



12th

**National HIV/AIDS
Update Conference**

HIV/AIDS

at the crossroads

Confronting Critical Issues

March 14-17, 2000

**Bill Graham Civic Auditorium
San Francisco, California**

Abstracts



Sponsored by the American Foundation for AIDS Research (amfAR)

Wednesday	2
Thursday	6
Friday	16
Posters	18

Workshop Numbering System

Workshops Tracks

100 Series Prevention



200 Series Public Policy



300 Series Research and
Clinical Management



400 Series Care & Services



- A** Adolescents & Young People
- C** Communities of Color
- M** Mental Health
- S** Seniors
- U** Substance Users
- W** Women
- X** Lesbian, Bisexual,
Gay, Transgender

Conference Track Chairs



Prevention

Cliff Morrison, ACRN, FAAN
Program Director,
12th National HIV/AIDS
Update Conference
Alameda, CA

Robyn Schulhoff, MA
Senior Policy Analyst,
HRSA Office of HIV/AIDS
Rockville, MD



Public Policy

Jean McGuire, PhD
Director, HIV/AIDS Bureau
Massachusetts Department
of Health
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Jane Silver, MPH
Director of Public Policy
American Foundation
for AIDS Research (amfAR)
Washington, DC



Research and Clinical Management

Kevin Robert Frost
Director of Clinical Research
and Information, amfAR
New York, NY

Jeffrey Laurence, MD
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AIDS Virus Research
Cornell University
Senior Scientific Consultant for
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Care and Services

Jenna Delgado
Coordinator Trainer, Prototypes
Culver City, CA

A Adolescents and Young People

Sean Sasser
Health Initiatives
for Youth (HIFY)
San Francisco, CA

W Women

Jennifer Attonito, MSEd
Director of Public and
Professional Education
amfAR
New York, NY

C Communities of Color

Cornelius Baker
Executive Director
The Whitman-Walker Clinic
Washington, DC

U Substance Users

Don des Jarlais, PhD
Director of Research,
Chemical Dependency
Institute, Beth Israel
Medical Center
New York, NY

M Mental Health

Mark Winiarski, PhD
AIDS Mental Health-
Fordham Plaza
Montefiore Medical Center
Bronx, NY

S Seniors

Jane Fowler
National Association on
HIV Over Fifty (NAHOF)
Good Samaritan Project
Kansas City, MO

Wednesday, March 15, 2000
Abstract Session -
Care and Services
11:00 am - 12:30 pm



410

room 403

Providing Care, Services, and Alternative Sentencing to Women Prisoners Affected by HIV and Hepatitis

Learning Objective

- Highlight the crisis involving the HIV/Hepatitis dual epidemic among women prisoners.
- Increase community understanding of barriers to HIV/AIDS and Hepatitis care and prevention within systems of incarceration.
- Offer effective community-based alternatives to incarceration.
- Offer peer based models of prevention, education, and treatment support for prisoners both infected with and at risk of HIV and/or Hepatitis.

Abstract Text

The proposed talk will document the history of HIV care provided to California women prisoners, including current methods of treatment of HIV/Hepatitis co-infection, to highlight the need for urgent reform both of prison health care services and the current trend of excessive incarceration. The presentation will rely heavily on writings of women prisoners that describe their experiences living with HIV/AIDS and Hepatitis in California prisons and jails. The experience of women prisoners in California is offered as an example to illustrate the urgent need to provide basic medical educational support to women prisoners affected by HIV and Hepatitis throughout the United States.

The women's prison population in the United States has grown by 375% since 1980, and women are currently the fastest growing population of people in prison. California maintains the largest prison population and has the highest incarceration rates in the country. Currently, over 11,000 women are incarcerated in California. The dramatic increase in incarceration of woman has been accompanied by epidemic and disproportionate rates of HIV among women prisoners. Incarcerated women and HIV+ women share many of the same demographic characteristics. Both are overwhelmingly women of color struggling with poverty and addiction and with histories of sexual abuse and other victimization.

Despite the alarming number of women prisoners affected by HIV/AIDS, this population of women remains virtually unserved, reflecting the lower value society places on the provision of care to low-income women of color. HIV+ women prisoners regularly go without counseling or education around their illness. Alarming, many women prisoners die prematurely of AIDS-related illnesses.

In the past year, the HIV epidemic in United States women's prisons has been surpassed by alarming rates of Hepatitis B and C. For example, the California Department of Corrections estimates that a minimum of 40% of women prisoners are infected with Hepatitis B or C. As staff of Women's Positive Legal Action Network, a non-profit organization providing legal services and community education

around the special needs of HIV-positive women caught in the criminal justice system, virtually all of our clients have learned over the past year that they are co-infected with HIV and Hepatitis B and/or C. Because this second epidemic is newly acknowledged, there is little understanding of this deadly disease on the part of prisoners and corrections staff. This lack of understanding has led to a shocking increase in deaths of women prisoners. Between September 6, 1999 and October 22, 1999, five women died at one women's prison in California. Three of those women died of Hepatitis related liver failure.

This talk is a collaborative effort toward exposing the grossly inadequate care and services available to women prisoners living with HIV and Hepatitis. Women prisoners speak out against the abuses of dual infected women in prison and demonstrate the need for comprehensive community-based alternatives to incarceration and peer based models of prevention education, and treatment support for those who are currently incarcerated.

Conclusion/Summary

The proposed talk will document the history of HIV care provided to California women prisoners, including current methods of treatment of HIV/Hepatitis co-infection, to highlight the need for urgent reform both of prison health care services and the current trend of excessive incarceration.

Expertise

Cynthia Chandler is the Founder and Director of Women's Positive Legal Action Network (Women's PLAN), a non-profit organization in Oakland, CA that provides legal services and community education around the special needs of HIV-positive women caught in the criminal justice system. Cynthia Chandler is a lawyer and prisoner rights activist. She has represented numerous women in alternative sentencing and compassionate release cases, including the landmark release of Patricia Contreras, the third life term prisoner to receive compassionate release in California. Ms. Chandler is currently co-authoring a book that documents HIV+ women prisoners' life stories in order to develop a progressive anti-violence strategy aimed at increasing public safety, particularly concerning sexist violence, while challenging the over-expansion of the prison system. One of the chapters of this book has been accepted for publication in the Spring 2000 issue of Social Justice.

Bibliography

Cynthia Chandler and Carol Kingery, Yell Real Loud: *HIV-Positive Women Prisoners Challenge Constructions of Justice*, SOCIAL JUSTICE (forthcoming, Spring 2000)
 Cynthia Chandler (first author), Gwen Patton, Jenny Job, *Community-Based Alternative Sentencing for HIV-Positive Women in the Criminal Justice System*, 14 BERKELEY WOMEN'S L.J. 66 (1999).



411

room 403

Regular HIV Primary Care Improves Outcomes Without Differences by Gender, Race Or IDU In The Pre-HAART Era

Stieglitz K, Mendiratta P, Jasek J, Moore B, Shott S, Cohen M, and Sherer R. The CORE Center, Cook County Hospital, Chicago, IL.

Learning Objective: Participants will understand one study's findings about the relationship between regular clinic visits and improved health outcomes.

Background: Fewer and less potent antiretroviral therapies were available during the pre- and early HAART era of 1995-97. Regular care is considered important, but has not been extensively evaluated. This study asked, in part: (a) Does regular outpatient (OP) care reduce opportunistic infections (OIs), hospitalizations, specialty referrals and mortality? (b) Are there demographic differences between patients in regular and non-regular care? This retrospective descriptive study examined patients' health outcomes and patterns of clinic use for primary care over a three year period.

Methods: Charts, staff records, and data bases were reviewed. The sample included 263 adults new to care in 1995 who were ART naïve with Karnofsky scores >60. Regular care was defined as 3 visits/year. Lost to follow-up was no care in >1 year. **Results:** The sample included 46% women and 54% men. 77% were AA, 13% Hispanic, 8% White and 2% other. The majority were between 30-39 (40%) with 41% heterosexual transmission, 30% IDU, 26% MSM, and 3% other. 34% had baseline CD4 counts of 201-500, with 20% <50 and 20% >500. 65% were regular users and 34% irregular in Year 1, decreasing to 43 and 19% respectively in Year 2, and 26 and 16% in Year 3. 14% died over the 3 years and 43% were lost to care. Regular users were significantly less likely to contract OIs or die than irregular users. There were no significant differences in hospitalization, although regular users had a reduced risk of hospitalization. Regular users had more specialty referrals in Year 1 and significantly fewer in Year 2. There were no differences in regularity of uses, OIs, or in death rates by gender, race, or IDU.

Conclusions: Regular users of primary care had a significant reduction in mortality, OIs, and increase in CD4 cells in the pre-HAART era. Gender, race, or risk behavior were not significant for differences in mortality, time to OIs, or clinic visits. Regular users had a longer mean time to hospitalizations. There was a high loss to follow-up after Year 1 (34%) which increase to 43% by Year 3.



412

room 403

Aids 2000: A Transition Towards Positive Living

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Sister Mamerta R. Palance, D.C.
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This descriptive study aimed to determine the probable factors that have influences the transitional outlook on HIV/AIDS among counsellors and clients, from "terminal repose" to "positive living"

Purposive sampling was used to have AIDS Counsellor - Client pairs as informants for in-depth interview and Focus Group Discussion. The counsellors should have had at least five years of extensive involvement with HIV/AIDS work, and the clients were survivors beyond five years since sero-conversion.

An interview guide was used to gather substantive data focused on significant changes in counselling approach that have evolved from their experiences and observations. The discussions were taped, recorded, and transcribed that facilitated content analysis.

The findings showed similarities and concurrences in the following: establishment of a more compassionate environment for PLWAs as AIDS awareness campaign has improved; increased sensitivity to clients' needs as holistic approach to AIDS care continuum has been implemented; full participation of PLWAs in the evaluation of services encouraged; access to retroviral drugs had dramatically extended productive life; use of alternative and supplementary therapies has worked well among non-ARV takers, number of committed and competent counsellors has increased in the last five years.

The study reaffirmed that counselling in a dynamic interactive process that enables counsellors to effectively journey with their clients. Evidently, we are pacing towards positive living which has integrated death as a healthy continuum of life. Counselling enhances one's appreciation of the value and dignity of life that has subliminally affected all of us - the outlook from "gloom" to "glow" as we enter the new millennium.

Presenting author is an AIDS Counsellor and educator since 1988. She is actively involved in AIDS care, social support, education and research.



413

room 403

CULTURAL/LINGUISTICAL ACCESS

Greg Durkin, Yoshiaki Yamasaki, Health Federation
Gale Bober - School of DCAF (for the Philadelphia AIDS con-
sortium)

How language barriers have hindered health care.

In response to Philadelphia's present and growing need for trained language interpreter, the Health Federation of Philadelphia (HFP) has under taken the development, implementation and evaluation of an Interpreter Training Program (ITP). The goal of this program is to prepare interpreters and providers to work together to facilitate access to high-quality cultural-sensitive healthcare for patients with limited English proficiency.

The Health Federation presents the results of a "Needs Assessment" report for the II case management organiza-
tions in Philadelphia.

Develop mechanism to address issues of language and cul-
tural access that meets the needs of their particular commu-
nity.

Presenter Yoshiaki Yamasaki (tri-lingual), degree in psychol-
ogy masters in science ed.

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Wednesday, March 15, 2000
Abstract Session - Research
and Clinical Management
3:45 pm - 5:15 pm



303

room 403

Increasing Active Drug Users' Utilization of HIV Therapeutics

Issues: Active drug users suffer from both low utilization of, and adherence to, primary care for HIV disease. Combining drug treatment and primary care on-site reduces these problems significantly because it creates a support structure in which program staffs can monitor patients' adherence and provide ongoing encouragement. But in the U.S., only a very small minority of drug users with HIV disease receive this demonstrably effective form of care.

Project: We report pilot-study results of an alternative support structure, termed a "peer-driven intervention," that serves as a functional equivalent to drug treatment for increasing active drug users' adherence to HIV therapeutics. **Methods:** The six month study included fourteen adult active drug users receiving medical care for HIV disease in New Haven, Connecticut: three White and five African-American males, and one White and five African American females. As Health Advocates, each subject was assigned and asked to meet with a patient-Peer once a week at the project's storefront. The assignments were made by a Health Educator (HE) who oversaw the study's daily operations. In the HE's presence, each Advocate assessed his or her Peer's level of adherence using a standardized questionnaire, and provided counseling. As Peers, each patient was assigned and asked to meet with a peer-Advocate once a week in order for the Advocate to assess the Peer's adherence. o two patients played both roles for one another. Advocates earned direct monetary rewards for eliciting positive responses from their Peers in keeping clinical appointments, responding to physicians' referrals, picking-up prescriptions on time, and attending weekly meetings with the Advocate.

