

The United States Conference of Mayors
Best Practices Center
HIV Prevention & Outreach Strategies



June 2001



The United States Conference of Mayors

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Background:

Best Practices for HIV Prevention & Outreach Strategies, 2001



HIV Prevention Program and Campaign

The United States Conference of Mayors (USCM) has been at the forefront of the battle against the spread of the Human Immunodeficiency Virus (HIV) and the epidemic of the Acquired Immune Deficiency Syndrome (AIDS) since 1985 following the lead of concerned Mayors of cities around the country. As with many of the Conference's other health programs, the USCM HIV Prevention Program focuses upon the need to serve underserved and disadvantaged hard-to-reach populations that are at risk.

Each program year, grants are awarded to local Public Health Departments and community-based organizations to provide prevention education and outreach to such hard-to-reach and vulnerable populations.

CDC Support

USCM conducts all its HIV Prevention Program activities under a cooperative agreement with the US Centers for Disease Control and Prevention (CDC). USCM and CDC have collaborated on USCM's HIV Prevention Program since its inception. This collaboration has permitted the Conference and CDC to mount a major preventive health initiative and expand CDC's priority to reach underserved at-risk groups and populations.

Each year, USCM develops a Request for Proposals for grants to support HIV prevention education and outreach programs and projects, targeted at high-risk, hard-to-reach populations. Submissions are reviewed by an external panel of experts recognized in the HIV/AIDS field, and grants are awarded in a competitive process. Since 1985, the program has disbursed over \$11.1 million in grants to 225 locally-based HIV/AIDS prevention projects.

Program Activities, Publications and Reports

Through HIV Prevention and Intervention Counseling workshops, forums at annual meetings, and publications such as *Best Practices*, *AIDS Information Exchange* and *Technical Assistance Reports*, locally-based agencies and organizations may draw upon each others' experiences, outreach strategies and field research. USCM additionally produces numerous other publications and reports designed to educate, address HIV/AIDS related issues and topics of interest and to provide support for local HIV prevention initiatives.



A Message from the President of The United States Conference of Mayors

Boise Mayor H. Brent Coles
USCM President

It is estimated that over 850,000 adults and children are infected with HIV/AIDS in the United States of America today. Beyond HIV-transmission and the numbers of infected individuals, the problems of living with HIV/AIDS also affect countless others throughout the larger community in cities across the country.

As Mayors and leaders in our communities, we must provide leadership and guidance and continue to support HIV Prevention Programs geared and directed towards the prevention of HIV transmission, particularly in our at-risk populations. We must also ensure that locally-based efforts, initiatives and programs are given every opportunity to be effective. As Mayors and leaders, we must also continue to facilitate and identify these new opportunities, and foster community-based collaborative efforts to help contain HIV transmission and the AIDS epidemic.

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Mayor Thomas M. Menino

“I believe that we as mayors must do whatever it takes to prevent HIV and AIDS. Boston has a longstanding commitment to innovative prevention and outreach programs, because prevention is how we can make the greatest difference.”

Boston: Reaching Communities at Risk

Under Mayor Menino’s leadership, Boston has greatly increased support for HIV Prevention services. These prevention efforts, in combination with better medication and health care technology, have contributed to the decline in Boston deaths due to AIDS. But while the rates are going down overall, certain populations - such as women and people of color - are comprising a larger proportion of local AIDS cases. To stop this epidemic, the City has developed a targeted new community prevention grants program while expanding existing successful programs. This new program is comprised of:

- a public information campaign
- AHOPE, Boston’s Needle Exchange Program, and
- Safe Place, a drop-in resource center for injection drug users.

HIV Prevention Planning Group

In 1999, the City convened the Boston HIV Prevention Planning Group (BPPG), with members from the Mayor’s Office, the city and state health departments, the public schools, the Boston AIDS Consortium, and representatives from affected communities chosen through a community nomination process. The BPPG developed the HIV/AIDS Prevention Plan which recommended that prevention efforts utilize multi-sector participation and include individuals infected

and communities affected. The group concluded that “effective prevention depends on a comprehensive combination of successful behavioral, biomedical, social, economic and policy approaches as well as a long-term sustained response.”

Mayor Thomas M. Menino looked to the recommendations of the Boston Prevention Planning Group when developing a strategy for preventing the spread of HIV. The prevention efforts of the City of Boston reflect the diversity of the communities infected and affected by HIV within the city. In the summer of 2000, Mayor Menino designated \$1.3 million to fund various community-based organizations throughout Boston in their HIV prevention efforts. The prevention efforts within each population are developed and implemented by members of the community.

Community Grants

In fiscal year 2000, 50,562 members of the Boston community received prevention services through 21 funded community-based organizations; 52,657 educational materials, 192,585 latex condoms, and 6557 Reality condoms were distributed by funded programs. The twenty-one funded programs represent the populations that the Boston HIV Prevention Planning Group identified to be at especially high risk. *continued >*



A major public information campaign targets diverse populations with a prevention message.

Women

One program funded by the City provides services to incarcerated women, ex-inmates, women in pre-release status, and non-offenders using a Peer Education model. Services provided to women and their families include basic HIV/AIDS education, empowerment training, group and individual counseling, a support network, referral services, and counseling and testing.

Adolescents

A grassroots program recruits predominantly out-of-school high-risk teenagers of Caribbean descent through referrals from the courts, the Department of Youth Services, Boston Police Youth Strike Force, and street outreach. The intent of this program is to reduce risky behavior and improve the health of the youth through peer education training and community gatherings.

Latino/Hispanic Community

An Hispanic organization provides a culturally- and linguistically-appropriate program to the Hispanic community in Boston by training youth and adults as peer leaders and trainers.

Black Community

Hard-to-reach members of the Haitian community are trained in a home-based model to educate family and community about HIV/AIDS and its connection to substance abuse. The program also provides referral services to detoxification centers, assists with dual diagnosis (substance abuse and HIV/AIDS), empowers clients, distributes condoms, and advocates for clients involved in the court system. As recommended by Boston's HIV Prevention Planning group, this program utilizes small group counseling, self-esteem-building education, and collaborations with the faith community.

Men Who Have Sex With Men

A new program design called the Neighborhood Mobilization Project will build the internal capacity of neighborhoods to respond to the HIV epidemic. One component of this project, Peer Action, is a peer-driven HIV intervention that recruits participants through an MSM social network and teaches them to be prevention educators.

Injection Drug Users

In addition to operating its own drop-in center for active injection drug users, the city has funded a community health center to offer HIV Prevention Services to active users and addicts in recovery in the Roxbury area through street outreach,

fixed-site outreach, drop-off site outreach, informational sessions, individual counseling, and referrals. Materials distributed include harm-reduction pamphlets, condoms, lubricant, bleach kits, and information about HIV/AIDS, STDs, Hepatitis, TB, and other health related topics.

Homeless

Homeless or runaway Gay, Lesbian, Bisexual, Transgender youth, and HIV+ youth are provided counseling, empowerment education, health and legal services referrals, condoms, bleach kits, and food coupons. This program targets particularly hard-to-reach youth who have minimal interaction with conventional health care, educational, and employment systems.

Public Information Campaign: AIDS: It Ain't Over Yet

In addition to funding the community-based programs, Mayor Menino in 1997 earmarked an additional \$100,000 for the creation of six public service announcements, each targeting a specific high-risk population. This campaign, entitled "AIDS: It Ain't Over Yet," was a collaborative effort among the Boston Public Health Commission, AIDS Action Committee and Better World Advertising, and was designed to counter the impression that the AIDS epidemic was over or that HIV was a treatable disease. The advertising campaigns featured photographs of members of target population groups, including gay men, transgenders, teens, young women, and Intravenous Drug Users (IDUs). The prevention messages included abstinence, condom use, and not-sharing works. These images were placed on billboards, posters - including subway posters, buttons, postcards, and cards for public rest rooms.

In 2001, an additional campaign will be launched, entitled "HIV Stops With Me." This project is currently looking for five spokesmodels who will share their experiences, thoughts, and feelings as HIV+ gay/bisexual men and transgenders for an interactive website campaign.

AHOPE/Safe Place

Boston was home to the first pilot needle-exchange program in the state of Massachusetts in 1994. The program, known as AHOPE (Addicts Health Opportunity Program Exchange), reaches injection drug users with harm reduction materials and information through a van, street outreach, and Safe Place, a drop-in site. Safe Place sees up to 50 people daily, providing case management, substance abuse referrals, food, education and other resources for out-of-treatment drug users.



Boston designated \$1.3 million to fund community-based prevention efforts like this peer education program by Aid to Incarcerated Mothers (AIM).

Responding to Emerging Needs

In order to be effective in combating the spread of HIV infection, the Commission has adopted a flexible and creative approach to evolving community needs. For example, in response to a request from a local transgender health agency, the Commission will use The Connection, the Mayor's Public Health Van, to bring STD and HIV prevention information and materials to Boston clubs frequented by the transgender community.

A newly created Commission-wide office on Lesbian, Gay, Bisexual, and Transgender (LGBT) Health will also work with the AIDS Program to reach the LGBT community with prevention activities.

For more information on Boston's HIV Prevention activities, please contact:

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Executive Director

Boston Public Health Commission

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Richard Stevens

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Boston Public Health Commission

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Director, Substance Abuse Prevention and Treatment,

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Cedar Rapids



Mayor Lee R. Clancy

“The Rapids AIDS Project has given our community a tremendous resource to deal with the complex issues revolving around HIV and AIDS. The program has evolved its education and client outreach to respond to the alarmist, misinformed era we were in when the project started in 1986 to the current day when an educated and compassionate community can help prevent the spread of AIDS and help those with the virus lead continuing productive lives.”

