

# Increasing the Involvement of National and Regional Racial and Ethnic Minority Organizations in HIV Information and Education

PRISCILLA B. HOLMAN, MSED  
WILLIAM C. JENKINS, PhD, MPH  
JACOB A. GAYLE, PhD  
CARLTON DUNCAN, BS  
BRYAN K. LINDSEY, PhD

All the authors are with the Centers for Disease Control (CDC). Ms. Holman is Deputy Director of the National AIDS Information and Education Program (NAIEP). Dr. Jenkins is Epidemiologist, Division of STD/HIV Prevention, National Center for Prevention Services. Dr. Gayle is Special Assistant for Minority and Other Special Populations, Office of the Deputy Director (HIV). Mr. Duncan and Dr. Lindsey are Public Health Advisors, Division of Adolescent and School Health, National Center for Chronic Disease Prevention and Health Promotion.

Current project officers for the grants described in the paper are Laretta D. Pinckney, MA, Arthur J. Robinson, BA, and Walter K. Chow, BS, all affiliated with the National Center for Prevention Services, Richard J. Jimenez, MEd, NAIEP, Mr. Duncan, and Dr. Lindsey. Former project officers are C. Wayne Duncan, BA, currently with the International Health Program Office, CDC, assigned to the Ministry of Health, Kingston, Jamaica; Maria Isabella Fernandez, PhD, currently with the AIDS Program, National Institute of Mental Health; and Kenneth R. Williams, National Partnership Development Activity, NAIEP, CDC.

Tearsheet requests to Ms. Priscilla Holman, Centers for Disease Control, NAIEP, Mailstop A24, Atlanta, GA 30333.

## Synopsis .....

*Responding to the facts that (a) the AIDS epidemic is occurring among black and Hispanic populations disproportionately to their percentage*

*of the U.S. population and (b) effective human immunodeficiency virus (HIV) prevention programs are racially, ethnically, and culturally relevant and sensitive, CDC in 1988 initiated a 5-year grant program for HIV prevention efforts by national racial and ethnic minority organizations and regional consortia of racial and ethnic minority organizations. A total of 33 organizations received first-year funds. Of the 32 grants that are ongoing, 15 primarily target blacks, 12 Hispanics, 4 Native Americans and Alaskan Natives, and 1 Asian Americans and Pacific Islanders. Some grants are for more than one racial or ethnic population.*

*Programs may be categorized as (a) education programs within national non-AIDS organizations and their respective affiliate networks to increase their understanding, support, and community outreach for HIV prevention; for example, National Urban League, Inc.; (b) programs providing specific HIV prevention expertise and technical assistance to community-based and other organizations; for example, National Minority AIDS Council; (c) HIV prevention programs emphasizing communications and media; for example, Hispanic Designers, Inc; and (d) prevention programs targeted to a specific racial or ethnic group within a geographic area; for example, Midwest Hispanic AIDS Coalition.*

*As a result of these grants, substantial resources are being invested in prevention programs developed by and for racial and ethnic minorities. Other overall benefits include an expanded foundation of organizations to address AIDS and other health problems affecting these populations, strengthened interrelationships among HIV-focused and broader-based minority organizations, and extensive collaboration of private sector organizations with Federal and State public health and education agencies.*

AS OF MARCH 1991, BLACKS accounted for 48,841 (28 percent) and Hispanics for 27,531 (16 percent) of the total cases of acquired immunodeficiency syndrome in the United States (1). Yet in the 1980 Census, blacks made up only 11.5 percent and Hispanics only 7 percent of the total U.S. population. The number of cases among Asian Americans and Pacific Islanders was 1,058 (0.6 percent of

total cases) and among American Indians and Alaskan Natives, 248 (0.1 percent of total cases).

