



SAN FRANCISCO AIDS FOUNDATION P.O. BOX 426182, SAN FRANCISCO, CALIFORNIA 94142-6182

PREVENTION ROUNDTABLE

Agenda
August 25, 1992
12:00-3:00 pm

Moderators: Rene Durazzo, San Francisco AIDS Foundation
Mike Shriver, 18th Street Services

12:00-12:15 Welcome and Introduction

✓ 12:15-12:30 Steve Morin, Legislative Aide to
Congresswoman Nancy Pelosi

Prevention Reform Activities in D.C.
Overview of legislation for federal
HIV programs and funding

✓ 12:30-12:45 Pat Franks, Institute for Health
Policy Studies, University of
California at San Francisco

HIV Federal & State Prevention Overview:
Major funding streams for HIV prevention
to the state and local communities from
key federal prevention agencies

12:45-1:00 Steve Lew Campaign for Fairness,
GAPA Community HIV Project

National Minority Initiatives
Program and funding issues

1:00-1:20 Valerie Kegebein (Chief of
Prevention Services, Office of AIDS,
San Francisco) ~~Gene Copello (AIDS
Director, San Mateo County), Santa
Cruz County AIDS Program~~

Federal HIV prevention funding at the
community level

1:30-3:00 Discussion: Community Perspectives

Problems
Solutions
Legislative reforms

San Francisco AIDS Foundation Prevention Roundtable

Steve Morin, Nancy Pelosi's office:

Congress feels we are not doing as much in prevention as we could.

40% of the CDC budget goes toward prevention activities - testing, partner notification, counseling.

1991 - To advert HIV is at a cost of \$1,760 per person.

This figure is being questioned. Vans and outreach into the community are effective. There is no quality evaluation of state administrations. The three minority programs are poorly coordinated with inadequate targeting of gay men of color and women.

Due to right wing interference there is no condom program and no needle exchange. Hostile amendments: condoms, bleach, needles.

HOPE legislation - authorizes grants to states HIV planning - legislation never put in effect.

Title 3 Ryan White Act - counseling/testing - never funded.

Appropriations Bills - no specific earmark of money

\$15 million reduction in '91

\$24 million increase in '92

Pelosi - legislating reform of state prevention plan. She met with AIDS Action Council, National Organization Responding to AIDS, Center for AIDS Prevention, organizations of People of Color, DPH.

States need flexible money. Emergency Health Funding, Health Care Financing Act.

Steve spoke of the next 100 days of reform.

Questions:

What does the Appropriations Committee look for in evaluations? They want practical evaluations not just how many brochures were distributed. A paper reviewing the funding of these programs will be available in December.

Coordination in the legislation is using the Bay Area as a model. They are then taking this model to other places and seeing if the model needs to be changed.

Stokes and Waters are working on the authorizing process in the Appropriations Committee.

Insurance companies should be allies and not enemies.

Pat Franks, UCSF

See the handout: HIV Prevention Federal and State Activities

The CDC argues about:

- Who gets the money?
- Who will do it?

The Federal level is not committed to prevention. The Federal level should be committed.
The NIH doesn't want evaluations. The cost of averting a case of AIDS is over \$1,000.

These things work:

- Peer Counseling
- Counseling Extended
- Needle Exchange
- Outreach

Prevention programs are not linked to testing.

Steve Lew, Campaign for Fairness, GAPA

National AIDS Cases: Demographics Handout

The National Task Force is the only Federal organization funded for gay men of color.

There is a book called What We Have Learned by the CDC.

Gay/bi men of color may not identify themselves as gay/bi but may identify with their race/ethnic background. They have to be reached through their race/ethnic groups.

Steve Feedback?, Campaign for Fairness, Task Force, Washington, DC

3 NHO money spent:

- 22.1% Testing
- 38% Partner Notification
- 15% Youth

Valerie Kegebein, Office AIDS San Francisco

CDC HIV Prevention Categories handout

- CTRPN - counseling is included
- CTRPN/IDU - outreach
- Public Info. - criminal justice education and WEDGE
- HERR - early reduction

Pat Ellerbie, Santa Cruz County

They deal with jail/detention education. An old project, called Behind Closed Doors, had to be shut down due to budget cuts.

They are funded by the Office of AIDS only.

Barbara Garcia, Santa Cruz Latino group (I couldn't hear the name)

They are 70% Latino with a drug user rate as big as New York City.

They do not take state funding because it is cheaper to get their own money and not take the Ryan White money because the formula doesn't work. They are a \$1.5 million operation and only 5% comes from the county.

