and 8% other/mixed), over age 30 (mean age 38), and had graduated from college (51%). Overall, 38% reported unprotected anal intercourse (UAI) in their last sexual encounter. Only 41% of men had heard of nPEP and only 17 of 195 men who had heard of nPEP had ever used it. In bivariate analysis, MSM who knew of nPEP compared to those who did not were significantly more likely to: be White (OR=1.9, p=.004); have graduated from college (OR=2.9, p<.001); have ever had an HIV test (OR=12.6, p=.002); be HIV-positive (OR=1.6, p=.03); know someone with HIV/AIDS (OR=2.3, p=.01); know someone who died of HIV/AIDS (OR=1.7, p=.006); and have >100 lifetime sex partners (OR=1.8, p=.002). There was no difference in nPEP knowledge by age or UAI. In multivariate analysis including all variables significant in the bivariate analysis, age and UAI, only being White (adjOR=2.0, p=.02), graduating from college (OR 3.5, p<.001), and being HIV-positive (adjOR=2.0, p=.02) remained significantly associated with nPEP knowledge.

**CONCLUSION:** The low overall knowledge of nPEP coupled with the racial/ethnic and educational disparities in knowledge in this group of high risk MSM demonstrate the critical need for comprehensive HIV education programs that include information about all methods of preventing HIV transmission. Without such comprehensive educational programs, the number of new HIV infections in MSM will continue to grow and the demographic disparities in incidence will expand.

**Presentation Number:** CCT4B-3

**Presentation Title:** Exchange Sex: Contextualizing the Negotiation

**Author(s):** Laurens Van Sluytman; Naomi Braine

**BACKGROUND:** Substantive data exists concerning male sex workers (MSW). For example research has focused on the association between psychological risk factors such as childhood sexual abuse (Bolton, Morris, & MacEachron, 1989; Braitstein, et al., 2006; Carballo-Diequez & Dolezal, 1995; Paul, Catania, Pollack, Stall, 2001) dissociation and dissonance associated with sexual identity and behavior (Gaffney, 2003) and substance use and risk among MSW (Jones, et al., 1998; Kuyper, et al., 2004; Newman, Rhodes, & Weiss, 2004; Rietmeijer et al., 1998). More recently, the Internet has been implicated in increased risk among MSM (Klausner, Wolf, Fischer-Ponce, & Zolt, 2000; San Francisco Department of Public Health, 1999). However few researchers have discussed variations among members of this group (Estcourt, et al., 2000; Ziersch, Gaffney, & Tomlinson, 2000). Variations within this population likely entail associated resources and risks, including but not limited to HIV infection and transmission. This presentation examines motivation, communication and vulnerability as contextual factors within the male sex workers' and their customers' exchange experience which reduce or increase risk.

**METHOD:** Semi-structured interviews were conducted with 13 men who reported selling sex and 12 who report giving another man money or drugs in exchange for sex. Both groups were mixed serostatus. These interviews were conducted in the context of a larger study exploring intersections of drug use and sex among men living in New York City. Interviews lasted 60-120 minutes. Participants who reported any sex exchange were asked to describe contexts for recent exchange episodes, drug use or lack of, communications surrounding the initiation of the exchange and regarding HIV, and both emotional and physical risk related to the exchange. Grounded theory methodology was used to examine how MSM define, and interpret exchange sex.

**RESULTS:** Men report sex exchange in a wide range of environments, from highly structured (e.g., escort services and spas), to informal self-managed (online hookups and street pickup). Across all exchange contexts, HIV and other risk behaviors are shaped by motivation, prior communication, and both institutional and interpersonal power dynamics. For example, escort

services and internet-negotiated exchanges allow more explicit prior communication than street or chat lines pick ups, which can reduce the potential for both HIV transmission and violence. Both sellers and buyers narrate complex interactions between economic and sexual capital within formal and informal exchange contexts, affecting the ability of sellers to avoid or leave a problematic encounter. In addition, the HIV status of the respondent simultaneously affected access to resources and approach to HIV risk reduction among both buyers and sellers.

**CONCLUSION:** These findings can support intervention development through attention to the complexities of context, resources and interaction for both buyers and sellers, and how these dynamics of motivation and communication shape negotiation of risk.

**Presentation Number:** CCT4B-4

**Presentation Title:** Social Stability and HIV Risk: Understanding the Role of Synergistic Social Vulnerabilities

**Author(s):** Danielle German; Carl A. Latkin

**BACKGROUND:** Housing and economic stability have been identified as risk factors for HIV, but is only part of a common and interrelated set of social vulnerabilities among those most at risk for HIV. Social stability offers a useful framework to understand the synergy of social and economic vulnerabilities that form the context for and contribute to sexual risk behavior among urban populations. This study evaluated patterns among a set of social stability indicators (housing, employment, income, jail, partnership, moves) and the extent to which sexual risk was associated with a social stability index compared to individual social stability indicators, among a sample of primarily African-American low-income women at risk for HIV.

**METHOD:** Data are from comprehensive baseline interviews with low-income urban women and their female social network members (n=635) enrolled in an HIV prevention intervention in Baltimore, MD. Analysis included descriptive statistics, logistic regression, latent class analysis and latent class regression, all accounting for clustered data. Stata and MPLUS were used for analysis.

**RESULTS:** Patterns of social stability varied, with most reporting mixed combinations of 2-4 indicators. Latent class analysis identified two classes of stability: low (26%) and high (74%), with the higher class less likely to experience all of the included indicators. Those in the higher stability class were less likely to have multiple partners (O.R.: 0.38, p<.000), exchange partners (O.R.: 0.46, p<.000), any partner risk (0.60, p<.05), history of STIs (O.R.: 0.48, p<.01), a diagnosed STI in the past year (O.R.: 0.22, p<.000). Age and education were not associated. Associations between sexual risk and stability class were stronger than for any individual indicator.

**CONCLUSION:** This study offers a method of assessing social stability in the context of HIV prevention. Results support indications that social disadvantage often occurs in clusters and suggest that accumulated social vulnerabilities synergistically affect HIV risk behavior. Policies and programs that aim to enhance social stability overall may be beneficial for HIV prevention. Social stability may be a useful target for structural HIV intervention and evaluation measure for prevention programs.

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## Track D

### D03 - Community-Level Interventions To Promote HIV Testing

**Room: Hanover C (Hyatt Regency Atlanta)**

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**Presentation Number:** D03-1

**Presentation Title:** Deepening HIV Prevention: Creating a Community-Level Intervention Package for African-American Women in NYC

**Author(s):** Kimberleigh Smith

**BACKGROUND:** Over 90% of women newly diagnosed and women living with AIDS in 2007 were black or Hispanic in New York City (NYC). In 2000, 52% of all NYC women infected with AIDS resided in ten neighborhoods known to have the city's highest concentration of poverty. The total number of new HIV diagnoses in NYC has declined yet rates for women have remained the same or increased (2005-2006) by as much as 6%. These disparities are evident nationally. A recent national study found that 1 in 4 girls ages 14 to 19 have at least one common STD, and nearly half of African-American girls surveyed were infected with an STD. In addition, young African-American adults with relatively low risk behaviors are seven times as likely as whites to acquire HIV. These disparities cannot be explained by individual-level determinants of sexual behavior alone, but rather reflect deeper group-level social and environment factors for which race is a marker. This phenomenon suggests the need for population and community-level interventions (CLIs).

**METHOD:** Women's Institute at Gay Men's Health Crisis (GMHC) has created a menu of strength-based CLI strategies targeting black women located in neighborhoods that are also disproportionately burdened with violence, incarceration, poverty, stigma and discrimination.

**RESULTS:** GMHC's women's-specific CLI prevention package includes social marketing campaigns, educational materials, outreach, a peer-led initiative and HIV testing events that connect women to care. These efforts complement individual-level activities to yield improved health outcomes for black women in high risk neighborhoods.

**CONCLUSION:** GMHC strategically focuses its women-specific CLIs in areas with high prevalence areas of NYC, such as Central Brooklyn and Central Harlem, where risk is fueled by a myriad of other issues. These efforts are executed by Peer Health Educators, women who have similar experiences as that of the target population. We experienced a 37% increase in direct services provided to HIV-positive and high-risk HIV-negative women the year interventions were implemented compared to the previous year. Enhanced programming nearly doubled (181%) the number of HIV negative women reached and 17,000 outreach contacts with women were made. The absolute numbers of women testing at GMHC have nearly tripled in three years. More than two-thirds of women surveyed are strongly influenced to take an HIV test because of a "personal desire to know" yet close to the same percentage of women claim "fear of results" as a major barrier to being tested. The hesitancy to test may stem from fears that surround serious illness, but also the marked stigma associated with HIV. A street intercept survey of 216 women revealed that over half of women surveyed considered a recent GMHC anti-stigma social marketing campaign effective in encouraging women to test for HIV.

**Presentation Number:** D03-2

**Presentation Title:** "HIV: BE SURE, GET TESTED!" Promoting HIV testing for Individuals with Unknown HIV Status.

**Author(s):** Linda Blake-Evans; Nicole Ritz; Christina Jensen; Sharalyn Penner-Cloutier; Elisha Soos; Mohit Wadhvani

**BACKGROUND:** Every year 4,500 Canadians are infected with HIV, and over a quarter are not aware they are infected. Surveillance of new HIV infections in Hamilton, Ontario has shown that many people are being diagnosed with HIV only after presenting with an AIDS defining illness. HIV testing and early diagnosis can help prevent the spread of HIV and improve access to early treatment. HIV testing is an effective prevention strategy that provides an opportunity for risk reduction counseling. Hamilton Public Health Services developed a social marketing strategy to increase HIV testing rates.

**METHOD:** The "Be Sure, Get Tested" campaign has been implemented on city buses in the city of Hamilton, Ontario in order to improve testing rates in persons with an unknown HIV status.

**RESULTS:** A methodical marketing strategy was used to identify campaign goals, define a target audience, define the product, develop a communication methodology and formalize an evaluation component. A formal literature review was conducted to identify best practices in communicating with the target audience of those with an unknown HIV status. Reviews of anonymous HIV testing charts identified the need "to be sure" about their HIV status which assisted in developing the campaign's key message of "HIV - Be Sure, Get tested". A poster campaign was placed on the inside and outside of city buses.

**CONCLUSION:** This campaign was successful in improving HIV testing rates in Hamilton. In the three months following the launch of the bus posters, a 13% increase in HIV testing was noted at the Public Health Sexual Health clinics as well as a 53% increase in HIV-related calls to the Sexual Health Information Line.

The use of non-identifying information from HIV testing files regarding reason for HIV testing was invaluable to determine client motivation for testing and the development of a key message. The use of city buses as a medium for our campaign was effective in reaching our target audience. Monitoring the number of HIV tests and telephone enquiries to public health services pre and post campaign provided excellent outcome measurements.

**Presentation Number:** D03-3

**Presentation Title:** Five Year Evaluation Data from Implementation of HIV Testing Promotional Strategies Capacity Building Assistance Course

**Author(s):** Antwan L. Nicholson; Arthur E. Thomas; Dr. Mark A. Colomb

**BACKGROUND:** The development of new tests for HIV that is simple, rapid, and provides HIV results in 20 minutes has created new prospects for promoting and marketing HIV testing and counseling services. Despite this, increasing the number of African Americans who test for HIV remains challenging. These as well as other new developments call for new strategies and interventions to increase access to testing in African American communities that include the use of carefully planned social marketing, media, promotional and evaluation strategies when targeting specific minority populations heavily affected by HIV/AIDS.

**METHOD:** Because HIV testing in the African American community is a major challenge, a one day, intensive skills building training course was developed and provided nationwide to African-American community-based organizations, health departments, and stakeholders.

**RESULTS:** My Brother's Keeper Inc. has developed and offers a "HIV Testing: Promotional Strategies" skills building course that is designed to increase access to and utilization of HIV testing services by focusing on the development of promotional strategies, the use of promotional channels, public relations, and work plans. The course is interactive and activity intensive using public health methods of listening to the target population, planning, structuring, implementation, evaluation and monitoring.

Teaching strategies for the course included the use of lecture, group activities, and group discussion. This roundtable will (1) discuss course description and core elements, (2) provide quantitative and qualitative data on target population, and (3) provide a review of the successes and barriers faced in conducting this skills building course over a three year period.

**CONCLUSION:** The “HIV Testing: Promotional Strategies” skills building course has been delivered in 9 states to a total of 42 community health organizations. Initial evaluation data from the course showed that 97.9% of the participants had knowledge of how to plan an HIV testing event, and 96.9% felt confident in planning an HIV testing event. Initial data also 95.8% of the participants plan to utilize the information obtained from the course, and 96.8% of participants can apply the steps learned in the course. Qualitative evaluation data as to the most useful part of the course included the following “The entire course is useful to the work that I do”. “The workgroup exercises brought out the most discussion and helped me formalize my plan”. “The workbook is relevant and helpful to build skills and planning in a strategic manner”.

Providing organizations with a systematic approach to planning, organizing and implementing more productive HIV testing events has implications for targeting prevention efforts, service integration and ensuring non-duplication of services. The participant’s take away workbook has served as an important tool to enhance learning. Developing promotional strategies that are specifically geared to African Americans is crucial to the success of a HIV testing event in the community. Policy implications of this session involve the complexities in the wide variance of laws, policies and procedures that govern the mechanisms and venues for HIV testing.

**Presentation Number:** D03-4

**Presentation Title:** Get Real Get Tested - North Carolina's HIV Testing and Education Campaign

**Author(s):** Evelyn Foust; Holly Watkins; Bernard Davis

**BACKGROUND:** In compliance with the recent CDC guidelines for routinization of HIV testing, we created a testing campaign to make testing more available for North Carolina residents. It’s important to increase testing in order to identify HIV positive individuals early and to help reduce stigma surrounding HIV testing.

In recent years, North Carolina has averaged about 1,800 new HIV reports annually and 67% of those new cases are among African-Americans. Approximately 30 percent of the individuals newly reported each year with HIV disease also represents new AIDS cases. This significant proportion of late diagnoses (i.e., AIDS) indicates the need for increased HIV testing, education and early referral to care in North Carolina.

**METHOD:** Cities across North Carolina were selected and door to door testing events were conducted in several communities. Partnering with local community based organizations and local health departments; the Communicable Disease Branch selected several different communities in the state, based on reported morbidity rates in which to conduct intensified and targeted testing.

**RESULTS:** The targeted testing events occur in neighborhoods and communities across North Carolina. Some of these events are conducted door to door and others are set up at non traditional testing sites. Outreach is conducted in the selected areas at least one week before the events. During the event, several teams are sent into neighborhoods to conduct counseling and testing. Individuals who test are given incentives of \$5 gift cards to McDonalds, free condoms and lube. During our door to door testing events, we’ve been able to test as many as 500 people in a two day period.

**CONCLUSION:** According to the North Carolina State Lab, there was an 18 percent increase in HIV testing from 2006-2007. In 2008, HIV testing went up over 15% from 2007. We believe that this is due to the heightened awareness and visibility of the campaign.

During 2007, as part of the Get Real Get Tested campaign, NTS (non traditional test sites) tested over 10,000 people and identified 71 people who tested positive for HIV.

Since beginning this campaign in 2006, almost 3,000 people were tested during the Get Real, Get Tested door to door community testing events. Of this number, we identified 30 people who tested positive for the HIV-1 antibody and 45 people who tested positive for syphilis.

The campaign has received recognition and support from community leaders and elected officials.

This campaign taught us valuable lessons, including the importance of going into neighborhoods and testing door-to-door. Since lack of transportation can make it difficult or impossible for some people to be tested at specific locations, they appreciate having testing and education brought to them. We believe that given the opportunity to continue this campaign, we can increase awareness about the importance of HIV testing encourage people to get tested and know their status.

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**Track D****D18 - New Approaches to Program Planning****Room: Hanover D (Hyatt Regency Atlanta)**

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**Presentation Number:** D18-1**Presentation Title:** Operations Research to Select and Evaluate HIV Prevention Programs at Scale**Author(s):** Brian Lewis; Nicholas Jewell; Stefano Bertozzi; Nancy S. Padian

**BACKGROUND:** Globally, there is a significant gap between the need for HIV prevention programming and its availability: HIV prevention services only reached 20% of people in need in 2005. At least two methodological impediments to scaling up HIV prevention exist for HIV program planners. The first is choosing what programs to scale up given finite prevention resources and incomplete or ambiguous efficacy data. The second methodological need is a set of techniques to rigorously evaluate the effectiveness of HIV prevention programming at scale given any unanticipated secondary effects of prevention interventions.

**METHOD:** Developed or developing countries where coverage of HIV prevention programming is suboptimal.

**RESULTS:** Our objective is to offer guidance on how to overcome key methodological challenges in intensifying HIV prevention. We discuss how to decide which prevention programs to scale-up given remaining uncertainty with analytical techniques borrowed from operations research (OR). We also discuss how to simultaneously implement and evaluate intervention programs at scale using novel and adaptive study designs and review examples of these methods currently in use.

**CONCLUSION:** OR can contribute to HIV prevention by offering a framework for quantitative decision analysis and enabling program planners to test and optimize their decisions prior to implementation. Complex decisions can be organized by explicitly defining system inputs, decision variables, objectives, and constraints to comprise a mathematical model that can be analyzed to provide decision insight in a variety of settings, such as evaluating the effect of resource allocation decisions on the achievement of HIV/AIDS prevention goals. These techniques can be applied to existing quantitative tools (e.g., the Goals Model) to enable program planners to explore the effects of prevention program prioritization on reducing HIV incidence.

Once selected, combination prevention packages (e.g., education, STI screening and treatment and economic interventions) could be rolled out in a scientific manner thereby allowing program planners to simultaneously evaluate, drop, and modify the prevention package to eliminate ineffective or inefficient programs while maintaining statistical credibility. Potential study designs include cluster randomized designs with and without crossover, stepped wedge with sequential or simultaneous roll-out of more than one intervention, screen-rank-select, and drop-the-loser.

Lessons Learned: OR tools can shape how to best scale up promising interventions in the field. Enhancing partnerships with the OR community will help to develop and apply these tools to HIV prevention. Alternative study designs can prospectively assess program effectiveness during roll-out, allowing planners to continuously modify and improve their package of HIV prevention interventions.

**Presentation Number:** D18-2**Presentation Title:** From Paper to Community: Proposing, Planning and Implementing an EBI**Author(s):** Stephen Fallon

**BACKGROUND:** During the long lead-time between writing a grant proposal, receiving award notice, and ultimately implementing an EBI, organizations can undergo many changes. By the time the project begins, staff may have moved on, or the agency's strategic plan may have shifted. How do these changes impact implementation?

**METHOD:** Community-based organizations, faith-based organizations, AIDS service organizations, community clinics.

**RESULTS:** This workshop will trace the history of one EBI through four successive awardees who implemented it in the same local community. The presenters will review both the strengths and the challenges in each implementation of the Mpowerment intervention. While all four implementations met grant deliverables, in each case the implementing staff identified barriers that prevented the intervention from reaching its full potential. Some barriers were built into the design of the implementation as first proposed in the grant. Others related to agency buy-in or changes in community dynamics. The presenters will frankly describe which sorts of drags on implementation would fall "under the radar" of current reporting. The presenters will also describe which challenges can be avoided through clear program planning mapped out in a grant, and which need external solutions.

**CONCLUSION:** The Mpowerment intervention was traced through four implementations in the same county, from 1998 to the present. Each successive implementation has won greater community acceptance, and more faithfully adhered to the intervention's core elements. Staff have built upon lessons learned from past implementations. The competitive nature of grant writing often limits access to important implementation information. Participants will learn ways to gain important information both during the grant writing process, and once an award is granted to implement the intervention.

**Presentation Number:** D18-3

**Presentation Title:** Using Intervention Mapping to Disseminate an Evidence-Based HIV Prevention Program for Middle Schools

**Author(s):** Melisa Peshkin, PhD; Kimberly Johnson; Ross Shegog, PhD; Susan Tortolero, PhD; Christine Markham, PhD

**BACKGROUND:** The ultimate impact of prevention interventions for middle school aged youth should not only be based upon program effectiveness but also on how likely the intended target will receive the intervention. The delivery of evidence-based prevention programs through the school setting can provide an efficient means of preventing risk behaviors that lead to HIV infection. However, school personnel may lack the knowledge, skills and self-efficacy for adopting and implementing such programs. Furthermore, their attitudes and perceptions regarding adopting and implementing these programs is unclear and may play a role in successful program dissemination. There is an urgent need for the development of dissemination interventions that can accelerate the use of evidence-based HIV prevention programs in schools.

**METHOD:** We developed a model for disseminating an evidence based HIV prevention program, "It's Your Game...Keep It Real", to middle schools in the Houston Independent School District. This model presents a practical methodology for developing a multi-component intervention to disseminate an evidence-based HIV prevention program to teachers, school administrators and other essential school personnel.

**RESULTS:** Intervention Mapping (IM), a methodological tool that incorporates data from theory, empirical evidence, and community informants, was used to develop the dissemination intervention IM was used to (1) specify training objectives for program adoption, implementation and sustainability; (2) identify theory-based methods and practical strategies for dissemination; (3) identify critical aspects for delivering the dissemination intervention. IM was also used to incorporate qualitative data from middle school teachers, administrators and parents on potential barriers and facilitators to HIV prevention program dissemination.

**CONCLUSION:** Results: The resulting multi-component dissemination intervention, delivered to middle school teachers, consists of a series of interactive training sessions, a program website, promotional video, and a series of newsletters. These training activities address school personnel knowledge, skills, self-efficacy, attitudes, and perceived norms related to their adoption and implementation of the "It's Your Game...Keep it Real" program.

Lessons Learned: Intervention Mapping (IM) provides an effective methodology for the development of dissemination interventions, which will increase the likelihood that evidence-based HIV prevention programs are adopted and implemented in schools.

**Presentation Number:** D18-4

**Presentation Title:** Si se Puede! Yes, We Can! Integrating Prevention and Care Community Planning in Los Angeles

**Author(s):** Pamela C. Ogata; John Mesta

**BACKGROUND:** The CDC Community Planning Guidance and Ryan White program legislation require that HIV planning and prioritization decisions are logical and evidence-based. Both federal entities recommend that a needs assessment (NA) is conducted to determine local needs. The sheer size of Los Angeles County (LAC) and the diversity of its residents contribute to the challenges faced when developing a comprehensive continuum of prevention and care services. The 2007 Los Angeles Coordinated HIV Needs Assessment (LACHNA) was LAC's first effort to examine both HIV prevention and care related needs through a single NA process.

**METHOD:** Interviews were conducted at 133 sites spanning over 4,000 square miles. In addition to HIV clinics and county-funded medical facilities, outreach sites included special community events, bars/clubs, day labor sites, parks/beaches, bath houses/commercial sex venues, and needle exchange vans.

**RESULTS:** LAC Office of AIDS Programs and Policy, HIV Prevention Planning Committee, and the Commission on HIV coordinated their efforts to gather survey data from both individuals at risk for HIV and persons living with HIV/AIDS (PLWHA) to assess sexual and drug related risk, prevalence of co-factors associated with HIV, knowledge, perceived susceptibility, service utilization/access to care, and barriers to accessing services. LACHNA was created not only to get a snapshot of service needs in LAC but also to provide preliminary data on special populations, emerging issues and to fill a gap in local data.

**CONCLUSION:** Between June to December 2007, 1,888 LAC residents 13 years of age or older were interviewed in English or Spanish. Approximately 30.5% (n=575) of LACHNA participants were PLWHA. From a prevention perspective, a broader context of service needs, barriers to services, risk profile, and co-factors were obtained for PLWHA because of the additional care services questions. The coordinated needs assessment also assisted planning of care services by locating PLWHA out of care, providing preliminary data on unmet need, and obtained a broader sample of care service clients than in previous years. Additionally, the coordinated process was cost effective and enabled LAC to utilize innovative technology to improve the process. There were many benefits in coordinating the community NA, however there were some challenges and lessons learned. Despite these challenges, LACHNA had a dramatic impact on prevention services. LAC moved away from a Behavioral Risk

Group model to a hybrid model based on geography, behavior, and identity. Additional target populations were prioritized because data were available to support evidence-based funding. The prevention portfolio shifted to support and increase in HCT services and more targeted HERR programming. The combined prevention and care needs assessment reduced participant and service provider time, maximized amount of data collected, and reduced staff cost.

One of the greatest challenges of developing a coordinated NA was a shortage of time. The survey instrument was extensive, because it addressed both care and prevention issues, and it took longer to develop than expected. Although the process was time intensive, a better product and more reliable data were collected for the planning and prioritization of prevention and care services.

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## Track D

### D23 - HIV Prevention Among Transgenders

#### Room: Regency Ballroom V (Hyatt Regency Atlanta)

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**Presentation Number:** D23-1

**Presentation Title:** SISTA, Are You Down with the “T”? – Adapting SISTA for Transgender Populations

**Author(s):** Luis R. Gutierrez-Mock; Jae M. Sevelius; Paul D. Cotten; JoAnne G. Keatley; Susan M. Kegeles

**BACKGROUND:** The estimates of HIV prevalence (27 – 54%) among transgender women of color are the highest for any risk grouping the US. Currently, there are no transgender-specific Evidence Based Interventions (EBIs) included in the DEBI (Diffusion of Effective Behavioral Interventions) program; therefore, interventions that were originally developed for other populations must be adapted to address transgender women of color’s HIV prevention needs. The SISTA (Sisters Informing Sisters about Topics on AIDS) intervention was developed for heterosexual African American women and involves a series of sessions that relate to African American women’s life experiences and culture. Although much of it is relevant to transgender women of color, it must be adapted in order to address transgender women’s unique HIV risks and life contexts.

**METHOD:** The Transitions Project is the first capacity-building assistance (CBA) provider focused on the HIV prevention needs of transgender populations across the US. We provide technical assistance (TA) to community based organizations (CBOs) and health departments that are implementing EBIs that were developed for other populations and adapting them to meet the needs of transgender people. We promote knowledgeable, culturally sensitive, and effective HIV/AIDS prevention efforts for transgender communities of color, including HIV+ transgender people. The Transitions Project is currently assisting four CBOs with adaptations of SISTA for transgender women of color.

**RESULTS:** Given the diversity within transgender communities, it is challenging for CBOs to adapt the original SISTA intervention to create a relevant program for this high risk population. Using best practices and lessons learned from providing ongoing TA to agencies who have adapted SISTA for transgender women of color, the Transitions Project sought to create an adaptation guide that would both provide concrete examples of SISTA adaptations as well as easy to follow process steps for tailoring the adapted intervention to the agency’s unique transgender community.

**CONCLUSION:** The result of this project is an informative and accessible adaptation guide, called T-SISTA, that offers concrete examples of how to adapt the SISTA intervention by including specific exercises designed to build gender pride, create a sense of transgender community, and highlight transgender women’s history to address transgender women’s distinct HIV prevention needs while maintaining the core elements of the original intervention. The T-SISTA adaptation guide also includes an overview of CDC’s Map of Adaptation Process (McKleroy et al., 2006) to clearly delineate adaptation process steps to ensure relevance to local transgender communities. Lessons Learned: Because transgender women’s HIV prevention needs can vary widely from setting to setting, and because CBOs face many challenges when attempting to adapt and implement EBIs created for other populations, it is important to provide agencies with concrete information about how to adapt interventions like SISTA while supporting their efforts to create a tailored intervention that suits their clients’ particular needs to enhance community support and positive outcomes.

**Presentation Number:** D23-2

**Presentation Title:** Differing Risk Behaviors Among MSM, MSM/W and MTF Transgenders at Risk for HIV Infection

**Author(s):** Jane N. Rohde; Catherine M Branson; Cathy J Reback

**BACKGROUND:** In Los Angeles County (LAC), 70% of cumulative AIDS infections are from male-to-male sexual contact indicating this risk behavior continues to drive the HIV epidemic.

Additionally, estimated HIV seroprevalence by behavioral risk group is 15% among MSM, 12% among MSM/W, and 21% among male-to-female (MTF) transgenders. Further examination of risk patterns among associated populations of MSM, MSM/W and MTF transgenders is warranted.

**METHOD:** From May 2005-July 2007, data were collected from three risk groups (MSM, MSM/W and MTF transgenders), using a behavioral risk assessment survey form. All participants were enrolled in a community HIV risk reduction intervention specifically designed for extremely high-risk individuals. A cross-sectional data analysis was conducted to examine high-risk sexual and substance use behaviors among the three groups, and ascertain appropriate intervention strategies for working with these populations.

**RESULTS:** Unduplicated data from 1,008 participants revealed extremely high HIV prevalence among all groups with 39% of MSM, 18% of MSM/W and 23% of transgenders reporting positive status. These participants represent a population with high rates of substance use, unstable housing and high-risk sexual behavior. However there were some striking differences between MSM, MSM/W and transgenders. Transgenders engaged in significantly higher rates of exchange sex (49% vs. 17% (MSM) vs. 21% (MSM/W)  $p<.0001$ ), and had a very high number of sexual exchange partners in the past previous 30 days (mean: 19.43 vs. 4.98 (MSM) vs. 5.67 (MSM/W)). While transgenders engaged in high-risk sexual behaviors, such as receptive anal sex (63% vs. 40% (MSM) vs. 17% (MSM/W)  $p<.0001$ ), they had a greater use of condoms (72% vs. 40% (MSM) vs. 41% (MSM/W)  $p<.0001$ ) during this sexual act and a lower use of drugs during sex, particularly methamphetamine (16%) compared to MSM (41%) and MSM/W (34%) ( $p<.0001$ ).

**CONCLUSION:** Transgenders have significantly different HIV risk patterns than MSM and MSM/W. Transgenders seem to be engaging in protective behaviors during high-risk sexual encounters (i.e., greater use of condoms, lower use of methamphetamine); however, their high number of sexual partners suggests a potential for HIV transmission. Interventions for transgenders should emphasize protective measures around exchange sex including continued reduction of methamphetamine use. Among MSM, high rates of methamphetamine use during sex highlights the significance of substance use associated with high levels of HIV positivity. Similarly, high rates of substance use among MSM/W and low rates of condom use during receptive anal sex merit attention as this population may serve as a transmission “bridge” to their female sexual partners. These three high-risk populations appear to represent the core of the HIV epidemic in LAC and, therefore, HIV prevention interventions should address the risk patterns among each group in order to effectively curb HIV acquisition and transmission.

**Presentation Number:** D23-3

**Presentation Title:** Implementing the Center of Excellence for Transgender HIV Prevention: Challenges and Lessons Learned

**Author(s):** James Rouse-Iniguez

**BACKGROUND:** Transgender people are among the most medically underserved populations; their complex and extensive health care needs are exacerbated by disproportionately high HIV rates (meta-analysis of US studies reported 27.7% of transwomen tested positive for HIV infection, Herbst et al., 2007). Transgender people experience stigma in many aspects of life, thus the socio-cultural, legal, and economic layers of the transgender population's interaction with health systems make providing health care highly complex. Access to quality care for transgender individuals is severely limited by barriers such as social and medical provider stigma; denial of insurance and other institutionalized discrimination; complex socio-economic factors; social and geographic isolation; and a pervasive lack of provider competence, clinical research, and medical literature.

**METHOD:** The Center of Excellence for Transgender HIV Prevention (CoE), funded by the California Department of Public Health, Office of AIDS, addresses unmet needs such as access to culturally competent medical care and hormone therapies, provider training, access to mental health care, and investigates the impact of co-occurring factors in HIV infection among transgender people such as sex work, drug use, violence, and harassment. The CoE is a collaborative partnership that combines the unique strengths and resources of a renowned training and capacity building institution, the Pacific AIDS Education and Training Center (PAETC), and an internationally recognized leader in HIV prevention research, the Center for AIDS Prevention Studies (CAPS), both of which are housed within the University of California, San Francisco (UCSF).

**RESULTS:** The CoE addresses the significant barriers to health and medical care by: 1) providing a locus for transgender health research, educational resources, and provider training; 2) connecting HIV prevention researchers, a statewide community advisory board, academics, AIDS educators and providers to each other to further build expertise, resources, and visibility; and 3) developing a model for additional centers throughout the United States of America. The CoE's research and training activities are beginning to change the landscape of transgender HIV prevention in California.

**CONCLUSION:** The systematic development of expertise and medical knowledge has important implications for changing policy and practices regarding transgender health. Implementation of such policy changes depend upon the active inclusion and participation of transgender community members. Community involvement ensures acceptability, appropriateness and relevance of the interventions, programs and services being designed. Using these lessons learned, along with providing comprehensive information about transgender HIV issues and creating avenues for accessing competent care has the potential to reduce the severe health disparities experienced by this medically underserved population.

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**Track E****E04 - Eyes on the Prize: African American Outreach and Mobilization****Room: Piedmont (Hyatt Regency Atlanta)**

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**Presentation Number:** E04-1**Presentation Title:** HIV/AIDS Prevention and Testing Services at Historically Black Colleges and Universities (HBCUs): Health Administrator Perspectives**Author(s):** Sandra Jones, PhD; Madeline Y. Sutton, MD, MPH

**BACKGROUND:** Background: HBCUs are educational havens for over 14% of all African American college-enrolled youth; African American youth remain disproportionately impacted by the HIV/AIDS epidemic. HBCU health administrators are largely responsible for implementing HIV/AIDS prevention education, counseling and testing services for their student populations, and they have the potential to greatly influence on-campus HIV/AIDS prevention services and strategies of students. Limited data exist regarding health administrators' awareness of campus HIV prevention services and perceptions regarding the facilitators and barriers of implementing HIV/AIDS prevention services on HBCU campuses.

**Objectives:** To understand: 1) number of HBCU campuses with existing HIV prevention services, and 2) perceptions of health administrators regarding the barriers and facilitators to implementing HIV/AIDS prevention services on their campuses.

**METHOD:** Methods: We conducted semi-structured telephone interviews with health administrators from a convenience sample of 25 of 103 mostly southeastern HBCUs who had existing relationships with United Negro College Fund-Special Projects (UNCF-SP).

**RESULTS:** Results: 24/25 (96%) of the administrators responded to our survey. Twelve of 24 health administrators (50%) reported having no formal HIV prevention policies or services on campus; 11 of 24 (46%) described having formal HIV prevention policies and services (e.g. condom distribution, HIV testing/counseling, monitored co-ed visitation); and 1 was unsure of any existing policies or services. Seven of 11 (64%) health administrators who reported having policies or services indicated that the availability of condoms on campus facilitated their HIV/AIDS prevention efforts by promoting safer sex. In contrast, 3 of 12 (25%) respondents who reported having no policies or services indicated that guidelines restricting on-campus condom distribution or co-ed dorm visitation, facilitated campus HIV/AIDS prevention efforts by encouraging abstinence. Of health administrators who reported the availability of on-campus HIV prevention services, their perceived barriers to more effectively providing services included: negative student attitudes regarding HIV testing and counseling, and lack of support from faculty, staff, administration, and parents.

**CONCLUSION:** Conclusion: In our sample, half of surveyed HBCUs had no HIV prevention policies or services on campus. Of those with available services, condom availability was perceived to be a facilitator of safer sex practices among students. New approaches to decrease some of the perceived barriers related to negative attitudes and lack of support should be explored, in an effort to improve HIV prevention policies and services by on-campus health administrators. Future studies should enroll larger and more representative samples to further explore current HBCU campus HIV prevention policies and perceived barriers and facilitators to HIV prevention services. Such efforts are vital as we continue to equip African American youth with HIV prevention tools, as part of our overall HIV prevention efforts.

**Presentation Number:** E04-2**Presentation Title:** HIV Risk behaviors Among Black College Students, Their HIV Testing Status: Implications for HIV/AIDS prevention**Author(s):** Denyce Calloway; Deneen Long-White, MS

**BACKGROUND:** Almost half of the new HIV infections reported in 33 states, in 2006 were African American. Persons 24-34 and 35-44 represented the largest portion of newly diagnosed HIV/AIDS cases (CDC, 2008). Based on the documented information on the incubation period, these newly infected cases could very well have been infected ten years earlier which suggest that youth are at risk. Traditional age college students are 18-24 years of age. These youth need to be targeted so that they will not be the new wave of cases ten years from now. The specific objectives are to determine: (1) the prevalence of risk behaviors among students who report that they know their HIV status; (2) the prevalence of risk behaviors among those who have been tested for HIV; and (3) the risk behaviors engaged in by the respondents.

**METHOD:** A survey was administered to black college students attending peer-led education sessions and/or other campus-wide HIV prevention events. Data was collected on the prevalence of use of specific substances. In addition, students indicated the extent to which they had engaged in (1) sex with a prostitute, (2) sex for money/drugs/ or other goods; (3) anal/vaginal sex

without a condom; (4) alcohol or drugs before sex and (5) sex without knowing their partner's HIV status. Additionally, students were asked about their HIV testing status (i.e., Do you know your HIV status?; Have you ever had a HIV test?).

**RESULTS:** Preliminary results indicate that 25% reported that they had used alcohol or drugs before sex; and 20% reported having sex without knowing their partner's HIV status. Over half (57%) reported that they had used alcohol during their lifetime and 31% reported drinking alcohol in the last 30 days. The incidence of sex with a prostitute and sex for money or other goods was very low. However thirty percent of the respondents reported that they engaged in anal or vaginal sex without a condom in the last thirty days. Students who reported being tested for HIV and know their status were more likely to engage in risky sexual behavior.

**CONCLUSION:** To enhance prevention efforts, it is important that risk behaviors are not only known, but practiced. Students need to understand that they are vulnerable based on the behavioral choices that they make. HIV testing on college campuses is increasing and becoming more acceptable to students. Students are willing to be tested for HIV. However, more attention needs to be given to stopping risk behaviors and the role that alcohol and marijuana play in increasing the risk of HIV and other STDs. Furthermore, the myths about condom use need to be dispelled. Incorporating condom use as a part of foreplay may be a motivating factor in consistent use. A major implication of this survey is that health professionals and trained peer educators need to be willing to have a candid dialogue about risk behaviors and emphasize the importance of knowing their HIV status as well as their partners and developing negotiation and refusal skills that will prevent them from becoming infected.

**Presentation Number:** E04-3

**Presentation Title:** NBLCA Leadership Mobilization Model

**Author(s):** C. Virginia Fields; Deborah Levine

**BACKGROUND:** Despite nearly two-decades of fighting HIV/AIDS, the disease continues to spread and devastate African Americans communities at an alarming rate. In 2006, African Americans accounted for 46% of those living with HIV. The impact of HIV/AIDS in African American communities is co-mingled with impoverished economic and sociopolitical conditions. Therefore interventions employing multi-level strategies and involving community partnerships or coalitions should be considered. This presentation will describe the stages and core steps of the Leadership Mobilization Model as well as findings from the implementation of the model in nine cities Buffalo, Rochester, Syracuse, Albany, Nassau Cty. and New York City in New York State as well as three other cities; Atlanta, Tampa Bay, and Detroit.

**METHOD:** There are two stages in the model. The first stage is carried out by the National office (NBLCA). NBLCA targets cities with a high proportion of HIV/AIDS cases and actively engages African American leaders in dialog, working with them to assess HIV/AIDS related needs of their communities and encouraging them to initiate coalitions or NBLCA affiliates. The second stage is carried out by the established affiliate whose members establish working committees. The committees jointly develop and implement community action plans aimed to increase access to and utilization of HIV testing and HIV/AIDS prevention and treatment services.

**RESULTS:** The NBLCA Leadership Mobilization Model is structured to stimulate change through mobilization, education and coordination of indigenous Black leaders, (in all strata of community life) to establish coalitions for the purpose of fighting HIV/AIDS in their communities. NBLCA works with local leaders to: 1. Create linkages and collaborations with African American leaders from the political, medical, religious, business and medical professions; 2. Provide community organizations with access to and participation in public policy decisions that impact HIV/AIDS prevention and treatment; 3. Increase resources to support HIV prevention and treatment programs; 4. Strengthen cultural sensitivity and reduce stigma through media advocacy; and 5. Increase collaborations among community organizations/stakeholders and Health Departments

**CONCLUSION:** A mixed method approach has been employed to monitor and track the mobilization of leaders, the establishment of affiliates and implementation of the project. A qualitative analysis of program documents and in-depth interviews have informed our understanding of the process of mobilization. Results include data on the exposure and uptake of the model, description of participants and lessons learned. Each of the target cities have established an affiliate and are engaged in HIV/AIDS related activities. Successes and challenges of affiliate work will be discussed. Examples of successes include the following: The New York affiliate helped the New York State Legislature to unanimously adopt a Resolution that led to the creation of \$3 million dollars in HIV/AIDS funding targeting minority communities.

**Presentation Number:** E04-4

**Presentation Title:** HIV Testing on Minority Colleges/ Universities

**Author(s):** Tonia Schaffer, MPH; Vanessa Cooke; Claudia Richards

**BACKGROUND:** The incidence of HIV and AIDS in young adults continues to increase. Minority College and University students are at high risk for engaging in unsafe behavior and due to their feelings of invincibility, tend to delay HIV testing. Successful efforts to educate this "gap" population must include age appropriate comprehensive prevention education and the

importance and HIV Testing. These interventions must be geared toward college students on campus and include “new school” strategies.

**METHOD:** The MEI programs are currently present on 18 college or university campuses, inclusive of 12 Historically Black Colleges and Universities (HBCUs), 3 Hispanic Serving Institutions (HSIs), and 3 Tribal Colleges and Universities (TCUs), from across the country.

**RESULTS:** The goal of the SAMHSA/CSAP’s Minority Education Institution (MEI) Initiative is to increase the availability of HIV, substance abuse and hepatitis prevention education to college students on the campuses of minority colleges/universities. The strategy is to train and deploy student peer educators (SPEs) to provide culturally competent, age appropriate evidence based prevention education interventions and environmental strategies to their peers. This includes promoting, providing and ensuring access to HIV testing. SPEs are recruited on campuses and trained to deliver HIV/AIDS prevention education information, along with Substance Abuse (SA) and Hepatitis education. These SPEs meet and interact with their peers in a variety of settings, utilizing a variety of prevention strategies - inclusive of class and dorm rooms; special events; performances; and electronic and print media outlets – for the purposes of educating and informing their fellow students and community members and encouraging testing. Programs utilize a gamut of evidence-based interventions, tailoring them to their specific populations and settings.

**CONCLUSION:** Great successes have occurred with students receiving education, participating in events, HIV testing, and reporting changes in attitudes and behaviors. Innovative and creative avenues for information dissemination were developed shared among the programs. The MEI project can now present comparative data over 3 years that documents the success of peer-led prevention interventions and HIV testing efforts across these campus. For instance in the 2006 -2007 project year 4,231 minority students received HIV Testing in project year 6,494 students were tested. The MEI Program Coordinating Center has analyzed this data across cultural, gender, and region.

Lessons Learned: Providing peer led HIV/AIDS, substance abuse and hepatitis prevention education on college campuses is a highly effective method to reaching minority students. Utilizing peer-education strategies with culturally, age-appropriate, evidence-based interventions and environmental strategies that encompass the techniques that attract young adults improves the outcomes. The first step is to ensure and support skilled, prepared and knowledgeable SPEs; second is to recognize and incorporate the various aspects of cultural (age, race, geography, environment); and provide the infrastructure within the college/university to support and sustain these efforts.

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## Track F

### F04 - Late HIV Diagnosis and Using Surveillance Data to Improve Access to Care

Room: A704 (Atlanta Marriott Marquis)

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**Presentation Number:** F04-1

**Presentation Title:** Temporal Trends in Late Diagnosis of HIV Infection from 2000-2008

**Author(s):** Eric Chamot; Christa R. Nevin; Paula S. Seal; Jeroan A. Allison; James L. Raper; James H. Willig; Joseph E. Schumacher; Michael S. Saag; Michael J. Mugavero

**BACKGROUND:** The Centers for Disease Control and Prevention (CDC) estimated that 21% of the 1.1 million HIV-infected individuals in the United States were undiagnosed at the end of 2006. In recent years, upwards of half of newly diagnosed patients presented with initial CD4 counts <200 cells/mm<sup>3</sup>. Late diagnosis of HIV-infected individuals represents missed public health opportunities for timely initiation of therapy and has implications for secondary prevention. The CDC released revised HIV testing recommendations in September 2006 advocating routine, opt-out testing, which has the potential to foster timely diagnosis and identify hitherto undetected cases. To gauge the impact of these revised recommendations on late diagnosis, we analyzed trends in newly diagnosed patients initiating care at our clinic from 2000-2008.

**METHOD:** Newly diagnosed HIV-infected patients initiating care at the UAB 1917 Clinic Cohort from January 2000-July 2008 were evaluated. Outcome measures included the number of new diagnoses, proportion of newly diagnosed patients with initial CD4 counts <200 cells/mm<sup>3</sup>, and proportion of new cases with an opportunistic infection (OI) at the time of diagnosis. Segmented regression analysis for time series was used to compare trends in outcome measures over three time periods selected a priori; January 2000-December 2004, January 2005-September 2006, and October 2006-June 2008. Because of the extensive discussions and HIV testing demonstration projects conducted in advance of the guidelines release, the middle time period was evaluated to assess temporal trends in anticipation of the revised testing recommendations. These methods evaluate linear trends of outcome measures during the specified time periods of interest.

**RESULTS:** During the study period, 798 newly diagnosed patients initiated care. A significant increase in the average number of newly diagnosed patients establishing care annually was observed for 2005-2008 (mean 106.6 patients per year) versus 2000-2004 (mean 85.0 patients per year) (P=0.001). In 2000, initial CD4 counts were <200 cells/mm<sup>3</sup> and OIs present in 53% and 30% of patients at diagnosis, whereas 34% and 15%, respectively, presented with these parameters in 2008. In segmented regression analysis, a significant decline in the proportion of patients diagnosed with a CD4 count <200 cells/mm<sup>3</sup> (P=0.008) and

with an OI ( $P < 0.001$ ) was observed after January 2005 that continued as a steady downward trend following the release of the revised HIV testing recommendations in September 2006. Patients initiating care between 2005-2008 were incrementally less likely to present with a CD4 count  $< 200$  cells/mm<sup>3</sup> (OR=0.85 per year; 95% CI=0.75-0.96) or an OI (OR=0.76 per year; 95% CI=0.66-0.89) relative to those diagnosed between 2000-2004.

**CONCLUSION:** The number of newly diagnosed HIV-infected patients initiating care annually at our center between 2005-2008 has increased by nearly 25% relative to 2000-2004. Over the same period, the proportion of patients presenting with advanced HIV infection has declined dramatically. These results may reflect more widespread HIV testing in advance of the revised CDC HIV testing recommendations with sustained improvement in earlier diagnosis following the release of these paradigm-shifting guidelines. The improved timeliness of HIV diagnosis has clear implications for both individual patients and the public health meriting further evaluation in larger patient populations.

**Presentation Number:** F04-2

**Presentation Title:** Using Laboratory Surveillance Data to Assess Late Diagnosis and Entry into Medical Care

**Author(s):** DeAnn Gruber

**BACKGROUND:** Although there have been significant advances in treatment for persons living with HIV and the benefits of early diagnosis are well documented, a large proportion of persons continue to be diagnosed late. Also, many persons who know their status are not entering primary medical care early enough to take advantage of available treatments. HIV Surveillance data linked to laboratory surveillance data and prevention/services program data can be used to determine the factors associated with late diagnosis and delayed entry into medical care in order to plan and implement more effective public health interventions.

**METHOD:** Data on 5,025 persons age 13 and older who were newly-diagnosed with HIV between January 2001 and June 2005 were obtained from the Louisiana HIV/AIDS Program's statewide HIV/AIDS surveillance database. These data were linked to the Program's longitudinal laboratory database and 3 statewide prevention and services program databases. Factors associated with AIDS at diagnosis, AIDS within 6 months of diagnosis, and CD4 count at entry into medical care were analyzed using bivariate and multivariate methods. The date of the first CD4/viral load test was used as a proxy for the date of entry into medical care. Predictors of entry into care within 6 months, in particular the effects of testing programs and "linkage to care" interventions, were also examined.

**RESULTS:** Late diagnosis was common, with 38% of persons having an AIDS diagnosis within 6 months of HIV diagnosis. The median CD4 count at entry to care was 285, which is well below the normal range, and annual median CD4 counts did not increase over the 5 year time period. Males, African Americans and older persons were significantly more likely to be diagnosed late, and heterosexuals were diagnosed earlier. Persons who had more opportunities for testing (pregnant women and incarcerated persons) were also diagnosed earlier. Many persons likely had an HIV test because they were symptomatic; 41% of persons were diagnosed in an inpatient hospital or emergency room setting. Although most persons entered care within 6 months of diagnosis (73%), males, African Americans and younger persons were significantly less likely to enter care. Persons who had a case management visit, contact with HIV Partner Services (HPS), or had a medical appointment scheduled by the post-test counselor were significantly more likely to enter care.

**CONCLUSION:** The results indicate the need for more widespread routine testing, particularly in outpatient settings that have not traditionally offered testing to all patients. HPS and case management services should be made available to all newly-diagnosed persons, with a concerted effort to reach persons least likely to enter medical care. Interventions developed specifically for younger persons, African Americans and asymptomatic persons which stress the importance of early treatment for HIV are needed. The use of laboratory data linked to existing HIV surveillance and prevention/services databases is a cost-effective and efficient means to assess late diagnosis and entry into care. This method will continue to be used to monitor program outcomes in Louisiana and can be implemented in other states that have comprehensive HIV-related laboratory reporting.

**Presentation Number:** F04-3

**Presentation Title:** A Secure Data Exchange Partnership to Improve Access to HIV Care

**Author(s):** Amy Zapata; Joseph T. Foxhood; Michelle Murtaza-Rossini, MPH; Jane Herwehe, MPH; Ke Xiao; Susan Bergson, MPH; M. Beth Scalco, LCSW, MPA; Lisa Longfellow, MPH, CHES; Michael Kaiser, MD

**BACKGROUND:** According to the Louisiana Office of Public Health HIV/AIDS Program (OPH HAP), 16,227 people in the state of Louisiana were reported living with HIV/AIDS at the end of September 2008. OPH HAP estimates that approximately 45% of persons living with HIV/AIDS (PLWH/A) are not in care as indicated by a lack of laboratory testing to monitor immune functioning. A substantial amount of time may pass between HIV infection and a person's awareness of his/her diagnosis. In 2007, 22% of persons newly diagnosed with HIV had advanced disease (AIDS) at the time of initial diagnosis. Lack of awareness of serostatus, delays in the onset of treatment, and breaks in care contribute to increased morbidity and mortality and can create the potential for HIV transmission to occur unknowingly amongst the population. Though these delays occur for a

variety of reasons, timely follow up after diagnosis is necessary to provide more effective interventions and treatment. Through the use of "electronic outreach," the Louisiana Public Health Information Exchange (LaPHIE) hopes to close this gap.

**METHOD:** LaPHIE is an electronic public health information exchange between Louisiana State University Health Care Services Division (LSU HCSD) and the OPH HAP. These two entities provide the majority of surveillance and treatment activities for PLWH/A. LSU HCSD is the largest public hospital network in the state (5th largest nationally), with 7 regional hospitals in operation, providing clinical care and ancillary services while OPH HAP is responsible for surveillance, providing referrals, and HIV/AIDS supportive services for PLWH/A.

**RESULTS:** LaPHIE is a secure bi-directional data sharing network linking LSU HCSD and OPH HAP. It is hypothesized that electronic disease reporting and clinical messaging can enable rapid identification of newly diagnosed persons and identification of out of care persons to improve inefficiencies in the disease surveillance-treatment loop. Improving reporting, timeliness of diagnosis, and treatment would ultimately improve the quality of life of PLWH as well as contribute to decreased transmission.

**CONCLUSION:** Matching of LSU HCSD patient census to OPH HAP records of PLWH/A not in care demonstrates there are nearly 1100 unduplicated persons that could be reached through LaPHIE. These individuals represent persons that may not have received their test results, some who have never accessed care, others who entered care but dropped out, and exposed infants that did not receive follow up testing to determine their serostatus. The LaPHIE clinical messaging system will be implemented in February 2009. Evaluation includes mixed methods to measure the impact of the system on linking and retaining persons in care. Secure public health information exchanges such as LaPHIE can foster improved surveillance and linkage into care for PLWH/A who are lost to the care system through the effective, rapid, and secure exchange of pertinent health information between healthcare providers and public health entities. It is anticipated that the successful implementation of LaPHIE will build capacity and knowledge resources for the ongoing development of other public health information exchanges, leveraging health informatics to assure access to care.

**Presentation Number:** F04-4

**Presentation Title:** Factors Associated with Late HIV Testing for Latinos Diagnosed with AIDS in Los Angeles

**Author(s):** Amy Rock Wohl, PhD; Douglas M. Frye, MD, MPH

**BACKGROUND:** Latinos are more likely to test late for HIV infection compared to other racial/ethnic groups in the United States. Widespread and early testing for HIV is necessary to prevent further transmission by dissemination of risk reduction messages that potentially result in a decrease in high risk behaviors. In addition, timely HIV testing can promote early entry into HIV care to maximize the benefits associated with antiretroviral therapies. Few studies have examined detailed risk factors associated with late HIV testing for Latinos specifically, a group disproportionately impacted by HIV in the US and Los Angeles County (LAC).

**METHOD:** A population-based interview study was used to examine factors associated with late HIV testing for Latinos diagnosed with AIDS in LAC to develop more effective HIV testing outreach strategies. Latinos testing for HIV within one year of an AIDS diagnosis were considered late testers, while those diagnosed with AIDS more than one year after an HIV diagnosis were defined as non-late testers.

**RESULTS:** After adjusting for age, education, country of birth and injection drug use in a logistic regression analysis, completion of the interview in Spanish was the main factor associated with late testing (AOR=2.9, 95% CIs: 1.4, 6.0). Latinos testing late for HIV were also more likely to test due to illness ( $p<.0001$ ) and less likely to test as part of a clinical screening ( $p<.0001$ ). Late testers were more likely to receive their first positive HIV test as a hospital inpatient ( $p<.0001$ ) and less likely to test positive at a community health center or public clinic ( $p=.05$ ).

**CONCLUSION:** To accomplish widespread and timely HIV testing for Latinos in LAC, Spanish-language social marketing campaigns are needed and Spanish-speaking patients should be offered HIV testing in all clinical settings.

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## Track F

### F06 - ART Adherence: How Adherent Are PLWHA and Interventions to Improve Adherence

**Room:** A705 (Atlanta Marriott Marquis)

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**Presentation Number:** F06-1

**Presentation Title:** An Inventory of Patient-Reported Social Support Strategies That Optimize HIV Treatment Adherence

**Author(s):** Tim Hogan; Carolyn Lagoe

**BACKGROUND:** Therapeutic advances in treatment for HIV have greatly increased the health and lifespan of those living with the disease. However, in order for these medications to work effectively and prevent viral resistance, they must be adhered to with little or no deviation from their prescription. Despite the dangers, poor treatment adherence is common among people living with HIV. Although a variety of factors can impair treatment adherence, social support has consistently been found to enhance

adherence to antiretroviral treatment regimens. Such support has been measured in a variety of ways, ranging from social network configurations, perceptions of available support, and satisfaction with received support; however, no systematic inventory has been provided to describe the forms social support can take for optimizing HIV treatment adherence. Such an inventory would be of considerable utility for HIV-positive patients, their clinicians, and friends or family who seek to aid those coping with the disease. As such, the purpose of this study is to describe the range of social support reported by people living with HIV as effective in helping achieve optimal treatment adherence.

**METHOD:** As part of a larger study on HIV treatment adherence, 50 men living with HIV were interviewed in either a focus group (2 groups, total n=8) or one-on-one (n=42) interview format regarding their experiences managing HIV and the support they receive for maintaining treatment adherence. Participants were recruited through the infectious disease units of three Midwestern Veteran's Administration Hospitals. Interviews were recorded, transcribed, and analyzed using latent content analysis and constant comparative techniques, by which members of the research team reviewed the data to independently identify focal themes among the participants' responses. Coders then convened to discuss their conclusions and triangulate their perspectives. Through this process, the research team codified an inventory of effective social support that helped participants maintain optimal treatment adherence.

**RESULTS:** Four super categories of effective adherence support were reported by participants, which include (a) emotional support (i.e., addressing emotional upset that interferes with adherence), (b) appraisal support (i.e., supporting adherent and challenging non-adherent decisions or behaviors), (c) informational support (i.e., providing information that improves ease of adherent behavior or decisions), and (d) instrumental support (i.e., giving tangible aid or performing specific actions that facilitate adherence). Subcategories and practical examples of each form of support are provided in these findings.

**CONCLUSION:** The inventory of social support strategies derived from the experiences of participants in this study can be employed by healthcare providers and caregivers to inform their interactions with members of the HIV-positive community. Understanding the kinds of social support needed and those that are actually provided to HIV-positive patients can highlight "support gaps" that can then be addressed in a targeted manner. The kind of detailed categorical system offered here also represents a first step towards the development of empirically-grounded measures of social support for use in more nuanced HIV treatment adherence research.

**Presentation Number:** F06-2

**Presentation Title:** Dose, Schedule, and Instruction Adherence to Antiretroviral Medications in a Sample of HIV-infected Persons

**Author(s):** Minn Minn Soe, MD, MPH; A. D. McNaghten, PhD; Eduardo Valverde, MPH; Linda Beer, PhD

**BACKGROUND:** A high level of adherence to antiretroviral medication (ARV) is essential to maintain viral suppression and achieve optimal clinical outcomes. Therefore, accurately assessing adherence is critical for clinicians and public health professionals. Many studies of ARV adherence report solely on missed medication doses (dose adherence), and neglect assessment of adherence to medication schedule (schedule adherence) and special instructions related to taking ARVs, such as dietary restrictions (instruction adherence). A comprehensive assessment of adherence that includes dose, schedule, and instruction adherence measures has been found to be a better predictor of plasma HIV RNA outcome than measuring dose adherence alone. The purpose of this analysis was to determine the level of dose, schedule, and instruction adherence in a multi-site sample of persons living with HIV/AIDS in 10 states and cities across the U.S.

**METHOD:** From 2006 to 2007, face-to-face interviews were conducted with HIV-infected adults receiving HIV medical care in 10 states and cities as part of the Centers for Disease Control's Medical Monitoring Project. Patients were selected for participation from a sample of facilities providing HIV care in each project area. Participants were asked about their ARV use, reasons for not taking ARVs, and medication adherence behaviors.

**RESULTS:** Of 897 persons interviewed, 26% were women, 48% were black, and 88% were aged >34 years. Of 890 persons who were asked about ARV use, 745 (84%) were currently taking ARVs. While 78 (11%) participants reported missing an ARV dose in the two days prior to interview, 304 (42%) reported less than 100% adherence to their medication schedule and 176 (38%) reported less than 100% adherence to following special instructions for taking their medications over the same time period. Among the 145 participants not currently taking ARVs, the most common reasons were advice to delay treatment by a doctor (31%) and worries about medication side effects (23%).

**CONCLUSION:** This analysis supports the need to assess multiple dimensions of adherence behavior. Focusing solely on dose adherence may overestimate the level of patient compliance with their ARV regimen. Comprehensive assessment of ARV adherence is crucial to evaluating both the effectiveness of ARV regimens and the interventions designed to increase adherence.

**Presentation Number:** F06-3

**Presentation Title:** HIV Positive Individuals as Peer Educators for Treatment Adherence and Other Social Services

**Author(s):** Guillermo Melo

**BACKGROUND:** People living with HIV/AIDS need to be engaged and empowered to change the service delivery system to meet their needs. The agency identified the need and opportunity to implement a self-management, chronic care model in a culturally and linguistically competent manner by engaging people living with HIV/AIDS to serve as Peer Advocates. Clients often wait extended periods of time in order to learn basic information related to the services available throughout the county, eligibility criteria for each service, and the methods for accessing the service. Their limited knowledge about the disease and its treatment and their partial capacity to access medical and social services available is also a severe issue. The lack of a basic social and emotional support for people who are newly diagnosed aggravates the situation. However, it has been identified that several individuals living with HIV have a strong knowledge about HIV treatment, are aware of the services available in the area, and are willing to help other people living with this infection.

**METHOD:** The Peer Advocate Leader Program targets any individual living with HIV/AIDS in Palm Beach County, Florida. The program provides services not only at each of the Comprehensive AIDS Program offices but at any venue where people with HIV gather or receive services.

**RESULTS:** The Peer Advocate Leader (PAL) Program engages HIV Positive Individuals in providing information, education, and emotional and social support to other people infected and affected with HIV. Once trained, the PALs work in teams of two and three, conducting outreach activities in the community, to locate people living with HIV/AIDS and encouraging them to connect to the appropriate medical and social services. At the agency service centers, the Peer Leaders conduct face-to-face Introductory Sessions with new clients, to screen for basic needs and help clients determine eligibility for different services in the Coordinated Services Network. As appropriate, the Peer Advocates will assist clients in preparing applications for core services, such as Health Care District insurance and the AIDS Drug Assistance Program. The Peer Advocates will also provide ongoing non-professional counseling and emotional support to clients, literally being an "advocate" to the client, assisting them in accessing the important services that they need. Additionally, the Peer Leaders are co-facilitating sessions of HIV Treatment Education and are supporting multiple services that the agency provides through the Drop-in-Center.

**CONCLUSION:** In 2008 the program recruited, trained and integrated more than 20 Peer Advocate Leaders with the capacity of assisting and providing services in English, Spanish and Creole. During the same period the PALs reached and assisted more than 670 unduplicated individuals living with HIV in providing information for accessing important services that they needed including medical services. With the outreach provided by the PALs, the attendance to the HIV Treatment Adherence Session increased in 55% in comparison with the previous year. The PALs also reached and provided 35 individual orientation sessions of services available to people newly diagnosed with HIV. In total in 2008 the PALs provided more than 2207 contacts of services to people diagnosed with HIV/AIDS.

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## Track G

### G04 - Integration: View through the Wide Angle Lens

Room: A707 (Atlanta Marriott Marquis)

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**Presentation Number:** G04-1

**Presentation Title:** Integration of Hepatitis/HIV Prevention and Services in CBOs and Clinics, Where Are We?

**Author(s):** Linda H. Potts, MPH, MBA; Belinda M. Reininger, DrPH; James R. Coleman; Melissa M. Galvin, PhD; Cynthia Jorgensen, DrPH

**BACKGROUND:** In the US, CDC estimates that 1.2 million people are infected with HIV; and, of those approximately 25% are co-infected with hepatitis C (HCV) and 10% are co-infected with hepatitis B (HBV). Due to significant overlap in the behaviors that place individuals at risk for HIV, HBV, and HCV, public health officials have long advocated for integration of hepatitis/HIV prevention programs and services. Little information exists about the extent of integration among community-based organizations (CBOs), especially those trained and/or funded by CDC.

**METHOD:** HIV prevention/service programs in CBOs and clinics located throughout the US and territories that are member organizations in the Institute for HIV Prevention Leadership Alumni Association (IHPLAA).

**RESULTS:** In June 2008, a needs assessment was emailed to 102 IHPLAA program managers. Information for FY 2007 was collected on: agency characteristics and 5 point Likert scales were used to assess the extent to which integrated HIV/hepatitis programs were offered, barriers to integration, and need for trainings on integration.

**CONCLUSION:** Fifty-one (50%) organizations in 22 states and DC returned the needs assessment: 94% were non-profit CBOs, 2% clinics, and 4% social service agencies. The majority of agencies served high risk populations of color, and ranged in size and scope from providing prevention education to serving more than 20,000 clients. Sources of funding reported to deliver HIV prevention programs were: 76% received funding from state health departments; 47% from local health departments; and 37% from CDC. Twenty-five percent were funded to provide STD programs, and 25% received funding for hepatitis prevention. Hepatitis services provided to clients at least most of the time included: 60% counseled HIV+ clients to be vaccinated for HAV and HBV, 55% assessed client risks for hepatitis, 31% referred for hepatitis testing of which 45% conducted follow up on testing

referrals, and 55% provided referrals for treatment. The frequency with which agency staff participated in hepatitis trainings during the last 6 to 12 months was reported as: 33% never, 29% once, and 14% more than three times. Reported barriers to HIV/hepatitis integration were: lack of low/no cost hepatitis testing for clients (59%); lack of low/no cost treatments for clients with hepatitis(61%); and, staff not trained to provide integrated services (54%).

The agencies responding to this assessment are attempting to provide some hepatitis-related services to high risk populations. However, the extent of the services may be hampered by a combination of lack of training, limited resources, and inadequate treatment referral sources. While CDC is promoting integration of hepatitis/HIV prevention as a critical strategy to reduce the burden of hepatitis, efforts are needed to address the barriers identified in this needs assessment.

**Presentation Number:** G04-2

**Presentation Title:** Key Characteristics of Effective HIV/AIDS Prevention, Care, and Treatment Integration

**Author(s):** Susan Rogers; Myriam Hamdallah; Marie Ahmed; Stacey Little

**BACKGROUND:** There is growing recognition among scientists and funders alike that coordinated prevention, care and treatment services targeting both HIV-positive and high risk HIV-negative individuals holds the most promise for decreasing prevalence of new HIV infections and delaying disease progression. ConnectHIV is a national initiative supported by the Pfizer Foundation through \$7.5 million in grants and technical resources to further this integrated approach. Under this initiative, the Academy for Educational Development (AED) and Johns Hopkins Bloomberg School of Public Health are evaluating the impact of service integration and collaboration on connecting the people to prevention and care services and improving treatment adherence. The purpose of this study was to investigate what key characteristics of organizations and programs lead to successful integration of services for improved health outcomes.

**METHOD:** The evaluation uses a time-series survey design to determine outcomes of the ConnectHIV program across 20 grantee sites in 10 states with the highest numbers of AIDS cases. All programs primarily address one of the following: prevention of infections among high-risk HIV-negative persons; prevention of transmission from HIV-positive persons to their at-risk sex and/or needle sharing partners; linkage of persons living with HIV (PLWHA) into high quality care and treatment services; or promotion of medication adherence among PLWHA. While the programs' target populations vary, grantees use a standard set of instruments to collect data on a common set of indicators at three time points during the IRB-approved study. Grantees also collect data on referrals and linkages made to strengthen the healthcare continuum using a standardized tool.

**RESULTS:** Preliminary findings indicate several key characteristics are core and essential components to successful integrated HIV prevention, care, and treatment health systems. Organizations and programs that have established relationships with service partners and a comprehensive approach to addressing client needs, such as employment, housing services are more successful in retaining clients in service and improving health outcomes. Successful integration of services increases the likelihood of successful referral (linkage) of clients to needed services. Specifically for newly diagnosed clients, successfully linking them to primary care and human services are critical to the health and well-being of the client. These primary care services include health maintenance and treatment at the primary care level, as well as coordination of access to human and social services as required.

**CONCLUSION:** This session will briefly provide background on the ConnectHIV initiative and summarize evaluation methodology and implementation. We will provide data that indicate successful levels of linkage and integration are associated with a reduction in high risk behaviors and increased treatment adherence amongst target populations engaged in ConnectHIV programs.

**Presentation Number:** G04-3

**Presentation Title:** Beneficial Impact of Gonorrhea and Chlamydia Testing on African Americans: Still Not Screening in Jails?

**Author(s):** Timothy P. Flanigan; Landon B. Kuester; Brian T. Montague; Amy S. Nunn; Ank E. Nijhawan

**BACKGROUND:** In 2006, national rates of chlamydia among African Americans were eight times higher than those of whites (1,275.0 and 153.1 cases per 100,000, respectively). Rates of gonorrhea are found to be 18 times greater in African Americans when compared to whites. African Americans are five times more likely than whites to be incarcerated than their counterparts of other races and far less likely to have access to routine medical care. Routine STI screening is uncommon in correctional setting; we estimate that fewer than 5% of U.S. jails routinely screen for gonorrhea and chlamydia.

**METHOD:** We reviewed national corrections based STI surveillance data collected by the Center for Disease Control and Prevention (CDC). We also conducted a systematic review of English-written literature from 1998 to 2008 using PubMed. Our search yielded 836 scientific abstracts. All articles with abstracts specifically addressing screening or testing of gonorrhea and chlamydia within U.S. correctional settings were selected for review.

**RESULTS:** 28 articles were identified. Correctional screening programs reviewed included: Hampden County Correctional Center (Massachusetts), San Francisco Jail Health Services (California), Cook County Department of Corrections (Illinois), and the New York Department of Corrections (New York).

Review of CDC surveillance data: In 2006, rates of chlamydia were found to be highest in adolescent women entering 57 juvenile detention facilities; the median facility-specific positivity for chlamydia was 14.2% (range: 2.8% to 29.4%). For men, the highest rates of chlamydia were found within 60 adult corrections facilities, the median positivity was 8.9% (range: 0.9% to 26.7%). In 2001, prevalence of gonorrhea among women entering 20 juvenile facilities was 5.6% (range 0.0% to 13.6%), and among adult men entering nine facilities, the median positivity was 2.2% (range 0.5% to 12.6%).

There is limited information on race disparities and gonorrhea testing in the correctional setting. Six studies examined the cost-effectiveness in screening for gonorrhea and chlamydia in the correctional setting. For women, universal screening for both STIs was cost-effective. Cost of universal screening in men is high per case identified and there is lacking information on the cost-savings generated by reduction in transmission in the community to support an assessment of the cost-effectiveness of treatment. In one study, universal testing programs for chlamydia in the San Francisco correctional institutions were shown to be associated with decreased STI rates within the local community.

**CONCLUSION:** HIV testing in jails has been shown to reduce the discrepancy in access to HIV testing services, increase early diagnosis, and prevent future cases of infection. Similarly, universal screening for gonorrhea and chlamydia in the correctional setting could potentially diagnose and link thousands of African Americans to cost-effective STI treatment. Testing in the prisons has been shown to be feasible and effective. Given the extensive STI disease burden in the African American community, scaling chlamydia and gonorrhea screening in correctional setting should be an important public policy priority.

**Presentation Number:** G04-4

**Presentation Title:** Development of a Comprehensive Approach within the Public Health Agency of Canada to Address HIV, Sexually Transmitted and Blood-borne Infections & Tuberculosis Co-infections for Key Populations

**Author(s):** Tracey Donaldson; Cathy Latham-Carmanico; Robert Lerch; Jeff Potts; Jacqueline Arthur; Victor Gallant; Katherine Dinner; Gayatri Jayaraman; Yogesh Choudhri; Anil Dudani

**BACKGROUND:** At the 2008 XVII International AIDS Conference the Public Health Agency of Canada (PHAC) and the US Centers for Disease Control and Prevention (CDC) hosted a satellite session for high resource/low HIV/AIDS prevalence countries to discuss domestic responses to addressing HIV and co-infections. The session highlighted several opportunities, as well as gaps and challenges addressing co-infections and stressed the need to move towards integrated approaches.

Globally, effective prevention and control strategies recognize that key populations at risk for and most affected by HIV infection may also be at increased risk for other sexually transmitted and blood borne infections (STBBI) and tuberculosis (TB). Common routes of transmission (e.g. blood, semen, and other bodily fluids), risk behaviours (e.g. unsafe sexual and drug use practices), and risk factors (e.g. poverty, homelessness and overcrowding) are fuelling HIV, STBBI & TB co-infections in Canada, particularly in underserved populations.

Acknowledging the commonalities and the synergistic relationship between HIV, STBBI and TB and recognizing the need to streamline approaches to maximize intervention opportunities, is essential to develop comprehensive, integrated approaches to address co-infections.

**METHOD:** PHAC is undertaking work to build its capacity to address the issues surrounding co-infections. In 2007 PHAC established two groups, the Sexually Transmitted and Blood Borne Infections Issue Group comprised of federal, provincial, and territorial governments, and an internal PHAC Co-infection Working Group. These groups provide fora to better exchange information and knowledge on co-infection issues, and opportunities to address them more effectively.

To address HIV, STBBI & TB co-infections in Canada, the PHAC Co-infection Working Group, in consultation with stakeholders, is working toward developing an integrated co-infection policy statement for key populations.

**RESULTS:** An HIV, STBBI & TB co-infection policy ensures the uptake of the best evidence and practices for integrated research, policies and programs for the prevention and management of primary and co-infections. It provides guidance to healthcare workers to ensure that testing policies and programs consider the possible interrelation between co-infections and common risk activities. For example, it will promote the need for proper assessment and coordinated testing for multiple infections in the context of rapid point of care (POC) testing for HIV. Canada's National HIV counselling and testing framework, as well as documents such as the Canadian Guidelines on STIs and the Canadian TB Standards, will be presented to show case a co-infection policy approach. Considerations include key populations at risk and current structural and resource challenges.

**CONCLUSION:** It is in the interest of underserved/key clients to use comprehensive multi-communicable disease approaches that capitalize on a single window of opportunity to reach them efficiently and effectively. A comprehensive voluntary counselling and testing approach, that also incorporates innovative management strategies (e.g., expedited partner therapy and POC testing) will greatly assist in restructuring or maximizing existing policies, programs, and services.

An integrated policy approach to HIV, STBBI & TB highlights the need for healthcare provider training and capacity building. In order to adequately provide integrated counselling and testing services, strengthening competencies in healthcare providers will be essential to ensure successful uptake and implementation.

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**Track G****G05 - Doing it Together: Health Department/CBO Collaboration****Room: A706 (Atlanta Marriott Marquis)**

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**Presentation Number:** G05-1**Presentation Title:** Taking it to the Streets! HIV, STD and Hepatitis Testing in Non-Traditional Venues**Author(s):** Eisenberg-Nicolaysen, Marti G.

**BACKGROUND:** North Carolina's HIV/STD Non-Traditional Counseling, Testing and Referral Sites (NTS) Project was created to overcome barriers to early diagnosis and treatment of HIV infection through collaboration between community-based organizations and local health departments by offering expanded health services outside of the traditional public health setting.

**METHOD:** NTS projects offer community-based traditional and rapid HIV testing; urine-based gonorrhea and Chlamydia testing; and syphilis and hepatitis screenings in a variety of nontraditional settings such as correctional facilities, public housing, homeless shelters, substance abuse/mental health facilities, migrant camps and nightclubs. Testing is also offered via mobile units and by door to door screenings in high risk neighborhoods. NTS projects target hard to reach communities of high HIV/STD incidence or high-risk behaviors such as injecting drug users, men who have sex with men, low income African American and Hispanic/Latina women and youth, persons with alcohol or substance abuse issues.

**RESULTS:** The NC Communicable Disease Branch currently funds 11 community-based organizations (CBOs) and 9 local health departments (LHDs) to implement new models for diagnosing HIV infections outside traditional medical settings. Through collaborative efforts between CBOs and LHDs, NTS projects have increased access to services by providing rapid and/or traditional HIV, syphilis, hepatitis C, gonorrhea and Chlamydia testing to local populations with 1) a high prevalence of HIV/STDs, 2) high risk factors for HIV/STDs and 3) limited access to traditional counseling, testing, and referral services. Services are offered in nontraditional venues during evenings/weekends. In addition to testing, agencies provide access to medical care, treatment and ongoing prevention services for newly identified HIV-positive clients or those clients that have fallen out of care.

**CONCLUSION:** From January 1, to December 31, 2008, 20 NTS projects tested 15,892 persons for HIV identifying 185 positives, and tested 11,186 persons for syphilis identifying 156 positives. Thirteen of these projects offered 2,615 rapid HIV tests identifying 41 positives. Two NTS projects tested 2,546 persons for gonorrhea identifying 36 positives and tested 2,588 persons for Chlamydia identifying 156 positives. Two projects tested 349 persons for hepatitis C identifying 3 new positives. All positive clients were notified and referred for care.

NC's NTS project has proven successful in identifying service gaps in high morbidity communities. New and innovative programs have provided integrated HIV, STD and hepatitis screening services. Through collaborative efforts between CBOs and LHDs, projects have increased testing, treatment, and the number of persons living with HIV who know their status and are linked to HIV primary care. They provide a mechanism for hard to reach/high risk individuals to obtain services outside the traditional public health system. NTS projects ensure that HIV-infected persons are successfully linked with HIV medical care and psychosocial services through active follow-up and referrals to additional services that may reduce barriers to accessing care.

**Presentation Number:** G05-2**Presentation Title:** Strengthening State Health and Education Agency Partnerships to Prevent HIV, STD, and Pregnancy Among Youth**Author(s):** Gary Jenkins

**BACKGROUND:** Common risk factors can result in HIV/STD infection and pregnancy among youth. Most states have implemented efforts to address HIV, STD, or pregnancy prevention among school-aged youth; however, states indicate that agency structures, funding requirements, and limited time often inhibit collaboration and coordination.

**METHOD:** National Stakeholders Meeting, a capacity-building approach that provides a clear rationale for state-level collaboration to integrate HIV, STD, and teen pregnancy prevention programs.

**RESULTS:** The National Stakeholders Meeting (NSM), designed by the National Stakeholders Collaborative (Association of Maternal and Child Health Programs, the National Alliance of State and Territorial AIDS Directors, the National Coalition of STD Directors, and the Society of State Directors of Health, Physical Education and Recreation), is a capacity-building process that brings together state health and state education agencies to strengthen communication and collaboration and to improve HIV, STD, and pregnancy prevention programs for youth.

Since 2003, with support from the CDC - Division of Adolescent and School Health, 33 state teams have participated in a NSM and have explored common ground, current programming gaps, and opportunities to collaboratively address HIV, STD, and teen pregnancy in their state. In 2009, the NSC will reconvene state teams that participated in previous meetings to provide them with more advanced skills building and technical assistance.

**CONCLUSION:** Nine months after the 2003, 2005, and 2007 National Stakeholders Meetings, a web survey was administered to NSM participants who were still in their SEA or SHA positions related to HIV, STD, or teen pregnancy prevention at the time of the survey. The survey included multiple-choice, scaled, and open-ended questions, as well as a series of paired retrospective pre/post test (RPT) questions designed to measure change in SEA/SHA collaboration. Of the 121 eligible survey respondents across 29 participating states, 82 percent completed the survey. NSM participants from all 29 states responded.

Nearly all respondents (95 percent) reported satisfaction with NSC efforts to help improve SEA/SHA collaboration on HIV, STD, and pregnancy prevention for school aged youth (n=96). Similarly, nearly all respondents (94 percent) reported they had taken steps to improve collaboration since attending the NSM (n=99), with most (84 percent) reporting that collaboration had improved (n=99).

Lessons Learned: NSMs can help strengthen communication and collaboration between state departments of education and health. Specifically, the NSM process has resulted in outcomes that impact the health of the community, such as: development of state action plans to increase collaboration between state agencies; a unified vision among state agencies working to improve the health of adolescents; increased communication; increased parent and community support for youth access; and increased data sharing among agencies.

**Presentation Number:** G05-3

**Presentation Title:** Collaboration Between Health Departments and Community-Based Healthcare Organizations: A Case Study of Success

**Author(s):** Robert K. Bolan, M.D.; Ellen T. Rudy, Ph.D.; Kai-Jen Cheng, M.S.; Swanand Tilekar, M.Sc., M.P.H.; Christine Wigen, M.D.; Peter R. Kerndt, M.D., M.P.H.

**BACKGROUND:** Collaboration between Health Departments and Community-based health care providers on HIV and STI (sexually transmitted infections) treatment and prevention has emerged as a key strategy to combat these intertwined epidemics.

**METHOD:** The Los Angeles County STD Program (LACSTDP) and the LA Gay & Lesbian Center (LAGLC), which operates large STD and HIV testing and HIV medical care programs, have worked together for over twenty-five years. With the consultation of LACSTDP, in October 2005 LAGLC integrated its STD clinic and HIV Testing and Counseling program into the Sexual Health Program (SHP) in an effort to emphasize to clients the importance of testing for both HIV and STIs at every visit. With the integration, data sharing and the number of collaborative projects have increased between the two agencies.

**RESULTS:** In 2006-2007 LAGLC participated in a multisite, county-wide LACSTDP-led study of the Nucleic Acid Amplification Test (NAAT) for acute HIV, and diagnosed (33/40) 82% of the acute cases in the County. In 2007, joint collaboration validated the accuracy of, and demonstrated feasibility and acceptability of patient-collected rectal swabs for gonorrhea (GC) and chlamydia (CT) NAAT testing. Adding patient-collected rectal GC/CT swabs as part of routine services has been associated with a 630% increase in number of tests done (comparing Jan-Oct 2007 to Jan-Oct 2008), with 231 additional cases of asymptomatic rectal GC and 396 additional cases of asymptomatic rectal CT being found. In October 2007 a Disease Intervention Specialist (DIS) was trained by LACSTDP and employed by LAGLC. With ongoing LACSTDP consultation, this "embedded" DIS has dramatically reduced the time from receipt of positive test results to interview for partner services (PS), and has increased the number of sexual contacts elicited compared to the same period in the previous year when a traditional DIS from LACSTDP performed these tasks.

**CONCLUSION:** In these collaborations each organization has provided different leadership perspectives and data capabilities. As a result, diagnosis and treatment of new HIV and STI cases have significantly increased. In addition, new populations that may need targeted interventions have been identified. We urge other Health Departments and Community-based organizations to share resources and data, and to seek funds for collaborative clinical research in order to enhance and streamline services, thus further reducing barriers for delivery of culturally appropriate STI and HIV diagnosis, treatment and prevention services.

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**Monday, August 24, 2009****Roundtable Sessions****5:15PM-6:00PM**

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**Track A****AR02 - Popular Opinion Leader (POL) On the Internet: Preliminary Results of the Behavior and Perception Modifications****Room: Hanover F/G (Hyatt Regency Atlanta)**

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**Presentation Number:** AR02**Presentation Title:** Popular Opinion Leader (POL) On the Internet: Preliminary Results of the Behavior and Perception Modifications**Author(s):** Zoon Naqvi

**BACKGROUND:** The Popular Opinion Leader (POL) program was adapted to modify perceptions and practices related to social norms of young Black and Latino Men who Sex with Men (MSM) who seek sex online by a community-based organization in New York City. A formative assessment identified the need for increasing HIV prevention messaging and efforts to improve understanding about HIV/AIDS to reduce the increasing HIV rates among young MSM in New York City.

**METHOD:** Internet and Web Based Settings

**RESULTS:** POL is a community-level HIV prevention intervention to equip influential peers who can encourage informal risk-reduction conversations to modify practices and perceptions. We adapted POL to provide online positive sex and harm reduction prevention messaging for young MSMs. The adaptation included selection of popular websites, relevant modification of the curriculum; development of a Policy & Procedures Manual; and recruitment and training of online POLs.

**CONCLUSION:** We have effectively recruited and trained 47 MSM of color who seek sex online (18-29 yrs old) for POL on the Internet. Results of the pre and post test for the training sessions of the POLs show a statistically significant modification of HIV perceptions and intentions to practice safer sex as a result of the training sessions. This innovative POL model has begun "crossing borders" into the virtual world, engaging high-risk men who are difficult to reach through traditional street-based outreach methods.

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**Track B****BR02 - Putting Use of GIS for Prevention on the Map****Room: Hanover C (Hyatt Regency Atlanta)**

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**Presentation Number:** BR02-1**Presentation Title:** Mapping HIV/AIDS Cases vs. Services**Author(s):** M. Maximillion Wilson, Ph.D.; David Andress; Rebecca Filipowicz

**BACKGROUND:** This is a summary of an evaluation research project examining the effectiveness of GIS-based decision making for the geographic distribution of HIV/AIDS testing and prevention services.

**METHOD:** This project is conducted by Area 4 AIDS Program Office staff, in cooperation with the Florida Department of Health's Bureau of HIV/AIDS and the Duval County Health Department's Division of Health Policy Evaluation Research. Data was collected in Jacksonville, FL.

**RESULTS:** The project is conducted in two stages. The first, descriptive stage utilizes a geographic information system (GIS) to contrast address-level data of recent HIV/AIDS cases with HIV prevention and test site locations. Geographic gaps in services are identified and special consideration is given to service gaps in racial and ethnic areas. The second stage evaluates positivity rates for targeted HIV testing efforts before and after mapping.

**CONCLUSION:** Initial findings suggest significant increases in positivity rates for HIV testing outreach when venue selection is guided by GIS data. Suggestions for strategies to incorporate this process into community planning and future/continuing research are provided.

**Presentation Number:** BR02-2**Presentation Title:** Utilizing Geographic Information Systems (GIS) in HIV Prevention Planning: Lessons Learned in Los Angeles County**Author(s):** Ricardo A. Contreras-Giron; Mike Janson

**BACKGROUND:** Los Angeles County (LAC) is the most populous county in the nation with 10.3 million residents, and the second largest with over 4,000 square miles of land. The County is one of the most diverse in both the demographics of its residents and its geography. These characteristics have created unique challenges in the planning and delivery of HIV prevention services. Analyzing HIV prevention need using GIS technology has been one tool recently used by LAC to better focus HIV prevention services as part of a new planning model paradigm put forth by the Los Angeles County HIV Prevention Planning Committee (LAC HIV PPC) Prevention Plan Workgroup.

**METHOD:** A geographic assessment of HIV risk and HIV prevention service needs was conducted to inform the LAC HIV Prevention Plan for 2009-2013.

**RESULTS:** Los Angeles Coordinated HIV Needs Assessment (LACHNA) data collected between June and December 2007 and HIV Counseling and Testing (HCT) data for fiscal year 2006-2007 were analyzed. LACHNA geographic variables included cross-streets where participants live, work and socialize (n = 1888). Collecting geographically related data in LACHNA permitted the subsequent geo-coding of data to generate x-y coordinates for each given pair of valid street names and their corresponding zip codes identified. In the case of HCT data, a client's home zip code was collected at the time of collecting risk assessment data for an HIV test. A composite HIV risk profile was constructed and included HIV prevalence and 4 risk factors defined as (1) HIV-positive test result reported, (2) inconsistent condom use, (3) methamphetamine, crack, cocaine, or heroin drug use and (4) sharing injection paraphernalia.

**CONCLUSION:** The composite risk profile was analyzed by zip code. Unduplicated data from LACHNA participants revealed 26 "hot spot" zip codes. Fiscal year 2006-2007 HCT data revealed 23 "hot spot" zip codes, while overlapping zip codes from both data sources showed 10 such zip codes. The resulting composite HIV risk profile's main impact was to inform the LAC HIV Prevention Plan for 2009-2013 concerning future HIV prevention resource allocation. GIS technology has also been used to develop a plan for implementing the LAC 2008 HCT Week initiative to identify potential intervention sites for hard-to-reach populations. The use of GIS technology as a planning tool in the allocation of HIV/AIDS resources is illustrated via the LAC HIV PPC's Prevention Work Plan need to modify its existing hybrid planning model to include geography as a factor. GIS' success is illustrated best by its use as a tool in the LAC 2009-2013 Prevention Plan resource allocation process. As a result of this, GIS technology has been integrated in data analyses that are informing recommendations for the geographic targeting of HIV/AIDS prevention and care services.

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## Track C

### CR02 - L.I.F.E. Improving Health Outcomes for HIV-Positive Individuals in South Florida

Room: Hanover D (Hyatt Regency Atlanta)

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**Presentation Number:** CR02

**Presentation Title:** L.I.F.E.: Improving Health Outcomes for HIV-Positive Individuals in South Florida

**Author(s):** Mara Michniewicz; Kristofer Fegenbush; John-Mark Schacht; Clayton Robbins; Marlene LaLota; Tom Liberti

**BACKGROUND:** In Florida, through 2007, it is estimated that there were 87,538 persons living with HIV/AIDS (PLWHAs), of whom 17% resided in Broward County. In response to the Centers for Disease Control and Prevention's Advancing HIV Prevention strategy to "prevent new infections by working with HIV-infected persons and their partners," the Florida Department of Health funds several programs to provide prevention services to PLWHAs. Prevention for positives typically involves safer sex messages and assistance with medication adherence, but often, these programs may fail to address the multiple life areas that are impacted by the disease. Interventions addressing a spectrum of health and behavioral factors empower patients to proactively manage illness.

**METHOD:** The L.I.F.E. intervention is delivered in Broward County through the Gay and Lesbian Community Center (GLCC) of South Florida.

**RESULTS:** The L.I.F.E. program is an 18-week, multi-session, group-level, health-related education and counseling program that integrates HIV prevention, treatment, and medication adherence interventions. GLCC facilitates L.I.F.E. as a component of their PALS (Positive Action for Living Safely) Project. This evidence-based model utilizes educational curricula and counseling protocols in the delivery of a comprehensive, holistic program designed to improve participant wellness. Participants learn to recognize and address a matrix of physical, psychological, and social "cofactors" shown to influence and affect neurological and immunological functions. These cofactors have been shown in HIV and other life-threatening illnesses to influence disease progression and mortality. GLCC recruits HIV-positive gay, bisexual, and questioning men of all ages, race/ethnicities, and economic backgrounds to participate in their L.I.F.E. program. Upon graduation from the program, many men remain in contact with program coordinators and other participants, forming extensive peer and volunteer networks that promote ongoing positive behavior change.

**CONCLUSION:** From January 2007 to December 2008, GLCC conducted four cycles of L.I.F.E. (each cycle consists of 16 sessions over 18 weeks), and had 103 HIV-positive men successfully graduate. Participants completed pre- and post-workshop

surveys that measured a variety of life cofactors, health and personal problems, and resulted in mean group profiles of client outcomes from each cycle. Seven life cofactors and three personal problems were chosen for analysis based on the percentage of positive change. We calculated the percentage of improvement for all ten variables for each of the four cycles and then determined average improvement for all four cycles combined. All variables had positive changes (i.e., improved life cofactors and fewer personal problems); the average percentage of change for selected variables was trusted support (+21.7%), self-disclosure (+20.0%), sexual risk behavior (+12.0%), depression (+21.0%), breathing (+26.0%), general health routines (+16.5%), threat coping skills (+21.2%), socialization (+16.7%), emotions (+19.5%), and attitude (+11.2%). Understanding the dynamic relationship between mind and body improves cofactor performance, physical and psychological health, enhanced immune function, and survival time. The L.I.F.E. program provides practical step-by-step guidance to help HIV-positive men create and implement personal plans for long-term thriving with HIV.

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## Track C

### CR06 - The Role of Churches & Faith-Based Leaders in HIV Prevention

Room: Hanover E (Hyatt Regency Atlanta)

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**Presentation Number:** CR06-1

**Presentation Title:** Initial Impact of TM-SBI as an Innovative Intervention to Address HIV/AIDS Through Faith Leader Networks

**Author(s):** A. Oveta Fuller

**BACKGROUND:** HIV/AIDS affects local communities worldwide. For multiple reasons, religious organizations and their local leaders have not most effectively promoted community engagement in HIV/AIDS prevention, care PLWHA or use of available resources. Religious leaders (clergy and officers) have access, influence and credibility within their communities, but this remains largely untapped. We developed an innovative approach, the Trusted Messenger Science-Based Intervention (TM-SBI), which is based on principles from virology, sociology, theology and public health education. An objective of TM-SBI is to help faith leaders to acquire a better understanding of advances in the biomedical sciences about HIV/AIDS. We proposed that systematic delivery of TM-SBI through organized networks of faith leaders can transform clergy to more effectively address HIV/AIDS, help to dispel common misinformation and myths, reframe HIV/AIDS as “a preventable virus infection” and overcome some of the barriers to initiating and sustaining prevention efforts.

**METHOD:** With full support of the highest officials, workshop sessions were conducted in an annual continuing education retreat for pastors and clergy from Ohio and Pennsylvania in the 3rd Episcopal District of the African Methodist Episcopal Church (AMEC). Presentations and discussions over a 6 hr one-day retreat focused on simple, fundamental aspects of HIV as an infectious agent, how HIV causes AIDS, what happens in testing and how anti-retroviral therapies can prolong progression to AIDS. Pre- and post-workshop surveys of stigma, level of HIV/AIDS knowledge, availability of VCT and follow-up phone surveys measured impacts of the intervention.

**RESULTS:** Participants (n= 64) engaged actively in learning throughout the day. Scores on surveys about biological aspects of HIV/AIDS increased an average of 15%, even though many had attended previous HIV awareness sessions. Forty-one of the participants took advantage of no cost rapid VCT offered at the retreat. Follow-up phone calls two weeks later with 21 randomly chosen participants indicated that 20/21 “would be willing to help organize or host a similar faith leader workshop in their local communities”. Written evaluation comments include that participants “feel more confident to deal with the issue and to relate to people with HIV/AIDS”.

**CONCLUSION:** These initial USA results with TM-SBI agree with results in a Lusaka, Zambia pilot study. Both studies suggest that delivery of a science-based message about HIV and AIDS through faith leaders in religious networks can help to mobilize these leaders, overcome barriers, reframe HIV/AIDS and engage them with their communities. Although long-term follow-up is needed to confirm findings and increase numbers, quantitative and qualitative measures indicate that faith leaders wish to actively engage in addressing HIV/AIDS. Key elements of the impact of TM-SBI on faith leaders are (1) focus on fundamental biology of HIV/AIDS rather than on risky behaviors, sexuality or morality issues, (2) support of the highest level officials of the social network, and (3) use of trusted facilitators with a high level of sensitivity, identity and cultural competency. Further validation and optimization are required to adapt the promising TM-SBI to address HIV/AIDS through religious leaders in local communities in the USA and globally.

**Presentation Number:** CR06-2

**Presentation Title:** Dialogue of Hope: Enlisting Churches as Agents of Education and Testing

**Author(s):** Kellie Rupard-Schorr

**BACKGROUND:** In the middle peninsula region of Central Virginia minority populations are enclosed and hard to infiltrate with prevention education and testing. The area also serves a sprawling rural population that is difficult to reach at any one focal point. A trusted inroad to these communities is the area churches which serve as a social and spiritual center, holding authority in its midst. Historically these churches have been resistant to allowing HIV education that is non-abstinence related due to fear of the congregation hearing a different or undesirable message. They are also resistant to leaders not of their own community. Enlisting minority-based churches in HIV education and testing is critical to reaching under-served populations.

**METHOD:** Rural and Suburban minority-based churches in the middle peninsula region of Central Virginia.

**RESULTS:** The Dialogue of Hope is an event designed to collaborate with churches that usually don't invite speakers or evidence-based information into their midst. Churches are asked to hold an event where the church can dialogue with the Education Coordinator of the Williamsburg AIDS Network. It asks them to review a pre-provided packet of information, then hold a discussion where the church tells the Education Coordinator what they think can be done to prevent AIDS then listen to the educator. By empowering the church to feel their opinion is being expressed, and by working with a leader of that congregation to co-facilitate the event, accurate information is given and access to knowledge about free local testing can be disseminated. Churches are provided with free testing coupons, and offered a chance to be a "Satellite Site" for a free testing or hold a free testing day within their community.

**CONCLUSION:** Result: In the first six months of the project with 10 churches approached, 4 minority-based churches agreed to hold Dialogue of Hope events. One church agreed only to let youth hold an event, and upon completion continued a supportive relationship with the agency. One Hispanic Church held an event in Spanish, offered a testing day and is in discussion to become a permanent Satellite Site for HIV testing. Latino testing statistics for our office are up 35% from the previous year. Two African-American churches are in the process of planning spring events; one has already agreed to hold a testing day at the church as a part of that planning. Overall testing increased by 25% from previous year, and African American testing increased by 15%. Demographics/Epi and a larger sampling of churches will be available by presentation date.

Lesson Learned: In rural or enclosed communities with isolated minority populations, traditional EBI's do not reach the target population efficiently. Using the Dialogue of Hope method to work with established leaders within that community, and offset personal insecurity by allowing them to express their opinions while they are learning accurate information empowers the churches and grants access to the community in an efficient manner. Co-facilitating with a church leader is essential, and offering a testing or continuing collaboration event increases testing and counseling in target populations.

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## Track C

### CR11 - Educating Teens about HIV/AIDS: A Model for HIV Prevention

Room: Inman (Hyatt Regency Atlanta)

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**Presentation Number:** CR11

**Presentation Title:** Educating Teens About HIV/AIDS: A Model for HIV Prevention

**Author(s):** Kezia L. Ellison; Albertha Graham-Ellison, Ph.D.

**BACKGROUND:** At the onset of the program, in Allegheny County, Pennsylvania, the majority of people living with AIDS are in the 25-35 year old age group. Due to the latency of HIV, they were likely infected as teenagers or young adults. This signified the need to focus on educating young people about the impact of HIV/AIDS, in Allegheny County and beyond. Since the initial research, the Southwestern AIDS Planning coalition has shared that the majority of people living with HIV are 20-29, suggesting that people being infected at a younger age. In March the CDC reported that one in four girls has a STD, this provides additional evidence that teen HIV/STD prevention is crucial.

**METHOD:** Programming has been implemented in Pittsburgh, Harrisburg, and Philadelphia, Pennsylvania for teenagers 13-19 years old.

**RESULTS:** The project has four (4) primary goals: 1) To spearhead a community effort to educate teenagers about the impact of HIV/AIDS. 2) To encourage teenagers to make informed decisions about engaging in sexual activities. 3) To promote abstinence as a way of preventing contraction of HIV/AIDS. 4) To encourage the practice of safer sex for those who are sexually active. ETAH provides a unique model of HIV prevention education that takes into account the societal and cultural experiences of teenagers. The programming focuses on the core issues and societal underpinnings that promote risky behavior such as low self-esteem, peer-pressure, drug and alcohol use, relationships, violence, etc.; and emphasizes the process of informed decision making. ETAH conducts Teen HIV/AIDS Awareness Days the last week in March. The Awareness Days brings high school students together with local (and national) experts to educate them about HIV and other STIs, and engages them in various interactive activities including art to encourage informed decision making about engaging in sexual activities.

**CONCLUSION:** From March 2001 through March 2008, ETAH has provided HIV prevention education to over 6,000 teens and pre-teens. Over the past eight years, there has been involvement from eight of the ten Pittsburgh Public High Schools, one Middle School, and some of the Charter High schools; both high schools in Harrisburg; Public and Charter schools in Philadelphia; and

schools from surrounding areas in both Pittsburgh and Philadelphia. We have had involvement and collaboration with local community organizations and churches, including support from larger entities such as the University of Pittsburgh Graduate School of Public Health, St. Christopher's Hospital in Philadelphia, and the Pennsylvania Department of Health. In 2004, the youth peer advocate program was created as a result of the need for continuous HIV awareness programming and as a way to have increased student involvement. One of the major lessons learned was that students requested parental involvement; therefore ETAH has developed a series for teens and parents to be initiated in 2008-2009. Students are very receptive to our programming, and request to return to ETAH events. ETAH also learned that new approaches are needed to garner greater support from the business community, and therefore presented a conference on the economic impact of HIV/AIDS in March 2008.

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**Track D****DR04 - Challenges in Reaching Older Adults****Room: Spring (Hyatt Regency Atlanta)**

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**Presentation Number:** DR04-1**Presentation Title:** Developing an HIV Prevention Intervention for Older Adults: Implementing Community PROMISE**Author(s):** Luis Scaccabarozzi

**BACKGROUND:** The older adult population living with HIV now comprises 27% of those infected with HIV in the U.S. (CDC). In NYC the epidemic's North American epicenter and a strong predictor of national trends—a 35% of the city's approximately 120,000 HIV infected individuals are over 50, and 72% are over 40. This pattern is also seen in high incidence urban area throughout the US. These increases are the result of highly effective ARV treatments. However, new HIV infections in this older adult population average 12-15 percent annually (CDC). As the number of older adults with HIV increases so does the risk for transmission in this age group.

Older Adults lack targeted HIV primary and secondary prevention information, adequate and sensitive access to HIV testing, effective STD prevention messages or information that leads them to make appropriate decisions about their HIV prevention, treatment and care needs.

**METHOD:** New York City, urban, older adults living with HIV and older adults at risk for HIV. Our targeted population were women of color and gay/bisexual men.

**RESULTS:** ACRIA set forth a demonstration project that adapted Community PROMISE targeting older adults living with HIV and those at risk for HIV. The project was made possible through funding from the NYC Council and the NYCDOH. The findings of Research on Older Adults with HIV (ROAH), the largest study ever conducted on the aging HIV population led us to a better understanding of the demographics, health status, depression levels, substance use, sexual behaviors, stigma, social networks, quality of life, loneliness, and spirituality of older adults living with HIV. We also know that new infections among older adults is 12-15%. Therefore, we found the need to target both groups of older adults, those living with HIV and those at risk for HIV.

**CONCLUSION:** •The unique process of developing a targeted HIV prevention intervention and messages for older adults. Older adults in general are excluded from HIV prevention messages.

- HIV-positive people over 50 are largely disconnected from needed HIV prevention and care services, creating a group that is stigmatized by HIV-phobia and ageism.
- Older adults willingness to speak about their HIV/STD risk and identify their health needs.
- HIV Older Adults over 50 face many physical, psychological, and social challenges of growing older.
- Very little is known about the effects of aging on HIV, and vice versa. Limited medical/social/medical research and/or inclusion of older adults in clinical trials have been done.
- Healthcare providers have little experience or knowledge dealing with HIV (prevention and care), disease progression and the comorbidities of aging.
- Cross-disciplinary training of healthcare and social services providers, HIV education and prevention services for older adults, and the development of networks comprised of those serving people with HIV and those serving people over 50.

**Presentation Number:** DR04-2**Presentation Title:** The Graying of HIV/AIDS: An Ignored Population in Prevention**Author(s):** Jane Fowler

**BACKGROUND:** Why are there so few HIV prevention efforts directed to adults who are mid-age and older, particularly persons of color, even though their infection rates are increasing? Because too many individuals, including providers of health care and aging services, ignorantly assume this age group is not sexually active and, therefore, not at risk for contracting the

virus. However, it is imperative that the senior population, and those who care for and about this age group, be made aware that their behaviors can put them at the same risk as their younger counterparts. There currently exists at least one national program, which continues to educate over-age-50 persons of all races and socioeconomic backgrounds about HIV transmission and prevention.

**METHOD:** Despite the project's name, HIV Wisdom for Older Women (WOW) is not restricted to one sex: it delivers prevention and outreach programs nationwide to elder persons, their health care and social service providers, and their families from headquarters in the Kansas City area.

**RESULTS:** HIV WOW is directed by Jane P. Fowler, an infected HIV woman now age 73 who has 13 years' experience as an HIV educator and activist. The program disseminates prevention information ("remember that you don't know the sexual history of anybody else, so protect yourself") through public programs at community venues nationwide, and offers private counseling via telephone and Internet. The project also actively lobbies the media, resulting in widespread coverage of the issue in newspapers and magazines and on television and radio.

**CONCLUSION:** Since it was established in 2002, HIV WOW has delivered 125 formal presentations to a total of about 9,000 persons at venues from coast to coast in the U.S. and Canada. Comments on post-program evaluation forms showed that the presentations effectively countered the lack of awareness of how HIV can affect aging individuals and suggested that the knowledge gained would be shared with appropriate sources in other settings. In addition to its oral presentations and email outreach, the project has delivered its prevention message to millions of Americans through media reports, including one on the Oprah Winfrey (television) Show and another on "Talk of the Nation" on National Public Radio.

Senior individuals and their supporters can learn and benefit from the call to "get educated about the transmission and prevention of HIV," especially when a speaker aging with the virus delivers that message. Putting a wrinkled face on the epidemic is a memorable way to demonstrate that the disease does not discriminate; and is a critical step in preventing the spread of HIV among vulnerable or naïve persons, especially those who may be coming out of long-term relationships that have ended due to death or divorce.

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## Track D

### DR08 - The Missing Link: Facilitation Strategies that Can Improve Outcomes for Any EBI

Room: Kennesaw Room (Hyatt Regency Atlanta)

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**Presentation Number:** DR08

**Presentation Title:** The Missing Link: Facilitation Strategies That Can Improve Outcomes for Any EBI

**Author(s):** Stephen Fallon

**BACKGROUND:** Staff working with any of the currently approved Effective Behavioral Interventions counsel, guide and describe risk-reduction strategies to clients in their target communities. Each EBI's success, whether individual or group level, street based or clinic based, depends upon the intervention specialist's ability to communicate clearly and credibly with the client(s), and to motivate the client(s) to care about the messages shared. Funded agencies send staff members to EBI trainings, so that they can learn the parts of an implementation kit. This workshop introduces skill sets that belong not to any one EBI, but can enhance any intervention's effectiveness. The specific communication skills to be shared are rarely taught or practiced in EBI trainings, often because of a mistaken belief that they are personality centered, rather than skills-based.

**METHOD:** Community-based organizations, faith-based organizations, AIDS service organizations, community clinics.

**RESULTS:** This experiential workshop will give participants a rapid-fire tour of key strategies that increase the effectiveness of their individual or group level interventions. The session will demonstrate what happens when a gap exists between a client's baseline knowledge or attitude, and what the prevention professional had assumed was their starting point. Following this, the facilitators will describe why some signs that prevention workers take as proof of their effectiveness may actually mean clients were not engaged at all. In other words, without key communication skills, prevention workers' messages might not impact learning, self efficacy or motivation. Thereafter, the training will move on to solutions that can enhance any facilitator's skills, whether beginner or advanced. Participants will learn each recommended communication strategy through activities and practice sessions. Through the full workshop, participants will learn how to: monitor their Language and Logic, Posture and Position, and Likeability / Relatedness at every stage of an ILI or GLI. They will learn the strengths and weakness of the deductive declarative, deductive keyhole and the inductive frameworks for presenting messages in different settings. A template will teach participants how to create culturally / linguistically competent analogies and word pictures for messages. The workshop will also describe the benefits and dangers of relying upon technology (powerpoint and video) when facilitating GLIs, and offer some rhetorical strategies to deal with problem participants. The workshop will close with role plays in which participants will rehearse explaining a basic message or illustrative case in a clear, credible and motivational way. Participants will receive a set of tools to verify the intended impact of their prevention message.

**CONCLUSION:** This workshop will shake up some prevention professional's comfort zones, by showing how all of us tend to assume that clients are receiving the messages that we hope we are conveying. By practicing specific message framing and delivery techniques, participants can better ensure that their EBI achieves its prevention goals. Note that this workshop, by definition, does not fit a standard 15-20 minute didactic summary. As an experiential workshop, the lessons require more time to illustrate / role play. This full group workshop time slot will ensure that participants internalize key lessons to improve their facilitation skills.

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**Track D****DR12 - R&R for HR: Boosting Participant Recruitment and Retention for the Healthy Relationships Intervention****Room: Baker (Hyatt Regency Atlanta)**

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**Presentation Number:** DR12**Presentation Title:** R&R for HR: Boosting Participant Recruitment and Retention for the Healthy Relationships Intervention**Author(s):** Marilyn Pyeatt

**BACKGROUND:** Many prevention programs implementing group-level interventions experience difficulty recruiting and retaining participants due to a number of external or structural factors (poverty, lack of access to physical/mental health services, stigma around sexual orientation, childcare and housing needs, transportation barriers, etc.). Challenges are also created by personal or internal factors (addiction, distrust of the system, low self-esteem, rejection by family/friends, etc.). Potential participants for the Healthy Relationships (HR) intervention can face additional factors, both external and internal (HIV-stigma, HIV-medication side effects, denial of HIV status, guilt or fear related to being positive, etc.), that are unique to people living with HIV/AIDS (PLWH/A). All these issues can create even more barriers to both recruitment and retention.

**METHOD:** HR is implemented with PLWH/A across the USA, as well as abroad. UT Southwestern staff members have extensive experience implementing HR in Dallas, TX and providing materials, training, and technical assistance for agencies using HR across the country.

**RESULTS:** Recruitment is a proactive, ongoing effort that includes distribution of marketing pieces, building personal contacts, and increasing referrals. Retention relies on facilitation skills, creative incentives, adaptation, follow-up, and intervention maintenance. Fostering active support for participants by including family members in educational efforts, increasing access to sessions through flexible meeting times, and removing other barriers to participation are some additional techniques used to improve recruitment and retention.

**CONCLUSION:** From October, 2002 to the present, UT Southwestern staff members created the HR Implementation Manual, Technical Assistance Guide, Starter Kit, training curricula, quality assurance forms, an adaptation guide, documents to reinforce session content, and many other materials designed to improve the transfer of this intervention from the research world to the community. From October, 2003 to the present, UT Southwestern provided the HR Training of Facilitators to over 600 people and the Training of Trainers to 20 trainers. From July, 2006 to the present, UT Southwestern completed 145 capacity building requests. From January, 2005 to the present, UT Southwestern conducted a total of 42 HR groups with 367 participants. 98% of planned sessions were completed. 72% of recruited participants attended HR sessions.

HR helps participants build skills for coping with stress related to disclosure of HIV-status and practice of safer sex, but potential participants may not recognize the value of that when focused on other issues in their lives. Past participants do appreciate this skills-building and spread the word after each successful HR group. However, ongoing recruitment efforts also are needed, especially around removal of barriers to participation. Adaptation to make the intervention more appropriate for and appealing to potential participants is crucial to both recruitment and retention. Retention is largely dependent on the skill of the facilitators. Sharing experiences with other HR providers is especially valuable in improving both recruitment and retention efforts.

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**Track D****DR15 - Considerations in Developing "Home Grown" Interventions****Room: Courtland (Hyatt Regency Atlanta)**

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**Presentation Number:** DR15**Presentation Title:** Considerations in Developing "Home Grown" Interventions**Author(s):** Grice Arredondo; Camille A. Abrahams

**BACKGROUND:** The Center for Disease Control and Prevention (CDC)-sponsored Diffusion of Effective Behavioral Interventions (DEBI) project has been a catalyst in the growing emphasis on the utilization of evidence based models and interventions in the HIV prevention field. Many community-based organizations (CBOs) have successfully adapted and/or implemented evidence based interventions (EBIs) from the CDC compendium of evidence-based interventions. However, countless organizations are faced with the challenge of working with target populations for which there are limited or no existing evidence based interventions within the CDC DEBI forum. In response to this, there is a growing interest in the concept of developing and testing “home grown” interventions as an alternative to the EBI adaptation process in order to address the needs of these target populations.

**METHOD:** This presentation is suitable for staff of community based organizations and health departments interested in and/or currently implementing effective behavioral interventions in high-risk communities.

**RESULTS:** The Center for Evidence Based Interventions (CEBI), a program of Cicatelli Associates, Inc., and the African American Capacity Building Initiative (AACBI), a program of the Harm Reduction Coalition (HRC), have provided training and technical assistance to CBO and HD staff implementing EBIs all across the country. Through our experiences, our capacity building programs have developed a clear understanding of key components in the development of effective behavioral interventions that will enable community-based organizations to have more success in their development of effective homegrown interventions.

**CONCLUSION:** Based on qualitative and quantitative data collected from trainings and technical assistance services provided in the past five years, CEBI and AACBI/HRC were able to identify issues and strategies to adapting and/or developing interventions for at-risk populations not targeted by other effective behavioral interventions. In addition, a literature review was conducted to support our findings regarding the effective strategies needed to develop a homegrown intervention.

Based on the data collected thus far, there are 6 key components in the development of effective behavioral interventions including 1) assessment 2) risks factors and behavioral determinants 3) behavioral theories 4) developing/determining intervention activities 5) logic models, 6) monitoring and evaluation.

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## Track E

### ER02 - Bridging policy, practice, and research in HIV prevention work with black gay men

**Room: Dunwoody (Hyatt Regency Atlanta)**

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**Presentation Number:** ER02

**Presentation Title:** Bridging Policy, Practice, and Research in HIV Prevention Work with Black Gay Men

**Author(s):** Charles Stephens

**BACKGROUND:** In HIV prevention work with black gay men, there is a substantial opportunity for greater and more effective cross-coordination of the efforts of policy experts, prevention practitioners, and researchers. The HIV prevention discourse has suffered from a lack of cross-dialogue and can be augmented considerably by bridging the gaps in the conversation, and developing strategies collectively. This roundtable will provide an opportunity for policy experts, prevention practitioners, and researchers to share our perspectives on how we can work together more effectively together to develop and execute an enhanced HIV prevention research agenda for black gay men.

**METHOD:** The audience for this roundtable will consist of HIV prevention practitioners, policy experts, and researchers who work with HIV prevention interventions for black gay men.

**RESULTS:** Participants in the roundtable will a) identify strategies for information sharing between policy experts, practitioners, and researchers; b) discuss the development of a comprehensive black gay men's research agenda encompassing policy, practice, and research; c) discuss best practices for the development of research design informed by individuals working in the communities that are being studied and addressing downstream policy needs; and d) develop recommendations for moving forward to prepare an integrated, enhanced HIV prevention research agenda that is informed by people working within and across prevention policy, practice, and research.

**CONCLUSION:** We anticipate several outcomes of the roundtable discussion. The group will identify gaps in HIV prevention research for black gay men, and how those whose primary work is in policy and prevention practice can support efforts to address identified gaps in existing prevention tools. By having participants who work in different aspects of HIV prevention discuss current barriers, we expect that participants will leave with increased awareness of barriers to more integrated efforts of policy experts, practitioners, and researchers; awareness of these barriers leads to greater understanding of how to work toward eliminating them. Finally, we hope that our discussion will focus attention on the need for a consensus agenda for HIV research related to prevention services for black gay men that addresses aspects of policy, practice, and research needs.

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**Track F****FR02 - Outreach to Youth Including Young and Minority MSM****Room: Piedmont (Hyatt Regency Atlanta)**

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**Presentation Number:** FR02**Presentation Title:** Barriers and Facilitators to HIV Care and How to Improve: Young Minority MSM Speak Up**Author(s):** Arya, M; Davila, JA; Miertschin, NP; Henley, CM; Mitts, BJ; Giordano, TP

**BACKGROUND:** Retention in HIV care affects survival. Youth are less likely to utilize and stay in care and for racial and ethnic minority MSM, this problem is more acute. Limited research exists to determine the barriers to care faced by HIV-positive young, African-American and Latino MSM, two populations disproportionately affected by the HIV/AIDS epidemic. Understanding these barriers and soliciting youth's solutions to them could offer insights into strategies to link to and retain in care these hardest hit – and hardest-to-reach-- populations.

**METHOD:** We conducted focus groups with HIV-positive young African-American and Latino MSM who attend the largest HIV-clinic in Houston, TX. Participants were queried on barriers and facilitators to accessing and staying in care. Suggestions for improving access to and retention in care were elicited.

**RESULTS:** Eight HIV-positive African-American or Latino young MSM (ages 13-24) participated in focus group discussions. Five participants were newly HIV-diagnosed. Barriers to care included: shame and embarrassment; not knowing locations to get care; not knowing that medicines and care can prolong life; concerns about privacy and stigma; and perception that a “white-owned clinic” would be more professional than this clinic. When asked why youth start care and then stop, participants noted: thinking they were healed; not realizing the need to continue seeing the doctor after beginning medications; care not providing benefit; not believing in medications; and feeling like “life is already gone.” Facilitators to care included: fear of death; having a clinic-based mentor or outside family support; and appointment reminders. To improve access to and retention in care, youth suggested: publicity in the community about resources for care for youth and having HIV-positive people speak in the community as examples of the positive effects of treatment and care, including exemplifying that not everyone with HIV looks sick. They suggested advertising clinic locations and youth-oriented resources in nightclubs frequented by youth. Additional suggestions included having a building designated for youth and youth support groups.

**CONCLUSION:** While previous research has focused on barriers to HIV care faced by youth, this study focused on the most impacted demographic of young racial and ethnic minority HIV-positive MSM and offered these youth the opportunity to provide suggestions for improvements. Advertising clinic resources in venues frequented by youth may be one solution to improve access to care as youth indicated they did not know where resources existed. The benefits of care could be exemplified by HIV-positive persons already in care speaking in the community as these youth wanted these role models to dispel community stereotypes. While having a building designated for youth may be impractical, the suggestion of youth-only support groups for minority MSM is feasible. Since these youth indicated an unawareness of the life-saving benefit of medications and care, education about the importance of medications and provider visits needs to be disseminated in a way that reaches minority youth. Larger studies of young racial and ethnic minority MSM are needed to determine how widespread these barriers and facilitators to care are, and if their suggestions would successfully link and retain youth to care.

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**Tuesday, August 25, 2009****Roundtable Sessions****7:30AM-8:15AM**

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**Track A****AR03 - Charm City Boys: Male Commerical Sex Work and Perceived Infection Risk in Baltimore City****Room: Hanover F/G (Hyatt Regency Atlanta)**

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**Presentation Number:** AR03**Presentation Title:** Charm City Boys: Male Commerical Sex Work and Perceived Infection Risk in Baltimore City**Author(s):** Steven Dashiell

**BACKGROUND:** The Baltimore City Health Department, via its Chronic Disease division, is in the process of doing research on female commercial sex work, risk (specifically IDU risk), and infection. As a complimentary study, the idea was developed to gather information on male commercial sex workers in Baltimore. The male CSW population represents a smaller population in comparison, lacking the formal meeting locales that their female counterparts enjoy (e.g. strip clubs), but the population is highly correlated with drug use and "survival sex", which are constants found in the female population. Since the closing of the only gay male strip club in Baltimore, the CSW population has been disorganized and scattered. Additionally, past studies (such as the Young Men's Survey in Baltimore and the work of BE SURE, both sponsored by the CDC) have indicated a significant risk of this population. The researcher wished to examine a small population of males and assess methods of engagement and perceived risk amongst this population.

**METHOD:** Through social networking, the researcher was able to gather a small group of commerical sex workers (n=6). The researcher engaged in qualitative interviews with the individuals, each lasting about an hour. Questions regarded some minor information about past life, self identification, sexual experience, prevention methods, testing history, and means of engaging possible clients.

**RESULTS:** Results will be forthcoming.

**CONCLUSION:** This information will provide a clearer picture of the male commerical sex worker, and signal out distinct ways in which this population differs from females, and how methods must be more vigorous and tailored to reach men engaging in sexwork.

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**Track C****CR03 - Sexual Health, Identity and Sexuality: A Roundtable Discussion on Lesbians and HIV Prevention****Room: Hanover D (Hyatt Regency Atlanta)**

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**Presentation Number:** CR03**Presentation Title:** Sexual Health, Identity and Sexuality: A Roundtable Discussion on Lesbians and HIV Prevention**Author(s):** Alicia Heath-Toby

**BACKGROUND:** Gay Men's Health Crisis (GMHC) fights to end the AIDS epidemic and uplift the lives of all affected. Reflecting the New York City (NYC) epidemic, GMHC serves a client base with 23% women (n=2698 clients in FY08). GMHC's Lesbian AIDS Project (LAP), founded in 1992, confronts the HIV prevention and care needs of lesbians and women who have sex with women (WSW) in NYC. LAP currently serves 85 active, unduplicated, female clients per year through regular services and activities. The overwhelming majority is African-American and lives in higher HIV-prevalence areas of NYC. While female-to-female sexual contact may be a less efficient route of HIV transmission when compared to male/male or male/female, we know from experience in this population that WSW do get HIV and engage in behaviors that put them at risk. Some WSW have sex, or sexual histories, with HIV-positive men and/or injection drug users. Some WSW use injection drugs and may share needles and works. Our observations in LAP suggested that WSW of color in NYC experience a number of environmental adversities that confound expectations based solely on WSWs' sexual orientation. Therefore, GMHC designed a community-based participatory research project to identify factors putting this group at risk for HIV.

**METHOD:** GMHC developed and conducted a survey of sexual health and risk with women of color who identify as lesbian or have sex with other women. The survey was comprised of nine domains assessing demographic information; risk; history of STIs; relationships; sexual perception and self-esteem; physical and mental health; exposure to violence; substance use history;

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and religious faith and spirituality. Peers administered the survey at social venues and organizations where WSW frequent in high HIV-prevalence neighborhoods of NYC. Staff entered and aggregated the survey results and analyzed them using SPSS.

**RESULTS:** Findings show that the context of risk can be located in specific environmental factors that influence an individual's access to resources, the way she perceives herself, and the way society perceives her. The factors with high correlations to sexual health include positive self-image and a high comfort level with sexual identity and having sex with women. The factors with high correlations to sexual risk are substance abuse, history of sexual trauma, violence, perceived homophobia, racism, and economic distress.

**CONCLUSION:** A prescriptive analysis of the findings suggests that interventions that change community norms and attitudes related to women's sexuality are likely to improve community health outcomes. Increased attention to the needs of NYC WSW of color via Community Level Interventions aimed at increasing resiliency in the face of adversity such as racism, sexism, poverty and the fear of female sexuality in society is a critical HIV prevention strategy. GMHC proposes to facilitate a roundtable presentation that will foster discussion and information-sharing regarding interventions that change community norms and attitudes related to women's sexuality, including the strategies employed by the Lesbian AIDS Project at GMHC.

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## Track C

### CR07 - Beyond Behavioral Interventions: Structural Intervention Development at a CBO

**Room: Hanover E (Hyatt Regency Atlanta)**

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**Presentation Number:** CR07

**Presentation Title:** Beyond Behavioral Interventions: Structural Intervention Development at a Community-Based Organization

**Author(s):** Tom Kennedy; Hunter Hargraves

**BACKGROUND:** Despite the reliance on behavioral interventions within HIV prevention, it is widely understood that behavioral factors alone do not determine one's risk of HIV transmission. Given this, it is essential that public health efforts also address the underlying contextual factors which make some populations more vulnerable to infection than others: the social norms, public policies and physical environments that affect individual level behaviors and risk of exposure. One tool to mitigate these factors is structural interventions. While much of the key literature on structural interventions cites international or national examples, STOP AIDS Project has worked to determine how the key principles of structural interventions can be utilized at a local level to bring about positive change within the political, economic, social and environmental domains.

**METHOD:** Formative research on structural intervention development was conducted in San Francisco, California at STOP AIDS Project, a community-based organization that works to reduce HIV transmission among MSM.

**RESULTS:** In 2005, STOP AIDS Project embraced the promising body of research on sexual network theory and used it as a guiding strategy for innovative HIV prevention programming. During this process, STOP AIDS Project has been collaborating on a research project to develop a sexual network-informed structural intervention. Through this work, STOP AIDS Project began to formulate a process for developing structural interventions at a community-based organization (CBO), taking into account what is feasible for CBOs. STOP AIDS Project has written a manual to codify and guide the process for future intervention development at the organization.

**CONCLUSION:** Incorporating structural interventions into a sexual network paradigm required several major steps, such as: staff training on concepts and theory using clear local examples; rethinking program goals and objectives; and considering alternate sources of funding. Specifically, some of the steps for training and implementation included: 1) clearly delineating the differences between individual, group, community and structural interventions; 2) understanding structural factors and systems that comprise the four structural domains (social, political, economic, and environmental) 3) learning how to chart a causal pathway to describe how structural factors can be linked to individual HIV behaviors, 4) involving the community in the development process, 5) developing a set of criteria to select an intervention, taking into account possible unintended consequences 6) determining when it is appropriate to address risk factors through structural intervention rather than behavioral interventions. These steps moved the organization towards a strategy that recognizes the importance of using a range of interventions including behavioral, biomedical, and structural to continue to be effective in fighting the HIV epidemic.

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## Track D

### DR01 - Handling Challenges in Working with Transgendered Clients

**Room: Inman (Hyatt Regency Atlanta)**

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**Presentation Number:** DR01

**Presentation Title:** Transgender-Specific HIV Prevention Efforts of CDC's Division of HIV/AIDS Prevention (DHAP)

**Author(s):** Vel McKleroy; Teresa J. Finlayson

**BACKGROUND:** Although surveillance and monitoring is limited, research shows that transgender persons are at very high risk for HIV/AIDS in the United States. Few HIV preventive evidence-based behavioral interventions (EBIs) have been developed for and rigorously evaluated among transgender persons. In response to the critical need for locally developed and adapted interventions and capacity-building efforts that address the unique risks and contextual factors experienced by a broad spectrum of transgender persons, the CDC's Division of HIV/AIDS Prevention (DHAP) formed a cross-branch transgender workgroup. The mission of the DHAP Transgender Workgroup is to increase awareness and responsiveness within DHAP to prevent HIV acquisition and transmission in transgender and gender variant persons. This presentation will provide an overview of DHAP's intramural and extramural transgender-related activities.

**METHOD:** Division of HIV/AIDS Prevention (DHAP)  
CDC/CCID/NCHHSTP/DHAP in Atlanta, GA.

**RESULTS:** The workgroup identified transgender-related activities in DHAP to ensure cross-branch collaboration of culturally appropriate, responsive activities. DHAP funds researchers, health departments, and community-based organizations (CBOs) to 1) adapt/develop, implement, monitor, and evaluate EBIs for use with transgender persons in various U.S. locations; 2) provide capacity-building technical assistance to providers adapting, implementing, and evaluating new culturally appropriate interventions for transgender persons; and 3) pilot transgender-specific monitoring and behavioral surveillance surveys. Some of these activities specifically target at-risk transgender persons, and others have broader target populations that include transgender persons.

**CONCLUSION:** Results:

EBIs adapted for use with transgender persons and being evaluated include Mpowerment, SISTA, and Healthy Relationships. Locally developed programs are currently being evaluated in Los Angeles (LA), Philadelphia, New York (NY), and Chicago. San Francisco's Center for AIDS Prevention Studies (CAPS) Transitions Project provides technical assistance to agencies implementing Mpowerment, SISTA, and Healthy Relationships with transgender persons. The Transgender Health Behavior Survey is being piloted in 3 cities. Transgender persons were among participants for focus groups to explore consumer opinions about HIV Counseling Testing, and Referral services in Miami, Chicago, NY, and LA, and participated in a rapid HIV testing demonstration project in Miami, NY, and LA. A synthesis of transgender-specific studies conducted by DHAP identified HIV risk behaviors and contextual factors that may lead to increased HIV transmission and acquisition.

Lessons Learned: There is a need for culturally appropriate HIV prevention programs to address the unique risks and contextual factors experienced by a broad range of transgender persons. The goals of this newly formed DHAP Transgender Work Group are to increase awareness of the unique prevention needs and contextual factors related to HIV/AIDS in transgender and gender variant persons; to build capacity within DHAP research and data systems to accurately describe the epidemic in transgender and gender variant persons; to expand the capacity of DHAP to improve and develop programs and interventions that are responsive to the HIV prevention needs of transgender and gender variant persons; to foster collaboration and information exchange regarding activities within DHAP that are specific and inclusive of transgender and gender variant persons; and to encourage cultural proficiency of all DHAP staff and grantees working with transgender and gender variant persons.

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## Track D

### DR05 - Successful Stories of Technology Transfer

**Room: Spring (Hyatt Regency Atlanta)**

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**Presentation Number:** DR05-1

**Presentation Title:** Accion Mutual/Shared Accion's Model for Evaluating Capacity Building Programs

**Author(s):** Claudia Rodriguez, Amanda Hawkins

**BACKGROUND:** The question of how to evaluate capacity building programs has long gone unanswered because of the diversity of intervention models, the structural complexities, and the variability of services that are currently provided. Accion Mutua/ Shared Action (AM/SA), the capacity building department at AIDS Project Los Angeles, acknowledges the need for a model to evaluate capacity building programs and will our new model for evaluating capacity building programs based on the review of our 5 years of experience.

**METHOD:** Accion Mutua/ Shared Action (AM/SA) has been providing capacity building assistance services for other AIDS organizations, community based organizations and health departments, in the western region of the U.S. since 2004.

**RESULTS:** AM/SA has been serving Community Based Organizations and Health Departments to increase their capacity adopting, adapting, increasing core competencies and evaluating their HIV prevention programs. During the last five years, AM/SA collected evaluation data and tested different evaluation models and tools: process information about its services, outcome monitoring of prevention programs, and follow-up evaluations. During the presentation AM/SA will describe the model

and each of the evaluation components. Note: this evaluation model is focused on Capacity Building Assistance (CBA) FA2 framework.

**CONCLUSION:** During the presentation AM/SA will present the evaluation model as well as specific instruments with their variables/indicators as well as expand in the following results:

- It is necessary to evaluate programmatic activities to determine technical capacity.
- Self assessment of core competencies is not always a reliable way of gauging participants' capacity.
- Indicators that are useful for measuring level of core competencies are knowledge, behavior (implementation), and self efficacy variables.
- Program outcomes should be grouped based on the type of intervention: group level, individual level or community level.

The evaluation of capacity building programs comes with many barriers. First and foremost, there is a lack of a universal definition of capacity building. Perception of one's technical capacity is not reliable. Program participants are not homogenous. It is difficult for individuals to report on their own outcomes.

**Presentation Number:** DR05-2

**Presentation Title:** The Art and Science of Technology Exchange: Center for AIDS Prevention Studies Case Studies

**Author(s):** Greg Rebchook; Paul Cotten; Luis Gutierrez-Mock; Joanne Keatley

**BACKGROUND:** Knowledge exchange between researchers and prevention providers is critical for expanding effective programs to communities in need. However, technical assistance (TA) and capacity building assistance (CBA) can be ill defined and poorly understood by consumers of services, funders of programs, and new TA and CBA providers themselves. Effective TA and CBA provision is both an "art" and a "science," involving competencies in content areas and learning theories, and the abilities to respond to needs and direct activities. Achieving this synergy can be challenging in an environment of scarce resources and few tested models.

**METHOD:** The Center for AIDS Prevention Studies (CAPS) supports a variety of TA and CBA projects that help community-based organizations adapt and implement tested programs, increase capacity, and integrate research into programs. The CAPS Technical Assistance Working Group (TAWG) is a forum for projects to share information and resources, assure quality, and develop best practices collaboratively.

**RESULTS:** Each project involved in the TAWG has a unique scope of work, yet each provides evidence-based services that respond to the needs of communities, organizations, and individuals. For example, Translating Research into Practice's (TRIP) state-of-the-art, collaborative technology exchange system helps community-based organizations (CBOs) put the Mpowerment Project into practice. The Transitions Project provides CBA to US CBOs and health departments to promote knowledgeable, sensitive, and effective HIV/AIDS prevention for transgender communities of color and HIV+ transgender people. The Center of Excellence for Transgender HIV Prevention (CoE) provides leadership, capacity building, professional training, policy advocacy, research development, and resources to increase access to culturally competent services for transgender Californians. The AIDS Policy Research Center serves as an Evaluation and TA Center on 2 HRSA projects, and the Technology and Information Exchange (TIE) Core provides general HIV prevention research assistance to providers.

**CONCLUSION:** CAPS has been conducting technology exchange for more than 20 years and has developed an innovative collaborative working group structure to support projects. A panel of TAWG-affiliated presenters will describe approaches and tools, discuss their evidence base, and present case studies. For example, TRIP will describe the proven scientific principles (including Diffusion of Innovations and others) on which the Mpowerment Project Technology Exchange System (MPTES) (a Replication Package, a comprehensive training program and on-site trainings, technical assistance, and, a variety of Internet services) is based. The Transitions Project utilizes the MAP process (McLeroy et. al., 2006) to walk TA recipients through quantifiable steps and concrete tasks that support better accountability, documentation, and ease of communication. The TIE Core and AIDS Policy Research Center will discuss evidence-based best practices to providing HIV prevention research and evaluation support to collaborators working in a myriad of prevention and care settings. Building strong and trusting relationships, utilizing all available data and resources, and tapping multiple modes of teaching and learning are critical to providing effective TA and CBA. Common challenges include balancing responding to and directing requesters, utilizing technology over long distances, and implementing professional development.

**Presentation Number:** DR05-3

**Presentation Title:** Conducting Technology Transfer Courses for CBOs to Effectively Build Capacity of HIV/AIDS Prevention Initiatives

**Author(s):** Courtney Henry

**BACKGROUND:** Many community based organizations (CBOs) and faith based organizations (FBOs) lack the ability to maintain effective HIV prevention initiatives and to increase organizational capacity. Therefore, in order to improve capacity

and sustain HIV prevention programs, Technology Transfer courses should be utilized by CBOs and FBOs. Technology Transfer workshops emphasize strengthening organizational infrastructure and effective program implementation for CBOs and FBOs. Furthermore, Technology Transfer courses provide CBOs and FBOs with the knowledge to connect to support resources, create networks and develop strategies to improve HIV prevention service delivery and capacity building efforts.

**METHOD:** Technology Transfer courses were conducted in a three day period in Jackson, Mississippi over a three year period. The Technology Transfer courses are designed to use knowledge to connect CBOs and FBOs to support resources, create networks and the development and implementation of strategies to improve HIV prevention service delivery and sustainability efforts.

**RESULTS:** The Technology Transfer Course is a three day capacity building opportunity that provides CBOs and FBOs with the knowledge needed to build and sustain sound organizational infrastructure and implement effective HIV prevention programs. The three day course focuses on grant writing, financial management, organizational development, recruitment and retention, strategic planning, evidence based interventions, needs assessment, recruitment and retention, and program evaluation.

**CONCLUSION:** Analyses from the quantitative data revealed several successes from conducting the three day Technology Transfer courses. Overall 80% of the participants felt confident about maximizing HIV services; 85% agree they will utilize the courses information; 95% strongly agree the courses met their needs; 70% of participants learned a variety of adult teaching strategies and 75% of participants felt the courses curriculum was appropriate. CBOs and FBOs were able to effectively utilize the information and enhance their ability to build capacity and improve HIV prevention service delivery.

It is essential that CBOs and FBOs are provided knowledge to build and sustain organizational infrastructure and effective HIV prevention programs. By offering Technology Transfer courses, CBOs and FBOs are able to identify and discuss issues directly related to their communities and receive problem solving methods in order to enhance HIV/AIDS prevention initiatives.

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## Track D

### DR09 - Introducing Male Circumcision for HIV Prevention in Non-Circumcising Communities in the U.S.

**Room: Hanover C (Hyatt Regency Atlanta)**

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**Presentation Number:** DR09

**Presentation Title:** Introducing Male Circumcision for HIV Prevention in Non-Circumcising Communities in the U.S.

**Author(s):** Inon Schenker

**BACKGROUND:** A CDC lead recent study has found that being circumcised significantly reduced the risk of HIV infection in heterosexual African American men known to have been exposed to the virus. Male circumcision (MC) may be especially important also for Hispanic populations. In these two subgroups routine circumcision is uncommon while they are most at risk for HIV infection.

Currently, the American Academy of Pediatrics does not recommended routine neonatal circumcision and Medicaid does not cover the procedure - two policy impediments for introducing large scale neonatal and adult MC programs aimed at lowering HIV infection among minority populations at high risk for HIV infection. Another challenge is the limited number of medical teams able to perform mass MC under local anesthesia at community-level clinics.

**METHOD:** "Operation Abraham" is a collaborative of Eight Israeli medical and public health institutions working towards effective technology transfer in MC for HIV prevention through a comprehensive model of training, simulation and education. The experience gained in Israel in large scale adult MC is unique. More than 80,000 adults, mostly new immigrants from Former Soviet Union and Ethiopia seeking voluntary circumcision were operated on at an average rate of 30-34 clients a day per surgeon. Adverse events were below 2% and in most cases very minimal. A significant part of the model was already pilot tested in Swaziland, Africa in response to requests of U.N and local governments for technical assistance from Israel in the field.

**RESULTS:** Introducing MC for HIV prevention to African American and Hispanic populations in the U.S. requires a strategic approach which is sensitive to culture, religion, economic level and characteristics of medical services utilization of these populations among other factors to be outlined in this presentation.

On a background of MC being routine for the majority of Americans we believe that an increase of 30% in circumcision rates among sub populations at highest risk for HIV infection in the U.S. is achievable through a comprehensive model. The model, presented here for the first time, involves:

- 1) Tailoring a community mobilization effort in collaboration with leading CBOs and FBOs credible with the target populations including: development, packaging and dissemination of population-specific messages promoting MC; utilizing role models; educational campaigns
- 2) Opening community-level designated MC clinics with fully trained teams being able to use "Operation Abraham Collaborative" delivery systems effectively
- 3) Lobbying for AAP and Medicaid policy change

4) Developing a clients' education campaign to minimize risk compensation

5) Implementing a systematic follow-up, M&E program guided by CDC.

**CONCLUSION:** Increasing MC rates in populations at risk for HIV in the U.S. requires innovation, international cooperation and evidence-based approaches. The presentation will detail a comprehensive model and discuss related challenges and opportunities in the context of the U.S. HIV/AIDS epidemic.

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## Track D

### DR13 - New Opportunities for Reaching African Americans and MSM for HIV Testing and Behavioral Surveys

**Room: Baker (Hyatt Regency Atlanta)**

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**Presentation Number:** DR13

**Presentation Title:** New Opportunities for Reaching African Americans and MSM for HIV Testing and Behavioral Surveys

**Author(s):** Patrick S Sullivan; Peter E Thomas

**BACKGROUND:** Recent data on HIV incidence in the United States suggest that African Americans and men who have sex with men (MSM), especially MSM of color, bear a disproportionate share of the burden of the HIV epidemic.

**METHOD:** National data provide an important context in which to understand the HIV epidemic, but locally relevant data are much more useful in planning and delivering prevention programs. Many small- and medium-sized cities are not supported to participate in the National HIV Behavioral Surveillance System, but are still interested in having behavioral data about at-risk populations in their city.

**RESULTS:** Beginning in 2009, CDC will make funds available through the BART program (Behavioral Assessments and Rapid Testing) for collection of behavioral data through rapid behavioral assessments, and for the provision of rapid HIV testing services to 4 key populations: general populations of African Americans at large social events (e.g., the Black Arts Festival or the Essence Festival); African Americans attending Black College Spring Break parties; MSM attending gay pride events in small- and medium-sized cities; and MSM attending Gay Pride events specifically for men of color (e.g., Black or Hispanic Gay Pride).

**CONCLUSION:** This roundtable discussion will help participants consider options for conducting event-based rapid behavioral assessments, and for offering event-based HIV rapid testing services. Rapid behavioral assessment topics will include methods of selection of respondents to brief behavioral surveys that decrease selection bias; information technology options to allow efficient collection of data; and resources to access standardized, pre-tested questions for use in surveys. HIV rapid testing will include operational models for HIV screening in festival settings, issues with and solutions for managing results of follow up testing for out-of-state attendees who choose to test; social marketing approaches to increase willingness to test; and technical issues related to use of HIV rapid test kits in extremes of weather. We will also provide information about funding opportunities through BART to community-based organizations and health departments.

This session will engage participants to share their experiences with HIV surveys and HIV rapid testing in festival settings; identify new strategies to reach populations at highest risk for HIV infection – African Americans, and MSM of color – in event settings; and discuss important process and outcome measures for evaluating event-based HIV testing and behavioral surveillance programs like BART. Capacity will be increased as participants develop and refine ideas for event-based rapid behavioral assessments and HIV rapid testing, identify what resources are available through CDC or through peer organizations to support them, and learn about small grant opportunities to fund implementation of such prevention activities at events attracting African Americans and MSM.

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## Track E

### ER01 - Elimination of Perinatally-Acquired HIV in the U.S. is Possible: Results of a CDC Consultation

**Room: Hanover C (Hyatt Regency Atlanta)**

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**Presentation Number:** ER01

**Presentation Title:** Elimination of Perinatally-Acquired HIV in the U.S. is Possible: Results of a CDC Consultation

**Author(s):** Margaret A. Lampe; Chad Abresch; Steven R. Nesheim; Allan W. Taylor; Suzanne Whitmore

**BACKGROUND:** The dramatic reduction in the number of perinatally-acquired HIV infections in the United States marks a tremendous prevention success in the HIV epidemic. However, several studies have shown that pregnant women with HIV and their infants often miss important opportunities for prevention or receive suboptimal prevention interventions. An even greater

reduction in the number of infected infants is possible. The World Health Organization has established goals of eliminating perinatal HIV infection in Europe and the Caribbean, but a formal goal has not yet been established in the U.S.

**METHOD:** In April 2008, CDC gathered experts in public health prevention programs, epidemiology, HIV medicine, obstetrics and pediatrics to consider the current state of the perinatal HIV epidemic as well as strategies for further reduction and possible elimination of perinatal HIV transmission in the United States.

**RESULTS:** The expert consultants were provided the best-available data describing the numbers of HIV-exposed births, the utilization of proven preventive interventions, and numbers of HIV-infected infants. Federal agencies described existing prevention programs, data collection methodologies and clinical care structures. Exercises were conducted to determine what the goals for perinatal HIV prevention should be in the U.S. and what priority programmatic, surveillance, research and policy actions should occur.

**CONCLUSION:** The consultants concluded that elimination of perinatal HIV transmission in the U.S. is possible, defined as an incidence less than 1:100,000 live births, or a perinatal transmission rate of less than 1%. They emphasized that complete elimination is precluded by new HIV cases in women and that more effort for primary prevention for women is needed. To achieve elimination each year, 3 main strategies were recommended: 1) create comprehensive, real-time case-finding systems, 2) improve care for HIV-infected women through comprehensive clinical and psychosocial case management, and 3) consider every perinatal transmission of HIV a sentinel event that prompts detailed case review and community action. In response, CDC has developed an implementation plan to: 1) establish a Perinatal HIV Services Coordinator (PHSC) function in all jurisdictions to: conduct active case-finding for pregnant, HIV-infected women in real time, refer for or provide comprehensive perinatal HIV case management, provide basic information to surveillance systems and to a local quality improvement project which will conduct detailed case reviews and implement local systems improvements; 2) work with national partners to establish quality indicators for HIV screening of pregnant women, improve reproductive health care for HIV-infected women, improve HIV screening to detect acute infection during pregnancy and expand neonatal HIV-exposure reporting; 3) further support national expert perinatal HIV clinical consultation and referral; 4) conduct special studies to determine best practices to: detect acute infection during pregnancy, integrate HIV case-finding with systems for other perinatal infections and determine the annual number of newborns exposed to HIV; 5) follow-up infants long-term by linking perinatal exposures to antiretrovirals with mortality, cancer and birth defect registries; and 6) establish a Perinatal HIV Elimination Network and annual working meeting to further advance perinatal HIV elimination across federal agencies, grantees and partners.

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## Track E

### ER03 - Mobilizing Black Gay Men to Impact HIV Prevention Policy, Program and Research

Room: Dunwoody (Hyatt Regency Atlanta)

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**Presentation Number:** ER03

**Presentation Title:** Mobilizing Black Gay Men to Impact HIV Prevention Policy, Program and Research

**Author(s):** A. Cornelius Baker

**BACKGROUND:** Since the early 1980's, black gay men have been disproportionately impacted by HIV. In June 2005, a five-city study by the CDC reported 46% of black gay men to be HIV positive and 67% were unaware of their status. The CDC revised estimate of HIV incidence of August 2008 reports a significant burden of HIV infection among African-Americans and gay men of all race/ethnicities. Black gay men continue to be caught in the cross-fire of these twin epidemics. Previously, few resources have been dedicated at the Federal, State or local level in HIV prevention policy, program and research to address this

**METHOD:** In January 2006, several national leaders met in a groundbreaking facilitated discussion, overcoming historic differences, to forge a new coalition of community based organizations, advocates, scientists, health department officials and community leaders in response to the 5-city study. Since April 2006, monthly conference calls, face-to-face meetings and working groups have been established to enhance communication and mobilization among leaders.

**RESULTS:** The National Black Gay Men's Advocacy Coalition (NBGMAC) is committed to improving the health and well-being of Black Gay Men through advocacy that is focused on research, policy, education, and training. The Coalition developed a policy agenda 2007 which served as a blueprint for ongoing dialogue with federal officials, organized town hall meetings in 10 U.S. cities to gain community input and conducted roundtables at the 2007 National HIV Prevention Conference and other forums. The coalition has also worked in partnership with the Black Gay Research Group and National Black Women's HIV Network to strengthen its mobilization efforts.

**CONCLUSION:** In it's three years, the mobilization effort has had a significant impact on HIV policy, program and research, including the launch of the first major HIV prevention research focused on black gay men in the United States (NIH), additional funding for young gay mens/transgenders of color program announcement (CDC, and development of a substance abuse treatment improvement protocol for LGBT of color (SAMHSA).

Creating new models of advocacy and organizational structure is challenging, especially so in resource poor communities. Due to its focus on advocacy and independence, the coalition accepts no federal funds. Building this sustainable coalition model and membership base – not dependent on federal funding – has also been successful because the needs in the black gay communities are great.

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**Track G****GR01 - HIV Prevention in the U.S.-Affiliated Pacific Islands****Room: Piedmont (Hyatt Regency Atlanta)**

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**Presentation Number:** GR01-1**Presentation Title:** HIV Prevention Program and its Adaptation and Implementation in the U.S.-Affiliated Pacific Islands**Author(s):** Peter Silva; Silverio, Alex; Fara Utu; Eleanor Setik; Johnny Hebel; Zachrais Zachrais; Roy Holoapa

**BACKGROUND:** Since 1987, the Centers for Disease Control and Prevention (CDC) has provided funding for a comprehensive HIV prevention program in the six U.S.-affiliated Pacific Islands. HIV prevention program funds are used to develop the capacity to respond to the HIV epidemic in these islands, implement evidence-based HIV prevention programs, and share lessons learned with the public health community.

**METHOD:** The six U.S.-affiliated Pacific Islands are three U.S. Territories (American Samoa, Commonwealth of the Northern Mariana Islands, and Guam) and three independent countries under the Compact of Free Association (Federated States of Micronesia, Republic of the Marshall Islands, and Republic of Palau). Cumulative HIV diagnoses through December 2004 ranged from 3 cases in American Samoa to 168 cases in Guam; 241 cases have been identified in these six jurisdictions.

**RESULTS:** The comprehensive HIV prevention program in these six jurisdictions includes activities related to HIV counseling and testing, laboratory diagnostic support, health education and risk reduction, community involvement and planning, and perinatal HIV prevention. CDC programmatic support provides a framework for collaboration with regional partners, including the Secretariat for the Pacific Community (SPC). CDC and Health Resource Services Administration (HRSA) funding also supports the Pacific Island Jurisdiction AIDS Action Group (PIJAAG), a regional advisory committee for HIV-related issues.

**CONCLUSION:** HIV counseling and testing is a critical prevention activity of the six programs. Although testing has increased in recent years, the number of tests and the characteristics of persons tested have been inconsistently recorded. In 2007, these six programs implemented a standard counseling and testing form to capture client demographic and risk information. Since 2005, the six programs have conducted Second Generation HIV Surveillance (SGS) with support from the SPC and CDC. In all jurisdictions, SGS included behavioral and seroprevalence surveys of pregnant women at antenatal clinics, behavioral surveys of young people, and behavioral surveys of high-risk groups including men who have sex with men and commercial sex workers. SGS surveys were conducted with assistance from local community-based organizations, including Youth-to-Youth in Health in the Marshall Islands and the Guahan Project in Guam. Programs have also developed and disseminated innovative education and risk reduction campaigns, including campaigns targeted at out-of-school youth and women in the adult entertainment industry. The panel discussion will focus on the following four topics after the background presentation described above. These topics are to (1) explain the core elements of a comprehensive HIV prevention program and its adaptation and implementation in the Pacific, (2) describe how monitoring and evaluation, specifically related to HIV testing, are used to ensure that these six programs and CDC have data to evaluate and improve their effectiveness, (3) explain how tools and activities such as SGS are useful in monitoring the prevalence of high-risk behaviors in the population and the prevalence of HIV and other sexually transmitted diseases, and (4) provide an update of the activities of the six programs and the challenges of implementing HIV prevention programs in the Pacific region.

**Presentation Number:** GR01-2**Presentation Title:** Surveillance Tools in Monitoring the Prevalence of High-Risk Behaviors in the U.S.-Affiliated Pacific Islands**Author(s):** Eleanor Setik; Zachraias Zachraias; Prosser, Adria; Sanchez, Travis; Johanna Ngiruchelbad; Cho Cho Thien; Andrew Voetsch

**BACKGROUND:** Since 1987, the Centers for Disease Control and Prevention (CDC) has provided funding for a comprehensive HIV prevention program in the six U.S.-affiliated Pacific Islands. HIV prevention program funds are used to develop the capacity to respond to the HIV epidemic in these islands, implement evidence-based HIV prevention programs, and share lessons learned with the public health community.

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**Presentation Number:** GR01-3

**Presentation Title:** Building Monitoring and Evaluation Capacities in the U.S.-Affiliated Pacific Islands

**Author(s):** Eleanor Setik; Zachraias Zachraias; John Dax Moreno; Holoapa, Roy; Bernie Schumann; Fara Utu; Choi Wan

**BACKGROUND:** Since 1987, the Centers for Disease Control and Prevention (CDC) has provided funding for a comprehensive HIV prevention program in the six U.S.-affiliated Pacific Islands. HIV prevention program funds are used to develop the capacity to respond to the HIV epidemic in these islands, implement evidence-based HIV prevention programs, and share lessons learned with the public health community.

**METHOD:** The six U.S.-affiliated Pacific Islands are three U.S. Territories (American Samoa, Commonwealth of the Northern Mariana Islands, and Guam) and three independent countries under the Compact of Free Association (Federated States of Micronesia, Republic of the Marshall Islands, and Republic of Palau). Cumulative HIV diagnoses through December 2004 ranged from 3 cases in American Samoa to 168 cases in Guam; 241 cases have been identified in these six jurisdictions.

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**CONCLUSION:** HIV counseling and testing is a critical prevention activity of the six programs. Although testing has increased in recent years, the number of tests and the characteristics of persons tested have been inconsistently recorded. In 2007, these six programs implemented a standard counseling and testing form to capture client demographic and risk information. Since 2005, the six programs have conducted Second Generation HIV Surveillance (SGS) with support from the SPC and CDC. In all jurisdictions, SGS included behavioral and seroprevalence surveys of pregnant women at antenatal clinics, behavioral surveys of young people, and behavioral surveys of high-risk groups including men who have sex with men and commercial sex workers. SGS surveys were conducted with assistance from local community-based organizations, including Youth-to-Youth in Health in the Marshall Islands and the Guahan Project in Guam. Programs have also developed and disseminated innovative education and risk reduction campaigns, including campaigns targeted at out-of-school youth and women in the adult entertainment industry. The panel discussion will focus on the following four topics after the background presentation described above. These topics are to (1) explain the core elements of a comprehensive HIV prevention program and its adaptation and implementation in the Pacific, (2) describe how monitoring and evaluation, specifically related to HIV testing, are used to ensure that these six programs and CDC have data to evaluate and improve their effectiveness, (3) explain how tools and activities such as SGS are useful in monitoring the prevalence of high-risk behaviors in the population and the prevalence of HIV and other sexually transmitted diseases, and (4) provide an update of the activities of the six programs and the challenges of implementing HIV prevention programs in the Pacific region.

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**Track G****GR03 - Improving HIV and Substance Abuse Treatment Access for African American Women Who Use Crack Cocaine****Room: Courtland (Hyatt Regency Atlanta)**

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**Presentation Number:** GR03**Presentation Title:** Improving HIV and Substance Abuse Treatment Access for African American Women Who Use Crack Cocaine**Author(s):** Samuel Okpaku MD; Rahn Bailey MD

**BACKGROUND:** There is a growing awareness of general racial and gender disparities in access to health care that disproportionately affects African Americans (Institute of Medicine, 2003). While these disparities are important to the larger community, there appear to be further disparities that primarily affect African American women who use crack cocaine. These women are subject to a unique environmental context with specific individual and environmental stressors that have direct and dramatic effect on health outcomes, specifically related to HIV/AIDS. The Treatment Access Project at Meharry Medical College was developed to meet a community identified need of services to women who use crack cocaine and are at risk for HIV. The program was developed to be both culturally responsive and gender specific. This presentation will provide information on the project's development and evaluation over the first five years of operation (2003-2008).

**METHOD:** The program is a collaborative between between Meharry Medical College, and community-based programs. The goal of the program is to reduce health disparities in HIV by fostering substance abuse treatment access and engagement.

**RESULTS:** A continuum of targeted outreach, pre-treatment, and treatment services are provided to African American women who use crack cocaine. Outreach activities were conducted by: Meharry's SISTER program which targets African American women who live in public housing use substances; Street Works which targets sex industry workers, many of whom are also using alcohol and other drugs; and Meharry's Project COPE which targets active substance users with HIV. Once the client is engaged through outreach efforts she is recruited to pretreatment services. Collaborative efforts continue to address issues of trust yet also begin to establish a support network for the client both by the providers and the clients themselves. Case Management services were provided by a faith-based community collaborator to provide continuity between outreach, pretreatment, and treatment. Treatment services consisted of appropriate inpatient and outpatient services provided by the Elam Mental Health Center at Meharry.

**CONCLUSION:** Service users receiving treatment were surveyed at baseline, program exit, and at a six month follow-up. Interviews were conducted by trained research assistants using a standardized questionnaire. Two hundred and fifty-two women participated in the program and engaged in the evaluation. Statistically significant decreases were found in most categories of substance use; specifically crack cocaine, alcohol and marijuana use. More than half of the respondents (51.0%) reported engaging in sexual activity in the prior thirty days at baseline and, the number of sexual contacts decreased slightly at six months. More importantly the number of times an individual reported having sexual contact without using a condom decreased. The incidents of high risk sex without a condom, (with a PLWHA or an injection drug user), were reduced to zero, and the number of sexual contacts with individuals who were high also improved, the only measure that reached statistical significance. Measures of psych-social stability also improved; specifically employment, earned income, housing stability, parenting stability, and mental health status.

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**Tuesday, August 25, 2009****Concurrent Sessions****10:30AM-12:00PM**

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**Track A****A06 - Minority Risk Behaviors****Room: Baker (Hyatt Regency Atlanta)**

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**Presentation Number:** A06-1**Presentation Title:** Risk Behaviors Among Black Men Who Have Sex with Men in King County, WA**Author(s):** Jesse Chipps

**BACKGROUND:** HIV rates are significantly higher for Black men who have sex with men (MSM) than for other racial/ethnic groups of MSM in the U.S. The Seattle HIV/AIDS Planning Council assessed risk behaviors among Black MSM to improve targeted prevention programs.

**METHOD:** During the fall of 2008, we recruited and interviewed Black men in King County WA who reported ever being MSM. Men were recruited from a variety of venues, including bars, parks, community organizations and HIV clinics. After completing the 25 minute interviewer-administered survey, men were compensated \$25.

**RESULTS:** 369 Black MSM were interviewed. Over one-third (37%) reported only having sex with men and 63% had sex with both men and women. Most identified as gay (57%), 30% as bisexual, 7% straight, and 6% other. Almost half (48%) the participants reported using drugs in the last 12 months, primarily crack and cocaine. Nearly all (96%) the men reported oral or anal sex with a man in the last year and nearly 80% reported anal sex in the last year. Twenty-seven percent of the men reported unprotected anal sex with > two partners in the last year. At their last sexual encounter, two-thirds reported last sex partner was a casual partner, 75% had anal sex and one-third reported no condom use during anal sex. Half the respondents reported using drugs and/or alcohol at last sex, the most common being alcohol. Crack was the most frequently used drug (48%). Nearly all of the participants had ever tested for HIV (93%), over half (55%) had tested in the last year and 41% had tested in the last 3 months. About one quarter (26%) of the participants were HIV positive. Only 10% of the HIV-uninfected men had unprotected sex with a known HIV+ partner, but 47% had unprotected sex with a partner of unknown HIV status. Men who identified as gay were more likely to have an HIV test in the last 12 months (OR=2.03 95% CI 1.28-3.22), but there was no difference in testing during the last 3 months. Gay identified men were more likely to report 3 or more sex partners in the last 12 months (OR=2.14 95% CI 1.35-3.31), but there were no significant differences in condom use between gay and non gay identified participants. Gay identified men were also more likely to report anal sex at last sex (OR 1.72 95% CI 1.04-2.87); more likely to know the HIV status of their last sex partner (OR=3.15 95% CI 1.91-5.20); and more likely to have a last sexual partner of a different race (OR 1.92 95% CI 1.20-3.07). Non-gay identified men were more likely to report using drugs or alcohol at last sex (OR=2.99 95% CI 1.87-4.78).

**CONCLUSION:** Public Health recommends that MSM engaging in high risk behavior know their own and their sexual partners' HIV serostatus and get HIV tested every three months, but fewer than half of the MSM in this survey had done so. We recommend that prevention efforts promote more frequent HIV testing and serostatus disclosure.

**Presentation Number:** A06-2**Presentation Title:** HIV Sexual Risk Behavior and Problematic Alcohol Use Among Black MSM in Massachusetts**Author(s):** Sari L. Reisner; Margie Skeer; Sean Bland; Kevin Cranston; Deborah Isenberg; Kenneth H. Mayer; Matthew J. Mimiaga

**BACKGROUND:** Elevated rates of alcohol use have been observed among men who have sex with men (MSM) in the United States, and alcohol use has been shown to contribute to sexual risk behavior in this population. Given that rates of HIV and sexually transmitted diseases (STDs) are on the rise among Black MSM, additional research is needed to explore the frequency of problematic alcohol use and its role in sexual risk taking among Black MSM.

**METHOD:** Black MSM (n=197) recruited via modified respondent-driven sampling between January and July 2008 completed an interviewer-administered quantitative assessment and optional pre- and post-test HIV counseling and testing. Data collected included demographics, HIV sexual behavior, the Center for Epidemiologic Studies Depression Scale (CES-D) assessing clinically significant depressive symptoms, and the CAGE alcohol screener assessing problematic alcohol use. Bivariate and multivariable logistic regression procedures examined the associations of demographics, behavioral HIV risk factors, and other psychosocial variables to problematic alcohol use (CAGE score 3 or 4).

**RESULTS:** Overall, 58/197 (29%) of the sample met screening criteria for a current problem with alcohol. In bivariate analyses, the following factors were significantly associated with an increased odds of having a current problem with alcohol: (1)

demographics: having a high school diploma or GED (OR=2.78; p=0.03); self-identifying as bisexual (OR=2.23; p=0.02); (2) psychosocial issues: clinically significant depressive symptoms (CES-D 16+; OR=2.57; p=0.004); history of alcohol/drug treatment (OR=7.78; p=0.001); prior incarceration (OR=2.55; p=0.004); self-reported use of alcohol and drugs concurrently during last sexual encounter with a casual male sex partner (OR=1.81; p=0.004); using cocaine during sex in the prior 12 months (OR=2.57; p=0.004); (3) HIV risk behavior: one or more episodes of serodiscordant unprotected anal intercourse during last sexual encounter with a casual male partner (OR=3.22; p=0.02); unprotected sex with a female partner in the past 12 months (OR=3.25; p=0.004); unprotected sex with a transgender partner in the past 12 months (OR=5.23; p=0.02); self-reported use of the Internet to meet sexual partners because they “felt lonely” (OR=2.37; 0.008). Adjusting for demographic and behavioral variables, factors associated with an increased odds of having a current problem with alcohol included: (1) clinically significant depressive symptoms at the time of study enrollment (CES-D 16+; AOR=1.41; p=0.008); (2) one or more episodes of serodiscordant unprotected anal sex during last sexual encounter with a casual male partner (AOR=2.77; p=0.05); and (3) one or more episodes of unprotected anal or vaginal sex with a female partner in the past 12 months (AOR=2.75; p=0.03).

**CONCLUSION:** Findings suggest that Black MSM who engage in behaviors that place them at increased risk for HIV and other STDs are more likely to have concurrent problematic alcohol use. HIV prevention interventions for Black MSM may benefit from incorporating screening and/or treatment for alcohol problems, as well as screening for co-morbid depressive symptoms.

**Presentation Number:** A06-3

**Presentation Title:** Comparison of HIV-positive and HIV-negative African American MSM in Two U.S. Cities

**Author(s):** Beatrice; Galbraith, Jennifer S.; Zhang, Qing; Swinburne Romine, Rebecca; Finstad, Deborah; Lund, Sharon M.

**BACKGROUND:** A 2005 CDC study of 5 large US cities revealed 46% of African American men who have sex with men (AAMSM) were HIV-positive. Such alarming prevalence rates demand better prevention efforts for all AAMSM. Successful behavioral interventions shown to reduce HIV risk behaviors typically focus narrowly on specific behaviors relevant to the target population, include clear messages about situations leading to risk behaviors, and describe methods to prevent these situations (Crepaz et al., 2007). We will present data on self-reported HIV-positive and HIV-negative AAMSM, two populations with similar and dissimilar characteristics. The differences between the two groups necessitate distinct prevention strategies.

**METHOD:** Non-probability sampling methods (i.e., facility-based sampling, time-location sampling (without randomization), respondent-driven sampling, print and internet advertisements, and the use of paid recruiters from the target community) were used to recruit 519 self-reported AAMSM (217 HIV-positive and 302 HIV-negative) from Boston and Minneapolis-St. Paul for a cross-sectional survey. The survey was administered via audio-computer-assisted self interview.

**RESULTS:** Analysis of characteristics of HIV-positive and HIV-negative respondents revealed more differences than similarities. Differences included: HIV-positive respondents (mean =10 years since diagnosis) were older (mean age of 41.5 vs. 38.1; p<0.0001), less likely to live in an unstable living situation (47% vs. 60%; p=.004), more likely to have government subsidized health insurance (80% vs. 62%; p<.0001), to be living at or below the poverty level (58% vs. 45%; p=.007), and to access mental health services (4-item scale with larger score indicating increased access; mean = 1.8 vs. 1.3; p=0.0001). HIV-positive respondents were more likely to identify as gay or bisexual (87% vs. 76%; p<.0001) and to report that both their main and other partners were HIV-positive (main partner 72% vs. 31%, p<.0001; other partner 91% vs. 60%; p<.0001). HIV-positive participants were less likely to report having sex with a woman in the past year (25% vs. 49%; p<.0001). Both HIV-positive and HIV-negative respondents reported high rates of using alcohol during sex in the past three months (69% and 79%) and rates of unprotected sex at last sex (52% and 56%).

**CONCLUSION:** Important differences between self-reported HIV-positive and HIV-negative respondents emerged from our study which can strengthen prevention efforts through improving recruitment and retention techniques, venue selection, and targeted behaviors. This sample of HIV-positive AAMSM were more connected to services (e.g., insurance, housing, mental health services) than their HIV-negative peers, allowing multiple options for intervention venues. The differences in partner status showed that sero-sorting may be occurring, indicating a need for prevention messages for HIV-positive AAMSM to focus on re-infection. The study highlights challenges for self-reported HIV-negative respondents including difficulties in targeting the population who often do not identify as bi-sexual or gay. HIV-negative respondents reported engaging in multiple risk behaviors, including drugs and alcohol use and unprotected intercourse, making their self-reported HIV-negative status questionable and indicating the importance of emphasizing testing and knowledge of one’s status as a prevention technique.

**Presentation Number:** A06-4

**Presentation Title:** High HIV Risk Among African-American MSM Who Self-Report Low Levels of Risk Behaviors

**Author(s):** Min Kim

**BACKGROUND:** HIV incidence rates among African-American (AA) MSM are among the highest throughout the country, particularly in Los Angeles County (LAC). Even though the rates of HIV/AIDS are disproportionate compared to other groups,

numerous studies from all across the country have found that individual-level risk behaviors (such as unprotected anal intercourse, substance use, and fewer sex partners) among AA MSM are lower compared to other races and ethnicities.

**METHOD:** The Los Angeles Coordinated HIV/AIDS Needs Assessment (LACHNA) provided a county profile of HIV risk, and helped assess service needs and service utilization patterns of individuals at risk and in care for HIV/AIDS. In 2007, this cross-sectional survey was administered to 1,888 individuals across LAC. Individual-level risk was measured based on 7 variables: inconsistent condom use, serodiscordant partner, sex while under the influence of alcohol, sex while under the influence of drugs, sharing needles, STD diagnosis, and trading sex (for money, food, drugs, housing, or other needs) in the past six months.

**RESULTS:** In the past 6 months, more White MSM reported that they used condoms inconsistently (45%), had sex under the influence of alcohol (56%) and had sex under the influence of methamphetamine (16%) compared to Latino or AA MSM. AA MSM reported the same or lower levels of exposure to these 7 risk factors compared to White or Latino MSM. Overall, chi-square analysis showed that a significantly ( $p$ -value < 0.05) higher proportion of White MSM (85.3%) reported at least 1 risk factor compared to Latino MSM (76.3%) and AA MSM (65.4%).

Bivariate regression analysis showed that AA MSM who reported any risk were 3.5 times more likely to report a HIV-positive serostatus compared to AA MSM with no reported risk (OR = 3.53; CI: 1.23 – 10.10). The association between risk and HIV status was not significant among Latino or White MSM.

**CONCLUSION:** Over the past few years, surveillance data has confirmed that HIV incidence rates among AA men have been disproportionately higher (more than double) than any other race or ethnicity in LAC. However, these rates do not mirror the levels of individual risk behaviors reported by AA MSM. Coinciding with other studies, LACHNA provided evidence that AA MSM reported the same or lower levels of risk across 7 risk factors in comparison with Latino or White MSM. Even though their relative risk levels were low, data showed that any level of risk was significantly associated with a positive HIV status among AA MSM.

Multiple hypotheses have been explored in order to understand the contradiction between low risk behaviors and high HIV incidence rates. Research has suggested that tight sexual networks of AA MSM, the tendency of AA MSM to have sex with people of their own race/ethnicity, and the trend of having sex with partners of much older age among young AA MSM, have contributed to the high rates of HIV within this population. Next steps would include investigating which if any of these hypotheses are relevant to and can explain the disproportionate impact AA MSM experience in LAC.

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## Track A

### A09 - MSM Couples

#### Room: International Ballroom North (Hyatt Regency Atlanta)

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**Presentation Number:** A09-1

**Presentation Title:** MSM Disclosure Regret: Sexual Orientation Versus HIV Status, Is There a Difference?

**Author(s):** Julianne Serovich; Erika Grafsky; Sandra Reed; David Andrist

**BACKGROUND:** Regret is a negative, cognitively based emotion that is experienced when realizing or imagining that a present situation would have been better had a different decision been previously made. Conceptually, the anticipation of and experience of regret is considered a cost in the decision making process. Knowledge of HIV and sexual orientation disclosure regret is valuable information for helping professionals seeking to assist HIV-positive persons with their disclosure decisions.

The purpose of this study was to examine whether or not HIV-positive MSM experienced differential regret for having family, friends, or sexual partners know of their serostatus and sexual orientation.

**METHOD:** Data for this investigation come from a larger study of HIV-positive MSM and their support networks. As a part of this study, participants were asked to report behaviors related to disclosure of HIV-status and sexual orientation in relation to specific family members and sexual partners. A total of 386 network members were reported by 51 participants. In the network 43% were members of the participants' nuclear family (i.e. father, daughter) and 57% were extended family. Thirty-three percent of network members were identified as racial/ethnic minorities. Logistic regression was used to establish relationships between participant's regret of network members' knowledge of serostatus and sexual orientation and key participant/network member characteristics.

**RESULTS:** Analysis of HIV-status-related regret indicated that fewer than half ( $n=177$ , 46%) of the network members were aware of the participant's HIV status. Among those that were aware, only 18% ( $n=31$ ) events involved regret. Regret was most often associated with fathers. Of the 33 fathers reported in the study, 19 (58%) were aware of the participant's HIV status, and 9 (47%) of those involved regret. Regret was reported least often among sisters ( $n=65$ ), where 26 (41%) sisters were aware, and only 2 (8%) of those involved regret. Among extended family members, regret was most often associated with grandparents. With respect to sexual orientation, in 317 (82%) relationships, family members were aware of the participant's orientation. Despite the fact that a far greater proportion of family members were aware, the proportion of those relationships which involved regret was much lower ( $n=37$ , 12%). Family members associated with the highest levels of regret were fathers and grandparents.

Factors found to be significant predictors of HIV-status-related regret included participant satisfaction with the relationship (OR=.36), and the age of the network member at time of disclosure (OR=1.1). Network member race, type of disclosure (first-hand, other), contact frequency, and proximity were not significant predictors of regret. Participant age, ethnicity and income were also found to be poor predictors of HIV-status-related regret. For sexual-orientation-related regret, participant satisfaction with the relationship (OR=.60), contact frequency (OR=.65), and income (OR=.52) were significant predictors.

**CONCLUSION:** This data has important implications for HIV prevention interventionist who work in the area of HIV disclosure. Family support can serve as a protective factor for mental health risk and disclosure to sexual partner can reduce the risk of HIV transmission.

**Presentation Number:** A09-2

**Presentation Title:** HIV Risk in Gay Male Couples: Factors Affecting UAI with Primary Partner

**Author(s):** Colleen Hoff; Lynae Darbes; Sean Beougher; Torsten Neilands; Deepalika Chakravarty

**BACKGROUND:** Recent epidemiological studies report that a high proportion of new HIV infections occur among gay men in committed relationships. Behavioral studies support this finding by consistently reporting high rates of unprotected anal intercourse (UAI) among men in relationships. Specifically, men in committed relationships report significantly higher rates of UAI with their primary partners than single men report with their casual partners. However, little is known about the factors that are associated with UAI among men in relationships and the present investigation seeks to address this gap.

**METHOD:** Between June 2005 and February 2007 gay male couples (n=566) recruited from the San Francisco Bay area completed a computerized survey about their relationship characteristics, sexual behavior and sexual agreement. The present investigation consists of frequencies and logistic regression analysis using couple-level data: whether the couple reported UAI with each other (UAI-PP), whether one or both partners reported UAI with an outside partner, length of relationship in years, the couple's serostatus (concordant negative, concordant positive or discordant) and the average of their scores on attachment.

**RESULTS:** The sample consisted of 55% (n=310) concordant negative, 22% (n=124) concordant positive and 23% (n=132) discordant couples with approximately half the couples in each group reporting monogamy. The average length of relationship was 7 years. In 33% of couples, one or both partners reported UAI with an outside partner in the preceding three months and 65% of couples reported having UAI-PP. Specifically, 47% of discordant couples reported UAI-PP. Compared to discordant couples, the odds of having UAI-PP was higher for both concordant negative couples (OR=3.10) and concordant positive couples (OR=2.69). The odds of UAI-PP increased with increasing levels of attachment (AOR=1.43 per SD unit) but decreased with increasing length of relationship (OR=.91). Finally, couples reporting UAI with an outside partner had twice the odds of UAI-PP compared to those who didn't have UAI outside the relationship (OR=1.98). The p-values were less than 0.05 for all odds ratios.

**CONCLUSION:** Serostatus, not surprisingly, is a factor in UAI-PP with concordant couples reporting significantly more UAI-PP than discordant couples. However, it is disconcerting that nearly half of the discordant couples reported UAI-PP – a behavior that undoubtedly places the HIV-negative partner at risk. Another important finding is that couples who have UAI with outside partners are more likely to report UAI-PP. UAI with multiple partners has long been a risk factor for HIV transmission and is complicated by the fact that couples may or may not be disclosing episodes of outside sex to their primary partners. Couples in longer relationships reported lower UAI-PP but it is unclear if they have less sex overall or if they have less sex with each other and more with outside partners or if they have more protected sex. Evidently, unique risk factors associated with HIV acquisition and transmission exist for gay couples. Therefore, it is necessary to disentangle these factors so that prevention programs for this population are relevant and effective.

**Presentation Number:** A09-3

**Presentation Title:** Differences in Risk Among Gay Couples with Monogamous, Non-Monogamous and Discrepant Sexual Agreements

**Author(s):** Deepalika Chakravarty; Colleen Hoff; Torsten Neilands; Sean Beougher; Lynae Darbes

**BACKGROUND:** Agreements about sex with outside partners are ubiquitous among gay couples and are negotiated for many reasons. However, the utility of these agreements is diminished if partners' perceptions of their agreement differ. It appears likely that couples with discrepant agreements – where one partner considers it to be monogamous while the other considers it non-monogamous – are at substantial risk for HIV, since one partner is possibly engaging in sex outside the relationship without the other's knowledge. The present study explores how such couples differ from couples with monogamous or non-monogamous agreements on relationship characteristics and sexual risk behavior.

**METHOD:** Gay couples (n = 566) recruited from the San Francisco Bay Area completed a computerized survey about relationship dynamics, sexual behaviors, and agreements regarding sex with outside partners. We categorized couples' agreements into three groups – monogamous, non-monogamous, and discrepant – and compared them on relationship characteristics, reported breaks in the agreement, and the disclosure of breaks to the partner. We also examined sexual behavior

with outside partners among the three groups. Data were clustered by couple and logistic regression models controlled for length of relationship.

**RESULTS:** Couples with monogamous agreements constituted 45% (n=255) of the sample, while non-monogamous and discrepant couples made up 46% (n=262) and 8% (n=44) of the sample respectively. In all three groups approximately half of the couples reported at least one broken agreement in the past year and only half of those who broke their agreement disclosed it to their partner. Couples with discrepant agreements scored the lowest of the three groups on positive relationship characteristics including: investment in the agreement, intimacy, constructive communication, trust, commitment, and attachment. These scores were significantly lower than those of couples with monogamous agreements. Additionally, the communication scores were significantly lower than those of couples with non-monogamous agreements (all  $p < .05$ ). Men in the discrepant group were more likely to engage in unprotected anal intercourse (UAI) with outside partners of discordant or unknown HIV status, than men in the monogamous group (OR=3.5,  $p = .004$ ). In the present sample, 20% of the discrepant group reported such UAI. A similar but sharper trend was found among men in the non-monogamous group (OR=8.2,  $p < .001$ ) with 38% of them reporting such UAI.

**CONCLUSION:** Couples with discrepant or non-monogamous agreements were more likely than those with monogamous agreements to engage in UAI with outside partners of discordant or unknown HIV status. While the non-monogamous couples reported higher rates of such UAI, the discrepant couples stand out as particularly disconcerting since it is not clear how a couple with dissimilar perceptions of their agreement, breaks and discloses a broken agreement. For example, the partner who considers their agreement non-monogamous might not disclose sex outside the relationship to his partner because he would not consider his agreement broken. Therefore, couples must be encouraged to discuss their agreements explicitly and frequently to enable informed decision-making about sexual behaviors and HIV prevention.

**Presentation Number:** A09-4

**Presentation Title:** Implications of Differential Definitions of HIV Risk Behavior Outcomes for Gay Men

**Author(s):** Lynae Darbes; Deepalika Chakravarty; Torsten Neilands; Sean Beougher; Colleen Hoff

**BACKGROUND:** Identifying the source of HIV infection among partnered gay men is complex. Relationship status and HIV status may both contribute to the level of risk of particular sexual behaviors. Most prior work on HIV risk behavior in gay men has focused on the individual's report of instances of unprotected anal intercourse (UAI), neglecting to consider such factors as relationship status and HIV status of the partner. It is important to disentangle behavior with primary and outside partners, as behavior may differ between them. More information is needed to understand how gay men in relationships are making decisions based on partner type, self and partner HIV status, and the interaction of these factors.

**METHOD:** We recruited a convenience sample of 566 racially and ethnically diverse, gay male couples in San Francisco, USA. Each partner completed a survey separately which obtained information on HIV risk behavior with primary and outside partners. We constructed five different HIV risk behavior outcomes: UAI with outside partner of discordant or unknown HIV status, UAI with any serodiscordant partner (primary and outside), UAI with all outside partners, UAI with primary partner, and UAI with seroconcordant outside partner. We first calculated frequencies for the overall sample and then replicated these analyses stratified by couple sero-status. All frequencies were generated at the level of the individual.

**RESULTS:** In the overall sample, 12% engaged in UAI with an outside partner of discordant or unknown HIV status. However, stratified by couple serostatus, this was 8% among men in concordant negative relationships, 15% among men in concordant positive relationships, and 17% among men in serodiscordant relationships. UAI with a discordant partner was reported by 20% of the total sample. Stratified analyses revealed that 8% of men in concordant negative relationships, 15% of men in concordant positive relationships and 53% of men in serodiscordant relationships reported this behavior. While 20% of the sample reported UAI with an outside partner (irrespective of HIV status), the numbers were 12% in the concordant negative, 37% in the concordant positive, and 23% in serodiscordant group. UAI with primary partner was reported by 66% in the concordant negative, 72% in the concordant positive, and 40% in the serodiscordant group. Sixteen percent of the overall sample reported serosorting (i.e., UAI with seroconcordant outside partners), while 10% of the concordant negative, 32% of the concordant positive, and 15% of the serodiscordant group reported it.

**CONCLUSION:** HIV risk outcomes differ when relationship status and partner's sero-status are factored into variable definitions. Analyzing risk outcomes for the sample as a whole masked important observations regarding HIV risk behavior variations between groups. Therefore, definitions of behavioral risk outcomes need to be framed according to subpopulations and research questions of interest. For example, frequencies of sero-sorting differed by couple sero-status, and rates of UAI varied by both partner type and couple sero-status. Identifying sources of potential risk for HIV transmission may necessitate thoughtful definitions of behavioral outcomes in future research and programmatic endeavors.

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**Track A****A12 - MSM Subgroups****Room: Regency Ballroom V (Hyatt Regency Atlanta)**

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**Presentation Number:** A12-1**Presentation Title:** Drug and Internet Use as Predictors of Risky Sex in MSM Aged 40 and Older**Author(s):** Robin J. Jacobs, PhD; M. Isa Fernandez, PhD; G. Stephen Bowen, MD, MPH; Ray Ownby, MD, PhD

**BACKGROUND:** The frequency of HIV infection is increasing in men who have sex with men (MSM) aged 40 years and older. Little has been published about factors that may influence risky sexual behavior in this group. The goal of this study was to explore the sexual practices and identify risks for unprotected anal sex in midlife and older MSM. We hypothesized that personal characteristics, drug use, psychosocial variables (i.e., loneliness, social support, internalized homophobia) and where and how partners are met might predict risky sexual behavior in this at risk, understudied population.

**METHOD:** A community based multiethnic sample of 802 self identified MSM aged 40 to 94 years were recruited through targeted outreach in South Florida from community venues (e.g., bars, gay pride festivals, gyms, social clubs). The men were approached by the researcher and trained peer research assistants to complete an anonymous, self administered questionnaire using the paper and pencil survey format. Data were collected December 2007 to May 2008. The study used a cross sectional research design to report personal characteristics, drug use, loneliness, social support, and internalized homophobia, and environments in which they met sex partners. A logistic regression model was created in which the men's self-report of unprotected receptive anal sex with a person of unknown serostatus was predicted from blocks of variables. The first block consisted of personal characteristics and included age, serostatus, education, and income. The second block included self-reported drug use during sexual activity, including alcohol, crystal methamphetamine, GHB, and ketamine. The third block included measures of loneliness, social support, and internalized negative attitudes about homosexuality. The final block included venues (i.e., bars, parties, sex clubs, gyms, and online/Internet) where the participants reported they met sex partners.

**RESULTS:** Regression models were sequentially estimated with blocks of variables entered at each step. Variables in the first block that were significantly related to risky sexual behavior (i.e., unprotected receptive anal sex [URAS] as a bottom with a partner of unknown status) included serostatus, age, and education. HIV-positive, older, and more highly educated individuals were less likely to engage in URAS. A single drug use variable, crystal methamphetamine use during sex, was significantly related to sexual behavior. None of the psychological variables were significantly related to sexual behavior, although loneliness approached statistical significance. Finally, reports of meeting partners on the Internet were significantly related to high-risk sexual behavior.

**CONCLUSION:** These results provide useful information on factors related to high-risk sexual behavior in this group of men. Interventions targeting drug use, psychosocial variables, and possible risks associated with meeting partners in specific situations may help to reduce risk in this group.

**Presentation Number:** A12-2**Presentation Title:** Context of HIV Risk of Crack-using Men Who Have Sex with Men in Chicago, IL**Author(s):** Damian J. Denson, MPH; Antonio D. Jiminez, MA; Elise C. Levin, PhD; Nikhil Prachand, MPH; Nanette Benbow, MAS; Chyvette T. Williams, PhD; Mary E. Mackesy-Amiti, PhD; Lawrence J. Oullette, PhD

**BACKGROUND:** Research has shown that crack cocaine use influences sexual risk behavior that may lead to HIV acquisition and transmission. Though crack cocaine use remains common in many low-income neighborhoods in the U.S., its role in the sexual risk practices of low-income men who have sex with men (MSM) is understudied. To better understand the context of sexual risk for HIV of crack-using MSM, we analyzed data from survey and qualitative interviews. Findings are intended to enhance intervention development and the provision of services to MSM.