RAP - The Rapids AIDS Project

The Rapids AIDS Project has been part of the American Red Cross Grant Wood Area Chapter since 1986. RAP serves as an integral part of the Red Cross mission to help people prevent, prepare for, and respond to emergencies by educating the community on HIV and AIDS.

Mayor Lee Clancey has helped raise community-wide awareness of the AIDS Project since she took office in 1996. Each year, Mayor Clancey issues a proclamation declaring local participation in World AIDS Day.

RAP offers two areas of programs and services: education and client outreach. RAP is dedicated to fighting the spread of HIV and AIDS through education efforts and offers Cedar Rapids and the surrounding areas classes to help inform and support the community on HIV/AIDS. RAP also trains high school students as peer educators, and sends these students to various schools and meetings in the community to educate other young people about HIV and AIDS.

In addition to educational services, RAP also provides support services to HIV-positive individuals and their friends and families. These support services can include financial assistance for housing or medical needs, or provide a support system for people living with HIV and AIDS. RAP also offers a buddy program that matches volunteers with HIV-positive individuals for support, advocacy and friendship.

RAP works closely with state and federal agencies, local groups and other organizations that address HIV/AIDS. Financial support for our programs comes from the United Way, the federally-funded Ryan White C.A.R.E. Fund, Iowa Department of Health grants and private contributions. Since local circumstances don't always keep pace with government funds, RAP also relies on private donations. Helping people to understand the virus, to encourage its prevention and to foster a feeling of compassion toward those with the disease is part of the mission of the Red Cross and the goal of the Rapids AIDS Project.

Rapids AIDS Project Statistics

- The Rapids AIDS Project has reached out to the community through education and services since its inception in 1986. In fiscal year 2000, RAP educated 8,779 people about HIV and AIDS.
- In fiscal year 2000, RAP provided direct assistance to 86 HIV-positive individuals or family members.
- In fiscal year 2000, RAP offered 64 peer education programs.
- So far this year RAP has spent nearly \$30,000 to provide assistance to HIV positive individuals.
- During 2000 RAP received about 100 requests for information or referrals.

(Facts from American Red Cross Grant Wood Area Chapter)



State of Iowa Statistics

- Iowa AIDS Cases, February 1983- June 2000
- By County of Residence at Diagnosis
 - Linn County- 83
 - Polk County- 365
 - Scott County- 108
 - Johnson County- 89
 - Black Hawk County- 71
 - Dubuque County- 33
- AIDS Reported/ Deaths
 - From 1982 through June 30, 2000 654 deaths were reported.
 - From 1984 through June 30, 2000 1,273 AIDS cases were reported.

NOTES

Reported Cases that met the definition of AIDS while residing in Iowa. The numbers do not reflect persons with HIV infection who have not been diagnosed with AIDS.

436 cases of AIDS cases diagnosed while the individual was residing in another state but later moved to Iowa or received care in Iowa are not reflected in the numbers.

For more information on the RAP Project and Cedar Rapids HIV Prevention activities, please contact:

Tricia Krishmann, Director

Rapids Aids Project

Telephone (319) 393 9579



Mayor Richard M. Daley

“While new therapies have contributed to declines in HIV-related deaths in Chicago, new HIV infections still continue. That is why the public health department’s work in HIV prevention is vital. We must continue to emphasize education, motivation and support to help people protect themselves and others from this virus.”

Chicago

AIDS in the Heartland

The City of Chicago has been hard hit by the HIV/AIDS epidemic. Since 1980, over 17,000 AIDS cases have been reported in Chicago and over 10,000 HIV-related deaths have been recorded. In light of the devastating impact of this epidemic on Chicago, the Mayor has worked with and supported the efforts of the local health departments, community advocates and service providers to develop HIV prevention strategies to reach Chicago’s most vulnerable populations. Two of these strategies are described in this paper. The first strategy is focused on larger, collaborative advocacy efforts to address HIV prevention needs in the Midwest and the second describes a specific HIV prevention effort in Chicago.

AIDS in the Heartland: A Regional Effort to Fight HIV Disease in the Midwest

Background

With dramatic advances in HIV treatment and ‘HIV fatigue’, Chicago saw a growing complacency about the HIV/AIDS epidemic. Additionally, it was clear that the Midwest states needed a venue to collaboratively address HIV prevention and related issues that are relevant to this region. These issues include, but are not limited to: lack of a strong voice at the federal level; complexities in providing HIV prevention messages and services in a mix of rural, suburban and urban areas; migrant workers; and the ongoing stigma associated with HIV disease and those most affected by it. In 1999 the Mayor supported the Chicago Department of Public Health’s efforts to address these issues through a two-part project entitled AIDS in the Heartland.

Implementation of AIDS in the Heartland

The first “AIDS in the Heartland” event was a meeting held in Chicago in June 2000. This meeting was convened by CDPH, in collaboration with the Illinois Department of Public Health. Representatives from 11 Midwestern State Health Departments, as well as many federal and community partners, attended this event. The purpose of this meeting was to reduce complacency about the disease in Chicago and throughout the Heartland, as well as to: focus nationwide attention on AIDS in the country’s heartland and thereby help dispel the myth that the disease is prevalent only along the east and west coasts; generate long-term support among legislators and policymakers at the local, state and federal levels for increased resources to address HIV/AIDS in the Midwest; begin a dialogue with federal officials regarding strategies to facilitate the development of an optimally efficient, effective and coordinated continuum of HIV prevention and care services in the Midwest; support and strengthen the mobilization of key communities to respond effectively to HIV/AIDS; and motivate non-HIV service providers to become involved with HIV/AIDS prevention, education, treatment and referrals for at-risk clients, especially those providers who address co-morbidities of HIV, such as other STD’s, substance abuse, homelessness, and mental health.

The second phase of the “AIDS in the Heartland” project is a regional conference. Chicago is again collaborating with Illinois Department of Public Health and other Midwest states to convene another conference to share best practices and models for



fighting the HIV/AIDS epidemic. The conference will be held in Chicago in June 2001 and 400 people are expected to attend. Unlike the first meeting, this conference will provide hands-on learning opportunities for people who provide a variety of HIV prevention and care services. It will allow community-based agencies, AIDS service organizations and health departments to share strategies and meet others who face many of the same barriers and complexities associated with providing HIV prevention and other associated services in the Midwest.

HIV Prevention Media Campaign for Women of Color

Background

The proportion of AIDS cases among women in Chicago has more than doubled over the last decade, from 9% to 23%. Furthermore, 89% of recently diagnosed female AIDS cases are among women of color, 76% are among African American women. In light of these shifts in the epidemiology of the local epidemic, the Chicago HIV Prevention Planning Group and the Chicago Department of Public Health realized that new and innovative HIV prevention strategies were needed to address the growing prevention needs of women of color.

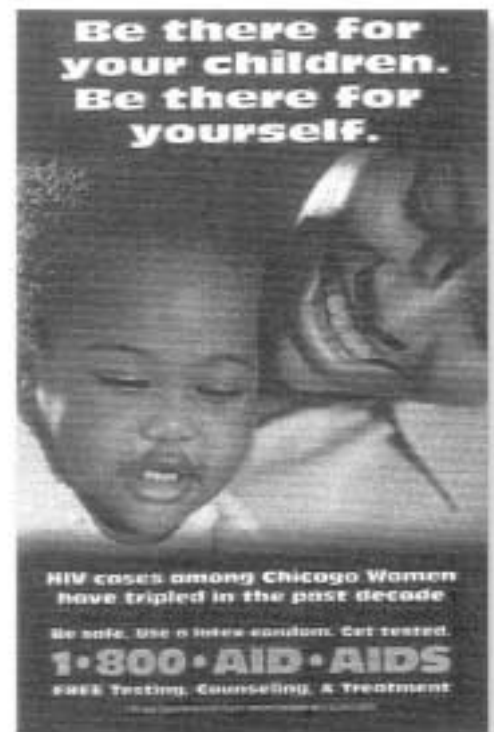
Development of a Multi-Media HIV Prevention Campaign

The Chicago Department of Public Health worked in collaboration with city and state HIV prevention planning groups, local HIV prevention providers and community-based organizations, and women infected with HIV to develop appropriate prevention messages in both English and Spanish. The result was the development of a culturally-appropriate, multi-media prevention campaign directed toward African American and Hispanic women, ages 18-40 who are at risk for HIV. The campaign used posters, billboards, advertisements on Chicago Transportation Authority's buses and trains, newspapers, radio and TV advertisements to communicate creative and culturally-relevant messages to increase awareness of the risks of HIV and STD infection. The campaign also emphasized the importance of HIV counseling and testing, and early diagnosis and treatment. Each media message contained a toll-free Hotline phone number that provided

prevention information, as well as locations where one can receive free STD and HIV counseling and testing.

Evaluation of the Multi-Media Campaign

A preliminary evaluation of the trends in call volume for the toll-free Hotline showed an increase in call volume that correlated with the multi-media campaign's promotion of the Hotline. From February 23, 1999 - May 15, 1999 the total number of callers who identified the campaign as the source of information on the Hotline was 1524. This represents one-third of the total calls placed to the Hotline during that time period. The 1524 calls are a 25% increase over the number of calls the Hotline received in the quarter prior to the media campaign. Further evaluation efforts, through focus groups, are underway to determine if the campaign led women in the targeted populations to seek and receive prevention services beyond calling the Hotline number. Findings from these evaluation efforts will serve to expand and improve creative ways to provide prevention messages and services to at-risk populations in a jurisdiction as large as the City of Chicago.