John Laird, Santa Cruz AIDS Project

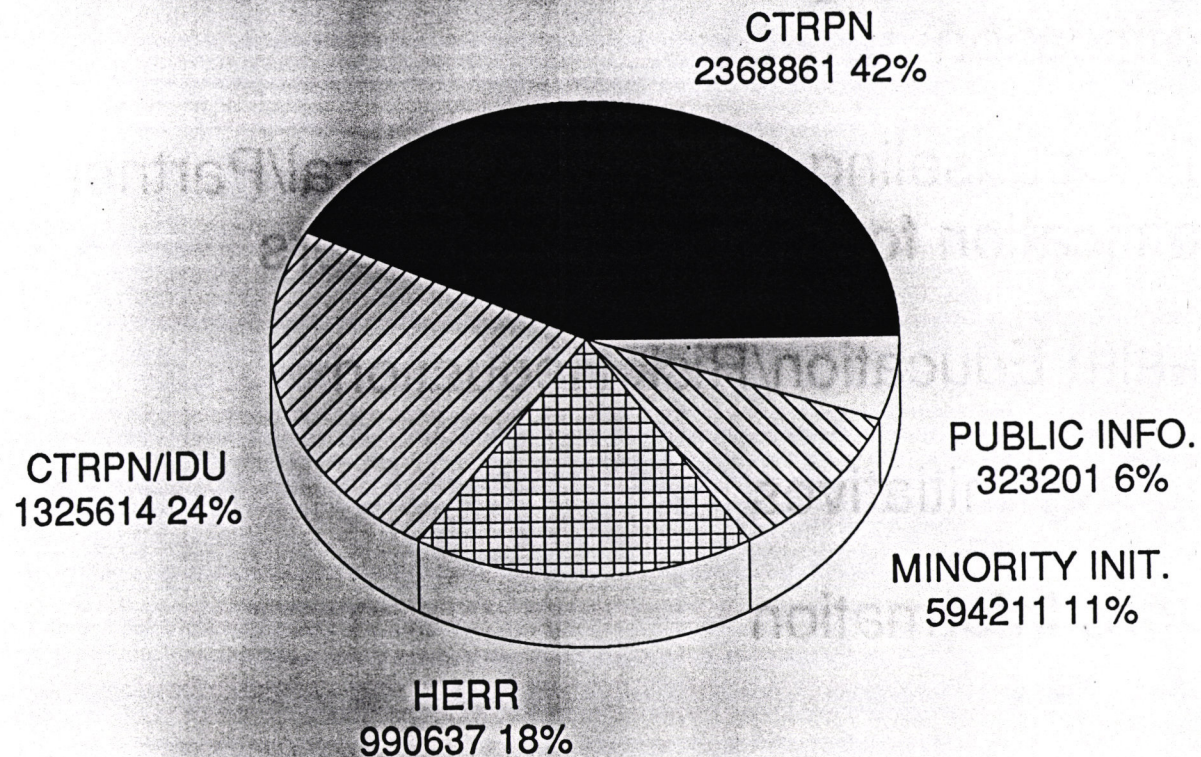
They do a lot of Farmer Outreach and they have volunteers (not connected with their operation) who do needle exchange. They have a large beach area therefore a public sex problem. At UCSC they speak to every student.

They don't have enough money, it is not where it is needed.

CDC HIV Prevention Categories

- HIV Counseling & Testing Referral/Partner Notification
- HIV Counseling & Testing Referral/Partner Notification for Injection Drug Users
- Health Education/Risk Reduction
- Minority Initiatives
- Public Information

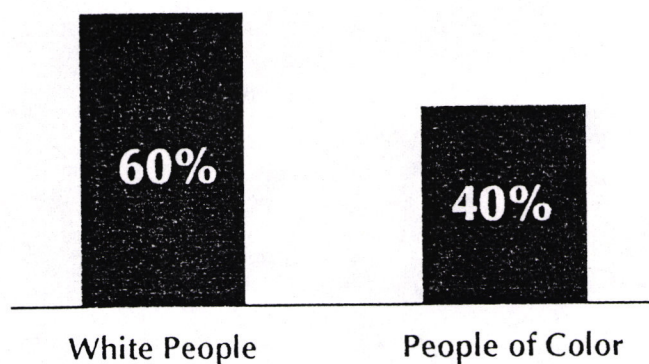
CDC Cooperative Agreement with SFDPH AIDS Office