Results: The Peers succeeded in keeping 95% (130 of 137) of their appointments with clinicians and Advocates. Significant adherence to antiretroviral drug regimens occurred among the subjects. For 30 or the 36 meetings in which adherence scores were calculated, Peers' medication adherence scores for the previous week averaged 80% or higher. Eight of the subjects enrolled in drug treatment, and significant reductions in drug-related risk behaviors occurred among the remaining active users. None of the subjects dropped out of the study.

Lessons Learned: Active drug users receiving treatment for HIV disease responded strongly to guidance and incentives to serve as Health Advocates in helping Peers keep up with their treatments. The pilot demonstrates that an alternative social support structure to drug treatment is possible for increasing drug users' adherence to medical care. Innovative mechanisms that harness drug users' peer pressure to promote positive behavioral changes are deserving of greater study.

Robert S. Broadhead, Department of Sociology
University of Connecticut



304

room 403

A Case-Control Study Examining the Association of Disease Prognosis with the Development and Treatment of Anemia in Patients Infected with HIV-1: Interim Results.

T. CREAGHI*, D. MILDVAN2, R. MOORE2, H. BOHN1, R. YARRISH2, and L. RAY1. 1Clin. And Epidemiology Consultants, Atlanta, GA; 2Beth Israel Med. Ctr., New York, NY.

BACKGROUND AND LEARNING OBJECTIVE: Recent studies have shown that development of anemia is negatively associated with survival in pts. with HIV-1 disease. However, these studies were in populations having little or minimal HAART. We designed a case-control study with retrospective chart review to examine the relationship and treatment of anemia to progression of HIV disease (PROG) in the HAART era.

METHODS: The study sample was drawn from 391 pts. seen in a large urban ID clinic for whom CBC and CD4+ lymphocyte data were available from 3 clinic visits in 1996. Cases must have had 2 hemoglobin (hgb) results from 1996-1998 for which hgb was < 11.0 g/dL. Controls must have had no hgb results < 11 g/dL from 1996-1998. Cases and controls were matched on baseline (BL) date (first pt. visit in 1996) within 2 mos., age within 3 yrs., gender, and BL HAART treatment status. In addition, BL CD4+ was matched as follows: Stratum 1: > 500 CD4+ (match within 100 CD4+); Stratum 2: 350-500 CD4+ (within 50 CD4+); Stratum 3: 200-349 CD4+ (within 50 CD4+); Stratum 4: 20-199 CD4+ (within 40 CD4+); Stratum 5: < 20 CD4 (< 45 CD4). In this preliminary analysis, one control was matched to each case. PROG was defined as development of any HIV-related opportunistic infection or death between enrollment and the end of 1998.

RESULTS AND DISCUSSION: 21% of the population met the case definition. 35% of pts. were female, 49.5% were Latino/Hispanic, and 27.3% were African American. Mean BL CD4 count was 344 in women and 312 in men. Mean BL hematocrit was 36.9 in women and 40.5 in men. 80% of the study population received HAART defined as treatment anytime between study enrollment and the end of 1998 with a cocktail of at least 3 drugs, one of which was either an NNRTI or a PI. Among cases, 15% were treated for anemia with transfusions and/or erythropoietin. The overall odds ratio (OR) for PROG was 2.9 (p<.05) in cases vs. controls; however, OR was 1.5 (NS) in female cases vs. controls, and was 4.6 (p<0.05) in male cases vs. controls. The study is continuing, and additional data will allow development of Cox proportional hazards models to examine possible relationships in more detail.

CONCLUSION: Our data confirm the negative association between development of anemia and HIV-1 disease prognosis. The possible gender-associated differences in this outcome will be examined in greater detail.



305

room 403

WHAT ABOUT "LAZARUS SYNDROME?": AN EXPLORATORY STUDY OF GAY MEN

Bruce Thompson, MSW, PhD, Roger Williams University, Bristol, Rhode Island and Private Psychotherapy Practice, Providence, Rhode Island

Objective: Conference participants will learn about experiences of gay men who have experienced a return to improved functioning as a result of HAART treatment. Various referred to as "Lazarus Syndrome," "revival," "extended survival," "second life," renewed health presents patients (and their providers) with a hope for survival as well as particular challenges related to 1) the integration of their experiences will illness, 2) ambiguity and uncertainty about the future, and 3) reconstruction of life.

Text: This investigation was conducted in Dublin, Ireland and Providence, Rhode Island in 1999. A purposive sample, consisting of six men from both locations, was selected with an inclusion criteria that specified that the men be self-identified as gay and that they have experienced an improvement in prognosis as a result of combination therapies. The instrument consisted of a semi-structured interview, designed to elicit demographic data, HIV history, the influence of HAART, and the emotional experience of returning to life rather than preparing to die. Particular attention was paid to the ways in which the data suggest that medical and psychosocial clinicians can be helpful with the process of reengagement with the future. The data from all 12 interviews were examined for common and divergent themes, and attention was paid to differences between the Irish and American sub-samples.

Conclusion: The data showed a range of reactions to improvements in physical health. The narrative accounts support the literature on "uncertainty in illness," suggesting that long term survival with HIV may require a tolerance for ambiguity and an ability to reconstruct the future, skills which may co-vary with economic/career opportunity, social supports and individual resilience.

Expertise: Bruce Thompson has been working with people with HIV/AIDS as a clinical social workers since 1984; he has most recently co-edited with David Aronstein the book, *HIV and Social Work: A Practitioner's Guide*, Haworth Press, 1998.

Bibliography: Mast, ME. 1995. Adult uncertainty in illness: A critical review of research. *Scholarly Inquiry for Nursing Practice*, 9(1):25-29.

Rabkin, JG and Ferando, S. 1997. A "second life" agenda: Psychiatric research issues raised by protease inhibitor treatment for people with the human immunodeficiency virus or the acquired immunodeficiency syndrome. *Archives of General Psychiatry*, 54:1049-1053.

Sherhoff, M. 1997. The history of hope: The HIV roller coaster. *Focus: A Guide to AIDS Research and Counseling*, 12(7):5-7.

Thursday, March 16, 2000

Abstract Session I - Care and Services

11:00 am - 12:30 pm



430

room 403

Preventing Violence Against Women, Excessive Incarceration, and HIV

Learning Objective

- Increase community understanding of an epidemic of violence that runs concurrent with HIV infection among women.
- Challenge current reliance on increased imprisonment as an effective response to the co-epidemics of violence and illness.
- Increase community understanding of barriers to HIV/AIDS care and prevention within systems of incarceration.

Abstract Text

The proposed talk will present the opinions and experiences of HIV-positive women prisoner activists in order to develop a progressive anti-violent strategy aimed at increasing the safety and wellness of underrepresented women while simultaneously challenging the expansion of the prison industrial complex.

The community of HIV-positive women prisoners has been acutely affected by both victimization and excessive imprisonment. The dramatic increase in imprisonment in the United States has been accompanied by epidemic rates of HIV among prisoners. Moreover, women currently incarcerated in the United States suffer disproportionately higher rates of HIV infection than free people and male prisoners. Incarcerated women and HIV-positive women share many of the same demographic characteristics. Both are overwhelmingly women of color struggling with poverty and addiction and with histories of sexual abuse and other victimization. Linked to all of these risk factors are conditions of disempowerment created through poverty, racism, and sexism that heighten the susceptibility of women to victimization, imprisonment, and life-threatening disease. Women with HIV are particularly vulnerable to victimization and stigmatization because of their disenfranchised social status. Additionally, because of this disenfranchised status, they are also arguably one of the groups least able to access democracy to protect themselves against a widening net of imprisonment.

This talk is a collaborative effort toward developing a progressive discourse on "safety" and "justice" that resists excessive imprisonment and offers, instead, community-based individualized interventions that offer positive solutions for women's health and wellness. As staff of Women's Positive Legal Action Network, a non-profit organization providing legal services and community education around the special needs of HIV-positive women caught in the criminal justice system, we asked HIV-positive women prisoner activists to share their experiences with surviving violent crime in and out of the prison setting, their interactions with the criminal justice system, and living with HIV while imprisoned.

Their stories and perceptions reveal the particular vulnerability of women to HIV infection, violence, and imprisonment because of poverty, racism, and sexism. They challenge incarceration as an actual solution to violence, particularly violence against women, and instead show that state sanctioned acts of racism, misogyny, and classism within the current paradigm of incarceration serve to perpetuate violence and heighten women's vulnerability to HIV/AIDS.

Conclusion/Summary

The proposed talk will present the opinions and experiences of HIV-positive women prisoner activists in order to develop a progressive anti-violence strategy aimed at increasing the safety and wellness of underrepresented women while simultaneously challenging the expansion of the prison industrial complex.

Expertise

Carol Kingery is a prisoner rights activist. She is currently a legal advocate with Women's Positive Legal Action Network (Women's PLAN). Ms. Kingery is currently co-authoring a book that documents HIV+ women prisoners' life stories in order to develop a progressive anti-violence strategy aimed at increasing public safety, particularly concerning sexist violence, while challenging the over-expansion of the prison system. One of the chapters of this book has been accepted for publication in the Spring 2000 issue of Social Justice.

Bibliography

Cynthia Chandler and Carol Kingery, "Yell Real Loud: HIV-Positive Women Prisoners Challenge Constructions of Justice", Social Justice (forthcoming, Spring 2000)



431 room 403

Relatively High HIV Infection Rate Among Older Women in California

Topic/Issue: Historically, the HIV/AIDS epidemic has disproportionately affected younger individuals at risk. Little research has examined HIV risks for older women.

Therefore, it is important to investigate the risks associated with HIV infection among this population of women.

Methods: We used data from the State of California for female clients aged 46 years and older who received an HIV test result through state-funded voluntary testing from July, 1995 through June, 1997 (N = 43,583). Descriptive statistical analyses were used to develop a demographic and behavioral profile of these women. Analyses were conducted separating first-time and repeat testing clients.

Results: The overall HIV infection rate among older women was 1.5% (n=638). This infection rate is three times higher than among California women. Tabnak, Sage, Johnston-Ballesteros, Norman, & Truax, (2000) found a low HIV infection rate among California women aged 13-45 (0.5%) at state-funded test sites. First-time testers HIV infection rate was slightly higher than repeat testers (1.8% vs. 1.3%). Several other interesting race and behavioral risk differences were found.

Adrienne J. Norman, MA; Steven R. Traux, PhD; Department of Health Services, Office of AIDS Prevention Research and Evaluation Section, Sacramento, CA



432 room 403

A Profile of HIV-Infected Women of Childbearing Age in California

Learning Objective: Targeted intervention programs are needed for sexually active and/or drug-using women of childbearing age, with particular attention to African American women.

Topic/Issue: Studies of childbearing women nationwide and in California suggest that the HIV infection rate is stable or declining among these women. To further reduce HIV infection among at-risk childbearing women, and vertical transmission of HIV can be enhanced by a better understanding of risk behavior.

Methods: We used data from the State of California, Office of AIDS for female clients of childbearing years (aged 13-45) who received an HIV test result through state-funded voluntary testing from July, 1995 through June, 1997 (N = 189,114). Descriptive statistical analyses were conducted separating first-time and repeat testing clients.

Results: 850 results were HIV positive. The HIV infection rate was similar among first-time and repeat testers (0.4% vs. 0.5%). Pregnant women were much more likely to be infected and those who were repeat testers had almost twice the HIV infection rate when compared to first-time testers (7% vs. 3.7%). African American women had the highest number and percentage of HIV infections compared to White and Latina women (37% vs. 32% and 25%, respectively).

Conclusion/Summary: Most women of childbearing age who test for HIV at state-funded testing sites in California are at low risk for HIV infection (0.5%).

Adrienne J. Norman, MA; Steven R. Traux, PhD; Department of Health Services, Office of AIDS Prevention Research and Evaluation Section, Sacramento, CA



433 room 403

High-Risk Profile Among California Women in Detention Facilities

Learning Objectives: Inmates are captive audiences. Detention facilities have the potential to be excellent settings for HIV counseling, testing, prevention, treatment, and drug rehabilitation for women.