**METHOD:** During 2007–2008, crack-using MSM were recruited from the Sexual Acquisition and Transmission of HIV Cooperative Agreement Program (SATHCAP) to participate in a sub-study that consisted of a computer assisted self-administered interview and an in-depth qualitative interview regarding drug use, sexual behavior, homelessness, perceptions of risk, and service utilization. SATHCAP employed respondent-driven sampling to recruit users of heroin, cocaine or methamphetamine, MSM regardless of drug use, sex partners of both groups, and sex partners of sex partners. SATHCAP provided HIV testing for all participants.

**RESULTS:** SATHCAP recruited 481 MSM, of whom 343 (71%) reported also having sex with women in the past 6 months. The sample of MSM was 86% African American, mean age was 44 years, 72% reported incomes of \$500 month or less, and 65% used crack cocaine in the past 30 days. HIV prevalence was 54% for MSM with only male sex partners in the past 6 months and 12% for MSM who had female sex partners. Of crack-using MSM, 66% reported having sex while high on crack in the past 30

days, and, of them, 77% had sex with a casual partner during that time. In the year before being interviewed 26% of crack-using MSM had not been tested for HIV, and 85% currently were not involved in any sort of treatment for drug use. Qualitative interviews with MSM (n=43) revealed much variation in the following potential risk factors: men's sexual identity, use of crack cocaine to obtain sexual partners, sexual practices while high on crack, exchanging sex for money and/or drugs, accessibility to HIV testing sites, and lack of housing and employment as motivators for seeking services.

**CONCLUSION:** Crack cocaine is the most commonly used 'hard' drug in this sample of low-income MSM. The substantial variations reported in the qualitative interviews regarding sexual identity, how crack use influences sexual risk behavior, and accessibility to services suggest multiple paths through which crack use influences HIV risk in this population. The variations also suggest a need for staged interventions that begin with individual-level sessions and encourage consistent HIV testing, and then offer optional group level sessions designed to be sensitive to these differences. Until flexible and effective group-level interventions are developed for low-income, drug-using bisexual men, group sessions are likely to be more amenable to MSM with only male partners than to bisexual MSM.

**Presentation Number:** A12-3

**Presentation Title:** HIV in the Leather Community: Prevalence and Risk Factors Among MSM Who Practice Sadomasochism

**Author(s):** David Seal; Lance Rintamaki; Gerulf Rieger

**BACKGROUND:** There is substantial sociological evidence that the population of men who have sex with men (MSM) may be deconstructed into many different communities, which may have varying perceptions of sex and sexuality, and different behavioral norms. The Leathermen comprise one such community that exists within the greater MSM population. Leathermen may be defined as hypermasculine men whose machismo is derived most conspicuously from wearing leather clothing, keeping their hair buzzed, and engaging in passive-aggressive sexual activities. The community is best characterized by a heightened valuation of hypersexuality and adherence to sexual control dynamics (i.e., sexual dominance versus submissiveness). There have been no studies that directly explore the HIV prevalence and sexual health behaviors of submissive and dominant Leathermen. In previous research, 21% of barebackers (i.e., MSM who eschew condoms) considered themselves Leathermen; 46% reported wanting a partner who self-identified as a Leathermen. Thus, there is some evidence to suggest that there may be a propensity towards reduced sexual health within this community.

**METHOD:** We used an anonymous survey (N = 1554) administered at two independent MSM events: the International Mr. Leathermen Competition (55.9% of N; IML) in Chicago, Illinois, and PrideFest (44.1% of N) in Milwaukee, Wisconsin. We measured affiliation with the leather identity and leather orientations (i.e., Dominants, Submissives, Switches, or non-orienting), HIV serostatus, last HIV/STD test, condom use, HIV disclosure, masculinity, hypermasculinity, and sexual control.

**RESULTS:** Leathermen were about 61% more likely than Non-Leathermen to be HIV-positive. Regarding specific leather orientations, non-orienting Leathermen and Submissives were most likely to be HIV-positive and had a seroprevalence of 31% and 30%, respectively. Though no differences were found regarding HIV/STD testing, Leathermen were found to use condoms less than non-Leathermen during receptive and insertive anal intercourse, but discussed their HIV status more than non-Leathermen during both types of intercourse. Regarding specific leather orientations, Dominants were less likely to use condoms during insertive anal intercourse. Submissives were less likely to use them during both receptive and insertive anal intercourse. Finally, decreased sexual power in Leathermen was influential over their lowered condom use during receptive anal intercourse. Masculinity and sexual control were also found to negatively influence condom use among Dominants, Submissives, and Switches across both insertive and receptive anal intercourse.

**CONCLUSION:** Leathermen might be at a higher risk for acquiring HIV relative to non-Leathermen. HIV-positive Leathermen may also be more likely to engage in high-risk behaviors for HIV transmission to other Leathermen as well as to non-Leathermen. The results indicated that the values that underlie the Leathermen identity (e.g., sexual control) might be driving forces that influence condom disuse. Thus, a targeted intervention that addresses sexual control and masculinity in order to encourage safer sex may be warranted for this group. Our findings highlight the need for more nuanced HIV prevention interventions (when grouping individuals under labels) that take into account the diversity of sexual risk-taking behaviors among MSM subgroups.

**Presentation Number:** A12-4

**Presentation Title:** Contextual Event-Level Substance Use and Sexual Risk Behavior Among Risky MSM: Project MIX Baseline Results

**Author(s):** Stephan Flores; David McKirman; Beryl Koblin; Sharon Hudson; Grant Colfax; David Purcell; Project MIX Study Group

**BACKGROUND:** Substance-using MSM are a high-risk group that is likely to be contributing to HIV transmission in the United States. This analysis attempts to better understand contextual factors associated with event-level substance use and sexual

risk of substance-using MSM, men who have recently engaged in unprotected anal sex and substance use during anal sex. Understanding contextual factors linked to heightened risk will assist in developing more effective interventions.

**METHOD:** MSM were enrolled for baseline assessment and randomization into a behavioral intervention trial during 2005-06, in Chicago, Los Angeles, New York, and San Francisco. Data were collected through Audio/Computer-Assisted Self-Interviewing methods. Multivariate logistic regression models assessed demographic and contextual (e.g., substances used; partner HIV disclosure; where met partner; partner age; time since encounter) factors associated with sexual risk behavior in respondents' reported most recent anal sex encounter. Racial/ethnic minority men were oversampled for representation.

**RESULTS:** Sample demographics: 33% black, 19% Latino, 38% white, and 11% mixed or other; 47% HIX+, 44% HIV-. Overall, 39% and 37% of the full sample (n=1540) reported unprotected receptive anal (URA) and unprotected insertive anal (UIA) sex during their most recent anal sex encounter, respectively. HIV-positive (n=724) men were more likely than HIV-negative/unknown status (n=816) men to report discordant-URA (27% vs. 16% respectively,  $p<.05$ ), and less likely to report discordant-UIA (15% vs. 22%,  $p<.05$ ) in that encounter. In multivariate analysis of discordant UIA and URA outcomes, HIV-positive (vs. HIV-negative/unknown status) men were more likely to report discordant URA (OR=2.2, 95% CI=1.6-3.1) and less likely to report discordant UIA (OR=0.6 (0.4-0.8)). Methamphetamine was the only substance (controlling for other individual substances) associated with discordant URA (OR=1.5, CI=1.1-2.2); no substances were associated with discordant UIA. Respondents whose partner disclosed their HIV status to the respondent were five times less likely to report discordant URA (OR=0.2, CI=0.1-0.3) and discordant UIA (OR=0.2, CI=0.2-0.3). No other contextual factors were associated with discordant UIA or URA.

**CONCLUSION:** Partner HIV disclosure is a contextual factor linked to less sexual risk behavior, in this very high-risk group of MSM as it is in broader samples of MSM; programs should continue to emphasize the importance of disclosure. As with other populations, even in this very high-risk, substance-using group, methamphetamine stands out as the one substance linked to discordant unprotected receptive anal sex, the highest-risk sexual behavior for becoming infected (for HIV-negative men) and potentially re-infected (for HIV-positive men) with HIV. While it is important to address all substance use during sex with substance-using MSM, special messages and approaches may be particularly needed regarding methamphetamine use.

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## Track A

### A20 - STI/HIV Interactions: The New Era of Mucosal Immunology

Room: Courtland (Hyatt Regency Atlanta)

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**Presentation Number:** A20

**Presentation Title:** STI/HIV Interactions: The New Era of Mucosal Immunology

**Author(s):** Sevgi Aral

**BACKGROUND/ METHOD/ RESULTS/ CONCLUSION:** Interactions between HIV and other sexually transmitted infections (STIs) have been the focus of many clinical, epidemiological and intervention studies. The biological, epidemiological and behavioral mechanisms of action through which STIs may affect the transmission and progress of HIV infections have preoccupied researchers in the field. Individual and population level empirical evidence strongly suggests increased HIV transmission in the presence of other bacterial and viral STIs; however, intervention studies which evaluated treatment of other STIs for their impact on HIV spread yielded inconclusive results.

Recent research suggests that genital mucosal immunology may play an important role in HIV acquisition and transmission. The effects of other STIs on HIV spread may be mediated through their effects on genital mucosal immunology. The success of male circumcision (change of mucosal environment) in preventing HIV acquisition supports the importance of mucosal genital mucosal environment in HIV acquisition.

This session will focus on the role of genital mucosal immunology in HIV acquisition and transmission. Presentations will cover the evidence available through animal models; studies in humans and the role of circumcision as mucosal prevention of HIV spread. The effects of other STIs on the genital mucosal environment and their indirect effect on HIV acquisition will be discussed.

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**Track B****B05 - Social Desirability Bias: Truth or Consequences****Room: Vancouver/Montreal (Hyatt Regency Atlanta)**

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**Presentation Number:** B05-1**Presentation Title:** "I'm Positive": How Accurate is Self-Reported HIV Diagnosis in 17 New York City Hospitals?**Author(s):** Vanessa Woog; Benjamin Tsoi; Dipal Shah; Chitra Ramaswamy; David B. Hanna; Terry Hamilton; Blayne Cutler; Elizabeth Begier

**BACKGROUND:** Self-reporting is a common and convenient research method for collecting information on HIV status. Many HIV testing programs rely on data from self-report as a way to evaluate whether or not they are successfully identifying new cases of HIV. However, data on the reliability of self-reported HIV status are limited. The purpose of this analysis is to determine the reliability of self-report and its usefulness in the evaluation of HIV testing programs.

**METHOD:** We obtained client-level data on patients who tested positive for HIV from July 2006 to June 2007 from 17 New York City Health and Hospitals Corporation (NYCHHC) acute care hospitals, and diagnostic and treatment centers. Using personal identifiers, clients were confidentially matched to the New York City HIV Surveillance Registry (HARS), a population-based surveillance database containing demographic and clinical information on reported cases of HIV in New York City. Once matched in HARS, clients were classified as either a newly diagnosed case of HIV or a repeat tester (previously diagnosed with HIV). Of all the cases matched to HARS, the proportion of individuals newly diagnosed with HIV was calculated. Client self-report of HIV status was compared to the diagnosis reported in HARS. Reliability was calculated using Kappa with 95% confidence intervals.

**RESULTS:** Of the 1523 cases with client-level data, a total of 1383 positive cases were matched to HARS. Of these matched cases, 681 were newly diagnosed cases of HIV based on reported information in HARS. The majority (55%) of HIV-positive clients tested at an HHC facility had been previously diagnosed with HIV. When comparing self-report of HIV status to surveillance data, results indicate that 78% of the self-reports agreed with the diagnosis information in HARS. Of the cases that did not agree (n=310), the majority (n=208) were repeat testers who self-reported a new diagnosis, but had in fact been previously diagnosed with HIV. Overall, Kappa was 0.55 (95% CI 0.51, 0.59), which corresponds to moderate strength of agreement. Kappa was consistent across calendar quarters, ranging from 0.53 to 0.58.

**CONCLUSION:** Although self-report is a convenient and inexpensive method for reporting HIV status, our results show that it is a moderately reliable method. Self-report may be an adequate tool for use in everyday clinical practice and immediate program evaluation. However, using surveillance data to determine HIV status should, where possible, be a supplemental method to more accurately evaluate the effectiveness of HIV testing programs. Data from this study will help guide and improve the success of HIV testing programs in New York City.

**Presentation Number:** B05-2**Presentation Title:** Risk Behavior Disclosure During HIV Test Counseling**Author(s):** James C. Thomas; Peter A. Leone; Lisa B. Hightow-Weidman

**BACKGROUND:** Risk behavior data, including reported gender of sex partners, are an integral part of HIV surveillance systems. These data are used to monitor trends in the population, inform and evaluate testing programs and identify likely mode of transmission in individuals testing positive. Although not recommended, behaviors disclosed during a risk assessment may be used to provide targeted testing. Accurate disclosure of risk behaviors is likely context specific and may be based on perceived costs and benefits to the patient. We determined differences in patient-reported behaviors in two statewide HIV surveillance databases.

**METHOD:** Counseling and testing system (CTS) records on all men aged 18-30 who tested newly positive for HIV in North Carolina (NC) between 2000 and 2005 were matched to data abstracted from Partner Counseling and Referral Services (PCRS) charts. PCRS charts document post-diagnosis interviews and partner notification conducted by state public health intervention specialists. We compared patient-reported gender of sexual partners at the time of HIV testing (CTS records) to those reported during partner notification (PCRS).

**RESULTS:** Six hundred and seventy three young men were newly diagnosed in publicly funded clinics in NC in the 6 year period. Over 95% (n=641) of records were successfully linked between the PCRS and CTS databases. Overall agreement of reported gender of sex partners was low (kappa range: 0.45 – 0.77). PCRS records appeared to be a more sensitive measure of gender of sexual partners. Of the 212 men who told their HIV test counselor that they had only had female sexual partner(s) in their lifetime, 62 (29.2%) provided contact information for male sex partner(s). Of 25 men who reported during test counseling that they had never had sex, 22 (88%) gave contact information for a sex partner during post-diagnosis interviews. Comparing

men who fully disclosed the gender of their sex partners during HIV test counseling to men who did not (as verified by PCRS), there were few demographic differences. However, men who had previously been tested were more likely to not fully disclose gender of their sex partners ( $p=0.02$ ).

**CONCLUSION:** During the test counseling risk assessment, many young men in NC did not fully report the gender of their sexual partners after comparison to information provided during post-diagnosis partner notification. This suggests that CTS data may not fully capture patient risks and should be interpreted with caution. As previous testing history predicted disclosure, patients may be influenced by past experience with counseling. Further research is needed to understand barriers to risk behavior disclosure during the risk assessment, as well as ways to improve the validity of the data.

**Presentation Number:** B05-3

**Presentation Title:** Characteristics Associated with Refusing Free HIV Counseling and Testing Among African American Men

**Author(s):** Gregorio A. Millett; Elizabeth Reed; M. Christina Santana; Seth L. Welles; Anita Raj

**BACKGROUND:** The Centers for Disease Control and Prevention (CDC) recommends annual HIV testing among high-risk populations as a primary HIV prevention strategy. The importance of understanding factors associated with HIV testing uptake as well as refusal among high-prevalence groups is therefore critical. This study compares characteristics of African American men who accepted or refused HIV counseling and testing.

**METHOD:** The Black and African American Men's Health Study was conducted in primary and urgent care clinics in the Roxbury, Dorchester and South End neighborhoods of the Boston, MA area. Data were collected between May 2005 and May 2006. All eligible participants (aged 18 to 65 years old, reported sex with at least 2 partners in the past year) received a brief audio computer-assisted self-interview questionnaire and were offered free HIV counseling and testing services. Those who refused the offer were then asked to choose the "most important" reason for declining. We compared characteristics of respondents who accepted HIV counseling and testing to those who refused.

**RESULTS:** Of 703 total study participants, 2% reported that they refused the test because they were HIV-positive and 29% refused it because they were recently tested and aware of their results. These men were excluded from further analyses leaving a sample of 485 men who did not know their current HIV status, of whom, 297 (61%) agreed to HIV counseling and testing and 188 (39%) refused. Among refusers, half (52%) cited the belief that they were 'not at risk' as the most important reason in their decision to decline HIV testing. Men who refused HIV counseling and testing were younger, more likely to be employed, and less likely to have ever been in jail. Concern over HIV or other sexually transmitted infections was significantly lower among men who refused HIV counseling and testing than among men who accepted the test (chi square = 17.46,  $p < .001$  and 25.18,  $p < .001$  respectively). HIV test refusers were also significantly less likely than those who accepted testing to report having a main partner who had recently been tested for HIV (chi square = 37.33,  $p < .001$ ). There were no differences between the groups of men in number of reported female sex partners or unprotected sexual episodes.

**CONCLUSION:** Prevention programs working with African American men should continue to address concern of infection with HIV and STDs in conjunction with increasing HIV testing. Future longitudinal research should explore the causative aspects of these relationships.

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## Track B

### B07 - Using Geographic Information Systems and Spatial Information as Part of HIV Surveillance

**Room:** Dunwoody (Hyatt Regency Atlanta)

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**Presentation Number:** B07

**Presentation Title:** Using Geographic Information Systems (GIS) and Spatial Information as Part of HIV Surveillance

**Author(s):** Kim Elmore; Elizabeth A. DiNenno, PhD; Devon Williford; Jason Carr; Jeff Stover; Oana Vasiliu; Hanne Thiede; Mark Stenger; Melanie Mattson

**BACKGROUND:** GIS refers to systems that integrate hardware, software, and data for capturing, managing, analyzing, and displaying geographically referenced information. Recent advancements in GIS technology, coupled with an increased availability of public health spatial data, have afforded scientists a powerful tool for identifying patterns and trends in spatially referenced health data and presenting it to policy makers and planners in the form of maps. CDC's Division of HIV/AIDS Prevention (DHAP) and its state and local partners use GIS to improve prevention and surveillance efforts; however, the application of GIS to HIV/AIDS programs is complicated due to the need to retain the privacy and confidentiality of cases, and because the quality and availability of data are frequently inadequate.

**METHOD:** GIS is used by CDC's DHAP to augment two of its surveillance systems: The National HIV Behavioral Surveillance System (NHBS) and a project entitled "Integrating HIV Surveillance Data with GIS." State and local public health departments

across the country also use GIS to identify where HIV/AIDS services are missing or overlapping, and to target HIV testing and services to populations at risk.

**RESULTS:** This group session consists of four presentations to describe the efforts by DHAP and local and state partners to use GIS in their HIV/AIDS projects and programs. CDC will provide an overview of the NHBS System among Heterosexuals at-risk of HIV (NHBS-HET), conducted from May 2006 – October 2007, and the “Integrating HIV Surveillance data with GIS” Project. Representatives from the Washington, Virginia and Colorado health departments will address specific uses and applications of GIS with HIV/AIDS data. These presenters will describe data sets that can be acquired and used, how to make best use of the data, and types of maps that can be produced. They will also detail specific applications and using GIS to monitor health inequities.

**CONCLUSION:** NHBS-HET used GIS to identify census tracts where heterosexuals were at increased risk of HIV/AIDS due to their physical or social connection to an area of a city with high poverty and heterosexually acquired HIV/AIDS. The “Integrating HIV Surveillance data with GIS” Project developed categories for unmatched address records (e.g., PO boxes, correctional institutions, incomplete addresses) and all three states have established confidential data sharing agreements with CDC. In addition, project collaborators are developing a manual containing guidelines for the routine use of GIS within state and local HIV surveillance programs.

GIS affords unique opportunities for targeting HIV/AIDS prevention efforts to populations most affected; however several challenges to implementing GIS remain. For example, the confidentiality and privacy of data must be maintained when applying GIS to analysis of HIV/AIDS surveillance data, complicating the use of maps to show where disease burden is highest. Also, implementation of GIS in NHBS has expanded and strengthened local and state GIS capacity and could result in broader use of GIS. DHAP continues to work with state and local partners to improve the utility of GIS while retaining the security and quality of HIV/AIDS data.

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## Track C

### C07 - Operational Research: Improving the Translation of Research to Practice

Room: Cairo (Hyatt Regency Atlanta)

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**Presentation Number:** C07-1

**Presentation Title:** Development of an HIV/AIDS Prevention Operational Research Agenda

**Author(s):** Jeffrey H. Herbst, PhD; Jennifer S. Galbraith, PhD; James W. Carey, MPH, PhD; Deborah Gelaude, MA; Thomas M. Painter, PhD; Duane Moody, MPH; Vel S. McKleroy, MSW; David W. Purcell, PhD; The HIV/AIDS Prevention Operational Research Team

**BACKGROUND:** The development, packaging, and national diffusion of multiple HIV prevention evidence-based interventions (EBIs) and public health strategies (e.g., HIV counseling, testing and referral services) represent important advances in fighting the HIV/AIDS epidemic in the United States. However, increasing attention is being given to understanding how to improve program effectiveness under conditions of routine service delivery. Operational research – the use of scientific methods to improve the efficiency, effectiveness, and utility of HIV prevention program activities – is a critical next step to ensure successful implementation and dissemination of EBIs and public health strategies by frontline providers. The significance of operational research is reflected in NIH’s recent funding opportunity announcement entitled “Dissemination, Implementation, and Operational Research for HIV Prevention Interventions” (PA-08-166). Within the CDC, an Operational Research Team (ORT) has been formed in the Prevention Research Branch (PRB) in the Division of HIV/AIDS Prevention (DHAP). The mission of ORT is to conduct operational research with HIV prevention partners to improve: (1) the efficiency, effectiveness, and sustainability of evidence-based HIV prevention program activities; and (2) the dissemination, availability, accessibility, and acceptability of services and products used or desired by HIV prevention providers and served communities. In this presentation, the development of a domestic HIV prevention operational research agenda will be discussed.

**METHOD:** Operational Research Team (ORT), PRB, DHAP, NCHHSTP at the CDC in Atlanta, GA.

**RESULTS:** A team of social and behavioral scientists at the CDC is currently reviewing and synthesizing the published literature on operational research (also referred to as operations research, systems-level research, or implementation science) in public health. Operational research includes research on the following processes: (1) the discovery of promising approaches from practice; (2) improving intervention packages and translation based on community needs; (3) diffusion and implementation by community-based agencies; (4) adaptation of EBIs; and (5) sustaining intervention impact and institutionalizing EBIs and other public health strategies in prevention programs.

**CONCLUSION:** The operational research agenda will be presented. Furthermore, several ongoing operational research projects will be described including: 1) research to determine the best strategies for recruiting high-risk women and men into HIV testing programs, 2) research to determine the efficacy of adapted evidence-based behavioral interventions (EBIs) for new populations at high risk for acquiring or transmitting HIV, 3) the development and testing of distance learning strategies to train and assist front-

line HIV personnel in implementing evidence-based HIV prevention approaches, and 4) identification of specific factors affecting the successful implementation by community-based organizations of EBIs, and development and evaluation of strategies for addressing those factors that negatively affect the implementation of EBIs. Lessons Learned: While operational research in HIV prevention is a young field, over the past decade a literature has emerged on the science of improving the delivery of HIV prevention interventions. Collaboration between service providers and researchers are critical to maximize the success of operational research. Lessons learned from other public health fields and from HIV prevention internationally can be used to advance the science of operational research in HIV prevention domestically.

**Presentation Number:** C07-2

**Presentation Title:** A Systematic Process to Identify Core Elements for Evidence-Based Behavioral Interventions for HIV/AIDS Prevention

**Author(s):** Jennifer S. Galbraith; Jeffrey H. Herbst; Patricia L. Jones; Lashonda Roberson; Gary Uhl; David Whittier

**BACKGROUND:** Evidence-based behavioral interventions (EBIs) for HIV/AIDS prevention are critical to reducing the HIV/AIDS epidemic in the US. Core elements are components of EBIs that are believed to facilitate behavior change and are fundamental to moving EBIs from research to practice. Core elements not only guide the selection, delivery, and monitoring of EBIs, but they are critical to adapting EBIs in order to produce program outcomes similar to those demonstrated in the original research. All EBIs supported by CDC's Diffusion of Effective Behavioral Interventions (DEBI) Project have identified core elements. Although experts agree that core elements are essential to guide EBI implementation, there has been no systematic process to identify core elements of EBIs.

**METHOD:** Cross-Branch Working Group in the Division of HIV/AIDS Prevention at CDC is developing a systematic process for identifying core elements of EBIs.

**RESULTS:** A team of social and behavioral scientists at the CDC reviewed and synthesized the literature on characteristics of effective interventions and reputationally strong programs. Sixty-two characteristics emerged from this review, and these characteristics were organized according to program implementation, content, and pedagogy. Implementation characteristics are activities that create a learning environment to facilitate behavior change (e.g., intervention dosage, group size). Content characteristics refer to what is being taught by the intervention, and are most closely aligned to theoretic models of behavior change (e.g., increasing ethnic pride, enhancing communication skills). The pedagogical characteristics describe how intervention content is delivered (e.g., outreach, modeling, counseling). The CDC team reviewed and classified the published core elements, identified together by original developers and CDC scientists, of 14 EBIs currently supported by CDC's DEBI Project according to the 62 characteristics of effective programs.

**CONCLUSION:** The majority of EBIs included in this review contained core elements in all three areas – implementation, content, and pedagogy. However, our review revealed that core elements often contained multiple characteristics, making them complex and difficult to interpret. Many core elements were not specific enough to help guide intervention delivery or to determine fidelity of intervention implementation. Additionally, many EBIs did not contain core elements that captured critical aspects of the intervention (e.g., one intervention chiefly focused on training of providers versus the intervention itself). This review also revealed that none of the EBIs contained core elements that explicitly addressed client recruitment and retention, or the delivery of intervention sessions and activities in a planned sequence.

As a result of this review and synthesis, we propose a systematic process to identify EBI core elements whereby diverse teams of individuals familiar with the intervention (e.g., original developers, trainers, facilitators) examine the list of 62 characteristics to identify those that are most relevant for the intervention. To ensure that core elements are interpretable and useful to frontline HIV prevention providers in the future, we propose that core elements be SMART(ER) – that is, Simple, Measurable, Achievable, Results-focused, Tangible, and moving towards Evaluated and Research-based. This presentation will describe the development of a systematic process for identifying core elements for EBIs, and will solicit feedback on this process from session attendees.

**Presentation Number:** C07-3

**Presentation Title:** Evaluation of Two Training Modalities to Deliver Evidence-Based Behavioral Intervention for Parents

**Author(s):** Kim S. Miller; Karl D. Maxwell; Sarah Lasswell; Amy M. Fasula; Sarah C. Wyckoff ; ; ;

**BACKGROUND:** Successful delivery and evaluation of behavioral interventions in a research setting do not always translate to real-world utility. Many evidence-based programs require extensive, multi-day pre-implementation trainings which may present a barrier for community organizations with constrained staff time and/or limited financial resources. Lack of adequate pre-implementation training may adversely impact the fidelity of program delivery. The purpose of this evaluation was to assess the effectiveness of 2 facilitator training modalities, a 5-day instructor-led training and a self-paced CD-ROM-based training, on participant satisfaction and facilitator fidelity to The Parents Matter! Program (PMP), a 5-session evidence-based pre-risk intervention for parents of 9-12 year olds.

**METHOD:** Two PMP training modalities were evaluated; a 5-day instructor-led group training (instructor-led), and a self-paced, individualized CD-ROM training (CD-ROM). Thirteen sites throughout the U.S. and Puerto Rico were assigned to a training modality on a random basis or according to logistical conditions. Sites were provided with training, program materials and ongoing technical assistance. Multi-level data were collected to assess the impact of training modality on parent and facilitator program satisfaction, parent evaluation of facilitator program delivery, facilitator evaluation of training, facilitator self-assessment of program delivery, and facilitator fidelity to the PMP curriculum (collected using audio recordings of intervention sessions).

**RESULTS:** Overall, facilitators and parents were highly positive about the program regardless of training modality, rating all indices of satisfaction above 4 on a 1-5 Likert scale. Instructor-led sites reported a small increase in overall parent evaluation of facilitator program management (mean=4.89 vs. mean=4.78,  $p=0.02$ ). Facilitators were equally satisfied with the quality and pace of trainings, though the instructor-led group reported slightly increased satisfaction with the training experience (mean=5.00 vs. mean=4.54,  $p=0.02$ ), and resolution of training-related questions/issues (mean=4.88 vs. mean=4.15,  $p=0.01$ ). Qualitative evaluations clarified training-related concerns within the CD-ROM group. No significant differences were found in facilitator self-assessment of performance and delivery experience. Clear differences between training modalities were observed in fidelity to PMP curriculum; in all cases, CD-ROM facilitators omitted a far greater number of program components than their instructor-trained counterparts.

**CONCLUSION:** The self-paced CD-ROM training and 5-day instructor-led training both successfully prepared facilitators to deliver the Parents Matter! Program in real-world settings. Targeted improvements to the CD-ROM training, such as the addition of a 1-day instructor led training or webinar, may alleviate training-based limitations observed in the program evaluation. The addition of the CD-ROM as a viable facilitator training option provides a cost-effective alternative for community-based programs implementing the Parents Matter! Program in resource-constrained settings.

**Presentation Number:** C07-4

**Presentation Title:** CDC's Updated Compendium of HIV Prevention Evidence-based Interventions for U.S. High-risk Populations: A Systematic Review

**Author(s):** N. Crepaz; JH Herbst; CM Lyles; L Aupont; M Charania; K Henny; A Liau; K Marshall; S Rama; L Willis

**BACKGROUND:** CDC and other funding agencies are requiring prevention programs to use interventions with strong scientific evidence of efficacy. HIV prevention service providers and program planners need up-to-date information about newly identified evidence-based behavioral interventions (EBIs). To help meet these needs, CDC's HIV/AIDS Prevention Research Synthesis (PRS) project conducts on-going systematic efficacy reviews of HIV behavioral interventions for high-risk populations in the U.S. EBIs identified by PRS are recommended to the CDC's Replicating Effective Programs (REP) for potential packaging and the CDC's Diffusion of Evidence-Based Interventions (DEBI) for possible dissemination. The aims of this presentation are to describe the newly identified individual- and group-level EBIs that were published or in press between January 2006 and May 2008 and discuss the research gaps in evidence-based HIV prevention.

**METHOD:** The comprehensive, cumulative PRS database of HIV behavioral prevention research was used for this review. This database is updated twice yearly using systematic searches of 4 bibliographic databases and manual search procedures. A total of 24 intervention evaluation studies conducted in the U.S were eligible for this systematic review. Each intervention was evaluated against standardized criteria that assess quality of study design, implementation, analytic methods, and strength of evidence of efficacy. Interventions were classified into best or promising evidence, based on these criteria.

**RESULTS:** Nine EBIs were identified, with 6 meeting the PRS criteria for best evidence and 3 meeting promising-evidence criteria. Four targeted persons living with HIV (PLWH), 2 targeted STD clinic patients, 2 targeted HIV-negative injection drug users (1 of which focused on those with Hepatitis C infection), and 1 targeted fathers and their sons aged 11-14 years. Six EBIs either targeted, or were tested with a majority of, persons of color. Among the 4 EBIs for PLWH, all had a majority of participants of color, 3 either included a majority of men who have sex with men (MSM) or all males tested were MSM, and 1 was conducted with participants who had a history of childhood sexual abuse. Five EBIs are individual-level interventions, of which 3 were delivered in 1 brief session (ranging from 23 to 50 minutes), and one was delivered by clinicians in 5-10 minutes of brief counseling at each clinic visit with HIV-positive patients. Four EBIs are group-level interventions with multiple sessions (ranging from 6 to 15 sessions).

**CONCLUSION:** There is still a research gap between the emerging HIV epidemic and available evidence-based HIV interventions, as none of the new EBIs were specifically developed for MSM. However, 3 of the 4 EBIs for PLWH were tested with a large proportion of MSM, and those interventions can be used to help HIV-positive MSM maintain safer behavior and reduce HIV transmission risk. Several individual-level EBIs are very brief and are more feasible to be implemented by prevention service providers. Some of the newly identified EBIs meet other important research gaps and may address the issues of feasibility or adaptability, considerations that are central to research translation and intervention implementation.

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**Track C****C18 - Evaluating Interventions for Racial/Ethnic Minority Women****Room: International Ballroom South (Hyatt Regency Atlanta)**

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**Presentation Number:** C18-1

**Presentation Title:** An Evaluation of the Healthy Love Workshop: A Single-Session HIV Prevention Intervention for African-American Women

**Author(s):** Dazon Dixon Diallo, MPH; Paulyne M. Ngalame, MPH, MIAD; Lisa Diane White; Kelly M. Jackson, MPH; Thomas M. Painter, PhD; Jeffrey H. Herbst, PhD; James W. Carey, MPH, PhD; Trent W. Moore, MS, PhD

**BACKGROUND:** African American women are the fastest growing group of persons newly infected with HIV, and urgently require effective, gender-sensitive and culturally appropriate prevention interventions. SisterLove Inc., a community-based organization (CBO) dedicated to educating and supporting African American women at risk for HIV/AIDS, has been delivering the single-session, sexual risk-reduction Healthy Love Workshop (HLW) to women in metropolitan Atlanta since 1989. HLW's innovative features include its design for delivery to intact groups of women (e.g., friends, sororities, church groups) in settings of their choosing, creation of a safe environment where women can discuss HIV risk, and eroticization of safer sex. HLW helps women understand the modes of HIV transmission; increases their awareness of personal factors and social norms that can affect relationships, sexual decision-making, and risk-behaviors; and develops women's skills for personal risk assessment and correct condom use. This study evaluated the efficacy of the HLW to increase HIV protective behaviors (e.g., condom use and HIV testing).

**METHOD:** Groups of African American women and women of African descent were recruited to participate in this evaluation from a variety of community venues including local colleges and universities, and low-income housing facilities in metropolitan Atlanta, GA. Groups of women were randomly assigned to receive either the HLW (14 groups; n=161) or a comparison single-session HIV101 workshop (14 groups; n=152). Condom use and HIV testing outcomes were assessed at baseline and at 3- and 6-months after the intervention.

**RESULTS:** There were no statistically significant baseline differences between women who were assigned to the HLW and HIV101 conditions on demographic, behavioral, and psychosocial factors. Of the 313 women who completed baseline assessments, 74.1% and 76% completed 3- and 6-month follow-up assessments, respectively. Analysis of evaluation outcomes used cluster-adjusted chi-squares and GEE models controlling for baseline behavior and adjusting for within-group variation. Among women who were sexually active at the 3-month follow-up (n=115), HLW participants reported significantly greater condom use during vaginal sex with a primary male partner than HIV101 participants (55.9% versus 35.7%; Odds Ratio [OR] = 2.80, 95% Confidence Interval [CI] = 1.2 to 6.6). Differences in the two groups for reported condom use at 6-month follow-up were non-significant, but the direction of these differences was consistent with more protective behaviors by HLW participants. At 6-month follow-up, women who participated in the HLW reported significantly greater rates of testing for HIV and receipt of test results in the past 3 months than women in the HIV101 condition (27.0% versus 13.8%; OR=2.30, 95% CI=1.1 to 4.8).

**CONCLUSION:** The brief, gender-sensitive HLW was efficacious in increasing safer sex practices and HIV testing among African American women. The findings of this study also indicate that CBOs can successfully conduct rigorous evaluations of their innovative, locally-developed HIV prevention interventions.

**Presentation Number:** C18-2

**Presentation Title:** A RCT of Women First!: Effects On Condom Use

**Author(s):** Caroline Mallory; Matthew Hesson-McInnis

**BACKGROUND:** This pilot study was designed to test the efficacy of an intervention to increase the frequency and correct use of condoms among women exiting county jails, substance abuse treatment, and STD clinics. Hypotheses were that women in the treatment group will engage in fewer episodes of unprotected vaginal intercourse and will use condoms correctly more often than women in the control group.

**METHOD:** Women First! is a group intervention based on Social Cognitive Theory, the Theory of Gender and Power and Awakening. Women First! is designed to help women develop skills for sexual negotiation and condom application. Six, two-hour sessions were delivered by a health educator. We used a randomized controlled trial with an attention-only control group and repeated measures at pre, post, 3-month and 6-month follow-up points to test the intervention efficacy. The primary dependent variable was a weighted average of self-reported unprotected vaginal intercourse in the last week and last 24 hours (weighted to accommodate the different length of time reported). Self-report of correct condom application was measured using the Problems with Condoms Questionnaire (PCQ), a 6 item summative scale.

**RESULTS:** In all, 74 women were enrolled, but at posttest 53% were lost to attrition, leaving 35. Of these, 54% were African American; 26% were White; and the remainder self-identified as Native American or mixed race/ethnicity. Most women (n=32) were straight/heterosexual and earned less than \$800.00 per month (71%). To test hypotheses we conducted 2 repeated-measures MANOVAs. Time was treated as a within-subjects factor and was restricted to two levels (pre-treatment and immediate post-treatment). The hypothesis is tested by the interaction effect of Time and Treatment, which was not significant for unprotected vaginal sex, Wilks' lambda = .99,  $F(1,31) = 0.05$ ,  $p = .82$ , partial eta  $^2 = .002$ . However, the MANOVA did reveal a marginally significant main effect of Time on unprotected vaginal sex (Wilks' lambda = .90,  $F[1,31] = 3.30$ ,  $p = .079$ , partial eta  $^2 = .10$ ), but the main effect of treatment was not significant. With respect to correct condom use, the interaction of Time and Treatment was again not significant, Wilks' lambda = .94,  $F(1,31) = 2.14$ ,  $p = .15$ , partial eta  $^2 = .064$ . The main effect of time was not significant for correct condom use, but the main effect of treatment was marginally significant,  $F(1,31) = 3.66$ ,  $p = .065$ , partial eta  $^2 = .11$ .

**CONCLUSION:** Although the hypothesized interaction effects were not significant, the means behaved as predicted with greater reductions in unprotected vaginal intercourse and in problems using condoms for the intervention group than the comparison group. The lack of statistically significant treatment effects may be explained by attrition leading to reduced power to detect statistical significance combined with small effect size. These limit our ability to definitively determine the efficacy of Women First!. Exploration of mediating variables will be necessary to determine what elements of the intervention will need revision and what confounding variables will require stronger controls.

**Presentation Number:** C18-3

**Presentation Title:** A Network Intervention Is Feasible To Implement and Promotes Female Condoms among Ethnically-Diverse U.S. Women

**Author(s):** Kyung-Hee Choi; Colleen Hoff; Steven E. Gregorich

**BACKGROUND:** The female condom is a promising HIV prevention option for women. Network-based interventions have been successful in modifying HIV-related risk behaviors. However, few HIV prevention approaches have targeted women's social networks to promote the female condom.

**METHOD:** We designed and pilot-tested a female condom education network intervention with ethnically-diverse women in San Francisco, CA. We recruited 13 women (6 African American, 3 Asian, 1 Latina, 3 Caucasian) as Female Condom Advocates during October–November 2007. These Advocates recruited 59 women from their social networks (31 African American, 13 Asian, 3 Latina, 12 Caucasian) for baseline and 3-month follow-up assessments. They also attended a three-hour individual training session to learn about the female condom, to learn effective communication skills, and to identify ways to tailor their interactions with their Recruits to specific environments and situations. At the end of the training, these Advocates were instructed to promote the female condom to their Recruits for three months by having an initial Female Condom Education (FCE) session and three subsequent monthly follow-ups.

**RESULTS:** The 13 Advocates held an initial FCE session with 48 of the 59 Recruits (81%; an average of 66 minutes per FCE session). These Advocates also completed follow-up conversations with 56% of their Recruits in Month 1, 67% of their Recruits in Month 2, and 83% of their Recruits in Month 3. Of the 59 FCE Recruits, 54 (92%) completed three-month follow-up interviews. The number of Recruits who reported using the female condom at least once during sex in the prior three months increased from 0% at baseline to 51% at three months. The proportion of sex acts protected by either male or female condoms also increased from 31% at baseline to 52% at 3 months. When asked about their experience with the FCE session received from their Advocate, an overwhelming majority of Recruits rated the FEC session as "extremely" or "very" useful (80%) and their Advocate to be "extremely" or "very" effective in encouraging them to use the female condom (86%). More than four out of five Recruits (83%) reported that they would be interested in working as a FCE Advocate if the opportunity presented itself in the future.

**CONCLUSION:** Our pilot study found that implementing the female condom education network intervention was feasible and that this network intervention promoted female condom use. Future randomized clinical trials should evaluate the efficacy of this intervention with a larger sample of women who are at risk for HIV.

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### Cross-Cutting Theme 3

#### CCT3A - Personal Issues of Stigma and Discrimination: Disclosure, Coping, Self-Esteem

**Room:** Hanover F/G (Hyatt Regency Atlanta)

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**Presentation Number:** CCT3A-1

**Presentation Title:** A Qualitative Study on the Daily Impact of Living with HIV in the Post-HAART Era

**Author(s):** Rebecca Davis; Sharon Parker; Beth Fowler; Jo Anne Earp

**BACKGROUND:** More than 1.1 million Americans are living with HIV. While recent findings demonstrate support for prevention with positives (PwP) programming, little research has been done to examine what it is like to live with HIV in the post-HAART era when drugs are extending lives and turning HIV into a chronic rather than acute disease. We explored important issues and daily concerns experienced by persons currently living with HIV.

**METHOD:** We carried out six focus groups in 2006 at two sites in North Carolina with a total of 51 HIV-positive people (mean age 43; 41% female; 80% African American). Verbatim content analysis transcripts of the focus groups identified common themes arising from the two-hour long interviews. Three researchers independently coded the transcripts, organizing themes using Atlas-ti qualitative analysis software. Codes were assessed for internal reliability and to create a final dataset for in-depth analysis.

**RESULTS:** Two overarching themes emerged. The first reflected the impact of living with HIV on daily life. First, respondents expressed frustrations coping with family members and friends' misconceptions and misunderstandings about HIV transmission. Second, respondents experienced frequent instances of discrimination associated with their HIV diagnosis that limited their health insurance, housing, and employment options.

The second overarching theme involved the impact of living with HIV on one's sex life. Five relevant sub-themes emerged: 1) Commonly cited barriers to safer sex were many and included lack of self-confidence about using condoms, complaints about the feel of condoms, impaired condom decision-making when under the influence of alcohol or drugs, and partner refusal to use protection. 2) Respondents reported several factors that helped them practice safer sex, including the availability of dental dams, female and flavored condoms, and discovering alternative ways to be intimate with a partner. 3) Respondents reported that anticipated negative reactions from people, including a fear of rejection, ostracization and a fear of a breach of confidentiality, kept them from disclosing their HIV status at times. 4) Respondents expressed uncertainty regarding the most appropriate time and place to disclose their serostatus to partners. 5) Respondents cited a number of factors helping them disclose their serostatus to others, including using disclosure to build healthy relationships, the availability of disease intervention specialists who could assist with disclosure, and bringing partners to medical appointments where health care workers provided support and information.

**CONCLUSION:** People living with HIV continue to face personal challenges often related to the stigmatizing effects of their illness but we also identified factors that help them cope with this illness. Understanding the patient perspective on living with HIV/AIDS can inform health care providers and interventionists about community-identified issues of relevance and importance as well as aid in the design of PwP programming.

**Presentation Number:** CCT3A-2

**Presentation Title:** Spiritual Coping Among HIV+ Adolescent and Young African American Men Who Have Sex with Men

**Author(s):** Nathan D. Doty, MS; Linda A. Hawkins, MS; Bret J. Rudy, MD

**BACKGROUND:** Young African American men with HIV who have sex with men (YMSM) are at risk for psychosocial stressors, including those related to disease progression, medical management, social stigma, and stressful life events. An individual's ability to cope with such stressors has been shown to predict both physical and mental health. The current study examines one potential coping strategy utilized by African American YMSM: spirituality. Spirituality, prominent within African American culture, may represent a valuable coping response to HIV. Spirituality has been identified as an accessible coping response for African American adults with HIV, although it has not been adequately explored among African American YMSM living with HIV. The current exploratory study examined two forms of spiritual coping responses (i.e., existential and religious) among African American YMSM living with HIV.

**METHOD:** Participants included 31 self-identified African American YMSM ages 16 to 24 receiving care at an adolescent HIV program. As part of a larger ongoing study, participants completed surveys regarding demographics, traumatic stress symptoms, condom use, and the frequency of spiritual coping (including both existential and religious coping strategies). Youth's ratings of coping strategies were examined, as were correlations between coping, condom use, and traumatic stress symptoms. Finally, we compared sexual health risks among youth endorsing predominantly existential coping strategies with those who favored more religious coping strategies.

**RESULTS:** Frequently endorsed coping responses included: "I think it's good to be alive", "I remember there is a reason that I'm alive", and "I remember that God is with me". Less frequently endorsed strategies included: "I close my eyes and imagine my favorite place", "I like it when it's so quiet I can hear myself breathing", and "I think about people praying for me". On average, youth endorsed comparable levels of existential and religious coping. However, differences were evident between youth who favored existential coping strategies and those who favored religious coping strategies. For instance, youth who favored religious coping endorsed more condom use in the past 30 days,  $t(28) = -2.083$ ,  $p < .05$ , less unprotected sex in the past 30 days,  $t(28) = 2.196$ ,  $p < .05$ , but more experiences of sexuality-related stigma,  $t(27) = 2.112$ ,  $p < .05$ , compared with those who favored existential forms of coping. Interestingly, overall ratings of spiritual coping were positively associated with post-traumatic stress symptoms ( $r = .38$ ,  $p < .05$ ).

**CONCLUSION:** We examined existential and religious coping strategies within a sample of African American YMSM with HIV. Results revealed high levels of both existential and religious coping responses within this population, especially among youth who were experiencing symptoms of traumatic stress. Results of this exploratory study suggest that youth favoring religious forms of coping may engage in less unprotected sex than those who favor more existential forms. However, youth with higher religiosity may also experience greater sexuality-related stigma. Results are consistent with limited acceptance of sexual minority youth within African American religious communities, but also highlight the potential of spiritually based interventions for HIV prevention among African American YMSM living with HIV.

**Presentation Number:** CCT3A-3

**Presentation Title:** Measuring Prevention Effects Using Meditation, Film, and Writing with HIV+ African American Women over 40

**Author(s):** Rosanna DeMarco; Malkia Kendricks; Yolani Dolmo; Catheryn Gaynes; Sonja Johnson; Barry P. Callis

**BACKGROUND:** The purpose of this pilot study was to evaluate the effect of a prevention intervention (meditation, viewing clips from film, writing, and sharing in a group) with African American women living with HIV over 40. Using an ecological model, the effect of the intervention was tested on behaviors of individuals considered difficult to engage in prevention services in conjunction with the broader social contexts, including self-advocacy and self-care in safe sex behaviors, medical adherence, and stigma.

**METHOD:** Over 18-months (2007-2008), a randomized to experimental (MFW intervention) and control group (support group care) sample of 64 seropositive African American HIV + women over 40 years old met over 6 weeks at a local community based drop-in-center model in Boston, MA. Both groups were led by facilitators that met the same inclusion criteria as participants. Self-report pre-test were assessed at weeks 1, 6, and 6 months, measuring safer sex behaviors, intentions, attitudes, self-advocacy, stigma (personalized stigma, disclosure concerns, negative self-image, concern about public attitude), and adherence (health behaviors and medication) by Likert scales. Tests for mean differences were used to evaluate multiple dependent variables across groups over time.

**RESULTS:** Preliminary data shows significant mean differences between experimental and control groups in self-advocacy ( $p=.022$  T1 to T2 and  $p=.002$  T1 to T3) and stigma specifically negative self image ( $p=.041$  T1 to T3) and personalized stigma ( $p=.032$  T1 to T3). In addition, stability and improvement in adherence data were found across both groups. Qualitative data from recorded and written work include themes of child sexual abuse, prostitution, incarceration, substance use and abuse, and intimate partner violence as key past experiences that create stress in current relationships with young and grown children. Focus group evaluations of the program included the desire for a longer program (12-weeks), inclusion of all women over 40 living with HIV/AIDS, and offering exercises and skills to help sustain intervention results.

**CONCLUSION:** A culturally relevant (and bundled) intervention (MFW), positively affected self-advocacy, personalized stigma, and self-image in the experimental group and they maintained medical adherence over time in both groups. Use of this set of specific activities rolled into one intervention methodology and specifically writing in a group appears to: 1) affect positively the ability of African American women to discuss in a supportive group setting key components of sustained wellness and 2) support the explanatory power of social context and behavior change in neighborhood-based and peer-led prevention interventions.

**Presentation Number:** CCT3A-4

**Presentation Title:** Impact of Prevention with Positives interventions on Disclosure Practices Among Patients in Medical Care Settings

**Author(s):** Kimberly A. Koester, MA; Janet J. Myers, PhD, MPH; Steve Morin, PhD

**BACKGROUND:** Prevention with Positives (PwP) interventions implemented in medical care settings emphasized the topic of disclosure under the assumption that if HIV-infected patients tell their partners their status, risk is less likely to occur. The relationship between disclosure and sexual risk behavior, however, is complex and difficult to assess. This qualitative study presents patients' perceptions of their disclosure practices following patients' participation in individual or group level PwP interventions delivered by clinicians, support staff (health educators or social workers), or HIV-infected peers in medical settings.

**METHOD:** Transcripts of audio-recorded qualitative interviews with 60 patients post-participation in PwP interventions targeting a diversity of HIV patient populations in 15 demonstration sites throughout the US were coded and analyzed to identify salient themes. The demonstration sites were part of the Health Resources and Services Administration (HRSA) Special Projects of National Significance (SPNS) initiative on HIV prevention in clinical care settings.

**RESULTS:** Patients reported a range of disclosure practices before the interventions influenced by personal and sexual history, family situation, social context, geography, and type of sexual relationships. Some patients disclosed to everyone in their lives including family/friends. Others told only telling sex partners. Some did not disclose, bearing the "burden of the secret" and not revealing their HIV status to anyone because of shame, social and personal isolation, and fear of stigma, discrimination, and

rejection. While some patients disclosed to all of their sexual partners, some only disclosed according to the situation or when asked. Some patients did not feel the need to disclose if having protected sex, while others, unable to disclose, avoided sex all together. For some patients, length of HIV diagnosis did not facilitate or make disclosure easier. Patients reported that participation in PwP interventions directly and indirectly impacted their intention to disclose or increased their actual disclosure practices. Direct impact occurred through specific discussions on disclosure that included: 1) examining the potentially beneficial or detrimental repercussions of disclosing; 2) identifying strategies on how to disclose to sex partners or family and friends; 3) exploring a sense of responsibility for their actions and their “moral” obligation to disclose to potential partners, and protecting others from HIV and themselves from reinfection and other STDs; 4) openly discussing serosorting and considering the alternative of only dating HIV seropositive partners. An indirect influence of the interventions on disclosure occurred by fostering self-esteem and introspection and creating the opportunity for patients to, often for the first time, talk about disclosure and prevention, and exploring and sharing their feelings about living with HIV, including shame and stigma.

**CONCLUSION:** While patients’ HIV disclosure to sexual partners does not guarantee protected sex, PwP interventions that integrate disclosure and explore issues related to accepting and normalizing living with HIV, self-esteem, honesty and responsibility to others, stigma, and disclosing strategies can increase patients’ confidence to disclose to sexual partners and help avert new HIV infections. The relationship between HIV infected patients’ confidence to disclose, personal and social responsibility, stigma and risk of transmitting HIV to others needs to be further examined.

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## Cross-Cutting Theme 6

### CCT6A - Global Exchange: Strategies for Scale and Impact

**Room: Hong Kong (Hyatt Regency Atlanta)**

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**Presentation Number:** CCT6A-1

**Presentation Title:** Antiretroviral Treatment and Prevention of HIV Transmission: Two Birds, One Stone

**Author(s):** Peter Kilmarx

**BACKGROUND:** Antiretroviral treatment (ART) of HIV infection appears to decrease the likelihood of HIV transmission from the treated, HIV-infected individual to that person’s sex partner(s). This has important implications both at the individual and at the population level. CDC held an expert consultation on the issue in October 2008. This presentation will review current understanding of ART and HIV prevention and relevance to prevention program practitioners and researchers in the United States.

**METHOD:** Research and modeling have been conducted in diverse populations worldwide with a focus on men who have sex with men in developed countries and heterosexual populations in Africa.

**RESULTS:** There is evidence that the infectiousness of HIV-infected persons is related to their blood viral load, which is correlated with genital viral shedding. ART can be expected to reduce HIV concentrations in the blood and seminal plasma, female genital tract secretions, and rectal secretions. While some studies have shown successful long-term suppression of genital HIV shedding with ART, in other studies episodes of genital HIV shedding have been observed despite ongoing ART. There is also significant variation in the penetration of antiretroviral drugs from the blood into the genital tract. Observational studies to date have shown that ART is associated with a decreased risk of transmission to sex partners. A clinical trial to directly address this question is ongoing. Data are sparse on rectal transmission and the effect of ART on transmission among men who have sex with men, and the durability of the effect of ART on transmission is unknown. There are also concerns related to the effects on anogenital viral shedding of blood viral load “blips,” intermittent and potentially asymptomatic sexually transmitted infections, and about drug-resistant viral strains. At the population level, some studies have found that ART has reduced HIV transmission, while others have not shown such a reduction. Some modeling studies suggested that widespread ARV treatment would substantially reduce HIV transmission, although behavioral risk compensation could possibly undermine that effect. There is also interest in beginning ART earlier in the course of infection at higher CD4 counts for clinical reasons. While current U.S. guidelines recommend starting ART at a CD4 count of <350/mm<sup>3</sup>, the guidelines state that other potential benefits to starting treatment earlier may be taken into consideration including the “decreased risk of HIV transmission to others, which will have positive public health implications.” With use of ART for HIV prevention there would also be concerns about ART adherence, behavioral risk compensation, clinical capacity and financing for ART for individuals with higher CD4 counts.

**CONCLUSION:** ART may contribute to prevention of HIV transmission. There is the potential to increase the prevention benefit by expanding HIV testing, ensuring linkage to and availability of treatment services, and, possibly, making treatment available to infected individuals with CD4 counts >350/mm<sup>3</sup>. However, additional laboratory, clinical, epidemiologic, mathematical modeling, and behavioral research, along with health care financing and policy discussions, are needed to inform specific guidance on these issues.

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**Track D****D04 - Public and Private Sectors - Use of New Media****Room: Hanover C (Hyatt Regency Atlanta)**

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**Presentation Number:** D04**Presentation Title:** Voices from the Public and Private Sector on Using New Media in Response to HIV/AIDS**Author(s):** Erik Ireland; Oriol Gutierrez; Deborah Lavine; David Novak; Miguel Gomez; Andrew Woodruff

**BACKGROUND:** Communities at risk for HIV (including MSM, adolescents, IDUs, and communities of color), persons living with HIV, and HIV providers are turning to the Internet and new media tools (podcasts, blogs, social networks, text messaging, etc.) for HIV prevention information, social support, and resources. An increasing number of HIV infected individuals are using the Internet to explore treatment efficacy and for social networking.

**METHOD:** Online and via mobile applications

**RESULTS:** The DHHS project, AIDS.gov, focuses on developing and highlighting projects using new media tools in response to HIV. This panel brings together four unique and innovative new media approaches reaching communities at greatest risk for HIV across the U.S. Panelists represent a) Poz Magazine's online blog empowering PLWH through sharing personal stories and opinions; b) San Francisco AIDS Foundation's (SFAF) bi-weekly podcasts series about HIV/AIDS for policy makers, providers, and people with or at risk for HIV; c) ISIS's sexual health text messaging program for African American youth in San Francisco; and d) Online Buddies, Inc.'s (MANHUNT) health partnerships that facilitate Internet partner notification, using e-mail to inform individuals exposed to HIV/STI. Across all presentations, participants will learn how to incorporate appropriate technologies in response to HIV into existing programs

**CONCLUSION:** Several overarching themes will be discussed, as well as specific results from each panelists. Poz's blog posts have elicited comments and contributed to the dialogue about Latinos and HIV. Providers have referred their clients to SFAF for specific HIV/AIDS information. Preliminary evaluation data about ISIS's SexINFO, the text messaging service, show consistent positive associations between demographic and geographic risk factors for STIs, including HIV, and campaign awareness and referral use. Since 2004, via a partnership with Online Buddies, health departments are able to carry out traditional partner notification via online communication, reaching people exposed to HIV/STI who may not have been able to be reached in traditional ways.

Cross-cutting lessons learned across panelists are 1) New media tools can be an effective way to reach and engage with communities at risk and HIV providers; 2) There is tremendous potential to integrate new media tools into existing programs – providing information in different formats to reach diverse audiences' information needs; 3) When programs use them to align with their audiences' needs, new media tools can augment outreach and reach audiences in new ways; and 4) Working together with youth, health professionals can effectively use new media tools to educate, inform, and empower young people to take responsibility for maintaining their sexual health.

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**Track D****D14 - The Promise and Challenges of New Technologies for Data Collection****Room: Hanover E (Hyatt Regency Atlanta)**

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**Presentation Number:** D14-1**Presentation Title:** Contextual Reality of Client Level Data Collection: Challenges and Technologically Based Opportunities from California**Author(s):** Noah Carraher; Christopher S. Krawczyk; Phillip E. Morris; Shelley Facente; Mike Janson

**BACKGROUND:** The California Department of Public Health (CDPH)/Office of AIDS (OA) funds HIV Counseling and Testing (C&T), Health Education/ Risk Reduction (HE/RR), and Partner Services (PS) activities in more than 700 provider locations statewide. Annually, data is collected from approximately 500,000 client contacts using more than 200,000 data forms. Almost all data is collected by provider staff via paper forms that require subsequent data entry. Reliance on staff and paper forms at this volume of activity results in reduced data validity, increased provider burden, reduced efficiency, and greater potential for increased cost.

**METHOD:** The State of California is large and diverse thereby introducing numerous contextual challenges to client data collection. The diversity is found at all levels including clinic size (ranging from 5-10 clients/month to over 500/month), types of settings (STD clinic venues, backpack outreach, anonymous/confidential), and client characteristics (sociodemographics, multilingual).

**RESULTS:** CDPH/OA and partners from the Los Angeles and San Francisco Department of Public Health have developed and implemented pilots that incorporate handheld devices and scanning solutions for client level data collection; and convened a Summit of technology innovators to conceptualize a technologically focused platform that can be used regardless of local and service provider contextual factors. These solutions are being explored in order to increase data validity, program efficiency, client volume, to decrease provider burden and program costs, and to remove data collection from client-provider interactions. **CONCLUSION:** Pilots of handheld devices and scannable solutions have improved clients' experience by increasing privacy, removing data collection from interactions with providers, and empowering clients to use technology. Among local and county agencies, these technologies have reduced data collection burden and redundant effort; thereby maximizing clinic resources in a time of reduced resources and expanding programs. In addition, a statewide technologically based framework has been conceptualized that addresses contextual challenges of data collection. Based on these results, CDPH/OA is creating a statewide plan to electronically collect client level data from various programs and settings.

**Lessons Learned:** Any technologically based solution must provide ease of use for clients and providers. To allow local flexibility, the solution should easily permit the addition of supplemental data at the provider level, not at the state level; the solution should support data collection via handheld devices, scanning, cell phones, informational kiosks, and paper; and the solution should allow for integration with existing systems such as electronic medical records or electronic laboratory records. To reduce redundant effort and maximize the utility of client information, the system should allow for confidential data linkage across services at the point a client initiates receipt of services. The system must be scalable and responsive to change. Finally, development of the system must focus on addressing requirements instead of a focus solely on the desired solution.

**Presentation Number:** D14-2

**Presentation Title:** Lessons from Electronic Data Collection with Inmates in a County Jail Setting

**Author(s):** Phillip E. Morris; Shelley Facente; Noah Carraher; David Webb

**BACKGROUND:** The San Francisco Department of Public Health (SFDPH) HIV Prevention Section (HPS) oversees HIV counseling, testing, and linkage (CTL) in 18 community-based agencies and other public testing sites throughout San Francisco. Since 2006, the city has been working to transition each of its sites from a paper-based data collection system, requiring counselors to complete multiple forms during a CTL session, to an electronic system, which allows client information to be collected directly from clients.

**METHOD:** Rapid HIV testing is provided for inmates at five San Francisco county jails through the Forensic AIDS Project (FAP), a program of SFDPH under jail medical services. In September 2007, FAP began preparations for use of the PalmIT system for electronic collection of their CTL data.

**RESULTS:** PalmIT was set up in the jails such that an inmate is seated at a touchscreen kiosk to answer questions about demographics and sexual/drug use history. The survey can be administered in English as well as in Spanish, and includes audio and light-up answers to assist inmates with low literacy. This entire process takes about ten minutes. While the inmate receives counseling, a handheld computer is by staff used to record all lab slip information, as well as to record administrative information about referrals and other services after completion of the test session.

**CONCLUSION:** Over 1000 inmates have used the PalmIT system. Use of an electronic, self-administered data collection format in a multilingual, low literacy, and technologically unsophisticated population was challenging to implement. However, the program has been very successful, with both clients and counselors reporting high levels of satisfaction with the new system. Data completeness and quality has improved. Most importantly, inmates who previously had never used a computer reported excitement and interest about the prospects of technology, as well as increased confidence in their own ability to utilize it.

**Lessons Learned:** Careful development of survey language that was appropriate for the target population, as well as understandable and culturally-appropriate Spanish translation of the survey, was critical to the success of the project. A process of team testing, feedback, and revision was key in this case, which required flexibility and willingness to adapt surveys as needed throughout the beginning months. The outcome was a product that inmates from all backgrounds could use comfortably, while staff from FAP could trust in the integrity of the data being collected from their program.

**Presentation Number:** D14-3

**Presentation Title:** Examining a Technologic Framework for Statewide Electronic Data Collection: A Conceptual Diagram from California

**Author(s):** Phillip E. Morris; Mike Janson; Shelley Facente; Noah Carraher; David Webb

**BACKGROUND:** The California Department of Public Health (CDPH)/Office of AIDS (OA) funds HIV prevention and testing services in more than 700 locations statewide. Annually, data is collected from approximately 500,000 client contacts. Currently, client information is gathered by provider staff on paper forms and entered into LEO, a

web-based system housing California's data from these services. This reliance on staff and paper based data collection results in reduced data validity, increased provider burden, reduced efficiency, and greater potential for increased cost. In addition, client level data must be received from other local agencies, medical facilities, and from various laboratories. Data should get shared with other statewide systems (example, systems monitoring HIV medical care programs) to further supplement client information, to increase outcome based evaluations, and reduce redundant effort. However, sharing of client level data between programs requires linkage at the point of client contact (POC); this linkage is severely limited if personal information (e.g., names and social security numbers) is not available.

**METHOD:** CDPH/OA convened a two-day Technology Summit in October 2008 to brainstorm about the conceptualization and implementation of electronic data collection statewide. The Technology Summit gathered CDPH/OA-funded service providers, stakeholders, researchers, and technology innovators and developers for these discussions.

**RESULTS:** The discussions focused on a solution that would fulfill three primary goals: (1) to electronically collect client-level data; (2) to share data with local agencies and other statewide systems; and (3) to provide functionality that links client data at POC. During the summit, a diagram was created to better define the business requirements of an electronic data collection solution.

**CONCLUSION:** A framework was developed whereby development of digital data forms is centralized and then loaded locally onto several different types of electronic data collection devices including handheld devices, cell phones, informational kiosks, and scannable technology. This centralized digital form structure provides flexibility by allowing service providers to choose from several types of devices, and by providing functionality that allows them to add locally specific data forms. The conceptualized framework also permits data transfer from electronic medical records and electronic laboratory records into a central database. Finally, the system design allows for linkage of client data at POC via the generation of a unique HASH code and bar code that can be placed on all client records and regenerated from information within other statewide systems.

**Lessons Learned:** The widespread availability of data and information gathering devices and code allows for the development and implementation of a scalable, adaptive, user-friendly, and locally tailored system for electronic data collection. Developing such a system must focus on defining requirements instead of a focus solely on the desired solution, and should involve a broad spectrum of stakeholders and technologic capacity. Efforts to standardize digital data, such as Health Level Seven (HL7), will benefit automated data sharing and synchronization across various data systems. Developing and implementing such a solution requires an integrated effort by state, local, and perhaps federal agencies; and the more centralized the effort, the greater the likelihood of sustainability.

**Presentation Number:** D14-4

**Presentation Title:** Using PDAs in Field Research: Implications for Improved Data Analysis

**Author(s):** Susan Rogers; Stacey Little; Marie Ahmed

**BACKGROUND:** ConnectHIV is a national initiative supported by the Pfizer Foundation through \$7.5 million in grants and technical resources designed to support the integration of HIV prevention, care and treatment efforts in communities of greatest need in the United States. Under this initiative, the Academy for Educational Development (AED) and Johns Hopkins Bloomberg School of Public Health are evaluating the impact of service integration and collaboration on effectively connecting people to prevention and care services and improving treatment adherence. While programs' target populations vary, grantees use a standard set of instruments to collect data on a common set of indicators at three time points during the IRB-approved study. The evaluation requires data collection by 20 grantees throughout the country, which creates the challenge of standardizing data collection processes and management remotely. Personal Digital Assistants (PDAs) were used to address this challenge.

**METHOD:** The multi-site evaluation involves the following states: California, Florida, Georgia, Illinois, New Jersey, New York, North Carolina, Maryland, Pennsylvania, and Texas. PDA use was intended for ASO staff responsible for data collection in the field with clients (high-risk HIV negative persons and people living with HIV/AIDS).

**RESULTS:** AED worked with a contractor to convert the hard copy evaluation instruments to electronic forms on PDAs. AED then conducted training with representatives from all 20 grantee organizations on data collection with PDAs. Grantees were tasked with implementation of PDAs for data collection upon return to site. Grantees sent in data from PDAs via email to AED, where the data were compiled, cleaned and analyzed. Ideally, the data from all of the sites would be uniform and contain fewer errors than if manually entered, which would expedite compilation of large numbers of records and improve the quality of the data.

**CONCLUSION:** The use of PDAs for data collection in this evaluation serves to standardize the data collection, streamline the data entry, and minimize human error during data management; which improve the data analysis process. Following PDA training and the trial integration of PDAs into data collection on-site, organizations either chose to use PDAs exclusively, a combination of PDAs and hard copy forms, or elected to not use PDAs.

The integration of PDAs in the ConnectHIV multi-site evaluation provided numerous lessons learned for evaluators challenged with coordinating quality data collection across multiple field sites. Highlights of learnings include: organizations must carefully

review the conversion of hard copy instruments to electronic form on PDAs; allocate sufficient time for development and piloting; simplify the process as much as possible when working with users new to PDA technology, requiring minimal new knowledge and skills of end users initially; ensure trainings for new PDA users should involve every step required for use, including handling the PDA, actual data collection, synching data and working with the data once it is uploaded to a computer; and discuss how PDA use can best be integrated into each user's data collection process.

**Presentation Number:** D14-5

**Presentation Title:** The Use of Hand-Held Electronic Data Collection Technology in the Assessment of HIV Prevention Needs

**Author(s):** Mike Janson

**BACKGROUND:** HIV Assessment and Evaluation data have in the past largely been collected using paper-based data collection tools. New technology has improved methods for data collection and has attributed to increased accuracy and efficiency, as well as greatly reducing the cost of data collection.

**METHOD:** Hand-held electronic data collection has been implemented by the Los Angeles County Department of Public Health, Office of AIDS Programs and Policy (OAPP) since 2007.

**RESULTS:** As recommended by the CDC, OAPP conducts a needs assessment as part of the Community Services Assessment, locally known as the Los Angeles Coordinated HIV Needs Assessment (LACHNA). LACHNA assesses HIV knowledge, perceptions, risk, and service utilization/barriers among individuals at risk for HIV as well as individuals living with HIV/AIDS in Los Angeles County. Since 2007, OAPP has used hand-held electronic devices including PDAs, smartphones, and micro tablet PCs to collect data for LACHNA. Surveys are collected at various venues across the County including CBOs, medical clinics, parks, beaches, street corners, needle exchanges, night clubs, and commercial sex venues. Surveys are administered to diverse target populations at risk for HIV including gay and non-gay identified men, transgenders, IDU, street-based populations, day laborers, and commercial sex workers.

**CONCLUSION:** Since 2007, over 2,600 surveys have been collected using hand-held electronic devices. Compared to traditional paper-based data collection, hand-held electronic data collection yielded vast improvements in accuracy, efficiency, cost, and security. Programmed skip patterns and built-in data validation have greatly increased accuracy and efficiency, while the small size of the data collection devices allowed data collectors to conduct surveys in non-traditional settings and have reduced refusal rates among hard-to-reach target populations. Additionally, the use of these devices has reduced the cost of data collection for LACHNA by more than 50% by eliminating data entry thereby saving hundreds of staff hours. Further, data security was increased by autoencryption and lockout of completed surveys and password-protecting devices. Although there are start-up costs associated with implementing hand-held electronic data collection, the savings resulting from eliminating data entry were realized in the first year of LACHNA. Some technical expertise is needed in the initial set up and ongoing management of the data collection process. Successful use of specific device types is dependant on target population and data collection method. Durability, dependability, and longevity of device types greatly differ.

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## Track D

### D19 - Capacity Building Interventions for HIV Prevention Providers

**Room:** Hanover D (Hyatt Regency Atlanta)

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**Presentation Number:** D19-1

**Presentation Title:** Meet INGRID! A Human Resources Training Program to Help Support Your HIV Prevention Efforts.

**Author(s):** Brenda Cruz; Jeff Blanchard; Yuriko de la Cruz

**BACKGROUND:** Nonprofit organizations lack the resources and time that are required to provide their employees with appropriate Human Resource Development and Management training. Often nonprofits organizations promote managers out of non-management disciplines that tend to lack the required skills to administer HIV prevention programs effectively. Financial restraints and insufficient program staff deter CBOs to allow these staff members to participate in professional development trainings. Due to federal cutbacks, nonprofits are faced with minimal options (especially those that provide professional contact hours) to choose from regarding the development of their staff. In summary, nonprofits face training and CBA challenges that are often left unaddressed and can impact the successful implementation of HIV prevention programs.

**METHOD:** INGRID or Infrastructure Needed for Greater Implementation of DEBI, utilizes a unique blended learning model that combines e-learning methods with face to face Human Resource Development training for nonprofit managers of HIV prevention programs within the United States.

**RESULTS:** The INGRID Certificate program was created in collaboration with Thomas Edison State College, School of Professional and Continuing Studies. The INGRID program was created to provide a model of organizational Human Resource Development to train program directors and managers, of HIV Prevention programs, on a wide-range of HR topics to expand

their knowledge and skill through an in-depth learning community experience. In September of 2008 INGRID was awarded the 2008 Regional Award for Excellence in New Programming by the National University Continuing Education Association. The INGRID program effectively integrates 2 areas of CBA simultaneously; organizational development and evidence-based program implementation. This innovative, CBA program combines web-based instruction and face-to-face training for organizations that want to strengthen their capacity to deliver effective behavioral interventions in HIV/AIDS.

**CONCLUSION:** PROCEED launched the INGRID program in the winter of 2008 and has completed 2 cohorts since. The INGRID Human Resource Certificate program: provides a 50 hour course over 10 sessions in 9 weeks, executed 2 live meetings, 5 online modules, and 1 Webcast, offered participants 5 CEUs, presented participants with a State College Library System membership, presented program diplomas to 85% of the participants and received the 2008 Regional Award for Excellence in New Programming by the National University Continuing Education Association. The unique collaboration between PROCEED and Thomas Edison State College succeeded in the development of a blended learning HR Development course tailored to adult learners in the HIV prevention field. PROCEED's knowledge of the needs of nonprofits, along with Thomas Edison knowledge of developing interactive e-learning curricula led to a well-structured course that all participants deemed worthwhile and applicable to their work. INGRID's program content is relevant to participants' direct work situations and immediately applicable. Participants noted that after the first set of sessions, they were able to return to their organizations and begin implementing the new knowledge and skills acquired. INGRID session topics include; Personnel Management in Nonprofit Organizations, Program Supervision and Management, DEBI Overview from an HR Perspective, Staff Development: Assessment & Design, and Team Building, to name a few.

**Presentation Number:** D19-2

**Presentation Title:** Using Online Trainings to Conduct Capacity Building. Can Live Trainings Be Replaced?

**Author(s):** Monica Nuno; Lily Catanes; Miguel Chion

**BACKGROUND:** With the development of new interventions and the demand to keep up with changing trends in the HIV epidemic, AIDS Service Organizations (ASO)/service providers are becoming more and more involved in seeking and taking advantage of opportunities to improve their professional skills and increase their effectiveness. However, due to time/financial resources ASO may not have the opportunity to access necessary trainings or in some instances, capacity building assistance (CBA) teams may not be able to reach all areas of their region to conduct trainings due to increased expenses. In addition, participants who are able to attend two-day trainings and have introverted personalities may not benefit from a face-to-face learning environment that requires engagement and active participation.

**METHOD:** Online CBA trainings have been developed and implemented for institutions in the western region (or nationwide).

**RESULTS:** In an effort to increase access to CBA services Accion Mutua/Shared Action, the capacity building assistance program of AIDS Project Los Angeles adapted two of the most needed trainings into an online asynchronous training format. Institutions that have already attended CBA trainings in the western region are contacted via email and encouraged to participate and/or forward the invitation to participate in the online asynchronous trainings including Developing an Effective Recruitment Strategy for HIV Prevention and A Practical Approach to Program Evaluation. Participants partake in one of the week-long courses using the course management system BlackBoard CourseSites. There, they listen and view presentations, interact in asynchronous discussions and participate in a variety of learning activities in five modules. The course is guided by a CBA facilitator who logs into the course several times per day to provide feedback to participants. Participants are able to form continuing learning communities after the course for support as they develop recruitment strategies or program evaluations.

**CONCLUSION:** RESULTS: Online courses were offered since March 2007 with a maximum of 15 participants per course. Email marketing was conducted to all (330) previous attendees of CBA training at APLA. A high response rate (25%) to the marketing was received, yet only 15 respondents completed enrollment. Although only 46% of interested respondents completed the training, positive commendations were received as to the intensity of learning that took place.

**LESSONS LEARNED:** Adaptation of curriculums into an online format requires additional resources and reviews. Reasons for low enrollment and completion seemed to differ. Some interested parties initially thought it was an online seminar not a class. Others did not account for the self-initiation required to succeed in the course. Finally, others did not have the necessary minimum set of requirements (infrastructure and skills) needed to participate in online courses. Online training may be convenient to participants and CBA teams that may have limited funding to attend face-to-face trainings. Participants with introverted personalities who would not normally engage in face-to-face training participated in the online discussion boards actively with other participants. Online courses do not replace existing platforms for capacity building but complement them.

**Presentation Number:** D19-3

**Presentation Title:** Identifying and Addressing, Provider Needs: An Application of Regional Needs Assessments in Three Regions

**Author(s):** Miriam Vega; Lauren McCullagh; Yadira Perez

**BACKGROUND:** In the HIV field we are often consumed with the larger picture of incidence and prevalence rates, but we must recognize that the "health" of the organizations that are providing crucial services at the community level is just as important. Organizational diagnoses, as part of capacity building assistance (CBA), are needed to ensure continuous culturally-responsive services to those infected and affected by HIV.

**METHOD:** Community-based organizations (CBO) and local health departments providing HIV prevention services in the regions of Puerto Rico, Connecticut, Rhode Island and New York City.

**RESULTS:** In trying to meet the CBA needs of CBOs and health departments alike, we utilized a diagnostic funnel technique (Gregory et al., 2007) at a regional level. While CBA is needed at an organizational level, we recognized that many HIV prevention programs in a region were facing similar barriers and challenges. Thus, we as a CBA provider, set out to diagnose at a regional level strengths, weaknesses, challenges and successes in the provision of HIV prevention services. The goal of that diagnosis was to then mold a regional training institute to the specific needs of those agencies in that region. A team of CBA specialists and researchers conducted a total of 22 focus groups, 15 key informant interviews, and administered a total of 166 surveys across the regions of New York City, Puerto Rico, Rhode Island, and Connecticut. The focus groups were stratified by staff type and organization type. Instead of a haphazard approach to providing CBA, a diagnostic method was utilized where data was collected from as many people and sources as possible to produce a unique diagnostic paradigm.

**CONCLUSION:** Across the regions there were three common themes in regards to barriers to providing HIV prevention and testing services: programmatic; agency; and external. Although the barriers were similar across the three regions (i.e. stigma), the trainings requested to address these barriers differed somewhat across the regions. For example, in NYC training needs centered on program design while in both Connecticut and Puerto Rico training needs centered on program content.

An immediate outcome of the assessments was that a dialogue centered on assets, needs and changing demographics was initiated between CBA provider, CBOs and health departments. An intermediate outcome was the design and implementation of three training institutes based on the findings. Accordingly, the institutes, although similar in length, did differ in design and content of the workshops, trainings, and network-building sessions. A long-term outcome includes the transfer of skills to new staff and the fostering of regional partnerships.

The regional needs assessment and subsequent training institutes facilitated the meeting of local HIV prevention program needs and dialogue by utilizing a holistic multidisciplinary approach.

**Presentation Number:** D19-4

**Presentation Title:** Selecting Effective Behavioral Interventions: Evaluation of a National Training

**Author(s):** Susan L. Dreisbach; Stacy A. Vogan; Anne Freeman; Alice Gandelman; Terry Stewart; Patricia Coury-Doniger

**BACKGROUND:** Effective behavioral interventions have been shown to reduce individual risk behaviors to prevent the transmission of HIV and other STDs under research conditions. As a result, the Centers for Disease Control and Prevention (CDC) initiated a national diffusion program to encourage front-line prevention programs to implement interventions that comprise the Diffusion of Effective Behavioral Interventions program (DEBIs). Successful implementation depends in part on careful selection of a DEBI that matches the prevention needs of the intervention population and the capacity of the agency to implement and maintain the DEBI at the program level over time. A national training curriculum was developed to train prevention programs to use a systematic process to select a DEBI. The effectiveness of this curriculum needs to be evaluated.

**METHOD:** Four Behavioral Intervention STD/HIV Prevention Training Centers (PTCs) are sponsored by the CDC to deliver HIV/STD prevention training to staff in health departments, CBOs, and clinical settings.

**RESULTS:** The PTCs developed a national curriculum, Selecting Effective Behavioral Interventions, to improve the knowledge and skills of providers in choosing an appropriate DEBI. A standardized evaluation instrument measured changes in knowledge, skills, and confidence, and assessed readiness and intentions to utilize the selecting skills. Data were collected from 330 participants who attended 22 trainings presented by the 4 Behavioral PTCs from October 2007 through September 2008.

**CONCLUSION:** Post-course evaluations showed improved confidence in knowledge and skills to select an appropriate effective behavioral intervention. Confidence in six knowledge areas increased from a pre-training range of 2.10 – 3.12 to a range of 4.18 – 4.54 after the training (with 2 being "not very confident" and 5 being "very confident"). Confidence in selecting skills also improved from a pre-training range of 2.34 – 2.78 to a post-course range of 4.11 – 4.31. Participants consistently demonstrated significant increases ( $p < .001$ ) for both knowledge and skills across all objectives. Post-training, 77% of participants reported intentions to use the selecting steps. However, only 42% reported being "ready to start" using the steps and 36% believed their agency was "ready to start" using the steps to select a DEBI. Barriers affecting readiness included: lack of organizational capacity such as funding, time, and staff; lack of support from agency administrators or community; and lack of community information to make an informed selection. Participants identified additional technical assistance (TA) needs at both the individual and agency level with one-third identifying TA needs focused on "obtaining" (33%), "conducting" (35%) or "analyzing" (33%) community assessment data.

**Lessons Learned:** A two-day training program can result in prevention program staff significantly increasing their knowledge and skills in using a systematic process to select an appropriate behavioral intervention. However, technical assistance may be needed

post-training to increase the likelihood that an agency will successfully apply the selecting steps to choose a DEBI which matches the needs of their community and their agency capacity. More research is needed to assess whether these changes result in improved DEBI selection, implementation and maintenance at the program level over time.

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**Track E****E03 - Setting a Policy Agenda for the Latino and Hispanic Communities****Room: Singapore/Manila (Hyatt Regency Atlanta)**

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**Presentation Number:** E03-1**Presentation Title:** CDC's National Consultation on HIV/AIDS Prevention Among Hispanics/Latinos: Recommendations and Strategies to Address Health Disparities**Author(s):** Maria Alvarez; Alison Keller; Margaret Torres-Vazquez; Priya Jakhmola

**BACKGROUND:** The HIV/AIDS epidemic disproportionately affects the Hispanic/Latino population in the United States. Although Hispanics/Latinos represent 15% of the U.S. population, they account for 22% of the new HIV/AIDS diagnoses in 2006 according to data from 33 states and dependent areas. In 2006, the HIV diagnosis rate for Hispanic males was 3 times (51 per 100,000) that for white males, while the diagnosis rate for Hispanic females (15 per 100,000) was more than 5 times the rate for white woman based on data from 33 states. In 2005, the proportions of HIV infections in adults and adolescents that progressed to AIDS within 12 months after infection was 42% among Hispanics/Latinos, 38% among African Americans, and 35% among whites. CDC has developed strategies to respond to the health disparities facing Hispanics/Latinos at risk for HIV infection including establishing partnerships, developing social marketing initiatives, creating an executive committee, hosting the first national Hispanic/Latino consultation on HIV prevention, and developing a plan of action to guide HIV prevention efforts.

**METHOD:** CDC funds 179 CBOs, of which 33% provide prevention services specifically to Hispanic/Latino communities including 6 CBOs in Puerto Rico and 2 in the U.S. Virgin Islands. Additionally, CDC supports 9 national and regional organizations to provide capacity building assistance to programs serving this population. CDC also provides funding to local, state, and territorial health departments to target Hispanics/Latinos HIV prevention efforts.

**RESULTS:** As a response to the health disparities faced by Hispanics/Latinos, CDC created the Hispanic/Latino Executive Committee (HLEC) in 2007 to provide guidance and recommendations on matters concerning the HIV epidemic. In April 2008, CDC and approximately 110 key federal and non-federal stakeholders convened for the first national Hispanics/Latinos consultation on HIV prevention. The consultation goals were to help CDC identify gaps in current HIV prevention services and research, available prevention and research resources, community and societal factors that contribute to greater risk of HIV/AIDS infection, and ways CDC can partner with Hispanic community leaders to enhance HIV prevention activities. Based on the consultation recommendations, HLEC is developing a plan of action to guide CDC's Hispanic/Latino HIV prevention efforts from 2009-2012.

**CONCLUSION:** The consultation generated a list of 16 general recommendations and specific recommendations for CDC's HIV prevention activities in the categories of research; program and capacity building; policy and planning; and collaboration, partnerships, and communication. Recommendations by the participants highlighted the need for urgent action on the part of federal government for HIV prevention among Hispanics/Latinos. Recommendations included improving cultural competence; developing more integrated and structural approaches; improving surveillance and data classifications; broadening research capacity; improving collaboration among federal, non-federal, and international agencies; increasing capacity building assistance; improving communications and social marketing; increasing focus on marginalized and incarcerated populations; and utilizing participatory approaches in HIV prevention efforts. The expanded list of recommendations will guide the development of CDC's Hispanics/Latinos plan of action for HIV prevention. Collaboration among CDC, other federal agencies, and partner organizations is key to maximizing results, reducing health disparities, and advancing HIV/AIDS prevention among Hispanics/Latinos.

**Presentation Number:** E03-2**Presentation Title:** NLAAN: Successfully Organizing to Address the Latino HIV/AIDS Crisis**Author(s):** Oscar R Lopez; Doralba Munoz; Francisco Ruiz

**BACKGROUND:** Latinos are disproportionately affected by HIV/AIDS. The tremendous impact of the epidemic continues to affect the health and well being of Latinos across the U.S. and its dependant territories. Latinos in the U.S. represent 15.3% of the population but account for 21% of the new HIV infections. Latinos are three times more likely than Caucasians to be HIV positive or to have an AIDS diagnosis and more likely to test late in their disease.

**METHOD:** NLAAN serves as a best practice example for grassroots organizing with communities of color. NLAAN is a consortium of more than 300 organizations, health departments and leaders from across the United States, Puerto Rico and the Virgin Islands working at the local, regional, state and federal level to address the impact of HIV/AIDS within the Latino community.

**RESULTS:** This acute health crisis reflects an HIV/AIDS disparity among Latinos that demands immediate attention and action through committed leadership, enlightened policies, and targeted resources. NLAAN has developed an infrastructure for its leadership and provides oversight and direction to issue-specific workgroups. NLAAN organized a well received national Summit with more than 300 individuals representing 27 states and territories. The summit's wide and diverse participation included elected officials, federal agencies, and national media outlets. The Network used the information collected to develop and disseminate The National Latino/Hispanic HIV/AIDS Action Agenda and National Latino HIV/AIDS Federal Policy Recommendations.

**CONCLUSION:** NLAAN developed a National Latino/Hispanic HIV/AIDS Action Agenda which is a living document that captures the nationally identified priorities of the Latino community in regard to HIV/AIDS and advocates for changes through action steps and recommendations. NLAAN has also developed an organizational infrastructure that includes workgroups, a steering committee and coordinating committee all of which were established to and have successfully responded to issues, legislation and challenges that have risen since the network was developed. NLAAN works because at its core, there's a grassroots movement, motivated by an alarming trend in HIV/AIDS cases within the Latino community and it succeeds because its made up of federal, state, local and community leaders that truly reflect the diverse Latino community in crisis.

It is important when developing a national strategy to involve the community from the very beginning and take a bottom up approach. NLAAN gauged community needs through its member organizations and called together a meeting with over 300 participants for priority setting and the development of a national Agenda for addressing the Latino/Hispanic HIV/AIDS disparities. Only through partnering with traditional and non-traditional service organizations was the development of both a Summit and an Agenda possible. "Buy in" was obtained by sharing the information via in-person meetings, conference calls and it serves for feedback and endorsement. It was also necessary to develop an aggressive bilingual media campaign to publicize both organizing efforts and products developed. NLAAN has been able to launch and maintain an energized and productive first year effort through the collaborative efforts of the many partners at the federal, state and community-level and has established strategies, protocols and timelines to ensure ongoing progress.

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## Track E

### E05 - Influencing Policy — Challenges and Opportunities

Room: Piedmont (Hyatt Regency Atlanta)

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**Presentation Number:** E05-1

**Presentation Title:** Promoting HIV Prevention and Epidemiological Research Among MSM Through PEPFAR

**Author(s):** Krista Lauer

**BACKGROUND:** The President's Emergency Plan for AIDS Relief (PEPFAR), the U.S. global strategy to combat AIDS in the world's worst affected countries, was launched in 2003. Five years later, the program has achieved many successes, including supporting antiretroviral treatment for approximately 1.73 million people as of March 31, 2008. Despite these advances, concentrated HIV epidemics among certain marginalized populations were overlooked. Specifically, the law enacting the first 5 years of PEPFAR implementation contained no strategy to address HIV among men who have sex with men (MSM).

Research has shown that in low- and middle-income countries, men who have sex with men (MSM) are on average 19 times more likely to be infected with HIV than the general population. Meanwhile, only 1 in 20 MSM globally has access to the prevention, care and treatment services they need.

**METHOD:** The 2008 reauthorization of PEPFAR presented an opportunity to address this situation. Beginning in earnest in the fall of 2007, and centered primarily in Washington D.C., discussions among key stakeholders and decision makers sought to reflect on lessons learned and to transition the program from an emergency effort to a sustained response to the epidemic. Policy changes enacted by Congress would primarily affect the 15 PEPFAR Focus Countries, most of which are located in sub-Saharan Africa (Botswana, Cote d'Ivoire, Ethiopia, Guyana, Haiti, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, Vietnam, and Zambia).

**RESULTS:** Gay Men's Health Crisis, AIDS Project Los Angeles, and other groups mounted concerted advocacy efforts to educate key stakeholders, members of Congress, and staff on the global impact of HIV on MSM, and the need for MSM-specific prevention efforts. Suggested legislative language was put forth to target prevention and research toward MSM in PEPFAR.

**CONCLUSION:** Advocacy efforts to address HIV among MSM in PEPFAR legislation were ultimately successful. Key enabling factors included face-to-face meetings with decision-makers, congressional offices and committee staff; academically sound epidemiological evidence of alarming HIV prevalence among MSM; testimony from MSM on the ground (primarily via

written reports); and concrete suggestions for appropriate legislative language to be included in the PEPFAR reauthorization bill. Challenges included conservative opposition to prevention efforts acknowledging the existence of homosexual men. Situational factors that played a part in achieving the desired final outcome included (a) a strong desire by the White House to reauthorize the legislation before the end of the Bush Presidency, and (b) broad-based community action across many different AIDS-related interests (from healthcare worker retention, to women and girls, to services for intravenous drug users, to treatment access, etc) to work towards the common goal of reauthorizing the best possible version of PEPFAR.

Now that HIV prevention for MSM has been successfully signed into law via PEPFAR, advocacy and education efforts will continue with a mind towards implementation of this new legislation, through outreach to the executive branch, members of Congress, and other key stakeholders.

**Presentation Number:** E05-2

**Presentation Title:** Overturning the HIV Entry Ban: Prevention and Treatment Opportunities

**Author(s):** Nathan Schaefer

**BACKGROUND:** Since 1987, HIV-positive non-citizens have been banned from entering the country. This discriminatory policy has had significant detrimental public health implications, primarily by thwarting access to health care systems for people at risk or infected with HIV/AIDS.

Dramatic changes to the longstanding U.S. HIV entry ban occurred in 2008 and 2009. Education about these changes with immigrant populations will have significant HIV prevention and treatment implications. This session will address challenges to providing HIV services to immigrant populations historically, and how changes to the entry ban have changed the service provision climate.

**METHOD:** The entry ban has impacted thousands of HIV-positive individuals and families for over 20 years. While the presenters will share their global experiences, information and experiences of New Yorkers will be most prominent from the presenters' work.

**RESULTS:** Gay Men's Health Crisis (GMHC) has been working directly with individuals and families impacted by the HIV ban for years. In 2006 GMHC formed the Coalition to Lift the Bar to garner national support and attention to lifting the ban. After Congressional repeal on the ban in the summer of 2008, GMHC has been working to educate communities about the implications of new laws and policies.

**CONCLUSION:** Data demonstrate that HIV-positive immigrants are diagnosed later in the progression of their disease than native born HIV-positive people, and suffer poorer health outcomes. For decades the HIV ban served as a disincentive for immigrants to get tested, as a positive diagnosis could mean deportation. The changes in policy bring about newfound prevention and treatment implications for these historically underserved communities.

Participants will learn about outreach and prevention interventions in immigrant communities, and associated challenges and lessons learned. Presenters will provide recommendations for improving prevention programs for immigrant communities, including the need to tailor prevention models to their unique needs. The status of immigrants who have been living in the United States and are not impacted by the change in the HIV ban will also be addressed.

**Presentation Number:** E05-3

**Presentation Title:** The Possible Impact of Law on Alcohol-Related HIV/STI Risk Behavior: Results from the SILAS Study

**Author(s):** B.R. Simon Rosser; J. Michael Oakes; Rhonda Jones-Webb; Sonya Brady; Keith Horvath; Dale Carpenter; Richard Weinmeyer; Gabriel Anderson; Lindsey Niswanger; Brian Lee

**BACKGROUND:** "Structural Interventions to Lower Alcohol-related STI/HIV risk" (SILAS) is an NIAAA-funded study examining how legislation pertaining to homosexuality and gay environments impact the health behavior of Men who have Sex with Men (MSM), specifically Alcohol-Related HIV Risk (ARHR) behavior. We theorize that legislation on homosexuality, by mainstreaming or marginalizing MSM, may have significant health impacts on this population. Similarly, gay bars appear to be the environmental structure driving heavy alcohol use and ARHR behavior among MSM. Consequently, we expect less alcohol use and ARHR when men meet men online than when men meet in bars. SILAS has two aims: (1) to study how public policy and gay online activity may be changing the centrality and popularity of gay bars (community level), and (2) to study how public policy and online activity modifies alcohol use and ARHR among MSM (individual level).

**METHOD:** In 2008, we conducted an observational study in 16 U.S. Metropolitan Statistical Areas (MSAs) with different legislation on homosexuality (8=pro-gay, 8=anti-gay). MSAs were ranked on state legislation regarding recognition of same-sex relationships, gay adoption, discrimination in employment, and recognition of hate crimes. Pro- and anti-MSAs were pair-matched on size, demographic composition, and regional location. Participants were 1725 MSM recruited online from the nation's two largest gay websites. Eligible participants needed to be MSM, 18 years or older, and report a residential zip code in MSAs under study. Participants entered our study via banners advertisements for a study of "Alcohol and HIV Risk" placed

within the websites. The two primary dependent variables were heavy alcohol use and ARHR behavior with men met (a) in gay bars, (b) online, and (c) in alternative environments during the past 90 days

**RESULTS:** Despite efforts, significantly more participants were recruited in pro-MSAs (n=1038) than anti-MSAs (n=687). Participants in pro-MSAs reported a significantly lower percentage of frequent heavy alcohol use than participants in anti-MSAs (18.4% and 24.9%, respectively; p=.002). Participants in pro-MSAs also reported a significantly lower mean proportion of unprotected anal intercourse (UAI) male partners with men met in gay bars/clubs than men in anti-MSAs (32% and 48%, respectively; p=.002). There was no significant difference in ARHR with online partners between pro- and anti-MSAs (11.7% and 13.6%).

**CONCLUSION:** This study is the first to study MSM's health in 16 MSAs simultaneously. Early results reveal an association between negative legislation concerning homosexuality and negative health behaviors, specifically alcohol and ARHR, and between gay environment (online versus bars) and ARHR. The study of legislative elements appears to be a promising new area to better understand how structural factors influence individual risk behavior and health outcomes.

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## Track F

### F07 - Sexual Risk and Prevention Interventions in PLWHA

**Room: A705 (Atlanta Marriott Marquis)**

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**Presentation Number:** F07-1

**Presentation Title:** Differences Between HIV-Infected MSM Who Engage in Risky Sex and Those Who Don't: Prevention Implications

**Author(s):** Conall O'Cleirigh; Charles Covahey; Esther Leidolf; Rodney Vanderwarker; Margie Skeer; Steven Safren; ; ;

**BACKGROUND:** Background/Objectives: About ½ of new U.S. HIV infections occur among men who have sex with men (MSM). Some HIV-infected (HIV+) MSM in clinical care settings engage in behaviors that could result in HIV transmission. The current study was designed to describe the patterns of sexual behavior of HIV-infected MSM in care, and to identify factors associated with increased likelihood of engaging in potential transmitting behaviors.

**METHOD:** Methods: Five hundred three (503) HIV+ MSM receiving care at a Boston community health center consented to describe recent sexual practices, demographics and behavioral variables by audio computer-assisted self-interview. Comparisons between those who might and might not have recently transmitted HIV were made using ANOVA's for continuous variables and Chi Squares for categorical variables

**RESULTS:** Results: The mean age of the men in the whole sample was 41.6; 10.1% were Black and 8.4% Latino. Their mean CD4 was 537 cells/mm<sup>3</sup>; 89% were on HAART, and 57% had undetectable plasma HIV RNA levels. Eighty-one percent of the MSM engaged in some sexual activity with another man in the 3 months prior to being interviewed. Forty-five percent of the men engaged in unprotected anal intercourse (UAI) with at least one partner who was HIV- or status unknown. Fifteen percent of the men had sex only with other HIV+ partners; 9% engaged in UAI with HIV+ partners, but only safe sex with other partners and 7% always had safe sex with all known status partners. These MSM (31% of the whole sample) were considered serosorters because of their knowledge of partners' serostatus was associated with not transmitting HIV to partners. The remaining 23% always practiced safer sex, but did not know some of their partners' serostatus, and were considered non-serosorters. Potential transmitters tended to be younger (p=.001), had been more recently diagnosed with HIV (p=.001), and were more likely to have plasma HIV detected (p=.001) than the other men. They also tended to have more sexual partners (p<.001), engage in anal sex more often (p<.001), and were more likely to use drugs, particularly methamphetamines (p<.001) in the prior 3 months. Although 33.8% of the whole cohort screened in for post-traumatic stress disorder, 23.4% for social phobia, 11.8% for major depression, 8.7% for panic disorder, and 7.4% for generalized anxiety, the prevalence of these conditions did not differ in relation to sexual risk patterns. Serosorters were significantly more likely to disclose their HIV status to partners than the other men (p=.001).

**CONCLUSION:** Conclusions: Although most HIV+ MSM in care engaged in sexual practices that would not transmit HIV to others, a substantial minority did. Prevention interventions for HIV+ MSM should focus on younger men who are more recently engaged in care and who use recreational drugs. Because a proportion of these men were not on suppressive HAART, they could be at particularly higher risk of transmitting HIV to others. Interventions that promote disclosure of serostatus and address mental health concerns may also be beneficial.

**Presentation Number:** F07-2

**Presentation Title:** Ask, Screen, Intervene: Increasing HIV Prevention in the Medical Care of People Living with HIV/AIDS

**Author(s):** Susan Dreisbach; Gowri Nagendra; Mark Thrun

**BACKGROUND:** As people with HIV live longer and healthier lives, many continue to engage in HIV/STD transmission risk behaviors. According to Centers for Disease Control and Prevention (CDC) estimates, between 30-46% of sexually-transmitted HIV infections are transmitted by people who know they are infected. Since an estimated two-thirds of HIV-positive individuals receive medical care, providers may be able to reduce HIV/STD transmission by conducting in-depth risk assessments, delivering brief safer sex messages, and utilizing Partner Services. However, providers do not routinely engage in prevention discussions with their HIV positive patients despite recommendations and evidence that provider counseling reduces risk behaviors. There is a need for a training curriculum that effectively prepares and motivates HIV-care providers to engage in clinical practices that reduce patients' HIV/STD transmission risk behaviors.

**METHOD:** Six clinical STD/HIV Prevention Training Centers (PTCs) are sponsored by the CDC to train HIV-care providers nationally using the Ask, Screen Intervene (ASI) curriculum to initiate risk discussions, deliver prevention messages, and utilize Partner Services to reduce the likelihood of HIV and other STD transmission.

**RESULTS:** These six PTCs delivered the ASI curriculum to 531 providers at 35 sites from September 29, 2007 through September 30, 2008 to promote the use of the clinical encounter to reduce risk behaviors, increase safer sex behaviors, and increase use of Partner Services. After each training, a standardized survey asked participants to retrospectively assess their confidence before and after the training in their ability to: 1) ask all their HIV + patients about behaviors that would put them at risk for HIV or another STD; 2) address patient misconceptions about HIV and other STDs; 3) deliver prevention messages tailored to each HIV-infected patient's current needs; 4) describe partner referral options to patients and; 5) utilize Partner Services. A paired samples t-test was used to determine significance of mean self-assessed change in confidence in demonstrating these practices/skills post-training. Four-month follow-up data are being collected to determine if ASI training leads to a sustained change in these practices/skills.

**CONCLUSION:** Retrospective post-training surveys showed statistically significant gains in provider-reported confidence in their ability to demonstrate all five ASI practices/skills ( $p < .001$ ). Confidence in asking HIV-infected patients about HIV/STD transmission risk behaviors increased from a pre-training mean of 3.52 to 4.39 post-training (3 = "somewhat confident" and 4 = "confident"). Confidence in addressing patient misconceptions about HIV/STD transmission and delivering tailored prevention messages increased from 3.58 to 4.38 and 3.52 to 4.33 respectively. Confidence describing partner referral options and utilizing Partner Services increased from 3.11 to 4.20 and 3.03 to 4.18 respectively. Over three-quarters of training participants (76.9%) intend to implement ASI changes in their practices following the training.

ASI training results in significant gains in provider-reported confidence and intention to initiate HIV/STD transmission risk discussions, deliver prevention messages, and describe and utilize Partner Services with their HIV-infected patients. Further dissemination of prevention-in-care interventions appears warranted. Follow-up data are required to determine whether gains in provider confidence and intention translate into action in the clinical setting.

**Presentation Number:** F07-3

**Presentation Title:** Declines in Partners Exposed to HIV Risk by MSM and Female Study Participants Reporting STDs

**Author(s):** Gary Marks; Christine M. O'Daniels; Tracey E. Wilson; Carol Golin; E. Byrd Quinlivan; Julie Wright; Melanie Thompson; Mark Thrun

**BACKGROUND:** An important, but not well studied HIV prevention issue is whether there are sub-groups of HIV clinic populations less receptive to behavior change when they are delivered a brief (3 to 5 minute) clinic-based intervention. The Prevention in Care Settings study (PICS) of HIV-infected persons previously showed substantial declines in the number of unprotected sex acts in study participants, but did not examine the number of partners or whether they reported an STD. The current analysis assessed whether individuals reporting STDs were less likely than others to reduce the number of partners they exposed to risk after receiving a brief safer-sex behavioral intervention.

**METHOD:** In the PICS clinic-based intervention (2004-2007), the number of HIV-negative or unknown status ("at-risk") partners exposed to unprotected anal or vaginal intercourse (UAVI) in the past 3 months was reported at pre-intervention baseline, at six months and at twelve months after the intervention onset. Due to limited numbers of STDs in heterosexual men, we restricted the analysis to MSM and heterosexual women. For univariate analyses, we categorized the number of reported at-risk partners (zero, one, two or more). For multivariate longitudinal analysis using GEE methods to control for correlated data, we analyzed baseline vs. 12-month comparisons in numbers of partners as a continuous variable by sex and STD sub-groups. STD status comes from self-reported responses to whether patients were told by a health care provider they had an STD (GC, syphilis or chlamydia) in the six months prior to each time point.

**RESULTS:** By self-report, there were 48 MSM with STDs, 309 MSM without STDs, 27 women with STDs, and 212 women without STDs at baseline. In univariate analyses, the proportions and numbers of patients with 2 or more at-risk partners exposed to UAVI were as follows: MSM/STD+ : 25% (12/48, baseline), 10% (4/40, 6 months), 7% (3/41, 12 months); MSM/STD- : 12% (36/309, baseline), 9% (29/318, 6 months), 8% (25/315, 12 months); women/STD+ : 11% (3/27, baseline), 7% (2/27, 6 months), 6% (2/35, 12 months); women/STD- : 6% (13/212, baseline), 4% (8/216, 6 months), 5% (10/207, 12 months). In the multivariate GEE analysis, MSM with STDs had significantly fewer exposed at-risk partners at 12 months than at baseline

( $p < 0.0001$ ); and women with STDs had somewhat fewer exposed at-risk partners at 12 months, though the change was not statistically significant ( $p = 0.22$ ). Neither MSM without STDs nor women without STDs achieved statistically significant drops in exposed at-risk partners at 12 months compared to baseline (both  $p > 0.40$ ).

**CONCLUSION:** In longitudinal analysis of the PICS intervention, the decline in number of exposed, at-risk partners between baseline and the 12-month point of the intervention was significant only in MSM reporting an STD. The intervention had the strongest impact on participants who may have had the highest risk of transmitting HIV infection to others. These data suggest that sub-groups with a high prevalence of multiple exposed at-risk partners (i.e., those reporting STDs) are not less receptive than others to a brief safer-sex intervention.

**Presentation Number:** F07-4

**Presentation Title:** Hospitalization as an Opportunity for Prevention and Engagement to Care for HIV-Infected Crack Users

**Author(s):** Margaret Pereyra; Isabella Rosa-Cunha; Gabriel Cardenas; Tanisha J. Sullivan; Lauren Gooden; Tamara Kuper; Elizabeth Scharf; Mary Yohannan; Toye Brewer; Sarah J Lewis

**BACKGROUND:** In the era of Highly Active Antiretroviral Therapy (HAART), there still remains a sizeable population of persons infected with HIV who are not engaged in outpatient care but who are admitted to inpatient wards for complications of HIV. Many of these individuals cycle in and out of the hospital, are active crack users and have additional challenges including mental health problems and unstable housing. Little attention has been given to understanding the prevention and care needs of this medically underserved population.

**METHOD:** Project HOPE (Hospital Visit is an Opportunity for Prevention and Engagement with HIV-positive Crack Users) was conducted in two inner city hospitals in Miami, Florida and Atlanta, Georgia.

**RESULTS:** Project HOPE is a randomized intervention trial to test the efficacy of a brief, theoretically-based intervention to reduce unprotected sexual intercourse by HIV+ crack users recruited at hospital bedside. Participants were eligible if they reported using crack cocaine in the past year and having had vaginal and/or anal sex in the past 6 months. The outcomes for Project HOPE are to reduce unprotected sex, increase use of HIV care, and to increase use of drug treatment. The intervention is an 8-session, multi-component, skills-building intervention that encourages participants to advocate prevention and receipt of primary care services for themselves and their peers. The control group is treatment as usual (TAU). All participants are followed up at 6 and 12 months post-baseline.

**CONCLUSION:** Recruitment began in August 2006; 281 participants have completed a baseline assessment and have been randomized to either the intervention or TAU group. The study sample is half female (52%) and the majority are 40 years of age or over (72%) and African American (90%). Almost one-fifth of participants (19%) reported having never been in HIV care and 26% reported taking antiretrovirals. The majority of participants (71%) report having been in drug treatment in their lifetime with 16% having been in drug treatment in the past 6 months. Over one-fourth of participants (28%) report having engaged in unprotected sex with an HIV-negative and/or unknown status partner in the past 6 months. Of the 145 participants assigned to the intervention group, 58% completed at least 6 of the 8 intervention sessions. Eleven percent of participants died over the 12 month period because of AIDS related complications. Excluding these deaths, we followed 80% of participants at 6 months post-baseline and 75% of participants at 12 months post-baseline.

Our data demonstrate that hospitalized HIV infected patients are in great need of behavioral interventions addressing prevention and linkage and retention in care. Our team has learned the challenges of conducting prevention and care interventions in the hospital setting and following up hospitalized patients over a one year period. This group session will consist of four presentations that present the results of the Project HOPE intervention and baseline interviews. We will present findings related to sexual risk behaviors and prevalence of STDs as well as findings related to barriers to engagement in medical care and drug treatment.

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## Track F

### F09 - Ongoing Sexual Risk Behavior in PLWHA: Identifying Potential HIV Transmitters and Factors Associated with Potential Transmission

**Room:** A704 (Atlanta Marriott Marquis)

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**Presentation Number:** F09-1

**Presentation Title:** Prevalence of HIV Transmission Risk Behaviors Among an HIV-Infected Cohort

**Author(s):** Ping Du; Joe Quick; Crystal Zalonis; Janice Powers; Daphne Greenawalt; Patsi Albright; Cynthia Whitener; Adrian Demidont; John Zurlo

**BACKGROUND:** Recent data published in August 2008 from the CDC suggest that the incidence of new HIV infections is higher than prior estimates. Sources of new infection include people who are infected but not diagnosed, individuals diagnosed

but not in care and those who are diagnosed and in care but engaging in risky sexual behaviors and needle sharing. In order to identify these behaviors we began a comprehensive, quantitative risk-screening program among our patients in order to identify those with high-risk behaviors and counsel them appropriately.

**METHOD:** All patients attending our outpatient sites were screened for risk behaviors engaged in over the prior 12 months using a standardized instrument that assessed specific sexual activity, unsafe behaviors, disclosure to partners, IDU, and STD symptoms. In addition, routine STD testing for syphilis, gonorrhea and Chlamydia was obtained. Data for specific sexual practices and unsafe behaviors were scored quantitatively using CDC guidelines for relative risk assessment. Most recent HIV viral load (VL) was included in the composite risk assessment. We report our results for the initial risk assessment. Data for this assessment were analyzed using SAS software (version 9.1). p-value for statistical significance is based on the Cochran-Mantel-Haenszel chi-square for general association or Fisher's exact test for small cells.

**RESULTS:** 519 patients participated in risk screening, 71% male, 29% female with a mean age of 46. A total of 49.5% were MSM, 32.7% were infected heterosexually, 10.6% by IDU. 65.7% of patients reported sexual activity within the prior 12 months. Among those sexually active, 33.1% acknowledge sex with one or more new partners. Males ( $p<0.01$ ) and MSM ( $p<0.01$ ) were more likely to have sex with new partners in the previous 12 months. Patients  $<40$  yrs. ( $p<0.05$ ) were more likely to admit to one or more unsafe sexual behavior and to have higher risk scores ( $p<0.01$ ) than older age groups. The majority of sexually active patients divulged their HIV status (86.8%) but non-Hispanic African American patients were more likely to admit non-disclosure ( $p<0.01$ ). 35% of patients had a detectable VL ( $>75$  copies/mL). Nearly half of these patients had at least one unsafe behavior. 68 patients reported unprotected anal intercourse (UAI) as the insertive partner. Among patients with a detectable VL, 20% had UAI.

**CONCLUSION:** Our risk assessment tool has identified substantial numbers of HIV-infected patients in care, especially young MSM, who are engaged in unsafe behaviors including those with detectable viral loads despite standard safe sex messages common to many clinic practices. A substantial number of our patients engaged in sex with new partners. Disclosure or the divulgence of disclosure may differ by race/ethnicity. Our data point toward the need for more focused behavioral interventions aimed at individuals in care and suggest a role for ongoing partner counseling and testing also aimed at patients in care.

**Presentation Number:** F09-2

**Presentation Title:** A Quantitative Risk Assessment Tool for HIV Transmission for HIV-Infected Patients in Ongoing Clinical Care

**Author(s):** Ping Du; Joe Quick; Crystal Zalonis; Janice Powers; Daphne Greenawalt; Patsi Albright; Cynthia Whitener; Adrian Demidont; Tonya Crook

**BACKGROUND:** Screening for risk behaviors and counseling risk reduction have been advocated as essential parts of HIV primary care. Such screening and counseling have become even more important with the recent release of new HIV epidemiologic data in the US indicating a higher incidence of new infections than was previously thought. Yet due to the perceived time and effort required, many centers for HIV care do not include routine risk screening and reduction counseling as part of their care model. We introduced a simple yet comprehensive and quantitative screening program into our HIV-infected cohort with the goals of testing the approach in routine clinical care and using the risk screening to develop specific prevention education.

**METHOD:** A succinct screening questionnaire was created that includes detailed questions about sexual activity, specific sexual practices and unsafe behaviors, disclosures to partners, IDU over the last 12 mos. and current STD symptoms. STD screening was routinely performed and included RPR and urine nucleic acid amplification for gonorrhea and Chlamydia. The questionnaire was introduced into routine clinical practice and administered by a member of the treatment team. Answers were collected and recorded into our clinical care data system (QuickData©) in a coded format. A single line of data for each visit encompasses the comprehensive risk behavior. It includes sexual practice, unsafe behaviors, and recent STDs that are converted to a numerical transmission relative risk score based on CDC guidelines as well as disclosure information and recent IDU and HIV mRNA. We report on the initial risk assessment.

**RESULTS:** For an 11-month period beginning 10/07, the questionnaire was administered to 530 adult patients during a routine outpatient visit, typically in 3 to 5 minutes. 97.9% completed the questionnaire. Of that group 65.7% admitted to recent sexual activity. 33.1% acknowledged a new sexual partner in the previous 12 mos. The mean risk score was 287 (Range: 1-2000). 48.7% engaged in at least one unsafe behavior. 86.8% disclosed their HIV status to their partner(s) but 76.2% did not know or were unsure of their partners' status. Few patients (1.2%) acknowledged recent IDU and few (2.2%) had a recent STD.

**CONCLUSION:** Our method of comprehensive, quantitative risk assessment was easy to administer and had a high acceptance rate in routine clinical practice. That patients divulged specific sexual activities, new partners, unsafe behaviors and disclosure information in high percentages suggests that HIV-infected patients are willing to discuss these issues honestly with their health care provider(s). The low rate of STDs among our population suggests that serial screening for STDs in the absence of symptoms may not be appropriate for our population. Our future goals are to perfect serial risk assessments and design focused prevention education messages based on risk disclosure.

**Presentation Number:** F09-3**Presentation Title:** Trauma, Discrimination, and Unprotected Intercourse among African American Men with HIV**Author(s):** Frank H Galvan; Glenn Wagner; Denedria Banks; Kellii Trambacco; E. Michael Speltie

**BACKGROUND:** Background/Objectives: African American men are >6 times more likely to be infected with HIV than are White men. African Americans' higher levels of chronic and traumatic stress have been proposed as reasons for such racial disparities. In particular, discrimination, which has been reported by nearly all African Americans in representative surveys, is thought to act as a chronic ongoing stressor that leads to maladaptive coping and poor health behaviors, including greater HIV risk. Although studies have indicated associations between prior trauma (e.g., sexual assault) and HIV risk, research has not examined the effects of traumatic forms of discrimination due to HIV status, sexual orientation, or race (e.g., sexual or physical assault) on risk behavior.

**METHOD:** Methods: A sample of 197 African American men with HIV was recruited from AIDS social service organizations and a clinic in Los Angeles. Participants completed computer-assisted interviews about sexual behavior and condom use in the past 3 months; occurrence of 9 different traumas in lifetime; extent to which each trauma's occurrence was attributed to HIV status, sexual orientation, and/or race; and socio-demographic and medical characteristics (i.e., age, housing status, sexual orientation, AIDS diagnosis).

**RESULTS:** Results: Almost half (46%) of the sample was homeless or marginally housed (in unstable living situations), 21% did not have a high school diploma, and 44% had been diagnosed with AIDS. Almost three-quarters (74%) had experienced at least one trauma, with the most common trauma being a bad accident, fire, or explosion (41%), followed by childhood sexual abuse (38%) and physical assault (34%). Of those who experienced any trauma, 52% attributed at least one trauma to being gay, 25% to race, and 19% to HIV status. Of the 146 participants who reported having sex with male and/or female partners in the past 3 months, 49% reported unprotected sex. In a multivariate logistic regression controlling for socio-demographic and medical characteristics, reporting more lifetime traumas was associated with having any unprotected sex in the past three months (OR=1.27, 95%CI=1.04-1.56) among participants who reported any sex in the past three months; in a separate multivariate logistic regression among those who reported at least one trauma and who had sex in the past three months, experiencing a trauma attributed to sexual orientation, HIV, or race discrimination was associated with having any unprotected sex, (OR=2.38, 95%CI=1.04-5.45).

**CONCLUSION:** Conclusions/Implications: African American men with HIV experience high levels of trauma, a substantial proportion of which may stem from discrimination. Discrimination-related trauma may be a stressor that leads to greater risk behaviors. Stress-reducing interventions that focus on coping with trauma are needed for secondary prevention in this population.

**Presentation Number:** F09-4**Presentation Title:** Safer Sex Attitudes as Functional Targets for HIV Prevention Interventions?**Author(s):** Kenneth H Mayer; Charles Covahey; Esther Leidolf; Steven A. Safren

**BACKGROUND:** MSM continue to represent the largest single group of new HIV infections nationally. Attitudes concerning safer sex practices play an important role sexual behavior(e.g., health beliefs model; self-efficacy model). The current study was designed to identify coherent attitudes concerning safer sex strategies among sexually active HIV-infected MSM, and to identify relationships between these attitudes and current transmission risk behavior (TRB).

**METHOD:** HIV-infected MSM (n=503) receiving primary medical care completed a computer-administered psychosocial assessment. Safer sex attitudes and beliefs were organized into 6 coherent themes according to the logic of factor analysis. Odds ratios associated with TRB were calculated using binary logistic regression analyses. Results are reported for 81% of the sample who reported being sexually active within the past 3 months.

**RESULTS:** Participants were predominantly Caucasian (77.1%) with mean age of 42.6 years (sd = 8.2), and well-educated (49.7% college graduates). Their mean CD4 cell count was 540 cells/mm<sup>3</sup> (sd = 301) and mean plasma HIV RNA was 12,339 copies/ml (sd = 46,831) and 90% were prescribed HAART. On a 5-point scale, participants rated their agreement (1) or disagreement (5) with thirty-seven questionnaire items designed by HIV prevention experts. These items were resolved using factor analysis (principal axis factoring with varimax rotation explaining 47% of the variance) into 6 thematically and statistically coherent factors describing attitudes to safer sex strategies. These factors were Serosorting Beliefs (mean = 2.6) (e.g., "I make sex decisions based upon my partners' HIV status"), Disclosure Beliefs (mean = 3.0) (e.g., "It's up to the other person to ask about my HIV status"), Viral Load Beliefs (4.0)(e.g., "I make decisions about my sexual practices based on my HIV viral load"), Superinfection Beliefs (mean = 2.0) ("If I have unprotected sex with another HIV-infected person, I can acquire their strain of the virus"), Strategic Positioning (mean = 3.4)(e.g., "I am less likely to transmit HIV if I am a bottom"), and Condom Beliefs 91.8) (e.g., "Condoms will protect me from STDs"). Serosorting(OR = .81, p = .02 CI:.68 - .96), Disclosure (OR = .61, p <.001, CI:.51 - .72), Viral Load (OR= .53,p <.001, CI:.41- .68), Superinfection (OR = .60,p <.001, CI:.47 - .75), and Strategic Positioning

Beliefs (OR = .41,  $p < .001$ , CI: .33 - .50) were all significantly related to sexual transmission risk although Condom Beliefs were not (OR = .98,  $p = .84$ , CI: .77 - 1.2). Four of these six factors maintained a significant and unique relationship with transmission risk behavior when all factors were entered into the logistic regression model simultaneously.

**CONCLUSION:** Within each factor (except Condom Beliefs) agreeing with attitudes supporting each the above strategies was associated with a significantly decreased risk of having engaged in TRB in the previous 3 months. These findings suggest that attitudes and beliefs concerning sexual risk management strategies can be reliably measured and their unique associations with TRB suggest that they may be involved in the behavior chain linking change in attitudes to change in sexual behavior. This may suggest some utility to including attitude change components into secondary prevention intervention programs.

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## Track G

### G09 - HIV Testing and Prevention Services and Reproductive Health

**Room: A706 (Atlanta Marriott Marquis)**

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**Presentation Number:** G09-1

**Presentation Title:** Innovation and Collaboration for HIV Prevention Integration in Family Planning Clinics

**Author(s):** Jule Hallerdin; Charon Flowers-Maple; Nhan Tran

**BACKGROUND:** HIV infection has increased steadily among females in the United States; the number of AIDS cases among females tripled between 1985 and 2004. Integrating HIV prevention counseling and testing with family planning services has been shown to be a promising strategy for the provision of prevention services to females that has not been widely tested in the United States.

**METHOD:** Since 2001, the Office of Family Planning (OFP) within the Office of Population Affairs (OPA), in collaboration with the Minority AIDS Initiative, has provided supplemental grant funds to Title X-funded family planning service delivery sites (clinics) to expand the availability of HIV prevention services.

**RESULTS:** This collaborative effort is comprised of two distinct components: (1) the provision of supplemental grant funds to expand capacity for enhanced HIV prevention education, counseling and testing services; and (2) the facilitation of collaboration among training centers supported by HRSA, CDC, SAMHSA, and OFP in order to streamline and support HIV/AIDS related training and information for service delivery sites across the country.

**CONCLUSION:** This work resulted in three major outcomes: (1) increased institutional capacity for the delivery of HIV prevention services at Title X family planning service delivery sites; (2) the successful implementation of HIV prevention services at these sites; and (3) increased testing for HIV among family planning clients and their partners. During the first cycle of the project, 187,702 HIV tests were administered to clients at Title X sites between October 2001 and August 2004. During the second cycle which began in September 2004 and ended in August 2007, a total of 377,286 HIV tests were administered at Title X-funded family planning clinics. These resulted in the identification of 1,727 HIV positive individuals who otherwise may not have been tested for HIV. More than 50% of the HIV positive cases were detected among clients who self-identified as racial and/or ethnic minorities.

**LESSONS LEARNED:** The integration of HIV prevention services is a feasible and effective means of detecting HIV infection among family planning clients, including racial and/or ethnic minorities. These services are important in the early detection of HIV and treatment referral for family planning clients, and are potentially critical to the prevention of mother-to-child transmission. As demonstrated by the large number of positive cases among clients self-identifying as racial and ethnic minorities suggests that these efforts also play an important role in reducing health disparities in the United States. Key to the success of these efforts is the training and development of capacity at family planning clinics and the coordination of training resources at the national level through collaborations such as the 4TC.

**Presentation Number:** G09-2

**Presentation Title:** National Perinatal HIV Hotline and Clinicians Network: Expert consultation for Perinatal HIV Clinicians

**Author(s):** Shannon Weber, MSW; Deborah Cohan, MD, MPH; Ronald Goldschmidt, MD; Jess Fogler

**BACKGROUND:** Perinatal HIV transmission in the United States continues to occur despite significant medical and public health advances. Eliminating perinatal HIV transmission requires that clinicians provide state-of-the-art medical care to HIV-infected pregnant women and their infants

**METHOD:** The Perinatal HIV Hotline and Perinatal HIV Clinicians Network (1-888-448-8765) provide telephone consultation and referral services to clinicians who care for HIV-infected pregnant women and their infants. The services are available to clinicians nationwide and are based in the University of California San Francisco at San Francisco General Hospital.

**RESULTS:** The Perinatal HIV Hotline and Clinicians Network were created by the National HIV/AIDS Clinicians' Consultation Center through support from the HRSA AIDS Education and Training Centers (AETC) Program and CDC to eliminate perinatal

HIV transmission by providing expert support to clinicians. The Perinatal HIV Hotline provides clinicians with direct access to perinatal HIV experts for professional telephone consultation. It is free, confidential and available 24 hours a day. The Perinatal HIV Clinicians Network is a national directory of perinatal HIV providers. It was created to connect clinicians with local experts who can assist with one-time consultation, co-management, or accept transfer of care.

**CONCLUSION:** Results: The Perinatal HIV Hotline has provided over 1300 consultations since December, 2004. Most consultations cover several topic areas with the majority (49%) relating to antepartum care of HIV-infected pregnant women. Many calls also discuss HIV testing in pregnancy (21%), intrapartum care (25%) and care of HIV-exposed infants (29%). The Hotline receives calls from clinicians in a variety of professions, with a wide range of HIV experience levels. The Perinatal HIV Clinicians Network has more than 275 perinatal HIV providers in its directory. The Network has contacts in every state and has concentrations of contacts in areas with a higher prevalence of HIV positive women of child-bearing age. In 2008, approximately 60 callers used the Network to connect with local perinatal HIV experts.

Lessons Learned: Perinatal HIV providers request consultation with experts to provide the highest quality care and reduce the risk of perinatal HIV transmission. The Perinatal HIV Hotline and Perinatal HIV Clinicians Network offer 24-hour professional telephone consultation and connections to local experts to ensure that providers are receiving the support needed to optimally manage their patients.

**Presentation Number:** G09-3

**Presentation Title:** Factors Associated with HIV Screening and Test Result Documentation of Pregnant Women, United States, 2006

**Author(s):** Lauren Fitz Harris; Allan Taylor; Bayo Willis; Fan Zhang; Lisa Jacques-Carroll; Susan Wang; Steven Nesheim

**BACKGROUND:** To provide timely interventions to prevent mother-child HIV transmission, HIV screening must be a universal part of prenatal care, and results must be documented in the labor and delivery (L&D) medical record. Rapid testing can also be done if a woman arrives to L&D with undocumented HIV status. The present study examined hospital policies and other factors associated with HIV screening in prenatal care and in L&D units and provided a comparison with practices to prevent perinatal hepatitis B.

**METHOD:** As part of CDC's National Hepatitis B Hospital Survey, conducted March 2006, a nationally representative random sample (n=242) of hospitals with >100 deliveries/year in 50 states, Washington DC, 3 territories and 2 commonwealths was surveyed on policies regarding review of medical records for prenatal HIV tests and HIV screening at L&D for women with an undocumented HIV status. The response rate was 78.5% (n=190). Paired maternal and infant medical records (25/hospital) were reviewed for documentation of an HIV test prior to or at admission. Bivariate logistic regression analysis was used to explore factors associated with presence of a documented test result. All odds ratios are unadjusted.

**RESULTS:** Overall, 73.9% of women had a documented prenatal HIV test. Among women with no prior documented HIV test results, only 16.6% were tested at L&D. African-American and Hispanic women were more likely than white women to have documented prenatal HIV test results (OR=1.92 [95%CI 1.33-2.76] and OR=1.48 [95%CI 1.09-2.00], respectively) and undergo HIV testing on admission (OR=2.13 [95%CI 1.26-3.60] and OR=1.94 [95%CI 1.29-2.92], respectively). Women aged 18-25 years and women >30 years were significantly less likely to have an HIV test prior to admission than women <18 y/o (OR=0.57 [95%CI 0.34-0.96] and OR=0.52 [95%CI 0.30-0.90], respectively). Women aged 26-30 years showed no significant difference in having an HIV test prior to admission when compared to women <18 y/o (OR=0.65, 95%CI 0.40-1.07).

Women with a documented prenatal HIV test were more likely to deliver in hospitals with written policies to review records and test women with an undocumented HIV test, than women who delivered in hospitals without such policies (OR=3.26 [95%CI 1.86-5.73] and OR=3.76 [95%CI 2.11-6.72], respectively).

Women with an undocumented HIV status were more likely to have an HIV test on admission if they delivered in hospitals with written policies to review records and test women with no documented HIV test result, than if they delivered in hospitals without such policies (OR=5.63 [95%CI 1.85-17.17] and OR=8.19 [95%CI 3.12-21.47], respectively).

Written policies to test on admission for HIV and HBsAg existed at 36.3% and 63.0% of hospitals, respectively. In general, policies and practices for prevention of HIV transmission were consistently less prevalent than those for HBV transmission.

**CONCLUSION:** Written policies in L&D to review prenatal HIV results and test women with undocumented HIV test were associated with better documentation of prenatal test results and higher L&D HIV testing rates. These policies should be more widely adopted to prevent mother-child transmission and avoid medical errors.

**Presentation Number:** G09-4

**Presentation Title:** Creating an Interagency Collaborative Team to Provide Education and Consultation to Perinatal Practitioners

**Author(s):** Jenna McCall; Joi Colbert

**BACKGROUND:** Maryland's goal of eliminating the perinatal transmission of HIV remains unmet due to the incomplete offering of HIV testing to women receiving prenatal care. According to the Maryland Pregnancy Risk Assessment Monitoring

System (PRAMS, June 2008), fully 20% of women who access prenatal care are not tested for HIV. In 2008, Maryland enacted legislation that contains a revised consent and testing process for pregnant women intended to increase routine testing during pregnancy. The law requires prenatal providers to offer testing to women in the first and third trimesters. In Labor and Delivery (L&D) settings, providers must offer a rapid test to pregnant individuals with an unknown HIV status. The Maryland AIDS Administration (MAA) convened the Perinatal HIV Consultation and Education Team (PHECT) to direct the provision of technical assistance to providers to support them in complying with the new law and achieving the goal of eliminating perinatal HIV transmission in Maryland.

**METHOD:** In the spring of 2008, in partnership with its PHECT member MedChi (the state's medical society), the MAA conducted a needs assessment of HIV testing in L&D settings. The surveys were sent to 33 L&D hospitals statewide, of which 28 responded (85%). Based on the survey results, L&D settings were prioritized to receive technical assistance regarding rapid testing implementation. While the project targets private practices and hospitals across the entire state of Maryland, particular focus has been placed on L&D settings.

**RESULTS:** The PHECT is a collaboration among staff from the MAA, the Institute of Human Virology, Med Chi, and the University of MD. The Team is comprised of health educators, epidemiologists, and nurses. The PHECT is conducting professional consultation and education to perinatal providers, including private practices and hospitals, regarding the HIV testing process and relevant technology for testing.

**CONCLUSION:** Members of the PHECT have created state-specific educational materials, provided Grand Rounds at hospitals across Maryland, and educated perinatal providers about how to approach patients regarding HIV testing. The initiative produced lessons about the team's composition, collaborative process, and the needs of the perinatal practitioners. The diversity of the Team appears to have increased the adoption of the PHECT's messages and products by practitioners. Within the PHECT, the establishment of clearly delineated roles, including how materials would be developed, who would provide training, and who would evaluate the project, was critical to the successful functioning of the team. The PHECT raised practitioners' acceptance of training by delivering it at their site, attaching Continuing Education Units to it, and providing easy-to-use, locally developed products for their own consumption and distribution. A framework for the collaboration was developed which could be adapted by other states.

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## Track G

### G11 - Integrating Partner Services: Federal Overview and State Action

**Room: A707 (Atlanta Marriott Marquis)**

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**Presentation Number:** G11-1

**Presentation Title:** Development and Implementation of an HIV/STD Interagency Partner Services Management Team

**Author(s):** Barbara L Conrad, RN, BSN, MPH

**BACKGROUND:** State HIV/AIDS and STD programs must coordinate their efforts to ensure local health departments (LHD) are able to efficiently meet the prevention needs of at-risk populations through the provision of comprehensive client-level services. Efforts to systematically coordinate or integrate state-level HIV/AIDS and STD programs have been hampered by organizational structures, funding limitations, traditional resource allocations, varying levels of commitment, and lack of role-clarity among State agencies.

**METHOD:** Trained LHD staff provide integrated HIV/STD Partner Services (PS) to Maryland residents in accordance with joint state-level policies and technical guidance. This session is intended for state- or local-level health department staff responsible for the planning, implementation, and evaluation of HIV and STD PS programs.

**RESULTS:** For several years, oversight of HIV and syphilis partner services were separately funded and managed by two agencies within Maryland's Department of Health and Mental Hygiene – the AIDS Administration (AA) and Community Health Administration's STD Division (CHA/STD). Preliminary coordination of prevention efforts occurred through regular stakeholders meetings over approximately 18 months. Through increased cross-agency communication, commitment from agency leadership, and development of a shared mission and vision, staff from both agencies began the process of functionally integrating these separate programs. A major product of this coordination was the development and implementation of an interagency Partner Services Management Team (PSMT).

Maryland's program is now managed by the PSMT and guided by 5 program strategies: (1) joint leadership provision, (2) resource alignment, (3) statewide workforce development, (4) data utilization improvement, and (5) strengthening partnerships. The development of the PSMT was supported by leadership from both agencies and is co-led by the AA PS Coordinator, and the CHA/STD Field Operations Manager. Additionally, the PSMT includes 3 Partner Services Technical Advisors, representatives from the Baltimore City Health Department, and other relevant program staff. The PS-Technical Advisors are a crucial component of the PSMT's ability to ensure the provision of direct, on-going training and technical assistance to LHD staff providing PS.

Goals of this Management Team include: increasing joint communications and guidance to LHD staff; joint program planning; collaborative budget decision making; increased training and direct support from PS-Technical Advisors; on-going monitoring of standardized policies and procedures; development of data systems and joint program monitoring; and increasing buy-in and communication with community and agency-level stakeholders.

**CONCLUSION:** Maryland's model for an interagency PSMT provides a framework for integration of HIV and STD programs in other jurisdictions or project areas. Although interagency management of a statewide program is challenging, Maryland has experienced success due to the following: (1) open and deliberate communication on a regular basis, (2) both vertical and horizontal agency buy-in, and (3) a commitment to joint planning and accountability. Successes of the PSMT include: development and promulgation of joint communication and guidance to LHD staff (e.g., "Prioritization of STD/HIV Disease Intervention Specialist (DIS) Services"); implementation of a shared information security and confidentiality policy; increased data utilization; development of jointly funded DIS positions; hosting of 3 CDC trainings for DIS and their supervisors; development of program performance measures; and participation in community stakeholder meetings.

**Presentation Number:** G11-2

**Presentation Title:** Key Findings of a Nationwide Capacity Assessment of HIV Partner Counseling and Referral Services

**Author(s):** Rosalind P Thomas, MPH; Nancy E Spencer; Michele A Rountree, PhD; Denise T Tafoya, MPA; Sue Anne Payette, MS; Sue Przekwas; Tammy Foskey, MA; Gail A Bolan, MD

**BACKGROUND:** The CDC recently published HIV and sexually transmitted disease (HIV/STD) partner services recommendations (MMWR, Nov 2008) with a renewed emphasis on partner services as a highly effective evidence-based intervention. The national STD/HIV Prevention Training Centers (PTCs) Partner Services and Program Support report key findings of a recent CDC-funded nationwide capacity assessment of HIV Partner Counseling and Referral Services (HIV PCRS), measuring current capacity of health departments (HDs) and a sample of community based organizations (CBOs) to deliver PCRS.

**METHOD:** Data were gathered during March through August 2008 from: a) web-based surveys of state, territorial, and CDC directly-funded city/county (HDs) and of a sample of CBOs; b) analysis of 2006 HD Annual and 2007 Interim Progress Reports to CDC; and c) key informant interviews.

HIV PCRS was defined as including the following activities: Partner Elicitation, elicitation of partner names and contact information from persons testing HIV positive; Partner Notification, field investigations to notify identified sex and/or needle-sharing partners of their exposure to HIV; and Partner Counseling, providing prevention counseling, HIV testing and/or referral to other prevention services to contacted partners of HIV-positive individuals. An organization conducting one or more of the elements was defined as a provider of HIV PCRS.

Qualitative data were analyzed for themes. Quantitative data were analyzed in SAS 9.1 and SPSS 16.

**RESULTS:** Surveys were completed by 57 HDs and 51 CBOs, yielding response rates of 97% and 63%, respectively. The following HD structures for programmatic oversight were reported: combined HIV/STD program (n=25), split responsibility between HIV and STD programs (n=22); HIV/AIDS program only (n=6) or STD program only (n=2). Thirty-three responding HDs use surveillance registries to initiate or prioritize HIV PCRS.

2006 PCRS outcomes were reported as follows: 53% of reported HIV-positives had a documented offer of HIV PCRS. When offered HIV PCRS, 72% of clients (n=18,247) accepted, resulting in notification of 16,086 partners. Of these, 70% (n=11,251) tested for HIV, with 13% (n=1,501) testing newly HIV-positive.

Many HDs and CBOs reported challenges as follows: HDs: staff turnover, low staff pay, data collection issues, negative perception/misconceptions of HIV PCRS by public and private prevention providers; CBOs: inadequate resources, limited staff time availability.

Top training/technical assistance needs reported by HDs were a) HIV PCRS basics and b) partner elicitation skills. Over 85% of HD and half of CBO respondents require HIV PCRS staff to attend specific training. Nationally standardized Introduction to STD Intervention (ISTDI) and HIV PCRS courses taught by PTCs are required in 67% and 63% of responding HDs, respectively. Training modality preferences for both HDs and CBOs will be presented.

**CONCLUSION:** A national HIV PCRS infrastructure exists, but data indicate increased support is needed. Many HIV-positives learn their status through HIV PCRS each year, and the proportion of new positives identified through HIV PCRS is substantial, especially as compared to other case-finding approaches. Updated HIV PCRS training is needed to meet identified training needs and to support new CDC recommendations. Further study is needed to identify other partner services gaps for improved outcomes.

**Presentation Number:** G11-3

**Presentation Title:** Partner Services in Community-Based CTR Programs: Incorporating a Unique Pilot-Tested Service Model

**Author(s):** Maura Driscoll, MPH; Thera Meehan

**BACKGROUND:** The Massachusetts Department of Public Health's (MDPH) HIV/AIDS Bureau (HAB) and the Division of STD Prevention Disease Intervention Specialists (DIS) collaborated to develop a client-centered model of HIV Partner Services (PS) to be provided in community-based Counseling, Testing and Referral (CTR) programs to address the ongoing issue of late entry into care, identify new cases of HIV, and to assist with partner elicitation and notification.

**METHOD:** MDPH-funded community-based CTR programs across Massachusetts, USA.

**RESULTS:** The MDPH PS pilot-tested service model was integrated into community-based CTR sites in Fall 2008.

Community-based CTR sites either provide PS directly, or they provide supportive referrals to PS sites, offering the service to all clients testing HIV positive. Client PS options include self-, assisted-, and provider- notification. Written guidance for service and referral provision was developed by MDPH. Training for all community-based CTR sites was developed and presented by MDPH HAB and DIS staff. Ongoing technical assistance (TA) is provided by HAB and DIS staff; DIS staff also mentor community-based CTR providers in notification capacity.

**CONCLUSION:** Pilot data from 6 community-based CTR sites providing PS from March through September 2007 indicated successful service delivery and integration into a statewide service. During this period, 41 HIV positive clients were offered PS, 44% of clients accepted, and 32 partners were elicited for notification. 69% of partners elicited were notified of their possible exposure to HIV, 89% of partners notified involved provider and DIS staff, 83% of partners notified were referred to CTR services; 87% received an HIV test and nearly 15% were newly diagnosed with HIV. Future PS data will reflect service delivery offered statewide through 14 community-based CTR sites with the mentorship of 6 DIS staff.

Engaging clients early in care and offering multiple notification options provides access to at-risk social and sexual networks and enhances comprehensive prevention and care services. This client-centered PS option-based approach is successful in increasing client acceptance and supporting newly identified HIV+ clients and their partners into care. The innovative process by which DIS staff mentor contracted community-based CTR providers enhances the community-based approach to effectively offer PS.

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## Track G

### LB3 - Late Breaker 3

**Room: A703 (Atlanta Marriott Marquis)**

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**Presentation Number:** LB3-1

**Presentation Title:** Preliminary Estimates Indicate Worrisome Trends in Prevalence of Young IDUs in Large US MSAs

**Author(s):** Dr. Sudip Chatterjee; Dr. Barbara Tempalski; Dr. Enrique R Pouget; Dr. Hannah Cooper; Dr. Samuel Friedman

**BACKGROUND:** The size of the population of young injection drug users (YIDUs) is a key factor driving the HIV epidemic among injection drug users (IDUs). Surveillance of YIDUs is crucial, but few sources of data are available. Here we present preliminary estimates of the prevalence of YIDUs aged 15-29 in 85 large U.S. metropolitan statistical areas (MSAs) annually from 1996 to 2006 and describe changes in their prevalence during these years. We view 1996 as being significant as the year HAART was introduced.

**METHOD:** We created two estimates of YIDUs per 10,000 young people aged 15-29 in each of 85 large MSAs using three datasets: AMHSA Treatment Episode Data (TEDS), CDC counseling and testing data (CTS), and estimates of the prevalence of injection drug users (IDUs) per 10,000 population from Brady et al (J Urban Health, 2008) (which was available only for 1992-2002). The first estimate averaged the numbers of IDUs entering treatment (TEDS) and those getting HIV tested (CTS) who were aged 15-29, and divided this by the number of 15-29 year olds, in each MSA annually from 1996 to 2006. The second estimate multiplied the population prevalence of IDUs in each MSA and year (Brady et al 2008) for 1996-2002 by the average of the proportion of IDUs who were aged 15-29 in that MSA and year among those (a) entering treatment (TEDS) and those (b) getting HIV tests (CTS). Visual examination of data and multilevel growth curve analysis were performed on both sets of estimates to describe trends in YIDUs.

**RESULTS:** The second estimate (based on adjusting IDUs per 10,000 population by an estimate of the proportion who were aged 15-29) has a mean population prevalence of YIDUs of 103 (sd = 62) per 10,000 in 1996 and 122 (sd = 68) in 2002. The estimate of young service-using IDUs per 10,000 young adults for 1996 was 9 (sd = 7) and for 2006 was 15 (sd = 16). Growth curve analyses found that these increases over time were significant for each of the two estimates. Linear regression analyses within each MSA found that there were 34 individual MSAs that showed significant increases in YIDU prevalence in both estimations.

**CONCLUSION:** The prevalence of injection drug users among young adults in large metropolitan areas seems to be increasing. Should changes in socioeconomic conditions lead to declines in the size and effectiveness of harm reduction interventions, or otherwise lead young IDUs into high-risk injection or sexual practices, the HIV epidemic among IDUs may increase. This increase in young IDUs may also lead to increases in hepatitis C and STI infections. Research is needed to understand the etiology of increasing drug injection among youth and to monitor future trends in injecting by youth and appropriate interventions may need to be expanded despite budgetary restraints.

**Presentation Number:** LB3-2**Presentation Title:** Corrections to Community: Piloting Project START to Include HIV-Positive Inmates in Massachusetts Correctional Facilities**Author(s):** Barry Zack; Kevin Cranston; Thomas Barker; Eduardo Nettle; Dawn Fukuda; Deborah Isenberg; Lyn Levy; Annie Montgomery; Katie Kramer

**BACKGROUND:** In Massachusetts, 97% of inmates are ultimately released back to the community (Massachusetts Public Health Association, 2003). Major challenges to successful reintegration of inmates after release into the community include navigating complex health care systems, accessing necessary community mental health and substance abuse treatment services, and sustaining long-term linkages to appropriate community-based services. Comprehensive interventions such as Project START, which is initiated in correctional settings and continue in the community post-release, afford an opportunity to provide HIV/STI/hepatitis prevention education and ensure linkages to appropriate community services, supporting successful reintegration into the community for this vulnerable population.

**METHOD:** Project START was implemented as a pilot program in 7 county and state correctional facilities in Massachusetts from October 2007 to June 2008.

**RESULTS:** Project START has been shown to lower the risk for HIV, STI and hepatitis among young men leaving prison (Wolitski et. al. 2006, and Grinstead, et. al. 2008). Project START was piloted in Massachusetts to include incarcerated male and female persons living with HIV (PLWH). Case Managers from Span, Inc., a community organization with a 40 year history of working in the criminal justice system, screened inmates for program eligibility approximately 3 months prior to their release from county jail or state prison. Individuals agreeing to participate in Project START were offered a total of 6 individual sessions. Sessions 1 and 2 occurred while the client was still incarcerated; sessions 3 through 6 occurred in the community post-release. As part of the intervention, case managers conducted personalized HIV/STI/hepatitis risk assessments, positive prevention counseling, assisted in the development of risk reduction and transition plans and provided facilitated referrals to appropriate community services post-release. Project START clients were ultimately linked to long-term medical and social services prior to the sixth and final session.

**CONCLUSION:** Recent analysis showed that Project START graduated 33 individuals from 7 correctional facilities in Massachusetts. Eighteen incarcerated PLWH enrolled in Project START, 13 PLWH participants completed all 6 sessions of START and 15 PLWH participants were documented as successfully following through on their first appointment in the community.

Implementing and sustaining an intervention to address HIV/STI/hepatitis prevention needs and linkages to needed services for PLWH who are being released from correctional facilities is essential. Preliminary results from the piloting of Project START in Massachusetts correctional facilities show promise that Project START can be an effective intervention in working with male and female PLWH leaving county jails and state prisons and returning to the community.

**Presentation Number:** LB3-3**Presentation Title:** HIV Education & Testing at a Historically Black University: Promoting Healty Decisions**Author(s):** T.J. Pierre

**BACKGROUND:** According to the Texas Interagency Council for HIV and Hepatitis (Council). Blacks are disproportionately affected by HIV/AIDS in Texas. While Blacks account for about 12% of the population of Texas, in 2006 Blacks accounted for the largest proportion of PLWHA (38.2% compared to 37.0% White and 23.8% Hispanic). When rates are compared, the rate of Blacks living with HIV/AIDS (868 per 100,000) was over four times the rate in Whites (197) and about five times the rate in Hispanics (170)?

**METHOD:** Prairie View A & M University (PVAMU) is a historically black college (HBCU) of 8300 students (PVAMU 2008) located in the rural community of Prairie View, Texas (pop 4410), situated in Waller County, 40 miles northwest of Houston, Texas. The targeted population was PVAMU students. Primarily from the Houston (34%) and Dallas (23%) metropolitan areas.

**RESULTS:** Student Peer Educators were trained in the areas: of HIV, Hepatitis, Substance Abuse and STD using Evidenced-Based Prevention Interventions to provide a foundation for developing Preventions which are more culturally sensitive and appropriate for our targeted population. The current body of research literature provides extremely limited resources for the targeted population which we were attempting to reach. The primary focus was African Americans 18yrs ?21 yrs, however all students of the University had the opportunity to participate in prevention activities.

The Lead Peer Educators (one male/one female) provide training for other student peer educators. The project Panthers Promoting Healthy Decisions (PHD) focused primarily on incoming freshmen, athletes, band members, sororities and fraternities. The Peer Educators provide health education in a variety of venues including but not limited to classrooms, evening workshops, activities in the residence halls, online newsletter.

Unique activities drawing extraordinary student participation included events such as Men Night Talk Sex with the Sigma? This was a seminar which was coordinated by the Male Lead Peer Educator. Walk that Walk: STD sign visual. Sexually Transmitted Infection facts were posted on yard markers campus-wide to celebrate STI Awareness. Sex with the Greeks was a big event for Greek organizations, which included a panel discussion with sororities and fraternity vying to give their different opinions on Safe Sex, HIV, and STIs. The session ends with a Q&A led by the Peer Educators. Game Night, Choices, HIV Jeopardy, FOUR Play, The TRUTH?

**CONCLUSION:** During the period October 1, 2006 ?September 30, 2008 we provided 1,378 Rapid HIV Test to students. We had in excess of 10,000 contacts with students via workshops, seminars, classroom presentations, health fairs, Homecoming, National Awareness Days, Pantherland Day, Video viewings (Out of Control and Philadelphia), eNews, PHD Lending Library, and FaceBook Page (PVAMU-Panther PHDs

**LESSONS LEARNED:** The use of Peer Educators is an excellent format for health education in a university setting. Activities were interesting and not frightening, thus students were more engaged. Working with small groups, and/or targeting specific groups in some instances puts the student at ease, enabling them to be responsive. In other situations, it is helpful to have contradiction to encourage responses. Both processes worked well.

**Presentation Number:** LB3-4

**Presentation Title:** Preliminary Evaluation of Act Against AIDS: 9 1/2 Minutes Phase

**Author(s):** Jo Ellen Stryker, PhD; H. Pamela De La Cerda, MPH; Melissa Shepherd; Robert Bailey; Erin Connelly; Booker Daniels; Jennie Johnston; Michael LaFlam; Wendy Riser; Jackie Rosenthal

**BACKGROUND:** In an effort to reduce the HIV incidence of the United States, the CDC is launching Act Against AIDS (AAA), a multi-year, multi-phased communication campaign. The first phase of AAA is the 9 ½ Minutes campaign. The goal of the campaign is to raise awareness of, and combat complacency toward, the incidence of HIV and AIDS in the United States. Specific objectives include the following: 1) to raise awareness of the incidence of HIV in the United States; 2) to prompt individuals to seek information about HIV & AIDS; and 3) to encourage individuals to disseminate HIV/AIDS information. Although a national campaign, resources have been heavily invested in Washington D.C., a city with very high prevalence rates. This report is a preliminary evaluation of the ongoing 9 ½ Minutes campaign.

**METHOD:** Process evaluation will determine: 1) from what sources the campaign materials are being sent; 2) how often campaign materials are disseminated; 3) to what extent key partners are disseminating the campaign materials; and 4) how many people are being reached by the campaign. Process measures include advertising impressions, partnership dissemination, earned media coverage, and information about visitors to the NineandaHalfMinutes website. Outcome evaluation will determine if the campaign: 1) increases awareness of domestic HIV incidence; and 2) prompts individuals to seek information about HIV/AIDS. Outcome measures include traffic to the NineAndaHalfMinutes website and knowledge of the 9 ½ minute rate of domestic HIV infection among the general public.

**RESULTS:** The campaign launched with a White House press event, and generated more than 38 million earned media impressions during the first three weeks. One month of airport, transit, and bus shelter advertisements in the Washington D.C. area placed during the first 6 weeks totaled 16.8 million impressions. Online banner ads placed during the first 80 days yielded 5.26 million impressions. Partner activities included the placement of a 9 ½ Minutes advertisement on a jumbotron in Times Square in May and June, resulting in 84 million impressions. The week of the campaign launch, the website had more than 15,000 hits. After a gradual decline during the first month, the average weekly rate dropped to fewer than 3,000 hits. A review of the process data informed revitalization efforts that focused on increasing information seeking, and included enhanced materials for partners, banner ad placement on national but targeted websites, email strategies, and an increased presence on social media platforms.

**CONCLUSION:** Until national survey data is made available, the full reach and impact of the campaign cannot be determined. However, preliminary website data suggests that information seeking was prompted most by email and web banners. Out of home advertising did not appear to affect information seeking. Utilizing social media and other Web 2.0 strategies may be cost effective but are labor intensive, therefore their use should be strategic rather than compulsory.

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**Tuesday, August 25, 2009****Concurrent Sessions****1:30PM-3:00PM**

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**Track A****A07 - Young MSM of Color****Room: Regency Ballroom V (Hyatt Regency Atlanta)**

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**Presentation Number:** A07-1**Presentation Title:** Gay-Related Development and Exposure to Risk Among Black and White Gay and Bisexual Young Men**Author(s):** Mary Milnamow; Jennifer Lauby, Ph.D.

**BACKGROUND:** Prior research has shown that men who experience early gay-related developmental stages are at an increased risk for abuse and harassment. However, these studies did not compare development by race or for men who identify as bisexual. We assessed demographic differences between early, middle and late bloomers, and the impact gay-related development has on exposure to risk factors for Black and White MSM, and for gay and bisexual men.

**METHOD:** We interviewed 254 MSM ages 15 to 29 recruited in gay and non-gay identified venues in Philadelphia. The sample included 159 Black men and 95 White men. The Gay-Related Development Scale (GRD Scale) was comprised of four questions related to the age men first experienced the following: attraction to same-sex, engaged in same-sex behavior, identified as gay/bisexual, and disclosed same-sex attraction. We used K-Means Cluster Analysis to group men as early, middle or late bloomers. This analysis is limited to 226 gay- or bisexually-identified MSM (70% gay & 26% bisexual). We assessed sexual abuse by two questions related to early childhood sexual experiences with older partners: prior to 13 years old and between 13-18. Discrimination was assessed using 5 negative experiences due to sexual orientation.

**RESULTS:** Almost half of the men in the sample were middle bloomers (47%) compared to early and late bloomers (26% & 27%, respectively). We found significant racial differences in GRD. Approximately a third of Black men (36%) were early bloomers compared to only 8% of White men; conversely, 40% of White men were late bloomers compared to 19% of Black men. Gay-identified men (29%) were more likely to be early bloomers, while bisexual men (46%) were late bloomers. In general, early bloomers reported more exposure to abuse and discrimination. Over half of the early bloomers (57%) reported an abuse experience compared to 34% of middle and 25% of late bloomers ( $p < .01$ ). We found the number of gay-related discrimination events was significantly greater for early bloomers ( $p < .01$ ). In addition, bisexual early bloomers reported more experiences of discrimination compared to gay-identified early bloomers, but for middle and late bloomers, bisexual men experienced less discrimination compared to gay-identified men.

**CONCLUSION:** We found racial and sexual orientation differences in stages of gay development. Early bloomers were more likely to experience childhood sexual abuse, and greater frequency of discrimination compared to middle and late bloomers. Early bloomer bisexual men reported more discrimination compared to gay-identified men, which may be due to greater peer support among gay youth, while bisexual youth may need to maneuver between different social groups. These findings reinforce the need to further examine the role of social environment as related to gay-related development for young gay and bisexual men, in order to create HIV prevention interventions that are appropriate and effective in building protective factors, while reducing exposure to risk.

**Presentation Number:** A07-2**Presentation Title:** Focusing Community Based HIV Interventions on Caregivers of Young MSM of Color**Author(s):** Erik R. Valera, BA; Justin C. Smith, BA; Lisa B. Hightow-Weidman, MD, MPH

**BACKGROUND:** HIV remains a significant threat to young MSM of color (YMSMC) in North Carolina as in the United States. The involvement of parents and other trusted adult caregivers in sex education has been demonstrated to be effective in postponing sexual activity and reducing high risk behavior. However, little attention has been given to the specific prevention needs of young MSM and how parents and other caregivers may play a role in prevention programs designed for this population. Currently, there are no CDC- approved, community based HIV interventions for young MSM that involve caregivers.

**METHOD:** Project STYLE (Strength Through Youth Livin' Empowered) is a study of HIV positive newly diagnosed or reengaged YMSMC ages 17 – 24. Participants are referred from ID clinics and CBOs or identified at project sponsored testing events in the North Carolina Triangle Region (Raleigh, Durham, and Chapel Hill) and recruited to participate in a multi-site cohort survey which consists of an in depth interviewer administered quantitative survey and a semi-structured qualitative interview to explore further issues relating to race, masculinity, social support and coping with HIV. Transcribed interviews were coded and analyzed for themes. Data from the baseline survey are presented.

**RESULTS:** To date, 58 YMSMC have been enrolled in STYLE (mean age =20.7, 88% African American, 12% Latino). 64% were newly diagnosed and 36% were reengaging in care after a lapse of 6 months or more. Sixty-four percent identified as homosexual or gay, 20% bisexual, and 16% other. Most (93%) reported being comfortable or very comfortable with their sexual orientation. The mean age of first sexual experience with a male, was 13.9 years (SD=4.8). A majority (n= 46) of participants reported that either their mother or their grandmother was the primary influence in their life. Similarly, when asked to describe their primary support network, most participants (N= 46) included their mother, grandmother or other family. All participants had disclosed their HIV status to at least one person; the majority had told either their mother (58.2%), or other females relatives, such as aunts or grandmothers (49.1%). Almost one-third had disclosed their HIV status to their father. Many participants reported that family members routinely accompanied them to their HIV clinic visits.

**CONCLUSION:** Among this group of HIV-infected YMSMC, female caregivers were identified as both primary influences and major sources of social support. These findings highlight the importance of including family of YMSMC in future primary and secondary HIV prevention interventions. Encouraging increased communication about sexual health, including same sex practices within the family unit prior to the onset of sexual activity could help to prevent HIV acquisition. For those YMSMC who are HIV-infected, interventions focused on their identified support network could increase retention in care and medication adherence.

**Presentation Number:** A07-3

**Presentation Title:** Examining Issues of Discrimination Among Young Black Men Who Have Sex with Men in Mississippi

**Author(s):** Carlos Toledo; Abigail Viall; Alexa Oster; Christina Dorell; Leandro Mena; Peter Thomas; James Heffelfinger

**BACKGROUND:** In response to an increased number of HIV infections among young black men who have sex with men (MSM) in Jackson, MS, the Mississippi State Department of Health and CDC conducted an epidemiologic investigation. Through discussions with community stakeholders, discrimination based on race and/or sexual behavior was identified as possibly contributing to HIV infection among this population. This presentation will discuss findings from two components of the investigation that assessed issues of perceived discrimination among young black MSM in Jackson, MS.

**METHOD:** We conducted a case-control study to identify factors associated with HIV infection among black MSM aged 16–25 years. We administered a survey to 119 HIV-infected and HIV-uninfected men that included an assessment of perceived discrimination. With the exception of HIV serostatus, inclusion criteria for the study were similar for cases and controls. HIV-infected participants who were diagnosed with HIV in the Jackson metropolitan area during January 2006—March 2008 were identified using Mississippi HIV/AIDS Reporting System, and a convenience sample of HIV-uninfected participants were recruited at multiple venues (e.g., bars/clubs, college campuses, STD clinic) and by peer referral. Descriptive statistics were used to examine responses to survey questions. A total of 16 participants (7 HIV-infected and 9 HIV-uninfected) from the case-control study were recruited to participate in a qualitative assessment, which included one-on-one interviews. A stratified purposeful sampling criterion was used based on HIV status. Perceptions and sources of discrimination were two primary issues addressed in the qualitative interviews and thematic content analysis techniques were applied to the data.

**RESULTS:** In the survey, 56% of respondents reported feeling discriminated against because of their race and/or same-sex behavior; 29% because of their race, 58% because of their sexual behavior, and 47% because of their race and sexual behavior. Although the majority of respondents (69%) reported attending religious services at least once a month, 52% reported that they would not be accepted at church if congregants knew of their sexual behavior with men. In the qualitative assessment, all respondents reported experiencing, witnessing or hearing about discrimination toward black MSM, and most expressed a sense that black MSM are not accepted in their community. Religious teachings were often cited as the primary sources for non-acceptance, and some respondents expressed disappointment that faith leaders, who should have been conduits for acceptance and tolerance, were instead sources of discriminatory perspectives and justifications. Participants' responses to this perceived discrimination included ignoring it, pain or confusion, or acceptance. While some respondents found discriminatory views rooted in Christian moralism to be hypocritical, a few indicated that they understood these perspectives.

**CONCLUSION:** Discrimination may have individual and social effects that ultimately impact health outcomes, and our findings suggest that it will be important to explore further the role that perceived or actual discrimination may be playing in the epidemic of HIV infection among young black MSM. Furthermore, strategies are needed to overcome the barriers that discrimination may pose to HIV prevention efforts. Collaborating with community organizations and faith groups to address discrimination may be an important component of these strategies.

**Presentation Number:** A07-4

**Presentation Title:** Anti-Gay Mistreatment and Sexual Risk Behavior Among Gay and Bisexual Adolescent Boys

**Author(s):** David Huebner

**BACKGROUND:** Sexual minority adolescent (SMA) males are at high risk for HIV infection, with an estimated 5.6% of the population infected before age 19. While SMAs engage in sexual risk behavior for many of the same reasons as heterosexual

adolescents, the unique anti-gay mistreatment that these boys face likely also contributes to their risk behaviors in ways that are poorly understood. One potential mechanism for the association between anti-gay mistreatment and risk is through peer influences. SMA boys who face rejection from their friends and classmates might gradually begin to associate with more deviant peer groups. Research with heterosexual adolescents indicates that those who associate with deviant peers (i.e., those who are riskier) eventually begin to adopt greater risk behaviors themselves. The goals of the present study were to (a) document an association between anti-gay mistreatment and sexual risk behavior among SMA males, and (b) examine whether affiliation with deviant peers mediates the association between mistreatment and risk.

**METHOD:** Participants were 243 male SMAs, ages 14-19 ( $M=17.5$ ), recruited between 2004-2008 from youth-serving agencies in Philadelphia, Boston, and Indianapolis. Participants were diverse with respect to ethnicity (29% Caucasian, 32% African American, 12% Latino, 19% Mixed, and 8% other ethnicity) and sexual orientation (67% gay, 23% bisexual, 10% queer or other). Participants used audio computer-assisted self interviewing to respond to questions about their sexual behaviors over the previous six months, experiences of anti-gay mistreatment and rejection, and their affiliation with deviant peers. They received a \$25 gift card for completing a survey lasting approximately 60 minutes.

**RESULTS:** 45% of the sample reported engaging in unprotected anal intercourse (UAI) during the previous six months. Logistic regression analyses revealed that SMAs who reported greater experiences of peer rejection were more likely to report having engaged in recent UAI ( $B = 0.37$ ,  $SE B = 0.18$ ,  $p < .05$ ). Peer rejection was associated with greater affiliation with deviant peers ( $B = 0.15$ ,  $SE B = 0.04$ ,  $p < .001$ ). Finally, consistent with the requirements for establishing mediation, when UAI was predicted from both peer rejection and affiliation with deviant peers, the path from affiliation with deviant peers to UAI was significant ( $B = 0.67$ ,  $SE B = 0.30$ ,  $p < .05$ ), whereas the coefficient for peer rejection was reduced to nonsignificance ( $B = 0.28$ ,  $SE B = 0.18$ , ns).

**CONCLUSION:** SMA males engage in high rates of HIV-related sexual risk behavior, and those who experience peer rejection report the greatest levels of risk. Boys who reported more peer rejection also reported greater affiliation with deviant peers, and this association explained much of the variance between peer rejection and sexual risk. Thus, it appears that anti-gay mistreatment from friends and classmates might lead boys to turn to higher-risk peer groups for friendship, thereby increasing their own risk behaviors. These findings suggest that interventions to reduce anti-gay harassment and bullying in schools might reduce sexual risk behavior in SMA boys. Further, interventions to help these boys find support from non-deviant peer groups could also reduce their risk.

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## Track A

### A10 - Depression and HIV Risk

Room: Baker (Hyatt Regency Atlanta)

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**Presentation Number:** A10-1

**Presentation Title:** Prevalent Depressive Symptoms Correlate with Inadequate Control of HIV Viremia in an Outpatient HIV Clinic

**Author(s):** Enbal Shacham, PhD; Diana Nurutdinova, MD; Veena Satyanarayana; Kate Stamm; E. Turner Overton

**BACKGROUND:** Background: Individuals with HIV have significantly higher levels of psychological distress, specifically depressive symptoms, than the general population and are impacted negatively by fluctuating levels of distress.<sup>3-6</sup> During periods of psychological distress, individuals with a chronic illness have difficulty in engaging in health-promoting behaviors. This study was conducted to examine the impact of depressive symptoms on HIV disease in an outpatient cohort of individuals with HIV who are engaged in medical care.

**METHOD:** Methods: This cross-sectional study examined the prevalence of depressive symptoms measured as part of a behavioral assessment, which was conducted as standard of care among HIV-infected patients in an urban, Midwestern university HIV clinic. Demographic characteristics (race, age, employment, education, income, and gender), depressive symptoms (Patient Health Questionnaire-9), behavioral risk factors (current sexual and drug-using behaviors), and medical parameters were collected.

**RESULTS:** Results: A total of 515 individuals participated in the study, the majority of whom was male ( $n = 349$ ; 68%) and African American ( $n = 305$ ; 60%). The mean age of the sample was 41.6 years. Of all respondents, 18% endorsed symptoms of Major Depressive Disorder and 25% endorsed symptoms of Other Depressive Disorder. Almost 15% of the sample ( $n = 74$ ) endorsed having suicidal thoughts at least once in the past two weeks. Factors associated with reporting of depressive disorders included persons who supported individuals under the age of 18 on their annual income ( $p < 0.003$ ), and individuals who were unemployed ( $p < 0.001$ ). Depressive symptoms did not differ by race, gender, or education level. While the provision of HIV therapy was similar for those who expressed depressive disorders and those who did not, individuals with depressive disorders were more likely to have detectable HIV viral loads (54% vs. 37%;  $p = 0.008$ ). Being unemployed was the only factor that was associated with suicidal ideation ( $p < 0.001$ ). By logistic regression analysis, depressive disorders were predicted by being

unemployed, having a minor dependent, and having detectable HIV viral load, when controlling for gender, race, and education ( $p < 0.001$  for all).

**CONCLUSION:** Conclusions: Symptoms of depression were prevalent in this outpatient HIV cohort. Given the association between depressive symptomatology and poor rates of HIV viral suppression and the possible ramifications of virologic failure leading to HIV disease progression and the development of resistance to antiretroviral therapy, screening and appropriate intervention for depressive symptoms is warranted in the HIV outpatient clinic to improve outcomes.

**Presentation Number:** A10-2

**Presentation Title:** Depression and HIV/STD Risk Among Massachusetts MSM Accessing Department of Public Health Mobile Van Services

**Author(s):** Sean E. Bland; Matthew J. Mimiaga; Sari L. Reisner; Rodney Vanderwarker; Michael J. Gaucher; Catherine A. O'Connor; Susana M. Medeiros

**BACKGROUND:** Depression has been posited to be a significant contributor to sexual risk-taking and HIV infection among men who have sex with men (MSM). The present study investigated depression and HIV/STD burden among men using Massachusetts Department of Public Health (MDPH) van services at MSM venues. This research is critical in light of increasing rates of HIV and STDs among MSM in Massachusetts and the United States.

**METHOD:** In 2008, 214 MSM using mobile van services (73% white, 27% non-white) completed a one time, cross-sectional survey via an audio computer-assisted self-interview. Data collected included demographic demographics, HIV/STD history, behavioral risk factors, and the 7-item Center for Epidemiologic Studies Depression Scale (CES-D 7) assessing clinically significant depressive symptoms. Bivariate and multivariable logistic regression procedures examined the associations of demographics, HIV/STD history, and behavioral variables to depressive symptoms (CES-D 7 score  $> 4$ ).

**RESULTS:** Overall, 20% (42/214) screened positive for depressive symptoms; 24% reported a history of one or more STDs; 4% were HIV-infected. MSM reporting a history of one or more STDs (OR=2.70;  $p=0.05$ ) were more likely to screen positive for depressive symptoms. After adjusting for demographic and behavioral factors, STD history (AOR=3.02;  $p=0.03$ ) remained significantly associated with increased odds of depressive symptoms; being of Latino/Hispanic ethnicity (AOR=0.39;  $p=0.03$ ) was associated with decreased odds of depressive symptoms. Depressed MSM lacked access to care (23% uninsured) and the overwhelming majority (89%) were first-time mobile van users.

**CONCLUSION:** Findings suggest that depressed MSM accessing mobile van services may engage in risk behaviors that place them at increased risk for HIV and other STDs. Outreach and prevention programs such as mobile van services may benefit from including screening and/or treatment for depression. Future studies need to address issues related to depression and sexual health among all MSM.

**Presentation Number:** A10-3

**Presentation Title:** fMRI Correlates of Depressive Symptomatology in Young African American Women with HIV Risk: Preliminary Results

**Author(s):** Mitchell H. Parks, M.D.; Daniel S. Greenberg, M.S.; Mary S. Dietrich, M.D.; Tarik A. Smith, M.A.

**BACKGROUND:** African American women account for the majority of new U.S. HIV infections, mostly through heterosexual transmission via unsafe behaviors, e.g., sex without barrier protection, multiple liaisons, and anonymous sexual encounters. Alcohol use is probably a factor in this health disparity because of its association with both excessive abuse and unsafe sexuality in collegians. As well, depressive behaviors in the young diagnosed with substance use disorders, i.e., high Beck Depression Inventory (BDI) scores, have correlated with both greater substance use and novelty seeking. Preclinical research has demonstrated that problematic drives like promiscuity probably affects pre-frontal and striatal dopaminergic (DA) pathways in similar ways as substances of abuse do in mediating ultimate physiological reward in the nucleus accumbens. The implication of these findings is that problematic drives might physiologically fuel sexual novelty, i.e., HIV-risk activity, through DA-mediated reward. This on-going translational research study seeks to determine whether subjectively described problematic drives like depression or alcohol use correlate with cognitive physiology in young African-American women at-risk for HIV infection.

**METHOD:** Seven subjects (mean age: 19.7 $\pm$ 1.1; education: 13.3 $\pm$ 1.0 years) were recruited for clinical evaluation at Fisk University and neuropsychological testing and functional magnetic resonance imaging (fMRI) at Vanderbilt University. Among the screening instruments used for evaluation were the BDI, Alcohol Use Disorder Identification Test (AUDIT), and the Sexual Sensation Seeking Scale (SSS). To examine cognition, during event-related fMRI acquisition, a task was administered that required participants to make rapid decisions about visual cue directionality with randomized oddball presentations (Simon Spatial-Incompatibility Task [ST]). fMRI adapts the blood oxygenation level dependent changes in the neuronal capillary beds to statistically determine hemoglobin oxygenation differences in brain regions recruited during ST oddball cue presentation and recognition. Whole brain functional images were acquired with an echo EPI sequence (TR 2000 ms, TE 35 ms reconstructed at 128x128).

**RESULTS:** Due the small preliminary sample size, Mann-Whitney tests were used on the data that indicate a significant ( $p < 0.01$ ) 2-tailed Spearman rank correlation coefficient between BDI scores and sexual novelty seeking associated with HIV risk (SSS) and a trend ( $p = 0.09$ ) towards BDI and increased alcohol disorder risk (AUDIT). Physiologically, significant fMRI activation during oddball ST ( $p < 0.005$ ) was found in the caudate, thalamus and premotor cortex in 3 subjects with more alcohol use risk (AUDIT scores  $> 4$ ) and depressive behavior (BDI  $> 11$ ).

**CONCLUSION:** These preliminary results indicate brain activation differences in those young African American women who drink more and describe more depressive symptoms, regardless of intoxication. These physiological changes connote novelty satiety (caudate) and the motor responses necessary to engage those visual stimuli with action (thalamus and premotor cortex), both of which would heighten likelihood of risky sexuality. Further, depressive symptoms (higher BDI) in our sample also correlated with risky sexuality (higher SSS) and were suggestive of alcohol use disorder risk (higher AUDIT). Cumulatively, these translational research results suggest that brief screening measures like BDI and AUDIT have utility in HIV prevention in young African American women by identifying those most at-risk for infection.

**Presentation Number:** A10-4

**Presentation Title:** Clinically Significant Depressive Symptoms as a Risk Factor for HIV Among Black MSM in Massachusetts

**Author(s):** Matthew J. Mimiaga; Margie Skeer; Donna Bright; Kevin Cranston; Deborah Isenberg; Sean Bland; Kenneth H. Mayer

**BACKGROUND:** High rates of depression have been observed among men who have sex with men (MSM) relative to the general adult male population; however, a dearth of research has explored depression among Black MSM. This is particularly concerning given the role of depression in sexual risk taking among MSM in general, and the increasing rates of HIV and sexually transmitted diseases (STDs) among Black MSM in the United States.

**METHOD:** One hundred and ninety-seven Black MSM recruited via modified respondent-driven sampling between January and July 2008 completed an interviewer-administered quantitative assessment and optional pre- and post-test HIV counseling and testing. Data collected included demographics, HIV related behavioral factors, and the 20-item Center for Epidemiologic Studies Depression Scale (CES-D) assessing clinically significant depressive symptoms. Bivariate and multivariable logistic regression procedures examined the associations of demographics, behavioral HIV risk factors, and other psychosocial variables to: (1) overall depressive symptoms (CES-D score  $> 16$ ); (2) moderate depressive symptoms (CES-D score 16-26), and (3) severe depressive symptoms (CES-D score  $27+$ ).

**RESULTS:** Overall, 65/197 (33%) of the sample met screening criteria for clinically significant depressive symptoms (CES-D score  $> 16$ ); 19% (38/197) moderate and 14% (27/197) severe depressive symptoms. Adjusting for demographic and behavioral variables, significant factors associated with clinically significant depressive symptoms included being publicly insured with Medicaid (AOR=4.79;  $p=0.04$ ) and being diagnosed with an STD in the prior 12 months (AOR=5.72;  $p=0.04$ ). Those with moderate depressive symptoms were more likely to have serodiscordant unprotected anal sex with a casual male partner in the prior 12 months (AOR=9.81;  $p=0.01$ ) and/or were diagnosed with an STD in the prior 12 months (AOR=6.40;  $p=0.04$ ). Those with severe depressive symptoms were more likely to be publicly insured with Medicaid (AOR=4.47;  $p=0.05$ ) and had difficulty accessing healthcare in the past 12 months (AOR=6.30;  $p=0.03$ ).

**CONCLUSION:** These findings suggest that moderately depressed Black MSM are more likely to engage in behaviors that place them at increased risk for HIV and other STDs. HIV prevention interventions for Black MSM may benefit from incorporating screening and treatment for depression, which could enable depressed Black MSM to respond more effectively to HIV prevention interventions.

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## Track A

### A22 - Sexual Bridging of HIV in Three U.S. and One Russian City

**Room:** Courtland (Hyatt Regency Atlanta)

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**Presentation Number:** A22

**Presentation Title:** Sexual Bridging of HIV in Three U.S. and One Russian City

**Author(s):** Pamina Gorbach; Robert Heimer; Martin Iguchi; Andrei Kozlov; Linda Niccolai; Lawrence Ouellet; Steven Shoptaw; Chyvette Williams; William Zule

**BACKGROUND:** The Sexual Acquisition and Transmission of HIV Cooperative Agreement Program (SATHCAP) examined the role of drug use in the sexual transmission of the human immunodeficiency virus (HIV) from traditional high-risk groups, such as men who have sex with men (MSM) and drug users (DU), to lower-risk groups in three U.S. cities and in St. Petersburg, Russia.

**METHOD:** SATHCAP employed respondent-driven sampling (RDS) and a dual high-risk group sampling approach that relied on peer recruitment for a combined, overlapping sample of MSM and DU. The goal of the approach was to recruit an RDS sample of MSM, DU, and individuals who were both MSM and DU (MSM/DU), as well as a sample of sex partners of MSM, DU, and MSM/DU and sex partners of sex partners.

**RESULTS:** The sampling approach efficiently yielded a sample of 8,355 participants, including sex partners, across all four sites. At the U.S. sites—Los Angeles, Chicago, and Raleigh-Durham—the sample consisted of very poor, older (mean age = 41 years), primarily black MSM and DU (both injecting and non-injecting); in St. Petersburg, the sample consisted of primarily younger (mean age = 29 years) MSM and DU (injecting). The U.S. sites recruited an unexpectedly large proportion of men who have sex with men and with women (MSMW), an important group with high potential for establishing a generalized HIV epidemic involving women. At all U.S. sites MSMW exhibited high risk behaviors such as exchanging sex for money or drugs, having drug using sexual partners, and having unprotected sex with partners of either gender. HIV prevalence was higher among MSM than MSMW. The St. Petersburg site examined potential bridging from DU to non-DU sex partners. 40% of DU in the sample reported having non-DU sex partners. Non-DU sex partners reported many (48%) new partners in the past 6 months.

**CONCLUSION:** MSMW at the three U.S. sites exhibited high-risk sexual behaviors. Findings highlight the interconnectedness of sexual and drug networks in these samples of men, as most have partners who use drugs and who use drugs themselves. At these sites risk may be concentrated within impoverished minorities. MSMW in the U.S. samples represent an important subpopulation in the epidemic and should be targeted for risk reduction interventions. In St. Petersburg, the high prevalence of HIV among the core group of DU, their sexual contact with non-DU, and the high-risk sexual behaviors indicate potential for an increasingly generalized epidemic.

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## Track B

### B02 - Eliminating IDU Transmission: Recent Trends and Emerging Issues

Room: Hong Kong (Hyatt Regency Atlanta)

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**Presentation Number:** B02-1

**Presentation Title:** Declines in HIV Prevalence and Incidence Among Injection Drug Users in Chicago, 1988–2007

**Author(s):** Dezheng Huo; Wade Ivy; Mary Ellen Mackesy-Amitti

**BACKGROUND:** To examine long-term HIV prevalence and incidence trends among injection drug users (IDUs) in Chicago.

**METHOD:** Survey and serological data were collected from IDUs in 3 longitudinal studies and 1 cross-sectional study in Chicago: NADR, 1988-1992 (n=850), CIDUS-I, 1994-1996 (n=794), Needle Exchange Program (NEP) Evaluation, 1997-2002 (n=901), and the cross-sectional SATH-CAP, 2005-2007 (n=2716, of whom 835 were IDUs). IDUs 18 years of age and older were eligible for all but CIDUS-I, which had an upper age limit of 50 years. Participant recruitment for the longitudinal studies used street outreach and informal chain referral methods, while the cross-sectional study used respondent-driven sampling. HIV prevalence was calculated from each study's baseline serologic data. HIV incidence for the longitudinal studies was estimated as the number of seroconversions divided by the sum of follow-up time of study participants still at risk for seroconversion. Seroconversion was estimated to have occurred at the midpoint between the most recent seronegative test and the first seropositive test. In the cross-sectional study, HIV incidence was estimated using STARHS. The NADR study included an examination of participant mortality.

**RESULTS:** HIV prevalence for IDUs in the four studies was: NADR, 24.6%, CIDUS-1, 18.1%, NEP Evaluation, 16.3%, SATH-CAP, 9.4%. HIV incidence early in NADR was 9.3 per 100 per yrs (py) and it declined to about 2.4/100 py during the study's later years. HIV incidence was 1.1/100 py for CIDUS-1 and 0.62/100 py for the Needle Exchange Evaluation. No recent HIV infections were detected in SATH-CAP. Mortality among NADR participants after 8 years was 23%, with 39% of deaths attributed to HIV/AIDS.

**CONCLUSION:** HIV prevalence and incidence among IDUs in Chicago have declined. These declines likely are the products of high mortality rates early in the epidemic, behavioral changes in the wake of targeted risk reduction interventions, greater access to sterile syringes, and fewer African Americans initiating drug injection. HIV prevalence among IDUs is higher than that of noninjecting users of the same drugs, but the two measures appear to be converging.

**Presentation Number:** B02-2

**Presentation Title:** "Safeness" of Syringe Sources Related to Risk Behaviors Among Injecting Drug Users in Dallas

**Author(s):** Doug Kershaw; Stephen Brown, M.S.; Anne Freeman, M.S.P.H.; Douglas Shehan; Sharon Melville, M.D., M.P.H.

**BACKGROUND:** The processes of sharing, preparing, and injecting drugs comprise multiple opportunities for the transmission of HIV and other blood-borne infections. The use of sterile syringes can reduce these transmission risks. Injection drug users (IDU) get syringes either through illegal sources such as street dealers, friends, and injections partners or through sources that

ensure that the syringes are sterile like pharmacies and needle exchanges. Texas state laws restrict the sale and distribution of sterile syringes presenting barriers to IDU for acquiring sterile syringes.

**METHOD:** In 2006, 580 IDU in Dallas, TX. were recruited using Respondent Driven Sampling for the IDU cycle of National HIV Behavioral Surveillance- (NHBS-IDU). In addition to demographics, HIV-risk related behaviors, and exposure to prevention services, participants reported on all the different places where they obtained syringes. Chi-square tests were performed to examine the relation between the relative safeness of IDUs' syringe sources and their demographic characteristics and HIV risk-related behaviors.

**RESULTS:** IDU were grouped according to the types of syringe sources they utilized. 149 IDU reported obtaining syringes exclusively from institutional/safer sources (pharmacy, doctor, underground needle exchange) of sterile syringes in the past 12 months while 91 reported obtaining syringes exclusively from black market/less safe sources (drug dealer, syringe seller, friend). 68.2% of IDU who obtained syringes exclusively from black market/less safe sources reported being currently homeless compared to 42.4% percent of IDU who obtained syringes exclusively from institutional/safer sources ( $\chi^2(1, N=118) = 6.66, p=.010$ ). 62.5% of IDU who obtained syringes exclusively from institutional/safer sources reported always using sterile syringe in the past 12 months compared to 37.5% percent of IDU who obtained syringes exclusively from black market/less safe sources ( $\chi^2(4, N=239) = 23.84, p<.001$ ). 66% of IDU who obtained syringes exclusively from institutional/safer sources reported never using a syringe after someone else in the past 12 months compared to 28.4% percent of IDU who obtained syringes exclusively from black market/less safe sources ( $\chi^2(5, N=156) = 24.89, p<.001$ ). Similar associations regarding other drug sharing, preparation, and injection-related behaviors will be presented.

**CONCLUSION:** Preliminary results suggest that a greater number of IDU who obtained syringes exclusively from institutional/safer sources exhibited safer drug sharing, preparation, and injection practices compared to those who obtained syringes from black market/less safe sources. Findings also suggest that IDU who utilized black market/less safe sources may have fewer financial resources which could be a factor influencing their ability to obtain new, sterile syringes for the purpose of injecting drugs more safely. Increasing IDUs' access to institutional sources of sterile syringes may help IDU inject more safely and therefore reduce intravenous transmission of HIV and other blood-borne infections.