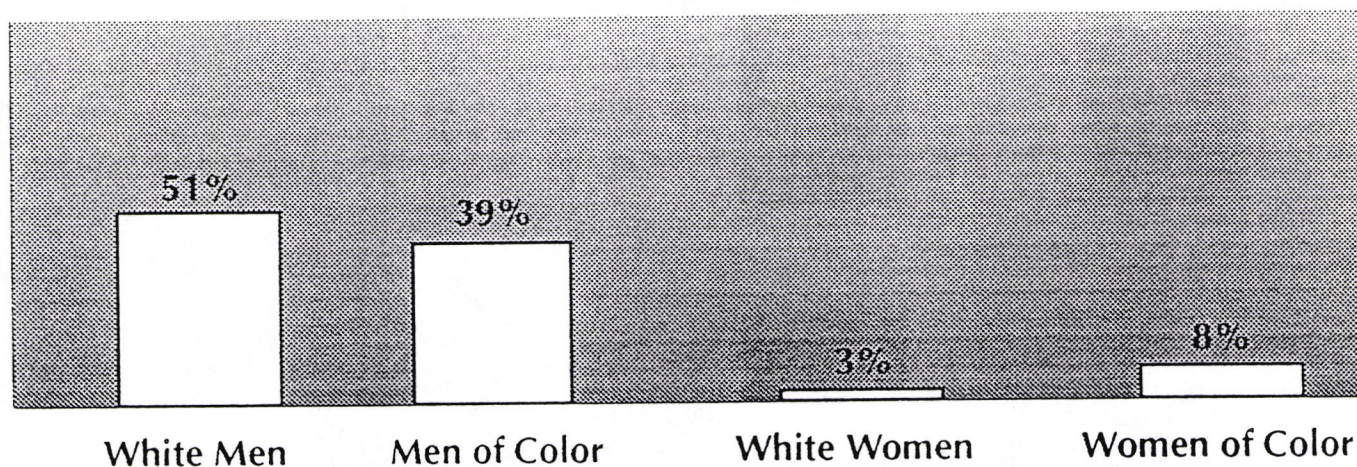
Source: SFDPH AIDS Office

NATIONAL AIDS CASES: DEMOGRAPHICS

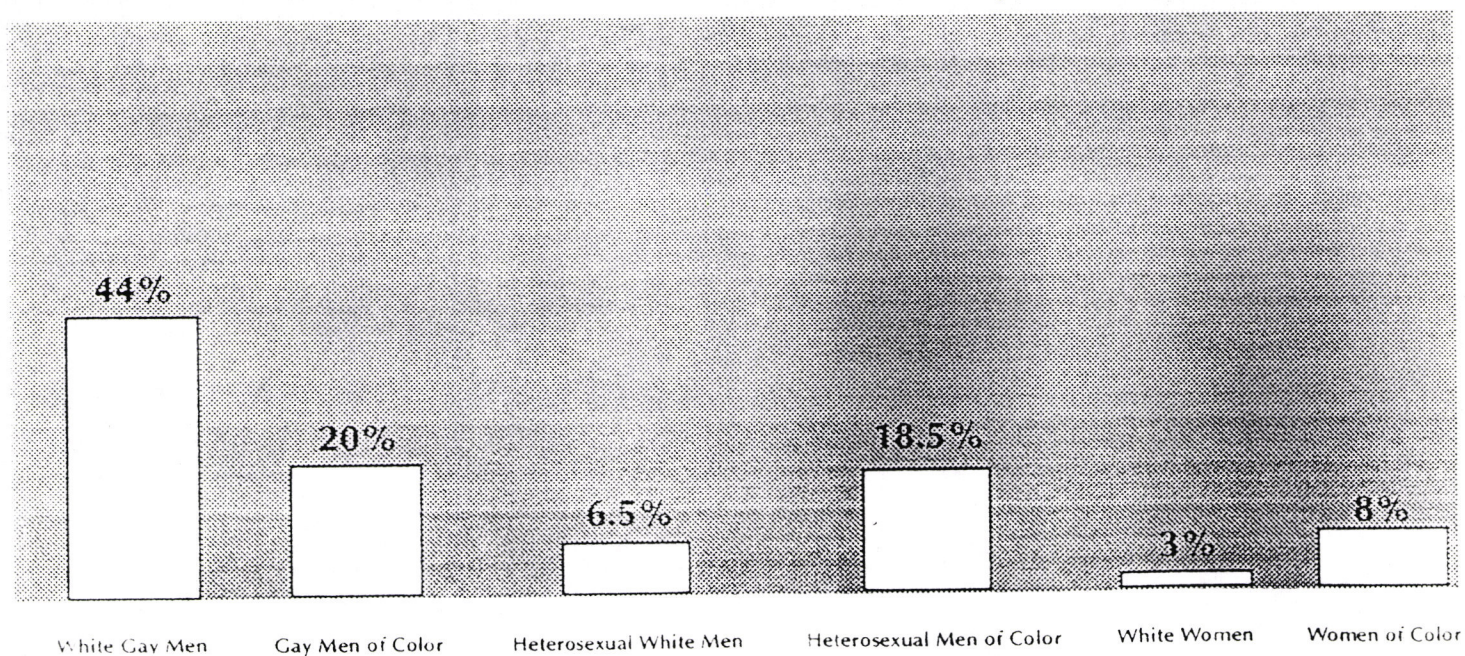
Race/Ethnicity:



Gender — Race/Ethnicity



Sexual Orientation — Gender — Race/Ethnicity



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June 8, 1992

Dr. William L. Roper
Director
Centers For Disease Control
1600 Clinton Road, N.E.
Atlanta, GA 30333

Dear Dr. Roper:

We are writing regarding your recent announcement that the Centers for Disease Control (CDC) have identified some additional resources to supplement funding to national and regional minority organizations for fiscal year 1992. We are writing to urge you to restore FY 92 funding for the vital outreach and education efforts of the National Task Force on AIDS Prevention (NTFAP).

The HIV epidemic continues to strike minority communities disproportionately, with gay and bisexual men of color amongst the hardest hit. While the delay by the Public Health Service of a national minority AIDS conference is not good news, we believe utilizing the conference funds for alternative minority outreach programs is appropriate.

We believe the knowledge, attitude and behavior (KAB) research sampling of gay and bisexual men of color in rural areas of the southern United States is an essential tool for combatting AIDS amongst this community nationwide, for its results may be applied not only to other rural populations, but to non-rural groups as well.

Recognizing that the KAB study has largely been completed, we believe you should provide this organization with adequate funds to ensure that they can utilize the data they have already collected and enable them to apply the findings in substantive AIDS prevention programs targeted at gay and bisexual men of color nationwide.

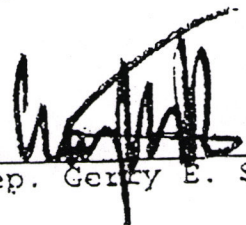
We urge your recognition of the challenge which HIV infection poses for gay and bisexual men of color and further urge the restoration of full funding to the National Task Force on AIDS Prevention.


