

# PHS Grants for Minority Group HIV Infection Education and Prevention Efforts

JACQUELINE BOWLES, MD  
WILLIAM A. ROBINSON, MD

Dr. Bowles, formerly Director of the AIDS Program of the Office of Minority Health of the Public Health Service, is now a Robert Wood Johnson Clinical Scholar at the University of Pennsylvania. Dr. Robinson is the Director of the Office of Minority Health, which has the key role in coordinating minority population-related health care initiatives within the Department of Health and Human Services. The Office of Minority Health is part of the Office of the Assistant Secretary for Health, Public Health Service.

Tearsheet requests to William A. Robinson, MD, Director, Office of Minority Health, Hubert H. Humphrey Building, Room 118F, 200 Independence Ave. SW, Washington, DC 20201.

## Synopsis.....

*The Office of Minority Health (OMH) was established in December 1985 in response to recommendations developed by the Secretary's Task Force on Black and Minority Health. Originally, OMH's mission emphasized six health problems identified by the Task Force as priority areas: cancer, cardiovascular disease and stroke; chemical dependency; diabetes; homicide, suicide, and unintentional injuries; and infant mortality and low birth weight. OMH added HIV infection to the six health priority areas after epidemiologic data showed that the representation of blacks and Hispanics was disproportionately high among persons reported with AIDS.*

*Strategies to eliminate or reduce high-risk behaviors associated with HIV infection need to mobilize racial and ethnic minority communities and rebuild social networks in order to foster sustained behavioral changes. OMH created the Minority HIV Education/Prevention Grant Program to demonstrate the effectiveness of strategies to expand the activities of minority community-based and national organizations involved in HIV education and prevention, as well as to encourage innovative approaches to address appropriately the diversities within and among minority populations. In 1988, grants totaling \$1.4 million were awarded to four national and 23 community-based minority organizations.*

*Project workers conduct information, education, and prevention interventions directed to specific groups within racial and ethnic minority communities. Interventions include education and prevention training, information activities, developing educational materials, and providing technical assistance. Project innovations include conducting HIV education and prevention training for families at home, presenting a play produced and performed by local teenagers, and developing a workshop and a manual to help minority service organizations to recruit and train volunteer staff members.*

*Working with minority community-based and national organizations is an essential component of effective strategies for preventing HIV infection among racial and ethnic minorities. OMH's Minority HIV Education/Prevention Grant Program encourages minority groups to participate as partners in Federal, State, and local HIV prevention efforts.*

**T**HE 1985 REPORT of the Secretary's Task Force on Black and Minority Health examined longstanding disparities in health status between black, Hispanic, Native American, and Asian and Pacific Islander populations and nonminority populations (1).

The Office of Minority Health (OMH) was established in December 1985 in the Department of Health and Human Services' Public Health Service to stimulate, coordinate, and monitor programs to ensure implementation of the Task Force recommendations. Originally, the OMH mission empha-

sized six health problems identified by the Task Force as minority health priority areas: cancer; cardiovascular disease and stroke; chemical dependency; diabetes; homicide, suicide, and unintentional injuries; and infant mortality and low birth weight.

During the time that the Task Force was analyzing data and preparing its report, infection with human immunodeficiency virus (HIV), the etiologic agent responsible for acquired immunodeficiency syndrome (AIDS), had not yet been identified as a significant health threat to minority populations.

However, soon after OMH was organized, the need became evidence to add HIV infection to the six health priority areas.

Current statistics indicate that representation of blacks and Hispanics is disproportionately high among the more than 100,000 cases of AIDS in the United States that have been reported to the Centers for Disease Control (2). While blacks are about 12 percent of the population and Hispanics 7 percent, 27 percent of people with AIDS are black, and 15 percent are Hispanic. Similarly Asians and Pacific Islanders are 1.6 percent of the U.S. population, and Native Americans 0.7 percent, yet together they account for less than 1 percent of those with AIDS (2-4).