**Presentation Number:** B02-3

**Presentation Title:** Differences Between Pharmacists and Pharmacy Technician Attitudes towards HIV prevention services: Preliminary PHARM-Link Study findings

**Author(s):** Rachel J Stern, BA; Silvia Amesty, MD, MPH, MEd; Natalie D Crawford, MPH; Crystal Fuller, Ph D

**BACKGROUND:** Pharmacies in New York State (NYS) play an important role in HIV prevention among injection drug users (IDUs) through their involvement in the NYS Expanded Syringe Access Program (ESAP). ESAP allows pharmacies to sell syringes to IDUs without a prescription to reduce HIV and other blood-borne disease transmission. The Pharmacists as Treatment Linkages (PAT-Link) pilot study found that among thirteen pharmacies, expanding HIV prevention services (safe syringe disposal, safe injection, medical referral information) to IDUs is feasible and among pharmacy staff, pharmacy technicians are both more likely to conduct ESAP syringe sales and engage IDUs in conversation about prevention services. Despite technicians' increased interactions with IDUs, there is some evidence that technicians are less likely than pharmacists to agree that selling syringes to IDUs reduces HIV transmission. Given this evidence, we present preliminary findings of attitudes towards HIV prevention services among pharmacists and pharmacy technicians from the Pharmacies as Resources Making Links to Community Services (PHARM-Link) study, a large-scale community-based randomized intervention among ESAP-registered pharmacies that expand services to IDUs and those that don't.

**METHOD:** 139 pharmacists and 185 pharmacy technicians were recruited from XX ESAP-registered pharmacies in ethnographically mapped high drug activity areas in Harlem, Bronx, Brooklyn and Queens. 13 non-pharmacist managers/owners were excluded from the analysis. Pharmacies were contacted to assess their eligibility to participate in the PHARM-Link study. Eligibility criteria included 1) selling syringes without additional requirements, 2)  $\geq 1$  new syringe customer/month, and 3)  $\geq 1$  new syringe customer become a regular customer/month. Eligible, consenting pharmacy staff who sold ESAP syringes then participated in a 10-minute survey.

**RESULTS:** Most pharmacists were male (61.2%), Asian/Pacific Islander (35.8%) and white (26.3%). Most technicians/clerks were female (76.2%), Hispanic/Latino (50.0%) and African American (25.5%). Significant differences were found in support for ESAP between pharmacists and technicians: 85.0% of pharmacists were supportive of ESAP compared to 62.9% of technicians/clerks ( $p<.0001$ ). Pharmacists also reported significantly greater support for providing information on safe syringe use in their pharmacies (100% vs. 95.6%,  $p=0.0101$ ) and for providing information on safe syringe disposal (99.3% vs 97.2%,  $p = .042$ ). Similar levels of support were reported by pharmacists and technicians/clerks on providing referrals to drug treatment (78.3% vs 82.6% respectively), referrals to HIV testing (80.6% and 87.0% respectively), providing on-site HIV testing (54.7% vs. 62.1% respectively), and providing medical/social service referrals (79.7% and 77.7% respectively).

**CONCLUSION:** Support of ESAP and of providing information on safe syringe use and disposal is significantly higher among pharmacists than among technicians, while support for most other prevention services is similar. Future research should further

assess these differences and explore how these different levels of ESAP support and provision of some prevention information impact on actual implementation of ESAP and expanded programs among registered pharmacies. Differences found in ESAP support among pharmacists and technicians/clerks may indicate that education campaigns targeting pharmacy techs to raise awareness about injection drug use, its impact on health and HIV risk.

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**Track B****B09 - How Many MSM Are There and What are the Determinants of MSM Transmission****Room: Dunwoody (Hyatt Regency Atlanta)**

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**Presentation Number:** B09-1**Presentation Title:** Substance Use and Unprotected Anal Intercourse Among Men Having Sex with Men in Washington, DC**Author(s):** Irene Kuo; Manya Magnus; Katharine Shelley; Anthony Rawls; Luz Montanez; Matthew Goldshore; Benjamin Takai; Tiffany West-Ojo; Shannon Hader; Alan E. Greenberg

**BACKGROUND:** Washington, DC has the highest AIDS case rate in the US. Surveillance data reveal that men who have sex with men (MSM) continue to account for the largest proportion of HIV/AIDS, accounting for 57% of AIDS cases in DC through 2006. Substance abuse among MSM continues to be a risk factor for HIV transmission. Data from the National HIV Behavioral Surveillance (NHBS) study in DC were examined to describe recent drug use and unprotected anal intercourse (UAI).

**METHOD:** NHBS data were collected between July-December 2008 from MSM recruited using venue-based sampling. Participants included in this analysis were 18 years old, had receptive/insertive anal sex with a man in the past 12 months, and lived in the metropolitan statistical area (MSA). Participants completed an interviewer-administered questionnaire on sexual and drug use behaviors. Chi-square tests and multivariable logistic regression were used to examine associations between drug use and UAI at last sex.

**RESULTS:** Of 360 participants included in the analysis, 39% engaged in UAI at last sexual encounter. Mean age was 31.3 ( $\pm 9.6$ ), 44% was white, 33% was black, and 9% was Hispanic; 69% was employed full-time, 51% earned less than \$50,000 annually, and 78% had been in college or graduate school. More than half (54%) used non-injection drugs in the past 12 months; 5% had ever injected drugs. Marijuana, poppers and powdered cocaine were the most commonly used substances (42%, 25%, and 22%, respectively), while 13% used ecstasy, 9% used painkillers, 9% used amphetamines, and 6% used GHB; 31% reported binge drinking. More than half (51%) used alcohol and/or drugs before or during last sex. After adjusting for race, age, employment, education, income and depressive symptoms, painkiller use (aOR=3.4; 95% CI: 1.3, 9.2), binge drinking (aOR=1.9; 95% CI: 1.1, 3.4) and previous injection history (aOR=3.7; 95% CI: 1.0, 14.2) were positively associated with UAI at last sex, while ecstasy use (aOR=0.34; 95% CI: 0.1, 0.9) and use of alcohol/drugs at last sex (aOR=0.5; 95% CI: 0.3, 0.9) were negatively associated with UAI at last sex.

**CONCLUSION:** The prevalence of recent drug use and UAI at last sex among MSM in Washington, DC was consistent to or lower compared with previous studies. The most commonly used drugs were marijuana, poppers and cocaine; the prevalence of crystal meth use was relatively low. Painkiller use, binge drinking, and injection drug use history were associated with UAI. Although the use of alcohol/drugs before or during sex was negatively associated with UAI, these data suggest a high proportion of MSM continue to engage in these behaviors. Further interventions are needed to target MSM to reduce drug use and promote continued condom use.

**Presentation Number:** B09-2**Presentation Title:** Can We Combine MSM and Transgender Patient Data in Analyses? Findings from San Francisco**Author(s):** Robert Kohn; Jeffrey Klausner

**BACKGROUND:** Transgender (TG) individuals usually represent small proportions of study populations. As a result, TG are often removed from analyses or combined with men who have sex with men (MSM). Little data exists exploring the heterogeneity in risks and outcomes between MSM and TG. We examined whether sociodemographic and behavioral characteristics of MSM and TG seen at the San Francisco municipal STD clinic differed.

**METHOD:** We compared demographic and sociobehavioral characteristics, and STD (chlamydia, gonorrhea, early syphilis) and HIV diagnoses among MSM and TG patients seeking care at San Francisco City Clinic between January 1, 2005 and December 31, 2007. Chi-square statistics were used to assess statistically significant differences for categorical variables and t-tests and Wilcoxon-rank sum tests for continuous data.

**RESULTS:** During the two-year period, MSM had 17,718 STD clinic visits and TG had 269. TG patients were more likely to be non-white (MSM 42.7% vs. 68.8% TG,  $p < 0.001$ ), older (MSM mean age 33.8 vs TG 36.7,  $p < 0.0001$ ), and report a history of IDU (MSM 14.3% vs. TG 36.3%,  $p < 0.001$ ). No differences were seen in the reporting of methamphetamine, alcohol, cocaine, or erectile dysfunction drugs ( $p > 0.05$ ), however, TG were less likely to report amyl nitrate use (MSM 5.8% vs TG 0%,  $p = 0.0127$ ).

Numbers of male, female, and total sex partners in the past year did not differ between MSM and TG. MSM patients were nearly twice as likely to be HIV positive (MSM 27.0% vs 16.5%,  $p < 0.0001$ ). No differences were found regarding diagnosis of STD or HIV between TG and MSM, except TG were less likely to have been diagnosed with urogenital chlamydia (MSM 2.7% vs TG 0.7%,  $p = 0.0451$ ).

**CONCLUSION:** While TG differed demographically from MSM, both groups had similar behavioral risks and STD/HIV outcomes. It is critical to consider the differences among these two distinct populations and analyses should be conducted separately when appropriate.

**Presentation Number:** B09-3

**Presentation Title:** A Generalizable Methodology to Estimate MSM Populations: Findings for the Southern United States

**Author(s):** Spencer Lieb, MPH; Daniel R. Thompson, MPH; Wayne A. Duffus, MD, PhD; Gary J. Gates, PhD; Shyam Misra, MD, PhD; Thomas M. Liberti, BS; Evelyn Foust, CPM, MPH; The Southern AIDS Coalition Study Team

**BACKGROUND:** The size of HIV risk-populations such as men who have sex with men (MSM) has been difficult to determine. Specifically, MSM population estimates by state and race/ethnicity have not previously been systematically developed. These estimates have implications for epidemic monitoring and effective targeting of resources for HIV prevention. Priorities of the Southern AIDS Coalition, as documented in the Southern AIDS Manifesto (Update 2008), motivated our research focus on MSM populations in the South.

**METHOD:** We developed a novel approach (Model A), modified an existing independent methodology (Model B), and combined their findings to estimate the percentage of MSM among males aged 18+ years in the 17 southern states (including District of Columbia). Model A incorporated available census data on each state's rural and non-rural population, and an oft-cited research finding, based on random sampling, that the approximate percentage MSM in the US is 1% in rural areas, 4% in suburban areas, and 9% in urban areas. Model B incorporated available data from the US Census Bureau's American Community Survey on the number of self-reported same-sex male partners in households in each state, and data from the National Survey of Family Growth, sponsored by the National Center for Health Statistics, which provided a nationwide estimate that the percentage MSM is 6.0%. The percentages MSM according to each model were averaged and applied to the state-specific male populations aged 18+ years in 2007, by race/ethnicity, to compute estimates of the numbers of MSM.

**RESULTS:** The distributions of the 17 state-specific percentages MSM according to the 2 independent models were highly correlated ( $r = 0.85$ ;  $r$ -squared = 0.72;  $p < 0.001$ ) and had similar means (5.7%, Model A; 5.9%, Model B) and medians (5.4%, Model A; 5.2%, Model B). The averaged percentage MSM in the South was 5.8%, ranging from 3.9% (Mississippi) to 13.2% (District of Columbia) (mean 5.8%; median, 5.3%). Among approximately 40.2 million males aged 18+ years in the South, the estimated number of MSM was 2.3 million, including 1.5 million (64%) non-Hispanic whites, 396,000 (17%) non-Hispanic blacks, 347,000 (15%) Hispanics, 61,000 (3%) Asian/Pacific Islanders, 14,000 (1%) American Indians/Alaska Natives, and 19,000 (1%) multiracial/other MSM. These estimates, further stratified by state, showed considerable variability in racial/ethnic proportions of MSM.

**CONCLUSION:** Plausible state-specific estimates of the numbers of MSM enable epidemic monitoring and comparisons of community vulnerability across a broad swath of the country. Population-based, statewide HIV/AIDS prevalence rates among MSM could be estimated by using prevalence data on diagnosed HIV/AIDS cases among MSM as numerators and our estimated numbers of MSM as denominators. Racial/ethnic disparities in the impact of HIV/AIDS on MSM across the South could be estimated similarly. Enumerating and characterizing MSM populations at risk for HIV could guide HIV/AIDS community planners and policymakers in implementing behavioral interventions, structural interventions, social marketing, and grant writing. The general availability of data and ease of computations for Models A and B suggest our methods could be readily applied to other states and regions of the US to estimate MSM populations.

**Presentation Number:** B09-4

**Presentation Title:** Determinants of the Number of Casual Male Sexual Partners of MSM, 15 US Cities, 2003-2005

**Author(s):** Eli S Rosenberg; Patrick S Sullivan; Laura F Salazar; Travis H Sanchez

**BACKGROUND:** Since 2000, men who have sex with men (MSM) have been the only risk group in the United States for whom HIV incidence has increased. In 2006, the majority of new HIV infections (53%) were in MSM. Reducing the number of sex partners is a possible way to decrease the risk of HIV infection.

**METHOD:** Data are from the first MSM cycle of the National HIV Behavioral Surveillance System, conducted from November 2003 to April 2005 in 15 US cities. Participants were recruited at venues frequented by MSM, using venue-based, time-space sampling. In addition to the collection of demographic information, self-reported HIV serostatus, and sexual behavior characteristics, interviewees also reported the number of main and casual sex (oral or anal) partners within the previous 12 months. These factors were then included in a multiple linear regression model of the number of casual partners (natural logarithm-transformed) within the previous 12 months. Non-significant predictors of partner count ( $p > 0.05$ ) were dropped from

the model and exponentiated model coefficients, expressed as percent change in casual partner counts, and their 95% confidence intervals (CI) are presented.

**RESULTS:** 17,333 potentially eligible men were approached; 13,670 (79%) consented and completed an interview, and 11,471 reported sex with another man in the previous 12 months. 8947 (78%) reported being HIV-negative, 1,441 (13%) reported being HIV positive, and 1083 (9%) had an unknown HIV status. Twenty-four percent of participants reported having only main partners in this interval. Overall, the median number of casual partners was 3 (interquartile range: 1 - 9). Multivariate analyses identified the following factors as significantly associated with lower number of casual partners: black race (18% fewer casual partners, 95% confidence interval [CI]: 13 - 23%), Hispanic ethnicity (11% fewer, CI: 6 - 16%), age 18-24 years (17% fewer versus 30-34 years, CI: 12 - 22%), identifying as bisexual (24% fewer, CI: 19 - 30%), identifying as heterosexual (52% fewer, CI: 42 - 60%), and having a main sex partner within the previous year (55% fewer, CI: 53 - 57%). Some factors were also associated with a higher number of casual male partners: reporting being HIV-positive (18% more partners, CI: 11 - 25%), engaging in exchange sex (130% more, CI: 112 - 149%, having a female sex partner within the previous year (12% more, CI: 3 - 20%), chat room use (20% more per increased unit of frequency, CI: 18 - 21%), injection drug use (45% more, CI: 27 - 65%), and non-injection drug use (43% more, CI: 37 - 49%). The following factors were not independently associated with the number of casual partners: education, visiting a physician in the previous 12 months, and current living situation.

**CONCLUSION:** Consistent with previous reports, black and Hispanic MSM reported fewer casual partners than did white MSM. White, HIV-positive, gay-identified, and substance-using MSM, as well as MSM who exchange sex, should be considered priority populations in the United States for the development and implementation of interventions to reduce numbers of casual sex partners.

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## Track C

### C12 - Interventions for At-Risk Youth

Room: Cairo (Hyatt Regency Atlanta)

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**Presentation Number:** C12-1

**Presentation Title:** Long-Term Effect of an HIV Prevention Program Among Adolescents – Ca Cluster Randomized Controlled Trial

**Author(s):** Xinguang (Jim) Chen; Bonita Stanton; Xiaoming Li; Jie Gong; Sonja Lunn; Lynnette Deveaux; Nanika Braithwaite; Lesley Cottrol

**BACKGROUND:** Previous evaluations at 6, 12 and 24 months indicated a significant positive effect of Focus on Youth in the Caribbean (FOYC), an HIV-risk reduction intervention based on Protection Motivation Theory (PMT), in reducing HIV risk among Bahamian youth. In this study we reported the effect of FOYC at 36 months follow-up on sexual risk and protection knowledge, perceptions, intentions and behavior.

**METHOD:** 802 sixth-grade youth (and their parents) attending 9 government elementary schools in The Bahamas were randomly assigned at the level of the school to one of three conditions: FOYC plus ImPACT, a parental monitoring, communication and HIV education intervention; FOYC plus GFI, a parental goal-setting intervention; or an environmental protection intervention plus the parental goal-setting intervention. Baseline and four follow-up surveys at six-month intervals were conducted; we report on the fifth follow-up 12 months post the fourth follow-up survey herein. Program effects were assessed using the Mixed Model for continuous outcome variables and the Generalized Linear Mixed Model (GLMMIX) for dichotomous outcome variables.

**RESULTS:** At 36 months of follow-up, among the 657 (81% of the cohort) youth present, (424 FOYC youth and 265 Control youth) condom use was significantly higher among FOYC (40.4%) compared to control youth (25.3%), with an effect size (odds ratio) of 2.00, ( $p = .019$ ). Differences in condom use between FOYC/ ImPACT and FOYC/GFI were not significant (41.8% vs. 38.1%,  $p > 0.05$ ). Intention to use a condom was significantly higher among FOYC compared to control youth (82.8% compared to 74.5% respectively, effect size of 1.65,  $p = .012$ ). PMT-based mediation model analysis indicated that FOYC had a positive impact on the Coping Appraisal pathway (for example, condom self-efficacy among FOYC youth was 3.80 compared to control youth at 3.39,  $p < .01$ ) but no clear intervention effects were seen with regard to the Threat Appraisal pathway. In addition, knowledge and condom-skills were higher among FOYC than among control youth.

**CONCLUSION:** FOYC, a theory-based adolescent intervention, in combination with one of two parent interventions administered to preadolescents and their parents in The Bahamas, resulted in and sustained protective changes 36 months post intervention. Findings of this study indicate the utility of FOYC for HIV prevention among young adolescents in other Caribbean nations with similar cultural and social settings.

**Presentation Number:** C12-2**Presentation Title:** Girls Holla Back!: An Intergenerational Approach to HIV Prevention for African American Females**Author(s):** Brendolyn Bailey-Burch; Daphne Walker-Thoth; Dr. Jeffrey G. Noel

**BACKGROUND:** The Girls Holla Back! program was developed in 2002 in response to the alarming rate of HIV/AIDS among African American women in the St. Louis, Missouri metropolitan area. At that time, African American women constituted 80% of the total reported female HIV cases and 74% of the total reported female AIDS cases in the St. Louis area. Girls Holla Back! was created by the Missouri Institute of Mental Health which is part of the University of Missouri - Columbia.

**METHOD:** The Girls Holla Back! program is a community-based project that has been implemented in St. Louis area zip codes with the highest incidents of reported cases of HIV and AIDS. Up until 2008, the program was only offered through the Missouri Institute of Mental Health. In the fall of 2008, a set of four African American churches were trained to pilot the program for members of their congregations and residents in the communities in which their churches are located.

**RESULTS:** The original Girls Holla Back! program was a 14-week culturally-specific substance abuse and HIV prevention intervention for African American girls ages 10-16 years and African American adult female mentors from faith organizations. It was developed in 2002 with input from a Junior Advisory Council made up of African American girls from the target population. It was implemented for the first time in 2003. Since that time, the program has evolved and now consists of an intergenerational family approach that focuses only on HIV prevention. It is for girls ages 12 to 17 years and their mothers, grandmothers, aunts, or other women of significance in their lives. It currently is a five-week intervention during which the female family members participate in three-hour sessions twice a week. The sessions include HIV prevention information from the evidence-based Be Proud! Be Responsible! curriculum coupled with cultural bonding and communications activities. Participants are encouraged to undergo HIV testing and counseling.

**CONCLUSION:** Since its inception, the Girls Holla Back! program has served six cohorts consisting of a total of over 300 participants.

Single group pre and post-tests for the intergenerational approach revealed an increase in knowledge about HIV that was significant for youth ( $p < .001$ ) and increased comfort with intergenerational communications that was significant for adults and youth ( $p < .05$  and  $p < .01$ , respectively). There was no significant change in communications about sex and health between the adults and youth in their households. For the original Girls Holla Back! program, there was an increase in self-efficacy for youth and bonding with mentors was associated with better outcomes for youth on self-efficacy and risk behavior.

Lessons learned included effective ways to recruit community participants, as well as meaningful ways to engage the target population in intervention planning and evaluation. In addition, strategies were incorporated that addressed the barriers to parent participation, and key lessons were learned about working with the faith community in a culturally respectful manner.

**Presentation Number:** C12-3**Presentation Title:** The Intersection of Trauma and HIV Risk in New Orleans Youth**Author(s):** Dr. Denese O Shervington, MD, MPH; Jennifer Glick, MPH; Lisa Richardson, PhD; Rheneisha Robertson, MPH

**BACKGROUND:** Youth in the US are at persistent risk for HIV infection, particularly youth of minority races and ethnicities. In 2004, African Americans accounted for 55% of all HIV infections reported among persons aged 13-24. This disparity underscores the inadequacy of HIV prevention programs to date. These programs have adopted simplistic approaches to sexual behavior, focusing primarily on individual decision making and single interventions. Whereas, in reality, the lives of African Americans are defined by complex intersecting socio-cultural and environmental oppressive forces which contribute to cumulative traumas. These traumas often manifest as community, intrafamilial and interpersonal violence, and childhood abuse. Post-Traumatic Stress Disorder (PTSD) can result from such ongoing patterns of traumatic experiences, or from single, discrete events such as natural disasters, car accidents and rape. Previous traumatic experiences increase vulnerability to developing PTSD upon exposure to new traumas. In New Orleans, post-Katrina, PTSD rates have not returned to the expected baseline; they have doubled. Research shows that exposure to traumatic events, especially when they occur in childhood, if unresolved, can lead to increased risk taking behaviors (repetition compulsion), including substance use and unsafe sexual practices, all which promote HIV transmission. HIV+ individuals have higher prevalence of PTSD (16-35%) than the general population (8-12%).

**METHOD:** The Institute of Women and Ethnic Studies (IWES) conducted qualitative and quantitative research to explore the intersection of trauma and sexuality in New Orleans youth. The "Adolescent Health Survey" assessed sexual health knowledge, sexual experiences and trauma. Focus groups, including in-depth exit interviews, further explored these issues.

**RESULTS:** Among the 300 youth surveyed, 51% of youth reported some symptoms of current PTSD; 10% screened positive. Females were nine times more likely to screen positive than males (17% of females, 2% males). Among sexually active youth (61% of youth surveyed), 24% reported sexual onset at 12 years old or younger. Twenty-seven percent (27%) reported having had sex while being drunk or high with 31% reporting that being sober does not matter while having sex. The focus group findings revealed that all participants easily identified traumatic experiences that they or their peers might have experienced. Responses ranged from witnessing domestic violence, murder, armed robbery, car accidents, to rape; and of course, Hurricane

Katrina and its aftermath of government neglect. When asked what types of effects these experiences created, participants identified changes in mood and personality, increased worrying and fear, decreased cognitive functioning, challenges trusting new people, and increased use of substances. When asked how these experiences have influenced risk taking behaviors, the majority of the youth identified substance use as a primary means of escaping/avoiding their worries.

**CONCLUSION:** Piot et al (Lancet 2008) suggests that “combination prevention” is as necessary as “combination treatment” in stemming the HIV pandemic. Given the high level of trauma in New Orleans youth, evidence-based interventions for “trauma coping”™ must be integrated into HIV prevention programs. This presentation highlights one such approach in which an HIV youth outreach program was expanded to include an 8- week Cognitive Behavior Reframing group intervention.

**Presentation Number:** C12-4

**Presentation Title:** Development and Testing of a Parent-Adolescent Sexual Communication Intervention for Latino Parents

**Author(s):** Carol Loveland Cherry; David Ronis

**BACKGROUND:** Latino adolescents are at high risk for contracting HIV/AIDS. Few individual and even fewer parent interventions have been developed to address this persistent problem. Parent-communication interventions provide an opportunity to enhance individual adolescent based approaches. However, there is a dearth of efficacious interventions that have been developed for Latino parents. The purpose of this study was to examine the efficacy of a brief culturally appropriate and theory-based parental communication intervention designed to improve parent-adolescent sexual communication and reduce adolescent sexual risk behavior

**METHOD:** This randomized-controlled trial was conducted in partnership with a Latino based CBO in Detroit. Parents and adolescents were recruited from the Detroit Latino community.

**RESULTS:** Families [one parent(n=110)and their adolescent 13 to 18 years of age (n=110), were assigned to a parental communication intervention or a wait-list treatment control condition. Parents in the experimental group received the computer based intervention while those in the wait list control group received the intervention at 3 months follow-up. Adolescents completed questionnaires about sexual attitudes, beliefs, and behaviors and similar questions related to parental-adolescent communication. The computer intervention was adapted from an efficacious 6-module, 6-hour, small group parent-adolescent communication intervention tested with parents in Monterrey, Mexico. The modified intervention consisted of 2 twenty minute modules delivered in a one week interval. In this intervention, challenges confronted by adolescents, including decisions regarding sexual behavior were presented through a music video. Parents were provided with specific information about pregnancy, STDS, including HIV/AIDS, and safer sex behaviors and with a mnemonic – based on the name of the program ¡Cuidáte! – information that their adolescents need to know in order to make healthy decisions related to sexual behavior is outlined. Parents were next provided with potential scenarios and responses from adolescents that can serve as barriers to communication. Through the use of selected dialog and scenarios, parents selected strategies to overcome these barriers and promote effective communication with adolescents. Finally, parents were given “homework” to complete with their adolescents in order to apply what they practiced. The second session focused on developing and strengthening skills related to communication about sexual issues. Parents utilized a specific strategy, presented and modeled, to computer-generated dialogs related to potential conflicts and opportunities for communication. Finally, parents were provided with a list of resources for additional support.

**CONCLUSION:** While data to determine the efficacy of this intervention is being analyzed, several important lessons were learned. First, Latino parents want information to be able to assist their adolescents with sexual decision-making; adolescents in turn, want to hear from their parents. Process data indicate parents liked the program, learned a great deal, and would recommend it to their spouses and friends. Feedback about specific scenarios will be used in future modifications. Secondly, the computer-based format did not pose barriers to receiving the program. To our knowledge is the first computer based intervention focused on communication regarding sexual behavior designed for Latinos. This study, and lessons learned are important efforts in reducing HIV risk for Latino adolescents.

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**Track C****C24 - The Role of Housing in Public Health Efforts to Improve the Health of People Living with HIV/AIDS and Prevent HIV Transmission****Room: Singapore/Manila (Hyatt Regency Atlanta)**

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**Presentation Number:** C24**Presentation Title:** The Role of Housing in Public Health Efforts to Improve the Health of People Living with HIV/AIDS and Prevent HIV Transmission**Author(s):** Richard J. Wolitski<sup>a</sup>; Daniel P. Kidder<sup>a</sup>; Sherri L. Pals<sup>a</sup>; Scott Royal<sup>b</sup>; Angela Aidala<sup>c</sup>; Ron Stall<sup>d</sup>; David R. Holtgrave<sup>e</sup>; David Vos<sup>f</sup>; Cari Courtenay-Quirk<sup>a</sup><sup>a</sup>Division of HIV/AIDS Prevention, National Center for HIV, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention, Atlanta, Georgia, USA, <sup>b</sup>Abt Associates, Bethesda, Maryland, USA, <sup>c</sup>Mailman School of Public Health, Columbia University, New York, New York, USA, <sup>d</sup>School of Public Health, University of Pittsburgh, Pennsylvania, USA, <sup>e</sup>Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, USA, <sup>f</sup>Department of Housing and Urban Development, Washington, District of Columbia, USA.

**BACKGROUND:** Homelessness is associated with greater risk of HIV infection and adversely affects the health and risk behavior of people living with HIV/AIDS (PLWH). The provision of stable housing has been proposed as a public health strategy to improve the health of PLWH and reduce HIV transmission, but remains understudied. This group oral will: (1) review the evidence linking housing and HIV risk and health outcomes, (2) describe the methods of the Housing and Health (H&H) study, (3) describe H&H outcomes for health care utilization, physical and mental health, and transmission risk. Following the presentations, H&H collaborators will participate in a panel discussion with the audience about the study and its implications.

**METHOD:** Homeless/unstably housed PLWH eligible for Housing Opportunities for Persons with AIDS (HOPWA) services (N = 630) were recruited from Baltimore, Chicago, and Los Angeles and were randomly assigned to either immediate rental assistance (RA) or customary care (CC) conditions. Self-report and laboratory (CD4, viral load) assessments were conducted at baseline and 6, 12, and 18 months to assess housing status, health care utilization, physical and mental health, and risk behavior. Intent-to-treat and as-treated analyses were conducted.

**RESULTS:** The majority of participants were black (79%), male (68%), and had incomes less than \$1000 per month (79%). Retention was 91%, 87%, and 84% at 6, 12, and 18 months, respectively. Housing status improved over time for both groups. At 18 months, 82% of RA and 51% of CC participants had their own housing, which limited statistical power. Intent-to-treat analyses showed significant reductions over time in medical care utilization and improvements in self-reported physical and mental health, with significant differential change benefiting the RA group observed for depression and perceived stress. Significant differences between homeless and stably housed participants were found in as-treated analyses for health care utilization, mental and physical health, and transmission risk behavior.

**CONCLUSION:** HOPWA rental assistance improves housing status and, in some cases, health outcomes of homeless and unstably housed people living with HIV/AIDS. Housing and other structural factors affecting HIV risk merit greater attention in public health efforts to stop the spread of HIV/AIDS.

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**Cross-Cutting Theme 1****CCT1A - Understanding Context and Approaches for Addressing Health Disparities, Part 1****Room: Inman (Hyatt Regency Atlanta)**

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**Presentation Number:** CCT1A-1**Presentation Title:** HIV Risk Behaviors and Sociocultural Factors Among Young Black MSM in Mississippi: A Multi-Faceted Investigation**Author(s):** Peter Thomas; James Heffelfinger; Alexandra M Oster

**BACKGROUND:** Black men who have sex with men (MSM) account for a disproportionate number of HIV-infected MSM in the United States. HIV prevalence among studied samples of black MSM is as high as 46%, and two-thirds of those infected are unaware of their infection. In fall 2007, the Mississippi State Department of Health noted an increase in the number of young black men, the majority of whom were MSM, diagnosed with HIV infection at an STD clinic in Jackson. To characterize risk

behaviors, testing behaviors, and sociocultural factors that may contribute to HIV transmission in young black MSM and to inform local prevention strategies, we conducted an investigation during January-April 2008.

**METHOD:** We reviewed state surveillance data and medical records of 121 black men aged 13-31 years diagnosed with HIV infection during 2006-2007. We also held discussions with community leaders, staff from community-based organizations and universities, health department staff, and black MSM. To identify behaviors associated with HIV infection, we conducted a case-control study of HIV-infected and uninfected black MSM aged 16-25 years. To understand contextual issues and behaviors related to HIV infection, we conducted in-depth qualitative interviews with 16 black MSM. We used chi-square analysis to calculate p values from case-control data and thematic content analysis of in-depth qualitative data.

**RESULTS:** State surveillance data showed a 48% increase in newly diagnosed HIV cases among young black men during 2005-2007. The medical record review documented a history of male-male sex for 70% of newly diagnosed black men. The informal discussions elicited 1) perceived social and behavioral differences between black MSM older versus younger than 25 years of age and 2) a lack of social cohesion among black MSM in Jackson. We enrolled 29 HIV-infected and 90 HIV-uninfected participants in the case-control study. HIV-infected participants reported significantly higher prevalence of unprotected anal intercourse (69% vs. 41%,  $p=0.009$ ) and sex partners from older age groups (62% vs. 21%,  $p=0.0003$ ) in the year before HIV diagnosis than HIV-uninfected participants reported in the past year. Additionally, nearly 40% of HIV-infected participants reported receiving zero or one HIV tests in the two years prior to HIV diagnosis. The in-depth qualitative assessment provided information regarding personal and community social networks, sexual partnerships, perceptions of risk, and community attitudes towards black MSM. For example, many felt that interpersonal issues, such as wanting to prove their affection for someone or having a poor sense of self-worth, were important barriers to safe sex.

**CONCLUSION:** This multi-faceted investigation provided insights into community beliefs, risk factors for HIV infection, and networks associated with disease transmission. This session will provide an overview of the investigation components described above and their results. Additionally, we will describe the challenges faced and lessons learned during this investigation as well as the ways that the Mississippi State Department of Health has used these data to modify existing programs and create new strategies for HIV surveillance, testing, and prevention.

**Presentation Number:** CCT1A-2

**Presentation Title:** Disparity of Health Status and Preventive Service Between General Population and Individuals with Homosexual Behaviors

**Author(s):** Allen R Wolfe; Robert G. Cosgrove; Lewis A Perry; Jian Zhang

**BACKGROUND:** Eliminating health disparities in the United States by sexual orientation is one of the goals of Healthy People 2010. We compared self-reported health status and access to or utilization of preventive service between general population and individuals who have same-sex sexual behavior.

**METHOD:** The National Health and Nutrition Examination Survey, 1999-2006

**RESULTS:** Interviews of 10,494 individuals aged 20-59 who had sex experience were conducted in 1999-2006 as a part of the National Health and Nutrition Examination Survey (NHANES), a national survey of civilian, non-institutionalized U.S. population. The Audio Computer Assisted Self Interview (ACASI) was performed in a private room in either English or Spanish regarding sexual behaviors. The ACASI enabled the respondents both to hear questions through earphones and read questions on the computer and to move at their own speed as they touch the screen to indicate their response. No proxies or translators were permitted.

**CONCLUSION:** A total of 248 men and 332 women reported that they have had sex contacts with same-sex individuals in their lifetime, representing 3.3 million men and 4.3 million women aged 20-59 years who had ever have same-sex sexual behavior (SSSB). For both men and women, no significant difference was observed for self-rated health status between SSSB individuals and non-SSSB individuals. The percentages of men who thought that their health status were getting worse or better compared with 1 year ago were almost same between SSSB men and non-SSSB men. However, SSSB women than non-SSSB women were more likely to say that their overall health were getting better compared with health status 1 year ago, 27.42% vs 19.02%, respectively. No significant difference in the overall health insurance coverage was observed between SSSB individuals and non-SSSB individuals for either men or women. However, individuals with SSSB were more likely to be covered by government-sponsored programs, i.e. Medicaid and CHIP. Higher than non-SSSB men (39.21%), 73.05% of the SSSB men had blood tested for HIV. The percentages of having been tested for HIV were 65.02% and 47.14% respectively for SSSB women and non-SSSB women. Only 28.29% men and 38.94 women who had SSSB were fully immunized against hepatitis B, for which sexual transmission plays an important role.

No significant disparities of general health and utilization of preventive service were observed between individuals with SSSB and the general population. However, utilization of or access to preventive service, e.g. HIV test, and hepatitis B vaccination, was insufficient among this sexual minority to address the increased risks posted by same-sex sexual behaviors. Positive psychological impacts of SSSB should be investigated equally and thoroughly as did with the risks associated with SSSB.

**Presentation Number:** CCT1A-3

**Presentation Title:** Behavioral, Social, and Contextual Factors That Influence HIV Transmission: Giving Voice to Black Men

**Author(s):** Shalewa Noel-Thomas, M.P.H.

**BACKGROUND:** Decades after AIDS was first scientifically described, the disease continues to take its toll on the human population. Over time, the face of AIDS has changed. Today, AIDS disproportionately affects marginalized groups such as poor, underserved, and minority populations. In the United States, AIDS continues to have a devastating impact on the Black community. Blacks become infected with and die from HIV/AIDS more than any other ethnic or racial group. Despite a vast body of national and international literature on HIV and AIDS, little research has focused on black heterosexual men. Even less research has been conducted on subgroups of black men in the United States which points to the need for gender specific research within the black population.

Racial and ethnic disparities in the incidence and prevalence of HIV and AIDS continue to exist in the United States. Blacks comprise 13% of the US population, but account for almost half of the more than 1 million Americans currently living with HIV/AIDS (CDC, 2008a). Critical to fighting this racial divide in the AIDS epidemic, is an understanding of health disparities and the devastating impact these disparities have on minority communities. Because of the complex factors that influence acquisition of the virus, the black population remains vulnerable to HIV infection. These factors include poverty, stigma, lack of access to health care, discrimination, incarceration, homophobia, substance abuse and mental health problems (CDC, 2007a). Moreover, African American women continue to experience high rates of infection via heterosexual transmission. Yet, little is known about the risk behaviors of black men who identify as heterosexual. Even less is known about the risk behaviors of ethnic subgroups of the heterosexual black male population such as the Haitian and Caribbean-born men. With growing immigration patterns and an increasingly global environment, it is critical to assess and determine the HIV risk behaviors of Black ethnic subgroups within the U.S.

**METHOD:** Semi-structured interviews were conducted among US-born and Haitian-born black men who identify as heterosexual. Data were collected to generate formative data on factors that influence HIV-risk behaviors among black heterosexual men. This study further explored potential variability in HIV risk behaviors among ethnic subgroups of black heterosexual men.

**RESULTS:** Results of the study will show beliefs and attitudes towards the HIV epidemic and HIV risk as perceived by Black men. Findings will also reveal how sexual behaviors among Black men influence the growing epidemic in Black women. The study also reveals differences in the risk behaviors of U.S.-born versus Haitian-born Black men.

**CONCLUSION:** The study has significant implications for action to end the epidemic. Solutions to curbing the disease in the Black population must begin with an understanding of the multiple factors that influence HIV transmission. In order to translate science into innovation, there is a need to explore HIV risk behaviors as well as the factors that influence these actions. Findings will be useful for developing gender-specific, culturally appropriate HIV prevention programs.

**Presentation Number:** CCT1A-4

**Presentation Title:** Sexual partners, Risk Behaviors, and Condom Use among Heterosexual African-American Men: A Multi-Methods Approach

**Author(s):** Seth M. Noar; Elizabeth Webb; Stephanie Van Stee; Sonja Feist-Price; Richard Crosby; Adewale Troutman; Lisa Bowleg

**BACKGROUND:** Black men account for 41% of men with HIV/AIDS. Cases of heterosexually transmitted HIV/AIDS are higher among Black men than men from other ethnic groups. Yet, research, interventions, programs and conference presentations focused on Black heterosexual men (BHM) are virtually nonexistent. To address this void, we assembled this multidisciplinary panel of researchers and leaders of community based organizations (CBO) who focus on HIV prevention with BHM to: (1) discuss why it is essential to include BHM in HIV prevention efforts; (2) describe their work and key findings; (3) share key lessons learned from their work; and (4) discuss the trials and tribulations of collaboration between researchers and CBOs.

**METHOD:** Three U.S. cities are represented on the panel: (1) a publicly funded STD clinic in Louisville, KY; (2) community-advisory forum focused on BHM in New York City; and (3) a study conducted at various venues throughout Philadelphia, PA.

**RESULTS:** The panel will highlight multidisciplinary approaches to HIV prevention research and programs with and for BHM. Included are: (1) research in Louisville, KY to develop a condom use intervention for African Americans; (2) the African American Capacity Building Initiative of the Harm Reduction Coalition, which hosted a community advisory forum with community based organizations and health departments in New York City to determine capacity building for HIV prevention programs; and (3) research focused on understanding how sexual scripts, masculinity and structural factors are associated with condom use for Black heterosexually active men in Philadelphia, PA.

**CONCLUSION:** Despite the diversity of the research and programs, results center on five key themes: (1) structural factors such as poverty, unemployment, and incarceration often pose barriers to BHM's condom use; (2) reported condom use is infrequent

among this population; (3) many BHM report casual as well as main partners, suggesting the need for programs specifically tailored by partner type; (4) there are few models for prevention programs and interventions for BHM; (5) community groups are often responsive to HIV prevention programs for BHM, but lack funds and information about how to begin addressing the prevention needs of this population.

Collectively, we have learned that: (1) despite the presumption that BHM are a “hard to reach” population, BHM are readily available and often eager to be included in HIV prevention research and programs; (2) programs and interventions that fail to address the structural factors that influence risk in BHM are likely to be ineffective; (3) programs need to be innovative (e.g., using sports) or provide things of value (e.g., free haircuts) to attract BHM to HIV testing and prevention services; and (4) research and programs for BHM often serve a therapeutic function for the BHM who participate in them.

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## Cross-Cutting Theme 5

### CCT5A - HIV Prevention in African American Communities

**Room: Vancouver/Montreal (Hyatt Regency Atlanta)**

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**Presentation Number:** CCT5A-1

**Presentation Title:** Maintaining Momentum in Black America: A Mobilization Model Between Black Women and Black Gay Men

**Author(s):** Jacqueline Coleman; Dr. Ron Simmons; A. Cornelius Baker; Deborah Lavine

**BACKGROUND:** The Centers for Disease Control and Prevention (CDC) announcement in August 2008 of HIV incidence data confirmed the disparaging impact of HIV/AIDS on the Black community in the United States. Of the estimated 56,300 new HIV infections in 2006, nearly half—45%—occurred among African Americans. As the community answers the call for the creation of a National HIV/AIDS strategy, now more than ever it is critical that the Black community put aside past biases and separatism to effectively mobilize our efforts.

**METHOD:** Proposed strategies are drawn from joint networking and informal mobilization efforts implemented by the National Black Gay Men’s Advocacy Coalition (NBGMAC) and the National Black Women’s HIV/AIDS Network (NBWHAN) on HIV/AIDS since 2007. The strategies have been employed in the United States with initial convening in Charlotte, NC and subsequent sessions within the United States.

**RESULTS:** The workshop addresses the cross-cutting conference theme of community mobilization. The purpose of the workshop is to provide local community leaders with a hands-on skills building workshop on how to bring together two twin populations—Black women and Black gay men—heavily impacted by HIV to work more effectively in coalitions at the state and local level. This skills-building workshop proposes specific strategies designed to enhance communication and partnerships between Black women and Black gay men, two groups extremely over represented in our national pandemic.

**CONCLUSION:** The innovative collaboration has sponsored joint leadership planning sessions designed to; a) examine congressional actions and their subsequent impact on HIV/AIDS policy, b) enhance direct interface with leaders within federal and state HIV/AIDS systems, and c) enhance the creation of grass-root advocacy strategies that mobilize communities and impact policy directives and inaction impacting the Black community. The workshop builds upon NBGMAC /NBWHAN collaborative work group planning which culminated in the development of a mobilization tool kit. The tool kit [guide] offers practical steps, lessons learned, and cross cutting issues for bridging gaps between black gay men and black women engaged in HIV/AIDS advocacy.

**Lessons Learned:** Backgrounds of each national mobilization coalition were presented at US Conference on AIDS, Florida, 2008 to a record number of attendees who stressed the importance of the session. Additionally, the NBGMAC and the NBWHAN had joint meetings at the HPLS conference in Detroit, 2008 to further discuss collaboration and strategies for mobilization. A large percentage of the Florida session attendees expressed interest in replicating the engagement in their respective communities. They also requested additional opportunities to learn directly about the NBGMAC/NBWHAN collaborative model to promote replication on regional and local levels. This forum will compliment the initial 2008 workshop by providing a follow up opportunity for frank dialogue, critical thinking, and strategic forecasting utilizing the tool kit guide. In sum, the major lesson learned via this collaborative community mobilization process is that it is timely, innovative and necessary for forward movement in the Black community’s response to HIV/AIDS and other health disparities.

**Presentation Number:** CCT5A-2

**Presentation Title:** Taking It to the Pews: Mobilizing African American Churches to Increase HIV Awareness and Screening

**Author(s):** Berkley-Patton, JY; Bowe-Thompson, C; Bradley-Ewing, A; Williams, E; Hawes, S; Moore, E

**BACKGROUND:** CDC’s 2007 strategic plan to address HIV/AIDS disparities identifies the need to reach African Americans where they work, socialize, and worship. Key strategies in the plan include mobilizing faith leaders to use their influence to

disseminate HIV/AIDS information, promote HIV screening, and encourage knowing one's HIV status with their church and community members.

**METHOD:** Taking It to the Pews (TIPS) is implemented in the Kansas City, Missouri and Kansas metropolitan area with 12 African American churches.

**RESULTS:** TIPS is an African American church-based mobilization initiative to increase HIV awareness and screening. Trained church leaders implement TIPS during normal church activities using pre-developed, religiously-tailored materials/activities packaged in an HIV Tool Kit. TIPS churches get monetary incentives based on implementation progress. Church leaders receive ongoing TIPS training and technical assistance, assist with evaluation, and receive ongoing feedback on progress.

**CONCLUSION:** Implementation data provided by church leaders indicated that 161 Tool Kit materials/ activities were delivered over a 9-month period to approximately 3,400 church and community members. Cross-sectional surveys completed by 345 TIPS church members (64% female; mean age 46 (SD=14); 73% Baptist) indicated that 42% had received an HIV test in the last year, and most believed that churches should offer HIV screenings (77%). Also, most were exposed to brochures (91%), sermons (84%), responsive readings (84%), bulletin boards and resource tables (80%), and information on sanctuary projection screens (69%). High TIPS exposure was significantly related to: a) beliefs that the church should be involved in offering HIV screening, ( $p=.017$ ), b) support for HIV testing from church members compared to family and friends ( $p=.024$ ), c) readiness to receive an annual HIV test ( $p=.029$ ), and d) reduced HIV stigma beliefs ( $p=.043$ ). Several lessons were learned from the TIPS initiative. First, mobilizing African American churches to disseminate HIV information in regular church services is feasible and can extend reach and exposure to many African Americans. Second, trained church leaders can actively assist in conducting evaluation activities and serve as interventionists delivering pre-developed, religiously-tailored HIV awareness tools during regular church services and meetings. Third, with the support of their pastors, African American church members are willing to voluntarily complete surveys with sensitive HIV risk questions. Lastly, ongoing feedback on progress combined with monetary incentives for churches are important for demonstrating the value of churches' efforts, reinforcement of their commitment, and celebrating their accomplishments. Findings from this study will guide the development and implementation of an NIMH-funded study focused on increasing HIV testing in African American churches.

**Presentation Number:** CCT5A-3

**Presentation Title:** Reflecting On Best Practices and Lessons Learned in Mobilizing Black Communities

**Author(s):** Nicole Little; Kenneth Robinson; Pamela Richard; Kayla Allison; Franklin Hobbs; Rochelle Turner; ; ;

**BACKGROUND:** In the U.S. Black Americans bear the brunt of the AIDS epidemic. This is evidenced regardless of socio-economic status, gender, sexual orientation or geographic location. In August 2008, the CDC released a study confirming our worst fears: The American AIDS epidemic is least 40% worse than previously believed. Through the 2008 African American HIV University Community Mobilization College (AAHU CMC), a program of the Black AIDS Institute, fellows addressed the impact of the epidemic through organizing coalitions and mobilization events in their local communities.

**METHOD:** The 2008 AAHU CMC Fellows, who as graduates are called "Track 5", represent the following geographic locations:

California

Georgia

Massachusetts

Colorado

New York

New Jersey

Washington, D.C.

Louisiana

Missouri

Ohio

Arkansas

Indiana

Texas

Cameroon, West Africa

In all of these locations, "Track 5" created community coalitions with members from the 7 Traditional Black Institutions, Civil Rights, Academic, Media, Political, Social/Fraternal, Faith Based, and Professional Associations.

**RESULTS:** The AAHU CMC program was presented in 4 tracks.

Track 1: The Community Needs Assessment, fellows identified key stakeholders and gatekeepers in the community as well as identified service gaps through key informant interviews.

Track 2: The Strategic Action and Planning and Coalition Building process identified benefits and barriers to forming a community coalition. The goal of the coalition was to develop a strategic action plan around how to address the HIV/AIDS epidemic specific to local communities.

Track 3: Mobilization Activity Implementation took the information identified in the first 2 tracks and Fellows with their coalitions created a community mobilization event. Considering these events were held in local Black communities all over the U.S., the mobilization events identified the needs specific to those communities in a format that was culturally relative to the intended audience.

Track 4: Monitoring and Evaluation, involved the fellows presenting their mobilization event and experience as a fellow of the program. In this process, they reflected on each Track and the best practices/lessons learned during the fellowship.

**CONCLUSION:** The initial impact of the AAHU CMC fellowship is that there was consensus among the Fellows about the difficulties witnessed in developing their coalitions. Issues around time constraints, lack of commitment from coalition members, and personal life challenges created a significant impact on the participation of the fellows. Overall, the fellows felt their mobilization events were successful and could serve to benefit the prevention programs both in their local communities and as a part of a National AIDS Strategy around ending the AIDS epidemic in Black communities. The level of commitment from the group of individuals assembled through the AAHU CMC fellowship experience initiated the creation for Track 5.

**Presentation Number:** CCT5A-4

**Presentation Title:** Mobilizing Black Communities to Stop the Spread of HIV/AIDS

**Author(s):** Ronald Henderson; Spencer Lieb, MPH; Leisha McKinley-Beach, MS; Marlene Lalota, MPH; Thomas Liberti

**BACKGROUND:** More blacks in Florida are living with HIV or are already dead from AIDS than any other racial or ethnic group. In Florida, 1 in 58 non-Hispanic black males and 1 in 68 non-Hispanic black females were living with a diagnosed case of HIV/AIDS. Also, in Florida, at least 1 in 12 black MSM are living with HIV/AIDS.

**METHOD:** The community mobilization initiative and call to action involves engagement and commitment of many groups: federal, state, and local governments, black leaders, churches, civic organizations, businesses, schools, parents, policy makers, and those living with HIV/AIDS to stop the spread of HIV/AIDS in Florida's black communities. Florida's mobilization initiative is a statewide initiative.

**RESULTS:** The Florida Department of Health targeted 3 population groups at high risk for HIV/AIDS through the development and widespread dissemination of brief, user-friendly reports addressing racial/ethnic disparities. The reports focused on 1) blacks (published in 2006), 2) men who have sex with men (MSM) (2007), and 3) women (2008). Each report ranked prevalent HIV/AIDS case rates by race/ethnicity in high-morbidity counties and presented realistic recommendations for individual and community mobilization.

**CONCLUSION:** Black-white HIV/AIDS disparities were the widest by far. The county rankings generated intense interest in local HIV prevention. In response to the reports and subsequent local mobilization meetings, numerous communities formed coalitions to collaborate with county health departments (CHDs) in reducing HIV/AIDS cases and deaths. The school board in the highest morbidity county changed its policy from abstinence only to abstinence plus. A conference on black women and HIV/AIDS, following release of the women's report, resulted in thousands of black women getting tested for HIV and taking a pledge to encourage other black women to get tested. Testing increased among Florida's black/Latino MSM, black/Latina women, and blacks overall. Fraternities, sororities, historical black colleges/universities, and the black church demonstrated increased involvement in raising HIV/AIDS awareness.

Brief reports combining understandable data and a call to action can result in mobilization of minority communities and CHDs to reduce HIV/AIDS racial/ethnic disparities. Florida's model could be adopted by states seeking an enhanced county-level epidemic response.

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## Track D

### D05 - Internet Innovations and Adaptations

**Room: Hanover C (Hyatt Regency Atlanta)**

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**Presentation Number:** D05-1

**Presentation Title:** Tailoring Web Based MSM-Targeting HIV Interventions to Reach Young Women of Color

**Author(s):** Oscar R Lopez; Sonia K Gonzalez

**BACKGROUND:** It is clear that young women of color are at increased risk of HIV infection and the Centers for Disease Control and Prevention report that, while African-American and Hispanic women make up less than one-fourth of women in the United States, they represent more than three-fourths of reported AIDS cases, and an estimated one-half of all new HIV infections occur among people under the age of 25. With the rise in popularity of online social networks and dating sites, more

young women are using the Internet to express themselves, meet potential partners and engage in high risk behaviors. A Pew Internet and American Life: Teens and Technology study found that girls are more likely than boys to arrange a face-to-face meeting (26% vs. 14%) with someone they met from the Internet. A Pew Internet & American Life Project Survey found that 88% of teen girls are Internet users compared to 85% of boys.

**METHOD:** The presentation will focus on the adaptability of online disease prevention models that have been successful in reaching MSM with HIV prevention messaging and tailoring them for engaging (rural and urban) young women of color and linking them to reproductive health care, HIV prevention, HIV testing and health services.

**RESULTS:** Recent research shows that young people - and particularly young women, are increasingly using the Internet to meet potential sexual partners and to access health-related information. As a pioneer in the development of online intervention models, Connected Health Solutions (CHS) is adapting its resources, training guides, and protocols to help organizations working with young women address the high rates of STDs and HIV among young women of color through online peer-based education and web-based initiatives. Presentation will call attention to successful models across the U.S.

**CONCLUSION:** The online peer-based intervention model created by CHS was proven effective as early as 1999, and has been successfully replicated across the country for HIV prevention efforts targeting culturally and linguistically diverse communities of men who have sex with men (MSM). Nearly ten years ago, CHS staff developed some of the first and strongest protocols and procedures in the field. Since then, CHS has specialized in providing training and technical assistance to public health agencies, AIDS services organizations and national health organizations in developing tailored Internet-based disease prevention initiatives. CHS has also adapted the POL and MPowerment DEBI's for use online.

Because of its anonymity and capacity to reach large numbers of people across cultural and geographic barriers, the Internet is an excellent tool to facilitate access to specific health information. It can be used to provide communities with limited access to care (e.g., youth, women, minorities) a portal for seeking health information, and in fact, it is one of the safest, most effective and most economical ways to reach disenfranchised communities. The success achieved in reaching online MSM communities can easily be replicated in engaging and reaching young women of color

**Presentation Number:** D05-2

**Presentation Title:** Adapting Community PROMISE for Online Application

**Author(s):** Joseph Sullivan; Erin Nortrup

**BACKGROUND:** Men who have sex with men (MSM) represent over 75% of all new HIV infections in Oregon. As a result, local health departments selected the Community PROMISE intervention to reach MSM with HIV prevention. A community identification process (CID), the first core element of Community PROMISE, narrowed the project target population to MSM who have unprotected anal intercourse with multiple partners of assumed or unknown HIV status. Many of the hook ups cited by these targeted MSM originated online where there was a noticeable absence of HIV prevention. Project partners felt compelled to adapt Community PROMISE for these internet sex seeking MSM, including web-based role model stories and online peer advocacy.

**METHOD:** Online implementation of Community PROMISE to men who have sex with men (MSM) who have unprotected anal intercourse with multiple partners of unknown or assumed HIV status in the tri county Portland Metropolitan area in Oregon. Online efforts focused on sites popular to Oregon MSM including: gay.com, manhunt.net, craigslist, and adam4adam.com.

**RESULTS:** Internet sex seeking peer advocates (PAs) were recruited in person and via internet outreach. A project website was created and designed as a clearinghouse for web-based project material, including role model stories. All role model stories (RMS) were adapted for the web and developed in print for in person and online distribution. Outreach workers developed and adapted PA training curricula to address distribution of RMS via the internet with potential and actual sexual hook ups. All project RMS highlight internet hook up norms. Additional project material was developed to direct targeted MSM to the project website for stories and additional HIV prevention information.

**CONCLUSION:** The original DEBIs were researched and packaged before online social networking became a norm and HIV prevention adapted for the web. As a result, more information is needed to understand the efficacy of implementing these interventions online.

Currently there are 16 PAs distributing RMSs to their sexual hook ups online and driving peers to a program website for electronic distribution of RMSs. PAs are charged with distributing and having conversations about RMS. Our project PAs and their MSM peers are navigating a sexual world where communication about condoms and disclosure is not normative. Staff and PAs quickly learned that traditional, in person, outreach strategies would not work. In addition, project partners learned they needed to expand their knowledge of online hook up sites, norms around how people hook up, how and when communication about status or condoms happens and doesn't happen, and what HIV/STD prevention is acceptable to these MSM when online cruising for sex. More research must be done to create interventions for online communities.

**Presentation Number:** D05-3

**Presentation Title:** Getitonak.org: The Evolution of a Multimedia Social Marketing Campaign for Rural and Urban Areas

**Author(s):** Trevor Storrs; Alex Bell

**BACKGROUND:** Alaska is faced with staggering STD statistics: Alaska is number one nationally for the highest rate of Chlamydia per capita, in the top five for Gonorrhea, and Syphilis has returned after years of being dormant. These issues affect all population categories. There is also stigma associated with use of condoms and safe sex is identified as a major barrier to seeing these statistics decrease. The authors of this abstract address the challenges and success of implementing a statewide, cutting edge media campaign across rural and urban areas with a culturally diverse target group. The purpose of the "Get It On" campaign is to create long term attitudinal and behavioral shifts in condom use.

**METHOD:** The main geographic area for this campaign is the urban Anchorage area, however, the campaign has been launched statewide. One of the challenges in Alaska is the vast geographical difference between urban and rural areas. There are many areas of the state that can't be reached on the road system. Launching a marketing campaign across all areas requires many collaborative partnerships and innovative ideas.

**RESULTS:** We will examine processes such as potential market epi data, census data, addressing audience segmentation cultural and knowledge variance across Alaska psychodemographics. We will give practice advice and share our experience with the 5 P's of marketing Product, Price, Promotion, Place, Partners. The design of the Get It On campaign uses condoms in a non-sexual fashion to generate curiosity and conversations. Research shows effective social behavioral changes occurs when individuals are exposed to a social message in multiple medias repeatedly. The campaign incorporates various modes of outreach; print ads, a television PSA, custom foiled getitonak.org condoms that are being distributed to rural villages, t-shirts, stickers, website, blog, and person-to-person outreach which allows the campaign to reach a large spectrum of individuals and ensures multiple exposures to the campaign's message. Each marketing piece has a link to the Get It On website which has information about safe sex, abstinence, condom usage and effectiveness and negotiating condom usage with a partner. This presentation will outline the process of the campaign's creation from creating a committee of local marketing experts, stages of identifying the community's need for this type of campaign, to campaign image creation, focus groups, retooling materials, website creation, securing funding to run the campaign and actual implementation of the campaign.

**CONCLUSION:** Since the website was launched in March 2007, there have been 1,355 page loads from 1,183 unique visitors. On average, 58% of those visitors are from the Anchorage area, with the remainder coming from other parts of Alaska and a small percentage from other areas of the United States. In addition, this presentation will also look at market saturation, lessons learned from implementation of the marketing plan, audience reach, image recall, the effect of 90,000 custom getitonak.org condoms distributed to rural Alaska on website traffic, and examination of data collection tools to measure the effectiveness of the campaign on condom usage, and future sustainability plans.

**Presentation Number:** D05-4

**Presentation Title:** Developing Collaborative Partnerships Between Public Health and Online MSM Venues to Create Effective Internet Interventions.

**Author(s):** Stephen Adelson; Rachel Kachur, MPH; Dave Kern; Donald Clark, MA

**BACKGROUND:** The continued growth of Internet based MSM communities, often at risk for HIV and other STIs, demands that public health organizations partner in more meaningful ways with each other and with online venues to reach at risk populations. Public health and community based organizations have been slow to incorporate Internet technology into their programs, often due to a lack of experience, qualified training, consistent supervision, and/or written protocols. Many programs that are engaged in Internet interventions also lack an evaluation component and there is often a duplication of efforts.

**METHOD:** Online MSM venues, community based organizations and health departments

**RESULTS:** Two major public health positions have been created to address the lack of coordination and collaboration between public health organizations and online venues. Through CDC funding, NASTAD and NCSD have partnered to consult with Adelson Consulting Services, creating a Public Health and Internet Liaison that acts as a coordinator, program facilitator, and point of contact between communities online and public health organizations, coordinating outreach, partner services and health communication efforts. Online Buddies Inc. (d/b/a MANHUNT), recently expanded their public health work by hiring a Senior Public Health Strategist to manage their industry leading public health efforts.

**CONCLUSION:** Results:

Through the creation of these two positions there is a coordinated effort both at the community level and the national level to facilitate collaborative relationships between health departments, CBOs, and online communities for Internet interventions.

Additionally, having a national public health and Internet Liaison has strengthened the relationship between two major organizations; NASTAD and NCSD.

Using the NCSD's National Guidelines for Internet-based STD and HIV Prevention (National Guidelines) as the basis for Internet interventions, along with public health / private partnerships a variety of Internet interventions are being conducted on

several international MSM websites. Adelson Consulting Services has also developed the website [www.internetinterventions.org](http://www.internetinterventions.org) to facilitate Internet capacity building, information sharing, and increase communication within public health.

Lessons Learned:

- A national level liaison is able to provide support to departments and organizations looking to perform partner services or outreach in a centralized, coordinated manner.
- A national level liaison has been, and can be, an effective negotiator for health communication and public services messages conducted through online venues.
- The creation of a Public Health and Internet Liaison reduces program duplication.
- Utilization of the National Guidelines, [www.internetinterventions.org](http://www.internetinterventions.org), and [www.STDPreventionOnline.org](http://www.STDPreventionOnline.org) has significantly increased communication within public health.
- Internet technology increases potential collaborations and is an efficient tool that assists in HIV/STD prevention, education, and disease intervention within online communities through information distribution and collaboration.
- Outreach, partner services, and health communication are well tolerated, effective, and have integrated into the several of the online communities they serve.
- In contrast to health communication and Internet-based partner services, online outreach programs are in need of consistent supervision and when provided with this supervision are more effective and more accepted by the communities they outreach to.

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## Track D

### D09 - Prevention Interventions in Correctional Settings

**Room: Hanover F/G (Hyatt Regency Atlanta)**

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**Presentation Number:** D09-1

**Presentation Title:** VOICES/VOCES Implementation in Jail Settings (System Structure & Data Output)

**Author(s):** Anthony Hall

**BACKGROUND:** Georgia ranks third in the south for the highest number of inmates positive for HIV. The provision of the evidence based intervention VOICES/VOCES provides a unique opportunity to increase the self efficacy of those returning to their community to use condoms correctly as well as provide inmates with the HIV/STD education, HIV testing/screening, and HIV care and treatment they need.

**METHOD:** In 2005 VOICES/VOCES, a group level intervention, targeting incarcerated men and women was implemented in the following ten Georgia health districts: (3-3) Clayton, (4) LaGrange, (5-2) North Central, (6) East Central, (7) West Central, (8-1) South, (8-2) Southwest, (9-1) Coastal, (9-2) Southeast, and (10) Northeast.

**RESULTS:** The state of Georgia's Prevent HIV in Corrections Program funds ten of its 18 Health Districts to collaborate with local jails for the provision of primary, secondary and to facilitate tertiary prevention activities. Local health departments' public health educators provide primary and secondary intervention activities to incarcerated men and women as well as facilitate linkages to HIV care and treatment for those who test positive for HIV while incarcerated. The program's long-term outcomes are to equip inmates with HIV education, increase inmates risk-reduction skills, introduce or enhance their condom negotiation skills, assist them in knowing their HIV status, and facilitates access to care. By equipping inmates with knowledge and skills, Georgia's percentage of the nation's nearly 650,000 people who are scheduled to be released annually will be less likely to transmit their disease to others in their communities and cellblocks.

**CONCLUSION: RESULTS:** From July 2005 through November 2008, ten of Georgia's 18 health districts provided VOICES/VOCES to over 27,700 inmates in local jails and transitional centers. 15,375 (56%) of the over 27,700 agreed to be tested for HIV and one percent were found to be infected with HIV. In 2008 the use of Wilcoxon signed rank test compared post-test results with pre-test baseline results on 8672 of the 9449 inmates that completed a session of VOICES/VOCES in 2007. Among the 7079 inmates who had a main sex partner, 54% improved on the intention to use condoms with main partners. Among the 5960 inmates who had a casual partner, 55% improved on the intention to use condoms with casual partners. Among the 1306 inmates who inject drugs, 50% improved on the intent not to share needles when they inject drugs. Among the 6642 inmates who used alcohol or drugs, 49% improved on the intent not to use alcohol or drugs before or during sex.

**LESSONS LEARNED:** The provision of VOICES/VOCES in a jail setting by a state employed health educator is an effective method of ensuring high risk HIV negative inmates and HIV positive inmates receive the HIV/STD education, HIV testing/screening, and HIV care and treatment they need. These activities among incarcerated men and women also facilitate addressing other unmet needs like mental health and substance abuse problems.

**Presentation Number:** D09-2

**Presentation Title:** SISTA: A Model of HIV Prevention for African American Women in Chicago

**Author(s):** Katrina Holmes; Kimberly Pierce

**BACKGROUND:** In Chicago, African American women are one of the fastest growing populations to be affected by HIV. According to the Chicago Department of Public Health, in 2005 only 37% of Chicago's females were African American, but 80% of all female HIV cases were African American. The SISTA (Sisters Informing Sisters on Topics about AIDS) model targets high risk women to ensure that they are informed, have support networks, receive intervention before they contract the disease, and are linked to affordable, quality care if positive.

**METHOD:** SISTA clients are women from Cook County, including women in the Cook County Jail's Furlough Program, women referred through substance abuse treatment programs, and women referred through shelters.

**RESULTS:** The program goal is to reduce risk of becoming HIV positive among women age 17-39 through intake and assessment, individual case management, groups, on-site testing and counseling, and referrals to treatment specialists within ACCESS. Group objectives include increasing: HIV knowledge, use of condoms, knowledge of assertiveness and communication skills, and testing for the client and her partners. The SISTA model includes strategies like ethnic and gender specific education material, role-playing to practice coping skills, peer facilitation, and social networking or "word of mouth"; as well as offering transportation vouchers, and incentives for self testing, partner testing, and follow up.

**CONCLUSION:** During 2007-2008, 565 women were provided with prevention information, condoms, and resource material. Thirty-eight percent (n=213) successfully completed the program, which included completing all education modules, attending case management sessions, and completing post-tests. Of these 213 clients, 100% demonstrated increased knowledge as evidenced through pre- and post-tests, role-play, and homework review and 100% demonstrated an ability to use condoms properly and negotiate safer sex. Of the 565 clients, 46% (n=260) tested for HIV/AIDS; six were newly identified as HIV positive with a seropositivity rate of 0.23%, and 116 women received post-test counseling. Eleven women were linked to a primary care provider for Hepatitis screenings and 61 women were linked to a primary care provider. Most of these women chose to remain with ACCESS for their care. One of our greatest successes has been our ability to use the SISTA program not only as a prevention tool, but also as the point of entry into a regular source of primary care. We noticed that many of the factors that put women at risk for HIV infection are issues that comprehensive primary care (including health outreach, education, case management and other psychosocial support services) seek to address. This linkage to a regular source of care also means that women have a resource for ongoing health education and HIV testing, long after they have completed the SISTA module.

**Presentation Number:** D09-3

**Presentation Title:** Integrating HIV, Hepatitis, and Substance Abuse Prevention: A Collaborative Approach.

**Author(s):** Carlos Torres

**BACKGROUND:** In 2006, it was estimated that the prevalence of HIV rates among prisoners, in Arizona's Department of Correction facilities, were more than 4 times the state average. Prisoners' HIV rates were probably under-reported because the state prison system does not test every prisoner for HIV. The number of hepatitis C cases has increased steadily in Arizona since 1998 (exception is 2005); 70% of those infected are men. The state prison system does not conduct universal testing of inmates for hepatitis, but it is estimated that 30% of inmates are infected with hepatitis C. Over 90% of Arizona Department of Corrections inmates were male. Of those, 12.9% were African American, and 25.7% were of Hispanic/Mexican heritage. In Tucson there were no integrated HIV, Hepatitis and substance abuse prevention program targeting adult Latino and African American jail/prison re-entry men.

**METHOD:** Program focuses on HIV, hepatitis and substance abuse prevention, for adult Latino and African American jail/prison re-entry men residing in transitional housing programs in Tucson, Arizona.

**RESULTS:** To increase knowledge, change attitudes, beliefs and behaviors, staff integrated the communication based curriculum, 'Say It Straight'(SIS) and partnered with the local health department to provide HIV counseling and testing as well as Hepatitis screening and vaccinations. In order to increase access to these services, PHP has an on-going collaboration with other community agencies that provide services to these populations. The unique aspect of this relationship is that program staff was able to have these organizations integrate PHP into existing services. Services are offered at three transitional housing facilities where the men reside, which increases recruitment, retention and follow-up rates. There are three main components; recruitment, intervention, referrals for HIV and hepatitis counseling and testing. HIV and Hepatitis education, as well as substance abuse information and risk reduction methods were imbedded throughout SIS activities.

**CONCLUSION:** Lessons learned: To avoid duplication of services, the Stakeholders Working Group (SWG) was formed. SWG membership includes the local and state health department, community providers, faith-based, people living with HIV/AIDS, as well as members of the target population. They attend quarterly meetings, and helped narrow program priorities, geographic location, target populations and the selection of the prevention interventions. The integration of PHP services into existing community programs/services has proven to be highly effective. By providing counseling and testing services where the

participants reside and/or receive services has minimized barriers. Some participants have relocated to other cities/states after their probation or parole is completed. Some participants violate their probation/parole and are sent back to jail/prison. Results: Nearly 50% of participants have received HIV counseling and testing as well as hepatitis screening and vaccinations. To date, approximately 60.0% of SIS participants have completed the program. Matched sample t-tests were used to determine whether HIV and hepatitis knowledge for SIS participants increased from baseline to exit. Results reveal a statistically significant increase in both HIV ( $t = -2.23, p < .05$ ) and hepatitis knowledge ( $t = -5.55, p < .001$ ) from baseline to exit. Changes were seen in condom use from baseline to exit (these findings were self-reported).

**Presentation Number:** D09-4

**Presentation Title:** Offenders and HIV: A Dangerous Combination

**Author(s):** Matt Sweet

**BACKGROUND:** Studies on the prevalence of HIV in correctional settings have indicated that the infection rate for HIV is between two and ten times that of the general population. Further, estimates suggest that 1 in 4 people infected with HIV are incarcerated at some level (local, state, federal, or other) each year. Additionally, incarcerated individuals are more likely to engage in behaviors that are risk factors for transmission of HIV, such as sharing needles and unprotected sex, before incarceration, while incarcerated and after release. The concern of incarcerated individuals with HIV has serious consequences on every level: Social, psychological, and economic.

**METHOD:** AIDS Partnership Michigan's Re-entry Program serves the entire state of Michigan: All returning HIV-positive prisoners in the Michigan prison system are referred to APM. APM is located in Detroit, Michigan; individuals who are not able to access APM's care due to geographic location are referred by APM to other programs throughout the state.

APM serves HIV-positive individuals who were incarcerated in jail and in prison, as well as HIV-positive individuals currently held in the Wayne County jails in Detroit, Michigan. The program consists of a case management component and a behavioral health component. The case management component takes place in jail, in the clients' communities, and in the APM office. The behavioral health component serves the clients in the APM office.

**RESULTS:** APM's Re-entry Program focuses on assisting these individuals in transitioning back into their communities, with special emphasis on their medical needs. The program has a medical case management component, which helps clients in the areas of housing, food, insurance, transportation, employment, medication, as well as other areas. There is also a behavioral health component to the re-entry program, including a re-entry support group which aims to provide support and education to individuals returning from lengthy incarceration. Both components of the Re-entry Program address prevention of HIV transmission.

**CONCLUSION:** The re-entry case management program served 107 individuals in 2006, 111 individuals in 2007, and 95 individuals to date in 2008 (this is based on APM's fiscal year, which is March - February). Since May 2006, a total of 222 individuals leaving the Michigan Department of Corrections have been referred to APM by MDOC.

The behavioral health component of APM's re-entry program served 28 individuals to date in 2008 (this is based on APM's fiscal year, see above). The program is reviewed each quarter, and client satisfaction with the group ranges between 80-100% of the clients feeling the group is "very helpful." Between 80-100% of clients can identify specific ways in which the group has helped them avoid reincarceration, and/or educated them about HIV. The group is also evaluated based on recidivism rates of those who regularly attend group meetings. The recidivism rate for individuals leaving Michigan prisons is 45% after two years; the rate for those who regularly participate in APM's re-entry support group is 23% for 4 years.

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## Track D

### D20 - Recent Experiences and Challenges with DEBIs

**Room:** Hanover D (Hyatt Regency Atlanta)

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**Presentation Number:** D20-1

**Presentation Title:** The Changing Needs of Community-Based Organizations Replicating HIV Prevention Interventions: Implications for Technology Assistance

**Author(s):** Sandra Reed

**BACKGROUND:** Community-based organizations (CBOs) are being pressed to replicate and deliver evidence-based interventions (EBIs) for HIV prevention. However, effectiveness of CBO translation efforts is impaired by a variety of capacity-related barriers to implementation including access to resources, funding limitations, and limited expertise in evidence-based research, implementation and evaluation. Technical assistance (TA) which is responsive to local needs and concerns is needed if translation efforts are to be effectively facilitated. The purpose of this study was to explore the experiences of CBO and Health

Department personnel involved in EBI implementation, and to utilize the information obtained to inform the development of local TA delivery mechanisms.

**METHOD:** Semi-structured interviews were conducted with 9 professionals currently involved in some stage of EBI replication in 5 different organizations within a large Midwestern city. Participants varied in terms of gender, ethnicity, experience, and role. Qualitative data was analyzed using 2 raters and an iterative and recursive approach. Themes were identified and organized into a coding scheme which was then applied to the data. The coding scheme was modified as required to accommodate new information.

**RESULTS:** Key themes that emerged in the analysis included barriers/facilitators to EBI translation, the effectiveness of existing TA, the processes used by both individuals and agencies in seeking TA, and the changing concerns of users during replication. Our participants wanted greater capacity to effectively evaluate EBIs prior to selection, particularly when faced with inconsistencies in the published research and lack of or limited TA related to selection. Intervention-specific training provided prior to implementation through the CDC's Diffusion of Evidence-based Interventions project was useful, but follow-up to support changing needs during adaptation and implementation was generally unavailable. CBOs were unable to locate or engage effective and timely capacity-building TA in a broad range of areas including client recruitment, retention, and EBI adaptation, resulting in a tendency to reach out to the HIV prevention community in a variety of ways or to adopt a "go it alone" strategy for guiding capacity-building efforts. Participants perceived that limited evaluation expertise and funding contributed to the lack of timely and meaningful program evaluation.

**CONCLUSION:** Our findings suggest that the translation of EBIs into practice is a process rather than an event; consequently, TA should be staged to meet CBO needs along this translation continuum. CBOs desire and seek TA that is relevant to their needs and concerns as they develop. Learning occurs during the process through experience as well as through TA obtained from both formal and informal channels, resulting in ongoing capacity-building that further alters user needs for TA. Static approaches to the delivery of TA cannot meet the ongoing and changing needs of users. Efforts to facilitate the adoption of EBIs must be responsive to these changing needs if the resulting HIV prevention programs are to be effective. We describe how a dynamic, concerns-based approach to the delivery of TA based on the Concerns-based Adoption Model may provide an effective mechanism for the assessment of user needs and the delivery of effective capacity-building support.

**Presentation Number:** D20-2

**Presentation Title:** Cultivating HIV Prevention Capacity and Commitment Among Allies

**Author(s):** Jenna McCall; Jean-Michel Brevelle

**BACKGROUND:** Ongoing erosion of federal and state funding for primary HIV prevention efforts has significantly curtailed state health department (SHD) means to purchase needed HIV prevention services. To offset these cuts, the Maryland AIDS Administration has cultivated strategic partnerships with other systems whereby partners are supported in their delivery of HIV prevention programming to their own clients.

**METHOD:** HIV prevention programming is reaching high risk populations via strategic partnerships with corrections, substance abuse treatment, faith leaders, labor and delivery, businesses, and allies of the transgender community.

**RESULTS:** SHD Program administrators identify partners with access to members of high risk populations. SHD staff cultivate relationships with key decision makers within those institutions, including providing epidemiological data demonstrating the impact of HIV on their client populations. SHD staff tailor HIV prevention tools relevant to that service environment, and deliver training, technical assistance, materials, and staff to enable these partners to successfully deliver HIV prevention.

**CONCLUSION:** In 2007, SHD staff based in correctional facilities delivered 477 hours of SISTA to 353 incarcerated women, and 377 hours of Pharaoh to 234 incarcerated men. Twenty substance abuse treatment providers have committed to launching HIV testing and behavioral interventions with their treatment clients. In 2007 the Faith Based Initiative conducted three regional conferences serving 130 faith leaders, and delivered ten educational workshops to faith leaders at least twice each, serving 200 faith leaders total. In 2007, the AIDS Administration updated over 700 Perinatal Prevention Toolkits located in local health departments, community based organizations, physicians groups, and other provider offices. Four major employers in Baltimore have agreed to hosting HIV prevention education for their female employees. The Transgender Response Team held a Transgender Day of Remembrance event, which created momentum for community mobilization toward transgender equality. One strategy for maintaining a prevention program in a context of declining resources is to empower other systems to absorb HIV prevention in their missions. State health departments can not only maintain but even broaden their reach to target communities via strategic partnerships.

**Presentation Number:** D20-3

**Presentation Title:** Virgins, Angels, and Drunk Teenagers: Updating Video Clips for Healthy Relationships

**Author(s):** Judy Adams, PhD; Carolyn Hribar, M.A.; Chris Dunn, PhD; Michele Grim, MPH; Besty Bunner, M.Ed

**BACKGROUND:** In a statewide evaluation of the implementation of evidence-based HIV prevention programs, Community Based Organizations (CBOs) identified specific needs for modification of video clips used in the Healthy Relationships intervention programs. Healthy Relationships is a CDC approved Diffusion of Effective Behavioral Intervention (DEBI) program for HIV positive individuals offered in a group format that gives participants skills for disclosing their status to friends, family and partners, implementing safer sex patterns, and identifying risky behaviors. Video clips are used in the intervention to stimulate discussion and role plays. CBOs considered existing clips to be out of date and of poor quality and suggested that updated clips would foster improved role-playing and more opportunities for learning. CBOs also desired clips that could be used with mixed populations.

**METHOD:** The new video clips were tested in focus groups with university students on a college campus and with participants of the Healthy Relationships intervention in the community. These video clips are intended for use by community based organizations who have implemented the Healthy Relationships program.

**RESULTS:** The Ohio HIV Evaluation and Training Project (OHETP) identified appropriate clips from popular movies and specials about HIV/AIDS. The video clips were tested with focus groups of college students and HIV positive individuals participating in a Healthy Relationships intervention program. Data from the field testing were analyzed on the basis of criteria, including audience appropriateness, impact, "fit", and clarity.

**CONCLUSION:** Focus group results revealed that the new clips would provide improved scenarios for role-playing and discussion, especially discussion about proper ways or times to disclose status. Group participants indicated that the clips contained a good variety of reactions to disclosure and demonstrated the importance of support systems. Based on reactions of participants, the order of clip presentation was altered and in some cases alternate clips were employed. Participants also indicated an appreciation of the use of humor and recognizable movies in the clips.

**Presentation Number:** D20-4

**Presentation Title:** Challenges in Determining Behavioral Change Sustainability Among SISTA Graduates

**Author(s):** Noel Brathwaite; Sylvia Davis; Katherine Chatman; Marvelous Rogers; Marie Francois

**BACKGROUND:** Monitoring behavioral change sustainability among SISTA graduates could be problematic in terms of providing usable evidence due to the size response of focus group participants.

**METHOD:** Since 2004 SISTA (Sisters Informing Sisters on Topic about AIDS) has been implemented by the Center for Multi-cultural Wellness and Prevention (CMWP) Orlando, Florida. The program targets very high risk, sexually active African American females, ages 19-59, with unsafe drug injection practices and heterosexual contacts, residing in Orange and Seminole counties. The recruitment locations include local hangouts, bars, beauty and barber shops, transitional housing, street corners, churches, referral agencies, restaurants, public housing, Section 8 apartments, and drug houses in high risk areas identified by State of Florida Department of Health as Hot Spots for sexually transmitted infections, drugs and high crime areas such as zip codes 32703, 32805, 32808, 32811, 32714 and 32773.

**RESULTS:** SISTA is a group-level, gender- and culturally- relevant intervention. It is designed to increase condom use with African American women. Its five peer-led group sessions focus on ethnic and gender pride, HIV knowledge, and skills training around sexual risk reduction behaviors and decision making. The intervention is based on Social Learning theory as well as the Theory of Gender and Power. Sessions by CMWP 5 person female staff are held in about 17 sites per year primarily in churches and apartment complexes. Pre-posttest surveys emphasizing knowledge and negotiation skills are administered at the first and fifth sessions respectively. HIV testing is usually conducted after the third session by the subcontractor and graduation ceremonies are organized for December and March of the program year.

Since 2004 an average of 120 women, have graduated from the program per year. The graduation rate is about 80 percent; knowledge and negotiation skills have increased by an average of 75 percent; and HIV testing rate is about 70 percent. Two focus groups have been held by the evaluator to assess behavior changes as indicated by HIV testing, condom use and negotiating skills. But from a total of 120 graduates during 2007-2008 only an average attendance of four (4) has been achieved. Thus, collecting data to determine the extent of behavioral change sustainability among SISTA graduates at least 90 days after graduation is problematic

**CONCLUSION:** 1. Contact information provided by program participants is often incomplete. There is evidence that many people who get tested in one county actually live in another county.

2. A high percent of graduates return to their pre-SISTA lifestyle due to economic circumstances; and the intent to maintain behavioral change is often tested by pressure including physical abuse from sex partners.

3. Choosing a high attendance celebration like a graduation ceremony is one strategy that could increase the average size of focus group to about 10

4. Additional follow-up sessions beyond the two booster sessions are recommended. Most focus groups participants stated that they would like to attend more group session by their SISTAS.

5. Budgeting for sustainability should be a high priority.

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**Track E****E06 - To Do or Not To Do: Benefits of Sexual Delay in Adolescent and Teenage Females****Room: Piedmont (Hyatt Regency Atlanta)**

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**Presentation Number:** E06-1**Presentation Title:** The Feasibility and Acceptability of the Parents Matter Program in HIV Risk Communities**Author(s):** Kim S. Miller; Karl D. Maxwell; Amy M. Fasula; Sarah Laswell; Sarah Wyckoff

**BACKGROUND:** For many youth, HIV sexual risk behaviors begin in preadolescence, yet risk reduction programs are typically implemented in middle or late adolescence, missing an important window for HIV prevention. Parent-based programming may play an important role in reaching youth early with prevention messages. The purpose of this article is to report results from an assessment of the feasibility and acceptability of such a program in HIV-risk communities.

**METHOD:** Fifteen sites (including health departments, schools, community-based organizations, and faith-based organizations) throughout the U.S., including Puerto Rico, were selected to participate in the delivery of the Parents Matter! Program (PMP) a 5-session evidence- and theory-based intervention for parents of 9-12 year olds. PMP is designed to promote positive parenting and effective parent-child communication about sexuality and sexual risk reduction. Sites were provided with training, program materials and ongoing technical assistance. Multi-level data were collected to assess the feasibility of program implementation and delivery, relevance of the program, and overall satisfaction with PMP activities and materials.

**RESULTS:** PMP was successfully implemented and evaluated in 13 of the 15 sites. 76% of parents attended at least 4 of the 5 sessions. Organization-, facilitator- and parent- level data indicate the feasibility and acceptability of PMP, and overall high satisfaction with PMP activities and materials.

**CONCLUSION:** The results of this project demonstrate that a pre-HIV-risk prevention program for parents can be implemented and embraced by a variety of community organizations in HIV at-risk communities. The time to embrace parents as partners in our public health HIV prevention efforts has come.

**Presentation Number:** E06-2**Presentation Title:** Benefits of Delaying Sexual Debut**Author(s):** Christopher Doyle

**BACKGROUND:** Today's adolescents have an array of challenges before them that previous generations never faced. Fifty years ago, there were only a handful of Sexually Transmitted Infections (STIs); today, sexually active teens are at risk for acquiring over two dozen. Along with the physical risk factors, adolescents face an array of psychological, financial, and social health risks that are associated with early sexual debut, making an even more compelling case for interventions that focus on abstinence.

**METHOD:** Using scientific, medical, and government peer-reviewed data, this review of literature (Benefits of Delaying Sexual Debut) shows the range of benefits that postponing sex offers young people, exploring five areas: 1) Adolescent Sexual Trends in the United States, 2) Physical Health Benefits, 3) Mental Health Benefits, 4) Financial Health Benefits; and 5) Healthy Relationships.

**RESULTS:** Premarital sex has a negative impact on the physical health of adolescents, and typically hurts girls more than boys. Although sexually active young men are at risk to acquire STIs, females (especially younger girls) are more vulnerable to these infections because of their biological makeup. Girls are also more likely to suffer physical abuse in sexual relationships, and research indicates that adolescent females have a higher probability of contracting an STI when their romantic partner is substantially older. Women also tend to make more of an emotional investment in romantic relationships, which could lead them down the path of seeking love through sex; this in turn may result in the vicious cycle of repetition/compulsion. On the other hand, boys typically suffer psychological symptoms only when combining sexual activity with other high risk behaviors, such as drug and alcohol use; and both genders are more likely to think about and commit suicide if they initiate sex at a young age. However, when adolescents choose to wait, they avoid premarital sexual bonds with other partners. This in turn makes them far less likely to get involved in cohabitations, which is a major risk factor for future marital infidelity and divorce. Another social benefit that stems from abstinence is increased financial stability. When adolescents avoid childbearing outside of marriage, they are able to focus their attention on educational pursuits and future careers. Although research has not demonstrated a clear causal relationship between early sex and delinquency, studies show that when teenagers abstain, they are less likely to get enmeshed in a problem behavior syndrome that includes poor academic performance, substance use, and other risk behaviors. It may very well be that abstinence acts as a protective barrier, insulating teenagers from an array of harmful behaviors that have the potential to create future problems.

**CONCLUSION:** Although the data is not clear for every single outcome, research demonstrates that delaying sexual debut has a significant impact on the physical, psychological, financial, and social health of young people. Parents and policy makers alike should continue to embrace abstinence as a primary message for sexual education, develop strategies based upon the existing data, while building upon new research that continues to evolve in adolescent sexual health.

**Presentation Number:** E06-3

**Presentation Title:** Evaluation of The 2 HYPE Abstinence Club: A Culturally Relevant Youth Abstinence Education Program

**Author(s):** Tabia Akintobi, PhD, MPH; Jennie Trotter, M.Ed.; Tarita Johnson, MSW; Donoria Evans, MPH; Nastasia Laster, MPH; Tandeca King, MAT; Ayaba Logan, MPH

**BACKGROUND:** African American youth in Georgia are more likely to initiate sexual activity before age 13, become pregnant before age 18, and engage in risky sexual behavior placing them at risk for sexually transmitted diseases, including HIV/AIDS, when compared to their White and Hispanic counterparts. More than 90% of Georgia's incarcerated youth ages 15 to 18 are sexually active. Culture- and age-appropriate abstinence education programs are limited and there are currently no identified abstinence education programs serving youth in Georgia juvenile detention facilities.

**METHOD:** The 2 HYPE Abstinence Education Club (2 HYPE "A" Club) is an innovative co-educational intervention targeting African American youth ages 12-18 in Fulton, Dekalb and Clayton counties within Metropolitan Atlanta. The program serves youth in community based settings, schools and juvenile facilities, including probationary and long-term detention centers.

**RESULTS:** The 2 HYPE "A" Club represents a comprehensive approach centered on the promotion of delayed sexual activity, teen pregnancy prevention, stress reduction and understanding of abstinence benefits. The program is infused with creative arts activities including rap, poetry, and dance performance. Youth leadership and empowerment are encouraged through peer educator training and youth committees. 2 HYPE partnered with The Morehouse School of Medicine Prevention Research Center to assess 2 HYPE "A" Club through a quasi-experimental research design which includes pre and post-intervention survey data collection and 18 months of post-intervention follow-up to reinforce program concepts and conduct follow-up data collection to evaluate the impact of the program among youth over time.

**CONCLUSION:** Results: The 2 HYPE "A" Club served 275 predominantly African-American (88.1%) youth with from 2007 to 2008. By post-test, abstinence was sustained among most (96%) youth who reported never having sex at pre-test. Initiated abstinence was reported, at post-test, by more than half (52.0%) of youth who were sexually active at pre-test. A statistically significant increase (17.9%) was observed among youth in community settings who agreed that a person can choose abstinence after being sexually active ( $p < .05$ ,  $X^2 = 15.338$ ,  $df = 4$ ). Youth focus groups indicated that the program's flexibility, emphasis on empowerment and leadership, and relevance to real-world situations encouraged sustained participation and interest.

**Lessons Learned:** Culturally relevant abstinence education programs can effectively serve a heterogeneous group of at-risk youth through a participatory approach encouraging their input and infusion of popular culture. These elements can work together to encourage youth recruitment, retention, participation and health-promoting skill acquisition. Efforts to reduce HIV/AIDS risk among African-American youth should include not only education—focused approaches, but elements that target the whole person, demonstrating that health risk reduction can not be separated from other life skills including stress management, positive self-perception and the promotion of delayed gratification for broader life success.

**Presentation Number:** E06-4

**Presentation Title:** Enhancing Parents' HIV Communication Motivation, Behaviors, and Parent-Child Concordance: Efficacy of the Parents Matter! Program

**Author(s):** Carol Y. Lin; Kim S. Miller; Amy M. Fasula; Rex Forehand; Sarah Lasswell; Shannon Zackery; Sarah C. Wyckoff

**BACKGROUND:** Optimal HIV communication between parents and their children occurs prior to the onset of HIV risk behaviors; relays information about ways to prevent HIV transmission (i.e., abstinence and condoms); and is delivered in a way in which the child hears the messages. Research shows that many parents underestimate their child's readiness to learn about sexual issues and do not communicate about HIV-related issues early enough. When they do communicate, there is often a disconnection between parent and child reports of such communication; parents are more likely than adolescents to report that a sexuality topic has been discussed. We examined the effectiveness of a multi-session parenting program for African American (AA) parents of preadolescents to optimize parent-child HIV communications.

**METHOD:** A multicenter, placebo-controlled trial was conducted to evaluate the efficacy of the Parents Matter! Program. Parent-preadolescent participants were randomized into 1 of 3 intervention arms in a community-based trial: enhanced- 5 sessions focusing on communication about sexuality education and sexual risk reduction; brief -a single condensed session covering the same content as the enhanced intervention; and general health (control)- a single session focusing on general health issues. Analysis was conducted based on all randomized participants (Intent-to-Treat). Wilcoxon rank sum tests were used to examine the effects of the programs on HIV/AIDS, condoms, and abstinence communication scales at a 12 month follow-up. Percent differences between brief and enhanced communication intervention to general health control arm and 95% confidence

intervals were calculated for report of parents' perception of child readiness to learn about sexual issues and parent-preadolescent dyads that show improvement from baseline to 12 month in concordance (agreement) on parent-child communication measures. **RESULTS:** A total of 1115 parent-child participants were randomized. A greater portion of parents in the enhanced arm perceived that their children were ready to learn about sex compared to the control arm (29% vs 16%) at 12 months. Mean and median changes from baseline in HIV/AIDS, condoms, and abstinence communication scales were greater for the enhanced arm compared to the control arm ( $P < 0.01$ ). The differences between the brief and control arms were smaller and the results were not significant. There was a greater proportion of concordant pairs for parent-child communication on HIV/AIDS, condom use and abstinence in the enhanced arm compared with the control arm. The differences between the enhanced and control arms were: 10% (95% CI = 4%-15%) for HIV/AIDS, 7% (95% CI = 1%-12%) for condoms and 10% (95% CI = 4%-15%) for abstinence communication. The percentage differences between the brief intervention and the control arms were smaller. **CONCLUSION:** Parents are in a unique position to educate their children about HIV and prevention efforts can support parents in these efforts by helping them optimize communication. The Parents Matter! Program increases parental perceptions of child readiness to learn about sex, parent-child communication about HIV-related issues, and concordance about whether communication has occurred. Such programs are a critical tool in our efforts to prepare children to avoid HIV now and in the future.

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## Track F

### F08 - Antiretroviral Therapy to Prevent HIV Transmission

**Room: A705 (Atlanta Marriott Marquis)**

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**Presentation Number:** F08-1

**Presentation Title:** Early HAART Would Substantially Reduce HIV Incidence and Prevalence Among Urban MSM in the U.S.

**Author(s):** Stephanie L. Sansom, PhD, MPP, MPH; Vimalanand S. Prabhu, PhD; Peter H. Kilmarx, M.D.

**BACKGROUND:** Effective highly-active antiretroviral treatment (HAART) reduces HIV viral load to an undetectable level and may significantly reduce HIV transmission. The effect of early initiation of HAART on transmission in serodiscordant heterosexual couples is currently being assessed in HIV Prevention Trials Network 052 clinical trials in Africa, Asia and South America. Using a mathematical model, we examine the effect of initiating HAART at CD4=500 cells/mm<sup>3</sup> compared with initiation at CD4=350 cells/mm<sup>3</sup>, as currently recommended. We estimate HIV infections and prevalence, quality-adjusted life-years gained, costs and cost-effectiveness among men who have sex with men (MSM) in a large U.S. city over 20 years.

**METHOD:** We applied a dynamic compartmental model that simulates the stages of the HIV disease: susceptible (not infected), acute infection, latent infection, late infection, and AIDS. The model uses behavioral data and transmission rates from clinical trials to simulate the MSM HIV epidemic in a large U.S. city from 1975 to 2007. Simulations for treatment options begin in 2008 and last for 20 years. Because the exact amount of reduction in transmission for individuals on effective HAART therapy is unknown, we tested four effect sizes based on published reports: an 80%, 90%, 95% and 99% reduction in transmission. We assume that >80% of individuals receive HAART at the qualifying CD4 count and that adherence is high. We applied treatment cost and QALY data from the literature. We used a 3% annual discount rate for costs and QALYs. The initial HIV prevalence among MSM was 10.2%.

**RESULTS:** After 20 years, earlier initiation of HAART reduced the number of new infections by 58% with a 99% reduction in transmission. With 80%, 90%, and 95% reduction in transmission, the number of new infections were reduced by 36%, 46%, and 52% respectively. HIV prevalence declined from 10.2% to 2.1%-3.2%.

With a 99% reduction in transmission, the QALYs gained from beginning HAART at CD4 500 versus CD4 350 were 3,416 at a net cost of \$47,076,253 for a cost-effectiveness ratio of \$13,648/QALY. With 80%, 90% and 95% reduction in transmission, the cost effectiveness ratios were \$49,761/QALY, \$28,871/QALY, and \$20,054/QALY respectively. The QALYs were associated with all susceptible and infected MSM. The costs included all costs associated with early HAART as well as later-stage HIV treatment for infected MSM.

**CONCLUSION:** Early initiation of HAART appears to be very effective and cost-effective in reducing HIV among MSM. However, the model does not consider potential costs from longer duration on HAART, such as drug toxicities or antiretroviral drug resistance, or some benefits, including longer and healthier survival. Nor is potential risk compensation taken into account. Most data on the correlation between HIV viral load and transmission come from heterosexual couples or mother-child pairs. More research is required to examine the association in MSM and to quantify the effects of long-term HAART.

**Presentation Number:** F08-2

**Presentation Title:** HIV Antiretroviral Therapy and Sexual Risk Behavior in Low- to Middle-income Countries: A Meta-Analysis

**Author(s):** Nicole Crepaz; Maria L Tungol; Sarah Petters; Mary M Mullins

**BACKGROUND:** Since 2003, access to antiretroviral therapy (ART) has increased in several low- and middle-income countries, following global efforts to scale up HIV treatment and prevention. However, there is also apprehension that with access to ART, risky sex among individuals in those countries may increase, as seen in some high-income countries. A meta-analysis of findings from developed countries (Crepaz et al. 2004) shows that receiving ART per se (with or without viral suppression) was not associated with unprotected sex among people living with HIV (PLWH). Rather, individuals' beliefs about HIV transmission and reduced concern about HIV due to the availability of ART promoted unsafe sex. It is unclear whether the evidence from high-income countries can be generalized to low- to middle- income countries. This systematic review synthesizes the literature from developing countries to investigate the impact of ART on sexual risk behaviors.

**METHOD:** A comprehensive search of MEDLINE, EMBASE, and PsycINFO (2003 to 2008) was conducted. Studies were eligible if they were from middle- or low-income countries (based on World Bank classification) and examined the associations between unprotected sex and (1) receiving ART; (2) having a low viral load; or (3) holding specific beliefs about ART and viral load (e.g., the availability of ART reduces concern about having unprotected sex; having an undetectable viral load reduces risk of infecting others). An effect size (ES) was calculated for each gender if data were reported separately in a study. Quantitative data were meta-analyzed with random-effects models using the Comprehensive Meta-Analysis, Version 2.0 (Biostat, Englewood, NJ).

**RESULTS:** Ten studies (5,180 participants) from Brazil, Cote D'Ivoire, Kenya, South Africa, Thailand, and Uganda, met the inclusion criteria. All studies primarily focused on heterosexual behaviors of PLWH receiving medical care. Across studies, the median age was 36 years old and the median percentage of PLWH on ART was 56%. The majority of the studies used a 6-month recall for sexual behaviors. The likelihood of engaging in unprotected sex was significantly lower among PLWH receiving ART (vs. not; OR = 0.60; 95% CI = 0.42, 0.83; 13 ES) and was significantly higher among PLWH who hold beliefs about HIV transmission and reduced concern about HIV due to the availability of ART (vs. not; OR = 2.9; 95% CI = 1.49, 2.93; 4 ES). Only two studies examined the association between viral load and sexual behaviors and neither found any significant association.

**CONCLUSION:** As access to ART is scaled up in low- and middle-income countries, it is welcoming news that PLWH undergoing ART are less likely to report unprotected sex than PLWH not on ART. It is plausible that regular clinic visits with providers increase the opportunities to expose PLWH to prevention messages. Consistent with findings from developed countries, our analysis confirms that beliefs about HIV transmission risk are linked to unsafe sex. As some beliefs are informed by emerging scientific evidence, it is important to monitor how patient-provider relationships and the provision of information regarding HIV treatment shape PLWH's beliefs and sexual risk behaviors in resource-constrained settings.

**Presentation Number:** F08-3

**Presentation Title:** Prevention with Positives: Which Strategies Interest HIV-Infected Patients?

**Author(s):** Julie Dombrowski; Matthew R. Golden; Robert D. Harrington

**BACKGROUND:** Recent HIV prevention guidelines have emphasized the need to direct prevention efforts toward HIV-infected persons, but which programs are most acceptable to persons with HIV is not certain.

**METHOD:** We surveyed HIV-infected patients presenting for care at an urban, county hospital-based HIV clinic using a written, self-administered survey as part of an annual risk surveillance program. Participants in the first phase of the survey were selected randomly from all patients with appointments in the clinic on a given day. In the second phase, the survey was offered to patients with CD4 cell counts >350 cells/ $\mu$ L who were not taking antiretroviral therapy (ART) with the aim of obtaining more data from the population eligible for a strategy of early initiation of ART to reduce HIV transmission. Among 237 respondents who completed usable surveys (206 from phase 1; 31 from phase 2), we assessed participants' interest in the following prevention interventions: group, individual, and computer-assisted counseling; contingency management to decrease methamphetamine use; and early initiation of ART as a prevention strategy. For bivariate analyses with Pearson's chi-square tests, interest was dichotomized into definitely interested versus not definitely interested ('no' or 'I don't know').

**RESULTS:** In the preceding year, 141 (67%) participants reported receiving free condoms, 120 (52%) participated in one-on-one counseling, and 43 (19%) participated in group counseling. A total of 110 (46%) respondents expressed interest in at least one counseling intervention; 72 (33%) were interested in individual counseling, 67 (31%) in computer counseling, and 62 (28%) in group counseling. Sixty four (27%) participants reported non-concordant unprotected anal or vaginal intercourse (UAVI) within the past year. Fewer respondents who were taking ART reported non-concordant UAVI (21%) than did those who were not taking ART (38%) ( $p=0.007$ ). Among 76 (32%) respondents who were not taking ART, 32 (50%) expressed interest in starting ART to decrease transmission risk, and 39 (57%) indicated a belief that doctors should offer ART for this purpose. Among 49 (26%) respondents who reported using methamphetamines in the past year, 38 (79%) were interested in contingency management. More participants who reported non-concordant UAVI (compared to those who did not report non-concordant UAVI) expressed interest in group counseling (40% vs. 23%;  $p=0.02$ ).

**CONCLUSION:** Many HIV-infected patients expressed interest in the possibility of initiating HAART for prevention and in a methamphetamine contingency management program, though neither of these strategies is supported by efficacy data. Group

counseling – an intervention for which there is efficacy data – garnered more interest among the patients at highest risk for transmitting HIV than among those with lower risk behavior.

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**Track F****F10 - Evaluation of Large-Scale Regional, National and International HIV Testing Programs****Room: A704 (Atlanta Marriott Marquis)**

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**Presentation Number:** F10-1**Presentation Title:** One Million Tests Campaign - World AIDS Day 2008**Author(s):** Ganesan, Mahesh; Fisher, Herbert; Ford, Terri

**BACKGROUND:** We face a global crisis with 33 million people living with HIV/AIDS and only 3 million receiving treatment. With the vast majority of positive people in the world unaware of their HIV status, innovative methods to quickly scale-up access to quality testing and treatment referrals are critically needed. The traditional VCT model is inadequate and inefficient to provide the volume of tests required to meet the global demand. Consequently, NGOs and government health systems need to embrace new HIV testing models that are accessible, cost-effective and adaptable to different settings.

**METHOD:** In coalition with over 1,000 partners from 72 countries around the world - including in Africa, Asia, Latin-South-North Americas, Europe, and the South Pacific, AIDS Healthcare Foundation (AHF) mobilized non-governmental organizations, local and national governments, international relief agencies, test kit manufacturers, faith-based organizations and civil society to provide one million free HIV tests during an extended 2008 World AIDS Day week.

**RESULTS:** The global testing campaign leveraged inventive strategies for streamlined and large scale quality testing - embracing a variety of rapid screening modalities including a new, one-minute HIV test, group pre-test counseling models and direct referrals for anti-retroviral treatment (ART). The campaign included uniform data reporting, as well as the opportunity to share success stories and lessons learned through the utilization of a centralized database and a campaign-specific website. Campaign marketing materials were made easily available online to participating organizations.

**CONCLUSION:** Testing data was collected using a simple, one-page Excel-formatted template that was distributed to each testing partner. To date, 73 of the 555 partners providing testing services have reported 1,384,899 tests results with an accumulative sero-positivity rate of 2.09%. The 73 organizations successfully achieved 454.73% of their overall testing commitment, far exceeding the original goal. In addition, the campaign partnerships have created a new testing coalition to advocate with a united voice for accessible testing and treatment worldwide.

**LESSONS LEARNED:** The success of the One Million Tests Campaign demonstrates that: 1. People want to be tested. 2. The barrier of stigma is overcome by the provision of free, fast and easy HIV rapid testing. 3. Group pre-test counseling significantly increases the efficiency and volume of HIV testing. 4. Increased HIV testing is critical to identify and treat the vast majority of positive people unaware of their HIV status, thus maximizing the critical component of HIV prevention with virus suppression and transmission reduction.

**Presentation Number:** F10-2**Presentation Title:** Preliminary Findings from a Borough-Wide Initiative to Scale Up HIV Screening in New York City**Author(s):** Benjamin Tsoi, MD, MPH; Donna Futterman, MD; Stephen Stafford; Monica Sweeney, MD, MPH; Blayne Cutler, MD, PhD, MS

**BACKGROUND:** Approximately 25% of new HIV diagnoses in New York City have concurrent HIV/AIDS diagnoses. Because these HIV-positive individuals learned of their HIV status late in the course of their disease, they were unable to benefit from more timely and cost effective treatments and may have unknowingly infected others during the period between infection and diagnosis. A Bronx-wide HIV screening initiative was developed in New York City to facilitate routine testing as a means to early diagnosis and linkage to care as well as a reduction in community-wide HIV transmission.

**METHOD:** The Bronx Knows is an HIV testing initiative developed in and for the Bronx, a borough of New York City with a population of over 1.3 million people comprised mainly of African Americans and Latinos. The Bronx was chosen for the initiative based on epidemiologic risk and a collaborative health-care and community service delivery system. Furthermore, Bronx residents account for nearly one fourth of New York City's HIV infections and nearly one third of the total AIDS deaths each year.

**RESULTS:** The New York City Department of Health and Mental Hygiene (DOHMH) partnered with hospitals, community health centers, community and faith-based organizations, and universities throughout the Bronx to expand HIV testing. Partners from across these sectors were engaged early in the planning process and played a key role in gaining institutional and community support. Providing strategic leadership, technical assistance, a data reporting system and free test kits for uninsured patients, DOHMH worked with health care facilities to scale up HIV testing using such tools as streamlined counseling, rapid

testing and computerized risk assessment and consent. Simultaneously, DOHMH worked with community partners to expand HIV testing services and hosted HIV testing events throughout the Bronx. Building on the already well-connected health care networks and a history of collaboration in the borough, DOHMH facilitated referrals between and among clinical settings and agencies providing support services. Additionally, DOHMH connected community-based organizations, faith-based groups, and universities with agencies providing testing to introduce or expand testing in these settings.

**CONCLUSION:** An increase in HIV testing has been seen at all facilities participating in the Bronx-wide HIV Testing Initiative since data reporting began in April of 2008. Specifically, the hospitals for which we have data thus far (4 of 9) have conducted more than 25,935 tests over 6 months in 2008 compared to an average of 19,109 tests over 6 months in 2007, for an increase of 35.75%. Participating institutions reported 247 people newly diagnosed with HIV since April 2008, and 70% of them were successfully linked to care.

Implementing a coordinated routine HIV screening initiative in health-care settings and in the community can effectively improve HIV case finding and linkage to care on a municipal scale. A multi-sector approach and strong collaborative effort between municipal government and community partners is key to the success of rolling out this type of initiative.

**Presentation Number:** F10-3

**Presentation Title:** Expanded HIV Testing in Health Care Settings: Optimizing Public Health Resources

**Author(s):** Lisa Randall

**BACKGROUND:** Up to one quarter of the estimated 18,000 persons in Michigan with HIV do not know they are infected. Between 1999 and 2004, publicly supported HIV testing efforts by community-based organizations (CBOs) and local health agencies yielded approximately 58,000 tests, annually. HIV prevalence was approximately 0.5%. To increase the effectiveness of HIV testing programs in identifying new cases and linking these individuals with care, the Michigan Department of Community Health (MDCH) began to expand HIV testing in a variety of health care settings, including hospital emergency departments, community health clinics, county correctional facilities and public health STD clinics beginning in 2003.

**METHOD:** HIV testing programs operating in 10 selected high HIV prevalence and high volume health care facilities in the Detroit EMA.

**RESULTS:** A mix of targeted and routinely recommended approaches was used in Michigan's expansion of HIV testing. Multiple models of implementation, including dedicated testing staff, clinician driven testing and hybrid models were used by implementing sites. Rapid testing was used in all facilities, point of care. Pre-test procedures and consent requirements were streamlined to facilitate integration with existing clinic flow. A process evaluation was conducted with implementing sites in order to understand the challenges and facilitators to implementation of HIV testing in health care settings and to identify which models can best optimize public health resources in terms of increasing the uptake of testing and the yield of new positives.

**CONCLUSION:** Michigan's efforts to expand HIV testing in clinical settings has increased the annual volume of tests by approximately 25,000 and the number of new positives identified by 100. Michigan's evaluation identified four key issues that influence the successful implementation of HIV testing in health care settings: (1) clinicians must fully buy-into the value of HIV testing for their patient population; (2) clinic staff must be fully engaged in developing and implementing the approach to testing used in the facility; (3) HIV testing must be integrated into existing clinic flow in order to be sustained; and (4) provider communication to patients about HIV testing affects uptake. The process evaluation suggested that while a routine approach to testing is feasible, it may not always be a desirable or appropriate approach for public health. The yield of new positives at sites using targeted approaches to recruitment was higher than sites routinely recommending testing to all patients.

HIV testing is feasible in a variety of health care settings and can be a valuable tool in increasing the number of individuals who learn their HIV status. Importantly, it can increase the number of new positives diagnosed. Multiple approaches and models for implementing HIV testing in health care settings facilitates implementation by responding to the facility capacity, patient and provider needs and priorities as well as resource availability. Routine approaches provide a valuable complement to targeted HIV testing, but may be more cost efficient in facilities with relatively high HIV prevalence and which serve populations at high risk for HIV.

**Presentation Number:** F10-4

**Presentation Title:** Expansion of CTR Services: An Urban Perspective

**Author(s):** Beau J. Mitts; Israel Nieves-Rivera; Cyndee Clay; Blayne Cutler; Marshall Evans; Isela Gonzalez; Jeffrey Jenne; Peter McLoyd; Sophia Rumanes

**BACKGROUND:** In 2007, the CDC awarded funds for the expansion of HIV testing to 23 states and cities, directed toward African American communities. The mission of this initiative was to identify persons with HIV and connect them with care, treatment and prevention services. The funding was used differently in all 8 of the members of the Urban Coalition for HIV/AIDS Prevention Services (UCHAPS), but all have worked to fulfill the mission of making HIV testing more widely

available in highly impacted minority communities. They have all also faced established institutional barriers to implementing the CDC's goal.

**METHOD:** UCHAPS currently consists of 6 local jurisdictions directly funded by the CDC for HIV Prevention (Chicago, Houston, Los Angeles, New York, Philadelphia, and San Francisco), 1 city funded as if it were a state (Washington, DC), and 1 city receiving CDC funding through its state (Miami). All of these jurisdictions received funding through the 07-768 initiative, 6 directly and 2 (Miami and San Francisco) as part of their respective state's projects. Together these jurisdictions' populations of persons living with HIV comprise approximately 1/3 of the nation's epidemic; recent incidence data shows that approximately 1/4 of new infections are occurring within these cities.

**RESULTS:** A key component of UCHAPS' mission has been the sharing of information about HIV Prevention knowledge, awareness, skills, and strategies among the urban centers which are members. This "Peer Technical Assistance" process allows each of our member cities to learn from the others. In implementing the 07-768 projects, UCHAPS inventoried the approaches each city was taking in December of 2007, and reviewed progress made in December of 2008.

**CONCLUSION:** Awards for the 8 jurisdictions ranged from \$236,000 to \$5,443,500. Amounts averaged \$1,972,858 among the 6 cities directly funded for this project, and \$1,581,018.50 over all 8. Taken together testing was originally planned at 86 sites and was actually implemented at over 194. These sites included Emergency Departments, Inpatient Medical Units, Urgent Care clinics, STD clinics, Correctional facilities, Substance Abuse treatment facilities, TB clinics, Public and Community Health Clinics, as well as Community settings. Over the first year of the project, 209,982 tests were provided in the 8 cities. This comprises over 20% of the nationwide funded goal of 1 million tests, and nearly 14% of the CDC's own stated goal of 1.5 million tests. In the 7 jurisdictions where numbers of positive results were available, the overall seropositivity rate was 1.43%. Rates in the individual cities ranged from 0.82% to 3.7%. Rapid testing was used in all but one of the cities, and five of the 8 were able to use opt out testing. All but 1 of the jurisdictions were able to integrate STD screening and treatment; all but 2 integrated hepatitis screening. Partner Services, Linkage to Medical Care, Laboratory issues, Training, and overall successes and challenges were compared across all jurisdictions.

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## Track F

### F12 - Use of Multiple Rapid HIV Tests to Identify False-Positive Results and to Facilitate Same-Day Referral to HIV Care

**Room: Spring (Hyatt Regency Atlanta)**

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**Presentation Number:** F12-1

**Presentation Title:** Use of Multiple Rapid HIV Tests to Identify False-Positive Results and to Facilitate Same-Day Referral

**Author(s):** Jacqueline K Rurangirwa; T Knoble; M San Antonio-Gaddy; A Richardson-Moore; Amy Piatek; Eugene G Martin; EM Cadoff; L Randall; S Paul; KP Delaney

**BACKGROUND:** Early diagnosis of HIV infection and linkage to HIV medical and prevention services are crucial to disease management and may reduce HIV transmission. Rapid HIV tests aid in early diagnosis of HIV infection. With rapid HIV testing, nearly all clients receive their initial rapid HIV test results. However, many clients with reactive test results fail to return for confirmatory results. Use of a rapid HIV testing algorithm (RTA), which includes at least one additional rapid HIV test, might eliminate the need for off-site confirmatory testing. Although the FDA permits use of rapid HIV tests in multi-test algorithms, no specific guidance currently exists for their use in a RTA in point-of-care settings.

**METHOD:** In August 2006, the Association of Public Health Laboratories/Centers for Disease Control HIV Steering Committee formed a multi-disciplinary workgroup charged with determining the best RTA for use at the point-of-care. The workgroup developed four potential RTA strategies to facilitate referral of persons with two or more reactive rapid HIV tests. The strategies differed by the type of specimen used for the initial test, the number of tests in the RTA, and the type of additional testing and/or counseling for persons with discordant rapid test results. The RTA strategies are being piloted in diverse settings in the US to evaluate their performance and to assess their impact and feasibility. We report results from four large health departments (HD.) The New Jersey HD collected data from sites using two different 2-test RTAs. The San Francisco and Los Angeles County HDs implemented a 3-test RTA at 9 sites and collected comparison data from 23 other non-RTA sites.

**RESULTS:** Between 2005 and 2007, 20-63% of persons with reactive rapid HIV tests failed to return for confirmatory results. From August 2007 through October 2008, 10,698 clients were tested at sites offering a RTA. Of these, 115 (1.1%) had reactive results on at least two rapid HIV tests and were referred to care on the same day. Twenty-eight (0.3%) clients had an initial reactive rapid HIV test result identified as a false-positive result on the same day by the RTA. At non-RTA comparison sites, 465 (1.9%) of the 24,324 clients tested had a preliminary-positive result. Of these, 222 (48%) received their confirmatory results and were referred to care within a mean of 9.8 days.

**CONCLUSION:** This session provides an overview of RTA from three different HDs that have implemented this strategy, and describes how the findings from these projects can be used to guide the processes of validation and implementation for wider use.

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Preliminary results suggest that using multiple rapid HIV tests in point-of-care settings increases the number of clients with newly identified HIV infection that are referred into care. Testing coordinators will discuss the rationale for using an RTA, barriers to implementation and methods used to overcome these barriers, RTA performance, and the implications of RTA for organizations that conduct rapid HIV testing at the point-of-care.

**Presentation Number:** F12-2

**Presentation Title:** Two-Rapid Test Strategy in Anonymous HIV Counseling and Testing Sites in New York State 2008-2009

**Author(s):** Mara San Antonio-Gaddy

**BACKGROUND:** Early diagnosis of HIV infection and linkage to HIV medical and prevention services are crucial to disease management and have the potential to reduce HIV transmission. With rapid HIV testing nearly all clients receive their initial rapid HIV test results; however, many who test preliminary-positive fail to return for confirmatory test results. A two-rapid test algorithm could help provide a clear prevention message to clients based on the results of two rapid tests.

**METHOD:** In August 2006, a CDC/APHL HIV Steering Committee formed a multi-disciplinary workgroup charged with determining the best combination of tests for use at POC to determine HIV infection status. The workgroup developed four potential strategies for POC testing.

**RESULTS:** NYSDOH implemented a two-test algorithm in April 2008 and provided training to staff in the state-wide Anonymous HIV Counseling and Testing Program to offer two rapid HIV tests for clients who initially test rapid reactive. Confirmatory testing is conducted in addition to the two rapid tests, as required by NYS Public Health Law.

**CONCLUSION:** Between May 2008 and April 2009, the NYSDOH Anonymous HIV Counseling and Testing Program tested 18,277 individuals. Ninety-three individuals screened preliminary-positive; 48 of the 93 individuals tested reactive on the second rapid test and 47 confirmed positive (3 with APTIMA RNA detected), one client had a negative Western Blot. An additional 16 clients confirmed positive without accepting a second rapid test. Fourteen individuals tested negative on the second rapid test and confirmed WB negative. Of the 63 HIV positive clients identified, 50 (79.4%) returned for post test counseling to learn their confirmed test result, all changed their status from anonymous to confidential and were referred to care. Of the 50 clients that were referred to medical care and other services, 45 (90%) were confirmed to be in care through provider or self-report. This information compared to the same time period in the year prior to the two test algorithm where 84 individuals tested HIV positive and 63 (75%) returned for post test counseling and 59 (93.6%) changed their status to confidential and were referred to care. Fifty-three of the 59 (89.8%) clients who changed their status were confirmed to be in care through provider or self-report.

**Lessons Learned:** A larger percentage of clients returned to learn their confirmatory test result after the two-test algorithm was implemented and approximately the same percentage of clients confirmed reaching medical and other services. Not all clients accept a second rapid test and client acceptance of a second rapid test depends upon their time available and counselor messages.

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## Track G

### G07 - Integrating Substance Abuse Services: It Goes Both Ways

**Room: International Ballroom North (Hyatt Regency Atlanta)**

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**Presentation Number:** G07-1

**Presentation Title:** Assessment of Technical Assistance Needs and Trends of Federally Funded HIV Programs Targeting Minority Populations

**Author(s):** Victor Ramirez, MSPH; Kimberly Jeffries Leonard, Ph.D.

**BACKGROUND:** In 1998, President Clinton issued an Executive Order “declaring HIV/AIDS in racial and ethnic minority communities to be a severe and ongoing health care crisis.” This Executive Order launched the Minority AIDS Initiative (MAI), which is administered by various branches of the Department of Health and Health Services and designed to curb the spread of HIV/AIDS among African American, Hispanic/Latino, and other racial and ethnic minorities. Beginning from MAI’s inception in 1998, the Substance Abuse and Mental Health Services Administration (SAMHSA) has been providing MAI grants to public and private nonprofit and for-profit entities to enhance and expand their substance abuse treatment and services related to HIV/AIDS in racial and ethnic minority communities. SAMHSA’s Center for Substance Abuse Treatment (CSAT) provides grants to increase the accessibility and availability of substance abuse treatment and HIV/AIDS services and to fund outreach workers to provide HIV counseling and testing services and other pre-treatment services to African American, Hispanic/Latino, and other high risk racial and ethnic minority groups. Programs that provide substance abuse and HIV-related services for minority populations are frequently challenged in their attempts to meet the comprehensive client care needs associated with HIV infection, high-risk behaviors, substance abuse, and psychiatric co-morbidities. In order to help community-based grantees achieve their project goals, CSAT made available technical assistance services for their MAI funded-grantees. Effective technical assistance requires a clear understanding of the patterns and trends of CSAT MAI grantees’ support needs. Regular periodic

analysis of TA trends allows TA providers to be proactive in their assistance to newly funded grantees. Providing proactive TA to grantees based on relevant, historical TA data may result in grantees' experiencing an increased success rate of assisting clients to achieve favorable outcomes.

**METHOD:** The projects included in this presentation are CSAT's MAI-funded programs targeting over 80,000 racial and ethnic minority substance abusers across 33 states, DC, and the U.S. Virgin Islands.

**RESULTS:** Systematic data abstraction of annual reports and technical assistance requests submitted by 198 projects providing substance abuse treatment and HIV services to racial and ethnic minority clients was conducted to determine program design, services provided, populations targeted, and stated technical assistance needs. Analysis of these data provided an illustration of TA trends for service provision enhancement to African-American, Hispanic/Latino, and other racial and ethnic minority substance abusing persons who are infected with or at-risk for HIV.

**CONCLUSION:** The sample shows that nearly 20% of the programs serving racial and ethnic minorities experience significant challenges in their capacity to implement client treatment and service goals. Motivational interviewing, clinical training, recruitment, and sustainability were the most frequently identified TA needs; and women with children were the most frequently targeted population subgroup. Substance abuse and HIV service providers encounter clients with complex and varied needs that the agencies often do not have the capacity to address. Understanding these priorities in capacity building TA trends will help inform proactive preparation for effective service delivery by programs that address the HIV epidemic in minority communities.

**Presentation Number:** G07-2

**Presentation Title:** Implementation of onsite substance abuse screening, intervention, and referral in New York City STD clinics

**Author(s):** Julia R. Cummiskey; Jiang Yu; Philip W. Appel; Barbara E. Warren; Steve Rubin; Erin Mulrooney; Katie A. Haverly

**BACKGROUND:** Individuals with substance abuse issues are at increased risk for acquiring HIV and other sexually transmitted infections. Substance abuse and dependence are common among sexually transmitted disease (STD) clinic patients; an earlier pilot study by the project partners indicated that 20% of patients in STD clinics are at risk of alcohol and other drug (AOD) abuse or dependence. Thus STD clinics are potentially key venues for interventions that interrupt the link between substance use and STD infection. If identified at the time of STD services patients can receive brief, on-site AOD abuse interventions and risk-reducing intervention services by referral.

**METHOD:** The New York City Department of Health and Mental Hygiene (DOHMH) operates 10 public STD clinics in the 5 boroughs of New York City. All clinics offer testing and treatment for syphilis, Chlamydia, and gonorrhea, and HIV testing. In 2007 there were 114,732 visits to the STD clinics and 57,392 HIV tests performed, of which 561 (1.0%) were positive.

**RESULTS:** Project Link is a public-private sector collaboration between the New York State Office of Alcoholism and Substance Abuse Services (OASAS), DOHMH and the Lesbian, Gay, Bisexual, and Transgender Community Center (the Center). Funded through a 5-year renewable grant from the Federal Substance Abuse and Mental Health Services Administration (SAMHSA), Project Link delivers substance abuse screening and referrals to patients in 3 of the 10 New York City STD clinics. All patients 18 years attending the select clinics during weekday business hours are screened via self-administered modified CAGE-A (CAGE) risk assessment, available in English and Spanish. Patients with 1 positive answer(s) to the CAGE items are offered a brief motivational interview (BMI) with an onsite substance abuse counselor (interventionist). Consistent with the screening, brief intervention, referral to treatment (SBIRT) model, counselors provide a BMI which encourages patients to consider their substance use and its adverse consequences including STI risk, their risk reduction goals and the possibility of modifying their behavior.

**CONCLUSION:** Between February 11, 2008 and November 14, 2008, 20,527 screenings were conducted in the STD clinics; 21% (4,225/20,527) were positive; 2,449 brief interventions were conducted; and 176 referrals to OASAS-certified providers were made. 754 referrals to other services were made to patients not in need of clinical substance abuse treatment. Less than 1% of eligible patients declined the intervention. The majority of eligible patients who did not receive a BMI were unable to meet with an interventionist because of insufficient counselor availability. Over 20% of patients in STD clinics are at risk of developing or have a substance abuse or dependency problem. Effectively meeting the needs of these individuals requires novel partnerships between agencies with different areas of expertise. Delivery of substance abuse services in the context of a public health clinic is highly acceptable. The majority of patients who screen positive for possible substance abuse are not yet in need of formal treatment but benefit from an opportunity to discuss the patterns of their substance use and from a variety of other referrals. (Figures will be updated.)

**Presentation Number:** G07-3

**Presentation Title:** Adapting Interventions for HIV and Substance Abuse Prevention: The New Champions Crystal Methamphetamine Prevention Project

**Author(s):** Jed K. Barnum; Judy Bradford; Rodney VanDerwarker; Alfredo Hernandez; Michael Shankle

**BACKGROUND:** Methamphetamine is popular among Men who have Sex with Men (MSM), due to its ability to prolong wakefulness, reduce inhibitions, temporarily alleviate depression, and heighten sexual desire. Methamphetamine use has been established as an independent risk factor for HIV transmission; when combined with other risk factors, the chance of seroconversion increases substantially. Many methamphetamine prevention campaigns focus primarily on negative aspects, without offering much support or incentive; New Champions is uniquely designed to be community-based, to increase access to care, and to support healthy community norms.

**METHOD:** New Champions targets Greater Boston MSM at 3 agencies, in gay bars and similar venues, and through participants' social networks.

**RESULTS:** A collaboration between The Fenway Institute at Fenway Community Health, the MALE Center at AIDS Action Committee, and the Latin American Health Institute, the project is federally funded through SAMHSA (grant number 5H79SP014142). The program's core is a volunteer training based on the CDC Popular Opinion Leader intervention, adapted to include prevention of meth abuse and/or relapse in addition to HIV prevention. Volunteers learn to educate others about meth through personal conversations and outreach in their communities. A second program component is a short-term individual intervention called Health Navigation which assists those in need to access appropriate services. All 3 project sites have a dedicated Health Navigator with an active caseload of about 20 high-risk clients at a time. Clients are referred to Health Navigation through project volunteers, outreach and word of mouth. The project also includes a social marketing campaign.

**CONCLUSION:** As of December 2008, we have trained over 120 volunteers. One-third are African-American, and one-third are Spanish speakers. Volunteers completing the training show increased knowledge about methamphetamine and increased disapproval of meth use. Trainees better understand the negative consequences of use, such as an increase in sexual partners and unprotected sex. More participants report having safer sex, and meeting sex partners through friends rather than at bars. More have obtained health insurance and recently seen a healthcare provider. They know who to speak with about concerns around drug use and sex, and feel confident in educating their communities about meth risks and recruiting others for the program. Volunteers have had over 500 conversations about meth, in addition to weekly outreach. Over 60,000 pieces of literature regarding HIV prevention, methamphetamine use, and referrals have been distributed to the target population. Volunteers have referred over 200 people to Health Navigators, who have made hundreds of referrals to services and maintain an total active caseload of about 60 clients across project sites. The New Champions program is highly regarded within each of the three collaborating agencies, resulting in increased sharing of resources and cross-referrals.

Lessons learned: Existing evidence-based HIV prevention interventions can be successfully combined and adapted to address methamphetamine abuse. Combining peer-based education through social networks with the provision of culturally competent referrals facilitates bringing underserved community members into care. Interagency collaboration reduces duplication of services, increases cross referrals, and ultimately increases the scope of prevention services offered.

**Presentation Number:** G07-4

**Presentation Title:** Collaboration Versus Integration: Success in Streamlining Services for New Methadone Intake Clients Between Three Clinics.

**Author(s):** Rebecca Rothbard, MPH; Aaron Shipman, MSW; Michael Goodman; John Lundin-Martinez, RN JD; Grace Sanchez; Lisa Sotelo; Julie Subiadur, RN; Carol Traut, MD; Mark Thrun, MD

**BACKGROUND:** Research has shown an association between substance misuse or abuse and the elevated risk of acquiring tuberculosis and hepatitis or acquiring and transmitting HIV or a sexually transmitted infection (STI). We describe the integration of HIV, hepatitis, STI and TB screening into the intake process for new clients entering into a large urban opioid replacement program.

**METHOD:** Integration of screening services among three clinics at Denver Health, a large urban health care provider which encompasses a wide variety of hospital and community based health, public health, and behavioral health services. The Outpatient Behavioral Health Services clinic provides outpatient substance abuse and mental health services through a number of specialized clinical care teams. The Denver Metro Health Clinic offers confidential testing, counseling, and treatment for STIs, hepatitis, and HIV. The Denver Metro Tuberculosis Clinic is responsible for the screening, surveillance, and control of tuberculosis in the seven-county Denver-metro area.

**RESULTS:** Though stakeholders from all three clinics had previously prioritized the provision of STI, HIV and TB screening services to clients seeking entry into opioid replacement therapy, previous attempts at collaboration proved unsupported by staff and unaccepted by clients. As an alternative to previous collaboration attempts, this project used an integrative framework to create a successful and sustainable screening program. Staff representing each of the clinics participated in a structured review of clinic flow, intake processes, and desired outcomes. They subsequently created a new streamlined protocol in which HIV/STIs/TB/HV screening services became an integrated component of each opioid replacement client's intake process.

**CONCLUSION:** In just the first 7 weeks of integrative service delivery, 22 clients have been screened. Every client tested thus far has been negative for Gonorrhea, Chlamydia, Syphilis, and HIV. Of the 22 clients, 3 have tested positive for hepatitis C. Of the 9 persons not previously screened for TB, 8 tested negative, and 1 did not return for reading. One client disclosing a

previously positive HIV test was questioned about their care status and directly linked into medical care through the Denver Linkage-to-Care program.

We successfully integrated public health screening services into the intake process of a busy urban opioid replacement therapy program. Identification of key staff personnel at each clinic and thoughtful review of current processes and desired outcomes as the starting point for developing a protocol was key.

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## Track D

### LB4 - Late Breaker 4

**Room: A703 (Atlanta Marriott Marquis)**

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**Presentation Number:** LB4-1

**Presentation Title:** Knowledge and attitudes about PrEP for HIV prevention among men who have sex with men

**Author(s):** Alia Al-Tayyib; Andrew C Voetsch; Mark W Thrun; Jeffrey Herbst; James W Carey; Elizabeth DiNenno; Dawn K Smith

**BACKGROUND:** Clinical trials are currently being conducted in Asia, Africa, and North and South America to evaluate pre-exposure prophylaxis (PrEP), once-daily oral use of either tenofovir or tenofovir + emtricitabine, to prevent HIV infection among injecting drug users, heterosexuals, and men who have sex with men (MSM). Previous surveys of MSM have shown that PrEP knowledge and use were low, but did not evaluate either willingness of MSM to use PrEP should the trials show efficacy or possible intentions to increase risky sexual behavior (behavioral disinhibition) due to reliance on PrEP efficacy.

**METHOD:** Supplemental PrEP-specific questions were included as part of the 2008 National HIV Behavioral Surveillance (NHBS) MSM cycle in Denver, Colorado. We assessed knowledge of PrEP have you ever heard of PrEP before today?; willingness to use PrEP if the clinical trials showed few or no side effects, or if the clinical trials showed PrEP to be either 75% or 50% efficacious; reasons why MSM might not use PrEP (including perceived risk for HIV infection, cost, forgetting to take PrEP daily, and stigma); and potential behavioral disinhibition, including intentions to have sex with more partners or use condoms less frequently. Participants who reported being HIV-positive did not receive the PrEP-specific questions.

**RESULTS:** A total of 507 HIV-negative MSM participants responded to the Denver NHBS PrEP supplemental questionnaire. Of these, only 104 (20.5%) had heard of PrEP. Overall, 322 (63.5%) said they would take PrEP every day if the clinical trials showed few or no side effects, 288 (56.8%) would take PrEP every day if the clinical trials showed 75% efficacy for PrEP, and 215 (42.4%) would take PrEP every day if the clinical trials showed 50% efficacy for PrEP. Among the reasons listed for not considering taking PrEP, 246 (48.5%) had low self-perceived risk for HIV, 236 (46.6%) were concerned that PrEP would be expensive, 226 (44.6%) engaged in consistent condom use, 192 (37.9%) were concerned they might forget to take medication daily, 87 (17.2%) were not trusting of the investigators, and 50 (9.9%) were worried what people might think about them if they used PrEP. If taking PrEP, 50 (9.9%) MSM thought they would use condoms less frequently than before and 23 (4.5%) would have sex with more partners than before.

**CONCLUSION:** Similar to previous surveys of MSM, knowledge of PrEP was low. Willingness to use PrEP was dependent on the level of efficacy, with less than half of MSM willing to use PrEP at 50% efficacy. Few MSM reported that they would increase their number of sexual partners or decrease condom use as a result of using PrEP. Understanding the attitudes and preferences of persons at risk for HIV infection is needed in anticipation of prevention strategies that incorporate PrEP use.

**Presentation Number:** LB4-2

**Presentation Title:** In the real world, what would PrEP mean for high risk women?

**Author(s):** Anna Forbes

**BACKGROUND:** More people are now enrolling in pre-exposure prophylaxis (PrEP) studies than microbicides and vaccine studies combined. In seven countries, thousands of healthy, HIV negative people at high risk of HIV are now taking existing anti-retroviral drugs (ARVs) to test whether doing so affects their likelihood of seroconversion. The VOICE study, starting this year, will enroll 4200 women in South Africa to compare the effectiveness of PrEP (ARVs in pill form) with an ARV formulated as a microbicide gel and inserted vaginally.

US PrEP trials are only enrolling men who have sex with men. It is likely, however, that if PrEP is proven effective among women in a non-US trials, debate will rapidly escalate about adding it to the HIV prevention package?promoted to high risk women and men here in the US. For this reason, we should look now at concerns and questions about PrEP that women in other trial countries are raising.

**METHOD:** The Global Campaign for Microbicides has been convening focus groups and consultations on this topic with women in Kenya and South Africa. Our two largest consultations will occur in South Africa: Johannesburg in June and Cape Town in July, 2009.

**RESULTS:** Some of the concerns raised in sessions to date are:

1. Will I have to know my partner's HIV status to prove that I am at high risk? What if my partner refuses to be tested?
  2. What will people say if I get PrEP? Will they assume I am a sex worker? Will my boyfriend think I am cheating?
  3. Even if you need a prescription to get PrEP, what's to stop people from selling their ARVs on the black market? And won't that lead to even more drug resistant virus developing?
  4. Will PrEP really reduce the number of people with treatable HIV in our community? Or will it just make it worse?
- This late-breaker session will review these, as well as additional issues raised in GCM June and July sessions. South Africa is often described as the 'back' of Africa? and we believe that issues raised there mirror many of the concerns American women at high risk of HIV may have about PrEP.

**CONCLUSION:** PrEP is a hopeful idea for many women -- especially those at high risk of HIV. But the questions they raise point to substantial work that is needed to create conditions where PrEP can be used safely, without generating higher levels of drug resistant virus and without exacerbating stigma, especially for women. Casual ARV distribution without testing is exactly what would trigger the widespread development of drug resistant HIV. We must expect that such 'black marketing' will escalate rapidly if PrEP is proven effective unless targeted, innovative measures are developed to prevent it.

These questions also show where gender-specific programming is needed to assure that women can use PrEP safely, if it is effective. Without this, PrEP -- like condoms and circumcision -- will primarily become another HIV prevention tool for men.

**Presentation Number:** LB4-3

**Presentation Title:** Elective Male Circumcision for the Prevention of HIV

**Author(s):** Katrina Kretsinger

**BACKGROUND:** Male circumcision (MC) has been associated with a reduced risk of female-to-male HIV transmission through penile-vaginal sex, in observational and ecological studies as well as clinical trials. Three randomized controlled trials in sub-Saharan Africa among heterosexually active men demonstrated a 50-60% reduction in HIV incidence among men randomized to circumcision. In 2007, WHO/UNAIDS recommended that MC be recognized as an additional partially efficacious intervention to prevent sexual transmission of HIV from women to men.

**METHOD:** The United States differs from sub-Saharan Africa in ways that may limit the applicability of MC as a prevention tool. The prevalence of HIV is much lower (0.4% vs 6-19%, respectively). Furthermore, most cases of HIV among U.S. men are acquired through male-male sexual contact, and only ~15% are through high-risk heterosexual sex. The preventive benefit of MC among men who have sex with men (MSM) is not well defined; a recent comprehensive meta-analysis of observational studies found no statistically significant overall association. Finally, the overall prevalence of MC among adult men is ~80% (NHANES, 1999-2004). Thus, the potential role of MC to limit HIV transmission in the United States may be limited.

**RESULTS:** In April 2007, CDC held a consultation among clinicians, academics, community advocates, and public health practitioners to obtain input on the potential role of MC in preventing HIV transmission in the United States. In addition, a rigorous, systematic literature review on the clinical risks and benefits of MC (including surgical outcomes, changes in penile sensation and sexual function, rates of HIV and other sexually transmitted diseases, penile cancer, cervical cancer in female partners, and urinary tract infection) was undertaken by CDC. Surveys of acceptability and feasibility were conducted among medical providers, insurance payers, and end-consumers (parents, adult men). Finally, policy and ethical implications of elective MC were reviewed.

**CONCLUSION:** All of these inputs were considered by CDC policy makers in formulating evidence-based recommendations for elective MC for three separate categories of uncircumcised males: adult men at significant risk of HIV acquisition from female partners; MSM; and newborn infants. Draft recommendations are being published for public comment and peer review before being finalized. CDC anticipates the publication of domestic guidelines for elective male circumcision in 2009.

Input from multiple stakeholders, as well as careful review of the literature, are being considered by CDC in formulating U.S.-specific recommendations on the use of elective MC. To assess the success and impact of these recommendations, ongoing monitoring and evaluation data are being collected. These include surveys of MC acceptability and uptake as well as an MC demonstration project.

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**Tuesday, August 25, 2009****Concurrent Sessions****3:30PM-5:00PM**

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**Track A****A11 - Biomedical Prevention****Room: Baker (Hyatt Regency Atlanta)**

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**Presentation Number:** A11-1**Presentation Title:** Emerging Biomedical Interventions for the Prevention of HIV Transmission**Author(s):** Peter Kilmarx

**BACKGROUND:** New biomedical HIV prevention interventions continue to be developed, evaluated, and implemented worldwide. This presentation will review the status of diverse emerging biomedical HIV prevention interventions. The relevance to HIV prevention program practitioners and researchers in the United States will be discussed.

**METHOD:** Research and implementation are ongoing in diverse at-risk populations worldwide, especially among heterosexual populations in Africa and men who have sex with men (MSM) in the Americas.

**RESULTS:** Emerging and potential biomedical prevention interventions include use of HIV vaccines, microbicides, cervical diaphragms, acyclovir, male circumcision, and antiretrovirals (ARV), either as pre-exposure prophylaxis or as HIV treatment to reduce infectiousness. While one large efficacy trial is ongoing, following the failure of a lead product in 2007, vaccine research is increasingly focused on basic science and discovery. Several first-generation microbicide products have been shown not to be efficacious, while two efficacy trials are still ongoing. Meanwhile, promising antiretroviral drug-based microbicides are currently entering clinical trials and a trial of a penile hygiene microbicide is planned. HIV infection rates were not reduced with female cervical diaphragm use in an open-label study. While acyclovir use did not reduce HIV susceptibility in two trials in Africa, the field awaits results of a trial of the effect acyclovir on HIV infectiousness in HSV-2/HIV co-infected individuals. Use of ARV as pre-exposure prophylaxis appears promising in non-human primate studies and one completed safety trial in West African women. Efficacy trials are ongoing among injection drug users in Bangkok, young men and women in Botswana, and MSM in multiple sites worldwide. A study in HIV-discordant couples is also underway in Africa and two large trials in women in East and Southern Africa are planned. Another study in discordant couples is underway to assess the effect of ARV treatment of the infected partner on HIV transmission to the uninfected partner. Male circumcision has been shown to be efficacious to prevent female-to-male transmission and is being implemented in countries where the prevalence of HIV is high and the prevalence of male circumcision is low. Recommendations are also being formulated for the United States, where most men are circumcised and most HIV transmission is among MSM.

**CONCLUSION:** This is a remarkably dynamic time in the development, evaluation, and implementation of biomedical HIV prevention interventions. Results have been very mixed, ranging from studies proving the effectiveness of circumcision to studies of vaccine and microbicide products which may have actually increased HIV susceptibility. Cost, coverage, adherence, behavioral risk compensation and viral resistance or immune escape are major barriers to the development and implementation of new interventions. While there are numerous scientific, logistical, and ethical challenges in HIV prevention clinical trials, efforts continue to identify additional safe, acceptable, and effective biomedical HIV prevention interventions.

**Presentation Number:** A11-2**Presentation Title:** Novel and Unique Dual Strategy for HIV Prevention**Author(s):** Alfred Shihata**BACKGROUND:** Background

The AIDS pandemic is the worst health crisis in human history. With no cure or vaccine in site, a huge effort is required for prevention. Despite all our efforts to promote the condom, the AIDS pandemic continues to spread unchecked particularly in women. Unfortunately microbicides, Nonoxynol-9, Cellulose Sulphate, and even lemon juice increased the risk of HIV transmission when compared to placebo. It would appear that any minimal cumulative irritation by microbicides, to cervical cells, can increase the entry of HIV.

Objective: A) To shield the cervix –the main portal of entry to the STIs/HIV from the deleterious effects of microbicides and the HIV invasion. B) To store and deliver the microbicide for a prolonged time only on the vaginal side, to meet the HIV virus head on as soon as it is deposited into the vagina.

**METHOD:** The FemCap is the newest cervical barrier approved in Europe and by the FDA. The FemCap covers the cervix –the portal of entry for bacteria and viruses- and the site of chemokine receptors for the HIV virus (CCR-5 and CXCR-4). The FemCap is designed with a unique delivery system that stores and delivers the microbicide on the vaginal side.

ACIDFORM microbicide has a unique bioadhesive and acid buffering properties that maintains, and preserves the vaginal ecology and yet kills most of the STIs microorganisms including the HIV on contact.

Ten adult women applied ACIDFORM mixed with Gentian violet dye into FemCap's groove, and inserted the FemCap into their vaginas. The cervix and vagina of all women were photographed before, during, and 6 hours after removal of the FemCap that was loaded with ACIDFORM/Gentian violet.

**RESULTS:** The bulk of the microbicide/gentian violet came out with the device with no staining detected over the cervix, while all the vaginal walls were very lightly coated with the Gentian violet stain.

**CONCLUSION:** This research has demonstrated that the dual strategy of the new FDA approved cervical barrier, FemCap in combination with ACIDFORM can deliver the microbicide on the vaginal side and yet spares the cervix from the deleterious effects of microbicides. This ensures protection to the cervix and immediate and sustained contact of the microbicide with the HIV upon deposition into the vagina.

**Presentation Number:** A11-3

**Presentation Title:** Assessment of a Vaginal Microbicide and Clinical Trial Experience Among Diverse Southern US Women

**Author(s):** Paula Frew, PhD, MA, MPH; Kimberly Parker, PhD, MA, MPH; Brooke Hixson, BS; Takeia Horton, BS; Lisa Flowers, MD; Fran Priddy, MD, MPH; Lisa A. Grohskopf, MD, MPH; Christine Mauck, MD; Kimberly Workowski, MD

**BACKGROUND:** A Phase I clinical trial of a candidate non-nucleoside reverse transcriptase inhibitor (NNRTI) vaginal microbicide product (UC781) was conducted to assess safety, tolerability, and product acceptability. The study population included 36 sexually active women and 10 male partners. This mixed-methods study augmented the double-blind, randomized clinical trial that examined safety endpoints. We investigated attitudes, opinions, and concerns regarding acceptance of the microbicide product and factors that could influence acceptability among trial participants. This study is significant because it examines these issues within a clinical trial cohort (n=36) containing a large proportion of Southern black/African American females (n= 16, 44.4%).

**METHOD:** Female participants (n=36) received either a blinded microbicide or placebo gel product and used the product twice daily for a two-week period. Study visits included colposcopy observation and completion of a 31-item questionnaire following product use. A subset of male partners (n=10) also completed a 19-item questionnaire. Quantitative outcome measures included product attributes, HIV risk perception, sexual pleasure effect, and partner reaction to product use. In addition, qualitative data were also gathered during three focus groups (3-7 persons) and through sixteen in-depth interviews with study participants. Basic frequencies, t-tests, item correlations, and themes were generated from quantitative and qualitative data.

**RESULTS:** Overall acceptability was high with 91.2% (n=31) of women indicating overall approval of research to develop microbicides. Of those who responded (n=20), 70% (n=14) of women said they would be likely to use a microbicide if it were available. Women who felt the product decreased sexual pleasure were less likely to want to use it ( $r=-.487$ ,  $p=.03$ ). Men who felt it was important for a microbicide to protect their partner against HIV were more likely to want their partner to use it ( $r=.954$ ,  $p<.001$ ). A series of paired t-tests on product attributes indicated no significant differences between inter-partner attitudes toward future use. Willingness to use a microbicide was associated with its protective attributes (61.8%, n=21), ease of application (38.2%, n=13), and inconspicuous nature (11.8%, n=4).

Qualitative analysis revealed women favored the concept of a microbicide as a potential female-controlled HIV prevention option. Most participants expressed concern related to a potential microbicide's tactile qualities and viscosity. Women also responded favorably to developing a microbicide in another form, such as a ring or suppository and preference was given to development of a poly-prevention product (protective against other STIs and/or pregnancy). Study procedures (e.g., colposcopy) and interactions with study staff (which were comprised exclusively of women) were favorably regarded. Most female participants expressed interest in joining future HIV prevention research studies.

**CONCLUSION:** Although most women were concerned about a potential microbicide's tactile qualities and viscosity, most study participants agreed that the development of a microbicide is an important endeavor. Male partners ascribed importance to its protective benefit. Female participants demonstrated support for the development of multi-preventive product in the form of vaginal ring, suppository, or gel/foam. Participants were enthusiastic about their clinical trial experience and expressed desire to participate in future HIV prevention studies at our site.

**Presentation Number:** A11-4

**Presentation Title:** Lack of circumcision was not associated with HIV infection in MSM practicing insertive anal sex with HIV-infected men

**Author(s):** Ryan Wiegand; Katrina Kretsinger; Stephanie Sansom; Brad Bartholow; Robert Chen

**BACKGROUND:** Randomized controlled trials show male circumcision reduces the risk of HIV infection in heterosexual men. Whether this intervention would be effective in reducing transmission among men who have sex with men (MSM) is unclear.

**METHOD:** To assess if circumcision status was associated with HIV infection among MSM, we re-analyzed data from both arms of VAX004, a randomized, double-blind, placebo-controlled, prospective trial of a VaxGen rgp 120 HIV vaccine, conducted 1998-2002. Interviews occurred at baseline and every 6 months throughout the 36-month trial, addressing demographic characteristics, circumcision status, and risk behaviors. HIV counseling and testing were provided at all visits. A counting process method was used to associate time to HIV infection with multiple predictors; baseline data were excluded. Factor analysis found unprotected insertive and receptive anal sex predictors were highly correlated. For this reason, the models were run separately, first with insertive, then with receptive anal sex.

**RESULTS:** A total of 4889 participants were included in this reanalysis; 86.1% were circumcised. There were 342 (7.0%) men who became infected during the study; 87.4% were circumcised. Controlling for demographic characteristics and risk behaviors, in the model that included unprotected insertive anal sex, being uncircumcised was not associated with incident HIV infection [adjusted hazards ratio (AHR)=0.97, CI=0.56-1.68]. Furthermore, while having unprotected insertive (AHR=2.25, CI=1.72-2.93) or receptive anal sex with an HIV (+) partner (AHR=3.45, CI=2.58-4.61) were associated with HIV infection, the association between HIV incidence and the interaction of being uncircumcised and reporting unprotected insertive (AHR=1.78, CI=0.90-3.53) or receptive (AHR=1.26, CI=0.62-2.57) anal sex with an HIV (+) partner was not statistically significant.

**CONCLUSION:** In this reanalysis of prospective clinical trial data, being uncircumcised did not confer statistically significant ( $p=0.09$ ) additional risk for HIV infection among men who reported unprotected insertive anal sex with HIV+ partners. Additional studies with more incident HIV infections or that include a larger proportion of uncircumcised men may provide a clearer answer as to whether circumcision is associated with lower rates of HIV infection among MSM who engage in insertive anal sex with HIV-infected partners.

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## Track A

### A23 - HIV Vaccine and Other Biomedical Prevention Research – An Update

Room: Courtland (Hyatt Regency Atlanta)

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**Presentation Number:** A23

**Presentation Title:** HIV Vaccine and Other Biomedical Prevention Research – An Update

**Author(s):** Carl W. Dieffenbach, Ph.D.; Edith M. Swann, R.N., Ph.D.; Kenneth H. Mayer, M.D.; Dazon Dixon Diallo, M.P.H.

**BACKGROUND/ METHOD/RESULTS/ CONCLUSION:** The development of a full range of prevention tools is needed to curtail the HIV/AIDS epidemic in the United States and worldwide. The National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health (NIH), has prioritized discovery of effective technologies for HIV prevention, and serves as a primary sponsor of biomedical HIV prevention research going on today. In the past two years, there have been significant scientific and programmatic challenges in the progress of developing biomedical HIV prevention technologies. Research reveals that public awareness and understanding of HIV vaccine and other prevention research is low, with an even lower level of understanding among certain U.S. populations considered to be at the greatest risk. This has limited our ability to curb risk behavior, and played a role in the ongoing stigmatization of HIV/AIDS and those who volunteer to participate in HIV prevention clinical research.

An effort to inform the public of the ethics, safety, and status of biomedical HIV prevention research is essential to the success of future prevention studies. Community participation and acceptance are particularly critical at this juncture, when numerous prevention modalities are being studied simultaneously, creating a complex and ever-evolving research environment. Presentations will highlight ongoing and planned biomedical HIV prevention studies, including those evaluating topical microbicides and pre-exposure prophylaxis (PrEP), key learnings from recent results, and how they may impact future research. Special attention will be paid to HIV vaccine research, which has undergone a shift in priorities, moving toward an increased emphasis on basic research and discovery. The rationale for this change will be discussed, along with the significance of upcoming study results and new vaccine trials, and their roles within the long-term HIV vaccine research agenda. Presentations will also elaborate on the necessity of community involvement in the research process by illustrating efforts of researchers, in partnership with community leaders, to: increase community awareness of and support for biomedical HIV prevention research; identify opportunities for consultation and collaboration; find ways to provide clear information to the local community when multiple prevention modalities are being studied at one trial site; and set research and education priorities for such an environment.

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**Track A****A24 - Minority HIV/AIDS Research Initiative (MARI): Progress and Challenges for Black and Hispanic Researchers****Room: Spring (Hyatt Regency Atlanta)**

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**Presentation Number:** A24**Presentation Title:** Minority HIV/AIDS Research Initiative (MARI): Progress and Challenges for Black and Hispanic Researchers**Author(s):** Madeline Sutton

**BACKGROUND:** Black and Hispanic men and women remain disproportionately affected by the HIV/AIDS epidemic. The estimated lifetime risk of HIV infection is, respectively, 1 in 16 for black men and 1 in 30 for black women; 1 in 35 and 1 in 114 for Hispanic men and women, compared to 1 in 104 and 1 in 588 for white men and women. Gaps in programs, research, and clinical interventions remain, but are increasingly being filled by growing efforts from black and Hispanic investigators to help ensure that culturally relevant questions are being asked and appropriate interventions developed accordingly. The Minority HIV/AIDS Research Initiative (MARI) at the CDC seeks to support investigators who have demonstrated strong cultural and community ties to blacks and Hispanics at risk of being affected by the HIV/AIDS epidemic. Here, we describe the current MARI studies, as well as progress made and challenges encountered as the investigators try to move at a pace that can help stop the ongoing HIV/AIDS epidemic in minority communities.

**METHOD:** Current MARI research studies include using both qualitative and quantitative methods to explore: 1) HIV prevention communication among black men who have sex with men in New York City (NYC); 2) the social and situational contexts of HIV risk, prevention, and treatment among black gay men in NYC; 3) factors that impact HIV testing decisions among heterosexual black men in rural Florida; 4) how to effectively promote HIV testing among low-income heterosexual young adult black men who have been recently incarcerated in NYC; 5) facilitators and barriers to HIV and STI screening among pregnant Latinas in South Carolina; and 6) the feasibility of linking HIV testing to the Expanded Syringe Access Program (ESAP) at pharmacies in Harlem, NYC.

**RESULTS:** Six current MARI studies will be described in this session. Each investigator will describe their process, progress, and challenges to date in an effort to provide useful information that may: 1) provide feedback and context for other investigators seeking support for their research, and 2) help guide new and ongoing studies in black and Hispanic communities as part of the effort to stop the current epidemic.

**CONCLUSION:** The current MARI investigators began this process in 2007. Investigators have developed protocols in partnership with their affected communities and other local collaborators. Enrollment of participants is pending final human subjects review processes.

**LESSONS LEARNED:** Investigators have indicated that facilitators of their work have been: 1) working closely with community partners as part of protocol development; 2) having frequent, open communication with their CDC and local scientific colleagues and mentors. Challenges have included lengthy review and approval processes. The MARI investigators remain enthusiastic about moving forward with their studies and addressing the ongoing epidemic in black and Hispanic communities. This session should encourage other minority researchers to continue or begin work that can impact affected black and Hispanic communities and stop the continued devastation of HIV/AIDS in these communities.

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**Track B****B10 - Heterosexual Transmission: What is High Risk Anyway?****Room: Dunwoody (Hyatt Regency Atlanta)**

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**Presentation Number:** B10-1**Presentation Title:** HIV Infection and Sexual Partnerships Between Heterosexual Non-Injectors and Injection Drug Users**Author(s):** Samuel M. Jenness; Alan Neaigus; Travis Wendel; Christopher Murrill; Holly Hagan

**BACKGROUND:** Unprotected sex between men and women is a significant HIV transmission risk in the United States. The heterosexual HIV epidemic in New York City (NYC), as in many urban centers, is concentrated among African-Americans and Hispanics. Research has found that social network factors, in addition to individual sexual risk behaviors, may be important in driving heterosexual transmission in these groups. We examine one such factor, sex partnerships between heterosexuals with

discordant history of injection drug use (IDU). The study investigates whether this factor is independently associated with HIV infection in heterosexuals with no history of IDU or male-to-male sex.

**METHOD:** We recruited heterosexuals in high-risk areas in NYC through respondent-driven sampling in 2006-7. Our analysis dataset excludes those with a history of injecting drugs or male-to-male sex, those who self-reported HIV-positive, and those who did not have an HIV and HCV test as part of the study. In a structured survey administered by a trained interviewer, participants were asked about the lifetime injection history of all past year sex partners. We divided them into three mutually exclusive categories in this hierarchy: those with any IDU partners, those with any partners whose injection history was unknown to the participant, and those with only non-IDU partners. In bivariate and multivariate analyses, we grouped the first two categories together to account for potential underestimation of IDU partners. In multiple logistic regression, we calculated the adjusted odds ratios (AOR) for the association between HIV infection and having a past year partner with a known or unknown IDU history, controlling for sociodemographics, individual-level sexual risk, and HCV serostatus.

**RESULTS:** Of the 850 in the overall study sample, we included 601 for this analysis. Approximately half of participants were male (42.6%) and half were female (57.4%). Most were non-Hispanic Black (78.5%). In the past year, 13.8% had an IDU partner, another 24.1% had a partner with unknown injection history, and the final 61.4% only non-IDU partners. Overall, 7.1% tested positive for HIV; seroprevalence was significantly higher ( $p < 0.01$ ) among those with any IDU or unknown partners (11.0%) compared to those with only non-IDU partners (4.6%). There were no significant differences in HIV by gender. In multiple logistic regression, participants who had any IDU or unknown partners were more than twice (AOR=2.41; 95% CI=1.14-5.07) as likely to be infected with HIV.

**CONCLUSION:** Sex partnerships with IDU may be an important HIV risk factor among non-IDU heterosexuals in high-risk areas with large populations of IDU and with social and sexual networks linking these two groups. Risk reduction activities targeted at non-IDU heterosexuals that focus on knowing partners' injection history, as well as promoting condom use, HIV testing, and status disclosure in these risky partnerships with IDU, should be considered.

**Presentation Number:** B10-2

**Presentation Title:** Prevalence of Other HIV Risk Factors in Female Partners of Bisexual Men

**Author(s):** William Jason McCuller

**BACKGROUND:** HIV transmission from behaviorally bisexual men to their female partners is believed to contribute to elevated HIV rates in Black and Latina women. However, little research has focused on HIV risk in these females and the popular assumption that women with bisexual partners otherwise have few or no other HIV risk factors has not been tested. In order to better understand HIV risk factors among women of color and whether certain women may be more likely to come into contact with behaviorally bisexual partners, we compared heterosexually active Black and Latina female HIV testers who reported and did not report recent sex with bisexual men.

**METHOD:** Secondary analyses were performed among 3,234 Black and 3,007 Latina females receiving HIV counseling and testing services from publicly funded HIV test sites in Los Angeles County in 2006. Bivariate statistics and chi-square/Fischer exact tests were performed comparing the 455 women who did report to the 5,786 who did not report having had sex with at least one man who was behaviorally bisexual during the risk assessment period (prior two years or since their last HIV test, whichever was shorter).

**RESULTS:** In all, 6.8% of black and 7.8% of Latina women with male partners reported sex with at least one bisexual male ( $p=0.15$ ). Women with bisexual partners were of similar age as other women (33.6 versus 32.5 years  $p=0.57$ ). Compared to women not reporting sex with bisexual men, these women had many more sex partners (median 10.0 versus 2.0 partners) and were more likely to report other HIV-related risk factors. These include being more likely to report exchanging sex for money or drugs (47.9% vs. 27.6%,  $p < 0.001$ ) and sex with a partner who injected drugs, sold sex, or was known to be HIV-infected (47.2% vs. 19.8%,  $p < 0.001$ ). Drug injection (19.1% vs. 10.8%,  $p < 0.001$ ) and use of stimulants (50.3% vs. 29.3%,  $p=0.001$ ) or party drugs (15.3% vs. 2.9%,  $p < 0.001$ ) was also more common, as was sex under the influence of these drugs. The percentage of previously undiagnosed testers who received a positive test for HIV did not, however, differ between these two groups (0.66% vs. 0.64%, respectively,  $p = 0.77$ ).

**CONCLUSION:** These preliminary data indicate that women who were aware or became aware that their male partner(s) also had sex with men were much more likely than other women to report other sexual risk factors for HIV, other types of risky partners, and participation in risky drug use. Despite these patterns and contrary to hypotheses, these women were not more likely to test positive for HIV infection. The higher rates of both risky drug use and sex under the influence of drugs in these women may indicate that substance-abusing women have social and sexual networks that bring them into more frequent contact with behaviorally bisexual men than do other women. Women who have had bisexual male partners and are not aware of it or who present for HIV testing in non-publicly funded settings may have different risk profiles than those identified here.

**Presentation Number:** B10-3

**Presentation Title:** Sex with Men Who Have Sex with Men Among Black Female College Students

**Author(s):** Peter E. Thomas; Anna Satcher-Johnson; Gregorio A. Millett; Lynette Munday; Kaye Sly; Michelle R. Smith; Binwei Song; Kathleen G. Raleigh; Hazel D. Dean; James D. Heffelfinger

**BACKGROUND:** HIV is the leading cause of death among black women aged 25-34 years. Black women represent two-thirds of all female HIV cases reported to the Centers for Disease Control and Prevention (CDC). One-third of the new HIV infections among black females are estimated to occur among adolescent and young adults aged 13-29 years. Although only 4.4% of female AIDS cases from 2000-2004 were attributed to heterosexual sex with men who have sex with men (MSM), the AIDS rate attributed to sex with MSM was 13 times as high for black women as for white women. Because the prevalence of HIV is high among black MSM, sex with MSM may explain part of the disparity in HIV by race among women. We used data from a CDC-funded project conducted at selected Historically Black Colleges and Universities (HBCU) to describe the demographic and behavioral characteristics of female college students who reported having sex with MSM.

**METHOD:** We conducted behavioral surveys at seven HBCUs in four locations (Arkansas, Georgia, Mississippi and Washington, DC) from January 2005 to April 2007. Participants were recruited using convenience sampling methods and were asked to complete a 10-minute self-administered survey. All black female respondents aged 18-24 years who were enrolled as part- or full-time students at an HBCU, reported having at least one male sex partner (vaginal or anal) in the previous 12 months, and responded to the question regarding sex with MSM were included in the analysis.

**RESULTS:** Of the 4298 women surveyed, 2496 (58%) were students aged 18-24 years, and of these 1888 (76%) were included in the analysis. There were 773 (41%) women surveyed in Washington, DC, 549 (29%) in Mississippi, 315 (17%) in Georgia, and 251 (13%) in Arkansas. Overall, 260 (13.8%) women reported having sex with MSM (range: 0% in Georgia to 27% in Washington, DC). In a multivariable logistic regression model, women who reported sex with MSM were more likely than women who did not to report having two or more sex partners (odds ratio [OR]=1.43, 95% confidence interval [CI]=1.20-1.71), not using a condom at last vaginal or anal intercourse (OR=2.46, 95% CI=2.07-2.92), being in a committed relationship (OR=1.80, 95% CI=1.50-2.16), never or infrequently attending church (OR=1.60, 95% CI=1.34-1.90), and believing themselves to be at medium or high risk for HIV infection (OR=1.28, 95% CI=1.05-1.57). However, 64% of women who reported sex with MSM believed they were at low or no risk for HIV infection.

**CONCLUSION:** Nearly 14% of young black sexually active female college students reported having sex with MSM. These women were more likely to report high-risk sexual behaviors but underestimated their HIV risk. Sex with MSM among black women may play a larger role in HIV transmission than previously suspected. Efforts to reduce the disparity in HIV infection among black women should focus on prevention of heterosexual HIV transmission and a better understanding of sexual behavior, relationships, religiosity, and the role of male bisexual behavior as a transmission bridge.

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## Track C

### C02 - Pre/Post Release HIV Prevention for Correctional Settings

**Room:** Vancouver/Montreal (Hyatt Regency Atlanta)

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**Presentation Number:** C02-1

**Presentation Title:** HIV Prevention with Pre-release Incarcerated Men: Implications for Engaging Inmates in Community Correctional Centers.

**Author(s):** Larry D. Icard; Scott Edward Rutledge; Karin Garg; Mark Schmitz; Nicholas Scharff; Michael Harrison; Mahnaz R. Charania, Ph.D

**BACKGROUND:** Men entering the correctional system have high rates of HIV risk behaviors prior to incarceration and the rate of AIDS cases in state prisons is 2.7 times as great as in the general population (0.43% versus 0.16%). Upon release many men engage in HIV risk behaviors with members of the community. Therefore, incarcerated men who are soon to be released return to their families and can pose a national health concern. Many factors, including the lack of convenient medical care, coping with transitioning, lack of knowledge of services, relapsing to substance abuse treatment, and unemployment, can serve as catalysts for engaging in risky behaviors that result in the transmission of HIV. This study explores the feasibility of delivering an HIV/AIDS risk reduction/health promotion intervention for incarcerated men recruited from Community Correction Centers under the jurisdiction of a state department of corrections. Some inmates may be unaware of their HIV status because the Pennsylvania Department of Corrections screens inmates for HIV infection at the point of admission.

**METHOD:** Community Correctional Centers in Philadelphia metropolitan area.

**Project:** From February 2008 through February 2009, study participants are being recruited to participate in one of two small group interventions; (a) an intervention designed for men who are HIV-negative or unaware of their serostatus or, (b) an intervention designed for men who are HIV-positive. Both interventions are comparable in dosage and duration, and are

delivered in six sessions, each lasting two hours in length. Participants are recruited from Community Correctional Centers in the greater Philadelphia metropolitan area. Recruitment is through weekly group presentations to the residents followed by individual meetings to determine eligibility and complete recruitment. Intervention activities occur at Temple University. The arm for HIV-positive men was initiated first.

**RESULTS:** After several weeks, and prior to implementing the pilot for HIV-negative/unknown serostatus inmates, no HIV-positive inmates volunteered for the study. To overcome barriers to enrollment for HIV-positive men, recruitment strategies were modified and a separate pilot study focusing on HIV-negative/unknown serostatus men was implemented as a pilot study. This allowed all men to be recruited for an HIV prevention intervention with assignment based on their HIV status. To assist with recruitment an HIV infected ex-inmate was hired. Lastly, additional meetings were held with case managers in each community correctional facility to seek their suggestions and develop additional strategies for referring HIV-positive men. After implementing the pilot for HIV-negative/unknown serostatus men several HIV-positive inmates volunteered to participate in the study focusing on HIV-positive inmates.

**CONCLUSION:** Inmates are willing to enroll in HIV prevention programs while residing in community correctional facilities. Expanding eligibility requirements to allow recruitment of all residents in community correctional facilities was found beneficial for engaging pre-release HIV-positive inmates in an HIV risk reduction intervention.

**Presentation Number:** C02-2

**Presentation Title:** Accomplishment of Risk Reduction and Care Goals Among HIV-Infected Individuals Leaving Prison and Jail

**Author(s):** Barry J Zack; Kate M Morrow; Nadya Uribe; Veronica Martinez; Tiffany Barber; Robin MacGowan, MPH; Robin MacGowan, MPH; Julie Lifshay

**BACKGROUND:** On any given day, over 2 million individuals living in the U.S. are incarcerated and 4 million more are on parole or probation. Over 90% of incarcerated persons will eventually be released from prisons. The prevalence of HIV/AIDS and other infectious diseases among those who are incarcerated is significantly higher than what is found in the general population. Effective interventions could both reduce transmission rates among the incarcerated population, and improve the health and quality of life for a significant percentage of those living with HIV/AIDS in the U.S. Previous research has shown the ability of individual-level interventions to reduce the sexual risk behaviors of HIV-negative incarcerated young men following release. However, studies have not been rigorously implemented and evaluated to determine the efficacy of interventions to reduce risk behaviors among HIV-infected individuals being released or on increasing their access and adherence to medical treatment and prevention services.

**METHOD:** Positive Transitions (POST) was conducted at the California Medical Facility (CMF), San Quentin State Prison (SQSP), and in the San Francisco Jail system. CMF and SQSP are state prisons in Vacaville and Marin County, California. Intervention sessions are conducted with incarcerated individuals inside these facilities and in the community after their release. This study is a randomized, controlled trial of currently incarcerated individuals. Recruitment is scheduled from July 2008 through May 2009. Study recruiters met with HIV-infected individuals receiving transitional case-management who are within two months of release. Participants are randomly assigned to the control arm where no additional services are provided or the intervention arm where 4 pre-release and 2 post-release intervention sessions are conducted. Post-release sessions are conducted within two weeks of release. Each session is tailored to support participants to identify personal goals. The intervention is based on the Information, Motivation, and Behavioral Skills (IMB) model and focuses on the following topic areas: health summary and treatment, sexual behavior and risk, substance use and mental health treatment and risk, and social support. Post-release sessions focus on supporting participants in achieving their personal goals with actions steps, for the topic areas.

**RESULTS:** Through November 15, 2008, 24 out of 100 scheduled participants have been recruited. Two of the first 24 participants are women, and 3/4 are African American or Hispanic. Intervention participants set on average 3 goals each with an average of 4 actions steps to reach each goal. Most (84%) intervention participants reported accomplishing their personal goals by the close of the intervention.

**CONCLUSION:** Conducting research in correctional systems is possible; however, additional time requirements must be included in the planning process because of the many layers of approval prior to study initiation. Enrolling HIV-infected incarcerated people can be successfully achieved when collaborating with the medical staff or programs that serve this population. The IMB model appears to support effective strategies for goal development and accomplishment in this population.

**Presentation Number:** C02-3

**Presentation Title:** Evaluation of an HIV Risk Reduction Intervention for HIV-Infected Prisoners Released from Custody

**Author(s):** Michael Copenhaver, PhD; Leigh Evans, MPH; Laurie Sylla, MHA; Paul Botticello, MPH; Robin MacGowan, MPH; Frederick Altice, MD

**BACKGROUND:** Many HIV-positive inmates receive care and HIV medications while incarcerated. However, many fail to adhere to HIV treatment after being released from custody. There are no evidence-based interventions (EBIs) available for implementation during the critical period when HIV-infected prisoners are being transitioned from prison to the community. Consequently, benefits of providing HIV care and treatment services in prisons are often lost.

**METHOD:** Setting: Connecticut Dept of Correction, AIDS Project Hartford, & Yale AIDS Program.

Project: Positive Living Using Safety (PLUS), an intervention for this population, was adapted from an existing EBI—the Holistic Health Recovery Program (HHRP+), and it combines HIV risk reduction and adherence to antiretroviral therapy. PLUS was adapted so that it can be provided in an individual or group format, and delivered on consecutive days or in weekly sessions. Sessions can be provided within the prison system just prior to the inmates release or in a community-based setting shortly after release. PLUS consists of five 45-minute sessions, and it covers a range of pre-specified HIV prevention topics for participants to apply to their own HIV risk profile and antiretroviral adherence issues. Participants are recruited from Connecticut's prisons and are randomized to a treatment as usual (TAU) control arm, a pre-release intervention arm, or a post-release intervention arm. Our objective is to evaluate the feasibility of delivering PLUS pre-release vs. post-release vs. TAU.

**RESULTS:** Results: A total of 61 participants have been enrolled, 23 of whom were assigned to the Pre-release experimental group, 19 to the Post-release experimental group, and 19 to TAU. Most participants are male (90%) and their race/ethnicity is 21% Caucasian, 54% African American, and 25% Latino. The retention rate for completing the intervention has been 100% for participants randomized to the Pre-release and Post-release experimental arms. To date, 67% of participants have completed a 1-month follow up assessment, and 43% have completed a 3-month follow-up assessment. Of those who completed all pre-release intervention sessions, 50% completed a 1-month follow-up, and 25% completed a 3-month follow-up to date. Approximately 17% of enrolled Pre-release participants have dropped out to date. Of those who completed all post-release intervention sessions, 69% completed a 1-month follow-up, and 31% completed a 3-month follow-up. Approximately 10% of enrolled Post-release participants have dropped out to date. In the Control condition, 47% of enrolled participants have completed a 1-month follow-up and 26% have completed a 3-month follow-up. Approximately 21% of participants enrolled in the Control condition have dropped out to date.

**CONCLUSION:** Lessons Learned: There are strong indications of the feasibility of delivering PLUS in both the Pre-release and Post-release experimental conditions. Although PLUS intervention content and delivery is manual-driven, one of the primary lessons learned has been the need to be flexible in planning the delivery of pre-release intervention sessions within the prison facilities since inmates' specific release dates are often unknown or change. We have also found it critical to deliver the post-release intervention sessions as soon as possible following participants' release in order to encourage retention and continuity of care.

**Presentation Number:** C02-4

**Presentation Title:** HIV Prevention Interventions for Incarcerated Persons in the US: 1983-2006

**Author(s):** Mahnaz R. Charania, Ph.D; Robin MacGowan, MPH; David Seal Ph.D; Gloria Eldridge, Ph.D; Andrew Margolis, MPH

**BACKGROUND:** The prevalence of known HIV infection is approximately 1.7% among persons entering prison systems in the US; approximately 5 times higher than the estimated prevalence in the general US population. Persons who are aware of their HIV infection can seek care, treatment, and access to prevention programs both while incarcerated and upon their release. Since most incarcerated people are released from custody back to their community, there is a need for HIV prevention programs that help releasees reduce their risk behaviors and prevent HIV transmission. For persons with HIV infection, programs that assist them with access and adhere to HIV treatment can help improve their quality of life.

**METHOD:** We conducted a literature review to identify and evaluate HIV prevention interventions for incarcerated persons in the US. We included the following search terms: HIV/AIDS, prisons, jails, correctional populations, interventions, and programs. We limited the search to the US from 1983 through 2006. Studies were categorized by types of outcomes reported (behavioral, non-behavioral, or provided only program descriptions) and within these categories by primary study population (youth, women, men, and drug users). We assessed the quality of the interventions based on study design, participant retention, and the analyses.

**RESULTS:** Of the 53 studies identified as HIV prevention interventions for incarcerated populations, 20 had behavioral outcomes, 15 had non-behavioral outcomes, and 8 only provided a program description. Interventions targeted youth, women, men, and drug users, and 2 enrolled HIV-positive subjects. Many studies had important limitations in study design, such as group assignment method (randomized/non-biased assignment or other method), missing information on retention, small sample size, and lack of intent-to-treat analyses. Only 1 study demonstrated efficacy in reducing sexual risk behaviors among men released from prisons based on design, retention, analytic methods and statistically significant results.

**CONCLUSION:** More HIV prevention interventions with documented efficacy are needed for incarcerated populations, including persons infected with HIV. Study rigor must be strengthened to be of adequate quality to determine efficacy in reducing HIV risk behaviors following return to the community and adherence to treatment for persons receiving HIV medications.

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**Track C****C04 - Methamphetamine & MSM: Innovations to Curb New HIV Infections****Room: International Ballroom South (Hyatt Regency Atlanta)**

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**Presentation Number:** C04-1**Presentation Title:** Using Text Messaging as a Risk Reduction Intervention Among Methamphetamine-Using MSM**Author(s):** Cathy J. Reback; Deborah Ling; Gordon Mansergh; Mahnaz Charania; Steven Shoptaw; Jane Rohde

**BACKGROUND:** Methamphetamine use continues to increase among urban MSM in the US. In this population, methamphetamine use is associated with high-risk sexual behaviors, including an increased number of sexual partners, decreased use of condoms, multiple-partner sexual activities, and engaging in unprotected anal sex with casual and anonymous partners. Medical consequences linked to methamphetamine use among MSM include increased likelihood of being HIV-infected or having a sexually transmitted infection (STI), and an increased likelihood of hepatitis A, B or C infection. Researchers and providers question how to reduce/eliminate high-risk sexual and drug behaviors among out-of-treatment users.

**METHOD:** The community site of a research institution, which provides HIV and substance abuse prevention interventions to high-risk MSM in Hollywood, California.

**RESULTS:** The "Project Tech Support" study consists of 50 out-of-treatment, methamphetamine-using MSM in study on text messaging as an intervention, including formative and pilot research stages. Text messages are framed from a theoretical perspective (i.e., social support theory, health belief model, social cognitive theory) to provide education, social support, and referrals for healthier, pro-social changes regarding methamphetamine- and sexual-risk behaviors. The study overall aims to (1) conduct formative work to assist in the development of an IT communication intervention for reducing methamphetamine use and high-risk sexual behaviors; (2) assess the feasibility and utility of an IT communication intervention among the target population; and (3) gather indicators of the mechanism of action for this intervention by evaluating a dose-response association between the extent of use of IT communication and the degree of reduction in methamphetamine use and risk behaviors. Study findings will inform the field on the feasibility of adapting an IT intervention for reducing sexual risk behaviors and HIV transmission among out-of-treatment, methamphetamine-using MSM. Stage 1 of the study, from October 2006 to September 2008, included formative activities such as assessment development and computer programming; logo, flyer and website development; three focus groups, one with out-of-treatment methamphetamine-using MSM (n = 17), one with methamphetamine-using MSM currently in treatment (n=8), and one with former methamphetamine-using MSM with a minimum of one-year abstinence (n=3); three community meetings; over 400 pre-written text messages; and pre-testing the intervention (n=5). Pilot study enrollment began in October 2008.

**CONCLUSION:** The Stage 1 focus groups, community meetings, and pre-test helped identify the IT communication device, the text messages that best support risk reduction and healthier behavioral choices, and logo, flyer and website development. For example, focus group and community participants identified aspects of pre-written text messages that were deemed most appropriate for the target population such as tips regarding staying hydrated and healthy if continuing methamphetamine use, and suggested all community referrals be downloaded into the IT device before distributing to participants. Additionally, both online and physical venues for recruitment were suggested such as appropriate websites and local street sites. Prior to enrollment, text messages were coded by prospective participants' profiles such as HIV status and risk activities (e.g., online hook-up or patron of commercial sex venues; receptive, insertive or versatile sexual partner) to facilitate appropriate messaging.

**Presentation Number:** C04-2**Presentation Title:** ARM-U: A Modular Intervention for Decreasing Risk Behaviors Among HIV-Positive and HIV-Negative Methamphetamine-Using MSM**Author(s):** Curtis M. Coomes; Rhonda Karg; Jennie Harris; Mahnaz Charania; Gordon Mansergh

**BACKGROUND:** Methamphetamine (Meth) is a major contributor to HIV transmission among MSM. Recent studies show that up to one-third of meth-using MSM (MUMSM) inject the drug. We developed a behavioral intervention for MUMSM to decrease unprotected anal intercourse (UAI) and increase awareness of parenteral HIV transmission risk. Recognizing the heterogeneity of MUMSM, we developed a 6-session modular intervention that could be tailored to participants' HIV (+/-) and injection drug use (yes/no) status.

**METHOD:** HIV testing clinic in an accessible MSM community setting. Self-identified MUMSM were recruited through MSM-serving venues, targeted advertising, street outreach, and word-of-mouth. The intervention was delivered in a community-based

research clinic affiliated with an urban teaching hospital. Men age  $\geq 18$  years, who had UAI with a non-steady male partner and used meth in the past two months were eligible.

**RESULTS:** Avoiding Risks from Meth-Use (ARM-U) is a brief ‘toolbox’ intervention that allows counselors to select modules that suit a client’s individual risk profile and intervention needs employing Motivational Interviewing techniques. Common elements include meth use and safe sex, condom use negotiation, social support, and referrals. Tailored elements include HIV status disclosure and injection risk. Counselors have an intermediate level of training, like that commonly found in health departments or community service agencies. Since missed intervention sessions lead to lower efficacy, only three sessions will be in person; the rest are by telephone. Formative research presented here included focus groups and pre-testing of the entire intervention with members of the target population to assess its feasibility and acceptability. Findings were used to revise the intervention manual in preparation for a pilot intervention trial.

**CONCLUSION:** In total, 23 participants from the target population attended one of five focus groups. Participants thought all topics were important and could aid in reducing sexual risk behaviors among MUMSM. However, topics like meth use and safe sex or condom use negotiation were viewed as unfeasible or non-existent during meth use. Many stated that once meth is in the picture, intentions of negotiation or engaging in safer sex were no longer viable. A total of 15 participants representing the four strata formed by HIV and IDU status completed the pre-test and provided feedback at the end of each session. Participants in the pre-test were supportive of the intervention and as stated by one of the participants, “an asset to other gay men.” When asked about any changes made after the intervention, some of them stated that they were no longer injecting drugs and were using condoms more frequently. However, other participants indicated that they already knew the information. Through our formative research, we revised the ARM-U intervention to emphasize pre-planning to avoid combining meth use and sex or to prepare for sex before meth use. We also increased emphasis on referrals for care and other requested services. MUMSM who differ by HIV and IDU status can be recruited for behavioral intervention trials that tailor the intervention to each individual’s status. The intervention approach appeared to be acceptable to MSM in the formative study.

**Presentation Number:** C04-3

**Presentation Title:** Developing Intervention and Recruitment Strategies in Smaller Southern Cities for MSM That Use Methamphetamine.

**Author(s):** Richard S. Garfein; Jazmine Cuevas; Mitcheal Metzner; Gordon Mansergh; Mahnaz Charania; Thomas Patterson

**BACKGROUND:** Methamphetamine use has been associated with increasing rates of HIV and other sexually transmitted infections (STIs) among men who have sex with men (MSM) in large metropolitan areas in the United States (U.S.). However, relatively little is known about methamphetamine use and HIV risk among MSM in smaller cities. In any case, there is a need for more effective interventions to reduce HIV risk behaviors among MSM that use methamphetamine, regardless of where they live. While research has shown that longer multi-session interventions are effective in reducing HIV risk behaviors, completion rates are often low, suggesting a potential role for effective single-session interventions.

**METHOD:** This study is being conducted in Raleigh-Durham and Charlotte North Carolina with metropolitan populations of 1.6 million and 2.2 million people respectively. The study is part of a cooperative agreement with other sites located in New York City, Los Angeles and San Diego. Unlike these larger metropolitan areas, there are no services or organizations targeting methamphetamine-using MSM, and the gay communities are not highly concentrated in any particular area of the North Carolina cities. While methamphetamine use is perceived as a public health issue in the state, particularly in rural counties, its presence and impact among MSM networks has not been studied in great detail.

**RESULTS:** The “Men’s Attitudes on Sex & Health” (MASH) study consists of 50 MSM. The primary aim of the project is to develop and pilot test a single session motivational intervention to reduce HIV risk behaviors among MSM that use methamphetamine. The secondary aim of the study is to identify effective and efficient strategies for recruiting and retaining methamphetamine-using MSM for research conducted outside of major urban areas. In Phase 1 of the project, three focus groups and nine individual interviews were conducted with service providers and current and former methamphetamine users during the formative phase of the study. These findings were used to refine recruitment strategies and intervention content and delivery. The study procedures and intervention were pre-tested with 5 recent methamphetamine users leading to additional refinements. We are currently recruiting participants for the pilot test (Phase 2) of the intervention.

**CONCLUSION:** Findings from the formative work suggest that it is possible but challenging to engage active methamphetamine users for intervention research. Barriers include heightened stigma surrounding methamphetamine use versus other drugs, increased attention to methamphetamine from law enforcement and distrust/unfamiliarity with intervention research from recreational and white-collar substance users. Formative participants, while open to the concept of a single-session intervention, were largely uncertain that it could increase condom use during sexual encounters involving methamphetamine use. Lessons learned: Traditional outreach methods such as street outreach and chain-referral recruitment must be augmented with a variety of other recruitment methods such as internet recruitment, advertising in alternative newspapers, venue-based and peer recruitment. Interventionists may need to focus additional time on reducing the amount of methamphetamine used or the number

of methamphetamine-related sexual encounters as a way to reduce instances of unprotected anal sex with non-primary partners, the primary outcome measure.