For more information about Chicago's HIV Prevention efforts and the "AIDS in the Heartland" program, please contact:

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Mayor Nicholas J. Tennyson

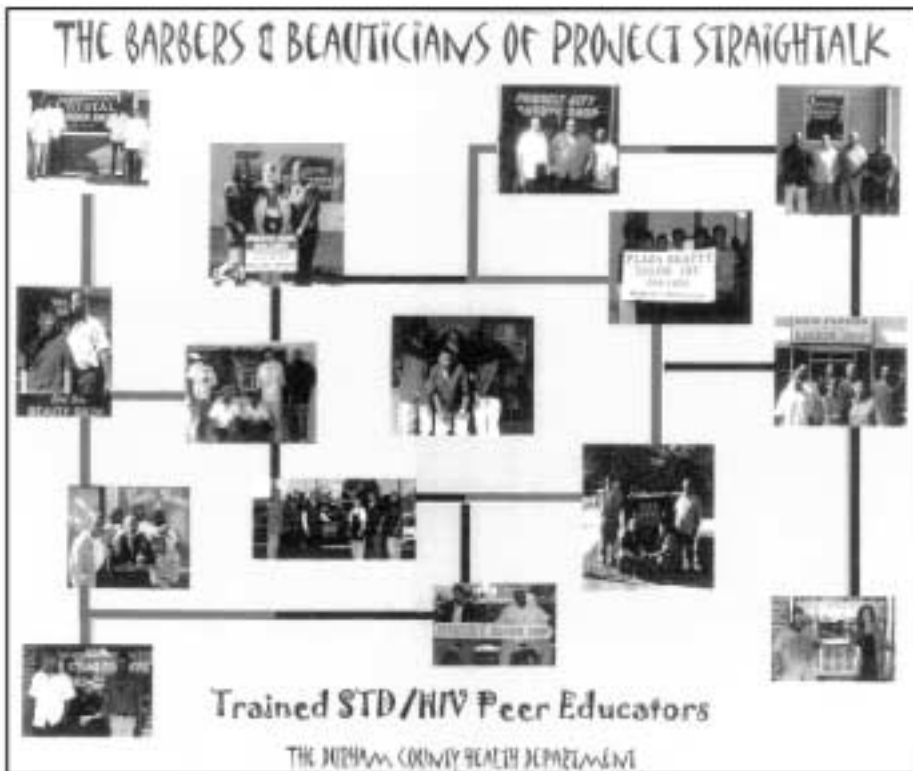
“This project has the potential to positively and perhaps permanently improve the health status of a group of people who have a demonstrated need for intensely focused disease prevention. Equally important is the opportunity to develop intervention strategies capable of being replicated in other communities”

***Project StraighTalk* - Barber and Beautician STD/HIV Peer Education Program**

Since 1988, the Durham County Health Department’s Project StraighTalk has served Durham and neighboring communities with STD/HIV, substance abuse and sexual health education and risk reduction outreach. The Project StraighTalk team of four full-time health educators, the program manager and our Community Advisory Council works collaboratively with numerous individuals, agencies, educational institutions and communities. Our straightforward and culturally-appropriate health education provides people in priority populations with the knowledge, skills, self-efficacy, resources and prevention methods needed to reduce harmful health behaviors that put them at risk. The program we will highlight here is Project StraighTalk’s Barber and Beautician STD/HIV Peer Education Program.

The African American community has been disproportionately impacted by HIV and AIDS in Durham County. Through June 2000, 75% of cumulative AIDS cases and 88% of cumulative HIV cases in Durham County were African Americans. In 1989, Project StraighTalk staff polled local African American barbers and beauticians, asking what their clients talk about while they are having their hair done. Eighty percent of those polled said sexual issues were the most common topic of conversation. Clients reported that they trusted their hairdressers with the intimate details of their lives. When they had a problem, their hairdresser was

the person they turned to, a “cheap psychologist,” as one client stated. Many local shops also serve as a neighborhood gathering place where friends meet, discuss current events and even play games such as checkers. Project StraighTalk staff recruited local cosmetologists who agreed to allow the Health Department to use their shops as distribution sites for prevention methods and educational brochures on STD/HIV and substance abuse prevention. Project StraighTalk staff set up condom jars and brochure stands in the shops, visiting the shops every other week to re-stock condoms and brochures and educate hairdressers and clients about STD/HIV prevention. Hairdressers began reporting that they needed more information and training because clients were asking them questions they couldn’t answer. In the spring of 1990, Project StraighTalk planned the first barber and beautician peer education training. The staff now conduct annual workshops, honing the information and skills needed by both new and previously trained staff to encourage behavior change in the community. The training agenda includes: an overview of the program, the role of barber and beautician peer educators, peer education skills, STD/HIV and substance abuse facts, demonstration of correct prevention method use, instruction in making appropriate referrals and role plays to practice educating clients. Cosmetologists who complete the



training are presented with certificates of completion, an “Ask Me About AIDS” button, a resource guide and a glossy color poster of the participating shops and staff.

Currently, 18 barber and beauty shops participate in the program. Project StraightTalk has filled requests from organizations all over the United States to assist them in setting up their own barber and beautician peer education programs. Since its inception, the program has trained over 200 cosmetologists who have distributed more than a million condoms and educated thousands of Durham County residents.

For more information about the Durham County Health Department’s Project StraightTalk and the Barber and Beautician STD/HIV Peer Education Program, please contact:

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Mayor Lee P. Brown

“The battle against AIDS is far from over. We must be vigilant in efforts to encourage safe sex and to educate those at risk. I believe the minority communities have been slow to acknowledge AIDS in their midst, and we must work harder in those communities to have people view this disease as a health problem, not a moral one”

State of Emergency: HIV/AIDS in the African American Community. *A Call to Action*

Monitoring the Epidemic

A systematic, ongoing surveillance system for communicable diseases allows for changes in disease occurrence or changes in the demographics of communities affected by a particular disease to be noted and acted upon. In Houston surveillance for AIDS has been in place since 1983. As in most US cities, the epidemic in Houston started among gay, white males. Most infections were contracted through male to male sexual contact and a certain proportion through injection drug use. In 1990, 89 percent of all diagnosed AIDS cases were transmitted in one of these ways. The AIDS epidemic in Houston has changed dramatically over the last decade.

As of December 31, 1999, 17,949 AIDS cases had been diagnosed in Houston and Harris County. While at that time, 48 percent of the cumulative AIDS cases were in minorities, the proportion of minority cases had increased each year to reach 73 percent of the new AIDS diagnoses in 1999. A similar increase has been seen in the proportion of those people living with AIDS who are from minority communities. By September 30, 1999, preliminary data collected by the Houston Department of Health and Human Services (HDHHS) was showing that 77 percent of all new HIV infection reports were in racial or ethnic minorities, with 61 percent being African American.

State of Emergency Declared

On December 1, 1999, Mayor Lee Brown, in conjunction with Harris County Judge Robert Eckels, declared a State of Emergency to increase the level of awareness of the HIV/AIDS epidemic in African Americans

in Houston. The purpose of the declaration was to increase the level of collaboration between agencies conducting HIV/AIDS services and to mobilize the community. As in the beginning of the AIDS epidemic in the gay community, the involvement of the entire community is needed to disseminate accurate information about HIV infection and promote risk-reducing behaviors. The State of Emergency-A Call to Action-proposed a multifaceted campaign that involved (1) community mobilization efforts, (2) public information campaigns, and (3) primary level behavioral modification activities to increase awareness and decrease transmission of HIV infection.

(1) Mobilizing the Community

Several steps have been taken to mobilize the community since the declaration of the State of Emergency. Mayor Brown convened an HIV/AIDS State of Emergency Task Force, chaired by Mayor Pro-Tem Jew Don Boney, Jr. Councilmember Boney hosted an African American Leadership Summit on February 5, 2000 in which the discussion included Affirmative Action, Census 2000, and an overview of the HIV and STD epidemics in Houston. An AIDS Forum was held on April 10, 2000. More than 100 participants took part in a forum televised on the local municipal channel. The purpose of the forum was to provide capacity building and training for the community.

Local ministers from African American churches participating in the Urban AIDS Ministry Task Force held a press conference during the “Black Church Lights the Way” campaign highlighting the State of



One of the many civic group meetings that have been part of the “Black Church Lights the Way” campaign. The campaign is led by the Urban AIDS Ministry Task Force in Houston.

Emergency plan and encouraging discussion of HIV and prevention messages within congregations. HDHHS and members of the State of Emergency Task Force have participated in many educational sessions held in conjunction with local community civic group meetings to disseminate information and promote awareness.

(2) Informing the Public

The Houston Department of Health and Human Services began media campaigns targeting African Americans on television, radio and billboards across the city. HIV prevention messages were placed on the back of all HDHHS vehicles. During this time, a two-week blitz of public education aired on MTV and BET during the month of April. ABC also aired three shows: Regina Hall Crosswords, Black Voices interview and the Debra Duncan show, all of which tackled the issues surrounding HIV/AIDS. HDHHS also ran radio spots for 24 weeks that started on March 20, 2000 on local radio stations. Multiple interviews were held on KBXX, KMJQ, and KTJM highlighting the State of Emergency declared by Mayor Brown. One hundred and fifty billboards were placed all over the city targeting African Americans and encouraging people to talk to their partners about HIV and about testing for HIV infection.