There are striking differences in the patterns of HIV transmission among blacks and Hispanics, compared with whites. Overwhelmingly, whites with AIDS are more likely to have contracted the disease through homosexual or bisexual contact or by transfusion of blood or blood products (including hemophiliacs), than have blacks or Hispanics. Although homosexual and bisexual contact is a major mode of HIV transmission among blacks and Hispanics, intravenous drug use and heterosexual contact are more prevalent modes of transmission for them than for whites. Of persons with AIDS, more than 70 percent of heterosexuals, more than 70 percent of women, and 75 percent of children are black or Hispanic (2). However, in general, risk of HIV infection is a direct result of behavior, which is influenced by socioeconomic and environmental factors. HIV infection risk is not an inherent feature of race or ethnicity (5). There is no treatment or cure for HIV infection, or vaccine to prevent it. Prevention by changing people's behavior is the only method currently available to slow the spread of HIV and reduce the numbers of future cases of AIDS (6).

Effective strategies directed toward changing high-risk behaviors associated with HIV infection must provide factual information about how HIV is transmitted from one person to another, clarify the consequences of infection, explain how to avoid becoming infected, and help people to develop specific skills for adopting and maintaining appropriate behaviors. Such strategies require discussion of potentially sensitive issues about personal behavior, such as specific sexual behaviors, homosexuality, bisexuality, and drug use. However, sexual practices and drug use are mediated by a complex interaction of biologic, socioeconomic, and cultural factors, and are particularly resistant to modification (6).

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The socioeconomic and cultural characteristics of racial and ethnic minority populations differ significantly from those of nonminority populations. Minority populations are more likely to experience higher rates of poverty and unemployment and lower levels of education. Substantial percentages of minority populations live in inner cities, where they are more likely to experience substandard housing, crime, and other environmental hazards (1).

There is a significant degree of socioeconomic, cultural, and linguistic diversity among and within the four major racial and ethnic minority groups. For example, differences in country of origin, immigration status, nativity (native- or foreign-born), language, and level of acculturation create wide diversity within racial and ethnic populations (7).

To be effective, HIV prevention strategies have to address the socioeconomic, cultural, and linguistic features that characterize specific populations. Strategies need to consider the multiple factors influencing sexual practices and drug use, the socioeconomic and cultural differences between minority and nonminority populations, and differences in predominant patterns of HIV transmission (8). Effective messages can only be presented by spokespersons who are credible to their potential audience. Such messages need to be presented in multiple and varied formats and carry the endorsements of trusted institutions and organizations (8-10).

Racial and ethnic minority communities often have social support networks, as well as systems of shared beliefs and common social and educational experiences (11). To be effective, HIV infection prevention efforts need to influence community values and beliefs, which may be neither recognized nor fully understood by outsiders. All components of the community, such as institutions, organizations, leaders, families, and individuals, need to be involved in planning and carrying out the prevention strategy. The objective is to mobilize communities to rebuild their social networks in order to stimulate and support sustained behavioral changes among their members (12).

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Community-based and national minority organizations are uniquely qualified to influence people and to foster community norms that will encourage the adoption of and support for appropriate behaviors. Supporting such organizations to initiate or expand HIV education and prevention activities will improve the quality, scope, and effectiveness of HIV infection prevention for racial and ethnic minority populations.

### **Grant Program**

The Congressional appropriation for FY 1988 expanded funding to enable OMH to take a more active role in helping minority populations to address the HIV epidemic, particularly with education efforts directed to specific groups. OMH developed the Minority HIV Education/Prevention Grant Program to demonstrate the effectiveness of education and prevention strategies designed to expand the numbers and activities of community-based and national minority organizations involved in HIV education and prevention activities. To accomplish this, OMH encourages innovative approaches that appropriately address the diversity within and among minority populations.

Applications for the grant program were solicited in May 1988, for submission by July 15, 1988. OMH received 164 applications, which were evaluated by a panel of Federal and non-Federal technical reviewers. Grants totalling \$1.4 million were awarded to 4 national and 23 community-based minority organizations. Awards ranged from \$39,000 to \$75,000 per year for 3-year projects.