**Presentation Number:** C04-4

**Presentation Title:** A Couples-Based HIV Risk-Reduction Intervention for African American, Methamphetamine-Involved Men in Longer-Term Same-Sex Relationships

**Author(s):** Nabila El-Bassel; Donald McVinney; Gordon Mansergh; Mahnaz Charania; Yves-Michel Fontain; Leona Hess

**BACKGROUND:** In the U.S., men who have sex with men (MSM) constitute the only major risk category for which HIV incidence is steadily increasing since the 1990s. This points to a need for innovation to address both emerging trends as well as longer-standing disparities in HIV risk and transmission among MSM. Thus, we developed Connect With Pride, a couples-based behavioral intervention for African American, methamphetamine-using MSM with male primary partners; we also wanted to assess the feasibility of enrolling these couples in an intervention study.

**METHOD:** Targeted outreach in social and cultural venues as well as referral from community-based service providers in New York City was conducted to enroll African American, methamphetamine-involved male couples.

**RESULTS:** To adapt an existing, evidence-based intervention—originally developed and tested with heterosexual couples—for the target population of African American, methamphetamine-involved male couples, we conducted focus groups to identify how Connect With Pride can target the inter-relationships among methamphetamine use, sexual risk/protective behaviors, being in a longer-term relationship, and belonging to both racial/ethnic and MSM minority populations.

**CONCLUSION:** We enrolled 8 couples from the target population who participated in a series of 5 focus groups to specify and refine targets of the Connect With Pride intervention activities. Participants described dynamics involving the intersection of race/ethnicity and sexual orientation/identity, leading to unique experiences for this population: for example, sexual stereotypes; stigma about receptive anal sex. Participants linked these issues to methamphetamine use via psychological disinhibition, cognitive dissociation, and physiological effects. Another prevalent theme was persistent attention to the fluidity of identity within or outside white racial norms, heterosexual norms, or both, depending on social context. The relationship to methamphetamine use varied: common perceptions of methamphetamine as a white gay men's and/or [more] expensive drug was related to use as a means of distancing from negative stereotypes of African American MSM for some, while others reported feeling special as a niche of African American methamphetamine users. All couples described links between methamphetamine use and HIV risks (e.g., unprotected sex, multiple partners, HIV-positive partners). Differences between partners constituting a couple with respect to methamphetamine use, recovery, physiological sequelae, and drug-driven HIV risk were cited as common sources of relationship conflicts that negatively impacted couple communication, as did the "invisibility" and lack of positive role models for African American male couples. The psychopharmacological effects of methamphetamine were also noted as a barrier to condom use self-efficacy and negotiation skills. Focus group participants were enthusiastic about the benefit, appeal, and community-affirming impact of a couples-based intervention for African American MSM, culminating with guidance on recruitment strategies/materials to engage MSM populations that may be disenfranchised and/or currently outside the reach of the existing service system.

**LESSONS LEARNED:** A couples-based behavioral HIV preventive intervention for African American, methamphetamine-involved male couples represents a feasible, attractive, and promising innovation in decreasing HIV transmission among populations emerging or remaining at high risk (e.g., methamphetamine users, primary partners) as well as the HIV health disparities disproportionately shouldered by MSM and African Americans.

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## Track C

### C13 - Innovative Interventions for IDUs

**Room:** Cairo (Hyatt Regency Atlanta)

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**Presentation Number:** C13-1

**Presentation Title:** Attitudes Towards HIV Testing Services in Pharmacies Among New York City Pharmacists and Pharmacy Technicians

**Author(s):** Silvia Amesty; Rachel Stern; Natalie Crawford; Crystal Fuller

**BACKGROUND:** HIV burden is high among injection drug users (IDUs), especially black and Hispanic IDUs. Since 2001, the New York State Expanded Syringe Access Program (ESAP) has allowed registered pharmacies to sell sterile syringes without a prescription to IDUs to prevent the transmission and acquisition of blood borne pathogens. ESAP has developed the infrastructure for pharmacies to have relationships with IDUs and recent pilot data suggest that expanded prevention services (i.e. syringe disposal, safe injection, medical referrals) may be feasible within these relationships. We are presenting preliminary data that assesses the perception of pharmacists in expanding HIV prevention services

**METHOD:** ESAP-registered pharmacies in ethnographically mapped high drug activity areas in Harlem, Bronx, Brooklyn and Queens were contacted to assess their eligibility to participate in a study about ESAP. Eligibility criteria included 1) selling syringes without additional requirements, 2) ≥1 new syringe customer/month 3) ≥1 new syringe customer become a regular customer/month. Eligible, consenting pharmacy staff who sold ESAP syringes participated in a 10-minute survey. We present characteristics of pharmacy staff surveyed and their attitudes toward HIV testing services.

**RESULTS:** 337 participants from 105 pharmacies were interviewed, 54.9% were technicians/clerks and 41.3% were pharmacists. There were 13 (3.9%) non-pharmacist owners/managers, and these were excluded from the analysis. Slightly more independent pharmacies were interviewed than chains (56.2%). Most technicians/clerks were female (76.3%) and most pharmacists were male (61.2%); the largest racial/ethnic groups represented among technicians/clerks were Hispanic/Latino (50.0%) and African American (25.5%). The largest racial/ethnic groups among pharmacists were Asian/Pacific Islander (35.8%) and whites (26.3%). Of those pharmacists surveyed, a total of 84.9% were very supportive of ESAP vs. 62.9% of the technicians/clerks. A high levels of support for providing IDUs information on safe syringe use was observed among pharmacists (86.3%) and technicians/clerks (87.5%), on safe syringe disposal (82.7% and 88.7%, respectively), and on referrals to drug treatment (78.3% and 82.6%, respectively). Both pharmacists (80.5%) and technicians/clerks (85.9%) were highly supportive of providing referrals to free HIV testing in their pharmacy, while 58.7% of pharmacists and 62.1% of technicians/clerks were mostly supportive of on-site HIV testing. Similar levels of support were reported for administering vaccines in the pharmacy among pharmacists (58.3%) and technicians/ clerks (50.0%)

**CONCLUSION:** There is support for expanding HIV prevention services in pharmacies with support being greatest for provision of HIV prevention materials as opposed to on-site testing. However, support for on-site testing is equal to that of on-site vaccinations indicating that stigma associated with HIV testing may not play a role in pharmacists and technicians/ clerks support. Future research is needed to determine willingness of IDUs to be tested in pharmacies and the barriers to and the feasibility of HIV testing in pharmacies including time constraints, knowledge on procedures, space concerns, or other perceived factors that would limit expanding prevention programs in pharmacies

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## Track C

### C13 - Innovative Interventions for IDUs

Room: Cairo (Hyatt Regency Atlanta)

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**Presentation Number:** C13-2

**Presentation Title:** Peer Migrants Conducting HIV Prevention with Other Migrants: Results of an Intervention Study

**Author(s):** Sherry Deren; Milton Mino, BA; Sung-Yeon Kang, Ph.D.

**BACKGROUND:** Some migrant populations in the US have been found to have high HIV-related risk behaviors, including Puerto Rican drug users in the US who had previously used drugs in Puerto Rico (PR). Peer outreach programs have been found to be effective in addressing risk among hard-to-reach populations. This intervention project recruited Puerto Rican drug users who were patients in methadone maintenance treatment(MMT), and who had used drugs in PR or were familiar with drug use in PR, to conduct peer outreach to migrant Puerto Rican drug users (current users who had used in PR). These MMT patients identified migrants (PIM) who they would work with to reduce their risk. A comparison of the Patient Peers and the PIM at baseline, and intervention results, will be presented.

**METHOD:** Puerto Rican MMT patients were recruited in 8 clinics in NY and NJ (n=158); clinics were randomly assigned to an Experimental condition, involving the training of Patient Peers in conducting HIV outreach; and a Control condition, that received a brief training in other health issues. Patients in the Experimental condition conducted 12 weeks of supervised peer outreach in the community. In addition, patients were asked to recruit drug using Puerto Rican migrants to work with so as to reduce their HIV risk (n=100). Current drug use for PIM was confirmed with urinalysis. Baseline and follow-up interviews were conducted, and the follow-up rate was 86%

**RESULTS:** Patient Peers were 70% male, mean age 41; the PIMS were similar on these characteristics: 80% male, mean age 43. PIM were more likely to be current injection drug users (IDU) (45% vs 20% of Patient Peers, p<.001); in NJ- a State without SEPs at the time, IDU- PIM were more likely to be sharing injection paraphernalia (63% vs 27%, p<.05), and PIM were more likely to report trading sex (8% vs 2%, p<.05). Intervention outcomes for the Peer Patients in the Experimental condition who conducted outreach (as compared to the Controls) included: talking more with others about HIV (e.g., 6% talked with acquaintances/strangers about HIV at baseline, 45% at follow-up (p<.001); in the Control Condition, there was no difference from baseline to follow-up (both 14%). Those in the Experimental condition who conducted outreach also reported feeling more respected in their communities (p<.01) and there was a trend for them to have greater involvement in vocational activities at follow-up (13% vs 5% for those in the Control condition (p<.10). Outcomes for PIM will be examined in terms of HIV risk behaviors.

**CONCLUSION:** Patients in MMTP recruited to conduct peer outreach to migrants were able to identify peer migrant drug users who were at higher injection and sex-related risk. Implications of the findings include the advantages of training patients in drug treatment or other health services, who are likely to be able to locate their peers who are at high risk for HIV, in conducting outreach. Potential benefits for both Patient Peers and the Migrants they reach can be attained.

**Presentation Number:** C13-3

**Presentation Title:** Adapting and Translating for Program Implementation HIV Risk Reduction Interventions for Hispanic/Latino Drug Users

**Author(s):** Jonny F. Andia; Charles Collins; Salaam Semaan

**BACKGROUND:** HIV incidence and prevalence rates among Hispanic/Latino drug users continue to be very high, and injection drug use (IDU) continues to be a risk factor for Hispanic/Latino drug users. Evidence-based prevention programs play a significant role in controlling the HIV epidemic. Few such programs address the linguistic, social, and cultural needs of Hispanic/Latino drug users because evidence-based interventions that have been evaluated with drug users of multiple races and ethnicities have not been adapted for program implementation to meet the needs of Hispanic/Latino drug users.

**METHOD:** As an example, we discuss the models and steps we used for adapting and translating the Safety Counts intervention, an intervention identified in the Compendium of Evidence-Based Interventions by the Prevention Research Synthesis Project, Centers for Disease Control and Prevention (CDC), for two distinctive Hispanic/Latino groups of drug users: urban and rural. Safety Counts is a group-level, seven-session evidence-based intervention that was implemented with drug users of various racial and ethnic backgrounds in Long Beach, California.

**RESULTS:** This paper reviews the literature on adapting interventions and discusses the steps in adapting an intervention, for Hispanic/Latino drug users. We review the general literature, including models on adapting interventions to populations at risk and the specific literature on adapting interventions to drug users.

**CONCLUSION:** The process of adapting and implementing Safety Counts to Hispanic/Latino drug users involved population and community identification, agency resource assessment, training staff, customizing intervention activities and procedures, translating the materials from English to Spanish, and pilot-testing the program activities. The process of adaptation is feasible, enriched by formative research, training of staff, and cost-effective translation of materials. Adaptation for program implementation is necessary to increase the evidence-based prevention programs for Hispanic/Latino drug users.

**Presentation Number:** C13-4

**Presentation Title:** Improving Sterile Syringe Access in Illinois Through Understanding Pharmacists' Attitudes on Non-Prescription Syringe Sales

**Author(s):** Lawrence J. Ouellet, Ph.D.; Mary Ellen Mackesy-Amiti, Ph.D; Jaclyn Pruitt; Mary Rothring

**BACKGROUND:** Reported HIV cases among injection drug users (IDUs) in Illinois declined 62.7% (303 cases to 113 cases) from 2001-2006. This is the largest decline of any risk group. In 2003, Illinois legalized non-prescription sales of syringes. In addition to the essential services syringe exchange programs provide, pharmacy sales of syringes to non-prescription purchasers contributed to reducing injection related HIV and Hepatitis C infections.

**METHOD:** Pharmacies in Chicago, suburban communities, downstate high-risk areas, and rural Illinois were included in the survey.

**RESULTS:** Following the bill's passage the AIDS Foundation of Chicago (AFC) commissioned the University of Illinois at Chicago's (UIC) School of Public Health to assess Illinois pharmacists' awareness and attitudes toward selling sterile syringes without a prescription. Since the 2004 survey, AFC's Sterile Syringe Access and Disposal Program worked continuously with commercial pharmacies and pharmacy associations to increase pharmacists' understanding that availing IDUs of sterile syringes is good public health and to improve their willingness to sell syringes to non-prescription purchasers. In 2007, AFC commissioned UIC to repeat the same survey with a few additional questions to determine what changes in attitudes and awareness regarding the syringe purchase law and the AFC-administered Sharps Container Disposal Program for syringe disposal had taken place during that time. Additionally, AFC sought to learn what additional programmatic work was necessary to improve promotion of non-prescription syringe purchasing, disposal, and provision of harm reduction information by pharmacies. The 2007 survey was mailed to pharmacy managers or senior pharmacists at 602 pharmacies throughout the state of Illinois. 401 surveys were returned (66.6% return rate), 6 were incomplete and 16 were in hospitals and thus excluded leaving a final sample size of 379.

**CONCLUSION:** Results: Findings of the 2007 survey included, but are not limited to the following:

- 13% increase in the number of pharmacists willing to sell syringes to customers who did not have a prescription (2004-51%; 2007-64%).
- Most respondents reported willingness to provide informational pamphlets on injection-related infections (87%), drug overdose (81%), proper disposal of syringes (90%), and to provide referrals to drug treatment (85%).

- 79% of pharmacists said they have sold syringes without a prescription.
- 95% of respondents reported they were aware of the non-prescription syringe purchase law.

Lessons Learned: Concerted outreach and education to commercial pharmacies and associations about the public health value of selling syringes to injection drug users resulted in greater awareness and improved attitudes regarding non-prescription sales. The expressed interest and willingness of pharmacists to provide additional information regarding a range of harm reduction and social services to injection drug using customers provides a unique opportunity to more fully engage pharmacists in being active partners in promoting public health.

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## Track C

### C22 - Expanding Approaches To HIV Case-Finding In MSM: Routine Testing, Peer Referral And Couples Counseling

Room: Regency Ballroom V (Hyatt Regency Atlanta)

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**Presentation Number:** C22-1

**Presentation Title:** Acceptance of Routine HIV Testing and Engagement Methods Among MSM in Washington, DC

**Author(s):** Manya Magnus, PhD, MPH; Irene Kuo, PhD, MPH; Katharine Shelley, MPH; Anthony Rawls; Luz Montanez; Matthew Goldshore; Benjamin Takai; Tiffany West-Ojo, MPH, MSPH; Shannon Hader, MD, MPH; Alan E. Greenberg, MD, MPH

**BACKGROUND:** Washington, DC has the highest AIDS rates in the US. Surveillance data reveal that men who have sex with men (MSM) continue to account for a large proportion of HIV/AIDS, with 56.5% of AIDS cases through 2006 transmitted through MSM behavior and 6.5% MSM/IDU. HIV attributed to MSM among blacks accounted for ~ two-thirds of all new MSM cases. Routine testing and innovative approaches to engagement and linkage into care offer HIV prevention opportunities. However, there remain concerns that some approaches, including record sharing, partner notification, or health information exchange, may not be acceptable to MSM. The purpose of this study was to examine perceptions about routine testing and responsibility for linkage into care among a venue-based sample of MSM.

**METHOD:** National HIV Behavioral Surveillance data on males  $\geq 18$  years of age disclosing MSM activity at least once in the past year were collected from 7/08 to 12/08 via venue-based sampling in Washington, DC. HIV status was assessed using oral OraQuick with a Western Blot confirmation. Stata was used to characterize the sample, perceptions regarding testing and perception that public health plays a role in linkage or retention in care, using uni-, bi-, and multivariable methods.

**RESULTS:** Of 451 participants, 52.1% were over 30 years, 33.2% were African American, and 99.5% were gay- or bi-identified. Nearly all (95.8%) had ever tested for HIV, but only 57.5% were offered an HIV test the last time they were seen by a provider; 95.8% agreed to be HIV tested as a part of the study, and 14.1% were positive. Participants agreed or strongly agreed that HIV screening should be routine at doctors' offices (71.7%), emergency rooms (50.0%), automatic with medical care (59.6%), "It is the physician's, department of health's, or clinic's responsibility to inform a patient of the results of their HIV test" (95.2%), and that "If a person does not return for their HIV test results or does not link into HIV care, it is the physician's, department of health's, or clinic's responsibility to try to find them and provide them with medical care" (78.1%). Favoring testing being routine at doctors' offices ( $p < 0.001$ ) was associated with the perception that persons should be linked into care while favoring testing being routine at doctors' offices ( $p < 0.03$ ) or emergency rooms ( $p < 0.001$ ), being gay-identified ( $p < 0.005$ ), seeking out an internet sex partner ( $p < 0.05$ ), and ever having barebacked ( $p < 0.02$ ) were associated with perception that it is the responsibility of public health to inform persons of their HIV test result.

**CONCLUSION:** Despite widespread HIV testing availability, many MSM are not offered testing routinely, although there is support for testing at many locations. Innovative approaches for linkage into and retention in care may be acceptable to this population and were perceived as a public health responsibility. Future studies are necessary to determine whether approval of public health involvement derives from a perception that it is already happening or not hearing results implies the person is HIV-negative. New strategies are necessary to promote entry and retention of HIV+ MSM in care.

**Presentation Number:** C22-2

**Presentation Title:** Willingness of MSM to Participate in Couples' HIV Counseling and Testing

**Author(s):** Patrick Sean Sullivan; Laura Salazar; Nikhil Prachand; Robert Stephenson; Nanette Benbow; Patrick Sean Sullivan; Ben Hadscock

**BACKGROUND:** Men who have sex with men (MSM) remain the risk group most heavily impacted by HIV in the United States; new HIV prevention interventions are needed to reduce HIV infections in MSM. In Africa, couples HIV counseling and testing (CVCT), where heterosexual couples receive pretest counseling, HIV testing, and posttest counseling together, has been

shown to decrease HIV and STD infections. However, CVCT has not been evaluated for use in MSM. We sought to determine willingness of US MSM to participate in CVCT with their sex partners.

**METHOD:** We used preliminary data from the Atlanta and Chicago sites of the National HIV Behavioral Surveillance System. We included data collected from August - November 2008. Men were approached in venues where MSM congregate, and eligible, consenting men were administered a survey by trained interviewers. The African CVCT intervention was described to men, who were then asked “if couples testing, where you got your HIV test results back together, were available in the United States, how likely would you be to get HIV tested together with a sex partner in the next year?” Responses were collected on a 5-point Likert scale (would definitely, would probably, might or might not, probably wouldn’t, definitely wouldn’t). Respondents were asked the main reason that they would or would not be likely to be test with a couple; results were field coded. We used multivariable logistic regression to model factors associated with definitely or probably testing as a couple, controlling for city. **RESULTS:** 220 respondents from Atlanta and 322 respondents from Chicago completed the survey; 520 of the 542 answered the question about willingness to participate in CVCT, and 309 (59%) reported definitely or probably HIV testing with a sex partner in the next year if CVCT were available. In multivariable analysis controlling for city, intention to participate in CVCT with a sex partner was more common among black respondents (adjusted odds ratio 3.4, 95% confidence interval: 1.9-6.2); age and Hispanic ethnicity were not associated with intention to use CVCT. Among respondents who said they would probably or definitely use CVCT, the most common main reasons reported for using CVCT were “we would both know where we stood” (105 [33% of respondents]), “to support each other” (42 [13%]), and “would strengthen us as a couple” (29 [9%]). Among respondents who did not express intentions to use CVCT, the most common main reasons reported for not using CVCT were “I would rather learn my own status first, then tell my partner” (134 [68%]), and “the counselor could ask me questions I wouldn’t want to answer” (34 [17%]).

**CONCLUSION:** Despite the limitations of measuring future behavioral intentions, our MSM respondents were open to the idea of receiving HIV testing with a partner; the majority of respondents expressed intention to use CVCT within a year, if it were available. Facilitators of and barriers to CVCT should be considered in adapting the African CVCT protocol for use with US MSM. Our data suggest that studies to evaluate CVCT for US MSM should be feasible.

**Presentation Number:** C22-3

**Presentation Title:** Strategies for Identifying and Testing African American MSM Who Are Unaware of Their HIV Status

**Author(s):** Donna Hubbard McCree, PhD, MPH, RPH; Greg Millett, MPH; Chanza Baytop, DrPH; Melanie Thompson, MD; Renata Arrington-Sanders, MD, MPH; Sandra Kupprat, MS, MA, LLMHC

**BACKGROUND:** Men who have sex with men (MSM) represented the majority of new HIV infections in 2006, and among MSM, a higher proportion of new HIV infections were among African American (AA) MSM. Improving knowledge of HIV status by increasing HIV testing in areas and among populations with the highest rates of HIV is an important HIV intervention strategy. This symposium will highlight the best practices and lessons learned for the design, implementation and analyses stages of a research-focused evaluation project on successful HIV-testing strategies for AA MSM living in four cities on the east coast of the United States.

**METHOD:** The study is being conducted at three community-based organizations (CBOs) in the District of Columbia, Atlanta, and New York and a health department in Baltimore City.

**RESULTS:** This is a four-site, three-year study designed to evaluate the relative effectiveness and costs of three strategies – alternate venue testing (AVT), social networks (SN), and partner counseling and referral services (PCRS) – for reaching and motivating previously undiagnosed 18-64 year old AA MSM to be tested for HIV and linked to medical care and prevention services. The main outcome of the study is to evaluate the relative effectiveness and cost of each strategy per new HIV- positive case identified. This session will provide an overview of the project, describe how the SN strategy was integrated into existing testing programs at each of the sites and discuss specific methods used to reach and motivate AA MSM to be tested for HIV.

**CONCLUSION:** RESULTS: Each of the sites expanded their current AVT activities to specifically target AA MSM. Site staff received training, and developed and implemented a SN strategy tailored for their specific testing program. The D.C. CBO (that focuses exclusively on AA MSM), the Atlanta CBO, and the health department integrated the SN strategy and other procedures developed for this project into their current standard of care. Testing began in June 2008; approximately 287 men have been tested and 26 new HIV-positive cases have been identified across the sites, with greatest success at the CBO-based sites.

LESSONS LEARNED: Successful implementation of the SN strategy requires a detailed plan, staff training, support from the testing agency, and input from the target population. A combination of multiple strategies, e.g., SN and AVT, targeted toward individuals at highest risk and tailored specifically by the agency may be the most effective.

**Presentation Number:** C22-4

**Presentation Title:** Attitudes Towards Couples-Based HIV Counseling and Testing Among MSM in Three U.S Cities

**Author(s):** Sullivan, P.; Salazar, L; Allen, S; Gratzner, B; Seelbach, E; Robert Stephenson

**BACKGROUND:** Couples-based HIV counseling and testing (CVCT) – in which couples receive counseling and their HIV tests results together – has been shown to be an effective strategy among heterosexual sero-discordant couples in Africa for reducing HIV transmission by initiating behavioral change. In most U.S. testing sites, current confidentiality practices prevent the practice of CVCT and CVCT protocols have not been developed for or tested with MSM. This study examines attitudes towards CVCT among MSM in three U.S. cities. Information on the acceptability of CVCT among MSM – the group presently most affected by the HIV epidemic in the U.S. – has the potential to inform the development of new HIV interventions.

**METHOD:** Four focus group discussions (FGD) were held with MSM in Atlanta, Chicago, and Seattle. Participants were recruited through community based organizations in each city. FGD participants were self-identifying gay and bisexual men over the age of 18 who were currently in a relationship with another man. Topics covered in the FGD included the acceptability of CVCT, the perceived influence of CVCT on relationships, behaviors and risk taking, and the format for delivering CVCT.

**RESULTS:** Although initially hesitant, participants reported an overwhelming acceptance of CVCT. CVCT was seen as a sign of commitment within a relationship and was reported to be more appropriate for men in longer term relationships. CVCT was also seen as providing a forum for the discussion of risk-taking within the relationship. Some participants reported a need for CVCT to be accompanied by relationship counseling; however, many participants felt that an option for separate pre-test counseling and risk assessment should be available even if a couple decided to be tested and receive results together. Several participants shared their own HIV testing experiences in which they had sought testing together with a partner but were forced to test separately; in some cases, participants reported the negative effects of not being able to be present when a partner received a positive HIV test result. Some participants, who self-identified as HIV-positive, felt that the availability of CVCT might raise discussions of HIV serostatus with partners earlier than they might otherwise initiate such conversations, but in spite of this felt that CVCT would be desirable.

**CONCLUSION:** There appears to be a demand for CVCT among MSM in the United States, but some modifications to the existing African CVCT protocol – for example, to provide an option for separate pre-test counseling and risk assessment – may be needed. Based on experiences in Africa and acceptance of the idea of CVCT among our FGD participants, CVCT has the potential to reduce risk-taking behaviors and ultimately HIV transmission among male couples in the U.S. More research is needed to test the feasibility of providing CVCT to male couples in the U.S. and to identify service-related barriers to successful service provision.

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## Cross-Cutting Theme 1

### CCT1B - Understanding Contacts and Approches for Addressing Health Disparities, Part 2

Room: Singapore/Manila (Hyatt Regency Atlanta)

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**Presentation Number:** CCT1B-1

**Presentation Title:** Risky Sexual Behavior and Barriers to Condom Use in African American Women

**Author(s):** LaShun Robinson, PhD; Puja Seth, PhD; Gina Wingood, MPH, ScD; Ralph DiClemente, PhD

**BACKGROUND:** African-American women are disproportionately represented among HIV diagnosis in the United States. This is especially true for African-American women residing in the Southern region with one-third of new HIV infections in the US being detected among this group, mostly from heterosexual contact. The observed racial differences in HIV/AIDS among women may be attributable to partner-related factors such as a low ratio of African-American men to African-American women that inhibit stable sexual partnering and safe sexual practices. Given the increasing risk of HIV/AIDS among African-American women, it is pertinent to examine factors contributing to increased HIV-risk behavior. The present study examined the relationship between risky sexual behaviors and barriers to condom use in African-American women at risk for HIV.

**METHOD:** Eight hundred forty-eight African-American women, between the ages of 18-29, participated in the study at baseline. Data collection occurred from October 2002 through March 2006. Participants completed a 40-minute Audio Computer Assisted Survey Interview (ACASI) assessing sociodemographics, HIV/STI-associated sexual risk behaviors, and psychosocial mediators of HIV/STI-associated sexual risk behaviors including sexual communication frequency and condom barriers. In a more detailed look at the overall condom barriers, items were categorized into partner-related barriers and mood-related barriers.

**RESULTS:** Results indicated that women with partners who made \$3,000 more than they did were 1.57 times more likely to report lower frequency of sexual communication with their partner than women who reported their partners did not make \$3,000 more than they did (95% CI= 1.14-2.18, p= .006). Women who reported inconsistent condom use over the past 6 months were 1.41 times more likely to report lower frequency of sexual communication with their partners (95% CI= 1.01-1.96, p= .05) and overall high condom barriers (95% CI= 1.01-1.97, p= .04) than women who reported consistent condom use. In an examination of subscales of condom barriers, women who reported high partner-related condom barriers were 1.58 times more likely to report never using a condom in general than women who reported low partner-related condom barriers (95% CI= 1.06-2.38, p= .03). Women who reported high mood-related condom barriers were 1.33 times more likely to report a higher frequency of

engaging in sexual activity (95% CI= 1.02-1.75,  $p = .04$ ) and 2.57 times more likely to report inconsistent condom use over the past 6 months (95% CI= 1.83-3.62,  $p = .000$ ) than women who reported low mood-related condom barriers.

**CONCLUSION:** This study represents one of the few evidenced-based HIV/STI interventions for African-American women at risk for HIV. It is evident from the results that partner-related factors are significant to reducing sexual risk taking behaviors. Designing HIV prevention programs for this population is a public health priority and must incorporate gender and power issues among African-American couples as well as assertive communication and condom negotiation skills. In addition interventions should include mediating factors such as self-esteem, healthy relationships, and other factors that help empower women improve their sexual decision-making. Ideally, interventions should be created where both partners participate, thereby eliminating barriers and facilitating mutual agreement on healthy, safe sexual practices.

**Presentation Number:** CCT1B-2

**Presentation Title:** Our Emerging Challenge: HIV Testing and Treatment Among Hispanics in Texas

**Author(s):** Jennifer Chase; Margaret Hawthorne; Sharon Riley; Nita Ngo; Jonathon Poe; Miranda Fanning; Elvia Ledezma; Douglas Shehan

**BACKGROUND:** Hispanics are the largest and fastest-growing minority group in Texas; from 2000 to 2006 this population grew, by 11%. In 2006 Hispanics constituted 36% of the Texas's total population in contrast to the U.S. which is 15% Hispanic. The Texas Hispanic population is expected to outnumber the white population by 2020. Currently over 15,000 Hispanics are living with HIV/AIDS in Texas. The objective of this analysis was to review Texas surveillance data to assess HIV diagnoses, testing and treatment practices among Hispanics in Texas.

**METHOD:** Descriptive analyses from the Texas name-based HIV reporting system, HIV Incidence surveillance system, Medical Monitoring Project, Enhanced Perinatal Surveillance System, and Behavioral Risk Factor Surveillance System were compared and used to examine testing and treatment practices among Hispanic persons in Texas.

**RESULTS:** In Texas, 38% of Hispanics aged 18 to 64 years were less likely to report ever testing for HIV as compared to whites (41%) or blacks (63%). Of the 1,265 HIV cases diagnosed among Hispanics in Texas in 2006, 43% received an AIDS diagnosis within one year of learning they had HIV as compared to whites (30%) and blacks (31%). Data from the Incidence Surveillance System indicate that 72% of Hispanics had never tested prior to their first HIV positive test as compared to 67% of blacks and 60% of whites. Seventy-one percent of Hispanics tested had a long-standing infection compared to 67% of blacks and 60% of whites. Hispanic women delivering a baby were nearly 3 times more likely to be diagnosed with HIV after delivery compared to black women. Among people receiving HIV care, 21% of HIV-positive Hispanics delayed starting HIV care for more than 3 months, compared to 8% of blacks and 13% of whites.

**CONCLUSION:** Texas surveillance data indicate that Hispanic persons are more likely to test for HIV later and get into care later than white and black persons. Needs assessments to better understand barriers to HIV testing among Hispanics are currently underway in Texas and data support the need for similar work to assess barriers to treatment. In addition it seems clear that awareness of risk and the demand for testing among Hispanics needs to be increased. Finally, it will be necessary to monitor HIV with sensitivity to the cultural and demographic differences among Hispanics in Texas.

**Presentation Number:** CCT1B-3

**Presentation Title:** Effectively Adapting and Implementing Culturally Competent Prevention Curriculum for High Risk Chinese, Filipino, and Vietnamese

**Author(s):** Phu D. Tran; Daniel E. Toleran; Robynn S. Battle; John Lam; Anthony B. Cabangun

**BACKGROUND:** In the past 10 years, HIV incidences have significantly increased with the high co-occurrence of Hepatitis and Substance Abuse among Asian & Pacific Islanders (A&PIs). Therefore, culturally and linguistically appropriate prevention interventions must be developed for these communities. Currently, HIV, Hepatitis, and Substance Abuse prevention interventions are mostly adapted for Caucasian, African-American, and Latino groups but do not address the hidden populations of A&PI immigrants, drug users (DU), re-entry (RE; probationer/parolee), or men who have sex with men (MSM). Generally, they do not utilize prevention services because of stigma associated with these diseases, cultural taboos of risk behaviors, and a lower likelihood of accessing health services due to language and structural barriers, and other concerns. Therefore, cultural and ethnic adaptation is essential to developing and testing effective prevention intervention services and retaining participants.

**METHOD:** The regional service area includes three Northern California Counties of Santa Clara, San Francisco and San Mateo, where large populations of adult high risk immigrants, DU, RE, and MSM Chinese, Filipino and Vietnamese reside.

**RESULTS:** Using the CSAP/SAMHSA's Strategic Prevention Framework (SPF), Project 3-3-3 is a culturally and ethnically specific program designed to prevent HIV/AIDS, Hepatitis and Substance Abuse, among three immigrant A&PI populations (Chinese, Filipino, and Vietnamese). Linguistically and culturally appropriate staff recruit clients through various outreach settings to participate in an adapted curriculum of two evidence based interventions: Motivational Enhancement Therapy/Cognitive Behavioral Therapy 5 Sessions and Many Men, Many Voices. The intervention focuses on motivating clients

to change their high risk behaviors by providing health education and group discussion of cultural and ethnic identity's contributing role in their high risk behaviors. Secondly to increase their self-efficacy by learning and practicing prevention skills through role plays, skits, games, and discussions. Social events imbedded in the community building approach support retaining participants and provide the clients with enjoyment, comfort and a sense of belonging.

**CONCLUSION:** The cultural and ethnic adaptation of the curriculum includes incentives, targeted outreach, translated materials, workshop facilitation in appropriate language, multiple social events, family style meals and setting, privacy and confidentiality, and open egalitarian discussions. Social events included welcome, graduation and casual coffee gatherings to encourage participation and retention. As a result, 57 (24.7%) of 231 screened and eligible high risk outreach contacts participated in the intervention. The average session attendance of 57 participants was 4 out of 5 prevention workshops and the Follow-Up retention rate was 72.4% (21 of 29). Also, participants coalesced to form social support groups outside of the intervention groups in discussing personal matters.

Providing a culturally and ethnically appropriate adapted prevention intervention is an effective method for recruiting and retaining high risk A&PI participants during the intervention and follow-up period. Participants are more likely to acquire and maintain healthy behaviors by attending most of the sessions and social events. This culturally and ethnically appropriate intervention empowered participants to increase their social support among their peers during the intervention, and hopefully they will use their knowledge to seek additional support to maintain healthy behaviors.

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### Cross-Cutting Theme 3

#### CCT3B - Clinical and Cultural Experiences and Strategies for Addressing Stigma

**Room: Hanover F/G (Hyatt Regency Atlanta)**

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**Presentation Number:** CCT3B-1

**Presentation Title:** Increased Homophobic Stigma in Healthcare Contexts Experienced by HIV-Positive MSM

**Author(s):** Rintamaki, LS; Moskowitz, DA; Rieger, G; Seal, D

**BACKGROUND:** HIV secondary prevention efforts stress the importance of quality relationships between HIV-positive patients and their healthcare providers for optimal clinical outcomes; however, these relationships are undermined when patients perceive the presence of dislike or discrimination directed towards them by their providers or other healthcare personnel. One of the largest patient populations affected by HIV consists of men who have sex with men (MSM), who are the targets of widespread prejudice and discrimination, some of the most insidious and devastating effects of which are found in healthcare contexts. Homophobia repeatedly has been shown to impact the attitudes of and care provided by various medical professionals. Research also suggests that MSM living with HIV are often blamed for contracting the virus by both the general populace and healthcare providers, alike. This suggests that MSM who are HIV-positive may be subjected to additional homophobic prejudice and discrimination in healthcare contexts. The current study seeks to identify to what extent MSM living with HIV are at risk of experiencing homophobic stigma in healthcare contexts and to consider the implications of such findings.

**METHOD:** As part of a larger study on sexual behaviors and healthcare utilization, 1468 MSM completed surveys regarding their healthcare experiences. Surveys were administered at two independent MSM events: the International Mr. Leathermen Competition (55.9% of N; IML) in Chicago, Illinois, and PrideFest (44.1% of N) in Milwaukee, Wisconsin. In addition to HIV status, participants were asked to indicate if they had experienced one or more of ten types of homophobic stigma in healthcare contexts following disclosure of their sexual orientations.

**RESULTS:** Of the 1468 MSM who completed the survey, 282 (19.2%) identified as HIV-positive and 550 (37.5%) reported experiencing one or more types of homophobic stigma in healthcare contexts following disclosure of their sexual orientations. More than 49% of the HIV-positive MSM reported experiencing homophobic stigma in healthcare contexts, which made them 82.7% more likely to report such experiences than their HIV-negative peers ( $p < .01$ ; 95% CI, 1.4-2.4).

**CONCLUSION:** HIV-positive MSM are more likely to report experiencing homophobic stigma at the hands of healthcare personnel than MSM who are HIV-negative. People belonging to stigmatized groups often develop keen sensitivity to any actions by others that signal bias or discrimination. In the context of HIV-positive MSM, this sensitivity may be especially acute when dealing with individuals on whom they must depend, such as healthcare personnel. Observation of overt or even subtle signals of dislike from care providers can affect patients' perceptions of the quality of care they receive, as well as their trust in and likelihood of returning to suspect care providers. For HIV-positive MSM, this may then translate into diminished use or even avoidance of healthcare, which would undermine health maintenance and secondary HIV prevention efforts. Given these important implications, further research is required to explore the ramifications of these findings, including the subsequent effects these stigmatizing experiences have on MSM's healthcare utilization and HIV-related health behavior outcomes, such as treatment access and adherence.

**Presentation Number:** CCT3B-2**Presentation Title:** Will the 2006 CDC HIV Testing Recommendations Reduce Stigma and Increase HIV Testing?**Author(s):** Roland C. Merchant; Melissa A. Clark; Julie G. Maher; M. Teresa Celada; Curt G. Beckwith; Tao Liu; Emma A. Simmons; Kenneth H. Mayer

**BACKGROUND:** Supporters of the 2006 Centers for Disease Control and Prevention (CDC) HIV testing recommendations believe that the new HIV testing methods will reduce stigma associated with HIV testing and increase the number of people tested for HIV. It is not yet known if these beliefs are shared by the clinicians and patients who are most affected by them.

**METHOD:** We developed a computer-based, self-administered survey that presented paired pictorial scenes of a fictional clinician testing a patient for HIV using the 2006 vs. the 2001 CDC-recommended methods: (1) “opt-out” vs. “opt-in”, (2) general medical vs. specific written consent, and (3) optional vs. mandatory prevention counseling. Participants indicated on 5-point scales the extent they believed the 2006 vs. the 2001 methods would reduce stigma or would increase the number of people tested for HIV. On these scales, -2 indicated that the 2006 methods would reduce stigma a lot more, 0 indicated no difference, and +2 indicated that the 2001 methods would reduce stigma a lot more. Participants used similar scales to evaluate the 2006 methods’ impact on increasing the number of people tested for HIV. Mean values and corresponding 95% CIs were calculated. Multivariable linear regression models adjusted for age, gender, race, and HIV testing history were constructed to assess the strength to which patients, compared to clinicians, favored the 2006 methods. A  $\beta+$  coefficient indicated that patients favored the 2001 methods more than the clinicians and a  $\beta-$  coefficient indicated that the patients favored the 2006 methods more than the clinicians.

**RESULTS:** 930 patients and 263 clinicians in the emergency departments, family medicine, and internal medicine clinics at three hospitals were surveyed from May-December 2008. For reduction of stigma, the mean values were: opt-out vs. opt-in (0.17 [0.09, 0.26]), general vs. specific written consent (0.37 [0.29, 0.45]), and optional vs. mandatory prevention counseling (0.04 [-0.04, 0.12]). For increasing the number of people tested for HIV, the mean values were: opt-out vs. opt-in (-0.29 [-0.21, -0.37]), general vs. specific written consent (0.15 [0.07, 0.23]), and optional vs. mandatory prevention counseling (0.26 [0.18, 0.34]). In the multivariable linear regression models, for reduction of stigma: opt-out vs. opt-in ( $\beta$  0.95 [0.74, 1.17]), general vs. specific written consent ( $\beta$  0.61 [0.40, 0.82]), and optional vs. mandatory prevention counseling ( $\beta$  -0.81 [-1.02, -0.60]). For increasing the number of people tested for HIV: opt-out vs. opt-in ( $\beta$  0.93 [0.73, 1.14]), general vs. specific written consent ( $\beta$  0.94 [0.73, 1.16]), and optional vs. mandatory prevention counseling ( $\beta$  -0.63 [-0.83, -0.42]).

**CONCLUSION:** Of the three 2006 CDC-recommended methods, only the opt-out method was judged by participants as likely to increase the number of people tested for HIV. Participants did not believe the 2006 testing methods would reduce stigma, compared to the 2001 methods. Patients were more apt than clinicians to believe that optional prevention counseling would reduce stigma and increase the number of people tested for HIV. Groups implementing the 2006 CDC recommendations will need to convince patients and clinicians of the potential merits of these testing methods.

**Presentation Number:** CCT3B-3**Presentation Title:** Five Anti-Stigma Initiatives Among Diverse US Populations**Author(s):** John Pryor

**BACKGROUND:** The epidemic of HIV-related stigma continues to thwart both prevention efforts and the care of persons living with HIV/AIDS (PLWHA) and is compounded by other social prejudices including racism, homophobia, etc. HIV-related stigma has multiple manifestations including: societal reactions and prejudices against those infected and/or affected by HIV/AIDS (public stigma and stigma-by-association), PLWHA internalizing public stigma that may result in blaming and/or isolation (self-stigma), and laws or policies that perpetuate stigma and discrimination (institutional stigma).

**METHOD:** Under its National HIV/AIDS Anti-Stigma Initiative, the Academy for Educational Development, with support from the Ford Foundation, provided grants to five community-based and national organizations: AIDS Survival Project (ASP) in rural Georgia, Asian & Pacific Islander Wellness Center (APIWC) in San Francisco and Boston, Gay Men’s Health Crisis (GMHC) in New York City, Harm Reduction Coalition (HRC) nationally, and National Council of La Raza (NCLR) in El Paso, TX; Los Angeles, and San Ysidro, CA.

**RESULTS:** The grants supported the development and evaluation of targeted and culturally-specific anti-stigma programs among diverse populations. Each organization focused upon specific manifestations of stigma. ASP focused upon reducing self-stigma among PLWHA and stigma-by-association among family/friends in rural areas through a weekend training program. APIWC’s program focused upon increasing acceptance of individuals living with and families affected by HIV/AIDS (public stigma and stigma-by-association) in Chinese communities nationally through a social marketing campaign. Using a peer-led social marketing approach, GMHC sought to reduce public stigma against and self-stigma in MSM of color, HIV+ MSM, and transgender women in NYC. Using media strategies, coalition-building, and outreach, HRC sought to reduce all four manifestations of stigma around drug use and syringe exchange programs. NCLR sought to reduce self-stigma and public stigma in and against Latino communities through a culturally-appropriate peer educator program.

**CONCLUSION:** Quantitative and qualitative evaluations of these programs showed that each had some impact on the targeted HIV stigma manifestations. Here are some highlights of these findings: ASP training participants showed significant reduction in blaming themselves for their HIV status. Chinese American in targeted communities reported having more conversations about HIV/AIDS following exposure to APIWC's PSA. Focus groups and surveys suggest that GMHC's anti-stigma media promoted positive images of PLWHA and 53-72% of respondents will now speak up when hearing a negative comment about PLWHA. Following HRC's efforts, a House bill was introduced to lift the Federal ban on funding syringe exchange programs. Participants in NCLR's education sessions (charlas) showed significant increases in their HIV knowledge, intentions to discuss HIV with friends/family, and willingness to interact with PLWHA.

**LESSONS LEARNED:** The Initiative enabled these organizations to increase their understanding of the communities they serve, develop collaborative relationships, and enhance the research on anti-stigma programs. These programs showed that a variety of approaches to combating HIV-related stigma can be effective. Because HIV-related stigma can be manifested in multiple ways within and against a community, stigma reduction strategies need to have a flexible focus to be culturally-relevant and based on formative research with members of the targeted community, including people infected and/or affected by HIV.

**Presentation Number:** CCT3B-4

**Presentation Title:** The Faces of AIDS Community Awareness Campaign: A Faith-Based and Stigma Reduction Initiative

**Author(s):** Harold Lawary; Tremayne Coleman

**BACKGROUND:** Although African Americans make up only 12% of the U.S. population, they represent nearly half (46%) of all people living with HIV in the U.S. A primary source of support to those living with HIV/AIDS in the Black community is the Church. But some would ask, "Why faith based agencies and faith communities?" According to the Black Church Week of Prayer for the Healing of AIDS campaign, for over 200 years, Black faith based agencies have cast a beacon of light upon a seemingly endless path of despair for many African Americans. The Faces of AIDS Community Awareness Campaign is a resource for helping to change the attitudes and beliefs of the faith-based institutions that want to help but don't know how.

**METHOD:** The Faces of AIDS Community Awareness Campaign has been implemented within the bi-state region of Illinois and Missouri.

**RESULTS:** The Faces of AIDS Community Awareness Campaign consists of a musical production/performance much like a stage play exhibiting real life situations/stories. When the vision for the Faces of AIDS was first manifested, it was seen as a tool for engaging the African American community in the fight against HIV/AIDS by reducing the stigma associated with those infected and affected. The process of capturing the essence of what the Faces of AIDS Community Campaign exudes includes recruiting participants through treatment facilities and PLWH groups, an on camera interview displaying the participants' purest emotions and most compelling statements, a photo shoot capturing the real innocents of who they are and the development of their personal story which chronicles their struggle against HIV/AIDS. The Faces of AIDS also collaborates with other community-based organizations and local health departments by providing on-site HIV testing and linkages to HIV services after each unveiling. The primary campaign goal of Faces of AIDS is to increase awareness of HIV/AIDS related resources available to people living with and those affected by HIV/AIDS. This in return will become the official disclosure assistance program and will grow into a national exhibit unveiling Faces all over the world combating the stigma that is associated with this disease.

**CONCLUSION: RESULTS:** Since December 1, 2005, over 3000 people have viewed the production. 300 people have received HIV testing with an outcome of 48 positive results. 14 clients have participated in becoming a "Face" within the production, and 31 are currently on a waiting list. More importantly, the Faces of AIDS Community Awareness Campaign has compelled audiences to begin to have conversations and share their thoughts around HIV/AIDS in the African American community.

**Lessons Learned:** Putting a face on HIV/AIDS through exhibit within faith-based communities is one of the most powerful tools to engage the African American community to Promote HIV Awareness, Prevention, and Treatment. A production that takes you on a journey by using music and personal storytelling to exhibit real life situations and stories generates a unique opportunity to not only promote, test, and treat but also to begin to dialogue about the affects HIV/AIDS is having on the African American community.

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## **Cross-Cutting Theme 5**

### **CCT5B - Community Mobilization and HIV Prevention**

**Room: Hong Kong (Hyatt Regency Atlanta)**

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**Presentation Number:** CCT5B-1

**Presentation Title:** From Conceptual Mapping to Coalition Building to Address Multiple Factors for HIV

**Author(s):** Tiffany Walters-Pennick; Quinn Gentry; Tanisha Grimes; Lisa Diane White; Aleisha Langhorne

**BACKGROUND:** Domestic violence service providers and substance abuse treatment centers for women work with clients who are at higher risk for acquiring HIV. With nearly 280,000 women living with HIV/AIDS today, and an estimated three million women being abused by their husbands or boyfriends each year, the need for integrated solutions to address these intersecting problems is paramount. Moreover, to the extent that some women grappling with domestic violence may use alcohol and other drugs as coping strategies, substance abuse presents an additional risk factor for HIV. Past strategies have included collaboration and coordination between HIV prevention educators and social service providers in ways that view HIV, substance abuse, and domestic violence as separate health issues. A comprehensive conceptual mapping of intersecting social and health risk factors was conducted as a method to inform integrated approaches to HIV prevention.

**METHOD:** The RISE Coalition (Reaching and Intervening with Survivors Effectively) is comprised of service providers in women-centered domestic violence service organizations, AIDS service organizations, and substance abuse treatment centers throughout the state of Georgia.

**RESULTS:** The RISE Coalition is funded by the Office on Women's Health (OWH) as a demonstration project to determine best practices for integrating sexual safety planning into existing domestic violence and substance abuse counseling sessions. The RISE Coalition seeks to bridge the gap between the social and health epidemics in the lives of women. For this presentation, we will report the results of the planning phase, as well as preliminary process and outcome data associated with conceptually mapping the path towards an integrated approach to coalition building. Approximately 80 agencies addressing key risk factors that emerged as part of the conceptual mapping received outreach collateral inviting them to become coalition members. Domestic violence and drug abuse counselors working at diverse agencies in the Coalition are trained in Sister Love's Healthy Love group level intervention and the RISE individual-level intervention, and will receive technical assistance on how to integrate HIV prevention education into existing client counseling. Additionally, HIV prevention specialists will be trained to screen for domestic violence as a barrier to HIV risk reduction.

**CONCLUSION:** (1) the conceptual mapping task as a planning tool resulted in a comprehensive framework of women's risk and protective factors; (2) approximately 20 organizations throughout the state of Georgia signed memorandums of agreement to participate in coalition activities; and (3) based on the conceptual mapping, core activities of the RISE Coalition include standard HIV/AIDS education, sexual safety planning, HIV risk reduction assessment and goal setting, and HIV risk reduction using negotiation and problem solving skills.

Preliminary lessons learned include: (1) conceptual mapping is an excellent tool to inform the selection of evidence-based HIV prevention activities; (2) outreach and recruitment protocols must explain the key features and benefits associated with integrated approaches among agencies who may not view themselves as collaborative partners; (3) training and technical assistance must be a core element of integrated approaches

**Presentation Number:** CCT5B-2

**Presentation Title:** Community Mobilization - Effective Strategies to Improve Access to and Utilization of HIV Prevention Services

**Author(s):** Tony Garcia-Pelaez

**BACKGROUND:** In response to the high HIV/AIDS rate of infections among Latinos, the USMBHA has used community mobilization as an effective strategy that has proven to be a critical part of HIV prevention interventions among Latinos. The USMBHA has developed and implemented several capacity building assistance models like Promovision and ENLACES - based on community mobilization processes - to increase Latino's access to and utilization of HIV prevention services including testing; and to increase Latino representation and leadership in Community Planning Groups for HIV prevention. The community mobilization model used by the USMBHA focuses on building capacity at the individual, community and structural levels.

**METHOD:** Community mobilization strategies in Kansas, California and Delaware to strengthen Latino representation in the community planning for HIV prevention process that lead to the creation of regional CPG networks. Community mobilization strategies that lead to active community participation and development of local coalitions in California, New Mexico, New York and Texas to increase access to and utilization of HIV prevention services including testing as well as to increase awareness of the impact of HIV in the Latino community.

**RESULTS:** Both PROMOVISION and ENLACES build the capacity of Latino communities to actively engage important stakeholders in HIV prevention through technical consultations, skill-building sessions, community forums/community wide events, information and technology transfers. These capacity building mechanisms focus on building community mobilization knowledge and skills that will lead the Latino community to (1) access prevention and testing services and (2) get involved at some level in their local prevention planning, resource distribution or policy setting process.

**CONCLUSION:** 1. Increased Latino representation in 90% of the CPG jurisdictions where an ENLACES training has taken place and increased Latino leadership in CPGs in 70% of states where ENLACES has developed networks.

2. Increased Latino participation – over 4,000 people - in community forums/community-wide events focused on providing community mobilization tools and skills building as well as coalition building skills to improve access to and utilization of HIV prevention services including testing.

3. Development and dissemination of “Best Practices” publications and articles that outline the USMBHA’s methodologies and strategies on how to create Latno networks that can actively engage in HIV prevention efforts.

**Presentation Number:** CCT5B-3

**Presentation Title:** Blocks: An Innovative Community Based Approach to Identify Unknown Cases of HIV in NYC

**Author(s):** Zoon Naqvi

**BACKGROUND:** Historically, HIV prevention efforts have focused on using approaches that target populations-at-risk. Research suggests these approaches may be less effective in high-prevalence (1 in 37 or 2.7%) communities where, at least 1 out of the 5 positive people are unaware of their status. Therefore, to promote routine testing, a block-by-block rapid HIV testing campaign was established to eliminate barriers and provide routine HIV testing to all residents.

**METHOD:** In East and Central Harlem Communities, primarily in New York City Public Housing Developments and the surrounding areas. Providing street outreach Block-by-Block and Door-by-Door to promote a community based approach to testing.

**RESULTS:** Using epidemiological and program data, we identified two high-impact zones. We trained peer educators and community organizers to conduct systematic outreach. These staff blanketed the area with HIV prevention messages through direct and non-direct means. We also set up mobile HIV testing in the area for 20 hours each week. Although, Blocks team moves to different zones to expand outreach after 4 months, we return to reinforce messages and provide testing.

**CONCLUSION:** During the initial 8 month period our workers interacted with 1627 individuals in the two "Blocks". Six-hundred and sixty-two (40%) of these individuals were tested for HIV. The overall sero-positivity rate was 1.4% (9). Seven 1.1% of these did not know their status previously and 4 of those were females aged 27-49. We have found that this geographic-based- approach identifies previously undiagnosed HIV cases principally among women who not accurately perceive their HIV risk.

**Presentation Number:** CCT5B-4

**Presentation Title:** Coalition Development Strategies: A Five Year Assessment of Structural Population Based Capacity Building Assistance Course

**Author(s):** Arthur Thomas; Antwan Nicholson; Dr. Mark A. Colomb

**BACKGROUND:** The Coalition Development Strategies course is designed to assist community Health organizations in the development and maintenance of coalitions that address the HIV testing and counseling needs of the African American community. This roundtable is a synopsis of the successes and barriers faced in conducting this skills building course over a five year period.

**METHOD:** A one-day skills building course is provided nationwide to community health professionals attempting to form coalitions, increase access to testing and counseling services in African-American communities.

**RESULTS:** “Coalition Development” is an intense and interactive one-day course that provides a systematic approach to forming coalitions for community health organizations. This course addresses: (1) the advantages of forming an HIV testing and counseling coalition, (2) necessary steps to forming a coalition, and (3) tips for coalition vitality and maintenance. The course was enhanced by providing an atmosphere for participants representing various community health organizations to work together throughout the course in “mini-coalitions”. Teaching strategies include lecture, group discussion, and group activities.

Participants are given a step- by -step activity manual which can ultimately serve as a guide for effective Coalition development.

**CONCLUSION:** The “Coalition Development” skills building course has been delivered in 9 states to a total of 43 community health organizations. Quantitative evaluations data indicate that 93.6% of the participants feel they can apply the steps learned and 93.9% of participants plan to utilize information obtained in this course to form and maintain coalitions in their communities.

Qualitative evaluation data as to the most useful part of the course included the following: “This course reinforced my knowledge of working and forming our coalition”. “I enjoyed having tangible material to look over at a later time. “Writing the goals and objectives for the coalition helps me to focus on the purpose of coalitions”. “The most useful part was the tips of developing a successful coalition because it showed step by step processes”. **LESSONS LEARNED:** Community health organizations that participated in this workshop gained a clear understanding of the advantages of collaborating to increase testing and counseling services for the African-American community. Providing community health organizations with a systematic approach to planning organizing, and implementing coalitions has implications for targeting prevention efforts, service integration, and non-duplication of services. As a result of the participants working together in “mini-coalitions, community health professionals had the opportunity to network, share ideas, and discuss creating linkages to create a continuum of services in their respective communities.

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**Track D****D08 - Unique Issues for Heterosexual African American Males****Room: Hanover C (Hyatt Regency Atlanta)**

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**Presentation Number:** D08-1

**Presentation Title:** Forgotten Pieces of the Prevention Puzzle: Developing HIV Prevention Programs for African American Heterosexual Males

**Author(s):** Tanisha S. Grimes MPH, CHES; Tiffany A. Pennick MPH; Phillip D. Williams MPH; Gina M. Wingood; Ralph J. DiClemente

**BACKGROUND:** While efficacious intervention programs have been developed, evaluated, and implemented for African American populations, few HIV risk reduction interventions designed specifically for African American men who identify as heterosexual have been developed and evaluated. Recent data indicates that HIV infection disproportionately affects African American women, and that heterosexual contact is the primary mode of HIV transmission, suggesting that they are not practicing safe sex with their male partners. This study was designed to gain a better understanding of the elements that would be useful to include in a gender and culturally appropriate HIV prevention curriculum for African American heterosexual males.

**METHOD:** African American men seeking services from barber shops and at recreational facilities in Metropolitan Atlanta, Georgia were recruited to participate in the study. Eligibility criteria included being an African American male, 18-29 years of age, reporting vaginal intercourse in the preceding 30 days, and the willingness to provide written informed consent.

**RESULTS:** The study sample was comprised of 31 African American men participating in focus groups and individual interviews. The objective of the inductive study was to elicit participants' input as it relates to the necessary content for inclusion in a HIV prevention curriculum geared towards young African American heterosexual men. Participants also provided feedback regarding logistical aspects and feasibility of implementing the program. Data from the focus groups and interviews were analyzed and emerging themes were identified and coded using the constant comparative method.

**CONCLUSION:** All of the men reported having unprotected sex with a female partner within the preceding 90 days, with 41.94% having unprotected sex in the past 30 days, an additional 48.39% reporting having unprotected sex in the past 60 days, and the remaining 9.67% having unprotected sex in the past 90 days. Participants concluded that self-control, social health, condom skills, testing and treatment, drug use, alcohol abuse and myths and facts concerning diseases were imperative to include in a program geared to reduce STI and HIV risk in young adult African American men. Peer pressure, male/female relationships, male/male friendships, and fatherhood are all areas that the program must address in a detailed fashion. Moreover, effective communication techniques must be introduced for all of these types of relationships. The notion of social responsibility was raised by all of the participants. The men stated, "Black men need to take an active approach to, not only their health, but the health of the other brothers in the community". This study suggests that there is a clear and pressing need to develop effective HIV risk reduction programs tailored to the needs of African American young adult heterosexual males. With African Americans being significantly and disproportionately affected by the disease, it is imperative that research efforts be further explored. Effective male interventions are necessary to obtain maximum community level changes in HIV infection rates. Society will benefit from these efforts as a whole as the positive health of men can lead to healthier families, institutions, and communities.

**Presentation Number:** D08-2

**Presentation Title:** Sexual Partnerships, Risk Behaviors, and Condom Use Among Heterosexual African-American Men: A Multi-Methods Approach

**Author(s):** Camille Abrahams; Dorcey Jones

**BACKGROUND:** Few studies have examined the sexual partnerships, risk behaviors, and condom use perceptions of low-income heterosexually active African-American men. This study used both qualitative and quantitative methods to gain an understanding of sexual risk-taking behavior among this population.

**METHOD:** A publicly funded sexually transmitted disease (STD) clinic in Louisville, KY.

**RESULTS:** The quantitative survey results indicated that most men (71%) had a main partner and many of these men (42%) had sex partners in addition to their main partner. Median number of female sex partners across the sample in the past year was 4. The qualitative data also supported a norm of multiple, concurrent sexual partners, and men elucidated the different types of sexual partners that exist beyond their main partner (e.g., friend, jump off, one night stand). They also discussed how these additional casual partners served a different purpose sexually than their main partners. Also, 13% of men reported sex with other men in the past year (this topic was not raised in the qualitative focus groups). With regard to condom use, the quantitative study found that protected sex was infrequent, particularly with main partners. In addition, the value of condom use was seen in terms

of “offering protection for both of us” and making one “feel responsible.” Despite these positive attributes, qualitative discussions revealed numerous barriers to condom use in the context of both main and casual sexual partnerships. Differences in these barriers as well as in approaches to condom negotiation in main versus casual partnerships were found.

**CONCLUSION:** Low income, heterosexual African-American men visiting this STD clinic were found to engage in numerous unprotected sexual risk behaviors with multiple partners. Interventions that are responsive to the unique cultural context of this population are urgently needed.

**Presentation Number:** D08-3

**Presentation Title:** “Forgotten Population” in HIV Prevention Beyond the DL — Heterosexual Black/African American <en

**Author(s):** Lisa Bowleg; David J. Malbranche; Jeanne M. Tschann; Michelle Teti

**BACKGROUND:** Behavioral interventions, government funding, social services and media attention targeting HIV prevention among heterosexual Black/African American men lag far behind their representation in the epidemic. There is a need to change the framework under which current prevention intervention models operate. Currently, “priority populations” for prevention strategies are designated by how people infected with HIV identify their transmission risk and who among them have the highest rates of infection. As such, this does not take into account those individuals who are infected in atypical ways (i.e. female-to-male sexual transmission). Nor does this address those individuals whose transmission risk is unidentified. Therefore, it is necessary to rethink the approach that targets women engaged in high-risk sexual behavior without considering their sexual partners.

**METHOD:** This presentation is suitable for staff of community based organizations and health departments interested in and/or currently providing HIV prevention services to Black/African American men who have sex with women.

**RESULTS:** The African American Capacity Building Initiative (AACBI), a program of the Harm Reduction Coalition (HRC), hosted a community advisory group (CAG) forum with their consumers – staff of community based organizations and health departments – to determine how capacity building assistance can support them in developing and sustaining programs to meet the unique HIV prevention needs of heterosexual black/African American men. The CAG forum included an expert panel sharing research, best practices and strategies for developing HIV prevention programming for heterosexual black men. Afterwards, consumers shared their experiences and suggested potential strategies for engaging the target population.

**CONCLUSION:** Through the forum and consumer focus groups conducted, AACBI/HRC was able to identify barriers and solutions to designing interventions and providing capacity building targeting heterosexual African American men. In addition, a literature review was conducted to broaden the picture and determine the factors that influence HIV risk among Black/African American heterosexual men. Based on the data collected thus far, there are 5 key issues that are influencing factors for the HIV risk behaviors of Black/African American heterosexual men. They include: (1) healthy relationships with black women, (2) class and poverty, (3) substance use/drug policy, (4) incarceration, and (5) mental health issues. AACBI/HRC was able to generate ideas about potential partnerships and collaborative opportunities to address this issue through programmatic capacity building assistance.

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## Track D

### D10 - New Approaches with African-American Populations

**Room:** Hanover E (Hyatt Regency Atlanta)

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**Presentation Number:** D10-1

**Presentation Title:** Common Threads Training: Creating a Community of Storytellers to Combat HIV/AIDS Related Stigma

**Author(s):** Vanessa Johnson, JD; Stephen Bailous; Brandon G. Wilson

**BACKGROUND:** The unrelenting raise in HIV/AIDS among women and MSM of African descent, residing in the United States. The reason for this increase in HIV/AIDS incidence among women and MSM are complex. Research and experiential observation indicate that there are several issues converging to fuel the HIV epidemic among these populations: trauma, violence, substance abuse, depression, stigma, gender discrimination, and homophobia. These issues are compounded by a number of economic, social, and structural disparities.

**METHOD:** This 3 day training is designed to be presented in areas of the country where there is a high prevalence of HIV and AIDS among African Americans. Common Threads has been offered in Atlanta, GA, Baltimore, MD, Charlotte, NC, Philadelphia, PA and Washington, DC. The ideal training site would be a small full service retreat facility or a hotel. The training site must be a safe and welcoming space with a culturally competent staff.

Common Threads trainings are designed for 8-10 women or MSM of African descent who are HIV positive and willing to publicly disclose their status and sexual orientation.

**RESULTS:** For the past 14 years, NAPWA has focused on strategies to increase knowledge of HIV serostatus via delivery of training and TA to engage PLWHA and community stakeholders in HIV prevention activities. Common Threads is one such

strategy. Common Threads is a peer-led training based on the learning theory of Transformational Learning. Common Threads is a small group training organized around interactive, skill-building modules. These modules are designed to increase the ability of participants to share their life experiences including their experiences with HIV/AIDS and other related health disparities. Using an approach that includes four learning strategies: peer-led training, didactic presentations, interactive approaches, and take home materials, this project has the potential to: 1) decrease HIV/AIDS related stigma, 2) increase HIV testing and/or linkage to healthcare by improving the delivery of HIV and other health prevention messages, and 3) improve participant health and social outcomes.

**CONCLUSION:** Combining the experiences of the African American and MSM populations of Common Threads, 95% of the participants "strongly agreed" (as opposed to "agree", "neutral", "disagree", or "strongly disagree") that "Common Threads" met their expectations. In addition, 100% of the participants rated the training as an effective use of time. Finally, 99% of the participants would recommend the training to other women or MSM of African descent living with HIV/AIDS. Both populations reported a significant increase (20-53.2%) in all skills building modules (ice breakers, personal timelines, use of data, family history, affects of trauma, heart and soul, sexual orientation, and HIV testing experience). And more importantly, over 90% of participants indicated readiness to publicly disclose their HIV serostatus and other life experiences, which made them vulnerable to HIV infection, after completing Common Threads.

Key lessons learned are that it is important to include the target population in the design and implementation of HIV prevention activities. We have also learned that participants can process complex personal issues in a small group setting, with the support of peer trainers and a licensed mental health professional.

**Presentation Number:** D10-2

**Presentation Title:** Developing Concurrency Messaging to Reduce HIV Disparities Among US African American and African-Born Populations.

**Author(s):** Michele Peake Andrasik, Ph.D.; Jennifer Foster, Ph.D.; Ann Kurth; Martina Morris

**BACKGROUND:** In the United States, HIV rates are significantly higher among non-Hispanic Blacks than among any other racial or ethnic group. In Seattle and King County, Washington, non-Hispanic Blacks comprise 6% of the population, yet they represented 18% of all newly diagnosed cases of HIV between 2002 and 2006. Due to structural factors, including highly disproportionate incarceration rates, social networks, and migration patterns, African American and African-born populations are more likely to be in sexual networks where there is a higher percentage of overlapping sexual partnerships (concurrency). These overlapping sexual partnerships play an important role in racial disparities in HIV. Mathematical models show that very small changes in sexual concurrency can have a dramatic impact on HIV transmission. As such, an HIV prevention message of "one partner at a time" is as important as messages promoting condom use or abstinence.

**METHOD:** In March 2007, the University of Washington's (UW) Center for AIDS and STD and Center for AIDS Research (CFAR) Community Action Board (CAB) co-sponsored a seminar on "HIV Disparities: Impacts on African-American and African-Born Populations". Community participants at the seminar requested that the UW partner with them to develop messaging around sexual networks that could be used to help reduce HIV stigma and illustrate the importance of concurrent sexual partnerships in their communities. The CAB created a working group on HIV Disparities, and the resulting community-academic partnership led to a successful grant application and the initiation of a concurrency messaging project in Seattle & King County, WA.

**RESULTS:** This community-academic concurrency project is utilizing community-based participatory research methods to translate the science of sexual networks into culturally-resonant HIV prevention messages as a new approach to help reduce racial disparities in HIV in African American and African-born populations in Seattle and King County, WA. The CAB developed interview guides and conducted key informant and focus group interviews with African American and African-born community members. In the African-born community, a focus was given to Ethiopian and Kenyan immigrants, as they have the largest HIV infection burden among African-born Blacks in King County. Data from focus group and key informant interviews is being utilized to develop messaging around sexual networks and concurrency and to create a multimedia tool illustrating the principles of HIV transmission in sexual networks. The data is also being used to identify effective message dissemination channels in the African American and African-born communities. Next steps include piloting and evaluating the impact of the HIV prevention messages about sexual networks and concurrency in these communities. A national seminar is also planned to share message findings and tools and to explore expanding this project nationally.

**CONCLUSION:** Utilizing a community-based participatory research methods approach to develop appropriate HIV prevention messages for African American and African-born populations in the US will be discussed. Effective means to pilot and evaluate these messages will also be discussed. Important lessons learned include strategies to improve community-academic partnerships in HIV prevention for African American and African-born populations and the development of successful health promotion partnerships with media firms.

**Presentation Number:** D10-3

**Presentation Title:** "Charm School": A Fresh Take on HIV Prevention Interventions

**Author(s):** Suzanne Kinsky

**BACKGROUND:** Research has revealed a consistent association between survival sex work and an increased risk of HIV infection. Female survival sex workers, especially those that use crack cocaine, have higher rates of unprotected sex with paid and unpaid partners, and more sexual partners than other types of sex workers. Higher rates of drug use, unprotected sex and increased sex partners mean this group of sex workers' HIV prevention needs have not been adequately addressed.

**METHOD:** "Charm School" targets African American survival sex workers in Washington, DC. Participants are recruited through word of mouth, peer-based late-night street outreach, and peer-based outreach at partnering organizations such as shelters and dinner programs.

**RESULTS:** HIPS has 15 years of experience addressing sex work specific needs and a established relationship with survival sex workers. With funding from Johnson & Johnson and the National AIDS Fund's GENERATIONS Initiative, HIPS developed "Charm School." "Charm School" is a new multi-session HIV prevention intervention for African American women who engage in sex work and are drug users. The intervention combines peer co-facilitated group and individual sessions that assist women in setting risk reduction and personal goals, while at the same time addressing cultural and structural issues that serve as barriers to healthier life choices. Individual sessions include developing a personalized risk reduction plan, goal setting, and skills building on HIV prevention techniques related to drug use and sex work. Group sessions include education on the steps of behavior change, a skills building component, and discussions of risk reduction in the context of a survival sex worker's life. Sessions also include discussions on culture, poverty, drug use, homelessness and relationships with men and other women.

**CONCLUSION:** HIPS measures success through client retention rates as well as behavioral risk assessments, personal interviews, and participant feedback sessions. Pre- and post-intervention behavioral risk assessments and 30- and 60-day follow-ups thus far have shown that the intervention has its intended effect on both risky sex work and drug related risk behaviors. Year One results show a decrease in unprotected anal and vaginal sex and an increase in safer sexual acts. Other notable findings were a decrease in sharing needles to inject drugs and a decrease in the number of sexual partners. A focus group conducted at the end of Year One showed that the women who went through "Charm School" felt more confident in setting boundaries with their sexual partners and had an overall increase of self-efficacy and self-worth. Many of the women who went through "Charm School" expressed that this was the first opportunity that had to "bond" with other women "just like them." By creating a safe space for this population, HIPS was able to deliver these messages and give "Charm School" participants a chance to take them in and practice using them, before fully incorporating them in their daily lives. Future plans include packaging the intervention and training other organizations in "Charm School."

**Presentation Number:** D10-4

**Presentation Title:** Using Popular Opinion Leader Model to Develop Innovative/Effective Programs Targeting the African American Community.

**Author(s):** Frank Hawkins

**BACKGROUND:** The HIV/AIDS epidemic in Delaware has particularly affected the state's African-American population. According to the Delaware HIV Prevention Planning Committee's 2005-2009 Comprehensive HIV Prevention Plan, 66% of the total AIDS cases in Delaware reported in 2007, occurred among the African-American population, although only 19% of the total population in Delaware is African-American. Consistent with national data provided by the CDC, the majority of Delaware's AIDS cases diagnosed in 2008 were African-American men, followed by African-American women – African-Americans accounted for 62% of reported male cases and 80% of reported female cases. 75% of those infected through heterosexual contact were African-American and the majority of Intravenous Drug User cases (82%) consisted of African-Americans.

**METHOD:** Due to the comfort level African Americans have within these environment, they feel comfortable discussing the subject of HIV and personal matters. Popular Opinion Leaders (POLs) in the Do The Right Thing 4LIFE (DTRT4L) program include owners of barbershops, beauty salons and spas. These establishments serve as venues for the program's goals and objectives. Typically patrons spend a significant amount of time receiving services and entrust the provider with personal discussions.

**RESULTS:** AIDS Delaware developed DTRT4L in 2000. DTRT4L is an innovative, culturally sensitive non-traditional outreach program designed to educate African-Americans about HIV/AIDS, its impact and prevention methods.

**Strategic Approach:** The Popular Opinion Leader Model

The DTRT4L program utilizes the POL model, designed by the Center for Disease Control and Prevention, a community level peer based outreach strategy. POLs deliver education and prevention messages to community members who they come into contact with on a daily basis. POLs provide informal, one-on-one HIV prevention messages to others in their network. Education messages include endorsing healthy behaviors, dispelling myths, discussion of risk reduction methods and distribution of literature and condoms.

A key component of the DTRT4L program is “educational parties”.

**CONCLUSION:** African-Americans consistently need to hear and see messages about safer sex and abstinence. Due to the creativeness with the DTRT4L program we are able to reach individuals that may not ordinarily attend “conferences”, “workshops” or “seminars”.

The program launched included 5 salons. To date the program consist of 17 barbershops, beauty salons and spas, impacting over 6,000 individuals. As a result of the messages given by POL’s, AIDS Delaware has seen a dramatic increase in HIV testing numbers. Through the DTRT4L program 1,124 people have been tested and we have not received any positive results.

Lessons Learned

Through this program AIDS Delaware learned DTRT4L must consider all the needs of it’s target population. POLs or members of a specific community are sometimes more “qualified” and serve as a peer thus reach the intended audience.

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## Track D

### D21 - Glimmers of Hope for HIV Prevention in Rural Areas

**Room: Hanover D (Hyatt Regency Atlanta)**

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**Presentation Number:** D21-1

**Presentation Title:** Adaptation of Sisters Informing Healing Living Empowering Intervention for African American Women in Rural Mississippi

**Author(s):** Dorkisa Hutton; Erica Turner; Mark A. Colomb

**BACKGROUND:** In the United States, HIV/AIDS has devastated women of color; especially African American (AA) women ages 18-44. Yet there has been very limited research to address the HIV knowledge, attitudes, and beliefs of AA women while accounting for risky behaviors that place AA women at risk for HIV and the barriers to accessing HIV prevention services. Moreover, evidenced-based HIV prevention interventions’ structured weekly scheduled sessions have not taken into account factors that confound AA women’s availability to adequately participate. Based on the Centers for Disease Control and Prevention’s Paradigm for Adapting Evidenced-based Interventions for New Populations or Target Audiences five components (assets, select, prepare, pilot and implement), the Sisters Informing Healing Living Empowering (SiHLE) intervention was adapted for AA women ages 18-25 who reside in the Jackson, MS Metropolitan Statistical Area (Hinds County, Madison County, Copiah County, Rankin County, Simpson County).

**METHOD:** The survey instrument, participant recruitment and intervention implementation for the adapted Sisters Informing Healing Living Empowering (SiHLE) intervention were conducted in the Jackson, MS Metropolitan Statistical Area (Hinds County, Madison County, Copiah County, Rankin County, Simpson County)

**RESULTS:** A thirty-two (32) question survey instrument was administered to African American women in the Jackson, MS Metropolitan Statistical Area in order to (1) ascertain certain knowledge, attitudes, and beliefs about HIV prevention among AA women ages 18-25 in the Jackson, MS Metropolitan Statistical Area; (2) to determine barriers to HIV prevention among AA women ages 18-25 in the Jackson, MS Metropolitan Statistical Area; (3) to identify sexual risk behaviors of AA women ages 18-25 in the Jackson, MS Metropolitan Statistical Area (4) to gauge the willingness of AA women ages 18-25 in the Jackson, MS Metropolitan Statistical Area to participate in an evidenced-based HIV prevention intervention. Based on both the qualitative and quantitative data obtained from the 126 completed surveys, the SiHLE intervention (with core elements unchanged) was adapted to address the HIV prevention needs and factors that confound participation of African American women ages 18-25 who reside in the Jackson, MS Metropolitan Statistical Area (Hinds County, Madison County, Copiah County, Rankin County, Simpson County) in evidenced-based HIV prevention interventions.

**CONCLUSION:** Analysis from the quantitative data results indicated great success with the adapted SiHLE intervention. 96% of participants felt they could easily apply the skills and knowledge obtained in the course. 100% of the participants feel empowered to communicate with present and/or future partners and 100% of participants better understand how to protect themselves from STIs and HIV/AIDS. Analysis from qualitative data indicated the most useful part of the interventions was ...”learning about HIV/AIDS and all the different STI’s” and “right way to put on a condom...”

**Presentation Number:** D21-2

**Presentation Title:** A Web-Based Tool for Developing HIV Prevention Materials for Rural Communities

**Author(s):** Elizabeth Webb; April M. Young; Richard A. Crosby; Seth Noar

**BACKGROUND:** HIV prevention efforts in rural states rarely include the design of HIV prevention materials that are specific to the needs of rural residents. Instead, generic prevention tends to be applied in rural areas. This lack of targeting is problematic because of the unique needs and perceptions of rural Americans.

**METHOD:** The target audiences for use of this interactive website include local health departments, health care providers, and outreach workers in rural America.

**RESULTS:** The interactive web site being developed is an extension of a recently developed guide by the Rural Center for AIDS/STD Prevention (A Guide to Developing HIV Prevention Materials for Rural Communities). The website provides a service to state and local health departments by allowing individuals to instantly create targeted materials specifically designed for the needs of their community. The website avoids the undue effort or acquisition of resources that may often preclude the use of tailored materials. It provides for three tiers of tailoring: at-risk group, race, type of STD. Once the user establishes these three variables, a group-specific set of images and taglines for the user to choose among is provided. After taglines and images have been chosen, a printable preview of the prevention material is provided. The website also solicits input from users in the form of suggested taglines and images. We also expect to be responsive to the suggestions of website users and to add new taglines and images over time.

**CONCLUSION:** This website is a prototype for a more advanced version to be published to the web sometime after the conference. Once the website is made available online, a Google Analytics application will be used to track specific page traffic and use by geographic region. Using this interactive website, HIV prevention providers will be able to more carefully target prevention materials to their unique audiences. Feedback gained during this session will be useful in the continued development and refinement of this web-based tool.

**Presentation Number:** D21-3

**Presentation Title:** Comprehensive Risk Counseling Services: Partnership in Palm Beach County, Florida

**Author(s):** Sandra Chamblee; Michael Greene; Zunilda Jackson

**BACKGROUND:** African-Americans are disproportionately affected by HIV/AIDS in western Palm Beach County, Florida. Glades Health Initiative (GHI) and the Health Care District of Palm Beach County (District) recognized the need for HIV targeted prevention in western Palm Beach County (zip codes 33430, 33476, 33493). Through collaborative efforts GHI obtained grant funds from the Florida Department of Health. In addition the District provide matching fund to implement HIV prevention program for persons living with HIV/AIDS and their partners.

The project provides Comprehensive Risk Counseling Services (CRCS) to HIV infected individuals (African Americans and Hispanic and their partners).

Objectives:

- Reduction of HIV positive individuals in western Palm Beach County
- Reduction of HIV related admissions at Glades General Hospital (GGH)
- CRCS to partners of HIV positive individuals
- Prevention of HIV positive clients from contracting other Sexually Transmitted Diseases
- Channel HIV positive individuals into medical care

**METHOD:** The program, led by GHI, focused on western Palm Beach County, an isolated, agricultural area of approximately two-thousand square miles with a permanent population of approximately 31,000 and a seasonal farm worker population of about 15,000.

The target population, African-Americans, Hispanics and their partners are disproportionately affected by the HIV/AIDS infection in Palm Beach County, especially in western Palm Beach County. The HIV epidemiological data shows high number of cases in the geographic location (zip codes 33430, 33476 and 33493) of the target area.

**RESULTS:** Case manager established and maintained contact with designated nursing staff at the Glades General Hospital and collaborated with provider community agencies for referrals to the project. Enrollees complete a pretest questionnaire during the intake and a post test upon completion of the program. Enrollees are required to complete at least eight visits. During each visit enrollees receive condoms, Comprehensive Risk Counseling Services (CRCS) and referrals. At the end of the enrollment period enrollees are assessed to determine the program impact.

**CONCLUSION:** Through the first quarter of Year 3, seventy-nine participants enrolled in the program. Sixty-three (79.8%) have been HIV+ and the remaining 16 (20.2%) negative (partners of positive individuals).

Evaluation demonstrated that the program had a significant positive impact on 71.1% of participants and a moderate positive impact was observed in another 15.6%. In addition, 64.4% of participants achieved all goals set forth by the program administrator and another 28.9% achieved at least some goals.

In 2007 HIV related admissions at the GGH reduced by 25% when compared to 2005.

Lessons Learned:

- Confidentiality and the limited privacy of the hospital's room arrangements (semi private rooms) constrained Discharge Planner in discussing positive HIV status with clients and in obtaining permission for referral to project.
- The unknown HIV status of new hospital admissions limits the appropriate referral of positives to the project.
- Multifaceted collaboration positively impact communities that are affected by HIV/AIDS.
- CRCS contributes to the reduction of hospital admissions due to HIV related infections

**Presentation Number:** D21-4

**Presentation Title:** Intervention Affects Stage of Change in Migrant Workers

**Author(s):** H. Virginia McCoy, Ph.D.; Anne Bowen, Ph.D.; Emma Ergon-Rowe; Muni B. Rubens

**BACKGROUND:** Intervention design is a challenging process especially for mobile populations. Migrant workers' sexual risks for HIV are exacerbated because they are isolated from families and live in segregated housing. They are often the targets of prostitutes and drug dealers. Migrants are increasingly becoming infected with HIV through heterosexual contacts with more than one partner and often do not use condoms. This study utilized the interaction between readiness for change, in terms of the stages of change model and participation in one of two interventions.

**METHOD:** The participants were African American and Hispanic migrants workers recruited using targeted sampling in a rural Florida county. After baseline measurements, participants were randomly assigned to an experimental, Peer Education Ends Risky Behaviors (PEER) or a comparison, Health Education Always Leads To Healthy You (HEALTHY), intervention. This report is restricted to male migrant workers who completed baseline and 3-month post-intervention visits. Two (Preparation or Maintenance stage of change) by two (intervention group) multivariate analysis of variance (MANOVA) was used to examine two changes in cognitive precursors of behavior change, using pre to post-change scores.

**RESULTS:** One hundred forty-six male migrants (69% Latino) completed the baseline and 3 month post-test. The sample was divided into preparation (reporting inconsistent condom use) and maintenance (reporting consistent condom use) at baseline. Forty-four percent of the African Americans and 50% of the Latinos were in the preparation stage of change. Main effects for stage were found for "condom social norms" in terms of beliefs that friends give friends condoms ( $p < .000$ ) and "behavioral intentions" to use condoms ( $p < .001$ ). Interaction effects were found for beliefs that drinking alcohol causes risky behaviors ( $p < .01$ ) in that pre-contemplators in the control intervention and maintainers in the HEALTHY intervention did not change their beliefs. Pre-contemplators in the PEER intervention and maintainers in the HEALTHY intervention believed this statement significantly less at follow-up. Most interesting were the interaction effects between stage and intervention for Processes of Change. Overall, "Preparers" tended to increase their use of processes such as watching demonstrations of condom use, remembering to use condoms correctly, convincing peers to use condoms, and reduced embarrassment when talking about condom use than participants in maintenance and they were more strongly affected by the experimental intervention than the control. No significant differences were found in change scores across intervention group or stage of change for self-efficacy beliefs for condom use.

**CONCLUSION:** Results are discussed in terms of the continued need to develop interventions that take stage of change into account.

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## Track E

### E01 - In Our Reach: Eliminating Perinatal HIV Transmission in the U.S.

**Room:** A705 (Atlanta Marriott Marquis)

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**Presentation Number:** E01-1

**Presentation Title:** Evaluation of a Prenatal Class for HIV-Infected Pregnant Women

**Author(s):** Brenda Wolfe

**BACKGROUND:** The Pediatric AIDS Chicago Prevention Initiative (PACPI) was formed in 2000 with the mission to eliminate perinatal HIV transmission. One component of this initiative entails offering pre-prenatal classes to HIV-infected pregnant women. HIV-specific prenatal classes were developed in conjunction with HIV/OB and pediatric leaders in the community and are offered at rotating locations every six to eight weeks. Women are referred to the class by HIV case managers as well as providers. The 12-hour long prenatal classes are broken down into three four-hour sessions held once a week for three weeks. The purpose of the class is to help HIV-infected pregnant women understand the: 1) basics of HIV and pregnancy, 2) importance of prenatal care and nutrition, 3) expectations during labor and delivery, and 4) importance of antiretroviral treatment adherence for themselves and their infants. The class instructors include registered nurses and a dietician with a wide range of experience in working with women living with HIV.

**METHOD:** Pre and post tests were developed with guidance from the class instructors. The 24 multiple choice questions were meant to cover the broad range of topics covered in class and highlight the main take-home points. Class participants were also asked to rate their satisfaction with various aspects of the class. All PACPI prenatal classes between February 2007 and March 2008 were evaluated.

**RESULTS:** During the evaluation period, 37 women attended a prenatal class of which 33 completed both a pre and post test. Most of the women were non-Hispanic Black (78.7%), had less than a high school degree (51.5%), had at least one previous pregnancy (61.2%), had not been diagnosed with HIV during their current pregnancy (64.5%), and were currently in a case

management program (67.8%). The average age was 25 (range 17-36). The pre-test score average was 12.8 and the post-test average was 15.3 ( $p < 0.05$ ) representing an increase in knowledge of 19.5%. Twenty-two of the 33 women saw at least a 10% increase in their test scores. Questions regarding the purpose of the prenatal care visits, the importance of delivering at the same hospital where prenatal care was received and, adverse outcomes of sexually transmitted infections were the most problematic for women. Virtually all women (97.6%) were "happy with" the various topics covered in the prenatal class. In fact, most women (97.6%) noted that they "learned a lot" in the class.

**CONCLUSION:** Prenatal classes that focus on the needs of HIV-infected pregnant women and their infants play an important role in educating and potentially empowering women to take control of their health and that of their infants'. While participant knowledge did improve and women felt they learned "a lot", there are some topics that may need to be reviewed more carefully.

**Presentation Number:** E01-2

**Presentation Title:** Effect of Legislative Changes on HIV Testing Among Pregnant Women in Rhode Island

**Author(s):** Brian Alverson, MD; Robin Neale, MT; Timothy Flanigan, MD; Curt G. Beckwith, MD

**BACKGROUND:** In 2004, the CDC highlighted Rhode Island as one of the 21 states that surpassed the threshold of 17 new HIV diagnoses and 9 AIDS diagnoses per year per 100,000 women aged 15-45 years. Despite this, only 52.8% of pregnant women had a known HIV status documented at time of delivery in 2005. Due to unacceptably low testing rates among pregnant women, three HIV-infected infants were born in Rhode Island in 2006. At the time, Rhode Island HIV testing law required separate written informed consent and did not allow for streamlined routine opt-out HIV testing in medical settings as recommended by the CDC in 2006.

**METHOD:** In an effort to modify Rhode Island HIV testing law for pregnant women, a concerned group of physicians spearheaded legislative changes intended to 1) eliminate separate written informed consent for HIV testing during pregnancy, and 2) facilitate routine opt-out testing during prenatal care. A coalition was created including members of HIV/AIDS activist organizations, the Rhode Island Department of Health, lawmakers, and other healthcare providers to pass new legislation. In July, 2007, the requirement for separate written informed consent for HIV testing during pregnancy was successfully eliminated, with verbal consent for HIV testing permitted. In order to protect the rights of the patient, the legislation required that no woman be tested for HIV without her knowledge, and patients have the right to decline testing.

**RESULTS:** In order to assess the impact of the new HIV testing legislation on HIV testing rates among pregnant women, the medical records of women delivering at Women and Infants' Hospital (WIH) prior to and following the changes in the law were reviewed retrospectively. WIH is the largest birthing center in the state accounting for 72% of deliveries. Rapid HIV testing performed during labor was not included.

**CONCLUSION:** Maternal testing rates increased 39.2% at WIH. The testing rates were 52.8% in 2005 prior to the legislative change and increased to 72% by March 2008, and 92% most recently in November 2008. Since passage of this bill, there have been no known mother-to-child HIV transmissions in Rhode Island.

These data demonstrate that separate written informed consent for HIV testing was acting as a barrier to testing among pregnant women and that removal of this barrier has led to increased testing rates. This evidence further supports the CDC 2006 revised recommendations to routinize opt-out HIV testing in all health-care settings. Despite these changes for HIV testing among pregnant women, separate written informed consent is still required in other medical settings within Rhode Island. The HIV testing laws are still not in compliance with the CDC recommendations and further legislative work is needed to enable routine opt-out HIV testing in all health-care settings.

**Presentation Number:** E01-3

**Presentation Title:** Perinatal HIV Case Management Training: An Essential Strategy for Perinatal HIV Prevention

**Author(s):** Anne Statton; Carolyn Burr; Margaret A. Lampe; Rebecca S. Fry; Elaine Gross

**BACKGROUND:** Illinois has seen a dramatic decrease in the number of perinatally-infected infants, due in part to the safety net of prevention comprised of rapid testing on labor and delivery in all birthing hospitals, the Illinois 24/7 Perinatal HIV hotline for reporting newly identified HIV-positive and rapid HIV-positive pregnant and delivering women and the Pediatric AIDS Chicago Prevention Initiative's (PACPI) Perinatal Enhanced Case Management (PECM) program. The 24/7 Hotline helps to link pregnant HIV-positive women to care through connecting women with the case management program. The PECM program targets the hardest-to-reach, hardest-to-link HIV-positive pregnant women with care and ensures follow up throughout pregnancy and the postpartum period. In order to improve this safety net of perinatal HIV prevention in Illinois, we developed a training for Ryan White Case managers to help educate them about perinatal prevention and to help deliver healthy preconceptional messages to male and non-pregnant clients. The goal of this training was to further strengthen the care given to HIV-positive pregnant women who are not complex and thus not eligible for PECM, making sure that each client has a delivery plan, understands the importance of medication adherence, postpartum follow-up and pediatric care issues.

**METHOD:** Perinatal Case Management Training was conducted in Chicago for two sessions of interested Ryan White case managers in October-November 2008.

**RESULTS:** Based on the successful PACPI PECM program, a four hour training session was developed consisting of basic perinatal HIV prevention education, review of the Illinois Perinatal HIV Prevention Act, delivery planning, disclosure, medication adherence, lactation suppression, hospital and home visit checklist and protocols, postpartum protocol and checklists, pediatric follow up checklist and perinatal loss. Materials are provided in a resource/training manual to help facilitate the training and as take home materials. The training also includes an explanation of the intensive case management service and the hotline so that clients with moderate to high need can be referred. A pre and post test for each participant was collected to measure increase in knowledge and skills.

**CONCLUSION:** A total of 22 Ryan White (Part A – HRSA Funding to the Chicago Eligible metropolitan area) case managers have been trained to date. Average improvement in post test scores was 20% with a range of 5-40% improvement. Case managers were eager to learn about how to advocate for healthy decision-making for non-pregnant male and female clients and how to support pregnant clients with low to moderate needs. A mandatory training is planned for all downstate Ryan White Case managers (Part B – HRSA Funding to states) in early 2009. More sessions are also planned throughout the state in 2009. The resources developed for the trainings for Part B (downstate) case managers will include referrals to the various specialty care centers throughout Illinois.

**Presentation Number:** E01-4

**Presentation Title:** Supporting Best Practices for Routine Prenatal HIV Testing in New Jersey: Stakeholder Collaboration, Provider Education

**Author(s):** Elaine J. Gross, RN, MS, APRN (lead/presenting author); Carolyn K. Burr, EdD, RN; Rebecca Fry, RN, MS, APN; Linda Berezny, RN; Sindy Paul, MD, MPH

**BACKGROUND:** New Jersey continues to have the highest proportion of women with HIV/AIDS in the US. In response to updated CDC HIV testing recommendations for pregnant women, NJ law was changed, effective in mid-2008. Previously, NJ mandated prenatal HIV counseling and voluntary testing using an opt-in approach. The new law requires routine opt-out prenatal HIV testing, repeat 3rd trimester testing, rapid testing in labor and delivery if HIV results are not documented, and mandatory testing of newborns whose mother's HIV status is unknown. Implementation of the law impacted on delivery of care to pregnant women and newborns across the state.

**METHOD:** The New Jersey Department of Health and Senior Services (NJDHSS) and a national resource center (NRC) worked collaboratively to gain the input of stakeholders statewide to revise the standard of care for HIV testing in the perinatal period and to educate nurses across the state about implications of the new law.

**RESULTS:** Three months prior to the law's effective date, stakeholders from professional and hospital organizations, academic and private clinicians, maternal-child health (MCH) and HIV providers, and state agencies met to update the standard of care and best practices in HIV testing in pregnant women and newborns. The NRC and NJDHSS in collaboration with the state's MCH consortia also sponsored a series of 6 train-the-trainer workshops across the state targeting hospital and community-based nurse managers and nurse educators. An extensive curriculum developed participants included a slide presentation and speaker notes focusing on the law and updating information on perinatal HIV testing and care of the pregnant woman with HIV, as well as clinical case studies for discussion, patient/provider education materials, and current references. A 6-month follow-up evaluation of the workshops is scheduled. Education targeting physicians is planned for 2009. The NRC continues to provide ongoing technical assistance (TA) to hospitals.

**CONCLUSION:** Stakeholders revised the standard of care/best practices at the meeting and via e-mail and will finalize and widely disseminate the product after final state regulations are issued in 2009. The workshops reached 142 participants from 46 hospitals/hospital systems, 13 community health centers, and 6 MCH consortia. TA concerns to date identified by phone and e-mail feedback from administrators and providers include issues of consent, timing of third-trimester testing, laboratory questions, and documentation.

**Lessons Learned:** The translation of new legislation regarding perinatal HIV testing into clinical practice is enhanced by the collaborative efforts of state agencies, educators, and clinicians. Stakeholder involvement, provider education, and development of best practices can help assure that high quality care is maintained and that women's and children's needs are met as opt-out routine prenatal HIV testing and infant testing are implemented.

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**Track E****E07 - Legal and Ethical Considerations in HIV Testing****Room: Piedmont (Hyatt Regency Atlanta)**

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**Presentation Number:** E07-1**Presentation Title:** Do Patients and Clinicians Have Ethical Concerns About the 2006 CDC HIV Testing Recommendations?**Author(s):** Michael J. Waxman; Melissa A. Clark; Julie G. Maher; M. Teresa Celada; Curt G. Beckwith; Tao Liu; Emma A. Simmons; Kenneth H. Mayer

**BACKGROUND:** Leaders in HIV advocacy, care, and policy have raised ethical concerns about these three controversial elements of the 2006 Centers for Disease Control and Prevention (CDC) HIV testing recommendations: (1) opt-out approach: patients would not have an opportunity to decline testing, would acquiesce to the clinician, or would be pressured into testing; (2) general medical consent: patients would not be aware they were tested, would not have an opportunity to decline testing, or would not understand the risks of being tested; and (3) optional prevention counseling: patients would not undergo risk assessments, would not learn how to reduce risk, and would lose opportunities to reduce the risk of HIV infection. We assessed whether or not clinicians and patients have the same concerns about the 2006 recommendations, as compared to the 2001 CDC-recommended HIV testing methods.

**METHOD:** We conducted a randomized, controlled, non-inferiority trial among patients and their clinicians at the emergency departments, family medicine, and internal medicine clinics at three hospitals. Participants were randomly assigned to view scenes of a clinician using either 2006 or 2001 CDC-recommended testing methods: (1) opt-out or opt-in, (2) general medical or specific written consent, and (3) optional or mandatory prevention counseling. Participants were asked three questions about each scene. Participants indicated on a 0 to 4 point scale the extent they believed there were ethical concerns about each 2006 CDC-recommended testing method. A higher number of points indicated greater concerns. The mean number of points was calculated by randomized group. In regards to ethical concerns, the 2006 testing methods would be considered to be not inferior to the 2001 testing methods if the 95% CI of the difference ( $\Delta$ ) in mean scale scores between the randomized groups was less than a 10% decrease in the mean score for the group randomized to the 2001 testing methods. A  $\Delta$  of 3 would indicate an average of a 1 point difference between groups for each testing method. Multivariable linear regression models adjusted for randomized group, age, gender, race, and HIV testing history were constructed to assess the strength to which clinicians, compared to patients, had greater concerns about the 2006 testing methods.  $\beta$ -coefficients with corresponding 95% CIs were estimated.

**RESULTS:** 930 patients and 263 clinicians were surveyed from May-December 2008. The mean and  $\Delta$  for each testing method were: opt-out (5.81 [5.64-5.99]), opt-in (3.99 [3.84-4.15]),  $\Delta$  : 1.83 (1.59-2.06); general medical consent (6.38 [6.17-6.59]), specific written consent (4.54 [4.35-4.74]),  $\Delta$  : 1.83 (1.54-2.12); and optional counseling (5.48 [5.27-5.69]), mandatory counseling (4.15 [3.98-4.32]),  $\Delta$  : 1.33 (1.06-1.60). The a priori criterion for non-inferiority was not met for all three testing methods. Clinicians had greater concerns than patients about the 2006 testing methods: opt-out vs. opt-in ( $\beta$  1.04 [0.71-1.36]), general vs. specific written consent ( $\beta$  1.33 [0.65-2.01]), and optional vs. mandatory counseling ( $\beta$  1.23 [0.57-1.89]).

**CONCLUSION:** Clinicians, more than patients, perceived greater ethical concerns about the 2006 CDC HIV testing methods, although the magnitude of these concerns were small. CDC will need to build greater consensus among clinicians in implementing the new recommendations.

**Presentation Number:** E07-2**Presentation Title:** Impact of the 2006 CDC Routine HIV Testing Recommendations on State HIV Testing Laws**Author(s):** Sarah Neff; Ronald H. Goldschmidt

**BACKGROUND:** Human immunodeficiency virus (HIV) testing laws are under the jurisdiction of each state. They are also influenced by the 2006 national CDC recommendations on HIV testing in healthcare settings. State laws and national recommendations can be disparate, presenting conflicting information to clinicians. The Compendium of State HIV Testing Laws at [www.nccc.ucsf.edu](http://www.nccc.ucsf.edu) is a living, online document that serves as a national resource to help clinicians understand their state HIV testing laws and the CDC revised recommendations. To ascertain the current status of state HIV testing laws, we analyzed the most current version of the Compendium.

**METHOD:** The Compendium consists of frequently updated profiles for each state that summarize current HIV testing laws pertinent for clinicians. Information sources include [www.lexisnexis.com](http://www.lexisnexis.com), [www.guttmacher.org](http://www.guttmacher.org), [www.kaisernetwork.org](http://www.kaisernetwork.org), and state legislative websites. To assess the current status of state HIV testing laws and compare these laws before and after the issuance of the 2006 CDC recommendations, the Compendium was screened for updates that concern consent and counseling between September 2006 and September 2008. These laws were assessed for compatibility with the CDC recommendations based on the following sub-parameters: specific consent vs. general consent; written consent vs. either oral or written consent;

opt-in consent process vs. opt-out consent process; and pre- and post-test counseling. Compatibility was defined as not conflicting with CDC recommendations.

**RESULTS:** Currently, 40 jurisdictions (39 states plus the District of Columbia) have laws compatible with CDC recommendations on all consent and counseling sub-parameters evaluated. Of these 40, 9 states' laws specify testing through the opt-out process, 31 do not specify either opt-in or opt-out, and none require opt-in testing. State laws in 10 states are not compatible with CDC recommendations on at least 1 sub-parameter. One state's laws could not be classified. For some states, new legislation designed to be more compatible with CDC recommendations on some parameters has created an internal conflict within that state's HIV testing laws. At least 16 states have passed legislation making their laws more compatible with the CDC recommendations on 1 or more parameters of consent and counseling; an additional 8 states have introduced similar legislation.

**CONCLUSION:** The majority of jurisdictions (40/51 states plus the District of Columbia) have HIV testing laws that are compatible with CDC recommendations. Some (10/51) have laws that directly conflict with the CDC recommendations. Some states have multiple HIV testing laws that are internally inconsistent. The ambiguity within states' laws has been cited as one of the barriers to routine HIV testing. The Compendium at [www.nccc.ucsf.edu](http://www.nccc.ucsf.edu) can be a valuable tool for clinicians in understanding HIV testing laws, especially as changes in state laws and national recommendations occur.

**Presentation Number:** E07-3

**Presentation Title:** Ethical Considerations on the 2006 CDC HIV Screening Policies: Opinions of US HIV Leaders

**Author(s):** Michael Waxman; Roland C. Merchant; Melissa A. Clark; M. Teresa Celada; Angela M. Sherwin

**BACKGROUND:** The 2006 Centers for Disease Control and Prevention (CDC) HIV testing recommendations for the healthcare setting contain two stated policies: universal HIV screening should be conducted among all 13-64-year-olds, and HIV screening should be made similar to screening for other treatable conditions. There are two additional implied policies or consequences of the recommendations: HIV screening should be increased even in the absence of assured additional funding for linkage to care, and HIV screening costs might be born directly or indirectly by patients. We conducted in-depth interviews with leaders in US HIV advocacy, care, and policy to elucidate the ethical concerns about and justifications for these stated and implied HIV screening policies.

**METHOD:** We performed a MEDLINE and internet search for all published works in the medical and lay literature addressing the 2006 CDC HIV testing recommendations. We compiled a list of US HIV leaders who authored or were quoted in these publications and classified them as supportive advocates, concerned advocates, supportive clinicians/researchers, concerned clinicians/researchers, and public officials. We conducted semi-structured telephone interviews with 5 individuals in each of these groups. Each respondent gave his/her perspective on how the two stated and two implied policies either respect or violate ethical obligations to patients and how they either respect or violate patients' rights. Interviews were audio-recorded and transcribed. Major themes were summarized in a qualitative analysis.

**RESULTS:** In regards to universal screening, the prevailing theme across groups was that, as long as patients provide consent for testing, universal screening both fulfills clinicians' ethical responsibilities to patients and respects patients' rights because of the benefits of the knowledge gained. These responsibilities and rights could be violated when universal screening comes at the expense of needs of an individual patient. For making HIV screening similar to other types of screening, supporters of this policy strongly believed that HIV screening is a component of good medical practice because of the opportunities to identify threats to health, enable access to high quality care, improve health, and reframe HIV as a treatable condition and reduce associated stigma. Those concerned about this policy believed that the stigma of HIV, the unique treatment for this condition, and the specific needs of HIV-infected individuals require that HIV testing be treated as fundamentally different than other types of medical testing. In terms of linkage to care, a major theme concerned right to healthcare. Some believed that the right to testing and treatment were inseparable, while others were resigned to the limits of the current healthcare system. In regards to patients paying for HIV screening, some expressed concern that access to HIV screening would be based on ability to pay, which might predominately affect those most vulnerable to HIV infection. Others believed providers should offer screening and patients should decide if screening was appropriate for them.

**CONCLUSION:** US HIV leaders disagree on the ethical concerns about and justifications for the CDC's stated and implied policies on HIV screening in the healthcare setting. These disagreements may impact the implementation of HIV screening initiatives in the US.

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**Track G****G10 - Partner Services: HDs and CBOs Taking it to the Streets****Room: A706 (Atlanta Marriott Marquis)**

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**Presentation Number:** G10-1**Presentation Title:** Providing Effective HIV Partner Services Through a Collaboration of CBOs and a Local Health Department**Author(s):** Amy VanOrden; Kimberly Smith

**BACKGROUND:** Partner services (PS) are most effectively delivered through a partnership between Community-Based Organizations (CBOs) and a Local Health Department (LHD). By working together, HIV Prevention Providers and Public Health professionals gain awareness of their unique roles and areas of expertise. CBO providers learn to value the broad public health goals of Partner Services while Public Health professionals learn to respect the client/provider relationship.

**METHOD:** The Monroe County Department of Public Health's, STD/HIV Control Program collaborates with two Community-Based Organizations, both located in Rochester, New York. The CBOs received CDC funding from the New York State Department of Health for a pilot project entitled, "Expanded and Integrated Human Immunodeficiency Virus (HIV) Testing for Populations Disproportionately Affected by HIV, Primarily African-Americans." Intended populations include all new cases of HIV/AIDS diagnosed within the pilot project at the CBOs.

**RESULTS:** This pilot project is designed to increase communication between the provider and the Local Health Department (LHD). At the onset of the project, several meetings were conducted between the LHD and the CBOs to introduce staff, the project and promote Partner Services as a standard of care. When a preliminary positive is identified, a call is placed to the LHD and arrangements are made to have a LHD staff "on-call" to meet the patient and the provider at the post-test appointment.

**CONCLUSION:** When forming a partnership between LHD and CBOs, compromise needs to be one of the tenets of the relationship. During the first year of the project, 12 new infections were identified. Of the 12, 11 received Partner Services. From the 11, there were 20 partners elicited, of whom 16 were notified by LHD staff. The partnership increased the LHDs opportunities for locating newly diagnosed positive cases for Partner Services.

**Presentation Number:** G10-2**Presentation Title:** Cost of Identifying New HIV Diagnoses Using Peer/Partner Referral Approaches**Author(s):** Ram Shrestha; Stephanie L. Sansom, PhD, MPP, MPH; Lisa Kimbrough, MS; Elin Begley, MPH; Angela B. Hutchinson, PhD, MPH; Binwei Song, MS; Daniel Daltry, MSW; Waleska Maldonado, BBS; Georgia M. Simpson-May, MMHS; Avemaria Smith, Kelly Voorhees, MSPH, George Ware, Jack Carrel, MPH, Samuel Burgess, MSHCM

**BACKGROUND:** Social networks and partner counseling and referral services (PCRS) have been effective in identifying previously undiagnosed HIV-infections. Under these approaches, programs encourage HIV-positive or high-risk HIV-negative recruiters (social networks) or index patients (PCRS) to identify their peers or sex/needle-sharing partners for HIV testing. The Centers for Disease Control and Prevention (CDC) launched demonstration projects using social networks and PCRS to increase HIV testing among high-risk peers and partners, and increase the proportion of those tested who know their HIV status. We assessed the costs and effectiveness of these approaches.

**METHOD:** Four community-based organizations (CBOs) and two state health departments offered conventional or rapid HIV testing to peers and partners from October 2003-January 2005. The CBOs used rapid and conventional testing (Philadelphia 1), conventional testing (Philadelphia 2), and rapid testing (Boston, Washington, D.C.); the health departments in Colorado, Louisiana used rapid testing. We obtained annual program costs and outcomes, and estimated average cost per person notified of new HIV diagnosis. Costs are in US\$ 2007.

**RESULTS:** In social network programs, the CBOs recruited an average of 23 recruiters (range 17-26) per year and tested an average of 204 peers (range 123-330) per year. The PCRS programs in Colorado and Louisiana identified an average of 193 and 71 index patients per year, and tested 43 and 83 partners. The average HIV seropositivity rate among persons tested in social network programs was 7.0% (range 4.4-9.8%), and it was 6.6% and 9.9% in PCRS programs. The estimated total program cost was \$162,968 (range \$133,788-\$189,935) in social network programs, and it was \$62,802 and \$59,161 in Colorado and Louisiana PCRS programs. We estimated the average cost per person tested in social network programs at \$922 (range \$474-\$1,395) and cost per person notified of a new HIV diagnosis at \$14,063 (range \$11,578-\$16,437). In the PCRS programs the cost per partner tested was \$1,459 and \$714, and the cost per person notified of new HIV diagnosis was \$22,243 and \$7,231, in Colorado and Louisiana, respectively.

**CONCLUSION:** HIV testing using social networks and PCRS identified a high proportion of previously undiagnosed HIV infections among peers and partners of HIV-infected individuals. Overall program costs were higher in social network programs compared to PCRS, partly due to higher overhead and start-up costs, but social network programs also tested more individuals

and identified more new HIV diagnoses, resulting in comparable costs per new diagnosis. The cost of notifying a person with a new HIV diagnosis ranged from \$7,231 to \$22,243. The variation was due in part to the seroprevalence of undiagnosed HIV-infection.

**Presentation Number:** G10-3

**Presentation Title:** Program Collaboration and Service Integration (PCSI) for HIV/STD Partner Services (PS): Impact On Program Outcomes

**Author(s):** Kerndt, PR; Aynalem, G; Samson J; Ramirez, F; Granado, M

**BACKGROUND:** Program Collaboration and Service Integration (PCSI) is a mechanism of organizing and blending interrelated health issues, separate activities, and services in order to maximize public health impact through new and established linkages between programs to facilitate the delivery of services.

**METHOD:** PCSI at a local health department.

**RESULTS:** In 2007, the Los Angeles County Department of Public Health, STD program, formalized the collaboration of the syphilis elimination (SE) and the HIV Partner Counseling and Referral Services (PCRS) Programs and integrated its HIV and syphilis partner services (PS). HIV and syphilis PS data of 6,757 index cases reported between 2005 and 2008 was analyzed in two report periods, before PCSI (2005 – 2006) and after PCSI (2007 – 2008) was formalized.

**CONCLUSION: RESULTS:** Following PCSI, the number of index cases assigned for interview increases by 45% from 2,647 to 3,831 ( $p < 0.001$ ); of those assigned, the number of cases interviewed increased by 88% from 1,282 to 2,415 ( $p < 0.001$ ); and the proportion of assigned cases interviewed increased by 31% from 48% to 63% ( $p < 0.01$ ). The number of partners elicited increased from 809 prior to PCSI to 1,465 following PCSI, an increase of 81% ( $p < 0.001$ ) and the ratio of partners elicited per index case accepting PS increased by 19% from 1:2.1 to 1:2.5 ( $p < 0.05$ ). Following PCSI, there was a 91% increase in the number of eligible partners tested for HIV from 23% to 44% ( $p < 0.001$ ) and a 193% increase in the number of new HIV cases diagnosed from 43 to 88 ( $p < 0.001$ ).

**LESSONS LEARNED:** The potential benefits of PCSI are substantial enough that health departments should attempt to blend partner service programs for HIV and STD and align with other interrelated health department units and services. However, the level of coordination and service integration should depend on local epidemiologic factors and needs of populations at high risk for HIV and STD infections.

**Presentation Number:** G10-4

**Presentation Title:** Partner Services: From Recommendations to Practice

**Author(s):** Beau Mitts; Lupita Thornton; Marcia Wolverton, MPH; Cynthia Johnson; Marlene McNeese-Ward; Tracy Ford

**BACKGROUND:** In Houston, 1,191 new HIV diagnoses and 1,834 syphilis diagnoses were reported in 2007. An integrated HIV/STD partner services program allows for maximum efficiency in disease investigation while also affording opportunities for innovative approaches to partner services.

**METHOD:** The jurisdiction of the Houston partner services program is Harris County, Texas; the third most populous county in the US spanning 1,700 square miles with approximately 3.7 million residents.

**RESULTS:** The Houston partner services program has been integrated over 20 years. Since the inception of name-based HIV reporting in Texas in 1999, Disease Intervention Specialists (DIS) investigate both HIV and syphilis field records, which are initiated directly from the HIV/STD surveillance program. To enhance utilization of partner services by high volume medical providers, both public and private, DIS liaisons are assigned to conduct partner services within the medical providers' office. This approach builds rapport between the partner services program, the medical provider, and the client. The internet is also used to engage hard-to-reach populations, particularly men who have sex with men (MSM), in partner services. A web-based self-interview, PENS Houston, has been developed for clients to submit interview data online, and an Internet Partner Services DIS maintains profiles on several "hook-up" sites (e.g. Manhunt and Black Gay Chat) and conducts partner notification online through these sites. Monitoring and evaluation of the partner services program is conducted through an intensive quality improvement process consisting of 23 quality indicators.

**CONCLUSION:** In 2007, the HIV/STD surveillance program received 11,190 positive syphilis RPR reports and over 54,000 positive HIV laboratory reports (including EIA, Western Blot, Viral Load, and CD4). Of these, over 4,500 field records (3,875 syphilis and 674 HIV) were initiated to DIS. Thirty-seven percent of the primary and secondary syphilis cases were co-infected with HIV, and because the program is integrated, one DIS was able to interview these clients regarding both infections. Through traditional and innovative techniques, the partner services program elicited 1,521 partners of persons diagnosed with infectious syphilis and 846 partners of persons living with HIV/AIDS. The majority of the partner services quality indicators were met in 2007.

Although controversial, using surveillance data to initiate partner services in an integrated HIV/STD program is effective and efficient. Traditional partner services techniques in conjunction with innovative strategies such as DIS liaisons and internet partner services create opportunities for success while an intensive quality improvement process ensures that success is achieved.

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## Track G

### G12 - Integration: A View from the Pacific Jurisdictions

**Room: A707 (Atlanta Marriott Marquis)**

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**Presentation Number:** G12-1

**Presentation Title:** Synergizing HIV/AIDS and Hepatitis B Programs to Increase Access in Harder-to-Reach Populations

**Author(s):** Ming Ming Kwan; Carlos Bermudez

**BACKGROUND:** HIV/AIDS awareness, education, and access to counseling and testing services is limited and highly stigmatized in many harder-to-reach Asian and Pacific Islander communities, such as insular, monolingual, immigrant communities. We have found, however, that these same communities are proactive about health issues in general and in particular, Hepatitis B. Thus, due to their similarities in risk factors and transmission methods, Asian & Pacific Islander Wellness Center's (APIWC) Testing Clinic effectively introduces HIV/AIDS prevention services to harder-to-reach Asian and Pacific Islander communities that would otherwise avoid this heavily stigmatized topic by incorporating key prevention messages into essential Hepatitis B screening and education sessions.

**METHOD:** Recent migrants from Asia and the Pacific Islands, including uninsured and/or undocumented persons, who are at risk for chronic Hepatitis B and living in the San Francisco Bay Area.

**RESULTS:** APIWC's Testing Clinic aims to increase HIV/AIDS awareness, education, and access to counseling and testing services in harder-to-reach communities, in which HIV/AIDS is little-known and heavily stigmatized. An effective way of achieving these goals is to use familiar community-based health services, such as Hepatitis B screening and education, as a gateway to initiate dialogue and awareness around HIV/AIDS. Based on the unique family systems present in many Asian and Pacific Islander cultures, it is our belief that individuals accessing Hepatitis B screening and education, primarily elderly individuals, may play a significant role in influencing the behaviors and attitudes of their family, peers, and community. In the past year, APIWC has created an educational tool that provides basic information on both HIV and Hepatitis B, followed by on-site testing for both diseases. The integration program has taken place at community-based events and at our community-based office locations, where culturally/language-competent educators convey basic information about HIV/AIDS risk factors, transmission methods, and the importance of testing. In the coming year we intend to diversify our outreach locations and modes of service delivery to increase overall impact. However, the efficacy of this method has been strongly supported by pre and post test data.

**CONCLUSION:** Of 232 individuals screened for Hepatitis B from June 2007 to May 2008:

- 95% are monolingual or speak English as a second language
- 12.5% tested positive for Hepatitis B surface antigen
- 37% received follow-up vaccinations
- 70% were not aware that Hepatitis B and HIV have similar risk factors before speaking with an educator
- 57% were interested in HIV testing after speaking with an educator
- 15% have accessed onsite HIV testing

Preliminary data has highlighted both the efficacy and challenges of such an integration program, especially in an event-based setting; by adjusting the venue and mode of education, we are confident that these issues will be mitigated. Verbally administered surveys have shown the integration program to be highly successful in increasing basic HIV knowledge and access to testing. Our greatest challenge continues to be tracking longer-term changes in behavior and attitude; however, we have strong collaborative relationships with community partners and are in the process of developing a tracking tool to better assess our impact.

**Presentation Number:** G12-2

**Presentation Title:** HIV Prevention in the U.S.-Affiliated Pacific Islands: Updates, Challenges, and Lessons Learned

**Author(s):** Johana Ngiruchelbad

**BACKGROUND:** Since 1987, the Centers for Disease Control and Prevention (CDC) has provided funding for a comprehensive HIV prevention program in the six U.S.-affiliated Pacific Islands. HIV prevention program funds are used to develop the capacity to respond to the HIV epidemic in these islands, implement evidence-based HIV prevention programs, and share lessons learned with the public health community.

**METHOD:** The six U.S.-affiliated Pacific Islands are three U.S. Territories (American Samoa, Commonwealth of the Northern Mariana Islands, and Guam) and three independent countries under the Compact of Free Association (Federated States of Micronesia, Republic of the Marshall Islands, and Republic of Palau). Cumulative HIV diagnoses through December 2004 ranged from 3 cases in American Samoa to 168 cases in Guam; 241 cases have been identified in these six jurisdictions.

**RESULTS:** The comprehensive HIV prevention program in these six jurisdictions includes activities related to HIV counseling and testing, laboratory diagnostic support, health education and risk reduction, community involvement and planning, and perinatal HIV prevention. CDC programmatic support provides a framework for collaboration with regional partners, including the Secretariat for the Pacific Community (SPC). CDC and Health Resource Services Administration (HRSA) funding also supports the Pacific Island Jurisdiction AIDS Action Group (PIJAAG), a regional advisory committee for HIV-related issues.

**CONCLUSION:** HIV counseling and testing is a critical prevention activity of the six programs. Although testing has increased in recent years, the number of tests and the characteristics of persons tested have been inconsistently recorded. In 2007, these six programs implemented a standard counseling and testing form to capture client demographic and risk information. Since 2005, the six programs have conducted Second Generation HIV Surveillance (SGS) with support from the SPC and CDC. In all jurisdictions, SGS included behavioral and seroprevalence surveys of pregnant women at antenatal clinics, behavioral surveys of young people, and behavioral surveys of high-risk groups including men who have sex with men and commercial sex workers. SGS surveys were conducted with assistance from local community-based organizations, including Youth-to-Youth in Health in the Marshall Islands and the Guahan Project in Guam. Programs have also developed and disseminated innovative education and risk reduction campaigns, including campaigns targeted at out-of-school youth and women in the adult entertainment industry. The panel discussion will focus on the following four topics after the background presentation described above. These topics are to (1) explain the core elements of a comprehensive HIV prevention program and its adaptation and implementation in the Pacific, (2) describe how monitoring and evaluation, specifically related to HIV testing, are used to ensure that these six programs and CDC have data to evaluate and improve their effectiveness, (3) explain how tools and activities such as SGS are useful in monitoring the prevalence of high-risk behaviors in the population and the prevalence of HIV and other sexually transmitted diseases, and (4) provide an update of the activities of the six programs and the challenges of implementing HIV prevention programs in the Pacific region.

**Presentation Number:** G12-3

**Presentation Title:** Integrating HIV and Violence Prevention: Promising Programs for Asian Immigrant and Refugee Communities

**Author(s):** ManChui Leung; Linda J. Koenig

**BACKGROUND:** The number of new HIV cases is increasing among Asian women. Thus, examining the impact of intersecting health and social issues is increasingly important. Intimate partner violence (IPV) and immigration-related stressors can increase women's risk for HIV/AIDS. IPV affects as many as 2/3 of women with or at risk for HIV; women who've experienced violence are more likely to have high-risk partners and STDs. Limited research on the role of violence in immigrant women's HIV risk, particularly among Asian women, indicates limited awareness of the ways these issues intersect for this population.

**METHOD:** To identify model programs with integrated HIV and violence prevention for Asian immigrant and refugee populations, a review of domestic programs was conducted and promising practices were identified.

**RESULTS:** A literature review was conducted to develop a conceptual framework and identify factors impacting Asian immigrant and refugee women's access to services and vulnerability to IPV and HIV. Using resource and distribution lists, emails were sent to statewide and national networks to identify programs that could meet the following criteria: 1) serving Asian immigrant and refugee women, 2) programming in native languages, and 3) at least one violence-prevention component in an HIV program. Ten programs responded; four met criteria and were selected for in-depth assessment and review of promising integrative practices. Program materials and reports were reviewed, followed by interviews with key program staff. Violence prevention practices were characterized according to the extent to which they were integrated into HIV prevention, and the extent to which they addressed acculturation-related issues (e.g., linguistic isolation, cultural or legal barriers to accessing services, personal/community-wide trauma, poverty/economic constraints, limited health knowledge, and recent immigration).

**CONCLUSION:** The four programs -- in Boston, New York City (2) and Portland OR-- integrated IPV into HIV prevention in a variety of simple and complex ways (e.g., referrals to violence prevention resources, violence screening during HIV test counseling, violence component included in an HIV prevention intervention, addressing violence with HIV-positive clients, and addressing gender power theory and relationship communication in multi-session intervention). Some of the programs conducted annual staff training on violence and engaged in capacity building to assess and improve agency policies and procedures related to violence. Some of the programs also displayed effectiveness in addressing immigration-related factors impacting HIV prevention efforts (e.g., developing leadership among immigrant women through peer network development) or prioritizing community institution buy-in to increase recruitment and sustainability. Three sites conducted formal evaluation and reported increases in HIV prevention knowledge, skills and testing among program participants.

Promising practices varied by level of integration, cost, staff training and agency policy change. These included practices community-based programs could likely adopt with minimal cost. Addressing intersecting health and social issues can allow for a more comprehensive approach to health promotion and skills building. With increasing need for health programs under the constraints of limited resources, integrating related health areas may be an effective way to build sustainable knowledge and behavior change among the target population, and decrease programming costs.

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**Track A****LB2 - Late Breaker 2****Room: A703 (Atlanta Marriott Marquis)**

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**Presentation Number:** LB2-1**Presentation Title:** Report Back from the Critical Race Theory & HIV/AIDS Disparities Think Tank**Author(s):** Chandra Ford; Nina Harawa

**BACKGROUND:** Critical Race Theory (CRT) has the potential to provide HIV prevention researchers with new tools for investigating and challenging racial and ethnic health disparities. CRT is a trans-disciplinary, race-equity paradigm that guides researchers as they investigate and attempt to address racial and ethnic disparities. An emerging methodology, CRT is characterized by its social justice orientation; focus on contemporary racial mechanisms; ability to provide a vocabulary with which to discuss complex racial concepts; and, a variety of concrete strategies for addressing disparities. Although widely used in such fields as jurisprudence, education, and gender studies, CRT is not routinely used by HIV prevention researchers. The purpose of this presentation is to share the knowledge gained from the Critical Race Theory & HIV/AIDS Disparities Think Tank with HIV prevention researchers, practitioners and community members.

**METHOD:** In April 2009, HIV/AIDS prevention researchers, critical race scholars, community members and students participated in a one-day, intensive gathering titled, "Critical Race Theory & HIV/AIDS Disparities: A Multidisciplinary Think Tank", which was held at the University of California at Los Angeles. The Think Tank introduced Critical Race Theory to the HIV prevention community and explained ways that it could be used to help reduce HIV/AIDS disparities.

**RESULTS:** The gathering had four SPECIFIC AIMS: (1) To introduce the basic tenets of Critical Race Theory to HIV/AIDS researchers; (2) To explore key considerations for employing critical race methodologies in HIV/AIDS disparities research; (3) To generate an action plan for publishing research using the critical race public health methodology; and, (4) To establish a network of researchers interested in advancing a critical race praxis. Formal presentations included "The Origins and Significance of Critical Race Theory"; "Beyond the Despair over Health Disparities"; Advancing Critical Race Approaches to Research on HIV/AIDS Disparities"; "Race-ing the Closet"; and "Telling Stories: Allegories on 'Race' and Racism". In addition to formal presentations, working groups were held in which participants began building multidisciplinary collaborations; explored how to apply CRT to practice; and, learned to use storytelling in their ongoing research and practice.

**CONCLUSION:** A formal evaluation was completed, indicating that participants found the gathering to be very valuable for their ongoing research and practice on health disparities. Attendees indicated that the Think Tank offered them new insights about how to conceptualize and address social determinants of racial and ethnic health disparities. They also reported that the Think Tank fostered a supportive network of colleagues for advancing race equity approaches to the elimination of HIV/AIDS disparities.

Upon conclusion of the Think Tank, participants collectively decided that the information from the Think Tank could be useful to the broader public health community. This presentation seeks to disseminate the information gained from the Think Tank with researchers, practitioners and community members in the HIV/AIDS prevention community.

**Presentation Number:** LB2-2**Presentation Title:** Social, Sexual and Economic Contexts of Sex Work among Transgender Women in New York City**Author(s):** Paul Kobrak; Bali White; Blayne Cutler

**BACKGROUND:** Transgender women ?individuals who were assigned a male sex at birth but who prefer a female identity ?are at high risk for HIV infection. A recent large-scale study of transgender women in NYC found an HIV prevalence of 49.6 percent among Latinas, 48.1 percent among blacks and only 3.5 percent among whites. To address this health crisis and health disparity, the NYC DOHMH undertook a qualitative study designed to inform an expansion of HIV prevention services targeted to transgender women and their sex partners.

**METHOD:** Findings are based on open-ended interviews with a convenience sample of 45 transgender women in NYC, including many who had recently begun living as women and many who were involved in commercial sex work. Interviews

explored HIV-related risk behaviors but also broadly examined the unique social and sexual factors that contribute to this population high rate of infection.

**RESULTS:** Overall, 96% identified either as Latina, black or of mixed ethnicity; 47% were under 30 years of age; 2% (one subject) had sexual reassignment surgery; 34% acknowledged being HIV-positive; 22% reported unprotected anal intercourse in the last year; and 91% acknowledged having had sex as a way to make money including 49% who had done so in the past year. Transgender women are often viewed as being forced into survival sex because of social stigma, employment discrimination and lack of familial support. However, in this sample, many viewed sex work as an available and lucrative means to finance a socially-active life as a transgender women. For many, earnings funded hormone treatments, cosmetic procedures, clothes, accessories, and, for some, competitions in house balls or other pageants. Participants emphasized the importance of a convincing feminine appearance not only for improved self-esteem, but also to increase one's safety in public spaces. Many participants said they were first encouraged into sex work by other transgender women; others noted that men in their communities may treat all transgender women as sexually available for a price. As in other studies, many highlighted the non-monetary benefits of sex work, including the belief that getting paid by men for sex affirmed their attractiveness as women. Participants described how sex work can increase HIV risk: unprotected sex becomes a commodity for which men will offer additional payment; consistent condom use can be undermined by the threat of violence or, for those of recent transition, by a lack of sexual experience; and sex workers may pursue intimacy in their non-commercial relationships via a willingness to engage in unprotected sex.

**CONCLUSION:** Sex work was widely accepted, not only as a way to make money, but also to enable a transgender life. Government agencies can encourage alternatives to sex work through employment assistance and educational programs targeted to transgender women. Public health programs should consider bringing culturally-specific HIV prevention messages and resources to transgender women engaged in sex work, both in street-based sex trolls and via the Internet or escort agencies, and should specifically target the young and of recent transition.

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**Tuesday, August 25, 2009****Roundtable Sessions****5:15PM-6:00PM**

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**Track C****CR04 - Dyadic Interventions to Advance HIV prevention: The Promise for Research****Room: Hanover D (Hyatt Regency Atlanta)**

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**Presentation Number:** CR04**Presentation Title:** Dyadic Interventions to Advance HIV Prevention: The Promise for Research and Practice**Author(s):** George Ayala, Ph.D.; Lynae Darbes, Ph.D.

**BACKGROUND:** HIV prevention interventions typically focus on changing individual determinants of HIV risk and sexual behaviors, and don't account sufficiently for the important social and interpersonal factors that influence HIV sexual risk. For example, interventions typically focus on changing attitudes, beliefs, motivation, and behavior at the individual level, while neglecting the important influence that occurs between friend dyads or intimate partner dyads that could impact HIV risk and related sexual behaviors. In this roundtable participants will explore how interpersonal dyads can be studied and leveraged to enhance the effectiveness of HIV prevention interventions.

**METHOD:** Specifically we will focus on discussing how friend and partner dyads can be studied as a meaningful and important unit of conceptualization, measurement, and analysis in research and the unit of change in interventions. We will present theories we have used in our previous research on interpersonal and dyadic relationships and discuss how dyad members can influence each other to increase or decrease risk. We will also present and discuss factors we have studied such as dyad type (friend or partner dyads), and gender (mixed or same sex dyads) and how these factors may relate differentially to increase or decrease sexual risk. Finally, we will discuss how public health intervention methods can be extended to target dyads, and how these interventions could be implemented in different settings such as community, home or over the internet.

**RESULTS:** We believe the focus on dyads as a meaningful unit for research and intervention is important for several reasons. First, close on-going relationships have been found to be very important for health outcomes and HIV-related risk behaviors for both heterosexual couples and MSM. We will present findings from previous research that underscore their importance. Second, friendships among MSM often are as emotionally close or closer than family ties, making these relationships a primary source of influence in men's lives. Third, sexual behaviors are by their very nature interpersonally influenced in intimate partner dyads. Finally, focusing on dyadic or couple level factors has potential for producing innovative prevention strategies targeting couples at risk for sexually transmitted diseases, including HIV. We will describe health communication interventions we are adapting as examples to illustrate potential innovations.

**CONCLUSION:** Through this roundtable, researchers who are interested in dyadic and couple-based research and interventions related to HIV sexual risk can learn about dyad-level theory, methods, and interventions as well as share ideas and form new connections that can advance research and practice in this area. The facilitators of this roundtable will produce two products from this roundtable: 1) a summary of the group discussion that can be distributed to other researchers, practitioners and stakeholders interested in this topic; and 2) start an email listserve among group members so that they can stay in contact after the conference to share information, develop ideas and advance this area of research and practice.

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**Track C****CR08 - Promoting Synergy Between Science and Program: Five Research Center-Based Models****Room: Hanover E (Hyatt Regency Atlanta)**

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**Presentation Number:** CR08**Presentation Title:** Promoting Synergy Between Science and Program: Five Research Center-based Models**Author(s):** Pamela DeCarlo; Carolyn Hunt, MPA; Mary Jane Rotheram-Borus, PhD; Anton Somlai, EdD

**BACKGROUND:** Promoting synergy between researchers, prevention providers and consumers is critical for achieving both top-notch applied research and effective prevention programs. Research must be informed by the insights, innovations and unanswered questions of prevention programs and affected communities. Likewise, prevention providers must be supported in incorporating research findings that can increase the accuracy and effectiveness of their work. Achieving this synergy, however, can be challenging in an environment of scarce resources and few tested models.

**METHOD:** The NIMH funds five AIDS Research Centers across the US that specialize in HIV prevention and behavioral science and promote exchange between science and their community partners. Each Center has a Core that supports this exchange.

**RESULTS:** The five Centers and their Cores are:

- Center for AIDS Intervention Research (CAIR), Medical College of Wisconsin - Intervention Support and Dissemination Core
- Center for Interdisciplinary Research on AIDS (CIRA), Yale University - Community Research Core
- Center for AIDS Prevention Studies (CAPS), University of California, San Francisco – Technology and Information Exchange (TIE) Core
- Center for HIV Identification, Prevention and Treatment Services (CHIPTS), UCLA, Charles Drew University of Medicine and Science, Friends Research Institute, and RAND - Intervention Core
- HIV Center for Clinical and Behavioral Studies, New York State Psychiatric Institute and Columbia University - Global Community Core

While each Core has its own scope of work, they all are based on a similar Core Model. Activities to help promote synergy include: provide innovative technical assistance (TA); synthesize and disseminate research findings; broker relationships between scientists and the community; stimulate and support community-based research (CBR); and build capacity of scientists to engage in CBR as well as the community's capacity to conduct research

**CONCLUSION:** The Core Model addresses three major areas in the following ways.

**Science to Community:** Making sure the research conducted at the Center is easily available to community stakeholders. Cores synthesize, package and disseminate research via websites, conferences, newsletters, brochures, manuals, research summaries and fact sheets. Cores provide innovative TA to community stakeholders to help them access and use research and scientists.

**Community to Science:** Cores bring the knowledge, experience and needs of community stakeholders into research through various mechanisms such as Grand Rounds/Town Halls, Seminar Series, Community Advisory Boards (CABs), and community tours. Cores conduct TA with scientists on finding, accessing and working with communities.

**CBR:** Cores maintain relationships with community stakeholders in formal and informal ways to identify, facilitate and support potential community research partners. Cores provide TA to scientists and providers on working collaboratively, create guidelines and manuals for CBR, and fund CBR for local providers.

**Lessons learned:** The Community Core Model has shown that it is critical to emphasize an exchange of knowledge and information between researchers and community providers and members. Building and nurturing relationships is critical, as providers and people living with HIV/AIDS want to receive information and support via reliable, useable, and accessible on-line sources and via trusted relationships with people they personally know.

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## Track C

### CR09 - Designing for Diffusion: Common and Core Elements in Evidence-Based Interventions

Room: Hanover F/G (Hyatt Regency Atlanta)

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**Presentation Number:** CR09

**Presentation Title:** Designing for Diffusion: Common and Core Elements in Evidence-Based Interventions.

**Author(s):** Dallas Swendeman; Charles Collins; Mary Jane Rotheram-Borus; Dolores Albarracin; Seth Kalichman; Christopher Gordon

**BACKGROUND:** The CDC's Research Synthesis, Replicating Effective Programs (REP), and Diffusion of Effective Behavioral Interventions (DEBI) initiatives have made commendable progress in disseminating efficacious HIV prevention interventions through community-based agency partners in the United States. DEBI projects and other evidence-based interventions (EBIs) are also being adapted globally, where needs far outpace local capacities to adapt and deliver EBIs with fidelity to ensure effectiveness. Even in the U.S., where providers' capacities are relatively high, specific capacities to adapt and implement DEBI projects must be built. Currently, adaptation with fidelity is anchored to adaptable Key Characteristics and non-adaptable Core Elements that are specific to each DEBI project and thought to be responsible for efficacy. Lacking a common language and framework for defining Core Elements seems to have resulted in an emphasis on the unique characteristics of each EBI rather than their common elements that likely support efficacy. Because the CDC has selected to emphasize unique aspects of interventions disseminated through DEBI as part of their health marketing strategy, the common characteristics across interventions may not be fully appreciated by prevention providers.

**METHOD:** Several research agendas have emerged recently that attempt to identify the common elements across EBI that may underlie their efficacy. Content analyses of DEBI intervention manuals have taken an inductive approach to identify common elements at multiple levels (factors, processes, principles). Meta-analyses have used deductive methods to test the impact of

specific intervention characteristics and activities on intervention efficacy using data from dozens of EBI trials. Factorial research designs have attempted to identify key causal intervention mechanisms or components by systematically varying intervention components in experimental trials. Community prevention providers have accumulated a wealth of practice-based experience in implementing multiple DEBIs.

**RESULTS:** Content analyses of EBI manuals have identified discrete lists of intervention elements that are common across EBI from different intervention researcher-developers. Meta-analyses of EBIs' have identified common intervention characteristics and activities that support efficacy, including activities linked to constructs that are common across different theories. Behavior change theories have much more in common than the differences highlighted in discussions of the relative merits of competing theories. Factorial research designs have identified that multiple intervention components often act in synergy to enhance efficacy. However, the level at which to operationalize intervention elements or components is a common challenge across these research agendas, similar to the variation in Core Elements across DEBI projects. Experiences in training prevention providers to implement DEBIs suggest that they recognize the commonalities across interventions but bridging the capacities built across EBIs may be confounded by the variations in core element definitions.

**CONCLUSION:** A multi-disciplinary panel of intervention developers, researchers, dissemination experts, and community agency leaders will share their experiences on the projects and results outlined above. Session attendees will be invited to share their related experiences. If a common language and framework for intervention development, adaptation, and dissemination can be developed, interventions can be "Designed for Diffusion" to increase adoption and ease of adaptation by providers while maximizing synergies in capacity building from multiple interventions.

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## Track D

### DR02 - Stories of Success in Working with Faith-based Communities

Room: Inman (Hyatt Regency Atlanta)

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**Presentation Number:** DR02-1

**Presentation Title:** Building Bridges Between African American Clergy and Researchers for Community Based HIV Participatory Research

**Author(s):** Richard D'Aquila, MD; James E.K. Hildreth, Ph.D., M.D.

**BACKGROUND:** Community Based Participatory Research (CBPR) is increasingly recognized as a logical approach to investigating community issues by mitigating distrust through co-opting community members as research partners rather than subjects in the research process. Regarding HIV prevention among African-Americans, CBPR is critical; there is a need to diffuse the deep-seated community distrust justifiably experienced by African-Americans in an effort to explore the social context that fuels behaviors and creates systems that contribute to the disparity of HIV/AIDS. Such a shift in inquiry demands an expansion of our understanding regarding the root causes and co-determinants (incarceration, poverty, etc.) that make African-Americans more HIV vulnerable. Further, CBPR integrated within an ecological model enhances research efforts leading to the development of culturally effective HIV/AIDS structural interventions.

The collaborative process of CBPR is predicated upon goal setting, expectation management of all participants, true partnership development and sustainability and equity in resources. To date, the literature is limited regarding promising CBPR approaches involving African American (specifically clergy) and the development of structural HIV interventions. Moreover, the literature is limited regarding "how to" prepare academic researchers and community(clergy)for CBPR. Recognizing this, Vanderbilt-Meharry NIH Center for AIDS Research piloted an initiative (Building Bridges) to address these challenges.

**METHOD:** Location: The Vanderbilt-Meharry Center for AIDS Research(CFAR) Building Bridges Capacity Building Initiative was implemented in Nashville, TN at Meharry Medical College.

Target Audience: African American Clergy from Southeast US and CFAR Behavioral Researchers.

**RESULTS:** The goals of the Building Bridges Initiative were two-fold: 1)Bring CFAR researchers and African American Clergy together to dialogue about overcoming challenges of developing collaborations for "true" CBPR and 2) discuss strategies (best practices) for collaboratively developing culturally relevant HIV structural interventions.

The initiative consisted of three phases: 1) Identification of a 40 member Clergy Planning committee (from the Southeast US) who attended (February 08) an intense four-hour HIV capacity building seminar and participated in workgroups with CFAR staff to collaboratively develop the framework for the April 2008 "Building Bridges Dialogue with Researchers"; 2) The committee invited four new clergy to participate in the dialogue while Vandy-Meharry invited CFAR Behavioral Researchers to the dialogue. The meeting held April 29 & 30, 2008 included presentations/dialogue by researchers and clergy highlighting lessons learned from previous collaborations, and workgroups to discuss how to collectively work to develop effective partnerships for the development of HIV interventions. 3) Data collection to determine TA needs, progress and success will be collected in January and March 09.

**CONCLUSION:** Researchers became sensitized to the issues of "mistrust" experienced by African Americans and were made aware of previous "culturally insensitive" mistakes made by some of their colleagues. Additionally, recommendations on "how to engage" clergy were provided.

Clergy became aware of the critical need to participate in social research and to empower their community to provide the voice needed to set the research agenda. Evaluation data indicated an appreciation for this "first time" initiative as well as a need for other CFARs to replicate the initiative.

**Presentation Number:** DR02-2

**Presentation Title:** Successful Participation with HIV Prevention and Outreach in a Faith Based Setting

**Author(s):** Robin M Fuller-McGill; Teri Osabutey

**BACKGROUND:** Faith-based organizations (FBOs) remain as the backbone of many Black communities and are becoming integral players in implementing HIV/AIDS interventions. Many FBOs have the capacity and infrastructure to meet growing needs for HIV/AIDS awareness programs, and also meet the social and spiritual needs of persons affected by HIV/AIDS. Now is the time to mobilize faith-based interventions in fighting HIV/AIDS and the stigma surrounding the disease.

**METHOD:** Selah Ministry is based out of WCCI main campus located in Georgia and extends beyond its campus borders via interstate and international satellite locations, as well as media broadcasts. Our nondenominational multicultural congregation exceeds 30,000 parishioners, reflecting a predominately Black and Latino populations.

**RESULTS:** Volunteers of Selah Ministry display a non-judgmental, compassionate and authentic willingness to serve persons living with and affected by HIV/AIDS. By engaging the participation of faithful individuals, we anticipate a decrease in associated stigma, discrimination, ignorance and alienation, while providing a sense of hope, healing and help to individuals and families living with the disease. The intent is to normalize the topic of HIV/AIDS, and promote open and honest dialogue on the risk factors of unprotected sex, prevention measures and the effects of living with the disease.

**CONCLUSION:** Since the onset of HIV, WCCI has followed its evolution, and the impact on sub-populations, both domestically and internationally. Our understanding has progressed and landed us where we are today, committed to doing our part by supporting our members living with HIV, educating our leadership and volunteer ministries, and most importantly setting an example for other FBOs to follow. Our pastor, Dr. Creflo Dollar, became actively involved with National Black HIV/AIDS Awareness day in 2006 and attended the 1st Summit for Faith Community Leaders (SFCL) sponsored by the U.S. Department of Health and Human Services Office of HIV/AIDS Policy in 2007. WCCI hosted our 1st HIV testing event on October 18, 2008. More than 500 participants attended, yielding more than 200 HIV antibody screenings. With the establishment of SELAH Ministry, the dialogue and delivery of HIV related presentations have increased on campus (i.e. Twisted Truths/Teen Ministry, Girl Scouts forum, and WCCI Campus Call/Community Forum). Other activities and events have been proposed for 2009. Lessons Learned: One's religious practices, do not exempt an individual from the consequences or outcomes of personal behaviors or choices. FBOs must become actively involved towards HIV prevention strategies, messages, collaborations and support services as a collective effort to save lives as well as souls. Culturally appropriate interventions within faith settings afford opportunities to reach various populations highly affected by HIV (sexually active homosexual and heterosexual partners, senior adults, young adults and teenagers). Such opportunities are promoted to those affiliated or frequently attending weekly worship services, meetings and/or support groups.

**Presentation Number:** DR02-3

**Presentation Title:** Cooperative Interdependence Amongst Faith and Community Based Organizations Through the Development of Infrastructure

**Author(s):** Daiquiri Y. Robinson; Michael A. Myers

**BACKGROUND:** Montgomery County Pennsylvania is a vast area comprised of urban, suburban, and rural neighborhoods. Each neighborhood is seeing an influx of African American and Latino populations that have limited access to care and are at high risk for HIV infection. Family Services of Montgomery County (FSMC) Project Hope is the only comprehensive HIV program within the county and realizes that it needs help in spreading the word about HIV prevention by other methods such as Project ECO. Increasing numbers of HIV infection in Montgomery County makes it imperative to cry out for an expansion in services and access to care in these African American and Latino communities.

**METHOD:** Faith and community based organizations throughout Montgomery County, PA that primarily serve African American and Latinos were targeted to participate in Project ECO (Enhancing Community Organizations), a program that develops the infrastructure of an organization and trains its' staff on HIV issues so they can join the fight in their community by providing HIV prevention programming that is culturally sensitive to the population it serves.

**RESULTS:** Project ECO, a program funded by the Office of Minority Health (OMH) begins as a way of making faith and community based organizations more self sufficient in their communities. These entities are trained in building their infrastructure through courses (i.e budgeting, developing a strategic plan) that they choose after a thorough organizational

assessment including a rigorous HIV/AIDS education curriculum which teaches them how to be agents of change against the barriers that otherwise keep minority populations from receiving the proper care and knowledge about preventing the spread of HIV. The project centers around the African theme of "Help Me and Let Me Help You" and uses the African symbol of cooperation and interdependence which is needed for the purposes of networking and collaborating with other participants in the program to develop HIV programming.

**CONCLUSION:** From August 2006 to August 2008 thirty-eight faith or community based organizations were assessed and participated in the project. Seventy-five percent of the participants are faith based org. Thirty-seven health related trainings taught to 115 people yielded the planning and development of projects in these communities that increased HIV antibody testing 25% and led to other projects centered around HIV prevention in those communities. In the Latino community 35% of the courses are taught in Spanish including training community educators to reach Latino women. Ten percent of the agencies have submitted grant proposals ranging in amounts up to \$50,000 and 40% of agencies have improved their image and accessibility through web design and marketing and development trainings.

Lessons Learned: Eager organizations in disenfranchised communities benefit from trainings that can develop their overall infrastructure to make them whole organizations that will allow them to benefit those minority populations that are not able to access appropriate HIV prevention programs and information. These HIV prevention programs are developing through organizations that have the cultural competence and knowledge about stigma to make access to care easier for those they serve.

**Presentation Number:** DR02-4

**Presentation Title:** Solutions for Promoting HIV/AIDS Education to Reduce the Epidemic (SPHERE): Implementation in the Faith-Based Community

**Author(s):** Tanya Henderson

**BACKGROUND:** The African American Church has historically been the catalyst behind many of the social and political movements affecting black people in the United States. It is for this reason that many have looked to the African American Church to take an active part in HIV Prevention in U.S. communities.

The African American Church has been slow to respond to this matter due to the stigma placed on HIV/AIDS because of it being sexually transmitted and people, including clergy, within the church are reluctant to talk about sexual issues. In addition, within the church, HIV is still seen as a gay, white man's disease and given the church's conservatism on issues of homosexuality have remained largely silent on matters of HIV prevention, care and advocacy.

**METHOD:** The black church is not only a place of workiopl but also a source of support for members of the African-American community. When compared to American churches as a whole, black churches tend to focus more on social issues such as poverty, gang violence, drug use, prison ministries and racism. Studies show that black Christians were more likely to have heard about health care reform from their pastors than were white Christians and are characterized as very conservative on sexuality issues, such as homosexuality.

The African-American Church has been the Bedrock of "The Black Experience" in the United States. The Black Church is said to be "the strongest and most ingrained institution in the African-American Community!"

**RESULTS:** Solutions for Promoting HIV/AIDS Education to Reduce the Epidemic or SPHERE, is an eight-week program involving everyday people within the faith-based community in discussions on how they personally can help stop the spread of HIV/AIDS in the African-American community. The program was piloted at Mount Jezreel Baptist Church in early 2009 through a grant from the National Ministries of the American Baptist Church.

Program Objectives:

- Give participants a basic understanding of the HIV/AIDS pandemic
- Discuss the biblical basis for HIV/AIDS work
- Discuss the four key barriers to mobilizing traditional Black institutions and leaders (Black Aids Institute, 2008)
- Empower participants to work toward the elimination of HIV/AIDS in the community

**CONCLUSION:** The SPHERE program has not yet been implemented. The author will report on the program results at the 2009 National HIV/AIDS Prevention Conference

The first week's dialogue will be HIV/AIDS knowledge followed by the discussion session about the biblical basis of HIV work, linking the theology to the epidemiology. Weeks three through six, a single question will be discussed. Week seven will be devoted to helping participants identify their sphere of influence and developing a plan of action. The final week will be devoted to next steps and what each person can do, individually, to help stop the spread of HIV/AIDS in the community.

The program will then be evaluated and revised with the plan to replicate it in churches across the Washington Metropolitan area.

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**Track D****DR06 - Successful Stories of Academic/Research Institutions and CBOs****Room: Spring (Hyatt Regency Atlanta)**

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**Presentation Number:** DR06-1**Presentation Title:** A Community-Research Collaboration to Address Needs of MSM Increases Provider Capacity**Author(s):** Sergio Aviña

**BACKGROUND:** More evidence-based interventions are funded today than ever before. Governmental and Non-Governmental funding sources are demanding science-based interventions as part of a grant application. However, many CBOs are still not equipped to conduct rigorous evaluation and research on existing successful "home-grown" interventions. Not enough is known about the best CBO-Research collaborations that help to develop CBO's capacity in evaluation.

**METHOD:** In order to address these research gaps and to foster community/academic research partnerships in Los Angeles County, we developed and implemented an HIV prevention intervention for behaviorally bisexual African American MSM called the Men of African American Legacy Empowering Self or MAALES Project. The collaboration included three local CBOs, providing a range of HIV and non-HIV-related services and two academic institutions. The CBOs host most of the intervention sessions targeting predominantly low-income persons in urban settings that include Los Angeles's Skid Row Area and South Los Angeles.

**RESULTS:** The small group intervention involves 6, 2-hour sessions held over 3 weeks and 2 boosters held at 1.5 and 4.5 months post intervention. The intervention sessions, which involve a variety of interactive and some didactic components, are each facilitated by two African American male facilitators. The curriculum is based on three behavioral models: the Theory of Reasoned Action and Planned Behavior, Empowerment Theory, and Critical Thinking and Cultural Affirmation.

This research process documents and highlights key characteristics needed by CBO's to increase their process/outcome evaluation capacity.

**CONCLUSION:** After more than two years of development work, formative research and piloting, 125 men have been randomized to the control or intervention conditions and 14 intervention cohorts have been completed.

Successful partnerships between CBO and academic/research institutions can lead to effective project evaluation and capacity development and are facilitated by basic CBO strategies and competencies.

5. Successful strategies for CBOs to develop these partnerships are: a) Acceptance of interns from public health schools; b) Participate with local and State CPGs; c) Seek local researchers involved with similar interventions as CBO; d) Hire staff from public health schools with ties to academic professors and research programs; and e) Participate in local and/or State-wide research forums, needs assessment discussions, and advisory board or Institutional Review Boards (IRBs).

4. CBO core competencies enhanced by this collaboration include, but are not limited to: staff trained in process and outcome monitoring as well as qualitative evaluation activities, intervention design and implementation, quality assurance and knowledge of basic data management and analysis software/techniques.

6. Key staff and program components that result in evaluation capacity building are: staff commitment to the process of research partnerships, staff basic skills sets in evaluation of public health programs, buy-in from all program staff, commitment from program/CBO decision-makers, clearly defined program objectives and procedures, and the flexibility to make minor program adjustments.

**OBJECTIVES:**

1. To learn and develop the essential CBO strategies needed to effectively implement research partnerships.
2. To learn how successful community-research partnerships can develop CBO core competencies.
3. To understand key staff and program components which help to ensure that these partnerships lead to evaluation capacity building.

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**Track D****DR10 - Application of Research Tools for Project Outcome Monitoring in a Community Based Organization****Room: Kennesaw Room (Hyatt Regency Atlanta)**

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**Presentation Number:** DR10**Presentation Title:** Application of Research Tools for Project Outcome Monitoring in a Community Based Organization**Author(s):** Michele Durham; Kevin Baker; John Barbo; Charles Whitehead

**BACKGROUND:** ISSUE: An inherent problem in providing HIV/AIDS prevention services is to successfully recruit and retain participants, maintain data quality, and monitor and evaluate program effectiveness.

**METHOD:** SETTING: A community based organization targeting outreach to HIV Positive Men who have sex with Men of Color in the urban metropolitan area of San Antonio, Texas, Bexar County.

**RESULTS:** PROJECT: HIV positive individuals are recruited through the AIDS Service Organizations, Case Managers, the Planning Council, Support Groups, Mental Health Programs, Medical Clinics, and Social Network for Healthy Relationships to include client referral and word of mouth. We also advertise our programs through the BEAT AIDS website, on my space, and at our events. Healthy Relationships Evaluation is conducted through two follow-up data collection points at 90 days and 180 days from enrollment in the intervention project.

**CONCLUSION:** RESULTS: From December 2006 through August 2008, BEAT AIDS implemented the evaluation of Healthy Relationships Project. During that time frame 137 individuals were recruited and enrolled in Healthy Relationships, 114 individuals completed all 5 sessions and 133 individuals completed the 90 day follow-up and 122 individuals completed the 180 day follow-up sessions. Six (6) individuals re-enrolled. Using the research tools for monitoring and evaluation, provided through the collaboration with CDC, BEAT AIDS was able to make ongoing improvements to the project quality and data collection.

**LESSONS LEARNED:** Participation in prevention research is an opportunity for capacity building that can enrich the programs of CBOs far beyond the specific program being researched. Participation in the collaboration with CDC study significantly improved the quality of our Program Evaluation and Monitoring System (PEMS) implementation (including data collection and data quality control) and expanded our capacity to conduct internal program monitoring and evaluation. Through continuous quality improvement, the use of the research tools enlightens our agency on the importance of staff buy-in and the culture of evaluation. Additionally, using the research tools for program improvement gives our agency a greater capacity to provide high quality services to our clients.

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**Track D****DR14 - Strengthening the Circle: Curriculum By/For Native Americans to Fill the Gap in HIV Intervention****Room: Baker (Hyatt Regency Atlanta)**

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**Presentation Number:** DR14**Presentation Title:** Strengthening the Circle: Curriculum By/For Native Americans to Fill the Gap in HIV Intervention**Author(s):** Oscar Marquez; Jim Mattee; Elton Naswood; Miguel Chion

**BACKGROUND:** There are no HIV prevention interventions developed specifically for Native Americans and/or Alaskan Natives communities. Although adapting a DEBI calls for a community assessment, doing so does not guarantee that core elements will fit within a Native cultural context or, more importantly, guarantee that the proper cultural rituals and symbols play a role in the intervention. Core elements do not neatly match Native cultural symbols and values. In an effort to fill this gap, two Native American staff instituted a curriculum designed for Native populations based on behavioral theories and Native American iconography.

**METHOD:** Strengthening the Circle is a 4-day, HIV prevention intervention curriculum currently being implemented in Los Angeles County at AIDS Project Los Angeles (APLA) designed to be inclusive of all Native American nations.

**RESULTS:** Strengthening the Circle is a fluid and flexible curriculum that relies on psychological theories like the Health Belief Model, Stages of Change, and Self-Efficacy, and draws upon Native American rituals and iconography. For example, the Medicine Wheel, one of the key components of the curriculum recognized across Native nations, provides a holistic approach to physical, emotional, spiritual and mental wellbeing. More importantly, the Medicine Wheel reinforces cultural identity, pride,

and functions as a resiliency factor against HIV risk. The concept of the Medicine Wheel has enabled facilitators to adapt the curriculum to different populations, like women, MSM, and transgender. The flexibility of the curriculum, along with the psychological theories and Native cultural values, make it a powerful model for developing HIV interventions for Native communities.

**CONCLUSION:** APLA completed the pilot phase of the intervention with the following populations: women, MSM, and Transgenders. The Delta-Plus method was used to evaluate the intervention for cultural appropriateness, content, format, client response to curriculum, and session materials. Women and MSM both reported that they liked the idea of living in balance. All groups stated that they enjoyed the sharing and honesty engendered in the workshops and expressed a desire for the workshops either to be longer and/or to add an extra day. The program seemed to work especially well with MSM and transgender, with a 76% and 85% completion rate, respectively. More importantly, they all expressed an interest in extending the social networks and support that were formed during the workshops. Finally, HIV risk behavior data was collected and will be evaluated post intervention in 3-6 months. These findings will be presented during the session.

The implementation of this curriculum shed light on the process and importance of integrating psychological theories and Native American symbols. The importance of addressing racism, homophobia, transphobia, and historical trauma with Natives cannot be overstated. Finally, we learned that the Medicine Wheel not only provided a cultural tradition through which to think about HIV and healthy behaviors, but it also strengthened cultural identity. Natives who participated in the intervention lessened their isolation and became part of a larger social network, thereby increasing their resiliency to HIV risk.

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## Track E

### ER04 - Virtual Link Up –Creating a Standard for Internet Interventions

**Room: Dunwoody (Hyatt Regency Atlanta)**

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**Presentation Number:** ER04

**Presentation Title:** The New York State Experience of Developing HIV/STD Integrated State-Wide Guidelines for Internet Interventions

**Author(s):** Peter Laqueur; Judi Bulmer; Kelly Firenze

**BACKGROUND:** The continued growth of the social Internet continues to have major implications for the transmission and prevention of sexually transmitted infections (STIs). Although it is known that the Internet as a venue is a place where public health prevention interventions can be placed, the New York State Department of Health lacked sufficient protocols and guidelines to provide adequate support to counties and agencies seeking to perform Internet interventions as demonstrated in a statewide survey of 300 funded agencies; prior to guideline development 45% of all surveyed conduct a variety of Internet interventions, 23% received training, and 16.4% have policies for Internet interventions

**METHOD:** Departments of health, Internet venues, and community based organizations

**RESULTS:** The NYSDOH AIDS Institute and the NYSDOH Bureau of STD Control collaborate to develop HIV/STD integrated guidelines for Internet Interventions.

**CONCLUSION:** Results:

The NYSDOH guidelines for Internet-based Partner Services and the NYSDOH guidelines for Internet Outreach were developed and distributed to appropriate recipients. The programs are supported with follow-up in the form of training and ongoing conference calls. In an effort to keep the documents relevant and to continually improve their quality the Internet-based Partner Services Protocol and The NYSDOH Guidelines have been made available on the Internet ([www.internetinterventions.org](http://www.internetinterventions.org)) in an editable open-source 'wiki' format.

Lessons Learned:

- Although many agencies in New York state conduct Internet interventions only a small percentage provide training and guidance.
- Collaboration between HIV and STD programs is critical when planning, coordinating, and implementing Internet interventions.
- Community based organizations are more likely to integrate Internet interventions into their programs, while departments of health are least likely to integrate the internet into their disease intervention programs.
- Barriers to the Internet can be broken down with the creation of broad reaching protocols and guidelines.

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**Track G****GR04 - A Multidisciplinary Approach to Integrating HIV Prevention Services within Community Re-entry Services****Room: Piedmont (Hyatt Regency Atlanta)**

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**Presentation Number:** GR04**Presentation Title:** A Multidisciplinary Approach to Integrating HIV Prevention Services Within Community Re-Entry Services.**Author(s):** Thomas Macedon; Diane Arneith; Tonia Middleton; Samuel MacMaster; John Shevlin

**BACKGROUND:** There are more than two million incarcerated individuals in the United States, the majority of whom will return to the community (BJS, 2008). There are clear links between incarceration and HIV risk; and an estimated eighty percent of incarcerated individuals have serious substance abuse problems (CDC, 2001). There is also a growing awareness that prisoners may be at the highest point of HIV risk during the early stages of the community re-entry process and may have relatively low motivation for engaging with services (O'Connell, Martin, Inciardi and Surrat, 2008). While these issues are important to all re-entry populations, there appear to be health and service disparities that primarily affect African American and Hispanic/Latino substance users who are subject to a unique set of individual and environmental stressors that have direct and dramatic effects on health outcomes, specifically related to HIV/AIDS.

**METHOD:** The program is based on a collaborative relationship between Community Health Action of Staten Island, New York State Division of Parole (Staten Island Bureau), Arthur Kill Correctional Facility, and community businesses. The goal of the program is to reduce health disparities in HIV by fostering substance abuse treatment access and engagement through a seamless continuum of services delivered.

**RESULTS:** The Treatment Access Project of Staten Island was developed to address the stark economic and social realities of returning to the community following incarceration through a combination of HIV outreach and prevention services, substance abuse treatment, employment counseling and job development, family counseling and mental health services, and assistance with basic needs. To ensure a seamless connection with services throughout the project services are provided within correctional facilities prior to and during the re-entry process as well as being provided in the community for up to a year post-incarceration. A strong linkage with parole authorities has been ensured with the inclusion of field parole officers as members of the treatment team. This presentation will provide information on the project's development and evaluation over the first two years of operation.

**CONCLUSION:** Service users were surveyed at baseline, program exit, and at a six month follow-up and a sample of participants have engaged in qualitative focus groups. Improvements in substance use, motivation for services, HIV risk behaviors, and psych-social stability-- employment, earned income, housing stability, and mental health status are documented. At six months, all participants had accessed substance abuse treatment and HIV testing services, 90% of participants had no new criminal activity, two thirds of individuals were engaged in employment or job training activities, and income from employment had risen 579%. Changes in substance use, HIV risk behaviors, and housing and mental health outcomes are mixed, but promising.

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**Track G****GR05 - Integrating HIV Prevention with Hepatitis C Co-infection Programs****Room: Courtland (Hyatt Regency Atlanta)**

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**Presentation Number:** GR05**Presentation Title:** Integrating HIV Prevention with Hepatitis C Co-infection Programs**Author(s):** Luis Scaccabarozzi; Lisa Frederick

**BACKGROUND:** Many U.S. HIV treatment and prevention education programs focus entirely on HIV. However, HIV and Hepatitis C (HCV) co-morbidity prevalence continues to increase. Because HIV/HCV co-infection requires specialized attention, ACRIA developed a HIV/HCV co-infection curriculum addressing the specialized needs of individuals living with both infections.

**METHOD:** Nationally, correctional facilities, HIV service providers, health departments, HIV service organizations, and PLWHIV co-infected with hepatitis C.

**RESULTS:** A curriculum specifically addressing HIV/HCV co-infection issues including: signs/symptoms, and HIV and HCV treatments, and safer injection practices was developed. This curriculum was used as the basis for several “train the trainer”, peer education and education/treatment counselor trainings and another curriculum on how to Integrate Hepatitis into different work settings were developed: correctional facilities, IV and substance use service providers, community based organizations serving high-risk communities. For clients, individualized counseling and tailored group workshops were provided at local homeless shelters, hospitals, harm reduction/needle exchange sites, prisons, and gay/ lesbian/ bi/ transgender social service agencies in New York City.

**CONCLUSION:** Lessons Learned:

The development of an HIV/HCV co-infection curriculum is essential to meeting the special needs of individuals living with both HIV and Hepatitis C.

Programs specializing in HIV treatment and prevention education can enhance their services and greater meet the needs of co-infected clients through the adoption and integration of a co-infection curriculum.

Next Steps:

Tailoring workshops to culturally and linguistically under-served communities;

Creating collaborations and partnerships with agencies in order to reach those communities and bringing the services to each community, as opposed to providing services on-site, is a more effective way to gain access to communities in need;

Gaining trust and credibility from the community and individuals improves response for an improved access to prevention, care and treatment;

Creating a program that is tailored to culturally and linguistically disadvantaged communities leads to effective response from participants;

Creating a program that is tailored and allows for active participation dynamics is important when working with adults;

Providing easy to understand medical information is important for individuals to become empowered; and,

Providing easy to understand information to non-medical service providers to become part of the prevention/treatment/care continuum.

**Wednesday, August 26, 2009****Concurrent Sessions****8:00AM-9:30AM****Track A****A05 - Minority MSM Perceptions and Risk****Room: International Ballroom South (Hyatt Regency Atlanta)****Presentation Number:** A05-1**Presentation Title:** Behavioral Correlates of Barebacking Identity Among Urban Gay and Bisexual Men of Color**Author(s):** Christian Grov, PhD, MPH; David S. Bimbi, PhD; Jeffrey T. Parsons, PhD

**BACKGROUND:** HIV disproportionately impacts men who have sex with men (MSM). This disparity is particularly exacerbated among Black and Latino MSM, including those who identify as gay or bisexual. The aim of this study was to explore the differences in sexual risk behaviors between self-identified barebackers and men who did not identify as barebackers within a sample of urban Black and Latino gay and bisexual men (GBM). Barebacking refers to unprotected anal sex.

**METHOD:** In 2006, using a brief-intercept survey method, data were gathered from 329 Black and Latino GBM residing in the greater New York metropolitan area (n = 152 Black, n = 177 Latino). Eighty percent (n = 252) reported being HIV negative at last testing. Fourteen percent of men identified themselves as barebackers. Participants indicated if they had unprotected anal insertive (i.e., "top") and/or unprotected anal receptive (i.e., "bottom") and indicated which venues they met potential barebacking partners (e.g., bathhouses/ sex clubs, online, private parties). Participants also reported the assumed HIV status of their partners. Analyses were conducted between HIV+ and HIV-/unknown status men in order to properly contextualize HIV risk.

**RESULTS:** Due to small cell sizes, Fisher's exact and phi tests were used (all analyses reported below, Fisher's exact p was < .01 and phi was > 0.30). Among HIV-negative/unknown status men, those who barebacked as a top with a positive partner (45.5% vs 1.7%), who barebacked as a bottom with a partner of unknown HIV status (60% vs 3.3%), who barebacked as a top with an HIV unknown status partner (33.3% vs 1.8%); and who barebacked with men met at bathhouses/sex clubs (50% vs 4%) were more likely to identify as barebackers than those who did not identify as barebackers. Among HIV-positive men, those who barebacked as a top with a positive male partner (69.2% vs 19.2%), who barebacked with men met online (72.7% vs. 21.4%), and who barebacked with men met at private parties (84.6% vs 11.5%) were also more likely to identify as barebackers than those who did not identify as such. Results suggest the need for further examination as to how identity as a barebacker, specifically when linked to risk, is developed and maintained through behavior.

**CONCLUSION:** Emerging associations between barebacking identity and patterns of behavior may be informed by cognitive dissonance theory, which suggests that individuals uphold beliefs, attitudes and behaviors that reinforce one another and the identities linked to those beliefs. Understanding the application of this theory can properly inform the development of interventions based on motivating Black and Latino GBM to adopt sexually protective beliefs, attitudes, and behaviors while managing personally significant identities. Study findings also further illuminate how HIV status, strategic positioning, and serosorting are influential factors contributing to patterns of barebacking behavior among Black and Latino GBM.

**Presentation Number:** A05-2**Presentation Title:** Social Anxiety Predicts Later Risky Sex: Mediation by Fear of Being Rejected by One's Partner**Author(s):** Trevor A. Hart, PhD, CPsych; Karen E. Roberts, MA; Carolyn A. James, MA; Ted Myers, Ph.D.; Liviana Calzavara, Ph.D.; Mona R. Loutfy, MD, MPH

**BACKGROUND:** Research suggests a direct relation of social anxiety (anxiety about being evaluated by others) to unprotected anal intercourse (UAI) among men who have sex with men (MSM) (e.g., Hart, James, Purcell, & Farber, 2008; Hart & Heimberg, 2005). However, no research has examined the mechanisms by which social anxiety is associated with UAI with serodiscordant partners or partners of unknown HIV status. The objective of the present study is to examine the psychosocial mechanisms by which social anxiety exerts its effects on risky sexual behavior among HIV-positive and HIV-negative MSM.

**METHOD:** 201 MSM (96 HIV-positive and 105 HIV-negative) were recruited from the community and clinical settings. Two forms of social anxiety were assessed both by validated questionnaires and structured clinical interviews: 1) social interaction anxiety (e.g., talking with others) and 2) social performance anxiety (e.g., being observed while doing something). Fear that a partner would not want to have sex with the participant if they insisted on using a condom and fear that a partner would think the participant was uptight if they insisted on using a condom were assessed as the psychosocial mechanisms. Risky sex was operationalized as UAI with serodiscordant or unknown HIV status partners within the last six months after the baseline assessment. A hierarchical logistic regression examined if fear of being rejected for insisting on condom use mediated the

relation between social anxiety and risky sex, with social anxiety on Step 1 and fear of being rejected for insisting on condom use on Step 2.

**RESULTS:** Among HIV-positive MSM, both forms of social anxiety predicted a greater likelihood of engaging in any UAI with HIV-negative or unknown status partners (e.g., Liebowitz Social Anxiety Scale [LSAS] - social interaction anxiety; OR = 1.72, 95% CI = 1.07 – 2.75,  $p = .02$ ; LSAS social performance anxiety; OR = 1.59, 95% CI = 1.08 – 2.52,  $p < .05$ ). Fear of that a partner would not want to have sex with the participant (OR = 2.15, 95% CI = 1.20 – 3.88,  $p = .01$ ) and fear that a partner would think the participant was being uptight (OR = 1.93, 95% CI = 1.14 – 3.28,  $p = .02$ ) if the participant insisted on condom use also predicted engaging in UAI with unknown status or HIV-negative partners. Fear of that a partner would not want to have sex with the participant if the participant insisted on condom use mediated the relationship between both forms of social anxiety and UAI with negative or unknown status partners. Among HIV-negative MSM, social anxiety was not associated with risky sex.

**CONCLUSION:** Findings from this analysis are relevant for the care of MSM living with HIV in both community and clinical settings. Prevention workers may wish to attend to social anxiety among HIV+ MSM, which predicts risky sex. Now that the mechanisms by which social anxiety predicts risky sex are known, interventions that integrate fear of being rejected in sexual situations with evidence-based HIV prevention are warranted.

**Presentation Number:** A05-3

**Presentation Title:** Sexual Orientation, Racial Identity, and Resilience Among Young HIV+ MSM of Color

**Author(s):** Justin Smith, BA; Lisa B. Hightow-Weidman, MD, MPH

**BACKGROUND:** Young men who have sex with men (MSM) of color in the US continue to be disproportionately impacted by the HIV epidemic, with young Black MSM being significantly affected. Examining how young MSM of color understand their sexual and racial identities and contend with stigma is a key component of creating successful behavioral interventions for this population.

**METHOD:** Project STYLE (Strength Through Youth Livin' Empowered) is a prospective longitudinal cohort study of newly diagnosed or newly engaged in care HIV+ young (ages 17-24) MSM of color. We used a mixed-method approach to explore how issues related to sexual and racial identity impact young MSM of color engagement in risk behaviors and access to and use of health care services. To date 58 HIV+ young MSM have been enrolled in this cohort. Participants were recruited from area HIV clinics and HIV testing events. Baseline interviews were conducted from June 2006 to December 2008.

**RESULTS:** At baseline 73% of the young men identified as either gay or bisexual, and 93% reported that they are either comfortable or very comfortable with their sexual orientation. In contrast, 51% report that their sexuality has either hurt or embarrassed their family, and 70% received only negative messages about homosexuality growing up from their families and communities. Only 30% consider themselves to be a part of the gay community while 87% consider themselves to be part of the black community. Qualitative measures consistently show the strong positive connotations these men associate with black community membership and negative connotations associated with gay community membership. Significant HIV risk behavior was also observed in the cohort. Of those who were sexually active in the 3 months prior to being enrolled in the study, at their last sexual encounter 71% engaged in unprotected insertive oral sex, 65% engaged in unprotected receptive oral sex, 22% engaged in unprotected insertive anal sex, and 25% engaged in unprotected receptive anal sex.

**CONCLUSION:** The strong attachment to the black community and relatively weak connection to the gay community observed in this group suggest that prevention activities for this population should place a stronger emphasis on black identity than gay identity. Previous research in this area has documented high rates of internalized homonegativity (negative attitudes towards homosexuality) among Black MSM and its association with HIV risk taking behaviors. While we did not specifically measure internalized homonegativity, the high level of comfort these young men report with regard to their sexual orientation in the face of significant familial stigma indicate a high degree of resilience and suggest that positive racial identity may serve as a buffer against the negative stigma associated with same-sex attraction. Future studies should seek to understand what accounts for this resilience, as this may provide new directions for future HIV prevention interventions with this population.

**Presentation Number:** A05-4

**Presentation Title:** Our Say: Southern African-American MSM's Perceptions of HIV/STD Prevention Messages

**Author(s):** Lauren Green; Cynthia Wright; Warner McGee; Bambi Gaddist; Jacob Wright

**BACKGROUND:** Increases in syphilis morbidity in 2005 among African American MSM in South Carolina (SC) prompted an investigation of STD/HIV risk behaviors. Analysis showed that all men in this sample who had syphilis also reported having an HIV infection. More than 1/3 also had a history of STDs. This analysis examines the role of prevention messages and suggestions for framing HIV/STD messages targeting African-American MSM. Understanding the perception of African-American MSM living in Southern and rural communities and engagement of this population in the developing prevention messages will enhance cultural and geographical appropriateness and lead to more successful prevention campaigns.

**METHOD:** Forty-seven self-identified African-American MSM between ages of 22-45 in SC completed focused interviews as part of a community assessment. Interview data were analyzed qualitatively using thematic coding procedures.

**RESULTS:** Respondents described a negative perception of MSM prevention messages. Most expressed HIV/STD and safer-sex message fatigue and reported prevention messages have lost their effectiveness and value, particularly for younger African American MSM. Several indicated the need for comprehensive prevention and STD-related messages rather than HIV-only messages, and recommended using such venues as the internet, schools, churches, and nightclubs. A large number of participants suggested messages be tailored to young African-American MSM.

**CONCLUSION:** Negative perceptions of prevention messages can impact the effectiveness of these messages in promoting risk reduction to a critical at-risk group. Framing messages to have more holistic themes may have greater positive impact. Further study is needed to develop culturally competent STD health communications.

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## Track A

### A15 - Behaviorally Bisexual

#### Room: Baker (Hyatt Regency Atlanta)

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**Presentation Number:** A15-1

**Presentation Title:** The Continuum of Services for Young Gay, Bi and (MTF) Transgender in Albuquerque, New Mexico

**Author(s):** Javier Rios

**BACKGROUND:** With an increase of HIV incidence in New Mexico among young gay, bi and male to female (MTF) transgender known as young Men who have Sex with Men and Transgender (YMSM/T), New Mexico AIDS Services (NMAS) Community Health Promotions (CHP) has been able to successfully weave together a web of its current programs to serve the YMSM/T community of Albuquerque. MPowerment Project (MPower), Counseling Testing and Referral Services Project (CTRS) and Health Education Project of NMAS work together to connect all YMSM/T contacts to MPower, HIV testing, Healthy Relationships (SHAG), Popular Opinion Leader (POL), Video Opportunity for Innovative Condom Education (VOICES/VOCES), Next Step, Safety Counts, Smart Step and Many Men Many Voices (3MV) and also refer them to other Community Based Organizations (CBOs) and health services in New Mexico.

**METHOD:** NMAS is a CBO in Albuquerque serving the Albuquerque Metro area and the Northwest quadrant of New Mexico. MPower is one of NMAS' prevention programs that serves Albuquerque and Farmington YMSM/T communities. Both projects utilize spaces in Albuquerque and Farmington and various community settings. MPower and NMAS use the internet and text messaging as additional intervention settings.

**RESULTS:** During 2008 MPower and NMAS have addressed barriers and responded to current trends of internet usage and text messaging among the YMSM/T of Albuquerque. Using daily text reminders, podcasts, internet chat and bulletins on popular websites, NMAS has linked the MPower, Health Education and CTRS projects to provide friendly and accessible services plus safer sex workshops for the YMSM/T regardless of HIV status. NMAS collaborates with the New Mexico Department of Health (NMDOH), Navajo AIDS Network, Gay Straight Alliances, the Santa Fe Mountain Center, Parents and Friends of Gays and Lesbians to provide a full spectrum of HIV prevention and integrated infectious disease services. In adapting and tailoring the 11 year old MPower project as well as CTRS and Health Education Projects to the new and now, NMAS and MPower have built an easy to use network of connections for its target population of high risk YMSM/T.

**CONCLUSION:** YMSM/T of Albuquerque are able to participate in educational programs that are not only progressive, culturally appropriate and relevant, but also reflect the minority majority cultural landscape of Albuquerque, New Mexico with Hispanic, Native American, White, Asian and African American participants. As YMSM/T gate keepers to this diverse community, NMAS' network of programs has changed cultural norms surrounding safer sex and communication by normalizing routine HIV testing, screening for STDs and participation in its projects for sexually active YMSM/T. By integrating MPower, NMAS Farmington, CTRS and Health Education projects NMAS has provided a consistent resource for the YMSM/T community of Albuquerque and Farmington offering clients a variety of programs. Many MPower participants have been trained in several different Diffusion of Effective Behavioral Interventions (DEBIs), get tested for HIV and screened for syphilis at NMAS regularly, while referring friends to testing and other programs at NMAS and around the state. Because of collaboration and networking NMAS has seen increased participation in MPower, the Health Education Project and CTRS.

**Presentation Number:** A15-2

**Presentation Title:** Sexual Risk Behaviors of Black and White Men Who Have Sex with Men and Women

**Author(s):** Archana LaPollo; Mary Milnamow

**BACKGROUND:** Men who have sex with men and women (MSMW) are at high risk for HIV infection and transmission and are in need of tailored prevention interventions. Black MSMW are often assumed to be an important vector in spreading HIV

infection to Black women. Yet little is known about patterns of sexual activities among this hidden population. In this analysis, we compare the number of male, female and transgender sex partners in the past 3 months for Black and White MSMW and assess rates of unprotected intercourse for each type of partner. Results of these analyses may assist in developing relevant and appropriate intervention messages and strategies.

**METHOD:** Respondent driven sampling was used to recruit 346 MSMW, 237 Black men and 109 White men. To be eligible for the study, men had to report having had at least one male and one female sex partner in the past 12 months. Participants completed a survey, half of which was administered by an interviewer. The other half of the survey, containing sensitive questions about HIV status and sexual behaviors was self-administered, using ACASI on a laptop computer. Sexual behavior in the past 3 months was assessed through questions about numbers of partners and number of instances of unprotected anal or vaginal sex with male, female and transgender partners.

**RESULTS:** Men in the study tended to have low income (58% under \$10,000 a year), although over 25% had at least some college education. The Black sample tended to be older than the white sample (44% vs. 30% over 45 years old). Black and White MSMW reported similar patterns of male and female partners in the past 3 months. Three out of four (75% of Blacks and 73% of Whites) reported anal sex with at least one man and 41% of Black MSMW and 39% of White MSMW reported 2 or more male partners. 85% of both groups had vaginal or anal sex with at least one woman, and 55% of Black MSMW and 53% of White MSMW had 2 or more female partners. However, Black MSMW were much more likely to report having transgender partners (25% of Blacks and 8% of Whites had trans partners).

Both groups reported high rates of unprotected sex, particularly with female partners. Approximately half (48% of Black and 51% of White participants) reported having unprotected vaginal or anal sex with a female partner in the past 3 months. 39% of Blacks and 37% of Whites had unprotected anal sex with a male partner, and 14% of Blacks and 1% of Whites had unprotected sex with a trans partner. Overall, 62% of both groups reported unprotected sex with either a male, female or trans partner.

**CONCLUSION:** Black and White MSMW are at high risk for HIV infection and transmission, yet few effective interventions have been developed for this population. Since many MSMW do not identify as gay, they are often not reached by programs focused on MSM and gay populations. There is an urgent need to improve services for this often hidden population.

**Presentation Number:** A15-3

**Presentation Title:** Engaging MSMW in HIV Prevention Research: A Qualitative Exploration of Motives and Recruitment Through RDS

**Author(s):** Lisa Bond, PhD; Archana Bodas LaPollo; Chong-suk Han; Jonathan Ellis; Christopher Chianese; ; ; ;

**BACKGROUND:** Respondent driven sampling (RDS), a type of chain-referral sampling, is being used increasingly to recruit hidden populations such as men who have sex with men and women (MSMW) to participate in HIV prevention research studies. Despite its widespread use, very little is known about how RDS is carried out from the perspective of research participants, or why it is that participants agree to enroll in HIV prevention research studies after being recruited through RDS. Important questions yet to be examined include: What factors motivate participants to enroll in an HIV prevention research study? What motivates study participants to go out and recruit others? How do participants decide whom to recruit? What kinds of challenges or barriers do participants encounter when enacting RDS in the real world? Improved understanding of the experiences of MSMW with RDS and HIV prevention studies can inform future research efforts to engage this, and other hidden populations, in HIV prevention research.

**METHOD:** Semi-structured, in-depth qualitative interviews were conducted in 2008 with 50 Black and White MSMW. Each of these participants had previously been recruited via RDS to take part in a quantitative survey (ACASI) and HIV testing. Each of the 50 participants was randomly selected to participate in the qualitative interview, which occurred in person, one month after the completion of the quantitative survey. Interviews were digitally recorded and transcribed verbatim. A multi-stage, team-based, qualitative content analysis approach was used to identify key themes.

**RESULTS:** Characteristics of the sample included: 64% Black, 36% White; 20% ages 18-29, 44% 30-44, 36% 45+; 67% bisexual, 6% heterosexual, 10% homosexual/gay, 10% unsure/questioning, 6% other; 66% HIV-negative, 18% HIV-positive; 16% unknown HIV status (never tested).

Key themes related to why MSMW participated in the study and why they agreed to recruit other MSMW included: personal benefits to self; perceived benefits to other MSMW; altruism (e.g., fighting HIV); and, the perceived innocuous nature of the study/recruitment (e.g., easy). Key themes related to how MSMW decided whom to recruit to the study included: men who would benefit from participating in the study (e.g., men who were struggling with their bisexuality); and, men that participants cared about and/or had an existing relationship with. Two key themes emerged regarding barriers encountered by participants in the recruitment of other MSMW: stigma associated with bisexuality and related concerns about anonymity; and, study-specific practical difficulties (e.g., keeping track of recruitment coupons).

**CONCLUSION:** Understanding the motivations of MSMW to participate in HIV prevention research and to serve as recruiters is important for improving future applications of RDS or similar chain-referral methods with this population, and possibly with

other hidden populations. Findings from this study underscore the importance of both the benefits to self and to one's peers in motivating MSMW to participate in HIV prevention research and to recruit other MSMW. The value of non-monetary motivations should not be underestimated in the "training" process that takes place with potential recruiters. Barriers and challenges MSMW experience in "enacting" RDS should be anticipated, and incorporated into recruiter training when possible.