The disproportionate number of cases among blacks and Hispanics has been recognized since early in the epidemic. The Centers for Disease Control (CDC) has funded a number of programs to address this disparity. In 1984 CDC entered into a cooperative agreement with the United States

Conference of Mayors (USCM). In 1985 USCM received additional CDC funds that enabled it to fund innovative HIV education and prevention programs in community-based organizations (CBOs). In 1987, USMC began to award funds almost exclusively to racial and ethnic minority CBOs. The next infusion of funds occurred through CDC cooperative agreements with State and local health departments that were initiated in 1985 when health education-risk reduction and counseling, testing, referral, and partner notification activities were funded.

Although a portion of these funds was subcontracted to racial and ethnic CBOs, it was clear that increased levels of support for racial and ethnic minority CBOs were necessary. In 1987 CDC awarded funds to State and local health departments specifically for health education and risk reduction in racial and ethnic minority populations. The grants described in this paper began in fiscal year 1988 (2) and were the first funds provided by CDC directly to racial and ethnic minority national organizations and regional consortia. This effort was complemented in 1989 by direct funding of CBOs, with 50 percent of the funds (\$5 million) designated for minority CBOs (3).

Collectively these four programs constitute a multitiered approach at the local, State, regional, and national levels to prevent and control the spread of HIV infection among racial and ethnic minority populations in the United States.

The purposes of the grants were (a) to provide effective and innovative approaches to the prevention of HIV infection within racial and ethnic minority populations (4); (b) to involve greater numbers of minority community leaders, professionals, institutions, and agencies in HIV and AIDS information dissemination; and (c) to stimulate programs that tap into a variety of national, regional, and community resources in a coordinated way.

The direct involvement of minority organizations was expected to provide local minority communities and CBOs a wider range of options from which to draw support, technical assistance, and strategy options in determining the most effective approaches for their particular constituencies. It was also expected that at the end of the 5-year grant period, the institutional structures for preventing HIV infection among racial and ethnic minorities would be stronger.

To increase the number of organizations in HIV prevention, the grant criteria encouraged the formation of new national and regional consortia of

minority service organizations by allowing them to apply for funds under the program. Organizations which could address the AIDS information and education needs of racial and ethnic minority populations within the United States and its Territories, including blacks, Hispanics, Asian Americans, Pacific Islanders, Native Americans, Alaskan Natives, and recent immigrants, were encouraged to apply. This underscored CDC's conviction that the proven concept of involving members of the targeted population in the planning, design, and implementation of any program is essential to its effectiveness (5,6).

To explain the grant's purposes and the application process and to provide opportunities where national and regional organizations might coalesce, preapplication workshops were held in Chicago, Los Angeles, New York City, and Washington, DC, in May 1988. As a result, 86 proposals were received; 33 were funded. Thirty-two of these grants have continued into this, the fourth, funding cycle. Fifteen are directed to blacks, 12 to Hispanics, 4 to Native Americans and Alaskan Natives, and 1 to Asian Americans and Pacific Islanders. The funding history follows.

<i>Funding cycle</i> <sup>1</sup>	<i>National or regional minority grants (in thousands)</i>
Fiscal year 1988 .....	\$8,587
Fiscal year 1989 .....	\$7,888
Fiscal year 1990 .....	\$7,953
Fiscal year 1991 .....	<sup>2</sup> \$9,697
Fiscal year 1992 <sup>3</sup> .....	<sup>2</sup> \$9,697

<sup>1</sup> Includes annual national and regional conferences.

<sup>2</sup> Annualized from 9-month funding cycle to 12-month funding.

<sup>3</sup> Proposed.