The selection process attempted to balance geographic, racial and ethnic, and HIV-infection risk considerations. Together, the selected projects serve black, Hispanic, Native American, and Asian and Pacific Islander communities located in 17 States and the District of Columbia. Twelve of the 23 community-based projects are located in the metropolitan areas most heavily affected by HIV infec-

tion and AIDS. They are among the 20 metropolitan areas with the highest number of cases of AIDS reported as of August 1989 (2). The projects serve a broad range of groups in the communities, including intravenous drug users, HIV-infected persons, adolescents, school-aged children, and health care providers. The 27 projects and their status are listed separately by State on pages 555-557.

The grant program is unique in providing funding to organizations that provide services to minority communities and are administered and managed by members of the community the organization serves. Organizations were selected that had established a record of community service and had direct links to those to be reached.

**Project descriptions.** The projects present a broad and varied range of information, education, and prevention interventions. Four categories of intervention activities of selected projects are highlighted.

*Education and prevention training.* Activities in education and prevention training include information dissemination, workshops, seminars in various settings, train-the-trainer programs, behavioral skills training, peer education activities, street outreach, and education through music and drama.

Several projects use a peer education model to provide HIV infection education and prevention training to members of specific minority populations. Members of the target population participate in all stages of program development, implementation, and evaluation. Such an approach is likely to enhance the appropriateness and acceptability of the training. Teenagers recruited from local schools are to participate in an educational training program in Washington, DC. The program emphasizes building skills for behavior change and providing factual information. The educational experience includes a month of volunteer experience in a home for HIV-infected infants. After training, the teen-aged educators are to develop and deliver programs for their peers at schools, churches, and youth-oriented agencies.

A similar project is directed to black and Hispanic teenagers in a low-income community in New York City. Teenagers are being trained to educate their peers in local schools and at an adolescent clinic within a neighborhood health center that serves the community. The project trains parents of Head Start Program participants as well.

The tactic of educating and training Head Start parents also is used in an education project in

# National and Community-based Organizations Receiving PHS Grants for HIV Infection, Education, and Prevention Projects in 1988

## Alaska

**Yukon Kuskokwim Health Corp., Bethel.** Staff members of the Yukon Kuskokwim Delta Alaska Native AIDS Project have developed a program for the Yupik Eskimos and Athabascan Indians of southwest Alaska. The program includes an HIV infection and AIDS awareness and information campaign, culturally appropriate educational materials, pilot education programs in five Native Alaskan villages, and a regional resource center and speakers' bureau.

## California

**Community Action Commission, Goleta.** The grant helps support Programa de Educacion Sobre el SIDA/AIDS in efforts to provide bilingual, bicultural, HIV-infection and AIDS information and education to the Hispanic population in Santa Barbara County. Efforts are directed toward women whose children are enrolled in the organization's Head Start and daycare programs and at men working at ranches, fields, and nurseries in the area. Interventions include HIV infection and AIDS training for agency staff members, as well as in-home and community presentations. A media campaign is being conducted through Spanish radio and videos, public service announcements, and materials publicizing a bilingual HIV infection and AIDS information hotline.

**Avance Human Services, Inc., Los Angeles.** The purposes of the Peer Teen AIDS Prevention Program are to increase knowledge about HIV infection and prevention and to promote risk-reduction behaviors among Latino out-of-school adolescents in southern California. A cadre of teens is being trained to help educate their peers through presentations that incorporate theatrical, video format, and didactic techniques, and in post-presentation rap sessions with the audience. The curriculum materials used by the team educators address responsible decision making, problem solving, and self-esteem problems.

**Association of Asian/Pacific Community Health Organizations, Oakland.** National Asian/Pacific AIDS Education Project workers coordinate community HIV infection and AIDS education efforts that target Asian and Pacific Is-

lander immigrants and refugees in Boston, Oakland, San Francisco, New York, and Seattle. Project goals include a centrally developed curriculum that can be adapted to use local resources. Other project components include workshops for service providers, immigrants, and refugees; articles in Chinese language newspapers; bilingual radio programs; and coalitions of community workers and teachers for HIV infection and AIDS information dissemination.

