

HIV Impact

A Closing the Gap newsletter of the Office of Minority Health, U.S. Department of Health and Human Services

HIV in Prisons is 5 Times the Rate of General Population *Public Health Efforts Coordinate with Corrections*

By Houkje Ross

The rates of AIDS cases in our Nation's prisons are higher than anywhere else in the country. The overall rate of confirmed AIDS cases among the U.S. prison population was five times the rate of the general population, according to statistics from the most recent Bureau of Justice Statistics (BJS) report, *HIV in Prisons and Jails, 1999*.

The BJS report also found that HIV/AIDS is more prevalent among incarcerated African Americans and Latinos. African Americans in state prisons are twice as likely as Whites to test HIV positive. In local jails, Hispanic males have the highest rate of all inmates testing positive for HIV.

But even inmates who aren't infected with HIV still are at greater risk for contracting the disease, mainly due to risk factors, such as using injection drugs, having unprotected sex, and tattooing, according to the BJS report. Many states are recognizing that prisons can be the ideal place to introduce HIV/AIDS education and prevention programs that may reduce the spread of HIV infections. But getting correctional facilities and public health agencies to work together can be challenging.

Finding Common Ground

"Although public health agencies and correctional systems have very different agendas, they can find a common ground," said Helen Fox Fields, senior director of infectious disease policy at the Association of State and Territorial Health Officials (ASTHO). "Health becomes a safety issue when transmission of diseases like TB and HIV are spread to the outside community upon release. When correctional systems understand that, then they are more likely to work with public health agencies," said Fields.

"Successful HIV education and prevention programs in correctional systems have public health officials that are sensitive to the security concerns of correctional officers. They can listen to each other and create a dialog," said Fields. The most effective way to keep communication open is to have a correctional coordinator for the health program, noted Fields. "This person should have a

background in corrections, but also be able to understand the public health culture," she said.

Several states—like California, Rhode Island, Massachusetts, Michigan, and New York—already have programs in place at local jails and prisons that are linked to local or state health departments, community-based organizations, schools of public health, or medical schools.

Here's how some states have coordinated public health with correctional facilities:

- **Massachusetts:** It was one of the first a states to develop a collaboration between its Department of Public Health (DPH) and correctional facilities. A 1990 Massachusetts DPH study of three prisons found an HIV infection rate of 8 percent in males and 12 percent in females. As a result of that study, the Massachusetts DPH visited with several sheriff's departments to discuss the types of services needed in correctional facilities and the concerns about providing those services in a correctional facility. Out of those conversations, a shared mission emerged as a starting point for building collaborative efforts. To assure access to appropriate medical care, treatment, and support services for inmates, the Massachusetts DPH collaborates with community-based organizations and various local health departments.

"Although public health agencies and correctional systems have very different agendas, they can find a common ground..."

Association of State and Territorial Health Officials

Prison...continued on page 2



HIV Impact is a free newsletter of the Office of Minority Health, Office of Public Health and Science, U.S. Department of Health and Human Services.

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To submit story ideas or to comment on HIV Impact articles, contact Brigette Settles Scott, Senior Managing Editor at the address above or e-mail bscott@omhrc.gov.

STAFF

Blake Crawford
Executive Editor

Brigette Settles Scott, MA
Senior Managing Editor

Matthew Murguía
Contributing Editor

Houkje Ross
Senior Editor/Writer

John I. West
Production Coordinator

Stephanie Singleton
Graphic Designer

INSIDE

HIV in Prisons	1
Minority Health Perspective	3
Condoms in Prison	4
Domestic Violence	5
HHS News	6
Collegiate Collaboration	7
HIV Screening	8
HIV/AIDS Services Update	10
Leadership Summit	11
News Briefs	11
Funding	12
What's New!	13
Resources	14
Conferences	16



Prison...from page 1

For example, various CBOs and AIDS service organizations provide HIV testing, counseling and treatment services to Massachusetts correctional facilities.

➤ **Rhode Island:** In 1998, Brown University's AIDS Program—part of the Brown Medical School—initiated the HIV Education Prison Project (HEPP). The project provides medical education for correctional HIV providers. The goal of the program is to provide educational updates for health professionals serving inmates in correctional facilities. The project serves correctional providers in Rhode Island and southeastern and southern Massachusetts in informal settings.

➤ **New York:** The Corrections AIDS Prevention Program (CAPP) at the Rikers Island jail is operated by the Division of Special Populations of the New York City Department of Health. CAPP is funded through the Centers for Disease Control and Prevention. In addition to basic information on transmission and prevention, ongoing prevention groups are held in several Rikers Island facilities. These meetings, led by a health educator, provide opportunities to explore topics in greater depth. Rikers has one of the most aggressive approaches to HIV prevention, making condoms available to inmates.

Peer-Based Education

While public health workers and correctional staff continue to find ways to work together, some prisoners are initiating their own prevention efforts. At Connecticut's Osborn Correctional Institution (OCI), five inmates from several surrounding facilities met and created their own peer education program addressing HIV prevention, testing, and counseling.

The Connecticut inmates—most of whom are Hispanic and African American—developed the program as a result of their own experiences of living with, or knowing someone with HIV. The inmates come together once a month to perform a dramatization, which follows three friends who get high together. One of the friends finds out he is HIV positive and urges the others to get tested. The dramatization explores the reactions of each character and how their friendship changes. "The basic story is the same each time, but the inmates don't follow a script. There's a lot of ad-libbing and the inmates use street language," said Michelle Cabana, HIV nurse coordinator at OCI.

Fellow inmates have responded well to the program. "It's very popular with the inmates," said Cabana. "In the winter, when the inmates can't go outside, there's usually a waiting list to attend the performance. We have to limit it to 50 participants," said Cabana. "A larger group would limit the scope of discussion that occurs following the dramatization," she added. After each dramatization, performers talk about the changes that have occurred in their lives because of their HIV status. Topics include how to have safer sex and the side effects experienced from the drug regimen.

"After each dramatization, there is a clear increase in requests to get tested," said Cabana. In Connecticut, HIV testing is not mandatory, but is made available to all inmates. The dramatizations don't cost anything to the facility and pose minimal risks, noted Cabana.

The U.S. Department of Justice (DOJ) agrees with Cabana that peer-led HIV education and prevention efforts in prisons and jails can be an effective teaching method for inmates. In fact, a recent study from DOJ, *HIV/AIDS, STDs, and TB in Correctional Facilities*, found that peer-based programs can:

- Increase the credibility of the programs—prisoners speak the language of inmates and have had similar life experiences.
- Provide a range of services that are cost effective. Peers can provide many services—orientation to HIV, individual and group risk-reduction counseling, and acting as informal mentors.
- Benefit peer educators—inmate peer educators commonly report tremendous improvements in self-esteem, knowledge, and commitment to the community, based on their experiences in the programs. Many go on to paid positions in HIV prevention after release.

"Initially we thought there might be some safety concerns with inmates self-disclosing their HIV status, but it hasn't been a problem," said Cabana. "The inmates that have been involved have really been willing to sit down with others to talk about living with HIV. And it's also helped to increase their awareness about the disease they are living with," noted Cabana.