**Presentation Number:** A15-4

**Presentation Title:** Lesbian and Bisexual Adolescent Girls Engage in Frequent High Risk Sex with Male Partners

**Author(s):** Jordan Rullo; David Huebner

**BACKGROUND:** Although lesbian adults are at relatively low risk for HIV/AIDS, emerging research suggests that sexual minority adolescent (SMA) girls may actually be at higher risk for HIV/AIDS than their heterosexual counterparts. Some of the experiences that place them at risk include more frequent sexual encounters with sexual minority men or injection drug users, higher rates of pregnancy, coerced sexual contact, injection drug use, and exchanging sex for money and/or drugs. While SMA girls engage in these more extreme HIV-related risk behaviors, it is unclear to what degree they practice less extreme risk behaviors, such as sex with boys. This study aimed to identify the frequency and demographic correlates of opposite-sex sexual contact and risk among SMA girls, adding to the scarce literature on this relatively overlooked population.

**METHOD:** Participants were 206 female SMAs, ages 14-19 years ( $M = 17.3$ ), recruited between 2004-2008 from youth-serving agencies in Philadelphia, Boston, and Indianapolis. Participants were diverse with respect to ethnicity (39% Caucasian, 16% African American, 28% Mixed, and 17% Other) and sexual orientation (61% lesbian, 30% bisexual, 9% queer or other). Participants used audio computer assisted self-interviewing to respond to questions related to their sexual behaviors, and received a \$25 gift card for completing a 35-90 minute survey.

**RESULTS:** Sixty-seven percent of SMA girls had been sexually active with a male in their lifetime, and 35% reported sexual activity with a male in the past six months. Nineteen percent reported unprotected vaginal sex with a male in the past six months, and 14% indicated that their last sexual intercourse with a male was unprotected. Additionally, 18% of the SMA girls reported multiple male partners in the past six months. Logistic regression analyses modeled these HIV-related risk outcomes from participant age, ethnicity, sexual identity, and school attendance. Bisexual girls are more likely to report sexual contact with a male, both ever ( $OR=3.1;95\%CI=1.4-6.5$ ) and recently ( $OR=6.9;95\%CI=3.4-14.1$ ). However, 60% of lesbians reported ever having had sex with a male and 21% reported having had recent sexual contact with a male. Girls of mixed ethnicity were more likely than Caucasian girls to report unprotected vaginal sex in the past 6 months ( $OR=9.8;95\%CI=1.9-50.0$ ). Girls of mixed ethnicity ( $OR=9.7;95\%CI=1.8-51.7$ ), African Americans ( $OR=4.8;95\%CI=0.9-26.4$ ) (relative to Caucasians), and bisexuals ( $OR=4.2;95\%CI=1.2-14.1$ ) (relative to lesbians) were all more likely to report having had multiple male partners in the past 6 months.

**CONCLUSION:** SMA girls commonly report behaviors with males that place them at risk for HIV infection. Bisexual girls reported more contact with males, although significant portions of lesbian girls did as well. Risk behaviors were equally common among SMAs of all ages, including the youngest girls. Girls of mixed ethnicity appear to be at especially high risk for engaging in unprotected sex with boys. HIV prevention research and intervention must not ignore lesbian and bisexual adolescents, as the present study suggests that many of them are at substantial risk for HIV infection through their sexual behavior with boys.

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## Track A

### A21 - Using Syndemics to Explain Heightened HIV Risk among Black and Latino Men in NYC

**Room:** Singapore/Manila (Hyatt Regency Atlanta)

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**Presentation Number:** A21

**Presentation Title:** Using Syndemics to Explain Heightened HIV Risk Among Black and Latino Men in NYC

**Author(s):** Patrick Wilson; Silvia Amnesty; Jose Nanin; Scyata Wallace

**BACKGROUND:** Black and Latino men (BLM) exhibit heightened risk for HIV in New York City (NYC), relative to other groups. Epidemiological data show that, across SES groups, men have higher rates of HIV infection compared to women in the U.S. In NYC, men made up nearly 70% of new AIDS diagnoses in 2006 and BLM represent 68% of men living with HIV/AIDS. Syndemics represents a useful framework through which we can potentially explain enhanced HIV risk among BLM. A syndemic refers to the "clustering" of different physiological (e.g., chronic & infectious diseases) and sociological (e.g., systemic racism, institutional poverty) epidemics by person, place and/or time (Singer et al., 2006; Stall et al., 2008). It moves beyond the traditional biomedical approach to understanding disease by employing a framework that emphasizes interrelationships among diseases and social contexts. The research presented in this panel focuses on understanding the HIV/AIDS crisis among BLM in NYC by focusing on the intertwining issues of incarcerations, sexually transmitted infections (STIs), healthcare access and treatment, substance use, and trauma experiences among men in this population.

**METHOD:** Four investigators at different academic institutions in NYC, and working with diverse, overlapping sub-populations of BLM have developed an informal consortium to explore how syndemics may operate to promote HIV risk among Black men. These researchers, each funded by the CDC to conduct HIV prevention and treatment in communities of color, will examine the diverse issues facing BLM across communities in NYC, focusing on heterosexual men and men who have sex with men (MSM).

**RESULTS:** The research and clinical practice experiences of the four investigators will be presented during the session. Specific topics that will be explored include: (1) Providing an overview of syndemics theory and application; (2) Understanding the roles of incarceration experiences and STIs among young (aged 16-25) Black heterosexual men in promoting risk; (3) Challenges and barriers involved in HIV/STI prevention and treatment in an urban health clinic targeting BLM; (4) Exposure to trauma and childhood sexual abuse among HIV+ Black MSM and its relationship to risk & mental health; and (5) Socio-contextual factors related to bareback sex and drug use among Black and Latino MSM.

**CONCLUSION:** Collectively, the research experiences of the investigators suggests that syndemics shape the context of HIV risk among BLM, enhance men's vulnerability to HIV, and fuel the HIV epidemic in NYC. The co-occurring epidemics of institutionalized poverty & racism, incarcerations, STIs, substance use, trauma experiences, and healthcare access create an environment in which BLM have an increased odds for poor health outcomes, notably HIV/AIDS.

Researchers, practitioners, and policymakers should endeavor to understand how syndemics operate to produce heightened HIV risk among BLM in their communities. Holistic approaches for treating multiple conditions urban BLM may face, including substance use, STIs, and mental health problems need to be integrated into interventions targeting this population. Likewise, community- and structural-level interventions that aim to reduce institutionalized racism, poverty, and trauma experiences among BLM are desperately needed.

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## Track C

### C01 - Preparing for PrEP: Strategies for Implementation of HIV Pre-Exposure Prophylaxis

Room: Vancouver/Montreal (Hyatt Regency Atlanta)

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**Presentation Number:** C01

**Presentation Title:** PrEParing for PrEP: Discussing strategies for Potential Implementation of Pre-Exposure Prophylaxis for HIV Prevention

**Author(s):** Dawn K. Smith; Jennifer Kates; Lucia Torian; Kevin Cranston; Steve Nesheim

**BACKGROUND:** Several trials are ongoing in the United States, Africa, Asia, and South America to evaluate the efficacy and safety of once-daily oral antiretroviral (ARV) use (tenofovir or tenofovir + emtricitabine) for the prevention of HIV infection in intravenous drug users (IDUs), men who have sex with men (MSM), and high-risk heterosexuals. High biological plausibility, the effectiveness of ARVs in preventing perinatal transmission and in occupational post-exposure prophylaxis suggests that demonstration of PrEP efficacy may occur in the near future. Therefore, planning efforts to translate anticipated trial results are needed to ensure effective and timely program implementation.

**METHOD:** In 2008 and early 2009, CDC convened a series of small technical expert meetings.

**RESULTS:** These technical meetings were held to initiate conversations about implementation issues for pre-exposure prophylaxis, focusing on (a) financing and reimbursement strategies, (b) conceptualizing a monitoring and evaluation framework, (c) public health ethics issues, and (d) potential use during conception in discordant couples.

**CONCLUSION:** The expert meetings allowed CDC to participate in brainstorming which will inform the development of PrEP program options for the feasible and effective implementation of PrEP, especially in publicly financed settings. Some important concepts discussed include: targeting strategies to maximally decrease HIV incidence, options for addressing likely PrEP financing challenges, and data needs and potential methods to merge health service data which will facilitate measuring PrEP coverage, service quality, and HIV incidence impact.

Engaging diverse perspectives from subject area experts in exploring PrEP planning complexities has advanced identification of potential strategies to incorporate in an eventual implementation plan.

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## Track C

### C17 - Evidence-Based Interventions for Persons Living with HIV

Room: Cairo (Hyatt Regency Atlanta)

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**Presentation Number:** C17-1

**Presentation Title:** Collaboration Among Researchers, Behavioral Scientists, and Training Experts in Translation of Theory into Effective Interventions

**Author(s):** Rosemary Thomas; Aaron J. Shipman; Maestro Evans; A. J. King; Terry Stewart; T. Scott Pegues; Mark Thrun

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**BACKGROUND:** Teamed together, theory and research have resulted in highly effective behavioral interventions. The world in which HIV prevention takes place through health departments and AIDS service organizations, however, seldom matches the research setting. Staff of AIDS service organizations – those who interface with individuals at highest risk of acquiring or transmitting HIV – rarely possess or have access to the same resources as universities or researchers. Translating research into curriculum that capitalizes on the wide range of existing skill sets of those delivering the intervention takes a tremendous amount of time, energy, creativity, and ultimately collaboration.

**METHOD:** CLEAR: Choosing Life; Empowerment! Action! Results! is an Effective Behavioral Intervention appropriate for AIDS Service Organizations (ASO), Community Based Organizations, and local and state health departments working with adolescent and adult PLWH and high-risk negatives. The original one-to-one, strength-based, client-centered, HIV prevention intervention for HIV+ individuals at high risk of transmitting the virus, as well as those at very high risk of acquiring it, (published in *J Acquir Immune Defic Syndr* • Volume 37, Supplement 2, October 1 2004) was evaluated in 1999-2000 with 175 HIV-positive youth living in Los Angeles, San Francisco, and New York over a 15-month period and was found to effectively reduce incidence of unprotected sex, reduce participants' number of sexual partners as well as to lower their drug/alcohol use.

**RESULTS:** The Denver STD/HIV Prevention Training Center in collaboration with the California STD/HIV Prevention Training and the Centers for Disease Control and Prevention successfully created a synergy between the worlds of research and AIDS service organizations by collectively translating this research into an effective behavioral intervention through the development of a user friendly curriculum delivered in a four-day training.

**CONCLUSION:** The resultant CLEAR: Choosing Life; Empowerment! Action! Results! curriculum synergizes research and theory with the strengths and limitations of ASO's providing HIV prevention services. The training and delivery of this intervention rely on Skill Sets rather than a degree in counseling or other related field. CLEAR has been piloted with ASO's and Health Departments and is now in the process of being disseminated across the nation, thus providing ASO's with another option to offer clients who have been unsuccessful or unreceptive to "typical" or traditional models of behavioral change.

The transformation of academic concepts into consumer level effective interventions requires considerable time, energy, creativity, flexibility, and collaboration. One of the strongest lessons learned from this project is that theory and research become most valuable when translated into teachable and useable skills sets available at the consumer level. This translation results in the development of tailored curricula that meet the strengths, limitations, and needs of ASO's, thus positioning both the ASO and the client for success.

**Presentation Number:** C17-2

**Presentation Title:** The Healthy Relationships Intervention Operations Study: Fidelity, Adaptations, and Implementation Challenges

**Author(s):** Seth Kalichman

**BACKGROUND:** Implementation of evidence-based HIV prevention interventions requires both fidelity to program core elements and adaptations to fit local community contexts. This study examined the fidelity and adaptation of Healthy Relationships, an HIV prevention intervention for people living with HIV/AIDS. Healthy Relationships is a theory-based five-session support group style intervention that is disseminated by the CDC as a DEBI program and is included among CDC's best evidence based interventions.

**METHOD:** There had been 63 CDC trainings between Jan 2005 and April 2008, with 999 persons who worked for 235 community based organizations (CBOs) and 64 health departments trained. We attempted to reach all agencies and conduct telephone interviews with program directors. A total of 122 of 299 (40%) eligible agencies participated in the study. Participants completed a 45 min interview and were offered a \$50 office supply gift card for their time and effort.

**RESULTS:** A total of 27 of the 122 agencies (22%) had not implemented Healthy Relationship; most commonly because the program was perceived as not meeting agency priorities, or not meeting community needs and implementation difficulty. Among the 95 agencies that implemented the intervention, 56% adapted the intervention content, of which 42% changed at least one core element or intervention activity and 23% dropped at least one core element or activity entirely. Results showed that the most of the core elements and intervention activities were adhered to by at least 70% of agencies. It was far more common to adapt activities than to drop them altogether. The most common changes occurred across the intervention domains of disclosure decision making skills and safer sex skills building using movie clips. Few core activities were dropped from the intervention, with the most common being the Personalized Feedback Report. Changes were most commonly made to interventions to improve their fit to the target community. Fidelity was unrelated to perceptions of the CDC DEBI program and fidelity did not relate to overall perceived benefits of the program.

**CONCLUSION:** We conclude that agencies trained to implement the Healthy Relationships intervention commonly adapt core elements. Operations research can shed light on the strategies that agencies use for implementing evidence-based interventions.

**Presentation Number:** C17-3

**Presentation Title:** Positive Living Using Safety (PLUS): Evaluation of an HIV Risk Reduction Intervention for HIV-Infected Prisoners

**Author(s):** Michael Copenhaver

**BACKGROUND:** Many HIV-positive inmates receive care and HIV medications while incarcerated. However, many fail to adhere to HIV treatment after being released from custody. There are no evidence-based interventions (EBIs) available for implementation during the critical period when HIV-infected prisoners are being transitioned from prison to the community. Consequently, benefits of providing HIV care and treatment services in prisons are often lost.

**METHOD:** Connecticut Dept of Correction, AIDS Project Hartford, & Yale AIDS Program

**RESULTS:** We developed Positive Living Using Safety (PLUS), an intervention for this population. PLUS was adapted from an existing EBI – the Holistic Health Recovery Program (HHRP+), and it combines HIV risk reduction and adherence to antiretroviral therapy. PLUS was adapted so that it can be provided in an individual or group format, and delivered on consecutive days or in weekly sessions. Sessions can be provided within the prison system just prior to the inmates release or in a community-based setting shortly after release. PLUS consists of five 45-minute sessions, and it covers a range of pre-specified HIV prevention topics for participants to apply to their own HIV risk profile and antiretroviral adherence issues. Participants are recruited from Connecticut's prisons and are randomized to a treatment as usual (TAU) control arm, a pre-release intervention arm, or a post-release intervention arm. Our objective is to evaluate the feasibility of delivering PLUS pre-release vs. post-release vs. TAU.

**CONCLUSION:** Results: A total of 61 participants have been enrolled, 23 of whom were assigned to the Pre-release experimental group, 19 to the Post-release experimental group, and 19 to TAU. Most participants are male (90%) and their race/ethnicity is 21% Caucasian, 54% African American, and 25% Latino. The retention rate for completing the intervention has been 100% for participants randomized to the Pre-release and Post-release experimental arms. To date, 67% of participants have completed a 1-month follow up assessment, and 43% have completed a 3-month follow-up assessment. Of those who completed all pre-release intervention sessions, 50% completed a 1-month follow-up, and 25% completed a 3-month follow-up to date. Approximately 17% of enrolled Pre-release participants have dropped out to date. Of those who completed all post-release intervention sessions, 69% completed a 1-month follow-up, and 31% completed a 3-month follow-up. Approximately 10% of enrolled Post-release participants have dropped out to date. In the Control condition, 47% of enrolled participants have completed a 1-month follow-up and 26% have completed a 3-month follow-up. Approximately 21% of participants enrolled in the Control condition have dropped out to date.

**Lessons Learned:** There are strong indications of the feasibility of delivering PLUS in both the Pre-release and Post-release experimental conditions. Although PLUS intervention content and delivery is manual-driven, one of the primary lessons learned has been the need to be flexible in planning the delivery of pre-release intervention sessions within the prison facilities since inmates' specific release dates are often unknown or change. We have also found it critical to deliver the post-release intervention sessions as soon as possible following participants' release in order to encourage retention and continuity of care.

**Presentation Number:** C17-4

**Presentation Title:** "Strategies for improving Recruitment and Retention Efforts for EBI 's: Findings from a Local Initiative"

**Author(s):** William Armstead

**BACKGROUND:** Few strategies have been described for successfully recruiting and retaining participants into evidence based intervention (EBI). Barriers have led to low rates of recruitment and retention in EBI's.

**METHOD:** Legacy Community Health Services (Legacy) staff recruited HIV+ persons identified as gay, lesbian, transgender, and heterosexual from AIDS Services Organizations and treatment facilities in Harris County to participate in the Healthy Relationships (HR) program and also conducted HR at these sites to increase recruitment and retention rates.

**RESULTS:** From January 1, 2008 to December 2008, Legacy employed full service implementation of the HR intervention which is a small group level EBI that aims to help HIV+ persons identify stressors and enhance skills that support disclosure of HIV status to friends, family and sex partners. Two HR trained facilitators conducted the sessions. HR groups were divided by sexual orientation and gender. HR is designed as a 7 session program with the first session serving as orientation session, sessions 2-6 as the mandatory sessions, and the 7th session as graduation. Session 6 and 7 occur on the same day. During the orientation session, participants completed a 5 page screening to identify barriers to participation. This session also included guest speakers such as the Ryan White case managers, early prevention educators, an HR graduate story, etc. The orientation session allows prospective participants the opportunity to inquire about HR, identify barriers, and link to services. The intervention consists of one meeting per week for a 7 week period. Other recruitment and retention strategies involved purposeful disclosure of HIV status of facilitators, social networking and linkage incentives, program completion incentives, refreshments, door prizes, graduate alumni groups, etc.

**CONCLUSION:** At the conclusion of the 3rd quarter with one more quarter remaining in the full service implementation year, Legacy reported the following findings:

Approximately 46.6% of the total outreach contacts were linked which exceeds the original projection of 28% of outreach contacts resulting in participation.

Females having sex with Men (FSM) participation rate was 146.6% which vastly exceeds the 100% goal with one quarter remaining.

Community partners' incorporation of Healthy Relationships in their programming and mandating participation led to an increase retention rate of Men having sex with Females (MSF) from 0% to 100%.

The 18 targeted HR cycles, HR staff completed 18 (100%) with one quarter remaining which exceeds target goal.

Legacy's Comprehensive Risk Counseling and Services (CRCS) which is an individual level risk reduction counseling model targeted to HIV positive person along with Healthy Relationships offered complimentary services to the HR target populations. Community partners' support of the HR in their settings was paramount to increasing recruitment and improving retention rates. Recognition of CRCS as a complimentary service to HR in the agency's prevention continuum of care maximized client's benefits from both services. Diverse recruitment and retention strategies enhanced program success.

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## Track C

### C21 - Addressing Prevention Needs for Asian/Pacific Islanders/Alaskan Native Americans

#### Room: Hong Kong (Hyatt Regency Atlanta)

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**Presentation Number:** C21-1

**Presentation Title:** "DEBI Implementation When Its Not Targeted to Your Community- Practical Approach to Adaption for APIs"

**Author(s):** Diana Roygulchareon

**BACKGROUND:** The Diffusion of Effective Behavioral Interventions (DEBI) programs are designed to bring science-based, community, group, and individual-level HIV prevention interventions to community-based service providers and state and local health departments. The goal is to enhance the capacity to implement effective interventions at the state and local levels, to reduce the spread of HIV and STDs, and to promote healthy behaviors. Many of the DEBIs, however, were originally created for specific communities, but have been imposed on the diverse communities that HIV affects. Interventions such as SISTA originally implemented for African American women, take months, to adapt for the API community.

**METHOD:** Asian and Pacific Islander Coalition on HIV/AIDS, targeted to Asian and Pacific Islanders in New York City, specifically immigrant women, young men who have sex with men, youth, men who have sex with men.

**RESULTS:** APICHA was asked to provide DEBIs to their clients where none of them were formally adapted for the Asian and/or Pacific Islander community. After much training, technical assistance and trial and error, APICHA adapted and implemented Healthy Relationships for HIV positive Chinese clients, different SISTA curriculum for immigrant Chinese, Japanese, South Asian and Korean women, Community PROMISE for Asian and Pacific Islander youth, MPowerment for API YMSM, Street SMART for API YMSM, and in the process of adapting Popular Opinion Leader for API MSM.

**CONCLUSION:** Over 200 youth were reached through Community PROMISE with 2 role model stories and an average of 20 volunteer peer advocates per year delivering services. 2 cycles of Healthy Relationships were conducted for clients. 4 cycles of SISTA were conducted for monolingual Chinese women. MPowerment held monthly M-Groups called EquAsian from 2003-2006. Street SMART has held 5 cycles with YMSM in NYC.

Lessons Learned: Some DEBIs proved to be effective in reaching the API community, while others were not successful logistically. Much time and effort must be placed to truly understand the intervention, along with extensive community identification and community assessment to adapt and implement the DEBI in a culturally appropriate way. Healthy Relationships after months of adaptation, was discontinued due to low client participation and retention. SISTA for Chinese women is successful in creating a safe space for discussions of sex and HIV, but hard to recruit for. Community PROMISE has been effective in bringing in young people for testing, but hard to recruit for role model story subjects. MPowerment required more resources than APICHA had available to implement and continue. Lastly, Street SMART has been successful in changing participants attitudes towards HIV testing, but the API YMSM community is hard to reach with current outreach efforts.

**Presentation Number:** C21-2

**Presentation Title:** HIV, Hepatitis, and Substance Abuse Related Risk Behaviors Among High Risk Chinese, Filipino, and Vietnamese

**Author(s):** Robynn S. Battle; Daniel E. Toleran; Phu D. Tran; John Lam; Anthony B. Cabangun

**BACKGROUND:** BACKGROUND/OBJECTIVES: Research data in HIV, Hepatitis, Substance Abuse and the related risk behavior among Asian & Pacific Islanders (A&PIs) are very limited, especially for men who have sex with men (MSM), drug users (DU), and re-entry (RE) individuals (probationers/parolees). Such discrepancies are compounded by the aggregation of

ethnicities into the demographic category of A&PI in data collection. Disaggregating ethnicities is especially crucial when creating effective ethnically and culturally specific health interventions. Utilizing the Center for Substance Abuse Prevention/SAMHSA Strategic Prevention Framework (SPF), Project 3-3-3 conducted a needs assessment to ascertain which risk behaviors are associated with substance abuse, HIV, and Hepatitis C within a disaggregate A&PI population of high risk Chinese, Filipino and Vietnamese male and female immigrants, especially those who are DU, RE, and MSM residing in the program's targeted geographical area of three Northern California Counties: Santa Clara, San Francisco and San Mateo. Such data has informed the development of effective HIV, Hepatitis C and Substance Abuse prevention programs.

**METHOD:** METHODS: Data, in the form of an adapted risk behaviors screening survey from the California Office of AIDS's HIV and Hepatitis C Counseling Information Form (HIV & HCV CIF) was collected to describe distinct risk behaviors (substance use practices, HIV and Hepatitis testing practices, sexual behaviors and sexual behaviors under the influence of substances) within the three targeted cultural groups. Survey administration was accomplished by one-on-one interviews during outreach at ethno-cultural festivals, street fairs, bath houses, dance clubs, bars, and social gatherings.

**RESULTS:** RESULTS: Among the 181 high risk survey collected, 56% reported lifetime substance use with or without alcohol. In the past 2 years, 17 (9.4%) and 19 (10.5%) individuals have never used barriers for anal insertive or receptive sexual acts. STIs were prevalent in 19 (10.5%) respondents in the last 2 years while 11 (6%) individuals reported having a viral STIs in their lifetime. Also, 43% reported sex under the influence of alcohol and marijuana (in the last 2 years) "sometimes" or "usually." Additionally, the participants had an average number of 9.3 (SD = 40.3) sex partners in the same time frame.

**CONCLUSION:** CONCLUSION/IMPLICATIONS: Data indicates Chinese, Filipino, and Vietnamese MSM, DU, and RE profoundly engage in high risk sex and drug related risk behaviors. Also, prevalence of STIs is an additional indicator of these high risk behaviors which may lead to HIV and Hepatitis infection. These results agree with reported findings of the HIV & HCV CIF and other research on this subject. The high prevalence of risk behaviors in this community substantiates the need for additional culturally competent HIV, Hepatitis, and Substance Abuse prevention services. Surprisingly, these services are limited in their availability in the San Francisco Bay Area. Without additional intervention, HIV, Hepatitis, and Substance Abuse rates will continue to increase for this group.

**Presentation Number:** C21-3

**Presentation Title:** Adapting the POL DEBI for Diverse Asian and Pacific Islander (API) Communities in Southern California

**Author(s):** Peter Cruz

**BACKGROUND:** Orange County, CA has one of the largest concentration of Asian and Pacific Islanders (APIs) in US. APIs accounted for 6% of 2007 AIDS cases in Orange County, which represents a 200% increase compared to the proportion of cases among API prior to 2003. This rapid growth in the proportion of AIDS cases indicates an urgent need for culturally and linguistically appropriate HIV prevention programs targeting APIs.

**METHOD:** Through a two year grant from The California Endowment, APAIT began implementation of the Peers Empowering Peers (PEP) program in 2005. Program activities were focused specifically in Orange County and recruited API MSM who resided in the county.

**RESULTS:** The PEP program is a community-level HIV and STD prevention and education program grounded in the CDC's recommended and evidence based Popular Opinion Leader (POL) model which identifies, trains, and enlists the aid of key opinion leaders to change community-wide sexual norms and behaviors in at-risk communities. The PEP program recruited the most influential members of high risk API communities and trained them to educate other members of their community about safer sex practices, HIV prevention, and testing all in culturally sensitive and linguistically appropriate manners. Fidelity of PEP to POL was a top priority in the adaptation to API MSM; to ensure fidelity, APAIT sought the assistance of national CBA providers when designing the PEP program. The venue chosen for implementation of PEP was a monthly local nightclub that catered specifically to APIs and their partners. Through extensive networking, PEP staff were able to obtain "buy-in" from venue promoters and staff to conduct the intervention. PEP methods included recruiting and training 35 influential high-risk API community members to serve as POLs to disseminate risk-reduction endorsement messages in conversations within their venue situated social networks. Five cadres of POLs completed a series of 4 training sessions. Topics included: POL roles in changing peer group norms through HIV/AIDS prevention messages, HIV 101, identifying high risk individuals and implementing risk reduction behavior change, effectively communicating risk reduction information, and role-plays to model examples of effective peer risk reduction conversations. Pre- and post-tests were administered at trainings to assess HIV and risk reduction knowledge.

**CONCLUSION:** PEP appears to have had positive effects on HIV knowledge, risk reduction, and testing. About 54% of PEP POLs showed an 80% increase in HIV/AIDS proficiency upon completion of PEP Trainings; 430 risk-reduction conversations were initiated by the POLs at the venue. Pre/Post survey analysis measured a 22% average increase in safer sex practices among API MSM who frequented the program venue, and a total of 117 individuals obtaining an HIV test. The number of API MSM seeking recent HIV testing doubled as compared to pre-PEP program implementation (6% to 12% increase in seeking testing in span of last 1-4 weeks at collaborating HIV testing sites).

These results from APAIT's PEP program suggests that with culturally specific training, POL can be adapted effectively to API MSM and other communities of color.

**Presentation Number:** C21-4

**Presentation Title:** Meeting the Community Needs of Alaska Native Women Through an Adaptation of Community PROMISE

**Author(s):** Robert Foley; Michael Covone; Tiny Devlin

**BACKGROUND:** Alaska Native people have always sat on the outskirts of not only HIV prevention efforts, and centuries of oppression have also created a society-wide expectation of marginalization. This norm has developed into individually and culturally held low self-esteem and regard, leading to hampered community-based prevention efforts. Years of failed prevention attempts, and increasing STD and HIV rates bolster this argument. Alaska has annually exhibited the highest rate of Chlamydia in the US since 2000, and that number increased by 8% from 2007 to 2008 (highest among females statewide ages 15-24). Native people account for more than 30% of recent HIV diagnoses in Alaska, while only accounting for about 15% of the total state population. Prevention efforts must seek not only to address the rising HIV concerns, but the self-esteem problem, as well, in order to address the growing and alarming disparity.

**METHOD:** The Alaska Native Tribal Health Consortium (ANTHC) is currently implementing Community PROMISE in Anchorage and surrounding Native villages with heterosexual Alaska Native women between the ages of 21 and 35.

**RESULTS:** Community PROMISE, as part of the DEBI initiative, is a CDC-researched, community level intervention that seeks to impact norms around community-identified risk behaviors by using peer volunteers to distribute risk reduction success stories developed from actual experiences of community members. A community assessment was conducted in Anchorage as part of the project that brought to light not only risk behaviors, determinants, and characteristics of the target population of Alaska Native women, but also deeply held self-esteem and self-regard issues that would threaten any robust prevention effort. Knowing that addressing these issues could halt any prevention effort in its track, ANTHC has adapted the PROMISE program to create additional behavioral outcomes around self-regard and cultural pride, modified assessment tools to be more culturally sensitive, added activities such as discussion groups and a discussion video featuring community women sharing their tales of survival and strength, and modified role model stories so that they contain more than just the key components, but also reflect messages of heightened esteem and cultural pride.

**CONCLUSION:** Several lessons have been learned from the implementation of this project. 1.) HIV prevention and community healing must walk hand-in-hand, especially in communities of color where long and deep-seated oppression have left a deep imprint on the cultural and collective identities of their people. When people, as a communal identity, do not value their existence or contributions to society, chances decrease that they will engage in any manner of health seeking or promoting behavior. Prevention efforts must incorporate strides to address these, either through direct activities or referrals. 2.) Urban communities in Alaska, and especially those with high populations of Native people experience a high level of frontier transience -- community-level interventions must not define the target population so stringently as to exclude sub-populations. 3.) By highlighting the problems and issues of Alaska Native women, programs may inadvertently re-victimize them, and reinforce negative stereotypes held by the dominant population.

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## Cross-Cutting Theme 2

### CCT2B - Intersecting Epidemics: Temporal, Spatial and Information System Approaches

**Room:** Dunwoody (Hyatt Regency Atlanta)

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**Presentation Number:** CCT2B-1

**Presentation Title:** "9 Square Mile Project:" A Convergence of New Technology—GIS Mapping—and Shoe Leather Epidemiology

**Author(s):** Karin Bosh; Benjamin Laffoon

**BACKGROUND:** A nine square mile area of Denver's central corridor was identified as a hot spot for new syphilis infections in 2007 and 2008. The area was identified using GIS mapping technology, surveillance data, and information from DIS (disease intervention specialist) interview records. Approximately 50% of the cases identified were among MSM who are HIV infected.

**METHOD:** Targeted outreach and focused testing for MSM in Capitol Hill, Denver, CO (the central most part and the most densely populated area within the nine square miles.)

**RESULTS:** The STI/HIV Client Based Prevention (CBP) program of the Colorado Department of Public Health and Environment developed the "9 Square Mile Project" to provide prevention education, combine resources with community based organizations and businesses, and conduct outreach and testing interventions to work toward the elimination of syphilis and to decrease new HIV infections. Five teams of 2 DIS in the role of outreach workers walked the streets of the nine square mile area

on a weekly basis to distribute palm cards and flyers. The campaign is titled, "Syphilis Is Back." CBP staff have initiated a collaborative partnership with providers and Client Based Organizations (CBO) within the nine square mile area to increase syphilis testing at their facilities and to sponsor testing events that offer a full range of testing including HIV, syphilis, gonorrhea, and chlamydia screening.

**CONCLUSION:** The project is continuing. Results have not been fully determined at this time. From May 2008 through November 2008, the 9 square mile team blanketed the nine square mile area to begin collaborations. Capitol Hill and the nine square mile area continue to be the residential area for the greatest number of clients presenting with new infections of syphilis. Infection rates remain highest among MSM who are HIV infected. Syphilis testing rates have more than doubled at The HUB, a satellite counseling and testing site located in the heart of the nine square mile area. During 2007, a total of 44 tests were conducted at the HUB. During 2008, 127 tests have been conducted thus far. This testing center caters predominantly to the MSM community. MSM still present the highest risk for syphilis and HIV infection.

Targeting, using both new and old techniques, and identifying high risk areas, such as nine square mile area and high risk populations, such as MSM who are HIV infected, is an effective approach to utilizing resources effectively and concentrating work force energies and strategies where disease is arising and spreading. It also creates an opportunity to raise awareness in the community and to build community partnerships regarding the importance of reducing the spread of HIV, syphilis and other sexually transmitted infections.

**Presentation Number:** CCT2B-2

**Presentation Title:** Sexually Transmitted Infections (STIs) Before and After Entry into HIV Care: Need for Priority Interventions

**Author(s):** Robert K. Bolan, M.D.; Ellen Rudy, PhD; Kai-Jen Cheng; Swanand Tilekar; Christine Wigen, M.D.; Peter R. Kerndt, M.D., M.P.H.

**BACKGROUND:** HIV positive persons with multiple STI re-infections represent a significantly high-risk population for transmission of HIV. Surveillance systems that monitor STI and HIV co-infection trends and interrelations are vital for the development and implementation of effective HIV prevention strategies and policies. The goal of this analysis is to describe the STI history of HIV positive patients attending a large community-based HIV clinic in Los Angeles.

**METHOD:** The Jeffrey Goodman Clinic (JGC) is a comprehensive HIV clinic within the Los Angeles Gay & Lesbian Center. All HIV positive patients who entered into JGC's care between January 2000 and September 2008 were matched on name and date of birth (DOB) to the Los Angeles County Department of Public Health STI Surveillance registry, which contains all STIs reported in Los Angeles County. We report the number of JGC patients who were diagnosed with early syphilis (ES), gonorrhea (GC), and chlamydia (CT) before and after their entry into HIV care, and report the number of patients diagnosed with at least one or more STIs.

**RESULTS:** Of the 4,376 unique patients entered into the JGC, 2,037 patients (47%) were matched with the surveillance case registry, revealing a combined total of 5,217 STIs. Of the 4,376 patients, 1,669 patients (38%) had at least one STI with ES, GC, or CT after their entry into HIV care; 368 (8%) patients had an STI before but not after their entry into HIV care, and 402 (9%) had at least one STI before and after their entry into HIV care. Among the 1,669 patients, there were a total of 1,176 episodes of GC, 778 episodes of CT and 885 episodes of ES. The ES episodes comprised nearly 10% of the total ES morbidity (8,685) in Los Angeles County during the same time period. There were 715 patients (16%) with at least one episode of GC; 570 (13%) patients with at least one episode of CT, and 666 (15%) with at least one episode of early syphilis after their entry into HIV care. There were 237 (5%) patients with two or more episodes of GC; 136 (3%) patients with two or more episodes of CT; and 167 (4%) patients with two or more episodes of early syphilis after their entry into HIV care. Overall, 886 (20%) of the 4,376 unique patients had at least two or more STIs diagnosed after their entry into HIV care.

**CONCLUSION:** Effective behavioral interventions for persons in HIV care are urgently needed. HIV positive persons with STI co-infections should be given priority referral for behavioral interventions and partner services. HIV care providers and STI programs should routinely exchange data and information so these "core transmitters" can be identified and receive targeted prevention strategies.

**Presentation Number:** CCT2B-3

**Presentation Title:** Linking HIV and Hepatitis C Surveillance Registries to Assess Co-Infection in King County, WA

**Author(s):** Hanne Thiede; Theresa Antoine; Jim Kent; Shelly McKeirnan; Jeffrey S. Duchin

**BACKGROUND:** Case surveillance methods for HIV and hepatitis C (HCV) employ different protocols, case report forms, and database registries. Since both infections are transmitted via exposure to contaminated blood and persons at risk for one infection may also be at risk for the other infection, it might be beneficial to integrate surveillance systems and data analysis. We linked data from the HIV and HCV case registries in King County, WA to identify and characterize HIV/HCV co-infections and to assess the feasibility and usefulness of matching of surveillance registries.

**METHOD:** We used the publicly available Link Plus program to conduct the match. We included HIV cases that were diagnosed with HIV by 12/31/2007, reported by 6/30/2008 and not known to have died by 1/1/2000 and HCV cases reported from 1/1/2000 to 12/31/2007. The Link Plus probabilistic method assigns a score to each match. Linked cases were required to have the same sex; matching variables were date of birth, first name, and last name. Street address, phone number, and other information was used to confirm some equivocal linkages.

**RESULTS:** A total of 8,359 records from the HIV and 13,218 records from the HCV surveillance registries were included in the match. Through manual review of linkages with a Link Plus 'score' of 8 or higher, a total of 492 cases were determined to be true matches. Six linked cases were under 18 years at HIV diagnosis and were excluded from further analysis. Of the 486 adult cases 398 (82%) had a confirmatory result for HCV infection. Seventy percent were reported with HIV prior to report with HCV. Seventy-seven percent of HCV cases and 100% of HIV cases included race/ethnicity with 93% agreement among cases with this information. Suspected route of transmission was available for 52% of HCV cases and 96% of HIV cases. Among the 486 co-infections 85% were male and the median age was 35 years at HIV diagnosis and 41 years at HCV report. Using data from the HIV registry, 64% of co-infected cases were white, 21% black, 7% Hispanic, and the remaining 8% were another race or multiracial. According to the HIV registry information on route of transmission, 32% had a history of injection drug use, 30% had a history of male-male sex and injection drug use, 28% had a history of male-male sex only, 4% had a history of heterosexual contact only, 2% had exposures to blood products, and 4% had no specified risk. Twenty-four (18%) of the cases listed with exclusive male-male sexual contact in the HIV registry had a history of injection drug use listed in the HCV registry; information was missing in the HCV registry for most of the remaining male-male sex cases.

**CONCLUSION:** Our findings demonstrate that data sharing between HIV and HCV surveillance registries is feasible and may result in more accurate and complete data for characterizing the epidemiology of HIV/HCV co-infections, especially with regard to route of transmission. This may be especially important in the absence of dedicated funding for HCV surveillance.

**Presentation Number:** CCT2B-4

**Presentation Title:** Risk of Future HIV Diagnosis Following STD Diagnosis Among Females 13-24 Years of Age

**Author(s):** Karin Bosh

**BACKGROUND:** The association between sexually transmitted disease (STD) and human immunodeficiency virus (HIV) diagnoses has been well documented. One reason for the association is related to shared risk behaviors between infection types. Young women diagnosed with a STD may not perceive themselves to be at greater risk for becoming infected with HIV, as HIV is traditionally associated with men who have sex with men and persons 25 to 44 years of age. The purpose of this study is to assess the influence of STD diagnoses among females 13 to 24 years of age on their risk of HIV diagnosis within 10 years.

**METHOD:** The first chlamydia, gonorrhea, or syphilis diagnosis between 1992 and 1997 among females 13 to 24 years of age was selected, along with all additional STD diagnoses in the 3 years following the initial diagnosis from the Missouri Department of Health and Senior Services' (MDHSS) STD Management Information System (STD\*MIS) database. STD data were matched in LinkPlus to all HIV diagnoses reported in MDHSS evaluation HIV/AIDS Reporting System (eHARS). Estimated risk among females diagnosed with a STD was calculated as the proportion diagnosed with HIV within 10 years of their initial STD diagnosis. Females diagnosed with HIV prior or concurrently (within 90 days) to their first STD diagnosis were excluded from the analysis. General female population estimated risk was based on the number of HIV diagnoses over a 10 year period among 5 cohorts of women aged 13 to 24 and their respective population estimates during the first year of the cohort. Data were analyzed in SAS version 9.1. Differences in proportions were compared by Chi-square.

**RESULTS:** There were a total of 48,579 women diagnosed with a STD between the ages of 13 and 24 between 1992 and 1997 without a previous or concurrent diagnosis with HIV, of which 149 (0.31%) were diagnosed with HIV within 10 years of their first STD diagnosis. The proportion of HIV diagnoses among females with a STD was different ( $p < 0.0001$ ) than the proportion of HIV diagnoses among the general female population 13 to 24 years of age (0.09%). Women also diagnosed with additional STDs in the 3 years following the original diagnosis were more likely to be diagnosed with HIV within 10 years compared to women with a single STD diagnosis within 3 years of the original diagnosis (0.58% vs. 0.18%,  $p < 0.0001$ ). The proportion diagnosed with HIV was different ( $p < 0.0001$ ) between females first diagnosed with gonorrhea or syphilis (0.61%) compared to those first diagnosed with chlamydia (0.20%).

**CONCLUSION:** Females diagnosed with a STD between the ages of 13 and 24 were estimated to be 3 times more likely to be diagnosed with HIV within 10 years. The risk of being diagnosed with HIV increased among females with multiple STD diagnoses in the 3 years following the initial diagnosis, and females first diagnosed with gonorrhea or syphilis. This information can be used by STD providers to educate female youth on how behavioral risk, measured through STD diagnoses, influences their likelihood of becoming infected with HIV.

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**Track D****D11 - Hopeful Signs for Interventions for African-American MSM****Room: International Ballroom North (Hyatt Regency Atlanta)**

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**Presentation Number:** D11-1**Presentation Title:** Providers' Perceptions and Experiences with MSM Clients Attending Sex Parties in Massachusetts: HIV Prevention Implications**Author(s):** Debbie Isenberg; Sari L. Reisner; Matthew Mimiaga; Sean Bland; Maura Driscoll; Kevin Cranston; Kenneth Mayer

**BACKGROUND:** Research has shown that men who have sex with men (MSM) who frequent gay venues are more likely to engage in high-risk sexual behavior compared to those who do not. However, little is known about MSM sex parties as a venue in terms of HIV risk taking. Given that MSM in the U.S. continue to comprise over 50% of new HIV infections annually, understanding environmental context may assist in HIV prevention efforts.

**METHOD:** To gain formative data about MSM sex parties, a focus group was held during November 2008. Community providers (n=12) were recruited from local community-based organizations and the Massachusetts Department of Public Health, and worked directly with MSM clients in Massachusetts. The purpose of the focus group was to gather information about MSM sex parties and to elicit feedback about potential interventions to reach MSM who attend sex parties in Massachusetts. A sex party was defined as a pre-planned event in Massachusetts with five or more men who intended to engage in sexual behavior with each other.

**RESULTS:** All focus group participants reported that MSM sex parties are often organized via the Internet, either through direct email notification or MSM partner seeking websites. Community providers knew about a diverse array of MSM sex parties that occur monthly and seasonally (event-based), including safer sex parties (i.e., condoms for anal sex are mandatory) and parties where unsafe sex is the norm (condoms may or may not be used, and substance use is permitted). The most common reasons participants perceived that MSM attend sex parties included: (1) socializing and meeting people, (2) a safe and discreet space, especially for bisexual or married MSM not "out", (3) a pretense-free space (i.e., unapologetically sexual), (4) an alternative to bars/clubs and other MSM environments, (5) access to drugs or alcohol, (6) fetishes or non-mainstream sexual tastes, (7) excitement and eroticism (e.g., sensation-seeking). One quarter of focus group participants reported having conducted outreach and education at an MSM sex party setting in the past three months. Reported barriers to HIV prevention efforts targeting MSM who attend sex parties included: (1) gaining trust of party hosts/gatekeepers, (2) time and space, and (3) sexually charged atmosphere (challenging for outreach workers). Suggestions for future interventions included: (1) individual-level outreach (such as HIV pre- and post-test education, counseling, and testing), (2) group-level safer sex workshops, and (3) dissemination and support of health norms and skills among hosts and a core group of sex party attendees to share with others.

**CONCLUSION:** Providers who work with MSM clients in Massachusetts identified several reasons they perceived MSM attend sex parties. Future research would benefit from understanding the motivation of MSM in attending sex parties as well as investigating other contextual and individual level factors associated with HIV risk behavior. Findings may help identify effective interventions to reach MSM who attend sex parties.

**Presentation Number:** D11-2**Presentation Title:** Utilizing Social Networks in the Recruitment/Retention of AAMSM in Rural Communities for HIV CTR Services**Author(s):** Christopher Roby; Mark A. Colomb

**BACKGROUND:** HIV is disproportionately impacting the African American community. African American Men who have Sex with Men (AAMSM) in rural communities are among the highest of all risk groups in the United States impacted by this disease. To address this issue, CDC has launched a major campaign, entitled Heightened National Response, to increase the number of AAMSM tested for HIV and link these individuals into services if found positive. However, efforts for recruiting and retaining this targeted population into HIV Counseling, Testing, and Referral (CTR) services have suffered low participation. One strategy that can be utilized to address this recruitment and retention issue is the utilization of social networks.

**METHOD:** African American Men who have Sex with Men ages 18-50 who reside in the rural Jackson, MS Metropolitan Statistical Area (Hinds County, Madison County, Copiah County, Rankin County, Simpson County) and the inclusion of two rural counties outside the Jackson MSA (Washington and Warren counties).

**RESULTS:** This project utilizes concept of social networks as a means to recruit individuals into and from other interventions like Popular Opinion Leaders (POL), Many Men Many Voices (3MV), and d-up! Defend Yourself to encourage HIV CTR services. The participants are recruited through social marketing campaigns, ethnographic techniques, and referrals from other agencies and programs.

**CONCLUSION:** By utilizing social networks in the recruitment and retention process for HIV CTR services for AAMSM in rural communities', organizations can enroll more participants into HIV CTR services. Social networks provide a catalyst to diffuse HIV information to those individuals who isolate themselves only to those individuals within their social network.

**Presentation Number:** D11-3

**Presentation Title:** Drawing and Retaining a Crowd: Enfolding Black MSM into Black Brothers Esteem, an HIV-Prevention Program.

**Author(s):** Micah Lubensky

**BACKGROUND:** ISSUE: In San Francisco, epidemiological reports indicate Black MSM are amongst those with highest risks for HIV infection and AIDS-related illness progression in the city. Research suggests conventional HIV-prevention messages may not be reaching Black MSM, and/or that they might be harder to recruit to participate in HIV-prevention programs.

**METHOD:** SETTING: The Black MSM population largely lives or socializes in 2 geographic areas that are predominantly low socio-economic status (SES) neighborhoods. Within these neighborhoods, Black MSM appear highly networked. Supported by the San Francisco AIDS Foundation, Black Brothers Esteem (BBE) offers a client-driven HIV-prevention and holistic health-support program and is centrally located where many Black MSM can be found.

**RESULTS:** PROJECT: The majority of participants (roughly 60% are HIV+) come to BBE through word-of-mouth recruitment or by encouraged participation from within their social networks. This innovative multidimensional program offers peer-support and creates community through drop-in groups, public events, and skills-building workshops around HIV prevention, contextualized within physical, mental, and spiritual health. Community planning is integral where participants steer the program directions and curricula content. Black MSM staff sensitive to SES-related challenges provide additional cultural competency.

**CONCLUSION:** RESULTS: From July 2007 through November 2008, BBE has continued to demonstrate a significant relationship with the local Black MSM population. For that time period, BBE connected with over 8050 individuals in the greater San Francisco Bay Area (including contacts at large public events such as San Francisco LGBT Pride), the vast majority being Black MSM, which has been 149% more than the contracted goal. Beyond casual connection though, many Black MSM participate substantially in the program. Over 150 unduplicated contacts have attended at least 4 drop-in groups, workshops, or events during this time frame. Qualitative and quantitative program-evaluation research will be reviewed to demonstrate positive impacts of this initiative on program participants' lives and holistic well-being, including HIV-prevention efforts and supporting HIV-related health.

**LESSONS LEARNED:** BBE provides HIV-prevention in context of holistic health with community planning and cultural competency and "keeps it real" for the lives of Black MSM. As such, participants become the best testimonial for the program and steadily recruit additional participation. With increased participation, participants become role models within their networks for supporting personal and community health. Implications and potential ideas for implementation in other locations and with other populations are offered.

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## Track D

### D12 - HIV Interventions with Young MSM

**Room:** Hanover F/G (Hyatt Regency Atlanta)

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**Presentation Number:** D12-1

**Presentation Title:** Lessons Learned: Outreach Strategies for Reaching HIV Positive YMSM of Color

**Author(s):** Alvan Quamina; Kevin E Bynes

**BACKGROUND:** The number of HIV Infections among youth continues to rise. The Centers for Disease Control and Prevention (2000) have estimated that 50% of all new infections happen among individuals who are less than 25 years old. This is not reflected by the number of young people who are receiving HIV specialty care. Many HIV positive youth are not receiving medical care or are otherwise falling through the cracks. Closing the cracks and identifying individual who are infected with HIV is essential to reducing the incidence of new infections in this population. Traditional adult models of outreach and care are not sufficient for keeping youth engaged in care. New innovative models of outreach and care that are designed with youth in mind are needed to find, engage, and retain HIV Positive youth.

**METHOD:** The Community Involvement Project is a multi-agency project located in Oakland California that includes HIV Specialty Care, Target Outreach, Catchments development, Social Networks Testing Strategies, HIV Prevention Workshops, and a variety of psycho-social and support activities designed to keep youth engaged in care and healthy behaviors.

**RESULTS:** The Community Involvement Project (CIP) is an interagency collaborative project dedicated to finding youth who are out of care and ensuring that HIV positive men of color who have sex with men (MSM) who are between the ages of 13 and 24 (YMSM of Color) receive the essential HIV clinical and ancillary care services they need. CIP is a demonstration project that

examines strategies for identifying and retaining YMSM of Color in care. Participants who participate in the project receive a variety of incentives including medical care, psycho-social support, case management services, and free HIV testing for their sex and drug using partners. Of note is the number of individuals who have entered the project via Social Networks Testing. Participants are also compensated for their time with a small stipend each time they complete a study related survey.

**CONCLUSION:** As of December 2008 the top 3 modes of entry were represented by the areas of focus for the CIP outreach/recruitment model. Clinical referral represented 29%, client referral including social network recruitment strategies accounted for another 29%. Referrals from testing sites and emergency rooms represented 20%.

The AIDS Project of the East Bay would like to share strategies with those AIDS Service Organizations that seek to identify YMSM of color who are HIV positive and connect them to care. Traditional Outreach Strategies are not effective for reaching HIV Positive youth. Building relationships with health care providers, and social services providers that serve and enjoy the trust of many youth and Social Networks Recruitment strategies are most effective for reaching HIV positive youth. HIV Positive YMSM are more likely to identified through referral relationships with non-HIV specific service providers and trusted members of their social networks than through traditional new-contacts outreach methods. Internet and technology based communications strategies are important for organizations seeking relationships with HIV positive YMSM of color.

**Presentation Number:** D12-2

**Presentation Title:** "In the Moment": Using Webisodes to Engage Young Gay Men in HIV Prevention

**Author(s):** Susan R. Cohen, MPH; Ruben Acosta

**BACKGROUND:** Over the past 5-8 years, the dialogue about HIV prevention and sexual health has declined greatly in urban Los Angeles. Young gay men in urban settings have a multitude of social outlets, making it difficult to recruit them for more traditional workshop and group-type education sessions. Effective treatments for HIV have dimmed the urgency gay men felt just one generation ago. Traditional safer sex messages don't have the impact they used to have and public health educators work hard to engage young gay and bisexual men in honest discussion about their sexuality, sexual practices, self-esteem and critical issues of the day- not limited to HIV but co-factors as well. Social drivers of the epidemic today have to do with racism and homophobia, while prevention drivers of the epidemic have to do with prevention fatigue, community burnout and lack of perceived threat of risk.

**METHOD:** The intervention takes place on the internet and is accessible through a social networking platform that was created for the intervention. The target population is young gay and bisexual men of all races, ethnicities and backgrounds.

**RESULTS:** "In the Moment" is a series of webisodes that were created to reach men where they are: on the internet. This intervention offers men 24/7 access to the information, through the privacy of their own computer. Episodes address HIV prevention, drug use, relationship issues, sexuality, addiction, online hookups and the epidemic of crystal meth use in the community. Storylines are written by community members and hit on the issues most pertinent to young urban gay men today. Men view the episodes on a social networking site that was created for In the Moment. Once they view the episode, there is an option to join the social network and meet other men. Resources on the site also include referrals to HIV/STD testing, where to find free condoms and referrals to mental health counseling.

Men are invited to complete a brief behavioral survey that poses questions about sexual risk and their thoughts about the webisode they viewed. The webisodes are viral in nature and can be sent to others via email and/or other social networking sites such as Facebook and MySpace.

**CONCLUSION:** The response to In the Moment has exceeded our expectations. With more than 95,000 hits to the website from all over the world in its first year, In the Moment has completely re-energized the HIV Prevention dialogue locally, if not nationally. Most specifically, hundreds of young gay men have chatted on the social networking site about their experience with the very issues that are raised in the episodes. Men have been blogging about their opinions of the scenes, how realistically portrayed the issues are and hopes for healing broken parts of our communities and selves in order to create a healthier men's community and healthier individuals, thereby lowering risk for HIV prevention and transmission.

**Presentation Number:** D12-3

**Presentation Title:** Integrating Innovative Social Network Strategies to Reach Hard to Reach MSM of Color in NYC

**Author(s):** Karen Gooden

**BACKGROUND:** According to the NYC Department of Health and Mental Hygiene, AIDS case rates in NYC are more than three times the US average and 45 times the CDC's Healthy People 2010 target. Of the new HIV diagnosis in NYC, 78% are amongst the MSM population. While the overall number of HIV diagnosis has declined annually since 2001, new HIV diagnoses have increased amongst MSM of color who are age 30 or younger.

As a result of these findings, Gay Men's Health Crisis, Inc. (GMHC) integrated innovative ways of reaching this population and linking them to much needed medical care and social service programs.

**METHOD:** Targeted and focused approach to the YMSM ballroom community and a collaborative LGBTQ youth organization.

**RESULTS:** Based on the underlying principles that people in the same social network share the same risks and risk behaviors for HIV, the Program Coordinator would identify clients or peers from the Ballroom Community and a collaborative LGBTQ youth organization who are HIV positive or high risk negatives and enlist them to become recruiters. Once recruiters were identified, the GMHC Program Coordinator will engage recruiters by non traditional means such as instant messaging, My Space, emails, and providing tours of the facility. This approach helped recruiters feel vested in the project and thus assisted in the recruitment of additional high risk network associates who would come to the agency to receive a HIV test.

**CONCLUSION:** From February–September 2008, preliminary findings from the project generated 20 recruiters and 172 network associates which resulted in 13 newly identified HIV infections (approximately 8.6 % of all persons tested). Of the 13 newly identified HIV infected clients, 100% of were integrated in the care coordination model in which they were referred to internal GMHC services such as case management, mental health services, as well as external services such as medical follow-up.

**Lessons Learned:** With online social networking becoming the primary form of communication with this population, it was integral that we incorporate innovative methods of engagement such as MY Space, instant messaging, and E-Mails to reach a generation of youth where internet communication technology is their livelihood.

Once the recruiters were engaged, we noticed a trend that was contrary to the CDC recommendation that recruiters need to receive incentives for "buy in" of the program. Our recruiters were so vested in the project that they weren't interested in receiving incentives and were more interested in helping their friends/associates receive a HIV test and be linked to care.

**Presentation Number:** D12-4

**Presentation Title:** State and Local Perspectives on Strategizing to Prevent HIV in Young Black MSM

**Author(s):** Lauren A. Shirey; Gary Jenkins; Kate Petersen

**BACKGROUND:** As illustrated by national data released by CDC in 2008, Young Black Men who have Sex with Men (YBMSM) in the United States are at high risk for becoming infected with HIV. In 2006, there were 54,230 new cases of HIV infection. Of the 39,820 new HIV infections among males, 72% occurred among MSM. The number of new HIV infections among black MSM aged 13-29 years old totaled 5,220, which was 1.6 times that of whites and 2.3 times that of Hispanics in the same age group. Given these disparities it is clear that effective HIV prevention for YBMSM is essential to stopping the HIV epidemic.

**METHOD:** This session will highlight how local and state health departments are strategizing and organizing to prevent HIV infection in YBMSM given the unique roles health departments play in combating HIV. The activities of an urban local health department and the National Alliance of State and Territorial AIDS Directors (NASTAD) will be described to illustrate the potential role of health departments at each level to prevent HIV in YBMSM.

**RESULTS:** In Detroit, Michigan the health department is working to build relationships with faith-based organizations as well as recruiting leaders in the Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) communities, especially in non-traditional venues, to engage in mini-roundtable discussions to understand what risk factors are affecting men living in surrounding suburban areas being impacted by HIV. The health department is also working to strengthen its relationships with established LGBTQ groups and events, such as a local supper club that caters to MSM; using incentives to encourage HIV testing; and outreach in bars to ensure that the health department's HIV prevention activities for MSM are MSM-driven and MSM-centered. Efforts within the health department to integrate HIV prevention staff with substance abuse prevention and treatment initiatives focused on YBMSM with substance abuse issues are also being planned.

Although they have had a focus on the HIV epidemic in MSM and BMSM over the last few years, NASTAD is currently engaged in efforts to determine how best to plan and implement HIV prevention strategies for YBMSM. Their efforts include examining health departments' HIV prevention efforts for YBMSM and other young MSM, evaluating how to access these communities for HIV prevention, treatment, and care, as well as applying youth development models to determine how to successfully engage youth to achieve HIV prevention and reproductive health goals. NASTAD's efforts also include determining how education and health departments can collaborate effectively to enhance programming and build the capacity of states and territories to prevent HIV transmission in YBMSM.

**CONCLUSION:** The session will provide an overview of HIV prevention activities that have been working with YBMSM generally, the key issues facing this population related to HIV prevention, challenges facing local and state health departments in planning and implementing effective HIV programs for YBMSM, and how state and local health departments, individually and in cooperation, can strategize and mobilize to effectively prevent HIV in YBMSM.

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**Track D****D13 - Continuing Challenges in HIV Prevention with IDUs****Room: Hanover D (Hyatt Regency Atlanta)**

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**Presentation Number:** D13-1**Presentation Title:** Differences in Chain and Independent Pharmacists' Attitudes Towards HIV Prevention Services: Preliminary PHARM-Link Study findings**Author(s):** Silvia Amesty; Rachel J Stern; Natalie D Crawford, MPH; Crystal Fuller, Ph D

**BACKGROUND:** The New York State (NYS) Expanded Syringe Access Program (ESAP) allows pharmacies to sell syringes to injection drug users (IDUs) without a prescription to reduce HIV and other blood-borne disease transmission. In NYS, chain pharmacies are increasingly replacing independent pharmacies (33% increase since 1997). While independent pharmacies register for ESAP on their own initiative, chain pharmacies are registered by their corporate offices without consideration of potentially unsupportive pharmacists within the chain. This could translate into fewer supportive ESAP-registered pharmacies. Pilot studies show that expanding services beyond syringe sales (safe syringe disposal and social/medical service referral information) is feasible and may reach riskier IDUs. Given pharmacists potential expanded role as public health providers and differences in ESAP registration methods, it is important to assess whether ESAP implementation differs among chain and independent pharmacies. Thus, we compared attitudes towards ESAP and expanded services among independent and chain pharmacists from the Pharmacies as Resources Making Links to Community Services (PHARM-Link) study, a large-scale community-based, randomized intervention among ESAP-registered pharmacies.

**METHOD:** ESAP-registered pharmacies in ethnographically mapped high drug activity areas in Harlem, Bronx, Brooklyn and Queens were contacted to assess their eligibility to participate in a study about ESAP. Eligibility criteria included 1) selling syringes without additional requirements, 2)  $\geq 1$  new syringe customer/month, and 3)  $\geq 1$  new syringe customer become a regular customer/month. Eligible, consenting pharmacy staff who sold ESAP syringes then participated in a 10-minute survey.

**RESULTS:** 139 pharmacists were interviewed: 67 (48.2%) from chains and 72 (51.8%) from independent pharmacies. 13 non-pharmacist owners/managers were excluded from the analysis. Most pharmacists in chain and independent pharmacies were male (61.2%), Asian/Pacific Islander (35.8%) and white (26.3%). There were no demographic differences between chain and independent pharmacists. Significant differences were found in support for ESAP between independent and chain pharmacists: 92.5% of independent pharmacists supported ESAP compared to 77.3% of chain pharmacists ( $p=0.0138$ ). Independent pharmacists were slightly more likely than chain pharmacists to report more support for providing information on safe syringe use (91.7% vs. 80.6%,  $p=0.0576$ ). Independent and chain pharmacists reported similar levels of support for providing safe syringe disposal information (86.1% and 79.1%, respectively), HIV testing referrals (81.9% and 79.1%, respectively), on-site HIV testing (52.8% and 56.7%, respectively), medical/social service referrals (86.1% and 72.7%, respectively), and referrals to drug treatment (84.5% and 71.6%, respectively).

**CONCLUSION:** Support of ESAP and dissemination of safe syringe use information is significantly higher among independent vs. chain pharmacists. ESAP registration of chain pharmacies by their corporate offices may result in limited knowledge of ESAP among chain pharmacists thereby limiting the program's public health impact. Independent and chain pharmacists show similar high levels of support for other expanded services for IDUs (safe syringe disposal, HIV testing referrals, and medical/social/drug treatment referrals). Future research investigating how differing ESAP support levels among chain and independent pharmacists may translate to program ability to reach IDU syringe customers is needed. Targeted educational efforts to individual and corporate-level chain pharmacists should convey the importance of ESAP to reduce risk and improve community health.

**Presentation Number:** D13-2**Presentation Title:** What Do 9 Meta-Analyses of HIV Risk Reduction Interventions with Drug Users Tell Us?**Author(s):** Salaam Semaan; Wayne D. Johnson; Kamyar Arasteh; Don C. Des Jarlais

**BACKGROUND:** Behavioral risk reduction interventions (BRRIs), contingency management (CM), and needle exchange programs (NEPs) are 3 types of HIV risk reduction interventions for drug users. Meta-analysis allows summarizing the literature of the 25-year HIV epidemic to gain new scientific and programmatic insights. Nine meta-analyses (MAs), published between 2000 and 2007, covering different research studies and publication years, show the efficacy of these interventions in reducing drug use and risk behaviors of users of heroin, cocaine, crack, and speedball. We discuss how the 9 MAs separately and collectively contribute to evidence-based science and science-based programs for drug users.

**METHOD:** We reviewed the 3 MAs for each of the three types of interventions in terms of purpose, populations, outcomes, effect sizes, and implications. We converted the effect sizes published in the 9 MAs (as odds ratios, correlations, or standardized

mean differences) into one common metric -- an odds ratio and 95% confidence interval (OR, 95% CI), with an OR < 1.0 implying a lower risk in the intervention group versus the control group. We used the median OR to summarize the efficacy of each intervention type. We compared the relative efficacy of each intervention type and compared those results with the efficacy of BRRIs with other populations who are at high risk for HIV but do not use drugs.

**RESULTS:** Each MA comprised 18-47 studies (median=31) with a median of 3243 participants (range: 1568-52678). Each of the 3 types of interventions was implemented with different subgroups of drug users. Follow-up times of the interventions were one year or shorter. HIV incidence was not summarized in any of the MAs. The median effects of the 9 MAs showed a favorable reduction of 29%-44% in the odds of drug use and drug and sexual risk behaviors. The 3 MAs for CM assessed the efficacy of reinforcement therapy including vouchers in encouraging users to abstain from illicit drugs (e.g., opiates and cocaine) while in drug treatment. CM had the strongest median effect (OR=0.56, 95% CI= 0.50-0.62). NEPs (OR=0.71, 95% CI=0.64-0.79) and BRRIs (OR=0.70, 95% CI=0.66-0.76) had similar median effects. NEPs were efficacious in reducing the sharing of needles and syringes between injection drug users. BRRIs, emphasizing personal and interpersonal skills, were efficacious in reducing sexual and drug risk behaviors of injection and non-injection drug users. The median effect for the 9 MAs compares favorably with that (OR=0.78, 95% CI=0.65-0.86) reported for 18 MAs of BRRIs for sexual behaviors of other populations at high risk for HIV.

**CONCLUSION:** Drug users responded positively to HIV prevention interventions. Emerging challenges include assessing the efficacy of CM with out-of-treatment drug users, improving the long-term effect of BRRIs, and extending the research to include HIV infection outcomes. The effect size and outcome measures can serve as a benchmark for development of stronger interventions and as a standard for comparison groups in future research studies. The three groups of interventions are complementary in that they reach different groups of drug users. All three types should be included in comprehensive HIV prevention strategies for drug users.

**Presentation Number:** D13-3

**Presentation Title:** Persistence and Change in Racial/Ethnic Disparities in HIV Infection Among IDUs After Large-Scale Syringe Exchange

**Author(s):** Kamyar Arasteh, Ph.D.; Holly Hagan, Ph.D.; Courtney McKnight, Ph.D.; David Perlman, M.D.; Samuel R. Friedman, Ph.D.

**BACKGROUND:** Racial/ethnic disparities in HIV infection, with minority group members having higher HIV prevalence, are a major public health concern in the US and many other countries. There are multiple difficulties for reducing racial/ethnic disparities in HIV infection, including a lack understanding of the specific causal factors that underlie the disparities. Additionally, some effective community-level interventions may reduce absolute disparities but actually increase relative disparities. We examined disparities in HIV infection among injecting drug users (IDUs) before and after implementation of large-scale syringe exchange programs (SEPs) in New York City in the mid-1990s. Implementation of large-scale syringe exchange was associated with a reduction in HIV incidence from 4/100 person-years to 1/100 person-years among IDUs in the city.

**METHOD:** Subjects were recruited from IDUs entering the Beth Israel drug detoxification program in New York City from 1990 to 2008. Subjects were recruited in an unbiased manner, informed consent was obtained, a structured questionnaire was administered and a blood sample was collected for HIV antibody testing. Subjects recruited in 1990-94, prior to large-scale implementation of syringe exchange (pre-SEP) were compared to subjects who began injecting in 1995 or later and were interviewed in 1995-2008 (post-SEP).

**RESULTS:** Among 1203 pre-SEP subjects, overall HIV prevalence was 49%, and 57% among African-Americans, 53% among Latino/as, and 27% among Whites. Among 1109 post-SEP subjects, overall HIV prevalence was 6%, and 15% among African-Americans, 5% among Latino/as, and 3% among Whites. Minority group/majority group disparities, however, were very similar for both pre- and post-SEP subjects: for HIV prevalence among African-Americans vs. Whites, pre-SEP adj. odds ratio = 3.46, 95% CI 2.41 to 4.96, post-SEP adj. odds ratio = 4.02, 95% CI 1.67 to 9.69, for Latino/as vs. Whites, pre-SEP adj. odds ratio = 1.76, 95% CI 1.49 to 2.09, post-SEP adj. odds ratio = 1.49, 95% CI 1.02 to 2.17. Racial/ethnic group differences in risk behavior did not explain racial/ethnic differences in HIV prevalence among either pre- or post-SEP IDUs. Injecting risk behavior was actually significantly lower among African-American post-SEP IDUs compared to White post-SEP IDUs. Female and non-MSM male IDUs had nearly identical HIV prevalence among the pre-SEP IDUs (50% vs. 47%) but a substantial disparity emerged among the post-SEP IDUs: female IDUs 9%, vs. non-MSM male IDUs 3.7%, odds ratio = 2.66, 95% CI 1.54 – 4.60.

**CONCLUSION:** Implementation of large-scale syringe exchange was associated with dramatically lower HIV prevalence among the post-SEP IDUs, but was not associated with any reduction in the African-American vs. White or Latino/a vs. White disparities. The post-SEP racial/ethnic and gender disparities in HIV prevalence parallel disparities in HSV-2 infection among IDUs, suggesting that sexual transmission of HIV may be a critical determinant of the disparities in HIV infection among post-SEP IDUs. New interventions are clearly needed to address both persistent and emerging disparities. Factors that may generate and perpetuate disparities in the absence of differences in self-reported risk behavior among IDUs are discussed.

**Presentation Number:** D13-4

**Presentation Title:** Coping with Increased Methamphetamine Use at the Hawaii Syringe Exchange

**Author(s):** Cassandra Rustvold; Kavika Puahi; Suzette Smetka

**BACKGROUND:** There is considerable evidence linking methamphetamine (MA) use with increased HIV risk behavior. In this report we examine the effects of a rapid increase in MA injection among participants in the Hawaii state syringe exchange program. The program can be considered highly effective in that HIV prevalence among IDUs has been kept below 5%.

**METHOD:** Program operation data, staff interviews, and annual survey of 150 clients with HIV testing.

**RESULTS:** Program operations: The program operates on all of the major islands and exchanges approximately 430,000 syringes per year. Syringe exchange and other services are provided primarily through outreach workers and mobile van routes. Almost half (47%) of syringes exchanged are provided through secondary exchange. Clients exchange for a median of 3.5 other persons.

Increased MA use: MA injection increased rapidly among participants in the SEP, from 6% of the survey participants reporting MA injection in 1999, to 20% in 2000, to 28% in 2001, to 39% in 2002, and has since stabilized, with between 27% and 37% of survey participants in the years 2003 through 2008. The majority of the MA injectors also inject other drugs, primarily heroin. Program responses to increased MA use: Staff perceive MA users to be "worse off," "more paranoid" and "less trusting" than heroin injectors, and have provided more social support and educational information to MA users. Incidents of aggressive behavior by MA users towards staff required a major change in program operations. After several such incidents, the program required that mobile exchange work must be conducted by staff working in pairs.

HIV risk behavior among MA users: Until recently, MA injectors reported relatively high rates of injecting risk behavior--20% reported receptive sharing (injecting with a needle/syringe used by someone else) and 31% reported distributive sharing (passing on a used needle/syringe to someone else). In 2008, however, only 10% reported receptive and 18% reported distributive sharing, essentially identical to clients who do not inject MA--11% receptive sharing and 17% distributive sharing.

Sexual risk behaviors among MA injectors have remained moderately higher than among non-MA injectors. In 2008, 31% of MA injectors reported unsafe sex with a primary sexual partner vs. 25% among non-MA injectors; 21% of MA injectors reported unsafe sex with casual partners vs. 3% among non-MA injectors; and 29% of the MA injectors reported exchanging sex for money and/or drugs vs. 20% among non-MA injectors.

HIV prevalence: In the annual surveys, HIV prevalence has ranged from 2% to 4%, with no increases over time. 31% of the HIV+s reported MA injection, the same as the overall percentage of MA injectors.

**CONCLUSION:** The rapid increase in MA use created substantial problems, both in terms of staff safety and increased risk behaviors. The program responses of providing increased services and support to MA users, utilizing secondary exchange, and using paired staff for mobile exchange have contained the problems, without any increase in HIV infection among MA users or program clients as a whole. MA use has not subsided, however, and must be viewed as a continuing issue for the program.

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## Track D

### D15 - New Interventions Targeting Youth

**Room:** Hanover E (Hyatt Regency Atlanta)

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**Presentation Number:** D15-1

**Presentation Title:** Peer-Facilitator Involvement with Youth Newly Diagnosed with HIV: Lessons Learned from Project ACCEPT

**Author(s):** Sybil G. Hosek; Gary W. Harper

**BACKGROUND:** ISSUE: HIV-related interventions for youth that utilize peer-facilitators are increasingly popular and are often perceived as more engaging than those led by an adult facilitator. This presentation details successes and challenges of incorporating peer-facilitators into a new multi-session intervention aimed at improving the psychosocial adjustment of youth recently diagnosed with HIV—Project ACCEPT.

**METHOD:** SETTING: Project ACCEPT was conducted at 4 ATN sites in the U.S.: Bronx, Chicago, Memphis, and Miami. The peer-facilitators were HIV+ youth 18-26 years of age.

**RESULTS:** PROJECT: The intervention consisted of 3 individual sessions and 9 group sessions co-led by the peer facilitator and the interventionist, a mental health professional. The intervention sessions addressed various aspects of living with HIV, including stigma, disclosure, risk reduction and future planning. As part of the process evaluation for Project ACCEPT, selected participants and all project staff (peer-facilitators and interventionists) participated in focus groups to discuss their experiences with the intervention.

**CONCLUSION:** RESULTS: Eight focus groups with 36 participants (7 peer-facilitators, 8 interventionists, and 21 youth participants) were convened. Participant and staff focus groups were held separately to ensure privacy. Youth participants

reported that peer-facilitators were instrumental in helping youth accept their HIV diagnosis and move beyond their initial distress. The peer involvement also helped to motivate youth to continue participating in the intervention. Interventionists reported that it was helpful to have a co-facilitator that could uniquely identify with the participants. They reported that at times, the peer-facilitators were in the best position to address the needs of the participants, particularly around issues of medication adherence, disclosure and stigmatization. Although a few peer-facilitators expressed initial concerns with disclosing their HIV status in a group, they all reported it was a very rewarding experience. The peer-facilitators demonstrated pride in their work and even took extra steps to help participants make positive changes in their lives.

**LESSONS LEARNED:** Including HIV+ youth peer-facilitators was a positive and beneficial experience for Project ACCEPT participants and staff. While, it is feasible and advantageous to have peer-facilitators, it is also important to assure that sites designate staff to provide continual support for peer-facilitators on job-training skills and setting social boundaries. Additionally, support services for peer facilitators must be built into programs to address the peers' psychosocial concerns. Our experiences provide a framework for ensuring successful engagement of peer-facilitators that may be adapted to other settings.

**Presentation Number:** D15-2

**Presentation Title:** What Makes the POWERR Project So POWERRful?

**Author(s):** Bridget Hughes; Sonja Mackenzie; Fiona Ka Wa Ao; Peter Cruz; Jury Candelario; Lois M. Takahashi

**BACKGROUND:** HIV-positive women, young women, and their allies, developed the POWERR project in response to increases in HIV/AIDS incidence among young African American women in Alameda County.

**METHOD:** The POWERR (Prevention Outreach with Women Empowered to Reduce Risks) Project has been implemented within 3 charter high schools in Oakland, CA.

**RESULTS:** POWERR, funded through the GENERATIONS Initiative, a project of the National AIDS Fund and Johnson & Johnson, is a seven-session intervention targeting young African American and Latina women aged 16-19. The curriculum uses creative activities to explore the social and political context of girls' lives, particularly with respect to gender roles, communication, and vision for the future, and how these issues play out in sexual and intimate relationships. POWERR's goals are to: 1) increase personal sense of empowerment within the context of gender roles and intimate relationships; 2) increase sexual health knowledge; 3) reduce sexual risk taking; and 4) increase understanding of positive social networks. POWERR aims to reach 80 African American and Latina girls.

**CONCLUSION:** Three forms of data are collected to assess whether and how the POWERR Project is meeting its goals and objectives: 1) quantitative outcome data, 2) qualitative data, and 3) process data. In Year I, twenty-nine young women participated in the POWERR program and completed pre- and post- Test Surveys. Fifteen young women (52%) reported ever having had sex with a man, with one-third reporting vaginal sex in the past month. Twice as many girls reported always using a condom for vaginal sex on the post- as on the pre-test, a preliminary indication of the intervention's positive effects on sexual risk behavior. The evaluation of the POWERR Project draws on a participatory approach based on a partnership between the evaluator and program staff that has relied on three key factors. First, the close involvement of the evaluator with the intervention team in the formative phase ensured that outcome evaluation was both realistic and captured program objectives. Second, flexibility and open dialogue is key to a truly participatory and responsive evaluation. This was reflected in the addition of qualitative focus group and individual interview data in Year II based on staff input. Finally, inherent in a participatory approach to this project has been the ongoing provision of technical assistance and training in evaluation and key implementation issues with program staff. The provision of TA support from the funder alongside its flexibility and shared values around community-driven programs has been integral to the successful implementation of this program. Community-driven HIV prevention can benefit from these participatory approaches to program implementation and evaluation.

Through the development, implementation, and evaluation of the POWERR project lessons learned include: 1) In order to effectively implement and evaluate an HIV prevention intervention that is community-driven, evidence-based, and responsive to local needs, formative participatory research is necessary. 2) Success of innovative grass-roots level HIV prevention interventions depends upon strong networks of teams with common purpose and shared values. And 3) Multi-level capacity building is essential to addressing the ongoing sustainability of interventions that address HIV prevention.

**Presentation Number:** D15-3

**Presentation Title:** Youth Development as HIV Prevention for Female Juvenile Delinquents: Findings from the GEMS Program

**Author(s):** Tiffany Pennick; Quinn Gentry; Aleisha Langhorne

**BACKGROUND:** Despite increased rates of HIV infection among women and girls, there remains a lack of culturally and gender appropriate behavioral interventions for high-risk girls designed to address individual and structural factors that lead to HIV infection. Although there are various federal, state, and local HIV prevention efforts targeting teens, young females continue to be at high risk for HIV infection. The use of youth development approaches as a guiding principle for behavioral intervention has been underutilized in HIV prevention for young girls. There is a need to blend best practices in behavioral

change, and social skills building as a way to help high-risk girls view HIV prevention strategies as relevant and practical within the context of their everyday lives. Such an approach requires HIV prevention educators to be more accepting of youth development principles as common in social work.

**METHOD:** The GEMS program met weekly over the course of eight (8) months, between January and August 2008 at a local university in Atlanta, GA, and integrated monthly field trips for cultural and social enrichment into HIV prevention education.

**RESULTS:** In 2007, Messages of Empowerment Productions was funded as a small business through the Office on Women's Health to pilot test gender-specific approaches for HIV prevention service delivery to girls experiencing juvenile delinquency. The purpose of this presentation is to highlight select process and outcome findings for the 2007-08 Girls Empowered and Motivated to Succeed (GEMS) program. GEMS was designed to educate, motivate, and change behavior among girls between the ages of 13 and 18 experiencing juvenile delinquency in ways that put them at higher risk for contracting HIV. Specifically, the program aims to address individual behavioral and social structural risk factors that place girls at greater risk for HIV. Program objectives included increasing HIV risk-reduction knowledge among high-risk girls in ways that: (1) builds self-esteem, (2) enhances positive group solidarity, (3) improves social environments, and (4) strengthens one's ability to practice self-control and assertiveness by applying HIV risk-reduction techniques that are age, gender, and culturally appropriate. During the eight (8) months of implementation, participants received HIV prevention education on a weekly basis via ten (10) modules that addressed social, structural, and individual risk factors.

**CONCLUSION:** Messages of Empowerment Production established partnerships with a local juvenile court system and six (6) individual group homes. Between January and August 2008, the GEMS program staff recruited 161 girls and officially enrolled 130 as GEMS participants. Of the 130, there were 60 girls who attended regularly. In the end, 37 girls met requirements for graduation. Sixty-four percent of the participants were African American females with an average age of 15 years old. Data analysis indicated that all girls had direct (high-risk sexual behaviors) and indirect (juvenile delinquent behaviors) risk factors that enhanced their risk for HIV. Outcome data suggests that girls who graduated achieved an increase in HIV knowledge and skills, as well as improved other social and delinquent behaviors.

**Presentation Number:** D15-4

**Presentation Title:** Evaluation of the Healthy LGB Students Project Professional Development Workshop

**Author(s):** Christine Moe; Jim Bogden; Clinton Anderson

**BACKGROUND:** To better serve the HIV prevention needs of adolescents, APA's Healthy LGB Students Project developed and administers an all-day professional development workshop for school counselors, nurses, psychologists, and social workers on preventing health risks and promoting healthy outcomes among LGBQ youth.

**METHOD:** In the four years since the workshop was approved by CDC, it has been conducted 21 times with 448 participants in partnership with departments of education in Delaware, Massachusetts, Maryland, Michigan, New York, Wisconsin Los Angeles, San Diego, and Washington, DC, as well as at two national conferences. A nationwide cadre of trainers has been licensed by APA to conduct the 7 hour training.

**RESULTS:** Designed according to the Theory of Planned Behavior, participants express their intentions to provide up to 9 recommended prevention services: (1) counseling students to cope with peer sexual harassment, (2) intervening with students to address harassment of LGBQ students, (3) counseling students about their sexual orientation, (4) assessing sexual risks, (5) counseling LGBQ students who are not sexually active to abstain from sexual contact, (6) counseling LGBQ students who may be sexually active to practice safer sex, (7) recommending HIV testing and counseling to who might be at risk, (8) counseling parents who have concerns about their child's sexual orientation, and (9) developing positive school climates. Intentions to act are rated on a scale of 1 (never) to 5 (every day). Intentions and/or behaviors are evaluated by APA or the sponsoring agency at the start of the workshop, at its conclusion, and at 3 months following the workshop.

**CONCLUSION:** Results: The median response for services 1 through 8 was "some days, but less than half" (hereafter, "some days") both before the workshop and at its conclusion. The median response for service 9, developing positive school climate, increased from "some days" before the workshop to "half the days" at its conclusion. Expressed intent to deliver services before and after the workshop were compared using the non-parametric Wilcoxon signed rank test. Employing Bonferroni's correction, all hypotheses were tested at the 0.005-level of significance. Differences in intention were statistically significant ( $p < 0.005$ ) for all 9 prevention services. Only 15% of the 448 participants completed the 3 month follow-up questionnaire. Most services maintained a median response of "some days," though the median expressed intention to provide the 4th service decreased from "some days" to "never"; and the median expressed intention to develop positive school climate decreased from "half the days" to "some days." Intentions expressed for each of the 9 prevention services at the conclusion of the workshop and the 3 month follow-up were significantly ( $p < 0.005$ ) different.

Lessons Learned: APA is modifying the evaluation instrument to capture more accurate information about service delivery (for instance, by changing the reporting unit from days to student encounters or service transactions) and plans to more rigorously execute the 3 month follow-up. APA is also conducting a formative evaluation to determine how the workshop's curriculum can be improved and its implementation expanded.

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**Track D****D22 - Using Data to Address Quality Assurance, Sustainability, and Program Improvement****Room: Hanover C (Hyatt Regency Atlanta)**

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**Presentation Number:** D22-1**Presentation Title:** Local Evaluation Online: Developing Integrated Evaluation Tools for Providers and Administrators.**Author(s):** Deanna Sykes, Ph.D.; Kevin Sitter, MSW MPH; Valorie Eckert, MPH; Christopher Krawczyk, Ph.D.

**BACKGROUND:** HIV prevention efforts in California span a wide range of activities which vary according to intended purpose, target population, provider capacity, and local resources. Monitoring these programs for quality of service delivery and access to intended populations is crucial for maximizing the effectiveness of California's HIV prevention effort. However, systems and tools to accomplish this have evolved separately, resulting in processes that are duplicative, labor intensive, and limited in their ability to provide timely and focused information across the spectrum of delivered services.

**METHOD:** The Local Evaluation Online (LEO) system was designed to capture data from the entire spectrum of publicly-funded HIV prevention activities in the state of California. System users include administrators and researchers/evaluators at the state and local level as well as agency supervisors and front-line service providers.

**RESULTS:** LEO is a web-based data collection and reporting system designed to bring administrators, scientists, and providers together with an integrated tool for meeting our mutual goal of providing the best services possible given available resources. To that end, LEO was designed to accomplish two primary goals:

- 1) To provide state and local program administrators and evaluators with reporting tools that allow them to easily monitor service provision, conduct quality assurance, and identify areas that require additional technical assistance to providers; and
- 2) To provide agency supervisors and service providers a user-friendly interface for entering data, monitoring service provision, tracking important quality measures including rapid testing procedures and staff training, and automating reporting for critical measures.

Planned LEO enhancements include: automated warning systems that notify supervisors and administrators when important quality assurance measures are out of compliance; integrated updating of staff training; automated inventory monitoring and integrated ordering for testing supplies and client forms; enhanced reporting in response to user feedback.

**CONCLUSION:** Field response to the implementation of the LEO system in California has confirmed that the approach of focusing on end-user needs as well as administrative functionality was an appropriate one. Providing user incentives in the form of functionality and reporting that focuses on areas of importance identified by users has resulted in high levels of user acceptance.

Lessons Learned: Creating an effective data collection and reporting system requires a comprehensive understanding of "on the ground" activities.

Lesson 1: Learn as much as possible about existing service provision prior to and during system development, and build in system flexibility to accommodate: 1) initial misunderstandings about how services are provided; and 2) improvements and changes to the service delivery system.

Effective system design requires striking a balance between simplicity and flexibility. A system that is flexible enough to capture every nuance in the way services are provided will be too complex for most users to master. On the other hand, a system that is too simple will not provide needed functionality and may result in poor user compliance.

Lesson 2: Work with providers to both understand the level of complexity that exists, and to streamline and standardize service provision processes by applying 'best practices' standards as appropriate.

**Presentation Number:** D22-2**Presentation Title:** California's LEO Process Evaluation Monitoring System: Application and Benefits for HE/RR Programs**Author(s):** Deanna Sykes, Ph.D.; Kevin Sitter; David Webb

**BACKGROUND:** Monitoring and evaluating the spectrum of HIV prevention programs at both the agency and statewide level is critical for planning, resource allocation, and reporting to funders. Monitoring and evaluating a broad spectrum of programs, across a large and geographically and demographically diverse state like California presents numerous challenges. In order to integrate the monitoring and evaluation of Counseling and Testing (C&T), Health Education/Risk Reduction (HE/RR) and Partner Services (PS) programs, the California Department of Public Health (CDPH), Office of AIDS (OA) has developed a new, web-based, CDC PEMS compliant monitoring system that integrates the evaluation and, where applicable, client level data of these HIV prevention programs.

**METHOD:** CDPH OA, in collaboration with its local health jurisdiction (LHJ) service providers, developed Local Evaluation Online (LEO) a centralized process monitoring and evaluation system beneficial for statewide, county-level, and agency level evaluation and planning.

**RESULTS:** System conceptualization and development for HE/RR functionality focused on local targeted population intervention planning, data standardization to CDC PEMS, HIV C&T and PS, and integration of these data for enhanced referral tracking, and better understanding of intervention effectiveness. The standardization of data was designed not only for cross-program evaluation but to facilitate “auto-fill” of data elements already in the system. The HE/RR intervention set up assists users to clearly define target populations and cofactors to be addressed in each intervention. Funding allocations and whether interventions are EBIs, scientifically-based, or locally-developed is incorporated in the functionality.

**CONCLUSION:** The LEO system provides a near real-time, web-based monitoring and evaluation system beneficial to community-based organizations, local health jurisdictions and the CDPH/OA. LEO provides an efficient means to review HE/RR interventions throughout the state, including the populations targeted, cofactors being addressed and allocations per intervention or target population. The system tracks the number of people who complete interventions, tracks referral outcomes, and identifies specific risk behaviors and cofactors of clients served. It allows providers to compare actual services rendered with intended goals and objectives. Training and resources can be more explicitly developed based on the client information related to sexually transmitted infections, substance use and referrals used most often. Evaluating how clients utilize various programs throughout the HIV prevention system is also possible while sustaining client anonymity.

Lessons Learned:

- It is critical to include providers in the development of the monitoring and evaluation system to create the most effective system.
- Accessibility and ease of use are critical components to a successful system.
- The ability to easily retrieve meaningful analysis of the data improves participation in the monitoring system.
- Integration and standardization of data elements from various prevention programs can be accomplished and when implemented in a singular system, provides enhanced efficiency, and utility for state and local agencies.

**Presentation Number:** D22-3

**Presentation Title:** Improving HIV Counseling, Testing, and Referral and Testing Quality Assurance Through a Web-Based System

**Author(s):** Phillip E. Morris; David Webb, MS; Deanna Sykes, Ph.D.; Valorie Eckert, MPH; Christopher Krawczyk, Ph.D.

**BACKGROUND:** HIV counseling, testing, and referral (CTR) prevention programs play a critical role in identifying HIV positive persons, and linking clients to medical care, partner services, and other HIV prevention services. Advances in HIV rapid testing technologies requires vigilance in ensuring that testing procedures are adhered to and the maintenance of test kits. In California, several legacy systems had been used for monitoring and evaluating services rendered, testing operations, training certifications, and program financing. Multiple separate systems created a fragmented and redundant process that was time consuming and consequently did not supply timely, uniform and pertinent data to researchers, program monitors, and program practitioners for technical assistance, quality assurance (QA), and program improvement needs.

**METHOD:** The California Department of Public Health (CDPH)/Office of AIDS (OA), in collaboration with its local health jurisdiction (LHJ) service providers, developed Local Evaluation Online (LEO) for a broad spectrum of collaborators including CDPH/OA policy decision makers, researchers, program monitors and evaluators; LHJ HIV program administrators and epidemiologists; and HIV prevention providers throughout California.

**RESULTS:** LEO was developed as an integrated and innovative data information system that collects required state and federal CTR data, monitors service provider trainings, follows linkages to HIV medical care and partner services, records HIV testing QA, generates invoices for specific activities, and creates real time reports and feedback on services rendered.

**CONCLUSION:** The LEO system provides a centralized platform that is accessible to state and local administrators, program monitors, site supervisors, and service providers with tailored access rights that allow users to monitor and evaluate HIV prevention activities specific to local needs. LEO dynamically responds to HIV testing anomalies and automatically prompts users to validate and document testing events that are unusual or out of compliance. An electronic quality control log is maintained to verify that control testing is conducted at appropriate intervals and alerts administrators and supervisors in the event of a quality control failure. The system tracks rapid testing training and competency as well as counselor trainings and certification. Locally relevant reports with demographics, client behavioral information, test results, service and testing QA indicators, invoicing and budgeting, and training information are available with a variety of different options to evaluate and improve services. LEO tracks and flags records that require follow-up testing, verification of HIV medical care linkages, and partner services. Future enhancements to the system include an automated training and inventory control module and email alerts for significant testing anomalies and QA indicators.

Lessons Learned: An integrated and dynamic web-based system streamlines HIV CTR processes, eliminates redundancies, improves data quality and perceived relevance, ameliorates feedback mechanisms, assists in service linkages, and allows program practitioners access to local data to target and improve HIV prevention programs. A close collaboration with administrators,

program monitors, researchers, providers, and end users is required to create an intuitive user friendly system that meets the needs of all stakeholders.

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**Track E****E08 - Where The Money Goes for HIV Prevention****Room: Piedmont (Hyatt Regency Atlanta)**

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**Presentation Number:** E08-1**Presentation Title:** Funding Allocations for CDC-Supported HIV Prevention Program Activities: United States, 2005**Author(s):** Beltrami, John; Lyles, Cindy

**BACKGROUND:** How did health departments (HDs) allocate the \$307 million that CDC distributed for HIV prevention program activities in 2005?

**METHOD:** Fifty-nine state and local HDs (50 states, 6 directly funded cities, Washington D.C., Puerto Rico, and U.S. Virgin Islands) that receive annual funding from CDC for HIV prevention program activities.

**RESULTS:** In 2007, CDC provided 59 HDs a report form to complete and return to CDC. The form included questions about how HDs allocated their CDC funding for HIV prevention program activities in 2005. Allocations were reported separately for persons with HIV/AIDS and for four major activities: counseling, testing, referral, and partner notification (CTRPN); health education/risk reduction (HE/RR); community planning (CP); and evaluation and research. Funds allocated for HE/RR were reported by the race/ethnicity and HIV exposure/transmission risk of clients. To minimize the reporting burden of each HD, CDC used the national HIV counseling and testing database to provide the race/ethnicity and HIV exposure/transmission risk of clients receiving CTRPN. Submitted forms were reviewed for completeness (e.g., allocations given for the four major activities) and internal consistencies (e.g., the total amount for HE/RR should equal the sum of the allocations for both race/ethnicity and HIV exposure/transmission risk). The analysis includes data from all 59 grantees.

**CONCLUSION:** Of the \$307 million CDC distributed to 59 HDs in 2005, \$28 million (9%) was allocated to services for persons with HIV/AIDS. Of the \$307 million, \$127 million (41%) was allocated to HE/RR; \$96 million (31%) was allocated to CTRPN; \$17 million (6%) was allocated to evaluation and research; and \$14 million (5%) was allocated to CP. The majority of HE/RR funds supported programs for African Americans (\$48 million, 38%), Hispanics (\$32 million, 25%), and whites (\$25 million, 20%) and for high-risk heterosexuals (\$44 million, 34%), men who have sex with men (MSM) (\$38 million, 30%), and injection drug users (IDUs) (\$23 million, 20%). The majority of CTRPN funds supported programs for African Americans (\$35 million, 37%), whites (\$34 million, 36%), and Hispanics (\$19 million, 20%) and for high-risk heterosexuals (\$31 million, 32%), MSM (\$9 million, 10%), and IDUs (\$7 million, 7%).

Of the major HIV prevention program activities, the majority of CDC funding was allocated to HE/RR and CTRPN. For both HE/RR and CTRPN, the majority of CDC funding was for African Americans, whites, and Hispanics and for high-risk heterosexuals and MSM. The results are limited because funding allocations are not necessarily the same as actual expenditures. CDC uses allocation information to monitor how HIV prevention program activities are funded and for planning the most effective distribution of HIV prevention resources. The CDC and HDs should work together to improve the distribution of HIV prevention program funds to services for populations that are most affected by and at highest risk for HIV/AIDS.

**Presentation Number:** E08-2**Presentation Title:** Modeling the Impact of HIV Prevention Strategies in the United States**Author(s):** Arielle Lasry; Stephanie L. Sansom; Katherine A. Hicks; Vladislav Uzunangelov

**BACKGROUND:** The Division of HIV/AIDS Prevention (DHAP) at the Centers for Disease Control and Prevention has an annual budget of approximately \$400 million for funding HIV prevention programs in the US. We demonstrate how resource allocation modeling can inform the optimal use of these funds and how this may benefit HIV prevention efforts.

**METHOD:** The HIV resource allocation problem consists of choosing the amount to be invested in the interventions considered so the cumulative HIV incidence is minimized over a 5-year horizon, given a fixed budget. We address this problem by defining two models that interact and analyzing their results. First, an epidemic model, defined as a compartmental model, determines HIV epidemic projections given a specified allocation of resources to specific interventions and populations. Second, an optimization model, defined as a non-linear mathematical program, generates different allocation scenarios, supplies them to the epidemic model and determines the optimal scenario when the best outcome is reached. The optimization model is driven by the costs and outcomes of targeting the interventions to the at-risk populations.

The at-risk population considered is structured into 15 population subgroups by gender, race/ethnicity and HIV transmission risk group. Risk groups include high-risk heterosexuals, men who have sex with men and injection drug users. The at-risk population

is estimated at 21 million, representing 10% of the general population aged 13 to 64 years. Race/ethnicity is defined as black, Hispanic and all others.

We consider HIV screening interventions, with or without partner referral services, and programs to reduce risk behaviors. These interventions are targeted to different subsets of at-risk persons by HIV risk group, HIV status, gender and race/ethnicity, and more broadly to the general US adult population. The resource allocation model considers a total of 85 intervention/target group combinations for funding.

**RESULTS:** The output of the model is the optimal funding scenario indicating the amounts to allocate to the 85 intervention/target group combinations considered, as well as the number of new infections in each population subgroup associated with this funding scenario. These results are compared to DHAP's actual allocation scenario enabling an understanding of the number of infections that could be averted by optimizing the allocation of funds and the cost per infection averted. The model supports what-if analysis capabilities, which can be used to help decision-makers understand the impact of trade-offs and deviations from the optimal funding scenario and evaluate the benefits of any additional funds made available to DHAP.

**CONCLUSION:** This HIV resource allocation model provides valuable guidance to the rational allocation of funds. Incorporating future epidemic trends in the decision-making process for resource allocation enables an optimal selection of which populations and interventions could be targeted. Improving the use of funds by targeting the interventions and population subgroups of greatest return should lead to improved HIV outcomes.

**Presentation Number:** E08-3

**Presentation Title:** The National HIV Prevention Inventory—A Comprehensive Look at State and Local Health Department Programs

**Author(s):** Alicia Carbaugh; Connie M. Jorstad

**BACKGROUND:** The National HIV Prevention Inventory (Inventory), a joint project of the National Alliance of State and Territorial AIDS Directors (NASTAD) and the Henry J. Kaiser Family Foundation (KFF), is based on a survey of HIV prevention programs led by U.S. health departments. Data were collected and analyzed to better understand the ways in which HIV prevention is delivered and funded across the country and identify the challenges faced by health departments.

**METHOD:** Between February and March 2008, all 65 jurisdictions that receive direct federal funding from the CDC Division of HIV/AIDS Prevention (CDC-DHAP) were surveyed. The survey questionnaire included 55 questions encompassing several areas. A total of 58 health departments responded to the survey. Follow up was conducted with specific jurisdictions and data were reviewed for completeness and accuracy.

**RESULTS:** In FY 2007, funding for prevention at health departments from all sources totaled \$581.3 million. Nearly 60 percent, or \$337 million, was provided by CDC-DHAP. State and local governments contributed 35 percent, or \$205.3 million. Most funding was used to support HIV screening/testing, partner services and health education and risk reduction activities (HE/RR). All jurisdictions offered HIV counseling, testing and referral and most reported conducting routine HIV screening for pregnant women (42). Fewer provided this service for newborns (17) and adults (6). Health departments spent the greatest portion of their HIV prevention funding—more than one-third or \$198M in FY 2007—on HE/RR services targeting populations at risk for or living with HIV. All health departments reported providing these services, with 25 spending more on HE/RR than any other HIV prevention activity or service. The top three challenges cited by health departments in implementing HIV prevention programs were funding, training and capacity building for local partners and limitations in the capacity of local partners to provide needed services. As a result of these challenges, health departments reported facing several consequences including the lack of prevention interventions needed to reach high-risk populations and an inability to recruit and retain clients for prevention programs. They also reported having to scale back some services as a result.

**CONCLUSION:** HIV prevention programs in the U.S. receive funding from multiple sources. While state and local governments are not required to provide funding for HIV prevention, 38 did in FY2007, accounting for one-third of all HIV prevention funding in FY 2007 at health departments. Findings indicate that programs are implemented with great variability across the U.S. and show that, while identifying persons living with HIV and their partners is a key component of all HIV prevention programs, health departments spent the greatest amount of their resources on health education and risk reduction services. Findings also indicate that a range of prevention services is provided beyond those required and funded by the Federal Government. Health departments also report that they face many challenges in providing needed HIV prevention services, primarily due to funding and capacity limitations.

**Presentation Number:** E08-4

**Presentation Title:** An Analysis of CDC HIV Prevention Funding by State

**Author(s):** Carl Schmid

**BACKGROUND:** The Centers for Disease Control (CDC) is the main provider of federal HIV prevention resources to states, cities and community based organizations which are used to carry out numerous prevention programs. In order to decrease the

incidence of HIV in the United States, this funding should be distributed to areas based on need that reflects the distribution of the epidemic and the risk of new infections. This paper presents the results of an analysis of the distribution of 2007 CDC HIV prevention funding by state per HIV and AIDS case counts to determine if federal prevention funding is going where it is needed most.

**METHOD:** The researchers examined the CDC's 2007 state HIV prevention funding per HIV and AIDS cases to determine if funding per case is equitable across the states. Information on state funding was taken from the Kaiser Family Foundation website [www.statehealthfacts.org](http://www.statehealthfacts.org). Most analysis was conducted using the CDC's annual surveillance reports on living AIDS cases because the CDC only presents HIV incidence information for the states and territories with mature name-based reporting. This analysis evaluated the relationship between 2007 funding and 2006 estimates of the number of people living with AIDS in each state. Funding per case in the various regions was also analyzed. Furthermore, past living AIDS case counts were included in the analysis to determine if any current disparities in funding could be explained by changes in state AIDS counts. Funding per HIV infection was also evaluated for states with available data, as was funding per cumulative reported AIDS prevalence and yearly AIDS incidence.

**RESULTS:** There are great disparities in CDC funding, regardless of what available CDC measure is used to determine HIV or AIDS estimates. Puerto Rico, Florida, North Carolina, Alabama, and Mississippi are among the most underfunded states and territories, with Puerto Rico receiving \$368.44 per living AIDS case and Florida \$412.66 per living AIDS case. In contrast, the states with the most funding per HIV/AIDS case are North Dakota, Wyoming, Montana, Vermont, and Alaska, with North Dakota receiving \$9,090.24 per living AIDS case. The national average of dollar per case was \$661.77. California received \$576.93 per living AIDS case, the District of Columbia \$568.62, and New York \$678.49. The South is the most underfunded region, with Southern states receiving an average of \$546.58 per living AIDS case, while the Midwest gets the most funding with states receiving an average of \$831.68 per living AIDS case.

**CONCLUSION:** The CDC's 2007 HIV prevention funding does not appear to be proportionally allocated by HIV or AIDS case counts. This lack of equity in funding per HIV/AIDS case is extremely problematic, as it may contribute to higher HIV transmission in underfunded states and territories. Southern states, states with higher HIV and AIDS counts and rates tend to be ones with the least funding. The researchers recommend that the CDC should reassess how it allocates funding and should further base allocation on the number of HIV and AIDS cases so that states most in need receive necessary funding.

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**MONDAY, AUGUST 24, 2009**  
**Poster Abstracts**  
**10:00AM – 5:00PM**

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**Poster ID Number:** 001M

**Presentation Title:** Their View: Behavioral Risk Map of HIV/STD Influencing Factors for an HBCU Campus

**Author(s):** Patricia Frye

**BACKGROUND:** African Americans are disproportionately infected by HIV and AIDS. They account for approximately 12% of the U.S. population, but they accounted for 49% of the HIV/AIDS cases diagnosed in 2006. Individuals in the age cohort of 13 to 29 accounted for 35%, the highest percentage of HIV incidence in 2006. In order to reduce the HIV disparity, effective interventions for African Americans in the age cohort of 13 to 29 are essential. To develop an effective prevention intervention, an understanding of the risks, behaviors and the determinants of the risk behaviors is required.

Surveillance data indicate that 86% to 88% of HIV infections are attributed to sexual behaviors, thus it is clear what behaviors are causing the highest percentage of new HIV infections. However, the reasons individuals engage in these behaviors are not clearly documented. The current study used qualitative research methods to examine the determinants of sexual risk-taking behaviors among African American students attending an HBCU in Mississippi.

**METHODS:** Focus groups (N = 4) were conducted with African American college students between the ages of 18 to 24 who were enrolled at an HBCU in Mississippi. The groups developed collective Behavior Risk Maps, which were later condensed into a composite Behavior Risk Map.

**RESULTS:** The Behavior Risk Maps outlined the factors that influence students' sexual risk-taking. Those factors were as follows: (a) low or lack of self esteem; (b) perceived susceptibility, invulnerability, and severity; (c) alcohol and drug use, (d) peer pressure, (e) group and cultural norms, (f) media influence, and (g) communications.

**CONCLUSION:** Understanding the factors that influence African American college students' sexual risk-taking behaviors is critical to the development of effective interventions for reducing risky sexual behavior. The current study enhances this understanding.

**Poster ID Number:** 003M

**Presentation Title:** HIV Risk Attitudes and Behaviors Among Older Impoverished Women Living in Puerto Rico

**Author(s):** Lisa Norman

**BACKGROUND:** Increasingly, older adults are impacted by HIV. The HIV epidemic is currently affecting a growing percentage of the older population and has been referred to as "the overlooked epidemic."

Therefore, the objectives of this presentation is to examine the attitudes and behaviors of older women (aged 50 and older) in Puerto Rico and compare to their younger counterparts to assess their level of risk.

**METHODS:** This study examines the relationship between age and HIV-related behaviors among 1138 women living in public housing in Puerto Rico, who were surveyed between April and August 2006, using a self-administered survey instrument.

**RESULTS:** Older women were less likely to have a high school education ( $p < 0.000$ ) and less likely to be in a stable relationship (married/common-law) ( $p = 0.001$ ). They were more likely to attend religious services in the previous month than their younger counterparts ( $p = 0.001$ ). They were also less likely to have received any HIV education in the previous year ( $p < 0.0001$ ). They were less likely to have discussed safer sex with their most recent steady sex partner compared to their younger peers ( $p < 0.0001$ ). They were also less likely to report consistent condom use with their most recent steady sex partner than were younger women (those under the age of 25 years) ( $p = 0.015$ ). They were less likely to report engaging in oral and anal sex than their younger counterparts and less likely to report a history of HIV testing. They perceived more barriers to using condoms and more condom-associated anxiety. They were also less likely to report a history of substance use or having multiple sex partners in the previous 12 months.

**CONCLUSION:** Age-specific messages concerning their increased risk of HIV that promote HIV testing and discussing safer sex with sex partners, among other interventions, would likely curtail the increase in the new AIDS cases being reported among older women in Puerto Rico. Further research is warranted with this population to determine their level of risk, especially considering they were not engaging in riskier behaviors than their younger counterparts.

**Poster ID Number:** 004M

**Presentation Title:** Enhancing Our Understanding of Methamphetamine Use & Sexual Risk Behavior Among Non-Addicted MSM in Atlanta

**Author(s):** Brian Dew

**BACKGROUND:** In numerous studies across the United States, methamphetamine use is consistently associated with sexual risk behavior, more so than other substances, and particularly among MSM. Although some non-treatment-based research with this high-risk population has been conducted, mostly on the West Coast and in the Northeast and in Miami, little research has been conducted in the Southeast besides Miami. The purpose of this study is to better understand non-addicted, meth-using MSM behavior in Atlanta, in order to develop effective programs to reduce sexual risk for HIV transmission in this population.

**METHODS:** Formative research is being conducted among three groups in Atlanta: meth-using MSM, methamphetamine treatment providers, and HIV risk-reduction specialists. Quantitative assessments, focus groups, and individual interviews are completed in a community center location that includes several HIV and health-related agencies, and is accessible by public transportation in the City of Atlanta.

**RESULTS:** The project consists of two phases of formative research. Phase 1 (n=40) is the pre-intervention component development, and inquiry regarding behavioral, emotional, psychosocial, and other precipitating or contextual factors associated with meth use and sexual risk among MSM, specifically in Atlanta and the South. Transcripts of the focus groups and individual interviews are content-analyzed for dominant themes. Information gathered from Phase 1 will be used to develop brief intervention components and approaches to then be presented for feedback in Phase 2 (n=40) focus groups and individual interviews. Following Phase 2, a behavioral intervention may be proposed for full testing in the community. Prior to focus groups and interviews in each phase, MSM participants receive a computer-based quantitative assessment regarding their recent drug use and sexual risk behavior, as well as psychosocial-related factors as potential mediators and moderators of risk behavior.

**CONCLUSION:** There is a desire for research on meth-using MSM to take place in the South, as evident by interest expressed among MSM, meth treatment providers, and HIV risk reduction specialists in Atlanta. During the study process, potential collaborators are identified and seeds are planted for joint projects in the future, potentially combining expertise of local research, drug treatment providers, HIV prevention providers, and the target population itself. Meth use and sexual risk among MSM is a concern in Atlanta as it is in urban and non-urban areas around the country, and the MSM community is well aware of it and feels a need to address the problem.

MSM, meth treatment providers, and HIV prevention providers can be accessed and serve as collaborators in addressing the issue of meth use and sexual risk behavior for HIV infection among MSM in Atlanta. More work needs to be done, but a strong basis of information and network of partners is being developed to hone in on the issue in this community.

**Poster ID Number:** 005M

**Presentation Title:** Illicit Prescription Drug Abuse and Inconsistent Condom Use Among Street-Based Commercial Sex Workers

**Author(s):** Gladys E. Ibanez Ph.D.; Hilary L. Surratt Ph.D.; James A. Inciardi Ph.D.

**BACKGROUND:** Prior research with sex worker populations has documented the transmission of HIV and other STIs through unprotected sex; however, these efforts have focused primarily on the effects of illegal drugs on sexual-risk behaviors (SRB). Studies which focus on understanding the patterns of prescription drug abuse among chronic street-drug-using sex workers are extremely limited. With the increasing abuse of prescription drugs and their availability through illicit channels, it is important to consider their main or combined effect with "street" drugs on SRB. This paper examines the associations between illicit prescription drug use and SRB among a population of female sex workers at high risk for HIV.

**METHODS:** The data are derived from the Women Protecting Women study, which is designed to test the effectiveness of two alternative case management interventions to increase health services utilization and reduce risk behaviors for HIV. Recruitment is conducted through traditional targeted sampling strategies. Eligible participants were 18- to 50-year-old African Americans who have: a) used heroin and/or cocaine 3 or more times a week in the last 30 days, and b) traded sex for money or drugs at least 3 times in the past 30 days. Participants completed baseline, 3- and 6-month follow-up interviews focusing on factors facilitating or inhibiting service-seeking, surrounding treatment linkage, and engagement, respectively.

**RESULTS:** The sample includes African-American / Black women sex workers (N = 271); 37% used at least one prescription drug in the past 90 days without a legitimate prescription; 23% were HIV seropositive; 34% had a STI other than HIV in the past 12 months. In the 90 days prior to interview, 52%, 50% and 7% reported inconsistent condom use during vaginal, oral, and anal sex, respectively. Logistic regression was used to examine the correlates of inconsistent condom use. Women who reported prescription anti-anxiety, tranquilizer or sedative use in past 90 days (OR = .58; 95 % CI: .33, .99), crack cocaine use in past 90 days (OR = .54, 95 CI: .31, .92), 5 or less paying male partners (OR = .40; 95 % CI: .22, .74), no chance of HIV acquisition in the future (OR = 10.5, 95% CI: 2.2, 49. 2), and a younger age (18-30 year olds) (OR = 2.4; 95 % CI: 1.1, 5.1) were more likely to report inconsistent condom use during vaginal sex. Women who reported 31 to 60 days of powder cocaine use in the last 90 days (OR = .26, 95% CI: .09, .76) and little or no chance of HIV acquisition today (OR = .25, 95 % CI: .06, .99) were more likely to report inconsistent condom use during oral sex.

**CONCLUSION:** Cocaine continues to be among the primary drugs contributing to inconsistent condom use among a population of street-based female sex workers. However, participants who reported abuse of prescription anti-anxiety, tranquilizers, or

sedatives were also significantly more likely to report inconsistent condom use. This study is among the first to highlight the emergent use of illicit prescription drugs among this understudied population and suggests the need for further in-depth studies.

**Poster ID Number:** 006M

**Presentation Title:** Five-Year Trends in Methamphetamine Use and Behavior Among HIV-Infected Patients in Care, San Francisco, 2004-2008

**Author(s):** Taylor Clark; Carina Marquez; Jeffrey Klausner; C. Bradley Hare; Malcolm John

**BACKGROUND:** Methamphetamine (meth) use is common in many populations and is associated with adverse health outcomes and risky sexual behaviors. Few studies have tracked meth use, sexual behavior and provider communication in HIV-infected patients in healthcare settings. These serial cross-sectional surveys were conducted to assess meth use, sexual activity, patient-provider communication and the use of the Internet among HIV-infected patients in care in San Francisco.

**METHODS:** In 2004, 2006 and 2008, in 2 San Francisco primary HIV care settings (county hospital and university-based clinic) patients completed a one-page, anonymous survey. We compared meth use, sexual risk behavior and provider communication over time using Chi-square tests for proportions, Student's t-tests for means and Wilcoxon Rank Sum tests for medians, and stratified results by demographic characteristics.

**RESULTS:** Surveys were completed by 579 patients in 2004, 644 in 2006 and 657 in 2008. In 2008, 35% of men who have sex with men (MSM), 26% of heterosexual men and 11% of women reported meth use in the past 12 months. Meth users vs. non-users were more likely to be white (56% vs. 43%,  $p < .001$ ) and with income  $< \$2,000/\text{month}$  (90% vs. 71%,  $p < .001$ ). The frequency of meth use among MSM was stable over time at the county hospital clinic ( $p > .05$ ) but declined at the university clinic (37.4% in 2004 vs. 22.4% in 2008,  $p < .05$ ).

In 2008, 64% of patients at the county clinic and 55% of patients at university clinic reported that their doctor had asked them about meth. However, 17% of patients who reported meth use in the past 12 months stated their doctor had not asked them about meth. Of patients surveyed 29% reported using the Internet to find sex partners in the past 6 months. Going online to find sex partners was significantly associated with an increased mean number of sex partners in six months (10 vs. 2,  $p < .001$ ), and an increased rate of unprotected sex (32% vs. 10%,  $p < .001$ ).

**CONCLUSION:** Meth use was common and stable over time among surveyed HIV-infected patients in care in San Francisco. Providers should routinely assess patients for meth use and offer treatment. Given the association among meth use, increased number of sex partners and Internet use, effective Internet-based meth prevention activities are needed.

**Poster ID Number:** 008M

**Presentation Title:** Pericytes and HIV Neuropathology

**Author(s):** Donald Alcendor

**BACKGROUND:** Background/Objectives. Highly active antiretroviral therapy (HAART) has reduced incidence of severe HIV-1 associated dementia. Despite this, sustained viral presence, cumulative neuropathology, and increasing HIV-associated minor cognitive motor disorder are ongoing problems. CNS impairment and continual occurrence of HIV encephalitis may be due to low penetration of antiretrovirals into the CNS. Neurological disease in these patients is likely to become more severe with increased survival rates and HAART regimen noncompliance from toxicity. Treating HIV-related CNS impairment as patient survival increases requires identifying how blood brain barrier (BBB) cell populations contribute to HIV's access to the brain. Brain microvascular endothelial cells (BMVEC) and astrocytes have been widely studied. CNS pericytes, cells perivascular to BMVEC and in direct contact with HIV crossing the BBB, have been mostly ignored. We hypothesize that pericytes are affected directly and indirectly by HIV-1 and that these effects compromise the BBB, contributing to HIV-1 neuropathology. This study begins to identify the relationship of human brain vascular pericytes to HIV in the brain and the overall network of HIV neuropathogenesis.

**METHODS:** Methods. Primary human vascular pericytes were cultivated in vitro and characterized for infection status using different HIV strains. Virus was cultivated by transfecting 293 cells with HIV proviral clones pNL4-3, pYK-JRCSF, pYU2, pAD8 as well as an HIV-1 VSV-G pseudotyped virus. Pericytes were examined for productive HIV infection by immunocytochemistry and Western blotting. We established a BBB/HIV infection model using normal human brain cortex primary BMVEC, pericytes and astrocytes. This tri-cell culture model of the BBB was infected separately with macrophage and T-cell tropic strains of HIV and analyzed for the HIV p24 core protein indicative of productive infection. To determine HIV-1's overall effect on pericyte gene expression profiles, we performed microarray analysis with RNA harvested from pericytes exposed to HIV. Pericyte genes found to be dysregulated were validated in vitro by immunocytochemistry and in vivo using HIV infected archival brain tissue from 17 deceased patients of differing ethnicity identified through the Texas Repository for AIDS Neuropathogenesis Research. In vivo analysis of archival brain specimens was performed by dual-labeled immunohistochemistry. Finally, coinfection of pericytes was performed with a neurotropic strain of HIV and a primary clinical isolate of human cytomegalovirus (CMV).

**RESULTS:** Results. Using several HIV strains we find no evidence for direct infection of pericytes. However, the HIV-1 pNL4-3 VSV-G pseudotyped virus produced high levels of p24 expression. This suggests that HIV infection in pericytes is blocked at entry. Using the tri-cell culture model we found that coinfection of pericytes with HIV-1 and CMV resulted in a more robust production of HIV p24 than HIV-1 alone. Microarray analysis on pericytes exposed to HIV for 18h also revealed a number of genes associated with neuronal injury and cognitive function. These genes are being validated in vivo in archival tissue from patients coinfecting with HIV-1 and CMV.

**CONCLUSION:** Conclusions/Implications. These studies will allow us to identify changes in pericyte gene expression impacting BBB dynamics related to cognitive functions after HIV infection which could be targeted for therapeutic interventions.

**Poster ID Number:** 009M

**Presentation Title:** Lack of Envelope Diversification in Vaccinated Macaques Pre- and Post-peak Viral Load by Single-Genome Amplification

**Author(s):** Allison Dauner; James Smith; Dennis Ellenberger

**BACKGROUND:** An important consideration in the design and appraisal of candidate HIV-1 vaccines includes identifying and understanding the evolution of transmitted viruses during acute infection. The objective of this study was to analyze directly the env gene diversification in SHIV-infected groups of vaccinated and naïve rhesus macaques following repeated low-dose challenges through single-genome amplification (SGA) and direct sequencing of uncloned DNA amplicons.

**METHODS:** Ten rhesus monkeys received 7 vaccinations at 5 week intervals with a formaldehyde-treated heat-inactivated HIV-1 plus QS21 adjuvant. Five additional monkeys were vaccinated with adjuvanted soluble gp120 immunogen from VaxGen. All vaccinated and 9 naïve control monkeys received repeated lower dose rectal SHIV162P3 challenges. A subset of monkeys from the naïve and each vaccinated group (2 per group, 6 total) infected after a similar number of exposures were chosen to compare direct sequences of uncloned amplicon DNA (~1185 bp) from SGA of HIV-1 plasma vRNA from pre-peak and six weeks post-peak viremia.

**RESULTS:** We successfully amplified and sequenced the SHIV162P3 challenge stock (14 amplicons), and 4-14 and 13-16 amplicons per monkey from the pre-peak and post-peak amplification products, respectively. The pre-peak transmitted virus was similar in the vaccinated groups (29 amplicons) and naïve monkeys (18 amplicons); no statistically significant differences were found using a mixed-effects model at either the nucleic acid or amino acid sequences in the amplicons generated for any group in comparison to the SHIV162P3 challenge stock. Interestingly, no distinct nucleotide or amino acid diversification was found in the post-peak viremia samples from either of the two vaccinated groups (58 amplicons) when compared to the naïve monkey virus sequence (30 amplicons).

**CONCLUSION:** Identification of transmitted virus and its evolution was analyzed in 4 vaccinated and 2 naïve macaques, and we found that the viral variant that successfully established and sustained infection was similar to the challenge virus stock, despite measurable HIV-specific neutralizing and binding antibody responses in the vaccinated monkeys.

**Poster ID Number:** 010M

**Presentation Title:** The Pharmacokinetics of Tenofovir Following Intravaginal and Intrarectal Administration of Tenofovir Gel to Rhesus Macaques

**Author(s):** Angela Kashuba; Ruili Wang; Nicole White; Philip Allen; Jeffrey Roberts; Joseph Romano

**BACKGROUND:** Tenofovir gels are being developed as vaginal and rectal microbicides for the prevention of HIV infection. This study was conducted to determine the pharmacokinetics of tenofovir in macaques following intravaginal and intrarectal administration in order to assist in the design of future preclinical efficacy studies using the macaque model.

**METHODS:** Groups of 6 Rhesus macaques were pretreated with depomedroxyprogesterone acetate (30 mg i.m.) 30 days prior to tenofovir administration to synchronize menstrual cycles and thin the vaginal mucosa. Gel containing 0.2, 1 or 5% tenofovir was administered intravaginally at a dose volume of 0.6 mL/kg. Plasma and vaginal and rectal fluid samples were collected pre-dose and at 0.25, 1, 4, 8 and 24h after dosing for analysis of tenofovir concentrations by validated LC-UV or LC-MS/MS methods. At 24 hours, biopsies from the vaginal wall, cervix and rectum were collected for analysis of tenofovir and tenofovir diphosphate concentrations. After a three-week washout period, the same gel doses were applied intrarectally to the same animals, with samples collected as outlined above. Pharmacokinetic parameters were generated using noncompartmental analysis (WinNonlin 5.1).

**RESULTS:** Following vaginal and rectal administration, tenofovir was detectable by 0.25h in all matrices distal to where the dose was administered (plasma and vagina or rectum). Except for vaginal and rectal dosing with 0.2% tenofovir, at least 5/6 macaques tested in the 1% and 5% groups had detectable tenofovir concentrations in all matrices 24 hours after dosing. At all doses, concentrations at the dosing site were typically 1-2 logs higher than in the opposite compartment, and 4-5 logs higher than in the plasma. Vaginal dosing resulted in local vaginal fluid C<sub>max</sub> and AUC<sub>0-24</sub> values that were 58-82% lower than were achieved in rectal fluid with rectal dosing. Conversely, vaginal dosing resulted in plasma C<sub>max</sub> and AUC<sub>0-24</sub> values that were

1-2 fold greater than were achieved in plasma after rectal dosing. AUC<sub>0-24</sub> values in plasma ranged from 0.02-0.04% of those in vaginal fluid after vaginal dosing and from 0.002-0.008% of those in rectal fluid after rectal dosing.

In all matrices, tenofovir exposure increased with increasing dose. Dose proportionality was seen in plasma after vaginal dosing, with less-than-dose proportionality seen after rectal dosing. For vaginal and rectal fluid, less-than-dose proportionality was seen with the 5% tenofovir gel. Tissue concentrations of tenofovir diphosphate are currently being determined.

**CONCLUSION:** The intravaginal administration of tenofovir gel to Rhesus macaques resulted in rapid distribution of the drug to the rectum. Similarly, intrarectal administration of tenofovir resulted in rapid distribution to the vagina. Based on these data, it is recommended that evaluation of tenofovir gel as an HIV prevention technology should include pharmacokinetic studies using a variety of dosing strategies in humans.

**Poster ID Number:** 011M

**Presentation Title:** Contextual and Psychosocial Factors Surrounding HIV Risk Behavior Among Male-to-Female Transgender Sex Workers in Massachusetts

**Author(s):** Sean E. Bland; Sari L. Reisner; Matthew J. Mimiaga; Kenneth H. Mayer; Steven A. Safren

**BACKGROUND:** Transgender male-to-female individuals are at heightened risk of HIV infection, with HIV rates ranging from 19% to 56%. Although sex work has been documented to be a significant behavioral risk factor associated with increased HIV risk among this population, there is a dearth of research exploring potential behavioral intervention strategies to reduce HIV and sexually transmitted infection (STI) risk among this group.

**METHODS:** This mixed methods study examined sexual risk among transgender male-to-female sex workers (TFSW) in Massachusetts, collecting formative data to better understand how to tailor HIV prevention interventions to this unique and high-risk population. Between August and November 2008, 11 TFSWs completed an in-depth, semi-structured qualitative interview and quantitative psychosocial assessment battery assessing demographic, psychosocial, and HIV behavioral risk factors; interviews were conducted until redundancy in responses was achieved. Qualitative data were analyzed using a grounded theory approach.

**RESULTS:** Participants (mean age=35, SD=11; 36% Hispanic/Latino, 28% African American/Black) were socioeconomically marginalized: 100% had a high school diploma/GED or less and 73% reported unstable housing in the prior 12 months. More than one third (36%) were HIV-infected and 36% reported a history of STIs. The majority (55%) reported one or more episodes of unprotected serodiscordant anal sex with a mean number of 39 (SD=72) serodiscordant or unknown HIV serostatus male partners in the past 12 months. Participants frequently reported substance use during sex in the previous 12 months, most commonly 64% alcohol, 64% marijuana, 55% crack, and 36% cocaine, and had elevated levels of psychological distress: 64% had clinically significant depressive symptoms (CESD 10 score 10+); 18% had probable alcohol dependence (CAGE score 3+). The majority (91%) had a history of incarceration, 64% reported prior psychiatric hospitalization, and 55% reported having been in drug/alcohol treatment. More than half (55%) reported sexual experiences with someone 5 years or more older before they were age 13 and nearly half (46%) reported having been raped as an adult. Salient qualitative findings included: (1) high rates of street prostitution (82%), despite reporting alternative ways of meeting clients (i.e., bars, phone chat line, online), (2) sexual risk behavior: inconsistent condom use with commercial and non-commercial sex partners, high rates of unprotected sex with non-commercial partners, and low rates of HIV status disclosure with commercial partners; (3) experiences of stigma, discrimination, and violence indicating the effect of sex work on mental and physical health; (4) motivations and reasons for doing sex work, including money, drugs, excitement, and lack of access to education and employment; (5) suggestions for intervention, such as outreach and support services and HIV/STI education programs focusing on the risks of oral sex; (6) facilitators and barriers to intervention success; and (7) the need for sex work decriminalization.

**CONCLUSION:** Results suggest that in order to be effective, interventions with TFSWs must intervene at multiple levels, going beyond HIV/STI risk behaviors to address the psychosocial and environmental context in which sexual risk behavior occurs. Current findings can be used to help guide future HIV prevention intervention efforts targeting TFSWs.

**Poster ID Number:** 012M

**Presentation Title:** Maasai Culture Through the Lens of HIV: Sexual Practices and Ritual Among Maasai Sections

**Author(s):** Aaron J. Siegler; Ralph J. DiClemente; Jessie K. Mbwambo

**BACKGROUND:** Despite the importance of culture and local beliefs to HIV transmission, there is often a dearth of culture-specific information related to HIV. This is the case for the Maasai, a semi-sedentary tribe living in Kenya and Tanzania, with population estimates of approximately one million members. There is limited consensus in the literature regarding sexual practices and ritual among the Maasai. Numerous traditions are discussed, yet there is a need to examine current practices and to incorporate a broader geographic study area to ascertain group-wide trends.

**METHODS:** Semi-structured qualitative interviews were conducted in the vicinity of two villages in Tanzania that are several hundred kilometers apart, selected to represent a broad range of Maasai sections: Magadini Village (predominantly Ilarussa

section) and Loliondo Village (predominantly Ilaitayok, Ilkisongo and Iloita sections). Native Maa speakers trained in qualitative methodology conducted 30 semi-structured interviews. Interview participants were purposively selected to represent gender, Maasai section, employment and religion. Additionally, informal discussions provided data for the present article; the Principle Investigator met with hundreds of community members, traditional leaders and local political leaders while residing in the field from January-September 2008.

**RESULTS:** Many rituals that entail risk for HIV transmission were not consistently enacted across Maa sections. One regularly held dance (esoto) conducted by 3 of the 4 sections is attended by men age 15-30 and girls age 7-13. Esoto ends with sexual partnership, entails frequent partner change on different nights and often has required attendance for girls. A fertility ritual (olamal) practiced by 2 sections lasts for 1-3 months during which a group of barren women travels around the community, having sex with multiple partners. Men are required to participate. Other ceremonies practiced by 2 sections do not explicitly involve sex, but instead influence partner selection. This includes a girl's selection of a man as her lover (inkipot) and youth gatherings which entail group games and nudity (oloip).

Another set of traditions is common across all sections interviewed. In the unsanctioned practice of embolore, young uncircumcised men sneak into girl's houses and "steal" sex from the sleeping girl. In all sections polygyny is practiced. Lastly, all participants vehemently denied the "wife-sharing" reported in ethnographic literature, yet there is a related potentially risky practice. Married men must host male travelers at their multi-house compounds, and travelers often stay in the same house as one of the host's wives. This can lead to unsanctioned sex, and some wives reported that travelers demanded sex from them during these encounters.

**CONCLUSION:** This study indicates the necessity of tailoring behavioral change programs to local context; HIV prevention programs targeting behavioral change must expand beyond ABC in order to have optimal efficacy. Among the Maasai, several rituals entail high risk for HIV and STD transmission. Sexual behaviors are so deeply embedded in ritual that risk is often not an individual choice, but instead a societal imperative. Interventions based on the social ecological model that engage traditional leaders have the most promise for success in reducing sexual risk behaviors in this population.

**Poster ID Number:** 013M

**Presentation Title:** Legitimizing Black Feminist Theory in HIV Prevention Education and Risk Reduction Strategies for Disenfranchised Women

**Author(s):** Quinn Gentry; Tanisha Grimes; Tiffany Walters Pennick; Lisa Diane White; Aleisha Langhorne

**BACKGROUND:** As the rates of infected women continue to soar, the need for theory-based HIV prevention is critical. However, black feminist theory is not widely accepted as a legitimate interpretive lens in public health, and thus remains underutilized in addressing unique issues women face that place them at higher risk for HIV.

**METHODS:** Community-based organizations serving women experiencing intimate partner violence and recovering from substance abuse treatment, who are at higher risk for HIV infection in the state of Georgia.

**RESULTS:** In an effort to deploy best practices to the front line in the fight against HIV/AIDS, The Office on Women's Health (OWH) awarded small-business contracts to develop new HIV prevention education strategies for women experiencing intimate partner violence. As an award recipient, Messages of Empowerment Productions, used black feminist theoretical frameworks to develop and implement the "RISE" Coalition, which is an acronym for Reaching and Intervening with Survivors Effectively. Black feminist theory guided the analytic process aimed at shaping the content and format of the social marketing, capacity building, group-level intervention, individual-level intervention, technical assistance, conference planning, and evaluation components that make up the RISE Coalition's strategic plan. Each component is designed in such a way that underserved sub-populations of women at risk for HIV will have a greater chance of receiving comprehensive HIV prevention education, risk reduction skills building, and safer sex planning in domestic violence shelters and substance abuse treatment centers.

**CONCLUSION:** The RISE Coalition program designers identified five themes in Black feminist theory and operationalized them as guiding principles to determine best practices for providing HIV prevention to women in diverse social service settings. Theme 1: Self definition and self valuation consisted of revising existing risk reduction plans to allow women a greater opportunity to define their risk factors within the context of their everyday lives. Theme 2: Race, class, and gender oppressions informed the need to provide technical assistance to service providers to eliminate barriers to HIV prevention. Theme 3: Unique experiences of women guided the group-level intervention where we collaborated with Sister Love to adapt their Health love workshop. Theme 4: Controlling images provided insight on conference planning to assure that service providers and HIV prevention advocates are addressing stigmas and stereotypes that limit some women's willingness to be included in HIV prevention programs. Theme 5: Structure and agency shaped the capacity-building model for cross training diverse service providers who target the same risk groups in a way that empowers women to develop comprehensive safe(r) sex action plans. Black feminist theory is a viable framework to guide the process of adapting and tailoring existing HIV prevention strategies to better address the needs of women facing multiple risk factors for HIV.

**Poster ID Number:** 014M

**Presentation Title:** Cultural Beliefs and Practices Impact On HIV Knowledge and Prevention Behaviour in rural Kisumu, Kenya

**Author(s):** Gertrude Wafula

**BACKGROUND:** This paper is aimed at describing the local understanding, meaning of illness and experiences of HIV epidemic among the Luo community of Kisumu, rural Kenya. Knowledge and perceptions of risk have been seen as two necessary conditions for behaviour change. However little information is available on the local understanding and experiences of the disease more so in high prevalence areas like Kisumu Kenya and how local knowledge interacts with scientific knowledge in relation to HIV and how this impact on adoption of prevention measures.

**METHODS:** Data was collected from men and women aged 14-49, from three locations; Kisian, Nyahera and Chulaimbo in rural Kisumu Kenya. The study was done in two phases. Phase I, was mainly survey and Phase II, in-depth interviews. A total of 356 participated in Phase I and 33 in Phase II. Both survey questionnaires and in-depth interviews were conducted for the period July 2004- September 2005. The SPSS statistical package was used to analyse data and test for significance of various variables from Phase 1, while a theoretical framework was adopted for analysis in Phase 2.

**RESULTS:** Most participant lacked understanding of specific HIV knowledge. Participants used local terms to explain the occurrence of the HIV. 'Chira' (curse) was common word associate with HIV. The community sought non biomedical knowledge to explain the HIV illness including visiting witch doctors and religious leaders, used different words to explain the complexity of the disease like 'big fever', 'eldest son', 'take my flesh' and 'leave me the bones'.

Men had better knowledge of HIV, its transmission and prevention than women ( $t = 15.7$ ,  $df = 4$ ,  $p=0.003$ ). Participants in more rural had limited understanding of the HIV disease, its transmission and prevention than those in the more urban areas ( $t = 35.9$ ,  $df = 12$ ,  $p<0.001$ ) and the more education one had the more knowledge they had on HIV, its transmission and prevention ( $t = 6.2$ ,  $df = 1$ ,  $p<0.001$ ).

Cultural beliefs reduced the understanding of the HIV virus, its transmission and prevention. The social and cultural expectation from both genders dictated choices of prevention messages with women mainly unable to make decisions on having sex and use of protection.

**CONCLUSION:** To understand individual response to the HIV there is need to know how they experience the illness and the community factors mediating this. The local understanding and culture plays a crucial role in understanding the epidemic. These forms of knowledge and practises though not recognised are important as they interact with the recognised (scientific) knowledge and shape individual response to illness. Insights into Luo community of understanding HIV may offer possible strategies in providing better intervention to reduce HIV in the locality.

**Poster ID Number:** 015M

**Presentation Title:** Maternal Psychological Control as a Predictor of HIV/AIDS Risk Behavior Among African American Youth

**Author(s):** Deborah J. Jones, Ph.D.; Terrence Wilson; Laura McKee, Ph.D.

**BACKGROUND:** The majority of youth (13-24) who have HIV/AIDS acquired the disease as a result of risk-taking behavior (e.g., combination of alcohol use & sexual intercourse). Although the family has been identified as an important context in which to study risk behavior (Bronfenbrenner, 1979), the majority of this work has focused on the impact of one type of parenting behavior, behavioral control (e.g., monitoring), on the behavior of White youth (Barber, 1996). Much less is known about other parenting constructs that may be critical to understanding risky behavior, such as parental psychological control (e.g., manipulation, guilt induction). Accordingly, this study examined the relative contribution of maternal behavioral and psychological control to HIV/AIDS risk behaviors among African American youth, a group more vulnerable to HIV/AIDS due to relatively higher rates of risk taking behavior relative to their peers from other racial/ethnic groups (CDC, 2005).

**METHODS:** Data was collected from African American mother-child dyads ( $n = 193$ ) who participated in the first assessment of the African American Families and Children Together (AAFACT) project, a study of risk and protective factors in African American single mother families. Adolescents were 13 years old on average ( $SD = 1.59$ , range = 11-16 years), approximately half girls (55%). Families were interviewed in homes and community settings using the Audio-Computer Assisted Self Interview (ACASI). The following variables were analyzed: Mother-report of maternal monitoring (Stattin & Kerr, 2000); youth-report of maternal psychological control (Barber, 1996); and youth-report of sexual behavior and alcohol use (0 = neither; 1 = either; 2 = both).

**RESULTS:** Approximately one-third (30%) of youth in the sample reported having sexual intercourse and 22% reported drinking alcohol. After accounting for the effects of maternal behavioral control, results of multinomial logistic regression analyses indicated that youth reporting higher levels of maternal psychological control were 3.6 times more likely to report both risk behaviors than youth who did not report either risk behavior ( $p < .05$ ).

**CONCLUSION:** For African American youth in single parent families, higher levels of maternal psychological control are a significant correlate of HIV/AIDS risk behavior above and beyond maternal behavioral control, highlighting the importance of

considering this largely ignored parenting variable in family-focused HIV/AIDS prevention programming for African American youth.

**Poster ID Number:** 016M

**Presentation Title:** Using the Internet to Bridge the Racial Divide: African Americans and HIV/AIDS Prevention Messages On YouTube

**Author(s):** Jocelyn D Patterson; Khiya Marshall

**BACKGROUND:** YouTube provides free video storage and viewing in a format that allows the sharing of video clips across the internet on websites, mobile phones, blogs, and email. Since its inception in 2005, YouTube has experienced tremendous growth and increases in use. As of September 2008, the site was ranked number 7 among the top 1 million websites and is reported to have over 60 million unique visitors each month.

With 13.9 million African Americans online and 56% using the Internet at least once per month, the digital divide between black and whites is steadily decreasing. YouTube was ranked number 2 among the top 10 websites most used by African American adults to access or download video/music content.

Given the popularity of YouTube and the website's potential to connect with African Americans, we conducted a content analysis of HIV/AIDS prevention information targeting and produced by African Americans.

**METHODS:** On November 4, 2008, we executed two systematic searches on YouTube ([www.youtube.com](http://www.youtube.com)) using the keywords, African American and HIV or AIDS and using Black and HIV or AIDS. The strategies were limited to videos recorded in English and the 50 most viewed from each search. To be included in our final results, videos needed to focus on issues related to HIV/AIDS transmission or prevention in the US and feature images of or discuss Black people. We abstracted information on the content of the video, date posted, duration of the clip, and popularity (number of times viewed, marked as favorite, and number of comments posted). Once we identified relevant videos, we did a secondary search for videos linked to or commenting on the videos we initially identified.

**RESULTS:** Our search identified the 100 most viewed videos with the key words Black, African American, HIV, and AIDS. After an initial review we found 18 relevant videos specifically addressing issues associated with HIV/AIDS prevention and the African American community. Videos yielded in our search were posted on YouTube between 7/26/2006 and 6/16/2008. YouTube has 14 different categorizations for postings; videos in our sample represented People & Blogs (4), News and Politics (4), Music (3), Entertainment (3), Education (3), and Film & Animation (1). The number of times each video had been viewed ranged from 7,307 to 164,622 with an average of 47,407 times.

Sixteen of the 18 videos featured unique subject matters. Video themes centered around gay and bisexual men (6), transmission and exposure to HIV (4), youth (2), advocacy and compassion for people living with HIV/AIDS (2), HIV counseling and testing (1) and other (4). Videos with the most views and comments were: "What Black men think PSA", "Trashman gives 15000 women/girls hiv aids virus", and HIV testing video called, "Know Your Status".

**CONCLUSION:** In light of the national HIV/AIDS crisis among African Americans, exploring new and innovative internet approaches to prevention is essential. YouTube and other web based video sites may serve as an important multilateral resource for conveying HIV prevention messages and also for understanding community responses and perceptions of prevention messages.

**Poster ID Number:** 017M

**Presentation Title:** Internet Sex-Seeking Among College Students: Implications for HIV/STI Prevention

**Author(s):** Eric R. Buhi, MPH, PhD; Stephanie Marhefka, PhD; Alison Oberne; Heather Blunt

**BACKGROUND:** Adults who meet sex partners on the Internet are at risk for HIV/STIs. However, no known research studies have examined Internet sex-seeking (ISS) behaviors and HIV/STI risks among college students. Yet college students are both the heaviest Internet users and early adopters of new technologies, and are engaging in online dating more than ever. Moreover, while representing 25% of the ever sexually active population, 15- to 24-year olds acquire nearly one-half of all new STIs. The purpose of this research was to assess whether college students are meeting sex partners online and examine the associated HIV/STI risks.

**METHODS:** In fall 2008, after receiving IRB approval and following Dillman's Tailored Design Method, a stratified random sample of undergraduates attending four campuses of a large urban public university in the Southeast was invited to participate in an anonymous Internet-based questionnaire. Questions pertained to students' sexual experiences, where and how students met and interacted with current and past sexual partners, and HIV/STI testing history.

Data from 1,031 students were included in the analysis. Most respondents were female (64.6%), heterosexual (92.3%), and White (74.2%), although 14.1% and 9.0% were Hispanic and Black, respectively. Most respondents were upperclassmen (69.5%). Relationship status was primarily "single" (42.6%) or "in a committed dating relationship" (43%).

**RESULTS:** Lifetime sexual experience was reported by sex type, with 81.8% reporting vaginal, 85.4% reporting oral, and 35.3% reporting anal sex experience. 13.8% of respondents reported previous diagnosis of HIV/STIs. 17.5% of respondents were students with Internet partners (ever; SIPs), but only 13% reported ever using the Internet to look for sex partners, specifically. When compared to students with no Internet partners (SNIPs), SIPs had statistically significantly greater numbers of lifetime vaginal, oral, and anal sex partners. SIPs were more likely to report last 12-month testing for HIV and ever having HIV or another STI. Although not statistically significant, males were more likely to be SIPs (41.1%) than SNIPs (33.9%). No differences were observed regarding condom use. SIPs reported meeting partners on social networking sites (SNS), such as MySpace (21%) and Facebook (12%), and on Craigslist and dating sites, such as OkCupid.com, Adam4adam.com, and Plentyoffish.com.

**CONCLUSION:** These data suggest the Internet is not a "sexual oasis" for college students. However, in this study, differing from SNIPs, SIPs exhibited an array of sexual health risks, including a greater number of sex partners and HIV/STI history. This study is limited by a 17% response rate—which is lower than the 40% mean response rate reported in a 2000 meta-analysis of Internet surveys. Further, respondents were more likely to be White and female compared with the larger undergraduate student body enrollment.

As with adults/MSM, seeking sex partners online is associated with greater STI/HIV risk among college students. Accordingly, it is critical to develop student-focused interventions tailored to this risk behavior. Such prevention efforts might include theoretically grounded and tailored online risk reduction messages appearing as banner ads on websites visited by SIPs. Interventions may also include sexual health promotion applications that can be diffused through SNS.

**Poster ID Number:** 019M

**Presentation Title:** Viewing of pornography depicting UAI and HIV risk-taking behavior are correlated in MSM

**Author(s):** Dylan Stein, BFA; Richard Silvera, MPH; Robert Hagerty, BFA; Michael Marmor, PhD

**BACKGROUND:** The effects of media exposure, including viewing of pornography, on behavior and perceived norms have been well documented. It is also well documented that MSM view more pornography than heterosexual men. In March 2009, the authors created Project Rewind to explore the effects of pornography on MSM in light of the increasing popularity of pornography depicting unprotected anal intercourse (UAI), or "bareback porn." Informed by the Theory of Reasoned Action, Project Rewind investigated the hypothesis that viewing pornography depicting UAI is associated with increased practice of UAI.

**METHODS:** Subjects were recruited through online advertising and news items on MSM-oriented blogs. An IRB-approved questionnaire was completed anonymously via a web-based survey tool. Inclusion in the final analysis required that in the 3 months prior to interview respondents reported ≥1 casual male sexual partner and ≥1 instance of anal intercourse with a male partner.

**RESULTS:** 2,253 individuals began and 1,199 (56.1%) completed the questionnaire. Of the 1,199 completed questionnaires, 522 (43.5%) failed to meet the inclusion criteria, leaving a final sample of 677 participants. Among these, the median age was 33 years (mean = 34 years, range = 18-68). 11.1% were Hispanic or Latino. 81.5% identified as White. 52.0% earned less than \$60,000/yr. 71.6% were HIV-negative, 11.2% HIV-positive, 5.5% were of unknown HIV status, and 11.7% declined to report their HIV status.

Mean number of reported sexual partners in insertive anal intercourse in the previous 3 months was 2.5, mean in unprotected insertive anal intercourse was 1.1, mean in receptive anal intercourse was 2.2, and mean in unprotected receptive anal intercourse was 1.1. During the previous 3 months, 99.0% reported watching homosexual pornography. 88.9% had viewed pornography depicting protected anal intercourse (PAI) and 84.2% had viewed pornography depicting UAI. Only 4.7% exclusively viewed pornography depicting PAI. 63.4% reported that less than half of pornography viewed depicted UAI, and 36.6% reported that more than half depicted UAI. Subjects viewed a mean of 115 minutes/week of pornography (median = 60 minutes/week).

HIV-seropositivity was significantly greater among those who viewed a majority of pornography depicting UAI (<math>p<0.001</math>). Viewing a majority of pornography depicting UAI versus a minority was significantly associated with an increased median number of unprotected sexual partners in the previous 3 months, both in all subjects (median=2 vs. median=1, Wilcoxon <math>p<0.001</math>) and in HIV-seronegative subjects (median=1 vs. median=0, Wilcoxon <math>p<0.001</math>). Multiple logistic regression adjusted for HIV serostatus and age indicated that UAI was significantly associated with watching ≥22 minutes/week = 1.9, 95% confidence interval = 1.3 - 2.6).

56.3% believed that the pornography they viewed influenced sexual behavior. Believing that the type of pornography viewed influences sexual behavior did not significantly vary between minority and majority viewers of pornography depicting UAI (<math>p=0.42</math>).

**CONCLUSION:** Watching pornography depicting UAI was significantly associated with engaging in UAI. Further research is needed to determine if this relationship is causal. If causality is likely, then HIV risk reduction counseling could address content of pornography viewed.

**Poster ID Number:** 020M

**Presentation Title:** Development of a Computerized Stress Management Training Program for HIV+ Women

**Author(s):** Peter Vanable; Michael Carey; L. Elin; JD. Heath

**BACKGROUND:** While promising stress management interventions for HIV+ men who have sex with men (MSM) have been reported in the literature, few interventions to address the unique psychosocial needs of HIV+ women have been developed or tested. Further, available stress management programs typically rely on multi-session group interventions, an approach that is expensive and difficult to disseminate widely. The use of a brief, individualized stress management intervention administered via computer may be a cost effective approach to improving HIV+ women's ability to cope with health and life stressors that could be widely disseminated for use in busy outpatient clinic settings.

**METHODS:** Qualitative focus group participants were HIV+ women recruited from an outpatient Infectious Disease clinic in Upstate New York.

**RESULTS:** HIV+ women (N = 29, 72% African-American) participated in a series of focus groups to inform the development of a tailored stress management intervention. On the basis of qualitative findings, Lazarus and Folkman's Transactional Model of Stress and Coping, and prior empirical investigations of stress management interventions among HIV+ individuals, we are producing an innovative, computer delivered stress management intervention designed for HIV+ women. In this presentation, we describe core findings from our qualitative research and provide an overview of our new stress management intervention.

**CONCLUSION:** HIV-specific stressors that were most frequently noted during the focus groups included difficulties with serostatus disclosure, HIV medication adherence, and HIV-related discrimination. Contrary to expectations, stressors not directly linked to HIV were often described as more salient than HIV-specific stressors. Common general stressors included caretaking for children or grandchildren, financial difficulties, challenges related to a pre-existing mental illness, relationship difficulties, and other health concerns. The stressors identified from the focus groups were used to tailor intervention content to address the unique challenges faced by HIV+ women. The intervention will be delivered via the computer using Medialab software, which offers a flexible programming framework for integrating assessments and intervention content using several media formats. Key elements of Coping Effectiveness Training are taught via video clips featuring a trained interventionist. In addition, the intervention will incorporate video clips from HIV-infected women in the local community discussing stressors they face and coping strategies utilized to manage stress. The program provides an interactive experience that highlights core stress management skills of relevance to coping with HIV disease. To personalize stress management skill development, participants complete a variety of exercises, brief self-tests, and learning checks of intervention material throughout the modules.

**LESSONS LEARNED:** Findings illustrate the process of tailoring the content of stress management programs to address the expressed needs of HIV+ women. Our brief, computerized stress management intervention has the potential to reduce distress, enhance stress management skills, and improve disease management and other health outcomes among women living with HIV.

**Poster ID Number:** 021M

**Presentation Title:** The Impact of Chronic Depression on Cardiovascular Risk Among HIV Positive and At-Risk Women

**Author(s):** Rebecca Schwartz; Ather Mansoor; Tracey Wilson; Kathryn Anastos; Susan Everson-Rose; Elizabeth T. Golub; Lakshmi Goparaju; Wendy Mack; Jason Lazar

**BACKGROUND:** Depression is common in patients with cardiovascular diseases (CVD) and a well-known risk factor for higher CV mortality. However, little is known about this relationship in the context of HIV disease. Although HAART has increased the lifespan of HIV infected individuals, it portends a number of metabolic abnormalities and may increase CV risk among HIV infected individuals. These effects may be particularly strong among women in whom non-adherence and adverse CV behaviors accompany depression. Accordingly, the current study uses the infrastructure of the Women's Interagency HIV Study (WIHS) to investigate these relationships among HIV positive and at-risk women.

**METHODS:** 370 HIV-positive and 120 HIV-negative women from the WIHS were included in this retrospective, longitudinal study. The majority of women were of ethnic minority descent (65.4% African-American, 22.1% Hispanic) and low socioeconomic status (72.1% have annual incomes below \$24,000). CV risk was calculated at baseline and at 10 year follow-up using the Framingham Risk Index computed by adding up categorical scores for age, sex, blood lipids, blood pressure, diabetes, and smoking. Higher CV risk scores indicate higher risk for 10 year CV event rates. Depressive symptoms were assessed using the CES-D and experiencing chronic depressive symptoms was predefined in patients with CES-D scores >16 at >75% of study visits. Adherence at 10 year follow-up was assessed by a self-report measure of frequency of 95% or more antiretroviral medication adherence over the past six months.

**RESULTS:** At ten year follow-up, 21% of HIV-infected women and 16% of HIV-uninfected women experienced chronic depressive symptoms ( $p=0.04$ ). CV risk scores were significantly higher among women with as compared to those without chronic depressive symptoms ( $3.3\pm 5.8$  vs.  $1.8\pm 6.6$ ,  $p=.03$ ). CV risk scores did not vary by HIV status ( $2.4\pm 6.0$  vs.  $1.2\pm 7.7$ ,  $p=0.11$ ). Multivariate linear regression analysis, adjusting for relevant covariates including baseline CV risk score, HIV status and socioeconomic status, indicated that experiencing chronic depressive symptoms over the previous 10 years placed

participants at 4% greater CV risk at follow-up ( $B=0.09$ ,  $p=0.03$ ). HIV status was not significant in the model, however, in a separate analysis involving HIV-positive women only, the presence of chronic depressive symptoms was associated with a 30% increase in CV risk score at 10 year follow-up ( $B=0.12$ ,  $p=0.04$ ). In addition, decreased HIV medication adherence was associated with a 31% increase in CV risk score at 10 year follow-up ( $B=0.12$ ,  $p=.03$ ).

**CONCLUSION:** These results show that women with chronic depressive symptoms have higher CV risk than women without chronic depressive symptoms and that this relationship is particularly relevant for HIV positive women. This implies that the diagnosis and treatment of depression should be an important consideration in CV risk reduction, especially among HIV-infected women. Further, among HIV-infected women, adherence to HIV treatment was also associated with lower CV risk. This has numerous implications for HIV medication adherence programs including focusing on how adherence could improve in the context of improved CV health. Future research should examine what factors might mediate the depression/CV relationship among HIV positive women.

**Poster ID Number:** 022M

**Presentation Title:** Haitian Adolescent Personality Clusters, Psychosocial Problems, and HIV Risk

**Author(s):** Rhonda Rosenberg, Ph. D.; Terri Jennings, Ph. D.; Michelle Jean-Gilles, Ph. D.

**BACKGROUND:** A high convergence of psychopathology and sexual risk complicates HIV intervention with substance abusing, psychiatric treatment seeking, and other at-risk groups of adolescents and adults. We hypothesized that the severity and type of pathological personality symptoms would be related to greater levels of psychosocial problems (as identified by Ameen, et al., 2008) and HIV risk behavior and thus might be used to guide intervention efforts with adolescents in potentially vulnerable adolescents of Haitian descent.

**METHODS:** Sample: 276 adolescents of Haitian descent living in three Miami neighborhoods were recruited from their communities using a snowball sampling method for participation in a NIH/NIDA-funded intervention that sought to culturally adapt a model of HIV risk reduction. The sample was 67.6% female and the mean age was 15.6 years ( $SD = 1.17$ ).

Procedure: Intake self-reports on two measures provided the data for this study. Amongst other scales, youth were administered the MACI (Millon Adolescent Clinical Inventory) (Millon 1993) and the POSIT or Problem-Oriented Screening Instrument for Teenagers (Rahdert, 1991).

**RESULTS:** Results: 209 participants complete MACI data necessary for scale score determination. We conducted a hierarchical agglomerative cluster analysis (K-Means) using personality scales of the MACI, and identified a three-cluster solution as optimal. MACI Cluster 1 ( $n=68$ ) included participants who scored high on the Dependent and Conforming scales of the MACI and is referred to as the Submissive/Conforming (SC) cluster. Cluster 2 ( $n=30$ ) had elevated scores on most maladaptive personality scales including Introversive, Inhibited, Doleful, Unruly, Forceful, Oppositional, Self-Demeaning, and Borderline Tendency scales; it was labeled the High Psychopathy (HP) cluster. Cluster 3 ( $n=111$ ) had elevated scores on the Dramatizing, Egotistic, and Conforming scales, and thus it was labeled the Confident/Extroverted/Conforming (CCE) cluster.

We also conducted a series of ANOVAs, using MACI clusters as the predictor variable for POSIT scales outcomes. Where significant F-values occurred, Tukey post hoc comparisons were performed to determine the order of relationships between personality clusters on each of the problem area scales. Relative to the other two clusters, the HP cluster had the greatest endorsement of problems related to mental health, family relationships, peer relationships, educational status, leisure, and aggressive behavior. This cluster and the SC cluster had higher scores in physical health and social skills domains compared to the CEC cluster. The CEC cluster indicated the least number of problems relative to the other clusters in the areas of physical health, educational status, social skills and leisure (all  $ps < .05$ ). Finally, we identified differences in proportions reporting unprotected sex among members of the three cluster subgroups ( $X^2=9.78$ ;  $df=2$ ,  $p=.008$ ). Thirty-four percent of those in the HP cluster reported unprotected sex during the last 8 months, while 10% of those in the SC cluster subgroup and 13% of those in the CCE subgroup did so.

**CONCLUSION:** Significant physical, mental health, relationship, educational problems and HIV risk behavior were identified in the MACI identified High Psychology (HP) Cluster Subgroup. Indeed, the HP personality cluster shows a pattern of pervasive problem endorsement. The Confident/Extroverted/Conforming (CEC) pattern appears to be protective and warrants further investigation.

**Poster ID Number:** 023M

**Presentation Title:** Homelessness in Miami: A "Priority" Population for Targeted HIV Prevention

**Author(s):** Brooks, Andrea J

**BACKGROUND:** During the 2008 homeless count in Miami-Dade County, 4,574 homeless individuals were identified. Of the total homeless population, 73% were singles and singles were disproportionately male compared to the overwhelming number of women in families. Risk factors for transmission are especially prevalent among the homeless population. Behaviors such as unprotected sex, substance abuse, multiple sex partners, and the exchange of sex for money, drugs and/or shelter put many

homeless persons at risk of exposure to HIV. Although the prevalence of HIV in the homeless population has not been formally documented, the Healthcare for the Homeless Council notes that it is estimated to be at least three times higher than in the general population. According to the local Miami-Dade County planning group, approximately 15% of the homeless population is thought to be HIV positive.

**METHODS:** HIV Counseling, Testing, and Linkage services for the persons experiencing homelessness have been implemented in emergency shelters and other transitional housing programs in Miami-Dade County.

**RESULTS:** Project SafeStreet's HIV Outreach Specialists conduct HIV risk assessment and offer free onsite HIV counseling and testing to individuals experiencing homelessness in Miami-Dade County. HIV Outreach Specialists work with staff at emergency shelters and transitional housing programs to ensure that individuals residing in their facilities have access to free HIV testing, primary medical care, and other supportive services as needed. Upon determination of serostatus, very high and high risk individuals are referred to participate in risk-reduction programs/interventions.

**CONCLUSION:** From January 2005 – December 2008, CHC's Project SafeStreet provided HIV 4,245 HIV tests individuals experiencing homelessness in Miami-Dade County. There was a 2.59% (110/4,245) seropositivity rate amongst the tests conducted. 29% (28/98) of the HIV positive individuals tested with OraSure were lost to care compared with only 17% of those tested using OraQuick. Those who tested with OraQuick made the decision to decline services while those tested OraSure were not found mainly due to the inherently transient nature of those experiencing homelessness. While more time is needed to assess the impact of Rapid Testing amongst the homeless, there is reason to believe that the introduction of rapid HIV testing in August 2008 has reduced number of clients that are lost to services prior to receiving their actual test results and increased the number of positive clients being linked into services.

Providing HIV testing at emergency shelters and other transitional housing programs is an effective method to reach high risk populations. Repeat encounters are required in order to overcome the barrier of "lack of trust" which exists amongst those experiencing homelessness. Collaboration within a local continuum of care is necessary to ensure that clients are also able to address the basic needs which historically overshadow a need to access ongoing healthcare services. Additionally, the introduction of rapid HIV testing in emergency shelters has a direct impact on the ability to immediately connect transient populations directly into services and ensure access to care. Providers who choose to target services to those experiencing homelessness must understand that homelessness is an experience, not a fixed status.

**Poster ID Number:** 024M

**Presentation Title:** Improving the Relevance of Behavior Theories & Care Access Models Among Communities in the US-Mexico Border

**Author(s):** C. Thompson-Bowe; A. Bradley-Ewing; E. Williams; S. Hawes; E. Moore

**BACKGROUND:** United States (US) Latinos are more likely than other ethnic/racial groups to receive an HIV and AIDS diagnosis within one year. In San Diego County, bordering Mexico, 63% of Latinos received an HIV and AIDS diagnosis within 12 months (2003-2007). Improved secondary HIV prevention efforts are needed to reduce delays in HIV testing and barriers to accessing HIV care among the growing US border population. Health behavior theories or models provide an explanatory framework for understanding factors that may influence HIV testing and care seeking behaviors; however close attention to potential limitations of commonly used theories and models is warranted and geographically and culturally-relevant adaptation of theory and/or model components may be needed.

**METHODS:** The US-Mexico border region is characterized by substantial cross-border mobility and interaction between residents from both sides of the border: In Tijuana alone there are >40 million legal north-bound crossings per year and many US residents, including Latinos living with HIV, cross back and forth daily or several times per month. HIV in the border region is a growing problem for both the US and Mexico. Latinos in San Diego County are overrepresented in AIDS cases; they comprise 29% of the county's ~ 3,000,000 residents, but 42% of 281 AIDS cases (2007). Most Latinos living with HIV in San Diego County are foreign born (primarily Mexico). Our previous studies in this population indicate that HIV-related care seeking behavior is influenced by factors such as HIV-related stigma, limited English proficiency, and cultural differences that may exist between patients and US providers. Binational care access and border region contextual factors also play a role in care utilization.

**RESULTS:** Two health behavior theories (Social Cognitive Theory; Theory of Reasoned Action) and two models (Health Belief Model; Behavioral Model of Health Services Use) will be presented to discuss potential limitations among Latino populations living with HIV, including persons living in a US-Mexico border context. A community-driven model of access to comprehensive HIV services will also be presented.

**CONCLUSION:** We propose considerations to improve the relevance of health behavior models to specific populations or within geopolitical contexts as part of secondary HIV prevention. Adaptations of existing models should include meaningful participation of community partners who are cognizant of patient realities and care seeking behaviors. Improvements in relevance of health behavior theories and models applied in secondary HIV prevention can be achieved through careful consideration of cultural and contextual factors of the target community. These proposed considerations are in line with the Center for Mental

Health Research on AIDS in the National Institute of Mental Health to: “identify the role of couples, families, and communities in preventing and adapting to HIV/STDs.”

**Poster ID Number:** 025M

**Presentation Title:** Prevention Needs of HIV Positive Persons Awaiting Release from Prison: Qualitative Findings

**Author(s):** Sosman, JM; Yard, S.; Mahoney, C; Catz, SL; Balderson, B; Amico, KR; Seal, DW

**BACKGROUND:** The transition period following release from prison is characterized by high risk behavior. Given the number of HIV-positive people released from prison, this period poses substantial threat to both individual and public health. Despite the marked risk reduction needs of HIV+ people in prison, there is limited theory-based, formative research that offers guidance in terms of facilitators of and barriers to risk management and risk reduction for this population. The present study sought to elucidate the Information, Motivation, Behavioral Skills (IMB) model based determinants of risk in the prison population to prepare for the development of effective culturally tailored prison-based interventions.

**METHODS:** At pre-existing clinic appointments, HIV+ men and women in Wisconsin state prisons were recruited and screened for characteristics to ensure a diverse sample. Thirty consented HIV+ people participated in the hour-long semi-structured interview in a private room by unmonitored telephone. The qualitative interview assessed components of the IMB-model, as well as the feasibility and acceptability of potential intervention protocols. Interviews were digitally recorded, transcribed, proofed, and coded using grounded theory methods.

**RESULTS:** Coded interviews revealed specific IMB deficits that may present barriers to risk reduction.

**Information:** Participants did not demonstrate an accurate understanding of risk prevention, with vasectomy and “pulling out” noted as prevention strategies. Also, the specifics of risk related to unprotected sex between two HIV-positive people or varying viral loads were typically unknown.

**Motivation:** Participants expressed intentions to make all-or-nothing lifestyle changes, committing to never using drugs or having sex again. Participants believed that commitment to abstinence was sufficient to produce the desired behavior, thus making detailed plans for prevention unnecessary. Participants viewed people newly released from prison as desirable sexual partners in the community, because they are assumed to have been treated for STDs while in prison.

**Behavioral skills:** Participants reported apprehension around condom use and HIV disclosure to partners. Skills for status disclosure were low for many participants, and active avoidance of disclosure, such as by altering prison papers to show an HIV-negative status, was reported as a common strategy used in the released inmate community. Participants also lacked strategies to negotiate safer behavior.

**Intervention preferences:** Participants reported that receiving condoms on release, via mail or in person, would be helpful as a prevention strategy. Participants had mixed opinions regarding needle cleaning instructions. Some felt these should only be delivered in person, while others thought they should be avoided altogether, because they might evoke drug cravings.

**CONCLUSION:** This study identified specific prevention-related IMB deficits particular to incarcerated persons, including; misinformation about transmission, resistance to specific strategies for prevention in the context of all-or-nothing thinking, perceptions that people leaving prison are disease free, and a lack of skills in negotiating condom use in the cultural climate that surrounds release from prison. An effective risk reduction program should address these factors.

**Poster ID Number:** 026M

**Presentation Title:** Prevalence of Beliefs About HIV Transmission Risk and Reduced Concern About HIV Infection: A Meta-Analysis

**Author(s):** Sarah Petters; Maria Luisa Tungol; Mary Mullins; Nicole Crepaz

**BACKGROUND:** Since highly active antiretroviral therapy (HAART) became available in 1996, many HIV-infected people have successfully lowered their viral load and led healthy lives. Recent evidence suggests that viral suppression may reduce the level of infectiousness of HIV-positive persons. As this information moves into the public domain, it can influence people’s beliefs about HIV transmission and reduce concern about engaging in unsafe sex. A meta-analysis by Crepaz, Hart, and Marks (2004) indicates that holding these beliefs is significantly associated with engaging in risky sex among HIV-positive, HIV-negative, and serostatus unknown persons. It is not yet clear how widespread these beliefs are. This systematic review comprehensively synthesizes the U.S. and international literature to estimate the prevalence of these beliefs, address research gaps, and discuss clinical and prevention implications of the findings.

**METHODS:** Systematic searches of 3 electronic databases (MEDLINE, EMBASE, PsycINFO) were conducted to identify relevant studies from 1996 to 2008. Studies were included if they reported data on prevalence of beliefs addressing the following areas: (1) reduced concern about unsafe sex now that HAART is available (reduced concern) or (2) beliefs about whether HAART or undetectable viral load reduces HIV transmission of HIV-positive persons (transmission risk). Prevalence of each belief was estimated from random-effects models using the Comprehensive Meta-Analysis, Version 2.0 (Biostat, Englewood, NJ).

**RESULTS:** Forty-nine independent samples contributed to our analysis; only two of these came from non-Western countries. Most of the study samples were of men who have sex with men (MSM,  $k=35$ ). Thirteen samples included solely HIV-positive persons (of which 5 focused on women), while 9 exclusively sampled HIV-negative persons. Participants rated their agreement with beliefs using Likert scales in 11 samples, with an averaged standard mean of 0.4 (between 0 and 1). The remaining 38 samples reported the proportion of participants who agreed with a belief: the aggregated prevalence for reduced concern is 15.4% (95% CI: 12.6%, 18.5%; 29 samples) and the aggregated prevalence for transmission risk beliefs is 15.1% (95%CI: 10.2%, 21.6%; 34 samples). Transmission beliefs are more prevalent among HIV-positive people. Only two MSM studies from the U.K. examined change in beliefs over time, with one study showing a small increase in prevalence.

**CONCLUSION:** Encouragingly, only a small proportion of people hold beliefs related to transmission risk or reduced concern about HIV now that HAART is available. The higher prevalence of these beliefs among HIV-positive persons still raises concern, as previous evidence suggests that people who hold these beliefs are more likely to engage in risky sex. Clinicians who care for HIV-positive patients should emphasize that being on HAART or having a low viral load does not guarantee that they cannot infect sexual partners. It is important to develop prevention messages that effectively communicate scientific facts about HAART and viral load to the public without an unwanted negative impact on sex risk behaviors. Additional research is also needed to monitor changes in beliefs related to HAART and viral load and their association with sexual risk-taking.

**Poster ID Number:** 027M

**Presentation Title:** Using Motivational Interviewing in Field Outreach with African American YMSM

**Author(s):** Monique Green-Jones; Sylvie Naar-King; Kathryn Condon; Elizabeth Secord

**BACKGROUND:** Almost 25 years into the HIV epidemic, there is still evidence of an underestimation of risk and difficulty maintaining safer sex practices among of young gay and bisexual men. In a recent study of young men who have sex with men (MSM), 77% of those who tested HIV-positive mistakenly believed that they were not infected (MacKellar et al., 2005). African American young men who have sex with men (YMSM) in this study were more likely to be unaware of their infection, at a rate of approximately 9 of 10 compared with 6 of 10 for young white MSM. To increase the number of African American YMSM in the Detroit area who know their HIV status, we tested two methods of outreach to encourage HIV counseling and testing (HIV C&T).

**METHODS:** African American YMSM (ages 16-24) were randomly assigned to one of two conditions: Field Outreach plus Motivational Interviewing (MI) or Field Outreach alone (FO). Both conditions, utilizing Orasure testing, encouraged HIV C&T and returning for results. Information about HIV risk behaviors (i.e., sexual behavior, substance use, and status of partners) and readiness to change risk behaviors was also collected.

**RESULTS:** Of the African American YMSM enrolled in the study (MI:  $n=96$  and FO:  $n=92$ ), 35% received HIV C&T at the baseline visit. Eighty-four percent had used alcohol and 48% had used marijuana in the past 90 days. Twenty-seven percent had receptive anal sex without a condom, 30% had insertive anal sex without a condom, and 10% had vaginal sex without a condom in the past 90 days. Thirty-six percent reported "not being ready" to use a condom for oral sex. Regarding group comparisons, more African American in the MI condition received HIV C&T (Chi square (1) = 16.52,  $p=.000$ ) and returned for test results (Chi square(1) = 11.96,  $p=.001$ ). There were no significant differences between the two conditions regarding reported sexual behavior or substance use.

**CONCLUSION:** The addition of MI to field outreach is effective in getting high-risk African American YMSM to know their HIV status and increasing their awareness of risky sexual behavior. Our data supports the efficacy of an intervention based on individual motivation to reduce sexual risk in addition to traditional HIV C&T. This data also supports the need for more innovative outreach strategies to target high-risk and difficult to engage populations.

**Poster ID Number:** 028M

**Presentation Title:** HIV Counseling and Testing Among Hispanics - United States, PR, and U.S. VI, 2005

**Author(s):** Hussain R Usman; John Beltrami; Maria Alvarez; Linda Valleroy; Cynthia Lyles; Joy Archuleta

**BACKGROUND:** In 2006, Hispanics comprised 18% of the HIV/AIDS cases, but only 15% of the U.S. population, and had a rate of HIV/AIDS that was 2.6 times as high as that of non-Hispanic whites. Because HIV testing is critical to diagnosing HIV/AIDS cases, the objectives of this analysis are to address potential HIV testing Hispanic:white disparities and to determine factors associated with previously undiagnosed HIV in Hispanics.

**METHODS:** From the CDC HIV counseling and testing (CT) system database, we analyzed test-level HIV CT data from Hispanic and non-Hispanic white adults and adolescents, receiving HIV CT services in 37 states, 5 cities, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands. We analyzed the following variables for tests conducted in 2005: race/ethnicity, sex, age, HIV risk, geographic location of testing, testing site type, type of test, reported history and result of prior HIV testing, current HIV test result, receipt of test result and posttest counseling, and time to receipt of result and posttest counseling. We compared characteristics of tests among Hispanics to those of non-Hispanic whites. We used SAS to conduct

bivariate logistic regression analysis, prevalence ratios (PRs), and 95% confidence intervals (CIs), and determined characteristics associated with tests among Hispanics who were previously undiagnosed with HIV.

**RESULTS:** In 2005, 1,707,783 records of HIV tests were reported to CDC. Of these records, 603,470 (35%) were from non-Hispanic whites, and 343,482 (20%) were from Hispanics. The percentage of previously undiagnosed HIV infection was higher among tests of Hispanics (0.9%) than among whites (0.6%). Compared with tests of whites, HIV testing of Hispanics was more common among women (54% vs. 48%), heterosexuals (76% vs. 65%), persons in the Northeastern United States (29% vs. 18%) and Puerto Rico (9% vs. <1%); and tests conducted confidentially (91% vs. 83%). The percentage of tests among Hispanics was higher than among whites for receiving HIV test results and posttest counseling more than 2 weeks after the test was conducted (40% vs. 29%). In bivariate logistic regression analysis, factors associated with previously undiagnosed HIV for tests among Hispanics included being male (PR = 3.3; CI = 3.0-3.5), older than 19 years of age [(20-29 years, PR = 2.1; CI = 1.7-2.5), (30-39 years, PR = 3.8; CI = 3.2-4.6), (40-49 years, PR = 5.1; CI = 4.3-6.2), and (> 50 years, PR = 4.9; CI = 4.0-6.0)], tested in Puerto Rico (PR = 2.9; CI = 2.6-3.2), MSM (PR = 8.0; CI = 7.4-8.6) and IDU (PR = 3.5; CI = 3.1-3.9), tested in a non-clinical setting (PR = 2.2; CI = 2.0-2.3) and unspecified location (PR = 2.6; CI = 2.3-2.9), and tested anonymously (PR = 1.4; CI = 1.3-1.6).

**CONCLUSION:** Identifying previously undiagnosed HIV infection early is critical so that Hispanics may benefit from appropriate clinical, medical, prevention, and social services. To decrease Hispanic:white disparities, effective strategies are needed such as rapid testing and culturally competent HIV prevention interventions that are widely and readily accessible to Hispanics and to their distinct sub-populations, particularly Hispanic MSM and IDUs.

**Poster ID Number:** 029M

**Presentation Title:** HIV Testing and Sexual Risk Among HIV-Uninfected Black MSM At Risk for HIV Acquisition

**Author(s):** Matthew J. Mimiaga; Sari L. Reisner; Sean Bland; Margie Skeer; Kevin Cranston; Deborah Isenberg; Kenneth H. Mayer

**BACKGROUND:** Rates of HIV testing have been shown to differ by behavioral risk and partner type. Given continuing racial disparities in HIV incidence, additional research is needed to understand the frequency of, and factors related to, HIV testing among Black men who have sex with men (BMSM) in the U.S.

**METHODS:** The current study assessed HIV testing among 145 HIV-uninfected BMSM in Massachusetts recruited via modified respondent driven sampling. Bivariate and multivariable logistic regression procedures were used to examine the association of sexual risk, substance use, and other behavioral factors to not testing for HIV in the two years prior to study enrollment.

**RESULTS:** Mean age of participants was 40.8 (SD=9.4); 61% identified as straight or bisexual, even though all men reported sexual behavior with a man in the prior year. 38% (55/145) reported unprotected anal sex (UAS) with a male partner and 39% (56/145) reported UAS or vaginal sex with a female partner in the past year. Of the men reporting UAS with a male partner in the prior year, 42% (23/55) of them also engaged in UAS or vaginal sex with a female partner in this same time period. Overall, 33% (48/145) of BMSM had not been tested for HIV in the two years prior to study enrollment, though 30% reported that their current primary care provider ever recommended that they get tested for HIV. In bivariate analyses, BMSM who reported (1) serodiscordant unprotected insertive anal sex with a casual male partner during last sex (OR=3.45; p=0.03), (2) using drugs and alcohol during last sex with a casual male partner (OR=2.87; p=0.05), and (3) feeling that using a condom during sexual intercourse is "very difficult" (OR=2.26; p=0.04) were more likely to have not been recently tested. BMSM who reported that their current primary care provider had ever recommended they get tested for HIV (OR=0.20; p=0.004) were more likely to have been tested in the prior two years. In a multivariable model adjusting for relevant demographic and behavioral factors, BMSM reporting condom use difficulty (AOR=5.85; p=0.05) were at increased odds for not having been tested in the past two years, and those reporting that their current primary care provider ever recommended they get tested for HIV (AOR=0.08; p=0.008) were more likely to have been tested for HIV in the past two years. Not being "out" about a preference for having sex with other men approached significance (2.05; p=0.07).

**CONCLUSION:** These findings underscore the importance of providers promoting HIV testing among BMSM. Furthermore, understanding the role of perceived barriers and behavioral risk factors among BMSM may be beneficial in the development and implementation of HIV testing programs.

**Poster ID Number:** 030M

**Presentation Title:** Racial Disparities in Bacterial Vaginosis and Its Influence On HIV-1 Acquisition

**Author(s):** Donald Alcendor

**BACKGROUND:** Background/Objectives. Bacterial Vaginosis (BV) is caused by an infection of the vagina by a complex milieu of bacteria and is associated with multiple gynecological diseases and dysfunctions, among which is heterosexual transmission of HIV. *Gardnerella vaginalis* (*G. vaginalis*) is the predominant bacterial species associated with BV and reports suggest that it may affect the structural integrity of vaginal tissue which in turn may allow HIV to gain access to the vaginal

mucosa. BV and HIV affect women of African descent in greater proportion than other racial groups. Thus it is possible that black women have a predisposition to contracting BV, which in turn increases their vulnerability to HIV. There are limited studies addressing a mechanistic answer for this relationship and this study could begin to offer insights into this health disparity.

**METHODS:** Methods. We have designed a vaginal epithelial cell infection model using the VK2-E6/E7 squamous vaginal epithelial cell (VEC) line for exposure to pure cultures of the prototype strain of *G. vaginalis*, ATCC 14018. For our in vivo studies we utilized cervicovaginal lavages (CVLs) that were collected from OB-GYN patients attending clinics at Metro General Hospital in Nashville, Tennessee. Dual label immunofluorescent staining, confocal and transmission electron microscopy (TEM) was used to examine VEC in CVLs from BV positive patients and VEC monolayers exposed to *G. vaginalis*. Western blot analysis was performed to determine expression profiles of cellular junction proteins of VEC cells after exposure to *G. vaginalis*. Finally, to examine the global transcriptional profile of VEC after exposure to *G. vaginalis*, we performed microarrays.

**RESULTS:** Results. After exposure of the VK2-E6/E7 cell line to *G. vaginalis* we find immunofluorescence and confocal microscopy evidence that support both an uptake and internalization of this bacteria by VEC. These findings were validated by TEM which indicated the presence of *G. vaginalis* bacteria within VK2 cells. *G. vaginalis* exposure to VK2 cells also resulted in reduced expression of tight junction (TJ) proteins ZO-1 and ZO-2 with no significant change in adherens junction protein expression. After preliminary characterization of the expression profile of VK2 cells, we observed that the cytoskeletal protein vimentin was upregulated in VK2 cells exposed to *G. vaginalis*. By microarray analysis using RNA from VEC exposed to *G. vaginalis* for 1 hour we observed upregulation of a number of genes associated with inflammation. These TJ and cytoskeletal protein modifications could represent a potential mechanism for bacterial mediated uptake and internalization.

**CONCLUSION:** Conclusions/Implications. A persistent intracellular presence of *G. vaginalis* would stimulate cytokine cascades that would heighten the inflammatory state of the vaginal epithelium making it more susceptible to HIV infection. Moreover disruptions in TJ proteins may support HIV access to the vaginal submucosa. This study provides a potential mechanism to help understand increased HIV-1 transmission rates in BV positive women. Understanding abnormal vaginal bacteria/host interactions in the vaginal epithelium will allow us to determine the underlying mechanisms of *G. vaginalis* associated pathogenesis in BV that may contribute to increase risk for HIV-1 sexual transmission.

**Poster ID Number:** 031M

**Presentation Title:** HIV Risk Perception among HIV-Infected Women across Race, Education Level, and Year of Diagnosis: Reflections and Insights into Barriers to Disease Prevention

**Author(s):** Sally Bebawy; Stephen Raffanti

**BACKGROUND:** HIV disproportionately affects African American women, but racial differences in HIV risk perception have never been examined as potential explanations for the disparity. The primary aim of this study was to evaluate the association between race and I) awareness of personal risk with regards to known HIV risk factors, II) condom use, III) discussion of STDs with partners, and IV) frequency and reason for being tested. We also examined the association of education and year of diagnosis with the aforementioned variables. Finally, we sought to understand, through focus groups, the causes of risky sexual behavior among the study subjects.

**METHODS:** HIV risk perception was analyzed in a group of HIV-positive women receiving HIV care between June and August 2007 at the Comprehensive Care Center in Nashville, Tennessee. The women were given a 16-item questionnaire. The questions gauged the women's level of awareness of known HIV risk factors prior to diagnosis. We also asked how often they had used condoms, discussed STDs with their partners, or undergone serologic testing for HIV infection. The women were then invited back to discuss in focus groups their reasons for their prior risky behavior and to suggest potentially successful prevention strategies.

**RESULTS:** Nonwhite women in the study were aware that their male partners were having sex with men, but they did not recognize the associated risk of HIV infection ( $p=0.014$ ). On the other hand, women with more education were more likely to discuss STDs with their partners ( $OR=2.066$ ,  $95\%CI=0.254-0.921$ ), but no more likely to convince them to wear condoms. Women who had been diagnosed at a later date had been tested more frequently for HIV ( $OR=1.089/year$ ,  $95\%CI=1.030-1.151$ ), but there was no difference in awareness of transmission risk factors when compared to women tested at earlier dates. In the discussions with the women, major barriers to prevention included low self-esteem, marginal living conditions, and substance abuse.

**CONCLUSION:** Disclosure of MSMW behavior alone does not work to prevent transmission and must be studied in context of risk perception. In this study, non-white women were aware that their partners were having sex with other men, but unaware of the increased risk associated with having sex with that partner. Prevention strategies should therefore be focused on educating at-risk women about this specific risk behavior, rather than teaching women to identify men "on the down low."

Additional schooling contributes to a woman's ability to discuss STD risk behavior with partners, but does not make a difference regarding sexual behavior. Education was unable to empower them to protect themselves when it really counted, which indicates that there may be another barrier at work.

A lack of risk awareness persists despite successful efforts to screen for HIV. We found that subjects diagnosed in later years reported more frequent HIV testing prior to diagnosis but there was no increase in awareness over time. There may have been a subconscious increase in awareness that the survey could not detect, but this finding still highlights the lingering need to provide more specific education addressing specific risk factors.

**Poster ID Number:** 032M

**Presentation Title:** “I got a baby’s daddy, but I got friends, too”: Investigating Heterosexual African Americans’ Relationships

**Author(s):** Elizabeth Webb; Seth M. Noar; Stephanie Van Stee; Sonja Feist-Price; Richard Crosby; Adewale Troutman

**BACKGROUND:** The purpose of the current investigation was to contextualize the sexual relationships and risk behaviors of heterosexually active African Americans.

**METHODS:** Thirty-eight subjects (20 females and 18 males) aged 18-44 were recruited in a large city in the Southeast to participate in focus group discussions exploring sexual partnerships, general condom perceptions, and condom negotiation.

**RESULTS:** Results indicated that subjects distinguished among at least three partner types – one-night stand, “regular” casual partner, main partner. Partner types were found to shape and influence types of sexual behaviors, perceptions of risk and condom use, condom negotiation. Participants also shared general perceptions about condoms and elucidated situations in which intentions to use condoms were not realized. Gender differences emerged in many of these areas.

**CONCLUSION:** The findings from this study provide both intriguing avenues for future research as well as important data that can be used to inform the development of novel interventions for promoting safer sexual behaviors among heterosexual African Americans. Future studies should further investigate some of the complexities and contradictions that are inherent in African Americans’ heterosexual relationships, including 1) how types of partners are socially constructed and how sexual behaviors tend to vary according to partner type; 2) how self efficacy and communication skills can be enhanced in order to increase condom use in the context of both main and casual sexual partnerships; and 3) how gender influences perceptions of sexual partners, risk behaviors and condom use. Studies that address these topics will provide invaluable knowledge that can be used to inform the development of efficacious interventions that are responsive to the cultural norms and unique needs of this high-risk population.

**Poster ID Number:** 033M

**Presentation Title:** Characteristics of Black and Latino MSM Who Have Male-to-Female Transgender Sexual Partners

**Author(s):** Lisa Bond; Jennifer Lauby

**BACKGROUND:** Male-to-female transgender women (TGW) report high rates of HIV-related sexual and drug risk behaviors. Although most sexual partners of TGW are male, few studies have examined the characteristics of male partners of TGW. In this analysis, we compare the sociodemographic and HIV risk characteristics of Black and Latino men who have sex with men (MSM) who have sex with TGW (MSMTGW) to Black and Latino MSM who do not report sex with TGW, and examine racial differences between MSM who do and do not report sex with TGW.