**La Clinica de la Raza, Oakland.** Members of La Clinica AIDS Network for Community Education recruit and train community volunteers, health care professionals, and outreach workers to provide HIV infection and AIDS prevention education to Hispanics in Alameda County. Community volunteers are trained to provide programs to families and neighbors in their communities. Health care professionals and outreach workers are trained to provide culturally appropriate education and to conduct inservice training for the staff members of their own organizations.

## District of Columbia

**National Minority AIDS Council.** National Minority Volunteer Development Project workers are helping minority AIDS service organizations throughout the nation to increase the quantity and quality of their volunteer staffs. A volunteer development coordinator has designed a manual on recruiting, training, and retaining volunteers. The coordinator conducts needs assessments to determine effective recruitment strategies and vehicles for fostering skills development among volunteers and facilitates communication between the National Minority AIDS Council and the participating service organizations.

**Organization of Chinese Americans, Inc., National Headquarters.** With a network of 7,500 members, the National AIDS Outreach Program for Chinese Americans has the objective of encouraging professionals to educate inner-city and suburban Chinese American communities about HIV infection and AIDS, working with people who have contracted HIV infection, and preventing HIV transmission. The project staff members are conducting a comprehensive series of sessions on HIV infection

and AIDS at the organization's national convention; offering regional workshops to Chinese American leaders; and establishing a national HIV infection and AIDS clearinghouse to collect, review, and disseminate materials that target Chinese Americans. Bilingual materials have been developed for each of the project's components.

**Terrific, Inc.** The D. C. Teen AIDS Prevention and Risk Reduction Program involves area adolescents in activities designed to encourage behaviors that reduce their risk of contracting HIV infection. The project members are training a core group of teens to conduct education outreach activities among their peers, including workshops on HIV infection and AIDS, presentations at health fairs, and community radio broadcasts. The training will be enhanced by teen participation in a local program that cares for HIV-infected infants.

## Florida

**League Against AIDS, Inc., Miami.** Community workers at AIDS Education and Counseling for Latinos in Dade County are using community resources, skilled staff, and professional volunteers to provide education, prevention, and counseling services about HIV infection and AIDS to Latino and Hispanic, Haitian, and black communities in Dade County. Project components include identifying, translating, and developing culturally appropriate educational materials; monthly community presentations and programs for health care providers caring for those with HIV infection and AIDS; and programs to train volunteers to provide services and organize counseling groups for persons with HIV infection or AIDS.

## Georgia

**National Conference of Black Mayors, Inc., Atlanta.** Staff members of the Mayors Project to Reduce AIDS provide information on HIV infection risk reduction to blacks living in rural communities. Volunteers are to be trained to coordinate project activities with other public and private education programs. Together with the National Black Caucus of Health Workers, workshops for mayors and other elected officials are conducted that focus on public policy

and HIV infection and AIDS. Other components of the project include a model education program for rural areas, writing policy papers and articles for publications directed to blacks in rural communities, producing multimedia presentations for broadcast via satellite to rural areas and historically black colleges, and establishing an advisory council on AIDS to the existing Mayors Task Force on Health.

**Outreach, Inc., Atlanta.** Outreach workers recruit and train former IV drug users to help educate drug users in inner-city areas of Atlanta. An easily accessible, centralized educational system for IV drug users offers basic information on HIV transmission risk. A coordinated network of workers dispenses bleach packets and condoms and provides materials that describe the relationship between HIV infection and intravenous drug use as well as procedures for cleaning needles and syringes.

## Hawaii

**Kalihi-Palama Immigrant Service Center, Honolulu.** The AIDS Workshops for Minority Service Providers in Hawaii has developed HIV infection and AIDS education manpower and materials for use with the State's Asian and Pacific Islander immigrant and refugee populations. Using such techniques as role-playing and group discussions, the workshops train service providers as HIV-infection and AIDS educators capable of addressing the needs of the population. A handbook has been published to provide guidelines for HIV infection and AIDS education for Asians and Pacific Islanders.

## Illinois

**Human Resources Development Institute, Chicago.** Project members of Stop AIDS Training of Peer Trainers for Head Start Parents have established a network of trained and skilled Head Start parent leaders as peer educators in prevention of HIV infection. Participants have been trained to conduct seminars for neighborhood parents and youth. Most Head Start parents are black and reside in Chicago Housing Authority facilities. The project has developed and will implement a 2-year, college-accredited training curriculum and internship to provide certification as a Community Health Educator and eligibility for State certification as an Associate Prevention Professional in AIDS and Substance Abuse.