A 1999 ASTHO report, *Behind the Wall*, found that HIV/AIDS programs in prisons are also

Prison...continued on page 4

The White House Talks About What's Needed to Fight HIV/AIDS

by Scott H. Evertz, Director, Office of National AIDS Policy, The White House

Since my appointment as Director of the White House Office of National AIDS Policy in April, I have traveled throughout the United States and seen firsthand what people are doing to stem the tide of the HIV/AIDS epidemic. I met with AIDS Arms and visited the Peabody Health Center in Dallas. In New York City, I met with several organizations, including Harlem Congregations for Community Improvement, the Asian and Pacific Islander Coalition on HIV/AIDS, the Latino Commission on AIDS, and the Gay Men's Health Crisis. In Atlanta, I met with the community-based clinic Outreach, Inc., and while in El Paso, I met with Centro de Salud Familia de Fe. Here in Washington, D.C., I met with the Whitman Walker Clinic.

All of these meetings were warm and productive, and they revealed a number of common themes. Perhaps most striking is that no one in these organizations is at all surprised by the so-called "dramatic shift" of the HIV epidemic into communities of color. The truth is that the HIV/AIDS epidemic has always been in these communities. The goal of the Bush Administration, and my personal goal, is to move the dialog and the resources to those communities hardest hit by HIV/AIDS.

One way we are doing this is through continued support of the Minority AIDS Initiative. This initiative, and the support offered by the Office of Minority Health, is critical to the Administration's efforts to build health care capacity and sustainability at the local level. We are committed to continuing the work needed to create a general health infrastructure in communities that are facing many different health issues, including HIV/AIDS.

Poverty may not be a disease, but it is one of the main health issues facing our country. As HIV increasingly becomes a disease of the poor, we will need to allocate the necessary resources *and* do a much better job of coordinating service delivery systems. Right now, many health care providers have to patch together multiple systems in order to treat a patient's HIV disease and the co-infections and diseases that affect some of our most vulnerable populations, like hepatitis C and diabetes. This must change, and quickly.

Before stepping up to this position, I was aware of the alarming disparities in health care between neighborhoods of privilege and those of the disadvantaged. Now that I have walked the neighborhoods of this country's central cities and the small town streets of rural America, it is clear to me that we *must* use all resources at our disposal to improve delivery of services in culturally competent ways. If we don't, we will fail to make even a dent in the HIV/AIDS epidemic.

To ensure the best distribution of resources, we must reevaluate the way Federal systems respond to communities battling HIV/AIDS, and channel our support to those places, organizations, and individuals that need it the most. To deliver culturally competent services, we need insights and input from the people most affected by HIV/AIDS—those living with the disease and those fighting it in our communities.

If it were not for the dedication of those people, this epidemic might have done even more horrifying damage. On behalf of President Bush, I commend the many programs and organizations that, with little or no recognition, are serving communities of color. They are examples of America at its best and most inventive, and we must encourage their work and recognize their dedication and sacrifice. The tireless efforts of these individuals and organizations have broken down barriers and offered hope when none was apparent. We often think of heroism as something accompanied by trumpets and fanfare, but these heroes go about their daily work in quiet ways. They deserve our gratitude and respect.

The opportunity to work with these advocates, and to honor those who have died of AIDS, is what makes it a privilege for me to serve as Director of the White House Office of National AIDS Policy. As we move forward in our common fight against HIV, I will do everything in my power to ensure that resources are directed to where they are most needed. I also pledge to build and maintain relationships with those individuals who are doing the day-to-day work of saving lives across the country. These relationships will reinforce the Administration's connection to the realities of HIV/AIDS in the United States—and will provide the knowledge and the insights that will turn the tide against the epidemic. 

Condoms in Prison *The Debate Lingers On...*

Houkje Ross

It's no secret that inmates engage in sexual activity behind bars, even though it is prohibited. But handing out condoms that could prevent the spread of HIV is a controversial issue among correctional officials.

Most correctional administrators view condoms as a security threat. "A condom could be used as a weapon to choke or strangle someone," said Roberto Hugh Potter, PhD, a resident criminologist working at the Centers for Disease Control and Prevention's National Center for HIV, STD, and TB Prevention. But Bill Steiger, a correctional administrator with the Mississippi State Penitentiary, notes that there are other items in prison—like shoestrings or belts—that could just as easily be used as weapons.

Mississippi is one of a handful of correctional systems that allows inmates to obtain condoms while incarcerated. Provided by the Mississippi State Department of Health, the condoms are on the list of items that a prisoner can buy from the facility "canteen," or store. "We recognize that illicit and illegal [sexual] behavior does go on, but cannot always be controlled," said Steiger. Like many other correctional systems around the United States, inmates in Mississippi also receive an HIV education program upon entering the system.

Only one other state—Vermont—and the cities of Philadelphia, the District of Columbia, New York, and San Francisco allow condoms in correctional facilities. The Mississippi condom policy was implemented by the State Board of Corrections in 1987 in an effort to prevent the spread of HIV and other STDs.

Public Safety Comes First

"I think that most correctional workers understand the link between correctional health and public health—that eventually inmates will be released back to the community where there is further opportunity to spread disease," said Dr. Potter. "But health workers need to understand that a correctional facility's main

concern is always going to be custody and community safety," said Dr. Potter.

In addition to fears among correctional workers that prisoners may use condoms as a weapon, there are other reasons why corrections officials shy away from the idea of condoms in prisons. "Condoms can also be used to smuggle contraband, such as drugs. Additionally, many in the correctional industry use the 'pains of imprisonment' argument—the fact that sex is one of the deprivations of liberty imposed by punishment for criminal activities. So, sex isn't supposed to occur in prisons in the first place. That's the theory, we all know the reality. Finally, there is some evidence from studies in the United States and Australia that both correctional officers and inmates fear that condoms might increase the incidence of sexual assault—because inmates using condoms would be less fearful of contracting HIV or other STDs. But this fear doesn't have much grounding in actual behavior," noted Dr. Potter.

Even if condoms are made available, prisoners may be reluctant to use them, noted Dr. Potter. "Prisoners don't have any privacy and they would have to obtain condoms from the medical center or the canteen, in full view of other prisoners. There are many stigmas attached to having a condom—others will think you are HIV positive, or gay, or about to assault someone" noted Dr. Potter.

Dr. Potter, who has been working in the correctional field for 25 years, understands the need for correctional officials and public health officials to work together to decrease rates of HIV and other diseases. "But it's not just HIV that we're dealing with. We're dealing with a range of diseases that affect mostly poor and often minority populations—hepatitis C, STDs, tuberculosis. They all need to be addressed," said Dr. Potter. But prison medical information systems are largely under-funded, he noted.

"Most medical records in correctional facilities are still being kept on paper. We need more money for good quality health data systems and infrastructures," he said. 

"Inmate populations represent the largest concentration of persons infected with or at high risk for HIV drug-related and sexual risk factors."

Association of State and Territorial Health Officials

Prison...from page 2

successful when they address the issues of stigma and discrimination. The report also noted that successful programs address a spectrum of issues—from prevention and education to case management, discharge planning, and psychosocial services—and support a continuum of care following discharge. In Massachusetts, for example, prisoners are provided with an outside link to the community upon release—CBOs/ASOs that provide HIV testing, counseling, treatment, and case management.

To obtain a copy of the 1999 DOJ report, HIV/AIDS, STDs, and TB in Correctional Facilities, go to <http://www.ojp.usdoj.gov/>. To obtain a copy of ASTHO's report, Behind the Wall, go to <http://www.astho.org> or call 202-371-9090. 