Rep. Barney Frank

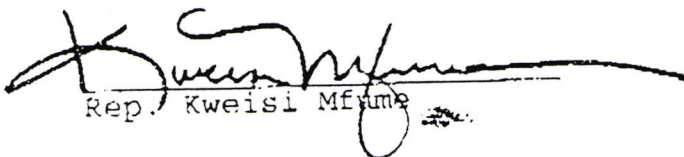

Rep. Craig Washington

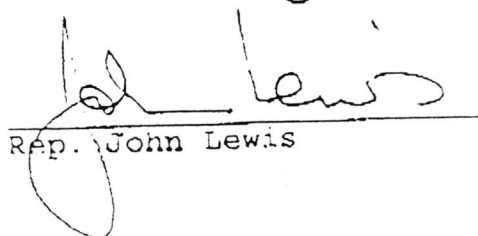

Rep. Julian C. Dixon

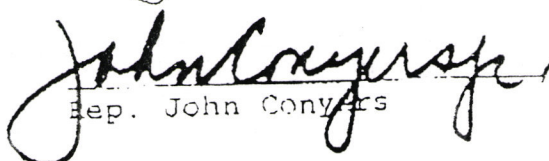

Rep. Henry B. Gonzalez

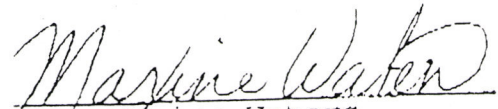

Rep. Gerry E. Studds

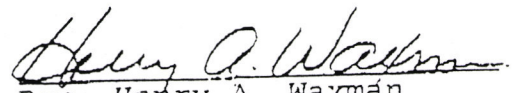

Rep. Neil Abercrombie

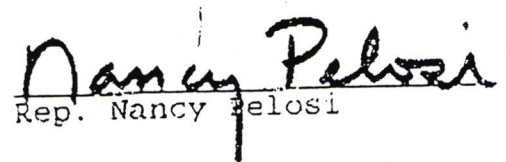

Rep. Kweisi Mfume

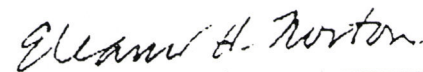

Rep. John Lewis

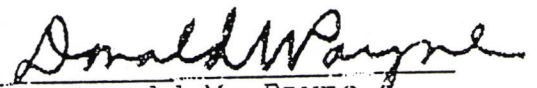

Rep. John Conyers

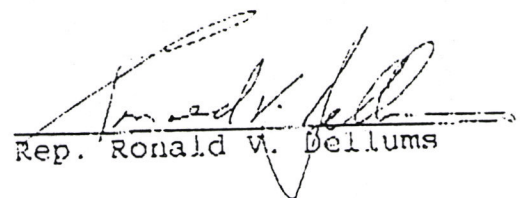

Rep. Maxine Waters


Rep. Henry A. Waxman

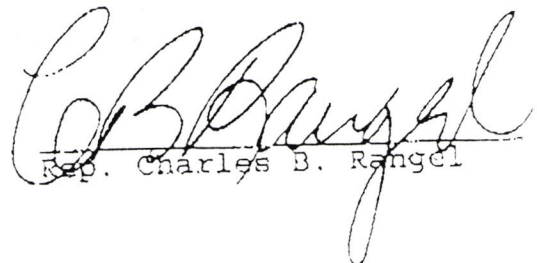

Rep. Nancy Pelosi


Rep. Eleanor Holmes Norton


Rep. Donald M. Payne


Rep. Ronald W. Dellums


Rep. Robert A. Matsui


Rep. Charles B. Rangel

DONALD M. PAYNE
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HUMAN RESOURCES AND
INTERGOVERNMENTAL RELATIONS

SELECT NARCOTICS ABUSE
AND CONTROL

Congress of the United States

House of Representatives

Washington, DC 20515-3010

August 10, 1992

Dr. William Roper
Director
Centers for Disease Control
1600 Clifton Road, Mailstop D-14
Atlanta, GA 30333

Dear Dr. Roper:

I am writing to submit some additional questions for your response following the AIDS Prevention hearing for which you testified on July 2.

I must say that although your appearance was appreciated, I was troubled by some of the answers you gave, specifically with regard to AIDS prevention efforts on the part of the Centers for Disease Control in communities of color. There does not seem to be an adequate response, on the part of the CDC, given the immediate and urgent nature of the AIDS crisis among people of color.

My concern about AIDS stems from the fact that New Jersey ranks fifth in the nation in the number of reported cases of AIDS and a large number of these cases come from my home district. Minorities, particularly African Americans, comprise a disproportionate 80% of these cases in New Jersey. Needless to say, I am alarmed about the rapid and unchecked spread to women and children.

As I stated at the hearing, I cosigned a letter with my colleague Barney Frank concerning CDC funding of a knowledge, attitude and behavior survey for the National Task Force on AIDS Prevention which has stimulated deeper concern on my part for the outlook of other minority demonstration projects funded by your agency, and, that concern is reflected in the questions I have submitted.

I would appreciate a response by August 28 and would be grateful for your endeavors to that end.

Sincerely,

/s/
Donald M. Payne
Member of Congress

Attachment

Note: Gay/Bisexual men of color is used as an inclusive term. It refers to those who are "out" or self-identifying as gay/bisexual and those who are "closeted". It refers to African American men, Latino/Hispanic men, Asian/Pacific Islander men, and Native American men. Answers may be provided for each one of the racial/ethnic groups or for all of them as a total population of gay men of color, but the racial/ethnic breakdown is more helpful.

I. ASSESSING RISKS

- o How did the CDC derive the categorical term "men who have sex with men" and what is CDC assessment of who is included in that category?
- o In the CDC HIV/AIDS Prevention Fact Books for 1990 and 1992, no reference is made to "high risk groups". When answering a question by Chairman Weiss during the July 2 hearing, why did Dr. Roper use the term "high risk group" in reference to gay Black men and not to other groups equally at risk?
- o Dr. Roper's reference to gay Black men implies that this population practices behaviors that places them at higher risk for HIV infection than other segments of the population. Is he expressing his personal views or those of the CDC?
- o What reports does the CDC have which assess risks for communities of color? For gay/bisexual men of color?
- o When did the CDC begin assessing risks through surveillance of HIV trends in such sites as public HIV counseling and testing facilities or STD clinics or other publicly funded sites?
- o What have they found in those sites with regard to STDs and HIV-related risk factors for gay/bisexual men of color?
- o What seroprevalence data have been produced by the CDC which indicate rates of infection for communities of color? For gay/bisexual men of color?

II. IMPLEMENTING PROGRAMS

- o What general programs (intervention activities) has the CDC designed, supported and evaluated targeting communities of color and gay/bisexual men of color in order to reduce risky and promote safe behaviors, prevent HIV transmission and reduce associated morbidity/mortality?
- o What is the statistical profile of population using HIV counseling, testing, referral and partner notification services? Is there any evidence that this intervention is effective in preventing HIV infections among gay/bisexual men of color?

BACKGROUND: PRESSURE ON CDC FOR NTFAP FUNDING

Dr. William Roper, director of the Centers for Disease Control (CDC) and someone who is appointed to his position by President Bush, received an official Congressional letter in June, 1992, signed by 17 Representatives. It is the first time in U.S. history that members of Congress have taken any political position or action specifically related to gay men of color. The letter contains very supportive information about the work of the National Task Force on AIDS Prevention, which has a right to be very proud about getting support from 17 Congresspeople — 10 African Americans, 1 Latino, 1 Asian and 5 white, including the two white gay representatives. Geographically, they represent districts from Hawaii to Cape Cod. There are two from Texas and three from Los Angeles. Also Detroit, Baltimore, Atlanta and New York. This is the beginning of a very powerful coalition whose support we will seek on other issues.