## Maine

**Central Maine Indian Association, Bangor.** A needs assessment is being conducted by AIDS Education for Maine Off-Reservation Indians workers to determine baseline levels of knowledge about HIV infection and AIDS among off-reservation Indians. Staff members are developing and preparing to disseminate a culturally appropriate brochure on HIV transmission and sponsor community education forums. Plans include developing HIV infection and AIDS education training materials for health professionals serving the Indian population.

## Michigan

**Community Health Awareness Group, Detroit.** Local black residents working for Education for Black HIV Positives in Metro-Detroit are helping those infected with HIV, and their families, to manage their health and HIV-infection risk behavior and to avoid transmitting HIV. Project workers emphasize skill-building for HIV seropositive persons and their families within the framework of family support.

**Latino Mental Health Task Force, Detroit.** Program staff from Facilitating AIDS Prevention Among Hispanic Drug Addicts assist IV drug users, those infected with HIV, and families of both groups, in the Latino and Hispanic community of Detroit. The staff is developing a research-action prevention model to enable participants and program staff to identify problems, design and implement appropriate education and prevention strategies, collect data, and collaborate with other HIV infection and AIDS prevention projects.

## Minnesota

**Indian Health Board of Minneapolis, Inc., Minneapolis.** The Minneapolis Indian AIDS Prevention/Risk Reduction Project is a local organization whose members seek to identify priority issues related to HIV infection and AIDS and provide inservice education and training for clinic staff and other professionals serving the Minneapolis American Indian community. The project staff is developing HIV infection and AIDS educational materials for them. Coordinating their efforts with other AIDS-related organizations, project members are participating in joint endeavors to promote risk-reduction behaviors among sexually active adolescents and adults.

## New Jersey

**Puerto Rican Congress of New Jersey, Trenton.** The goals of the Hispanic AIDS Information Arts Collective of New Jersey are to increase knowledge about HIV infection among the State's Hispanic communities in four counties. The targeted communities are predominantly Puerto Rican, but include Hispanic subgroups with Central and South American origins. Four youth troupes are being trained to make presentations to Hispanic audiences in schools, churches, housing projects, community-based organizations, and at the annual Statewide Puerto Rican convention. Other project activities include conducting press conferences for the Hispanic media, developing culturally appropriate AIDS prevention posters, and acquiring and disseminating existing HIV infection and AIDS literature targeting the Hispanic community.

## New York

**Haitian Centers Council, Brooklyn.** Staff members for the Haitian Coalition on AIDS are using electronic media to increase awareness about AIDS and HIV infection among Haitians and Haitian-Americans in the New York City metropolitan area. A variety of formats are being developed for radio and television programs that already reach a wide Haitian audience. Counseling is being provided to Haitian families at risk for HIV infection or who are experiencing difficulties with the stigma associated with a diagnosis of AIDS or other HIV-related illness.

**William F. Ryan Community Health Center, New York.** Members of AIDS Education: Black and Hispanic Women and Adolescents are providing education and outreach services to low-income black and Hispanic women and adolescents living in Manhattan's Upper West Side. Interventions include peer counseling for adolescents, inservice training for professionals who work with adolescents, and peer support groups for women. Schools and community centers are being used for workshop presentations.

## South Dakota

**Council of Seven Fires, Sioux Falls.** The Dakota Tribal AIDS Education Prevention Project staff has implemented an HIV infection and AIDS education program using rural schools in three South Dakota reservations. After conducting a

needs assessment survey, culturally appropriate messages will be developed to educate junior high school students about the prevention of HIV infection. The children and adolescents who participate in the program are encouraged to share the messages with their families and communities by creating plays, pamphlets, videos, and oral presentations.