Integrating HIV/AIDS Prevention with Domestic Violence Services

Guest Article by Mary Ann Caste, PhD, senior evaluator of The Capacity Project, Carolyn Sauvage-Mar, senior associate at Community Resource Exchange, Rosalie Sanchez, Capacity Project director at the Asian American Federation of New York, Snehal Majithia, former program assistant at Community Resource Exchange, and Suki Terada Ports, executive director of the Family Health Project.

Community-based organizations (CBOs) serving Asian American and Pacific Islander (AAPI) populations have come to believe that AIDS surveillance data underreports the number of AAPI cases. Underreporting has serious consequences, creating gaps in HIV prevention/education programs and in comprehensive health services for AAPI populations.

The Asian American Federation of New York (AAFNY) and Community Resource Exchange (CRE) are collaborating on a project to begin to fill those gaps and assist New York City CBOs to design and implement HIV prevention programs for their AAPI clients. Many of the newer and non-HIV focused CBOs have fragile infrastructures and are financially unstable, with capacity-building requirements taking precedence over HIV programs. Small CBOs have too few staff to release them for training or re-deploy them to HIV/AIDS prevention activities. Typically, new or start-up CBOs need intensive, multiple, and lengthy capacity-building assistance on planning and fundraising.

Board members and executive directors may need training if they are not fully aware of the risk of HIV/AIDS. Others may believe that HIV is exclusively a disease of homosexuals, or have cultural proscriptions against speaking about topics involving sex or fatal illness. They may worry that socially or economically marginalized populations may experience further discrimination, if they acknowledge the presence of something as stigmatized as HIV/AIDS.

Although few New York City CBOs offer HIV prevention for their AAPI clients, New York State estimates that more than 4% of AAPI residents will be infected with HIV by the year 2020. Moreover, since the 1990s, New York City has experienced a major immigration of Asians, many of which are from countries with high numbers of AIDS cases. Need for prevention is formidable and urgent.

The Capacity Project

The objectives of our project are to provide assistance to maximize each organization's capacity, which in turn, will enable them to implement essential HIV/AIDS prevention activities for clients. We anticipated that free technical assistance and our credibility and reputation for integrity among New York City CBOs would be sufficient incentive for them to participate in the HIV prevention project.

Our first strategy—to overcome initial resistance or inertia—was to focus on AAPI grassroots organizations that had domestic violence services, and were amenable to learning about

the HIV risks of their women clients. These CBOs served Cambodian, Chinese, Korean, Vietnamese, and several South Asian populations. We hoped that each would become a model for initiating HIV prevention activities at other CBOs. Technical assistance was provided over a period of one year to the staff of six organizations serving AAPI women.

We sought to educate frontline counselors about HIV infection and risk, increase their awareness of HIV/AIDS prevention needs, and provide them with opportunities to acquire the necessary counseling skills and appropriate referral resources for their clients. The workshop curriculum and group work included cross-training of 57 staff from the six CBOs. At our first sessions, HIV and domestic violence experts presented information about the epidemiology of HIV, transmission, medical treatment, risks to domestic violence victims, and confidentiality and legal rights. Several issues emerged.

- 1. Integrating HIV prevention into core work of AAPI CBOs.** Many CBOs found this task to be difficult because clients in crisis usually require immediate intervention to respond to a violent experience. After the initial sessions, some staff were not entirely convinced that their clients were at risk of HIV infection, or they felt unable to convey this information to their CBO supervisors.
- 2. Communication.** Many CBO staff were not comfortable with speaking to their AAPI women clients about HIV/AIDS and sexuality issues. Some participants stated that they did not know how to translate certain sexual terms into their respective languages, reporting that terminology does not exist in specific languages to talk about sex/sexuality in a straightforward way that is not euphemistic or derogatory. Not simply a matter of translation, communication difficulties between staff and clients are related to culturally-specific beliefs and behaviors associated with sex and gender roles. This, of course, also varies according to social class.
- 3. A lack of cultural competence among staff at health facilities.** Few health care providers have the cultural understanding and language skills to respond effectively and appropriately to AAPI women who are domestic violence victims, are infected with the HIV virus, and who are referred by CBOs. This represents a serious barrier to obtaining medical care for AAPI women.

Domestic...continued on page 12

HHS, ABC Radio Networks Launch Education Campaign to Close African American Health Gap

HHS Secretary Tommy G. Thompson recently announced a new partnership with the ABC Radio Networks to inform the African American community on ways of achieving better health through a new radio campaign called "Closing the Health Gap."

"African Americans suffer disproportionately from diabetes, heart disease and other medical problems. As a nation, we need to work aggressively to close this gap," Secretary Thompson said. "'Closing the Health Gap' is a new partnership between HHS and ABC Radio to spread the word about good health and prevention directly to millions of African American listeners. ABC Radio will turn HHS' scientific knowledge about promoting better health into effective radio programming."

The campaign is designed to inform, educate, challenge and empower African Americans to change behaviors through providing lifestyle tips and information on local sources of health care and public health programs. It also will combine the radio networks' broadcast resources with HHS' health information expertise, and will involve civic organizations and community groups across the country.

"The 'Closing the Health Gap' campaign addresses the major health threats confronting African Americans, including diabetes, cancer, heart disease and stroke, HIV/AIDS, infant mortality, substance abuse, suicide and violence," said Nathan Stinson, MD, HHS deputy assistant secretary for minority health. "It will also promote organ donation and improved rates of child and adult immunizations, and address health issues among women and older adults."

In Spring 2002, the campaign will focus on encouraging people to visit a health professional or make an appointment with one in the near future.

Call the "Closing the Health Gap" hotline number at 1-800-444-6472 to order free campaign information and material. Or go to the Web site at <http://www.healthgap.omhrc.gov>

First AIDS Vaccine Made at NIAID's Vaccine Research Center Enters Clinical Trial

On October 9, 2001, the National Institute of Allergy and Infectious Diseases (NIAID) researchers at the Dale and Betty Bumpers Vaccine Research Center (VRC) announced the start of a clinical trial, testing the first AIDS vaccine invented at the new facility. The VRC is the first facility at the National Institutes of Health dedicated solely to vaccine research and production. The vaccine was produced only one year after the building housing the new center opened in September 2000.

The Phase 1 trial is recruiting 21 healthy men and women aged 18 to 60 who are not infected with HIV and who are at low risk for becoming so. Participants will be assigned at random to receive either the experimental vaccine or an inactive salt solution, known as a placebo. The study will last about 12 months from the first injection of the vaccine.

For more information, go to <http://www.vrc.nih.gov/vrc> or call VRC toll-free at 866-833-5433.

FDA OKs New Drug to Fight AIDS

In late October 2001, the Food and Drug Administration (FDA) approved a new antiviral drug, Viread, for use in combination with other anti-HIV drugs, but only for use among patients who had developed resistance to currently available HIV drugs.

More than 900,000 Americans are currently infected with HIV. Each year, approximately 350,000 patients receive anti-HIV treatment regimens, and an estimated 15,000 new patients begin treatment in the United States. Treatment with antiretroviral agents is crucial in controlling viral loads and delaying the emergence of AIDS-defining events.