The letter concludes, "We urge your recognition of the challenge which HIV infection poses for gay and bisexual men of color and further urge the restoration of full funding to the National Task Force on AIDS Prevention."

This action came just prior to Reggie Williams testifying before the Weiss Committee. Reggie was invited to speak about the problems the Task Force has experienced with the CDC during oversight hearings before the House Committee on Government Operations and its sub-committee headed by Ted Weiss, representing New York City.

Reggie gave a powerful testimony about the needs of gay men of color. He presented the demand that the federal government find funding for a Gay Men of Color Education Initiative in order to stop the rising rates of HIV infection. Gay and bisexual men of color now comprise 20 percent of all the people diagnosed with AIDS by the current case definition (and we know there is significant under-reporting because some men lie).

Another important ally in Congress, is Rep. Donald Payne from Newark. His staff has been very cooperative in formulating three pages of questions about HIV, the disproportionate impact of the epidemic on people of color communities and gay men of color in particular as well as the funding struggle of the National Task Force.

The Task Force has had a tough struggle since last September, when the CDC cuts were first announced. Three staff members have had to be laid off and the remainder of staff draw only 80 percent of their regular salaries. But, there is still hope. The Task Force has recently been notified that they will soon be receiving additional federal awards for projects other than their national program that was cut so drastically. This helps their overall situation. They have discovered that they have a lot of friends, many of whom have offered all kinds of assistance. And, they still believe that before this fiscal year ends for the federal government (Sept. 30th), the CDC will restore some of the cuts.

Hopefully, too, when the next budget period begins, the CDC will provide adequate grants to the National Minority Organizations it funds — especially NTFAP, the only one of the NMOs serving the needs of gay men of color. This whole situation should teach all of us that fundamentally AIDS is a political struggle with the Bush administration as Enemy No. 1. There is no doubt in anyone's mind that the Task Force is carrying out its workload with competence. It's programs are innovative and effective, but that is not the basis of judgement. The Bush administration is ruled by right-wing "family values."

BACKGROUND: CDC PREVENTION FUNDING FOR PEOPLE OF COLOR

National Minority Organizations — NMOs. This program began in August, 1988. 32 grantees survived the first year scrutiny of CDC. NTFAP was under a microscope of constant investigation. Grants were awarded for purposes of providing technical assistance to "their affiliates or members, creating regional consortia of agencies, serving the prevention needs of specific constituencies (migrant farmworkers, Alaskan Natives, etc.), and carrying out targeted media campaigns. Some programs focused primarily on schools and were transferred to another CDC division, while 28 of the grantees were put within the National Center for Prevention Services (NCPS). The CDC reports that 15 of the programs target African Americans, 12 target Latinos, 4 target Native Americans and 1 targets Asians and Pacific Islanders. NTFAP is the only one that targets gay men — we are put in the African American group, but have developed Latino Programs as well. Grantees generally provide training programs, technical assistance, innovative communications strategies and targeted prevention programs for specific racial/ethnic groups on a national or regional basis. The 5-year project period ends July 31, 1993. It is very likely to be re-funded for another 5 years. Next cycle there should be at least 4 grantees serving gay/bisexual men of color.

Community Based Organizations — CBOs. This is direct CDC funding to CBOs, which began in 1989. 50% of the funding was designated for "minority CBOs." Numerous CBOs in San Francisco have benefitted from this program. The latest round of these grants was just announced. This is augmented slightly by grants to CBOs that are provided through the U.S. Conference of Mayors. This program is larger than the NMO program in numbers of grantees and dollars.

Special Minority Initiatives — SMIs. This money flows through State and Local Health Departments. There are significant restrictions on how the money can be used.

- o What percentage of CDC funding to state and local health departments goes to counseling, testing and partner notification? What percentage to other prevention activities?
- o What sort of evaluation is done by the CDC of various prevention programs? Has the effectiveness of any specific intervention strategies been determined? If so, does the CDC intend to use these programs as models for future projects?
- o What role does the National Center of Prevention Services in evaluating program effectiveness? What evaluation tools does the NCPS use to determine program efficacy?
- o What interventions are being targeted toward gay/bisexual communities of color in directly funded demonstration projects? Have evaluations of these programs been conducted? What are the findings?
- o The CDC HIV/AIDS Prevention Fact Book '90 frequently makes reference to CDC accomplishments in implementing targeted prevention programs for at-risk populations, but does not include information about gay/bisexual men, particularly in communities of color? Are there no accomplishments to report in that area?
- o The Fact Book for '92 lists 23 highlights. Why are no references made to gay/bisexual men of color?

III. DEVELOPING PREVENTION TECHNOLOGIES

- o Can you specify the scientific knowledge base on which the CDC is operating with regard to development of public policy related to HIV among gay/bisexual men of color?
- o What strategies have been developed and tested to modify high-risk behaviors and to sustain low-risk behaviors? Have controlled trials across different populations been conducted in order to assess the effectiveness of specific interventions?

IV. BUILDING PREVENTION CAPACITIES

- o What prevention capacities have been built or strengthened by the CDC which serve at-risk communities of color?
- o The CDC HIV/AIDS Prevention Fact Book makes no mention of any goals related to strengthening capacities of organizations or institutions serving gay/bisexual men of color at the local/national level. What is the intent of that omission?

ADDITIONAL ISSUES

For FY92, the CDC sustained cuts totalling \$15-17 million. How was the decision made to cut \$6.8 million from HIV education and prevention programs, most of which target racial and ethnic minority communities?

During the July 2 hearing on AIDS prevention, Dr. Roper was asked about FY92 funding to the National Task Force on AIDS Prevention. He responded that the additional funding provided in FY90 and carried over to FY91 was a one-time-only, non-continuous amount. Please provide documentation showing that the National Task Force on AIDS Prevention was informed that their Supplemental award of FY90 and FY91 was "one-time-only". How will the information derived from the survey conducted by the Task Force be used and the research analysis be continued? What application(s) will the data be used for?