Topic/Issues: The pandemic of HIV is analogous to the pandemic of imprisonment. Withum (1993) found inmates' HIV prevalence rate to be as high as 1.7%. Polonsky (1994) reported that female inmates are one of the groups at greatest risk for HIV. Few investigators have examined risks that are associated with California women in detention facilities.

Methods: We used data from the State of California, Office of AIDS for women in detention facilities who received a valid HIV test result through state-funded voluntary testing from July, 1994 through December, 1998 (N = 10,432). Descriptive statistical analyses were used to compare demographic and behavioral risks associated with HIV infection among HIV positive and HIV negative women in detention facilities.

Results: The overall infection rate was 1.0% (n=102).

Behavioral Risk Lifetime History	HIV Positive (n = 102)	HIV Negative (n = 10,330)
Injection Drug Use	60%	44%
Partner w/Multi.Partners	59%	72%
Partner is an IDU	59%	48%
Money/Goods for Sex	49%	27%
HIV + Partner	39%	4%
Drugs for Sex	32%	18%

Conclusion/Summary: HIV infected women reported a known HIV positive partner almost ten times higher percentage compared to non-infected women (39% vs. 4%). HIV infected women reported exchanging money, goods, and drugs for sex almost two times higher percentage compared to non-infected women.

Adrienne J. Norman, MA; Steven R. Traux, PhD;
Schenelle M. Flores; Department of Health Services,
Office of AIDS Prevention Research and
Evaluation Section, Sacramento, CA

Results: Following the closure of the needle exchange, a statistically significant increase in drug injectors' procurement of syringes from street and other "unreliable sources" was found, as well as in their re-use of syringes and the sharing of injection equipment. Surveys of outdoor drug-use areas found that the closure of the needle exchange did not reduce the volume of discarded syringes and other drug-injection debris, or reduce the robustness of Windham's illicit drug scene.

Conclusions: The problems in Windham that led to the closure of the exchange still remain, and the city's drug injectors are engaging in higher levels of HIV risk-behavior. In closing the needle exchange, Windham has deprived itself of one of the few scientifically proven means for reducing the spread of HIV and for reducing other drug-related problems within the community.

Robert S. Broadhead; Professor, Department of Sociology,
University of Connecticut
Yael van Hulst; Project Director, ECHO Project,
University of Connecticut
Douglas D. Heckthorn; Professor, Department of Sociology,
Cornell University

Thursday, March 16, 2000
Abstract Session II
11:00 am - 12:30 pm



106

room 405

The Impact of the Closure of a State-Sponsored Needle Exchange Program

Objective: A wealth of scientific findings demonstrate that unsafe injection practices are the direct or indirect cause of one third of new HIV infections in the United States and that needle exchange programs are effective in reducing drug-related risks. While previous studies have analyzed the impact of needle-exchange programs in operation, we analyzed the impact of an established needle exchange's closure on its clients' risk behaviors, and on the community-at-large.

Background: After operating with state-sponsorship for four years, the Windham, Connecticut needle exchange was closed after becoming embroiled in a public controversy in which it was blamed for causing the city's "drug problem," "discarded needle problem," and even the economic decline of the city itself.

Methods: From March 1994 through February 1997, as part of a larger AIDS prevention research project funded by the National Institute on Drug Abuse (RO1 DA08014), risk-assessment interviews were administered to 330 injection drug users in Windham, the majority of whom were clients of the needle exchange. After the exchange was closed in March 1997, for the next eleven months, we re-recruited former respondents who remained in the area and were still active injectors. This produced 111 "post-closure initial" interviews and 78 "post-closure follow-up" interviews three months later. Based on the interviews administered before and after the closure of the needle exchange, and surveys of public drug-using sites, an impact analysis is offered of the exchange's closure.



307

room 405

HOW TO FIND RELIABLE AIDS TREATMENT INFORMATION ON THE INTERNET

Sheri Hester, Presenter, Tel: (865) 576-2011 or
hesters@oraui.gov
Rose Foster, Co-Author

I. Learning Objectives

- How to find the most current treatment information on the Internet, including clinical trials, HIV/AIDS drugs, treatment regimens, and medical literature.
- How to determine if medical information on the Internet is accurate.

II. Abstract

With a new HIV/AIDS treatment issue in the news each day, it is difficult for PWAs and health professionals to keep up with the latest breakthroughs. This class is for professionals who need to stay current, and the typical PWA who wishes to educate him/herself on the latest treatment regimes. Searching reliable and quality HIV/AIDS web sites is an efficient, inexpensive, and powerful way to find current information. Newspapers and television may break current developments, but often more in-depth information on the same topics, on the same day, can be found on a reputable HIV/AIDS web site. Time-lag for publication in medical journal can be 6-12 months, but some researchers, drug companies, HIV/AIDS organizations, and government agencies release important information on the Internet months before it makes it into a print newsletter or journal. Many treatment newsletters now publish on the Internet.

III. Conclusion/Summary

Participants will learn how to evaluate information found on the Internet, and several reputable treatment web sites will be discussed, including the National Library of Medicine's HIV/AIDS databases, the Centers for Disease Control and Prevention, the AIDS Treatment Data Network, the AIDS Clinical Trials Information Service (ACTIS), HIV/AIDS Treatment Information Service (ATIS), the Body, AEGIS, HIV InfoWeb, HIVInSite, Project Inform, and more.

IV. Expertise

The authors are experienced database trainers for the National Library of Medicine's (NLM) Specialized Information Resources Division, and have been teaching classes about HIV/AIDS information resources from NLM and on the Internet since 1992.

v. Bibliography

Other manuals written by the authors and sponsored by the National Library of Medicine of the National Institutes of Health include:

Connecting People and Resources: HIV/AIDS Information Resources from the National Library of Medicine
<http://www.orau.gov/nlmtrng/ConnPR/contents2.htm>

and

Information in Action: Finding Quality HIV/AIDS Information Resources on the Internet
<http://www.orau.gov/nlmtrng/html/infacthtml.htm>

Strategy, Methods, Models, and Examples: Sharing an inspiring vision and coaching for performances will help clarify places in which consumers can be enlisted to participate in the process. By seeking the maximum appropriate involvement and focusing on results, process and relationship. People can then recognize a strategic moment in which to build an alliance that will benefit all the stakeholders in service delivery. As we learn to clarify the process, we also learn to celebrate victories and accomplishments large and small, while keeping our "eyes on the prize".

Consumer developing resident advisory committees in HIV Housing which then can also become a tenants association that addresses housing policy, services, and grievances. They are then acknowledged and empowered and begin to have ownership in their services. This also can become a partnership with the National Hud Tenants Association. This natural progression brings people living with AIDS strength and the realization that they are not "only people living with AIDS" but are people who just happen to have a virus and are members of the larger community.

Using newsletters, HIV education groups, Department of Public Health hearings, networking, websites, legal services, and Non-HIV and traditional disability service providers. Ryan White planning counsels community development block grant steering committees. As well as, outreach funding sources, consumer advisory boards, public meetings, and housing programs.

The changing landscape of HIV/AIDS has brought about the re-examination of the design of services. As money get tight, we as consumers must consider ourselves part of the accountability factor. People who use the services should and must take ownership of the delivery of these services. What we have learned from partnering in our health care can be applied to all AIDS service organizations and government agencies. Service providers of all sorts can benefit from our first hand knowledge and experience.

Conclusion and Summary: During our workshop, we will discuss the development of consumer advisory boards and participating in funding systems. Outlines from a consumer advisory board, bi-laws, meeting rules, list of resources (including funding), meeting places, recruitment, and ways to keep consumers active participants will be discussed. Suggesting ways in which even the most unwelcomed consumer input can influence policy come about. Hopefully to bring about new approaches to prevention, treatment, and care. handouts will be distributed to assist even the most naive organizer in forming a consumer advisory board.

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210 room 405



CONSUMERS AFFECTING POLICY - GETTING A SEAT AT THE TABLE

"I am only one, but still I am one. I cannot do everything, but I can still do something" - Edward Edward Hale

To demystify and discuss the decision making process, and the ways in which people living with AIDS can learn to effect policy and funding. How to apply traditional, corporate, and grass-roots' methods to effect change in service delivery.

Topic: Empowering through partnering. As the epidemic has grown and advocates have become providers, consumers must learn to advocate and organize to be at the decision table.

Thursday, March 16, 2000

**Abstract Session III -
Care and Services**

3:45 pm - 5:15 pm



434

room 405

HEALTH-RELATED QUALITY OF LIFE IN WOMEN WITH SYMPTOMATIC HIV/AIDS

Gwen van Servellen, RN, PhD, Professor,
 UCLA School of Nursing, Los Angeles, CA
Linda Sarna, RN, DNSc, Associate Professor,
 UCLA School of Nursing, Los Angeles, CA

To identify the most significant disruptions in quality of life in women with symptomatic HIV/AIDS and speculate about reasons for fluctuations in self-reported quality of life over time.

Topic: Changes in physical, psychological, social, sexual, and overall quality of life among women with HIV/AIDS needs to be explored. Issues: In spite the increasing incidence of HIV/AIDS among women, there is insufficient description of women's health-related quality of life. The most prevalent disruptions and the potential causes of shifts in quality of life over time have significant implications for the support and treatment of women living with the symptoms of HIV/AIDS. Strategies/Method: We conducted an exploratory descriptive study of the quality of life of a convenience sample of 44 women receiving community-based care for HIV/AIDS using an HIV-specific instrument to assess current quality of life parameters and fluctuations over a 4-month period. Results: The mean scores of the global QOL measure, physical and psychosocial summary scales were significantly different over the 4-month period: quality of life improved. The most prevalent disruptions were in the psychosocial domain, including financial problems, worry about family, distress about losing others to HIV, and worry about disease progression. The most prevalent physical disruptions included reduction in energy, difficulties with daily activities and frequent pain. Discussion/Models for Change: As HIV/AIDS becomes a more chronic, manageable condition, approaches to assist women with disruptions in quality of life over time are needed. The design of these approaches may be facilitated with the systematic use of quality of life assessment measures.

Conclusion/Summary: In addition to the use of conventional disease-specific parameters for the ongoing follow up of women, the use of a quality of life assessment can provide a focused approach to monitoring problems and targeting interventions over time.

Socio-behavioral research methods and associated clinical significance

A reference will be provided as a handout during the presentation.



444

room 403

Beyond Outreach: Harm Reduction Strategies for High-Risk Populations

Gloria J. Lockett
 The California Prostitutes Education Project
 (CAL-PEP), Oakland, CA

Learning Objective: This presentation will cover the importance of street outreach in providing a range of services to high-risk, substance-using women of color. We will also cover the effectiveness and efficiency of providing outreach and other services on the time and turf of the clients. This presentation will increase understanding of how street outreach is used as an effective HIV prevention tool and of the role of outreach in targeting high-risk women of color. Finally, we will present a finding that 25% of CAL-PEP's clients use the services to stabilize drug-using behaviors.

Abstract: CAL-PEP employs a non-judgmental street outreach method in order to provide services to high-risk women. In 1998, 63% of our unduplicated contacts (10,122) were women. High-risk activities included: prostitution and unprotected sexual intercourse, injection drug use, crack/cocaine, and speed. Through outreach, CAL-PEP is able to determine that prevalence of HIV and substance use for women is occurring in geographically distinct neighborhoods with low-income and minority communities. Street outreach, therefore, becomes necessary to these areas because of a lack of access to HIV prevention, care and treatment services. CAL-PEP is able to build a rapport with clients to get them to disclose high-risk behaviors, such as lack of condom use, and encourage greater use of prevention strategies.

Summary: CAL-PEP believes innovative street outreach is the cutting edge of HIV prevention and education to high-risk, hard-to-reach populations. The use of ex-prostitutes, ex-drug users, and other peers as Community Health Outreach Workers is the most effective method to distribute HIV prevention materials.

Experience: The California Prostitutes Education Project (CAL-PEP) has provided street outreach and harm reduction services to high-risk, substance-using women of color in the Bay Area for fifteen years. CAL-PEP's work is based on indigenous peers meeting high-risk individuals out in the streets, in the parks and on the strolls to offer front-line HIV/AIDS prevention education and referrals to HIV Services. During 1998 alone, CAL-PEP provided over 15,000 clients with a range of social and health services. We use a non-judgmental approach over time with repeated contacts to build trust. Other key elements of our approach are confidentiality and incentives.