For more information, go to <http://www.fda.gov>

HIV Infection Among Incarcerated Women A Hidden Epidemic

HIV infection among incarcerated women has become a hidden epidemic in the United States, according to the Centers for Disease Control and Prevention. An increase of more than 500 percent in the number of women incarcerated in 1999 compared to 1980, and a higher prevalence of HIV in incarcerated women compared to U.S. women in general (3.5 percent vs. 0.1 percent) are contributing factors.

The dramatic increase in the number of HIV-infected women who are incarcerated means that more correctional health care providers will be faced with the challenges of caring for these women and will need to know the gender-specific medical issues involved in providing care for women with HIV. Correctional facilities should be implementing education and prevention opportunities, say public health experts.

The initial medical evaluation of an HIV-infected woman should include a thorough medical history, social history, and an evaluation for symptoms of gynecologic infections, depression, and underlying opportunistic illness, according to Michelle Onorato, MD, of Rhode Island's HIV Education Prison Project (HEPP). Identifying potential obstacles to treatment adherence and returning to the clinic is probably the most important part of the initial encounter with an HIV-positive woman, according to Dr. Onorato. Ensuring that continuing care is available upon release can improve the chances that a woman will maintain treatment.

For more information on the HEPP project, e-mail heppnews@brown.edu

OMHRC Collaborates With HBCUs In Peer-Led HIV/AIDS Awareness Effort

Houkje Ross

The Office of Minority Health Resource Center's (OMHRC) HIV Team recently collaborated with the International Resource Group, Ltd., (IRG) of Austin, Texas to train peer educators at Historically Black Colleges and Universities (HBCUs) in Louisiana, Oklahoma, and Texas. IRG's *Region VI HIV/AIDS Awareness and Risk Reduction Project at HBCUs* is supported by a supplemental award from the U.S. Department of Health and Human Services, Region VI, Title X, Family Planning Program, in Dallas, Texas.

The project seeks to intensify awareness about the disproportionate impact of HIV/AIDS on African Americans, ages 18-25 years of age. It also seeks to identify, develop and fortify capacity for HBCUs to adequately address the HIV/AIDS education and service needs of their student body. HIV/AIDS training will be provided for students who will become peer educators and for university program coordinators whose mission will be to increase HIV/AIDS awareness at each campus.

In October 2001, university program coordinators and students from the 10 HBCUs (see box below), the OMHRC HIV Team, IRG staff and consultants, Region IV Office of Family Planning staff, and

other national HIV/AIDS training experts gathered in New Orleans for the first of three training workshops.

Basic HIV 101

Approximately 60 students and 12 administrators were given a Basic HIV 101 course that covered facts about how the disease is transmitted, the difference between HIV and AIDS, prevention methods, testing and treatment, and basic statistics on prevalence rates among African Americans and other minority groups. Each student was given training and education resources developed by OMHRC.

Experts affiliated with OMHRC's Resource Persons Network (RPN) spoke on drug use, HIV/AIDS safe sex practices, and participants heard the personal testimonial of a former HBCU graduate who is living with HIV.

"For many of these students, this was the first time anyone had ever talked to them candidly about sex, condoms, and HIV," said Ann Marie Coore, HIV training specialist for OMHRC. "They had lots of questions about how the disease is transmitted and how it can be prevented," she said.

Some students even asked questions that the general public was asking in the early 1980s, such as "can you get HIV/AIDS from saliva?" "These questions are a big indicator of how much work we have ahead of us," said Coore.

Part of OMHRC's goal is to motivate and inspire the students to see themselves in a different light, to give them a sense of purpose and direction, something many of them have never thought of before, said Coore. "We want these students to become positive role models for their peers," she said. "But the students can't do it alone."

Commitment from the Community and Administrators Needed

To make a real impact at each university, a solid commitment to HIV/AIDS awareness and prevention—from university administrators, the community, area community-based organizations and churches—is needed, noted Coore.

Dillard University, for example, plans to distribute an HIV/AIDS fact book during the campus' Well Week. Dillard expects to reach 90 percent of its student body with the fact book. University administrators and peer educators will also collaborate with several local organizations such as the New Orleans City Health Department and the Louisiana State AIDS Prevention Program. These organizations will provide students with resources such as brochures or referrals to HIV testing sites.

OMHRC hopes that the local churches will become involved in the HIV/AIDS awareness projects. Jarvis Christian College, in Hawkins Texas, is collaborating with the Wood County Ministerial Alliance as well as the county and regional departments of health and the American Red Cross. Huston-Tillotson

Historically Black Colleges and Universities Participating in the Program

Dillard University, New Orleans, LA • www.dillard.edu

Grambling State University, Grambling, LA • www.grambling.edu

Huston-Tillotson College, Austin, TX • www.htc.edu/

Jarvis Christian College, Hawkins, TX • www.jarvis.edu/

Langston University, Langston, OK • www.lunet.edu/

Prairie View A&M University, Houston, TX • www.pvamu.edu/

Southern University, New Orleans, LA • www.suno.edu/

Southern University at Shreveport, Shreveport, LA • www.susla.edu/

Texas College, Tyler, TX • www.texascollege.edu/

Texas Southern University, Houston, TX • www.tsu.edu/

Collegiate...continued on page 12

New CDC Recommendations Push for Universal HIV Screening of Pregnant Women

Houkje Ross

In November 2001, the Centers for Disease Control and Prevention (CDC) introduced revised recommendations calling for universal HIV testing of all pregnant women as a routine component of prenatal care.

Patient notification would allow women to decline testing if they feel it is not in their best interest, according to the CDC. The new recommendations would help to reduce stereotyping or stigmatizing any socioeconomic or ethnic group by perceived risk factors, noted the CDC.

The 2001 CDC recommendations replace the 1995 U.S. Public Health Service (PHS) recommendations that encouraged all pregnant women be counseled and to undergo voluntary HIV testing. These recommendations grew out of the success of a new drug called AZT—which was found to significantly reduce the rate of perinatal transmission, or the transmission of HIV from mother-to-child during pregnancy, delivery, or breastfeeding.

Prior to the introduction of AZT and the 1995 PHS recommendations, mother-to-child HIV transmission rates ranged between 16 and 35 percent, according to the CDC. Studies conducted between 1995 and 2000 show that the transmission rate declined to a 5 to 6 percent range after the introduction of AZT and PHS guidelines.

Some State Policies Controversial

States took three basic policy approaches subsequent to the 1995 PHS recommendations: voluntary testing, universal or routine testing, or mandatory testing (see page 9). Some of the most stringent policies are in New York, where hospital maternity staff are required by State law to approach all women in labor who do not have an HIV test result on file and offer them HIV testing. Those who opt for testing are notified of their HIV status during or immediately after delivery. Fur-

ther, all New York hospitals are required to test newborns—even if the mother declines testing during delivery.

A September 2001 report from the New York State Department of Health AIDS Institute reported that rates of perinatal HIV transmission are continuing to decline, with almost 100 percent of HIV-exposed infants receiving HIV care. As of June 2001 the AIDS Institute found that 93 percent of all women giving birth knew their HIV status before delivery. This figure is up from 62 percent in July 1999.

Mandatory HIV testing policies are controversial and have raised criticism from the American Civil Liberties Union, which opposes them and says that voluntary testing is more effective.