Of the total FY92 budget, what percentage was provided for programs that service the needs of communities of color? Of gay men of color?

The CDC HIV/AIDS Prevention Fact Book for 1992 talks about the HIV Strategic Plan. Why does the CDC omit gay/bisexual men (no references made to "men who have sex with men")?

In which cities do communities of color constitute more than 50% of total AIDS cases to date? More than 40%? More than 30%? In which cities do gay/bisexual men of color constitute more than 50% of total AIDS cases to date? More than 40%? More than 30%? Compilations should be inclusive of those who have a history of IV drug use.

In which states do communities of color constitute more than 50% of total AIDS cases? More than 40%? More than 30%? In which states do gay/bisexual men of color constitute more than 50% of total AIDS cases? More than 40%? More than 30%?

In those cases in which communities of color comprise a disproportionate segment of total AIDS cases to date, what strategies does the CDC propose to offset these figures and reduce the incidence of HIV in these populations.

STATEMENT OF
THE HONORABLE NANCY PELOSI
ON FEDERAL AIDS PREVENTION EFFORTS
SUBCOMMITTEE ON HUMAN RESOURCES AND INTERGOVERNMENTAL RELATIONS
JULY 2, 1992

MR. CHAIRMAN, THANK YOU FOR THE OPPORTUNITY TO TESTIFY ON FEDERAL AIDS PREVENTION ACTIVITIES. I COMMEND YOU AND YOUR SUBCOMMITTEE FOR FOCUSING ATTENTION ON THE NEED TO REDOUBLE OUR EFFORTS TO PREVENT THE FURTHER SPREAD OF HIV. YOUR CONTINUED LEADERSHIP ON AIDS ISSUES IS MAKING OUR NATION MORE RESPONSIVE TO THE AIDS CRISIS.

MR. CHAIRMAN, I AM DEEPLY CONCERNED ABOUT THE CONTINUED HIGH RATES OF HIV TRANSMISSION IN THIS COUNTRY -- AN ESTIMATED 40,000 NEW HIV INFECTIONS THIS YEAR ALONE. WE ARE NOW IN THE SECOND DECADE OF THE AIDS EPIDEMIC AND INFORMATION ABOUT HOW AIDS IS TRANSMITTED IS WIDELY AVAILABLE TO THE AMERICAN PUBLIC. BUT, WE NOW KNOW THAT INFORMATION IS NOT ENOUGH -- MORE AGGRESSIVE PREVENTION OUTREACH CAMPAIGNS ARE NEEDED. THE AIDS EPIDEMIC IS NOT GOING AWAY --- IT IS GETTING MUCH WORSE. NOW IS THE TIME TO PLAN HOW OUR GOVERNMENT WILL RESPOND TO THE NEXT TEN YEARS OF THE AIDS THREAT. PREVENTION MUST BE AT THE TOP OF OUR AGENDA.

MY OFFICE IS CURRENTLY RESEARCHING WAYS TO IMPROVE THE ORGANIZATION AND DELIVERY OF PREVENTION SERVICES. BASED ON INPUT FROM PREVENTION EXPERTS AND PROVIDERS, I WILL BE INTRODUCING COMPREHENSIVE LEGISLATION WHICH WILL ATTEMPT TO RESTRUCTURE AND IMPROVE PREVENTION EFFORTS TO MAKE THEM MORE EFFECTIVE IN ACCOMPLISHING OUR SHARED GOAL -- STEMMING THE TIDE OF NEW HIV INFECTIONS.

IN CONCEPTUALIZING WAYS IN WHICH PREVENTION SERVICES CAN BE IMPROVED, I AM EMPHASIZING THREE BASIC THEMES -- THE NEED FOR COMPREHENSIVE PLANNING, THE NEED TO TARGET RESOURCES, AND THE NEED FOR ONGOING EVALUATION OF PROGRAMS.

FIRST, PLANNING MUST BE A VITAL PART OF FEDERAL, STATE AND LOCAL PREVENTION EFFORTS. AS YOU KNOW, UNDER PROVISIONS OF THE RYAN WHITE ACT, COMPREHENSIVE AIDS SERVICES ARE PLANNED AND EVALUATED BY LOCAL AND STATE PLANNING COUNCILS. IN SAN FRANCISCO AND OTHER CITIES, THESE LOCAL PLANNING COUNCILS HAVE DONE AN EXCELLENT JOB OF IDENTIFYING LOCAL PRIORITIES AND TARGETING LIMITED RESOURCES TO RELIEVE THE HEALTH CARE BURDEN IMPOSED BY THE UNRELENTING AIDS EPIDEMIC. PARALLEL LOCAL AND STATE PREVENTION PLANNING COUNCILS COULD GO A LONG WAY TOWARD IMPROVING THE ACCOUNTABILITY AND EFFECTIVENESS OF THE EFFORTS WE MUST DIRECT TO HIV PREVENTION.

SECOND, RESOURCES MUST BE TARGETED TO WHERE NEW HIV INFECTIONS ARE MOST LIKELY TO OCCUR. THUS, IT IS ESSENTIAL THAT SURVEILLANCE INFORMATION BE FULLY INTEGRATED INTO PREVENTION PLANNING. FOR EXAMPLE, A RECENT CONSENSUS CONFERENCE SPONSORED BY THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH PROJECTED ABOUT 1,000 NEW HIV INFECTIONS IN THE NEXT YEAR. OVER 650 OF THESE NEW INFECTIONS WERE PREDICTED AMONG A SUBSET OF GAY AND BISEXUAL MEN -- YOUNGER MEN IN THE PROCESS OF COMING OUT, AND GAY MEN OF COLOR. THUS, OUTREACH PROGRAMS TARGETING RESOURCES TO THESE MORE NARROWLY DEFINED TARGET-GROUPS COULD GREATLY ALTER THE NUMBER OF NEW INFECTIONS.