(3) Modifying Behavior

One of the biggest successes the State of Emergency declaration has produced is the collaboration between the Houston Department of Health and Human Services, Glaxo Wellcome, FCB Healthcare and local radio stations. This collaboration sponsored “Get Tested Day” events on June 29, August 11 and November 18, 2000. These events combined to test and educate over 2,000 individuals. Incentives were offered such as concert and movie tickets. At all testing encounters, the participants are given HIV information and encouraged to develop a risk-reduction plan.



Participants gather for “Get Tested Day”, one of several day-long events geared towards HIV screening and prevention education where incentives are offered to participants.

Houston Rockets center Hakeem Olajuwon took part in a “Midnight Basketball” event where he presented an overview of HIV/AIDS in Houston and also took an HIV test in front of approximately 100 youth.

\$300,000 of supplemental funding was made available to several HDHHS community-based organizations working in HIV prevention. The agencies that work in minority communities were awarded additional funding for individual level counseling and outreach efforts aimed at reaching the minority members of the communities they serve.

With the help of Glaxo Wellcome and the support of HDHHS, Project S.O.U.L. (Serving Out Unselfish Love) was officially launched in Houston on May 3, 2000. Project S.O.U.L. partners with existing community-based organizations in efforts to mobilize the community around HIV testing, access to healthcare and treatment. The program fosters HIV/AIDS awareness and helps those affected and infected understand the importance of knowing their HIV status as well as accessing healthcare and support systems. This program provided an additional 50 billboards targeting African Americans to be placed in appropriate Houston neighborhoods.

For more information on Houston’s HIV Prevention activities please contact:

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Glenda Gardner

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Telephone (713) 794 9164*

Inglewood



Mayor Roosevelt F. Dorn

“The AMASSI Center has been an integral part of the Inglewood community since 1993 and has provided an invaluable range of services to the community through the provision of culturally and socially relevant health education, information, and social support programs. The spread of HIV infection and AIDS necessitates a community-wide effort to increase communication, education, and generation of the type of community awareness that will stop the spread of HIV/AIDS. The AMASSI Center is to be commended for its success in collaborating with its local partners and other community-based organizations to enhance the provision of services to Inglewood’s diverse population consisting of males, females, couples, families, homeless, and low-income individuals.

I wholeheartedly support the work of the AMASSI Center. The efforts of the AMASSI Center will make a significant contribution towards eliminating existing barriers to the provision of educational and intervention programs needed to prevent the spread of the HIV/AIDS virus.”

AMASSI – Grass Roots Education and Outreach Through Grass Roots Community-Based Organization

The AMASSI Center, A Decade in the Struggle Against HIV/AIDS

At a time when serious health issues are devastating impoverished communities, in Inglewood and abroad, the African American AIDS Support Services & Survival Institute (AMASSI) Health, Wellness and Cultural Center has evolved into an oasis of sorts. Mayor Roosevelt Dorn has given his full support to this non-profit community health and social service center. AMASSI has remained true to its name, providing refuge, comfort, education and hope to a community in crisis and often under attack. Through outreach and behavior change strategies, co-developed by the community it serves, AMASSI concentrates on reducing barriers to HIV/AIDS risk-reduction messages. These efforts work to guide clients toward proactively reducing potentially self-destructive behaviors in their lives. This is done through building self-esteem, cultural affirmation, critical-thinking skill-enhancement and mental health programs, and peer social support projects.

Honorary Co-Chair, Mayor Dorn and the AMASSI Center Holds Women in Jazz, 2000 Benefit Concert Fundraiser

This year AMASSI held its Fourth Annual Women in Jazz benefit concert, where Mayor Dorn served as Co-Chair of the fundraiser, along with the Honorable Ronald Dellums, Congresswoman Maxine Waters, Chaka Khan, Welterweight Champion “Sugar” Shane Mosely and others. Celebrity performers

Miki Howard, Freda Payne, Brenda Lee Eager, Clora Bryant and many more came out and sang songs of hope and inspiration in the honor of women on November 12th at the Wilshire Ebell Theatre in Los Angeles. The concert raised money specifically for women and youth of color in Inglewood and South Central Los Angeles. AMASSI, with the support of the Mayor’s office, puts this event together every year to raise awareness and money to address the crisis that women and youth of color are facing when it comes to HIV/AIDS and other diseases that may result in premature death, such as diabetes, hypertension, heart problems and cancer among others.

AMASSI Strategies and Best Practices

An outspoken community activist, AMASSI’s CEO and founder Cleo Manago believes that cultural affirmation, self imaging, and community dialogue are only a few of the key components needed to effectively transform a community. Manago’s 15 years of work experience in various human health fields has proven to him that issues of race, sex, homophobia and institutionalized biases directly contribute to anxiety, violence, disorientation, low self-esteem and emotional conflict. The AMASSI center combats these negatives, countering them with positives. AMASSI is strategically located in the heart of Inglewood in the midst of the life of the community and therefore a part of the rhythm of the community. That rhythm includes services that encompasses Self-Esteem Building Workshops, HIV/AIDS



Risk-Reduction programs, Math/English tutoring for youth, Peer Empowerment Groups, Job Development Assistance, Literacy Programs for adults and even Fitness and Nutrition programs. By fostering self-love and cultural appreciation on every front, mentally, physically and spiritually, the center stands apart from most health-oriented agencies. As such, AMASSI is not a crisis-ridden organization, but a health promotion and cultural center that strives to positively impact its constituents. Mayor Dorn has been a key player in advocating on behalf of AMASSI to private and government funding sources, which has resulted in successful funding opportunities for the center and a greater appreciation of its services. Due to AMASSI's innovative strategies in creating a healthy community, it has been a struggle to get funders to understand its unique approach. Because African Americans and Latinos are disproportionately represented in almost every category of poor health indicators, AMASSI targets these groups with prevention services. However, people of all backgrounds, ethnicities, sexual diversities, etc. receive and enjoy



Young people register to participate in programs and events at the AMASSI Center in Inglewood.

AMASSI services. More than 10,000 people have received services at AMASSI. And AMASSI services are free; with continued funding and community support they will never come with a price tag.

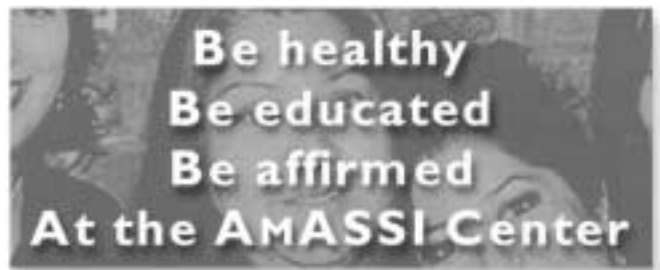
AMASSI remains committed to creating dialogues and opportunities that inspire marginalized and complacent people to present their voices and concerns toward empowerment and social change. It is because of agencies like the AMASSI Center that we see an even stronger and more vibrant Inglewood on the horizon.

For more information on the AMASSI program and center in Inglewood contact:

Cleo Manago
Amassi Center
 160 South La Brea
 Inglewood, CA 90301
 Telephone (310) 419 1969



The staff at AMASSI are representative of the population they serve.



Newport News



Mayor Joe S. Frank

"I am very pleased that The U.S. Conference of Mayors' "Best Practices" report for 2001 will include the Newport News program to prevent the spread of HIV and AIDS. By sharing our ideas and experiences in combating this disease and promoting public health, we compound the results for people and communities across the country.

City Council's support of a strategy for AIDS awareness education and prevention, in cooperation with the regional health department, has saved lives and provided resources to underserved populations.

Our Mobile Health Van, in particular, provides an outreach component for at-risk individuals and areas. By using information technology to analyze demographics, we can also use our limited resources to identify where prevention and education initiatives are most needed and most likely to succeed. And, by involving faith-based organizations in our effort to educate, we have established a network for support and information that strengthens the community through a partnership for public health objectives."

Education and Outreach Through Collaboration of Local Organizations

In October of 1989 an HIV Coordinator was hired by the Health Department in the City of Newport News to provide HIV/AIDS awareness education to the community and to refer persons at risk for counseling and screening. The HIV Coordinator has been a liaison for AIDS Service Organizations in the community to get clients into treatment and to provide HIV/AIDS awareness education throughout the community.

With the assistance of our city's data processing department, we were the first health department in the state to develop a computerized system to collect demographic data on AIDS which enabled us to identify populations to target for prevention in the City of Newport News. The following AIDS service programs are provided by the Health Department in the City of Newport News.

Pre and Post-Test Counseling

Pre and post-test counseling for HIV is offered in all clinics for the purpose of risk reduction, education and early identification of infection status. Several clients who tested positive were not aware of their infection status and would have continued to spread the virus if testing had not been offered.

We are able to refer all infected clients for medical care, even if they cannot afford a physician, through a physician referral network for patients unable to afford health care made available through our local AIDS Service Organization that receives support from city, state and private funds.

AIDS Awareness Education

During the earlier years of this epidemic the community came together to provide various educational programs. A citywide campaign was launched in which the health department was responsible for educating all the public schools and emergency response workers throughout the city. Many other successful healthfairs, media events, lectures, AIDS home health parties for women, conferences, seminars and support groups have been developed to educate the community.