“Research overwhelmingly shows that voluntary testing works—that pregnant women want to be educated, counseled, and offered the option of testing,” said Eileen Hanson, in a 1998 AIDS Legal Referral Panel document entitled, *Barriers to Health Care for HIV-Positive Women: Deadly Denial*.

Dr. Leslie Wolfe, president of the Center for Women Policy Studies in Washington, D.C., agrees with Hanson and adds, “Mandatory testing will not solve the problem. If a woman is rightly fearful that she will be tested against her will, or have the State take her baby away from her, she will avoid prenatal care, testing, and counseling.”

“There is a strong desire among all women to protect their future children. If you treat a woman with respect, and provide her with the opportunity to sit down and talk in a safe place, she is much more likely to say yes to HIV testing. This takes more time, but it works,” said Dr. Wolfe.

In 2001, two states proposed legislation that is still pending regarding perinatal HIV testing. Indiana State Senator

Guideline Changes

The 2001 *Revised Guidelines for HIV Counseling, Testing, and Referral* replace the U.S. Public Health Service’s 1995 *Recommendations for HIV Counseling and Testing for Pregnant Women*.

Revisions to the 1995 recommendations include:

- Emphasizing HIV testing as routine part of prenatal care.
- Recommending simplification of the testing process.
- Recommending that providers explore and address reasons for refusal of testing.
- Emphasizing HIV testing and treatment at the time of delivery for women who have neither received prenatal testing nor antiretroviral drugs, if HIV-positive.
- Providing guidance to all providers of voluntary HIV counseling, testing, and referral.
- Making testing more accessible and available.
- Acknowledging providers’ need for flexibility in implementing the guidelines.
- Recommending that counseling, testing, and referral be targeted efficiently.
- Addressing ways to improve the quality and provision of HIV counseling, testing, and referral.

Unchanged guidelines include:

- Encouraging the availability of anonymous as well as confidential HIV testing. Ensuring that HIV testing is voluntary, informed, and consent-based.
- Emphasizing access to testing and appropriate disclosure of test results.
- Advocating routinely offered HIV counseling, testing, and referral in settings that serve clients at increased behavioral or clinical risk for HIV infection.
- Stressing the need to provide information regarding the HIV test to all who take the test.

Guidelines...continued on page 12

Women Speak Out: What Keeps Women from Getting Tested for HIV?

HIV Impact talked with several women working in HIV prenatal screening. Here is what they had to say about HIV testing among women and the barriers that keep many women from getting tested.

In Florida, health care practitioners are required by law to counsel pregnant women and suggest HIV testing. Mandatory counseling is often more of a problem for practitioners than for patients. If you give women the right information, regardless of an addiction, or financial problems, women will do the best thing for the child. When I hear of women refusing the testing, it is usually due to how the practitioner presented the information. When women are properly counseled—and that means talking to her as a woman, not as an incubator—upwards of 95 percent of women will test.

Yes it's wonderful that Florida has mandatory counseling. But we are missing women who are not pregnant. And what does that tell women—that the only time they matter is when a baby is involved?

There are many other women being missed. If you are a well-dressed, middle-class woman, physicians are less likely to address HIV, or even STDs, which we now know increases the risk of getting HIV. Older women who have had a hysterectomy or who are widowed, they are out there and they are sexually active. But society thinks that women over fifty aren't having sex. So we don't suggest testing. Additionally, many older women aren't using condoms because they think of them only as something that prevents pregnancy. And physicians often don't even speak to older women about HIV testing, often because they don't want to "embarrass" them.

Also, we address HIV in pregnancy as if the pregnancy happened in a vacuum. We need to address partner issues when talking to women. It is not enough to tell a pregnant woman that she is HIV negative now. She needs to understand that her exposure to HIV also depends on the risk-taking behaviors of her partner and that not knowing her partner's HIV status translates into risks for her.

—Ana Rua-Dobles, nurse clinician, Hug Me Program, Arnold Palmer Hospital, Orlando Florida

A lack of a financial means and/or an inability to access the health care system may discourage some women from seeking health care. As a result, there is a missed opportunity for women to be screened in a traditional setting.

Other barriers may include lack of transportation, language barriers, poor communication between a woman and her health care provider, fear of being tested and learning the results, denial that HIV/AIDS is a problem, competing personal or family demands, and an assumption by some women that they are being tested for HIV when they may not be.

In addition to these barriers, there are some populations who may not normally seek care in a traditional setting. These may include women who are homeless, women who are substance abusers, incarcerated women, and women from other countries who may fear seeking health care due to their residential status.

—Carol Watson, senior project director for Women's and Perinatal Health at the Association of Maternal and Child Health Programs, Washington, D.C.

In the Baltimore area, there are many neighborhood stigmas that work against women. Many still believe that if you have HIV you must be a bad person, or a drug addict, or there's the assumption that you've done something wrong. We live in a society that places all the responsibility of STD control on women. Women should be getting tested once a year, even if they are in a committed relationship. But our whole society points fingers at those who get tested for HIV...

—Roslynn Howard-Moss, HIV counselor and case manager for the Women's HIV Program at Johns Hopkins University, Baltimore, Maryland.

Voluntary Testing: Pregnant women are advised and counseled about HIV testing and the implications of being tested. They are offered a test. Women have the right to refuse or accept the test, and may be asked to sign an informed consent, which documents that the woman was advised about HIV testing.

Universal or Routine Testing: This policy includes an HIV test in the standard battery of tests that all women receive when they are pregnant. Routine testing usually carries the right of refusal.

Mandatory Testing: In this setting, all pregnant women and/or newborns are tested for HIV. Mandatory testing usually means that there are sanctions or penalties—including criminal penalties—for those who refuse to test. Currently New York and Connecticut are the only two states with mandatory testing policies.



San Francisco



Miami



Chicago



New Orleans



Houston



Washington, D.C.

Meet the Experts Training An Educational Series Sponsored by OMHRC and NLM

By Houkje Ross

This summer the Office of Minority Health Resource Center (OMHRC) began a new initiative, entitled: *Meet the Experts*, a coordinated effort between OMHRC and the National Library of Medicine (NLM). The goal is to bring experts in grant writing and Internet use to community-based organizations (CBOs) and AIDS service organizations (ASOs) serving communities of color.

The Initiative targets six cities in which OMHRC previously worked with the community to assess needs: San Francisco, Miami, Chicago, Houston, Washington D.C., and New Orleans.

The *Meet the Experts* Initiative focuses on two key areas:

- **Health Resources at Your Fingertips**—a one-day seminar that teaches CBOs how to access HIV/AIDS information via the Internet. Specifics include: learning the language of the Internet; discovering better ways to search for information; recognizing reliable Web sites; and searching for information in a way that will meet participants' needs.
- **Writing Winning Proposals**—a two-day seminar designed for non-profit fundraisers and executives—teaches participants the art of proposal writing. Participants learn the essential components of a grant proposal—drafting a cover letter, developing objectives, outlining program activities, creating a budget, and effective evaluation strategies.

Participants can sign up for one or both trainings. Those who attend *Writing Winning Proposals* will leave with a basic template of a written grant proposal that they can submit to local foundations. OMHRC will also provide information on funding opportunities that are available in each region.

First Training Helps California ASO Win Grant Money

OMHRC began the *Meet the Experts* series in June 2001. Held in San Francisco, the training had seventeen participants, many of whom had little to no Internet and grant writing experience, according to Oscar Lopez, former director of HIV/AIDS Services at OMHRC. "One of our goals for the San Francisco training was to have every participant leave with a written grant proposal," said Lopez.