FINALLY, ONGOING EVALUATION OF PROGRAMS SHOULD BE A CENTRAL PART OF PREVENTION SERVICES. FEEDBACK FROM DATA COLLECTED FROM SPECIFIC PREVENTION PROGRAMS SHOULD BE A VITAL PART OF THE EVALUATION AND PLANNING PROCESS. THE NATIONAL INSTITUTE ON DRUG ABUSE, THE NATIONAL INSTITUTE ON MENTAL HEALTH AND THE CENTERS FOR DISEASE CONTROL HAVE ALL SPONSORED DEMONSTRATION PROGRAMS WITH STRONG EVALUATION COMPONENTS. TECHNICAL ASSISTANCE FROM THESE AGENCIES TO LOCAL PREVENTION PLANNING COUNCILS COULD GREATLY IMPROVE THE FEEDBACK MECHANISMS TO MAKE PREVENTION SERVICES MORE ACCOUNTABLE.

ATTACHED TO MY TESTIMONY IS A TABLE REFLECTING THE CURRENT SPENDING FOR AIDS PREVENTION ACTIVITIES BY THE CENTERS FOR DISEASE CONTROL. THE TIME HAS COME TO EVALUATE WHETHER THIS IS THE MOST EFFECTIVE WAY TO ALLOCATE RESOURCES DESIGNED TO PREVENT THE FURTHER SPREAD OF HIV. YOUR HEARING TODAY WILL UNDOUBTEDLY ADDRESS THIS CENTRAL QUESTION.

FROM MY PERSPECTIVE, WE MUST DO MORE TO FULLY INTEGRATE THE LESSONS THAT HAVE BEEN LEARNED FROM THE PREVENTION DEMONSTRATION PROJECTS INTO ONGOING PREVENTION SERVICES. MUCH OF WHAT IS CURRENTLY IN PLACE DEPENDS ON INFORMATION CAMPAIGNS OR REQUIRES PEOPLE TO COME IN FOR VOLUNTARY TESTING, COUNSELING OR PARTNER NOTIFICATION SERVICES.

ON THE OTHER HAND, MANY OF THE SUCCESSFUL DEMONSTRATION PROJECTS HAVE AGGRESSIVELY GONE OUT -- THROUGH STREET INTERCEPT PROGRAMS, MOBILE VANS, AND OTHER APPROACHES TO REACH THOSE PEOPLE WHO ---

THROUGH THEIR BEHAVIOR -- CONTINUE TO PLACE THEMSELVES AT RISK OF HIV INFECTION. OUTREACH PROGRAMS FOR OUT-OF-TREATMENT INJECTION DRUG USERS, SEX WORKERS, AND OUT-OF-SCHOOL YOUTH ALL SUGGEST THAT THESE PROGRAMS WORK. IN PREVENTION PLANNING, GROUPS NEED TO LOOK BEYOND INFORMATION CAMPAIGNS AND TESTING PROGRAMS TO MORE AGGRESSIVE AND INNOVATIVE APPROACHES.

MR. CHAIRMAN, I LOOK FORWARD TO WORKING WITH REPRESENTATIVES FROM THE CENTERS FOR DISEASE CONTROL, RESEARCHERS WHO HAVE SPENT MUCH OF THE LAST TEN YEARS STUDYING THE MOST EFFECTIVE APPROACHES TO AIDS PREVENTION, --- AND THE PROVIDERS OF AIDS PREVENTION SERVICES --- TO HELP SHAPE A BETTER APPROACH TO PREVENTING THE MANY NEW HIV INFECTIONS THAT WILL UNDOUBTEDLY OCCUR IF WE CONTINUE ON OUR CURRENT COURSE.

AGAIN, MR. CHAIRMAN, I THANK YOU FOR CALLING ATTENTION TO THE MANY ISSUES RELATED TO OUR FEDERAL EFFORTS TO CONTROL THE AIDS EPIDEMIC. I SHARE YOUR HOPE THAT OUR COLLECTIVE EFFORTS CAN MAKE A DIFFERENCE.

CENTERS FOR DISEASE CONTROL
HIV Prevention Activities -- 1992

<u>National AIDS Information and Education Programs</u>	<u>Funding</u> (in millions)
America Responds	1.5
AIDS Hotline	5.9
AIDS Information Clearinghouse	8.6
National Organizations	6.4
<u>Cooperative Agreements with States & Local Health Departments</u>	
Counseling, Testing, & Partner Notification	124.8
Health Education/Risk Reduction (targeted)	23.7
Minority Initiatives	44.7
Injection Drug Users	28.6
Information for General Public	8.9
<u>Cooperative Agreements with Community-Based Organizations</u>	
Direct Funding Minority/Other CBO's	18.9
<u>Adolescent and School Health HIV Program</u>	
National Effort (24 national organizations)	15.5
State & Local (16 Cities) Cooperative Agreements	22.7
Evaluation	3.7
Program Development & Training	6.9
<u>Other Special Prevention Programs</u>	
National AIDS Minority Organizations Grants	9.6
U.S. Conference of Mayors	0.4

<u>Prevention Research</u>	
HIV Community Demonstration Projects	4.0
Perinatal HIV Prevention Projects	5.5
Tuberculosis Demonstration Projects	25.9

HIV Prevention Federal and State Activities

**Institute for Health Policy Studies
University of California, San Francisco**

August 1992

Roles of Federal Agencies in HIV Prevention

- **Policy** development
- **Program** administration and funding
- **Research** administration and funding
- **Evaluation** studies
- **Epidemiologic** studies and surveillance
- **Technical assistance**

Federal Agencies Involved in HIV Prevention

Department of Health and Human Services

Assistant Secretary for Health (OASH)

- National AIDS Program Office (NAPO)
- Office of Disease Prevention and Health Promotion
- Office of Minority Health (OMH)
- Office of the Surgeon General