### **Tennessee**

**Memphis Regional Sickle Cell Council, Inc.** The Shelby County Afro-American AIDS Prevention and Education Project (S-CAPE) is the focal point of efforts to increase knowledge and awareness of risk behaviors associated with HIV infection among Afro-Americans of the county. The project has developed themes for verbal, print, and electronic media campaigns; produced a series of educational skits to be performed by a local theater group; and compiled a directory of counseling, information, and referral services for people who are HIV seropositive and their families. Other project components include cultural awareness and sensitivity seminars for health professionals and HIV infection and AIDS training sessions for lay health workers.

### **Texas**

**Association for the Advancement of Mexican-Americans, Houston.** Members of a local group, Minority AIDS Education, distribute information about HIV infection to black and Hispanic communities in five health service areas in Houston. Two original, culturally specific dramatic plays have been developed by black and Hispanic playwrights to

promote behaviors that reduce risk for HIV infection. The plays are for adolescents, families, and the community.

**Hispanic AIDS Committee for Education and Resources, San Antonio.** Staff of South Texas AIDS Education for Mexican Americans provide a comprehensive program for southern counties in the State. The programs use innovative bilingual educational materials, including coloring books for school children, pamphlets, photonovels, and videos. The project staff has developed training curriculum and materials for small communities and implemented educational focus groups comprised of sexually active Hispanic couples 21 to 35 years of age.

### **Utah**

**Institute of Human Resource Development, Salt Lake City.** Community members at *Filiis Hispanas Contra el SIDA* are the AIDS education component of the Institute of Human Resource Development, an agency serving the Hispanic Community of Salt Lake City. They are developing and implementing home-based, family-oriented strategies targeting adolescents who may adopt, or are already engaged in, behaviors that place them at high risk for HIV infection. Working with the Salt Lake City County Health Department, they have developed culturally appropriate materials and established a client referral program.

### **Washington**

**People of Color Against AIDS Network, Seattle.** Project goals are to prevent the transmission of HIV within the black,

Latino and Chicano, Native American, and Asian and Pacific Islander communities in Washington. Using a community-based approach, the project offers HIV infection and AIDS education and information on risk reduction and services through outreach activities in private homes, bars, food banks, housing projects, shelters for the homeless, and ex-offender programs. Project workers have developed and implemented a training curriculum to increase the cultural sensitivity of health care providers, and they will convene a statewide working group of minority health care professionals to address community needs and develop strategies to increase local involvement in HIV infection and AIDS education services delivery.

### **Wisconsin**

**Milwaukee Chapter National Black Nurses Association, Inc.** Preventing AIDS in Milwaukee's Black Childbearing Group is a local organization seeking to develop HIV infection prevention strategies for black men and women 15 to 64 years old in Milwaukee. The project will acquire and develop culturally appropriate educational brochures and teaching modules; provide HIV infection prevention workshops to black professionals, paraprofessionals, and clergy; and present workshops in the community through churches and community agencies. The project is establishing an HIV infection and AIDS information speakers' bureau and certification program.

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Chicago's black community. Selected parents of Head Start participants living in Chicago Housing Authority facilities are being trained as educators for other parents and the community at large. Parents may elect to participate in a training program, accredited by the local community college, and to receive State certification as an Associate Prevention Professional in AIDS and Substance Abuse. The project provides HIV education and prevention training in a context that assists community members in developing potential job skills. The technique of educating and training Head Start project staff members and parents of participants is being used with a Mexican American community in Santa Barbara County, CA.

Gaining access through outreach efforts at multiple sites in a community is a key component of other intervention projects. Focusing on black intravenous (IV) drug users in Atlanta, GA, former IV drug users are being trained to participate in an aggressive outreach campaign. Outreach sites are located in areas frequented by IV drug users, such as specific housing projects, neighborhood grocery stores, and liquor stores. Outreach workers provide one-on-one HIV education and prevention counseling, distribute bleach and condoms, and assist with referrals for treatment.

In Seattle, WA, various community settings are used to disseminate information and provide HIV education and prevention training to blacks, His-

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panics, Native Americans, and Asians and Pacific Islanders who may be at risk for HIV infection. Intervention settings include food and clothing banks, social welfare agencies, bars, housing projects, homeless centers, and ex-offender agencies. The project provides educational workshops through community education programs, such as job training seminars.