446

room 403

Improving Communication Skills for Treatment Advocates

Nancy L. Breuer and John Slovick

Learning Objective: While there are several sources for the technical expertise that Treatment Advocates need to consult effectively with PLWHIV, an understanding of how treatments work and interact is only part of effective communication with clients. Treatment Advocates participating in this session will enhance the communication skills they need to fulfill their role. Using the analogy of the client being the pilot (who directs the progress to a chosen destination), participants will receive coaching about how to be an effective navigator (person who helps to keep the pilot on course) in providing treatment education services to persons living with HIV/AIDS so that they can make informed treatment decisions. Session will use materials from "Navigator to Pilot," the new treatment educators' skills building workshop distributed by Agouron Pharmaceuticals.

Abstract Text:

Topic: While reliable information about treatment is available from a wide spectrum of sources, this workshop seeks to tailor and enhance the non-technical skills that a treatment advocate brings to each meeting with a client. Participants will learn how to combine technical expertise in treatments for HIV disease with communication skills that can enhance their relationships with clients. The workshop will focus on adult learning and cultural sensitivity, particularly on overcoming barriers that clients bring with them.

Issues: Solid preparation in the technical information about treatment is not enough to allow a treatment advocate to be effective. The goal of good treatment advocacy is to help clients make informed treatment decisions. That goal is more likely to be achieved if the relationship between the treatment advocate and the client is strong and clear. Relating successfully to the client requires the treatment advocate to listen effectively and show respect for cultural differences.

Strategies: "Navigator to Pilot" uses experiential learning to take participants through an encounter with the client. Participants will be invited to:

- develop a self-introduction tailored to the treatment advocacy environment
- brainstorm
- role play
- practice verbal and non-verbal skills used to help clients feel at ease

Conclusion/Summary: Participants will experience a representative section of the workshop's communication skills content. They will have created a new self-introduction designed to help clients to have confidence in their skills and practiced specific culturally respectful communication strategies with co-participants in the workshop.

Specific Expertise:

Nancy Breuer has been designing and delivering educational seminars on HIV/AIDS for fourteen years. Her seminar products include the prototype for the American National Red Cross AIDS in the workplace training, the Hollywood Supports AIDS in the workplace seminar, caregiver education, and "The Positive Workplace: Managing HIV at Work," which has been used with more than 100,000 employees in widely-differing companies around the country and is now distributed by the National AIDS Fund. She has provided HIV/AIDS facilitator training for American Red Cross, Hollywood Supports, TCI (cable company), DuPont Pharmaceuticals, and numerous HIV/AIDS agencies in the U.S. through the National AIDS Fund.

John Slovick is a Treatment Advocate at AIDS Project Los Angeles and delivers "Navigator to Pilot" as a training workshop for other treatment advocates

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447

room 403

Complementary Therapies in the Management of HIV/AIDS

Objective: To provide the participants with a basic understanding of the role of complimentary therapies for people living with HIV/AIDS.

Text: Managing side effects from medications, treatment for chronic sinusitis, diarrhea, neuropathy, anxiety and depression are currently being treated with acupuncture, herbal medicine, nutritional supplementations, massage, nutrition, and a variety of other approaches. Are Complimentary safe? When should they be introduced? Who should be providing them? Can they be successfully integrated into Combination Therapy? These questions will be answered and participants will be encouraged to ask their own questions regarding complementary therapies.

Conclusion: At the end of the session participants will have a broadened view of the role that complementary therapies can play in a comprehensive approach to treatment for HIV/AIDS.

I have been practicing acupuncture and Chinese medicine for 20 years. I began working with HIV/AIDS in 1987. My years of treating HIV have provided me with a deep understanding of how Western and Eastern medicine can work together to help people to live longer, more successful lives, better tolerate medications, combat opportunistic infections, manage anxiety and depression and have a higher adherence rate with medications. I currently am the Executive Director of a 15 year old non-profit complementary medicine clinic in San Francisco, CA. Quan Yin Healing Arts Center provides complementary therapies in the form of acupuncture, herbal medicine, nutrition, massage, movement therapies and Chi Gong, yoga, and meditation classes to over 800 HIV infected patients a year.

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Thursday, March 16, 2000
Abstract Session IV - Prevention
3:45 pm - 5:15 pm



110 room 405

BEYOND FEAR PROGRAM: PREVENTION EDUCATION IN THE CORRECTIONAL SYSTEM

Dennis O'Neill, Program Manager-Beyond Fear Program is a Program of Community Partners in Action, Formerly the CT Prison Association.

Clients in Correctional Settings with Multi-Session HIV/AIDS Prevention ED.

The Beyond Fear Program is funded by the Connecticut State Department of Public Health, through the CDC Health Education/Risk Reduction fund, and run by the non-profit Community Partners in Action formerly known as Connecticut Prison Association. Since its founding in 1875, Community Partners in Action has been active in every major reform of the correctional system in Connecticut. Beyond Fear is a program authorized by the Department of Correction, Addiction Services and Health Services. Beyond Fear is presently providing programming at eighteen (18) Connecticut Department of Correction facilities and Long Lane Juvenile Detention Center and to eleven (11) different community agencies for the female youth in Hartford, CT.

Beyond Fear is designed to address inmates' fears, perception, beliefs and concerns about HIV. Multiple sessions (6) education group-based methods with voluntary participants within the inmate population in Connecticut facilities has provided a very 'real' assessment of their factual concerns, rumors, myths and unsubstantiated beliefs. The program is open to any general population prisoner who is eligible for programs. Both HIV negative and positive individuals are welcome.

Since 1994 the Beyond Fear Program has serviced over 3000 clients. The program demonstrates a successful collaboration between Corrections, State Department of Public Health, and community organizations.

I have been the program manager since June '98.

Dennis O'Neill
 The Beyond Fear Program
 Community Partners in Action
 Hartford. CT



111 room 403

HIV/AIDS AND THE MEN WHO HAVE SEX WITH MEN

James L. Knox Min Kim

James L. Knox Education Director Wayne County Neighborhood legal service AIDS law center. 65 Cadillac Square Ste. 3500 Detroit, Michigan USA 48226 (313) 962-0466 EXT.266 (313) 962-6374 or 0229 <http://www.wcnls.org>

Document I: Learning Objective

It would be a tragic mistake to consider the challenge of HIV prevention among gay men to be resolved. Despite some favorable data on HIV seroincidence and changes in reported behaviors, it is a fact that too little is known about gay male sexuality and the epidemic is too uncertain to draw widespread conclusions - or to declare victory.

Document III: Summary

It is easy to misjudge the vulnerability of homosexual men. The fragility of gay organizations and existing hostility towards homosexuals create an atmosphere of considerable risk and vulnerability to HIV infection for the MEN WHO HAVE SEX WITH MEN community.

HIV/AIDS ALTERNATIVE LIFESTYLES

The gay and bisexual communities have generally responded very well to the HIV/AIDS epidemic. In the industrialized world, accurate knowledge of risk factors is almost universal. Moreover, the gay community itself has been the primary source of information on the epidemic and measures necessary to prevent it. Most reports from the gay community indicate that gay men's risk behavior is has been substantially reduced. Basically, this means gay men are now distinguishing between more risky (receptive anal sex) and less risky areas if the developed world.

It would be a mistake, however, to conclude that HIV/AIDS prevention in the gay population is resolved. Continued vigilance with regard to elimination of high risk behaviors is required. This is especially so for gay populations that exist outside of middle-class, urban areas if the developed world.

FINDINGS ABOUT HOMOSEXUAL BEHAVIOR

Researchers are relatively certain about the following three facts concerning the sexual behavior of gays:

1. Sexual Activities. Most gay men's sexual behavior involves three primary activities: fellatio, masturbation, and anal intercourse. Of these three the riskiest behavior is receptive anal intercourse.
2. Activities Outside of the Community. Approximately 10-20% of the gay community have sex with women.

3. Identification With the Gay Community.

A significant portion of men who have sex with men, do not identify with the gay community.

The last factor makes research difficult because the entirety of the relevant community is not involved.

PROBLEMS IN IDENTIFYING CONTINUING RISKS

Three factors limit understanding sexual behavior in the gay/homosexual community:

1. Difficulties in defining homosexual behavior.
2. Problems in accessing a broader and more representative sample of gay men. White, urban middle-class men drove most early research on HIV/AIDS and the preventative measures used to prevent it.
3. Limits in sexual behavior research itself.

CONTINUING RISK FACTORS.

Although the gay community has been particularly successful in reducing risk behaviors and thus reducing transmission of the disease, the risk of threat is not over.

1. Relapse. The persistence of HIV/AIDS had lead to important behavior changes over time. In several populations where gay populations are particularly dense, HIV incidence and rates of unprotected sex have recently started to rise. The studies have followed gay men over time, so the higher incidence of infection and unprotected sex cannot be the result of the entry of younger and less informed men into the population. Rather, researchers have found that the reasons for this "relapse" in behavior is the result of fatigue, hopelessness and frustration with safer sex practice.
2. Risk of Neglect of Homosexual Transmission. The early emphasis ON AIDS and homosexuality in the industrialized world enabled other at risk groups to distance them selves from the epidemic. This meant that many heterosexuals ignored the epidemic, even though world-wide heterosexual activity now accounts for 70% of new infections.

In response to this, most research that is conducted world-wide now focuses on heterosexual transmission. This could lead to neglect of issues related to HIV and homosexuality.

3. Cultural Repression. Many governments are unwilling to acknowledge the existence of homosexuals within their own societies. This impedes outreach and intervention methods.
4. Cultural Bias. Most initial research on HIV/AIDS and homosexuality concentrated upon white, urban, middle-class gays. Recent studies have shown that gay men of color in the United States have reacted differently to HIV/AIDS than white middle class gay men. Gay men from ethnic minorities are more frequently influenced by cycles of deprivation, reliance on heterosexual activity and consequent invisibility to researchers and policy makers. More emphasis needs to be placed upon gay men of color.

HIV AND INJECTING DRUG USERS

In most industrialized nations, IV drug use has been that major source of infection amongst heterosexuals. News about reducing infections amongst injecting Drug Users is both good and bad.

1. **The Good News.** Many public health officials were initially pessimistic about the possibility of changing behavior - and thus reducing the risk of transmission - amongst injecting drug users. Ample evidence now exists showing that IV drug users can and have changed their behavior in response to public health intervention.
2. **The Bad News.** No prevention program to date led to the complete risk elimination amongst Injecting Drug Users. There are a number of reasons for this:
 - Sexual Behavior is More Difficult to change. Changing risky sexual behaviors have proven to be more difficult than changing behaviors relating to the use of drugs. No one has yet been able to discern why.
 - Public Health and Political Leaders. Many political leaders deny that drug use is a problem. Other leaders admit that it is a problem, but in response only intensify law enforcement and ignore public health.

HUMAN RIGHTS AND PUBLIC HEALTH

WHY IS THE LAW IMPORTANT TO PERSONS WITH HIV/AIDS?

Many studies have shown that respect of human rights is directly linked to reduction of new rates of HIV infection and to elimination of the disease. Systematic discrimination against people with HIV/AIDS jeopardizes prevention and care efforts. This is one reason why it is important for you to understand your rights under the law.

1. Preventing the Flow of Information. For example, in the early 1990s and even to a certain extent today, persons with HIV/AIDS were prevented from entering the United States. This type of prejudice and discrimination restricts the free flow of information between countries and at international forums.
2. Driving Persons Underground. fear of discrimination drives infected persons underground and away from prevention and care services. Indeed, some organizations have argued that criminalizing certain behaviors amongst high risk groups impedes effective education about risk reducing behavior.

KNOW YOUR RIGHTS AND DO NOT BE AFRAID TO ASSERT THEM!!

- YOU HAVE A RIGHT TO PRIVACY REGARDING ISSUES RELATED TO HIV/AIDS
- YOU HAVE A RIGHT TO BE FREE FROM DISCRIMINATION AS A RESULT OF INFECTION WITH HIV/AIDS
- YOU HAVE A RIGHT TO TAKE CARE OF YOURSELF AND YOUR FAMILY WITHOUT JEOPARDIZING YOUR JOB.