OMHRC recently learned that Adam Kahn, a participant in the training was awarded a \$25,000 grant from NLM. The grant money will help Kahn create an Internet café—an online resource center that will enable lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth to access information on HIV/AIDS via the Internet. Kahn is the co-director for the Empowerment Project at the Center for Human Development in Contra Costa County, California. The Empowerment Project is a community-based HIV prevention program that serves LGBTQ youth.

Kahn said that one of the most helpful things about the grant-writing training was having a face to talk to. "Just being able to talk through the grant-writing terms with the experts—like, how to write an objective, how to develop a timeline—was probably the most helpful part of the training," he said.

Meet the Experts is a part of a larger effort by OMHRC to help strengthen CBOs working in HIV/AIDS and serving communities of color. OMHRC's long-term goal is to build stronger organizations that can have an impact on communities by connecting them to the tools, training, and information needed.

Update...continued on page 11

Training Schedule for Meet the Experts Initiative

City	Registration Deadline
Miami, Nov. 13-15, 2001	Registration Closed
Chicago, Dec. 4-6, 2001	Registration Closed
Houston, Jan. 23-25, 2002	Registration Closed
Washington, D.C. Feb. 6-8, 2002	January 25, 2002
New Orleans, Feb. 26-28, 2002	February 15, 2002

National Leadership Summit Rescheduled!

The National Leadership Summit to Eliminate Racial and Ethnic Disparities in Health has been rescheduled for July 10 - 12, 2002 in Washington, D.C.

Originally planned as an “invitation-only” Summit for 1,000 individuals, OMH has redesigned the Summit to accommodate 2,500 participants on an open-registration basis, and has strengthened the “skills building” focus on the workshops.

The Summit will draw national attention to the existence of health disparities and to the innovative approaches being implemented in communities at the local, state, and Federal levels which address these disparities.

The Summit will aim to stimulate action at all levels through the replication of programs that enhance program outcomes. Participants will learn about effective programs and strategies being utilized to address barriers; enhance their skills to affect change and mobilize resources; engage in meaningful dialogue and information sharing with key national, state and local individuals and experts engaged in developing programs and policies addressing health disparities; gain additional insight about the connection between health, social and economic factors such as employment, housing, education, and the environment; enhance their understanding of the need for all communities to work together; and gain insight into how the health of one community affects the health of all communities.

Topic areas such as access to care, cultural competency, health professionals, evaluation, data, resources, and the role of using science-based approaches to addressing health disparities will be explored.

For more information on the Summit, go to the OMHRC web page at <http://www.omhrc.gov>.

Update...from page 10

Meet the Experts will run through Winter 2002, and is the second training series resulting from regional town meetings that OMHRC sponsored in Fall 2000. The six cities have some of the highest incidences of HIV/AIDS in the United States.

The educational series is made possible through HHS Minority HIV/AIDS funds.

To learn more about OMHRC's HIV/AIDS Services or the project mentioned, call 800-444-6472 to speak to an information specialist.

State Policy Recommendations Target African Americans

The National Association of State and Territorial AIDS Directors (NASTAD) recently released “HIV/AIDS: African American Perspectives and Recommendations for State and Territorial AIDS Directors and Health Departments.”

According to NASTAD, the report serves as a tool to help state and local AIDS directors respond to the national crisis in African American communities. The report highlights the underpinnings that affect HIV/AIDS among African Americans, including the historical factors contributing to the current responses to the epidemic in African Americans and the health departments that serve them. It explores key issues in the areas of epidemiology, the role of state and local AIDS directors, organizational development, coalition and partnership building, prevention and care, and behavioral research specific to African Americans.

Finally, the report recommends specific steps for improving the quantity and quality of HIV/AIDS prevention and care services for African American communities. NASTAD intends the report to serve as a springboard for what it calls the “difficult dialogue within African American communities and between communities, health departments and national leaders.

For more information, or to obtain the report, go to <http://www.nastad.org>.

FDA and VA Have Interagency Agreement

The Food and Drug Administration (FDA) and Veterans' Administration (VA) have agreed to work together to improve clinical knowledge of adverse effects of drugs used to treat HIV infection. Under an interagency agreement signed recently, FDA and VA will jointly conduct an epidemiological study to determine whether avascular necrosis (AVN)—the destruction of bone cells due to deficient blood supply—that affects people with AIDS is linked to the use of certain drugs to treat HIV, or is a natural consequence of the viral infection.

The study will focus on cases of suspected AVN that are registered with the world's largest clinical database on HIV/AIDS, the Veterans Health Administration's centralized HIV Registry in Palo Alto, CA, which contains data on approximately 50,000 patients, including 18,000 who are currently in the VA's treatment.

The FDA will develop web-based software that will enable VA's clinicians to efficiently and confidentially augment the available information on these suspect cases with radiological data and other clinical detail necessary to confirm the diagnosis for AVN.

The resulting dataset, stripped of any information that could identify the patients, will be used by FDA to conduct the epidemiologic study. Depending on its outcome, FDA could take steps to change the labeling of certain antiviral drugs and inform prescribers.

FDA and VA believe that this initial project, which could be followed by similar studies focused on other AIDS-associated diseases, is an issue of mutual interest that can importantly benefit patient safety.

For more information, go to <http://www.fda.gov> or call the FDA's Consumer Inquiries line at 1-888-INFO-FDA.

College in Austin, Texas, is collaborating with Simpson United Methodist Church. A stamp of approval for HIV awareness efforts from the local church goes a long way to support peer educators, said Coore.

IRG turned to OMHRC's expertise in HIV/AIDS technical assistance and training to collaborate with them to motivate and prepare the peer educators, which are instrumental to the program's success.

For more information, e-mail Ann Marie Coore at amcoore@omhrc.gov or call 800-444-6472, ext. 222. 

Domestic...from page 5

Three additional workshops were later conducted, after which participants designed individualized work plans to introduce new HIV prevention activities into their practice. Plans included: modifying intake forms/processes to include questions that would alert counselors to possible HIV risk in their clients; conducting "turn-key" training of other staff; routinely incorporating findings into counseling sessions with individual clients; creating a support group; adding HIV information to an existing telephone hotline; and educating all clients, staff, volunteers, management and board members about HIV/AIDS risks and prevention. Three of the CBOs have implemented their plans; and one is in the process of doing so. The CBO clients received expert training and consciousness-raising about HIV related issues by the Asian and Pacific Islander Coalition on HIV/AIDS, Inc., the most experienced CBO on HIV/AIDS issues in New York City.

We consider this year-long effort as a small, but significant, step in increasing knowledge, communication skills, and resources on HIV/AIDS issues among AAPI domestic violence counselors that, heretofore, was minimal, at best. As a result of our work, several partnerships have formed between AAPI-serving CBOs and HIV groups to utilize each other as a resource. Many of these groups have not worked together before, and our project was able to form a bridge for them.

The Capacity Project was initiated in October of 1999 and scheduled to end in October of 2002. Its goal is to offer technical assistance in HIV programming and traditional organizational development to community-based organizations serving people of color. The project has four partners: the Asian American Federation of New York (AAFNY), Community Resource Exchange (CRE), the Federation of Protestant Welfare Agencies (FPWA), and the Hispanic Federation (HF). It is supported by funds from the Office of Minority Health, U.S. Department of Health and Human Services.