**METHODS:** 1154 Black MSM in Philadelphia and New York City and 1084 Latino MSM in New York and Los Angeles were recruited through respondent driven sampling to take an ACASI-based survey and HIV test. Eligibility criteria included age 18 years or over, sex (oral, anal) or mutual masturbation with a man in the past year, residence in study cities and meeting the race/ethnicity and language requirements of study sites. HIV-positive, HIV-negative, and HIV-unknown-status men were eligible. Men identifying as transgender were excluded. 1819 MSM (870 Latino; 949 Black) who had male, female or TGW partners in the past 3 months are included in this analysis. Chi-square tests were conducted to examine differences between subgroups.

**RESULTS:** Among Latinos, 7% were MSMTGW, 7% had both male and female partners and no TGW partners (MSMW), and 86% had male partners only (MSM) in the past 3 months. Among Blacks, 13% were MSMTGW, 29% MSMW, and 58% MSM in the past 3 months.

MSMTGW reported lower income and educational attainment than MSMW and MSM. Among Latinos, MSMTGW (52%) were more likely to have ever been incarcerated than MSMW (42%) or MSM (29%). Among Blacks, MSMTGW (73%) and MSMW (78%) were more likely to have ever been incarcerated than MSM (55%).

MSMTGW (73% Latino; 75% Black) were more likely than MSMW (48% Latino; 49% Black) and MSM (56% Latino; 61% Black) to report unprotected anal or vaginal sex with male, female or TGW partners in the past 3 months. MSMTGW (27% Latino; 24% Black) were more likely than MSMW (11% Latino; 13% Black) and MSM (6% Latino; 16% Black) to have paid for sex with a man in the past 3 months. Among Black men, MSMTGW (38%) were more likely to have received money for sex than MSMW (21%) and MSM (19%).

Black (34%) and Latino (22%) MSMTGW were more likely than MSMW and less likely than MSM to self-report being HIV-positive. Among Latinos, MSMTGW (9%) were more likely to test HIV-positive for the first time through the study compared to MSMW (5%) and MSM (3%). Among Blacks, MSMTGW (12%) were more likely than MSMW (7%) to test positive for the first time.

**CONCLUSION:** Black and Latino MSM/GW are at great risk for the acquisition and transmission of HIV with male, female or transgender partners. There is an urgent need to further examine the HIV risk of this population and develop effective interventions to reduce risk from and to their sexual partners.

**Poster ID Number:** 035M

**Presentation Title:** Immigrant Religious Institutions as Potential Partners in Providing HIV Prevention Education

**Author(s):** Min Ying Li; John J. Chin; Po-Chun Chen

**BACKGROUND:** MMWR reported that among all racial/ethnic groups, Asians and Pacific Islanders (APIs) had the largest percentage increase in HIV/AIDS diagnosis rates from 2001 to 2004. In API immigrant communities, where language and cultural barriers are persistent, religious institutions play an essential role in providing emotional and social support, social services, information, and connections to employment opportunities. Religious institutions are also influential due to the respect and trust engendered by their traditional role as authorities on values and appropriate behavior. Their multi-faceted role of being both providers of services and protectors of values places them in a unique position to challenge misinformation about HIV/AIDS, or alternatively to promote continued silence and stigmatization in API communities. To explore religious institutions' potential role in HIV prevention in immigrant communities, we are conducting a comprehensive study of religious institutions in the Chinese immigrant community in New York City (NYC) (NIH Grant Number R01HD054303).

**METHODS:** In the study's first phase, which was recently completed, religious institutions were enumerated through published institution listings, internet searches and field visits to NYC's three Chinatowns (in Manhattan, Brooklyn and Queens). GIS mapping of the institutions was conducted to assess their reach and role in the Chinese immigrant community. From the institutions identified, a random sample was selected for a telephone survey, which collected information on the religious institutions' basic characteristics; involvement in health-related activities, particularly HIV-related activities; and acceptability of HIV-related involvement.

**RESULTS:** A total of 185 Chinese religious institutions were identified and verified: 60.5% were Christian churches, 30.8% were Buddhist temples, and 8.6% were of other Asian religions (e.g., Taoist). Twenty-one percent (21%) of religious institutions that were not in any public listings were discovered through field visits, suggesting the importance of visual inspection in the field in enumerating immigrant religious institutions. Findings from the telephone survey indicate that Christian churches tend to have more members than Buddhist temples (mean membership of 193 versus 165) and have a longer history of establishment (mean founding year 1972 versus 1985). Of the Chinese Christian churches, 84% had provided at least one health-related service in the last 5 years, as compared to 56% for Buddhist temples and 17% for institutions of other Asian religions. Among institutions providing health-related activities, the activities ranged from organizing health fairs and health workshops to providing diabetes/blood pressure screening. Twenty-three percent (23%) of Christian churches, 12% of Buddhist temples and none of the other religious institutions had provided HIV-related services, which included religious talks on HIV and HIV education. Regarding organizational involvement in HIV-related activities, 39% of Christian Churches, 40% of Buddhist temples and 83% of institutions of other Asian religions reported that 50% or more of their membership would support involvement.

**CONCLUSION:** The documentation of the number and basic characteristics of religious institutions serving the Chinese immigrant community in NYC, as well as some basic information on their views on acceptability of involvement in HIV prevention activities, contributes to our understanding of the potential role of religious institutions in HIV prevention in immigrant communities.

**Poster ID Number:** 036M

**Presentation Title:** Risky Behaviors of HIV-Infected Heterosexual Men Compared with HIV-Infected Men Who Have Sex with Men

**Author(s):** Niasha A. Brown, MA; Carol Golin, MD; Chirayath M Suchindran, PhD; Catherine Grodensky, MPH; Sarahmona Pryzbyla; Andrea Wong; Zulfia Chariyeva, MPH

**BACKGROUND:** While HIV/AIDS prevention is discussed in research, policy, and media, the dominant focus has been on HIV+ men who have sex with men (MSM), bisexual men, and heterosexual women, with little attention given to men who only have sex with women (MSW). Research suggests that disclosure of one's serostatus to sexual partners can influence sexual behaviors of HIV-infected persons. Among women and MSM a variety of factors have been found to influence serostatus disclosure and sexual behaviors; however, additional research is needed among MSW to better understand factors related to disclosure and transmission risk behavior.

**METHODS:** We used audio computer-assisted self interview (ACASI) baseline data from "SAFETALK," a randomized controlled trial evaluating a safer sex counseling intervention at three sites among PLWHA in North Carolina. We surveyed participants about sociodemographic characteristics; disclosure experiences and attitudes; perceived HIV transmission risk; HIV stigma related to disclosure concerns and personalized stigma; and sexual behavior in the past 3 months including unprotected anal/vaginal intercourse with partners of any HIV status (UAVI), UAVI with at-risk partners (transmission risk behavior, TRB),

abstinence from anal/vaginal intercourse, and proportion of anal/vaginal sex acts protected with a condom. We also coded qualitative counseling session data for men receiving safer sex counseling to determine whether participants chose to discuss disclosure. We ran descriptive statistics for MSWs and conducted Chi-Square and t-tests to determine statistical differences between MSWs and MSMs.

**RESULTS:** Of 314 male participants, 59% were MSM and 41% MSW. MSW were significantly older than MSM (mean age MSW: 44, MSM: 27;  $p < 0.0001$ ) and more likely to be African American (MSW: 81%, MSM: 59%;  $p < 0.0001$ ), married (16% vs. 7%;  $p = 0.0002$ ), unemployed (72% vs. 57%;  $p = 0.0020$ ), have less than high school education (33% vs. 11%  $p < 0.0001$ ), and make  $< \$20K$  per household annually (90% vs. 72%;  $p = 0.0002$ ). Of 57 MSW receiving safer sex counseling, 46% chose to discuss disclosure (disclosure to sexual partners 26%); rates were not different for MSM. Most MSW rated disclosure to new partners as very/extremely important (91%) and 41% experienced stress from disclosing in the past 6 months, with no differences between MSM and MSW. More MSW reported high (MSW: 51%, MSM: 36%) or no likelihood (MSW: 11%, MSM: 4%) of transmitting HIV with their current viral load, whereas more MSM reported medium (MSW: 22%, MSM: 27%) or low likelihood (MSW: 14%, MSM: 32%;  $p = 0.0004$ ). MSW did not differ from MSM in levels of personalized stigma or disclosure concerns. MSW were less likely to report UAVI than MSM ( $p = 0.0251$ ), but did not differ in abstinence or TRB. MSW reported significantly higher proportions of protected sex acts with any partner than MSM (mean proportion MSW: 0.57, MSM: 0.69;  $p = 0.0436$ ), but did not differ in proportion of protected sex acts with at-risk partners.

**CONCLUSION:** We found significant differences in sociodemographic features, attitudes, beliefs and risk behaviors, including those related to serostatus disclosure and sexual risk taking between HIV-infected MSM and MSW. Interventions to reduce risk behaviors and enhance disclosure must take these differences into account.

**Poster ID Number:** 037M

**Presentation Title:** Differences in Predictors of Risk Behavior Among HIV-Infected Homosexual Men, Heterosexual Men and Women

**Author(s):** Carol E. Golin, MD; Catherine Grodensky, MPH; Chirayath Suchindran, PhD; Andrea J. Wong, MS; D. Leann Long, MS; Jennifer S. Groves, MBA; Sarahmona M. Przybyla, MPH; Zulfia Chariyeva, MPH; Jo Anne Earp, PhD

**BACKGROUND:** Few studies have examined whether HIV-positive people who feel more confident about practicing safer sex, perceive more HIV-related stigma, report more alcohol use, or have greater emotional well-being are less likely to engage in risky sexual behavior. We set out to answer this question for men who have sex with men (MSM), heterosexual men (MSW) and heterosexual women (WSM) for two groups: those with and without an at-risk partner.

**METHODS:** We enrolled 490 sexually active HIV-infected patients at one of three North Carolina clinics that are part of SAFETALK, a randomized controlled trial of a safer sex counseling intervention. Using baseline audio computer-assisted self interviews completed 7/06-5/08, we assessed: 1) unprotected anal/vaginal intercourse with any partner (UAVI) and with at-risk partners [transmission risk behavior (TRB)] in past 3 months; 2) psychosocial characteristics, including emotional well-being, stigma and safer sex self-efficacy; 3) alcohol and drug use in past 3 months; and 4) age, race/ethnicity, education, and income. We categorized participants as MSW, MSM, or WSM by gender of reported sexual partners or, if no sexual partners reported, self-reported sexual identification. We used Chi Square, Cochran-Mantel-Haenszel, or Kruskal Wallis tests to detect differences between MSW/MSM/WSM subgroups, and multivariate logistic regression with interaction variables to determine whether emotional well-being, safer sex self-efficacy, stigma, and alcohol use predicted UAVI and TRB differently in the MSW/MSM/WSM subgroups.

**RESULTS:** Our sample was 38% MSMs, 26%MSWs, and 32%WSMs; they were poor (54%  $< \$10,000$  annually), poorly educated (24%  $< HS$ ) and predominantly African American (71%). Twenty-one percent engaged in UAVI, 12 % TRB. Greater safer sex self-efficacy and emotional well-being each predicted a lower likelihood of UAVI and TRB for all groups ( $p < .005$ ), with no differences by group. Neither alcohol use nor stigma were associated with UAVI or TRB for any group. UAVI, TRB, stigma, self-efficacy, emotional well-being and drug use did not differ for MSW/MSM/WSM subgroups. However, group differences did emerge in alcohol use (63% MSW; 72% MSM; 42% WSM  $p < 0.0001$ ), African American race (81% MSW; 59% MSM; 77% WSM:  $p < 0.0001$ ), age ( $< 0.0001$ ), education ( $p < 0.0001$ ), and income ( $p = 0.0003$ ). Controlling for self-efficacy and age, MSM, but not MSW, were more likely than WSM to engage in UAVI (OR: 2.659, CI: 1.568-4.50) and TRB (OR: 2.087, CI: 1.095-3.980). The picture was similar for emotional well-being and age for UAVI (OR: 2.352, CI: 1.425-3.882) and TRB (OR 1.912, CI: 1.016-3.598). In models controlling for stigma, alcohol use, and age, we also found MSM were twice as likely to engage in UAVI and TRB as WSM.

**CONCLUSION:** Our sample was 38% MSMs, 26%MSWs, and 32%WSMs; they were poor (54%  $< \$10,000$  annually), poorly educated (24%  $< HS$ ) and predominantly African American (71%). Twenty-one percent engaged in UAVI, 12 % TRB. Greater safer sex self-efficacy and emotional well-being each predicted a lower likelihood of UAVI and TRB for all groups ( $p < .005$ ), with no differences by group. Neither alcohol use nor stigma were associated with UAVI or TRB for any group. UAVI, TRB,

stigma, self-efficacy, emotional well-being and drug use did not differ for MSW/MSM/WSM subgroups. However, group differences did emerge in alcohol use (63% MSW; 72% MSM; 42% WSM  $p < 0.0001$ ), African American race (81% MSW; 59% MSM; 77% WSM:  $p < 0.0001$ ), age ( $< 0.0001$ ), education ( $p < 0.0001$ ), and income ( $p = 0.0003$ ). Controlling for self-efficacy and age, MSM, but not MSW, were more likely than WSM to engage in UAVI (OR: 2.659, CI: 1.568-4.50) and TRB (OR: 2.087, CI: 1.095-3.980). The picture was similar for emotional well-being and age for UAVI (OR: 2.352, CI: 1.425-3.882) and TRB (OR 1.912, CI: 1.016-3.598). In models controlling for stigma, alcohol use, and age, we also found MSM were twice as likely to engage in UAVI and TRB as WSM.

**Poster ID Number:** 038M

**Presentation Title:** The Burden of STI/HIV/Aids Among Female Sex Workers in an Informal Settlement, Mukuru, Kenya

**Author(s):** Prof. Fran Priddy; Donna Smith; Tina Hoang; Prof. Ndinya Achola

**BACKGROUND:** Women in Africa continue to bear the double burden of STIS/HIV /AIDS unabated. Despite the intensity and widespread advocacy for Behaviour Communication Models in Kenya, women top the list of new infections each year. Besides, sex workers are marginalized which inhibits their access to treatment and care. It is against this background that the University of Nairobi, department of Medical Microbiology in collaboration with Emory University embarked on the development of a Microbicide cohort in Mukuru informal settlement. The purpose of this cohort was to provide a non-stigmatizing environment where sex workers can meet regularly for education, access condoms, testing and treatment at no cost.

**METHODS:** Female sex workers were recruited by community health workers who visited bars and brothels in Mukuru and invited the women to the study location to learn about the study. Study information and procedures were discussed in a formal and informal settings prior to obtaining written consent. Willing and consenting participants were scheduled for enrollment visit, during this visit, risk assesment, medical history and pelvic examination were done. Vaginal and blood samples were taken for STI profile, participants with positive laboratory results were recalled after two weeks. All participants were followed up at month 1, month 3 and at 6 months. Syndromic approach was used in the management of STIs.

**RESULTS:** In a one year period, 200 female sex workers were enrolled for study. 67% of sex workers were young aged between 18-30 years, with a mean age of 28. 45% of Female Sex Workers had no formal education with an average income of 100 shillings per day. They reported three clients per day with the earliest sex debut being 9 years. 53.8% said they never used condoms with primary partners during vaginal sex. Among those who engaged in anal sex 60% never used condoms. HIV prevalence was 11.3% in this cohort, a figure double that reported in the general population. 51.6% had positive tests for Bacterial Vaginosis, Candida and Trichomonas Vaginalis. 18.2% had PID. 34% of the women were pregnant during the first year of study even though family planning service was available. In the same period 3% of the sex workers sero converted. 94 % retention rate was recorded in this cohort; relocation was the main reason for loss to follow up.

**CONCLUSION:** This study acknowledges that the sex workers in this cohort are at higher risk of HIV infection and unwanted pregnancies. Such an observation indicates that Kenya just like the rest of the world urgently needs a microbicide to stop this unprecedented crisis. This study also presents the voices of many women with a strong desire for a microbicide with dual action, providing family planning as well as STI/HIV prevention options.

Key words: Human Immunodeficiency syndrome, sex work and risk characteristics

**Poster ID Number:** 039M

**Presentation Title:** How Black Men Who Have Sex With Men Cope with Homophobia and Racism (BMSM)

**Author(s):** Talange Guy

**BACKGROUND:** The purpose of this study was to understand how(BMSM) learn to cope with homophobia and racism.

Research questions that guided this study are:

1. How have BMSM experienced homophobia and racism?
2. How have BMSM coped with issues such as homophobia and racism?
3. How have BMSM learned their coping strategies in dealing with homophobia racism?

This qualitative research study seeks to provide public health practitioners with an understanding of the issues (BMSM) face in a homophobic and racist society. Some of these issues include racism, homophobia, HIV/AIDS, the down-low, and the Black church's homophobic stance on homosexuality. This study illuminates the role oppression plays in the lives of BMSM and the learning strategies used to cope with these stresses.

There is almost no scholarly literature related to BMSM at the intersection of homophobia and racism. Some of the literature related to this topic mostly pertains to White homosexual males and only occasionally mentions the experiences of BMSM.

This research provides some insight into the lived experiences of BMSM and serves to promote insight into how the unique coping strategies this group utilizes could benefit others. These stories reflect the positive attributes of this group, illustrating the strengths, resilience, and tenacity exhibited in the face of enormous adversity.

**METHODS:** A qualitative study was conducted with thirteen BMSM in Atlanta, Georgia using semi-structured interview protocols in one-on-one interviews. A purposeful sampling strategy was employed and participants were selected using the following criteria: 1) self-identify as Black or African American; 2) between 21 and 55 years, 3) self-identify as gay. Each interview was tape recorded and transcribed verbatim.

**RESULTS:** Data were analyzed employing constant comparative methods and yielded eight themes: BMSM face oppression within their own communities; BMSM experience real life racism; BMSM realization of same sex attraction; BMSM challenge homophobia and racism; BMSM use social networks as a coping strategy; BMSM learn to teach acceptance; BMSM learn to accept their sexual orientation, and BMSM learn to define masculinity on their own terms. Participant profiles were used as additional data to help provide a more personal perspective on the participants.

**CONCLUSION:** Three conclusions were drawn from this study. They are; (1) many of the coping strategies used by BMSM are achieved through non-formal channels of learning; (2) there is a substantial congruency between BMSM's spirituality and their sexual orientation; and (3) BMSM incorporated emancipatory learning through consciousness raising regarding their sexual orientation and outlook on life.

Implications: Findings in this research illuminate numerous implications for public health. Firstly, Homophobia and racism are deep-rooted in the American psyche. Compared to other ethnic groups, the Black community is extremely homophobic against its gay brothers and sisters. This study represents an opportunity to explore this understudied phenomenon and potentially provide information on how these men cope in this quagmire. Ultimately, it may help promote a greater sense of self-acceptance and self-actualization among BMSM and provide an opportunity for the larger community to view these men from a more compassionate and understanding lens in helping them deal with issues such as HIV/AIDS.

**Poster ID Number:** 040M

**Presentation Title:** An Innovative Online HIV Prevention Campaign for MSM on World AIDS Day 2008

**Author(s):** Mary Ann Chiasson, DrPH; Francine Shuchat Shaw, Ph.D.; Scott Miller; Todd Ahlberg

**BACKGROUND:** In spite of decades of traditional HIV-prevention campaigns and messages aimed at heightening awareness of the danger of HIV infection, a new generation of young, gay men now believes that getting infected with HIV is no longer a serious threat. We used a digital-age approach to HIV / STI awareness to design a comprehensive multi-media World AIDS Day event based on HIVBigDeal online prevention videos.

**METHODS:** On World AIDS Day 2008, MANHUNT, a popular sexual meeting Web site and industry leader in promoting sexual health, coordinated a broadcast e-mail to English-speaking members worldwide to promote HIV/STI education and prevention among MSM online.

**RESULTS:** Broadcast e-mail recipients were encouraged to visit various campaign partner Web sites to view the HIVBigDeal prevention videos, the IN THE LIFE documentary, and learn HIV / STI testing referral information. The three campaign Web sites were HIVBigDeal.org, InTheLifeTV.org, and MANHUNTCares.org. The HIVBigDeal prevention videos combine the popularity of online video with the power of research-based adult learning strategies. An evaluation of the videos has shown that men were significantly more likely to disclose their HIV status and get tested for HIV after watching the videos. In the Life Media's nationally broadcast series documenting the gay experience, IN THE LIFE, aired a television episode highlighting the HIVBigDeal research project / videos and featured a segment from this documentary on program's Web site [www.InTheLiveTV.org](http://www.InTheLiveTV.org) (American and Canadian members could also find out when the IN THE LIFE television episode would be on air on their local public television stations.)

**CONCLUSION:** From December 1 – 7, 2008, broadcast e-mail and Web site data were analyzed using Google analytics. The broadcast e-mail was opened by 214,580 members and resulted in 26,025 (13%) unique visitors to one of the three Web sites. Worldwide visitors were from the US 62%, Australia 16%, UK 10%, Canada 7%, and South Africa 2%. HIVBigDeal videos were viewed a total of 25,817 times.

Additional stats: InTheLifeTV.org statistics revealed 677 (17% of n= 4,025) viewed the online documentary. Neilson data on PBS viewership was not yet available but will be presented. MANHUNTCares.org statistics revealed 1,232 (15% of n=8,402) sought information on testing resources; 272 - CDC National HIV Testing database, 303 - GLMA.org, and 293 – home-based testing resources (12/1 only) while 364 visited health providers outside the US. Analysis of Web site and e-mail campaign specific feedback revealed overall support of this event.

This unique partnership between researchers, a social networking site, and a traditional media project used a proven online HIV intervention combined with online social marketing to reach an international community of MSM. Future collaborations between for-profit gay social networking sites and non-profit sites that provide online HIV/STI education and HIV/STI interventions have the potential to improve the sexual health of MSM worldwide. While the US has well-known national HIV / STI testing

resources, GLBT doctor referral database, and FDA-approved home-based HIV testing, less is known about the availability of these resources in other countries. An international database of HIV / STI resources may improve future campaigns.

**Poster ID Number:** 041M

**Presentation Title:** The Southern AIDS Living Quilt : Increasing Awareness of HIV Among Women in the South

**Author(s):** Holly Watkins

**BACKGROUND:** The Centers for Disease Control and Prevention (CDC) in 2006 recommended routine HIV testing in all healthcare facilities. This recommendation came amidst estimates that as many as one quarter of the 1.2 million Americans with HIV are unaware of their status and present a higher risk of spreading the disease.

Since March 2002, more than 36,000 people have died of AIDS in the South as estimated by the CDC. The African-American community continue to be disproportionately affected by this disease.

**METHODS:** This project was launched in July 2008 and is conducted online. It focuses on women living in the South.

**RESULTS:** In an effort to reduce the number of undiagnosed Americans, the on-line Living Quilt Project utilizes first-person testimonials focusing on women living with or impacted by HIV and AIDS in the south. The website will evolve as additional stories are shared. This project utilizes audio, video and social networking to promote these testimonials and other educational resources on HIV and AIDS, encouraging routine screening and early diagnosis.

Stories for the project were collected during interview sessions at local HIV and AIDS and STD clinics and AIDS conferences. Stories were collected in the southeastern United States. Each participant was asked to share their story of infection, diagnosis, treatment and share the overall impact HIV is having in their lives.

**CONCLUSION:** The Living Quilt project is the first web-based platform dedicated to sharing stories about HIV-positive women and their communities in the southern United States. Each of these stories encourages others to know their status through routine screening, draws attention to the south as an epicenter of HIV and AIDS, provides HIV and AIDS resources and will eventually reduce stigmas associated with the disease. Almost 50 stories have been collected since July 2008.

**Conclusions:** The Living Quilt Project empowers women to share their stories of life on the frontlines with HIV and AIDS.

These first-hand accounts highlight the importance of routine testing and educational efforts to reduce new transmissions and provide access to care for those in need.

**Poster ID Number:** 042M

**Presentation Title:** Perceived Social Support and Risky Sexual Behavior: Are We Addressing What We Need to Address?

**Author(s):** Jessica Lyons; Melvin Breaux; Jenese McCarroll; Cory Roberts; Jasmyne C. Lyons

**BACKGROUND:** There is substantial literature to show the positive effects of social and emotional support. Project C.O.P.E. (Community Outreach Prevention and Education) investigated whether young African American college age women were more likely to engage in risky sexual behavior as a substitute for lack of family and social support.

**METHODS:** During Tennessee State University 2008 Homecoming, we conducted surveys on 105 African American women between the ages of 18 and 24 to determine if those with higher support systems engaged in less risky sexual behavior. To compare differences we also collected data on 33 men. The Sexual Sensation Survey was used to determine risky sexual behavior and the Multidimensional Scale of Perceived Social Support was used to determine the degree of social and emotional support.

**RESULTS:** Primary findings indicate of the 105 women surveyed 81% agreed that they have a special person (family or friend) that provided emotional help and support. Although 19% had lower scores of social support they were less likely to have multiple sexual partners and when it came to sex, thought how well they knew the person was more important than the physical attraction. Overall 75% of both sampled populations liked uninhibited sexual encounters and reported using condoms at least 50% of the time. Although 64% of the men surveyed enjoy sex without a condom, 49% of women also like sex without condoms. Just as many women as men surveyed enjoy x-rated videos and new and exciting sexual experiences.

**CONCLUSION:** Of the young African American college women surveyed, the majority of them reported strong social and emotional support from their family and friends but still engaged in risky sexual behavior. Our data supports that HIV risky behavior thoughts, feelings and experiences may be the same for men and men. If we are going to address the disproportioned contraction of HIV in African American women and change behavior in the new millennium; prevention measures must be innovative, up to the minute and inclusive of "all the rage" whether we accept it or not.

**Poster ID Number:** 043M

**Presentation Title:** Impact of HIV Status and Geographic Location on Recruitment of MSM Social and Sexual Networks

**Author(s):** Michele Demers, MPH; Molly M. Stapleton; Carol E. Golin; Derrick D. Matthews; Adaora A. Adimora; Lisa B. Hightow-Weidman

**BACKGROUND:** Social and sexual networks of men who have sex with men (MSM) recently diagnosed with HIV infection have been identified as important potential targets for HIV prevention interventions. Understanding how best to identify these networks will help inform the development of such interventions.

**METHODS:** Social Networks and Partnerships (SNAP) is a feasibility study that uses respondent-driven sampling to collect information about participant behaviors, psychosocial characteristics, and social and sexual partnerships of MSM. Index participants (n=47) are HIV-negative MSM (HIV-) (n=30) and HIV-positive MSM (HIV+) with recently acquired infection (acute HIV infection or HIV acquisition in the past year) (n=17). Index participants were recruited using the Internet, community flyers, and HIV care provider referrals. All participants completed an automated computer assisted self-interview (ACASI) and provided interviewer-obtained information about people in their social and sexual network. Index participants were then asked to recruit members of their social and sexual networks (3 social friends and last 3 sex partners, or last 3 sex partners before diagnosis of HIV) to participate in the study.

**RESULTS:** Among our sample of index participants, 43.3 % of HIV- (n=13) recruited 19 members from their social and sexual network, and 23.5% of HIV+ (n=4) recruited 5 members from their networks to participate in the study. Regardless of HIV status, participants were more likely to recruit members from their social networks than sexual networks. Of network participants recruited by HIV- MSM, 89.5% (n=17) were from their social and 10.5% (n=2) were from their sexual networks. Similarly, of participants recruited by HIV+ MSM, 80.0% (n=4) were from their social and 20.0% (n=1) were from their sexual networks. Among index participants, 3% of HIV- (n=1) and 41% of HIV+ MSM (n=7) live outside of the study site, North Carolina's "Triangle" region (Wake, Orange, and Durham Counties). Of these, 0% of HIV- and 14% of HIV+ MSM participants who lived outside of the "Triangle" recruited someone from their sexual or social network. In contrast, 45% of HIV- and 30% of HIV+ who live within the "Triangle" recruited members of their social and sexual networks.

**CONCLUSION:** These preliminary analyses suggest that HIV status and geographic distance from the study site influence participants' ability to recruit members of their social and sexual networks. These findings indicate that implementation of network-related HIV interventions will need to use innovative methods to overcome barriers including difficulties recruiting from sexual networks and HIV related stigma.

**Poster ID Number:** 044M

**Presentation Title:** Differences in Thoughts Associated with Unprotected Anal Intercourse Between HIV+ and HIV- MSM

**Author(s):** Matthew D. Skinta, Ph.D.

**BACKGROUND:** Understanding the cognitive events the lead up to high HIV transmission risk sex between men is important in guiding both prevention and public health efforts, as well as direct clinical care of men who have sex with men (MSM). We have explored these self-justifications successfully in past research with HIV- MSM, and are currently in the process of a randomized-controlled trial applying the same intervention to a sample of HIV+ MSM. We have repeated a previously published analysis of self-justifications among high risk HIV- participants with those of our current HIV+ MSM sample to determine if there are differences between them.

**METHODS:** As part of a primary intervention to reduce high transmission risk sex among HIV- and HIV+ men who have sex with men (MSM), we asked 286 men to recall their thought processes at the time they last had unprotected anal intercourse with a partner whose serostatus was unknown or discordant. Data were coded and analyzed using MS Excel and the Statistical Package for the Social Sciences (SPSS).

**RESULTS:** A number of major differences were apparent between the self-justifications cited by HIV- and HIV+ MSM. Among the 124 HIV- men who participated, the most commonly endorsed single response was "I want to have unprotected sex because it feels good" (76%). For scaled items, the most strongly endorsed themes among HIV- MSM were (1) that condoms reduce sexual pleasure, (2) fatalism or leaving it to chance, and (3) loss of control. Among 162 HIV+ men who participated, the most commonly endorsed single response was "I thought to myself something like: 'Since he hasn't asked me if I'm positive, I figure he's positive too'" (69%). For scaled items, the most strongly endorsed themes among HIV+ MSM were (1) assumptions about partner's behavior and serostatus, (2) deferred responsibility with regard to HIV transmission, and (3) unprotected sex satisfying some emotional need.

**CONCLUSION:** Among MSM engaging in unprotected anal intercourse in San Francisco, the justifications for engaging in condomless sex differ by serostatus. Our data supports the development and implementation of differential strategies for prevention messages and counseling strategies when working with high transmission risk MSM. HIV- men report erring more on the side of having pleasurable and spontaneous intercourse, which interferes with condom use, whereas HIV+ men's justifications focus on deferred responsible and unspoken assumptions about their partner's serostatus based on the type of sex that is engaged in.

**Poster ID Number:** 045M

**Presentation Title:** Birds of a Feather: Latent Class Analysis (LCA) of Recruitment Patterns Among Injection Drug Users

**Author(s):** Chris Nemeth; Carol-Ann Watson; charlene weng; Dr. Lou Smith

**BACKGROUND:** An established benefit of peer driven interventions (PDI) is that members of high risk groups are best suited to identify and recruit other high risk group members. Though PDI appears a promising and cost efficient innovation, detailed understanding is needed of recruitment processes and outcomes. This research uses LCA to explore the relationship between peer recruitment and underlying patterns of treatment utilization and injection risk behaviors among IDUs in a suburban setting.

**METHODS:** Data was taken from the 2005 National HIV Behavioral Surveillance project on Long Island, New York. Eligible participants were >18 years and injected illicit drugs in the past 12 months. Participants were recruited by peers via respondent driven sampling (RDS); interviews were conducted by trained staff using a standardized questionnaire. Latent class structure was determined from 14 items on treatment utilization and risk behaviors. Social network analysis was used to identify and depict recruitment patterns.

**RESULTS:** Of 472 participants, 48% self-reported as Black, 27% as White, 18% as Hispanic, and 7% as other. The mean age was 43 years; 58% were males. Approximately 63% injected drugs daily and 61% consumed >4 or 5 drinks > 1 occasion during the past 12 months. For the same period, 31% reported participating in drug or alcohol treatment programs.

G2 and BIC statistics suggest that the data best fit a three-class model. Class1 was characterized by high levels of treatment utilization with high levels of drug/alcohol related risk behaviors (class membership probability, CMP=14%). Class2 also showed high levels of drug/alcohol related risk behaviors, but only limited treatment utilization (CMP =30%). Class3 represented very little program utilization with moderate levels of drug/alcohol related risk behavior (CMP=56%).

The social network data had 5 components (recruitment chains) with >2 recruits. We observed high homophily/preferential recruitment (~ 30%) within the 3-class structure; IDUs formed networks as though 30% of ties were to members of their latent class, while 70% of ties were formed independent of class through random mixing. IDUs within the largest component primarily recruited other lower risk injectors (87% Class3). In contrast, in each of the 4 remaining components >75% of injectors belonged to the higher risk Class1 and 2.

**CONCLUSION:** The peer referral sampling methodology RDS was effective for recruiting diverse members of this high risk population. We successfully identified 3 distinct drug/alcohol user profiles using LCA for simultaneous consideration of multiple behavioral outcomes. Our analysis indicates that within this latent class structure there is a strong tendency for IDUs to recruit others with similar treatment utilization patterns and injection risk profiles; homophily is on par with previous findings for race.

These preliminary findings suggest that LCA may be a valuable tool for assessing and understanding peer recruitment as it relates to social networks, recruitment patterns, and respondent 'types' within communities of interest. Such information has the potential to inform evaluations of PDI including assessment of varied incentive structures, peer recruiter characteristics, and initial outreach messages.

**Poster ID Number:** 046M

**Presentation Title:** An Examination of the Role of Social Networks and Social Norms on Shooting Gallery Attendance

**Author(s):** Melissa Davey-Rothwell; Carl Latkin

**BACKGROUND:** Shooting galleries are physical and social settings that facilitate high-risk injection practices of drug users. Research on the characteristics of the social networks of shooting gallery attenders is sparse. The purpose of this study was to compare the social network characteristics of active injection drug users by shooting gallery attendance. Additionally, we examined the influence of perceived HIV injection risk norms of social network members on shooting gallery attendance.

**METHODS:** Data for the study came from 842 active injection drug users who completed the baseline survey of the STEP into Action Study, a longitudinal HIV prevention study conducted in Baltimore in 2004. Participants completed a behavioral risk assessment which included questions about drug use history, attending a shooting gallery in the prior 6 months and perceived norms about HIV risk of peers. A social network inventory was used to collect information about the structure and composition of the participant's social, drug use and sex network.

**RESULTS:** Of the 842 active injection drug users, 293 (35%) reported shooting gallery attendance in the prior 6 months (attenders). Social networks of attenders were larger (9 versus 8;  $p=0.001$ ), with a greater number of injectors (4 versus 3,  $p<0.001$ ) and had greater overlap of the drug and sex network, compared to non-attenders. Networks of attenders were on average younger and less dense, indicating that fewer networks knew each other. Attenders were more likely to perceive that their peers were engaging in injection risk behaviors compared to non-attenders. Attenders were also more likely to perceive that their peers would disapprove of risky behaviors.

**CONCLUSION:** Data from this study demonstrate that social network structure and influence is associated with shooting gallery attendance. Shooting galleries may facilitate network mixing patterns that increase HIV transmission. Social-network HIV prevention interventions within shooting galleries or among attenders may be effective at reaching a greater number of injectors and changing norms about risk within these networks.

**Poster ID Number:** 047M

**Presentation Title:** Challenging the Status Quo: PLWHA Strategize to Reduce Stigma & Promote HIV Testing

**Author(s):** Tiffany M. Cummings Aholou; Tanisha Grimes; SU-I HOU

**BACKGROUND:** AIDS-related stigma remains an impediment to effective HIV prevention efforts. For example, despite the benefits of early HIV detection, linkage to medical care, and risk behavior modification, it is estimated that roughly 250,000 people are unaware of their HIV status. This is particularly alarming in the Deep South region of the US, where the incidence of HIV/AIDS is growing at startling rates, especially in rural and small town communities. Moreover, research shows that AIDS-related stigma in the South is often perpetuated by social and religious conservatism. This presents the need to continuously identify practical strategies that can reduce stigma while also promote HIV testing and other prevention efforts. In this study, we explore such strategies from the perspective of people living with HIV/AIDS in the Deep South.

**METHODS:** An exploratory descriptive qualitative research design using a social construction theoretical framework was utilized for the present study. The 18 participants represent HIV positive persons who receive HIV/AIDS related care from a Ryan White CARE funded clinic in a non-urban, mid-size city serving 10 surrounding rural counties. Data collection included a focus group, individual semi-structured interviews and a demographic survey. The data were transcribed and analyzed using an inductive thematic analytical approach.

**RESULTS:** Like the public health community, participants endorsed the need for greater emphasis on HIV/AIDS education. More specifically, to curb AIDS-related stigma, they stressed the need for education that explicitly discredits myths about HIV transmission, testing, and perceptions about people living with the virus as an essential strategy. However, there were other proposed strategies by the participants that ‘challenge the status quo’ of existing public health approaches. For instance, the CDC recommends that HIV testing be offered in medical facilities such as health departments. However, in rural and small town communities where discretion is often compromised (i.e. ‘if spotted, you may be outted’), participants recommended the use of less stigmatizing facilities (‘Site Unseen’) to reduce stigma and promote HIV testing. Other salient themes were related to the importance placed on reframing HIV/AIDS-related messages to reflect a sense of empowerment (‘Positive Living Positive’); the need to normalize testing (‘All in this Together’); and the continuance of anonymous HIV testing (‘No name, No shame’).

**CONCLUSION:** It was apparent that the participants in this study spoke from both sides of the continuum – personal anguish living with HIV/AIDS and public advocacy to prevent HIV/AIDS. This duality framed their perspective about strategies to reduce stigma and promote HIV testing. Furthermore, the participants awareness of the rural context prompted many of them to propose approaches that both align with the ‘status quo’ while also challenging it as well. This research is significant because it highlights the strengths of including PLWHA in the creation of future AIDS-related stigma reduction and HIV prevention plans, especially when targeting people in rural and small town communities.

**Poster ID Number:** 048M

**Presentation Title:** HIV Positive Latinas in New York City: Structural and Psychosocial Factors Affecting Their Healthcare Utilization

**Author(s):** Erika Morillo

**BACKGROUND:** Latina women, as well as Latinos in general, often experience barriers when accessing healthcare. Barriers to healthcare access may include: language, immigration status, childcare availability and transportation. These barriers may deter consistent appointment attendance and overall adherence to care. Many service gaps remain that need to be addressed if we are to improve the lives of those infected and affected by HIV. In order to develop a deeper understanding (i.e. motivation) of the healthcare utilization and adherence to care patterns of HIV positive Latinas in New York City, a small qualitative study was undertaken.

**METHODS:** During 2008, the Latino Commission on AIDS conducted five life history interviews with Latina women who are HIV positive and currently live in New York City. A snowball sampling method was used to recruit the women. The ages of the interviewees ranged from 38 to 62. Three were from Puerto Rico, one from Ecuador and the other from Colombia. All participants had originally tested positive for HIV between 1990 and 2000.

**RESULTS:** An array of both structural and psychosocial factors play into the access to healthcare and HIV treatment in these women. Five distinct themes arose from these interviews. First, reluctance to get tested or seek HIV care after being diagnosed was ubiquitous in their lives, which they attributed to fear, “not wanting to know”, and feeling they wanted to die. Second, stigma and discrimination are still pressing issues in their lives. For example, they still endure long distances to access healthcare. They choose to receive healthcare at a location far from their neighborhood in order not be recognized by other patients. Third, depression, lack of transportation and childcare are still barriers to accessing care. Fourth, the main reason they switched healthcare providers was because of language. Fifth, all women have taken “Holidays” from their HIV medications, particularly when hanging out with friends and while on travel.

**CONCLUSION:** These results indicate that discrimination and stigma are still decisive when choosing a healthcare facility. Interestingly, these factors also lead to reluctance on the part of the women to attend support groups since they are very concerned with how people view them and are scared of being rejected or discriminated against by their peers and acquaintances.

Individual psychological factors such as depression seemed to dampen their willingness to attend doctors' appointments and take medications consistently. These results demonstrate important implications for HIV/AIDS service provision; it seems important to recognize that prior models of HIV/AIDS care directed to Latina women need to be tailored to their specific needs. An optimum model of care for this population should be a holistic one which includes medical and mental health services, as well as a mentoring component which will be effective in enhancing their commitment to care, and in turn will help enhance the quality of their lives.

**Poster ID Number:** 049M

**Presentation Title:** Barriers to Seeking HIV Care for Haitians Living with HIV in Miami

**Author(s):** Leah Varga; Lisa Metsch; Gilbert Saint Jean; Michael Kolber

**BACKGROUND:** Barriers to accessing available medical services by HIV positive patients continue to exist. These disparities have been well documented in the African American population. Other populations, in particular HIV positive Haitians, have been found to delay accessing available medical care and often present to care with more advanced HIV disease. Reasons for the delay seeking care remain unclear.

**METHODS:** A peer-provided intervention was conducted to promote the use of HIV primary care by HIV positive Haitians in Miami who were not currently receiving medical care. Participants met with a peer promoter interventionist who recorded perceived barriers to medical care using a 39 item inventory instrument. Frequency distributions were used to identify the most common barriers to seeking medical care for the entire sample (n=46) as well as for males (n=25) and females (n=21) separately.

**RESULTS:** The most common barriers for seeking available medical care identified by the entire sample were: 1. fears of HIV status disclosure to family/friends ("don't want my family/friends to know"), 2. familial/partner caretaking priorities ("too busy taking care of someone else"), 3. fear of hostility/insensitivity ("fear of being treated rudely or unkindly"). For both males and females, fears of HIV status disclosure also emerged as the most frequent barrier. For males, admission intake issues ("too difficult to get admitted to care") and familial/partner caretaking priorities were the second and third most common barriers. For females, the second and third most common were familial/partner caretaking priorities and provider hostility/insensitivity. Other barriers identified were difficulty scheduling a timely appointment ("had to wait too long to get an appointment") and transportation issues ("didn't have a way to get there/transportation problem").

**CONCLUSION:** Based on responses from HIV positive Haitians in Miami, fear and stigma are very likely the major reasons this population delays seeking medical care. These barriers are also shared by other minority groups. Culturally sensitive public health and education efforts focusing on minimizing stigma along with other barriers for HIV positive Haitian patients should be implemented.

**Poster ID Number:** 050M

**Presentation Title:** Sexual Behaviors Among Older HIV-Infected Individuals in a Midwest Urban Outpatient Clinic Setting

**Author(s):** Enbal Shacham; Kate Stamm; E. Turner Overton

**BACKGROUND:** While the knowledge of HIV-infected individuals' sexual behaviors and testing for bacterial sexually transmitted diseases (STD) facilitates HIV prevention efforts, data regarding older individuals is often lacking. This study aims to evaluate sexual behaviors among a cohort of HIV-infected individuals stratified by age.

**METHODS:** This was a prospective cohort study of individuals aged 18 years or older, who presented for HIV-related medical care and completed an annual behavioral assessment. Measures included sociodemographic characteristics, sexual risk behaviors, and alcohol and illicit drug use. Results of bacterial STD testing, CD4+ count, and HIV viral load were obtained. One way analysis of variance was used to examine difference between groups divided by age: 18-35 years, 36-49 years and 50 years or older.

**RESULTS:** 395 HIV-infected individuals undertook the assessment and had complete data for this analysis. 94 (24%) were aged >50 years. Compared to younger groups, older individuals were more likely to be male and non-African American with higher rates of alcohol consumption and less illicit drug use (all  $p < 0.05$ ). Older individuals had greater receipt of highly active antiretroviral therapy and higher rates of HIV RNA < 50 copies/mL (both  $p < 0.05$ ). The overall median CD4+ count was 439 cells/mm<sup>3</sup> and was similar between groups. Reports of recent sexual activity decreased with age, (58% vs. 43% vs. 26%) with older individuals being least sexually active ( $p < 0.001$ ). Overall 172 (44%) individuals reported oral, anal or vaginal sex in the last 3 months. During the most recent anal or vaginal sexual activity (n=162), 84% reported condom use but only 62% used condoms consistently. Safer sex practices did not differ by age group. Results from STD screens were available for 362 (92%) individuals and were positive in 7% (gonorrhea (6), chlamydia (6) and syphilis (14)). Performance of STD testing and positive findings were similar between groups.

**CONCLUSION:** Although older persons are less likely to engage in sexual activity, safer sex practices are not consistently carried out and may be curtailed by greater alcohol use. Rates of new STD diagnoses did not differ by age, however, viral suppression in the older group may reduce HIV transmission among those engaging in high risk behaviors.

**Poster ID Number:** 051M

**Presentation Title:** Are Stigma, Psychological Distress, or Low Social Support Associated with Low Intention for Care-Seeking?

**Author(s):** Susie Hoffman, DrPH; Jessica Adams- Skinner, EdD, MPH; Steve Hemraj, BS; Marcia Bayne-Smith, DSW, MSW; Susan E. Middlestadt, PhD

**BACKGROUND:** Seventy five percent of Caribbean immigrants residing in the US live in New York and Florida. The Caribbean population in these states has been disproportionately affected by the HIV/AIDS epidemic. For example, in New York City (NYC), Caribbean immigrants represent 21% of the foreign born population but accounted for 49% of HIV diagnoses among foreign born heterosexuals in 2006. Caribbean immigrants had the highest percent of HIV incidence each year from 2000 to 2006 compared to other immigrant groups in NYC. During this same time, the population changed little. Additionally, Caribbeans immigrants also account for a significant percent of those diagnosed with AIDS within 31 days of an HIV diagnosis in NYC.

Many Caribbean immigrants face barriers to receiving the required health care in the US, including: language barriers, lack of health insurance, and fear of deportation. There is also evidence that psychosocial factors such as stigma, psychological distress and social support influence the health seeking behavior of people living with HIV/AIDS and that these factors may be especially prevalent among Caribbean immigrants

Specifically, we tested three hypotheses (1) higher symptoms of psychological distress are associated with lower intention to seek care (2) higher social support is associated with higher intention to seek care and (3) higher internalized HIV-related stigma is associated with lower intention to seek care.

**METHODS:** Data was analyzed from 344 participants who completed a baseline questionnaire implemented at the five intervention sites funded by the SPNS HRSA grant.

Descriptive statistics was conducted to characterize the population with respect to age, income, education, time in the US, time since diagnosis, and ethnicity. A correlation matrix was created to examine the bivariate relationships among dependent, independent, and potential confounding variables. To test our hypotheses, separate linear regression models was performed to determine the association between each of the independent variables.

**RESULTS:** In a bivariate association with intention to seek care, Ethnicity, age at migration, disclosure, and internalized stigma were each significant predictors. In an unadjusted model, internalized stigma had a strong negative relationship with intention to seek care ( $b = -.193$ ,  $p < .05$ ). In a model adjusted for confounders-ethnicity, social support and psychological distress- stigma still remained a strong predictor of intention to seek care. Surprisingly, psychological distress when added to the model had a significant and positive association with intention (i.e., higher distress was associated with higher intention to seek care.) The direction of this association was unexpected.

**CONCLUSION:** Haitians were more likely to report higher internalized stigma, and West Indians were more likely to intend to seek care

. Client-focused tools and program activities are needed to actively counteract HIV+ Caribbean immigrants' self-stigmatizing beliefs.

Clinicians and organizations providing care to HIV+ Caribbean immigrants should be aware that internalized stigma may influence patients' use of care. The data also suggest that clinicians should assess HIV+ Caribbean immigrants for depression when providing care.

**Poster ID Number:** 052M

**Presentation Title:** Same Issues, New Technology: Communication Technology, Relationship Formation and Risk Behavior Among Urban Young Adults

**Author(s):** Joan Marie Kraft; Anna Bergdall; Kendra Hatfield-Timajchy; Marion W. Carter; Linda Hock-Long

**BACKGROUND:** Recent reports suggest that meeting sexual partners on-line is associated with greater HIV-related risk (McFarlane et al, 2000). These studies do not typically explore how people use the internet and other communication technologies to meet partners and maintain relationships.

**METHODS:** As part of a larger project about sexual risk among young adults, in 2006, we recruited 70 18-25 year old heterosexual African American and Puerto Rican men and women in Philadelphia and Hartford to complete coital diaries and in-depth de-briefing interviews over a 4 to 6 week period. During the weekly interviews, participants discussed the nature of their relationships, including how they met and communicated with partners. Diaries and debriefing transcripts were analyzed using Atlas-ti. Two coders used a consensus coding process to identify segments of text about communication technology. We categorized the segments based on existing themes (sociability, reciprocity, utility) and emergent themes related to communication technology use.

**RESULTS:** Consistent with frameworks for understanding internet use (e.g., Johnson and Kulpa, 2007), participants used the internet and cell phones for sociability, reciprocity, and utility. **Sociability:** Participants reported using partylines to meet new partners for “one night stands” and MySpace to re-connect with people. Once connected to partners, technology was used for avoidance (e.g., screen calls), as well as fuller engagement (e.g., make plans via e-mail, monitoring partner’s behavior, send suggestive text messages). **Reciprocity:** The technologies were used to build relationships and establish an acceptable level of reciprocity. After connecting with partners, calls, text messages and e-mail were used to learn more about partners. As relationships continued, instant messaging, text messages and cell phones were used for relationship maintenance (e.g., checking in during the day, expressing feelings). Cell phones, in particular, increased expectations of reciprocity. Not answering phones implied that a partner was not as interested in the relationship. **Utility:** Although mentioned infrequently, the internet was a source of information about STDs.

**CONCLUSION:** The use of communication technologies in relationship initiation, development, and discontinuation is common among young adults. They are used to facilitate social familiarity and, when appropriate, social distance. Although some use these technologies to facilitate engaging in risk behaviors (e.g., partylines, suggestive messages), not all do so. Understanding which technologies are most likely to result in risk coupled with in-depth understanding of relationship trajectories may help us better target interventions. Understanding how young adults use these technologies may help us reach young people, develop social network interventions and/or better address relationship issues in interventions.

**Poster ID Number:** 053M

**Presentation Title:** Diversity in Heterosexual Methamphetamine Use: The Need for Relevant Interventions

**Author(s):** Robert M. Malow; Salaam Semaan; Don C. Des Jarlais; C. Brooke Steele

**BACKGROUND:** There is an extensive literature linking methamphetamine (METH) use to HIV risk among MSM and bisexual persons. Among heterosexual (Hetero) persons, the literature is growing, but remains relatively sparse. Studies with Hetero-METH users have varied considerably, particularly in sampling and inclusion criteria. Given this variation and the elevated risk that METH produces in non-Hetero METH users, it seems important to conduct a systematic review of the emerging literature among Hetero-METH users to guide the development of more tailored and effective interventions.

**METHODS:** We reviewed studies published during January 1996–December 2008 that included Hetero-METH users and that provided data on risky behaviors, HIV, viral hepatitis, and sexually transmitted infections (STIs). Search methods included manual searches of journals and reference lists and searches of computerized databases (e.g., Medline, AIDSLINE, PubMed, Science Citations Index) using relevant index terms (e.g., methamphetamine, HIV, heterosexual). We described the diversity, characteristics, and risk behaviors of Hetero-METH users and the scope of studies reported in the literature.

**RESULTS:** We located 30 studies that included Hetero-METH users. The studies differed in their inclusion criteria and how they assessed risky behaviors. Several studies reported separate results for Hetero-METH users, while two-thirds of the studies focused exclusively on Hetero-METH users. Most studies (> 66%) were published during 2001–2008, were conducted in the western USA, and had relatively moderate sample size (< 300 participants). Most studies used cross-sectional designs, and included predominately diverse racial and ethnic participants with low income and an incarceration history. Most studies were conducted in communities where illicit drug use was high, and with participants who were in their mid- or late-thirties, and who were HIV-negative. Over 75% of participants smoked or snorted METH and 20%-40% of participants injected METH. Regardless of route of administration, METH users were more likely than users of other drugs to engage in anal sex, particularly unprotected anal sex, and a substantial proportion reported that they exchanged sex for drugs. METH users often used other illicit drugs, including both injection and non-injection drugs. Female METH users engaged in risky behaviors, particularly unsafe sexual behaviors. Less than 5% of METH users were infected with HIV, whereas 9%-54% reported a history of STIs or being infected with hepatitis B or C, primarily reflecting use of other injection drugs. The assessment period for risky behaviors (e.g., past 30 days, past two months) varied widely among the studies. Few behavioral risk reduction interventions and contingency management interventions were implemented with METH users and had small effects on changing risky behaviors. Treatment interventions reported small effects on reducing frequency and intensity of METH use.

**CONCLUSION:** Few research studies assessed exclusively Hetero-METH users. Focused research efforts would help in assessing the risky behaviors of this diverse population and in developing prevention and treatment interventions. Relevant interventions should address the diverse subgroups of meth users and the spectrum of risk embedded in their sexual and drug-use behaviors, as well as in their networks and communities.

**Poster ID Number:** 054M

**Presentation Title:** Sexual Risk Behaviors and Exposure to HIV Prevention Education Among HIV-infected Adults Receiving Medical Care

**Author(s):** Jennifer Fagan, MS; Linda Beer, Ph.D.; Minn Minn Soe; A.D. McNaghten

**BACKGROUND:** The Centers for Disease Control and Prevention (CDC) recommends integrating HIV prevention into the medical care of HIV-infected persons to reduce HIV transmission. To achieve this integration, the ability to accurately assess the sexual risk behaviors of HIV-infected persons in care and monitor the proportion of patients who receive prevention education, is needed. This analysis describes sexual risk behaviors and exposure to HIV prevention education among HIV-infected adults receiving HIV medical care.

**METHODS:** From 2006 to 2007, face-to-face interviews were conducted with HIV-infected adults receiving HIV medical care in 10 U.S. states and cities as part of the Medical Monitoring Project pilot. Patients were selected from a sample of facilities providing HIV care in each recruitment area. Patients who self-identified as male or female were asked about sexual behaviors with all sex partners and their most recent sex partner during the past 12 months. Sexual activity included anal and/or vaginal sex. An optional prevention module asked questions about exposure to HIV prevention education during the past 12 months.

**RESULTS:** Of 234 male patients who reported having anal sex with a man during the preceding 12 months, 137 (59%) reported having 2 or more male sex partners, 118 (51%) reported having unprotected anal sex with a male sex partner, and 45 (19%) did not know the HIV status of their most recent male partner. Of 130 male patients who reported having anal or vaginal sex with at least one woman during the preceding 12 months, 50 (38%) reported having two or more female sex partners, 31 (24%) reported having unprotected anal or vaginal sex with a female sex partner, and 33 (25%) did not know the HIV status of their most recent female partner. Of 132 female patients who reported having anal or vaginal sex with at least one man during the preceding 12 months, 17 (13%) reported having two or more male sex partners, 62 (47%) reported having unprotected anal or vaginal sex with a male sex partner, and 20 (15%) did not know the HIV status of their most recent male partner. Of 316 patients who responded to the prevention module, 23% of men with male partners, 19% of males with female partners, and 24% of females with male partners reported receiving HIV prevention education in the past 12 months.

**CONCLUSION:** A high proportion of HIV-infected patients reported engaging in unprotected anal and/or vaginal sex during the past 12 months, highlighting the importance of developing clinic-based interventions to decrease the risk of sexual transmission among this population. In addition, only 22% of patients who responded to the prevention module reported receiving HIV prevention education in the same time period during which they reported high-risk behaviors, indicating that efforts to provide HIV prevention education to HIV-infected patients in HIV medical settings should be substantially increased in order to reduce the risk of further spread of HIV.

**Poster ID Number:** 055M

**Presentation Title:** Concurrent Partnerships and Heterosexual HIV Risk in Chicago, 2007

**Author(s):** Sandra Tilmon, MPH

**BACKGROUND:** The CDC reports that in 2006, 33% of all diagnoses of adult and adolescent HIV/AIDS cases were from heterosexual contact, including most (73%) of the diagnoses among females.

From 2003-2006, well over half of new HIV/AIDS diagnoses were among Hispanics and African-Americans. African-American and Hispanic women together accounted for 80% of all female reported cases of HIV infection in 2003.

Behavioral surveillance among heterosexuals assists in focusing local prevention efforts towards racial and ethnic minority populations who constitute a majority of new HIV infections. It also helps direct and evaluate local HIV prevention efforts during periods of change in the epidemic.

Concurrent, rather than sequential, partnerships have been posited as a method of amplifying STI and HIV transmission. The objective of this study was to examine risk factors associated with partnership concurrency, especially social factors.

**METHODS:** To investigate heterosexual HIV risk behaviors, the CDC implemented the National HIV Behavioral System's Heterosexual Cycle (NHBS-HET). The Chicago portion was conducted in 2007 using venue-based sampling with heterosexual persons (defined as at least one opposite-sex partner in the past 12 months) between 18 and 50 years old. Venue-based sampling involved the identification of High Risk Areas (high rates of poverty and cases of heterosexually-acquired HIV/AIDS), block-by-block enumeration of venues and collaboration with venue owners. Randomization occurred at the venue. An interview and anonymous oral HIV test were offered with an incentive of \$50. A sample size of 750 was sought.

Univariate and multivariate logistic regression were used to identify factors associated with concurrency with  $p$  set at  $<.05$ .

**RESULTS:** 851 consented to the interview. 82% identified as non-Hispanic African-American and 16% as Hispanic, regardless of race. 96% accepted OraSure testing. 12 (1.5%) were seropositive for HIV, of whom 6 were newly aware, in contrast to Chicago's overall heterosexual HIV percentage in 2004 of 0.5%.

52% of males and 30% of females had concurrent partnerships with their last sexual partner. Among men, concurrency was associated with never being married (OR 1.82, 95% CI 1.12-2.97), any STI in the last year (OR 2.90, 95% CI 1.12-7.53), cocaine use (OR 2.35, 95% CI 1.08-5.11), weekly binge-drinking (OR 1.70, 95% CI 1.08-2.53), and ecstasy use (OR 3.13, 95% CI 1.30-7.56).

Among women, concurrency was associated with never being married (OR 2.29, 95% CI 1.26-4.17), any STI in the last year (OR 3.24, 95% CI 1.67-6.28), cocaine use (OR 6.11, 95% CI 2.21-16.91), marijuana use (OR 1.76, 95% CI 1.04-2.97), income below \$10,000 a year (OR 1.78, 95% CI 1.08-2.91), and having her last partner incarcerated (OR 2.02, 95% CI 1.23-3.32).

**CONCLUSION:** Risk profiles for HIV infection are changing, and concurrency in sexual partnerships is common within Chicago's emerging incident populations. As concurrent rather than sequential partnerships are more likely to spread HIV, this presents an opportunity for creative, community-based interventions to address intermediate risk factors and reduce disease burden. Future research into a lack of stability in sexual relationships is needed.

**Poster ID Number:** 056M

**Presentation Title:** Sexual Risk Behaviors in MSM Population San Juan Metropolitan Statistical Area (SJMSA), Puerto Rico, 2008

**Author(s):** Yadira Rolon

**BACKGROUND:** Sexual transmission is one of the most important exposition modes for HIV/AIDS in the MSM population in Puerto Rico. Data from NHBS-MSM2 was analyzed to describe demographic characteristics and prevalence of sexual risk behaviors in MSM population in SJMSA, PR, 2008.

**METHODS:** Personal interview and HIV test were conducted to a random sample of 358 MSM of 18 years of age or older, that attended MSM venues in San Juan MSA. Men that did not have sex with men or that identified themselves as heterosexual were excluded. Descriptive statistics (medians and prevalence) were obtained utilizing SAS v. 9.1.

**RESULTS:** The sample was 349 MSM, and the median age was 30 years. Half of the sample was in the age group of 18-29 years old (58%), almost half were residents of San Juan City (44%) and most of them had a bachelor degree (66%). The annual income of half of the participants was between 10,000 and 39,999 (58%). The HIV status of 89% of participants was negative and 11.3% were positive. Of those positive, 64% were new positive. In the sample, 77.3% of the participants described themselves as homosexuals and 23% as bisexual. Half of the men had sex with a woman ever in their life and 27% of these men had sex with a woman in the last 12 months. The sexual partner type of most of the participants was main partners (72%) and the main, casual and exchange partner mean in the last 12 months was 1, 7 and 4 partners, respectively. The mean age at first MSM encounter was 17 years and the mean number of male partners in the last 12 months was 6. The total sample, 91% of the participants had Anal Sex (AS) and 59% of these participants had Unprotected Anal Sex (UAS) during the last 12 months. Of these men that had anal sex, 47% had Receptive Anal Sex (RAS) and 60% had Insertive Anal Sex (IAS) in their last sexual encounter during the last 12 months. However of these men that had RAS and IAS, 48% and 43.3% had unprotected receptive and Insertive anal sex, respectively.

**CONCLUSION:** The MSM are significantly younger and most of them have a bachelor degree and were residents of San Juan city. The numbers of positives and new positives were very high in our sample. The percentage of UAS, URAS and UIAS during the sexual encounter in the past 12 months was very high and third part of the sample had sex with a woman in the past 12 months. These behaviors underscore the urgent need of effective Public Health interventions targeted to reach this risk population.

-Cooperative agreement: CDC PS95/PS00095.

**Poster ID Number:** 057M

**Presentation Title:** Utility of a Telephone-Based HIV Behavioral Survey (T-ACASI) in the HIV Outpatient Study (HOPS)

**Author(s):** DerShung Yang; Kathy Wood; Bienvenido Yangco; Kate Buchacz; John T. Brooks

**BACKGROUND:** Monitoring sexual risk behavior among HIV-infected individuals is critical for the assessment and continued re-tooling of HIV prevention efforts. Various data collection strategies have been employed to this end. The current analysis seeks to determine if telephone-based survey methods are useful for collecting and reporting behavioral risk information. We sought to describe the utility of a telephone-based survey to collect sensitive behavioral information in an HIV-positive population.

**METHODS:** The HOPS study is a clinical open prospective cohort of HIV-infected patients seen at 9 public/university and private U.S. HIV-specialty clinics since 1993. Sites were instructed to offer T-ACASI behavior survey to patients annually to coincide with STD testing or when there was a suspected STD exposure. During a routine clinic visit, HOPS participants were provided a toll-free phone number with access code and asked to complete the survey. Participants were given the option to complete the T-ACASI at the clinic or at home. We studied a cross-sectional convenience sample of HOPS participants who completed their first T-ACASI between March 2007 and September 2008. Data collected covered the period of the previous 6 months and included sociodemographic characteristics, alcohol and drug use, tobacco smoking, antiretroviral adherence, sexual intercourse practices, condom use and disclosure of HIV status to sexual partners.

**RESULTS:** 2,450 HOPS patients had a clinic visit or contact between March 2007 and September 2008, of whom 901(37%) initiated T-ACASI survey. The remaining 63% either were not offered or may have failed to undertake the T-ACASI. Thirteen surveys (1.4%) were started but not completed. The average duration of a completed T-ACASI was 5.8 minutes (standard deviation = 2.6); 54% were completed in the clinic, 34% at the participants' homes and 11% at an undefined location. Based on their responses to specific questions about their past behaviors, participants answered a median of 31 questions (minimum to

maximum range: 12 to 50). In bivariate analyses, persons more likely ( $p < 0.001$ ) to have taken a T-ACASI were older (compared to those  $\geq 39$  years of age), white (compared with non-white), had college or postgraduate education (versus less education), and more likely to be men who had sex with men (versus all other HIV risk groups). Gender was not associated with the likelihood of completing the T-ACASI (36% male vs. 34% female,  $p = .34$ ).

**CONCLUSION:** Given the brevity of our survey and the completeness of the data captured, the T-ACASI, when offered during a clinic visit, can be a useful tool to monitor behavioral risk. Although participation rates appear to be low, further program evaluation will be needed to distinguish participants who refused to take the T-ACASI from those who may not have been offered the survey at the time of their clinic visit.

**Poster ID Number:** 058M

**Presentation Title:** CD4 Cell Counts at HIV Diagnosis Among HIV Outpatient Study (HOPS) Participants, 2000-2007.

**Author(s):** Carl Armon; Frank J. Palella; Rose K. Baker; Ellen M. Tedaldi; Marcus Durham; Kathy Wood; John T. Brooks

**BACKGROUND:** Expanded HIV testing in the U.S. aims to reduce the frequency of late HIV diagnosis and facilitate timely access to care and antiretroviral (ARV) treatment. We sought to assess if CD4+ cell counts (CD4) at HIV diagnosis have changed among HOPS enrollees during 2000-2007.

**METHODS:** We studied participants in the U.S.-based HOPS who had a recent HIV diagnosis (i.e.,  $\leq 6$  months before HOPS entry). We assessed temporal trends in mean CD4 at diagnosis using general linear modeling, and correlates of diagnosis with CD4  $< 200$  cells/mm<sup>3</sup> by logistic regression.

**RESULTS:** Of the 2,307 new HOPS enrollees seen at 9 HIV clinics, 754 (33%) had a recent HIV diagnosis (2% could not be classified). Compared with 1515 patients who were HIV diagnosed  $> 6$  months prior to HOPS entry, patients with a recent diagnosis were significantly ( $p < 0.05$ ) younger, more likely to be female, to be non-white, to have heterosexual risk for HIV infection, and to be privately insured. Of patients with recent diagnoses, 604 (80%) had a CD4 documented up to 3 months after HIV diagnosis while still ARV-naïve. Of these 604 patients (mean age = 39 years), 77% were male, 45% were white, 39% were black, 55% were men who had sex with men (MSM), 35% had heterosexual risk for HIV infection, and 5% were injection drug users. The overall mean CD4 at HIV diagnosis was 345 cells/mm<sup>3</sup> (median = 294, IQR 89-523); among patients diagnosed in 2000-2001 and 2006-2007 the mean CD4s were 324 cells/mm<sup>3</sup> and 358 cells/mm<sup>3</sup>, respectively ( $p$ -value for trend = 0.37). Among 604 patients, 217 (36%) were HIV-diagnosed with CD4  $< 200$  cells/mm<sup>3</sup>; that percentage was higher for patients treated at clinics with predominately publically vs. privately insured patients (45% vs. 30%, respectively,  $p < 0.001$ ). The independent correlates of HIV diagnosis with CD4  $< 200$  cells/mm<sup>3</sup> were having risk factor for HIV other than MSM (odds ratio [OR] = 1.7, 95% confidence interval [CI] 1.1-2.5), non-white race (OR = 1.7, CI 1.0-2.5), and age  $\geq 35$  years at diagnosis (OR = 2.0, CI 1.4-3.3).

**CONCLUSION:** Among recently HIV-diagnosed HOPS patients, 36% were diagnosed with CD4  $< 200$  cells/mm<sup>3</sup>, and the mean CD4 at diagnosis has not increased during 2000-2007. Persons of non-white race, with HIV risk other than MSM, and those accessing sites with predominately publically insured populations were more likely to miss the opportunity for timely access to care and ARV therapy. Our findings highlight the need for universal HIV testing.

**Poster ID Number:** 060M

**Presentation Title:** Racial Disparities of Trends in STIs in MSM in San Francisco, 1999-2007

**Author(s):** Kyle Bernstein, PhD, ScM; H.Fisher Raymond; Jeffrey D. Klausner, MD, MPH

**BACKGROUND:** The lack of race-specific estimates of STIs in men who have sex with men (MSM) has limited effective prevention efforts. These data are critical to examine not only the excess burden that some racial groups experience but also the increased risk of STIs MSM have over other men. The objectives of this study were to evaluate the race-specific rates of chlamydia (CT) and gonorrhea (GC) among MSM and to describe any racial disparities.

**METHODS:** In San Francisco, the gender of sex partners is a required data element for reportable STIs. We calculated race-specific rates of incident GC and CT reported cases of GC and CT and an estimate of population sizes derived from the National HIV Behavioral Surveillance System and 2000 US Census data.

**RESULTS:** Between 1999 and 2007 there were 13,646 cases of gonorrhea and 11,884 cases of chlamydia reported in San Francisco. MSM accounted for 64% of the GC cases and 43% of the CT cases during that period. Among MSM, case rates for GC and CT increased among all racial groups during the study period. White MSM consistently had the highest rates of CT with 550 cases per 100,000 in 1999 and 1551 cases per 100,000 in 2007. African American non-MSM had the highest rates of CT during the study period, with 1121 cases per 100,000 in 2007. Non-MSM in all other racial groups had at least four fold lower rates of CT compared to African Americans. The rate ratio of MSM/non-MSM was highest among Whites 9.2 (95%CI: 6.8-11.7) and API 6.7 (95% CI: 3.98-9.4) and lowest among Hispanics 3.65 (95% CI: 0.80-4.9) and African Americans 0.69 (95% CI: 0.45-0.93).

In 2007, African Americans had the highest rates of GC (2202 cases per 100,000), followed by Whites (2123 cases per 100,000) and Hispanics (1675 cases per 100,000). API MSM had greater than four fold lower rates of GC during the entire study period. The rate ratio of MSM/non-MSM was highest among Whites 19.8 (95% CI: 16.1-23.6) and Hispanics 12.9 (95% CI: 10.1-15.7), and lowest among API 4.4 (95% CI: 3.0-5.8) and African Americans 1.98 (95% CI: 1.3-2.6).

**CONCLUSION:** In San Francisco, rates of CT and GC have increased among MSM between 1999 and 2007. For both CT and GC, White MSM were disproportionately burdened, compared to Black and Hispanic MSM. While rates of CT have risen among all racial groups, API MSM have four fold lower rates of GC. Among men in San Francisco, MSM carry considerably higher burden of CT and GC among all male racial groups except African Americans.

**Poster ID Number:** 061M

**Presentation Title:** Needs Assessment of HIV Prevention in Young People, Puerto Rico, 2008

**Author(s):** Lopez, B; Chiroque, L; Garc? T; Rodriguez-Bidot M; Kianes-P?ez Z

**BACKGROUND:** According to the Puerto Rico HIV/AIDS Surveillance Report, as November 2008, there were 2,666 young people between the ages of 13 and 24 with HIV/AIDS (1,108-HIV and 1,558-AIDS) since beginning of the epidemic. The needs assessment of HIV prevention in Puerto Rico was performed to identify gaps among youth identified as a population at high risk of HIV. This abstract will refer to people between 13 and 24 years old of both genders. The aim of this study was to identify socio-demographic, knowledge, attitudes, aptitudes and behavioral factors associated with risk to acquire HIV infection in young population.

**METHODS:** The data were obtained through survey among young people. A sample of the municipalities from the 8 health regions of Puerto Rico was calculated using the program EPIDAT version 3.1, and the analysis was carried out using SPSS 15.0.

**RESULTS:** A total of 275 young people were interviewed, 50.2% (138) were males, 57.6% were students, and 42.4% were employed. Eighty-six percent reported having sex during the past 6 months and 62.2% reported using condoms at least once during sex in that period of time. Only 33% of this youth felt at risk of acquiring HIV, more than 15% reported the use of no-injecting drugs in both genders, and multiple sex partners was reported by 19% of the males and 9% of the females. Eighty-seven percent understood that they can prevent the HIV infection but only 75.8% identified the use of condom as an effective method to prevent the infection, the second method mentioned was monogamy (32%) and the third was abstinence (26.2%). However, around 75% of them had oral sex or sex with penetration without using a condom and 37.7% had sex under the influence of alcohol. More than 30% believed that there is a vaccine against HIV and 12.4% believe that there is a cure for HIV.

**CONCLUSION:** In young population, the most reported reason for not using condoms were trust in their sexual partner. The study shows that youth have a considerable lack of knowledge regarding HIV prevention and HIV infection. In addition, there is a real concern about HIV risk behaviors among young people, although many of them recognized what behavior would put them at risk of HIV infection.

**Poster ID Number:** 062M

**Presentation Title:** Facilitated Shipping: A Means to Make Shipping Remnant Diagnostic Specimens Easy for Laboratory Partners

**Author(s):** Jonathon Poe, MSSW; Douglas Shehan; Mariama Janneh, MPH; Anne Freeman, MSPH; Sharon Melville, MD, MPH; Tammy Sajak; Douglas Schuster; Jennifer Chase; Nita Ngo

**BACKGROUND:** The CDC's HIV incidence estimate requires testing remnant diagnostic specimens to determine whether a person's infection is recent or long standing. Remnant diagnostic specimens are also used in Texas for the Variant, Atypical and Resistant HIV Surveillance (VARHS) program to determine HIV drug resistance and subtype. Obtaining diagnostic specimens from laboratories is difficult because the shipping of remnant diagnostic specimens requires staff time and storage space.

**METHODS:** Texas has a large geographical area and no statute in state law requires laboratories to send remnant specimens to the Texas Department of State Health Services (DSHS). The facilitated shipping program began in Dallas because Dallas has the highest morbidity in the state behind Houston. Dallas also has two of the state's largest private laboratories, Texas' largest public laboratory outside of Austin, and several large hospital systems that conduct confirmatory tests in their own laboratories.

**RESULTS:** The University of Texas Southwestern Medical Center is contracted by DSHS to provide technical assistance for HIV incidence surveillance and VARHS. To mitigate the staff time required for laboratories to process remnant positive specimens for incidence testing, facilitated shipping began with Dallas area laboratories in 2005. The local health department's laboratory was the first site to evaluate the feasibility of the project. Facilitated shipping involves staff from UT Southwestern picking up remnant positive diagnostic specimens from the testing laboratory and aliquot and freezing the specimen at the UT Southwestern laboratory. Eligibility for inclusion in incidence and VARHS testing is determined by DSHS and eligible specimens are shipped by UT Southwestern staff to the CDC-contracted labs for incidence testing and genotyping.

**CONCLUSION: RESULTS:** At present, there are one public, one private and two hospital laboratories involved with facilitated shipping. 2,705 remnant specimens that were diagnosed after 2005 have been picked up from Dallas area laboratories. 1,087 (40.2%) of these specimens have been determined to be eligible and shipped.

Statewide, 2,873 specimens have been shipped for incidence testing since 2005. The 1,087 specimens shipped via facilitated shipping represent 37.8% of the total. In 2008, when three labs were added to facilitated shipping, 774 specimens were shipped statewide, 452 (58.4%) of which were shipped via facilitated shipping. For VARHS, 607 specimens have been shipped for genotyping, 493 (81.2%) of which have been shipped using facilitated shipping.

**LESSONS LEARNED:** Laboratories do not have to dedicate much space in their refrigerators or staff time to store and ship remnant diagnostic specimens with facilitated shipping. This eases the difficulty of recruiting labs to send specimens for surveillance testing. Facilitated shipping ensures that the integrity of the specimen is preserved by minimizing freeze/thaw cycles, an important factor in preserving specimens for genotyping. Facilitated shipping is an innovation that helps create a sustainable and effective surveillance system.

**Poster ID Number:** 063M

**Presentation Title:** HIV Incidence Surveillance Provides a New Perspective On the HIV Epidemic in Los Angeles County.

**Author(s):** Shoshanna Nakelsky; Trista Bingham; Virginia Hu; Zhijuan Sheng; Douglas Frye

**BACKGROUND:** Identifying groups currently at risk for HIV is key to designing effective HIV prevention programs and targeting HIV care resources. Prior to the introduction of highly active antiretroviral therapy (HAART), the incidence of HIV could be approximated with reasonable accuracy using back-calculation statistical techniques applied to AIDS incidence data. Since 1996 with the onset of AIDS delayed by HAART, back-calculation techniques no longer provide a reliable method to identify the magnitude and direction of new HIV infections within Los Angeles (LA) County at a population level. A new method for calculating a population-based HIV incidence estimate emerged in the late 1990s and has recently been implemented in 34 HIV/AIDS surveillance areas in the United States. Our objective was to compare our 2007 HIV incidence estimate with data available from our existing HIV and AIDS reporting system (HARS).

**METHODS:** To better understand our local HIV epidemic, LA County used the Serologic Testing Algorithm for Recent HIV Seroconversion (STARHS) methodology developed by CDC. STARHS differentiates recent from long-standing infections using a laboratory-based assay applied to serum samples of persons newly diagnosed with HIV. This information is used to estimate statistically the number of new infections among both newly diagnosed cases and people who remain untested. CDC provided SAS programs and technical assistance to perform the calculations for the incidence estimate. We compared our 2007 adult/adolescent STARHS HIV incidence estimates to 2006 adult/adolescent AIDS incidence rates, our most complete (non-provisional) data.

**RESULTS:** In 2007, 2,366 adult/adolescent cases of HIV were newly diagnosed and reported to LA County Department of Public Health's HARS. Of these newly reported cases, 562 received an AIDS diagnosis within 6 months of their HIV diagnosis and were excluded from the analysis. Of the 1,804 remaining cases, 355 (20%) were STARHS tested. Through preliminary analysis, we estimate 3,209 new HIV infections occurred in 2007 (39/100,000). In contrast, 1,306 adult/adolescent AIDS cases (16/100,000) were reported during a similar time period (2006). Females, Latinos, and persons 13-29 years of age contributed a significantly greater proportion of incident HIV cases compared to AIDS cases (18% vs. 14% for females; 49% vs. 42% for Latinos; and 37% vs. 15% for those 13-29 years, respectively). The HIV-to-AIDS rate ratio was highest among 13-29 year olds (5.7), females (3.4), Latinos (2.9), Blacks (2.5), Whites (2.3), males (2.3), and 30-39 year olds (2.3).

**CONCLUSION:** Relying upon AIDS incidence rates may significantly underestimate the number of new cases of HIV in LA County. By continuing to work toward calculating a less-biased estimate of HIV incidence, the LA County Department of Public Health and our community partners will not only design and implement HIV prevention programs better targeted toward the groups currently at risk of acquiring HIV, but will also ensure that adequate funding is available to support prevention and care efforts.

**Poster ID Number:** 064M

**Presentation Title:** 2006 HIV Incidence Estimates in Houston/Harris County, TX

**Author(s):** Shirley Chan

**BACKGROUND:** HIV/AIDS surveillance system has been provided data about the HIV/AIDS epidemic. This information is useful for planning and resource allocation. However, it is limited to monitoring prevalence and does not discriminate between recent and long-standing HIV infection. HIV incidence surveillance focused on new HIV infections that can better portray the leading edge of the epidemic.

**METHODS:** New technology has been developed by the Centers for Disease Control and Prevention (CDC) to directly measure the HIV incidence and differentiate between recent and longstanding HIV infections. Using the same method, the Houston Department of Health and Human Services (HDHHS) analyzed HIV incidence data for Houston/Harris County, Texas to (1)

estimate the population-based HIV incidence in the Houston/Harris County area, (2) describe the demographic and risk characteristics among individuals who were newly infected with HIV in 2006, and (3) establish baseline HIV incidence rates to better monitor the trend of the epidemic.

**RESULTS:** HIV incidence surveillance program operated under the umbrella of HIV Surveillance Program and has been integrated as one since 2005.

Remnant HIV positive diagnostic specimens were tested by the Serologic Testing Algorithm for Recent HIV Seroconversion (STARHS) assay (BED HIV-1 capture enzyme immunoassay) to differentiate recent versus long-standing HIV infection status. Data from the HIV/AIDS Reporting System, HIV testing and treatment history, and STARHS results were used to estimate HIV incidence, stratified by sex, race, age at HIV infection and transmission risk. The stratified extrapolation approach and a 20-fold multiple imputation procedure developed by the CDC were used to impute missing BED results and missing testing and treatment history information.

**CONCLUSION:** The estimated rate of HIV incidence in Houston/Harris County in 2006 was 43.6 per 100,000, almost two times the national rate according to data released by CDC. Consistent with national findings, African Americans and men who have sex with men were most affected by HIV.

This is the first time the Houston HIV/AIDS surveillance program was able to directly estimate HIV incidence. The Houston Department of Health and Human Services estimated 1,700 people were newly infected with HIV in 2006. Stratified incidence information can be used by the prevention program to better target testing and other prevention activities.

**Poster ID Number:** 065M

**Presentation Title:** Characteristics of Breastfeeding HIV-Infected Women Delivering Live Infants, Enhanced Perinatal Surveillance, 26 Areas, US 1999-2008

**Author(s):** Steve Nesheim, MD; Margaret Lampe, RN; Allan W. Taylor, MD

**BACKGROUND:** Breastfeeding is a risk factor for mother-to-child transmission of HIV. Breastfeeding is contraindicated for HIV-infected pregnant women in the United States, but no recent data exist that show the prevalence of breastfeeding among this population. It is important to identify the demographic and behavioral characteristics of breastfeeding women so that appropriate messages can be targeted. This study describes the characteristics of pregnant women diagnosed with HIV infection and who breastfed their infants reported to the Enhanced Perinatal Surveillance (EPS) Project.

**METHODS:** We analyzed HIV surveillance data from 26 areas that conducted EPS. Women with reported HIV infection who had live births during 1999-2008 were included. EPS data were available from 24 areas for 1999-2004 and from 15 areas for 2005-2008. Thirteen areas continuously collected data for these specified time periods. Univariate and adjusted odds ratios and associated 95% confidence intervals (CIs) are presented to evaluate the differences in demographic and behavioral characteristics among HIV+ women who breastfed.

**RESULTS:** Of the 18,044 pregnant women diagnosed with HIV infection for whom breastfeeding status was known, 1.7% (n=303) breastfed their infant. White, non-Hispanic HIV+ women were more likely to breastfeed (2.3%) compared to black, non-Hispanic HIV+ women (1.5%) (odds ratio [OR]=1.6, 95% confidence interval [CI]=1.2-2.2) and Hispanic women (1.9%) (OR=1.2, CI=0.8-1.8, not significant). HIV+ pregnant women who were diagnosed after pregnancy were more likely to have breastfed (28.8%) compared to those who were diagnosed during pregnancy or at labor/delivery (1.3%) (OR=30.1, CI=21.9-41.6). HIV+ pregnant women who were diagnosed during pregnancy or at labor/delivery were more likely to have breastfed (1.3%) compared to those who were diagnosed before pregnancy (0.7%) (OR=1.9, CI=1.4-2.6). HIV+ pregnant women who did not receive antiretroviral treatment (ARV) during pregnancy were more likely to have breastfed (9.1%) compared to those who received treatment (0.5%) (OR=21.8, CI=16.4-29.0); those that did not receive antiretroviral treatment during labor/delivery were more likely to have breastfed (8.8%) compared to those who received treatment (0.4%) (OR=23.5, CI=17.5-31). In adjusted logistic regression analyses, correlates associated with breastfeeding include not receiving ARV treatment during pregnancy (aOR=2.8, CI=1.2-6.8, ref.=Receipt of ARV), not receiving ARV treatment during labor/delivery (aOR=6.2, CI=2.7-14.1, ref.=Receipt of ARV), maternal diagnosis of HIV after pregnancy (aOR=12.2, CI=5.4-27.9, ref.=maternal HIV diagnosis during pregnancy), and married status (aOR=2.3, CI=1.3-4.1, ref.=unmarried). Infant infection was not significantly associated with breastfeeding among HIV+ women in the adjusted analyses, even when accounting for possible interaction with timing of maternal HIV diagnosis.

**CONCLUSION:** Although breastfeeding was not found to be associated with infant infection status when controlling for other covariates, it is shown to be associated with factors that increase the risk of HIV infection among infants, such as timing of maternal HIV diagnosis, and ARV treatment. Early testing, appropriate prenatal care and ARV treatment of HIV-infected mothers are critical in the prevention of breastfeeding among HIV+ women.

"The findings and conclusions in this report are those of the author and do not necessarily represent the views of the Centers for Disease Control and Prevention."

**Poster ID Number:** 066M

**Presentation Title:** Investigation of HIV-Infected Individuals Appearing Not to be Receiving Medical Care

**Author(s):** Susan E Buskin; Elizabeth A Barash; Jim Kent

**BACKGROUND:** Regular medical care for HIV infection includes HIV-1 viral load (VL) and CD4+ lymphocyte (CD4) tests every three to six months to guide HIV care and antiretroviral use. Washington State has required reporting of all VL and CD4 counts since 2006. Implementation of CD4 & VL reporting provided an opportunity to monitor whether individuals are receiving medical care and if not, make and follow-up on care referrals. Linking people to and retaining people in care provides an important opportunity to help prevent HIV transmission and HIV disease progression.

**METHODS:** Individuals were “not in care” if their HIV diagnosis was greater than a year ago and no CD4 or VL tests were reported in the past year. We investigated these cases with providers and by medical record reviews; we closed our investigation if individuals had moved, were in care, or had died. We attempted to contact unresolved cases by phone, letter, and in-person visits. Once contacted, individuals were screened to confirm their identity, asked about their current medical care and reasons they might not be receiving on-going medical care. We actively referred individuals not receiving care to HIV medical care facilities and provided a small incentive to those who returned to care.

**RESULTS:** We investigated 240 HIV-infected people presumably not in care in King County. Of these, 89 (37%) were already in care; 83 (35%) had moved and 5 (2%) had died. Six of the remaining 63 sought medical care after an interview or other contact. Six others were contacted but have not yet resumed medical care. Most of the contacted individuals accepted referrals to medical facilities, case management, and/or social services (such as housing). The remaining 51 (21%) could not be located or did not respond to contact attempts. Among the 10 individuals originally not receiving medical care who agreed to be interviewed (half now in care), most stated they were very likely to resume their HIV care in the next 3 months and that they would receive care if they felt ill. Seven were uninsured for part or all of the year prior to interview; 6 were underemployed/unemployed; and other reasons for not being in care included feeling well (6), being busy (5), and depression (4). Individuals misclassified as “not-in-care” included those receiving care at exempt facilities (e.g. research). There also were delays in laboratory compliance with reporting laws. We estimated that 7% of individuals diagnosed with HIV in King County relocated within four years of their diagnosis.

**CONCLUSION:** In Seattle-King County, we found that nearly three-quarters of individuals purportedly not in care actually were in care, had died, or had moved out of the local jurisdiction. These data, combined with what is known of the benefits of HAART from other sources, suggest that HIV-infected people not accessing care may benefit from targeted education to encourage individuals -- even if they feel well -- to receive preventive medical care, and to promote that being in care early and on a regular basis will result in better health outcomes.

**Poster ID Number:** 067M

**Presentation Title:** Evaluation of a Kit-Based HIV-1 DNA PCR Protocol for Confirming Infection

**Author(s):** Laura Wesolowski; L. Davis Lupo; Thanyanan Chaowanachan; Clyde E. Hart

**BACKGROUND:** Background /Objective: The traditional enzyme immunoassay (EIA)/Western blot (WB) algorithm for diagnosing HIV infection has been in place for over 20 years. To evaluate alternative diagnostic algorithms, the performance of new confirmatory tests must be assessed. The purpose of this study was to evaluate a kit-based HIV-1 DNA PCR protocol for detecting HIV-infected cells as a supplemental test to confirm preliminary-positive HIV test results. The study outcomes were to determine the specificity and sensitivity of the protocol for detecting HIV infection and to evaluate whether sub-optimal cell counts and/or hemolysis were associated with discordant test results.

**METHODS:** Methods: Blood samples were obtained from 645 different HIV-infected persons 18-55 years of age who participated in the Centers for Disease Control and Prevention’s Validating Supplemental Testing to Confirm Preliminary Positive Rapid HIV Tests study and had not been taking antiretroviral therapy for at least 3 months before their blood was collected. HIV infection among study subjects was confirmed by a reactive WB following a reactive Bio-Rad 1-2+O EIA test result. As controls, 813 samples were obtained from blood donors who were HIV-uninfected based on screening with an algorithm consisting of an HIV-1 EIA and pooled plasma HIV-1 RNA PCR testing. Peripheral blood mononuclear cells (PBMC) separated from whole blood samples were initially cryopreserved and then thawed, counted, aliquoted (target = 1 x 10<sup>6</sup> cells/pellet) and refrozen at -70°C until analyzed using the Roche Amplicor HIV-1 DNA Test (version 1.5) according to the manufacturer’s instructions.

**RESULTS:** Results: An interim data analysis of 1458 samples revealed that the protocol had a sensitivity of 99.2% (640/645) and a specificity of 99.8% (811/813). Sixteen (1.1%) samples with concordant EIA/WB and HIV-1 DNA PCR results had total PBMC counts that were lower than the target count compared with 2 (29%) of 7 with discordant EIA/WB and HIV-1 DNA PCR results. Significant hemolysis was observed in 407 (28%) of 1451 samples with concordant EIA/WB and HIV-1 DNA PCR results compared with 2 (29%) of 7 with discordant results. Additional EIA and HIV-1 RNA testing of samples with discordant results are ongoing.

**CONCLUSION:** Conclusions: Preliminary findings using a kit-based HIV-1 DNA PCR protocol for confirmatory testing indicate that its sensitivity and specificity are high. Discordant EIA/WB and HIV-1 DNA PCR results do not appear to be associated with hemolysis. We are currently processing additional samples using the kit protocol and collecting information about potential barriers and facilitators of its use.

**Poster ID Number:** 069M

**Presentation Title:** Variability in Retrospective Assessments of HIV Diagnosis Date: Patient Report, Medical Record, and Surveillance Data

**Author(s):** Bill Jones; Peter Leone; Sonia Napravnik; Evelyn Byrd Quinlivan; Joseph J. Eron Jr.; Willam C. Miller

**BACKGROUND:** In the absence of prospectively collected clinical data, epidemiological studies of HIV/AIDS must rely on a variety of secondary sources for the date of diagnosis; however, little is known about how these sources differ. Our objective was to describe and quantify the extent of differences among HIV diagnosis year from patient report, the medical record, and HIV/AIDS surveillance data.

**METHODS:** We conducted a secondary data analysis of two studies conducted at University of North Carolina at Chapel Hill (UNC) Center for AIDS Research with overlapping participant populations: the Clinical and Socio-Demographic Survey (CSDS) and the Research and Clinical Database. The self-reported year of diagnosis was reported by the patient in the CSDS (n=322). In the Research and Clinical Database (n=2,047), the date of HIV diagnosis was obtained by medical record abstraction. Participants in the Research and Clinical Database were matched deterministically to the North Carolina HIV/AIDS Reporting System (HARS) and then with manual record lookup (n=1,652). The earliest date of HIV or AIDS diagnosis represented the date of diagnosis in the HARS system. We merged the CSDS and the Research and Clinical Database to create an analysis dataset with all three years of diagnosis— self-reported, medical record, and HARS. Matches were considered the same year of diagnosis. For each comparison, we present descriptive statistics, weighted kappa with Cicchetti-Allison weights, and Bland-Altman 95% limits of agreement.

**RESULTS:** Patient report vs. medical record: Of the 299 patients with both the self-reported and medical record year of diagnosis, 199 (67%) matched exactly, 57 (19%) differed by one year, and 43 (14%) differed by 3 or more years (kappa=0.85). On average, the self reported year of diagnosis was 0.9 months earlier than that in the medical record. The 95% limits of agreement ranged from -4.0 to 3.9 years, indicating that 95% of differences lie between these bounds.

Patient report vs. HARS: Of the 252 patients with both self-reported and HARS dates, 128 (51%) agreed, 54 (21.4%) differed by one year and 57 (23%) differed by 3 or more years (kappa=0.64). On average, the self-reported year of diagnosis was 9.0 months earlier than that reported to HARS. The 95% limits of agreement ranged from -7.5 to 6.0 years.

Medical record vs. HARS: The year of diagnosis in the medical record matched the HARS year in 1,132 (70%) of 1,624 participants (kappa=0.76). On average, the medical record year of diagnosis was 9.1 months earlier than that reported to HARS. 268 (17%) patients had years of diagnosis 3 or more years discrepant. The 95% limits of agreement ranged from -7.7 to 6.0 years.

**CONCLUSION:** The self-reported year of diagnosis had high agreement with the medical record, but the 95% limits of agreement suggest that these two measures could not reliably be used interchangeably. Both the medical record and patient reported years of diagnosis were earlier than HARS. Although retrospective collection of data from patient report or existing sources is convenient, cost-effective, and efficient, there is significant variation in the sources of this information.

**Poster ID Number:** 071M

**Presentation Title:** Why the Wait? Delayed HIV Diagnosis Among Men Who Have Sex with Men

**Author(s):** Kimberly M Nelson; Hanne Thiede; Stephen E. Hawes; Matthew Golden; Rebecca Hutcheson; James W. Carey; Ann Kurth; Richard A. Jenkins

**BACKGROUND:** While there is a growing literature on the factors associated with “late HIV testing” (being diagnosed with AIDS within one year of HIV diagnosis) in the United States, there is limited information specifically addressing “delayed HIV testing” (defined in our study as testing HIV-seropositive six months or more after HIV seroconversion). Similar to late-testing MSM, MSM who delay testing are in turn delaying access to care necessary to slow their disease progression, and are likely to be spreading the virus unknowingly. Using data from the Seattle Area MSM Study (SAMS) we sought to identify factors associated with delayed diagnosis of HIV, by comparing delayed testers to non-delayed testers (persons who were diagnosed within six months of testing HIV-seropositive), in King County, Washington among men who have sex with men (MSM).

**METHODS:** Participants were recruited from HIV testing sites in the Seattle area. Delayed testing status was determined by the Serologic Testing Algorithm for Recent HIV Seroconversion (STARHS) or a self-reported previous HIV-negative test. Quantitative data on sociodemographic characteristics, health history, and drug-use and sexual behaviors were collected via computer-assisted self-interviews. Qualitative semi-structured interviews regarding testing and risk behaviors were also conducted. Multivariate analysis was used to identify factors associated with delayed testing. Content analysis was used to establish themes in the qualitative data.

**RESULTS:** We analyzed data from 77 HIV-seropositive MSM; 39 delayed and 38 non-delayed testers. Factors associated with delayed testing included being African-American (OR = 17.2, 95% CI: 1.8, 166), homeless (OR = 15.4, 95% CI: 1.6, 146), “out” to 50% or less people about male-male sex (OR = 4.7, 95% CI: 1.2, 17.9), and having only one sex partner in the past six months (OR = 6.9, 95% CI: 1.1, 42.9). Delayed testers often cited HIV-related sickness as their reason for testing and fear and wanting to be in denial of their HIV status as reasons for not testing. Delayed testers frequently did not identify as part of the MSM community, did not recognize that they were at risk for HIV acquisition, and did not feel a responsibility to themselves or others to disclose their HIV status. In contrast, non-delayed testers tended to be more sexually active with male partners, less marginalized, more “out” about their male-male sex, be more engaged in the MSM community and feel a responsibility to that community, and have better social support systems. They tended to be well aware of their risk for HIV acquisition while continuing to engage in risky behaviors despite, or perhaps because of, frequent HIV testing.

**CONCLUSION:** This study illustrates the need to develop outreach methods and prevention messages targeted specifically to these highly marginalized delayed testers in order to detect HIV infections earlier, provide HIV care, and prevent new infections. In addition, our findings also suggest a continued need for effective and innovative risk reduction efforts among those MSM who test often, but continue to engage in risky behaviors.

**Poster ID Number:** 072M

**Presentation Title:** Sexual Partnering Characteristics Among HIV-Infected and HIV Uninfected Black Men Who Have Sex with Men

**Author(s):** Sebastian Bonner; James Egan; Krista Goodman; Kiwan Stewart; Guozhen Xu; Beryl Koblin

**BACKGROUND:** Black men who have sex with men (MSM) are disproportionately infected with HIV in the U.S., yet behavioral risk factors do not fully explain the high rates of HIV infection in this group. This study seeks to describe sexual partnering characteristics among Black MSM and evaluate factors associated with unprotected anal intercourse event.

**METHODS:** Baseline data from 155 Black MSM enrolled in an ongoing HIV behavioral intervention study in New York City was analyzed. Black MSM at least 18 years of age who reported unprotected anal intercourse with a male sexual partner in the past 3 months were included. Demographic and sexual risk behavior information, including alcohol and drug use during sex and partner race/ethnicity, age, and HIV status, were collected on ACASI questionnaire. Factors associated with last unprotected anal intercourse were assessed using logistic regression.

**RESULTS:** Median (IQR) age was 42 (34-46) years. 93 (60%) tested HIV positive, while 62 (40%) were HIV negative. Only 1 (0.7%) was unaware of his HIV positive status. 41 (26%) were bisexual, 89 (57%) had a history of incarceration, 91 (59%) had an annual income <\$10,000, 38 (25%) were employed, and 76 (49%) had high school education or less. The men had a median (IQR) of 4 (2-7) male sexual partners in the last 3 months. Men who tested HIV positive were more likely to have been diagnosed with an STI during the past year (OR=12.5, 95% CI 3.3-46.9) after controlling for age. 138 (93%) reported having a sexual partner of the same race in the last 3 months. Logistic regression showed Black MSM were more likely to engage in unprotected anal intercourse with their last partner if they and their partner had consumed alcohol during sex (OR=2.0, 95% CI 1.0-3.8 and OR=2.0, 95% CI 1.0-3.8, respectively) and if their partner had used drugs during sex (OR=2.4, 95% CI 1.2-4.6). Same race/ethnicity, age of partner >40 years, and disclosure of HIV status were not associated with having unprotected anal intercourse with their last partner. Overall, 41 (27%) did not disclose their serostatus to their last partner, and it was not different between HIV-infected and HIV uninfected men (p=0.89).

**CONCLUSION:** Having an STI during the past year was associated with HIV positive status in a cohort of Black MSM in New York City. Unprotected anal intercourse was associated with self and partner alcohol use and partner drug use. Same race/ethnicity and older age of partner were not associated with unprotected anal intercourse. Further research is needed to explore event-specific factors associated with HIV risk behavior among Black MSM.

**Poster ID Number:** 073M

**Presentation Title:** Heterogeneity in Sexual Risk Behaviors Among Men Who Have Sex with Men, San Francisco California

**Author(s):** Julia Marcus; Nicola Zetola; Jeffrey Klausner

**BACKGROUND:** Men who have sex with men (MSM) are disproportionately burdened by STDs and HIV. Understanding heterogeneity of behavioral risks among MSM is critical to the development of effective prevention interventions. We examined data on MSM seeking care at the San Francisco municipal STD clinic from January 2006 through November 2008 to examine longitudinal trends in behavioral risk.

**METHODS:** All MSM who had at least 3 visits to the STD clinic, with visits at least 3 months apart and a negative HIV test at the first visit, were included in the analysis. High risk was defined a priori as reporting at least one of the following in the past 3 months: (1) use of methamphetamines, (2) unprotected anal intercourse, or (3) > 5 sex partners. The prevalence of high-risk behavior was assessed using both visit-based and individual-based analyses.

**RESULTS:** Overall, 564 MSM contributed 1891 person-visits to the analysis. In the analysis with visit as the unit of measure, 269 (14.3%) of the MSM-visits were classified as high risk. In the analysis with individual (and not visit) as the unit of analysis, 20 (3.6%) of MSM reported high-risk behavior at all of their visits, 139 (24.7%) reported episodic high-risk behavior (high-risk at least one visit, but not all visits), and 405 (71.8%) were consistently low risk. MSM with consistent high risk had the highest period prevalence of HIV (15%; 95% CI: 3.2%-37.9%), gonorrhea (65%; 95% CI:40.8-84.6%), chlamydia (60%;95% CI:36.1%-80.9%) and early syphilis (15%; 95% CI: 3.2-37.9%). The period prevalence among MSM with episodic risk was not lower than MSM with consistently high risk ( $p>0.05$  for all four).

**CONCLUSION:** Among MSM visits, 14.3% were high-risk according to reported sexual behavior; however, consistent high-risk behavior across visits was reported by only 3.6% of MSM. While period prevalence for STDs/HIV was highest among MSM who consistently reported high-risk behavior, it was not significantly lower for MSM with episodic risk. A more lucid understanding of the heterogeneity of risk over time for MSM is critical for preventing new infections.

**Poster ID Number:** 074M

**Presentation Title:** Needs Assessment of HIV prevention: Men Who Have Sex with Men

**Author(s):** Rodriguez-Bidot M; Garc? T; Chiroque L; Kianes-Pez Z

**BACKGROUND:** Until November 2008, the Puerto Rico HIV/AIDS Surveillance Office reported 29,730 men with HIV/AIDS (4,832-HIV and 24,898-AIDS) and 6,389 of them were men who have sex with men (MSM). The needs assessment of HIV prevention in Puerto Rico was performed to identify gaps among MSM identified as a population at high risk of HIV. The aim of this study was to identify socio-demographic, knowledge, attitudes, aptitudes and behavioral factors associated with risk to acquire HIV infection in MSM population.

**METHODS:** A sample of the municipalities from 8 health regions of Puerto Rico was used and the size was calculated using the program EPIDAT version 3.1, based in the male population of the health regions and the number of men with HIV/AIDS in the period 2000-2005 in the selected areas. The data were obtained through a survey and the analysis was carried out in SPSS 15.0.

**RESULTS:** A total of 275 study participants were men who have sex with men, the average age was 30 years old, 92.4% of them finished high school and 40.4% had at least a bachelor degree. A total of 24.0% reported having multiple sex partners and 26.2% reported the use of no-injecting drugs. In this study, 82.5% reported using condoms at least once during sex in the past 6 month, 84.3% reported being worried about getting infected with HIV although this percentage varied with age, from 76.7% in the group from 35 to 44 years old to 90.5% in the men 45 years old or more. Ninety-five percent understood that they can prevent HIV infection and 89.5% identified the use of condom as an effective method to prevent this infection. However, 75% of the MSM interviewed had oral sex without using condom, half of them had sex under the influence of alcohol and almost 15% had sex under the effects of drugs. More than 73 % reported having received at least one HIV prevention service.

**CONCLUSION:** The main reason not to use condoms was trust in their sexual partner. The MSM interviewed understands that the use of condoms helps prevent the HIV infection and the method of communication preferred by them in order to receive HIV prevention information is television, followed by internet. The study also suggests that MSM require new strategies to prevent new HIV infections.

**Poster ID Number:** 075M

**Presentation Title:** National HIV/AIDS Disparities: Impact on Life Expectancy

**Author(s):** Jacob Warren

**BACKGROUND:** While HIV/AIDS was identified originally through its disparate effect upon men who have sex with men, since then racial disparities in HIV/AIDS incidence and mortality have been well recognized. While incidence disparities have been well described in recent literature, the long-reaching impact of these disparities has not been examined. The goals of this study were to quantify the impact of HIV/AIDS disparities upon life expectancy in the US by: (1) examining sex, race, and geographically based disparities in HIV/AIDS related deaths; and (2) estimating the impact of HIV/AIDS on life expectancy across sex, race, and region of residence.

**METHODS:** A Markov chain model of National Center for Health Statistics Mortality data for 2002 was created. The model was used to determine the likelihood of dying from HIV/AIDS by sex, race, and region of residence in the US across all ages, and the change in life expectancy that would occur if HIV/AIDS were eliminated as a cause of death.

**RESULTS:** Clear and stark racial disparities in HIV/AIDS related deaths emerged, with Blacks being much more likely at birth to ultimately die from HIV/AIDS (as high as a 3% chance for Black men in the Northeast, as compared to 0.02% chance for White women in the Midwest). While the probability in general decreased as individuals aged, White women by far exhibited the lowest probabilities across time, followed by White men, Black women, and Black men. For Blacks, regional disparities also emerged, with Blacks in the northeast having the highest probabilities of ultimately dying from HIV/AIDS, followed by the South, the West, and the Midwest. Predicted gains in life expectancy given a cure for HIV/AIDS varied dramatically by race/sex group. Disparities were quite evident, with Blacks having higher at-birth gains in life expectancy than Whites. Men also

generally had higher increases than women. Those in the Midwest exhibited the smallest increase in life expectancy, and those in the Northeast exhibited the largest, across all race/sex groups. If eliminated, HIV/AIDS would provide the fourth-largest increase in life expectancy for Black men, behind only heart disease, homicide, and lung cancer, adding on average 0.82 years to every Black man if cured.

**CONCLUSION:** Resounding disparities in the impact of HIV/AIDS upon life expectancy were demonstrated, both between races and regions of residence. The sheer impact these disparities have on life expectancy for Black men and women implicate HIV as one of the most important causes of death for prevention research.

**Poster ID Number:** 076M

**Presentation Title:** Ethnoracial and Prenatal Care Differences Among Rapid HIV Test Positive Gravidas Presenting to Illinois Hospitals

**Author(s):** Barrett Robinson; Francesca Facco; Whitney You; Anne Statton; Yolanda Olszewski; Mardge Cohen; Pat Garcia

**BACKGROUND:** Though African-American women and pregnant women without adequate access to care are disproportionately affected by HIV, limited data are available on the role that comprehensive statewide policies can play in targeting those pregnant women most at risk for HIV infection.

**METHODS:** The goal of this study was to compare whether ethnoracial status and amount of prenatal care were associated with confirmed positive HIV tests in Illinois women presenting with undocumented status to L&D. As part of the Perinatal Rapid Testing Implementation in Illinois Project, each birthing hospital submits monthly data forms that document the HIV status of all laboring patients along with rapid HIV testing acceptance and results. Statewide data from over 500,000 women delivering in Illinois from 2005 to 2007 were reviewed.

**RESULTS:** All women with undocumented HIV status and preliminary positive HIV tests were identified and demographic information audited. Race and ethnicity were grouped into two nominal categories, Non-Hispanic Black (NHB) and Other Racial Ethnicities (ORE). Prenatal care (PNC) was grouped into regular care (RC), sporadic-unknown care (SC), or no PNC (NC). Relationships between confirmed positive HIV status, ethnoracial status, and prenatal care were analyzed with Chi-square.

**CONCLUSION:** Of 40,163 HIV undocumented women presenting to L&D units in Illinois, 0.3% were Rapid Test positive. Among NHB, the HIV confirmatory tests were positive in 85 percent (71/84) compared to 46 percent (17/37) of ORE [ $p < 0.05$ ]. Women with positive confirmatory tests were shown to utilize PNC as follows: 28 percent (25/90) RC, 39 percent (35/90) SC, and 33 percent (30/90) NC. Rates of PNC utilization among women with negative confirmatory tests were significantly different [ $p < 0.05$ ]: 62 percent (18/29) RC, 24 percent (7/29) SC, and 14 percent (4/29) NC.

This multiyear statewide dataset demonstrates that among HIV undocumented gravidas with positive Rapid HIV tests, a positive confirmatory test is more likely among NHBs and those with no or sporadic PNC.

**Poster ID Number:** 077M

**Presentation Title:** Prevalence of Herpes Simplex Virus Type 2 among New York City Heterosexuals with HIV Infection

**Author(s):** Holly Hagan; Christopher Murrill; Camila Gelpi-Acosta

**BACKGROUND:** Herpes Simplex Virus type 2 (HSV-2) has been shown to increase the risk of sexual HIV transmission among heterosexuals in developing countries and men who have sex with men. The contribution of HSV-2 to heterosexual HIV transmission in the US has not been reported.

**METHODS:** A matched case-control design was used to examine the association between HSV-2 and HIV infection among heterosexuals living in "high-risk areas" (HRAs) in New York City (NYC). We identified NYC HRAs using HIV surveillance data on heterosexual-related adult HIV diagnoses and US census data on household poverty. Heterosexuals who were socially or geographically linked to an HRA were recruited using respondent-driven sampling. HIV positive cases were matched to HIV negative controls on gender, race/ethnicity, and age.

**RESULTS:** Thirty-nine HIV-positive cases were matched to 111 HIV-negative controls. In a multivariate model that adjusted for covariates, HIV infection was associated with HSV-2 infection (adjusted odds ratio (AOR) =3.6, 95% confidence interval 1.1-12.3), STI diagnosis in the previous year (AOR=3.6, 1.4-8.9) and homelessness (AOR=0.2, 0.1-0.5).

**CONCLUSION:** Associations of similar magnitude between HIV and HSV-2 have been reported in other population groups. In areas defined by poverty and a high prevalence of HIV and HSV-2 infection, interventions that address structural, behavioral and biological determinants may be needed to reduce heterosexual HIV transmission.

**Poster ID Number:** 078M

**Presentation Title:** Trends in Syphilis Infection and Risk Behaviors Among MSM and Non-MSM in Houston, Texas, 2000-2006

**Author(s):** Osaro Mgbere PhD; Marcia Wolverton MPH; Debo Awosika-Olumo MD, MS, MPH; Raouf Arafat MD, MPH; Marlene McNeese-Ward; Byron Oujesky MS; Lupita Thornton; Sreevidya Mukkavilli MPH;

**BACKGROUND:** In 2007 Houston Department of Health and Human Services noted an increase in syphilis infection in Houston, Texas, which prompted some intervention measures. Men having sex with men (MSM) were implicated in the increase partly because of recent high-risk sexual behaviors among this group. However, it is possible that other sexual behaviors may have contributed to this increase. Since the presence of syphilis may act as a conduit for HIV, a rise in syphilis among the MSM in Houston could signal a corresponding increase in HIV incidence. The objective of this study was to evaluate a 7-year trends and differences in risk factors among MSM and non-MSM in Houston, Texas with the view of determining appropriate prevention intervention for the groups.

**METHODS:** Data used for this study was extracted from the Sexually Transmitted Disease Management Information System (STD-MIS) of the Houston Department of Health and Human services (HDHHS) for the period of 2000 to 2006. Based on risk profiles documented in the patient interview records, significant risk factor differences between MSM and non-MSM were determined. Demographic characteristics of the reported cases and trends in risk behaviors over the study period for the two groups were also evaluated.

**RESULTS:** The results indicate that of the total of 2,447 syphilis cases reported (primary, secondary and early latent) during the study period, 45% were MSM and 55% non-MSM. MSM of white race were more than MSM of color being 29.2% and 14.9% respectively. Interesting trends were noted in the two groups, with MSM increasing steadily in the population from 9.6% in 2000, at the average rate of 10% per year, to 60% in 2004; while a decreasing trend was noted among the non-MSM from 90.4% in 2000 to 40% in 2004 at the same rate. These trends reversed in subsequent years. Significant differences ( $P \leq 0.05$ ) were noted between the two groups on all the prominent risk factors identified namely: anonymous sex, rectal intercourse, oral sex, condom use (sometimes and pickups only), new sex partner during last 90 days, sex with female, never use condom, sex for drugs/money and sex with crack user. MSM group were more likely to be involved in more risky behaviors than the non-MSM group.

**CONCLUSION:** Findings from the study indicate multi-faceted changes in risk behaviors between MSM and non-MSM, with MSM having increasing trends in several of the prominent risky behaviors over time from 2000-2006. This raises concerns about the potential for increased HIV transmission in this group. However, identification and understanding of the social networks that facilitate these risky behaviors will ensure that prevention interventions are holistic and more effective.

**Poster ID Number:** 079M

**Presentation Title:** Acute HIV Detection Among MSM Using Nucleic Acid Amplification Testing After 3rd Generation Antibody Testing

**Author(s):** Michael W. Chien; Apurva Uniyal; Robert Bolan, MD; Precious Stallworth; Peter R. Kerndt, MD MPH

**BACKGROUND:** Detection of HIV in the acute stage of infection is important in preventing further HIV transmission. The shorter window period of nucleic acid amplification tests (NAAT) allows identification of acute infections when combined with a traditional antibody test. However, as the window period of newer generation antibody tests improves, the time frame during which acute HIV can be detected by additional NAAT testing decreases. Thus, acute HIV cases detected with newer generation antibody tests are in the earliest and most highly infectious stage of HIV. The ability of NAAT testing to detect acute HIV infections when used in conjunction with a 3rd generation HIV antibody test in a high-risk population in Los Angeles County (LAC) and the corresponding prevalence of STD co-infections will be examined.

**METHODS:** Acute HIV cases were identified through pooled testing using Roche Amplicor® Monitor HIV-1 assays of HIV Ab. negative (Bayer Advia Centaur® HIV1/2 Plus O AB) persons in a STD clinic in LAC that serves a predominantly MSM patient population. Test results from the same visit for other STDs were obtained from the Public Health Laboratory database.

**RESULTS:** From March 2008 through November 2008, 3,403 clients were screened for HIV. Of these, 61 individuals (1.8%) were HIV EIA positive, and 3,326 (97.7%) were negative for both EIA and NAAT. Seven presumptive AHI cases (EIA-Ab negative and NAAT positive) were identified for an increased HIV detection yield of 11.5%. Six of these presumptive AHI cases were confirmed by Western blot, with the seventh yet to be tested. All seven cases were MSM. All seven cases were tested for syphilis, and six were also tested for chlamydia (CT) and gonorrhea (GC). There were no early syphilis among the seven cases. Of the six presumptive AHI tested for CT/GC, five cases (83.3%) were positive for a STD co-infection (2 CT and GC positive; 2 CT positive only; 1 GC positive only).

**CONCLUSION:** NAAT testing in a high-risk population is effective at detecting acute HIV infections even when coupled with a newer generation antibody test. The additional HIV detection yield from NAAT testing together with 3rd generation antibody testing remains high at 11.5%. STD co-infection is also common. The HIV infection likely occurred concurrent with the STD infection. Testing to detect acute HIV infection among high-risk populations with STDs should include NAAT even when 3rd generation EIA tests are negative.

**Poster ID Number:** 080M

**Presentation Title:** Syphilis and HIV Co-Infection, Puerto Rico, 2004-2007

**Author(s):** Zaira Kianes-Pérez; Garc? T; Rodriguez-Bidot M; Chiroque L

**BACKGROUND:** Syphilis is a sexually transmitted disease (STD) that increases the likelihood of sexual HIV transmission 2-5 times. Risk factors are vaginal intercourse, oral sex or anal sex without protection and parenteral transmission. This presentation will describe the occurrence and distribution of syphilis by age and gender for the period 2004-2007, the distribution of the risk factors with the highest occurrence in syphilis cases and the occurrence of syphilis HIV co-infection and the distribution of the risk factors with the highest occurrence in the people with the co-infection.

**METHODS:** Data from the US Census Bureau and Puerto Rico STD Surveillance Office (Interview record) was used to describe the demographic characteristics, occurrence of co-infection, risk factors and to calculate the incidence rate of Syphilis in Puerto Rico from 2004-2007

**RESULTS:** For the period of 2004-2007

\* A total of 321 people with syphilis reported having either a previous or current positive HIV test.

\* A 56.4% of these cases reported knowledge of their HIV positive status when given the diagnosis of syphilis and 43.6% of them found out about their HIV positive status after their syphilis diagnosis.

\* A 75.8% of the syphilis cases that reported having a positive HIV test (previous or current) were men.

\* Highest occurrence of co-infection was observed in the 30 to 54 years old.

Men sex with women (average 65%), Men sex with men (average 30%), Use of injecting drugs (average 4.7%) and Sex for drugs or money (average 7.7%) were the risk factors with highest occurrence.

\* An average of 7.6% of the Primary and secondary syphilis cases have a previous positive HIV test and an average of 7.7% have a current positive HIV test.

**CONCLUSION:** Awareness of HIV and syphilis status does not seem to be a precursor for safer sexual practices. It is recommended STD/HIV/AIDS prevention campaigns targeting all age groups at risk, and according to gender and risk factors. It is also important to maintain the surveillance system to properly follow the trends of these infections.

**Poster ID Number:** 081M

**Presentation Title:** Improved Surveillance Through the Matching of HIV/AIDS and Cancer Registries

**Author(s):** Amanda Castel; Titilola Jolaosho; Alicia Vargas; Phil Virgo; Eric Engels; Aaron Adade; Paul Levine; Tiffany West Ojo; Shannon Hader; Joanne Lynn

**BACKGROUND:** Linkage of HIV/AIDS databases to other databases, including cancer registries, has been shown to increase the completeness of reporting and provide additional case information that may not have already been collected for surveillance purposes. In the District of Columbia, the city with the highest rate of AIDS, DC cancer surveillance data show that the prevalence of AIDS-related cancers including Kaposi's Sarcoma (KS), non-Hodgkin's Lymphoma (NHL) and cervical cancer, continues to be high. This study sought to link the DC Cancer Registry (DCR) with the DC HIV/AIDS surveillance registries in order to ascertain the completeness of reporting and the extent of co-morbid conditions.

**METHODS:** Cases from the DC Cancer registry (DCR, 1996-2006) and DC HIV/AIDS surveillance databases (1980-2008) were electronically linked. Matching of the HARS database was performed using a probabilistic algorithm based on name, social security number, date of birth, and sex. Probable matches were manually reviewed by authorized registry personnel. In addition, we matched the code-based HIV registry to the DCR using an exact comparison of the unique identifier. Results from the linkage process were described using univariate analysis.

**RESULTS:** 33,109 cases from the DCR were matched with 26,578 cases from the HIV AIDS Registry (HARS). A total of 1117 matched records (i.e., cancers in people with HIV/AIDS) were identified of which 22 matches were identified through linkage of the code-based HIV registry. 109 DCR KS cases matched to HARS but were not known to have KS in HARS suggesting that these cases may have had some other criteria for HIV infection or another AIDS-defining illness. Thirty three DCR KS cases did not match to any record in HARS suggesting that these KS cases may not have been HIV/AIDS related or may have been missed cases in HARS. Eleven KS cases and 17 NHL cases in HARS matched to the cancer registry but were not identified as KS and NHL cases, respectively in the DCR. These findings suggest that these KS and NHL AIDS cases may have developed a second cancer. 1,024 HARS KS cases did not match at all to the DCR however this may be explained by the fact that the HARS registry used for the match included cases diagnosed in the pre-HAART era whereas the DCR cases included only more recent cases. 365 HARS NHL cases did not match at all to the cancer registry and may represent missed cases in the DCR.

**CONCLUSION:** Linkage of surveillance registries can be performed successfully, resulting in the identification of missed cases and co-morbid conditions. Based on this linkage, further analysis can be performed to describe the prevalence and incidence of both AIDS-related and non-AIDS related cancer cases in the District. In addition, the two registries can potentially work together, while maintaining security and confidentiality of their respective registries, to identify methods to share data so that previously unreported cases can be investigated to increase the completeness of reporting.

**Poster ID Number:** 082M

**Presentation Title:** Assessing the Accuracy of Risk Classification in the Era of Name-Based Reporting

**Author(s):** Kathryn Cape; Biva Chowdhury; Angelique Griffin; Tiffany West-Ojo; Shannon Hader

**BACKGROUND:** Risk factor information assists in defining the HIV/AIDS epidemic and guides planning and prevention activities. Although many methods of risk ascertainment have been proposed and are utilized, for a proportion of HIV cases, a risk for transmission will not be identified (NRI cases). Previous studies have found that large proportions of NRI cases are able to be reclassified upon further investigation and that initial risk factor classification is generally accurate. This study sought to measure the ability and accuracy of risk ascertainment among HIV cases during the District of Columbia's transition from code-based to name-based HIV reporting.

**METHODS:** Code-based HIV cases were re-investigated under the name-based system using available laboratory data, medical record abstraction and review of other AIDS-related databases such as the AIDS Drug Assistant Program database. We compared the originally identified code-based risk with the newly collected name-based risk to ascertain changes in risk classification. Percent changes and Cohen kappa statistics were used to measure agreement between the two risk classifications.

**RESULTS:** Of the 799 HIV cases reviewed, 76.0% of cases had an initial identified risk factor. The risk classification for the majority of heterosexual and men who have sex with men (MSM) cases did not change upon reinvestigation (76.7% and 75.2%, respectively). Among males, classification remained the same for 64.6% of the heterosexual cases and 58.5% of IDU cases. Among women, 83% of cases remained classified as heterosexual and 55.4% as IDU. Among initial NRI cases (n=192), 65.1% remained in this category even after further investigation. Among the 67 NRI cases able to be reclassified, they had the following reclassification: 19 to MSM; 16 to IDU (6 males and 10 females); 4 to MSM/IDU and 28 heterosexual (14 males and 14 females). The kappa coefficient, which measured agreement, was 0.74 for all cases, 0.67 for males and 0.58 for females.

**CONCLUSION:** Re-investigation of HIV cases originally reported under a name-based system resulted in the being able to determine risk on approximately one third of cases in which a risk factor for transmission had not been previously identified with the majority reclassified as heterosexual cases. Agreement between the two methods was fairly good; but in this study was lower for women and lower overall than that observed in previous studies. Our results show that although labor-intensive, surveillance programs should consider prioritizing re-investigation of NRI cases among females and IDU cases in an effort to meet the CDC goal of obtaining risk factor information on at least 85% of cases.

**Poster ID Number:** 083M

**Presentation Title:** Cross-Cutting Issues Impacting the Lives of Women Living with HIV/AIDS in NYC

**Author(s):** Claire Simon; Tracey Gardner; Rona Taylor-Jack

**BACKGROUND:** Black and Hispanic women and girls represent 90% of the 30,000 women and girls with HIV/AIDS living in New York City. The New York City communities where women and girls with HIV/AIDS are concentrated face numerous socio-economic issues.

**METHODS:** A geographical analysis (community mapping) was conducted in all five boroughs of New York City to examine the connection between where women and girls living with HIV/AIDS were located as well as other social determinants such as poverty, level of education, prison admissions, as well as the rates of unplanned pregnancies and sexually transmitted diseases.

**RESULTS:** The community maps provide a detailed view of the characteristics of each neighborhood and, more importantly, compare very different types of data in a visually intuitive and useful manner.

**CONCLUSION:** -The multiple stressors in the lives of women and girls with HIV/AIDS can become barriers to service utilization and inhibit their access to care.

-The epidemic is concentrated in 11 neighborhoods.

-The epidemic looks different in women than in men.

**Poster ID Number:** 085M

**Presentation Title:** Stages of Change Model with Minority Re-entry Incarcerated Population

**Author(s):** Maria Dutcher

**BACKGROUND:** Substance abuse, HIV and Hepatitis continue to relentlessly strike at-risk persons, including communities of color, in the Kansas City metropolitan area. Individuals affected include substance users, and/or incarcerated adults and youth, or adults and youth who are reentering the community upon release from incarceration. Of particular concern is that many of the incarcerated individuals upon their release are unaware of their HIV and Hepatitis serostatus and engage in substance abuse and other high-risk behaviors, putting themselves and others at greater risk for HIV and/or Hepatitis transmission.

**METHODS:** The Kansas City Free Health Clinic (KCFHC) received multiyear funding from Substance Abuse and Mental Health Services Administration. KCFHC Prevention Specialist use Safety Counts, an evidence-based intervention DEBI program that has been tailored to serve a target population of minority individuals who are at risk for substance abuse, HIV and Hepatitis, including minority individuals who are reentering the community after release from incarceration. The target population includes

multiple risk groups (i.e., Minority MSM, IDU, MSM/IDU, substance abusers, male and females ages 18 and older, HIV+, HIV negative, and those with unknown HIV status).

**RESULTS:** The Safety Counts program consists of two group sessions, one individual counseling session, two risk reduction social groups and two supportive follow-up contacts. The program begins with cognitive-behavioral group sessions to develop the participant's HIV risk-reduction plan with the counselor, consider potential barriers and solutions, and identify sources of social support and proceed to individual counseling and risk reduction social events that help refine the clients risk-reduction plan, strengthen commitment to a personal goal and provide peer support for risk reduction. The adult centered educational intervention concludes with supportive follow-up contacts to reinforce progress toward risk reduction and encourage achievement and maintenance of personal risk reduction goals. We anticipate that the individualized approach to setting risk reduction goals and activities will help increase participants' involvement in and commitment to behavior change.

**CONCLUSION:** The research study seeks to address: how effective the Safety Counts educational intervention program is on improving the participants' risk reduction skills and decreasing their sexual activity and drug use risk behaviors.

Based on the relevant tenants of the social cognitive theory and the stages of change model, the quantitative baseline survey was used to identify and further explore the occurrence of HIV/STD/HEP and substance use among minority reentry populations. In this paper we report the findings from a regression model analysis by examining 8 constructs: socio-economic, demographic, life style, sexual history and practices, sexual risk behaviors, sexual self-efficacy, HIV/HEP, and health care. Preliminary results with baseline data demonstrate that sexual history and practices is significantly related to their perceived risk. However, even though participants correctly perceived their risk they continue to engage in sexually risky behavior--lending credence to participants being in the Contemplation stage in the Stage of Change model. Upon future analyses with post data, we anticipate participants progressing through additional stages of change.

**Poster ID Number:** 086M

**Presentation Title:** Brothers Saving Brothers (BSB): A Group Level Prevention Intervention for African American YMSM

**Author(s):** Sylvie Naar-King

**BACKGROUND:** Young men who have sex with men (YMSM), especially African American YMSM, continue to be at high risk of acquiring HIV through unprotected sexual encounters as evidenced by the increased incidence of HIV infection reported in recent years (CDC, 2008). Difficulties with ethnic and sexual identity may be a precursor to the psychological distress, substance use, and lack of perceived social support often associated with sexual risk behavior for this population. Thus, a culturally and developmentally appropriate intervention is needed to address these issues and to reduce HIV transmission behavior.

**METHODS:** Brothers Saving Brothers (BSB) has been delivered to African American YMSM in Detroit, Michigan (i.e., the Detroit metropolitan area).

**RESULTS:** BSB was adapted from a hybrid of Brother to Brother (formerly the African American Men's Health Study) and Many Men, Many Voices (3MV). Essential to the adaptation process was input from African American YMSM to ensure culturally and developmentally relevant content. BSB is a 3 session (2 hours per session) group level prevention intervention that focuses on ethnic and gay identity, HIV risk and vulnerability, partner negotiation, and risk reduction. Participants gain mastery through role-play, group discussion, and skill building activities. African American YMSM were recruited through traditional and non-traditional outreach and venues (e.g., youth serving agencies, the Internet, field outreach events, colleges and universities, etc.) by peer outreach workers who were also group facilitators. Participants completed questionnaires that included overall satisfaction with the intervention.

**CONCLUSION:** From August 2007 to July 2008, 37 youth enrolled in the intervention (ages 16-24; mean=19) and 89% completed all 3 session. Preliminary data suggests youth satisfaction with the intervention (99%) and with the interventionists (97%). Data also suggests an increase in HIV knowledge and intentions to use a condom during sexual intercourse. Providing a culturally and developmentally appropriate group level intervention may be essential to meeting the prevention needs of African American YMSM. However, more data is needed to determine how efficacious this intervention is for this population.

**Poster ID Number:** 087M

**Presentation Title:** Does RCT Reduce the Duration from HIV Infection to Diagnosis in Makindye Division?

**Author(s):** Benjamin Lutimba

**BACKGROUND:** At Kiruddu Health Center, we realized that there were variations in differences in the duration from the time of infection to the time of diagnosis for individuals receiving HIV/AIDS care at Kiruddu Health Center. We therefore decided to examine the time from infection to diagnosis of HIV and identify the factors that can reduce this duration.

**METHODS:** 400 HIV participants were enrolled at Kiruddu Health Center from with in all villages in Makindye Division between October 2006 and January 2008. Life tables were used to calculate the probability of time from infection to diagnosis of HIV and a multiple linear regression was used to determine the factors affecting this duration.

**RESULTS:** The median time from infection to diagnosis of HIV +ves was 2.7 years. Men took longer before being diagnosed the women (3yrs Vs 2.4yrs,  $p=0.04$ ). The multiple linear regression showed that the year of infection had the strongest impact on the time before HIV +ve diagnosis for both men and women. The number of children was a significant predictor only among women. Women who had one or no children had a longer median time to being tested than those who had more than one child (2.48 yrs Vs 1.88 yrs,  $p=0.03$ )

**CONCLUSION:** A smaller duration from infection to HIV diagnosis of the HIV +ve respondents in the division has resulted from expanded RCT services at all Health Centers in the Division. Also compulsory HIV testing for mothers visiting Antenatal Clinics has allowed women to learn of their HIV +ve status earlier which strengthens the PMTCT programme. We therefore need better strategies for encouraging men to test for HIV to reduce their time from infection to the time when they learn of their HIV status.

**Poster ID Number:** 088M

**Presentation Title:** The Tanzania Youth Health Corps for Community-Based HIV Prevention, Care and Treatment

**Author(s):** Megan Dunbar

**BACKGROUND:** An estimated 140,000 Tanzanians die each year from HIV-related illness, and thousands more become newly infected, contributing to the estimated 1.1 million HIV orphans and vulnerable children (OVC) living in Tanzania today. To improve both HIV prevention and AIDS treatment access, the Muhimbili University of Health and Allied Sciences (MUHAS), in partnership with the Pangaea Global AIDS Foundation (PGAF), will implement a demonstration project that trains young adults, with an emphasis on HIV orphans and vulnerable children or their caregivers, to serve as community paramedical health workers.

**METHODS:** The Youth Health Corps (YHC) Project will be rolled out in early 2009 in the Iringa Region of Tanzania's south-central highlands, targeting underserved rural villages linked to local health centers and dispensaries.

**RESULTS:** The YHC demonstration project (funded by PEPFAR through CDC Tanzania) will work with village elders to recruit 40 young (aged 18-26 years) Tanzanians with a minimum of Form IV (13 years) education. The project will preferentially recruit OVC and their caregivers. YHC members will be rigorously trained in HIV prevention and basic health care provision, certified and employed (by Ministry of Health) as community-based healthcare workers supervised by clinicians at their local public health centre or dispensary. YHC members will offer education and primary healthcare services in their remote placement communities by visiting households door-to-door and providing: 1) community health and HIV prevention education; 2) screening and/or referral for screening and treatment for HIV, TB and malaria; 3) follow-up and case management of patients on AIDS and other treatment regimens; and 4) coordination with other community-based cadres and support services for HIV, TB, Malaria and child health. Furthermore, YHC members will support community-level data collection that will be linked to the national health management and information systems (HMIS). After two years of service, YHC members will be supported through career counseling to pursue ongoing training and career opportunities in the health sector, thereby bolstering the health sector's human resource pool over the short and long terms.

**CONCLUSION:** The project will be rolled out within a rigorous operations research framework utilizing a stepped-wedge randomized control trial including community-level household surveys, quantitative and qualitative interviews with YHC members and observation of services delivered, as well as the collection of cost data to evaluate the potential effectiveness and cost-effectiveness of the YHC model. We hypothesize that the YHC model will result in improved HIV prevention and access to care and treatment for households served, reduced AIDS-related stigma due to the integration of prevention and treatment services, and increased health systems functionality by linking remote households to village level health care and referrals to district level care when required. We also hypothesize that the YHC model will reduce vulnerability to HIV infection among YHC members and the youth they serve, and that over time, it will strengthen Tanzania's current and future healthcare and social welfare workforce by providing a pool of young workers who are skilled in community-based healthcare delivery.

**Poster ID Number:** 089M

**Presentation Title:** Evaluation of NAAT to Complement the HIV Diagnostic Methodology in Houston Public Health Laboratory

**Author(s):** Shannon York; Tony Huynh; Beau Mitts; Marlene McNeese-Ward; Sudha Pottumarthy

**BACKGROUND:** Houston Department of Health and Human Services (HDHHS) Laboratory provides diagnostic testing services for greater than 70 regional public and private clinical institutions, as well as various community-based organizations that are involved in HIV counseling and testing initiatives.

Advances in HIV testing over the last decade has allowed the window period between the onset of HIV infection and detection by enzyme immunoassay (EIA) to be decreased to approximately two to three weeks. Nucleic Acid amplification methods allow earlier detection of an infective individual thus shortening this window period further. The HDHHS Laboratory has been faced with discrepant results on a regular basis, with EIA being repeatedly reactive and Western Blot results being non-confirmatory. The HDHHS Laboratory has adopted a multi-faceted approach in evaluating the efficacy of the APTIMA® HIV-1 RNA QUALITATIVE ASSAY nucleic acid amplification test system (NAAT testing); 1) as a tool to identify acute HIV-1 infections in

both plasma and serum samples; 2) for its effectiveness as a confirmatory test to the Bio-Rad Genetic Systems™ HIV-1/HIV-2 Plus O EIA test kit for the identification of HIV-1 infections using serum samples.

**METHODS:** Three phases of testing were piloted. Phase I: Evaluation involved the performance of NAAT testing on 40 frozen sera that tested repeatedly reactive by EIA but were western blot negative (28) or indeterminate (12).

Phase II: Evaluation involved concurrent EIA and NAAT testing of 99 serum/plasma paired specimens from one submitting agency that is involved in outreach testing.

Phase III: Evaluation involved the initial assessment of pooling strategies. Five pools were tested, Pool A (6 plasma samples); Pools B, C, D, and E (10 plasma samples each) with and without spiking at varying dilutions to determine the most effective pooling method.

**RESULTS:** Phase I: Two of 40 samples were reactive by NAAT testing.

Phase II: One sample pair was positive and the remaining 98 pairs were negative by EIA and NAAT testing.

Phase III: NAAT testing for Pool A (6 plasma samples) was negative. Pool A tested positive after spiking with a known positive. Pools B, C, D, and E (10 plasma samples per pool) were initially negative by NAAT testing. However, after spiking the four pools at 1:5, 1:10, 1:20, and 1:100 dilutions (B, C, D, and E) respectively; all pools yielded reactive results by NAAT testing with very little decrease in signal at increasing dilutions.

**CONCLUSION:** NAAT offers a promising approach to complement the HIV diagnostic methodology in our public health setting. It offers a plausible solution in resolving discrepant EIA and Western Blot results. Our results demonstrate that both specimen types (serum and plasma), yielded identical NAAT testing results.

Pooling of the plasma samples appears to be the most cost effective testing methodology in our setting for early detection of HIV infections.

**Poster ID Number:** 090M

**Presentation Title:** HIV Testing in Community Settings: A Review of the Literature

**Author(s):** Alicia Thornton; Valerie Delpech; Tim Chadborn; Barry Evans; Anthony Nardone

**BACKGROUND:** In 2007, nearly 21,000 persons in the United Kingdom (UK) were unaware of their HIV infection and one third of all those newly diagnosed had a CD4 count less than 200/mm<sup>3</sup> (the cut-off at which treatment should have began). To promote earlier diagnosis and reduce morbidity and onward transmission, the new UK HIV testing guidelines recommend expanding testing in specific medical settings where the local prevalence of diagnosed HIV prevalence exceeds 2 per thousand population (aged 15-59 years). Expansion of HIV testing to most at risk communities, namely MSM and persons from high prevalence areas, is also suggested but no specific testing strategies are proposed. The community represents an additional opportunity for diagnosing those individuals who may not have contact with health services. We conducted a review of current evidence of HIV testing in community settings and discuss its relevance to the UK to better inform testing policies.

**METHODS:** The Medline database and abstracts from the British HIV Association and International AIDS conferences (2002-present) were searched for English language studies of HIV testing in community settings (including outreach and mobile clinics) in developed countries. Studies were examined for the following outcome measures: uptake of testing; reported seropositivity; client and provider acceptability; use of rapid testing; and receipt of HIV test result.

**RESULTS:** Thirty-eight studies in developed countries were identified, nine took place in the UK. Thirty-one studies targeted one or more specific population groups (17 – men who have sex with men (MSM), 8 – black and minority ethnic (BME) communities, 6 – young adults). Uptake of HIV testing was recorded in twelve studies and ranged from 9-75%. Thirteen of 21 studies measuring HIV seropositivity rates in community settings found a positivity of >0.2%. Rapid testing was used in 17 studies. Where rapid testing was compared with conventional testing methods a higher proportion of clients received their HIV test results. Twelve of 14 studies reported client and provider satisfaction with HIV testing in community settings. Ten of the 21 studies reported the proportion of patients who received their test results. This varied from 11-100%.

**CONCLUSION:** Community HIV testing in developed countries is feasible and can be implemented. In areas of high prevalence community testing initiatives should be considered as a strategy for identifying undiagnosed infections in populations most at risk. In the UK these are MSM and BME communities. More pilot studies are urgently required to establish the most effective methods for carrying out HIV testing in community settings and ensuring that those who are diagnosed enter the appropriate care pathways. These studies should fully evaluate interventions using consistent outcome measures and be of adequate size to demonstrate effectiveness and acceptability.

**Poster ID Number:** 091M

**Presentation Title:** Providing Effective Family Centered Care to Families Affected by HIV and AIDS

**Author(s):** Delverlon Hall, MSW; Dr. Monika Shah; Sharon Lear-Evans, MA; Jennifer Knight, NP; Evelyn Harvey, RN

**BACKGROUND:** In New York State, many families affected by HIV/AIDS experience poverty, substance use, domestic violence and mental illness which all contribute to multiple levels of family dysfunction. The HIV epidemic compounded with

other social stressors can greatly destabilize several generations within one family. In a context of an increase in the number of women newly infected with HIV, many raising children without a partner, FCP works to stabilize individuals who are infected with HIV and their affected family members.

**METHODS:** Target HIV positive clients who seek medical care at Harlem Hospital Center in Harlem New York as well as their affected family members.

**RESULTS:** FCP staff seeks to engage families in care that are affected by HIV/AIDS. The program conducts family health and social service needs assessments and links family to primary care, intense case management services and other community resources in order to address the family's multiply levels of needs. FCP works to address and prevent fragmented care in order to ensure the reduction of access barriers within the health care system, improved health care status of HIV-affected family members and support adherence to treatment, while understanding the role of families in HIV prevention.

**CONCLUSION:** FCP has provided comprehensive services for families since 2004. The program screens for eligibility, completes needs assessments and provides linkages to primary care, specialty services and a number of case management supportive services. Over 300 families have been screened and enrolled in the program, which has resulted in these families being linked to services that were pertinent to the family's survival. The program has also worked with as many as 200 HIV pregnant women in order to design service plans that reflect the specific needs of these women with the goal of creating and maintaining healthy, intact families.

Providing family-centered HIV/AIDS services to HIV positive clients and their affected family members within New York State is an effective methodology to promote improved health outcomes. This program reaches those who are easily overwhelmed by competing needs and subsequently underserved. By providing a comprehensive family approach, FCP is effectively able to meet these needs and keep otherwise high risk clients engaged in care.

**Poster ID Number:** 092M

**Presentation Title:** Initial Results with a Required Course for Seminary Students to Understand the Biology of HIV/AIDS

**Author(s):** A. Oveta Fuller

**BACKGROUND:** The level of HIV/AIDS and new infections in communities of color, especially among African Americans, requires engagement of all facets of leadership for community mobilization. Although clergy leaders have access and influence on community health and socioeconomic issues, overall they have not been highly active in effectively using this influence to address HIV/AIDS. Focus group indicators show that this is not due to lack of interest, but because many clergy feel inadequately prepared to address HIV/AIDS, and moreover they harbor perceptions of possible conflicts with theological doctrine.

**METHODS:** Students enrolled in a Masters of Divinity degree program at Payne Theological Seminary (PTS). PTS, one of the oldest seminaries in the USA, was mandated in 1844 by the African Methodist Episcopal Church. PTS serves a range of students from many denominations within the USA, the Caribbean and from several African countries.

**RESULTS:** Initial indicators documented a need to provide systematic training about HIV/AIDS for students seeking theological degrees to improve service in varying capacities in their communities. A science-based workshop "Understanding the Biology of HIV/AIDS" was modified to fill a 6 week, 3 hr/week supervised ministry slot for 2 credit hours. Students engaged in relevant readings, interactive lectures on HIV as a virus and how it causes AIDS, and in discussions of underlying issues with transmission, need for care, complicating social factors and the responsibility of religious organizations. Students were required to design a science-based intervention or program that might be effectively implemented within a congregation, parish or community setting.

**CONCLUSION:** The pilot course offered in Spring 2008 enrolled 8 students, 5 domestic and 3 international. Seven students who completed the on-site course demonstrated a transformation in attitude and knowledge level of HIV/AIDS. Scores on tests of HIV/AIDS knowledge increased substantially. Class members showed a clearer understanding of why faith leaders must engage in informing their congregations about prevention, testing and care. All students would highly recommend the course to their colleagues.

Lessons Learned: A course designed specifically for clergy to focus on fundamentals of HIV as a virus infection can transform attitudes and understanding. Requiring the course is important to address minimal competencies needed by clergy as this need may not be immediately obvious to students who carefully select courses to fulfill their interests and meet budget restraints. Because many issues are relevant, an effective introductory course for clergy should provide a foundation in understanding HIV/AIDS as a preventable virus infection. Such a foundation should prepare students for other courses and increase their ability to participate in conversations about socioeconomic, relational, policy and programming issues in mobilizing their communities. The required course will be expanded to 3 credit hours on fundamentals while the supervised practical component will become a separate related elective. This approach provides one important model for building capacity and engaging clergy and religious leaders in effective individual and community action to promote HIV prevention.

**Poster ID Number:** 093M

**Presentation Title:** Evaluation of the Options Replication Project: A Physician-delivered HIV Intervention in a Busy Clinical Setting

**Author(s):** Emanuel Vergis

**BACKGROUND:** The University of Pittsburgh HIV Early Intervention Program provides multiple services to over 1,000 patients. In addition to primary care of HIV disease there is gynecologic and mental health care, dental services, preventive health maintenance and access to an on-site clinical trials unit. Risk behaviors encompassing sexual, alcohol and substance abuse are assessed at each clinical visit and risk reduction is discussed. The multidisciplinary clinical practice is staffed by 6 physicians, 2 psychiatrists, a psychiatric nurse clinician, a nurse practitioner, 2 social workers and nursing staff. In 2003, the CDC along with other organizations issued a comprehensive set of recommendations for incorporating HIV prevention into the medical care of HIV-positive individuals. In order to integrate HIV prevention efforts into the program, an intervention that was brief, feasible and easy to deliver was sought.

**METHODS:** The University of Pittsburgh HIV Early Intervention Program provides care to over 1,000 HIV-infected patients in the 11 county region of southwestern Pennsylvania, and areas of eastern Ohio and northern West Virginia.

**RESULTS:** Options is a brief provider-delivered HIV prevention intervention that was initially developed by researchers at the University of Connecticut and designed to be delivered during the course of routine clinical care. It was found to be effective in reducing risky sexual behaviors among HIV-positive patients over the time period of the initial study, and could be feasibly adopted in a high-volume clinical setting without loss of fidelity. In 2005, the University of Pittsburgh was funded by HRSA to evaluate the replication of Options, assess both the feasibility of the intervention in a busy clinical setting, the fidelity of the provider-patient interactions to the intervention and the impact of the intervention on self-reported risk behavior.

**CONCLUSION:** From February 2006 through January 2007, 121 patients were enrolled into the study of which 120 were included in the fidelity analysis and 70 (58%) of these were included in the outcomes analysis. Enrolled patients were 28% female and the mean age was 41.8 years. Patients were HIV-positive for an average of 8.1 years and had been in care at the clinic an average of 3.1 years. At baseline, substance use was common with 41% reporting alcohol use, followed by marijuana (30%) and cocaine (14.3%). Patient-reported HIV exposure included 54.7% men who had sex with men and 13.6% any IDU risk. At baseline, 31 (44%) of patients reported being sexually active. The average number of Options study visits was 1.8 during the three-month follow-up period. Nearly 70% of patients fully achieved the goals set during an earlier visit. At the three-month follow-up, there were significant numbers of patients reporting increased condom use (16.7% with casual sex partner, 23% with main sex partner, 12.5% with HIV-positive partner, and 23.4% with HIV-negative or unknown serostatus).

The Options intervention was successfully replicated in a busy, primary care clinic and provides the foundation for achieving the goals of incorporating HIV prevention into the routine care of HIV-positive patients. Provider-delivered brief HIV prevention messages is an effective means to integrate HIV prevention into clinical care.

**Poster ID Number:** 094M

**Presentation Title:** A Systematic Review of Interventions to Promote Parent-Child Communication About Youth's Sexual Behaviors

**Author(s):** Leigh Willis; Sarah Lasswell; Nicole Crepaz; Kim Miller; Mahnaz Charinia; Adian Liao; Jennifer Galbraith; Kirk Henny; Khiya Marshall;

**BACKGROUND:** Evidence shows that adolescent's risk behavior decreases depending on the timing, frequency, and quality of parent-child communication about sex. Parent-child communication is also a viable way to reach youth early, prior to initiation of sex, unwanted pregnancy and exposure to HIV and STIs. Forty-eight percent of high school students report having had sexual intercourse and 7.1% reported having sex before age 13. Furthermore, young people (ages 15 to 24) comprise almost half of those newly infected of STIs each year. While most parents believe parent-child communication about sex is important, most do not engage in such discussions. Some of the parental barriers to communication include embarrassment, discomfort and lack of confidence and the skills to conduct such discussions. A number of interventions developed in the last 20 years have focused on parent-child communication as a means of reducing risk behaviors. This systematic review describes types of interventions that have been developed to help parents and youth to improve their communication about sex.

**METHODS:** Comprehensive searches of electronic databases were conducted to identify relevant studies published from 1988 to 2008. Eligible studies were HIV/STI/pregnancy interventions that (1) targeted parents and/or children aged 9-19, (2) examined or were designed to increase parent-child communication; (3) reported outcome data on some facet of parent-child communication and/or sexual risk and (4) were controlled trials with a comparison group.

**RESULTS:** Thirty-seven studies met inclusion criteria. Sixteen percent of the studies were delivered only to parents, 49% were delivered to both parent and child; 35% were delivered to only to children. Parents were active participants in intervention sessions in 54% of the studies, while the remaining used a passive parental component (e.g., homework assignment to child to be completed with parent). Sixty-five percent of studies targeted early and/or middle adolescents (ages 14 to 17), 21% targeted pre-adolescents (age 10 and younger) and/or early adolescents (ages 10 to 13), and 14% targeted middle and/or late adolescents (ages

18 and older). Sixteen percent of the studies specifically addressed communication skills building; 3% addressed parental communication barriers only; 32% included both and 49% included neither. The commonly assessed communication outcomes were communication frequency (68%); the number of communication topics (54%) and only 33% assessed communication comfort and 5% assessed communication quality. Eighty-one percent of studies found significant intervention effects on communication outcomes, including increased communication topics (46%), increased communication frequency (40%); increased communication comfort (24%); and increased communication quality (5%). For sexual risk outcomes, 22% of the studies increased abstinence or delayed initiation; 16% decreased sexual frequency; 54% increased condom use among sexually active; and 3% decreased STIs.

**CONCLUSION:** While there is a diversity of studies on parent-child communication interventions and some promising findings, gaps remain. Specifically, there is limited research which assesses communication quality and focuses on pre-adolescents and early adolescents. Given the growing recognition of the importance of parent-child communication, it is important to critically evaluate the multiple components of interventions and their associations to sexual risk behavior outcomes (HIV, STD and pregnancy).

**Poster ID Number:** 095M

**Presentation Title:** Outcome of Voices/Voces Group Level Intervention

**Author(s):** Jose Benito Castro

**BACKGROUND:** More than 62,700 Texans have HIV/AIDS. In Harris County, 18 % of the population is comprised of blacks, with 55% representing newly diagnosed cases of HIV/AIDS . Latinos makes up 41 % of the Harris County population, and of that 41%, 25 % make up the newly diagnosed with HIV/AIDS. Lack of consistent condom use increases the risk of infection within these populations.

**METHODS:** The setting for this program is Houston, TX among small groups of gender specific Hispanic and African Americans. Groups are implemented in homeless shelters, in conjunction with AFH food programs, and within AFH facilities.

**RESULTS:** VOICES/VOCES is a one time video based intervention class offered to African American and Latino adult men and women, to encourage condom use and condom negotiation skills. This program targets African American and Latino adult men and women at high risk of becoming infected with and or transmitting HIV and other sexually transmitted diseases.

**CONCLUSION:** VOICES/VOCES has been implemented at AIDS Foundation Houston since September 2007. To date, data collected indicates a pressing need for programs that provide intervention that prevent HIV/AIDS. We assessed different attitudes and beliefs about condoms and safe sex practices among 549 clients. 9.8 % of program participants reported that they believed that people can protect themselves from the HIV virus by using a condom correctly every time they have sex while 22.1% reported that they did not know. 13.5% of participants reported that they have never used condoms/rubbers to prevent diseases and 22.1% reported never using a condom during anal sex. Participants reported an increased knowledge about HIV and other STD's and how they are transmitted and a greater understanding of the HIV and STD risk they face.

**Poster ID Number:** 096M

**Presentation Title:** HIV Prevention in the Mentally Ill: Motivation + Skills (R34 MH 075644-01-A1)

**Author(s):** Stephen Brady

**BACKGROUND:** Research findings increasingly support the contention that the incidence of HIV infection, STDs, and sexual and drug use behaviors are high among people with serious mental illness.

The aims of the present study included:1)Adapting Skill Building (SB) and SB-Motivational Interviewing interventions for men and women with serious mental illness 2)Pilot-testing the efficacy of augmenting SB intervention with MI (SB-MI vs. SB alone)3)Decreasing rates of HIV risk behavior 4)Increasing HIV-related knowledge and skills and 5)Increasing rates of HIV counseling and testing

**METHODS:** A standard battery which included the TLFB, SCID 11, MMSE, GAF, REALM was administered to eligible participants. In order to be eligible for the study participants must have had a functional impairment and be diagnosed with a major mental illness. Participants must also have engaged in high risk sexual or drug use behavior in the prior three months.

**RESULTS:** Fifty-Three participants were randomly assigned to either a standard individualized Skill Building Intervention (SB) or a Skill Building + Motivational Interviewing (33 to SB and 20 to SB-MI). Retention of participants through the 3-month follow-up was 72%. Over 60% of subjects were ethnic/racial minorities. Sixty-Four percent met the criteria for Post-Traumatic Stress Disorder (PTSD).

**Sexual Activity (Timeline Followback):** The most important outcome for an HIV prevention study is behavioral change and we believe that our approach demonstrates promise. There were relatively high baseline rates of both vaginal and oral sex for both groups. Very substantial changes in sexual behavior were noted for both groups at 3 and 6 months follow-up, although the trend was for SB-MI participants to report greater reductions in vaginal sex, and oral sex at 3 and 6 months post-intervention, compared to SB participants. No statistically significant differences between groups were observed which given the small n and

limited power is not surprising. The magnitude of these reductions was quite high for both groups, with a 72% reduction for SB-MI and 50% for SB.

**Behavioral skills:** As part of our assessment battery, participants were asked to demonstrate skills. In every domain related to male and female condom use, dental dams, and needle cleaning, participants increased scores in accuracy, comfort/confidence, fine motor dexterity, and verbal understanding from baseline to both of the follow-up evaluations.

**HIV Counseling and Testing:** An important outcome of our study was to increase the likelihood of participants of unknown serostatus getting tested for HIV. Participants in both conditions accessed testing at high rates at 3 and 6 months, with 75% of SB-MI participants accessing testing at 3 months, compared to 45.45% of SB participants.

**CONCLUSION:** Previous researchers have noted modest effects for both SB and MI interventions independently. We successfully integrated these approaches in a systematized way with a small sample of pilot participants. Our project was designed to address significant gaps in developing effective HIV risk reduction interventions for the SMI. Upon reviewing our outcome data, there were significant differences for participants at baseline across the two groups, which is always a risk with small sample sizes. Care should be taken in interpreting these results.

**Poster ID Number:** 097M

**Presentation Title:** "The Van" Mobile Needle Exchange Program Video

**Author(s):** Linda Blake-Evans; Orazio Caltagirone; Mohit Wadhvani

**BACKGROUND:** In Ontario, Needle Exchange Programs (NEPs) are designated as a mandatory public health program in areas where injection drug use is recognized as a problem in the community. "The Van" Needle Exchange Program in Hamilton, Ontario began in 1992 after recommendation by a local AIDS Prevention Task Force for HIV prevention. "The Van" is an unmarked vehicle which drives through areas known to be frequented by drug users and sex trade workers to provide free harm reduction supplies, condoms and support. One staff member and a volunteer are on duty Monday to Friday, 8 pm to midnight and are accessible by cell phone to clients wishing contact. This mobile needle exchange program has been documented in a video presentation to educate the public about harm reduction.

**METHODS:** The Van Needle Exchange is available to anyone in the city of Hamilton, Ontario in order to provide harm reduction supplies and link clients to community services. The video was filmed on site in Hamilton by a volunteer videographer with local staff members and clients.

**RESULTS:** A 20 minute video describing the services on the Van was recorded in order to educate the general public and for training community agency staff about harm reduction and the benefits of needle exchange programs. Client testimonials are also included on the video.

**CONCLUSION:** This video has been well received by community agencies and health professionals who wish to educate their staff on harm reduction and addictions. The video reinforces the benefits of providing a needle exchange service, including keeping used needles off the streets, stopping the spread of blood borne infections, developing relationships with clients and providing access to support services.

A video documentary is an effective method of demonstrating the benefits and client feedback for needle exchange programming.

**Poster ID Number:** 098M

**Presentation Title:** HIV Prevention Among Adolescents in Court Ordered Drug Treatment

**Author(s):** Michèle Jean-Gilles, Ph.D.; Rhonda Rosenberg, Ph. D.

**BACKGROUND:** Background/Objectives: Substance abusing adolescents involved with the juvenile justice system are at elevated risk for contracting HIV as they have more permissive attitudes towards sex and generally begin to engage in risky behaviors at an earlier age and with greater frequency than their non-detained counterparts. Further, lack adequate knowledge of HIV transmission and an aversion to condom use are common. Although available studies suggest that both abbreviated and enhanced versions of a HIV prevention intervention, Becoming a Responsible Teen (BART), may be effective in reducing HIV risk behaviors among vulnerable substance abusing adolescents, uncertainty remains about the nature of intervention needed to produce change. For example, St. Lawrence, et al. (1999) found similar HIV risk reduction outcomes associated with both BART and an anger management intervention among detained adolescent males.

The purpose of this study is to examine whether an Enhanced Cognitive-Behavioral intervention (E-BART) produced greater reductions in sexual risk behaviors among a mixed gender sample of adolescents in court-ordered substance dependence treatment, compared to an anger management control group.

**METHODS:** Methods: Participants included 176 (138 males) culturally diverse, inner-city adolescent offenders enrolled in an NIH funded HIV prevention program while attending a court ordered drug treatment program. Of the 176 subjects who completed the baseline assessment and received 4 or more sessions, 129 (102 male) subjects were evaluated at three month follow-up: 19.3% were African American, 39.6% Hispanic, 10.5% Non-Hispanic White, and 30.6% from other ethnic backgrounds. Participants were randomly assigned to either the experimental Enhanced Cognitive-Behavioral intervention (E-

BART) or Anger Management (AM). Each intervention was comprised of six one-hour sessions which were delivered in a small group format over a period of 3-6 weeks.

**RESULTS:** Results: No differences in degree of change were found between intake and outcome between E-BART and AM groups on any measure. (all  $p$ 's > .05). Examination of time effects (across E-BART and AM groups) revealed a reduction in total number of partners ( $F(1,119)=11.20, p=.001$ ), a reduction in proportion of total unprotected sex acts ( $F(1,113)=23.74, p<.001$ ), a reduction in proportion of unprotected vaginal sex ( $F(1,114)=4.64, p=.033$ ), a reduction in proportion of unprotected oral giving sex acts ( $F(1,116)=10.63, p=.001$ ), and a reduction in proportion of unprotected oral receiving sex acts ( $F(1,116)=25.34, p<.001$ ) from baseline to follow-up.

**CONCLUSION:** Conclusions: There were no significant differences between E-BART and AM groups in changes in sexual behaviors and substance use between intake and follow-up, although there were significant reductions in risk behavior across groups. It is possible that E-BART impacted the adolescents directly by teaching skills about how to reduce risky sex, and the AM intervention may have impacted a higher order factor, impulsivity, linked to risky sex and drug use. It may also be that neither intervention contributed meaningfully to reductions in risk behavior. Substance abuse treatment alone has been linked with meaningful reductions in HIV risk behaviors. However, the risk reductions seen in both groups were not attributable to treatment-linked changes in substance use which were controlled in sex risk outcome analyses.

**Poster ID Number:** 099M

**Presentation Title:** Vegas Mpowerment Project: How We Took a DEBI and Made it Rock!

**Author(s):** Sybrina Bernabei

**BACKGROUND:** Five years ago, a small group of young gay and bisexual men in Las Vegas applied for a grant from the CDC called Mpowerment to address the HIV prevention needs of their community. Through a social focus, empowerment, peer influence, community building, and diffusion of innovation these guys are making a difference! The group has grown from 10 dedicated core members to over 200 active members. They now provide programming three times a week in their project space at the local gay and lesbian community center. They have also launched an innovative social marketing campaign, a radical website, and conduct outreach into the community on a regular basis. The social norms for gay and bisexual men in Las Vegas have changed because of their creative ideas, passion and unwillingness to let a generation become HIV+.

**METHODS:** Project space is located at the Gay and Lesbian Center of Southern Nevada. Outreaches are done in nightclubs, bars, public sex environments, community events and college campuses

**RESULTS:** The Vegas Mpowerment Project is a DEBI addressing the needs of young MSM. Vegas Mpowerment Project is a social gathering for gay/bisexual men, ages 20-29, where they can express their identities, find support, develop friends and peers, and ultimately build a better community. Mpowerment also strives to provide a safe place free from alcohol and drugs.

**CONCLUSION:** Because of issues like condom fatigue and limited budget, the prevention efforts have needed a boost of innovation. To mobilize the young gay and bisexual men's community is often an uphill fight, but we've done it. Through radical programs and sometimes unorthodox approaches, we have learned that to be effective, we need to think outside the box. We have made mistakes (scheduling a major event the same night as a Madonna concert) and had some major triumphs. Our program and funding has grown. Our project is a definite success!

**Poster ID Number:** 100M

**Presentation Title:** Detecting Acute HIV Infections Among Gay Men in San Francisco

**Author(s):** Steve Gibson, MSW; Dale Gluth, MA; Tim Ryan, RN MSN; Shelley Facente, MPH; Chris Hall, MD; Kevin Roe, MPH

**BACKGROUND:** The CDC recommends MSM receive annual testing for HIV, with those reporting Unprotected Anal Intercourse (UAI) with casual partners more frequently. In San Francisco in 2007, testing data indicate 8,459 MSM were tested for HIV, of which 3,055 (36.1%) had not tested within the past year, and 559 (6.6%) had not previously tested. Of those MSM reporting Unprotected Receptive Anal Intercourse (URAI), 1,933 (22.9%) had tested within six months prior to their current test, and 1,077 (12.7%) had not tested in over one year.

Significant advances in HIV testing technology have been made since rapid testing received FDA approval in 2002. The use of viral RNA testing is being studied in various settings to detect acute infections as early as two weeks after exposure, yet the "window period" and related counseling messages of standard HIV antibody testing continues to be 2 weeks to 6 months. New technologies and counseling methods and messages are needed to better reach CDC recommendations.

**METHODS:** San Francisco's HIV prevalence is 27% among MSM, with incidence and prevalence rates highest in and around the Castro District. Magnet, a storefront gay men's community health center in San Francisco's Castro District provides sexual health services, including rapid oral HIV antibody testing and HIV-RNA testing, and is the only facility of its kind in San Francisco.

**RESULTS:** Magnet annually provides HIV antibody testing for 3,000 gay men, with RNA testing offered to clients with elevated and recent risk: URAI with a partner of unknown status within two weeks to three months; Unprotected Insertive Anal Intercourse (UIAI) with a known positive partner within the same period; or, a rectal STD/STI diagnosis within the previous six months. An algorithm is utilized to identify these high-risk clients prior to their antibody test, prompting them to request RNA testing.

Specimens for RNA testing are submitted to the SF Department of Public Health Laboratory, pooled in batches of 10. Pools with positive results trigger individual specimen testing, and Magnet notifies the client to return for results. Clients receiving an RNA test are counseled to act as if they are HIV-positive pending RNA test results. Face-to-face follow-up appointments are scheduled 14 days after the initial visit, or as soon as a result comes back RNA positive.

**CONCLUSION:** Of the 3,859 people who received a rapid antibody test at Magnet in an 18-month period, 279 (7.2%) who tested antibody negative were identified to receive an RNA test. Of those, 8 new infections were identified. Early detection of HIV infection through targeted HIV-RNA testing of high-risk gay men in a high-prevalence neighborhood, along with appropriate counseling messages, may be an effective way to identify acute or recent HIV infections, preventing future transmissions.

**Poster ID Number:** 101M

**Presentation Title:** HIV Prevention Messages for Young, African-American Women: What Message and How to Deliver It.

**Author(s):** Arya, M; Behforouz, HL; Stone, VE; Viswanath, K

**BACKGROUND:** HIV/AIDS is the number one killer of African-American women ages 25-34. African-American women are 20 times more likely to have HIV/AIDS than white women. Heterosexual transmission is the primary mode of HIV acquisition for these women. In 2007, the CDC called for targeted communication strategies to reach this population disproportionately affected by the epidemic. Past studies have indicated that the mass media is a prominent source of HIV/AIDS information for African-Americans, mass media initiatives can be cost-effective for HIV prevention, and that mass media efforts can increase HIV testing. Despite the media's importance, little research has been done to learn about the messages, themes, and channels for HIV information preferred by African-American audiences, a particularly vulnerable group. This pilot study was done to (1) determine the HIV messages needed by young, African-American women and (2) determine the preferred media channels to deliver these messages to these young women and their male peers.

**METHODS:** Eleven, non-intravenous drug using, heterosexual (one reported bisexuality) African-American women ages 18-35 from a community health center serving a predominantly African-American community in Boston, MA participated in focus group discussions. Themes discussed included: perception of the impact of HIV/AIDS on the community; health information seeking-behavior; preferred message content and preferred channels for communicating HIV/AIDS information to this community.

**RESULTS:** When women were asked to list health problems facing their community, HIV/AIDS was cited as a prominent problem. Women trusted HIV information from their health care providers. Women stressed the need for more HIV testing messages in their community, and the need to have these messages reach their male peers. To deliver these messages, women suggested using local newspapers, signs in local restaurants, and slogans on clothing. A small media effort of brochures in health center waiting rooms also was recommended.

**CONCLUSION:** Despite research indicating the mass media are a prominent source of HIV/AIDS information for African-Americans, to our knowledge, this is one of the few studies focusing on only young adult African-American women to determine current HIV message content needs and their preferred media channels to deliver these messages. Women felt HIV testing should be promoted and suggested using media venues that they felt would reach large segments of their community; an intervention found to be cost-effective and effective in increasing HIV testing among other populations. Interestingly, their focus on HIV testing is consonant with the CDC's goal of increasing HIV testing in this deeply affected population. The data from this pilot study serve as a good starting point for a more extensive formative research study to develop media campaigns to promote HIV testing in the African-American community. Additionally, health care providers should be further encouraged to discuss HIV prevention and testing with their African-American female patients as these women indicated they would trust this information, a finding supported by previous literature.

**Poster ID Number:** 102M

**Presentation Title:** Implementing Rapid HIV Testing in Emergency Departments (ED)

**Author(s):** Kendall Guthrie, M.Div.; Joseph Mims; Jessica Long, B.A.; Ayeshia Mirza, M.D.; Mobeem Rathore, M.D.

**BACKGROUND:** The CDC recommends that HIV testing be part of the routine and voluntary delivery of medical care, especially in EDs. New HIV cases have continued to increase in our target area, despite significant, focused efforts for prevention. Cultural factors, including the stigma often associated with the visibility of traditional testing sites, cause people to

delay getting tested. Recent information concerning seropositivity rates indicates an increase in the number of people who delay testing until they develop symptoms often associated with HIV.

**METHODS:** University of Florida Center for HIV/AIDS Research, Education and Service (UF CARES) and Shands Medical Center are co-located in zip code 32209 in Duval County, Florida. With a population of 27,000 people, Zip code 32209, alone, reported 56 new HIV cases in 2006 or nearly 25% of the total new cases identified in Duval County that year. Duval County ranks sixth in the state with a rate of 31.7 per 100,000. New HIV infections in zip code 32209 exceeds 207 per 100,000. 98% of the people living in Zip code 32209 are African Americans.

**RESULTS:** Rapid HIV testing is provided, in the ED, by members of the multi-disciplinary staff of UF CARES who are trained and certified to provide Rapid HIV counseling, testing and linkage. The tests are performed in a private and separate room in the Shands Hospital. Information is posted throughout the entire hospital instructing those seeking HIV testing to inquire about the test at Patient Relations. The Testing Counselor is available, by pager, to hospital staff if an HIV test is needed.

**CONCLUSION:** Staff received education regarding the impact, implications and stigma often associated with providing HIV Testing. After initial reluctance, we were able to develop a strong collaboration with the Shands Staff. A total of 946, approximately 1.2%, of all patients seen in the Shands ED, received rapid HIV testing between 11/07 and 11/08. 33 (3.5%) were reactive on the rapid test. The number tested, at Shands, exceeds the average number of HIV tests performed in other EDs. The October edition of "AIDS" reported that 2.8 million out of 867 million (.32%) ED patients were tested between 2002 and 2005. Of those testing reactive, in our program, 6 were previously known positives, 2 were false reactivities and 25 (2.6%) were confirmed as newly diagnosed. 389(41%) were black males, with 13 reactive; 358(38%) were black females, with 9 reactive; 82(9%) were white males with 2 reactive; 79(8%) were white females with 8 reactive; 14(1.5%) were Hispanic males with 0 reactive; 17(1.8%) were Hispanic females with 0 reactive; 3(.32%) were other males with 1 reactive and 4(.42%) were other females with 0 reactive. All reactivities received confirmatory testing and linkage to other necessary services. By including CD4 and Viral Load testing, at the time of the confirmatory test, we have been able to eliminate two to four weeks from the time a person learns that they are positive for HIV to when they can be assessed and offered treatment for their disease.

**Poster ID Number:** 103M

**Presentation Title:** Psychosocial HIV Vulnerabilities Among a Sample of African American Women

**Author(s):** John K. Williams, M.D.; Nina T. Harawa, MPH, Ph.D.; Sergio Avina, BA; Keisha Paxton, Ph.D.; Yesenia Guzman, MA; Hema Codathi Ramamurthi, MBBS

**BACKGROUND:** The HIV epidemic has disproportionately affected African American women who account for at least six out of every ten female HIV cases. In 74% of cases, HIV transmission to African American women occurs through sex with high-risk men. Thirteen percent of cumulative African American female HIV/AIDS cases were infected through sex with known injection drug using males and 2% through sex with men who were known to have sex with men and women. However, these factors probably account for a larger portion of heterosexually acquired infections, because many women are unaware of their partners' HIV risk factors. Lacking are current HIV interventions that target women with partners who may be at-risk for or infected with HIV.

**METHODS:** A community collaborative was developed between two universities and one community based organization (CBO) serving the poor and indigent downtown population of Los Angeles. In an effort to develop an HIV risk-reduction intervention for African American women, three 90-minute semi-structured focus group discussions were conducted. One group included former participants of the CBO's untested HIV prevention program, while two groups included non-participants. Eligible participants were 18 years or older African American women. For the two non-program focus groups, eligible participants also had to report unprotected vaginal and/or anal intercourse with a potentially at-risk male partner in the past 3 months. At-risk men included those with unknown sexual histories, men who had sex with males or with male-to-female transgenders, used injection drugs or crack cocaine, or had been incarcerated for more than 6 months. Discussions centered on being a double minority, condom use, the importance of family and community, substance abuse, power differentials, racism, and how these factors influence HIV risk. Discussions were recorded, transcribed and analyzed with a constant comparison qualitative method.

**RESULTS:** Mean age of participants (n = 23) was 42 years. Majority had a high school education (93%), a monthly income of less than \$1000 (71%), were single (82%), and lived alone (76%). A regular male partner was reported by 71%. Participants reported partners as having unknown sexual histories (31%), sex with men (10%), incarceration histories (38%) and drug use histories (crack cocaine (36%) and suspected IDU (14%)). In the last 3 months, 68% of participants reported no condom use. Limited number of available African American male partners due to incarceration, early death, or men having sex with men, possibly contributed to engaging in unprotected sex. Assumptions about monogamy were also prevalent. The financial burden of caring for self and for children also resulted in not asking sexual health questions of partners.

**CONCLUSION:** Understanding what places African American women at risk for HIV is key to address the disparities in HIV risk. Being financially vulnerable and socially isolated, having a partner pool that is perceived to be limited and comprised of predominantly at-risk males, and having the ongoing stress of caring for others including children, discourages low-income

African American women from actively taking measures to protect themselves from HIV infection. HIV prevention interventions need to address the psychosocial vulnerabilities specific for African American women.

**Poster ID Number:** 104M

**Presentation Title:** Reducing HIV Risk Among Adolescent Victims of Commercial Sexual Exploitation in Peru

**Author(s):** Lic. Ada Mejia; Sonia Huaman

**BACKGROUND:** Children and adolescent victims of commercial sexual exploitation (CSE) worldwide are an extremely vulnerable population at increased risk for HIV and STI infection. It is estimated that in Peru there are 9,600 child and adolescent sex workers (comprising 20% of total sex workers). There is a great need for effective interventions for these youth to prevent HIV and CSE.

**METHODS:** Via Libre is a Peruvian NGO that directs Project ARES: a pilot program with adolescent boys and transgender girls who are currently involved in CSE. The project takes place in metropolitan Lima.

**RESULTS:** Project ARES staff provides social services, health education, human rights education, counseling, and recreational opportunities to participants to decrease their risk for HIV and increase their resilience in the face of CSE. During July and August 2008, Project ARES designed a new behavior change curriculum module for the program to strengthen the existing program. The module addresses the unique needs of youth involved in CSE.

**CONCLUSION:** The behavior change module was first implemented as a one-day retreat in August 2008, and program staff will continue to implement it approximately every three months. The curriculum is being evaluated utilizing a pre- and post-test and staff observation. This information supplements the evaluation of the overall program. Preliminary results show that knowledge about HIV transmission and prevention increased and the youth practiced negotiation skills for condom use with clients and steady partners. An unexpected result was that staff observed increasingly supportive behavior among the youth toward peers. The module has been implemented a second time with a different cohort of participants and similar results were reported. I am waiting to receive the final data from the pre- and post-tests, however the preliminary report from the staff indicated that the majority of our measures showed the expected change. This project provides an opportunity to assess the effectiveness and ease of implementation of a behavior change module with youth in circumstances of extreme vulnerability. It adds much-needed information to the limited data about HIV prevention programs with young victims of CSE.

**Poster ID Number:** 105M

**Presentation Title:** An RCT to Evaluate the Effectiveness of an ED-Based Multimedia HIV Testing Model in Adolescents

**Author(s):** Yvette Calderon; Katherine Chou; Sheba Mathew; Jade Fettig; Christyn Edmundson; Michael Rosenberg; Robert Chin; Ethan Cowan; Jason Leider;

**BACKGROUND:** CDC estimates indicate that HIV seroincidence rates among individuals aged 13 to 29 are increasing. In 2006, the CDC recommended routine HIV screening in settings including Emergency Departments (EDs). This study evaluated the educational effectiveness of a youth-friendly pre-test video (derived from a previous qualitative study) and compared it with in-person HIV pre-test counseling.

**METHODS:** A prospective randomized control trial was conducted on a convenience sample of 200 medically stable individuals between 15 and 21 years old presenting to an urban ED. Individuals who met inclusion criteria were English-speaking, sexually active and able to consent. Participants were randomized into 2 groups. The experimental group watched a youth-friendly pre-test video and completed pre and post-test HIV knowledge measures. The videos use youth friendly materials to engage the teens such as colloquial speech, relevant scenarios and young actors to deliver risk reduction messages. Participants randomized to the control group received the same information from a counselor and completed the same knowledge measures. All participants completed a sexual risk factor and demographic survey. HIV testing was optional. The primary outcome was HIV knowledge. Comparisons were made using Chi-Square and Student's t-tests.

**RESULTS:** Of the 333 eligible for the study, 200 (60.1%) agreed to participate. The groups were similar with respect to gender, ethnicity and experience with prior HIV testing. The mean age was 17.8±2.0 years, 46.5% Hispanic/Latino, 32.0% black and 35.0% had a previous HIV test. Male participants engaged in risky sexual behaviors: 93.3% (98/105) had vaginal sex, 36.2% (38/105) had anal sex and 58.1% (61/105) had multiple female partners. Females also reported high risk behavior: 95.8% (91/95) had vaginal sex, 27.4% (26/95) had anal sex and 64.2% (61/95) had multiple male partners. Furthermore, 10.5% (11/105) of the young men had sex with men and 6.5% (13/200) of the respondents were bisexual. There was no difference in pre-test HIV knowledge scores between the groups. There was a significant difference in mean post-test knowledge scores: video group 78.5% (95% CI: 76.2 to 80.1), versus counselor 66.3% (95% CI: 63.6 to 69.0; p-value<0.001). Specific questions addressing potential modes of HIV transmission were more likely to be answered correctly by the video group. Patients randomized to the video group were also more likely to answer correctly questions relating to HIV testing and treatment. Additionally, 51% of adolescents who watched the video consented for HIV testing compared to only 22% of adolescents who received live counseling. None tested HIV positive.

**CONCLUSION:** A youth-friendly HIV pre-test video improved HIV knowledge and increased rates of testing in adolescents compared to conventional in-person counseling. A reduction in HIV transmission among adolescents depends upon increasing HIV testing and improving HIV knowledge in this group. Successful interventions in adolescents must be relatable and must be easy to implement, valid, and cost effective. This video accomplishes these goals, can be translated into multiple languages and used in disparate settings with limited resources.

**Poster ID Number:** 106M

**Presentation Title:** Analysis of Emergency Department Based Multimedia HIV Testing and Counseling in an Adolescent Cohort

**Author(s):** Yvette Calderon, MD MS; Katherine Chou, MD; Ethan Cowan, MD MS; Sheba Mathew, MD; Jade Fettig, MS; Robert Chin, MD; Michael Rosenberg, MD PhD; Jason Leider, MD PhD;

**BACKGROUND:** CDC estimates indicate that HIV seroincidence rates among individuals aged 13 to 29 are increasing. Reducing the infection rate in this group depends upon modifying high risk behavior. In 2006, the CDC recommended adoption of routine HIV screening in settings including Emergency Departments (EDs) and utilizing the ED as a point of intervention can potentially target young people who may not be otherwise exposed to prevention messages. The purpose of this study is to determine the effectiveness of a multimedia ED based rapid HIV testing and counseling program in adolescents (age 13-21) and evaluate their risk behavior profiles.

**METHODS:** For three years, an ED based rapid HIV testing program using a multimedia tool that includes validated HIV pre-test and post-test counseling videos and an HIV counselor has been used in the Bronx, NY. A prospective cross-sectional study on a convenience sample of ED patients was conducted from 10/1/05-7/31/08. Eligible patients were medically stable and capable of consent. Demographic characteristics, HIV knowledge measures and sexual history data were collected from all participants. The number of patients tested, number of identified HIV infections, patient satisfaction, and HIV knowledge conveyed were determined to assess the acceptability and effectiveness of the testing model. Population characteristics were analyzed using descriptive statistics. Means and standard deviations were calculated for continuous variables and proportions for categorical variables.

**RESULTS:** Of the 14690 patients tested, 2223 (15.1%) were 21 years of age and under; 95% (2129/2223) of eligible patients in this age group accepted testing. Demographic characteristics were 45% (921/2129) male, 46% Hispanic (966/2129) and 32% (694/2129) black. Mean age was  $19.6 \pm 1.4$  years. Sixty percent had been previously tested for HIV. Data from the sexual risk factor questionnaire indicated that 75% (682/915) of males had unprotected sex, 60% (545/913) had multiple partners and 9% (79/914) had previous STI diagnosis. In the female group, 78% (941/1200) had unprotected sex, 43% (512/1198) had multiple partners and 22% (267/1119) had previous STI diagnosis. The percentage of men having sex with men was 8.7% (79/905). Prevalence of HIV was less than 1%. Three patients tested positive for HIV and 2 were linked to care. Most patients (99%) felt rapid HIV testing in the ED was helpful, 81% learned a moderate to large amount of new information and 81% felt influenced to change their sexual practices. On average, patients scored 78% on post-test HIV knowledge measure.

**CONCLUSION:** Adolescents had multiple HIV risk factors and responded positively to an integrated, ED-based HIV testing program. High quality counseling, measured by standards of satisfaction and education, was achieved. The significant gain in HIV knowledge among this difficult to reach and high-risk patient population indicates that a multimedia platform can be used to encourage testing and convey prevention information. The fact that over 80% of these young adults were influenced to change their sexual practices in the future emphasizes the effectiveness of this model to potentially modify behavior.

**Poster ID Number:** 107M

**Presentation Title:** Improvements in Perinatal HIV Testing in the State of Illinois

**Author(s):** Barrett Robinson; Francesca Facco; Whitney You; Anne Statton; Yolanda Olszewski; Mardge Cohen; Pat Garcia

**BACKGROUND:** One of the difficult challenges involved in the battle to decrease vertical transmission of HIV is putting programs in place to help ensure all newborns whose mothers do not have a documented HIV status are identified and tested so that proper management strategies may be appropriately enacted.

**METHODS:** This project's goal was determine the factors associated with an increase in the percentage of newborns discharged from Illinois hospitals with a documented HIV status between January of 2006 and December of 2007.

**RESULTS:** A review of a statewide perinatal HIV database maintained by the Perinatal Rapid Testing Initiative in Illinois (PRTII) and the Illinois Department of Public Health was conducted. Data was analyzed by year and geographic region.

**CONCLUSION:** In 2006, 0.94% of newborns (1164 newborns/175,230 births) in the state of Illinois were discharged without a documented HIV status. This percentage decreased to 0.03% (50 newborns/ 172,506 births) in 2007 ( $p < 0.01$ ). While the percentage of women presenting to labor and delivery with a documented HIV status did increase slightly from 92.6 % in 2006 to 93.8 % in 2007 ( $p < 0.01$ ), more remarkable was the significant increase in the percentage of undocumented women accepting rapid HIV testing (RHT) from 85% to 98% ( $p < 0.01$ ). In the Chicago-Cook (urban) region the rate of testing went from 95% to 99% ( $p < 0.01$ ). More noteworthy was the increase in RHT in the Northern (suburban) (66.4% to 97.3%,  $p < 0.01$ ) and Central-

Southern (rural) (71% to 95.8%,  $p < 0.01$ ) regions of the state. These trends led to a significant decrease in the number of newborns with an undocumented status at the time of delivery from 1923 (1.1%) to 170 (0.1%) ( $p < 0.01$ ). Of these newborns only 9.7% underwent newborn RHT prior to discharge in 2006, while in 2007, 71.6% of undocumented newborns underwent RHT ( $p < 0.01$ ).

Statewide improvements in the rates of prenatal HIV testing and the in-hospital RHT of undocumented mothers and neonates have all contributed to the significant decrease in the percentage of undocumented newborns in the state of Illinois. Rates of RHT of undocumented mothers increased most dramatically in the suburban and rural areas of the state.

**Poster ID Number:** 108M

**Presentation Title:** Factors Associated with Declining a Rapid Human Immunodeficiency Virus Test in Labor and Delivery

**Author(s):** Kathrine R. Tan, MD, MPH; Margaret A. Lampe, RN, MPH; Susan P. Danner, BA; Patricia Kissinger, PhD; Mayris P. Webber, DrPH; Mardge H. Cohen, MD; Mary J. O'Sullivan, MD; Steven Nesheim; Denise J. Jamieson, MD, MPH;

**BACKGROUND:** In 2006, the Centers for Disease Control and Prevention (CDC) recommended rapid HIV testing in Labor and Delivery (L&D) of women with undocumented HIV status using an opt-out approach for timely HIV transmission-reducing measures. Identifying factors associated with declining a rapid HIV test in L&D may help in developing strategies to improve rapid HIV testing uptake.

**METHODS:** Data from the Mother-Infant Rapid Intervention at Delivery (MIRIAD) study were analyzed. Women greater than or equal to 24 weeks gestation, in labor, with undocumented HIV status were offered rapid HIV testing using an opt-in approach. Both decliners and acceptors of the test were offered interviews. Of those who accepted the interview, 102 women who declined rapid HIV testing were compared to 478 women who accepted testing. Univariate, bivariate and logistic regression analyses were conducted.