To provide technical assistance, particularly for the newly formed consortia, CDC added funds to its cooperative agreement with the USCM. The USCM's 3-year history of working with CDC to fund minority CBOs, coupled with its extensive involvement with local municipalities, offered opportunities for strengthening alliances and networks and for delivering broadly supported minority HIV programs. Other opportunities for organizational interaction, or networking, were built into the grant program. For example, the grantees have met annually to assess progress toward goals and objectives and evaluation approaches. Their participation at national minority conferences and other national and international conferences on HIV has

## National Non-AIDS Organizations Funded to Increase the Involvement of Their Membership and Affiliates in HIV and AIDS Programs

<i>Organization</i>	<i>Affiliates</i>	<i>Organization</i>	<i>Affiliates</i>
National Urban League, Inc. 500 East 62nd St. New York, NY 10021	114 city chapters in 34 States and Washington, DC. Focus: all chapters	Suite 500 Washington, DC 20001	
Jackson State University National Alumni Association 1400 J.R. Lynch St. Jackson, MS 39217-0154	Chapters in 27 States. Focus: chapters in Mississippi, Louisiana, Tennessee, and Alabama	National Association for Equal Opportunity in Higher Education 400 12th St., NE Lovejoy Building Washington, DC 20002	117 historically black colleges and universities
Southern Christian Leadership Conference 334 Auburn Ave. NE Atlanta, GA 30312	300 chapters. Focus: Alabama, North Carolina, Michigan	Howard University 2139 Georgia Ave., NW Suite 3-B Washington, DC 20001	Health professionals
Association of Black Psychologists P.O. Box 55999 Washington, DC 20040-5999	30 local chapters, 1,000 members. Focus: 20 U.S. cities	Association of Asian/Pacific Community Health Organizations <sup>1</sup> 1212 Broadway, Suite 730 Oakland, CA 94612	Community health centers in California, Hawaii, Massachusetts, New York, and Washington
National Council of La Raza Union Station Plaza 810 First St., NE Suite 300 Washington, DC 20002	Affiliated Hispanic organizations in 22 States serving 32 cities	National Association of Black and White Men Together 631 O'Farrell St. San Francisco, CA 94109	25 chapters in 24 U.S. cities, 1,000 members
National Medical Association 1012 10th St., NW Washington, DC 20001	100 chapters, 13,000 members	American Indian Health Care Association 245 East 6th St. Suite 499 St. Paul, MN 55101	35 urban Indian health programs
National Organization of Black County Officials 440 First St., NW	2,000 members, black elected and appointed officials, black administrators		

<sup>1</sup> Extensive media component also.

been encouraged, with many of their representatives serving as plenary speakers, workshop leaders, and technical experts. The national leaders affiliated with these organizations and HIV projects are among the recognized experts on specific HIV prevention issues.

### The Programs

The individual organizational prevention programs that developed as a result of these grants may be grouped overall as follows: (a) education

programs within national non-AIDS organizations and their respective affiliate networks to increase their understanding, support, and community outreach for HIV prevention; (b) national and regional organizations providing specific technical assistance to community-based and other organizations; (c) HIV prevention programs emphasizing communications; and (d) prevention efforts targeted to specific racial or ethnic group(s) within a defined geographic area. The names, addresses, and other information about the organizations receiving grants are listed in the boxes on pages 689-692.

**National and Regional Organizations  
Funded to Provide Technical Assistance  
to Other Organizations**

<i>Organizations</i>	<i>Type of technical assistance or expertise</i>
National Minority AIDS Council <sup>1</sup> 300 I St., NE Washington, DC 20002	Leadership, advocacy, resource development, computer assistance
Association for Drug Abuse Prevention and Treatment, Inc. 236 East 111th St. New York, NY 10029	Outreach to injecting drug users
BEBASHI 1528 Walnut St. Suite 1414 Philadelphia, PA 19102	Organizational development and capacity building
COSSHMO <sup>1</sup> 1030 15th St., NW Suite 1053 Washington, DC 20005	AIDS information and outreach to Hispanic community-based organizations
National Native American AIDS Prevention Center 3515 Grand Ave. Suite 100 Oakland, CA 94610	AIDS prevention programs and materials for Alaskan Natives and Native Americans

<sup>1</sup> Extensive national affiliate structure also.

Washington, DC, (for injecting drug users in prison), and in Atlanta (for black gay males and HIV-positive pregnant women).