112

room 405

FREE ZONE: A COMMUNITY BUILDING MODEL OF HIV PREVENTION FOR YOUNG ADOLESCENT GAY, BISEXUAL, TRANSGENDER, AND QUESTIONING MALES

In 1997, the Wedge Program, an HIV education program for middle and high school age youth in San Francisco, was awarded a two-year grant for Free Zone, an HIV prevention project targeting young gay, bisexual, transgender, and questioning (GBTQ) adolescent men of color. The goal of this project was to reduce the risk for HIV infection among young GBTQ teens by building community, fostering communication, nurturing self-esteem and assisting participants in the development of a healthy self-identity as GBTQ men. Activities were organized and led by a Peer Educator, and included a combination of media workshops, high school press conferences/newspaper ads and, as the project progressed, social activities with a health focus. Preliminary evaluations have found that participation in Free Zone activities had a positive impact on participants' feelings of empowerment, connection to community, and intention to practice safer sexual behaviors.

Free Zone's approach was based on a Community Building Model which has become a standard in HIV prevention for queer adult men, and which rests upon a combination of Social Support Theory, Empowerment Theory, and Social Marketing. However, this model was initially designed for individuals who had already come to terms with their sexual orientation and were old enough to be financially independent; Free Zone's effectiveness was contingent upon staff adapting it to meet the needs of a younger population. Adaptations included:

- 1) Taking a more holistic approach to media campaign materials and workshops, one in which school safety and freedom from peer harassment (this seen by youth participants as a primary co-factor for HIV infection) were primary;
- 2) Creating a safer environment for young men who were just beginning to come out by opening up all activities to youth of all genders and sexual orientations.

The presentation will outline project activities, difficulties and successes, and will highlight how staff adapted the Community Building Model to meet the needs of young GBTQ male teens, particularly those just beginning their "coming out" process. In addition, it will describe factors that project participants identified as contributing to sexual risk-taking among their peers and discuss the implications these may have for further research on co-factors for HIV risk among this population.

SUMMARY

HIV prevention programs designed for older GBT male youth can be adapted successfully for use with young GBTQ male adolescents when the developmental needs and life circumstances of this population are fully taken into account.

OBJECTIVES

- 1) List 5 unmet needs of young gay, bi, transsexual, and questioning (GBTQ) teens to consider when designing HIV prevention programs for this population;
- 2) Describe 5 co-factors for HIV risk among young GBTQQ teens;
- 3) Articulate how to adapt a Community Building Model of HIV Prevention for adult gay and bisexual men to be effective with young GBTQ male adolescents.

QUALIFICATIONS:

The presenter has worked with the Wedge Program since 1994; she developed and managed Free Zone from 1997 – present; she coordinated a CDC Regional Training Center in HIV education for adolescent youth between 1989 – 1992.

Shivaun M. Nestor, Senior Wedge Educator, Wedge Program/San Francisco Department of Public Health
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113

room 405

Findings From a Large-Scale Countywide Survey in Los Angeles: Implications for HIV Prevention Planning

Since 1993, the Centers for Disease Control and Prevention has required state and local health departments to engage in a community planning process to develop HIV prevention plans for proper allocation of HIV prevention resources. The Countywide Risk Assessment Survey (CRAS) is an important data resource and is a crucial evaluative tool for prevention planning and development in Los Angeles County. In April, 1999 the Office of AIDS Programs and Policy (OAPP) implemented the CRAS survey, which is used to assess general demographics, substance use, sexual risk behavior, and types of prevention services utilized by individuals receiving HIV prevention services from County-funded agencies. A standardized sampling methodology and weighting of data allowed OAPP to project an estimate of total clients (N=9,433) being served at 103 County-funded programs. Exploratory statistics were calculated to obtain the following data, which highlights the broad spectrum of sexual risk behavior regardless of sexual orientation: 1) Among Latinos, 60% reported inconsistent or non-existent condom use with their main partners; 2) 22% of all respondents reported exchanging sex for money or other resources; and 3) women reported the highest percentage of inconsistent or non-existent condom use. Additional findings include: 12% of CRAS respondents were homeless at the time of the survey, 53.1% reported substance use (including IDU), and 13.2% self-reported positive HIV status. The information gleaned from the analysis of CRAS has implications for both providers and planners seeking to use behavioral risk characteristics as an option for integrating large-scale surveys into evidence-based HIV prevention planning.

Learning Objectives:

1. Successes and limitations of the 1999 CRAS data in HIV prevention planning will be presented.
2. Participants will gain a knowledge of sociodemographic and risk characteristics of clients seeking services at County-funded community based organizations in Los Angeles County.
3. Participants will also be able to identify the most effective means in disseminating results to stakeholders.

Pamela C. Ogata, Epidemiology Analyst; Henry D. Anaya, Manager - Prevention Evaluation Section; Mark E. Miller, Director - Research and Evaluation Division
Los Angeles County Office of AIDS Programs and Policy,
Los Angeles, CA

Friday, March 17, 2000
Abstract Session
11:00 am - 12:00 pm



114

room 403

OUTREACHING TO A HIDDEN POPULATION: WORKING WITH UNDOCUMENTED IMMIGRANTS

Sana Loue, J.D., Ph.D., M.P.H., Case Western Reserve University; Marlene Cooper, M.S., Cleveland, OH

Learning objective: To understand various methods of outreach to undocumented Mexican communities

We discuss possible strategies for HIV outreach among undocumented Mexican immigrants, based on research conducted with 144 individuals in San Diego County, 45% of whom were undocumented. Individuals were recruited to participate in interviews designed to assess the levels of HIV risk and HIV knowledge among persons of Mexican ethnicity and to identify predictors of risk. We used organization based sampling and snowball sampling to identify and recruit eligible individuals. Identified individuals within the community were critical to the success of the recruitment effort. We discuss the process by which we identified and worked with these key individuals, and the implications of our research recruitment strategy for prevention efforts.

Key factors in the success of recruitment included reliance on trusted individuals with an extensive network in the community, a small stipend, and the support of community-based organizations.



115

room 403

MIAMI-DADE HISPANIC HIV/AIDS PREVENTION PROJECT IN THE NEW MILLENIUM.

Learning Objective:

- 1) To demonstrate the level of knowledge of the people in the Hispanic community in regards to the mode of transmission and general perceptions about HIV/AIDS.
- 2) To investigate the ways in which HIV/AIDS information is obtained by the Hispanic population.
- 3) To find the main reasons why people in the Hispanic community do not get tested for HIV/AIDS.
- 4) To research how the community perceives the need to promote education and prevention of HIV in their community.

Abstract Text:

Topic

Understanding HIV survey results on knowledge, perception, information gathering and prevention of HIV/AIDS in the Miami-Dade Hispanic population.

Issues

A large percentage of the participants answered the questions while a small amount offered comments or suggestion. A small amount of people were not interested or refused to complete the survey.

Strategies

Different areas were targeted for this survey reaching as many populations in Dade County as possible in order to obtain a representative number of Hispanics.

Methods

A total of 247 persons were asked to answer survey pertaining to HIV/AIDS questionnaire.

Conclusion:

- 1) There is still a considerable large percentage of people in our community that maintain a false perceptions on how HIV/AIDS can be transmitted.
- 2) The finding show that the major source of HIV/AIDS information is received through the mass media. This demonstrates that prevention and outreach should be increased in order to work directly with the targeted population.
- 3) The study showed that a considerable percentage of the population has never been tested for HIV. Basically this was attributed to lack of interest, lack of resource information or fear.
- 4) It was found that a great majority of the population realized the seriousness of the HIV problem in the community. A large percentage supported the need to create more neighborhood activities concerning HIV/AIDS as an effective prevention strategy.

Expertise:

I work directly in the community doing outreach, counseling and testing in areas where the highest concentration of low income and migrant workers whose also are under the high risk exposure population. My experience is mainly with African-American and Latinos communities in Miami-Dade County.

Bibliography:

Supporting information was provided by 247 surveys distributed among the Hispanic community.

Idarmys Balbuena, Outreach/Prevention Specialist, Hispanic HIV/AIDS Coalition, Hialeah, FL
Emerita Roman, Social Worker, Clinica R. Peñalver, Miami, FL
Raul Medina, Educational Counselor, Hispanic HIV/AIDS Coalition, Miami, FL



116

room 403

**CRITICAL ISSUES IN OUTREACH EDUCATION...
LOOKING TOWARD THE FUTURE**

Pam Ford, Dept. of Health – Broward County Health Dept.
Gloria Scott, Dept. of Health – Broward Cty. Health Dept.
Ft. Lauderdale, FL

LEARNING OBJECTIVE: This presentation will assist participants in obtaining information and designing a comprehensive community/street outreach prevention program to address recent shifts in HIV/AIDS epidemiological trends and issues that we have begun to experience in the new millennium.

ABSTRACT TEXT: The new millennium and recent shifts in HIV/AIDS epidemiological trends present unique challenges for community/street outreach educators. Educators must be knowledgeable of not only HIV/AIDS, but other sexually transmitted diseases, tuberculosis, hepatitis, sexuality, basic anatomy and physiology, and cultural sensitivity and diversity. Outreach educators must also be familiar with HIV/STD/TB care and treatment services, substance abuse treatment facilities, mental health services, homeless shelters, and food and clothing resources in their community. Community/street outreach educators work in the community on the "front line" of the HIV/AIDS epidemic and must be equipped to deal with all of the issues involved in the complicated web of HIV/AIDS. This presentation will identify these critical issues and provide strategies to participants in order to confront and deal with them. Presenters will share information on strategies that have worked in South Florida.

CONCLUSION: Community/street outreach educators are essential to primary and secondary prevention as well as linking individuals to care and treatment services. We must provide these educators with the tools and skills needed to meet the challenges and issues presented to them from the community.

EXPERTISE: Pam Ford has been managing/supervising the AIDS/Health Education Risk Reduction Program for the Broward County Health Department for four years. Gloria Scott has been conducting community/street outreach within this program for ten years.



117

room 403

**MSM On-line Outreach
Prevention Tool for the New Millennium**

Objective: To demonstrate unique use of the internet as a tool in outreach, education, and prevention case management to men having sex with men.

Abstract: The presentation will review the ground breaking work being done by Vista Community Clinic's MSM Program. Outreach workers cruise the internet (AOL), reaching a minimum of 350 contacts with men in chatrooms specific to San Diego. Local focus groups have told us that many men from San Diego County cruise these rooms searching for sexual partners, including those who do not identify as gay, such as marines and married men. During these contacts outreach staff is able to disseminate information regarding risk reduction, availability of risk reduction supplies, and HIV related services. While chatting, staff is also able to initiate conversations regarding emerging issues such as barebacking, relapse to unsafe sex, complacency with safe sex practices, connections between HIV, STI's and other related health issues, and the misconception that the AIDS crisis is over. Additionally, an e-mailing list has been generated by contacts, allowing staff to send information updates, event invitations and follow-up evaluation.

Victoriano M. Diaz, Prevention Case Manager, Vista Community Clinica, Vista, CA

Posters



118

Poster

THE PUZZLE OF ADHERENCE

MA DOBMEIER¹, CM OWEN², S MACIEJIEWSKI¹, KM OWL¹, BA BOHANNON², WT SHEARER², ¹Texas Children's Hospital, Houston, TX; ²Baylor College of Medicine, Houston, TX.

To define new strategies for improved medication adherence in adolescent patients.

The Allergy/Immunology Department at Texas Children's Hospital has adopted a teamwork approach with the use of an individualized program including a personalized medication calendar, taste modification techniques and instruction in pill swallowing to successfully meet the continuing challenge of medication administration and adherence in HIV positive children and adolescents. Following the initial evaluation, the attending physician and nurse practitioner meet with the patient and caregiver to explain the importance of adherence and potential side effects of medications. The patient, the research nurse and the pharmacist then meet to establish an individualized program. The patient is provided with a printed medication calendar to be used at home which includes medication names, times and doses and stickers to be placed on the calendar after the dose is taken. At each return visit, the medication schedule is reevaluated to determine its practicality. Issues including taste and pill size are reviewed and appropriate modifications are made. For example, a patient experiencing difficulty swallowing pills may be referred to a psychologist to assist in pill swallowing techniques. Flavored syrup such as syrputla or specific foods are recommended to mask offensive tastes of medication.

The use of printed medication calendars, continued reinforcement from all care givers and the active participation of the patient in choosing schedules and medication formulation has increased adherence to prescribed therapy for this population.