Educational programs have been provided to over 10,000 residents annually at various community centers, schools, churches, worksites, correctional facilities, drug prevention programs, social and civic organizations. Educational efforts targeted substance abusers based on information gathered from demographic data collected and community assessments. As a result, habits among substance abusers to share drugs and drug paraphernalia have decreased in our community. We have also seen a decrease in the reported cases of infection in our community.

Mobile Health Van

Confidential HIV counseling and screening is provided using a mobile health van that goes into communities where testing facilities are difficult to access. On post-counseling interviews individuals verbalize risk reduction strategies learned and implemented to prevent infection. Outreach screening has been very acceptable in the community because many clients state they would not have known their status if it



Brenda B. Hill, Public Health Nurse and HIV Coordinator for the Commonwealth of Virginia at Newport News with World AIDS Day proclamation signed by Mayor Frank, next to an AIDS Memorial Tree. Each year, during the month of December an AIDS Memorial Tree is placed in each shopping mall in the City of Newport News.

were't for testing done in the mobile van due to lack of available testing facilities or costs incurred for testing at other sites. Eighty-five percent of clients pre-counseled at the van return for post-counseling and voice risk reduction measures taken to prevent infection.

The AIDS Drug Assistance Program (ADAP)

Our pharmacy is involved with ADAP, a drug assistance program funded by the state for eligible AIDS clients needing AIDS medications. In the early years after the program's inception, funds were not available throughout the year for patients needing medications. As a result, the City of Newport News allocated additional funds to cover costs for medications for city residents enrolled in the program until the ADAP program was able to obtain additional funding. Now that many clients in our community are educated about HIV/AIDS and medical treatment there has been a decline in the number of reported AIDS cases in our area.

Technical Assistance

The HIV Coordinator collaborates with various organizations in the city to provide technical assistance for prevention education and program development. In 1999 we worked with Historically African American Colleges in the area to bring the National AIDS Quilt to the Hampton Roads area, which received national attention. We also sponsored a focus group with African American faith-based organizations in the community to pilot a study with the Virginia Commonwealth University in Richmond to establish priorities for prevention efforts in the African American community.

This study was funded by the Centers for Disease Control and Prevention. As a result of findings in the study, which indicated disparities in educational programs in African American faith-based communities, the state made over \$105,000 available to faith-based organizations in our region to provide prevention education. In addition, this pilot study resulted in the Centers for Disease Control and Prevention providing HIV prevention funding throughout the nation to African American faith-based communities.

Summary

We were informed by a number of clients that they relocated to this area as a result of information they had learned about the various programs provided for medical care, housing and support services here in the City of Newport News. Programs have proven to be successful as noted by the decreased number of reported AIDS cases in our community that may be credited to early diagnosis and treatment. We also credit educational efforts in the community that have prevented an increase in the number of HIV cases reported.

For more information on the City of Newport News HIV/AIDS prevention programs, please contact:

Brenda B. Hill

*HIV Program Coordinator for the City of Newport News
and the Peninsula Health District*

Telephone (757) 247 2170



Mayor Willie L. Brown, Jr.

“We believe our efforts to prevent new HIV infections through individual, group, community and structural level interventions represent an innovative approach that will serve California well as we fight to end AIDS”

San Francisco

HIV Stops With Me Prevention for Positives Demonstration Project

Prevention for Positives

The Prevention for Positives Demonstration Project, launched early in 2000, is an empowering, integrated, innovative demonstration project created to stop HIV infections with effective primary HIV prevention efforts. This project represents the first real effort at targeting prevention to individuals living with HIV to help them break the chain of HIV transmissions. The San Francisco demonstration project has focused its efforts on HIV-infected gay and bisexual men and transgender individuals, as they represent over 90% of all new infections in San Francisco this year.

The project’s funding originates from the Centers for Disease Control and Prevention (CDC) and is one of five projects nationwide that address prevention for positives. In San Francisco, Prevention for Positives is funded through the San Francisco Department of Public Health with an annual commitment of approximately \$1.5 million, and is expected to continue until 2003.

Empowerment

In this prevention effort, HIV positive people are the leaders in HIV prevention. A community advisory board, comprised mostly of HIV-infected San Franciscans as well as prevention and care providers, was charged with developing the parameters and goals of the demonstration project. The Mayor’s AIDS Policy Advisor also maintains an active role in the project, both coordinating the overall vision of the project and assisting the Department of Public Health with its implementation. “Because of better treatment and better access to high quality care and support serv-

ices, we now have more people living with HIV in San Francisco than ever before,” said Mayor Brown. “With the community of HIV positive people coming of age, HIV positive people can talk about responsibility, and can lead efforts to end the epidemic.”

Integration

The demonstration project, known as **HIV Stops With Me**, combines multiple strategies to help HIV-positive persons in San Francisco gain and use the skills necessary to prevent new HIV transmissions. These strategies include: media efforts, support groups, social events, community forums, provider training and outreach.

As a multi-tiered intervention, this project actually has five unique services nested within it. These interventions include: a social marketing campaign (Better World Advertising); a training/curriculum development program (AIDS Health Project); a linkages program (Health Initiatives for Youth); a community-level intervention (Stop AIDS and Bay Area Young Positives); and a mobile testing/outreach van (DPH). The following activities and services are aimed at reducing HIV transmission and improving the health and well being of HIV positive men in San Francisco:

Social Marketing Campaign

The Project’s social marketing component, conducted by Better World Advertising, consists of a website, newspaper ads, postcards, and a television commercial currently aired during prime time and available online. As part of this new campaign, **HIV Stops With Me** features seven real HIV positive gay men



and transgender individuals from San Francisco talking about their lives and responsibilities relating to ending the HIV epidemic. The Internet site, **HIVSTOPSWITHME.org** gives visitors the opportunity to interact with the spokesmodels, while providing links to local HIV service providers and testing sites.

Training

The AIDS Health Project is implementing a training program for various organizations and individuals that provide services to people who are HIV positive. The goal of the training is to increase the knowledge and skills of people helping those who are HIV-positive so both prevention and access to treatment services will be improved.

Linkages Program

Health Initiatives for Youth (HIFY) provides specific services for 13-24 year-olds affected by HIV. HIFY's youth linkages program will help young people gain access to youth-sensitive HIV-related testing and counseling, care, treatment, substance use services, health education, mental health and peer support services citywide.

Community Forums and Social Events:

Positive Force of the Stop AIDS Project, in collaboration with the Center for AIDS Prevention Studies (CAPS) and Bay Area Young Positives, is organizing a series of public forums and social events for HIV-positive men. Several large social events will provide opportunities for HIV-positive men to meet, socialize and develop connections and friendships. The events and educational forums of *Positive Force* have been created in consultation with a steering committee convened by the Stop AIDS Project of HIV-positive gay and bisexual men and transgender individuals.

Mobile HIV Testing

Knowing one's HIV status is vital to both prevention and accessing care and treatment. The San Francisco Department of Public Health began operating a mobile testing service that provides free HIV testing, as well as testing for other STDs, Hepatitis and TB. Prevention counseling, referrals for treatment and other services are also provided. "Our model is a small example of how an integrated project can capitalize on individual agency strengths and make a strong overall intervention," said Mayor Brown.

Innovation

Prior prevention efforts focus primarily on HIV-negative people, but **HIV Stops With Me** is the first comprehensive prevention effort for HIV-positive people. This innovative program takes proven interventions and adapts them specifically for HIV-positive people. If this tactic proves successful, it can serve as a national model.

For more information on the Prevention for Positives Demonstration Project and the "HIV Stops With Me" program please contact:

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Mayor Paul Schell

“Seattle made an early decision to implement needle exchange and other services needed by drug injectors to attract and serve users and reduce the transmission of HIV and other blood-borne diseases. Today, we have the lowest rate of HIV infection of any major urban area, and essentially no children being born with HIV”

Containing the Epidemic through Needle Exchange for Injection Drug Users

Seattle started its needle exchange program in the spring of 1989. The program was initiated by local activists who immediately presented their case for a government-sponsored needle exchange program to the Health Department, the Mayor, the Chief of Police, and the King County Executive. With official backing and strong mayoral support, the city identified funds to support the program and operations were transferred to Public Health, the regional Seattle/King County health department, within two months of the program's start-up. By 1991, King County identified additional funds to support sites outside Seattle. The City estimates there are 15,000 drug injectors in King County; roughly 80% of local injectors use heroin. The Seattle program was the second needle exchange to be started in the United States. Neighboring Tacoma was first in 1988. Like other cities that began aggressive outreach

programs and needle exchange for injection drug users early in the AIDS epidemic, Seattle has kept the rate of HIV infection among injectors low. Public Health estimates that 3-4% of Seattle area injectors are infected with HIV. This low rate has remained stable over the past twelve years.

In Seattle, needle exchange is the cornerstone of city and countywide efforts to contain the spread of HIV among drug injectors and their families. Now operating at seven locations, the program exchanged over two million syringes in 2000, a volume that has increased about 15-20% each year. Exchange sites are located in areas with larger concentrations of injection drug users and are dispersed throughout both the City and County in a deliberate effort to avoid increasing social and drug-using networks. Seattle's program is low-threshold by design: exchange customers are not required to register; there is no limit



Needle Exchange for Injection Drug Users (IDUs) is key to HIV prevention in Seattle. Public Health estimates that only 3-4% of Seattle's 15,000 IDUs are HIV-positive, a rate that has remained stable for 12 years.