**RESULTS:** Declining rapid HIV testing was associated with prenatal HIV education [unadjusted odds ratio (OR) 2.2, 95% confidence interval (CI) 1.1-3.8] and previous offer of an HIV test (unadjusted OR 1.9, 95% CI 1.1-3.3) in the current pregnancy, but was not associated with receiving HIV testing (self-reported) in this pregnancy. Decliners were more likely than acceptors to have had prenatal care (PNC) after adjusting for age, Hispanic ethnicity, high school education and city of enrolment (adjusted OR 2.4, 95% CI 1.06-5.58). Data from the study eligibility form (not the interview) indicated that the top reason given for declining was previous HIV testing during the current pregnancy (44% of decliners).

**CONCLUSION:** PNC and its events like offering HIV testing and providing HIV education were associated with declining a rapid test. This questions the adequacy of HIV counseling during PNC which should include the benefits of knowing HIV status and the need to test or re-test if undocumented at L&D. Alternately, an opt-out approach would circumvent these PNC events. Additionally, acceptors were less likely to have had PNC. Rapid HIV testing at L&D is a safety net for these women and their infants. Our findings support current CDC HIV testing guidelines. Further, many decliners reported their reason for refusal was previous perinatal HIV testing, however these women were eligible for MIRIAD because this previous test result was undocumented. Documentation and timely communication of HIV status is critical to provide appropriate HIV prophylaxis when appropriate.

**Poster ID Number:** 109M

**Presentation Title:** Estimated Number of Perinatal HIV Infections in the United States, 2006

**Author(s):** Allan W. Taylor; Xinjian Zhang; Suzanne K. Whitmore; Philip Rhodes; Janet Blair

**BACKGROUND:** Perinatally acquired AIDS cases in the United States (US) declined 95% between 1992 and 2004. However, no uniform data source exists to report perinatally acquired HIV infections for the entire US. Previous work based on similar methodology estimated that 280-370 infants were infected in 2000. We sought to revise this estimate for 2006 to assess progress toward elimination of perinatal HIV transmission in the US.

**METHODS:** A Poisson regression model was used to estimate the total number of women (13-44 years of age) living with diagnosed HIV (not AIDS) in the United States in 2005 based on reported data from 33 states that conducted confidential name-based HIV case reporting and on reported AIDS cases from all 50 states and DC. This model took into account AIDS incidence and deaths, stratified by race/ethnicity and age groups. To estimate the number of undiagnosed HIV-infected women of child-bearing age, a back-calculation model was used, incorporating AIDS and HIV surveillance data reported through June 2007. Next, AIDS cases were estimated based on surveillance data from 50 states and DC. Finally, births were estimated for the total number of women living with HIV (not AIDS), immunologic AIDS, and clinical AIDS using observed pregnancy rates (2003) from the Adult/Adolescent Spectrum of Disease (ASD), a medical records cohort study. Data from the 15 US sites reporting HIV-exposed infants to the Enhanced Perinatal Surveillance (EPS) program were used to estimate rates of receipt of antiretroviral (ARV) prophylaxis, transmission rates and differences between racial/ethnic groups.

**RESULTS:** Using the above procedure, we estimated that 8,565-8,809 HIV-infected women had a pregnancy in the US in 2005. Of 1206 HIV-infected pregnant women and their infants reported to EPS for birth year 2005, 365 (30%) received less than 3 arms

of ARV prophylaxis; 23 (6.3%) of these infants were infected. A total of 837 (69%) received 3 arms of ARV prophylaxis, and 11 (1.3%) of these infants were infected. Applying these observed rates to the estimated 8,565-8,809 HIV-infected pregnant women in 2005, we estimated that approximately 240-247 HIV-infected infants were born in the US during that year, for an overall transmission rate of 2.8%. Sixty-eight percent of infected infants' mothers reported to EPS in 2005 were black; 5.9% were white, and 26.5% were Hispanic. Based on these EPS figures, we estimate that 162-167 HIV- infected infants were black, 14-15 were white, and 64-66 were Hispanic in 2005.

**CONCLUSION:** HIV infection among infants in the US declined slightly in 2005 compared to 2000, despite the fact that the number of HIV-infected women delivering in the United States increased approximately 30% over the same time period. The estimated overall transmission rate of 2.8% remains nearly 3 times as high as the theoretical rate of <1% attainable when all appropriate interventions are received.

**Poster ID Number:** 110M

**Presentation Title:** Community Change Agents: Consumer Advocates Increase Awareness to Help Prevent Mother-to-Child Transmission

**Author(s):** Perdietha Rogers; Donna Parisi; Ivy Turnbull

**BACKGROUND:** Data for 2006 indicate that mother-to-child transmission (MTCT) of HIV was 1.7 percent in New York State (NYS). To maintain this rate, we must maximize prevention messages to at risk pregnant women, community members, and educational institutions by using consumers. Consumers recruited to participate in an advisory group had first-hand experiences of barriers to accessing prenatal care and public benefits. Consumers were educated about the problem of MTCT and the systems of care for pregnant women. They not only advocated for themselves, but empowered others to self-advocate. They were committed to delivering the Community Action for Prenatal Care (CAPC) message to get early prenatal care.

**METHODS:** CAPC works to improve birth outcomes including a reduction in MTCT by recruiting high risk women into prenatal care. The New York State Department of Health AIDS Institute (NYSDOHAI) required funded sites to include a consumer group. The NYSDOHAI directive stated that the groups were to advise the CAPC agencies on: the distribution of social marketing materials, the location and timing of outreach projects, the selection of incentives to be used in recruitment, and participation on the outreach team. Over time the consumer groups have expanded in new directions and have made a significant impact on participants and their communities. The presentation will highlight the activities of the consumer groups.

**RESULTS:** All consumer groups were trained on HIV and MTCT by guest speakers. Consumers represented the advisory group at CAPC meetings and reported back to their peers. Once they realized the impact of their efforts on the target population, they requested and received training to reach their social networks, and participate in community boards. Facilitators arranged training in presentation skills, paired consumers with outreach workers so they could encourage women to be tested for HIV and pregnancy, and trained them as peer educators.

Negative consumer experiences with public benefit fair hearings led to a liaison with an attorney who developed strategies in self-advocacy. One advisory group was invited to participate in a project with a local university, "Trying to Eat Healthy: A Photovoice Study about Women's Access to Healthy Food in New York City."

**CONCLUSION:** 1. When individuals feel empowered and respected, they take responsibility for their health care needs and explore the impact they can have on others and the community.

2. Some consumers were able to obtain jobs after being paired with mentors.

3. Consumers learned to effectively utilize the public benefits system which had intimidated them previously. They championed the possibility of positive outcomes to their peers, conducted "mock fair hearings" at agencies in the community and a local law school resulting in the addition of a public benefits course.

4. Upon completing the Photovoice Project, the consumers lectured a college class on the outcomes, presented the results of the project at a conference, and had their information included in a published article. In conclusion, developing consumer abilities helps bridge the gap between vulnerable women and the systems designed to help them.

**Poster ID Number:** 111M

**Presentation Title:** Health Navigation: Peer Led Interventions Addressing a Hidden Third-World in Urban America

**Author(s):** Jonathan T Vincent

**BACKGROUND:** Traditional prevention programs may miss some of the highest-risk individuals who are disenfranchised and marginalized from healthcare and crucial social support systems. New innovations are required to reach and serve these people for whom positive HIV serostatus is often triaged as a secondary threat in relationship to emergency issues such as violence, substance use, suicidal ideation, homelessness and other illnesses.

**METHODS:** Targeted outreach and comprehensive “Health Navigation” tailored Individual Level Interventions occur within the geographic boundaries of Boston, Suffolk County, Massachusetts-- at health centers, community-based organizations, bars, clubs, on the “street” on the Internet and wherever the priority populations are amenable to receiving services. The priority population(s) include gay and bisexual men and/or those within the following subpopulations: sex workers, the homeless, transgender individuals, substance users and those with serious mental illness.

**RESULTS:** Outreach workers identify clients through street outreach, outreach in public sex environments, community groups, the Internet and from within Fenway’s patient base who are not retained in stable care. These clients are assessed and, if needed, then afforded “Health Navigation,” a form of peer lead, comprehensive case management. Health Navigators proactively refer clients into any and all relevant services, many of which are beyond basic healthcare, such as legal support, housing, detox services, social support, etc. Fenway partners with The Multicultural AIDS Coalition to fortify this service in communities of color. In combination with an online medical information and navigator referral service for gay/bi men called Ask Doctor Cox, and a series of community forums called Living Well; the Navigator Project uses multiple vectors to access and retain individuals at the highest risk for HIV and other health and social disparities.

**CONCLUSION:** From July 2006-December 2008, the Navigator Project screened 2,200 individuals for program eligibility and provided HIV prevention and education to over 6,000 individuals. Of those screened, 140 individuals were found to meet the criteria, including the requisite lack of ambivalence to participate in a comprehensive, non-incentivized 12-18 month program. 60% of program participants were known to be HIV- positive at the time of enrollment. 10% of program participants learned of their positive serostatus during their involvement with the program. The program sustained an attrition rate-by-mortality of 15%. 30% of program participants were initially homeless and facilitated into stable housing. All surviving program participants are currently maintained in care including the 75% of surviving clients who are HIV-positive.

**LESSONS LEARNED:** This program found a hidden cadre of high-risk individuals who responded to non-research, non-incentive driven interventions if they are motivated/contemplative of health maintenance changes. The 15% mortality rate would likely have been significantly higher among this group had they not received the intervention. Larger, targeted Health Navigation interventions can facilitate care to an array of un or underserved populations.

**Poster ID Number:** 112M

**Presentation Title:** Rapid HIV Testing and Prevention Services: Notes from the Field

**Author(s):** Stuart Fisk

**BACKGROUND:** Over the past several years there has been an increase in the number of people who have presented with an AIDS diagnosis at Allegheny General Hospital (AGH) which is located in an underserved and underinsured part of Pittsburgh, Pennsylvania. The local Ryan White funded HIV clinic, the Positive Health Clinic (PHC), decided to expand services to include Rapid HIV testing in the hospital Emergency Department (ED), the PHC, and other locations within the hospital in order to inform HIV seropositive individuals of their status. We felt this would allow a large number of people to get tested and treated early as well as give us the opportunity to provide HIV/AIDS prevention messages and interventions to high risk individuals. This would also allow us to assist in changing the cultural perceptions in the institution about HIV testing in the clinical setting.

**METHODS:** Allegheny General Hospital on Pittsburgh's Northside, which is an inner city neighborhood.

**RESULTS:** An HIV positive peer advocate from the PHC was chosen to conduct Rapid HIV testing in the hospital and the ED at an average of 20-25 hours per week. Frequent rounds are made in the ED and patients are approached and offered Rapid HIV testing. Other patients have been tested in other settings around the hospital (i.e. The PHC and in-house patients) as requested. After consent and pretest counseling the advocate conducts the testing with the OraQuick Advance Rapid HIV Test. Patients with non-reactive results are counseled and given appropriate HIV prevention messages as well as information and resources. Patients with reactive results are counseled and given a confirmatory Western Blot (WB) blood test by an ED or PHC nurse depending on where the test was performed. Patient with reactive tests are connected with PHC staff and given appropriate follow-up. If the WB comes back positive the patient is informed and connected to care with the PHC immediately.

**CONCLUSION:** Overall the advocate tested 342 patients over a 15 month period with 7 (2%) of the individuals confirmed positive. This complies with our initial estimate of 1-2 percent. Out of those 7 individuals 4 (57%) are African American MSM, 1 Caucasian MSM, 1 Hispanic MSM, and 1 heterosexual African American woman (each accounting for 14.6% of positives). It is important to note that of all the patients tested there were 2 false positive tests (.58%) as well. All of the individuals were connected to care with the PHC both medically and socially except for two, one is lost to care and one is receiving care in Florida. This program has shown that providing hospital based Rapid HIV testing and prevention services can be an effective method of reaching high-risk populations and improving the quality of life for individuals by connecting them with care early. We have also learned that having an HIV positive peer conduct the test and provide the test results helped when providing a positive diagnosis and linking to care.

**Poster ID Number:** 113M

**Presentation Title:** Can Computer-Based Feedback Improve Emergency Department Patient Uptake of HIV Screening?

**Author(s):** Melissa A. Clark; Kenneth H. Mayer; George R. Seage, III; Victor G. DeGruttola; Thomas J. Langan, IV

**BACKGROUND:** Uptake of HIV screening is approximately 40% when a non-targeted, opt-in approach is used among a random sample of emergency department (ED) patients. The most frequently cited reason ED patients decline HIV screening is a perception of not being at risk for an HIV infection. We tested the effectiveness of an audio-computer assisted interviewer (ACASI)-based feedback intervention that aimed to make patients more aware of their risk of an HIV infection and, in turn, increase their uptake of non-targeted, opt-in HIV screening. We also investigated how patients' self-perceived HIV risk changed after they were asked about their HIV risk, and how this change predicted uptake of HIV screening.

**METHODS:** We conducted a randomized, controlled trial from October 2007-October 2008 at a large, urban, New England ED among a random sample of 18-64-year-olds with a subcritical illness or injury. All participants completed a self-administered, anonymous, ACASI-based questionnaire about their demographic characteristics, HIV testing history, HIV risk factors from injection-drug use and sex, and self-perceived risk for an HIV infection. Participants were randomly assigned to receive either the HIV risk factor portion of the questionnaire alone (no intervention arm) or the questionnaire plus ACASI-administered feedback to each of their responses to the questionnaire (intervention arm). The feedback informed participants about how their injection-drug or sexual behaviors have or could put them at risk for an HIV infection. Participants were asked to indicate their self-perceived HIV risk on a 5-point scale at the beginning of the questionnaire and again at the end. After completing the questionnaire, participants were offered a fingerstick rapid HIV test. Two-sample tests of binomial proportions were used to compare uptake of screening by study arm assignment. Change in self-perceived HIV risk was calculated; Wilcoxon rank-sum testing was used to compare change in self-perceived HIV risk by study arm assignment. Multivariable logistic regression was used to assess the impact of a change in self-perceived risk for HIV on uptake of HIV testing, adjusting for study arm assignment, demographic characteristics, and HIV testing history. Adjusted odds ratios (aORs) with 95% confidence intervals were estimated.

**RESULTS:** Of the 566 participants, their median age was 29 years, 62.2% were female, 20% were Latino, 62.4% were white, 48.3% had never been married, 41% had private health care insurance, 48.3% had 12 or fewer years of formal education, and 66.9% previously had been tested for HIV. Uptake of HIV screening was the same in the intervention (n=283; 54.1%) and no intervention arms (n=283; 55.5%);  $p < 0.74$ . Of the participants, 79.9% had no change, 7.5% a decrease, and 12.6% an increase in their self-perceived HIV risk after completing the questionnaire. Change in self-perceived HIV risk was the same between study arms ( $p < 0.24$ ). An increase in self-perceived HIV risk predicted greater uptake of HIV screening (aOR 1.42 [1.06-1.91]).

**CONCLUSION:** Uptake of rapid HIV screening in the ED using a non-targeted, opt-in approach was not improved using this ACASI-based feedback intervention. However, querying patients about their HIV risk modestly affected self-perceived HIV risk. Raising self-perceived HIV risk improved uptake of HIV screening.

**Poster ID Number:** 114M

**Presentation Title:** Perceived Versus Actual HIV Risk Behaviors Among Individuals Rapid Testing for HIV in Philadelphia

**Author(s):** Helena Kwakwa; Curt Beckwith; Alexandra Cornwall; Jeannia Fu; Timothy Flanigan; Amy Nunn

**BACKGROUND:** In response to 2006 CDC HIV testing guidelines recommending universal opt-out HIV testing, Philadelphia launched a routine rapid HIV testing and counseling campaign in public health, urgent care, family planning and sexually transmitted infection (STI) clinics in 2007.

**METHODS:** A survey was conducted among 5,896 individuals counseled and rapid-tested for HIV in Philadelphia between July 1, 2007 and November 15, 2008. Data were collected on demographics, perceived HIV risks, actual HIV risk behaviors, and HIV test results. We also compared individuals' perceived HIV risks to actual reported HIV risk behaviors and HIV testing outcomes.

**RESULTS:** Fifty-six percent of testers were female; 44% were male. Participants were largely (74%) African American. Approximately 1.0% of the population tested HIV-positive. The patient population generally reported high-risk behaviors: seven percent of testers reported ever having a same sex partner and 32% reported ever having an STI. Approximately 22% and 56% reported having ever used cocaine and marijuana, respectively; 7% reported ever exchanging sex for drugs or money, and 8% reported more than 5 sexual partners in the last year. Thirty-six percent of respondents reported never using condoms. In spite of these high rates of reported risk behaviors, when asked to report rate their own HIV risks as zero, low, medium or high, 89% reported their risks as zero or low. Moreover, 68% of individuals testing positive rated their own HIV risks as zero or low.

**CONCLUSION:** Philadelphia's HIV testing campaign has effectively targeted and tested individuals at high-risk for contracting HIV. However, even after counseling and testing, many HIV-positive individuals and high-risk HIV-negative individuals underestimate their own risk for contracting HIV. Risk-based HIV screening is insufficient to effectively diagnose many people living with HIV.

**Poster ID Number:** 115M

**Presentation Title:** What? No Positives? Feasibility of HIV Screening Using Rapid Tests Among ED Patients in Utah.

**Author(s):** Kristin M. Ries, M.D.; Christy L. McCowan, M.D., M.P.H.; Harry Rosado, M.D.; Sara E. Simonsen, BSN, MSPH; Han Kim, PhD, MSPH

**BACKGROUND:** CDC released Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings, in the MMWR, September 22, 2006 / 55(RR14);1-17. In response to these recommendations, the Utah AIDS Education and Training Center collaborated with the Utah Department of Health (UDOH), and University of Utah's Divisions of Emergency Medicine and Public Health to conduct a study to determine the feasibility of screening patients for HIV infection in an emergency department (ED) setting using a rapid HIV test. Study objectives were: 1) estimate the true population-based prevalence of HIV infection in Utah, 2) determine whether those diagnosed with HIV through the study are more likely to be AIDS defining than those diagnosed through provider referral based on risk factors, 3) determine if rapid HIV testing is accepted among ED patients, and 4) assess whether routine rapid HIV testing is warranted in Utah EDs. The study was conducted April through December 2008.

**METHODS:** Eligible patients seeking treatment at the University Hospital and Clinics ED were offered a free oral rapid HIV test (OraQuick ADVANCE® Rapid HIV-1/2 Antibody Test). Tests were administered by certified HIV Prevention Counselors trained by UDOH staff using the Fundamentals of HIV Prevention Counseling curriculum (CDC, 1999). Patients were required to meet the following eligibility criteria: ages  $\geq 18$  and  $\leq 65$ , English or Spanish speaking, HIV negative, haven't tested for HIV within the last three months, not currently incarcerated, and were capable of giving informed consent.

**RESULTS:** Of 1,652 (preliminary data as of October 2008) patients approached, 578 were ineligible, 286 declined testing and 788 opted to receive a test. The acceptance rate for HIV testing was 73%. The 286 declining a test gave reasons including: Other (43.7%), Considers themselves not at risk (39.5%) and Felt uncomfortable about being tested (9.8%). Of the 788 patients who opted to receive an HIV test, 53.5% were female and 46.4% were male and the median age was 34 years. Unexpectedly, there were no patients who tested positive for HIV. Risks reported on the data collection form included Hetero, No Other Risk (30%), Sex While Using Drugs (23%), Injection Drug Use (7%), MSM (2%) and MSM/IDU (1%). Six percent reported having no acknowledged risk. A total of 18.4% of patients reported being a victim of sexual assault, 84.1% female and 15.9% male. Over half of patients tested (51.9%) reported never previously receiving an HIV test.

**CONCLUSION:** Rapid HIV testing is generally accepted in the ED setting. Almost half of ED patients have been voluntarily tested for HIV previously. Sexual assault among patients is more prevalent than anticipated both among males and females. Due to the lack of positive test results, the study was unable to estimate the true-population-based prevalence of HIV infection in Utah and determine if those diagnosed with HIV in the ED were more likely to be AIDS defining than those tested due to provider referral based on risk factors. There is minimal evidence to support the integration of routine rapid HIV screening in Utah EDs.

**Poster ID Number:** 116M

**Presentation Title:** Adolescent HIV Testing Rates After the 2006 CDC Testing Recommendations and Implementation of Rapid Testing

**Author(s):** Tanya Kowalczyk Mullins, MD, MS; Linda M. Kollar, MSN; Corinne Lehmann, MD, MEd; Jessica A. Kahn, MD, MPH

**BACKGROUND:** To improve identification of previously undiagnosed HIV-positive individuals, the Centers for Disease Control and Prevention (CDC) currently recommends routine opt-out testing for all adolescents. Improved uptake of HIV testing among adolescents may be facilitated by offering less invasive rapid testing methods, which may be more appealing to teens. The objective of this study was to examine changes in HIV testing among sexually experienced adolescents receiving care in an urban hospital-based clinic 1) following release of the revised CDC HIV testing recommendations for adults and adolescents in 2006 and 2) following implementation of rapid HIV testing in the clinic in 2007.

**METHODS:** Three consecutive one-year time phases were defined to coincide with 1) the year prior to release of the 2006 CDC HIV testing recommendations (Phase 1), 2) the year following release of those recommendations (Phase 2), and 3) the year following the addition of rapid HIV testing in the clinic (Phase 3). Computerized laboratory billing data were queried to obtain records for sexually transmitted infection (STI) testing, as well as basic demographic information. Records were included for patients  $\geq 13$  years of age who had any gonorrhea (GC), chlamydia (CT), or HIV testing performed in any of the 3 phases. For each phase, the primary outcome variable, rate of HIV testing, was defined as the number of adolescents who had GC and/or CT testing AND received HIV testing during the same phase, divided by the total number of adolescents who were tested for GC and/or CT. A secondary outcome variable was percentage of HIV tests in Phase 3 that were rapid tests vs. traditional venipuncture enzyme immunoassay. Chi-square analyses were performed to compare rates of testing between the phases.

**RESULTS:** Records for 3026 patients in Phase 1, 3257 patients in Phase 2, and 2710 patients in Phase 3 met inclusion criteria. Of these patients, 81.0% were female, 68.2% Black, 27.7% White, and 58.1% had public insurance. The mean age was 17.5 years (SD 1.93). GC and/or CT testing was obtained for 99.1% (n=2999) of the patients in Phase 1, 98.3% (n=3213) in Phase 2, and 97.5% (n=2642) of the patients in Phase 3. Rates of HIV testing among those tested for GC and/or CT significantly increased between Phase 1 vs. Phase 2 (12.6% vs. 27.7%,  $p < 0.001$ ), Phase 2 vs. Phase 3 (27.7% vs. 38.6%,  $p < 0.001$ ), and Phase 1 vs.

Phase 3 (12.6% vs. 38.6%,  $p < 0.001$ ). In phase 3, the proportion of rapid HIV tests was not significantly different from the proportion of traditional venipuncture tests (52.2% vs. 47.8%,  $p = 0.14$ ).

**CONCLUSION:** In this adolescent practice, the rate of HIV testing significantly improved following release of the 2006 HIV testing recommendations and was further improved by offering rapid HIV testing. These novel data suggest that prevention efforts targeting identification of previously undiagnosed HIV-positive youth may benefit from dissemination of national guidelines for universal testing and from routinely offering adolescents their choice of HIV testing methods, including rapid methods with less invasive sampling.

**Poster ID Number:** 117M

**Presentation Title:** Implementation of Routine HIV Testing for the Hospitalized Patient: Feasibility and Patient Acceptance

**Author(s):** Amy R. Weinberg, DNP; Michael F. Parry, MD

**BACKGROUND:** In August 2008, the CDC published national HIV incidence estimates for 2006 that showed 56,300 new HIV infections occurred in the U.S and 25% of people in the United States infected with HIV are unaware of their infection and therefore do not benefit from antiretroviral therapy. This led the CDC to recommend routinely offering HIV testing in all healthcare settings. This recommendation has not been widely implemented in the inpatient setting.

**METHODS:** The study was conducted in a 300-bed Connecticut acute-care community hospital from August to October 2008. Patients were recruited over the course of three months from four in-patient medical and surgical care units: telemetry, general medicine, general surgery and orthopedics.

**RESULTS:** The aim was to identify barriers and facilitators to implementation of a program routinely offering HIV testing to hospitalized individuals. Participants were recruited utilizing a list of patients generated the day testing was offered (patients admitted within the last 24 hours).

Rapid HIV antibody testing was offered to consenting adults aged 18 to 64 years. When available, serum stored for "as needed" tests during the admission was used. The patient's chart was reviewed for signs or indicators of inability to consent and documentation of HIV status. Demographic data was collected. Spontaneous patient feedback was also collected. Barriers and facilitators of the process of offering testing were recorded.

**CONCLUSION:** Of the 72 participants, 40 (56%) accepted HIV testing. Only 11 (13.3%) patients rejected participating in the study. HIV was not identified in any of the study participants. Overall, hospitalized patients were receptive to HIV testing. Patients commented they had had prior testing (32.7%) and that they believed routine testing to be a good idea (24.1%). One individual became upset when approached to participate in the study. Two patients were discharged before receiving their results. Barriers identified included the consent process, patient privacy, and access to patients who may have been off the floor or sleeping. Nursing service support was an important facilitator.

The practice of routinely offering HIV testing to hospitalized patients proved to be practical and was generally accepted by inpatients studied at a community hospital. Education and recruitment of floor nurses into the process proved important for the program's success. It was also shown to be important to offer testing early in the admission to assure patients receive their diagnosis before discharge. Given the increased demand on laboratory technicians, it may be practical to batch tests and perform testing once a day in the inpatient setting in contrast to the ED where point-of-care testing has been shown to be feasible. Most admissions were over 64 years of age and did not meet CDC HIV screening criteria. Consideration should be given to the 2009 ACEP guidance statement regarding the cost-effectiveness and benefit of screening individuals 65-75 years of age. As many states are considering removing the requirement for separate written consent for HIV testing, future research should also examine techniques for offering an HIV test to hospitalized patients via the "opt-out" approach.

**Poster ID Number:** 118M

**Presentation Title:** Using Non-Rapid HIV Technology for Routine HIV Testing in a High Volume Emergency Room Setting

**Author(s):** Ken Malone; Jessica A. Davila; Nancy Miertschin; Shkelzen Hoxhaj; Patricia Brock; Neil Kachalia; Michael Ruggiero; Thomas P. Giordano;

**BACKGROUND:** Routine HIV testing in emergency room settings identifies individuals with undiagnosed HIV-infection as well as patients with HIV infection who are not in care. Most routine HIV testing programs utilize rapid HIV testing technology because the results are available while the patient is still in the facility. However, rapid testing technology is more costly and has a higher false positive rate compared to standard ELISA tests, requires confirmatory testing for all positive tests, and can be cumbersome to perform in large volume. We implemented an opt-out routine testing program in a high-volume, urban emergency room setting using standard non-rapid ELISA technology.

**METHODS:** Ben Taub General Hospital (BTGH) is a large, publicly funded hospital located in Houston, Texas. BTGH is part of the Harris County Hospital District (HCHD), which provides comprehensive healthcare regardless of ability to pay. Approximately 7,500 patients are evaluated in the BTGH emergency room monthly.

**RESULTS:** Beginning August 2008, all patients who visited the BTGH emergency room and who were having blood drawn were considered eligible for routine opt-out HIV testing. Patients were notified at the time of registration that they would receive an HIV test in addition to any routine laboratory tests they might receive, unless they specifically declined. Signs were posted throughout the emergency room to ensure that patients were aware they would be tested. Standard ELISA tests were performed in the BTGH laboratory: batched testing was performed every 2 hours. Patients with a positive test result were informed of their status and then met with an HCHD outreach worker. All HIV-infected patients were offered an appointment at Thomas Street Health Center, the provider of HIV primary care for HCHD. Patients who were not notified of their status before discharge were followed-up by the Houston Department of Health and Human Services (HDHHS).

**CONCLUSION:** Between August 2008 and November 2008, 4,808 HIV tests were performed. Among those tested, the mean age was 43 years. Approximately 51% of patients were male. Of those tested, 30% were white, 35% Hispanic, and 35% African American. Among all patients tested, 75 were positive, including both new and previously known HIV-infected patients, for a prevalence of 2.4%. Forty-one persons were newly diagnosed, for a positivity rate of 0.85%. Approximately 61% (n=25) of newly diagnosed HIV patients were informed of their status and met with an outreach worker before leaving the hospital. Outreach workers scheduled 64% of these patients for an appointment at Thomas Street Health Center, 8% selected another clinic for HIV care, and 28% declined to schedule an appointment. The remaining patients were unable to be located after discharge and were referred to HDHHS.

Lessons Learned: Using standard ELISA technology rather than rapid testing is feasible in a busy, urban emergency room setting and likely has cost benefits. Rapid turnaround time and the availability of outreach workers to ensure linkage to care are essential. Establishing partnerships between local disease intervention specialists and outreach workers are a critical component of an emergency room HIV testing program to follow-up on patients who are lost to care.

**Poster ID Number:** 119M

**Presentation Title:** Impact of an Online HIV/AIDS College Course on HIV-related Behaviours of College Students

**Author(s):** Dr. Sharron Kay Jenkins

**BACKGROUND:** Because youth ages 13-24 are at high risk of HIV infection, more HIV/AIDS intervention initiatives targeting young adults are needed. In this study, we describe the impact of an online college-credit HIV/AIDS course on HIV-related risk behaviours of student participants.

**METHODS:** The pilot AIDS course ran through Blackboard for six consecutive, 17-week semesters (3 years) at Purdue University North Central (PNC). As a 3-credit science elective, the interdisciplinary course covered topics on HIV prevention, transmission, the science of HIV disease, and the global socio-economical impact of AIDS on society. Embedded into the online delivery of the course were weekly assessment, discussion board, and HIV risk assessment activities. A pre- and post-online survey was administered to assess the impact of the course on student behaviours related to HIV infection. In this study, we describe the survey results from the 2008 Spring and Fall semesters, which had an average enrolment of 150 students.

**RESULTS:** Fifty-two percent of the students enrolled in the course were between the ages of 15 and 24 and 87% of the students reported having their first sexual experience between the ages of 11 and 18. Approximately 76% were female and 24% were male, 11% African America, 4% Hispanic, and 83% Caucasian. By the end of the 17-week semester, there was a 40% increase in the percent of students who reported using a latex condom during sex, an 86% increase in students who reported asking the HIV status of their partner, a 100% increase in those who shared their HIV status with their partner, and a 50% increase in students who changed an HIV-related risk behaviour (50%). There was an overall decrease in the number of students engaging in unprotected sex (40%). In addition, students reported having more discussions about HIV with their sexual partners, were more reluctant to have unsafe sex, more likely to ask their partner to use a condom, and more confident in how to prevent contracting HIV. Students' knowledge about HIV prevention/transmission increased significantly.

**CONCLUSION:** The implementation of an online college-credit HIV/AIDS course proved to be an effective method of HIV/AIDS education, prevention, and behavioural research and may also be a viable HIV intervention initiative. The course is being set up at institutions internationally in an effort to enrol students around the world into one international online HIV education and prevention initiative.

**Poster ID Number:** 120M

**Presentation Title:** Social Marketing to Increase Syphilis Screening: Success Among HIV-Positive Men Who Have Sex with Men

**Author(s):** Kyle T. Bernstein, PhD, ScM; Jacque E. McCright, MPH; Jeffrey D. Klausner, MD, MPH

**BACKGROUND:** In San Francisco, nearly all syphilis is found among men who have sex with men (MSM), and almost two-thirds of MSM with syphilis are co-infected with HIV. The San Francisco Department of Public Health recommends that MSM be screened for syphilis every 3 to 6 months. To increase awareness and promote regular syphilis testing among MSM, we

launched a 15-month social-marketing campaign, *Dogs Are Talking*, in July 2007. The campaign was focused in two neighborhoods and used promotional posters, palm cards, and other themed items.

**METHODS:** A street-based, interviewer-administered survey was conducted among gay and bisexual men in the Castro and South-of-Market neighborhoods in San Francisco to evaluate the effectiveness of the *Dogs Are Talking* campaign. Survey respondents were interviewed about campaign awareness, syphilis knowledge, sexual practices, HIV status, and syphilis testing in the past six months. Respondents were categorized as recalling the campaign, spontaneously or with a visual aid, or not recalling the campaign. Chi-square tests were used to assess differences in reported syphilis testing in the past six months.

**RESULTS:** From June to August 2008, 289 MSM completed the survey. Overall, 58% (168) were white, 77% (223) had at least some college education, and 60% (172) reported at least one syphilis test in the past six months. The median age was 38 years (range 18-60), and 29% (84) reported being HIV-positive. Approximately one-third (94) reported recall of the campaign; of those respondents, 56% (53) recalled the campaign spontaneously and 44% (41) recalled the campaign when prompted with a visual aid. Overall, there was no association between campaign recall and syphilis testing in the past six months. However, 86.7% of HIV-positive men who recalled the campaign reported being tested for syphilis in the past six months compared to 64.8% of HIV-positive men who did not recall the campaign ( $\chi^2 = 4.63, p=0.031$ ).

**CONCLUSION:** Recall of the social-marketing campaign was associated with syphilis testing among HIV-positive MSM in San Francisco, a population disproportionately affected by syphilis. Rigorous evaluation methodologies are critical components of social-marketing campaigns and are needed for developing focused and refined messages.

**Poster ID Number:** 121M

**Presentation Title:** Acceptance and Receipt of Rapid HIV Testing by Young African Americans at Spring Break

**Author(s):** Peter Thomas; Elin Begley; Andrew C. Voetsch; Ida Tafari; Charles Martin; Patrick Forand; James Heffelfinger

**BACKGROUND:** Over 20% of the more than one million persons infected with HIV do not know their HIV status. Persons who are infected but unaware account for more than half of the new sexually transmitted HIV infections each year. In 2006, more than 9500 new HIV infections occurred among African Americans aged 13-29 years, representing more than half of the new HIV infections in this age group. Therefore, increasing awareness of HIV status among young African Americans is an important tool for reducing HIV transmission. In this analysis, we evaluate factors associated with being tested for HIV among young African Americans who initially agreed to be tested for HIV during a spring break event.

**METHODS:** We surveyed African Americans aged 18-29 years during 2007 spring break events in Daytona Beach and Miami Beach, Florida. We asked participants about their HIV testing history and offered participants the opportunity to receive a free, rapid HIV test at the event. After a brief interview, participants were given a referral card and immediately directed to a nearby location where HIV testing was being conducted by community-based organization or health department staff. We used logistic regression to compare respondents who accepted and received testing to persons who initially accepted testing but were not tested at the event.

**RESULTS:** Of the 698 respondents with information on testing acceptance, 331 (47%) respondents initially accepted an HIV test during the spring break events and 232 (70%) received an HIV test. Among 367 respondents who initially declined testing, 21 (6%) received an HIV test at an event. Among those who were tested, 80 (32%) were tested for the first time ever and 127 (50%) had been tested in the past year. Among attendees who initially accepted HIV testing, taking an HIV test at an event was associated with being male (OR: 2.0; 95% CI: 1.1-3.4), being a college student (OR: 2.3; 95% CI: 1.3-4.1) and having not received an HIV test in the past year (OR: 2.8; 95% CI: 1.3-6.2), adjusting for the spring break location and the number of days respondents had been at the spring break event at the time of interview. All respondents who were tested for HIV at events had negative test results. Of the 346 respondents who declined testing and were not tested, the most common reasons stated for declining testing were not having the time (46%) and having been tested recently (27%).

**CONCLUSION:** Almost half of persons surveyed declined testing, stating they did not have the time to be tested and one-third of those who initially accepted testing later decided not to be tested. Further study is needed to determine if there are factors associated with reduced willingness of some groups (e.g., females and non-students) to accept testing at spring break events. Offering rapid HIV testing at spring break events could be one way to increase knowledge of HIV status among African American young adults.

**Poster ID Number:** 122M

**Presentation Title:** Reforming HIV Prevention for Women – Supporting the Creation or Adaptation of Evidence-Based Interventions

**Author(s):** Suzanne Kinsky

**BACKGROUND:** Women in the US are increasingly affected by HIV, with the proportion of HIV/AIDS cases diagnosed in women tripling from 8% in 1985 to 26% in 2005. The sub-populations of women that are most vulnerable (sex workers, immigrants, incarcerated women, etc.) are not addressed, or insufficiently addressed, by the current menu of evidenced-based

interventions utilized in the US. Moreover, organizations best positioned to reach these sub-populations of women often lack the resources needed to adapt or create effective prevention interventions.

**METHODS:** The National AIDS Fund collaborated with Johnson & Johnson to create the GENERATIONS Initiative, a capacity-building program for community-based organizations seeking to create or adapt evidence-based interventions for at-risk populations of women. Supported agencies are located throughout the U.S. and target a variety of risk groups, including at-risk youth, sex workers, immigrants, and incarcerated women.

**RESULTS:** In addition to cash grants, GENERATIONS agencies receive 1) comprehensive technical assistance from a team of HIV prevention scientists from San Francisco State University, 2) an evaluator who creates an evaluation plan and measurement tools and analyzes progress toward key outcomes, and 3) support in forming a national identity and network among funded organizations. A key component of the GENERATIONS program is a four-month formative phase in which organizations work closely with the technical assistance team and evaluators to conduct intensive research, pilot testing, and formative evaluation prior to implementing their interventions.

**CONCLUSION:** Eight community-based organizations are funded through the second GENERATIONS grant round and will complete their grant period in June 2009. Results to-date indicate that this capacity-building program is effective in generating evidence-based interventions. The formative phase was critical in helping organizations focus their intervention objectives, determine an effective incentive structure, and conduct outreach to future participants and other stakeholders. Technical assistance and evaluation support was also essential in helping organizations use science and evidence to develop effective interventions. Initial data suggests that this support impacts not only the funded intervention but also other prevention initiatives within the grantee organizations.

All organizations experienced challenges during program implementation. Key characteristics in determining success in overcoming these challenges included: structural or contextual factors, such as target population characteristics or implementation setting; organizational capacity, such as adequate program staffing; willingness to utilize the technical assistance and evaluation support; and flexibility in adapting the program in response to experiential and evaluation data.

The experiences of the GENERATIONS grantees can greatly inform the HIV prevention field. The public health community rightly places a great deal of emphasis on utilizing evidence-based interventions. However, as the epidemic changes, existing interventions (specifically, DEBIs) cease to meet at-risk populations' needs. Private and corporate foundations can fill this gap by supporting organizations' work to create or adapt their own evidence-based interventions for women. Given the limited resources of most community-based organizations, funders need to focus on providing support beyond simple cash grants in order to truly build the capacity of grantees and the HIV prevention field for women in general.

**Poster ID Number:** 123M

**Presentation Title:** Integrating HIV Testing Into HIV Prevention Programs Targeting African Americans

**Author(s):** Ron Simmons

**BACKGROUND:** African Americans, in particular men who have sex with men (MSM), are disproportionate infected with the HIV virus comprising over half of all new infections. It is imperative that African Americans access HIV counseling, testing, and referral services (CTR). Community-based AIDS service organizations that target African Americans should integrate CTR as an integral part of any comprehensive HIV prevention program.

**METHODS:** Washington, D.C., is an urban city with the highest number of AIDS cases per capita in the nation. The majority of the HIV/AIDS infections in Washington, D.C., are among African Americans. Us Helping Us, People Into Living, Inc. (UHU) is a community-based AIDS services organization dedicated to reducing HIV infection in the African American community. UHU specializes in HIV prevention programs for men who have sex with men.

**RESULTS:** UHU decided to integrate HIV testing into its prevention programs for maximum effectiveness by:

- Training over half the staff in rapid testing and orasure testing (8 of 13 full-time staff even though only four staff positions were funded by the testing program)
- Utilizing a mobile van for HIV testing
- Integrating CTR in all of its prevention programs (e.g., the Many Men, Many Voices intervention; the Popular Opinion Leader intervention; street and venue-based outreach; support groups, etc.) by having HIV testers available during all programs
- Hosting quarterly testing days with community outreach and the providing of food
- Providing incentives for testing (e.g., gift cards, trips to the amusement park, beauty salon and nail salon certificates, phone cards, etc.)
- Recruiting through social networks in the House/Ball community
- Partnering with churches to conduct on-site testing
- Partnering with Howard University to conduct on-site testing in the dormitories
- Providing orasure testing immediately for confirmation of rapid testing for positive results.

**CONCLUSION:** In 2008 (January thru November), UHU provided anonymous and confidential "client-centered" HIV counseling and testing (CTR) for a total of 1,997 people (1,193 men and 764 women, 1,670 of whom were African American).

Of those tested, 51 were sero-positive for a prevalence rate of 2.5%. UHU had one of the highest prevalence rates of any AIDS service organization in the District.

**LESSONS LEARNED:** CTR should not be treated as a separate program within a community-based AIDS services organization targeting African Americans. CTR should be integrated in all of an agency's prevention programs and services. Every program should reinforce CTR and CTR should be an integral part of every program.

**Poster ID Number:** 124M

**Presentation Title:** By Any Means Necessary: A Collaborative Effort to Create a Statewide Non-static Internet Resource Guide

**Author(s):** Jack Carrel, MPH

**BACKGROUND:** In New Orleans and its surrounding areas, following Hurricanes Katrina, Rita, and Gustav, people of all ethnicities and backgrounds find themselves in need of diverse community services. Scarce availability of information about available resources, a lack of collaboration among many of the agencies, and low levels of education among consumers make it difficult to connect people with the resources they need.

**METHODS:** A diverse group of agencies in New Orleans that provide services to a variety of populations including persons with HIV have come together to create a bridge between the community and the resources available to them. These agencies formed the Louisiana Resource Guide (LRG) Committee, which directs and promotes the LRG project.

**RESULTS:** As a result of LRG's efforts, a unique resource guide has been created. It is different from other resource guides in that it is non-static. For example, community organizations and agencies are responsible for maintaining an up-to-date profile as opposed to one agency constantly updating everyone's profile. This site is particularly useful to case managers since they can select the agencies they refer their clients to and print a one-page profile to give to consumers. The LRG committee is a joint effort to create a one-stop resource directory for people and providers in the health, legal, social, education, and community services fields. The idea behind the LRG is to use an extremely user friendly platform on the internet as a point of convergence for agencies that are currently offering services. Here they will be able to reach out to the community, not only by providing their contact information, but by also publishing articles and offering information and services related to the different fields covered by the LRG.

**CONCLUSION:** The LRG is a living project and is continuously being updated and expanding. Access to the most up-to-date information for agencies has eliminated the need for many of the hard copy resource guides that are often out of date when printed.

Agencies addressing diverse social and health issues can come together to create and collaboratively maintain a resource referral directory to serve the ever changing needs of the community after a national disaster.

**Poster ID Number:** 125M

**Presentation Title:** DEBI Training Needs Assessments with Health Departments: An Analysis of Diffusion Efforts

**Author(s):** Myriam Hamdallah; Sharon Novey

**BACKGROUND:** A majority of the 65 state and local Health Departments (HDs) that receive CDC HIV prevention dollars require or recommend that the community-based organizations (CBOs) they fund implement interventions that are included in CDC's Diffusion of Effective Behavioral Interventions (DEBI) project. A structured process to gather information on HD support and demand for DEBI trainings was developed to understand the need, analyze the diffusion trajectory of specific interventions in this context, and assist CDC in planning efforts.

**METHODS:** The training assessment process for the DEBI project is conducted with state and local HDs across the United States. A variety of organizations use the assessment results, including CDC, Health Departments, CDC contractors, the STD/HIV Prevention Training Centers (PTCs), and other national and regional training organizations.

**RESULTS:** The Academy for Educational Development (AED), which serves as CDC's Training Coordination Center for the DEBI Project, and the four PTCs that provide behavioral intervention and program support trainings worked collaboratively to develop an assessment tool and conduct the assessments for DEBI and related training needs in states and jurisdictions. The HD assessment process has collected information on a variety of measures including HD funding cycles, key resources, the numbers of agencies funded and approximate number of staff needing training, by intervention, from 2005 to the present.

**CONCLUSION:** Results

A total of 54 HDs have participated, including 47 State HDs and seven city/jurisdictional HDs. To date, 21 of the 54 jurisdictions have also completed an update of their initial assessment. A retrospective review of the data shows a spike in the rates of adoption of the interventions for some HDs in the early years of the assessment, as evidenced by state funding cycles and numbers of agencies funded. Data shown in graphs depict early adopters, early majority, and later adopters for specific interventions such as SISTA, HR, and VOICES/VOCES.

From the beginning of DEBI training delivery in 2003 through September 2008, over 650 trainings on DEBI interventions have been conducted – over 300 of these trainings were specifically delivered in response to Health Department requests, the majority

initiated through the assessment process, and have been conducted in 40 states (including six city/jurisdictions), District of Columbia, and Puerto Rico. Over 6,000 persons attended these trainings. Another positive outcome is the strong working relationships subsequently developed among the Health Departments, AED, and the PTCs to meet training needs.

**Lessons Learned:** The HD assessment process assists the CDC in their national diffusion efforts by helping to determine location and timing for available DEBI trainings.

Analysis of the rate of adoption of interventions by jurisdictions provides information about location, timing and resources needed in planning future diffusion of new interventions, and identifying areas where barriers to adoption may exist.

A collaborative effort among national partners to develop and conduct an assessment fosters strong working relationships and cooperation.

**Poster ID Number:** 126M

**Presentation Title:** Lessons Learned from Capacity Building Assistance in Asian & Pacific Islander Communities

**Author(s):** Annie Yeh; Elizabeth Mediano; Ramani Sripada; Xuan-Lan Doan

**BACKGROUND:** CDC has stated that Asians and Pacific Islanders are a group that is emerging as at-risk for HIV/AIDS. Comparing estimated annual percentage changes (EAPC) in HIV diagnosis rates across racial/ethnic groups, Asian & Pacific Islander males (EAPC = 8.1) and females (EAPC = 14.3) were the only groups to experience statistically significant increases. Moreover, other analyses have indicated that Asian & Pacific Islander men who have sex with men aged 13-24 have experienced the largest proportionate increase (EAPC = 30.8) in HIV/AIDS diagnosis rates compared to other MSM populations.

**METHODS:** National HIV capacity building assistance program developed to strengthen community based organization, health department, and community capacity to respond to the increasing HIV/AIDS epidemics in Asian & Pacific Islander communities across the United States and its affiliated Pacific Island jurisdictions.

**RESULTS:** Funded under CDC Program Announcement 04019, the National Asian & Pacific Islander HIV Capacity Building Assistance Partnership is co-led by the Asian & Pacific Islander American Health Forum and the Asian & Pacific Islander Wellness Center. Regional partner organizations include the Asian Health Coalition of Illinois (Chicago), Asian Pacific AIDS Intervention Team (Los Angeles), Life Foundation (Honolulu), and Massachusetts Asian & Pacific Islanders for Health (Boston). This partnership model allows for a nationally coordinated capacity building assistance strategy while supporting long-term capacity building activities and relationships at the local and regional level.

**CONCLUSION: RESULTS:** Since 2004, the Partnership has provided over 35 national and regional trainings to more than 700 participants. The Partnership has also responded to over 200 requests for capacity building assistance from community based organizations, health departments, community planning groups, and community leaders across the United States.

**LESSONS LEARNED:** Building on over 15 years of experience providing capacity building assistance to Asian & Pacific Islander and other communities, presenters will briefly share a sample of best practices documented in a series of capacity building case studies developed by the Partnership. These include a tool for measuring collaboration in the Partnership, developing the national/regional Partnership framework, and capacity building strategies for emerging populations (e.g. culturally tailored trainings and one-on-one coaching).

**Poster ID Number:** 127M

**Presentation Title:** Qualitative Evidence for the Effective Use of CRCS with Latino MSM's in Miami

**Author(s):** Teresa Neira

**BACKGROUND:** In the United States, HIV and AIDS have taken a heavy toll among men who have sex with men (MSM). MSM make up a considerable portion of the HIV population. MSM of color are at particularly high risk. CDC studies have found high HIV incidence and prevalence among MSM in some cities, particularly among Latino MSM, and low levels of awareness of infection status among those with HIV. Racial and ethnic minorities have been disproportionately affected by HIV/AIDS since the beginning of the epidemic, and now represent the majority of new AIDS cases (71%) and people living with AIDS (64%) in 2005. Prevention education and risk reduction counseling ensure Latino MSM receive adequate resources to learn to live with HIV. These efforts decrease reinfection, coinfection, and the spread of HIV to others.

**METHODS:** Comprehensive Risk Counseling and Services(CRCS) program has been implemented in Care Resource in Miami-Dade county.

**RESULTS:** CRCS staff screen internal referrals for program eligibility, conduct risk assessments, and offer one on one risk reduction counseling. CRCS staff work with case managers to ensure coordination of client services and access to care.

**CONCLUSION:** From February 2005 through the present, CRCS screened for program eligibility and provided HIV prevention education and risk reduction counseling to over 157 HIV positive Latino MSM. These sessions were offered as one on one risk reduction counseling for 6 months meeting an average of twice a month. During this period client's who completed CRCS reduced number of sex partners, increased condom use, raised their HIV health literacy, increased medication adherence to at least 95%, decreased visits to high risk venues including online partners, disclosed to past sex partners, family members and

friends, as well as, acquired the skills to disclose to potential sex partners. Outreach efforts included placing ads on the internet and putting up profiles in MSM websites such as Manhunt, Craigslist, and Backpage. As a result of internet outreach efforts the program also reached MSM's from Latin America, and locally in Florida and offered brief risk reduction counseling via email. CRCS includes risk reduction counseling, prevention education, and addressing some of the underlying issues often involved in risky sexual behavior./Providing CRCS within a community based setting where client's are already receiving most of their services is an effective method to reach high-risk HIV positive Latino MSM. Appropriate interventions with Latino MSMs afford a unique opportunity to improve quality of life, identify high risk behaviors, and reduce HIV transmission.

**Poster ID Number:** 128M

**Presentation Title:** Using Porn to Push a Point

**Author(s):** Colin Batrouney

**BACKGROUND:** Issue: The prevalence of unprotected anal intercourse in casual settings (bath houses, beats etc) and the need to reinforce condom use in these settings. (Currently, these setting account for one third of new HIV notifications in Victoria).

**METHODS:** This intervention was implemented in a highly targeted manner across metropolitan Melbourne (Australia). over a 12 month period using a variety of gay community media and locations.

**RESULTS:** This campaign utilized highly explicit sexual imagery donated from a gay porn production house (Hothouse Media) to support a campaign that addressed issues relating to unprotected anal intercourse in casual settings and condom reinforcement. The campaign was implemented across a broad range of gay community media (newspapers, radio, internet) and locations (bathhouses, sex clubs, sex parties, gay clubs and bars).

**CONCLUSION:** This campaign is unique in the history of the Victorian AIDS Council / Gay Men's Health Centre in that the evaluation has demonstrated 100 percent recall of campaign materials and 100 percent comprehension of campaign messaging. Other key results from the evaluation concluded that:

1. The campaign was highly effective at garnering attention and engaging gay men, as well as communicating its key messages.
2. There was a high level of campaign recognition within the focus groups, even though focus groups are not a representative sample, it is unusual to have all participants in a focus group recall having previously seen the campaign.
3. The campaign messages were easily accepted and personally relevant to gay men.
4. The range and mix of campaign materials produced was broad as well as deep. This strategy of utilising a broad mix of materials enabled the campaign to maximise engagement opportunities with the target audience.
5. Participants did not find the sexually explicit images offensive and considered them appropriate for use with safe sex message and a powerful creative device to attract the attention of the campaign target audience.

Lessons Learned: It is possible to work with highly sexually explicit imagery to support condom reinforcement campaigns but the campaign materials needs to be highly targeted in their implementation. Additionally, working with highly sexually explicit materials needs very careful brokering of all stakeholders, from publishers of community press to funding agencies, but if one manages to negotiate the hurdles, this approach can result in powerful community engagement.

**Poster ID Number:** 129M

**Presentation Title:** 40 & Forward: A Group Intervention for Older Men Who Have Sex with Men

**Author(s):** James Maynard

**BACKGROUND:** MSM men over the age of 40 may be more likely to engage in risky sexual behavior due to decreased desirability. Complicating factors such as depression, isolation and social anxiety may further impact the ability of older MSM to negotiate condom use and other harm reduction techniques.

**METHODS:** The intervention occurred in either the home of the program coordinator or in the Fenway Community Health Clinic in Boston, MA. The priority population included MSM over the age of 40 that self reported mild depression, isolation, and/or social anxiety as well as risky sexual behavior. Participants were recruited through referrals from FCH medical and mental health providers as well as flyers posted in local gay identified bars and clubs.

**RESULTS:** 40 & Forward was a group level intervention for gay and bisexual men of any HIV status who self-reported problems with depression, isolation, and/or social anxiety. The intervention aimed to address these challenges, as well as to improve sexual partner negotiation skills; increased condom use and to reduce risky sex (e.g., anonymous sex, sex while using drugs or alcohol). Groups of 8 - 12 men met for 4 consecutive weeks for a social dinner group and didactic discussion, led by a program coordinator using curriculum to address the above stated challenges. A fifth and final meeting was a social outing or event planned by the men in the group. An incentive was provided for the initial meeting and a budget was provided for the final outing or event. Dinner was provided at each of the 4 regular meetings.

**CONCLUSION:** Two cycles of the group have occurred with 7 and 10 participants respectively and with each having a 100% retention rate over the course of the intervention. Word of mouth made the group so popular that the final two groups in the funding year cycle were filled quickly and a waiting list generated for future groups. Preliminary data analysis from pre and post testing showed a trend towards decreased depression, loneliness, and fear of negative evaluation. In exit interviews, participants voiced strong support and appreciation for the group with many having made friends among its members.

**Lessons Learned:** A weekly dinner group format for MSM over 40 was an effective way to address loneliness in a group often experiencing social isolation. Group members asked for the dinner meetings to go beyond 4 weeks so future interactions will involve 6 meetings plus one social event. Friendships formed in the group may serve as a protective factor against HIV transmission as much as the learning that occurred during facilitated discussions. Analysis incorporating randomized control groups may be needed to show efficacy in reducing the transmission of HIV. The program coordinator hired to run the intervention may also be key to member retention.

**Poster ID Number:** 130M

**Presentation Title:** Sexual Identity and Having a Health Care Provider Among Men Who Have Sex With Men

**Author(s):** Joseph Merighi, MSW, PhD; Deborah Chassler, MSW; Rebekah Gowler, MSW; Hutson Innis; Lena Lundgren, PhD

**BACKGROUND:** The U.S. health-care delivery system has been regarded by some members of sexual minority groups as untrustworthy, discriminatory, and marginalizing. Research has shown that stigmatization in response to a person's sexual identity and HIV status present significant barriers to health care utilization.

The objective of this study was to describe the association between self-reported sexual identity and having a regular health care provider in men who have sex with men (MSM).

**METHODS:** A total of 257 MSM, ages 18 to 64 ( $M = 32.7$  years), were surveyed in Massachusetts between 2003 and 2007. The sample was comprised of 49.4% Hispanics, 31.9% Whites, 16.0% African Americans, 2.0% American Indians, and 0.7% Asians. Bivariate and logistic regression analyses were used to test the association between sexual identity and having a regular health care provider, controlling for the participants' demographic characteristics, health insurance status, HIV/AIDS status, drug use, and level of social support.

**RESULTS:** Using logistic regression modeling, MSM who identified as heterosexual, compared to those who identified as gay or bisexual, were 60% less likely to have a regular health care provider. Further, MSM who had health insurance were 10 times more likely to have a health care provider; MSM who had used illegal drugs in the past 30 days were 54% less likely to have a health care provider; and MSM who had more social support were 32% more likely to have a health care provider.

**CONCLUSION:** The findings from this study underscore the influence of sexual identity, illegal drug use, and social support on health care provider use in MSM. These results substantiate the need for targeted, proven interventions to increase health care provider access among MSM, especially those who do not identify as gay or bisexual.

**TUESDAY, AUGUST 25, 2009****Poster Abstracts****10:00AM – 5:00PM****Poster ID Number:** 131T**Presentation Title:** HIV Counseling, Testing, and Referral in Non-Healthcare Settings: Results from a Focus Group Study**Author(s):** Amy Fasula; Maria Alvarez; Andrew Margolis; Rebecca Morgan; Amy Stuckey; Jennifer Alexander; Samuel Dooley

**BACKGROUND:** HIV counseling, testing, and referral (CTR) in non-health care settings (e.g., community-based or outreach settings such as homeless shelters) are a key complement to HIV testing in medical settings, particularly for at-risk persons who may not access care in traditional clinical venues. The objectives of this study were to explore past and potential clients' attitudes about HIV CTR services in non-health care settings.

**METHODS:** Twenty-one focus groups are being conducted in four high HIV-prevalence US cities: Chicago, Miami, Los Angeles, and New York. Participants had either engaged in recent risk behavior or were HIV-positive. Heterosexual men and women, men who have sex with men (MSM), injection drug users, transgender women, and adolescents (15-19 years) were passively recruited through flyers distributed by organizations serving these populations and online (e.g., Craigslist). Focus groups were also segmented by participants' HIV status and the recency of HIV test. Each group included 7-12 participants. Discussion topics were facilitators and barriers as well as ideal service components regarding setting, testing information, counseling, consent, testing methods, and referrals. Here we describe preliminary findings from 13 focus groups conducted to date (n=120).

**RESULTS:** The mean age of participants was 36 (range 15-58). Sixty-six percent were male, 23% were female, and 11% were transgender. One half of the participants were African-American, 30% were Hispanic, and 14% were White. Common perceived benefits of HIV-testing included awareness of status and obtaining care if HIV-positive. Cash or gift incentives were seen to facilitate testing. In terms of barriers, psychosocial issues such as fear of a positive diagnosis and stigma of being seen testing outweighed costs and other logistical issues. Participants were generally aware of testing in both types of settings and described benefits and disadvantages of each. Perceived benefits of non-health care settings were convenience and having more time with a counselor. Preferences for testing in medical settings were based on perceptions of greater privacy, professionalism, hygiene, and test accuracy than in non-health care settings. Many participants preferred written rather than oral consent. Participants agreed that test information and implications of test results should always be provided. Most participants valued brief, conversational, personally-tailored risk-reduction counseling. Most also felt it is critical for a counselor to prepare clients for the test and results. This theme was strongly echoed among HIV-positive participants, many of whom had received unresponsive, inadequate counseling at the time of diagnosis precipitating mental health crises, drug relapse, and an increase in sexual risk behavior. Regarding test type, accuracy and quick results were important, however many participants believed that one could not have both in a single test. Rapid tests were often perceived as less accurate than venipuncture. Some felt a longer wait provides time to emotionally prepare for results. Participants valued a variety of referral services, particularly if HIV-positive.

**CONCLUSION:** Opinions regarding ideal CTR services in non-health care settings are diverse, suggesting the need for tailored, client-centered CTR. CDC plans to use these results in the development of evidenced-based recommendations for HIV CTR in non-health care settings.

**Poster ID Number:** 132T**Presentation Title:** Predictors of Failure to Receive HIV Test Results and Posttest Counseling: United States, 2005**Author(s):** Hussain R. Usman; Denise Duran; John F. Beltrami

**BACKGROUND:** Whether a person knows the results of their HIV test and receives posttest counseling has implications for appropriate referrals to other HIV prevention services, HIV transmission, and linkage to medical care and early treatment. Our objective was to identify the predictors of failure to receive HIV test results and posttest counseling among records of persons who tested HIV-positive in 2005 at publicly funded HIV counseling and testing (CT) sites in the United States.

**METHODS:** In 2005, 59 project areas (PAs) reported HIV CT data to the Centers for Disease Control and Prevention (CDC). We excluded 12 PAs for not reporting test-level data, 6 PAs for reporting > 25% missing data on HIV test results, and 1 PA for other data quality reasons. The analysis was restricted to 15,409 HIV-positive records of adolescents and adults from 40 PAs. In univariate analysis, we estimated crude risk ratios (RRs) and their 95% confidence intervals (CIs) to assesses the association of age, sex, race, previous HIV test results, type of test (anonymous or confidential), test site, and HIV risk category with failure to receive HIV test results and posttest counseling. Independent association of these variables with failure to receive HIV test results and posttest counseling was assessed by estimating adjusted RRs (Adj. RRs) and their 95% CIs using Poisson regression analysis in SAS®.

**RESULTS:** Overall, 21% (3,189/15,409) of positive test results were among persons who did not receive their test results and posttest counseling. In multivariable analysis after adjusting for age and sex, HIV test results and posttest counseling were more frequently not received by persons who were African American (Adj. RR=1.2, 95% CI 1.1-1.4) or Hispanic (Adj. RR=1.2, 95% CI 1.1-1.3) (vs. whites); previously tested HIV-positive (Adj. RR=1.2, 95% CI 1.1-1.3) (vs. previously tested negative); tested at sexually transmitted disease (STD) clinics (Adj. RR=2.1, 95% CI 1.9-2.4) or in the field (Adj. RR=1.8, 95% CI 1.6-2.1) (vs. tested at HIV CT sites); categorized in the HIV risk category of male-to-male sexual contact and injection drug use (IDU) (Adj. RR=1.3, 95% CI 1.1-1.6), IDU (Adj. RR=1.3, 95% CI 1.1-1.5), or heterosexual contact (Adj. RR=1.3, 95% CI 1.1-1.4) (vs. male-to-male sexual contact).

**CONCLUSION:** A substantial proportion of HIV-positive test results and posttest counseling was not received by persons at publicly funded HIV CT sites in the United States. Expansion of strategies, such as rapid testing, are needed to increase the number of persons who receive their results and posttest counseling, particularly for persons at STD clinics and persons who are tested in the field.

**Poster ID Number:** 133T

**Presentation Title:** Don't Forget About the High RISK on Their Turf!

**Author(s):** Gloria Lockett

**BACKGROUND:** General HIV screening has been successfully in other cities, but our experience has shown that high risk targeted testing has proven to be much more effective in case finding than broad testing in Oakland, CA. As a community based organization with two mobile clinics, we found that it more effective to go to areas during times when high risk behavior is taken place; which means late night testing. Whereas, the broad testing took place during the day places such as the city hall.

**METHODS:** CAL-PEP utilizes a mobile clinic to provide testing and outreach services in high-risk neighborhoods. We also provide testing at events like community health fairs and youth events. We test in agencies where high-risk clients access services such as substance abuse treatment facilities, homeless shelters, and youth drop-in centers. We focus on increasing access to confidential testing services by entering hard-to-reach/high-risk communities that might not otherwise be tested because of socio-economic impediments.

**RESULTS:** California Prevention and Education Project (CAL-PEP) has delivered HIV prevention, education, testing, counseling, substance abuse education and treatment services during its 25-year history to the African American community. Our counseling and testing model has evolved over the years and with the advent of new technology CAL-PEP has revamped its HIV testing model in order to provide rapid results and provide counseling services for people who test positive right at the time of service. We worked with "Get Screened Oakland", where we conducted broad testing at several community events. While we recommend testing for everyone, we found that we got more of the worried well than high risk at broad testing events. We consider mapping as a important technique in HIV case finding before going out to test. We work with Alameda County Public Health Department to identify clusters of reported HIV cases. In addition, staff identify high risk area in Oakland. Once we have mapped a number of locations, we test in that area for three to four weeks. Outreach workers would pass out safer sex kits and encourage people to test for HIV.

**CONCLUSION:** Instead of doing the usual community event, on World AIDS day, we decided to do targeted high risk testing at six in the morning. As result, we tested 36 people and 3 were positive. Last year on World AIDS day, we did a community event and found no positives. In the last year, our targeted positivity rate 4.3% whereas our HIV screening yielded no positives. Everyone needs to get tested, but 9 to 5 testing is not reaching the high risk especially African Americans. Testing programs have to be flexible in the wake to the new testing initiatives and don't forget data links to high risk testing.

**Poster ID Number:** 134T

**Presentation Title:** Implementing CTR Programming in a Non-Clinical Setting for Latino Youth in Boston, MA.

**Author(s):** Jorge H. Soler; Fanny Figueroa

**BACKGROUND:** Between 2002 and 2004, Boston has had the largest number of HIV-infected youth (13-24 years old) in Massachusetts with these youth representing 9% of all HIV infections diagnosed according to the Massachusetts DPH. Further, HIV/AIDS disproportionately impacts Latino youth. In 2004, 24% of infected adults were Hispanic while 35% of infected youth were Hispanic. Reasons for this disparity include low access to culturally, linguistically and age appropriate information. Other reasons include low access to HIV counseling and testing services, lack of education regarding safe sexual behavior and HIV transmission, gender-based disparities and stigma related to disclosure of MSM and IDU identification.

**METHODS:** The Latin American Health Institute houses Inf3rmate, a community-based counseling and testing program that conducts outreach and targets high-risk Latino populations in Boston, Massachusetts. Outreach venues include schools, shelters, streets (mobile van), public sex venues and community-based agencies.

**RESULTS:** Following the recommendation of the CDC, Inf3rmate's goals are to increase the number of high-risk Latino individuals receiving an HIV test. Via CTR and in collaboration with other youth programs at LHI, Inf3rmate aims to increase

the Latino youth population's knowledge-base regarding HIV transmission, engage and encourage youth (particularly female youth) to know their HIV status and improve sexual health and reduce sexual risk-taking behavior among men who have sex with men and injection drug users. Counseling and testing staff also share their experiences using different testing technologies: Orasure, Oraquick, and Unigold.

**CONCLUSION:** Between 2005 - 2008, InfÃ³rmate tested 372 youth (52.4% female, 47.6% male) of whom 78.0% identified as Latino. The majority (54.6%) had at least one sex partner in the last 3 years although only 5.9% had an HIV test in the same time period. Data on reported condom use during vaginal or anal sex reveals disparities between genders with 43.8% of females reporting one sex partner in the last 3 years compared to 20.2% of males but only 19.1% of females reporting "Always" using a condom compared to 38.6% of males. Among males, 6.1% had sex with another man in the last 3 years and only 14.3% of these men "Always" used a condom. Of those tested, 2.2% injected drugs in the last 3 years of whom 75% shared needles. Program staff indicated that switching from Orasure to rapid-testing (Oraquick and Unigold) improved return rates because results were available within 10-20 minutes. Further, youth felt more motivated to have an HIV test when they learn that results are provided within this short time period. - Highlights -

- 1.Outreach: Offering CTR services to the youth population is a challenge that requires innovative testing methods and outreach strategies.
- 2.Educational Groups: Offering appropriate interventions that engage youth populations. Groups are unique opportunities to improve sexual health by engaging high-risk MSM and IDU youth and reducing their risk of HIV transmission.
- 3.CTR: Identifying HIV-infected Latino youth and increasing early access to treatment reduces HIV transmission among the general Latino population.
- 4.Stigma: Providing HIV/AIDS-related group education and offering counseling to HIV-infected youth helps reduce stigma and develop strategies for status disclosure.

**Poster ID Number:** 135T

**Presentation Title:** Effectiveness of Community Outreach On Addressing Risk Reduction and Preventing the Spread of HIV.

**Author(s):** Jessica Lyons; Jenese McCarroll; Cory Roberts; Jasmyne Lyons; Melvin Breau

**BACKGROUND:** CDC Reports that there are over 1 million people living with AIDS in the US. TN reports an HIV rate for 2006 of 143.7 and an AIDS rate of 178.6, which is greater than half of the 52 states. It is estimated that more than 56,000 people were newly infected with HIV, 16,000 more than originally calculated. US census data report African-Americans accounted for 13% of the population, however they account for 49% of newly infected HIV cases, a rate that is 7 times greater than the incident rate among whites. The African-American communities are plague with disproportionate rates of incarceration, health disparities and now HIV/AIDS. The good news is that we can prevent the spread of this devastating disease among the African-American population.

**METHODS:** Community outreach programs for HIV prevention counseling and testing for students at HBCU and predominantly African-American communities is implemented in Nashville, Tennessee.

**RESULTS:** Project C.O.P.E. (Community, Outreach Prevention and Education) Prevention Counselors conducted risky behavior assessments and counseling prior to administering rapid HIV testing. Counselors coordinated outreach efforts with school administrators, faith base groups, public housing developments, community organizations and health fair events produced tremendous outcomes toward the battle of the HIV epidemic.

**CONCLUSION:** From July 2007-December 2008, Project C.O.P.E. outreached to over 30,000 high risk African Americans educating them on the HIV virus and how to prevent the spread of the disease. We tested 1048 high risk individuals, with a seropositivity rate of .50. Sixty eight percent were drug users with 24% being injecting drug users. Bringing HIV/AIDS prevention services to the community is an effective method to get the message out while reaching drug using and other high risk populations. Prevention counselors are able to identify new risky behaviors and address behaviors on the spot, using rapid HIV testing to assure status, thus reducing the transmission of the virus.

**Poster ID Number:** 136T

**Presentation Title:** Occupational Stress Among HIV Counselors Implementing Rapid Testing Methods in Los Angeles County

**Author(s):** Aparna Kollipara; Gary P. Garcia; Michael Green

**BACKGROUND:** A Centers for Disease Control and Prevention (CDC)-funded HIV Rapid Testing Algorithm (RTA) is being evaluated at select publicly funded HIV Counseling and Testing sites in Los Angeles County. The RTA model is different from standard rapid testing as it consists of up to three discrete HIV rapid tests administered during the same visit to screen for HIV infection. The RTA permits same day referral to care and eliminates the need to follow-up with clients who do not return for their confirmatory results. Standard rapid testing methods require a western blot confirmatory test that can take up to three weeks for results jeopardizing successful follow-up and linkage to care. Due to RTA's condensed and expedited time frame, it is

hypothesized that HIV counselors at RTA sites experience higher levels of on the job stress than counselors at standard rapid testing sites.

**METHODS:** The assessment was conducted at publicly funded RTA sites and standard HIV rapid testing sites within Los Angeles County.

**RESULTS:** The cross-sectional assessment examined counselor stress at RTA sites compared with standard rapid testing sites. A sample of 80 counselors completed a 15-minute quantitative, close-ended survey intended to describe the demographic profile, examine supervision/support structures, and assess stress levels in their work and non-work environments.

**CONCLUSION: RESULTS:** The findings revealed a descriptive snapshot of sources and levels of counselor stress and counselors' perceived stress levels implementing RTA and standard rapid testing procedures. We found that it was not possible, given the design of this assessment, to know if counselors experienced varying levels of stress between the two rapid testing models or whether other factors that were not the focus of the assessment had influenced the findings. Preliminary findings indicate that the hypothesis of counselors implementing the RTA model would experience greater levels of stress was inconclusive. Peripheral factors likely contributed to perceived counselor stress including difficulty disclosing an HIV positive result, poor supervision/support, and non-work related stressors. It was found that counselors with limited HIV counseling practice did not have enough experience to answer all the situational questions in the survey. At the point of assessment, approximately 56% of RTA counselors had been retained in the demonstration project. As a result, it was challenging to delineate differences in the stress levels experienced by the two cohorts. Findings could not be generalized given the cross-sectional design of the assessment.

**LESSONS LEARNED:** As HIV rapid testing algorithms are likely to be implemented nationally in the near future, the findings of the assessment underscore the need for focused efforts to improve supervision and support structures for counselors and to integrate wellness training programs into their daily work. As findings were limited by the parameters of the quantitative survey, the assessment would have benefited from a formative qualitative phase of focus group and key stakeholder interviews. However, insights from this descriptive assessment provide the impetus for analysis of other stress-inducing cofactors. In addition, further study on counselor stress will illuminate how workforce policies can be best developed and implemented.

**Poster ID Number:** 138T

**Presentation Title:** Maximizing Data Utilization Efforts in HIV Prevention Planning and Decision-Making

**Author(s):** Candice Rivas

**BACKGROUND:** CDC set expectations for local and state governments to decrease the number of new HIV infections each year and increase prevention efforts through strategic community planning. The Community Planning Guidance (CPG) requires HIV prevention planning bodies to carry out a logical, evidence-based process to ensure that the highest priorities are set. As an ongoing effort to fulfill these expectations, the Office of AIDS Programs and Policy (OAPP) collaborated with the HIV Prevention Planning Committee (PPC) to identify data for the 2009-2013 HIV Prevention Plan. Recognizing the critical role of data in prioritizing HIV prevention needs, a data summit was created to inform this process. The data summit is now an annual event designed to disseminate local surveillance, needs assessment, and program evaluation data.

**METHODS:** The 2008 Data Summit was held at a community-based organization in Los Angeles. The goals were to present best practices in data utilization for priority setting, funding and policy-making, and share local HIV data. The targeted audience included Grant Writers, Project Directors, Project Managers, Researchers, Executive Directors, and OAPP-Funded Agencies.

**RESULTS:** From May to November 2008, the PPC, Commission on HIV, epidemiologists and other researchers on the Data Summit committee planned this half-day event. The purpose was to have participants increase their knowledge of the different types of data sources available throughout Los Angeles County and data utilization. Some of the topics discussed included: 1) assessing and interpreting data, 2) using data in funding allocations, 3) increasing the reliability of data by comparing multiple data sets and finding similarities, also known as "triangulation" and 4) the importance of needs assessments. Participants were provided with handouts on how to request data from the Los Angeles County Department of Public Health, and a list of available Los Angeles Coordinated HIV Needs Assessment (LACHNA) statistical summaries.

**CONCLUSION:** Eighty-six participants attended this event. Most participants agreed that they increased their understanding of the role of data in program planning (89%, n=59), and their knowledge of how and where to find data (85%, n=57). A substantial amount of participants indicated that they increased their knowledge of LACHNA after attending the data summit (97%, n=59). Eighty-seven percent (n=58) of participants found this data summit to be useful for their prevention planning needs. Participants would have liked to receive more data on special populations, local surveillance summaries, and various data collection methods. There is an abundance of data available for HIV prevention planning purposes. Data summit events such as these should be an ongoing effort to ensure that data are disseminated and planning recommendations are carried out according to the CPG.

**Poster ID Number:** 139T

**Presentation Title:** Lessons Learned by Utilizing Structural Community Mobilizations to Recruit and Retain AA into DEBI Interventions

**Author(s):** Antwan Nicholson

**BACKGROUND:** Community Health Organizations that have been funded to implement Diffusion of Effective Behavioral Interventions (DEBI) in African-American communities may encounter problems recruiting and/or retaining the specific target population. In order to improve recruitment and retention efforts for DEBI interventions, organizations can use strategies and tools developed through the Community Guide's Model for Linking the Social Environment to Health. This scientific population-based behavior change model links HIV prevention efforts for African Americans to the social environment and other factors/conditions that affect access to healthcare.

**METHODS:** A one-day skills building course is designed to assist community health professionals identify effective recruitment and retention techniques(s) which can vary depending on the organization's capacity and the needs of the target population.

**RESULTS:** "Recruitment and Retention Strategies" is an intense and interactive one-day course that provides a systematic approach to forming coalitions for community health organizations. This course addresses: (1) the core elements and key characteristics of recruitment and (2) effective retention strategies. The course was enhanced by providing an atmosphere for participants representing various community health organizations to identify the most effective recruitment and retention technique(s) based on the organization's capacity and needs of the target population. Teaching strategies include lecture, group discussion, and group activities. Participants are given a step-by-step activity manual which can ultimately serve as a guide for effective recruitment and retention.

**CONCLUSION:** The "Recruitment and Retention" skills building course has been delivered in 9 states to a total of 47 community health organizations. Quantitative evaluations data indicate that 96.3% of the participants feel they can apply the steps learned and 96.3% of participants plan to utilize information obtained in this course to recruit and retain participants in their organization's program and services. Qualitative evaluation data as to the most useful part of the course included the following comments: "The entire course reinforced my current knowledge and provided new ideas". "The internal activities enabled networking skills and the knowledge of knowing their own program". "The commitment from the trainers, they did a wonderful job". "The retention portion since we wanted to keep our coalition members and recruit new ones". "The role playing allowed me to learn what I needed to keep our clients in our program".

**Poster ID Number:** 140T

**Presentation Title:** Developing Anti-Stigma Campaigns from the Utilization of Social Marketing Strategies: Evaluation Data

**Author(s):** Arthur Thomas

**BACKGROUND:** HIV/AIDS related stigma is affecting the African-American community's response to getting tested for HIV. The stigma that surrounds HIV/AIDS which includes issues of gender, homosexuality, and sexuality perpetuates testing delays which increase transmission of HIV. Implementing effective anti-stigma HIV testing campaigns are essential in reducing HIV/AIDS related stigma and emphasizing the need to get tested.

**METHODS:** A one-day skills building course was provided nationwide to African-American community based organizations, health departments, and stakeholders who serve African-American populations heavily affected by HIV/AIDS.

**RESULTS:** The social marketing skills building course is an intense comprehensive 1-day training that provides a creative and systematic process to developing anti-stigma social marketing campaigns that are designed to encourage HIV testing within the African-American community. The course identifies social marketing concepts to reduce the stigma surrounding HIV testing by identifying behavioral change methods and norms within the African-American community that influence HIV/AIDS related stigma. This roundtable will (1) discuss course description and core elements, (2) provide quantitative and qualitative data on target population, and (3) provide a review of the successes and barriers faced in conducting this skills building course over a three year period.

**CONCLUSION:** : The Social Marketing skills building course has been delivered in 9 states with a total of 48 community health organizations. Initial evaluation data from the class indicates that 95.8% of the participants agreed that the curriculum provided appropriate information for implementing an anti-stigma HIV testing campaign. Also, 95.3% of the participants felt confident in implementing an anti-stigma HIV testing campaign, and 98.3% of the participants plan to utilize the information to develop anti-stigma materials for their organization. Data derived from 3 and 6 month follow-up data indicate that 86.2% of respondents have applied the steps in the Social Marketing course. Evaluation data also suggests that 66.7% of respondents have developed anti-stigma campaigns. Lessons Learned: Providing African-American community-based health organizations with a systematic process to developing and implementing an anti-stigma HIV testing campaign was essential in increasing their ability to address stigma as it relates to their community. The participant's workbooks were essential in providing detailed instructions on methods to identify community norms and factors that affect behavioral change in order to develop an anti-stigma HIV testing campaign that will meet the needs of the African-American community.

**Poster ID Number:** 141T

**Presentation Title:** Initial Findings from an Evaluation of Hip Hop, Let's Stop! A Youth Prevention Intervention

**Author(s):** Eric R. Buhi, MPH, PhD; Arthur J. Cox, Sr., DSW, LCSW; Gerald Smith; Shirelene Berkel; Annie Hoyos; Kathleen Brelsford

**BACKGROUND:** According to the CDC, youth who live in rural areas, African American youth, users of alcohol, tobacco, and other drugs, and youth who live in juvenile residential facilities are uniquely affected by HIV/AIDS.

**METHODS:** The priority population for this intervention includes youth between the ages of 12 and 18 years, at high risk for substance abuse, HIV and Hepatitis in semi-rural central Florida.

**RESULTS:** Hip Hop, Let's Stop! is an 8-week intervention, conducted by the Mid-Florida Center, Inc. and funded by SAMHSA/CSAP. The program goals are to improve participants' knowledge regarding HIV/AIDS/Hepatitis and self-efficacy to communicate condom use and refuse sex, alcohol, and other drugs.

At entry into the 8-week intervention (T1), youth completed the National Outcome Measures (NOMS). Three months later, and again at 6 months following T1, youth completed the NOMS a second and third time (T2 and T3). HIV/AIDS and Hepatitis knowledge were assessed by 9 and 8 items, respectively, and coded as correct/incorrect. Self-efficacy was assessed by 6 questions (1 = strongly disagree to 4 = strongly agree).

To date, 173, 156, and 138 youth have completed the NOMS at T1, T2, and T3, respectively. Reliability analyses for T1 data indicate strong internal consistency. Changes in knowledge and self-efficacy from T1 to T2 to T3 were analyzed through repeated measures ANOVAs using SPSS 16.

Youth were between 12 and 20 years of age, mostly male (85.5%), and African American (62.3%) or White (18.1%). One-fifth of participants identified as Hispanic or Latino (20.3%). At T1, most youth reported living with their mother (75.1%), and only 27.7% reported currently living with both a mother and father. When asked about drug use over the past 30 days (at T1), participants reported using cigarettes an average of 2.2 days (SD = 7.4 days), marijuana an average of 1.5 days (SD = 6.1 days), and other tobacco product an average of 1.4 days (SD = 5.9 days).

**CONCLUSION:** For HIV/AIDS knowledge, the repeated measures ANOVA results indicated that the scores of the youth differed significantly across the three time points,  $F(2,260)=41.86, p<.001$ . The mean HIV/AIDS knowledge scores at T1, T2, and T3 were 5.72, 6.91, and 7.89, respectively. A second repeated measures ANOVA indicated that Hepatitis knowledge scores differed significantly across the three time points,  $F(2,244)=93.93, p<.001$ . The mean Hepatitis knowledge scores at T1, T2, and T3 were 3.01, 5.07, and 6.64, respectively. The results show that self-efficacy scores also differed significantly across the 3 time points. Mean self-efficacy scores improved over time from 20.05 (T1) to 20.88 (T2) to 21.89 (T3).

The lack of a comparison group precludes us from noting that the Hip Hop, Let's Stop! intervention caused the change witnessed in HIV/AIDS knowledge, Hepatitis knowledge, and self-efficacy scores. However, because many of the participants were living in juvenile residential facilities during the program it may be fair to conclude that there are few, if any, possible threats to internal validity. That is, it is likely the improvements in scores can be attributed to participation in the Hip Hop, Let's Stop! intervention.

**Poster ID Number:** 142T

**Presentation Title:** Partner Communication On HIV Testing and Testing-Related Behaviors Among HBCU Students

**Author(s):** Su-I Hou

**BACKGROUND:** Despite increased prevention efforts, African Americans continue to be disproportionately affected by HIV/AIDS. HIV testing is a key recommended strategy for comprehensive HIV prevention. Although there have been studies examining various individual or structural barriers towards testing, limited data are available on protective factors that might encourage testing. This study assessed the perception of partner communication on HIV testing, a promising interpersonal protective factor, to encourage HIV testing related behaviors.

**METHODS:** The study was conducted via an online survey among students attending 15 Historically Black Colleges / Universities (HBCUs) in southeastern U.S. (valid  $n=380$ ). As part of a larger survey on HIV related behaviors, a 6-item scale measuring Partner Communication on HIV Testing (PCHIT scale) was developed and reviewed by an expert panel. PCHIT includes measure of corresponding items on communication of HIV testing to and from partners.

**RESULTS:** Reliability of the PCHIT scale showed satisfactory internal consistency ( $\alpha=0.70$ ; CITC ranged .32~.57). Students who scored more positively on partners communication on testing were more likely to have been tested, have ever asked about partner's status or been asked by partner about own status, gotten tested in between relationships, and reported longer average length of relationship (all  $p$ -values  $<.001$ ). On the other hand, partner's communications on HIV testing has no relationship on condom use behaviors, providing evidence of discriminate validity of the scale.

**CONCLUSION:** The study provides a needed and validated measurement tool for developing and evaluating interventions to encourage communication on HIV testing. The PCHIT scale demonstrated satisfactory reliability, evidence of discriminate validity, and significant association with HIV testing-related behaviors. Prevention efforts aiming to encourage testing should pay attention to the influence of partners and encourage communications on testing.

**Poster ID Number:** 143T

**Presentation Title:** Obstacles and Challenges Faced with Recruitment and Retention in Healthy Relationships

**Author(s):** Cora Giddens

**BACKGROUND:** While we were quite successful at recruiting persons living with HIV/AIDS for our Healthy Relationships (HR) groups, the number of people who began the groups and those who completed the 5-sessions were not satisfactory. So we examined and explored the obstacles faced by those participants who do not complete the HR intervention and adjusted our recruitment and retention strategies.

**METHODS:** HR groups have been implemented in Dallas County and 8 surrounding counties in Texas. Groups are held in accessible locations and are facilitated by two staff members highly skilled in small group facilitation.

**RESULTS:** HR is a 5-session, small group intervention with persons living with HIV/AIDS and aims to increase self-efficacy in making healthy decisions around disclosure of HIV status to family and friends and sex partners and around risk reduction by negotiating safer sex. Possible participants are recruited and screened by the project coordinator at various AIDS service organizations and community based organizations.

**CONCLUSION:** From September 2007 through December 2008, a total of 257 persons living with HIV were recruited into HR. Of those recruited, 157 (61%) began the intervention and 112 of those (71%) were able to complete the 5-sessions. Of the 257 recruited, 78 (30%) were women, 45 (58%) started the intervention and 33 of those (73%) completed the full 5 sessions. A total of 179 (70%) were men, 112 (63%) started the intervention, and 79 of those (71%) completed the 5 sessions. The difference in numbers of recruited men and women who started the intervention caused us to examine the efforts being made to recruit and the ways in which we could improve the retention rate of those beginning the intervention. When participants did not return to complete the session every attempt was made to find out the cause. Several reported reasons were illness, a doctor appointment (labs also), forgot, lost track of time, missed the bus, illness in family. Some of our participants also come to Dallas for treatment from a distance and return home before the 5 sessions are complete.

The current small group effective behavioral interventions have been shown to be effective in reducing HIV/STD infection rates. However, in order for them to reach their full potential, the intended participants must have access to them. This requires that the groups are offered at flexible times and convenient locations and are accessible by multiple types of transportation. Facilitators have developed several techniques to help with client interest and retention such as making phone calls and sending emails, contacting case managers for assistance, keeping the sessions fun and interactive, serving refreshments, celebrating any birthdays within the group, having give a-ways as well as the incentives upon completion, and having a graduation meal at the last session when the certificates are awarded. The 5 sessions need to be remembered as a productive and fun experience; when this is accomplished the client recruits for you.

**Poster ID Number:** 144T

**Presentation Title:** Project Vogue: Creative Innovation to Engage MSM Sub-Populations at Risk for HIV

**Author(s):** Catherine Bunce, MS, RN; Kaijson Noilmar, BA; Michael C. Keefer, MD; Damon L. Humes, MHS

**BACKGROUND:** African-American and Latino men who have sex with men are the most at risk for infection with the human immunodeficiency virus (HIV) among all racial-ethnic sub-populations of men who have sex with men (MSM). Traditional prevention and intervention programs have failed. The house ball community sub-population of African-American and Latino MSM have not been the target of focused interventions, behavior or otherwise, even while involvement and interest in this community has grown from 35 to 50 national houses. This community lacks knowledge and awareness regarding participation in HIV vaccine clinical trials and other bio-medical interventions.

**METHODS:** The target audience is 100 African-American and Latino MSM age 16 – 45 involved in one of 9 local and 1 national houses in Western New York. Emphasis will be on educating and training the “Mother” and “Father” leadership structure of the houses.

**RESULTS:** An innovative planning process using community based participatory research (CBPR) methods resulted in a decision to use the existing social network structure of “Houses” as a means to conduct intervention programming in the house ball community. Project Vogue is a 2-year pilot intervention project that will consist of a total of 12 workshops to educate members of the house ball community. The goal is to provide effective harm reduction strategies to reduce their risk of contracting HIV/STDs and raise awareness of HIV vaccine research and other bio-medical and social interventions. The project will be conducted in three phases (1) a needs assessment among key members of the house ball community; (2) development and implementation of group level workshops; (3) and an assessment of the applicability of the model to reach and increase inclusion of high risk sub-populations in HIV vaccine trial research. Qualitative and quantitative measures will be used to meet the project objectives.

**CONCLUSION:** Results:

Innovative planning has led to the Legacy Project of the HIV Vaccine Trials Network funding a 2-year collaborative project involving a community based organization, and HIV Vaccine Trial Unit, to engage African-American and Latino MSM involved in the house ball community. We anticipate that this project will increase awareness and knowledge about HIV vaccine research, and build trust that will begin to bridge the gap between community and vaccine research while providing valuable information on how to approach marginalized sub-populations.

**Lessons Learned:** Designing a true community based collaborative HIV intervention program based in CBPR to engage sub-populations most affected is possible with creative and innovative thinking. Utilizing CBPR principals was a helpful starting point. Genuine mutually respectful and true collaborative partnerships need to be established with African-American and Latino MSM sub-populations. An advisory council of key informants from the target population is vital to establish at the research conception and design stages. Programs that are truly informed by and generated from the target population possess a great deal more promise at achieving the goals of decreasing HIV/STD infection rates and raising the awareness of HIV vaccine trials. Community based intervention planning needs to be expanded for historically hard to reach under-represented MSM sub-populations.

**Poster ID Number:** 145T

**Presentation Title:** Challenges in Evaluating the SISTA HIV Prevention Program for Women Attending Historically Black Institutions

**Author(s):** Danielle Laborde

**BACKGROUND:** In spite of evidence of the growing risk of HIV among college-aged African American women, many may be slow to adopt safe sexual practices. Targeting HIV prevention for this audience involves identifying cultural, gender, and age-specific approaches and tailoring evidence-based programs according to results of formative and outcome evaluation.

**METHODS:** Targeted gender and culturally tailored HIV programs, including SISTA (Sisters Informing Sisters About Topics on AIDS), a social-skills training intervention in which peer facilitators help African American women reduce sexual risks, have been developed and implemented at a Historically Black Institution in Southeastern United States.

**RESULTS:** Our tailoring of the SISTA program consists of 6 weekly sessions designed to increase HIV prevention knowledge, self-efficacy, and empowerment and reduce the risk of HIV among young women living on campus. We pilot-tested pre-post tests and collected process measures as part of our formative research and participation in a national evaluation effort to demonstrate that the programs at HBCUs are effective. The pre and post session knowledge, behavior, and attitude tests were developed by a national program evaluation team and approved by the institution's IRB. Knowledge questionnaire reliability was computed using Kruder-Richardson Alpha coefficient. We assessed knowledge among female student participants using paired t-test for differences in pre/post mean knowledge scores.

**CONCLUSION:** During the 2008 fall semester 21 African American Freshman women participated in the SISTA program. The majority were 18 years of age (61%) and lived on campus (95%). The Kruder-Richardson Alpha for pre knowledge test indicated minimally acceptable construct validity (.64). Of the 21 women taking the pre-test, Only 16 provided matching post-tests. Although we found that there was a significant increase in HIV knowledge scores from 66.7% to 80.1% (Paired t-test=.01), examination of item-specific results indicate that important gender-specific knowledge remains a challenge (male to female transmission, effects of contraceptive use, and HIV screening during routine gynecological exams). There was an increase from 24% to 43% of women who reported getting tested for HIV. Formative data indicated women were receptive to and very engaged in the educational sessions and felt more empowered from participation in the program.

**LESSONS LEARNED:** Evaluation results are vital for improving HIV prevention program's effectiveness in conveying gender-specific risk reduction knowledge and behavior change. Pilot testing evaluation instruments can help identify training gaps and reveal problems to valid assessments of effectiveness. Overall, analysis indicated that the program helps promote HIV testing and risk reduction among college-aged African American women. However, our HIV Education for young African American women attending minority institutions may need to place greater emphasis on women's transmission risks and expectations of routine examinations. We identified mis-matches between the measures of the national evaluation tool and our educational program objectives such increase self-confidence and empowerment.

**Poster ID Number:** 146T

**Presentation Title:** Next Steps: Continuing Conversations on Advancing Transgender Community HIV Prevention and Care

**Author(s):** David L Pieribone

**BACKGROUND:** Transgender persons account for 1.53% of people living with HIV/AIDS in Los Angeles County despite comprising 0.43% of the population. With a positivity rate of 14.3%, this community is the most highly impacted by the HIV/AIDS epidemic. Outreach to this hard-to-reach population is of highest priority.

**METHODS:** An event focused on transgender HIV prevention and care services was hosted on November 12, 2008 in Los Angeles, CA for HIV/AIDS providers and community partners.

**RESULTS:** The Office of AIDS Program and Policy (OAPP) and Los Angeles County HIV Prevention Planning Committee (PPC) hosted the event, "Beyond the Basics: A Comprehensive Approach to Advancing Transgender HIV Prevention and Care." The event brought together the transgender community and allies to strategize new ways to advance HIV prevention and care services for transgender persons seeking HIV services in Los Angeles County. The goals were 1) to identify and clarify key issues that impact the quality of HIV-related prevention and care services consumed by transgender persons, and 2) to develop action steps to improve quality of services. The event focused on the following topics through the lens of HIV prevention and care: data, professional/leadership development, immigration, program practices, and transmen (female-to-male transgenders). **CONCLUSION: RESULTS:** One hundred and thirty (130) people attended the event with over half of participants self-identified as transgender. Challenges to effective HIV-related prevention and care services identified during the event included complexity of client needs, lack of cultural competency among agency staff resulting in a dearth of trans-friendly services, lack of data, limited funding, and poor professional mobility among transgender persons. The following recommendations were made to improve quality of services for the transgender community in response to the challenges identified: revise data collection methods, increase staff cultural competency, support the professional and educational development of transgender persons living in the community and employed at ASOs, outreach to partners, and take a holistic approach to clients by addressing concerns beyond HIV/AIDS.

**LESSONS LEARNED:** Health departments must seek input from transgender persons and community allies to plan effective programs and maintain credibility. Equal value must also be placed on personal and professional experience. Inviting equal participation from and fully collaborating with members of the transgender community are imperative in finding effective solutions and implementing recommendations to reduce the risk of HIV infection among transgender persons.

**Poster ID Number:** 147T

**Presentation Title:** African American Women and HIV/AIDS: Confronting the Crisis and Planning for Action

**Author(s):** Joy Mbajah

**BACKGROUND:** African American (AA) women bear the disproportionate burden of the HIV epidemic among women in the United States, with an infection rate 20 times that of white women. Health Departments (HD) must work with community stakeholders to develop effective programs to address this population.

**METHODS:** In March 2007 and March 2008 with support from the Centers for Disease Control and Prevention (CDC), the National Alliance of State and Territorial AIDS Directors (NASTAD) conducted a Regional Forum with eight Midwestern and eight Northeast state teams. State teams comprised of senior HD staff, community-based organization representatives, Community Planning Group representatives, and women living with HIV/AIDS, met over a two-day period to examine the psychosocial factors driving HIV infection among AA women. Participants engaged in facilitated discussion groups and learned strategies for addressing the prevention and care and treatment needs of this population. NASTAD received CDC funding to replicate this TA offering in the Southeast with nine new state teams in March 2009.

**RESULTS:** At the Regional Forum meeting, through a series of in-depth discussion groups, participants were able to engage in peer learning exchanges and discovered a range of successful strategies for addressing the HIV prevention needs of African American women. State teams also developed a one year action plan specific to AA women, outlining activities to be implemented with in-depth technical assistance (TA) and follow-up support from NASTAD. Starting with the eight 2008 Northeast Regional Forum participants, NASTAD began conducting focus groups with each participating jurisdiction in order to gather data about the needs, gaps, barriers, and opportunities for addressing HIV/AIDS among African American women in each respective jurisdiction. Focus groups will also be conducted with the Southeastern states. All the jurisdictions will receive an analysis of the focus group data in order to help support their ongoing efforts to address this target population.

**CONCLUSION:** As a result of the forums, the following have occurred, one state received a private grant to support activities targeting women and youth, three jurisdictions replicated the forum, one state developed a of state-wide needs assessment tool focused on African American women; presentations of the action plan activities to the Community Planning Groups (CPG), formation of African American women's CPG subcommittees, and inclusion of African American women as priority populations in CPG work plans; multiple presentations on issues related to African American women and HIV/AIDS at statewide health conferences. As a next step, NASTAD will release an issue brief outlining lessons learned from the three forums which will have recommendations to guide HD programs address the epidemic among AA women.

**Poster ID Number:** 149T

**Presentation Title:** Parental Influence Beyond Adolescence: Parents as Protective Factors for Prevention in African American Adult Females

**Author(s):** Puja Seth PhD; Gina M. Wingood, ScD, MPH; LaShun S. Robinson, PhD; Ralph J. DiClemente PhD

**BACKGROUND:** Traditionally in scientific research, the association between parental influence and the prevention of HIV risk behaviors has been thoroughly examined in African American adolescent populations. Although it is increasingly evident that

parents play a large role in combating the HIV pandemic with early and continuous involvement in their children's lives, limited research has examined the association between parental influence and adult children's sexual risk behaviors. HIV disproportionately affects African American adult females and represents a major public health crisis due to its significant impact on the individual, families, and communities. The present study examined the impact of residing with parents, as it relates to various HIV risk-taking behaviors, among African American women.

**METHODS:** From October 2002 through March 2006, African American women (N = 848) between the ages of 18 - 29, were recruited from Kaiser Permanente, Atlanta, GA. Participants completed a 40-minute Audio Computer Assisted Survey Interview (ACASI) assessing sociodemographics, living situation (mother, father, or both parents vs. other), condom barriers, sexual behavior, and alcohol use.

**RESULTS:** Multivariate logistic regression analyses, with age and SES as covariates, indicated that participants who reported living with their mother, father, or both parents, relative to those who did not, were less likely to have sex with a male partner they thought had an STI (AOR= 1.85, 95% CI= .97-3.52, p= .05), less likely to report sex-related condom barriers (AOR= 1.51, 95% CI= 1.09-2.08, p= .01), less likely to have an HIV test (AOR= 1.77, 95% CI= 1.14-2.75, p= .01), reported lower frequency of alcohol use (AOR= 1.58, 95% CI= 1.14-2.18, p= .006), and were less likely to report having a job for which they were paid (AOR= 1.59, 95% CI= 1.07-2.38, p= .02).

**CONCLUSION:** In the absence of a vaccine to prevent HIV infection or a cure for HIV/AIDS, risk reduction interventions will continue to be an essential tool for controlling the HIV pandemic. These findings suggest that adult females who reside with their parents were less likely to engage in sexual activity with risky partners, experience less sex-related condom barriers, and consume alcohol less frequently. Moreover, it is possible that they were less likely to take an HIV test because they did not engage in risky sexual behaviors. Results from this study indicate the importance of expanding beyond individual-level interventions. Family-level interventions that utilize parents as a viable method of prevention and aim to increase perceived parental support may be an effective strategy of reducing HIV-risk behavior among adult African American females.

**Poster ID Number:** 150T

**Presentation Title:** Young Women of Color - Educate, Include, and Empower

**Author(s):** Trina Scott

**BACKGROUND:** Research shows that the impact of HIV/AIDS on women, particularly young women of color, is disproportionately high. Experience and research shows that 'one size cannot fit all' when it comes to delivering effective HIV/AIDS prevention education and services. HIV prevention education programs need to be specifically designed to address issues and concerns faced by young women of color today.

For young women of color to effectively participate in HIV prevention, they must be included in the design, implementation, and evaluation of HIV prevention programs and policies. These women must empower themselves with information and demand that adequate resources be allocated for science-based, culturally relevant prevention strategies. They must also ensure that these strategies include efforts to redress the socioeconomic, cultural, and gender barriers faced by so many young people today.

**METHODS:** The program is based within 19 communities across the United States, at college campuses, high schools, community-based and youth-serving organizations. The intended audience is young women of color between the ages of 14-24 and youth serving professionals.

**RESULTS:** The Young Women of Color Leadership Council (YWOC LC) was created in December 2002, where eight young women came together in Washington, D.C. Now a council with 14 members, and 25 alumni, they are motivated by the disproportionate impact of the HIV/AIDS epidemic on their peers, these dynamic young women worked together to define their mission, articulate their goals, identify strategies, and share their knowledge. Advocates' staff provided them with intensive training on issues such as HIV prevention, media outreach, public policy, advocacy, public speaking, and grassroots organizing. The YWOC LC has three main goals, to educate, include and empower. They educate by raising awareness among young women of color about the need for HIV prevention efforts for themselves and their partners. They advocate for the inclusion of young women of color in the planning, implementation, and evaluation of HIV prevention programs and policies. And they empower other young women of color to become leaders in their local communities.

**CONCLUSION:** Over the past 6 years, the council (which has grown from 8 members the first year to currently 40 members) has accomplished many tasks. They have educated over 8 thousand people about the disproportionate impact of HIV/AIDS on young women of color. They have actively sought voting positions on HIV community planning groups in five states and they are members of several boards of directors and planning committees to address HIV issues. In addition they have written over 30 articles on HIV prevention, presented at national, regional and local conferences, and have developed local councils with the same goals, in their own communities.

The council recognizes that there is diversity amongst and between 'communities of color', and that different audiences require different strategies. This is why they are constantly developing new ways to promote healthy messages.

Ultimately, success requires the help of allies, and the support from other reproductive and sexual health organizations. In order to make a difference, programs and services have to be culturally relevant in order to be effective.

**Poster ID Number:** 151T**Presentation Title:** Preliminary Analysis of Impact of HIV/STD Prevention Intervention Among Girls in the Juvenile Justice System**Author(s):** Lasonja B. Kennedy, MA, CHES; Gwendolyn Childs, PhD, RN.; Becky Armstrong, MAEd, MA.; Porcia Nickerson, BSEd; Marsha Sturdevant, M.D.

**BACKGROUND:** Issue: Nearly half of the new sexually transmitted infections in the U.S. occur among young people ages 15-24. In Alabama, youth ages 13-24 rank among the top three groups with the highest HIV/AIDS incidence. Incarcerated adolescents report higher rates of behaviors correlated with HIV/STD transmission compared to their school-based peers, however, obtaining approval to work with this special population can be difficult.

**METHODS:** Setting: Female participants were recruited from two juvenile justice systems sites in Alabama between the years 2004 and 2008.

**RESULTS:** Project: In 2004 researchers gained Institutional Review Board permission to implement an intervention capable of reducing high-risk behaviors among the group. The inclusion criteria for the study were (1) incarceration in the juvenile justice system and (2) a verbal agreement by the female adolescent to participate. Participants who met inclusion criterion participated in the "Making Proud Choices: A Safer-Sex Approach to Reduce HIV/STD and Teen Pregnancy" intervention. Pre and post intervention self-report surveys were collected from the participants. The surveys addressed several sexual health topics including: HIV/STD knowledge, self-efficacy in condom use, intent to use condoms, and personal perceptions regarding condom use. The University of Alabama at Birmingham Institutional Review Board approved the study for human use. In 2004 researchers gained Institutional Review Board permission to implement an intervention capable of reducing high-risk behaviors among the group.

**CONCLUSION:** Results: The sample consisted of females (N=294) ages 13 to 18 with a median age of 16. Of the 294 participants, 154 (52.4%) were African American and 111 (37.8%) were Caucasian. Pre-intervention data indicated that 230 (78%) female adolescents had engaged in sexual intercourse with a male and 57 (19%) had been sexually active with another female; 89 (30%) reported having had a STD while 36 (12%) of the adolescents had exchanged sex for money or drugs in the last six months. Complete analysis of survey data is in progress. Descriptive statistics (means and standard deviations) will be used to describe the mean scores for survey items for the total sample. T-test procedures will be used to examine the differences between African American and Caucasian adolescents' HIV/STD knowledge, condom self-efficacy, intent to use condoms, and personal perceptions regarding condom use following intervention. Regression analysis will be used to determine the best predictors of condom use.

Lessons Learned: The majority of adolescents (70%) who are incarcerated within the state of Alabama are already sexually active. These youth are also involved in numerous high-risk sexual activities prior to entering the juvenile justice system. The self-contained environment of juvenile detention centers provides a promising opportunity to implement interventions. Effective interventions implemented while the adolescents are within justice system have profound implications for the prevention of HIV infections within the detention facility and community.

Final conclusions regarding the impact of this HIV/STD prevention intervention will be presented based upon the data analysis as outlined in the results section.

**Poster ID Number:** 152T**Presentation Title:** Native STAND: A Peer Educator Program for Native American Youth**Author(s):** Mike U. Smith; Sonal R. Doshi; Lori de Ravello; Scott Tulloch

**BACKGROUND:** American Indian/Alaska Native (AI/AN) youth are at substantial risk for acquiring STDs, HIV and unplanned pregnancy. Compared to U.S. youth of all race/ethnicities, AI/AN youth are 30% more likely to have ever had sex and 60% more likely to have had four or more lifetime sex partners. AI/AN have the 3rd highest rate of AIDS diagnoses, 2nd highest rates of gonorrhea and chlamydial infection, and the 3rd highest rate of syphilis among all race/ethnicities in the US. AI/AN youth also engage in high rates of alcohol and illicit drug use. AI/AN are two times more likely to live in poverty than the general U.S. population and have difficulty accessing healthcare services.

**METHODS:** The Native STAND curriculum is designed for 10th-grade AI/AN students.

**RESULTS:** The Native STAND curriculum is a novel adolescent comprehensive sexual health curriculum being developed by the National Coalition of STD Directors, Indian Health Service, Centers for Disease Control and Prevention, and Mercer University School of Medicine. The curriculum is based on STAND (Students Together Against Negative Decisions), a program developed for rural youth with demonstrated success. Native STAND extensively revises this curriculum to be culturally appropriate for Native youth. Native STAND promotes healthy decision making for Native youth through skills building as a means to empower youth to make informed decisions while becoming a trusted resource for peers. It is a theory-based curriculum developed by a multi-disciplinary workgroup comprised of Native youth and elders, curriculum development specialists,

evaluators, and topic experts. The curriculum includes a student manual, a facilitator manual, an implementation guide, and a compendium of resources. The curriculum is designed for 10th-grade AI/AN students. Native STAND graduates will provide peer education until they graduate. Native STAND can be implemented in a variety of settings, including school- and community-based venues both on and off Indian reservations. The goal of the program is for participants to decrease high-risk behaviors, initiate risk-reduction conversations with peers, and serve as positive role models.

**CONCLUSION:** Drafts of the curriculum manuals and the resource compendium have been completed and externally reviewed. Development of all materials will be completed early in 2009. Pilot studies in at least four AI/AN communities will begin in 2009; the developers will provide substantial training and technical assistance to those sites. Response to the curriculum to-date is so positive that many AI/AN groups have requested that the curriculum be made available for immediate use before pilot testing is completed.

**Lessons Learned:** Culturally-appropriate sexual risk-reduction programs that train peer educators to focus on prevention of both unwanted pregnancy and STI/HIV infection do not exist. Native youth are at great risk for these negative outcomes, thus there is a clear need for such a program. It is feasible to adapt a previously validated model intervention to address the cultural relevance and appropriate needs of this specific population. This approach was very much appreciated and is in high demand. Further evaluation of the impact of this modified intervention on its target population will be conducted.

**Poster ID Number:** 153T

**Presentation Title:** Young People and How The Community Responses to Mass Media On HIV/ AIDS Intervention

**Author(s):** S.D.Joshi; R.P.Bhandari

**BACKGROUND:** Young people are at the centre of global HIV/AIDS epidemic. Media plays a constructive role in preventing the future spread of HIV/AIDS epidemic if information is presented accurately without sensation and with greater frequency. This is a crucial to Nepal because the only access to HIV/AIDS information for many people is the media. The purpose of this study was to get insight into the way in the community are reporting on HIV/AIDS, to understand and disseminate the right upto date information about HIV/AIDS among youth and adolescent.

**METHODS:** A representative sample of 972 adolescent students and youth (521 male & 451 female)

Were given the entertainment in education (through slides, articles, web based & drama)and a follow up by In depth interviewed and written test about HIV/AIDS was conducted in 2005-07. After collection the qualitative and quantitative data obtained from questionnaire survey were edited, coded and entered into EPI info programme.

**RESULTS:** This Study was designed for rural and urban youth/adolescent group.

**CONCLUSION:** The analyzed data shown 61% don't know the right information and have stigma and discrimination, 29% know about HIV/AIDS and want to help them, 10% want to know

Before this mass media programme. Male have more update information than female group and urban group have higher update information than rural setting groups. All of the participants received the right and update information about HIV/AIDS.

Due to poverty, illiteracy, gender inequality and lack of resources for awareness HIV/AIDS is increasing among healthy people. Mass media education is the powerful tool to prevent these diseases. This makes young people including HIV/AIDS and teaching them skills such as abstain for sex and delay the first sexual experience and be faithful to one partner, consistently use a latex condom properly and talk freely about HIV/AIDS. Conflict resolution, critical thinking, life skills, decision making and communication, improves their self confidence and ability to make informed choices such as postponing sex until they mature. Parents, families, community, national policy are critical in guiding and supporting young people to make safe choices about their health and well being. Studies has shown from mass media that consistent , positive , emotional connection with caring adult help young people feel safe and secure , allowing them to develop the resiliency needed to manage the changes in their lives without social stigma and discrimination.

**Poster ID Number:** 154T

**Presentation Title:** Rapid HIV Screening in a University Based Primary Care Setting

**Author(s):** Shana Ntiri, MD, MPH; Adora Otiji, MD, MPH; David Stewart, MD, MPH; Gregory Taylor, MD; Hazel Jones-Parker, MSN, CRNP; Carrie Wallace, BS

**BACKGROUND:** An estimated 25% of the 1 million persons living with HIV are unaware that they are infected. Many HIV infected persons do not get screened until late in their infection and many persons who get screened do not return to learn of their test results. The Centers for Disease Control (CDC) now advocates making HIV screening a routine part of medical care. The CDC also promotes using rapid HIV screening to facilitate short waiting time for results. Currently, rapid HIV screening is largely unavailable on the University of Maryland Medical Campus. To examine the feasibility of rapid HIV screening at a University of Maryland outpatient site a feasibility study was developed. The purpose of this study was to: 1) examine patient and provider attitudes and beliefs toward rapid HIV screening and 2) assess patient satisfaction with pilot rapid HIV screening at University Family Medicine.

**METHODS:** University Family Medicine (UFM) is an urban, academic, full-service Family Medicine primary care setting in Baltimore, Maryland. An average of 50,000 patients are seen each year in our clinic. Our patient population varies from underinsured Medicaid/Medicare recipients to well insured Law and Medical school faculty. The clinic's placement within one of the nation's most HIV devastated cities demands the need for our active participation in HIV screening, prevention and treatment.

**RESULTS:** The project was a feasibility study of rapid HIV screening at UFM. Three UFM physicians-1 attending and 2 residents-invited patients to participate in rapid HIV screening. Prior to implementation of screening, focus groups were held to examine provider and patient attitudes towards rapid HIV screening at the UFM clinic. Subsequently, a convenience sample of 100 patients scheduled for routine office visits were offered rapid HIV screening. All patients, regardless of whether or not screening was done, were asked to complete a questionnaire consisting of demographic information as well as attitudes about rapid HIV screening.

Rapid HIV screening is a feasible means of testing for HIV in a large academic primary care setting. Time constraints and unexpectedness of testing are not barriers for screening. Rapid HIV screening was largely accepted by both patients and providers. Out of the 100 patients screened 79% were Black/African-American and 76% were female. Close to 80% of patients stated 'knowing their status' was very important. Seventy percent of patients preferred rapid HIV testing to other methods of HIV testing. Eleven of 13 patients who declined had recently (within the last 3 months) been tested for HIV. Many patients were pleased that this service was offered as part of routine care by their primary care providers.

**CONCLUSION:** Routine rapid HIV screening removes many of the barriers and associated stigma of traditional HIV testing. Time constraints and unexpectedness of testing are not barriers for Rapid HIV testing, thus rapid HIV testing creates opportunities for point of care "teachable moments" on HIV status, HIV prevention and other sexual health prevention topics. Rapid HIV screening is an important component of HIV prevention and care in the primary care setting.

**Poster ID Number:** 155T

**Presentation Title:** Characteristics and Risk Factors of Patients Who Refuse HIV Testing in an Urban Emergency Department

**Author(s):** Jason Leider MD PhD; Ethan Cowan MD MS; Jade Fettig MS; Mary Hannon MD; Yvette Calderon MD MS

**BACKGROUND:** New CDC guidelines recommend routine HIV screenings in locations such as Emergency Departments (EDs). A routine offer of testing leads to increased testing rates, normalization of testing, and a potential reduction in HIV transmission while maintaining a patient's ethical right to refuse testing. The characteristics of patients who refuse testing in the ED have not been thoroughly investigated. This study examines the characteristics and risk factors of patients who refused ED based rapid HIV testing.

**METHODS:** Between October 2005 and October 2008, an ED based rapid HIV testing program using a multimedia tool that includes validated HIV pre-test and post-test counseling videos and an HIV counselor has been used in the Bronx, NY. We conducted a prospective cross-sectional study of patients recruited into this program for 32 months. Demographic characteristics, risk factors, and sexual history were collected from patients who both agreed to and refused testing. This study compares the characteristics and risk factors of patients who declined testing to those who accepted.

**RESULTS:** During the study period, 17503 patients were offered routine HIV testing of which 14776 (84.4%) agreed to be tested and 2727 (15.6%) refused. Of the patients who refused, 1550 (58.7%) had been tested in the last 6 months. According to the CDC guidelines, these patients did not meet criteria that necessitated HIV testing, and thus were excluded from the analysis. Demographic characteristics of eligible refusals and those who accepted testing were compared and bivariate analysis demonstrated that blacks (OR = 1.3, 95% CI: 1.12 to 1.45), women (OR = 1.02, 95% CI: 1.01 to 1.04), patients over 30 (OR = 2.2, 95% CI: 1.94 to 2.55) and married persons (OR = 1.3, 95% CI: 1.10 to 1.51) were more likely to refuse testing. Those who declined testing were asked to provide a reason for refusing and to complete a risk factor questionnaire. Among the eligible refusals, most respondents felt they were not at risk (480/1090; 44%). Of the 480 patients who refused testing because they felt they were not at risk, 277 (57.7%) completed a risk factor questionnaire. These patients had an average age of 40.2±14.9 years, were 44.0% male, 8.7% Hispanic, 35.1% black and 47.6% single. Most patients (55.6%) had been previously tested for HIV. The majority of patients (59.2%) had vaginal sex in the past 3 months, 131 (49.2%) described their condom use over the past 3 months as "never," and 29 (10.9%) had a history of an STI diagnosis. Ninety-nine (37.1%) respondents reported more than one current sexual partner.

**CONCLUSION:** Patients who refused testing were more likely to be older, black and married. The majority of patients who refused testing perceived themselves to be "not at risk" even though they exhibited multiple HIV risk factors. Prevention efforts should focus on these patients because they mistakenly believe they are not at risk and may not understand true HIV risk factors.

**Poster ID Number:** 156T

**Presentation Title:** Implementation of a Collaborative HIV Testing Model in a NC Emergency Department

**Author(s):** Peter A. Leone, MD; Evelyn B. Quinlivan, MD; Cynthia L. Gay, MD, MPH

**BACKGROUND:** In 2006, the US Centers for Disease Control and Prevention (CDC) released revised recommendations for routine HIV testing. Among these were recommendations that emergency departments offer routine opt-out HIV screening to their patients.

**METHODS:** An HIV testing program has been implemented in the University of North Carolina (UNC) Emergency Department (ED) with post-test counseling and linkage to care provided by the UNC Infectious Disease (ID) Clinic

**RESULTS:** ED providers obtain verbal consent to test for HIV from the patient and order a serum HIV antibody test. Testing is performed by the hospital's laboratory, where all HIV antibody-negative specimens are pooled for RNA testing to detect acute HIV infection. Patients are given a referral card with information on obtaining their results on a walk-in basis in the hospital-based ID clinic at least one week after their ED visit to allow for Western Blot confirmation and HIV RNA testing. All HIV test results from the ED are sent to the ID clinic twice a week and reviewed for positives. Patients with positive HIV results are contacted and encouraged to come to the ID clinic to receive counseling and immediate standard-of-care evaluation. If an HIV-positive patient does not present to the ID clinic, North Carolina Disease Intervention Specialists are notified of the need for tracing and notification. Seronegative individuals who come to the ID clinic for results receive post-test prevention counseling.

**CONCLUSION:** A collaborative HIV testing program between the UNC ED and ID clinic was developed and has been successfully implemented. From May 11 to November 11, 2008, 411 patients received HIV tests in the UNC ED. Eleven patients tested positive for HIV (2.7%). Of these, four were new HIV diagnoses, and seven were previously known positives not in care at the time of their ED visit. All eleven patients were linked to care in the UNC ID clinic. One of the newly diagnosed patients presented to the ED with acute HIV infection and was seen in the ID clinic within 48 hours of the ED visit. This testing program is expected to be sustainable due to its reliance on existing hospital personnel and resources. While the use of this model has successfully identified undiagnosed HIV infection in the ED, the overall level of testing has been low in the early phases of the program. Next steps are to encourage ED personnel to expand testing to all patients meeting risk-based criteria and routine screening of all patients during particular shifts.

**Poster ID Number:** 157T

**Presentation Title:** Feasibility of Routine HIV Testing in Texas Emergency Departments

**Author(s):** Jeffrey C Hitt; Katharine Carvelli; Karol Kaye Harris; Jenny McFarlane; Nell H Gottlieb

**BACKGROUND:** Background: In accordance with the 2006 CDC guidelines for HIV testing in health care settings, the Texas Department of State Health Services is promoting routine opt-out screening in Texas emergency departments with a high HIV prevalence (over 0.1%).

**METHODS:** Methods: Qualitative interviews were conducted with 2 local health department staff, 18 physicians and 26 other staff from 21 emergency departments, including 19 high prevalence Texas EDs, three of which were conducting routine screening, and two out of state CDC demonstration projects.

**RESULTS:** Results: Although Texas has an environment conducive to routine, opt-out testing (no legal requirements for separate, written consent for HIV testing, no requirements beyond informational counseling and vigorous testing of pregnant women) ED staff without routine testing experience expressed concern over obtaining consents, interrupting clinic flow, time, staffing, counseling HIV positive patients, and follow-up. They felt routine screening was not in the mission of the ED: "the ED is not a place to do epidemiology". Texas and out of state sites that were doing routine testing were using a blanket consent, had developed testing systems located in triage, minimally involving the physicians, that did not interrupt clinical flow, had conducted training to ease staff concerns with handling positive cases, had close linkages with local public health clinics and disease investigators for follow-up, and had an internal physician champion. Two sites were using frequent batched ELISA tests by their laboratories, rather than rapid tests. A major concern for all EDs was payment for tests, as all but 1 of the sites that were doing testing had CDC funding to carry out the program. Even physicians who supported routine testing were against mandated testing, although some non-physician staff said that would be the only condition under which their ED would test. All of the routine testing sites were large urban teaching hospitals. Each of the hospitals interviewed had adapted the program to their setting and philosophy, in terms of point of care vs. laboratory testing, parallel vs. integrated systems, and indigenous vs. supplemental staff.

**CONCLUSION:** Conclusions/Implications: Even in a state with a favorable environment for HIV screening in health care settings, staff from EDs without routine screening lacked vision about how the testing could be done, and HIV exceptionalism colored the perceptions of many. However, sites conducting routine screening, although there is some staff resistance, have addressed these concerns. DSHS was advised by the sites doing testing to target large university/ public teaching hospitals, to provide payment for tests, to use the experience of sites doing screening to develop a communication messages, to build on CDC/Health Research & Educational Trust training protocols for a Texas conference, and to examine models for state health department driven implementation. Texas is in the early stages of diffusion of routine ED HIV testing, with 3 EDs providing testing (2 beginning in late 2008) and 3 to begin in 2009. Systematically using these innovative sites as models and breaking down perceived (e.g., lack of vision) and actual barriers (e.g., funding) will encourage other EDs to implement screening.

**Poster ID Number:** 158T

**Presentation Title:** The Girlfriends Project

**Author(s):** Daphne Parker, M.Ed

**BACKGROUND:** According to the HIV epidemiological data in Allegheny County, 35% of HIV cases are accounted for in African-Americans ages 45-64 years. Due to the wide variety of socio-economic factors (racial, stigma, addictions, mental health challenges, and cultural barriers that influence risk taking behavior; this project was created to empower African American women to protect themselves against the transmission of HIV. African-American women are becoming one of the fastest growing groups for HIV. Based upon the SISTA model, the Girlfriends Project has become an adapted model to overcome some of the barriers for implementing SISTA for the age group of 39-49.

**METHODS:** The Girlfriends Project (TGP) has been piloted in the housing community of Braddock located in Allegheny County of Pittsburgh, Pennsylvania.

**RESULTS:** We've identified six well-liked African American females to serve as hostesses in the comfort of their homes. The hostess completed and signed a contract agreement with the Pittsburgh aIDS Task Force. Each hostess recruited her friends/acquaintances to join her for a 3-4 hour "waiting to exhale" event. Each event included a fifteen-minute icebreaker, in order to build rapport within the group. Also at the beginning of the party, participants completed a pre-test, which measured basic HIV knowledge, attitudes about safer sex, and recent risk behaviors. The pre-test included a unique identifier with a specific format, (initials plus month and day of birth), so it can be compared to post-tests and follow-up surveys.

Following the icebreaker, the TGP staff conducted a 90 minute educational presentation on basic HIV information, sexually transmitted diseases, and prevention measures. An important part of this discussion included issues related to domestic violence, which we know are pervasive within our target population.

At the end of the event, participants were encouraged to receive an HIV test in the comfort of the hostess' home. Each participant were able to determine the location of receiving an HIV test result (i.e hostess' home, participant's home, or the agency testing site).

A 60 day follow up was scheduled via telephone interview or group setting (depending on the participant's availability.)

Incentives- Each hostess received a \$50 gift incentive. Participants received a \$20 Gift incentive for completing the event. An additional \$10 gift card was provided to participants who returned for their HIV test result. Food, beverages and condom gifts were provided during the session.

**CONCLUSION:** The results showed that after the session was conducted, all 32 (100%)participants believed that they were at risk for HIV transmission. Of the 32 women, 4 of their male sexual partners have consented to receive an HIV test. The follow-up session showed that participants have increased their communication skills with their partners about engaging in risk reduction practices.

All 32 women self reported acceptance to increase consistent condom use with their sexual partners.

Three African-American women who admitted to being in an abusive relationship with their sexual partners were linked to Women Center and Shelter. Four African-American women who attended the group were linked to Narcotic Anonymous support group.

**Poster ID Number:** 159T

**Presentation Title:** Will Proven-Effective HIV Intervention for Populations in the US Work for Women in St. Kitts?

**Author(s):** Nadine Kassie

**BACKGROUND:** The Caribbean HIV/AIDS Alliance (CHAA) with funding from the US Agency for International Development (USAID) is implementing proven-effective HIV prevention interventions in four target countries in the Eastern Caribbean, including St. Kitts/Nevis. A situational assessment study conducted in 2007 in St. Kitts identified approximately 700 women working in large industrial estates producing everything from electronics components and transformers to molded plastics as one of the population segments most at risk for HIV. This abstract describes a feasibility study undertaken by CHAA and its research partner, the University of California, San Francisco (UCSF), aiming to determine which of the US Centers for Disease Control and Prevention's evidence-based interventions (EBIs) would be feasible and acceptable for translation in this setting.

**METHODS:** A multidisciplinary team of investigators used rapid appraisal methods including a systems-level perspective, an iterative approach to data collection and analysis, and data triangulation. We conducted focus groups and individual interviews with 42 factory women and service providers. Participants were asked for feedback on the content and delivery of candidate EBIs. Between data collection events, investigators discussed findings in combination with information from country-level reports. We used our conclusions to frame subsequent interview questions. At the end of the data collection period, the research team summarized the transcripts, discussed and verified the findings and prepared a report, including recommendations for choosing and implementing an EBI.

**RESULTS:** Women working in the industrial estates are low income with limited formal education and few work skills. Most women are young, single mothers, the breadwinners in families comprised of children who may have different fathers. Women

typically receive minimum wage conducting light assembly, or “menial” jobs, as stated by a participant, and work together seated in rows in large factory rooms. To subsidize their incomes, some women exchange sex for goods or money with steady or casual sexual partners who may or may not be fathers of their children. Women felt that people on the small island shared private information with others; confidentiality is a key concern. Even so, women expressed having confidence in other, selected, workers as confidants and trusted advisors. Factory owners were willing to provide space and work time for health programs. Key informants reported that, generally, women already have information on HIV but lack self-esteem and are not empowered in their relationships and communication with male partners. Prevention interventions should address empowerment, self-esteem and motherhood, and help women realize their own strengths and self-worth. Emerging themes supported the use of the Popular Opinion Leader intervention with modifications including an empowerment component, possibly based on the SISTA intervention, for the specific context of women in St. Kitts.

**CONCLUSION:** As has been the case in other global settings, with adequate tailoring, US-developed interventions hold promise in the Eastern Caribbean. Service providers and women in St. Kitts found elements of the Popular Opinion Leader and SISTA interventions to be feasible and acceptable. Tailoring and implementing these proven-effective interventions have potential for decreasing new HIV infections among these at-risk women.

**Poster ID Number:** 160T

**Presentation Title:** A Mobilized South with a Targeted Program for Substance Abuse and HIV/AIDS That Works!

**Author(s):** Sybil Ward

**BACKGROUND:** Critical challenges face the South, in particular Arkansas, in responding to the country’s HIV, AIDS, STD, and substance abuse issues. Presently, the South is the fastest growing region of HIV/AIDS cases. Studies have shown that southern, rural black and hispanic communities may be as vulnerable as their urban counterparts. The South’s rural environment, inequalities in health care resources and the increased stigma associated with HIV/AIDS, STDs, substance abuse, and mental health contribute to the increased risk of individuals acquiring HIV and STDs and if infected, not seeking or acquiring essential care and treatment services. These conditions, if left unaddressed, may exacerbate and be exacerbated by substance abuse.

**METHODS:** JCCSI serves a largely dispersed, indigent, patient population that is comprised of uninsured and underinsured African-Americans (AA) and Hispanic/Latinos (H/L). AA comprised 32% of JCCSI service area and comprised, on average, 65% of the HIV cases and 59% of the AIDS cases in JCCSI service area from 2003-2005 [Source: ADH, 2006]. The cumulative total of known HIV cases in Arkansas (1983-05/30/2008) is 7,289.

Our primary focus area is within JCCSI 10 county service area Lonoke, Prairie, Pulaski, Arkansas, Jefferson, Lincoln, Ashley, Chicot, Desha, and Drew. The AA and H/L substance abuser population is our focus in the delivery of outreach and pretreatment services.

**RESULTS:** JCCSI utilizes the National Institute of Drug Abuse (NIDA) Community Based Outreach Model in providing services to out-of-treatment drug users (in non-traditional settings) and persons entering treatment for the first time, or following relapse (by presenting and testing once a month in designated treatment centers). The project established applies to the specific issues involved in providing outreach and pretreatment services. This is a collaborative effort of the leadership in all the service programs outlined below, and will serve to meet the needs of each of these programs individually and across the continuum of care. The project is linked with existing services, which have enabled the program to meet the complexity of needs faced by clients in need of treatment. The model includes elements of: (1) basic outreach component, (2) Education Session I, (3) HIV Testing, and (4) Education Session II and a mobil unit. This also includes linkage to care for persons testing HIV positive or facilitate access to substance abuse treatment

**CONCLUSION:** The core team (Project Director, Lead Peer Advocate, Contractual Peer Advocates, Data Manager, Evaluator, and one Representative from each drug treatment center), serves as the focal point for the project’s activities and coordinates efforts with other agencies. The core team established the presence of the program throughout the community and served to increase attention and awareness about substance use, resulting in 1,881 persons HIV tested, 111 person accessing drug treatment and 26 persons linked into medical care, in 12 months. Before SAMHSA funded this project there wasn’t any pretreatment services.

**Poster ID Number:** 161T

**Presentation Title:** Campus Health Advocates Mobilizing Prevention Strategies (CHAMPS) Network Consortium for HIV on HBCUs

**Author(s):** Robyn Lynn Watson; Sagina Wahj; Carolyn Goode; Cynthia Burwell; Angela Farris Watkins; Mary Morris Billings

**BACKGROUND:** HIV/AIDS and other sexually transmitted infections (STIs) continue to ravage our nation’s youth, especially young people of color. Since college-aged African Americans are among those disproportionately impacted, Historically Black Colleges and Universities (HBCUs) have a unique opportunity to be catalysts for positive change. Campus involvement, from administrators to faculty to students, can ensure that HIV/AIDS/STI prevention strategies reflect updated campus policies,

leverage strengths, and modify student behaviors to improve health outcomes. The Campus Health Advocates Mobilizing Prevention Strategies (CHAMPS) Network Consortium is a five-year program that addresses these comprehensive needs of HBCUs and their students.

**METHODS:** The CHAMPS Network Consortium brings together the United Negro College Fund Special Programs Corporation (UNCFSP) and four HBCUs; Alabama A&M University, Howard University, Norfolk State University, and Spelman College to address HIV/AIDS/STI prevention and the prevention of other health-risk behaviors in college-aged youth. UNCFSP provides oversight, capacity building assistance, and online tools to enable the consortium to stay aligned, integrated, and informed so that each HBCU contributes significantly to the national, collective effort of increased HIV/AIDS/STI prevention on HBCU campuses.

**RESULTS:** The UNCFSP/HBCU CHAMPS Network Consortium builds institutional capacity through peer education development; social marketing; curriculum enhancement; policy review and development; technical assistance; integrated online resources, data collection, and project management; and national dissemination of resources and tools. The CHAMPS Network Consortium: 1) establishes campus-community partnerships with key stakeholders; 2) increases health education and disease prevention outreach at HBCUs and in their surrounding communities; 3) facilitates campus and community participatory research, and 4) provides sustainability. By coordinating campus efforts and integrating activities, the consortium model leverages strengths, provides economies of scale, and increases dissemination. Goals to be accomplished by the end of the program are: 1) increased HIV/AIDS prevention knowledge and knowledge of other health risk behaviors of HBCU faculty, staff and students with 95% of student body informed, 2) increased HIV/AIDS prevention content by 20% for each institution, 3) on-line dissemination of program activities, 4) production of a publication that captures strategies and best practices, 5) performance of project evaluation with CDC, and performance of a National Dissemination Conference focused on consortium outcomes.

**CONCLUSION:** Results: Each year the CHAMPS HBCUs conduct three or more HIV prevention activities on their campuses. More than 80 students have become certified HIV/AIDS Peer Educators through the CHAMPS Network Consortium. Four culturally appropriate social marketing campaigns are in development. Curriculum development and implementation has occurred on one campus and is in process on the other three.

**Lessons Learned:** Because the program includes four different institutions of higher education, the program has faced challenges with administrative staff schedules and academic calendars resulting in a necessity for flexibility in the projected timeline. Differences in geography, socioeconomic, and available resources amongst the four institutions have required innovation on behalf of UNCFSP to facilitate cross-collaboration. However, differences amongst the institutions have presented few challenges in the development of social marketing products and peer education programs. These outcomes are interchangeable amongst the four institutions and are expected to be applicable to HBCUs nationally.

**Poster ID Number:** 162T

**Presentation Title:** Implementing HIV Testing Through Emergency Departments: A Baltimore City Health Department experience

**Author(s):** Shilpa Bhardwaj; Carolyn Nganga-Good; Rafiq Miazad; Ravikiran Muvva; Charlene Brown; Laura Herrera

**BACKGROUND:** While it is observed that the number of new HIV cases diagnosed in Baltimore city, over the past decade has decreased by 10%, most of which are comprised of African American populations, it has also been noted that the number of people living with HIV/AIDS has increased by more than two times since 1997. Thus, the issues faced by Baltimore city not only revolve around providing widespread HIV testing among target populations and diagnosing more new positives, but also making sure that they receive their test-results, partner services and are linked to care as well.

**METHODS:** Baltimore City Health Department (BCHD) has subcontracted Emergency Departments (EDs) from five hospitals in the city under CDC's Project "Expanded and Integrated HIV Testing for Populations disproportionately affected by HIV", to offer routine opt-out HIV screening to anyone visiting the EDs.

**RESULTS:** The focus of this project is to target the African American populations, increase HIV testing, increase the number of new infections diagnosed, provide post-test counseling, partner services and linkage to care to clients diagnosed with HIV. Program Coordinators in the EDs test the clients using OraQuick Advance rapid HIV test. Post-test counseling services for a rapid test (preliminary) result are offered in the ED as soon as the result is read. A preliminary reactive test result is followed by a confirmatory Western Blot at the Baltimore City lab or a respective hospital lab and the client is requested to designate a location to collect the result. BCHD provides the partner services and links to care those who fail to collect their confirmatory results.

**CONCLUSION:** In its first year, from September 2007 to September 2008, the project was in its incipient stages and much of the time was utilized in implementing the project across the city. One of our first EDs started functioning in March 2008 and by June 2008 we had all five of them on board. In the short period of March to September 2008, we had 4935 more clients tested over and above the regular testing that other BCHD sites perform, 52 confirmed positives and 45 new positives. More than 70% of the clients tested were African American. The post test counseling rate after the positive rapid test was approximately 85% and >50% of the new positives have been linked to care already.

Implementing routine HIV testing through EDs seems to be an effective method to increase HIV testing among and beyond the target populations. The coordination between BCHD and the EDs has been exceptionally smooth which has resulted in increased number of clients receiving partner services and linkage to care. In our view, programs like this have the potential to contribute immensely to HIV prevention.

**Poster ID Number:** 163T

**Presentation Title:** "Everyone's Doing It: Challenges and Reasons for Sexual Behavior Change Among Secondary Abstinent College Students"

**Author(s):** Folasade Kembi; Su-I Hou

**BACKGROUND:** Although research has shown the high prevalence of risky sexual behavior among college students, many students still make positive personal health choices. According to the Healthy People 2010, complete abstinence during adolescence or reverting to abstinence for long periods of time after having had intercourse in the past are positive protective behaviors for STIs and unwanted pregnancies. Even though college students are influenced by the extent to which they perceive their peers as being sexually permissive, some college students regret the decision to have engaged in sexual activity and they are making positive changes. In this study we aimed to understand the underlying factors that facilitate sexual behavioral change to abstinence among students who had been sexually active in the past. This may be an important part of a long-term strategy to develop effective STD prevention among college students.

**METHODS:** Using the theory of normative social behavior (TNSB) and symbolic interactionism, in-depth qualitative interviews were conducted among 22 abstinent college students to understand their perceptions on sexual behavior of college students, the influences of these perceptions and the underlying factors that associate with their behavioral change. Data from 4 participants who practiced secondary abstinence were analyzed using inductive analysis to identify themes by reviewing the transcribed data, coding selected sections of the transcripts and examining them to identify common and unique themes.

**RESULTS:** All participants perceived that many college students have sex. The main reasons these participants decided to revert to abstinence despite having engaged in sexual behaviors included negative experiences from past relationships, religious beliefs, fear of further negative consequences, and expectation of themselves and others. Common challenges these participants faced to remain abstinent included pressure of staying in long-term relationship without involvement in sexual behaviors, unfulfilled sexual desires and curiosity. Other challenges faced including feeling lonely, peer pressure, boredom, and influences of negative media and societal values. Some coping strategies used to combat these challenges included strong support system and influential others, setting personal boundaries to avoid compromising situations, coordinating group dating, relying on religious beliefs, and refraining from alcohol use.

**CONCLUSION:** The participants in this study were not influenced by the extent to which they perceived their peers as being sexually permissive. Instead, the presence of strong group identity and high outcome expectation helped in reinforcing their abstinence behavior and enabled the students to maintain sexual abstinence. Group identity with students of similar values and beliefs are very strong source of strength for the participants to be able to retain the abstinence behavior. Health educators wishing to promote secondary abstinence should address the pressures that make it difficult for students to decide to abstain or maintain the abstinence decision. Future research efforts should focus on how to combat sexual challenges faced by college students that wish to make a positive sexual behavior change.

**Poster ID Number:** 164T

**Presentation Title:** Positive Prevention with Positive Results

**Author(s):** Darla Peterson; Andrew Weigel

**BACKGROUND:** People with HIV are living longer. Even in rural areas HIV positives are tangling with the transmission laws. Patients need a skills building workshop that teaches them skills and problem solving that promote disclosure to family, friends, and sex partners.

**METHODS:** Two retreats per year are held in locations such as a camp in a wooded area on a lake and a state park. This affords a beautiful setting and opportunities to go for walks with new friends. Participants stay in inexpensive cabins at a church camp. Classes are held in a recreation hall at the camp or a shelter in the park. Participants receive the support from each other which encourages open and lively discussions regarding problem solving and healthy relationships.

**RESULTS:** Two separate agencies in Iowa have adapted Healthy Relationships from a five session workshop to a weekend retreat. The sessions are entitled: "Behind the Scenes" and "Coming Attractions" to follow the movie clips theme. In rural communities it can be difficult to find transportation to classes and medical appointments, especially from rural areas to metropolitan areas. By having a weekend retreat, the sessions are all completed in two days, alleviating transportation barriers. Groups of 10-12 individuals attend. Guided meditation is offered to help participants relax. Incentives include: donated prizes from community agencies and stores, free haircuts, on-site massage, and other fun activities. A presenter from both agencies in Iowa will highlight their successes.

**CONCLUSION:** Lessons learned: The intervention calls for peer facilitators. It is not difficult to find peers willing to facilitate, however, it is difficult to find peers to be role models and act appropriately. Ideas will be given about how to find appropriate peers, how to write a mini-contract with them and incentives for their participation. Creative ideas will be given for how to provide this intervention with little funding.

**Results:** Participants learn to use "I" statements and learned to identify triggers and barriers to safer sex. They learn problem solving skills that will be utilized for life situations as well as in disclosure situations. They learned how to apply decision making skills to disclosure. An innovative approach was the introduction of a friendship bracelet. Participants make a bracelet or necklace with different colored beads that represent their new friends. When they wear the bracelet they are asked to remember the skills they learned and the friends who support them. At three months and six months follow-ups, participants are asked if the bracelet helped them remember the skills they learned. They all said it reminded them of the intervention and most have worn it every day or kept it in a special place.

**Poster ID Number:** 166T

**Presentation Title:** Community Information Point (CIP); An Alternative of Outreach for HIV Prevention Among Female Sex Workers.

**Author(s):** Mahesh Dhungel

**BACKGROUND:** Almost 20,000 females are involved in sex trade in Nepal; this group is stated as a Most-at-risk population (MARP) in terms of HIV epidemic. Recent research finding reported that almost 40% of Female Sex Workers (FSW) are home based and illiterate so far. Only outreach program cannot help to reach the entire MARP. CIP provide an opportunity to reach that home based FSW and educate them about preventive measures of HIV and STI.

**METHODS:** Cluster based CIP have been implemented in 3 districts of Mid-Western region of Nepal, especially focused on FSW.

**RESULTS:** Institute of Community Health (ICH), has been operating cluster based CIP in partnership with ASHA/USAID in three districts (Banke, Bardiya and Dang) of mid-west Nepal since July 2006. 1140 female sex workers (FSW) are within the coverage of ICH. Till Nov.2008, almost half of these are home based that is why it's difficult to talk on sexual and HIV/AIDS issues during the outreach. ICH's outreach worker disseminates the information about the CIP during their outreach. CIP operator provides adequate information about the risks of HIV in very confidential, hospitable and friendly manner. Mainly CIP focuses on FSW, nevertheless clients of FSW also visits there. The target audiences suggest the location of CIP in each cluster.

Ownership taken by MARP makes them more comfortable to be there. CIP are easily accessible and provide immense services like counseling, information and IEC material dissemination, and condom distribution/demonstration, referral for STI and VCT services. Pictorial educational methodologies are one of the constructive tools for illiterate visitors.

**CONCLUSION:** CIP operates with the objective to provide quality services at all times under any situation. This is one of the best approaches to ensure quality service with comfort and accessibility. In last 1-year period 2895, individuals visited in CIP among them 20% are FSW and 54% Clients of FSW. Among them 467 FSW and 908 Clients of FSW were visited to STI and VCT services. Above than 90% of the CIP visitors reduce their high-risk behaviour and disseminate preventive message among their peer. The cost to operate a CIP is minimal and can serve a large population.

Lesson learned: Sexual act is very common in this universe though the sexual behavior always taken as a restricted matter.

Especially in Nepal, it is very difficult to get information about HIV/AIDS and sexual health. CIP is the appropriate place to interact on the issues of HIV/AIDS and sexual health. A trained operator of CIP disseminates adequate knowledge on HIV/AIDS to the visitors and prevents individuals from the risk of HIV. Accessibility of CIP decreases the HIV and STI transmission among FSW and Clients of FSW.

**Poster ID Number:** 168T

**Presentation Title:** Keeping Safe from HIV: An Evaluation of a High School and Middle School HIV Curriculum

**Author(s):** Glenn Dodd; Miguel Chion

**BACKGROUND:** HIV is a problem that affects youth more than older adults. 50% of new HIV infections worldwide are in youth. The need for strong knowledge and understanding of how HIV is transmitted, skills to resist personal and social pressures to engage in risk behaviors, and the impact that the disease causes are important for our younger generation. The goal of the Keeping Safe from HIV (KSH) curriculum is to reduce the behavior that places students at risk for HIV infection.

**METHODS:** The curriculum was delivered by a sample of teachers in schools from three school districts in Los Angeles County. A total of thirteen teachers from eight schools participated in this evaluation. A total of 789 students received some portion or the entire KSH curriculum. All teachers were trained to conduct the intervention section by section; however, teachers had the option of selecting which lessons or sections of lesson they wanted to teach to the students in their classroom without having to teach the curriculum in its entirety.

**RESULTS:** KSH is a curriculum published and distributed by Los Angeles County Office of Education (LACOE). KSH curriculum is a school-based HIV-Prevention curriculum for middle and high school students (grades 6 through 12). The curriculum was developed by the Healthy Schools Office, LACOE. This is an interactive, student focused curriculum that satisfies all the HIV prevention requirements outlined in the California Education Code 51934. An evaluation of the curriculum was conducted by Acción Mutua/Shared Action using a post-test only design.

**CONCLUSION: RESULTS:** The results of the evaluation were overall positive. Results showed that 90% of students had the key knowledge about how HIV is transmitted and the importance of the use of condoms. Regarding, intentions of future safer sex practices: 86% of students reported that they planned on using condoms when they are ready to have sex. In addition, the majority of the students reported high levels of self-efficacy with regards to making good decisions about sex and negotiating sex. Results obtained during the evaluation showed the feasibility for implementation of the curriculum in the school settings. It is recommended that a second phase evaluation should be conducted to test against control groups and also retention.

**LESSONS LEARNED:** KSH is effective in teachings students about the transmission and risks of HIV. Students showed positive behavioral intentions and expressed high self efficacy in executing this new knowledge. All students should be taught about HIV and HIV prevention in order to keep themselves and our communities safe. Structural issues in regards of curriculum content, local cultural and religious constrains, may represent a major barrier for youth to be informed about the risks for HIV and may deny opportunities to develop safer skills as well as increase their self-efficacy to have safer behaviors.

**Poster ID Number:** 169T

**Presentation Title:** Evaluation of STD/HIV Community Outreach Sites to Target Future Resources

**Author(s):** Phyllis Burnett

**BACKGROUND:** Faced with declining resources, the Baltimore City STD/HIV Prevention program analyzed the effectiveness of testing at various site types to determine which type provided the highest yield of HIV positive tests.

**METHODS:** The City of Baltimore has an extensive history of high rates and prevalence of STDs and HIV infections. An Enhanced Community Screening Program was initiated in September of 2004 in response to a sharp increase in syphilis in the community. The focus of the Outreach staff was determined by intelligence gathered during traditional syphilis partner notification interviews (case-based). Originally intended to be a time limited program, the success in identifying new HIV infections and syphilis established the Outreach Screening Program as a permanent component in STD/HIV Prevention Program. The Outreach targets were expanded to include fixed sites such as soup kitchens and methadone programs; MSM targeted areas, major festivals and faith based sponsored events. Recent decreases in resources mandated that the program analyze the effectiveness of identifying disease and thus focus resources appropriately.

**RESULTS:** Conduct a comprehensive review of all outreach activities from January 1, 2007 – October 31, 2008 to determine which site types were most successful in identifying new disease and combining that information with overtime staff hours required for each screening site type in order to cost effectively focus outreach activities in 2009. Information related to patient demographics, self identified risk, screening sites and laboratory results were exported from STD\*MIS to an ACCESS data base. Types of screening sites were determined as follows: 1) Case based street outreach; 2) Fixed Site outreach; 3) MSM focused outreach; 4) street festivals and faith based events. The self identified risks of clients were also assessed to determine correlation in positivity

**CONCLUSION:** The combined effort of all sites was very successful with 679(7.4%) of 9141 clients testing HIV Western Blot positive in 2007 and 483 (7%) of 6928 positive in 2008. The results varied significantly between types of screening sites and staffing required. The sites which required the most staff hours were the street festivals and faith events but these sites had the lowest positivity rates 2.1% in 2007 and 3% in 2008. They also reflected fewer risk behaviors among clients tested. The original focus of the program –cased based street outreach- produced positivity rates of 8% and the fixed site sites were the most productive with 9.7% in 2007 and 8.8% in 2008. These sites also had the highest risk clients and required fewer overtime staff hours.

Community outreach is a vital component of STD/HIV Prevention when focused to the appropriate communities. Assessment of site types and the percent positive by site type for community outreach is useful in determining how to best utilize declining resources.

**Poster ID Number:** 170T

**Presentation Title:** An Introduction of the AIDS Education and Training Centers (AETC)

**Author(s):** Jamie Steiger

**BACKGROUND:** On September 22, 2006 the Centers for Disease Control and Prevention (CDC) published recommendations for a major change in the approach to testing for HIV infection in the United States. In response, the AIDS Education and Training Centers (AETCs) implemented programs to increase HIV testing in different healthcare settings such as emergency departments, labor and delivery units, community health centers, correctional health settings, and STD clinics.

**METHODS:** Training and technical assistance is provided by 11 regional centers, four national centers, and more than 150 local performance sites representing all 50 states, the District of Columbia, Puerto Rico, the Virgin Islands, and the six US-affiliated Pacific Jurisdictions through the AETC Program. The target audience of the AETCs includes a diverse group of clinicians including physicians, advanced practice nurses, physician assistants, nurses, oral health professionals, pharmacists, and medical case managers.

**RESULTS:** A national system of AETCs has received federal funding administered by the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) since 1987 to provide education to healthcare personnel about HIV infection. In 2007, AETCs were awarded supplemental funds as part of the AETC HIV Recommendations Training Initiative. The purpose of this Initiative is to support the adoption of the HIV testing recommendations through implementation of training and technical assistance as well as development of provider tools. Using a workgroup format, representatives from the AETCs regularly share resources and lessons learned related to this Initiative through the AETC HIV Testing Training Exchange Collaborative. In addition, a repository of resources developed by the AETCs has been made available via the AETC website [www.aidsetc.org](http://www.aidsetc.org)

**CONCLUSION:** From December 1, 2006 through January 15, 2008, the AETCs trained 15,701 healthcare professionals through 959 training and/or technical assistance events. Training was provided on topics such as 1) initiating the testing discussion; 2) gaining consent; 3) giving results; 4) systems change; 5) additional and new tasks; and 6) identifying and working with HIV patients. A total of 71 AETC HIV Testing Training Exchange Collaborative members, including representatives from the AETCs, HRSA HAB, CDC, and others, meet on a monthly basis via conference call to discuss topics such as testing in dental settings; test reimbursement; and third trimester testing. Teleconference meetings are supplemented by listserv communications. In addition, a total of 78 HIV testing resources are available on the AETC website. This includes toolkits, fact sheets, curricula, patient information, pocket guides, self-study materials, and slide sets, to name a few. More specifically, web users can access resources such as the State HIV Testing Laws Compendium. In addition, the first annual National Clinicians HIV Testing and Awareness Day was held in July 2008.

Lessons learned are:

1. AETC Program is instrumental in the delivery of training and technical assistance on the adoption of the HIV testing recommendations.
2. A workgroup format allows for ongoing learning and support for faculty and administrators who are responsible for training healthcare professionals.
3. The AETC website is an effective medium for sharing resources developed by the AETCs.

**Poster ID Number:** 171T

**Presentation Title:** HIV/AIDS Education Program among Preliterate Immigrant Native American Maya in Palm Beach County, Florida

**Author(s):** William Stewart

**BACKGROUND:** A disproportionate number of indigenous Maya are infected with HIV. Many do not understand the disease or their risk of infection. Upon emigration to the US, there are linguistic and cultural barriers to prevention. One such barrier is the misperception that Maya are "Latino/a" and speak Spanish. Maya are indigenous people who speak one of over 20 Maya languages. Another is that many Maya are preliterate. Not only can they not read or write, many have never seen printed words, instead using oral storytelling to communicate.

**METHODS:** Approximately 18,002 Guatemalans live in Palm Beach County, Florida. One of the epicenters is Lake Worth. Approximately 28.8% of Lake Worth's population are from Latin America. Lake Worth is the central "mother area" through which many Maya emigrate due to stability of the Maya community. It has also been identified as a "hot spot" for HIV. The immigrant Maya then disperse to other communities such as Boynton Beach, Delray Beach, Loxahatchee, Jupiter, West Palm Beach and Indiantown.

**RESULTS:** This project examines the effects of HIV/AIDS prevention education among indigenous Native American Maya in Lake Worth, Florida. Immigrant Maya from Guatemala are at high risk for HIV infection due to low socioeconomic status, low education and literacy levels, and lack of access to health care. Since the Catholic Church plays an influential role in the lives of Maya, and due to an established clientele through a family literacy program at Maya Ministry, an HIV education program was developed to educate Maya about severity of and susceptibility to HIV infection. Utilizing formative research tools such as interviews and focus groups, a presentation was developed, implemented and evaluated in the Maya community in Lake Worth, which became infused into the oral tradition of the Maya in Lake Worth and in Guatemala. The program reached 1,424 Maya. Based on informal interviews, the results of the program demonstrated a diffusion of knowledge about HIV/AIDS into the Maya community and positive changes in HIV-related beliefs, attitudes, and norms.

**CONCLUSION:** This presentation demonstrates culturally appropriate HIV interventions among immigrant Maya in Lake Worth. This innovative intervention involved the use of pueblo leaders that had immigrated to Lake Worth, presenting the information in the Maya language spoken and infusing the information into the oral tradition of the Maya. In the initial 2 years, HIV education was presented to 10% of the Maya in Palm Beach. The education followed the migration patterns of the Maya by

tapping oral traditions of leadership found within existing networks. This diffusion of innovation occurred through family members who attended training and requested training in their neighborhood. It also occurred through contacts of members of churches who received the intervention and wanted it for their congregation. Key themes identified included gender role redefinition, development of cultural competency, Maya oral tradition to disseminate information, symbolic language such as metaphors to express complex concepts, and use of opinion leaders to teach others utilizing a Peer model.

**Poster ID Number:** 172T

**Presentation Title:** Stigma and Discrimination and HIV Risk: Advocacy and Moon Light Outreach for Community and CSW

**Author(s):** John Njuguna

**BACKGROUND:** Stigma and discrimination are one of the greatest hindrances to effective prevention, care, support and mitigation of HIV and AIDS. They impact on many sectors of society including health care and services. People living with HIV and AIDS have identified stigma and discrimination among community health workers, doctors and nurses in voluntary counseling and testing, STI clinics and community as a major deterrent for individual using support services. This has however contributed in the increment of stigma and discrimination to the People Living with HIV and AIDS in accessing health care services thus contributing to self stigma. Advocacy and Moon light Outreach for Community and Commercial Sex Workers (APMLO-C/CSW) program offered an opportunity to carry out HIV/AIDS community outreaches to ensure commercial sex workers CSW and community members are well disseminated on prevention measures and ways of curbing stigma and discrimination.

**METHODS:** Advocacy program and Moon light Outreach for Community and CSW is a program implemented in Nakuru district, Rift Valley province and in the urban/peri-urban settings.

**RESULTS:** Volunteers and staffs carry out Moon light outreaches in promotion of positive Behaviour change, conduct trainings and workshops to the key gate keepers on anti stigma a way of curbing stigma and discrimination, conduct joint advocacy/awareness activities with the local NGOs/youth groups i.e. magnet theater, poster presentations e.t.c. train commercial sex workers on partner elimination to avoid spread of HIV and at the same time avoid activities linked to risky behaviors. However, referrals are always made to other partners offering similar services.

**CONCLUSION:** a total of 30 commercial sex educators were reached, recruited and enrolled in the program since June 2007, APMLO-C/CSW program conducted 60 community/ moon light outreaches in promotion of behavior change and consequently curbing stigma and discrimination among the community members and commercial sex workers, 60 community gate keepers were trained on anti-stigma training and commercial sex workers trained on partner elimination. This saw a drastic change among the trained CSW and the gatekeepers together with the community members. An estimated 5% of CSW were known to be practicing unprotected sex. Since June 2007, APMLO-C/CSW volunteers distributed 50,000 condoms as a way of promoting prevention and safe sex.

Lessons Learned: Use of community gate keepers is an effective way of reaching the community members as an entity in curbing stigma and discrimination at the grass root level. Provision of open air services at night and during the day is a way of reaching the high risk group of CSW. Use of theatre for development is an effective way of curbing stigma and discrimination.

**Poster ID Number:** 173T

**Presentation Title:** The Role of Communities of Faith on HIV Prevention in the Latino Community

**Author(s):** Guillermo A. Chacon; Daniel Leyva

**BACKGROUND:** The Latino Religious Leadership Program of The Latino Commission on AIDS, works collaboratively with Latino faith communities, religious networks and diverse religious traditions to alter community norms, attitudes and belief systems and to reduce stigma attached to populations perceived as high risk of contracting HIV. This is possible through: General health education, availability of HIV testing and ongoing educational sessions for Latino clergy and clergy serving the Latino Communities of the five boroughs of New York City.

**METHODS:** Spanish speaking and bilingual (English/Spanish) Communities of faith.

**RESULTS:** Conducted in dominantly Spanish-speaking religious social networks; consisting of adolescents, immigrants/migrants and women, through collaborative church initiatives in areas with high rates of infection throughout New York City. These churches are located in diverse Latino communities.

The Latino Religious Leadership Program engages congregants and their social networks in ongoing activities designed to promote HIV prevention and education:

-Siete Dias de Oración y Unidad (Seven Days of Prayer and Unity), a weeklong common prayer calling for education, action and unity (October)

-World AIDS Day, on December 1st.

-Two annual gatherings (February and May) with the participation of NGOs, Communities of faith and members of target populations perceived at high risk, to reduce the impact of stigma and to promote health awareness.

The Program also produces and distributes;

- En Comunidad quarterly Newsletter, to educate the community about health and public policy.
- Voices of Our Leaders, an opinion page, offers religious leaders opportunities to comment on HIV prevention.
- The Anti-stigma booklet (English and Spanish)
- En Comunidad; a guide to work with communities of faith on HIV Prevention (Spanish)
- A social marketing campaign to promote HIV testing.

**CONCLUSION:** Each year, the program reaches about 3000 persons; 53% women and 47% men. New immigrants benefit greatly of these efforts. This program is unique in engaging diverse faith communities to promote HIV prevention and education. Working with faith communities is a central strategy to confronting Stigma associated to HIV/AIDS in our communities.

**Poster ID Number:** 174T

**Presentation Title:** Successful Adaptation of "Healthy Relationships" for MSM and TG HIV Positive Individuals Monolingual Spanish Speaking

**Author(s):** Victor Martinez

**BACKGROUND:** Transmission of HIV can only occur when a person who is HIV positive has unprotected sex or shares injection paraphernalia with a person who is HIV negative. Thus, HIV prevention efforts targeting HIV positive individuals must be a key element of any region's HIV prevention strategy. HIV positive Latino MSM and Transgender male to female individuals engage in a variety of sexual risk behaviors that place others at risk for infection, including: (1) having unprotected oral, receptive/insertive anal sex, (2) having multiple sex partners, (3) exchanging sex for money or drugs. These behaviors are often exacerbated by active drug use, feelings of disempowerment, lack of self-confidence, and lack of skills needed to effectively negotiate safer sex, homophobia, transphobia and HIV/AIDS stigma and discrimination.

**METHODS:** This program targets HIV positive Latino MSM and Transgender male to female individuals monolingual Spanish speaking in Los Angeles County.

**RESULTS:** Bienestar adapted "Healthy Relationship" 5 week session Group Level Intervention which is part of the Diffusion of Behavioral Interventions (DEBI) by changing the target population from HIV positive Heterosexual African American to HIV positive monolingual Spanish Latino MSM and Transgender male to female who are at sexual risk of transmitting HIV by engaging in high risk sexual activities. It was also incorporated to this intervention a booster session and a follow up at one, two and three months to monitor that program participants maintained their behavior changes. During the sessions it was included specific cultural factors unique to the Latino community that impacts the HIV prevention efforts such as: machismo, internalized homophobia, sexual silence and oppression

**CONCLUSION:** In an effort to implement this intervention to the Latino HIV positive community (MSM and TG) Bienestar conducted focus groups as part of the formative evaluation in order for this intervention to best meet their needs. It was paramount to determine the level of difficulty for clients to reveal their HIV status to their friends, family and partners. In order for Healthy Relationships to be successful as an intervention for these focus groups, we needed to look closely at the role that family plays in the Latino community. It was found that family was a major contributing stress factor when revealing someone's HIV status due to the fear of negative consequences, such as rejection. This program graduated 58 participants between July 2007 and June 2008. This intervention has yielded positive outcomes among participants, including:

A)98% Retention

B)95% of program participants maintained safer practices, HIV risk reduction strategies and contemplated or disclosed HIV Status at a three month follow up sessions

C)100% of program participants were successfully linked to other supportive services

**Poster ID Number:** 175T

**Presentation Title:** Bathhouse Testing Project

**Author(s):** Yesenia Guzman; Erik Escareno

**BACKGROUND:** A study was conducted by the Los Angeles County (LAC) Epidemiology Program in 2002 which found that the HIV prevalence rate at the bathhouses located in LAC was 11% compared to the LAC prevalence rate of 1.3%. A program needed to be developed to address the high positivity rate in the bathhouses. Since 2006 JWCH has been the sole provider of HIV and STD testing at the 11 bathhouses in LAC.

**METHODS:** Bathhouse HIV/STD testing is provided at 11 venues located throughout LAC. Bathhouses are venues where MSM visit and engage in high risk sexual activity. The venues are located within the Service Planning areas 2, 4, 5, and 8.

**RESULTS:** The bathhouse testing project is funded by the Los Angeles Office of AIDS programs and Policy. It provides HIV counseling and testing and STD testing in 11 bathhouse venues in LAC.

**CONCLUSION:** The following results are representative of the testing numbers for 2008. There were a total of 1782 HIV tests conducted for 2008 with 41 positives (2.3% seropositivity rate). The HIV prevalence rate is much higher at the Bathhouses than

the 1.3% prevalence rate of the county. A total of 295 Gonorrhea test were conducted with 2 positive results (.67% positivity rate), 295 Chlamydia test were conducted with 4 positive results (1.35% positivity rate) and 40 Syphilis test were conducted with 4 positive results (10% positivity rate).

Lessons learned:

1. How to successfully implement and coordinate an HIV/STD testing program at a high risk venue (Bathhouse).
2. How to successfully implement a Quality Assurance Plan for a multi-site (11 venues) testing program.
3. Successful coordination of services requires clear communication with all parties involved (Bathhouse Owners, County, Staff, and Agency) is essential.
4. Providing testing in nonconventional locations where high risk activity occurs allows for testing programs to test clients that would otherwise not get tested.
5. Providing your testing program with a clear identity within the venue is key to building a client's trust and getting them to test.

**Poster ID Number:** 176T

**Presentation Title:** Intergenerational Approach to HIV/AIDS Prevention Education for Women Across the Lifespan

**Author(s):** Lynne Chambers-Ketchens, MSW; Sylvia Dayton-Jones, Ph.D.

**BACKGROUND:** African Americans are approximately 13% of the US population and account for 49% of the people diagnosed with HIV/AIDS. African Americans have been disproportionately affected by the HIV/AIDS epidemic with the disparity accelerating more among women. According to information in 2005 from 33 states 64% of women living with HIV/AIDS were black (Centers for Disease Control and Prevention, 2008). Reasons for which African American women are infected with HIV/AIDS more disproportionately than European American women may be related to social issues, ecological challenges, and stigmas that hinder education and treatment of HIV/AIDS in rural settings such as difficulty attaining confidential treatment, discussing sexual practices with providers privately, and discussing HIV/AIDS with family.

**METHODS:** In Missouri, 41% of the people living with HIV/AIDS are African American (Statehealthfacts.org, 2008). Therefore, Chambers and Associates, LLC has targeted Mississippi, Pemiscot, Dunklin and New Madrid or rural counties in Missouri where there are high rates of poverty, poor health, and substance use. The participants of this program will be composed of African American female 12 and over.

**RESULTS:** Intergenerational Approach to HIV/AIDS Prevention Education for Women Across the Lifespan Program provides HIV/AIDS prevention training, using an intergenerational approach to educate African American women about HIV/AIDS in rural communities. Stakeholder groups will be developed to explore systemic barriers for women seeking sexual healthcare and to increase the awareness of service providers on issues related to HIV. The stakeholders are a critical component of the outreach plan to recruit 300 women comprised of intergenerational family teams. The curriculum, known as the Sojourner Project, uses evidence-based strategies to provide 24 hours of HIV/AIDS education training that is cultural and gender specific. Facilitators are also intergenerational teams and indigenous to the communities being served. For program planning and to measure outcomes, a qualitative approach is utilized for data analysis (focus groups, interviews, observations, and participant assessment). Program participants will also have access to individual behavioral counseling with a licensed female therapist and have the opportunity to participate in peer support groups.

**CONCLUSION:** Our hypothesis is that a properly designed project can increase knowledge about HIV/AIDS, increase effective communication between high risk teen women and an adult within their kinship network that will ultimately reduce sexual risk behavior by the program participants. While utilizing the Sojourner Project we predict that there will be a significant increase in communication among participants, an increase in factual knowledge about HIV/AIDS, and a decrease in risky behaviors. To better understand the impact of HIV/AIDS in rural communities more prevention programs that are cultural and gender specific for African American women should be employed. Given that African Americans are community oriented, the intergenerational approach is likely to facilitate sexual healthcare and HIV/AIDS prevention hypervigilance among both younger and older generations.

**Poster ID Number:** 177T

**Presentation Title:** The Friend to Friend and VIBES Interventions: Innovative HIV Prevention for YAAMSM

**Author(s):** Will O. Cobbs, Jr.; Margot Bell

**BACKGROUND:** Research has shown that many young African-American men who have sex with men (YAAMSM), are unaware of their HIV status and do not consider themselves to be at risk for becoming infected. Barriers to HIV testing and successful prevention/education within this target population include stigma, negative perceptions of the health care system, and issues of daily living (e.g., homophobia, racism, and substance abuse).

**METHODS:** A combined two group level interventions were implemented within YAAMSM ages 18-23 on the Westside of Chicago

**RESULTS:** In the fall of 2008 two locally recognized group level interventions targeting YAAMSM were combined to create an innovative strategy to provide HIV/AIDS education and prevention to the target population. YAAMSM were engaged through the Chicago Area Priority Access Project that is funded by HRSA as a Special Project of National Significance targeting YAAMSM. The Friend to Friend (F2F) Intervention Model is a social networking strategy used to engage peers who have influence on members of the target population. At the end of the F2F activities, recruitment of the target population was done to participate in the Illinois Department of Public Health funded Very Informed Brothers Engaged for Survival (VIBES) group level intervention. The VIBES Curriculum was implemented in a group of high risk YAAMSM ages 18-23 recruited from the F2F social networking effort. Six sessions (HIV/Health and Hygiene, Racism and HIV, Behavioral Management, Homophobia in the Black Community, Faith and Spirituality, and Life Goals) were conducted in this group level intervention.

**CONCLUSION:** Findings: The findings indicated that social networks were expanded within the target population and recruitment to participate in the VIBES GLI was increased. There was a significant increase in the self-efficacy and "better" sexual decision making of all participants. All participants (100%) indicated that they would "always" use condoms at post test with a statistically significant chi-square analysis, and a significant increase in mean scores at the  $p < .05$  level. Other statistically significant mean score changes at post test were related to an increase in condom negotiation skills ( $p < .05$ ) and a decrease in insertive/receptive anal sex without a condom. The young men discussed how issues such as racism, homophobia, and religion have affected their decision making related to HIV risk behaviors. Qualitative data from these discussions were content analyzed, and the findings indicated that the top three issues influencing negative risk behaviors for HIV were homophobia in the black community, a lack of self-worth, and rejection from the Black Church. Qualitative findings also indicated that there were protective factors that sustained these young men to maintain healthy life goals, however.

**Lessons Learned:** More consideration should be given to the socio-cultural contexts in which YAAMSM process HIV prevention messages and opportunities for care and treatment. Analyzing how HIV risk behaviors are impacted by these socio-cultural contexts allows for the opportunity for more comprehensive and successful models of HIV prevention in the target population.

**Poster ID Number:** 178T

**Presentation Title:** Evidence-Based Evaluation Capacity Building for HIV/AIDS Prevention Program in the Southern United States

**Author(s):** Elleen M. Yancey, PhD; Robert Mayberry, PhD; Jamillah Berry, PhD, MSW

**BACKGROUND:** Community-based organizations are catalysts for the development of targeted, audience-driven HIV/AIDS prevention efforts. Their sustainability is increasingly contingent upon their ability to provide an evidence-base for program progress, successes and lessons learned. The significance of evaluation capacity building is central to HIV/AIDS prevention strategies to ensure the establishment of an evidence base associated with innovative primary and secondary prevention strategies.

**METHODS:** The Pfizer Foundation Southern HIV/AIDS Prevention Initiative (Pfizer Initiative) was designed to strengthen organizational and evaluation capacities of 24 HIV/AIDS prevention and education programs in multicultural, rural and urban communities in the Southeastern United States of Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee and Texas.

**RESULTS:** The Morehouse School of Medicine (MSM) partnered with the Pfizer Initiative to conduct program assessment and evaluation capacity building for funded programs. The MSM team represented a broad spectrum of expertise in HIV/AIDS risk reduction initiative development, community-based participatory research, and evaluation to tailor capacity building strategies to the contexts, resources and skills of programs. Strategies included two annual trainings, teleconferences, webcasts, and strategic technical assistance. The Cross-Site Program Assessment Survey (C-PAS) was also developed and administered among program representatives to track changes in knowledge, skills and abilities during the course of the 3-year Pfizer Initiative.

**CONCLUSION:** Results: Median evaluation skill scores increased significantly for goal and objective development by the second and third C-PAS administrations ( $p = 0.045$ ). Further analyses indicated that 48.8% of the respondents scored higher than the median score by the third C-PAS versus 21.1% of the respondents scoring higher than median score for the first C-PAS ( $p = 0.017$ ). The mean composite score for the third C-PAS was significantly higher than the mean for the initial C-PAS (4.21 versus 3.88,  $p = 0.003$ ). Our post hoc analyses also indicated that most significant gains over time in the organizations' abilities to conduct community interventions included competencies in the area of data collection tool development ( $p = 0.002$ ) and the analyses of collected data ( $p = 0.011$ ).

**Lessons Learned:** Developing program assessment and evaluation capacities building for HIV/AIDS community-based organizations call for creative and innovative strategies. The dissemination of identified challenges, findings and lessons learned in capacity building will contribute to understanding of the processes necessary to strengthen the sustainability of HIV/AIDS prevention programs.

**Poster ID Number:** 179T

**Presentation Title:** Condoms, Catwalks and Creative Sexual Health Programs for College Students

**Author(s):** Lisa L. Lindley, DrPH, MPH, CHES; Ryan Wilson, MEd; Tricia Phaup, LMSW

**BACKGROUND:** College students are often an overlooked population when it comes to HIV/STI prevention. According to data collected from 1258 students at the University of South Carolina (USC) during the spring of 2006, 74% reported having one or more sex partners during the past year; 27% had two or more partners. However, significantly fewer students used a condom the last time they engaged in vaginal (51%) or anal (25%) sex. The rise of technology such as YouTube and online networking sites, and an entertainment driven youth society has required college health professionals to find new ways to make educational programs more exciting and marketable to the Myspace (Y) and Google (Z) Generations. Thus, to promote condom use and responsible sexual decisions among USC students, Project CONDOM, an educational program/condom fashion show based on the popular reality television show, "Project RUNWAY," was created.

**METHODS:** Using Facebook event invitations, as well as MySpace emails and paper handbills distributed on campus, the Department of Sexual Health, Violence Prevention and Research at USC invited over 1700 students to participate in Project CONDOM. More than 650 students attended the condom fashion show held in the student union ballroom three days before USC's 2008 Spring Break.

**RESULTS:** Ten USC student organizations signed up to compete as teams in the condom fashion show. Each team was given 1000 unwrapped, non-lubricated, assorted color condoms to create a garment that addressed a sexual health and responsibility "theme." ONE Condoms, a brand from Global Protection Corp., donated the condoms for the dresses and the condom fashion designs of Adriana Bertini served as the inspiration for the dresses. A local representative from MAC Cosmetics provided make-up for the models and a prize basket for the winning team. These partnerships with corporate sponsors provided the additional funding needed for the event. Additionally, peer sexuality educators at USC produced and edited commercials about abstinence, condom use, sexual assault, contraceptives, and the Gardasil© HPV vaccine, that were shown during the fashion show and were posted on Facebook using YouTube. The winning dress from Project CONDOM has been displayed at the 2008 International HIV/AIDS Conference and the 2008 American College Health Association Conference.

**CONCLUSION:** Project CONDOM is an example of a successful program that merged pop-culture with educational programming through technology, peer education, and student engagement to promote sexual responsibility, particularly condom use, among a large college student population. This session will provide an overview of the planning, implementation and evaluation process of Project CONDOM, as well as ways in which it could be adapted for other campuses and/or community-based organizations.

**Poster ID Number:** 180T

**Presentation Title:** Pointing African Americans Towards Health (PAATH) - HIV/SAP Prevention for High Risk African American Youth

**Author(s):** L'dia Men-Na'a

**BACKGROUND:** State data show that about 99% of persons living with AIDS in Atlanta, Georgia were infected when they were either adolescents or young adults. African Americans age 13 to 19 represent only 15 percent of the U.S. teenage population, but accounted for 66 percent of new AIDS cases in 2003 (CDC). Middle and late adolescence is a time when young people engage in risk-taking and sensation-seeking-behaviors that may put them in jeopardy of contracting HIV

**METHODS:** The Pointing African Americans Towards Health (PAATH) Program is implemented at high schools, alternative high schools, group homes, and after school programs in metro Atlanta, Georgia.

**RESULTS:** Taught from a culturally competent perspective appropriate for this group, the program model consist off 10 core HIVP and SAP lessons, three anger management/conflict resolution lessons, two nutrition lessons, one vocational/job readiness class and stress management and relaxation techniques. Case management services and HIV testing referrals are provided to participants, and parenting workshop provided for their parents.

**CONCLUSION:** To date 613 high risk youth ages 14 -16 have completed the PAATH Program. Program participants, upon post testing, indicated they feel they are now less likely to have sex with multiple partners and when they have sex they indicated they thought it likely they would have safe sex. Participants were asked how likely they were to have sex in next three months, have more than one sexual partner, and to practice safe sex. All items were scored on a one very likely to four not at all likely scale. Both the treatment and control groups said that they were "a little likely" to have sex in the next three months at pretest (treatment m = 3.07, control m = 2.69) and posttest (treatment m = 3.06, control m = 2.95). For the likelihood having more than one sexual partner (pretest treatment m = 3.59, control m = 3.25; posttest treatment m = 3.51, control m = 3.33) and practicing safe sex (pretest treatment m = 1.62, control m = 1.45; posttest treatment m = 1.80, control m = 1.41).

**Poster ID Number:** 181T

**Presentation Title:** Racial and Ethnic Disparities in Perinatal HIV Prevention: Florida Medicaid 1998-2005

**Author(s):** Stephanie A. S. Staras, Ph.D.; Elizabeth A. Shenkman, Ph.D.

**BACKGROUND:** National agencies recommend universal HIV testing of pregnant women to prevent perinatal infections and testing is an essential step in preventing HIV transmission from mother-to-child. Beginning in 1996, Florida law required that physicians offer pregnant women HIV tests. We assessed associations between HIV testing and select woman's characteristics (i.e., race/ethnicity, age, and prenatal care).

**METHODS:** Using Florida birth certificates, we identified women who gave birth to a live-born infant between January 1998 and December 2005. Among the 538,147 women who were also Medicaid beneficiaries, we used Medicaid enrollment data to assess demographic factors and Medicaid claims and encounter data for the 280 days prior to the child's birth to assess prenatal care and HIV testing (CPT codes of 86701-86703, 87534-87539, 86689, 86311 86312, 87390-87391, 86703QW). Using logistic regression and predicted marginals, we assessed the association between claims for HIV tests and race/ethnicity, age, and prenatal care.

**RESULTS:** Among the 538,147 Florida Medicaid beneficiaries who gave birth between 1998 and 2005, 45.7% [95% Confidence interval (CI) = 45.6% to 45.8%] had claims for a HIV test during their prenatal period. The percent of women tested for HIV increased gradually by year from 31% in 1998 to 59% in 2005. Nearly all (98%) of the women received at least one prenatal care visit and 73% received a timely prenatal care visit (in the first trimester or within 42 days of enrollment into Medicaid). HIV testing increased with prenatal care; testing rates were 5% among women with no prenatal care; 30% among women with late prenatal care (at least one prenatal visit, but no care in the first trimester or 42 days of Medicaid enrollment); and 55% among women with timely prenatal care. Among the 121,229 women who received late prenatal care, even when adjusting for year of child's birth and age of mother, Blacks [25.7% (95% CI= 25.4% to 26.1%)] were less likely to be tested for HIV than Whites [33.0% (95% CI= 32.6% to 33.4%)] or Hispanics [35.7% (95% CI= 35.0% to 36.3%)]. Among all women, when adjusting for year of child's birth, mother's age, and prenatal care, HIV testing was similar by race/ethnicity. Among women receiving late prenatal care, 5% less younger women (ages 15-24 years) were tested for HIV than older women (25 to 50 years). Among women ages 15-24 years who entered prenatal care late, HIV testing rates were 33% among Hispanics, 28% among Whites, and 24% among Blacks.

**CONCLUSION:** HIV testing among pregnant Medicaid beneficiaries occurred at far less than universal levels between 1998 and 2005. Health disparities in HIV testing rates exist among women who enter prenatal care late. Interventions should encourage providers to improve HIV testing rates. Particular emphasis should be placed on testing women who begin prenatal care late, especially those who are young and Black. The low HIV testing rates among young Black women is particularly concerning because of the increasing number of HIV positive women in this subpopulation.

**Poster ID Number:** 182T

**Presentation Title:** Building a Bio-medical Bridge Between HIV Services and Prevention: Implications for Post-Exposure Prophylaxis (PEP)

**Author(s):** Neal Carnes

**BACKGROUND:** With the JAMA article (August 3, 2008) announcing an increase in HIV infections from the estimated 40K to over 56K annually many in HIV prevention took notice of what isn't happening as effectively as needed to dramatically enhance their programs impact while those in HIV services started to brace themselves and prepare for an influx of clients with level to fewer dollars. As the domestic financial crisis unfolds three states maintain waitlists for HIV services, another five are implementing cost-containment strategies such as a reduced ADAP formulary and reduced income guidelines, while 39 states face budget shortfalls surely to impact their capacity to continue providing access and yet more people are getting infected. In clinical trials and in real world settings post-exposure prophylaxis has demonstrated its ability to seriously impact transmission and offer a natural bridge between the experience of prevention and services.

**METHODS:** Under current guidelines the Center for Disease Control and Prevention allows for the use of federal dollars granted to states and territories for PEP programs. This intervention continues to offer an effective means of prevention, in a variety of settings and with a range of at-risk communities. HIV service programs, e.g. ADAPs, have established the medical networks to manage the clinical aspects of PEP programs while prevention efforts have the necessary expertise to get the work out and mobilize those at greatest risk. Through a bridging effort states and territories can add another clinically efficacious initiative to their range of viable interventions.

**RESULTS:** The Indiana State Department of Health receives both CDC and HRSA grants to implement HIV prevention and services programs including testing and counseling, partner notification, outreach, ADAP and early intervention programs. These efforts, in their manifestation, provide the necessary backdrop for implementing PEP interventions and are not unique to Indiana given all states receive federal dollars for HIV prevention and services. Combining the expertise offered by the respective arenas is not only practical, it fits into the Department's mission and goals and continues to offer a complimentary and effective response to the ever increasing roster of people living with HIV.

**CONCLUSION:** In this session, we will explore a functional approach to designing a PEP intervention using Indiana as an example state. Details will be presented on optimal operation (location, providers, etc), funding streams (both private and public), and outcome tracking (cost-effectiveness and validity testing). The presenters will situate this discussion into one that

addresses the clinical data regarding PEP (post-exposure: occupational and non-occupational, as well as pre-exposure) as well as real world settings, such as Matthew 25 out of Hendersonville, KY and Fenway Clinic out of Boston, MA.

**Poster ID Number:** 183T

**Presentation Title:** Needs Assessment of HIV prevention, Puerto Rico, 2008

**Author(s):** Manuel Rodriquez

**BACKGROUND:** Until November 2008, the Puerto Rico HIV/AIDS Surveillance Office reported 39,949 persons with HIV/AIDS (7,356-HIV and 32,989-AIDS) since the beginning of the epidemic, and now there are more than 19,400 people living with HIV/AIDS in the island, the majority of them were men and the most affected age group was between the ages of 23 and 34 years old. The needs assessment of HIV prevention in Puerto Rico was performed to identify gaps in HIV prevention among populations at high risk of HIV infection. The aim of this study was to identify socio-demographic, knowledge, attitudes, aptitudes and behavioral factors associated with risk to acquire HIV infection.

**METHODS:** We conducted a survey among prioritized target population (defined by PR Community Planning Group): Injecting Drug Users (IDU), Men who have Sex with Men (MSM), Heterosexuals, Youth (between 13 and 24 years old) and HIV positive people. A sample of the municipalities from the 8 health regions of Puerto Rico was used and its size was calculated using the program EPIDAT version 3.1. The data analysis was carried out in SPSS 15.0.

**RESULTS:** A total of 1404 study participants were interviewed, 70% of them were male, the average age was 33 years old, 33% were high school graduate, 40.2% were unemployed and 57.4% were never married. Eleven percent of the participants answered that there is either an HIV cure or an HIV vaccine, and 13% of them thought that HIV can be transmitted through causal contact with a person with HIV. The study showed that 63.8% of IDU group, 76.1% of heterosexual group, 81.1% of MSM, and 83.6% of youth group reported being sexually active during the last 6 months. Fifty-four percent of people living with HIV/AIDS were sexually active and 76% of them used condom.

**CONCLUSION:** For all groups, the main reason not to use condoms was trust in their sexual partner. The majority of people understand that the use of condoms helps prevent the HIV infection, and the method of communication preferred by them to receive HIV prevention information is the television. Only one in three (33%) of youths felt they have at risk to acquire an HIV infection. The study also suggests that the most of people require new strategies to prevent new HIV infections.

**Poster ID Number:** 184T

**Presentation Title:** The Impact of Underage Drinking and the Risk of HIV among African Americans College Students

**Author(s):** Tonia Schaffer; Claudia Richards

**BACKGROUND:** The use of alcohol and other drugs has become an established part of the college experience. It is often thought of as "time-limited" behavior, a rite of passage that happens once in a lifetime during the college years; however, for some students, the reasons for substance use are more significant. For example, it can be stressful to transition from adolescence to adulthood. These stressors impact the students' decision whether or not to drink, and, for the student who is not emotionally equipped to effectively cope with a diverse and rapid change, the impact can be devastating (Chickering, 1990, as cited in Scott & Ambrosion, 1995). As a result, alcohol becomes a primary coping strategy. With the emergence of HIV in the college-age population, there has been increasing interest among prevention coordinators in understanding the link between alcohol and sexual risk-taking behaviors. We endeavor to gain insight on underage drinking as a great risk factor for contracting HIV.