119

Poster

**HIV Education Prison Project:
Reducing Barriers to HIV Care in Corrections**

Elizabeth Stubblefield, BA; Anne DeGroot, MD; Rick Altice, MD; Joe Bick, MD, Brown University, Providence, RI

LEARNING OBJECTIVE:

HIV infection is highly prevalent among inmates in the nation's jails and prisons. This presentation will discuss some of the barriers to HIV care in correctional settings and will describe the HIV Education Prison Project Newsletter, a monthly publication that serves as a resource to more than 2000 correctional HIV care providers.

Abstract Text:

There are six times as many cases of confirmed AIDS among

inmates (54 per 10,000) than in the general United States population (9 per 10,000) (1). Many HIV infected inmates are new to HIV care; almost 80% of HIV infected inmates were first offered HAART when in prison (2). These simple statements emphasize the importance of correctional facilities as sites for the prevention and treatment of HIV/AIDS.

Despite the importance of HIV, there are many barriers to accessing HIV care in correctional settings. One barrier is lack of information on HIV management. To address this barrier, the HIV Education/Prison Project (HEPP) at Brown University developed a monthly fax newsletter, HEPP News, to provide information and education to HIV care givers in prisons and jails. National correctional HIV experts work in concert with a team of regional editors, this newsletter provides up-to-the-moment information on HIV treatment. The newsletter consists of eight regular features: a main article, "Ask the Expert", a "spotlight" on an exemplary correctional HIV care program or practitioner, HIV 101, a "HEPPigram" that offers correctional solutions to common HIV care challenges, news-flashes, resources and "Save the Dates," and a CME-accredited self-assessment quiz. The newsletter is distributed by fax and has a website at <http://www.HIVcorrections.org>. HEPP News is received by a readership of over 2200 correctional HIV providers, in over 800 institutions or facilities concerned with the healthcare of over inmates.

Conclusion/Summary:

Our newsletter diminishes barriers to good HIV care in correctional settings, however much remains to be done.

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120

Poster

A Qualitative Assessment of HIV Knowledge, Attitudes and Behaviors of Asian and Pacific Islanders in Georgia

Learning Objective:

To increase understanding of Asian and Pacific Islanders in the state of Georgia ages between 14-60 years in relation to level of HIV knowledge, attitudes and behaviors.

Abstract Text:

This study investigated the level of HIV knowledge, attitudes, and behaviors among Asian and Pacific Islanders in the state of Georgia. Through a series of five focus groups, a sample of 67 participants ranging in ages between 14-60 was included in the study. Participants were divided into the following categories: 1) Vietnamese females ages 14-17; 2) Korean males and females ages 14-18; 3) Mixed ethnic (Vietnamese, Korean, Japanese, Chinese) ages 18-22; 4) Vietnamese females ages 25-60; 5) Korean males ages 25-60. Using the health belief model, a questionnaire was devel-

oped to study the following variables: 1) level of knowledge; 2) perceptions of susceptibility (personal and APIs compared to non-APIs in the United States); 3) behaviors that may/may not put one at risk to HIV; and 4) familial and social norms. In addition, this study also looks at racial preference of health educator and delivery of health education materials when serving the API population.

Conclusion/Summary:

An apparent difference exists between adolescent (14-21) and adult (22-60) participants in relation to level of knowledge and perceptions of susceptibility. The adolescent groups exhibited high level of knowledge in the areas of transmission, prevention and social issues associated with HIV/AIDS. Despite exhibiting high levels of knowledge, associating with behaviors that may increase ones' chance of HIV/AIDS infection was apparent.

There was no association between different ethnic groups and variables; however, levels of acculturation accounted for differences in levels of knowledge, perceptions of susceptibility and behaviors that may/may not lead to infection of HIV/AIDS. This was particularly significant within the adolescent participants.

Similar familial and social norms exist regardless of ethnicity, age or level of acculturation. If infected with HIV/AIDS, APIs feel they have no support within the familial structure due to fear, shame, and lack of communication as a result of the existing intergenerational gap. This factor also accounts for a reluctance to seek HIV testing or counseling.

Funding for future research is necessary to investigate the API population in the southeast region of the United States. In addition, curriculums designed to strengthen communication within API families are necessary for all API ethnic subgroups.

Soomy Lee, Project Director, Center for Pan Asian Community Services, Inc.; Doraville, GA

Results: The seropositivity rate for this sample was 0.2% (n = 110). Having had an HIV positive partner in the last two years was the highest risk found for this group (OR 6.01; 95% CI: 3.12, 11.77). Using injection drugs within the last two years group was also associated with seropositivity (OR 2.40; 95% CI: 1.18, 4.86). Adolescent females who identified as African-American (OR 1.84; 95% CI: 1.11, 3.05) was associated with elevated risk for HIV infection. An additional behavioral risk factor associated with HIV infection is having had only one sexual partner during the past year (OR 1.54; 95% CI: 1.05, 2.25).

Conclusions: The low prevalence of HIV infection among the clients sampled contrasted sharply with the high prevalence in other groups. However, seroconversion was sharply elevated for those young women with increased risk of exposure through a known HIV positive partner and/or injection drug use. Sexually active female adolescents need counseling about sexual activities that may put them at risk for HIV infection with particular attention to young women who are African-American. A window of opportunity may exist for the group wherein behavioral interventions may reduce the risk of transmission before the clients introduce themselves to a larger risk of exposure.

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121

Poster

Risk Factors for HIV Infection Among Adolescent Females in California

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Objective: Recent attention has focused on the risk factors associated with HIV infection in older women. Few studies have examined the risk factors associated with HIV seropositivity for younger women. Although this demographic group has been difficult to study, they represent an important focus for HIV primary prevention efforts. The objective of this study is to examine demographic and behavioral risk factors associated with HIV infection among adolescent females.

Methods: Data from the California Department of Health Services, Office of AIDS, HIV Counseling Information System for young female clients (13 to 19 years old) who tested for HIV from July 1, 1994 through June 30, 1997 (N = 57,924) were used for this analysis. We used logistic regression analysis to examine behavioral and demographic variables significantly associated with HIV infection for this group.



122

Poster

Examining HIV Geographic Trends at Testing Site Locations

California Department of Health Services, Office of AIDS Sacramento, CA
David S. Webb & Loriena A. Yancura

Learning Objective: To show the utility and value of examine geographic spatial data in identifying and assessing communities and how spatial data can be used in the HIV community planning process.

Abstract Text: Examining geographic patterns in the HIV/AIDS epidemic are useful in assessing and targeting communities at risk for HIV. The purpose of our presentation will be to evaluate spatial clusters of individuals who test seropositive or seronegative for HIV and who possess specified demographic characteristics. Geographic data collected from state-funded testing sites in California will be used to evaluate clinic locations in relationship to the populations they serve in Sacramento County. Arcview geographic information systems software was used to plot the spatial relationship of valid HIV test results and demographics by zip code in relationship to testing site location.

Conclusion/Summary: A poster showing geographic clusters in map format along with a discussion of demographic characteristics will be used to show the relationship between community members and testing sites.



123

Poster

HIV PERINATAL CARE

Abstract: Pregnant women and women of reproductive age benefit from an HIV test in order to know their serostatus. Partners In Care at University Hospital in Albuquerque, NM has undertaken a program to ensure that the HIV test is universally offered to all prenatal patients in the University of New Mexico Health Sciences Center system of multiple clinics, and statewide to all its contracted providers. A quality assurance survey was recently completed to assess compliance within the various University clinics and identify areas for improvement. Results of this review are presented statistically, with recommendations to increase adherence.

HIV Triage nurses have been designated in each Health Sciences Center clinic to act as patient educators and advocates. Intervention is important to ensure that HIV+ women understand the benefit of being on a ZDV containing antiretroviral medication regimen during their pregnancy, to decrease the risk of transmitting HIV to their infants in utero. Further education aims at informing HIV+ women why not to breast feed and what medical follow-up care their newborns will require. These nurses also assist in making referrals to promote the best care for at risk mothers and infants.

Partners In Care has produced a 26 minute educational video titled "A Test In Time", on the subject of Women, HIV and Pregnancy, narrated by actress and AIDS activist Ali MacGraw. The video has both English and Spanish versions and is available at low cost for use in patient education and school settings.

Also, Partners In Care collaborated with the New Mexico Dept. of Health in a statewide initiative to educate providers on HIV perinatal issues. As part of that effort they devised an HIV testing consent/waiver form for women that incorporates information about risk factors and perinatal transmission. They welcome the form's use by other health care agencies.

Learning Objectives: Conference participants viewing this poster will see a background overview of HIV Perinatal Care as a national public health issue, an explanation of nursing triage and its goals in this specific patient care delivery system, and a method for monitoring aspects of HIV perinatal outcome. Handouts are available for the NM AIDS InfoNet, an online source of material for patient and provider information, ordering information for the video "A Test In Time", and samples of the HIV Testing Consent/Waiver Form for Women. In sharing this information, Partners In Care hopes to assist others interested in better serving this important population of health care consumers.

Summary: The Partners In Care/ Ryan White Program at University of New Mexico Health Sciences Center initiated an HIV Perinatal Care Program 2 years ago. The goals are expanded HIV testing of prenatal patients and better coordinated HIV care for HIV+ pregnant patients within this large system of diverse providers and clinics. Ongoing quality assurance reviews, an educational video and an improved HIV testing consent form in English and Spanish are helpful adjuncts.

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124

Poster

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STOP AIDS Project: A community level approach to HIV prevention among MSM in San Francisco.

Learning Objective: Conference participants will gain insight into STOP AIDS Project's innovative approach. The STOP AIDS Project is providing a community level multiple pronged approach to reducing HIV transmission among positive and negative MSM in San Francisco.

The Poster will include:

1. Overview of HIV in San Francisco

In San Francisco the majority of existing and new HIV infections are among men who have sex with men (MSM). There are an estimated 43,100 MSM in San Francisco. According to the 1998 San Francisco HIV Epidemiology Report, 31% of MSM are infected with HIV. The CDC recently reported that high risk sexual behavior has risen and consistent condom use has declined among San Francisco gay and bi men over the past four years. The report cites STOP AIDS Project street surveys conducted with 21,850 gay and bisexual men. According to the report, rectal gonorrhea rates among gay and bi men, which are tracked by the SF DPH, also rose during the same time period.

2. STOP AIDS Project's response to the growing complacency about HIV

The STOP AIDS Project is responding to the growing complacency about HIV. The challenge facing the Project is to effectively reach the diversity of risk takers, both negative and positive. The Project's workshop interventions are based in Social Support, Diffusion of Innovation and Social Learning Theories. Using real and nonjudgmental language and workshop themes, the Project provides opportunities for discussions based on community needs and interests in the context of HIV prevention. All interventions are developed through community input and are led by trained volunteer peer facilitators.

3. Description and Media of Workshops

Program for men of all ages: Community Forums, Topical Meetings, Great Sex Workshop, M4M Workshop, LeatherFuck, Our Love: The Series, **O Action** (workshops for men 25 and under): Café Chats, Chico Chats, FLIQ, SummerCamp.

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125

Poster

Assessment of HIV-Positive Individuals Receiving HIV Prevention Services in Los Angeles County: Results from the 1999 Los Angeles Countywide Risk Assessment Survey (CRAS)

Recently the Centers for Disease Control and Prevention released an initiative focusing on prevention for HIV-positive individuals. In response, the Los Angeles County Office of AIDS Programs and Policy utilized the annual Countywide Risk Assessment Survey (CRAS), to assess demographic characteristics and risk behaviors of HIV-positive clients receiving prevention services at Community-Based Organizations (CBOs) throughout the County. Among the 13.2% of respondents who reported being HIV positive, 39.5% were Latino, 33.9% white, 21.1% African-American, and 0.4% were Native American. There were no HIV-positive Asian/Pacific Islander respondents in this sample. Furthermore, 79% of HIV-positive individuals were male, 19.7% were female, and 1.8% were transgender. Approximately 28.3% of HIV-positive respondents were recent immigrants and 7.9% were homeless. Of all HIV-positive respondents, 42.1% engaged in substance use and 21.1% reported injection drug use. Approximately 63% of those with HIV were engaged in a concordant relationship. Approximately 56% of HIV-positive respondents reported male-to-male sex. The majority of these men were either Latino (40.8%) or African-American (18.5%). These results highlight the fact that 1) HIV-positive individuals received prevention services at County-funded agencies, and 2) although shifts in the epidemic have occurred, the CRAS data mirrors population-based AIDS data in Los Angeles County considerably. This is an important finding because it suggests that services are being targeted appropriately to those most in need. Although risk behaviors might be different among HIV-positive individuals and those with AIDS, AIDS data can be used to approximate the future needs of HIV-positive individuals which has implications for HIV prevention planning.