The program's outreach van provides for mobile outreach capability throughout the city. In addition to on-site HIV screening and needle exchange service delivery, immunizations are provided for vaccine-preventable illnesses.

on exchange volume; and, while the program offers a broad range of ancillary services, there are no mandates to participate in these services in order to exchange. Exchange is available in Seattle 7 days a week, 52 weeks a year.

Needle exchange is well integrated into the neighborhoods it serves. In a recent telephone survey conducted by the State Department of Health, over 70% of King County residents expressed support for needle exchange. Community partnerships have been key in assuring the success of the program. The exchange works closely with business and neighborhood associations, as well as other health and social service providers, to assure a scope of service and delivery models that are responsive to neighborhood needs. Each site is structured to address specific needs of individual drug users and their community neighbors. Hours, locations, and service scope have been negotiated with community constituencies prior to starting up each site. Operational responsibilities at two of the sites have been successfully transferred from Public Health to community-based agencies to facilitate better integration and local community control. Seattle was the first exchange in the country to co-locate and fully integrate an exchange site with an established drug treatment program.

Needle exchange is integrally tied to a comprehensive array of HIV prevention, drug treatment and health services. On-site screening for HIV, hepatitis, tuberculosis and syphilis is provided at several exchange locations, as well as immunizations against vaccine-preventable illnesses such as hepatitis A and B, tetanus and influenza. Exchange customers who test positive are immediately referred to health and social services funded by Title I of the Ryan White Care Act.

While demand for drug treatment continues to out-pace availability, needle exchange has been successful in acquiring state and federal grants to help cover the cost of treatment for exchange customers. An innovative voucher program has secured



Exchange staff provide IDUs vouchers for grant-funded treatment programs. Research has shown that IDUs who receive vouchers are more likely to enter and stay in treatment than other treatment admits.

treatment placement for hundreds of exchange customers, now placing over 200 persons in grant-funded treatment slots each year. Evaluation has shown that clients who receive vouchers through the exchange program are more likely to enter treatment and stay in treatment longer than other treatment admits. Exchange staff took the leadership in partnering with the King County Mental Health, Chemical Abuse and Dependency Services Division and a local treatment agency to develop a mobile methadone program that now provides treatment at several Public Health clinics. Also, the needle exchange recently received a grant from the Lindesmith Center/Tides Foundation to mount an extensive public health media and educational campaign to address the problem of heroin overdoses and overdose deaths in the Seattle area.

In 1999, partnering with the Health Care for the Homeless Network, the program established a medical clinic at its downtown storefront location. Roughly half of exchange customers at the downtown site are homeless. The clinic is staffed by nurse practitioners from Pioneer Square Clinic, a satellite of Harborview Medical Center that specializes in providing health care to homeless and street-involved persons in downtown Seattle. This one-stop-shopping model of service delivery affords earlier intervention for injection-related health conditions such as abscesses and soft tissue infections that are straining public emergency rooms. Establishing a relationship with a trusted medical provider has also increased both readiness and demand for drug treatment among exchange customers.

The Seattle program has attracted funding from a broad array of government and private sources to support its ancillary services. Exchange activity itself, however, is supported entirely by a combination of city, state and county tax revenues, with the majority of funds contributed by the City of Seattle.

Mayor Schell is proud of the program's accomplishments and, in collaboration with County Executive Ron Sims, *continued >*

launched a Heroin Initiative in 1999 to further explore the impacts of injection drug use on Seattle communities and to develop policy and programmatic recommendations to further mitigate these impacts. A Task Force made up of community leaders, elected officials, law enforcement and members of the affected population is expected to present its report to the Mayor during the summer of 2001. The mayor has charged this partnership of government and community leaders to put forth policy and programmatic recommendations to more comprehensively and innovatively address the adverse social, health and economic impacts of heroin use in Seattle communities.

For further information on Seattle's needle exchange program and related strategies to combat HIV among injection drug users, please contact:

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or

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Seattle, Washington 98104
Email: michael.hanrahan@metrokc.gov*



The needle exchange process at work at one of Seattle's exchange locations. Clinics are dispersed throughout the city in areas with larger concentrations of IDUs to avoid social and drug-use networking.

Trenton



Mayor Douglas H. Palmer

“Women of color represent one of the fastest growing population groups contracting HIV in Trenton. I am very hopeful that our HIP4W prevention program will help reverse this disturbing trend. In fact, New Jersey ranks first among all states in the proportion of adult women with HIV/AIDS. Because of the positive impact of Trenton’s HIP4W program, our city was selected by the New Jersey Office of Minority Health as a pilot site for an additional HIV/AIDS demonstration project. I am proud that Trenton is on the forefront of prevention and care for victims of this disease.”

HIP4W - Health Incentive Program for Women

In 1999 the City of Trenton was one of two cities in New Jersey to receive a grant from the New Jersey Department of Health and Senior Services, Division of AIDS Prevention and Control, to implement the Health Incentive Program for Women (HIP4W).

Mayor Douglas H. Palmer began this program to ensure that females at high risk for HIV/AIDS would have access to a wide array of risk-reduction services.

HIP4W provides HIV counseling and testing, group risk/harm reduction sessions, and intensive case management for eligible women. Nutritious meals are provided at each educational session and bus passes, childcare, and other incentives are available.

Case management services include individual HIV counseling and referral for medical/social services, housing, educational/job placement, and/or spiritual counseling.

More than 250 women have participated in the HIP4W program since its inception in 1999. They have learned about HIV/AIDS and its connection to drug use; risky sexual behaviors; sexually transmitted diseases; how to use latex barriers and contraceptives; behavior empowerment skills; how to manage stress; the basics of good nutrition; how to build and nurture positive support systems; and job readiness skills.

HIP4W has community linkages with early intervention clinics, social and advocacy services, the homeless shelters, churches and women’s groups, all of which lend support to the program.

HIP4W is housed at the Carver Center, an historic landmark building owned and lovingly cared for by the New Jersey Federation of Colored Women’s Clubs. Program participants

meet and socialize in a comfortable setting, which affords them something many of them have never had before - a safe place to enjoy the company and support of other women. Many of the participants stay linked to the program after graduation and have offered their services as volunteers and co-facilitators.

For more information on Trenton’s Health Incentive Program for Women, for women in high-risk categories please contact:

Barbara Piepszak

Nursing Supervisor

Dept. of Health and Human Services

City of Trenton

City Hall Annex, 3rd Floor

319 East State Street

Trenton, New Jersey 08608-1865

Telephone (609) 989 3036 ext. 113



Participants at annual retreat at Camp Meta in Trenton. During the overnight camping trip which included arts and crafts and swimming activities, the participants took part in group discussions on personal and holistic health.



Mayor M. Susan Savage

“Our coordinated community response to the HIV epidemic illustrates how well Tulsans work together to improve lives.”

TCAP - The Tulsa Community AIDS Partnership

The Office of Mayor Susan Savage has been involved in the struggle to reduce HIV infection in Tulsa since the Mayor's election in 1992. The Mayor's Office was represented during the development and creation of Oklahoma's Statewide Community Planning Groups in 1993, which first determined statewide priorities for HIV/AIDS program allocations by the Oklahoma State Department of Health.

While the Tulsa community does receive federal funds passed through the state to help with prevention and care, some groups such as women at high-risk, including sex workers, injection drug users and women in prison, are routinely omitted. State funds have never been allocated for prevention services for men having sex with men under eighteen who are at high risk for HIV infection. Local initiatives target these populations with culturally-specific projects.

The Tulsa Community AIDS Partnership (TCAP) reflects a collaborative partnership between the city and community-based organizations to contain the spread of HIV specifically targeting these high-risk groups and was selected in 1993 to be a partner on the National AIDS Partnership (NAP). The Mayor's Office has contributed through representation on the TCAP board and on the TCAP Grants Committee of this organization since its inception.

Through NAP over \$1 million have been awarded for prevention and care programs in the Tulsa area. The initial two-year grant was a one-to-one match of \$150,000, which decreased to a two-to-one match in subsequent years. Last year \$156,000 was available for distribution.

In the Tulsa area, nearly 1200 people are living with HIV and AIDS. In Oklahoma only half the people diagnosed with HIV/AIDS are accessing primary care and prescription drug therapy.

TCAP has targeted underserved populations showing the greatest increase in new HIV infections. These populations include Native Americans, Women, Hispanics and African Americans. There have never been state funds available to target Spanish-speaking Tulsans for HIV prevention, despite an infection rate four times that of the Anglo-American population.

Tulsa has the second largest urban Indian population in the United States. TCAP has funded culturally-specific projects for prevention efforts in this demographic group. The grants have included weekend retreats for Two-Spirited (gay) Men and youth empowerment weekends to help educate young people.

In Tulsa there are several projects which reflect the area's commitment to reach underserved groups with local resource allocations. Oklahoma has the largest per capita rate of incarcerated women in the nation. In Tulsa, TCAP has supported a project to train peer educators in prison. The women who complete the course are given a college credit. The program was selected as one of the best outreach projects in the country by the Centers for Disease Control and Prevention and is being expanded to other areas of the state. A film about the program has been made and is being sold to help underwrite the cost of the educational materials used by the inmates.