- National Medical Association is assessing HIV and AIDS knowledge among its physician members, providing regional training and establishing State AIDS task forces in member chapters to increase member involvement in prevention and intervention programs and their competence as HIV prevention authorities in black communities.
- National Medical Association/Comprehensive Health Center has developed train-the-trainer programs for HIV occupational risk prevention among black health professionals, law enforcement officers, fire fighters, funeral directors, and morticians.
- Howard University developed a training program to improve HIV-related knowledge, awareness, and counseling skills of black dentists and physicians, followed by clinical nurses. Recently the school extended it to include physician's assistants.
- Association for Drug Abuse Prevention & Treatment, Inc. has developed a training program for agencies and organizations nationwide in how to reach and intervene with people who inject drugs to control and prevent the spread of HIV infection.
- Logan Heights Family Health Center, from its series of knowledge, attitude, belief, and behavior surveys of the patients at four federally funded community health centers in California and New Mexico, has developed a manual to train staff members and selected clients to address HIV issues in a culturally relevant and sensitive way in the centers and their communities.
- American Indian Health Care Association has developed culturally sensitive HIV and AIDS education and prevention materials for professional health care workers to use in working with urban American Indian populations.
- United Migrant Opportunity Services, Inc. has developed a program of technical assistance that includes training, outreach, and funding for HIV-AIDS projects of agencies serving migrants in the Midwest.

**Programs involving churches**

- Jackson State University National Alumni Association, in numerous communities, has identified and trained a cadre of alumni professionals to serve as community HIV educators and has developed a guide for religious leaders concerning the church's role in HIV prevention and service.
- Southern Christian Leadership Conference has formed a coalition composed of 15 black churches

Definitive classification is difficult, however, because of the wide array of components that make up each program. Aspects of the specific programs are described subsequently to demonstrate the range of components (multiple methodologies, target groups, geographic reach, and accomplishments) that comprise the 32 programs.

**Programs for involving and training medical and allied health professionals, service workers, and outreach workers**

- Association of Black Psychologists has trained more than 40 psychologists to serve as AIDS education and support counselors, primarily in metropolitan areas, and it has established support groups in San Diego and New York City (for users of injected and other drugs, to prevent the spread of HIV), in St. Louis (for persons with AIDS), in

in each of five cities. This network forms an AIDS Awareness Committee charged with informing and educating the black communities in these five cities about HIV and AIDS. It has also developed programs to educate religious leaders.

**Programs involving business, political, and other community leadership**

- Midwest Hispanic AIDS Coalition engages in health advocacy and community empowerment activities to provide a forum for communication, coordination, and social services providers and consumers. It has developed a curriculum guide to be used by religious organizations and health care and social service providers who work with low-income and high-risk Hispanic women. It has been a leader in involving Hispanic resources and organizations in its projects.
- National Organization of Black County Officials has provided a forum to increase awareness among black county officials nationwide of the importance of supporting programs of comprehensive school and community-based health education, with an emphasis on HIV prevention education for adolescents.
- National Urban League, Inc. is developing a technical assistance manual focusing on development and expansion of a program for use by its 114 affiliates and other CBOs. In conjunction with the American Red Cross, the league provides HIV training courses targeting blacks.
- National Council of La Raza AIDS Center assists Hispanic CBOs in designing, implementing, and evaluating HIV-AIDS education and prevention activities. It has developed education and resource guides, along with training modules, to involve its extensive national Hispanic organization network, as well as others, in the HIV prevention effort on behalf of Hispanics.
- National Native American AIDS Prevention Center has provided technical assistance and training in HIV-AIDS education to Native American CBOs, tribal leaders, health care providers, and directors of alcoholism treatment programs of the Indian Health Service. To support this network, a telephone hotline, electronic bulletin board, newsletter, and clearinghouse have been established.