Learning Objectives:

1. Results of the CRAS survey will be compared to Los Angeles County population-based AIDS surveillance data to highlight similarities and differences.
2. Participants will gain knowledge of sociodemographic and risk characteristics of HIV-positive individuals within Los Angeles County.
3. Participants will become familiar with the policy and planning issues for HIV-positives initiated by data gleaned from the CRAS survey.

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126

Poster

HIV Risk Profile of Injection Drug-Using Women in California

Learning Objective: Findings suggest that Injection drug users (IDU's) women should not be considered as "high-risk" exclusively because of their IDU, but also because of several other risky behaviors they engage in.

Topic/Issue: IDU's are at risk for acquiring HIV infection. IDU is the second most frequently reported risk behavior associated with HIV infection (CDC, 1998). However, few investigators have examined behavioral risks that are associated with injection drug use among women. The first objective of this analysis was to determine the prevalence of HIV infection among IDU's women in California. The second was to describe additional risky behaviors that put these women at risk for HIV infection. Finally, we compared demographic and behavioral risks among HIV infected and non-HIV infected women in an effort to better understand this population.

Method: We used data from the State of California, Office of AIDS for IDU's women who received an HIV test result through state-funded voluntary testing from July, 1994 through December, 1998 (N=39,263). Descriptive statistical analyses were used to compare demographic and behavioral risks associated with HIV infection among HIV positive and HIV negative IDU's women.

Results: The overall infection rate among IDU women 1.2% (n = 482).

Behavioral Risk	HIV Positive (n = 482)	HIV Negative (n = 38,781)
Lifetime History		
Partner is an IDU	79%	70%
Partner w/ Multi. Partners	73%	79%
Money/Goods for Sex	45%	30%
HIV + Partner	36%	9%
Drugs for Sex	33%	26%
Partner is an MSM	18%	18%
Sex w/ Sex Worker	16%	9%

Conclusion/Summary: HIV infected women reported a known HIV positive sex partner four times higher percentage compared to non-infected women (36% vs. 9%). Both groups of women reported engaging in a number of other risky behaviors at roughly equal rates.

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207

Poster

Comparison of Urban and Rural University Undergraduate Students' Relationship with AIDS-Infected Persons

Abstract

In this study a brief, confidential survey was taken of university undergraduates at an urban university with a predominantly urban student population and an associated university campus in a smaller city with a predominantly rural student population to compare the number and type of students who have a relationship with someone infected with Acquired Immune Deficiency Syndrome (AIDS). Information was compiled on gender, race, religion, major field of study, and size of hometown. Questions were asked to determine perceived influence of hometown and comfort level of association with persons with AIDS (PWAs). The categories were further broken down and a chi square analysis was used to determine significance in each category and subcategory as it relates to the yes or no response of the topic question regarding relationships with PWAs. Results showed significance in three areas. Comparing University of Minnesota-Duluth students yes or no response to hometown size showed significance. The numbers of persons reporting a relationship with PWAs decreased significantly as size of hometown decreased. This information can be used to promote further education needed in rural towns of less than 50,000 residents and then compared again post-education. Long term effects and results could contribute to lifting the social stigma of persons living with AIDS and reducing continued transmission of the HIV virus.

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with other community and health groups. Thus, when it was attacked came, the exchange found itself increasingly exposed and isolated. Finally, as the attack worsened, the exchange's problems snowballed over time due to the staff's (1) confusion of policy; (2) attitudes as dissidents and radicals; (3) inadequate supervision and training; (4) public relations blunders.

Conclusions: Analysis of the claims-making process found that the needle exchange became a scapegoat for virtually all of the town's drug-related problems, and even the economic decline of the town itself. However, many of the problems that weakened the case for the exchange were avoidable. By studying the claims-making process, we document findings that other communities may wish to consider seriously to prepare against similar attacks of their own harm reduction services for active drug users.

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209

Poster

CONSUMERS AFFECTING POLICY - GETTING A SEAT AT THE TABLE

"I am only one, buy still I am one. I cannot do everything, but I can still do something" - Edward Edward Hale

To demystify and discuss the decision making process, and the ways in which people living with AIDS can learn to effect policy and funding. How to apply traditional, corporate, and grass-roots' methods to effect change in service delivery.

Topic: Empowering through partnering. As the epidemic has grown and advocates have become providers, consumers must learn to advocate and organize to be at the decision table.

Strategy, Methods, Models, and Examples: Sharing an inspiring vision and coaching for performances will help clarify places in which consumers can be enlisted to participate in the process. By seeking the maximum appropriate involvement and focusing on results, process and relationship. People can then recognize a strategic moment in which to build an alliance that will benefit all the stakeholders in service delivery. As we learn to clarify the process, we also learn to celebrate victories and accomplishments large and small, while keeping our "eyes on the prize".

Consumer developing resident advisory committees in HIV Housing which then can also become a tenants association that addresses housing policy, services, and grievances. They are then acknowledged and empowered and begin to have ownership in their services. This also can become a partnership with the National HUD Tenants Association. This natural progression brings people living with AIDS strength and the realization that they are not "only people living with AIDS" but are people who just happen to have a virus and are members of the larger community.



208

Poster

How a State-Sponsored Needle Exchange Program Came to Be Defined as A Public Health Hazard

Objectives: We offer an analysis of the claims-making process that succeeded in defining a state-sponsored needle exchange in Windham, Connecticut as a public health hazard that led to its closure after several years of operation.

Methods: Based on data collected at public meetings, local news coverage, and interviews, we detail the career of the claims-making process, the principal claimants, the specific claims lodged against the exchange, and the reasons why the counter-claims of the exchange's defenders were overwhelmed, leading to the exchange's closure.

Findings: There were several factors that shaped the controversy surrounding the needle exchange that favored its opponents' position. First, fueled by the War on Drugs in the U.S., the opponents were able to appeal to a large pool of local public sentiment that is vehemently against illicit drugs, drug users in general, and especially drug injectors.

Second, the needle exchange staff and its parent organization were caught off-guard by the severity and skillfulness of the exchange's opponents. Third, the exchange staff had not worked during its years of operation to build stronger ties

Using newsletters, HIV education groups, Department of Public Health hearings, networking, websites, legal services, and Non-HIV and traditional disability service providers. Ryan White planning counsels community development block grant steering committees. As well as, outreach funding sources, consumer advisory boards, public meetings, and housing programs.

The changing landscape of HIV/AIDS has brought about the re-examination of the design of services. As money get tight, we as consumers must consider ourselves part of the accountability factor. People who use the services should and must take ownership of the delivery of these services. What we have learned from partnering in our health care can be applied to all AIDS service organizations and government agencies. Service providers of all sorts can benefit from our first hand knowledge and experience.

Conclusion and Summary: During our workshop, we will discuss the development of consumer advisory boards and participating in funding systems. Outlines from a consumer advisory board, bi-laws, meeting rules, list of resources (including funding), meeting places, recruitment, and ways to keep consumers active participants will be discussed. Suggesting ways in which even the most unwelcomed consumer input can influence policy come about. Hopefully to bring about new approaches to prevention, treatment, and care. handouts will be distributed to assist even the most naive organizer in forming a consumer advisory board.

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312

Poster

VIROLOGICAL RESPONSE TO HIGHLY ACTIVE ANTI-RETROVIRAL THERAPY (HAART) AMONG HIV-POSITIVE INDIVIDUALS DIAGNOSED WITH MENTAL ILLNESS OR SUBSTANCE ABUSE

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Learning Objective: Participants will learn that HIV-positive individuals with a diagnosis of alcohol abuse may be more at risk to have incomplete virological response to HAART therapy than other HIV-positive individuals with mental illness or drug use.

Background: Previous studies indicate that HIV-positive individuals with mental illness or substance abuse are more likely to have suboptimal responses to HAART therapy.

Purpose: The purpose of this retrospective study is to determine if HIV-positive individuals with a clinical diagnosis of mental illness (depression, anxiety, psychosis) or substance abuse are more likely to have incomplete virological response (defined as viral load > 400 copies/mL) during the 6-month study period.

Methods: The study included 1810 HIV-positive adults who attended the Medical Center of Louisiana HIV Outpatient Clinic during the first six months of 1999 and were enrolled in the Centers for Disease Control and Prevention Adult Spectrum of HIV-Disease Study database. Chi-square analysis was used to identify variables associated with mental illness and substance abuse (alcohol, injection or not-injection drug use). Logistic regression analysis was used to adjust for potential confounders, such as race, gender, age and stage of disease (CD4 lymphocytes/mL), followed by backward elimination of the predictor variables: depression, anxiety, psychosis, drug use and alcohol abuse.

Results: A high percentage of the sample had a clinical diagnosis of mental illness or substance abuse: 35.9% with depression, 5.9% with anxiety, 5.0% with psychosis, 24.1% with drug use and 14.9% with alcohol abuse. Results showed that alcoholics were significantly more likely to be male and greater than 30 years of age. They were also significantly more likely to be at risk of HIV progression, drug use and mental illness. Alcoholics were significantly more likely to have had an opportunistic infection (OI) and a detectable viral load (> 400 copies/mL) than those who were not alcoholics. History of an OI and a detectable viral load were not associated with depression, anxiety, psychosis or drug use. Of the 26 opportunistic infections, alcoholics were significantly more likely to have had pulmonary M. tuberculosis and HIV encephalopathy. Logistic regression showed that past or active alcohol abuse (OR = 1.54/CI = 1.20, 4.40) was significantly associated with incomplete response to HAART therapy. Drug use and other mental illnesses (depression, anxiety, psychosis) were not associated with incomplete virological response.

Conclusion: More studies investigating HIV-positive alcoholics are recommended since their treatment success may involve an even more complex range of psychosocial and clinical issues than those who are not alcoholics.

The presenting author, Dr. Kathleen Welch, has worked as an epidemiologist at the largest public HIV clinic in the Gulf South Region for four years. Her area of expertise is substance abuse and mental illness among HIV-positive individuals. She has also studied humor as a treatment approach for HIV-positive individuals and presented the results of her studies at national and international conferences. She is the author of numerous peer-reviewed articles on HIV disease and public health in the former Soviet Union. Prior to her work in the area of HIV disease, she conducted some of the first population-based nutritional surveys in the former Soviet Union.

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313

Poster

Determination of HIV-1 Protease Inhibitors Amprenavir, Indinavir, Nelfinavir, Ritonavir and Saquinavir in Human Serum/Plasma by Tandem Liquid Chromatography-Mass Spectrometry (LC-MS/MS).

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Amprenavir (APV), Indinavir (IDV), Nelfinavir (NFV), Ritonavir (RTV) and Saquinavir (SQV) are synthetic peptide-like antiretroviral agents that inhibit the activity of human immunodeficiency virus type-1 (HIV-1) protease. There have been recent reports in the literature showing the possible link between antiretroviral (protease inhibitor) drug concentrations and antiviral effect. As a result, there is a need to develop new validated methodologies for drug monitoring of antiretroviral agents, specifically for HIV-1 protease inhibitors. We have developed a robust and sensitive assay for quantitation of APV, IDV, NFV, RTV and SQV in serum/plasma using tandem liquid chromatography-mass spectrometry (LC-MS/MS) technique. APV, IDV, NFV, RTV, SQV and an internal standard (IS, reserpine) are isolated from serum/plasma by liquid-liquid extraction. Chromatographic separation was accomplished using a reverse-phase C-18 column. The LC-MS/MS system is operated in the positive-ion mode and multiple-ion monitoring is used for the measurement of APV, IDV, NFV, RTV and SQV. A mixture of acetonitrile and water (1/1, v/v) containing 0.1% formic acid was used for the LC mobile phase. The pump flow-rate was set at 150 ml/min and the turbo-spray ion source temperature was held constant at 300 °C. Using a short analytical column, the analysis was achieved in less than 5 minutes. The calibration curves exhibited good linearity ($r = 0.998$) over the concentration ranges of 0.05 to 10.0 mg/ml (APV, IDV, NFV), 0.1 to 20.0 mg/ml (RTV) and 0.02 to 2.0 mg/ml (SQV). The coefficient of variation for the intra-day and inter-day determinations ranged from 1.9% to 9.2% and the assay accuracy ranged from 94.0% to 107.6%. The extraction recovery was 90.8%, 84.1%, 85.7%, 55.3% and 86.8% for APV, IDV, NFV, RTV and SQV, respectively. The lower limit of quantitation was 25 ng/ml (APV, IDV, NFV, RTV) and 10 ng/ml (SQV) using 1.0 ml serum or plasma. This selective method has been used in our laboratory to monitor APV, IDV, NFV, RTV and SQV serum/plasma levels in HIV-1 infected patients receiving combination antiretroviral therapy. Measurement of protease inhibitor concentrations should be considered in the treatment of HIV-1 infection. Antiretroviral drug monitoring may improve efficacy, establish compliance, and help to evaluate drug-drug interactions in HIV-1 infected patients.