For more information on The Capacity Project, contact Denise Williams, Project Director, Community Resource Exchange at 212-894-3394. 

HHS Announces \$9.6 Million in Grants For HIV/AIDS and Oral Health Care Services

HHS Secretary Tommy Thompson recently announced 74 grants totaling \$9.6 million for dental schools, hospitals, and other institutions that provide oral health services to low-income, uninsured persons with HIV/AIDS, according to the Health Resources and Services Administration (HRSA).

Under the program, 29,000 people received oral health care services last year. "For someone with an immune system already weakened by HIV, poor oral hygiene can lead to minor infections progressing into major, even life-threatening, conditions. Regular and vigilant dental care—along with good nutrition and other sensible lifestyle habits—are essential to maintaining good health," Thompson said in a press release.

The grants, which will go to institutions in 24 states, Washington, D.C., and Puerto Rico, are part of the HIV/AIDS Dental Reimbursement Program of the Ryan White CARE Act.

For more information and a full list of the grant recipients, go to <http://www.hrsa.gov> 

Early Intervention HIV Services Planning and Capacity Building Grants

The Health Resources and Services Administration (HRSA) has made available funds to support public and nonprofit entities in their efforts to plan and expand their efforts to provide high quality and a broader scope of primary HIV health care services to rural or underserved communities.

Proposed capacity building activities must lead to or expand HIV primary care services. In awarding these grants, preference will be given to applicants located in rural or underserved areas where emerging or ongoing HIV primary health care needs have not been adequately met. The application deadline is May 31, 2002.

For more information, go to <http://www.hrsa.gov> or call 877-477-2123. 

Guidelines...from page 8

Patricia Miller sponsored a bill that would add an HIV test to the standard set of prenatal screenings already performed on women. Kentucky State Senator Alice Kerr introduced a bill that would make HIV testing a "routine component of prenatal care" and mandate HIV testing for all newborns whose mothers' HIV status is unknown. Arkansas Governor Mike Huckabee signed a law this year that provides emergency funding for the treatment of HIV positive pregnant women.

For more information on the CDC's revised guidelines, go to <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5019a2.htm> or contact the Government Printing Office at 202-512-1800. 

Training Activities Calendar Available

The calendar for the Capacity-Building Assistance program is available on the OMHRC HIV/AIDS Services Web site. Sponsored by the Centers for Disease Control and Prevention (CDC), this program provides financial and programmatic assistance to national, regional, and local non-governmental organizations to develop and implement regionally structured, integrated capacity-building assistance systems. The assistance is designed to improve the delivery and effectiveness of HIV prevention services for racial/ethnic minority populations.

CDC Capacity-Building Assistance will occur in cities such as Phoenix, AZ, Atlanta, GA, Ft. Myers, FL, Sacramento, CA, Austin, TX, and many more throughout 2002.

For more information, go to <http://www.hiv.omhrc.gov> and click on 'what's new.' 

Adolescents and AIDS

Through December 2000, 4,061 cases of AIDS in people ages 13 through 19 were reported to the U.S. Centers for Diseases Control and Prevention (CDC).

Many other adolescents are currently infected with HIV but have not yet developed AIDS. Data from the 36 states that conduct HIV case surveillance indicate that among adolescents ages 13 through 19:

- 58 percent were male;
- 42 percent were female;
- 28 percent were White, not Hispanic;
- 50 percent were Black, not Hispanic;
- 20 percent were Hispanic; and
- less than 1 percent were Asian/Pacific Islander or American Indian/Alaskan Native.

For more information, go to <http://www.cdc.gov> 

New Public Education Campaign Informs Latinos About HIV/Other Sexual Health Issues

¡Entérate!, a new year-long public information campaign developed by the Kaiser Family Foundation exclusively for Univision Network, the Spanish-language television broadcast company, began airing in December 2001.

The multimedia campaign raises awareness of sexual health issues, including HIV and other sexually transmitted diseases through public service announcements, a comprehensive sexual health guide developed by the Foundation, a toll-free hotline, new online resources, and special feature stories.

For more information, go to <http://www.univision.com> or call 866-TU-SALUD. 

New Prevention Guidelines for HIV Infection

The 2001 USPHS/IDSA Guidelines for the Prevention of Opportunistic Infections in Persons Infected with Human Immunodeficiency Virus are now available. Originally published in 1995, the guidelines provide information on preventing opportunistic infections in persons infected with HIV.

A complete list of the major changes in the guidelines since 1999 are provided. Highlights include: the importance of screening all HIV-infected individuals for hepatitis C virus; additional information about transmission of human herpes virus 8 infection; new information on drug interactions, especially with regard to rifamycins and antiretroviral drugs; and revised recommendations for immunization of HIV exposed/infected adults and children.

For more information on the guidelines, go to <http://www.hivatis.org/request.html> or call 800-448-0440. 

20 Years Later...

In November 2001, the Kaiser Family Foundation released *The AIDS Epidemic at 20 Years: THE VIEW FROM AMERICA Survey*, based on key findings from the Foundation's latest survey of Americans about HIV/AIDS. The report includes analysis of trends over time and across racial/ethnic, age, and gender lines. It examines concerns about HIV/AIDS as a personal, national, and global issue, and assesses Americans' knowledge about HIV/AIDS, their information needs, and their perspective on important policy issues and spending priorities.

The Foundation also released two companion pieces, focusing on African American and Latino perceptions and knowledge of HIV/AIDS.

African Americans' Views of the HIV/AIDS Epidemic at 20 Years: Findings from a National Survey, examines African Americans' views and knowledge of HIV/AIDS, including analysis by race/ethnicity, of trends over time, and among African American subgroups. The report is based on a nationally representative survey of 2,683 adults, ages 18 and older, including 431 African Americans.

Latinos' Views of the HIV/AIDS Epidemic at 20 Years: Findings from a National Survey, examines Latinos' views and knowledge of HIV/AIDS, including analysis by race/ethnicity, of trends over time, and among Latino subgroups. The report, available in both Spanish and English, is based on a nationally representative survey of 2,683 adults, ages 18 and older, including 549 Latinos.

For more information, go to <http://www.kff.org> or call 800-656-4533. 

Publications

2001-2002 edition of Medical Management of HIV Infection serves as the standard of care for the Johns Hopkins University AIDS Service and has been accepted as the standard of care for quality assurance by Maryland Medicaid. Chapters include Natural History and Classification; Laboratory Tests; Disease Prevention: Prophylactic Antimicrobial Agents and Vaccine; Antiretroviral Therapy, Management of Opportunistic Infections and Miscellaneous Conditions; Drugs: Guide to Information; and Systems Review.

For more information, go to http://hopkins-aids.edu/publications/book/book_ordering.html or call 800-787-1254.

Building a Woman-Focused Response to HIV/AIDS: Policy Recommendations from the Metro DC Collaborative for Women with HIV/AIDS includes policy recommendations on improving women's access to comprehensive woman-focused services and on reaching underserved women with HIV/AIDS—including incarcerated women, women ex-offenders, young women, battered women, lesbians, rural women, and immigrant women.

For more information on these recommendations, go to <http://www.centerwomenpolicy.org> or call 202-872-1770.