**Programs employing innovative communication strategies and providing unique data and resources**

- Hispanic Designers, Inc., through its educational leadership council made up of 35 nationally influ-

**Organizations Focusing Primarily on Communications/Media for HIV Prevention**

<i>Organization</i>	<i>Media</i>
Hispanic Designers, Inc. 1000 16th St., NW Suite 504 Washington, DC 20036	Television, movie theaters, educational materials and conferences
Latino Consortium/KCET (PBS), Los Angeles 4100 Sunset Blvd. Los Angeles, CA 90027	Television, teleconferences

- ential Latinas, has developed a guide that covers the demographics of the AIDS epidemic among Hispanics; the relevant policy issues; and referrals to national, regional, and local resources. Hispanic Designers, Inc. has produced public service messages targeting women and adolescents and has distributed them through Telemundo, Univision, the Public Broadcasting System, Music Television, independent television stations, and movie theaters.
- Latino Consortium/KCET has produced three television programs, "SIDA is AIDS," "Values, Sexuality, and the Family," and "The Forgotten People: Latinas With AIDS," and is currently producing a fourth under the working title "Hispanics: the Religious Community and AIDS." Each has aired, or will be, over PBS and Univision for viewing by as many as 40 million persons. Last year, "The Forgotten People: Latinas With AIDS" was also broadcast over the Latin American Cable Network "OTI," which reaches 22 Latin American countries.
  - Association of Asian/Pacific Community Health Organizations produced "Behind the Mask: AIDS... It Affects All of Us," the first HIV-AIDS health education videotape produced by and for the Asian and Pacific Islander communities. The videotape has been distributed in English, Tagalog, Cantonese, Vietnamese, Korean, and Samoan.
  - Support Organization for AIDS Prevention has focused on providing HIV information in French, Creole, English, and Spanish, through brochures, newspapers, and radio talk shows that are culturally and ethnically appropriate for blacks and people of the Caribbean.
  - National Association of Black and White Men Together conducted a landmark study of the

## Organizations Delivering Prevention Programs to a Particular Racial or Ethnic Group and Geographic Area

<i>Organization</i>	<i>Target population and area</i>	<i>Organization</i>	<i>Target population and area</i>
Washington State Migrant Council 301 First St., Suite 1 Sunnyside, WA 99944	30,000–40,000 Hispanic migrant farm workers in Washington, Oregon, Idaho	PROCEED, Inc. 815 Elizabeth Ave. Elizabeth, NJ 07201	Hispanics in Puerto Rico, Connecticut, Massachusetts, New Jersey, Pennsylvania
United Migrant Opportunity Services, Inc. 809 W. Greenfield Ave. Milwaukee, WI 53204	30,000 migrant farm workers in Wisconsin, Nebraska, Minnesota, Illinois, Michigan, Indiana, Kansas, Ohio	Center for Health Policy Development, Inc. 6905 Alamo Downs Parkway San Antonio, TX 78238	Hispanics in Texas, Colorado, Arizona, New Mexico
Midwest Hispanic AIDS Coalition 1725 West North Ave. Suite 4–C Chicago, IL 60622	Hispanic population in Illinois, Minnesota, Wisconsin, Michigan, Ohio, Indiana	Inter Tribal Council of Arizona, Inc. 4205 N. 7th Ave. Suite 200 Phoenix, AZ 85013	Indian reservations in Arizona, Nevada, parts of California, Idaho, Utah, New Mexico
National Medical Association Comprehensive Health Center, Inc. 6601 Imperial Ave. San Diego, CA 92114	Blacks in San Diego, CA; Oregon; Nevada; Washington, DC; Colorado; Arizona	People of Color Consortium Against AIDS 770 Grant St. Suite 218 Denver, CO 80203	Blacks, Hispanics, Native Americans, and Asians in Douglas County, NE; Laramie County, WY; northeast and northwest communities; metro areas of Denver; Dolores, Conejas, Costillo, Saguache, and Pueblo Counties, CO; Rio Arriba, San Miguel, Taos, Guadalupe, Harding, and Mora Counties, NM
Health Watch Information and Promotion Services 3020 Glenwood Rd. Brooklyn, NY 11210	Black inner city preteens and teens in Baltimore, MD; Newark, NJ; Philadelphia, PA; Bedford-Stuyvesant, NY	Alaska Native Health Board, Inc. 1345 Rudakof Circle Suite 206 Anchorage, AK 99508	Native Americans, Native Alaskans in Idaho, Oregon, Washington, Alaska
Logan Heights Family Health Center 1809 National Ave. San Diego, CA 92113	Four Federal health centers serving Hispanics in California, New Mexico; Native Americans in Arizona, New Mexico; Asian-Pacific Islanders in Hawaii		
Support Organization for AIDS Prevention (SOAP) P.O. Box 931867 Los Angeles, CA 90093	Blacks and Caribbean-Americans in Los Angeles, CA; Naples, FL; Bridgeport, CT; Brooklyn, NY		