“National AIDS Fund AmeriCorps Team Tulsa” working in HIV prevention and care. Hosted by the Tulsa Community AIDS Partnership. (Left to Right: Terry Taylor, Planned Parenthood; Brad Gordon, HOPE Testing Clinic; Sam Wolhuis, Planned Parenthood; Melinda Foster, Community of Hope; Jamie Baker, Tulsa CARES Food Pantry; Kara Jones, American Red Cross)

Another program supported by TCAP allows the locally-raised funds to keep HIV-positive persons on private health insurance. The return on the investment is extraordinary. Not only are HIV-positive people kept healthy and optimistic but the project also generates \$14 in health care benefits for every \$1 spent. Tulsa has hosted two conferences on Women and HIV, drawing over four hundred people from eleven states. The Mayor’s Office welcomed these conferences and visitors. For TCAP, Women’s HIV services have been a top priority since 1993, including those serving homeless women, women in prison, injection drug users and women in abusive relationships. This year women over 50 years of age are being targeted. The Partnership also has provided support of Tulsa prevention projects for youth at high risk for HIV infection, including those not attending school, runaways and homeless youth, drug users and youth suffering from mental illness.

Tulsa is also proud of its AIDS Coalition. People Living With AIDS (PLWA) meet in monthly groups with service providers. Once a year the TCAP grantees describe their projects to the Coalition and learn about the availability of the wide variety of services available for PLWAs in our community.

In response to concerns that PLWAs services be centralized, Tulsa has created a One-Stop Center called Tulsa CARES. The center ensures that the whole person is treated with nutrition, prescription drug assistance, counseling, and referrals for medical care. Mayor Savage has participated in the annual AIDS Walk in solidarity with Tulsa’s concerned community and both she and the city continue to participate in countless events supporting HIV education efforts and highlighting the ever-present need to reduce HIV infection rates in Tulsa.



Second Regional Conference on Women and AIDS, sponsored by the Tulsa Community AIDS Partnership (TCAP) (Left to Right: Gloria Caldwell, TCAP - Grants Committee Chair; Linda Jenkins, Tulsa Area United Way; Judith Billings, Puyallup, WA - Keynote Speaker, President’s Council on HIV/AIDS; Janice Nicklas, TCAP Project Director)

For more information on TCAP and Tulsa’s HIV Prevention programs please contact:

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 or*

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Second Regional Conference on Women and AIDS, sponsored by the Tulsa Community AIDS Partnership (TCAP) (Left, Conference Presenter Jane Fowler, Kansas City. Right, Conference Chair, Janice Nicklas, Tulsa Community AIDS Partnership)

Virginia Beach

Project Prevention



Mayor Meyera E. Oberndorf

*“The City of Virginia Beach values innovation and collaboration as it strives to promote and fully achieve its vision to be a “Community for a Lifetime.” **Project Prevention** is an excellent example of the strong, collaborative success of two public agencies working together to ensure a safe and healthy environment for all of our citizens. This venture by the Virginia Beach Departments of Public Health and Community Services Board clearly demonstrates a commitment to HIV prevention. I am proud to have dedicated professionals who seek new strategies to address public health challenges. I am proud of **Project Prevention.**”*

Executive Summary

This report outlines the introduction, evaluation design and scope, initial results, and preliminary recommendations for the Virginia Beach Department of Public Health’s *Project Prevention*. *Project Prevention* is an HIV/STD prevention program based on a model of brief, interactive counseling recommended by the Centers for Disease Control and Prevention and indicated by outcome research. This first phase of a two-phase evaluation process focused primarily on the implementation and short-term impact of *Project Prevention*. The second evaluation phase will evaluate long-term impact.

Three questions drove this evaluation:

1) Are program participants satisfied with the services they received through *Project Prevention*? 2) Do women who participate in *Project Prevention* demonstrate increased knowledge regarding behaviors that put them at risk for contracting STDs? And, 3) Is there a difference between women who return for the second counseling session and those who do not return? These questions were examined by both qualitative and quantitative methods of research, including descriptive statistics, frequencies, a paired-sample *t* test, and cross-tabulation.

Results of this evaluation revealed that participant program satisfaction is extremely high; that *Project Prevention* increases participants’ knowledge about STD and HIV prevention and assists them in setting measurable, realistic goals to reduce their risk; and that it is feasible to determine the variables which might influence program attrition and retention, knowledge of which can lead to the development of targeted process-oriented improvements to the program.

These findings suggest that *Project Prevention* is actively meeting its short-term goals and positioned to meet its long-term goals.

Virginia Beach Department of Public Health’s Project Prevention

Begun in March 2000, *Project Prevention* is the result of a collaboration between the Virginia Beach Department of Public Health and the Virginia Beach Community Services Board. The overall purpose of the project is “to reduce risk for HIV infection and sexually transmitted diseases within females age 40 years and under, who seek STD clinic services.” Participants are invited to participate in the project by an HIV counselor who chooses from among those waiting to see a clinician or by an STD examiner who identifies women at high risk for HIV/STD infection during screening and testing. Participants must agree to have HIV testing in order to participate. Trained HIV counselors engage participants in two interactive counseling sessions, each approximately 20-30 minutes in length, aimed at education, skill building, and personal risk reduction. The first session occurs on the day of the initial visit, and the second session occurs approximately 14 days later when the patient returns for the HIV test results and post-test counseling. Evaluation methods consist of a pre- and post-intervention test, a satisfaction survey, and follow-up telephone questionnaires at 3 and 6 months to determine the impact of the intervention on risk behavior and clinic visits. Finally, participants’ health department medical records will be reviewed at one-year post intervention to determine the rate of repeat STDs and clinic visits since the intervention.



Client receives HIV/STD prevention information during counseling session at Virginia Beach clinic.

As incentives for program participation and adherence, participants are offered free condoms at every visit, a \$10 gift certificate for completing both counseling sessions and a \$10 and \$15 gift certificate after the 3 and 6-month follow-up telephone questionnaire.

PROJECT PREVENTION GOALS

Project Prevention has one fundamental goal:

Reduce risk for HIV infection and sexually transmitted diseases within females age 40 years and under who seek STD clinic services.

Other implied goals include:

- Educate women regarding sexual risk behaviors that increase the chance for STD and HIV infection.
- Reduce women's sexual behaviors that put them at risk of HIV and STD infection.
- Improve the health behaviors and health status of women in the Virginia Beach area.

Project Prevention aims to accomplish these goals by providing interactive HIV/STD counseling, as recommended by the CDC, to women who report to the STD clinic for diagnosis and treatment.

EVALUATION DESIGN

The goals of the first evaluation phase were to evaluate both the implementation and short-term impact of *Project Prevention*.

This first phase evaluated the following questions:

- Are program participants satisfied with the services they received through *Project Prevention*?
- Do women who participate in *Project Prevention* demonstrate increased knowledge regarding behaviors that put them at risk for contracting STDs?

- Is there a difference between women who return for the second counseling session and those who do not return?

The goals of the second evaluation phase will be to evaluate the long-term impact of *Project Prevention*, specifically its impact on risk behavior and post-intervention STD incidence.

The second phase will evaluate the following questions:

- Do women who participate in *Project Prevention* report success with their individualized risk-reduction plan at 3 and 6 months?
- Do women who participate in *Project Prevention* report increased condom use at 3 and 6 months?
- Do women who participate in *Project Prevention* contract fewer STDs than women who do not participate?

METHODS

Four primary data sources were used for this first evaluation phase of *Project Prevention*. These data sources include:

- Medical records of the 42 women who participated in at least the first counseling session.
- The HIV Counselor notes on the 42 women who participated in the first counseling session.
- The pre- and post-test questionnaires of the 19 women who completed both counseling sessions (by the time of this report).
- The 13 feedback surveys returned after completing both counseling sessions

RESULTS

General

As of this prescribed date, 42 women had agreed to participate and had attended at least the first counseling session. 19 women (45%) returned for the second counseling session. All women who participated in both counseling sessions completed the pre- and post-tests. Of the 19 satisfaction surveys that were distributed, 13 (68%) were returned.

Most of the 42 participants were black (48%), 29% were white, and 21% of the women were equally distributed among Hispanic, Asian, and Other population groups. One woman identified herself as bi-racial. Women in the 17 to 20 age group comprised 40% of the program participants, while 33% were ages 21 to 25, 12% were ages 31 to 40, and 1% fell into the 26 to 30 age group. 2 (.05%) women reported being 16 or under. A majority of the women (74%) were single; 16% were married.

continued >

QUESTION #1:

Were program participants satisfied with the services they received through Project Prevention?

13 of the 19 women responded to the client satisfaction surveys distributed to them. 100% of the women felt that participating in *Project Prevention* helped them understand how to better protect themselves from HIV and other sexually transmitted diseases. 100% reported that, as a result of participating in the program, they will now talk to their partners about using condoms as well as increase their use of condoms. Overall, participants were more likely to perceive themselves as being less at risk for becoming infected with HIV due to their participation in the program.

QUESTION #2:

Do women who participate in Project Prevention demonstrate increased knowledge regarding behaviors that put them at risk for contracting STDs?

All 19 women who participated in both counseling sessions completed the pre- and post-test questionnaire. An increase in the overall mean score from 11.26 (pre-test) to 13.21 (post-test) suggests that the program increased women's knowledge about HIV and STD prevention and helped them differentiate between the myths and facts associated with behaviors that put them at risk. In one example, before beginning the program only 4 women responded correctly to the inaccurate statement, "Using any kind of condom consistently and correctly will reduce the risk of the spread of HIV." After completing the program, 15 responded correctly, an improvement of almost 60%.

QUESTION #3:

Is there a difference between women who return for the second counseling session and those who do not return?