HIV in Prisons and Jails, 1999, provides the number of HIV-positive and active AIDS cases among prisoners held in each State and the Federal prison system at year-end 1999. The report provides data on the number of AIDS-related deaths, HIV-testing policies, a breakdown for women and men with AIDS, and comparisons to AIDS rates in the general populations. Based on the 1999 Census of Jails, the report also provides data on the number of HIV positive jail inmates and the number of AIDS-related deaths among jail inmates.

For more information, go to <http://www.ojp.usdoj.gov/bjs/pub/pdf/hivpj99.pdf>

The HIV Prevention Program Evaluation Materials Database, offered by the Centers for Disease Control and Prevention (CDC), provides information about a variety of HIV prevention program evaluation resources appropriate to community-based organizations, health departments, capacity-building assistance providers, CDC staff, and other HIV prevention providers.

There are several search categories including: title, keyword, audience, evaluation expertise, evaluation topics, and strategies for barriers.

For more information, go to <http://www2.cdc.gov/dhap1/petas/selection.asp>

The HIV/AIDS Surveillance Report details the U.S. HIV and AIDS cases reported through December 2000. This year-end edition, Vol.12, No.2, is available from the Centers for Disease Control and Prevention's National Prevention Information Network (CDCNPIN).

For more information, go to <ftp://ftp.cdcnpin.org/Surveillance/SurvRep/2001/hasr1202.pdf>

The Kaiser Family Foundation's State Health Facts Online is a new resource containing the latest state-level data on demographics, health, and health policy, including health coverage, access, financing, and state legislation. Issues covered include managed care, health insurance coverage and the uninsured, Medicaid, Medicare, women's health, minority health, and HIV/AIDS. Users can view information for a single state or compare and rank data across all 50 states, the District of Columbia, and U.S. territories.

For more information on Kaiser's State Health Facts Online, go to <http://www.statehealthfacts.kff.org> or call 650-854-9400.

"Public Health Service Task Force Recommendations for the Use of Antiretroviral Drugs in Pregnant HIV-1 Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV-1 Transmission in the United States" updates the January 24, 2001, guidelines developed by the Public Health Service for the use of zidovudine, better known as AZT, to reduce the risk for perinatal human immunodeficiency virus type 1 (HIV-1). The report provides health care workers with information for discussion with HIV-1 infected pregnant women, use of antiretroviral drugs during pregnancy and use of elective cesarean delivery to reduce perinatal HIV-1 transmission.

For more information, go to http://www.hivatis.org/guidelines/perinatal/May03_01/PerinatalMay04_01.pdf

Reducing the Odds: Preventing Perinatal Transmission of HIV in the United States, from the Institute of Medicine, evaluates the extent to which state efforts have been effective in reducing the perinatal transmission of HIV. The committee recommends that testing HIV be a routine part of prenatal care, and that health care providers notify women that HIV testing is part of the usual array of prenatal tests and that they have an opportunity to refuse the HIV test. This approach could help both reduce the number of pediatric AIDS cases and improve treatment for mothers with AIDS.

For more information, go to <http://www.nap.edu/catalog/6307.html>

"Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis" updates and consolidates all previous Public Health Service recommendations for the management of health care personnel who have occupational exposure to blood and other body fluids that might contain hepatitis B virus, hepatitis C virus, or HIV.

For more information, go to <ftp://ftp.cdcnpin.org/MMWR/2001/rr5011.pdf> or call 800-458-5231.

Organizations

AIDS Legal Referral Panel

582 Market Street
Suite 912
San Francisco, CA 94104
415-291-5454
<http://www.alrp.org>

American Correctional Association

4380 Forbes Boulevard
Lanham, MD 20706
800-222-5646
<http://www.corrections.com/aca>

American Correctional Health Services Association

11 West Monument Avenue
Suite 510
Dayton, OH 45401-2307
937-586-3700
<http://www.corrections.com/achsa>

Association of Maternal and Child Health Programs

1220 19th Street, NW
Suite 801
Washington D.C. 20036
202-775-0436
<http://www.amchp.org>

Center for Women Policy Studies

1211 Connecticut Avenue, NW
Suite 312
Washington, D.C. 20036
202-872-1770
<http://www.centerwomenpolicy.org>

Centers for Disease Control and Prevention

National Prevention Information Network (CDCNPIN)
CDC NPIN
P. O. Box 6003
Rockville, MD 20849-6003
800-458-5231
<http://www.cdcnpin.org>

Elizabeth Glaser Pediatric AIDS Foundation

2950 31st Street
Suite 125
Santa Monica, CA 90405
888-499-4673
<http://www.pedaids.org>

HIV/AIDS Treatment Information Service (ATIS)

P. O. Box 6303
Rockville, MD 20849-6303
800-HIV-0440 (800-448-0440)
<http://www.hivatis.org/>

Kaiser Family Foundation

2400 Sand Hill Road
Menlo Park, CA 94025
650-854-9400
<http://www.kff.org>

National Criminal Justice Reference Service (NCJRS)

P. O. Box 6000
Rockville, MD 20849-6000
800-851-3420
<http://www.ncjrs.org>

National Commission on Correctional Health Care

2105 North Southport
Suite 200
Chicago, IL 60614-4044
773-528-0818
<http://www.ncchc.org>

National Prison Hospice Association

P. O. Box 941
Boulder, CO 80306-0941
303-666-9638
<http://www.apha.org>

The National Women's Health Information Center

8550 Arlington Boulevard
Suite 300
Fairfax, VA 22031
800-994-9662
<http://www.4women.org>

U.S. Department of Justice

Federal Bureau of Prisons, AIDS Programs
320 First Street, NW
Washington, D.C. 20534
202-307-2867
<http://www.ojp.usdoj.gov>

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Office of Minority Health Resource Center
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Washington DC 20013-7337

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HIV Impact

Upcoming Conferences

FEBRUARY

Feb 10-13: 2002 National Leadership Conference to Strengthen HIV/AIDS Education and Coordinated School Health Programs, Washington Renaissance Hotel, Washington, D.C. For more information, call 703-476-3403.

Feb 15-18: Ryan White National Youth Conference on HIV and AIDS. Grand Hyatt Washington, Washington, D.C. For more information, go to <http://www.rwnyc.org/registra.htm> or call 202-898-0414.

Feb 24-28: 9th Conference on Retroviruses and Opportunistic Infections. Washington State Convention and Trade Center, Seattle, WA. For more information, go to <http://www.retroconference.org/2002/> or call 703-535-6862.

MARCH

March 3-9: Balm In Gilead's 13th Annual Black Church Week of Prayer for Healing of AIDS. To receive a Church HIV/AIDS Resource Kit, go to <http://www.balmingilead.org> or call 888-225-6243.

March 4-7: 2002 National STD Prevention Conference. Town and Country Hotel and Convention Center in San Diego, CA. For more information, go to <http://www.stdconference.org/> or call 404-233-6446.

March 6-9: The 10th Community Planning Leadership Summit for HIV Prevention. Hyatt Regency, Chicago, IL. For more information, go to <http://www.nmac.org/cpls2002/registration.asp> or call 202-483-6622

March 19-22: "Prevention, Treatment, and Care: Forging an Integrated Response." 14th National HIV/AIDS Update Conference, Bill Graham Civic Auditorium, San Francisco, CA. For more information, go to <http://www.nauc.org> or call 514-874-1998.