315

Poster

Norvir plus Indinavir plus Nevirapine as Salvage Therapy in a Heavily Pre-Treated HIV-Positive Population

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Objectives

RTV + IDV + NVP may be a potential option for patients failing HAART
RTV + IDV + NVP is well tolerated

Background: Ritonavir (RTV) and indinavir (IDV) and nevirapine (NVP) is a relatively new combination where little data is available about its efficacy and tolerability.

Methods: A retrospective chart review was conducted on 38 patients who were started on the combination of RTV 400mg plus IDV 400mg with NVP 200mg bid plus > 1 NRTI. Between April 1998 and Sept of 1999 the records of all patients who were started on the combination of RTV + IDV + NVP were reviewed.

Results: The vRNA and CD4 cell count were collected within 60 days pre and post their change in therapy. The mean age was 37 + 7.9 (range 25-61), 13% of the participants were female, 71% were Hispanic and 89% (34/38) had documentation of a failure to >1 PI. The mean CD4 cell count was 214 + 189 (range of 0-713) and a vRNA median of 9,297 (range -750,000). At the end of the follow-up, the post CD4 cell count was 291 + 189 (range 0- 752) and 67% had vRNA < 400 (range < 50-36,051). The mean duration of time on RTV + IDV + NVP was 5 + 3.75 (range 0-14) months with an 18% discontinuation rate because of lost to follow-up (3/38) or intolerance. There were no reports of nephrolithiasis.

Conclusion: Our retrospective review demonstrates that the combination of RTV + IDV + NVP is well tolerated and effective in clinical practice as a salvage regimen. In addition, it would appear this combination is well tolerated and that discontinuation was rare. RTV + IDV + NVP may be a useful combination for patients with extensive protease inhibitor or nucleoside experience in clinical practice.



316

Poster

A Comparison of the Efficacy of Zovirax

BACKGROUND: HIV+ individuals have a greater risk of developing HSV outbreaks than HIV-negative individuals. HSV recurrences can increase HIV viral load, and ACV with antiretroviral therapy may improve morbidity and mortality in individuals with HIV/AIDS (Cooper 1993, Youle 1994, Stein 1994). Generic ACV and brand ZOV are thought to be equally efficacious. When HMO's began requiring substitution of ACV in place of ZOV to reduce costs, we observed an increase in HSV breakthroughs. We chose to investigate the efficacy of ACV compared to ZOV for the suppression of HSV in HIV+ individuals with a history of HSV outbreaks. **MATERIALS AND METHODS:** We prospectively compared Group 1 (G1, n=22, HIV+ patients randomly switched from ZOV 400 or 800mg twice daily to ACV) to Group 2 (G2, n=22, HIV+ patients continuing ZOV). When HSV recurrences were documented, G1 individuals were switched to either the equivalent dose of ZOV, if approved by their HMO, or Valtrex® (VAL, 1g once daily), and followed for 6 months. **RESULTS:** G1 and G2 were similar at baseline regarding time since HIV+ diagnosis, CD4 percentage and cell count, and viral load. During a mean 7.1 ± 2.4 months, G1 experienced a 68% (15/22) recurrence rate of HSV with a mean number of 1.2 ± 1.1 recurrences (p < 0.0001), while no recurrences were observed in G2. The mean time to first recurrence was 5.7 ± 2.1 months, and 95.5% were HSV-1 recurrences. Of 15 evaluable patients in G1, 8 switched to ZOV and 7 to VAL and were followed for a mean 6.6 ± 1.4 and 5.4 ± 3.4 months, respectively, with no HSV recurrences observed on either therapy. **CONCLUSION:** ZOV is significantly superior to ACV in preventing HSV recurrences in HIV-infected individuals. Switching from ACV to either ZOV or VAL is effective in suppressing further HSV recurrences.

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457

Poster

HIV Testing in the Setting of Inpatient Substance Abuse Detoxification Services: A Patient Survey

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Learning Objective: Individuals admitted to inpatient substance abuse detoxification centers are at high risk of HIV infection due to the risk-taking behavior associated with drug addiction. This study examines patients' views about HIV testing in the setting of acute substance abuse treatment.

Methods: During September-January 2000, voluntary questionnaires were administered during structured focus groups conducted at the only two state-funded drug detoxification treatment centers in Rhode Island.

Results: A total of 66 questionnaires were analyzed from both detoxification centers. Overall potential acceptability of HIV testing among clients in the detoxification centers was high. Ninety-seven percent of participants responded positively to the question, "Do you think HIV testing should be available to clients in drug detoxification facilities such as this one?". Furthermore, 57/64 (89%) of participants reported that they would cope "About the Same" or "Better" with a positive HIV test result while in detoxification treatment versus elsewhere. The greatest number, 28/66 (42.4%), of participants ranked the Orasure® HIV test, an assay for HIV-1 transmembrane antibody, as the test they would most prefer while in drug treatment. However, in response to the question, "How much would the type of HIV test offered make a difference in whether you choose testing?", 38/65 (59%) of participants responded "Not at All". Eighty-eight percent (57/65) of participants responded that they would prefer to see a physician within a few days of a positive diagnosis of HIV infection.

Conclusion/Summary: This study shows that despite the controversy surrounding the provision of HIV testing to patients in drug detoxification centers, HIV testing is desired, and is potentially well accepted and clinically advantageous, to patients in acute substance abuse treatment provided that HIV clinical care is readily available.

Keywords: HIV, testing, counseling, substance abuse, detoxification

Sponsorship: This study was supported in part by NIDA/NIH grant K08-DA00395-02 to Dr. Pugatch.



Published

not presented

**The Myth of Payor of Last Resort: Access to AIDS
Drugs Among Clients in CARE Act Title III and Title
IV Programs**

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Learning Objective:

Participants will learn what barriers exist for clients in CARE Act Title III and Title IV programs across the country accessing AIDS drugs, and the strategies used by Title III and Title IV programs to address those barriers. Participants also will learn about proposed program and policy recommendations to the Federal government to improve access to AIDS drugs among these clients.

Abstract Text:

AIDS Drug Assistance Programs (ADAPs) are State-administered, CARE Act-funded programs providing medications to low-income individuals with HIV who have limited or no coverage from private insurance or Medicaid.

The high cost of new therapeutic regimens and the fact that more people are seeking and receiving treatment for HIV disease earlier and longer are posing considerable challenges. Congress has appropriated increased resources, and States have responded in a variety of ways. Resources remain inadequate.

Many clients in programs funded by the CARE Act should be eligible to receive pharmaceuticals under ADAPs. Yet Title III programs report needing additional funds to cover pharmaceutical costs for their clients. The reasons are unknown.

A similar lack of knowledge exists around the extent to which the clients served by Title IV have access to ADAP. In general, State ADAPs enroll very few children or adolescents. Many adolescents are not eligible for Medicaid or are outside the systems that might facilitate entry into Medicaid. The extent of access to ADAP by adults served by Title IV is unknown.

To address these gaps in knowledge, the federal Health Resources and Services Administration commissioned this study to assess the extent to which Title III and Title IV clients access ADAP. A major finding of the study is that 55% of Title III programs and 70% of Title IV programs reported Medicaid eligibility as a barrier to access to HIV/AIDS medications. Another finding is that the common notion of the CARE Act as "payor of last resort" fails to capture the true nature of how CARE Act funds are used to leverage other public and nonpublic revenue streams to create a patchwork of care and treatment resources for people with inadequate insurance seeking quality HIV care. Policy and program recommendations from this qualitative and quantitative study will be presented and discussed.

Conclusion/Summary:

Title III and Title IV programs are mission-driven organizations that appear to be a good job of achieving and maintaining access to health care resources for people living with HIV/AIDS who are marginally insured or uninsured. Findings from this study also reveal that the CARE Act is successful at filling gaps, sometimes episodically for the same individual, in a highly complex health financing environment.

Expertise:

Matthew McClain is a public health consultant focusing on policy, planning, and health services research. Since 1988, he has been working extensively in the HIV/AIDS arena at the local and national levels. In 1995 he became advisor on AIDS policy to the City of Philadelphia. He has led numerous studies and projects for a range of clients, including the Health Resources and Services Administration. He was the principle investigator for the present study.

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AIDS and OLDER AMERICANS

Tracey A. Adams, Douglas Thomas, and Sandra Welch
 CDC National STD & AIDS Hotlines/American Social Health Association

Learning Objective:

At the end of the presentation participants will be able to describe the HIV/AIDS education and prevention needs of older Americans; identify the barriers and challenges faced by this underserved population; and identify strategies and services available to older Americans.

Topic:

According to the January 23, 1998 Morbidity and Mortality Weekly Report (MMWR), from 1991 to 1996 the proportionate increase in the incidence of reported AIDS cases in individuals > 50 was 22% compared to a 9% increase among persons aged 13-49. Targeted education and prevention is needed to effectively address the education and prevention needs of these individuals.

Issues:

The CDC National STD/AIDS Hotlines (CDC NSTDAH) operates 24-hour a day, 7 days a week, providing toll-free STD/AIDS information, education and referrals. To better understand the concerns of callers > 50 we analyzed a systematic sample of CDC NSTDAH callers, comparing these callers with those < 49.

Methods/Models:

Passive and Active survey data were analyzed using SPSS for differences between callers > 50 and, those < 49. Several issues were examined for significant variation at a p = .001 level including demographic data, initial concern of callers, topics discussed, risks, and HIV status.

Examples:

Analysis showed that callers > 50 were more likely to be married or separated, more likely to be interested in information about treatment, support and course of infection. They were less likely to discuss condom issues, and less likely to discuss testing and personal risk.

Conclusions:

Targeted efforts should be made to educate older Americans about STD/HIV transmission and prevention in a manner which is culturally sensitive for this population. Additionally, health care and social service providers must be educated about the needs of this population and strategies for effectively communicating with them.

Expertise:

Tracey A. Adams has worked for the CDC National AIDS Hotline for the past 7 years. Prior to becoming the Community Outreach & Promotions Manager, she served as a hotline supervisor, providing coaching and development support to a team of Health Communication Specialists.



Published not presented

PROJECT TLC (TRANSITIONAL LINKAGE TO THE COMMUNITY): A BRIDGE BETWEEN CORRECTIONS AND COMMUNITY FOR PERSONS WITH HIV

Carol Duffy, Project TLC Program Manager
 Project TLC is a program of Community Partners in Action, Formerly the Connecticut Prison Association

Participants will learn how to successfully link persons with HIV who are leaving prison to services in the community, e.g. housing, medical treatment

The purpose of Project TLC is to provide transitional case management and discharge planning for inmates with HIV/AIDS being released within 90 days. The program is staffed by a program manager, data manager, and 5 transitional case managers (TCMs) who provide services statewide to inmates in Connecticut's 20 correctional facilities.

The TCM begins to work with a client while he/she is still incarcerated, in order to build up a rapport which will translate into compliance with appointments upon release. TCMs make appointments for the client, especially a medical appointment, and address all the client's needs, e.g. food, insurance substance abuse treatment. The TCM identifies resources in the community which can assist the client in having his/her needs met, e.g. shelters, drop-in centers.

This presentation on Project TLC will be facilitated by means of overheads and handouts. Substantial time will be devoted to a discussion of connections and special arrangements with community agencies/providers.

Conclusion/Summary: Since October 1994 Project TLC has serviced over 3000 clients. The program demonstrates a successful collaboration between Corrections and the State Dept. of Public Health, which provides Ryan White II funding to Community Partners in Action to run Project TLC.

I have been a case manager in Project TLC from Oct. '94 to March '99. In March I became the Program Manager.