Although it has been established that excessive alcohol consumption can cause substantial health risk to an individual, it is only recently that researchers have been trying to examine systematically the association between alcohol use and sexual risk-taking behaviors.

**METHODS:** Thirteen minority campuses including HBCUs, Hispanic Serving Institutions, and Tribal Colleges and Universities will be discussed with a emphasis placed on an assessment conducted on one HBCU.

**RESULTS:** Peer educators were trained on 13 minority campuses to conduct Substance Abuse and HIV/AIDS training to students on their perspective campuses. At one HBCU campus, an assessment designed to evaluate the extent of HIV/AIDS and Substance Abuse knowledge, attitudes, and behaviors was conducted.

**CONCLUSION:** Students are knowledgeable about HIV but do not take the necessary safe sex precautions. Many reported that all of their friends used alcohol or illicit drugs. Having peers who use drugs is a major risk for substance use. Using alcohol prior to sexual activities (vaginal, oral, anal, group, and same sex) was favored over using drugs prior to sexual activities nearly 2:1. Most underage students use alcohol, marijuana, and other illicit drugs. Females are most at risk from using alcohol prior to or during sex. Males are most at risk from using alcohol and any substance (alcohol and illicit drugs) prior to or during sex.

**LESSONS LEARNED:** Peer-led sessions were a very effective strategy for this initiative. Peer educators were well prepared and effective through the formal educational workshops and awareness events. They were able to enhance the knowledge of other students by providing them with accurate information as well as information on testing. What set them apart from professionals was their presence at the countless "teachable moments" that occurred on an informal basis. Many conversations were held

outside of the peer-led sessions as peer educators interacted with other students. Their classmate and peers trusted them to provide accurate information regardless of the health-related topic. Many students shared their own personal stories regarding people who have contracted HIV and or relatives who are addicted to drugs.

**Poster ID Number:** 185T

**Presentation Title:** Blended Prevention Model: BIENESTAR's SAPHER (Substance Abuse Prevention and HIV/Hepatitis Education – Re-entry) Program

**Author(s):** Lori Mizuno

**BACKGROUND:** Many prevention models include substance abuse prevention education along with HIV prevention education, but how effective is this blended model?

**METHODS:** BIENESTAR Human Services SAPHER (Substance Abuse Prevention and HIV/Hepatitis Education – Re-entry population) Program implemented in Los Angeles County, California.

**RESULTS:** The SAPHER Program targets minority and minority re-entry populations aged 18 years and above in under-served areas of South Los Angeles and Metro Area of Los Angeles County. The goal of this program is to prevent the progression of substance use to substance dependence and reduce the risk of exposure to HIV and Hepatitis infection. BIENESTAR actively pursues this goal by: 1) strengthening each participant's level of resilience (protective factors), and 2) developing and/or enhancing their current skills through teaching, discussions, role plays, and self-disclosure of personal experiences. The SAPHER curriculum focuses on three prevention areas: a) reducing or stopping the progression of Substance Use/Abuse b) reducing the exposure to HIV & Hepatitis and c) increasing skill development and enhancing participant level of internal hardiness (their strengths). The SAPHER program structure includes an intake session, three group-level intervention sessions, an individual session, a graduation ceremony that also incorporates prevention messages, and two follow-up sessions (30 days and 60 days from graduation ceremony).

**CONCLUSION:** The SAPHER Program graduated 27 participants between June 2008 and September 2008. Of those, 19 have had 30-day follow up sessions. The retention rate has been very high: only one out of the 27 did not complete all three sessions. Of the 27, only one did not attend the Individual Level Intervention or individual session where the Exit GPRA (Government Performance and Results Act questionnaire) was administered.

The three sessions have also shown to improve knowledge. In the first session, of the 27 participants, 23 increased their knowledge from the pre-test to the post-test. In the second session, 22 increased their knowledge from the pre-test to the post-test. In the third session, of the 26 that completed the third session, 14 increased their knowledge from the pre-test to the post-test. Participants seem to have more difficulty taking away knowledge from the third session, which has more subjective information on resilience factors, personal barriers, and social support systems. The intervention has shown to have little effect on behavioral changes from intake to the 30-day follow-up, according to the data collected in the GPRA.

The SAPHER program is a homegrown program from BIENESTAR that blends not only substance abuse and HIV prevention messages, but also Hepatitis information. Tying these messages together are examinations of individual resilience scales. If drugs and alcohol are seen as a coping mechanism, more focus needs to be taken in on personal resilience than education. One of the difficulties in developing programs is creating a balance of time and information, not forgetting maintaining interest within the clients. The general population is increasingly becoming accepting of prevention messages, but due to perhaps over-exposure, has become numb to incorporating messages into their personal life, especially in relation to substance use.

**Poster ID Number:** 186T

**Presentation Title:** Utilizing Geographic Information Systems in a Community Clinic Setting to Target HIV Counseling and Testing

**Author(s):** Darren Kaw, MPH; Ryan Lagman, BA; Kimler Gutierrez; Shalini Vora, MPH; Pei-Lin Chen, MPH; Andrew Ma, BA; Rosario Hernandez, BA; Monica Molina, MPH (C); Jennifer Tang, MPH (C);

**BACKGROUND:** The 2005 Los Angeles County Health Survey found 18% of Asian/Pacific Islanders (API) reported receiving an HIV test in the past two years, the lowest among all ethnic groups. Low testing rates may be due to a combination of stigma, language difficulties, and other access barriers. Increasing the proportion of individuals who are aware of their HIV status is an essential strategy to reduce HIV transmission. However, the diversity and size of Los Angeles County creates barriers in targeting API populations for HIV Counseling and Testing (HCT) services.

**METHODS:** Asian Pacific Health Care Venture, Inc. (APHCV) is a Federally Qualified Health Center located near multiple ethnic enclaves in the Los Angeles area, including Thai-town and Koreatown. The clinic provides services to low income communities in the surrounding Hollywood, greater downtown, and North Hollywood area. Free HIV counseling and testing are available to the community. By outreaching through various venues such as API ethnic festivals, language schools, clinics, colleges, bars and clubs, APHCV provided HIV testing to 1,391 APIs in Los Angeles County from June 2005 – November 2008.

**RESULTS:** ArcGIS and SPSS are used in conjunction to practice data driven decision making for APHCV's HCT program. Data from sign-in sheets and risk assessment surveys gathered at outreach sites were entered into ArcGIS and SPSS to develop outreach site profiles. Staff used these profiles to better understand the population being reached and the effectiveness of various outreach sites. Outreach sites were also overlaid with Census and American Community Survey data to help better target outreach efforts.

**CONCLUSION:** Using technology such as ArcGIS in the community based setting is an effective way to better target HCT services, especially among hard to reach groups such as APIs. ArcGIS provided a better understanding of outreach sites by displaying information spatially. For example, distances between outreach sites and areas of our target population can be intuitively displayed for HIV program staff. Additionally, the geographic distribution of the individuals who got tested can be mapped to show the areas APHCV has reached. New potential outreach sites can also be mapped to analyze what type of populations may be reached. Future utilization is expected to increase with the addition of APHCV's mobile testing unit to the program.

**Poster ID Number:** 187T

**Presentation Title:** Blending Web 2.0 Technology, Entertainment and Community Mobilization to Educate and Engage Gay Men

**Author(s):** Beau Gratzer; Jeff Glotfelty; Joe Benjamin; Anthony Galloway; Courtney Reid; Dr. Braden Berkey; Dr. James Swartz; Pete Subkoviak;

**BACKGROUND:** In 2006, gay men/MSM were more than half (54%) of people living with HIV/AIDS in Chicago (11,697 individuals). Gay men/MSM constitute the single largest group of people living with HIV/AIDS. Among Chicago men living with HIV/AIDS, 69.8% of people are gay men/MSM. The use of crystal methamphetamine and other licit and illicit substance, and the internet are linked to unprotected anal intercourse - the sexual behavior with the highest risk of HIV transmission. Nearly three decades into the epidemic, novel ways to educate and engage gay men are needed.

**METHODS:** Project CRYSP targets 6 zipcodes along the north lakefront in Chicago - an area with a strong concentration of gay men and high rates of HIV, STDs, and crystal methamphetamine use.

**RESULTS:** Project CRYSP is a 4 agency, 5-year collaboration funded by the Chicago Department of Public Health to educate and engage gay men in the adoption and maintenance of healthy behaviors to reduce the rate of crystal methamphetamine initiation and unprotected anal intercourse, thereby reducing new HIV infections among gay men. An extensive 1-year needs assessment determined that such messages/initiatives be incorporated into a culturally competent, assets-based, holistic perspective of gay men's health moving beyond a narrow focus on sexual health to include information and dialogue on all substances, as well as physical, emotional and spiritual health. Project CRYSP utilizes direct internet outreach, provider training, cyber and bricks-and-mortar social marketing and community mobilization - both on the web and in the "real world." As part of the community mobilization activities in 2008, Project CRYSP held 4 community forums (topics selected were based on survey findings and forum evaluations), which featured local and national experts and were hosted by the Chicago-based Feast of Fools - winners of the 2006, 2007 and 2008 People's Choice Award for Best GLBT Podcast. The Feast of Fools also taped each forum for subsequent posting to their website - feastoffools.net.

**CONCLUSION:** In 2008, Project CRYSP held 4 community forums which were hosted by the Chicago-based Feast of Fools - winner of the 2009 People's Choice Award for Best GLBT Podcast. The Feast of Fools also taped each forum for subsequent posting and promotion on their website feastoffools.net. Topic choices (based on survey findings and forum evaluations) included the concept of "good" sex vs. "bad" sex, sex and the internet, the role of alcohol in the gay community, and anal health. Over 400 people attended the 4 forums in person, evaluating each event with high ratings. The podcasts expanded the project's reach exponentially. As of Dec 1, the 4 shows had been downloaded a total of 30,106 times. In an age where gay men are fatigued with HIV and the "crisis of the week", blending humor, entertainment and Web 2.0 technology with topical health and wellness information is a sound strategy to ensure messages are heard. More importantly, because the messages are culturally situated and feature an assets-based approach, it is more likely that recommendations for introspection and behavior modification will be considered and followed, compared to paternalistic directives.

**Poster ID Number:** 188T

**Presentation Title:** Operation Sweet Tooth: Effective Use of Social Marketing Campaigns in Non-Traditional Social Settings

**Author(s):** Terence McPhaul

**BACKGROUND:** Operation "Sweet Tooth" is a social marketing campaign designed to capture the attention of African American MSMs. The campaign is designed to draw attention to some of the potential HIV/STD exposure risks associated with oral sex. The organization's goal for this campaign is to distribute 10,000 condoms during the Black Gay Pride Labor Day Weekend, and to have quality education sessions regarding oral sex risks with at least 1000 event-goers.

**METHODS:** The event was Black Gay Pride in Atlanta. The subtheme for 2008 was “Team Survival” Your Mission: To Stay Safe. Staff and volunteers wore T-Shirts bearing the “Team Survival” slogan; also they wore hats, khaki shorts, boots, a canteen and dog tags. Candy is associated with candy flavored condoms (i.e. cherry candy with cherry flavored condoms). Individuals are encouraged not to brush teeth just prior to performing oral sex, but instead to use mints, gum and candy as an alternative. Safer sex kits were packaged in 2.5” X 4.5” manila envelopes. There was a label on the exterior of the package displaying “Your Mission: To Stay Safe”. Condom kits contained condoms, lubrication, and a piece of candy. Social marketing campaigns can appear less threatening while adding clarity; often they provide brevity and sometimes levity. The advertisements are catchy even to non-gay identified men; this can lead to a diffusion of “guilt.”

**RESULTS:** NAESM provided education in 1500 encounters in 2007. Even with the outreach efforts being lead by a different core group in 2008, more than 1000 education encounters was achieved. The message was visible at all of the larger and more popular gatherings from educational to merely social. Individuals were seeking out condoms and information on their own rather than being aggressively pursued; a likely result of more effective education.

**CONCLUSION:** A significant amount of “health education” was provided during this opportunity. It was a chance to do more than just hand out condoms, which alone would have still proven beneficial. In total NAESM distributed over 10,000 condoms in 2007 and 9,000 condoms in 2008. The “Operation Sweet Tooth” images help reflect that healthier behavior is the “in” thing. This particular campaign is one whereby immediate and consistent positive feedback was provided from event-goers. A large number of those who came in direct contact with the images in “Operation Sweet Tooth” advertisements expressed that they enjoyed the images and the accompanying information which often prompted more STD/HIV related questions by guests. The questions even extended to medical care requests and social services inquiries beyond those provided by the NAESM. However, the staff was knowledgeable about the full range of resources available.

**Poster ID Number:** 189T

**Presentation Title:** Adapting SISTA to Fit the Needs of Rehabilitating Women in Central Ohio

**Author(s):** Motley, Tanya L.

**BACKGROUND:** In 2006, 40 participants successfully completed the SISTA Project intervention implemented through Columbus AIDS Task Force (CATF). In 2007, 68 participants successfully completed the intervention and retention rates for participants reached 85%. In order to achieve its 2008 goal of reaching 110 girls/women, CATF had to develop methods to acquire and retain participants more effectively.

**METHODS:** The SISTA Project Intervention is implemented with high-risk women at YWCA, the Ohio Department of Rehabilitation's Franklin County Pre-Release location, Maryhaven, and Amethyst (the latter two being residential, transitional housing for women in recovery and AOD treatment). All sites have programs specifically designed for females and typically serve clients who are at-risk for acquiring HIV. These collaborations ensure that SISTA is implemented with the structure and consistency that the CDC requires

**RESULTS:** An initiative of the Centers for Disease Control and Prevention (CDC), the SISTA Project is an evidenced-based social skills training intervention targeting African-American girls and women aimed at reducing risk behaviors. Developed as part of the CDC's Diffusion of Effective Behavioral Interventions (DEBI) project, SISTA has proven effective through research studies that showed positive behavioral changes. Core elements include: (1) Small group sessions addressing the challenges and joys of being African-American girl/women, model skills development, and role-playing skills acquisition; (2) Use of a skilled facilitator; (3) Use of cultural/gender appropriate materials (4) Training in assertion skills; (5) Teaching proper condom negotiation skills (6) Discussing cultural/gender triggers related to negotiations of safer sex; (7) Emphasis on the importance of the partner's involvement. SISTA Project has been proven to increase condom use, self-control, safer sex practices, communication with sexual partners, and improve assertiveness skills. Follow-up has shown that women's partners were also more likely to adopt consistent condom use. Throughout 2008, CATF has worked to fine tune its collaborative relationships with community based organizations in order to acquire access to potential clients, and to implement SISTA most effectively.

**CONCLUSION:** In 2008, 115 participants successfully completed the SISTA Project intervention. Numbers per individual agencies were the following: Amethyst program-36 participants, Maryhaven -48 participants, Ohio Department of Rehabilitation's Franklin County Pre-Release program-9 participants and Y.W.C.A. program- 22 participants totaling 115. The SISTA Project intervention had an 85% retention rate. As measures of success, we anticipate the pre- and post-test will demonstrate an average of 85% improvement in HIV knowledge and 50% improvement in skills acquisition. Based on success of the program, CATF will continue its implementation of SISTA Project within community based agencies serving high-risk women and girls. Information will be shared with our collaborative partners, the Columbus Regional Advisory Group (CRAG the local prevention monitoring group for HIV), Columbus Public Health, Ohio Department of Health, and other health providers and community organizations. Results will be publicized through press releases to major media as well as through CATF's annual report, web page, and quarterly newsletter. Participants from the SISTA Project had positive feedback regarding SISTA: "Sista Ye-ye (Tanya Motley) gives off 'great energies' in all she does;" "I can't wait until next Thursday;" "It's good to be in this class.

**Poster ID Number:** 190T

**Presentation Title:** HealthStop: Incorporating Health Screenings and Rapid HIV Testing into a Mobile Health Screening Program.

**Author(s):** Nishika Vidanage; Hollie Gibbons, MPH, RD, LDN

**BACKGROUND:** The Kaiser Health Poll report in 2000 stated that the fear of being stigmatized by HIV/AIDS has some relationship to people's decisions about getting tested for HIV. Studies have also provided evidence that stigma is associated with delays in HIV testing among individuals who are at high risk of being infected with HIV (Myers et al., 1993; Stall et al., 1996).

**METHODS:** Mobile testing van travels to 8 targeted areas in Northampton County in Pennsylvania, where there is a large proportion of under or un-insured community members with little or no access to care.

**RESULTS:** A CRNP, Phlebotomist, and Prevention Specialist form the HealthStop team. This team travels to the targeted areas in Northampton County to conduct preventative health screenings and referrals. The screening includes the following components: blood pressure, cholesterol, diabetes screening, Body Mass Index, Tobacco screening, HCV screening, and HIV risk screening. During the month of October, free flu shots were also offered.

**CONCLUSION:** From May 2008 to October 2008, the HealthStop Program screened 544 community members from the eight areas identified as needing this mobile health program. 388 (71%) of the clients seen on the van had either no insurance or medical assistance. 216 (39%) cholesterols were drawn and 82 (37%) cholesterol results were either borderline or high. 246 (45%) blood pressures were taken and 92 (37%) were either classified as pre-hypertension, hypertension stage 1 or 2. 77 (14%) Body Mass Indices were taken with 51 (66%) clients having a body mass that was classified as either overweight or obese. 93 (17%) clients use tobacco on a regular basis. 64 (11%) clients were screened for HCV with 5 (7%) receiving an HCV test. One (20%) of the 5 clients tested positive for HCV antibodies. 127 (23%) clients received a rapid HIV test, with one (.68%) receiving a preliminary positive result and then receiving a repeatedly reactive confirmatory test. During October, flu shots were available on HealthStop. 280 (51%) clients received a free flu shot. Referrals were made to the Bethlehem Health Bureau for further STD testing, family centers located in the schools for clients to enroll in a insurance program, and a community care center and dental clinic in Northampton County.

The HealthStop Mobile van is known as a "one-stop-shop" for health screenings instead of "The HIV van". Community members are more likely to utilize the services offered through the van, which includes an HIV test. With the use of Ora-Quick, the HealthStop team was able to give HIV test results within twenty minutes instead of waiting returning to the area again. Bringing these services to the area where community members have little or no access to care allows team members to make appropriate referrals for the needs of those we serve. The HealthStop program has increased the access to care for many of the underserved in Northampton County. The HealthStop van serves as a screening tool as well as place where community members can information about other services available to them.

**Poster ID Number:** 191T

**Presentation Title:** Addressing the HIV Prevention Needs of Gay Men in New York and Throughout the US.

**Author(s):** Bill Stackhouse, Ph.D.

**BACKGROUND:** In the summer of 2008 the CDC and the New York City Department of Health & Mental Hygiene released revised data on the incidence of HIV in the US and New York for the year 2006. These data once again confirmed that gay men and other men who have sex with men continue to be more heavily impacted than any other population. Gay men are the only group for whom new infections are on the rise. Gay men, who make up approximately 3% of the US population account for 57% of infections (a 20 to 1 odds ratio). HIV and AIDS among gay men disproportionately impacts young gay men of color (under 30) and white men in their 30s and 40s. In the beginning of the HIV/AIDS epidemic, in the absence of an adequate public health response, gay men organized, protested, and created their own organizations to provide services and conduct HIV prevention efforts. While there have been amazing developments in the care and treatment of HIV and AIDS, it remains a serious and life threatening disease. These new statistics call upon government and community organizations to make a commitment to the kind of comprehensive and sustained efforts that will be needed to stop new HIV infections from occurring. We need prevention programs which integrate behavioral, biomedical, community programs which are conducted within an ethical and human rights framework.

**METHODS:** The GMHC Institute for Gay Men's Health worked in New York City and nationally during 2008 and 2009 to mobilize an effective response to the needs for comprehensive and sustained HIV prevention efforts with gay men that would match the epidemiology findings. This was accomplished through publications, presentations, and forums. GMHC worked with partner AIDS Service organizations in New York City as well as national partnerships, such as the Sexual Health Exchange (a strategic national partnership of organizations addressing gay men's health).

**RESULTS:** In 2008/09 GMHC presented an analysis of traditional and innovative approaches to HIV prevention with gay men both in New York City and throughout the US. GMHC made recommendations for addressing the needs for enhanced and sustained HIV prevention efforts with gay men. GMHC made a convincing argument that the standard existing approaches to

HIV prevention, with their emphasis on reaching individuals and groups, will never reach the numbers of gay men who need to be reached to bring down these data of HIV infection among gay men. There is a need for community level, structural and biomedical approaches.

**CONCLUSION:** In the year following the release of the revised estimates for HIV incidence organizations and leaders among those serving gay men and other MSM came to recognize the need for comprehensive and sustained approaches to HIV prevention.

An understanding of the issues, the science and the community of gay men and other MSM is essential to develop recommendations and programs to meet the very serious need for HIV prevention efforts commensurate with the epidemiology of HIV & AIDS among gay men and other MSM.

**Poster ID Number:** 192T

**Presentation Title:** Costs and Effectiveness of Rapid HIV Testing in Transgender Communities

**Author(s):** Ram Shrestha; Stephanie L. Sansom; Jeffrey D. Schulden; Binwei Song; Linney C. Smith; Ramon Ramirez; Azul Mares-DelGrasso; James D. Heffelfinger;

**BACKGROUND:** Multiple previous studies have suggested that male-to-female (MTF) transgender persons in the United States have a disproportionately high prevalence of HIV infection. Although these studies have found that high proportions of MTF transgender persons report engaging in unsafe sexual and needle-sharing behaviors, they have also suggested these persons have reduced access to HIV testing, treatment, and care services. In 2005, CDC implemented a project to demonstrate the feasibility of conducting rapid HIV testing among transgender persons in New York City (NYC) and San Francisco (SF). The objectives of this study were to evaluate the costs and effectiveness of conducting rapid testing in transgender communities in NYC and SF.

**METHODS:** We assessed costs and effectiveness of the programs offering rapid HIV testing to transgender persons in NYC and SF from April 2005—December 2006. We obtained program costs retrospectively using standardized cost collection forms. Total costs included the costs attributable to staff time, incentives, transportation, test kits, testing supplies, office space, equipment, and utilities. The NYC program used two approaches to identify clients for HIV testing: social networks, in which transgender participants were asked to refer their transgender acquaintances; and venue-based, in which testing was conducted using a mobile testing unit driven to areas of the city frequented by transgender persons. The SF program provided HIV testing services using a venue-based approach at fixed sites. We analyzed the costs and effectiveness of these approaches separately. Our primary outcome measure was the average cost per person notified of a new HIV diagnosis after rapid testing.

**RESULTS:** From April 2005 through December 2006, the rapid HIV testing programs tested an average of 25, 170, and 106 transgender persons per year through NYC social networks and at NYC and SF venue-based settings, respectively. The number of transgender persons notified of a new HIV diagnosis were 3 (10.6%), 33 (19.2%), and 8 (7.3%). The estimated annual total program costs (in 2007 US\$) was \$15,218 for NYC social networks, and \$110,811 and \$64,323 for NYC and SF venue-based testing, respectively. The average cost per person tested in the 3 settings was \$617, \$652, and \$605, and the average cost per person notified of new HIV diagnosis at \$5,707, \$3,392, and \$8,284.

**CONCLUSION:** Rapid testing programs among transgender communities in NYC and SF found a high proportion of persons with previously undiagnosed HIV infection among those tested. The proportion of persons newly diagnosed was particularly high in the venue-based testing program in NYC, and was substantially higher than that found in SF's venue-based testing program. Variations in cost per person notified of a new HIV diagnosis were largely due to the differences in the proportion of new diagnoses among all of those tested. Our findings are consistent with those reported in other cost-effectiveness analyses of rapid testing programs and should help program managers and health care providers better understand the costs and potential benefits of HIV testing programs among transgender communities. Additionally, our findings may inform decisions about program planning and allocation of limited HIV testing resources.

**Poster ID Number:** 194T

**Presentation Title:** Negotiating Taboos: Addressing Increasing MSM Infection Rates in the State of Mississippi

**Author(s):** Sarah Young

**BACKGROUND:** Men who have sex with men (MSM) represent the largest group of new infections with HIV in the state of Mississippi, and between 2005-2007 new infection rates of African American MSM with HIV have increased by 48%. Yet lesbian, gay, bisexual, and transgender (LGBT) issues, specifically MSM sexual behavior, remain taboo, politically volatile, and silenced. This project examines how communities respond when the State Department of Health does not publicly champion the cause, and infection rates continue to climb.

**METHODS:** This project examines efforts to address this issue through coalition building, media strategy, negotiation with key stakeholders and policy makers, and education efforts to address rising MSM infection rates in the African American community for the state of Mississippi.

**RESULTS:** This project examines a group of community members, service providers, and other stakeholders in their efforts to get this issue more on the forefront of prevention efforts in the very socially conservative state of Mississippi. It examines media strategies, organizing strategies, prevention strategies, and education strategies used to mobilize communities to address this issue and to negotiate with state-level policy makers and service providers to begin to address this issue with due diligence.

**CONCLUSION:** Webinars, media outreach, press conferences, negotiations and discussions with policy makers, as well as, coalition building, town hall meetings, surveys, and key informant interviews are all strategies that are used (or will be used) by June 2009. Results highlight effective and ineffective strategies used to organizing this issue, successful engagement of communities at the grassroots level on a difficult topic in Mississippi, data collection, and media strategy and outreach for the purpose of raising community consciousness.

Key lessons learned include the importance of coalition building, the importance of working with and challenging state government bureaucracy, necessity of cultural competence, strengths and challenges of working within the LGBTQ community, and the value of being persistent on a difficult issue. Other lessons learned will be discussed as they are discovered (between now and June 2009).

**Poster ID Number:** 195T

**Presentation Title:** Building Partnerships for Creating Structural Change to Prevent HIV and Eliminate Sexual Health Inequity

**Author(s):** Molly Franks

**BACKGROUND:** In Oregon, multiple interventions targeting sexual risk behavior have been successfully implemented. However, since 1997, the rate of new HIV/AIDS diagnoses has remained ~9/100,000 persons per year. In 2006 the most commonly reported HIV transmission route was men who have sex with men (68% of new diagnoses). The 2006 rate of new HIV/AIDS diagnoses among blacks was 2.5x the rate among whites, but has averaged almost 5x the rate of whites during 1997–2006. By developing partnerships that address structural/policy change, we hope to further reduce rates of HIV infection and eliminate health inequities suffered in communities of color and MSM.

**METHODS:** Multnomah County, state population center and area with highest HIV prevalence.

**RESULTS:** Multiple branches within Multnomah County's health department coordinate complementary efforts that increase community engagement and work for structural/policy changes to eliminate HIV and sexual health inequity. The Health Equity Initiative (HEI) addresses root causes of socioeconomic and racial injustices that lead to health disparities by: 1) Creating common understandings of the causes of and solutions to health inequities 2) Raising the visibility of current disparities elimination efforts of community-based organizations and county departments, and 3) Exploring and advancing policy solutions to address health inequities. The Health Department's HIV/STD Prevention Programs (HSPP) implemented strategic changes to help interrupt the spread of HIV and eliminate inequities. These changes include: 1) Initiating the Sexual Health for Men Coalition (SH4MC) and the African American Sexual Health Equity Program (AASHEP), 2) Expanding community-based outreach and testing for prioritized populations (including African Americans and MSM), and 3) Revising the STD Clinic's services and appointment process to prioritize populations in need.

**CONCLUSION:** In 2007-2008, over 540 stakeholders including marginalized community members, public health workers, and policy makers participated in viewings/discussions of Unnatural Causes to stimulate awareness and solicit ideas for policy change. HEI compiled a proposal for policy changes to promote equity across county government. HEI works with each County department to identify two new activities to promote equity in 2009. From 2002 through 2008, AASHEP and SH4MC build relationships with leaders in priority communities, develop culturally specific programming, websites and online outreach efforts. AASHEP works with faith based organizations and leaders in the African American community to support passage and implementation of expedited partner therapy regulations. The HSPP is implementing a LGBTQ health assessment questionnaire that examines the social determinants of health, while engaging community members in discussing structural factors related to disproportionate HIV infection rates among MSM. Following procedural changes, the percent of STD clinic visits by priority populations increased (MSM 30%, African Americans 13%) from 2001-2007. Client satisfaction is very high, in 2007, 90% of clients rated the services "excellent" and 10% "good," with no differences between groups when looked at by age, gender, sexual orientation, or race/ethnicity.

Collaboration across departments and communities experiencing disproportionate rates of HIV results in implementation of effective procedures and policies that promote health equity. Consistent, culturally specific messaging; shared goals; and reduced duplication of efforts help shift community norms to promote well-being in marginalized communities.

**Poster ID Number:** 196T

**Presentation Title:** Self-Reported HIV Testing in Pregnancy, Pregnancy Risk Assessment and Monitoring System, 28 US Jurisdictions 2004-2006

**Author(s):** Chris Johnson; Tonya Stancil; Leslie Harrison; Suzanne Whitmore; Norma Harris

**BACKGROUND:** BACKGROUND:

Avoidable mother-child HIV transmission continues to occur, often involving infected pregnant women who fail to receive appropriate prophylaxis. Universal HIV screening of women during pregnancy has been advocated by the Centers for Disease Control and Prevention, the American College of Obstetricians and Gynecologists, the American Academy of Pediatrics and others for over a decade. However, according to a 2002 national survey, 31% of women reported not having an HIV test during their most recent pregnancy. More recent data are needed to evaluate progress toward universal HIV screening in pregnancy.

**METHODS:** METHODS:

The Pregnancy Risk Assessment and Monitoring System is an annual, population-based mail and phone survey of recently delivered women in 39 sites, focusing on experiences before, during and after pregnancy. States with a 70% response rate in each year 2004-2006 were included in the analysis, for a total of 28 sites and an unweighted total of 121,782 women. Data from each state were weighted to represent all births in the state each year; the sample represents 41% of US births in these years. HIV-related questions included whether HIV testing had been discussed and performed in the most recent pregnancy. Descriptive statistics and bivariate and multivariate logistic regression analyses were used to explore associations between HIV testing experience and possible associated factors and to control for confounding.

**RESULTS:** Overall, 19.1% (95% confidence interval [CI]: 18.8%-19.5%) of women reported not discussing HIV testing during their most recent pregnancy. Similarly, 23.2% (95% CI: 22.9%-23.6%) reported that they did not have an HIV test during the pregnancy (Range: 55.2% in Utah to 4.5% in New York state [New York City excluded]). In multivariate logistic regression analysis, state of residence was a significant predictor of testing experience. Compared with women in NYC, women in Utah were far less likely to report testing (OR 0.12, 95% CI 0.10-0.14), while women in the rest of New York state were more likely to be tested (OR 3.10, 95% CI: 2.35-4.09). Women in all other states surveyed had odds between 0.12 and 0.74 of being tested compared to NYC. White women were less likely (OR 0.82, 95% CI: 0.76-0.89) and black women were more likely (OR 2.02, 95% CI 1.81-2.26) to report testing than those of other races. Married women were less likely to report testing compared to non-married/other women (OR 0.56; 95% CI: 0.53-0.60). Women less than 25 yr old were more likely to report testing than women  $\geq 35$  (1.33, 95% CI 1.23-1.44).

**CONCLUSION:** This study provides evidence that nearly a quarter of women perceive they were not tested for HIV during pregnancies between 2004 and 2006, with testing practices varying widely between states. Differences in testing by age, race, and marital status may indicate that perinatal providers screen for HIV based upon some assessment of the patient's risk rather than the recommended universal screening. Lack of HIV screening is a risk factor for mother-child HIV transmission: states should use these data to enhance efforts to ensure universal screening during pregnancy.

**Poster ID Number:** 197T

**Presentation Title:** HIV Testing Among Latino Men Who Have Sex with Men in Washington State

**Author(s):** Maria Courogen; Justin Hahn; Mark Stenger

**BACKGROUND:** Latino men who have sex with men (MSM) are among seven prioritized populations identified by the Washington State HIV Prevention Planning Group (SPG) as being in particular need of HIV prevention services. Between 2003 and 2007, Latino men in Washington were 70% more likely to be diagnosed with HIV disease than non-Latino White men. Among male Latino HIV/AIDS cases living in Washington in 2007, roughly three-quarters (73%) report a history of MSM behavior. In 2007, the Washington State Department of Health collaborated with the Washington SPG to conduct a statewide assessment of the HIV prevention needs of Latino MSM. The goals of this interview project were to (1) characterize HIV testing behaviors among Latino MSM and (2) gather information that could be used to develop appropriate, acceptable, and effective HIV prevention interventions that focus on Latino MSM.

**METHODS:** We interviewed a convenience sample of adult Latino men living in Washington. Subjects either identified as being gay/homosexual/bisexual or self-reported having had sexual contact with a man during the previous 12 months. We did not use a formal screening tool. Instead, we relied upon "community recruiters" (identified via local prevention stakeholders), or individuals who lived in the same areas as the men being recruited and who had demonstrated familiarity with local MSM social networks. Recruiters selectively recruited potential study participants, provided basic information about the study, and distributed contact cards. Potential participants were able to choose between conducting the approximately 30-minute interview over-the-phone (using a toll free number listed on the contact card) or in-person. Interviews were performed in English or Spanish. As an incentive, we offered study participants either a grocery gift card or an international calling card, each valued at \$30. We also provided each respondent with a culturally appropriate health information packet including referrals to local public health and social services. This study was approved by the Washington State Institutional Review Board.

**RESULTS:** Between October and December 2007, we interviewed 102 Latino MSM. Eighty interviews were completed in King County (which contains the Seattle metropolitan area) and 22 interviews were completed in the Yakima Valley area of central Washington state. Most subjects (77%) were of Mexican origin. Roughly half (51%) admitted to currently living in the United States without legal documentation (citizenship, visa or work permit). Although the difference was not statistically significant, a higher proportion of legally documented men (58%) reported getting tested for HIV at least once every twelve months vs. those

without documentation (42%). Legal immigration status was significantly associated with health insurance coverage, English language proficiency, self-described access to medical care, and self-reported knowledge about HIV/AIDS.

**CONCLUSION:** Many Latino MSM living in Washington are here without legal documentation, and these men face increased barriers to HIV testing and other HIV prevention efforts. Such barriers must be acknowledged and overcome in order to decrease HIV transmission among Latino MSM and reduce health inequities in Washington.

**Poster ID Number:** 199T

**Presentation Title:** New Lessons from an Epicenter: Clinical and Psychosocial Characteristics of HIV+ Young MSM of Color

**Author(s):** Elizabeth Enriquez-Bruce, MD; Mario De la Cruz; Hans Spiegel, MD; Candia Richards-Clarke, MPH; Alice Myerson, PCNP; Brad Cauthen, MSW; Donna Futterman, MD

**BACKGROUND:** In NYC in 2006, 44% of new HIV infections among MSM occurred among those under 30, 77% were Black or Latino (NYC DOH). Since 2001 incidence doubled among male adolescents 13-19 while decreasing among adults. The Bronx is one of the poorest urban counties in the USA and in 2006, HIV prevalence there was 1.3%. The Bronx had 25% of NYC incident cases while having only 17% of the population. With new HIV infections disproportionately affecting young MSM (YMSM) of color, new strategies to understand and engage this population are essential.

**METHODS:** HRSA funded a multi-site study (SPNS) in 8 cities to identify best practices of outreach and linkage to care for YMSM. In the Bronx this project is a collaboration between two HIV service providers: Bronx AIDS Services and the Adolescent AIDS Program (AAP) at Montefiore Medical Center.

**RESULTS:** Starting in 2006 HIV+ YMSM participated in a baseline and quarterly survey collecting demographic, clinical and behavioral data. Participants were recruited through outreach efforts, referrals and on-site and mobile testing. SPSS v.15 was used to conduct univariate and bivariate analyses.

**CONCLUSION:** 44 HIV+ YMSM from the Bronx participated in a baseline survey between Oct 2006 and Sept 2008. Mean age was 20.4y (17-23); 50% were Black, 45% were Latino and 5% were mixed race. No significant differences were noted by race. Half were diagnosed HIV+ at medical facilities and half at community-based organizations. All reported prior negative HIV testing with 41% having 1-4 tests and 59% 5 or more. While 66% identified as gay and 23% as bisexual, 43% reported ever having sex with a female. HIV+ Black and Latino YMSM identified similar stressors and risk behaviors including: 57% met their last sexual partner via the Internet and 20% reported no condom use at last insertive anal intercourse with a male. At entry, 27% had not disclosed their HIV status to anyone and 74% had not disclosed to male sexual partners. Disclosure to a family member increased the likelihood of disclosing to sexual partners. Immediate eligibility for ART was noted for 25% (CD4 <350). STDs (syphilis, GC and/or chlamydia) were diagnosed in 36% at baseline. Drug use was reported by 68%, 34% reported daily marijuana use, 61% reported daily alcohol, none reported methamphetamine use.

While all participants indicated prior HIV prevention service experience, including HIV tests and educational groups, nonetheless these youth acquired HIV. Other notable findings include: no reported methamphetamine use but many reported use of marijuana and alcohol daily; almost half of participants reported sex with females, many had concurrent STI's and inadequate condom use was reported. These findings highlight the need for effective secondary prevention. Along with other programs, the AAP has begun to pilot a cognitive/behavioral intervention group to address these multiple stressors and behaviors.

**Poster ID Number:** 200T

**Presentation Title:** Characteristics Associated with HIV-Testing Prior to Diagnosis Among Hard-to-Reach HIV+ YMSM of Color

**Author(s):** Julia Hidalgo; Karen Jones; Gregory Phillips II; Diane Binson; Lisa Hightow-Weidman; Candia Richards; Amy Rock Wohl; Angulique Outlaw; Thomas P. Giordano; Manya Magnus

**BACKGROUND:** In 2003, the HRSA HIV/AIDS Bureau funded nine Special Projects of National Significance: eight innovative demonstration projects and one evaluation and support center. The study characterizes factors associated with HIV-testing prior to HIV diagnosis among a cohort of hard-to-reach HIV+ young men of color who have sex with men (YMSM). Improved understanding of their unique needs is essential to developing innovative methods to encourage HIV testing and engagement.

**METHODS:** Culturally appropriate instrumentation was used to collect multi-site data every 3 months via face-to-face interview on demographic, behavioral, and clinical characteristics among YMSM ages 13-24 years. Multivariable logistic regression was used to describe the sample and characteristics associated with first ever and most recent HIV testing behavior.

**RESULTS:** Of 224 clients with 536 follow-up contacts, the majority was African-American (72.7%), 19 to 22 years of age (66.5%), out of school (64.7%), self identified as gay or homosexual (80.8%), and disclosed having had sex with a man prior to HIV-diagnosis (98.2%). About one-fifth (16.5%) were tested for HIV once in their lifetime, 25.2% twice, and 74.8% more than twice (range 1-40, median 3, mean 4.5, SD 4.5), with 6.1% not returning for results at least once. The most common reasons for testing at the first HIV test were condom breakage or non use (20.2%), someone told the client to get tested (17.0%), or they felt

sick (14.3%). Clients were more likely to have tested because they felt sick at the most recent rather than first ever test (29.6% versus 14.3%,  $p < 0.001$ ). More than one-half (52.5%) of the first HIV+ tests were performed in hospitals, clinics, or dedicated youth programs; very few street outreach or school-based tests were performed (2.2%). There were no significant associations between demographic, clinical, or behavioral characteristics and location of, or reason for, HIV testing, except for the following: after adjusting for confounders (age, race, condom use at last sex, and number of male sex partners), clients were more likely ( $p < 0.03$ ) to test because they felt sick at their first HIV+ test than at their first ever HIV test if they had a first CD4 < 200 (OR=6.41). Clients were less likely to test because they felt sick at the point of first ever HIV test if they had parental health insurance (OR=0.15).

**CONCLUSION:** Identifying hard-to-reach youth and engaging them in care presents multiple challenges. This study suggests that there were no significant associations between client characteristics and HIV testing behaviors and that medical facilities were a common and acceptable place for HIV-testing and were able to reach more youth than non-traditional testing venues. Clients with parental health insurance were less likely than those without to cite the primary reason for testing at the first ever HIV test as being ill. Individuals who reported that their primary reason for testing for HIV was that they felt ill may be accurately identifying CD4 count declines. Innovative outreach strategies need development and rigorous evaluation to identify best practices for identifying HIV+ YMSM of color and testing them early in the HIV disease process are urgently needed.

**Poster ID Number:** 201T

**Presentation Title:** Impact of Family-Centered Advance Care Planning on Antiretroviral Adherence Among HIV Positive Adolescents

**Author(s):** Mackenzie Nowell, MPH; Patricia A. Garvie, Ph. D.; Linda A. Briggs, MS, MA, RN; James He; Robert McCarter; Lawrence J. D'Angelo, MD, MPH

**BACKGROUND:** To improve adolescent health, the Institute of Medicine identifies family involvement as critical. Despite evidence-based recommendations, interventions designed to increase adherence to Highly Active Antiretroviral Therapy (HAART) among youth living with HIV/AIDS (YLWHA) rarely include families. A study was conducted to evaluate whether family/surrogate involvement in a Family-Centered (FACE) Advance Care Planning intervention for YLWHA increased adherence to HAART.

**METHODS:** A 2-group, randomized, controlled trial was conducted in two hospital-based outpatient clinics from 2006-2008. Participants (N=38 adolescent-surrogate dyads) included medically stable YLWHA aged 14-21 years and surrogates over age 21. Three 60-90 minute sessions were conducted via semi-structured family interview. Intervention included (1) Lyon Advance Care Planning Survey; (2) Respecting Choices interview; and (3) Five Wishes. Outcome measures included Medication Adherence Self-Report Inventory (Walsh, Mandalia, & Gazzard, 2001); Threat Appraisal Scale (Program for Prevention Research, 1999), adolescent self-report of family income.

**RESULTS:** Participants of mean age 16 years were 61% female, 94% Black, and 17% below poverty level; 77% were perinatally infected and 82% were on HAART. In analysis of baseline data, behaviorally and perinatally YLWHA were similar in adherence. However, adherence was inversely related to family income ( $p = 0.003$ ) and the Threat Appraisal subscale Negative Evaluation ( $p = 0.036$ ). At 3-month follow-up behaviorally infected YLWHA significantly increased adherence to HAART from Baseline from 79% to 90%, respectively, and this was statistically significantly higher than for perinatally infected YLWHA ( $p = 0.0361$ ). At 3-month follow-up Negative Evaluation was no longer associated with adherence ( $p = 0.593$ ), while the Threat Appraisal subscale Rejection by Others was borderline associated with decreased adherence ( $p = 0.084$ ).

**CONCLUSION:** CONCLUSIONS/IMPLICATIONS: Behaviorally infected YLWHA in a family-centered intervention increased adherence to HAART to clinically therapeutic levels. Negative Appraisal and Rejection by Others, because of HIV status, may be barriers to adherence. Facing the threat of a foreshortened future with family in a caring context may be a powerful method for increasing adherence for behaviorally infected adolescents. Decreased adherence to HAART for those with increased family income suggests possible problems with insurance coverage for those not eligible for Medicaid.

**Poster ID Number:** 202T

**Presentation Title:** Patient Centered Peer Based Program to Improve Adherence to HIV Therapy: The HATS-PC Initiative

**Author(s):** Cynthia C. Lee; Adetunji A. Adejumo, MD; Sharon B. Mannheimer, MD

**BACKGROUND:** The success of HIV treatment depends on high adherence rate (>95%) to antiretroviral therapy (ART). Adherence is affected by several complex barriers most of which are modifiable. Peer educators can provide individualized adherence support to address poor social support as well as issues of mistrust in a minority community such as Harlem where the HIV prevalence rate is more than twice that of New York City as a whole.

**METHODS:** The Harlem Adherence to Treatment Support in Primary Care (HATS-PC) program, funded by NYS AIDS Institute, was initiated to improve ART adherence at an outpatient HIV clinic at Harlem Hospital which provides primary care to over 750 HIV-Infected individuals (population >80% African American, 47% women). With over one-third of patients reporting

active substance use, we estimated that over half may be non adherent or at risk of non adherence (i.e. taking <80% of prescribed doses).

**RESULTS:** HATS-PC program is a patient-centered, multidisciplinary adherence support team that includes peer worker, case worker, HIV primary care providers and a program coordinator/health educator. Peer workers are HIV-infected individuals from the same community, adherent to ART, with good communication skills and commitment to helping others. Peers respect client confidentiality, are nonjudgmental and in stable recovery from substance use. Program peer workers received a 6-week training focused on HIV/ART, and counseling techniques.

Patients eligibility criteria include 1) HIV-infected, 2) receiving HIV care at Harlem Hospital, 3) currently receiving or eligible to receive ART, 4) having current or prior difficulty with adherence or initiating ART and, 5) willingness to work with a peer-worker. We matched clients to peers with similar backgrounds. Peers meet with assigned client at least weekly in person or by telephone. They facilitate communication with providers and refer clients to case worker or health educators. Adherence specific case management is then employed by case workers. The goal is >95% adherence to prescribed doses. Adherence is measured by a 7-day self report assessment, evaluation of laboratory data at baseline, then quarterly and stage of behavioral change. Data are used to assess changes in adherence. Clients exit the program when they are consistently adherent to ART for 6 months.

**CONCLUSION:** Results: Twenty one HIV-infected patients were enrolled in 2008, assigned equally to 2 peer workers. 66% (n = 14) were female and 33% (n = 7) male, mean age 43.2y (range 28-59). 76% were African-American while 23% identified as Hispanic and 1% Caucasian. At program entry, majority 81% (n = 17) had HIV RNA between 480 copies/ml and >100,000 copies/ml (71% women, mean age 37, mean CD4 258 cells/uL).

The main reason for non-adherence was substance use (43%). Other reasons were depression (23%), communication barrier (14%) and medication side effect (9%).

62% (n = 13) graduated from the program having achieved a target of >95% adherence for 6 months.

Lessons Learned: Peer based adherence support can improve adherence to treatment in our population of inner city, predominantly African American HIV-infected adults. Additionally, there is need for specific interventions to address substance use in this population.

**Poster ID Number:** 203T

**Presentation Title:** Validity of Self-reported CD4 Cell Count and HIV Viral Load Among HIV-infected Patients in Houston

**Author(s):** Salma Khuwaja MD, MPH, DrPH; Taiwo Fasoranti MD; Debo Awosika-Olumo MD, MS, MPH; Brian Goldberg, BA; James Gomez, BS; Lydwina Anderson, BS; Karen Miller, MS

**BACKGROUND:** The CD4 T-cell count and plasma HIV RNA (viral load) are two surrogate markers that are routinely used to determine indications for treatment and monitoring of the efficacy of therapy in HIV-infected persons. Therefore, the most recent information on these two biomarkers is the strongest predictor of subsequent disease progression and survival among infected persons. The objective of this evaluation was to determine the level of validity of self-reported CD4 Cell count and HIV viral load among HIV-infected patients.

**METHODS:** Pilot data from a population-based behavioral and clinical outcome cohort surveillance project conducted between December 2005 and March 2006 was used for this study. Data were obtained from in-person interviews and medical record abstractions of 46 (18 years and above) HIV+ patients receiving out-patient care in Houston/Harris County. The most recent CD4 count and viral load of patients during the last 12 months obtained from interview record were used. The latest available information for these markers in the medical record during last surveillance period was obtained. The overall validity was assessed using measure of agreement between self-reported and documented information from patients medical record, and further analyzed by patients characteristics using Kappa Statistics.

**RESULTS:** The overall measure of agreement between self-reported and medical record abstraction record gave a significant ( $P < 0.001$ ) Kappa value of 0.48 for Viral load, while a non-significant ( $P > 0.05$ ) and low Kappa value of 0.043 was observed for CD4 count. Better levels of agreement were obtained when the patient's demographic and behavioral characteristics were considered. The results indicate that the highest proportion of agreement was observed in patient's whose viral load were below detectable levels (72%; 95%CI: 54.1-89.9%), and those with CD4 counts  $\geq 500$  cells/mm<sup>3</sup> (42%; 95%CI: 23.1-61.6%).

**CONCLUSION:** The results indicate that some level of agreement exist between self-reported interview and medical record abstraction data. Improved sample size may reveal a different level of agreement between the two sources of data. However, information obtained from this type of evaluation could be useful in highlighting possible sources of biases in using self-reported CD4 cell counts and HIV viral loads for treatment and monitoring of therapy among HIV infected patients.

**Poster ID Number:** 204T

**Presentation Title:** "Blind Trust": A Mass Media Prevention Campaign Promoting HIV Testing

**Author(s):** Sandra Serrano-Alicea

**BACKGROUND:** It is known that the HIV epidemic is still a very serious public health concern. Keeping an accurate track of the epidemic is vital for all prevention efforts; this has been a real challenge throughout the years, one of the reasons for this is that HIV infections are not being diagnosed in a timely manner and this is due mainly because people are not getting tested. According to CDC reports there were, approximately, 56,300 new HIV infections in 2006 in the United States, this represents a 40% higher rate than the previous 40,000 estimates. As reported in the Puerto Rico HIV Surveillance Summary, although injection drug use is still the major cause of HIV infection (38%), we are seeing that heterosexual contact has been on the rise (32%), and male to male contact accounts for 14% of all reported cases as of September 30, 2008. According to CDC estimates 25% of people infected with HIV don't know their HIV status, and these represent more than 50% of all new infections. CDC officials have recommended that all people between the ages of 13 – 64 (regardless of perceived risk) get an HIV test to help prevent the spread of infection. The objective of social marketing campaigns within the HIV prevention efforts is to reduce the spread of the infection by targeting a population, customizing a message and making it accessible to that population.

**METHODS:** The Commonwealth of Puerto Rico, island wide.

**RESULTS:** The STD/HIV/AIDS Prevention Division of the Puerto Rico Department of Health (PRDOH), together with the School of Arts of Puerto Rico, developed a mass education and prevention campaign targeting the general adolescent and adult population. The campaign consists of a 30-second video promoting HIV testing among those targeted. In the video people are reminded that everyone has a sexual history, and when you go to bed with a person you do so with their history. There's a bed in a white setting, and people coming in and out of it (one at a time, there are two persons in bed at all times – men with women; men with men; women with women), leaving their shadow on the bed (shadow on top of shadow). At the end of the video people are encouraged to get tested for HIV.

**CONCLUSION:** The video will run as a public service announcement in the three major Island networks and the public broadcasting network. It will run throughout the day including primetime spots. With a population of almost four million, we estimate that over two million people will watch, at one time or another, the video.

Social marketing campaigns have proven to be a very successful way to sell HIV/AIDS prevention. Further efforts must be made to reach diverse populations through social marketing. Television is a very powerful media that reaches the masses; it sells the good and the not so good, and we must utilize it to spread the “good message of prevention”.

**Poster ID Number:** 205T

**Presentation Title:** Internalizing and Re-Directing Stigma?

**Author(s):** Rick Reich; Marlo Tonge; Cheryl Radeloff

**BACKGROUND:** While communicable disease personnel learn the fundamentals of interviewing and field investigation, seldom are personal attitudes about their own attitudes and beliefs about the populations, behaviors, and attitudes of their clients explored.

**METHODS:** On-line anonymous survey of communicable disease personnel in Southern Nevada.

**RESULTS:** This study explores the self reported attitudes and beliefs of communicable disease personnel and managers through a self-administered survey instrument.

**CONCLUSION:** Rather than framing bias only as a weakness, this research utilizes insight from existing practices and questions the degree to which different positionalities of communicable disease personnel can be utilized. Conclusions from the survey as well as recommendations from other social and behavior sciences that have addressed bias issues in interview techniques will be drawn upon to create new model for training and practices

**Poster ID Number:** 206T

**Presentation Title:** Late Diagnosis, Early Mortality: A Call to Action for Implementation of Routine HIV Testing.

**Author(s):** Paula S. Seal; Hui-Yi Lin; Christa Nevin; James H. Willig; Jeroan J. Allison; James L. Raper; Joseph E. Schumacher; Michael S. Saag; Michael J. Mugavero;

**BACKGROUND:** CDC recommendations advocating opt-out testing will result in a dramatic increase in newly diagnosed cases of HIV. In recent years, upwards of 50% of newly diagnosed patients have presented for initial outpatient care with advanced HIV infection (CD4<200 cells/mm<sup>3</sup>). Given the expected increase in volume of patients establishing outpatient care in response to CDC HIV testing recommendations, examination of factors associated with early mortality, particularly the impact of late diagnosis, is warranted.

**METHODS:** A nested retrospective analysis of a prospective HIV clinical cohort study evaluated patients establishing initial outpatient HIV treatment at the University of Alabama at Birmingham 1917 HIV/AIDS Clinic between 1 January 2000 and 31 December 2005. Chi square and t-tests were used to evaluate socio-demographic and clinical factors associated with early mortality (death within 1- year of an initial visit) among patients establishing initial care. Mortality was ascertained by electronic query of the Social Security Death Index as of 1 August 2007.

**RESULTS:** Among 567 patients initiating outpatient HIV care, 24 (4.2%) died in the first year. Forty-six percent of patients presenting to outpatient care had an initial CD4 count  $\leq$  200 cells/mm<sup>3</sup>. The 1-year mortality of those with initial CD4 count  $\leq$  200 cells/mm<sup>3</sup> at presentation was 7%, compared to 3% mortality among those with CD4 count 200-350 cells/mm<sup>3</sup>, and 0.9% among those with CD4 count  $\geq$  350 cells/mm<sup>3</sup>. Of those establishing care, 51% lacked private health insurance, and their 1-year mortality of 14% stood in stark contrast to that of privately insured patients (2%.) Fifty percent had an HIV risk factor other than MSM, with a 12% one-year mortality rate when compared to the HIV risk factor of MSM (2%). Higher mortality within 1 year of establishing HIV care was observed among patients with a baseline CD4 count  $\leq$  200 cells/mm<sup>3</sup> ( $P < 0.01$ ), those with non-private health insurance ( $P < 0.01$ ), and HIV risk group other than MSM ( $P < 0.01$ ). In bivariate analysis, factors associated with CD4 count  $< 200$  cells/mm<sup>3</sup> at initial presentation to outpatient HIV care were older age ( $P < 0.01$ ), African American race ( $P < 0.05$ ), public health insurance ( $P < 0.05$ ) and baseline viral load ( $P < 0.01$ ). Age, sex, and race were not associated with increased early mortality.

**CONCLUSION:** Our data highlight sub-populations of newly diagnosed HIV-infected patients at risk of early mortality. These results underscore the impact of late diagnosis of HIV infection (CD4  $< 200$  cells/mm<sup>3</sup>), observed in nearly half of patients in this study, on 1-year survival. Health care disparities were also observed, with higher mortality among those lacking private health insurance. Although we have made tremendous progress in reducing morbidity and mortality in HIV-infected individuals, we need to focus on the impact of advanced infection at the time of diagnosis on mortality and design interventions to minimize late diagnoses of HIV, especially among disadvantaged populations. These data support the revised CDC HIV testing guidelines and serve as a call to action for more widespread implementation of routine, opt-out HIV testing in an effort to foster earlier diagnosis thereby reducing short-term mortality.

**Poster ID Number:** 207T

**Presentation Title:** Building a Comprehensive HIV Testing and Counselling Policy Framework for Canada

**Author(s):** Marc-Andre Gaudreau

**BACKGROUND:** In Canada, 27% of HIV-positive individuals remain unaware of their serological status. In an effort to reduce the number of infected individuals, effective prevention and control strategies must be renewed, including effective HIV testing and counselling advice. Recognizing that common routes of transmission (blood, semen, and other bodily fluids), risk behaviours (unsafe sexual and drug use practices), and risk conditions (underlying history of abuse, poverty, and homelessness) are fuelling HIV and co-infections in Canada as well as the clinical complexity of diagnosing and treating co-infections, HIV testing and counselling strategies need to be considered in a broader and more comprehensive context, and establish linkages between HIV and other communicable diseases.

**METHODS:** The Public Health Agency of Canada (PHAC) is undertaking the analysis as well as the development of a policy framework that will guide decision-making to increase the number of Canadians aware of their HIV status. To that effect, PHAC has brought together a group of experts, community organizations, and affected populations to renew Canada's approach to HIV testing and counselling. This is required to guide decision-making by policy makers and health care providers across Canada. The best defined framework needs to be based on the best available evidence gathered through an exhaustive environmental scan and a broad-based consultation process.

**RESULTS:** PHAC is leading the development of the HIV testing and counselling policy framework in partnership with provincial/ territorial governments, experts and health care providers, non-governmental organizations and populations most affected by HIV/AIDS. The purpose of the policy framework is to increase HIV testing uptake so that as many Canadians as possible are aware of their HIV status, and hence enter into proper management and treatment. The framework will guide decision-making to enhance HIV testing as well as screening for other conditions by acknowledging, among other issues, the common risk factors and behaviours for transmission of HIV and other infectious diseases, as well as the synergy between them.

**CONCLUSION:** In early 2009, PHAC will consult with key stakeholders on a range of issues associated with HIV testing and counselling, including the following: modes of testing; barriers to testing; pre- and post-test information and counselling; anonymous and point-of-care testing; legal aspects; ethics of testing (the 3 Cs, unforeseen consequences); and preparedness. This will assist in providing evidence-based, strategic policy advice to guide the development of policies and programs that will promote and assist greater HIV testing uptake,

Involving experts, community, and outreach organizations as well as vulnerable populations is key to developing a comprehensive policy framework. Such a framework could also have major implications on health care provider training and the need for capacity building. To adequately provide counselling and testing policy advice, strategies to develop capacity at all levels will also be identified through the consultative process.

**Poster ID Number:** 208T

**Presentation Title:** Everything is Not as it Appears: Importance of Previous Positives in HIV Testing

**Author(s):** Jack Carrel

**BACKGROUND:** CDC has long emphasized documenting “newly” identified HIV positive individuals and the importance of connecting these individuals to care. Unfortunately, the CDC has paid little attention and given little emphasis to individuals who test for HIV, although they have a previous positive test. Focusing on only newly identified positives does not take into consideration that these individuals may not be aware of their status and might not be in care.

**METHODS:** Persons receiving a positive HIV test result that have a previous positive test result on record at HIV testing sites throughout the State of Louisiana.

**RESULTS:** Efforts were undertaken to ensure that persons who test positive and had a previous positive test results were referred to primary medical care and followed up to ensure successful connection to services. A referral tracking and follow-up protocol initiative was implemented, where individuals with previous positive tests who were not in care were referred to DIS for follow-up.

**CONCLUSION:** Among persons receiving a positive HIV test in 2007 and 2008 who have a previous positive test on record, it was found that 15% had never had a medical visit related to their HIV status. In addition, 63% had no indication of being in care for the 12 months prior to their retest. Of those with no indication of being in care during the 12 months prior to receiving their subsequent positive result, 64% were successfully connected to care.

Given the concern with late testing and individuals falling out of or not seeking care until becoming sick, there needs to be increased emphasis on locating persons with previous positive results and linking them into care. Otherwise, this may result in persons who may or may not be aware of their status continuing to not receive care, which will eventually result in increased medical costs. In addition, persons may transmit HIV infection due to their own lack of awareness of their HIV status and/or existence of high viral loads. Making sure individuals with previous positive tests are actually in primary medical care and if not, referring them to appropriate services and following up on those referrals can have a major impact on this issue.

**Poster ID Number:** 209T

**Presentation Title:** Intervention Trials to Retain HIV+ Patients in Primary Medical Care

**Author(s):** Lytt I. Gardner, PhD; Laura W. Cheever, MD, ScM; Faye Malitz, MS; Michael J. Mugavero, MD, MHS; Mari-Lynn Drainoni, PhD; Thomas P. Giordano, MD, MPH; Jeanne C. Keruly, MS, CRNP; Susan Holman, RN, MS; Allan E. Rodriguez, MD

**BACKGROUND:** Despite the availability of medical treatment that greatly reduces mortality from HIV infection and decreases risk of transmitting HIV to others, many people diagnosed with HIV are not fully engaged in primary care. Randomized trials of models to improve HIV+ patients’ appointment adherence are needed. Herein, we describe the progress of a new study of retention in care jointly sponsored by CDC and HRSA designed to improve appointment adherence and stability in care by at least 30% in 6 HIV clinics in the U.S.

**METHODS:** This study is being conducted in 2 phases in HIV clinics at 6 sites: SUNY-Downstate Medical Center (Brooklyn), Boston Medical Center, Johns Hopkins University, the University of Miami, the University of Alabama-Birmingham, and Baylor College of Medicine. In both phases, HIV primary care attendance will be measured as (1) the percentage of patients who attended at least 1 HIV primary care visit in each of 2 consecutive 6-month periods, and (2) the proportion of scheduled HIV primary care appointments kept per patient. In Phase 1, approximately 10,000 HIV+ patients across all 6 clinics will be exposed to a clinic-wide intervention including posters displaying research findings, brochures, and clinician-delivered messages about the importance of staying in care. Attendance during a 12-month pre-intervention period will be compared with attendance during the first 12 months of clinic-wide intervention. Phase 2 of the study is a 2-arm randomized controlled trial that will evaluate the effect of a patient-centered intervention on primary care attendance. Each clinic will enroll 200 patients in the intervention arm (patient-centered plus clinic-wide intervention) and 100 patients in the control arm (clinic-wide intervention only). This patient-centered intervention, delivered individually to patients by a retention specialist and patient navigator, uses a strengths-based approach to provide education and information, deliver motivational messages, identify barriers to care and develop skills that target these barriers, and maintain contact with patients between clinic visits. Data collected in a baseline computer survey in Phase 2 will capture demographic, behavioral, and attitudinal variables that may modify the effect of the patient-centered intervention.

**RESULTS:** According to 2006 data provided by the 6 clinics, the number of unique patients seen for HIV primary medical care ranged from 1,000 to 3,400. At least 50% of patients at each clinic are African American or of African ancestry, and at least 25% are female. Because the retention study is taking place in clinics serving a high proportion of African Americans, our study will have sufficient power (>80% in both phases) to determine the efficacy of these trials in African-American patients. Archived attendance data from 2006 indicated that 43% of patients had 2 or more missed appointments for HIV primary care, attesting to the need for the intervention trials.

**CONCLUSION:** If successful, these interventions will provide a model that can be used by HIV clinics to help retain patients in primary medical care. The training and implementation manuals developed during this project will provide information on how to replicate the intervention at other HIV clinics.

**Poster ID Number:** 210T

**Presentation Title:** Linking Newly/Previously Diagnosed HIV/AIDS Clients to Medical Care

**Author(s):** Maria Chaidez

**BACKGROUND:** Many studies have shown that economic issues, cultural values and beliefs, service location, and lack of insurance are barriers to engaging in care. In Colorado, of the 6129 HIV cases reported in 2007, approximately 73% were known to be out of care. Given this information, the STI/HIV Section decided to intervene and provide strategies to eliminate potential barriers and challenges to persons infected with HIV to ensure adequate access to care.

**METHODS:** The STI/HIV Section chose to support a linkage to care coordinator (LTCC) position to assist newly/previously diagnosed clients access infectious disease care.

**RESULTS:** The STI/HIV Section LTCC identifies clients through disease intervention specialist, health facilities and/or a "gap in care" (No report of CD4/Viral load in the last 12 months). The LTCC conducts a client health history, social services needs assessment, and offers free help in the transition into or back into care. Upon acceptance, clients are linked to on going health care. If clients do not qualify for long-term care through Ryan White funding, they are given short term access to care and are assigned to a case manager at the designated facility. Their case manager works with the client to identify source of support for on going medical care.

**CONCLUSION:** From June 2007 through October 2008, the LTCC identified 245 clients as possibly needing LTC services. Of those, only 89 cases were eligible to receive LTC services. Thus far, 73 have accepted LTC services and have been successfully linked to care. On average it takes 21 days from the date of case assignment to the client's first doctor's appointment. This intervention has helped identify 4 pregnant females with HIV infection. The LTCC ensured for these women, comprehensive counseling and treatment until their deliveries. We believe LTC services have contributed to a lower percentage of clients out of care. LTC remains an important intervention in an on going effort to ensure all people infected with HIV have access to care. Providing active LTC assistance to persons known to be out of care is an effective method to reach high risk populations. LTC is an appropriated intervention and unique opportunity to improve the client's health, lowering infection potential by identifying and eliminating the client's barriers to care.

**Poster ID Number:** 211T

**Presentation Title:** HIV Testing Experiences Among HIV-Infected Persons Who Have Not Entered Medical Care

**Author(s):** Pamela Morse Garland; Eduardo E. Valverde; Linda Beer; Jennifer Fagan; Catherine S. Carroll; Daniel Hillman; Kathleen A. Brady; Susan E. Buskin; A.D. McNaghten; Jeanne Bertolli

**BACKGROUND:** The Centers for Disease Control and Prevention's (CDC) Advancing HIV Prevention initiative emphasizes the HIV counseling, testing and referral (CTR) process as a way to increase access to medical care and prevention services for HIV-infected persons. Yet a substantial proportion of individuals with diagnosed HIV infection have not entered medical care. The CDC is conducting the Never In Care (NIC) pilot project to enumerate and describe HIV-infected persons who have not entered care. We analyzed NIC qualitative interview data to explore the CTR experiences of HIV-infected persons who have not entered care.

**METHODS:** As part of the NIC pilot project, semi-structured qualitative interviews were conducted by health department staff in Indiana, Philadelphia, and Washington State. Eligible individuals were identified using the HIV/AIDS Reporting System and associated laboratory data, were diagnosed during December 2006-May 2008,  $\geq 18$  years old, had been informed of their HIV status, had no reported CD4 + T-lymphocyte or HIV viral load prognostic test results as of 3 months following diagnosis, and spoke English. All eligible persons who consented participated in a qualitative interview. Our analysis focused on one question from this interview, "After you tested HIV-positive, what help were you offered to get into HIV care?"

**RESULTS:** The 16 respondents were predominantly male (n=12), African American (n=9) and  $>30$  years of age (n=9). The majority of respondents (n=14) received a referral for linkage to medical care during post-test counseling. Respondents reporting satisfaction with the testing encounter were typically those who received active referrals, in which the counselor made an appointment for the respondent, or transported or accompanied the respondent to a referral site. All respondents who reported dissatisfaction with the testing encounter received passive referrals, in which information about services was provided in the form of a pamphlet or business card. Most respondents perceived passive referrals to be unhelpful. A single respondent expressed satisfaction with follow up services but provided no details. Respondents who reported dissatisfaction with follow up services described inadequate time during the post-test counseling session, a lack of continuous support and limited access to a case manager after initial contact. Several respondents associated the absence of ongoing support with feeling overwhelmed by their diagnosis and ill-equipped to navigate the care system. When describing an experience with services after diagnosis, one respondent stated, "...they just gave up and I gave up...I would say they gave up first."

**CONCLUSION:** Preliminary findings suggest that HIV-infected individuals' perceptions of the CTR encounter may be influenced by the nature of referrals and efforts to link them to HIV-related services. Respondents indicated that follow-up after diagnosis was inadequate to meet their needs, leaving them disheartened and unmotivated to pursue HIV-related services. The

findings further suggest that HIV-infected persons who delay care would benefit from interventions that actively facilitate a connection with the HIV care system and provide ongoing support.

**Poster ID Number:** 212T

**Presentation Title:** Effective Integration Into Care for HIV-Positive Persons Identified in an Emergency Department Routine Testing Program

**Author(s):** Sowjanya Mohan, MD; Mary Forsyth, MD; Arin Freeman, MPH; Richard Sattin, MD

**BACKGROUND:** Since the late 1990's, 40,000 new cases of HIV are reported yearly, and one in four HIV seropositive Americans are unaware of their infection. One of the keys to preventing further spread is to identify and link HIV-positive persons to continued medical care and education. To identify individuals unaware of their infection, the Centers for Disease Control and Prevention (CDC) recommends persons aged 13-64 in all health-care settings be offered HIV testing on an opt-out basis. Widespread adoption of the CDC's recommendations in Emergency Departments (ED) will be influenced by the EDs ability to link newly diagnosed patients to quality HIV care. Additionally, it is unknown whether routinely screened patients (not actively seeking HIV testing) will accept HIV care. Our program is designed to evaluate the effectiveness of linking HIV-positive individuals identified in an ED screening program to HIV care.

**METHODS:** Persons 13 to 64 years of age who presented to the ED beginning March 2008 for an illness or injury during randomly selected testing period were eligible to be tested using the OraQuick© rapid HIV test. Eligible patients were offered a free rapid test on an opt-out basis by trained HIV counselor associates (CAs). Patients were excluded from testing if they opted out, had a history of HIV, were physically or mentally incapacitated, did not understand their right to opt-out or did not speak English or Spanish. A blood sample was obtained via venipuncture for Western Blot (WB) testing to confirm preliminary reactive (positive) results. WB results were available within a week of their preliminary result. Patients returned to the ED for WB test result. On the same day patients received their Western Blot results, if confirmed positive, CAs assisted in linking them to care at the HIV/ID clinic by scheduling their initial appointment, and arranging for a blood sample for viral load and CD4 counts to be obtained, CAs addressed the concerns of patients on an ongoing basis, and accompanied all patients to their initial HIV/ID clinic appointment.

**RESULTS:** Through October 2008, 4068 patients were tested and 409 patients opted out. There were 28 preliminary positive tests and 26 of these were confirmed positive by WB test. Of these 26, 85% (n=22) received their Western Blot results and 73% (n=19) completed their first appointment with a physician in the HIV clinic. Of the seven patients who did not receive their Western blot result or attend their initial appointment, one has an appointment scheduled, two have rescheduled and missed multiple appointments, three provided incorrect contact information and one could not arrange transportation to the clinic.

**CONCLUSION:** ED HIV testing programs must be designed to link those identified as HIV-positive to medical care. The effective linkage to HIV care demonstrated by this ED screening project suggests that high patient acceptance of HIV care exists when HIV counselors continuously support and guide the patient to care.

**Poster ID Number:** 213T

**Presentation Title:** Patient Care Coordination Model (PCCM)

**Author(s):** Shanequa Mack; Pamel Joshua; Deborah Nelthropp; Delverlon Hall; Joyce Bruel; Dennis Knight

**BACKGROUND:** Advances in HIV treatment have marshaled in 32 FDA approved drugs in 6 classes; thereby, lowering mortality rates and enhancing the quality of life for many HIV positive individuals. HIV/AIDS disease is now a chronic illness that requires focused attention on adherence to medical regimens and the array of service needs of PLWHA's. On September 11, 2008, the New York City Department of Health – Bureau of HIV/AIDS Prevention and Control, Care, Treatment and Housing Program unit introduced the NYC Care Coordination Protocol.

**METHODS:** Harlem Family Center designed and piloted an HIV Care Coordination process to support HIV positive patient's linkage, maintenance and access to care. This project is located at Harlem Hospital Center, in New York City.

**RESULTS:** In response to NYC Care Coordination Protocol, Harlem Hospital Center's HIV program developed the Patient Care Coordination Model (PCCM). This model expands on our existing case management approach to provide each patient with a health care team consisting of the medical provider, nurse and social worker that will together coordinate the patient's medical and social service needs. All necessary supportive services will be coordinated by the team social worker, including harm reduction, adherence support and maintenance in care. The purpose of the model is to establish a patient centered holistic approach to the delivery of HIV medical and supportive services. The position of a Patient Retention Coordinator has been developed to supervise the process. The PCCM includes four care coordination team leaders (CCTL) that are responsible for ensuring this seamless delivery of service. This model supports:

- Linkage to clinical care
- Retention once engaged
- Re-linkage to clinical care after loss to follow-up

**CONCLUSION:** The pilot was conducted with two medical provides, nursing and supportive services staff. The teams met prior to patient visits to plan the medical visits and coordinate any known service needs. The social worker met directly with provider following the clinic session to coordinate interventions to improve retention. The initial outcome from both staff and patients has been in the affirmative. Program staff felt that the model supported improved communication across programs, increased efficiency and eliminated duplication of services.

**LESSONS LEARNED:** Buy-in from all disciplines providing services to patients is a key factor to effectively test and implement the model. Using the team approach helps staff to focus on providing patient centered care and moves away from program-centered care. This allows for better communication and coordination of services between support programs and clinical staff.

**Poster ID Number:** 214T

**Presentation Title:** Provider Perspectives On Continuity of Care for HIV/AIDS in the South: Exploration of Ecological Framework

**Author(s):** Margret Kamel; Donoria Evans; Dr. Su-I Hou

**BACKGROUND:** The Comprehensive HIV/AIDS Needs Assessment for a health district serving a mid-sized Southern city and surrounding rural counties was conducted from February 2007 - August 2007 to assess the needs of HIV/AIDS patients, and develop recommendations for the public-private partnership between a Board of Health, an HIV/AIDS Consortium, and the community to reduce barriers to HIV/AIDS services and continue to meet client needs in response to the growing incidence of HIV/AIDS diagnoses in the Southeastern United States.

**METHODS:** The population assessed in this project consisted of HIV/AIDS patients residing in a Southern suburban/rural health district. Additionally, information was collected from HIV/AIDS stakeholders, who were service providers/practitioners in the areas of primary medical care, social work, mental health, financial assistance, and community based organizations. Qualitative data from 19 stakeholders was collected. Stakeholders were nurses, public health workers, substance abuse professionals, physicians (family/general practitioners & OB/GYN), mental health providers, social workers and those from non-profit/service organizations.

**RESULTS:** Comprehensive wrap services were provided by some stakeholder agencies, but most agencies provided only medical care. Most note that barriers to care include issues at the structural, organization and individual levels. Structural issues included healthcare capacity and policies, particularly "indigent patients requiring care not covered by existing funding" (66%), few infectious disease specialists in the geographic area (48%), and limited training for existing providers in HIV care (45%). Stakeholders indicated that inconsistent staff training and workforce turn over negatively impacted the quality of care provided. Transportation (45%), an additional structural/community factor, from rural and outlying counties to service providers in the urban/suburban areas was a consistent barrier to care cited by stakeholders. The area served has few reliable options for transit which is compounded by limited resources available in rural counties.

Organizational issues surrounding workplace policies/climate also impact the delivery of care. Coordination of care for co-occurring issues, such as substance abuse/mental health, was difficult to schedule based on workplace policies regarding repeated absences and medical leave. An individual level issue for HIV/AIDS patients reported as a barrier to care was financial issues (66%). The inability to pay discouraged clients from consistently seeking preventive care, despite programs and stakeholders providing indigent care. In addition, stigma was perceived to be high and may limit healthcare seeking and adherence. Successful interventions to improve continuous care incorporated adjusting provider policies and utilizing existing social networks. Service providers have extended hours of operation to accommodate client work schedules. Also, agencies have included family and friends in educational sessions on substance abuse/mental health treatment.

**CONCLUSION:** Individual barriers can be addressed by hiring and maintaining an adequate workforce of case managers and mental health workers to bolster the existing care network and improve coordination of care and referrals. Possible ways to improve HIV services proposed by service providers included more staff with a lower turn over rate, fewer financial constraints, increase targeted advertising, expanded referral services, and increased numbers of providers accepting Medicare. Further, addressing key structural and organizational factors is critical to improving care delivery, continuity and diminishing disparities in rural and suburban areas.

**Poster ID Number:** 215T

**Presentation Title:** Research Collaboratives as a Tool for Retention in Care for Young HIV+ MSM of Color

**Author(s):** Justin Smith, BA; Alyssa J. Sugarbaker, BS, BA; Erik Valera, BA; Joann Kuruc, MSN; Lisa B. Hightow-Weidman, MD, MPH

**BACKGROUND:** Previous studies have shown that young HIV+ men of who have sex with men of color (YMSMC) are among the hardest populations to retain in regular HIV care. To address their needs, the Health Research and Services Administration (HRSA) created the Special Projects of National Significance (SPNS) YMSM of Color initiative to design and evaluate different models of care to serve this population. Eight demonstration projects were funded across the country, including the University of

North Carolina at Chapel Hill (UNC) School of Medicine. The UNC SPNS Project STYLE (Strength Through Youth Livin' Empowered) is a collaborative initiative between an academic medical center, a historically black college and a local AIDS service organization. STYLE enrolls participants in a prospective longitudinal cohort study of HIV+ YMSMC. Between June 2006 and December 2008, 58 newly diagnosed or recently engaged in care HIV+ YMSMC have been enrolled in this cohort study. As a major academic medical center, UNC is host to several clinical and behavioral HIV prevention studies. Acutely HIV-infected persons referred to care at UNC are approached to participate in The Center for HIV AIDS Vaccine Immunology (CHAVI) acute infection study, as well as other clinical studies. Eligible clients are also asked to participate in the STYLE study. There are 20 HIV-infected men who are co-enrolled in both STYLE and CHAVI- sponsored studies.

**METHODS:** Our work takes place in a major academic medical center.

**RESULTS:** The co-location and collaboration between researchers and staff on CHAVI and STYLE helps to promote retention in care for clients enrolled in both studies. Both studies are housed in the same clinic, allowing for clinical care and research visits to be seamlessly coordinated. The principal investigator of STYLE is the UNC Infectious Diseases Division's resident expert in treating acute HIV infection in young adults and takes care of the majority of STYLE and CHAVI patients in our target demographic (YMSMC ages 17-24). Intensive follow up and engagement by both CHAVI and STYLE research staff, incentives for study participation, and youthful program staff help to strengthen connections between the clinic and HIV-infected YMSMC. Clients maintain contact CHAVI and STYLE study staff via phone, email, and text message. Frequent contact creates a "safety net" that decreases the likelihood that clients will be lost to care. Intensive early follow-up for CHAVI participants (6 visits in first 8 weeks following diagnosis), and ancillary support provided by STYLE can positively influence patient attitudes regarding their HIV diagnosis, toward health care institutions and clinical research.

**CONCLUSION:** Previous research has illustrated the challenges of engaging and retaining young HIV-infected MSM of color in HIV care. We have described a system of integration of testing, care, and retention that can serve as model for other academic medical centers in reaching this population. These clinics should explore novel collaboration with their state health departments to integrate testing and linkage to care services, and should examine their research portfolios to find opportunities integrate research and care services to promote retention in care for the most vulnerable HIV-infected patients.

**Poster ID Number:** 216T

**Presentation Title:** Primary Care Assessment Tool (PCAT) Spanish Translation and Cultural Adaptation for the HIV/AIDS Population

**Author(s):** Ruth Rios-Motta; Mario H. Rodr?uez-S?chez; Camille V?ez-Alamo

**BACKGROUND:** A strong primary care (PC) system has been recognized as a requirement for the achievement of effectiveness and equity in a health service system. Studies show that, in the clinical management of AIDS, the presence of a primary source of ambulatory care increases the likelihood of receiving antiretroviral therapy decreasing mortality rates. Efforts to evaluate the PC in Puerto Rico using valid and reliable methods are limited or not existent. The Primary Care Assessment Tools (PCAT) has been widely used as a measure to assess the health services delivery system according to the characteristics of their approach to providing primary care. The Spanish-translation, and cultural adaptation test of the PCAT will make available a valid and reliable method of assessing the quality of the primary care system providing services for the HIV/AIDS patients that may be easily adapted to the general population including Puerto Ricans in mainland US. This study aims to translate and culturally adapt the Primary Care Assessment Tools (PCAT) to Spanish for use with Puerto Ricans with HIV/AIDS.

**METHODS:** The study used the methods developed by Mat?as-Carrelo et al., (2003). 1) a professional translator certified by the American Translation Association translated the instruments from English to Spanish; 2) a committee of experts fluent in both English and Spanish reviewed the Spanish instrument; 3) recommendations of the expert committee were incorporated; 4) focus groups of primary care services consumers (non-HIV/AIDS patients and HIV/ AIDS patients' consumers of primary care); 5) second review by the experts committee; 6) back-translation. All focus groups were audio-taped and transcribed verbatim. In addition, data collectors kept field notes relating to the participants' contexts and the research process. The sample included 8 participants each. These data were subject to close examination and the research team met to discuss findings and incorporate recommendations.

**RESULTS:** Participants believe that the IOM definition of PC was a great ideal, but concepts such as "family centered" and "community oriented practice" are unrealistic. The HIV/AIDS patients reported the case manager (a nurse) as a point of entry to health care. Some consumers consider that the culturally competent care construct is not quite applicable to Puerto Rico given the homogeneity of the population in terms of cultural background. Cultural competency issues in the United States are more related to language proficiency in addition to diversity in place of origins and what they imply. However, HIV/AIDS patients included stigma related issues to the assessment of cultural competency. Some of them believed that the HIV/AIDS condition is seen in the United States as any other chronic condition while in Puerto Rico is still seen as a stigmatized illness.

**CONCLUSION:** This first stage of the PCAT translation and adaptation process has provided an initial overview of how primary care is perceived by different consumers of care, especially HIV/AIDS participants. The PCAT was identified as an

instrument that could be used to identify potential gaps in the implementation of PC in community settings that must be considered in planning HIV/AIDS health services.

**Poster ID Number:** 217T

**Presentation Title:** Red Flags of HIV: Building Capacity to Increase HIV Testing in Clinics in Latino Neighborhoods

**Author(s):** Lilia Espinoza, PhD(c), MPH; Jerry D. Gates, PhD; Zoe-Anne Fitzhugh, MS, RN

**BACKGROUND:** Relative to their population numbers, Latinos are disproportionately affected by HIV/AIDS. By 1997, Latinos surpassed Whites and have become the predominant racial/ethnic group diagnosed annually with AIDS in Los Angeles County. Early HIV detection failures are apparent among persons of color in Los Angeles County, especially among Latinos, highlighting the need for increased routine HIV testing among this group.

**METHODS:** Outreach efforts were conducted with small storefront clinics in the predominantly Latino (60%) communities of MacArthur Park and East Los Angeles. MacArthur Park is largely foreign-born Latino whereas East Los Angeles is multigenerational Latino. Clinics were identified through a business directory and by driving and walking thoroughfares.

**RESULTS:** Educational visits were made to clinics to ascertain current HIV screening and testing practices; increase provider knowledge of CDC's HIV testing recommendations (2006) and California's opt-out HIV testing legislation (2008); increase provider's ability to recognize early signs of HIV infection; and increase HIV screening and testing practices. Observations of the clinic environment were taken, and a brief survey was administered by health educators to a primary care provider. Provider pocket guides and PAETC training materials were reviewed with extra sets distributed at each clinic.

**CONCLUSION:** Educational visits were conducted between March and August 2008. Surveys were completed with 53 clinics, and educational materials were left with an additional 20 clinics. The majority of the patients are monolingual Spanish-speaking although some speak English. A small yet growing number at some clinics are monolingual Mesoamerican-speaking and often rely on a family member to translate. Four clinics (8%) had HIV educational materials readily available to the patient. Two clinics had HIV information in English only. Additionally, 5 clinics (9%) had educational materials on cervical cancer and HPV, and 3 clinics (6%) had educational materials on Gardasil. HIV testing is available at most clinics (98%), but rapid HIV testing is available at 1 clinic to cash-paying patients only. Self-reported high-risk sexual behavior was the primary reason for testing a patient. Presence of a sexually transmitted disease (STD), patient request, and prenatal visit were other reasons for HIV testing. Age and patient refusal were the main barriers to HIV testing. Nine providers (16%) were familiar with CDC's HIV testing recommendations, and 12 providers (22%) were familiar with opt-out HIV testing. The pocket guide on the early signs of HIV infection was reviewed with each provider.

Although HIV testing is available at most clinics, it is usually conducted when a patient self-reports high-risk sexual behavior or in the presence of STDs. Routine HIV testing is conducted with prenatal patients and family planning patients as standard practices of care. Most providers were unaware of CDC's testing recommendations and California's opt-out HIV testing legislation. Anecdotally, many providers commented on how the legislative bill will facilitate HIV testing. Meeting with and educating community health care providers in Latino neighborhoods on the importance of routine HIV testing, especially recommendations that may facilitate testing, may lead to increased awareness of the need to test and subsequent increase in HIV testing.

**Poster ID Number:** 218T

**Presentation Title:** Rapid HIV Testing in an Unconventional Setting: Mobile Community Health Van in Harlem New York

**Author(s):** Patrica Johnson

**BACKGROUND:** New York City remains the epicenter of the HIV/AIDS epidemic in the United States. More than 100,000 New Yorkers are living with HIV and it is estimated that 25% are unaware they are infected. New York City has the highest AIDS case rate in the country, with more AIDS cases than Los Angeles, San Francisco, Miami, and Washington DC combined. HIV is the 3rd leading cause of death below age 65 in New York City. HIV is also the health problem with the largest racial disparity; 80% of new AIDS diagnoses and deaths are among African Americans and Hispanics. The Harlem community remains disproportionately devastated by HIV/AIDS. Knowledge of HIV status is key to reducing the spread of this disease. Rapid HIV testing instruments support the delivery of testing in conventional venues that provide access to a larger population of high-risk individuals.

**METHODS:** Community mobile van – Rapid HIV testing in communities of Harlem, New York City.

**RESULTS:** In a mobile health van, the Community Outreach and Education team provides confidential rapid HIV testing, prevention counseling and educational presentations in Central, East and West Harlem, New York. In 2007, the mobile rapid HIV testing team extended its' services by hosting National HIV/AIDS awareness activities such as National Black HIV Awareness Day, World AIDS Day, National Get Tested Day, and HIV educational updates at local community Health Fairs. During the community events the mobile van is strategically located to provide consumers easy access to testing services. The team

distributes flyers and educational materials outside of the testing van and offers the convenience of confidential rapid HIV testing in private counseling rooms within the mobile van.

**CONCLUSION: RESULTS:** From January 2007 to June 2007, the mobile van data revealed that n=470 consumers were engaged at a total of ten events, with the outcomes as follows: acceptance of testing 72.0% (n=337), decline testing 28% (n=133), newly diagnosed 20% (n=1) and known HIV positives 80.0% (n=6).

**LESSONS LEARNED:** Effective strategies to increase rapid HIV testing must include offering this service in unconventional/non-traditional settings. Community mobile van testing provides an opportunity for public health educators to have direct access to a population of consumers who might not otherwise receive important HIV prevention education. Offering rapid HIV testing in this environment can lessen the stigma of testing by effectively promoting a public health issue and providing prevention strategies to improve the health of a community. Finally, this model supports consumer access to HIV testing, prevention, risk and education counseling outside of the hospital setting.

**Poster ID Number:** 219T

**Presentation Title:** The Routinization of Rapid HIV Testing in a Medical Setting

**Author(s):** Denise Lear-evans

**BACKGROUND:** In New York City it is estimated that 25% of persons with HIV have never been tested and that approximately 40% of newly identified cases will progress to AIDS within one year of diagnosis. The advent of Rapid HIV testing instruments during the past decade has guided a paradigm shift towards routinized testing in the hospital setting.

**METHODS:** Rapid HIV Testing has been implemented as a part of the routine medical assessment in the emergency department and inpatient setting at Harlem Hospital Center in New York City.

**RESULTS:** Trained counselors engage patients entering the emergency department and or inpatient wards. Rapid HIV testing is offered as a part of the routine medical assessment in both venues. Patient's who consented to rapid HIV testing is provided their test results prior to discharge from the emergency department or inpatient stay. Those patients identified preliminary HIV positive are provided supportive counseling, coordination and linkage to medical treatment and social services as needed.

**CONCLUSION: RESULTS:** Rapid HIV testing data was analysis for the period July 2006- June 2007 to determine the efficacy of each venue. The emergency department staff engaged n=726 patients, of this number 91.8% (n=667) consented to testing and n=6 were identified HIV positive. On the inpatient wards a total of n=359 patients were approached and 71% (n= 255) consented to testing, with n=2 HIV positive cases identified.

**LESSONS LEARNED:** Consumers are receptive to the offering of rapid HIV testing in both settings. Routinized rapid HIV testing is an effective model for the early identification of HIV positive persons, linkage to medical treatment and can potentially reduce the length of hospital stay. The provision of rapid HIV testing during the nurse triage encounter is an effective method of engaging patients and enhancing acceptance of testing in the emergency department.

**Poster ID Number:** 220T

**Presentation Title:** A Multi-Tiered Health Literacy Model to Increase Minority Participation in Clinical Trials (Community-based Model)

**Author(s):** Luis Scaccabarozzi; Mark Milano; Lisa Frederick

**BACKGROUND:** Low minority participation in clinical trials stems from a lack of information, cultural and linguistic barriers, and a historical distrust of the healthcare system and medical research in particular. A multi-leveled clinical trials health literacy program that provides information to minority clients directly, and indirectly through their non-medical service providers, using curricula, case studies, and unique teaching methods that both respect and challenge long-held beliefs and attitudes of clients and minority non-medical service providers, leading to enhanced understanding, awareness, and knowledge of clinical trials and increased participation in them. A health literacy multi-tiered model that addresses these issues may increase enrollment by members of communities that have traditionally not participated in clinical trials.

**METHODS:** New York State, service providers and people living with HIV

**RESULTS:** NYS Funded initiative targeted to provide a one-day training of trainer to service providers of agencies serving PLWHIV, combined with continuous updates to service providers and workshops for PLWHIV so that they may understand clinical trials. Knowledge, attitude and belief surveys showed improvements of three times the initial scores in the knowledge tests and statistically significant changes in the attitude survey.

**CONCLUSION:** Clients and non-medical service provider's level of knowledge related to HIV clinical trials/research is low. Changing misconceptions, beliefs, and attitudes does happen from several directions, directly to client, indirectly to client through service providers.

Historical/cultural distrust occurs in all communities that distrust medical/academic institutions.

Establishing relationships with community based organizations and trust with clients served is essential in recruitment of racial/ethnic minority groups and women.

Provide health literacy focused on clinical trials education that teaches clients how to access and process information, and challenges their beliefs and attitudes about clinical trials;  
Informed consumers and providers improve compliance and participation.  
Work with pharmaceutical companies to make clinical trials information more accessible to clients and providers  
Develop tools that allow clients and non-medical service providers to understand clinical trials.

**Poster ID Number:** 221T

**Presentation Title:** Diagnosis of Acute or Recent HIV Infection in North Carolina: Coping and Adjustment to Diagnosis

**Author(s):** ER Strauss; CE Golin; MM Stapleton; M. Demers; DD Matthews; CB Hurt; LB Hightow-Weidman

**BACKGROUND:** Acute HIV infection is the most infectious stage of HIV disease due to extremely high plasma and semen viral loads. This has particularly concerning implications for HIV transmission prevention with acute/recently infected individuals, who may still be engaging in high-risk activities. Thus, the acute and recent phases are ideal for prevention interventions because of the great potential to reduce HIV transmission if individuals can be identified and counseled in a timely manner. Little is known about ways that individuals diagnosed during early phases of HIV cope with their diagnoses. Such information can help us understand the readiness of those in the acute and recent stages of HIV to receive prevention messages.

**METHODS:** Project Social Networks and Partnerships (SNAP) is a feasibility study that uses respondent-driven sampling to collect information about participant behaviors, psychosocial characteristics, and social and sexual partnerships of men who have sex with men (MSM). Index participants (n=47) are both HIV-negative and recently HIV-infected (having a documented negative HIV test in the 12 months prior to testing positive, or having a negative antibody test and a positive HIV RNA) MSM recruited using the Internet, community flyers, and HIV care provider referrals. All participants completed an automated computer assisted self-interview (ACASI) and also provided interviewer-obtained information about people in their social and sexual network. A subset of participants completed a semi-structured qualitative interview to explore further themes relating to MSM who have been diagnosed in the acute/recent stage of HIV-infection. Transcribed interviews were coded and analyzed for themes.

**RESULTS:** To date, 17 HIV-positive MSM diagnosed in the acute or recent stage have participated in qualitative interviews (mean age 25 (range 18-41 yrs); 35% Black, 47% White, 18% Latino). Most participants were able to identify the specific sexual act and partner that transmitted their HIV infection. Many participants expressed guilt and fear of having transmitted the virus during the time period when they were acutely infected, but had been initially told they had tested negative.

Four primary themes emerged from initial qualitative analyses relating to coping and adjusting to a new HIV-positive diagnosis and include: 1) Coping: substance use, reliance on existing support networks versus new support networks of HIV-positive people, fear of illness and death, overwhelming emotion, and viewing HIV as a constructive impetus for change in their overall outlook on life; 2) Sexual behaviors: desire for abstinence in the future, serosorting, fear of rejection from future partners, and anger at infecting partner; 3) Disclosure: who and when to disclose to, fear of negative reactions; and 4) Experiences with the health care system around the diagnosis and management of acute infection.

**CONCLUSION:** These initial findings begin to explore ways that acute/recently infected MSM cope with their diagnoses and adjust to living with HIV. It appears that this population is receptive to information about HIV/AIDS transmission and prevention in this early period. Individuals who have been diagnosed in the acute/recent stage of HIV may have unique needs that can inform interventions designed for the time period following diagnosis with HIV.

**Poster ID Number:** 222T

**Presentation Title:** Unmet Need for HIV-Related Primary Medical Care Among Pennsylvania Medicaid/Medical Assistance Enrollees: Implications for Prevention

**Author(s):** Benjamin Muthambi, DrPH, MPH; Tonya Crook, MD, MS, DTM&H; Q Akin Adeseun, PhD

**BACKGROUND:** CDC estimates that 75% of HIV-infected Americans know their HIV status and a third of these persons are not receiving HIV-related primary medical care (HRPMC). We estimated unmet need (UN) for HRPMC among Pennsylvania (PA) Medicaid/Medical Assistance (MA) enrollees.

**METHODS:** We examined UN-for-HRPMC in a cohort of 9,378 persons living with HIV/AIDS (PLWH/A) on January 1, 2003, which included PA's MA enrollees with HIV-related (HR) service reimbursement claims. Follow-up was for 12 months or death, if deceased within the follow-up period. The US Health Resources and Services Administration (HRSA) definition of UN-for-HRPMC entails no evidence of receiving viral load testing or CD4 T-lymphocyte count or antiretroviral therapy during any 12-month follow-up. We estimated the proportion of those with unmet needs and performed multivariate logistic regression to estimate adjusted likelihoods of UN-for-HRPMC by potential risk factors/predictors/covariates.

**RESULTS:** UN-for-HRPMC among PLWH/A enrolled in MA was 36.5%. The likelihood of UN-for-HRPMC was greater for PLWH/A who are: Hispanics/Latin-Americans (OR=1.27; 95%CI:1.09-1.49), Asians/Pacific Islanders (OR=1.75; 95%CI=1.01-1.49) than for whites/Caucasians and blacks/African-Americans; AIDS (OR=1.71; 95%CI:1.43-2.04) vs. HIV(non-AIDS)

patients; urban (OR=2.27; 95%CI:1.69-3.04) vs. rural residents; MA Managed Care (OR=1.40; 95%CI:1.19-1.64) vs. MA Fee-for-Service(FFS) Enrollees; and recent (first HR services in 2003) MA enrollees (OR=3.49; 95%CI:3.07-3.97) vs. long-standing (pre-2003) service recipients. UN-for-HRPMC was lower for PLWH/A who were: <13 years old (OR=0.41; 95%CI:0.29-0.57), 30-39 years old (OR=0.75; 95%CI:0.59-0.97), 40-49 years old (OR=0.71; 95%CI:0.56-0.91), 50-59 years old (OR=0.72; 95%CI:0.56-0.95) than for those who were 20-24 years old at the beginning of follow-up (this higher risk group did not differ significantly from those who were 13-19 or >59 years old); multiple-coverage recipients (OR=0.29; 95%CI:0.23-0.35); and MA enrollees also receiving AIDS Drug Assistance in the same year (OR=0.01; 95%CI:0.00-0.81) than for MA FFS enrollees. There were no differences by sex.

**CONCLUSION:** These findings have important implications for linkage to HIV prevention and care, and for program planning and resource allocation as they indicate that: a) A substantial proportion (at least 1/3) of PLWH/A studied had unmet need; and b) Greater outreach and intensive support services to facilitate continuous access to HIV-related primary medical care are needed for PLWH/A who are: Hispanics/Latin-Americans and Asians/Pacific Islanders (probably greater language and cultural barriers); AIDS patients; ages 20-24 years; urban residents, recent MA enrollees (probably greater hardship accessing HRPMC); and MA Managed Care enrollees (probably greater barriers introduced by relatively new managed care MA program). Other studies have shown that those who drop out of care may experience rebound of viremia and become more infectious, thus further studies are also needed to assess HIV prevention and care service needs and gaps, and needs and barriers to prevention and care among those living with HIV.

**Poster ID Number:** 224T

**Presentation Title:** Bacterial STI Screening in an Inner City HIV Clinic

**Author(s):** Adetunji Adejumo, MD; Beverly Justiniano; Cynthia Lee; Wafaa El-Sadr, MD; Sharon Mannheimer, MD

**BACKGROUND:** Sexually transmitted infections (STIs) can serve as cofactors for HIV transmission. In this report we describe the incidence of bacterial STIs identified through a screening program conducted among HIV-infected individuals attending an inner city adult Infectious Diseases clinic from April 2007 through November 2008.

**METHODS:** Under the HIV Co-factors program, funded by the New York City Department of Health and Mental Hygiene (NYC DOHMH), screening for bacterial STIs was implemented in the Harlem Hospital adult Infectious Diseases clinic in April 2007. The clinic provides HIV primary care to approximately 750 HIV-infected adult patients with 47% women, 83% Blacks, 14% Latinos. Screening was done for Neisseria gonorrhoea (GC), Chlamydia trachomatis (CT), and Treponema pallidum (syphilis). GC/CT screening was performed on urine by amplified DNA assay (BD ProbeTec™; Becton, Dickson and Company, Sparks, MD). Syphilis testing was done by IgG antibody with reflex testing of positive specimens for rapid plasma reagin (RPR) and microhemagglutination assay treponema pallidum (MHATP). Patients with positive test results were referred for STI treatment. All received safe sex counseling.

**RESULTS:** Between April 2007 and November 2008, 793 adult HIV-infected patients (18yrs and older) were screened for bacterial STIs. Participants were 53% men, 47% women with a mean age of 45 y (range 18-84). Urine GC/CT testing was performed on 217 (27.3%) patients; 5 (2.3% of 217; 3 women, 2 men) tested positive: 3 of 5 were positive for GC only and 1 of 5 positive for CT only and 1 of 5 tested positive for both GC/CT. Among the 5 positive for GC/CT mean age was 30.5 y (range 18-48). Among the 212 patients who tested negative for GC/CT, 66% were men; mean age was 45 y (range 18-77). Only 2 of 5 patients with positive GC/CT reported symptoms, and both were MSM (ages 19 and 35). Syphilis testing was performed on 780 patients, of whom 26.4% (206/780) had positive IgG serology. For the 206 adults (59% men, 41% women) with positive syphilis serology, mean age was 48 y (range 19-84) and for those with negative IgG serology (50% men) the mean age was 46 y (range 18-78). Of the 206 with positive syphilis serology, 168 patients (81.5%) had a reactive MHATP, 61 patients (29.6%) had a reactive RPR. The 61 patients with a reactive RPR included 39 men (64%) and 22 women (36%); mean age was 44 y (range 19-77). None presented with symptoms associated with syphilis.

**CONCLUSION:** Between April 2007 and November 2008, two percent of those tested in an HIV-infected inner city population had GC/CT infection detected by urine testing. Eight percent of those tested had a reactive RPR for syphilis. Patient with GC/CT were younger compared to patients who tested negative and those with evidence of syphilis. Screening for bacterial STIs in this inner city HIV clinic identified asymptomatic STIs, supporting screening and treatment as one strategy for secondary HIV prevention.

**Poster ID Number:** 225T

**Presentation Title:** Perinatal HIV Prevention: Targeting the Remaining 2% by Focusing on Access to Testing and Treatment

**Author(s):** Nita Harrelle

**BACKGROUND:** The state of Florida is ranked 3rd in the country for total HIV/AIDS cases and 2nd for total pediatric cases. Perinatal transmission accounts for 96% of those cases under the age of 13. While we celebrate a less than 2% transmission rate,

our data clearly show we can do better. Even with aggressive opt-out prenatal testing laws in place, 46 perinatally HIV-infected infants have been reported since 2005. The following 3 issues are contributing factors in these failures:

1. Poor compliance with 3rd trimester prenatal testing - In spite of the availability of transmission prevention education and specific laws related to HIV/STD testing in pregnancy, many physicians continue to test, using the opt-in approach, based on perceived risk factors in their patient population.
2. Under-utilization of the vast network of both human and material resources - Decreased funding in outreach, medical case management, and patient education forces a broader, more inclusive approach to identify and assure consistency of care to HIV-infected pregnant women and their exposed infants. The state of Florida has multiple medical and non-medical services that have face-to-face and hands-on contact with women and children in our communities.
3. Retrovir for exposed infants – Funding, social support/disclosure, lack of transportation, and absence of hospital based out-patient pharmacies are some of the barriers to parental compliance with the post-exposure prophylaxis protocol for exposed infants. This is especially problematic in rural areas served by smaller community hospitals.
4. Barriers to family planning services for HIV-infected postnatal patients – Women who choose to delay the birth of a subsequent baby often have difficulty obtaining family planning services and have an unplanned pregnancy after the delivery of an HIV-exposed infant.

**METHODS:** The state of Florida, with a direct focus on the larger metropolitan areas and the surrounding rural areas served by them. These areas include Miami-Dade, Broward, Palm Beach, St. Lucie, Orange, Hillsborough, Pinellas, and Duval counties.

**RESULTS:** Florida has undertaken a comprehensive approach to perinatal HIV prevention. This includes a focus on individual community networks, legislative changes, targeted outreach, and a concentration on educating medical practitioners and hospitals. Each of these facets will be discussed in detail, with a focus on possible replication in other states.

**CONCLUSION: RESULTS:** Through outreach, women at risk of HIV will receive pre- and post-conception HIV prevention education. A greater number of HIV-infected pregnant women will receive adequate prenatal care and adhere to the necessary protocols in order to prevent HIV transmission to their unborn babies.

**LESSONS LEARNED:** Collaboration among obstetrical care providers, pediatricians, Healthy Start, social service programs, correctional facilities, drug treatment centers, hospitals, and others contribute to a community in which successful perinatal HIV prevention programs can thrive.

**Poster ID Number:** 226T

**Presentation Title:** Satisfaction with HIV Services, Unmet Needs, and Barriers to Services: In-Service Patients' Perspectives

**Author(s):** Su-I Hou; Deborah Swindford

**BACKGROUND:** To better understand current and the changing needs of the HIV community, the research team, partnering with HIV/AIDS serving organizations and stakeholders, examined satisfaction with HIV services, unmet needs, and barriers to services among low-income in-service HIV positive individuals.

**METHODS:** Both quantitative and qualitative information were collected among clients of a Ryan White clinic located in a mid-sized Southern city serving surrounding rural counties in NE Georgia. Self-administered surveys were mailed to clients from the study clinic, as part of a larger comprehensive HIV/AIDS needs assessment, in 2004 and 2007, with a pre-paid return envelope enclosed (n1=240 & n2=250). Qualitative information was obtained via both in-depth interviews and focus group sessions with a total of 31 participants (n1=11 in 2004 and n2=20 in 2007).

**RESULTS:** Data showed mean age of the survey respondents was about 45 years, 62% were male, 45% African American, 42% self-identified as homosexual- or bisexual-oriented. Services commonly used by clients in the past year included pharmacy (90%), medical care (85%), case management (72%), dental (55%), food services (33%), and mental health (25%). Clients rated that they were generally "somewhat satisfied" with these services. Data also showed a significant increase in proportion of client indicating they were "very satisfied" with many of the services. There were, however, some services that were identified as a need by about 20-30% of the participants in both surveys, but not available: alternative therapies, legal assistance, and rental assistance. There were also nearly a quarter of the participants expressing desire of more convenient services and advocacy on their behalf. Major barriers to service access included transportation, finances, child-care, and HIV stigma. HIV medication remained as the most important need, as identified from the qualitative interviews. Qualitative data also showed clients voiced desire to know more about drug interaction, side-effect, and effectiveness. Stigma attached to HIV was the biggest barrier to receive appropriate treatment or disclose their status. There were also some challenges for new patients in navigating the system.

**CONCLUSION:** Current study found majority of the in-service clients were satisfied with the services the Clinic provided. To continuously improve the service and quality of HIV care, issues such as establishing support groups for different groups, providing alternative therapy resources, advocacy training and continued education especially on HIV medication among providers, and reducing HIV related stigma warrant more attention.

**Poster ID Number:** 227T

**Presentation Title:** Diagnostic Test Performance of the Rapid HIV Test Used in Emergency Department Screening

**Author(s):** Kelley M. Miller; Arin Freeman; Joyce Oliver; Martha Ponder; Richard W. Sattin

**BACKGROUND:** At least one-fourth of HIV seropositive Americans are unaware of their infection. Many use Emergency Departments (EDs) as their primary-care site. In 2006 the US Centers for Disease Control and Prevention (CDC) recommended that HIV-testing and “opt-out” HIV-screening be carried out on patients in EDs using rapid testing technology in an effort to detect these individuals at an earlier stage of their disease. Our project was designed to determine if the CDC recommendation could be effectively carried out in a busy ED that averages 75,000 visits annually. Additionally, we wanted to assess the manufacturer’s claimed diagnostic performance of the rapid HIV test. The manufacturer’s reported sensitivity and specificity of rapid HIV tests each exceed 99%. Several recent publications report statistically significant lower specificity and as a result some studies have even modified their informed consent documents to reflect this.

**METHODS:** Persons aged 13 to 64 years who presented to the ED beginning March 2008 for an illness or injury during a randomly selected testing period, ranging from 8- to 12-hour periods per day, were eligible to be tested using the OraQuick® rapid HIV test. Eligible patients were offered a free rapid test on an opt-out basis by trained HIV Counselors. Patients were excluded from testing if they opted out, had a history of HIV, were physically or mentally incapacitated, did not understand their right to opt-out or did not speak English or Spanish. A blood sample was obtained via venapuncture for Western Blot (WB) testing to confirm preliminary reactive (positive) results. HIV Counselors arranged follow-up care for all persons confirmed positive for HIV. Confirmatory testing was not performed on preliminary non-reactive (negative) tests. Standard measures of diagnostic test performance were calculated for all valid tests. Sensitivity analysis was conducted assuming a 0%, 3%, and 15% false-negative error rate and excluding unconfirmed WB cases, including unconfirmed WB cases as non-HIV-infected, and including unconfirmed WB cases as HIV-infected.

**RESULTS:** For the first 8 months, 4,066 patients had valid rapid test results (1 patient with an invalid rapid test left before a second test could be conducted). Of the eligible patients who could be reached, 409 (9.1%) opted out of rapid testing. Twenty-eight patients had reactive results. On confirmation, 26 were HIV-infected (prevalence, 0.6% [95% CI, 0.4%, 0.9%]) and 2 were non-HIV-infected (false-positive). One patient with an indeterminate WB failed to return for confirmatory testing. The estimated rapid test specificity was 99.95% [95% CI, 99.82%, 99.99%]. Sensitivity analysis resulted in a positive likelihood ratio of 1,128 to 2,020, in a positive predictive value of 89.7% to 93.1%, in a specificity of 99.93% to 99.95%, and in an approximated sensitivity of 83.87% to 96.30%. One limitation of this study was that we could not directly assess rapid test sensitivity, since non-reactive tests were not confirmed.

**CONCLUSION:** Our findings show that the diagnostic test performance of the OraQuick® rapid HIV test is not statistically different from that reported by the manufacturer and is significantly higher than some other recently reported results.

**Poster ID Number:** 228T

**Presentation Title:** Sexual Health Risk Among HIV+ Adolescent African American Men Who Have Sex with Men

**Author(s):** Nathan D. Doty, MS; Linda A. Hawkins, MS; Bret J. Rudy, MD

**BACKGROUND:** HIV is a national health crisis among African American youth, particularly among young men who have sex with men (MSM). Secondary prevention among this population is essential to preventing the spread of HIV and improving health among infected individuals. However, factors influencing sexual health risk behaviors are poorly understood, including how best to design interventions for specific sexual behaviors within this population. The current exploratory study examined sexual health risks within a sample of adolescent and young African American MSM currently receiving treatment for HIV.

**METHODS:** Participants included 31 self-identified African American MSM ages 16 to 24 receiving medical care at an adolescent HIV clinic in a pediatric medical center. As part of a larger ongoing study, participants provided detailed information about sexual behaviors during the past 30 days, including sexual encounters, condom use, and sex roles during anal intercourse (i.e., insertive or receptive). Results of STI screenings during the past 12 months were also examined

**RESULTS:** Within this sample, 59% of youth tested positive for at least one comorbid STI in the past 12 months, including gonorrhea (24%), chlamydia (29%), syphilis (14%), and herpes (7%); 27% had multiple infections. 42% of youth had engaged in unprotected intercourse during the past 30 days, with the number of sexual encounters ranging from 0 to 20 ( $M = 2.10$ ,  $SD = 4.32$ ). Individual differences were noted with regard to sexual practices. 19% of youth reported insertive anal intercourse only, 13% reported receptive anal intercourse only, and 32% reported engaging in both. With regard to associations between specific sexual practices and condom use, higher frequency of insertive anal intercourse was associated with increased condom use ( $r = .77$ ,  $p < .001$ ), while higher frequency of receptive anal intercourse was associated with increases in unprotected sexual encounters ( $r = .78$ ,  $p < .001$ ).

**CONCLUSION:** We examined specific sexual practices within a sample of adolescent and young African American MSM infected with HIV. Coupled with the high incidence of comorbid sexually transmitted infections, youth’s reports of recent unprotected sexual encounters highlight the need for secondary sexual risk prevention. Additionally, differential condom use during insertive versus receptive anal intercourse suggests that better understanding of youth’s specific sexual behaviors may be critical in designing culturally appropriate secondary prevention strategies.

**Poster ID Number:** 229T

**Presentation Title:** Factors Influencing the Nutritional Status of African American HIV-Positive Female Drug Users

**Author(s):** Meena Mahadevan

**BACKGROUND:** African American women account for 55% of all female HIV/AIDS cases, and injection drug use accounted for 47.6 percent of all HIV transmission routes among New York City's female HIV positive population (NYCDOH, 2003). Malnutrition and related disorders are among the most insidious of health problems for this population. Studies show that nutrition staff that are more vigilant to low food and nutrient intake, and harm reduction facilities that attend to resident participants' needs, and attempt to enhance the nutrition education experience may improve participants' nutritional status (Torres et al., 2008; Wechsberg et al., 2004). Tragically however, many treatment plans care services provided by the city's harm reduction agencies are based on models that treat men, and do not address the specific personal, social, and familial needs of women (Office of the Public Advocate, 2003). In Spring 2008, a pilot study was conducted to gather preliminary data on the cultural, social and environmental factors relevant to the nutritional status of a small group of underserved HIV positive African American female drug users living in New York City. The long term goal was to generate empirically grounded information that will help design, implement, and evaluate a population-specific intervention to meet the target group's nutritional needs.

**METHODS:** Dietary intake data was collected using two multiple-pass 24-hour recalls, and a food frequency questionnaire. Semi-structured interviews were conducted to obtain in-depth information on the socio-cultural factors influencing the nutritionally-relevant beliefs and attitudes of the participants. 12 African American women who were active drug users with HIV (18 – 55 years) were recruited from two AIDS-service organizations.

**RESULTS:** The study showed that 1) many HIV positive African American female drug users living in New York City may be at risk for adverse nutritional outcomes due to extremely limited food choices; the amount of food consumed on a particular day corresponded to the frequency and type of drug use, 2) while several women were able to correctly identify the symptoms and consequences of poor nutrition in substance abuse and HIV, their comments also reflected a lot of misinformed food-related myths and taboos, 3) the extent of support the women received from their partners, friends, other drug users, and family members played a significant role in influencing them to change their dietary habits at home, suggesting the need for programs to include their extended family and social network, 4) nutrition education services that makes access and respect for their privacy were paramount; lack of enabling services such as free transportation to onsite nutrition care were perceived as being barriers, and finally 5) many women opined that their current health providers either did not know how to effectively communicate with HIV-positive black women or how to develop sensitivity to their culture-specific dietary needs.

**CONCLUSION:** These findings uncover a potentially problematic care area in existing nutrition care for HIV positive female African American drug users, and highlight the need for modifiable conditions that could be addressed through a personalized intervention to suit the specific needs of this population.

**Poster ID Number:** 230T

**Presentation Title:** A Validation Study of High Volume, Rapid HIV Testing in a Community Hospital Emergency Department

**Author(s):** Robert Chin, MD; Jason Leider, MD PhD; Ethan Cowan, MD MS; Jade Fettig, MS; Melissa Iammatteo, BA; Yvette Calderon, MD MS

**BACKGROUND:** New CDC guidelines recommend routine HIV screenings in locations such as Emergency Departments (EDs). A routine offer of testing leads to increased testing rates, normalization of testing, and a potential reduction in HIV transmission. Between October 2005 and October 2008, an ED based rapid HIV testing program using a multimedia tool that includes validated HIV pre-test and post-test counseling videos and an HIV counselor has been used in the Bronx, NY. This program was expanded from an urban ED to include a community ED in order to validate the HIV testing model. This testing program previously resulted in high levels of patient satisfaction, increased testing rates and improved HIV knowledge in an urban, level one trauma ED.

**METHODS:** Three full-time HIV counselors recruited patients for nine months. We conducted a prospective cross-sectional study on a convenience sample of medically stable patients presenting to a community hospital ED. Demographic characteristics, risk factors, and sexual history were collected from patients who both agreed to and refused testing. A previously developed multimedia tool that includes validated HIV pre-test and post-test counseling videos and an HIV counselor was used in the testing process. The number of patients tested, identified HIV infections, patient satisfaction, and HIV knowledge conveyed was determined to assess acceptability and effectiveness of the testing model. Baseline characteristics were analyzed using descriptive statistics. Means and standard deviations were calculated for continuous variable and proportions for categorical variables. Group comparisons were made using Chi-Square and Student's t-tests.

**RESULTS:** During the study period, 4309 patients were approached in the community ED for HIV testing and 3770 (87.5%) were eligible and chose to test. Patients in the community ED were more likely to be female (63.6% v. 54.9%; p-value <0.01), Hispanic (60.3% v. 50.8%; p-value <0.01) and have prior HIV testing experience (77.3% v 73.1%; p-value <0.01). Patients in the

urban ED were more likely to be black (32.1% v. 30.0%; p-value=0.02) and there was no significant difference in the average patient age of 36 years. There was no significant difference in acceptance rates (88%) or the amount of people who found ED testing helpful (99.9%). Fifteen community patients tested HIV positive and 14 (93.3%) were linked into comprehensive HIV care, which was not significantly different from the urban hospital. There were significant differences in the proportion of people who felt that they learned new HIV information (87.8% v. 93.0%; p-value <0.01) and those who planned to change sex practices (77.8% v. 87.6%; p-value <0.01) at the community ED and urban ED, respectively.

**CONCLUSION:** This study validates an HIV testing model using computer assisted data acquisition paired with video counseling and a live counselor to ensure linkage. The differences in knowledge outcome measures may be due to the fact that the patients at the community hospital were more likely to have previously tested for HIV. This model's proven effectiveness in two distinct settings suggests more widespread applicability to other venues.

**Poster ID Number:** 231T

**Presentation Title:** Health Navigation: Peer Led Interventions Addressing a Hidden Third-World in Urban America

**Author(s):** J. T. Vincent

**BACKGROUND:** Traditional prevention programs may miss some of the highest-risk individuals who are disenfranchised and marginalized from healthcare and crucial social support systems. New innovations are required to reach and serve these people for whom positive HIV serostatus is often triaged as a secondary threat in relationship to emergency issues such as violence, substance use, suicidal ideation, homelessness and other illnesses.

**METHODS:** Targeted outreach and comprehensive "Health Navigation" tailored Individual Level Interventions occur within the geographic boundaries of Boston, Suffolk County, Massachusetts-- at health centers, community-based organizations, bars, clubs, on the "street" on the Internet and wherever the priority populations are amenable to receiving services. The priority population(s) include gay and bisexual men and/or those within the following subpopulations: sex workers, the homeless, transgender individuals, substance users and those with serious mental illness.

**RESULTS:** Outreach workers identify clients through street outreach, outreach in public sex environments, community groups, the Internet and from within Fenway's patient base who are not retained in stable care. These clients are assessed and, if needed, then afforded "Health Navigation," a form of peer lead, comprehensive case management. Health Navigators proactively refer clients into any and all relevant services, many of which are beyond basic healthcare, such as legal support, housing, detox services, social support, etc. Fenway partners with The Multicultural AIDS Coalition to fortify this service in communities of color. In combination with an online medical information and Health Navigation referral service for gay men called Ask Doctor Cox, and a series of community forums called Living Well, the Navigator Project uses multiple vectors to access and retain individuals at the highest risk for HIV and other health and social disparities.

**CONCLUSION:** From July 2006-December 2008, the Navigator Project screened 2,200 individuals for program eligibility and provided HIV prevention and

education to over 6,000 individuals. Of those screened, 140 individuals were found to meet the criteria, including the requisite lack of ambivalence to participate in a comprehensive, non-incentivized 12-18 month program. 60% of program participants were known to be HIV- positive at the time of enrollment. 10% of program participants learned of their positive serostatus during their involvement with the program. The program sustained an attrition rate-by-mortality of 15%. 30% of program participants were initially homeless and facilitated into stable housing. All surviving program participants are currently maintained in care including the 75% of surviving clients who are HIV-positive.

**LESSONS LEARNED:** This program found a hidden cadre of high-risk individuals who responded to non-research, non-incentive driven interventions if they are motivated/contemplative of health maintenance changes. The 15% mortality rate would likely have been significantly higher among this group had they not received the intervention. Larger, targeted Health Navigation interventions can facilitate care to an array of un or underserved populations.

**Poster ID Number:** 232T

**Presentation Title:** Continuity of Care for HIV-Infected Mexican Migrants Returning to Mexico

**Author(s):** Oscar Gonzalez

**BACKGROUND:** The continuity of health care for HIV infected Mexican migrant who travels between the United States and Mexico is a concern for US and Mexican HIV Providers who serve migrant population. HIV Patients returning to Mexico as HIV positive require diverse information and resources to ensure continued of treatment.

**METHODS:** Facilitate the continuation of care for HIV infected patients returning to Mexico, through discussing the core elements, key characteristics and describing the common issues and overcoming barriers of continuity of international of HIV care and treatment for migrant population and the dissemination of a one page fact sheet

**RESULTS:** The presentation will explain: 1) How since 2005 the HIV US/MX twin project, which is based in Parkland Hospital, in Dallas, TX, has developed and designed a model to provide specific information and resources to help HIV patients

to continue treatment and care in Mexico. 2) How to improve the health outcomes for HIV infected Mexican migrant patients that are returning to Mexico. 3) International Continuity of Care became a Pilot Project addressing the unmet needs of training and education of US clinicians on Mexican HIV healthcare system. 4) Describe how accessing services in Mexican HIV clinic has been impacted a migrant patients ensuring HIV services outside USA 5) Barriers reduced when US Clinicians collaborate with colleagues in Mexico.

**CONCLUSION:** This presentation will show how capacity building, which includes education, address unmet needs with training, collaboration, and bi national coordination of efforts are important to better serve migrant HIV mobile population crossing the US/MX border.

**Poster ID Number:** 233T

**Presentation Title:** Building Capacity: Longitudinal Training of Health Center Staff and Collaborators at a Historically Black University

**Author(s):** Yvette Wing; Rebecca Culyba; Johnetta Holcombe; Diane Weyer

**BACKGROUND:** African Americans under the age of 25 and living in the Southeast U.S. have emerged as a population disproportionately living with and at risk of HIV/AIDS in the U.S. Historically Black College and University (HBCU) health centers collaborate with community partners to provide HIV transmission counseling and testing and referrals to care for HIV infected students. Health service programs and their community partners require ongoing, updated HIV knowledge and capacity building skills to assist them in serving this population.

**METHODS:** Health service center at a Historically Black College/University (HBCU) in the Southeastern United States.

**RESULTS:** The purpose of the program is to provide trainings for clinical and non-clinical health services staff and their community partners that will improve the capacity of the HBCU to provide HIV prevention, counseling, and referral services, ultimately improving access for HIV positive individuals to quality care. The 18-month long program consists of four intensive, on-site training sessions with content based on needs identified during a pre-training assessment that include a questionnaire and focus group. These assessments will be repeated at the end of the program to measure change in knowledge, skill, and capacity of the health center staff to collaborate effectively with community partners. The training model is skill-oriented and interactive, building on local emergent circumstances.

**CONCLUSION:** Results: Because collaborating with health center staff on training content is essential, results from the pre-training assessments were used to design four trainings at the HBCU. Trainings topics include HIV overview and update; effective strategies for working with college-aged, at-risk students; HIV and STD prevention in a collegiate environment; and the psychological impact of HIV on a college campus. Successful participation in the pre-training assessment led to additional requests for longitudinal training.

Lessons Learned: The need for training HBCU health service staff along with their community partners about HIV transmission, prevention, and counseling continues to grow, particularly among African Americans in the Southeast. This training model can help build the HIV prevention capacity of HBCU health services by enhancing staff skills in utilizing prevention resources to effectively collaborate with and make referrals to local community partners. In addition, findings from this training model can provide insight for the development of a standardized training curriculum and serve as a foundation for new training platforms that can be duplicated at other HBCUs.

**Poster ID Number:** 234T

**Presentation Title:** THRIVE (Testing HIV Rapidly in a High-Volume Emergency Department)

**Author(s):** Katherine Heilpern; Carlos Del Rio

**BACKGROUND:** It is estimated that 25% of patients infected with HIV are unaware of their status. We hypothesized that a routine, opt out HIV screening program could be successfully implemented in an urban emergency department. We sought to determine this by measuring test acceptance rate, prevalence of undiagnosed infection among those accepting testing, CD4 count and follow-up rate.

**METHODS:** This was a convenience sample, single-center study in an inner city ED with a large indigent population.

**RESULTS:** Patients were eligible for screening if they presented during test hours, were English speaking, 18 or older and had no known diagnosis of HIV. We used the OraQuick Advance Rapid HIV-1/2 Antibody Test. Patients performed the test on themselves after receiving pre-test. HIV counselors disclosed the results to the patient. Western blot and CD4 count were drawn on patients with a positive oral swab (preliminary positive for HIV infection). These patients returned to the ED for confirmatory results and referrals for follow-up care.

**CONCLUSION:** We offered 1769 tests, 1573 (89%) were accepted. Twenty-four patients (1.5%) tested preliminary positive, 22 of which were confirmed HIV positive with western blot. There was 1 false positive and 1 patient refused confirmatory testing. Of the confirmed positive patients, 6 (27% of positive patients) had been previously diagnosed with HIV. Average CD4 count

was 230 (standard deviation 246). Fifty seven per cent of HIV positive patients had CD4 counts less than 200 with 43% under 50. Seventy percent of patients attended their first follow-up appointment. Universal HIV screening can be successfully implemented using opt-out consent. Our program had a high test acceptance rates. Among patients confirmed positive, over 25% later admitted to previously receiving an HIV diagnosis and of the newly identified cases 40% were AIDS diagnoses. A majority of patients were successfully linked to care.

**Poster ID Number:** 235T

**Presentation Title:** HIV+: What Is It Needed to Have an Effective HIV/AIDS Psychosocial Support Services Program

**Author(s):** Oscar Marquez; Miguel Chion

**BACKGROUND:** Newly diagnosed (HIV+) individuals need assistance and support to access the Continuum of Care in Los Angeles County (LAC). It has been documented that individuals who have been part of the system (i.e. peers) are uniquely positioned in providing support: Peers can relate to the issues these individuals will face such as health complications, accessing care, care costs, receiving benefits and so forth. However, in addition to having "lived-experience" Peers also need to be trained in the core skills that will make them better listeners, communicate more effectively, discern needs, be stronger role models and a reliable support network. The Office of AIDS Programs and Policy (OAPP), in its efforts to establish quality control of its Peer support programs established a key set of competencies to complement the intuitive capacity that Peers possess. The HIV/AIDS PSYCHOSOCIAL SUPPORT SERVICES PROGRAM (HSPSSP) has been documenting and providing capacity building services on technical skills that build on this innate capacity to effectively deliver the Peer Support Program in LAC.

**METHODS:** Since 2004 when HSPSSP was contracted to provide capacity building assistance (CBA), the model for peer support programs has realized a more refined structure. Prior to this, Peer Support services were considered as merely a social support system that was intuitive-based and mainly run by volunteers. HSPSSP, with the support of OAPP, has developed a set of curricula that provides reinforcement trainings which provide ongoing capacity building important for the maintenance of quality of Peer Support programs throughout LAC; currently there are 6 Peer support Programs funded by OAPP in Los Angeles County.

**RESULTS:** HSPSSP has provided a three-day training on Peer Support core competencies and booster sessions to review core competencies as well as complementary trainings on recruitment, group facilitation and motivational interviewing.

**CONCLUSION:** HSPSSP provided the three-day training and the complementary trainings to cover the required basic core competencies. After attending the trainings, there was significant improvement in knowledge of required key competencies such as the stages of change (40% increase), risk reduction (40% increase) and knowledge of resources (25% increase). Grantees who participated in the HSPSSP trainings reported an 11% increase in knowledge of key competencies needed to effectively implement Peer Support services. Additionally, a follow-up interview was conducted with a sample of the participants/providers. All (100%) of them reported learning new competencies and 90% of the participants reported implementing these new core competencies in their daily practices. And all of them reported a positive impact on the people they serve.

**LESSONS LEARNED:** Some of the lessons learned from the delivery of the HIV+ Peer Support Program trainings and supplemental trainings as well as the participants follow-ups are:

**Poster ID Number:** 236T

**Presentation Title:** Acute HIV Screening in Medical Settings Using Central Laboratory Rapid Antibody & Pooled RNA Testing

**Author(s):** Katerina A. Christopoulos; Jeffrey D. Klausner; Nicola M. Zetola; Brian Louie; Mark Pandori; Sally Liska; Barbara Haller; Pat Nassos; Marguerite Roemer; Christopher D Pilcher

**BACKGROUND:** Since 2003, the San Francisco Department of Public Health (SFDPH) has supported pooled RNA screening for acute HIV infection in high-risk clinics, which has resulted a consistent increase in HIV case detection of 5-10%. We adapted the SFDPH system to a medical setting with the aim of finding vulnerable populations with acute HIV infection.

**METHODS:** San Francisco General Hospital (SFGH), a large urban academic medical center that performs over 1,200 HIV tests monthly in its outpatient clinics, inpatient wards, and emergency department.

**RESULTS:** The State of California Office of AIDS and Gen-Probe, Inc. (San Diego, CA) supported a six-month demonstration project to evaluate the use HIV RNA (Gen-Probe APTIMA HIV TMA) pooling to screen for acute HIV infection in all SFGH patients undergoing HIV antibody testing who are found to be antibody negative. In order to capitalize on the existing expertise of the SFDPH public health laboratory in performing HIV RNA pooling, a unique partnership was created between the hospital and public health laboratories.

**CONCLUSION:** Results: The SFGH Clinical Laboratory conducted HIV antibody testing for all patients using a rapid test on whole blood (Uni-Gold, Recombigen, HIV Test, Trinity Biotech, Jamestown, NY) and was able to provide test results within two hours after receipt in the lab, twenty-four hours a day, seven days a week. Specimens from antibody negative patients were sent on the next business day to the SFDPH laboratory, where they were assembled into ten-tube pools for biweekly HIV RNA testing. Results of negative pools were made available in the electronic medical record (EMR) in 3-5 days, while positive pools were deconstructed and confirmed individually, with final results available in 5-8 days. Test results were qualitative: HIV RNA

was either “detected” or “not detected.” The hospital project team and the health department partner services unit worked together to facilitate disclosure of a positive result, linkage to care, and partner notification.

**Lessons Learned:** One year of intensive planning was necessary prior to project implementation and involved laboratory, clinical, and administrative services. It was necessary to: 1) develop systems for specimen collection, transport, and receiving between the hospital's many testing sites and the project's two laboratories 2) create patient and provider education materials, including a website resource, and conduct trainings about the two-step testing process (rapid testing followed by pooled RNA testing several days later) 3) add a new test category with appropriate explanatory language to the EMR, and 4) devise a system for results notification and linkage to care for RNA-positive cases. Upon implementation, we found that 1) ensuring proper specimen collection across all medical center sites was difficult and required targeted outreach 2) medical informatics support was key in EMR work and in providing data for program monitoring, and 3) hospital-based case management and DPH-based contact tracing were each important in coordinating patient follow-up.

**Poster ID Number:** 237T

**Presentation Title:** Care Experiences of HIV+ Women in an African Setting: Applying Lessons Learned in the U.S.

**Author(s):** Peris Kibera

**BACKGROUND:** In spite of HIV prevention and treatment services for pregnant HIV+ women being highly subsidized and widely available in resource-rich and many resource-constrained settings, follow-through with the spectrum of services entailed in prevention of mother-to-child HIV transmission (PMTCT) efforts by women at the margins has remained unsatisfactory for a variety of reasons. To understand the role of institutional factors in patient participation in services at public health care facilities, interviews were conducted with HIV+ pregnant, and recently delivered women to get insight into their experiences and perspectives about care.

**METHODS:** Between September and December 2008, structured in-depth individual interviews were conducted with 45 HIV+ women receiving care at two public health care facilities -- Pumwani Maternity Hospital, and Mathari North Health Center -- in Nairobi, Kenya. At each facility, 15 patients attending antenatal care were interviewed about their care experiences on the following topical areas: relationships with providers, receipt and comprehension of health information, services undertaken with them, coordination and continuity of care (visits with different providers, attendance at/plan to attend follow-up visits, and agenda/structure of each visit), and recommendations about changes to enhance care. A subset of participants (average of 5 at each facility) was observed during clinical visits with different categories of providers (physician, nurse, nutritionist). At Mathari North Health Center, a further 15 participants who missed their regularly scheduled antenatal visits and/or did not deliver at the facility were interviewed about reasons for disengagement with services.

**RESULTS:** Emerging themes from the study revealed problems in care such as distant, impersonal relationships between patients and providers; limited provider-patient interface time; routinized practice inattentive of individual patient needs; insufficient health information offered to patients as well as missed opportunities involving critical services such timely medication initiation, and referral for family planning services; and fragmented care characterized by poor care continuity owing to lack of provider-patient panels (patients seeing one provider consistently), poor communication between different providers working with patients, and weak linkages between services. Participants reported facility-based peer support groups to be a positive aspect of care.

**CONCLUSION:** HIV+ women participating in this study predominantly reported having negative care experiences, experiences that influenced their decision to disengage from services. These data parallel findings from a small body of studies conducted with HIV+ women in the U.S. receiving care in State health facilities. The few positive aspects of care described by participants were useful in mitigating some of the care challenges they experienced. Understanding patients' experiences and perspectives of care, and exploring ways to improve the care experience can be useful strategies of promoting adherence to care.

**Poster ID Number:** 238T

**Presentation Title:** Innovative Modalities for Assessing HIV Prevention Information from African American Living in Rural Settings

**Author(s):** Jacqueline Foster

**BACKGROUND:** The basis for developing effective HIV prevention programs and interventions is the use of accurate data from targeted populations. Unfortunately, it is oftentimes difficult to ascertain such data from some minority populations such as rural African American populations that are of lower socioeconomic status. Not only do researchers incur problems getting factual data, but they also have problems getting the target population to participate.

**METHODS:** Effective attempts to gather vital HIV prevention information to improve outreach programs and service delivery by AIDS service organizations, community-based organizations, and health department staff were done vis-a-vis ascertaining feedback from rural African Americans living in the Mississippi Delta area, which is one of the most poverty-stricken areas in the

United States. The feedback led to the development of a HIV community assessment that ultimately was conducted in the Mississippi Delta area. The assessment focused on knowledge, behaviors, attitudes, risk factors and testing.

**RESULTS:** Assessment procedures were developed using focus group sessions with targeted group members from the Mississippi Delta area. The group members outlined facilitators and barriers to providing HIV prevention information regarding their own at-risk sexual behaviors. As a result, specific processes and forms were developed based on their feedback. The process was effectively implemented with residents of the Mississippi Delta. The participants outlined the following barriers: 1). Stigma associated with their HIV status; 2). Distrust of health care professionals; 3). Confidentiality issues; and 4). multigenerational transmission of ignorance and fear of medical-related issues.

**CONCLUSION:** The feedback resulted in quantitative and qualitative assessment processes and forms based on the following components: 1). establishing rapport; 2). incorporating faith-based organizations and community gatekeepers; 3). use of population-specific terminology and resources; and 4). encouraging "buy-in". The strategy led to an effective implementation of a community assessment targeting HIV prevention behaviors of the target population.

**Poster ID Number:** 239T

**Presentation Title:** The Positive Alternatives for Life Management Project (PALM Project)

**Author(s):** Leslie Roca-Sota

**BACKGROUND:** Services are provided through two distinct programs, Comprehensive Risk Counseling and Services (CRCS) and Street Smart (an EBI). These programs are free, voluntary and confidential and assist inmates in understanding what HIV/AIDS is and where their individual risks lie.

**METHODS:** The Positive Alternatives for Life Management Project (PALM Project) of the South Jersey AIDS Alliance (SJAA), is a unique HIV prevention project that serves male inmates in 3 of South Jersey's State Prisons.

**RESULTS:** CRCS is offered to HIV Positive Individuals, as well as, Very High Risk Negative Individuals. Referrals to/from this program are made through the prison medical department, other SJAA programs within the prison or by the individual inmate. This is an individualized one-on-one program whose main goal is to assess the inmate's various risk factors, as they pertain to HIV/AIDS, and in conjunction with the inmate, develop treatment plans that will help him initiate and maintain safer behaviors. Intensive assessments focus IDU Risk Behaviors, Sexual Risk Behaviors, Personalization of Risks, Self Efficacy, and other topics that help the inmate gain insight on his personal behaviors, how these developed and have put him and others at risk for HIV. Treatment plans are then developed and goals are set, which the inmate begins to accomplish while still incarcerated and continues to follow through with when released into the community. This process takes 6-9 months to fully cover each individual's needs. Upon release from the prison, the CRCS counselor follows the progress of the individual for a minimum of 30 days by making direct contacts with the individual, his community case manager and/or medical provider.

The Street Smart Program is an HIV/AIDS and STD Prevention Program originally developed for runaway and homeless youth. After a careful study of the incarcerated population, SJAA found that a large percentage of incarcerated men face the same barriers/challenges as homeless youth: lack of support systems, very high risk behaviors, homelessness, low educational background...Based on this study, Street Smart was adapted/tailored to fit the needs of the incarcerated population. Just as CRCS, referrals to Street Smart come from various sources within the prison. This program consists of nine two hour sessions in a small group setting that focuses on HIV/AIDS, Hepatitis C, STD's, Drugs and Alcohol, Healthy Decision Making and Trigger Management. These topics link thoughts, feelings, and attitudes to behavior change. Those successfully completing a group are permitted by the prison to be part of a "graduation" where they receive certificates and share their learning experience.

**CONCLUSION:** The two PALM Project programs afore-mentioned, have an 83% success rate with inmates following through with what they've learned. They are both currently in their fifth year have and have provided direct services to over 700 individuals, who have shown not only an 85% increase in HIV knowledge but most importantly an increase in recognizing themselves, their risks, their strengths and the power that they each have to change and live long healthy lives.

**Poster ID Number:** 240T

**Presentation Title:** OWH's Women and HIV/AIDS Prevention Strategies Workgroup: A Model

**Author(s):** Joanna Short; Babanina James; Wanda Allen

**BACKGROUND:** According to the U.S. Centers for Disease Control and Prevention, 27 percent of all AIDS cases in the United States occurred in women during 2004. Among women newly diagnosed with HIV/AIDS between 2001 and 2004, an estimated 83 percent were African American or Latina. Younger women and girls are particularly vulnerable: females accounted for 38 percent of all individuals younger than 25 years diagnosed with HIV/AIDS from 2001 -2004, compared with 27 percent of people aged 25 years and older.

**METHODS:** The Office on Women's Health (OWH) in the U.S. Department of Health and Human Services (HHS) developed a number of pilot programs to address HIV/AIDS as a national health priority. In 1997, OWH formed the Collaborative Group on Women and HIV/AIDS, women representing a broad cross-section of HIV/AIDS service providers in public, private, and non-profit sectors as well as consumers. The Collaborative helped OWH identify gaps in the needs and services for women at risk and living with HIV/AIDS. To this end, OWH continues to fund two flagship programs: HIV/AIDS Prevention for Women Living in the Rural South Program and the Prevention and Support Services for Women Incarcerated and Newly Released Living with or at Risk for HIV/AIDS/STDs Program. The Collaborative completed its work at the end of 002. On July 26, 2003, OWH convened the Women and HIV/AIDS Prevention Strategies Group Meeting in Atlanta, Georgia. The Workgroup meets via monthly teleconferences and annually in person, to develop clear HIV prevention strategies which convey the sense of urgency of HIV/AIDS in the lives of women across this nation. The Workgroup has prioritized the following areas: 1) Cross-Generational Approaches to HIV/AIDS Prevention Education for Women; 2) Women and Trauma, Depression, Substance Abuse and HIV/AIDS; 3) Educating Women on Clinical/Prevention Research; 4) Use of Media; and 5) Needs of Immigrants Living in America.

A sub-committee on Cross-Generational Approaches to HIV/AIDS Prevention Education for Women was formed and recommended outreaching to females within their family structures. OWH now funds an intergenerational pilot program to reach African American, Latina/Hispanic, Native American, and Asian/Pacific Islander women across the lifespan with HIV/AIDS prevention education.

An additional subcommittee on Women and Trauma, Depression, Substance Abuse and HIV/AIDS Subcommittee was formed to focus on the provision of services covering co-occurring health issues for women at risk and living with HIV/AIDS, specifically trauma, depression, and substance abuse.

**RESULTS:** Based on the Women and HIV/AIDS Prevention Strategies Workgroup's advisement, Minorith AIDS funding has backed the Intergenerational Approaches to HIV/AIDS Prevention Education with Women Across the Lifespan Pilot Program for the past 4 years. Subcommittees of the Workgroup educate themselves on the five priority areas.

**CONCLUSION:** By the end of this session, participants will: 1) understand the model of the Women and HIV/AIDS Prevention Strategies Workgroup; 2) understand how best to inform and help direct the community's actions (government, non-profits, faith based agencies, private, colleges, etc.) regarding the urgent needs and services required for females at risk and/or living with HIV/AIDS; and 3) know criteria for selecting mutually beneficial collaborative partnerships.

**Poster ID Number:** 241T

**Presentation Title:** Sound the Alarm! An Integrated Emergency Preparedness Response to a Syphilis Outbreak in Houston, Texas

**Author(s):** Raouf Arafat, MD; Marcia Wolverton; Lupita Thornton; David Persse

**BACKGROUND:** In September 2007 Houston/Harris County ranked #2 in the U.S. in the reported number of primary and secondary (P&S) syphilis cases. Through a nationally recognized model of monitoring disease outbreak thresholds, a city-wide syphilis outbreak response (SOR) framed after the emergency preparedness principles of the federal National Incident Management Structure (NIMS) was implemented.

**METHODS:** Houston/Harris County, Texas is the third most populous county in the US spanning 1,700 square miles with approximately 3.7 million residents. HIV and syphilis data were analyzed using STD\*MIS, HARS, threshold monitoring of outbreak levels indicating a need for a rapid response. Data were subsequently overlaid and mapped to zip codes with highest morbidity using GIS technology.

**RESULTS:** An approved SOR plan was developed and implemented through a collaborative, intergovernmental partnership with significant input from the incident management functional disciplines, the private sector, and community based organizations. Structure included clearly defined roles and responsibilities for public health staff, local, regional, and state health authorities, and private medical providers to include emergency room physicians, community-based organizations, the Syphilis Elimination Advisory Group, and the HIV Prevention Community Planning Group.

Expanded free and confidential HIV and syphilis testing and treatment services were provided throughout public health clinics, public and private providers, emergency rooms, and within community based organizations and health centers. Two HIV/STD mobile health clinics were deployed with full medical examination and stat laboratory capability enabling education, counseling and testing, and examination and treatment services to be taken directly to impacted communities.

The response approach also consisted of enhanced surveillance activities including private provider survey and public health detailing. Community based HIV prevention funded counselors were temporarily assigned to directly assist disease intervention specialists with HIV field record interviews, freeing DIS up to focus on syphilis interviews. Laboratory, pharmacy and public information representatives from participating public and private entities played key roles in planning and leveraging resources to assist with treatment activities. Weekly meetings were convened for six consecutive months to review the availability of resources required for the outbreak response, coordinate intervention activities and to provide timely and consistent updates to internal and external partners.

**CONCLUSION:** The P&S syphilis threshold has been below the rapid response and warning levels since October 2007. P&S cases decreased 16% for January – June 2008 compared to the same time period the year before. Overall P&S rate had decreased from 6.1 to 5.1 /100,000 and P&S-HIV co-infection decreased by 10%. Preventive Bicillin prophylactic treatment was administered to over 600 potentially exposed individuals during the response period.

Development of an integrated operational emergency response plan outlining specific intervention activities can reduce both HIV and syphilis morbidity during an outbreak episode. Rapid implementation and response efforts can be achieved when developed in advance using all available community resources and stakeholders.

**Poster ID Number:** 242T

**Presentation Title:** Service Integration and Collaboration: Is This a Model That Leads to More Successful Client Outcomes?

**Author(s):** Stacey Little; Myriam Hamdallah; Marie Ahmed

**BACKGROUND:** There is growing recognition among scientists and funders alike that coordinated prevention, care and treatment services targeting both HIV-positive and high risk HIV-negative individuals holds the most promise for decreasing prevalence of new HIV infections and delaying disease progression. ConnectHIV is a national initiative supported by the Pfizer Foundation through \$7.5 million in grants and technical resources to further this integrated approach. Under this initiative, the Academy for Educational Development (AED) and Johns Hopkins Bloomberg School of Public Health are evaluating the impact of service integration and collaboration on connecting the people to prevention and care services and improving treatment adherence. Improved health outcomes among clients can be attributed to programs with higher levels of service integration and inter- and intra-organizational collaboration.

**METHODS:** The evaluation uses a time-series survey design to determine outcomes of the ConnectHIV program across 20 grantee sites in 10 states with the highest numbers of AIDS cases. All programs primarily address one of the following: prevention of infections among high-risk HIV-negative persons; prevention of transmission from HIV-positive persons to their at-risk sex and/or needle sharing partners; linkage of persons living with HIV (PLWHA) into high quality care and treatment services; or promotion of medication adherence among PLWHA. While programs' target populations vary, grantees use a standard set of instruments to collect data on a common set of indicators at three time points during the IRB-approved study. Grantees also collect data on referrals and linkages made to strengthen the healthcare continuum using a standardized tool.

**RESULTS:** Outcomes examined include sexual behavior, injection behavior, HIV/AIDS knowledge, clinical measures, and quality of life. Preliminary evaluation results of the ConnectHIV approach for integrating prevention, care and treatment services indicate several positive outcomes. The data show a reduction in high-risk sexual practices; an increase in safe injection knowledge and behavior; and an increase in HIV/AIDS-related knowledge. The data also show improvement in medication adherence experience and CD4 count and viral load, as well as perceived quality of life.

**CONCLUSION:** This session will briefly provide background on the ConnectHIV initiative and summarize evaluation methodology and implementation. We will provide data that indicate a reduction in high risk behaviors, increased knowledge of risk reduction strategies and increased treatment adherence amongst target populations engaged in ConnectHIV programs. The session will conclude with a discussion of the preliminary findings related to program outcomes, highlighting the role of service integration and collaboration, and potential implications for HIV/AIDS-related programs.

**Poster ID Number:** 243T

**Presentation Title:** An Holistic Approach to Drug User Health as a Model for HIV Prevention

**Author(s):** Sara Gillen; Karen Lerman; Stephen Crowe; Mariel Selbovitz

**BACKGROUND:** As resources have become more scarce, it has become increasingly difficult for HIV prevention service providers to see beyond the next contract or funding stream. This pressure has led to an increasingly fractured service delivery system which poses significant barriers to access for active substance users and where programs often operate in silos. To combat this phenomenon, an holistic approach focused on integrated low threshold health services was developed and implemented to improve client access. This approach will provide staff with an opportunity to move away from contract driven service provision and an overarching medical model influence, and allow them to focus more time and energy on overall client wellness.

**METHODS:** Harlem United is a community-based organization providing a unique continuum of care. We integrate socially and economically disenfranchised people into a healthy and healing community. We also offer our clients access to a full range of medical, social, and supportive services. The majority of our clients are people living with HIV/AIDS whose diagnoses are often complicated by addiction, mental illness, and homelessness. Many have also faced significant barriers to care due to poverty, race, HIV status, and sexual or gender identity.

**RESULTS:** The program reorganization was developed to increase the overall health and quality of life for drug users living with or at greatest risk for HIV and viral hepatitis by providing a continuum of focused services that are easily accessible, fluid, and site specific. By integrating or combining existing programs and further developing a team approach to service delivery,

staff are able to provide different levels of services to drug users, who may or may not return after their initial visit, in a comprehensive [one-stop-shopping] manner with limited barriers. Three types of services are provided within this model to slightly differing populations of active drug users: 1) Concrete Services; 2) Psycho-educational Services; and 3) Health Maintenance Services.

**CONCLUSION:** This integrated approach to service delivery has allowed for a more efficient use of resources, a decrease in barriers to service access for service recipients, and a better match between client needs and service provision.

**Poster ID Number:** 244T

**Presentation Title:** The Collective as a Model of Collaboration and Service Integration

**Author(s):** Tricia Dressel; Ron Powers

**BACKGROUND:** Philadelphia residents are becoming infected with HIV at a rate of more than 5 times the national average. Men who have sex with men (MSM) accounted for 32% of new HIV infections among Philadelphia residents and disproportionately represent new syphilis cases. Since 2000, The Collective has maximized resources to reduce rates of HIV/STD acquisition and transmission among MSM of color through risk-reduction counseling, community education and outreach and rapid HIV testing. At its core, The Collective is a model of collaboration and service integration, providing comprehensive, high-quality prevention services to those at highest risk.

**METHODS:** Since 2000, The Collective, one of the only directly funded CDC HIV prevention programs in the City of Philadelphia, has worked to address the HIV/AIDS and healthcare needs of high-risk MSM of color. The Collective is a partnership between 3 vanguard LGBT public health organizations: AIDS Services in Asian Communities (ASIAC), Gay and Lesbian Latino AIDS Education Initiative (GALAEI) and Mazzoni Center. The Collective draws on the strength of each agency's expertise, core services and cultural competence, to provide services aboard its mobile testing unit (MTU), at partnering agencies, and at a storefront testing site.

**RESULTS:** The Collective organizational partners are leaders in field of HIV/AIDS and LGBT healthcare. The Collective is unique in that it pools resources to capitalize on funding and effectively serve the community. This program collaboration is mutually beneficial to partner agencies and the community in that each agency maintains prevention services that compliment services provided by the Collective. Partners have an equal say about issues affecting The Collective and each shares financial resources as well as exchanges recruitment opportunities, retention ideas, and support.

The Collective utilizes a service integration approach when working with both HIV+ and HIV- MSM of color. Regardless of status, MSM of color are linked to a Comprehensive Risk Reduction Counseling and Services (CRCS) counselor who talks about avoiding virus acquisition or transmission by having safer yet pleasurable sex. The Collective integrates services within each agency by coordinating client support with other case management programs and providing referrals as needed. Also, The Collective has modified its HIV testing service delivery by integrating STD screening and Hepatitis vaccination at HIV testing events. Since syphilis greatly impacts MSM of color and increases the chance of contracting HIV by 2-5 times, screening is imperative for curbing the spread of HIV.

**CONCLUSION:** The Collective is a model program on both local and national levels. Through program collaboration and service integration, The Collective effectively reaches those at greatest risk for HIV, STDs, and viral hepatitis by providing outreach and prevention messages to over 10,000 MSM of color annually. Also, HIV testing events yield a testing positivity rate of around 10% for MSM of color, with an annual rate as high as 16.8% for MSM of color. The Collective has been successful because partnering agencies contribute equally towards common goals. Program collaboration is not only possible but essential if HIV rates are to decline.

**Poster ID Number:** 245T

**Presentation Title:** Men's Wellness Center: HIV Prevention Through a Collaborative and Holistic Approach

**Author(s):** Michael Anderson-Nathe

**BACKGROUND:** Men who have sex with men (MSM) represent over 75% of all new HIV infections in Oregon. Historically, local HIV prevention efforts for this population have come and gone with varied success. Through a series of community focus groups, MSM from the community identified the lack of an integrated approach to HIV prevention that incorporated broader health and wellness aspects as well as a strengths-based philosophy as a critical missing component. Additionally, the lack of a visible and culturally specific space for this kind of programming served to further isolate the community.

**METHODS:** The Men's Wellness Center provides HIV prevention services through a holistic approach to health and wellness with a mix of social, educational, and community building events for MSM in the Portland metropolitan area. Men get their needs met through programs provided by the Cascade AIDS Project and community collaborations with agencies allowing for efficient referrals and service integration. The Center is conveniently located in an area of town where MSM "live, work, and play..." and provides much needed programs and services in a culturally specific manner. The Center is operated by staff and volunteers from the MSM community.

**RESULTS:** CAP's Men's Wellness Center is a unique model for responding to community needs for a dedicated space for MSM and HIV prevention services. Programs extend their reach through educational, social and community building events, and "in-reach" efforts serve as recruitment tactics. The Center provides a catalyst for community collaborations, better serving the community by creating a network of prevention and care services in a culturally relevant space. Weekly HIV and STI testing nights are provided serving over 1,000 MSM a year. Additional programming includes activities such as bingo nights, speed dating, movie nights, town hall and discussion forums on various health and wellness topics, and more. Additional resources offered include: information and referral services, HIV Prevention Interventions, physical fitness activities, and access to a health and wellness library and the internet.

**CONCLUSION:** The creation of a culturally competent and dedicated space for MSM health and wellness needs extends the ability to provide HIV prevention programs/services and encourages community collaboration, involvement, and service integration.

Information on why and how CAP opened the Men's Wellness Center, available programs and services, and the impacts on the community and prevention efforts will be provided. Challenges and successes and information regarding start up funding and sustainability efforts will be included.

**Poster ID Number:** 246T

**Presentation Title:** Findings from NYC's 2007 House of Latex (HOL) Ball Survey

**Author(s):** Norman Candelario

**BACKGROUND:** To understand and inform incorporating HIV prevention and testing in the House of Latex (HOL) project, an intervention targeting Black and Latino gay youth in the New York City's House and Ball community, Gay Men's Health Crisis (GMHC) staff and volunteers collected surveys from attendees to the 2007 HOL Ball, a large scale community event.

**METHODS:** During 2007, GMHC conducted a survey at the HOL Ball. Data included characteristics of the sample, and analyses that examine the impact of demographic, racial, and sexual identity variables on the socio-cultural dynamics among the House and Ball community. Respondents' racial identification, strength of connection to the House and Ball community, level of discrimination experienced, and preferred health information mediums, were all used to examine how respondents in the sample view HIV testing and absorb health information.

**RESULTS:** Nearly 2,500 attendees completed the survey. Half of the respondents were between the ages of 18 and twenty-four, and almost seven percent of respondents were between 14 and 17. 45% identified as Black/African American gay males. 80% felt that free HIV testing should be available at the HOL Ball. In regard to House and Ball involvement, 45% of the respondents said that they were not involved in the House and Ball community at all, while 50% claimed some level of involvement. Those who reported being connected to the House and Ball community were more likely to get an HIV test at a House of Latex Ball than those who were not. In addition, those who were ages 18 to 24 were more likely to test for HIV at the House of Latex Ball. Those who were White, however, were less likely to test at balls. We also found that 25-69 year olds experience more discrimination than their 18-24 year old counterparts. The health information resources variable was the most significant variable predicting the level of overall discrimination that respondents experienced. Further analysis found differences between ways that male and female attendees of the House of Latex Ball prioritize their social issues of concern. For men, the top five issues of concern included, HIV/AIDS, drugs, education, "shade" (perceived negative attributions), and healthcare. For women, the top five issues of concern included HIV/AIDS, drugs, hate crime violence, same sex marriage, and health care.

**CONCLUSION:** The HOL Ball has proven to be an effective event to reach youth and young adults in the House and Ball community with HIV prevention messages and testing. Our data support the conclusion that the greater the connection to the House and Ball community, the greater they welcome HIV testing at balls, especially younger attendees. We concluded that those who feel the most discriminated against prefer direct contact with people they trust, (i.e. friends, family, and organizations that support the LGBT community) to access health information. The evaluation also demonstrated that there are differences between how male and female attendees of the House of Latex Ball prioritize their social issues of concern.

**Poster ID Number:** 247T

**Presentation Title:** JUST ASK! Implementing Testing On – Demand at the Ryan Center: Lessons Learned.

**Author(s):** Evans Asumang

**BACKGROUND:** William F. Ryan Community Health Network is located in New York City, which is considered the epicenter of the HIV epidemic in the United States. The Ryan Center, as a premier provider of HIV care in Manhattan, was acutely aware of the evidence that access to testing and early entry into medical care can work together to stem the spread of HIV in New York City. The Center began offering rapid testing on – demand to all of its patients in November 2007. Located close to the neighborhoods of Harlem and Washington Heights (areas with very high sero – prevalence rates), the Center can reach clients who are at high risk for HIV infection, identify those who are positive and immediately connect them to medical care and support services.

**METHODS:** The Ryan Center offers testing on – demand to all patients who come to the Clinic for any services.

**RESULTS:** To raise awareness of testing on – demand, the Center implemented the JUST ASK! Campaign in June 2008 to encourage Ryan's practitioners as well as other staff members to have a conversation with patients about the importance of knowing one's HIV status. The Center developed a bulletin board in the walk – in clinic and flyers to heavily promote the campaign. JUST ASK! buttons were also worn by staff members to elicit questions from patients that would lead to a discussion about HIV counseling and testing.

**CONCLUSION:** Since the inception of the testing on - demand program in November, 2007 the Center's testing of patients has increased by over 300%. Of the patients who identified as men who have sex with other men (MSM), 5% tested positive and all of these positive patients were gay men of color. In addition, 87% of all patients who tested positive during the reporting period were connected to medical care and support services.

If HIV counseling and testing services is offered routinely in clinical settings and it is done right away, patients who otherwise would not have tested for HIV will be willing to do so. The Center will continue to offer testing on – demand to its patient and also encourage practitioners to better elicit risk information from patients in order to appropriately refer at – risk patient populations especially young MSM of color for counseling and testing services.

**Poster ID Number:** 248T

**Presentation Title:** Tying it Together: A Prevention and Care Provider Network

**Author(s):** Jill Rotenberg

**BACKGROUND:** Los Angeles County is a large metropolitan geographic area with a high disease burden of HIV/AIDS. The local Community Planning Groups (CPG), the Commission on HIV (COH) and the Prevention Planning Committee (PPC), have guided the activities of 8 distinct Service Provider Networks (SPN) in an effort to improve coordination of services, minimize duplication of efforts and increase linkages to prevention, treatment and care by building collaborative relationships among local service providers in these 8 service planning areas (SPA).

**METHODS:** JWCH has been the lead agency for the SPA 4, SPN for the past 3 years. SPA 4 is comprised of service providers in West Hollywood, Hollywood, Silverlake, Metro LA, including the downtown skid row community and has the highest HIV/AIDS disease burden in the County. The intended audience is the spectrum of HIV prevention, care and treatment providers including health educators, case managers, treatment advocates, researchers, clinical providers and program administrators. A combination of monthly network meetings, ongoing training and education, engagement of consumers in the planning process take place in SPA 4 at service provider agencies, the COH, the PPC and various training venues.

**RESULTS:** JWCH has developed and maintained a SPN in SPA 4 for the past 3 years to coordinate the provision of services to individuals living with HIV/AIDS including prevention, treatment and care. By design, the SPN has built a collaborative to close service gaps as well as decrease duplication of services. At the monthly networking meetings, members engage in dialogue about the local community planning process and how to engage consumers. Consumers are then identified by member agencies and nominated and approved to sit in official capacities on the local CPG's. Training on HIV and related co-morbidities as well as "hot topics" are presented by experts in the community. These include clinical trials, medical updates, Transgender issues, crystal meth, Microbicides, Domestic Violence and HIV, Hepatitis C to name a few. The linkage and referral process is also a focus of the network resulting in increased consumer compliance and satisfaction.

**CONCLUSION:** The SPA 4, SPN has met monthly for the last 3 years, engaging more than 40 HIV/AIDS service provider agencies (CBO's, governmental, research) in the process. Agency services represented include HIV primary care, case management, HIV counseling & testing, health education/risk reduction, housing, food, benefits, treatment education, mental health and substance abuse.

More than 20 trainings have taken place and 2 consumer and 1 provider representative have been nominated and approved on the local CPGs.

Lessons Learned:

-Collaboration success may be a result of informal networks and relationships that are built over time with participants on the same page (buy-in, what's in it for them, their clients).

-Maintaining a linked referral system within the local service provider community enhances client compliance.

-Agencies not traditionally working hand-in-hand now support or cross train staff to enhance services.

Difficulty maintaining a cohesive and consistent Community Advisory Board due to transient or difficult to reach populations resulting in a lack of consumer availability or buy-in.

**Poster ID Number:** 249T

**Presentation Title:** Case Management and Supportive Services Utilization Among HIV-Positive Women: Improving Access and Retention in Care

**Author(s):** Dr. Perry Halkitis; Nandini Pillai; Dr. Preetika Pandey Mukherjee; Alex B. Dayton; Andrea Guschlbauer

**BACKGROUND:** As the HIV/AIDS spread to low-income women and their families, AIDS Service Organizations (ASO) in New York City developed strategies to facilitate entry into and retention in medical care, which included development of integrated care facilities, case management and a myriad of supportive service offerings. High prevalence of mental illness and substance use and low utilization rates for therapy and substance abuse treatment among seropositive women were common barriers to care.

**METHODS:** This study utilized a cross-sectional survey to examine a non-random sample of 60 HIV-positive women receiving case management and supportive services at New York City ASOs. Additionally, a retrospective, longitudinal analysis of case management and medical charts with 4134 case management and supportive service transactions of 46 of the original 60 participants also was performed. Utilization data on support group, substance abuse treatment and mental health services are highlighted.

**RESULTS:** Over 55% of the women reported high access to care, 43% reported the ability to access urgent care “all of the time” and 94% reported high satisfaction with OB/GYN care. This held true across race/ethnicity, income level, medical coverage and service delivery model.

Support groups were utilized by 70% of the women. In contrast, only 35% utilized therapy and of those identified as using substances, only 48% utilized substance abuse treatment. Considering the high prevalence of mental illness (63%, n = 29) and substance use (54%, n = 25), the low utilization rates highlight unmet needs for service. Those who received services at a medical model agency were more likely to receive both therapy and substance abuse treatment services. In contrast, participants in non-medical model agencies (77.8%, n = 7) were more likely to be retained in support group (i.e. attend 11 or more sessions) than those at medical model agencies (39.1%, n = 9). Hierarchical linear modeling (HLM) revealed that case management and supportive service utilization is consistent over time and co-varies, however, there were no differences by demographic states nor service delivery model. In particular, those who were mentally ill or used substances were equally likely to use case management and supportive services in the same manner as their non-mentally ill and non-substance using counterparts over time.

**CONCLUSION:** Seropositive women in NYC perceive they have access to and satisfaction with both HIV and non-HIV-related healthcare, which shows that current initiatives have been successful.

Based on the higher support group attendance, perhaps groups could be a vehicle for rapport-building for the therapist-client relationship to bridge the utilization gap and reduce the stigma associated with therapy and substance abuse treatment. Sharing of information regarding recruitment and retention efforts between agencies of different modalities would be beneficial. These findings in tandem bolster the belief that the relations between case management, supportive services synergistically function to retain women in care.

**Poster ID Number:** 250T

**Presentation Title:** Utilizing Online HIV Interventions for Peer Education

**Author(s):** Trina Scott

**BACKGROUND:** Peer education can be a valuable tool in reducing negative sexual health outcomes among marginalized populations, by empowering youth to develop and maintain health attitudes and behaviors toward their sexual and reproductive health. Increasing numbers of community based organizations are developing online HIV interventions to reach populations which are hard to reach, such as gay, lesbian, bisexual, transgender, questioning/queer youth (GLBTQ) and young women of color. The internet is a resource that allows for a greater exposure to information. Young people, particularly GLBTQ youth and young people of color utilizing the internet as a tool for social networking and to collect information that relates to their sexual and reproductive health, and overall well-being.

**METHODS:** Internet, websites (including social networking sites), and message boards targeting online communities, especially young women of color and GLBTQ youth.

**RESULTS:** Advocates for Youth has been successfully providing online interventions via peer education programs for young women of color and GLBTQ youth for the past 10 years. YouthResource.com and MySistahs.org are based on the Social Cognitive Theory. More specifically, the interventions are grounded in the Health Belief Model. The goal of both of the websites is to offer support and current and accurate information on sexual identity, “coming out”, relationship issues, communication with parents, HIV/STI and pregnancy prevention, general development, self-image, experiencing oppression, culture and activism My Sistahs, a website for young women of color, and YouthResource, a website for GLBTQ youth, have a combined total of 20 peer educators that provide appropriate advice in answering questions from their peers about issues such as those mentioned above. Online peer educators from both websites are recruited from across the country based on their experience with peer education, HIV prevention, their familiarity with the internet and the degree to which they reflect the population visiting the site. Once recruited, online peer educators complete a three-day online training and are brought together for a weekend long training on internet intervention strategies. Advocates staff works with peer educators on a daily basis to answer questions from young people visiting the site, and also consults regularly with peer educators about priorities for the development of the website.

**CONCLUSION:** By actively involving peer educators in the development of the website as well as through consistent feedback and rewarding work, Advocates for Youth has retained and actively involved a majority of the peer educators working for the site over time, while providing a mechanism that is culturally appropriate for reaching out to two segments of the youth population that are hard to reach.

Advocates for Youth has learned that a successful online volunteer program will provide multiple opportunities to serve youth on a variety of levels, from simple administrative tasks to larger site and intervention goals to changing self image and increasing the knowledge levels of both, peer educators and youth soliciting help. Advocates has learned that consistent and clear communication online and offline with staff and with fellow volunteers keeps peer educators motivated and willing to be involved despite the potential isolation working online entails.

**Poster ID Number:** 251T

**Presentation Title:** Implementing Universal HIV Testing at a Community Health Center

**Author(s):** Shalini Vora, MPH; Darren Kaw, MPH; Ryan Lagman; Kimler Gutierrez; Pei-Lin Chen, MPH; Rosario Hernandez

**BACKGROUND:** As of June 30, 2008 in Los Angeles County, there have been 54,003 persons reported with AIDS, 23,095 of whom are living with AIDS. Additionally, there are an estimated 23,000 to 28,000 persons living with non-AIDS HIV. Individuals in high risk behavior groups include: Men who have Sex with Men, Men who have Sex with Men and Women, Transgender, Intravenous Drug Users, and Women At Sexual Risk. As HIV/AIDS becomes more prevalent, infection is spreading to individuals beyond these high risk groups. In 2003, the Centers for Disease Control introduced the initiative, "Advancing HIV Prevention: New Strategies for a Changing Epidemic" to make HIV testing a routine part of medical care on the same basis as other diagnostic screenings.

**METHODS:** Asian Pacific Health Care Venture, Inc. (APHCV) is a Federally Qualified Health Center located near multiple ethnic enclaves in the Los Angeles area, including Koreatown and Thai-town. The clinic provides services to low income communities in the surrounding Hollywood, greater downtown area, and North Hollywood area. APHCV began HIV testing services in 1997.

**RESULTS:** Asian Pacific Health Care Venture, Inc. was funded by the Academy for Education Development and the Association of Asian Pacific Community Health Organizations to collaborate with providers to integrate HIV testing into the clinic's regular primary care practice. The project involved training providers on the importance of getting clients tested to reduce missed opportunities for HIV testing, especially for individuals who would not be considered, "high risk". Project staff scheduled meetings and trainings with providers to build buy in and support.

**CONCLUSION:** Results: Over a three year period, APHCV tested over 2,000 clients with 24 being HIV positive. Providers were responsive to offering HIV testing and provided feedback and input to staff. Lessons Learned: Building provider buy in can be difficult, especially when provider implementation was frustrated by limitations in funding and staffing. Data analysis to track and measure HIV testing among providers can also be difficult, given the practice management system an agency utilizes. Finally, funding to provide treatment to clients who test positive for HIV may become an issue as more positives are discovered.

**Poster ID Number:** 252T

**Presentation Title:** Recommendations for Case Management Collaboration and Coordination in Federally Funded HIV/AIDS Programs: Application to Practice

**Author(s):** Barbara Martens

**BACKGROUND:** Due to the complex bio-medical and psycho-social aspects of HIV/AIDS, clients seek services from a wide range of agencies. Over the past two decades, program case managers have 're-tooled' approaches to meet the changing needs of clients. Because change was often instituted at the agency level, it resulted in differing guidelines, various funding cycles and data requirements, differing eligibility criteria or rules and regulations, and policies and procedures that were unique within the agency receiving federal funds. This often led to fragmented services, and created unforeseen and unintended structural barriers. Increasingly, HIV/AIDS case managers are seeking ways to collaborate and coordinate services within their communities to better promote a common framework for services.

**METHODS:** The recommendations, based on research and feedback from HIV/AIDS service providers, are designed to provide guidance for entities that operate or support federally-funded programs including: CDC, HRSA, HOPWA, SAMHSA CMS, and NIDA.

**RESULTS:** The recommendations are a result of workgroup meetings, discussions with case managers and organizations providing case management services, community forums and site visits, and current research on coordinated and integrated case management. The recommendations define the use of case management in different settings, examine the benefits and barriers to case management collaborations and coordination, and identify methods for strengthening linkages between HIV/AIDS programs. The project presents recommendations for both direct practice and systems level interventions, and include rationale, examples and case vignettes, and results of the use of collaborations and coordinated services.

**CONCLUSION:** Coordinated and collaborative case management services share a number of key features: formalized systems of communication, coordinated service delivery, and client-centered approaches. The project concluded that support for effective collaboration and coordination in the delivery of case management services across federal funding streams can achieve sustained and enduring benefits for clients, providers and funders of HIV/AIDS prevention, care and treatment programs.

**Poster ID Number:** 254T

**Presentation Title:** Rapid Transition from Research to Practice: The Launch of Safe in the City

**Author(s):** LaShon Glover; Sharon Novey; Zhang, Jun

**BACKGROUND:** Issue: The Diffusion of Effective Behavioral Interventions (DEBI) project is a critical component of the Centers for Disease Control and Prevention's (CDC's) efforts to reduce HIV infection in the United States. Here, we present a case study of an effective strategy to disseminate a video-based intervention to STD clinics and other interested agencies.

**METHODS:** Safe in the City (SITC) is a 23-minute video-based HIV/STI prevention intervention for STD clinic waiting rooms. SITC is the first stand-alone video-based intervention found to be efficacious in reducing new infections among STD clinic patients without requiring additional staff time or counseling sessions. SITC has met CDC's Prevention Research Synthesis criteria for 'Best Evidence' due to its rigorous design and evaluation, and is currently being diffused by the DEBI project. Results of the research study demonstrating intervention efficacy were published in the journal PLoS Medicine (June 2008; 5(6): e135).

**RESULTS:** Simultaneous with the publication and full internet availability of study results, intervention kits were made available for national dissemination at <http://www.effectiveinterventions.org>. Data were collected on numbers and types of agencies requesting intervention kits, and anticipated barriers and other technical assistance needs perceived by agencies to be relevant in implementing this intervention. One STD/HIV Prevention Training Center has also provided telephone-based technical assistance to STD clinics implementing SITC.

**CONCLUSION:** In the first four months (July 2008 through October 2008) following the publication and launch of the diffusion of SITC, 1,199 agencies requested an intervention kit. The majority of requestors included STD clinics (n=327), Family Planning Clinics (n=104), Health Services Clinics (n=209), Community-Based Organizations (n=180), and Health Departments (n=143). Given that the intervention was designed and evaluated for STD clinics, the following data are limited to those settings. Among STD clinics requesting kits, less than half (48%) had HIV-specific or other health-related videos available to patients in the waiting rooms. Most believed they were either ready to implement SITC immediately (67%), or would be ready but not immediately (22%). Most of the STD clinics appeared well equipped for intervention implementation (97% had TVs, 86% had DVD players). Most of the STD clinics did not believe they would encounter barriers to implementation or require further technical assistance. SITC provides an example of how careful planning between research and program can launch rapid diffusion of an intervention from a controlled research trial into programmatic implementation. In this case, the dissemination of SITC simultaneous with the date of publication was a first for the DEBI program, where there is often a greater lag time between research publication and diffusion launch. The DEBI website provided an effective marketing and diffusion platform for agencies to learn more about the intervention and to request a kit. Although current data suggest that STD clinics appear to have the desire and necessary equipment to implement SITC, follow-up data obtained from technical assistance calls will provide a more comprehensive picture to what extent this relatively simple intervention has been integrated into clinic settings and the barriers that may persist.

**Poster ID Number:** 255T

**Presentation Title:** Transtheoretical Stages of Change: Individual & Group Intervention with A&PI MSM in NYC

**Author(s):** Jarron Magallanes

**BACKGROUND:** From 2001 to 2006, A&PI MSM in NYC experienced the highest percent increase (57.1%) in the number of new HIV diagnoses among all racial and ethnic groups. Men account for 72% of new HIV diagnoses among A&PIs in NYC, and of these cases 80% were attributed to MSM and 11% to heterosexual contact. A&PI MSM face unique challenges stemming from their ethnic identity and sexual orientation. Risky behavior is associated with lower levels of self-esteem, higher levels of social isolation, and experiences of racism and homophobia.

**METHODS:** Asian & Pacific Islander Coalition on HIV/AIDS (APICHA, Inc.), a NYC CBO

**RESULTS:** The Project Coordinator provides individual and group-level risk reduction counseling sessions to tackle individual-level barriers (e.g. low-self esteem, social isolation, depression, anxiety). The program is based on the Stages of Change model (also known as the transtheoretical model of behavior change) and the Health Belief Model. Individual risk reduction counseling sessions (IRRC) seek to move the participant from pre-contemplation or contemplation to the preparation stage, through supportive counseling, motivational interviewing. During the first meeting (intake), risk and relevant issues are identified. The topics, goals, and number of sessions (1 to 10) can be scheduled if needed. Group risk reduction counseling (GRRC) sessions are client-centered and serve to maintain positive behavior changes.

**CONCLUSION:** From February 2008 – September 2008, a total of 19 at-risk A&PI MSM enrolled in the program for a minimum of 1 IRRC session. Of these participants, 14 attended at least 1 GRRC session. All 14 clients were at-risk A&PI, gay-identified MSM. Preliminary results suggest that participants were able to identify many of the psychosocial vulnerabilities and triggers that may place them at higher risk for HIV/STIs. Through this process, many of them cycled through the Stages of Change (pre-contemplative through maintenance), or were able to maintain safer sex practices in-between individual and group sessions.

Lessons Learned: Anecdotal data suggests that participants experienced increases in self-esteem, self-efficacy, and respect for themselves and the A&PI MSM community. Participants have expressed a need for more culturally sensitive, long-term psychotherapy services, beyond IRRC to address issues of depression, anxiety and substance use.

**Poster ID Number:** 256T

**Presentation Title:** Piloting Opioid Overdose Education and Intranasal Naloxone Distribution in HIV Prevention and Education Programs

**Author(s):** Thera Meehan

**BACKGROUND:** In Massachusetts from 1990 to 2006, annual opioid overdose-related fatalities increased over six-fold (94 to 637) while treatment admissions data from 1993 -2007 indicate a sharp increase in heroin as a primary drug of choice (19.63% - 35.61%). To address these increases, the Massachusetts Department of Public Health (MDPH) Bureau of Substance Abuse Services (BSAS) and HIV/AIDS Bureau (HAB) collaborated to implement a community-based overdose education and intranasal naloxone distribution pilot in select HIV prevention and education programs. Potential overdose bystanders were trained how to reduce overdose risk, recognize an overdose, access emergency medical services, and administer naloxone – an antidote to opioid overdose.

**METHODS:** MDPH-funded community-based HIV prevention and education (HIV P&E) programs in MA.

**RESULTS:** Staff from six pilot sites were trained as Opioid Overdose Prevention Trainers in January 2008. Site staff trained potential bystanders, including active users, family, friends, and service professionals. Bystander training included overdose education, identification and response, including use of nasal naloxone. Overdose reversal reports were collected during visits for refills and all encounters documented. Systems supports included monitoring data collection, review of adverse events, and quality improvement efforts. Each pilot site served as a critical community based venue for engaging users and their support network in HIV, STI and viral hepatitis education, screening, substance use treatment, and syringe access and disposal. Engagement with community leaders, coalitions, public safety, and local media aimed to reduce stigma and mobilize for a comprehensive local public health response.

**CONCLUSION:** Community-delivered programs through trained nonmedical staff increased access to populations at highest risk. From January – October 2008 1514 enrollments occurred (1014 users and 500 non-users [friend/family, professionals]) and 179 overdose reversals were reported.

Most opioid users do not use alone; family members, friends and likely bystanders are often present during overdoses. Active opioid users can be trained to understand and recognize overdoses and intervene at a critical time to avoid a fatal overdose. Perceived and valid fear of public safety and other social service systems are managed by direct engagement and changes to public health and safety laws and regulations. Capitalizing on existing HIV P&E programming for active users offers an effective vehicle to address fatal overdoses and adds to available strategies to reduce drug-related harms, including a vital tool for harm reduction programming and advancing opportunities for treatment readiness and referral.

**Poster ID Number:** 257T

**Presentation Title:** Strategies to Increase Male Access to HIV and Primary Care Services: Establishing a Men's Clinic

**Author(s):** Darren Kaw, MPH; Shalini Vora, MPH; Ryan Lagman, BS; Kimler Gutierrez; Pei-Lin Chen, MPH; Andrew Ma, BS; Rosario Hernandez

**BACKGROUND:** As of June 30, 2008 in Los Angeles County, there have been 54,003 persons reported with AIDS, 23,095 of whom are living with AIDS. 1159 Asian males have been reported with AIDS in Los Angeles County. The 2005 Los Angeles County Health Survey found 18% of Asian/Pacific Islanders (API) reported receiving an HIV test in the past two years, the lowest among all ethnic groups. Additionally, only 30% of all men reported receiving an HIV test. Low testing rates may be due to a combination of stigma, language difficulties, and other access barriers. Increasing the proportion of individuals who are aware of their HIV status is an essential strategy to reduce HIV transmission, especially those in traditionally non-targeted communities such as Asian men.

**METHODS:** Asian Pacific Health Care Venture, Inc. (APHCV) is a Federally Qualified Health Center located near multiple ethnic enclaves in the Los Angeles area, including Thai-town and Koreatown. The clinic provides services to low income communities in the surrounding Hollywood, greater downtown, and North Hollywood area. To assist men in accessing HIV and Sexually Transmitted Infections (STI) testing services, APHCV established a Men's Clinic every Monday from 5pm – 7pm.

During Men's Clinic, patients receive free HIV and STI testing and counseling. Barriers to HIV/STI testing are reduced by opening the clinic after work hours, having minimal paperwork, and allowing walk-ins. Patients are also able to see a provider by appointment for primary care services.

**RESULTS:** A total of 2,440 individuals were tested for HIV at APHCV from June 2005 – September 2008. 1,129 of those tested were male. A total of 24 individuals tested positive for HIV antibodies through the whole clinic. 38% (9) of positives were Asian, 38% (9) were Latino, 13% (3) were White, 8% (2) were African American, and 4% (1) were of unknown ethnic background. 66.7% (6) of API positives were Thai, 22.2% (2) Cambodian, and 11.1% (1) Vietnamese. 56% of positive APIs live in Service Planning Area 4 (the area that immediately surrounds APHCV). 75% (18) of the positive individuals were male, with 33% (6) of them being Asian. 17% (3) of males testing positive for HIV were seen through Men's Clinic. 50% (2) of males testing positive for HIV from January – September 2008 were tested through Men's Clinic.

**CONCLUSION:** Focusing HIV counseling and testing services for those that are not typically targeted, such as API men, is essential in reducing the spread of HIV. Although HIV infection rates within the API community are low, strategies to prevent its spread should be developed to avert future epidemics. This is especially important as the API community engages in high-risk behavior such as unprotected sex. Creating a men's health focused clinic with specialized staff and streamlined services is an effective strategy to address testing barriers such as stigma, hours of operation, and price. Such a strategy is especially important for males, who typically have low utilization rates of health care services because of the aforementioned barriers.

**Poster ID Number:** 261T

**Presentation Title:** Occurrence of False Positives Using OraQuick Advance Rapid HIV Test: Problems, Solutions and New Perspectives

**Author(s):** Shilpa Bhardwaj; Carolyn Nganga-Good; Rafiq Miazad; Charlene Brown; Laura Herrera; Ravikiran Muvva

**BACKGROUND:** Baltimore City Health Department (BCHD) is using the OraQuick Advance rapid HIV test in outreach, emergency departments (EDs), community based organizations (CBOs) and STD clinic settings to expand routine and rapid HIV testing in Baltimore City. The proportion of false positives reported with oral transudate specimens in our settings was higher than expected, based on the package insert. BCHD explored this elevated false positive rate to assess the problem and find possible solutions.

**METHODS:** BCHD implemented routine, opt-out and rapid HIV testing in 5 EDs, 2 STD Clinics, 2 CBOs and through mobile outreach services as part of the CDC project: Expanded and Integrated HIV Testing for Populations disproportionately affected by HIV. The OraQuick Advance rapid HIV test was provided by the Maryland AIDS Administration and used throughout the project.

**RESULTS:** OraQuick Advance offers the advantage of rapid testing, facilitating early provision of preliminary HIV results, as soon as 20 minutes after the test. Two pink lines on the test plate are read as positive. All preliminary positives rapid HIV tests were sent for confirmatory testing with Western blot. BCHD contacted both Orasure Technologies Inc. to investigate and national experts on rapid HIV testing to gain more insight.

**CONCLUSION:** Staff across multiple sites reported faint grey lines or faint and broken lines on the test plate, which were difficult to interpret and reported as a preliminary positive, but ultimately proved to be false positives. Thirty-three false positives were reported in the first year of the project, out of 6862 oral tests performed (0.5% false positive). Initial analysis suggested that the occurrence of false positive tests was not associated with the testing location, time of test, or test kit lot. There were 90 true positives out of 124 preliminary positives (estimated positive predictive value: 73%). National experts confirmed similar experiences with false positives in other jurisdictions. OraSure Technologies, Inc. reported that the test was working as expected. Routine rapid testing for HIV may enhance the proportion of positives receiving results, but may also be associated with a higher proportion of false preliminary reactive tests, when using oral transudate. These findings highlight the need for a paradigm shift in strategies for pre-and post test counseling and the development of an algorithmic testing approach to better inform the counseling process, when using oral transudate. Alternatively, an algorithm could be developed based upon the appearance of the reactive lines on the test plate. We also recommend a regulatory review of the package insert to incorporate more information about the interpretation of grey and broken lines as a test result.