knowledge, attitudes, and behaviors of black men who have sex with other men. This study is expected to guide HIV interventions targeted to this population throughout the United States.

- Alaska Native Health Board, Inc. has provided HIV information to Native American and Alaskan Native populations in four States through a series of live, interactive television broadcasts.
- PROCEED, Inc. is developing a curriculum guide that focuses on reducing risk behavior among

Hispanic groups assessed at highest risk by the Northeast Hispanic AIDS Coalition study; PROCEED is a member of the coalition. PROCEED is also developing a region-specific Hispanic CBO training and technical assistance plan.

- Inter Tribal Council of Arizona, Inc. completed an extensive assessment of all prevention-education HIV-AIDS training materials. These materials were analyzed in terms of readability, accuracy, completeness, usefulness, and tribal compatibility. The

project also attempts to eliminate barriers to the delivery of adequate services and has developed support systems in tribal communities in the Phoenix, Tucson, and Navajo Indian Health Service areas.

- People of Color Consortium Against AIDS developed a centralized HIV-AIDS education resource center to provide a library of ethnically sensitive education materials and training for outreach workers. They also held a train-the-trainer symposium on HIV-AIDS to strengthen the effectiveness of outreach strategies.
- Washington State Migrant Council has developed innovative communication strategies for reaching health and social service agencies and the migrants themselves over a four-State region through radio programs and public service announcements, training programs for health and social service providers and farm worker families, and culturally specific materials.

#### **Programs offering major organizational support to CBOs**

- Blacks Educating Blacks About Sexual Health Issues (BEBASHI) applies its expertise in organizational development and maintenance to help CBOs achieve successful HIV programs by establishing an effective organizational plan and structure.
- National Coalition of Hispanic Health and Human Services Organization (COSSHMO) developed a training module for Hispanic CBOs to improve HIV intervention efforts among Hispanic women and children, adolescents, and injecting drug users.
- National Minority AIDS Council represents the interests of minority HIV CBOs at the national level established to address HIV and AIDS, and it provides technical assistance in organizational development and computer technology. It has attracted private sector resources to support minority HIV CBOs, including a \$100,000 grant from Apple Computer to provide CBOs with computers.
- El Centro Human Services Corporation is developing a technical assistance manual designed to assist CBOs that serve black, Hispanic, and Haitian women at increased risk of becoming HIV infected. El Centro is developing Q-Sort training materials, pictorials aimed at educating illiterate and low literacy black, Hispanic, and Haitian women about HIV-AIDS.
- Center for Health Policy Development has promoted increased awareness, factual knowledge, and methods of HIV-AIDS prevention among Hispanics through the development of a clearinghouse,

training facilitator guide, and computer management system. The computer management system is used by Hispanic CBOs in the U.S. Southwest.