Family participation is the focus of projects seeking to build on the strengths of this primary unit of social support to facilitate health education and HIV prevention efforts. In part because of limited access to mainstream health care delivery systems for many minority populations, the extended family is a primary source of health information in many minority communities. Interventions for families within specific minority communities may have a significant influence on health-related behaviors (9).

Several projects provide HIV education and prevention training for families in their homes. For example, staff members of a project in Salt Lake City, UT, are working with Mexican American teenagers who engage in, or are at risk for engaging in, behaviors associated with HIV transmission. The teenagers are referred by social service agencies for participation in a family-focused intervention. Workers provide education at home that fosters communication in the family, emphasizes strengthening family networks, and builds skills to support behaviors that reduce HIV risk. The project establishes relationships with social service agencies to extend the family unit concept to include the entire community.

A project in Detroit, MI, assists blacks infected with HIV, and members of their families. The intervention emphasizes building skills within the family unit to enhance health and to help manage HIV infection.

Role-playing, another approach to HIV education training, is the central component of an intervention involving health care providers for

Asian and Pacific Islander communities in Hawaii. Health care providers who serve immigrant and refugee populations are being trained to provide HIV education to their patients.

Three projects address HIV education and prevention training for minority populations within rural communities. For various reasons, including currently low AIDS incidence rates and isolation from major metropolitan centers, HIV education and prevention in rural areas have not received substantial attention. A national project focuses on black mayors of rural communities, predominantly in the south and midwest. The objective is to provide education and training to help the mayors to help their communities develop appropriate HIV-related public policies. Another project, directed to a rural American Indian community, will provide HIV education to school-aged youths and their parents through schools on three South Dakota reservations. In southwest Alaska, a model HIV education and prevention program is being developed and implemented in five native Alaskan villages.

Three project interventions are based on the use of dramatic plays to provide HIV education and prevention training for Hispanic communities. Projects involve a Puerto Rican community in Trenton, NJ, a Mexican American community of East Los Angeles, CA, and teenagers of a Mexican American community in Houston, TX. Performers are being trained to provide HIV education through dramatic presentations that will be followed by small group discussions facilitated by the performers.

*Print and broadcast media.* Public communications directed to minority groups are the basis for projects such as those producing public service announcements (PSAs), radio and television programs, and newspaper and magazine coverage. One project uses radio and television stations listened to by the Haitian community in the New York City metropolitan area for an educational campaign. Programs presented in Creole as well as in English are supported by other community activities, such as health fairs.

An educational campaign using print and broadcast media in the black community is being developed in Shelby County, TN. A play produced and performed by local teenagers, followed by a discussion with the teenaged audience, was videotaped. The program is to be aired on a local cable channel, and will be made available for use by schools and other community agencies. The project

has developed a rap music-style PSA that will be aired on local stations that feature black music programming. The project will sponsor a contest for teenagers to develop rap music educational messages about HIV infection.

*Educational materials.* Educational materials appropriate for specific populations are being identified, new materials developed, and existing materials modified in other projects. Among them are projects to create resource centers for educational materials. To be effective for minority populations, educational and training materials need to be appropriate for their culture, language, and literacy level (8-10). Several proposals have identified appropriate print and audiovisual materials for their communities, or have developed new materials. For example, a national project for Asian and Pacific Islander immigrants and refugees will develop printed materials for use in Boston, Oakland, San Francisco, New York, and Seattle. In Seattle, a curriculum is being developed to increase the cultural awareness and sensitivity of health care providers serving local minority communities.

*Technical assistance.* Some projects will develop materials and train minority organizations to develop, initiate, or expand HIV-related activities. Technical assistance will be given community-based minority organizations through a national project to develop a training manual on volunteerism. The project includes workshop training on the use of the manual to help organizations to assess the need for volunteers and to develop skills in volunteer recruitment and training.

## Conclusion

Community-based and national minority organizations are appropriate vehicles for accessing minority communities. The organizations are essential to effective HIV infection prevention strategies directed to racial and ethnic minority populations. In this way, the organizations become partners in Federal, State, and local HIV infection prevention and control efforts.

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