As stated before, 19 of the 42 women (45%) who participated in the first counseling session returned for the second counseling session. Where sufficient counts did exist, some variables appeared to help distinguish between those who returned and those who did not return for the second session. Women ages 21 to 25 were more likely to return (57.1%) than women ages 17 to 20 (41.2%). Race did not appear to play a major role in who would and would not return, but the initial reason for coming to the clinic did.

Women who came to the clinic for a regular check-up or who came to the clinic with no symptoms but who had had sex with an individual they thought might be infected with an STD were more likely to return for the second session (60% and 50%, respectively) than those who came to the clinic with symptoms or after learning that they had had sex with an individual infected with an STD (42.9% and 42.9%, respectively). Married women were more likely to return (57.1%) than single women (48.4%). Women reporting a history of diagnosis of and/or treatment for HIV or STD were less likely to return (60.7%) than women reporting no such history (42.9%). Women identified by the HIV counselors as being at "High" or "Moderate" risk had higher Failure-To-Return (FTR) rates (60% and 63.6%, respectively) than those rated "Low" risk (33.3%).

Finally, 5 of the 42 women who participated in this study tested positive for an STD infection at the initial visit during which they also began the program. None of these 5 women returned for the second session.

Project Prevention at the Virginia Department of Public Health appears to be heading in the right direction in helping improve the health and well being of women in the Virginia Beach area. The three questions set forth in this evaluation were answered affirmatively, and lead to the following conclusions:

- Participants are overwhelmingly satisfied with *Project Prevention's* services
- *Project Prevention* increases participants' knowledge about STD and HIV prevention and assists them toward setting measurable, realistic goals to reduce their risk of infection.
- It is feasible to determine the variables which might influence program attrition and retention, knowledge of which can lead to the development of targeted process-oriented improvements to the program.
- The small number of participants and low rate of program retention make it difficult to draw conclusions for certain measures.
- Alternative efforts may be necessary to attract and retain participants.
 - Research suggests that small monetary incentives would enhance enrollment and participation compared with the gift certificates currently in use, without adversely affecting program receptiveness and motivation.
 - Placing program literature in public areas of the clinic would increase exposure to the program.
 - Pre-test counseling should place greater emphasis on the importance of returning for the second session.
 - When setting up the appointment for the second session, handing out a 30-day calendar page with the appointment time on it rather than the appointment slip currently in use may improve recall.
 - When following up on missed appointments/no shows, call instead of sending a letter, when possible.

- Quality control measures could improve the implementation and impact of the program. One way would be to standardize the way in which HIV counselors approach and structure the counseling sessions, through use of the *Project Respect Brief Counseling Intervention Manual*.

For more information about Virginia Beach's "Project Prevention" and HIV Prevention Strategies please contact:

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USCM HIV PREVENTION PROGRAM PUBLICATIONS

HIV Prevention Program publications from 1994 to the present are listed below in chronological order. Copies of USCM publications are provided at no charge to federal, state, and local government agencies, community-based organizations and educational institutions. Single copies of *AIDS Information Exchange* (AIX), other information exchange publications, *HIV Capsule Reports*, and *Technical Assistance Reports (TAR)* and Special Reports are available upon request. All requests should be made in writing and should include name, mailing address and telephone number or email. Individuals or organizations wishing to receive any of these publications should fax their requests to (202) 887 0652 or mail to the following address:

PUBLICATION REQUESTS

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ONGOING PUBLICATIONS

AIDS Information Exchange (AIX)

AIX is a periodic newsletter of the USCM AIDS Program and serves as a forum for discussion of local and national AIDS issues and innovative AIDS education activities.

1. Assessing the HIV Prevention Needs of Gay and Bisexual Men of Color
(June 1994) (Pub. #1-8746-001)
2. Initiating Needle Exchange Programs
(A Look at Two Communities)
(October 1994) (Pub. #2-8746-002)
3. Safer-Sex Relapse: A Contemporary Challenge
(November 1994) (Pub. #3-8746-003)
4. Lessons Learned From USCM Needs Assessment Grants
(March 1995) (Pub. #1-8746-004)
5. HIV Prevention Community Planning Profiles:
Assessing Year One
(April 1995) (Pub. #2-8746-005)
6. HIV and Other STDs: How Do They Fit Together?
(June 1995) (Pub. #3-8743-006)
7. HIV Prevention Activities in Jail: Targeting
City & Co. Correctional Facilities
(August 1995) (Pub. #4-8743-007)
8. USCM Awards 16 Grants
(September 1995) (Pub. #5-8743-008)
9. HIV Prevention Community Planning Profiles:
Assessing the Impact
(June 1996) (Pub. #1-8676.13-009)
10. HIV Prevention and Women
(January 1997) (Pub. #1-8676.13-010)
11. Syringe Exchange in 1997: Cost-Effectiveness
and Public Health Benefits
(August 1997) (Pub. #2-8676.14-011)
12. Profiles of 1997 Grant Recipients
(October 1997) (Pub. #3-8676.14-012)
13. HIV Prevention Community Planning Profiles:
Assessing the Process and the Evolving Effects
(February 1999) (Pub. #1-8676.15-013)
14. Profiles of 1998 Grant Recipients
(April 1999) (Pub. #2-8676.15-014)
15. The Role of Pharmacies in Preventing HIV
Among Injection Drug Users
(December 1999) (Pub. 3-8676-16-015)
16. Profiles of 1999 Grant Recipients
(February 2000) (Pub.1- 8676.16-016)
17. Profiles of 2000-2001 Grant Recipients
(March 2001) (Pub. 2-8676.17-017)

Technical Assistance Reports (TAR)

TARs are designed to assist organizations conducting HIV/AIDS prevention education programs.

1. Evaluation for HIV/AIDS Prevention Programs
(December 1990) (Pub. #1-8749-001)
2. Showing Program Effectiveness through Case Studies
(October 1992) (Pub. #1-8749-002)
3. Knowledge, Attitudes, Beliefs and Behaviors (KABB) Surveys
(December 1994) (Pub. #1-8746-003)
4. Proposal Writing for HIV/AIDS Prevention Grants
(Update October 1996) (Pub. #1-8673.13-004)
5. Needs Assessment for HIV/AIDS Prevention
and Service Programs
(Update October 1996) (Pub. #2-8676.13-005)
6. Focus Groups: Using Them to Enhance Your
HIV Prevention Programs
(November 2000) (Pub. #1-8676.17-006)

HIV Capsule Report

The HIV Capsule Report reviews debates about HIV prevention policy taking place at the local level.

1. Needle Exchange: Evolving Issues
(July 1994) (Pub. #1-8749-001)
2. Syringe Exchange in the United States: 1995 Update
(February 1996) (Pub. #1-8743-002)

SPECIAL REPORTS

Assessing the HIV Prevention Needs of Gay & Bisexual Men of Color

(December 1993) (Pub. #5-8749-005)

This needs assessment was conducted to assist public officials, community-based organizations and others in HIV program planning, policy development and implementation of effective risk reduction strategies. The needs assessment will assist local elected officials and local health departments in achieving a better understanding of the prevailing gaps in meeting the prevention needs of gay and bisexual men of color and, more importantly, activities that might be undertaken at the local level to improve current prevention efforts.

Needle Exchange: Moving Beyond the Controversy

(September 1994) (Pub. #6-8746-008)

A summary of the Local Needle Exchange Forum conducted by USCM with the support of The Gund Foundation.

HIV Prevention Community Planning Profiles: Assessing Year One
(March 1995)

The report profiles nine grantees of the Centers for Disease Control and Prevention (CDC) during the first year of the HIV Prevention Community Planning initiative. Innovative practices employed by grantees and factors that facilitate or hinder planning activities are highlighted. Further, the report explores significant emergent issues resulting from HIV Prevention Community Planning nationwide. The study will assist local and state health departments, state and federal policymakers, and community-based organizations in assessing the preliminary results and future implications of this new initiative. It will also serve as a guide to successful HIV Prevention Community Planning practices for Community Planning Groups (CPGs) nationwide.

**HIV Prevention Community Planning Profiles:
Assessing the Impact**
(June 1996)

The report profiles seven health departments funded by the U.S. Centers for Disease Control and Prevention (CDC), and evaluates the programmatic and policy impact of the CDC's HIV Prevention Community Planning initiative. Building upon HIV Prevention Community Planning Profiles: Assessing Year One, USCM's assessment of the initiative during its first year. The study focuses on the impact and evolution of HIV Prevention Community Planning from its inception in January 1994 through the end of its second year in December 1995 by comparing activities prior to January 1994 to those that have taken place since then.

HIV Prevention Community Planning Profiles: Assessing the Process and the Evolving Effects
(December 1998)

This report is the third in the series of multiple-case studies of community planning funded by the U.S. Centers for Disease Control and Prevention (CDC), and conducted by The United States Conference of Mayors (USCM). Data sources included documents, interviews with health department staff and community planning group members, and focus group discussions with HIV prevention service providers. The study focuses on the evolution of the initiative since its introduction, with particular emphasis on issues that were prominent during the fourth year of community planning (1996-1997) and with reference to issues that arose during the fifth year. This unique longitudinal perspective was made possible through the participation of five CDC HIV prevention grantees, all of which were involved in one or both of the USCM case studies of the first and second years of the initiative (HIV Prevention Community Planning Profiles: Assessing Year One [1995] and HIV Prevention Community Planning Profiles: Assessing the Impact [1996]).



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