#### **Programs focusing on young people**

- Health Watch has developed, conducted, and trained other groups through use of a community educational module entitled "Youth AIDS Prevention Program" and is conducting a longitudinal study of participants to evaluate the effectiveness of the community module.
- National Association for Equal Opportunity in Higher Education provided HIV training to a person at each of its 117 member colleges and has initiated a prevention program on each campus. These institutions represent historically and predominantly black colleges and universities, as well as postsecondary institutions with significant minority student enrollments.

Beyond the specific content of their programs, the national and regional minority organizations and consortia play several other unique roles in involving community-based organizations in public health issues at State and national levels. First, because of their size and stature, the national and regional organizations and consortia provide a voice at the national level about the needs and goals of many individual community-based organizations and their communities. Second, because of their longer history and breadth of programs, some are providing certain types of technical assistance, such as organizational management, to supplement the CBOs' community and HIV-specific expertise. And third, because of their experience with national issues and broad health agenda, many are facilitating the coordination and cooperation of the national, State, and local public and private sector interests required to achieve successful health programs.

#### **Benefits and Successes**

Now, beyond the midpoint of this 5-year program, the basic goals are being met and overall benefits and successes are beginning to be recognized. The number of HIV prevention programs targeting Hispanics, blacks, Asian Americans, Pacific Islanders, Native Americans, and Alaskan Natives has indeed increased. Likewise, the types of innovative strategies useful for a wide spectrum of selected populations have expanded across most of the United States and even into Latin America. The

collaboration and coordination that have developed are extremely important; there are now strong affiliations among the grantees themselves, with many organizational representatives serving on each other's boards of directors, on executive committees, or as speakers at each other's workshops and national meetings.

The grants have also provided opportunities for new leadership to form in the national and regional organizations. These leaders now interact routinely with traditional public health institutions and major voluntary agencies such as the American Red Cross. This interaction has impacted on the infrastructure of public health and improved not only the foundation for addressing HIV issues, but also other health problems facing racial and ethnic populations.

The groundwork for institutionalizing effective programs has been laid, and prospects are good that these programs will continue when the grant period ends. Numerous factors to stabilize programs have been addressed, such as awareness and relevance of a program to its community, fiscal and administrative accountability of the organization, and planning and evaluation within the program. The interaction of multipurpose national organizations, such as the National Urban League and National Council of La Raza, with categorically focused organizations, such as Association for Drug Abuse Prevention & Treatment, Inc. and Support Organization for AIDS Prevention, has been extensive. Involvement and exposure to both public and private sector funding sources have also occurred.

As this epidemic continues, so will the need for effective programs. Because of their national stature; the geographic and societal reach of their institutions; and the diversity, innovation, and racial and ethnic sensitivity of their programs, many of these grantees are in key positions for continuing to meet these needs. The magnitude of health and social problems—unemployment, crime, drug use, access to medical care, housing and homelessness, and AIDS—facing our society is enormous. Certainly the active involvement and leadership on a broad scale of national and regional racial and ethnic minority organizations are essential to the future improvement of public health and well-being in America.

### References .....

1. Centers for Disease Control: U.S. AIDS cases reported through March 1991. HIV/AIDS Surveillance, March 1991, p. 9.
2. Notice: CDC solicits applications for FY 1988 grants for AIDS information and education program for minorities. Application deadline June 15, 1988. Federal Register 53: 15734, May 3, 1988.
3. Bailey, M.: Community-based organizations and CDC as partners in HIV education and prevention. Public Health Rep 106: 702-708, November-December 1991.
4. Mason, J. O., et al.: Current CDC efforts to prevent and control human immunodeficiency virus infection and AIDS in the United States through information and education. Public Health Rep 103: 255-260, May-June 1988.
5. Green, L. W., Kreuter, M. W., Deeds, S. G., and Partridge, K. B.: Health education planning: a diagnostic approach. Mayfield Publishing Co., Mountain View, CA, 1980.
6. Breckon, D. J., Harvey, J. R., and Lancaster, R. B.: Community health education: settings, roles, and skills. Aspen Publications, Rockville, MD, p. 102.