***Centers for Disease Control (CDC)**

- Office of the Director (Deputy Director, HIV/AIDS)
- National AIDS Information and Education Program
- Center for Infectious Diseases
- Center for Prevention Services
- Center for Chronic Disease Prevention and Health Promotion
- National Institute for Occupational Safety and Health
- Public Health Practice Program Office
- International Health Program Office
- National Center for Health Statistics
- Epidemiology Program Office
- Center for Environmental Health and Injury Control

Alcohol, Drug Abuse and Mental Health Administration (ADAMHA)

- Office of the Administrator
 - Office of Policy Coordination
 - Deputy AIDS Coordinator
- Office of Substance Abuse Prevention (OSAP)
- Office of Treatment Improvement (OTI)
- National Institute of Mental Health (NIMH)
- National Institute on Alcohol Abuse and Alcoholism (NIAAA)
- National Institute on Drug Abuse (NIDA)

***Lead federal agency in HIV prevention**

Federal Agencies Involved in HIV Prevention

Department of Health and Human Services (continued)

Agency for Health Care Policy and Research (AHCPR)

Food and Drug Administration (FDA)

Health Resources and Services Administration (HRSA)

Indian Health Services (IHS)

National Institutes of Health (NIH)

Office of the Director

AIDS Research

Disease Prevention

National Institute of Allergy and Infectious Diseases (NIAD)

National Institute of Child Health and Human Development

National Institute of Dental Research

National Center for Nursing Research

John E. Fogarty International Center for Advanced Study
in the Health Sciences

Administration for Children and Families

Department of Defense

Department of Education

Department of Justice

Department of Labor

Department of State

Department of Veterans Affairs

Agency for International Development (AID)

United States Information Agency (USIA)

Executive Office of President

Office of National Drug Control Policy

U.S. Congress

Office of Technology Assessment

**Federal HIV/AIDS Dollars by Function
Public Health Service
Department of Health and Human Services**

	(Dollars in millions)				
	<u>1989</u>	<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>Change</u>
Basic Science Research	\$637	\$856	\$889	\$932	+\$43
Risk Assessment and Prevention	520 (40%)	684 (36%)	672 (34%)	705 (34%)	+33
Product Evaluation, Research & Monitoring	51	63	72	75	+3
Clinical Health Services Research & Delivery	62	270	325	353	+28
HIV/AIDS Coordination	--	4	3	4	+1
PHS Construction	31	11	7	--	-7
TOTAL HIV/AIDS Budget Authority	\$1,301	\$1,888	\$1,968	\$2,069	+\$101

**Federal HIV/AIDS Dollars by Agency
Public Health Service
Department of Health and Human Services**

	(Dollars in millions)				
	<u>1989</u>	<u>1991</u>	<u>1992</u>	<u>1993</u>	<u>Change</u>
FDA	\$74	\$63	\$72	\$75	+\$3
HRSA	60	266	322	349	+27
IHS	1	2	3	3	--
CDC	378 (29%)	497 (26%)	480 (24%)	505 (24%)	+25
NIH	602	807	841	873	+32
ADAMHA	173 (13%)	237 (13%)	235 (12%)	248 (12%)	+13
AHCPR	7	10	10	10	--
OASH	6	6	5	6	+1
TOTAL PHS HIV/AIDS	\$1,301	\$1,888	\$1,968	\$2,069	+\$101

Federal FY 1993 Budget Summary
IHPS, UCSF, August 1992

**CDC's HIV/AIDS Budget
has increased from
\$2 million in FY 1982
to \$480 million in FY 1992.**

**National AIDS Program Office, PHS, DHHS June 1989 and Federal
FY 1993 Budget Summary**

IHPS, UCSF, August 1992

**ADAMHA's HIV/AIDS
Budget has increased from
\$1/2 million in FY 1983
to \$235 million in FY 1992.**

**National AIDS Program Office, PHS, DHHS June 1989 and Federal
FY 1993 Budget Summary**

IHPS, UCSF, August 1992

ADAMHA HIV/AIDS Dollars by Function FY 1992

	Dollars (in millions)	Percent of total
Basic Science Research	\$182.4	78%
Risk Assessment and Prevention	\$42.7	18%
Information and Education/ Prevention Services	(\$19.2)	(8%)
Clinical Health Services Research and Delivery	\$9.5	4%
PHS-wide Activities	---	---
	\$234.6	100%

ADAMHA, Office of Administrator

IHPS, UCSF, August 1992

**CDC HIV/AIDS Dollars by Function
FY 1992**

	Dollars (in millions)	Percent of total
Epidemiology and Surveillance	\$124.7	26%
Counseling, Testing, and Partner Notification	\$137.8	29%
Information and Education/ Prevention Services	\$217.4	45%
	<u>\$480.9</u>	<u>100%</u>

CDC

IHPS, UCSF, August 1992

**CDC HIV/AIDS Dollars
Selected Information and Education/
Prevention Services
FY 1992**

**National AIDS Information and Education Programs
Funding**

(in millions)

America Responds	1.5
AIDS Hotline	5.9
AIDS Information Clearinghouse	8.6
National Organizations	<u>6.4</u>
	22.4

Cooperative Agreements with States & Local Health Departments

Health Education/Risk Reduction (targeted)	23.7
Minority Initiatives	44.7
Injection Drug Users	28.6
Information for General Public	<u>8.9</u>
	105.9

Cooperative Agreements with Community-Based Organizations

Direct Funding Minority/Other CBOs	18.9
------------------------------------	------

Other Special Prevention Programs

National AIDS Minority Organizations Grants	9.6
U.S. Conference of Mayors	<u>0.4</u>
	10.0

Adolescent and School Health HIV Program

National Effort (24 national organizations)	15.5
State & Local (16 Cities) Cooperative Agreements	22.7
Evaluation	3.7
Program Development & Training	<u>6.9</u>
	48.8

Prevention Research

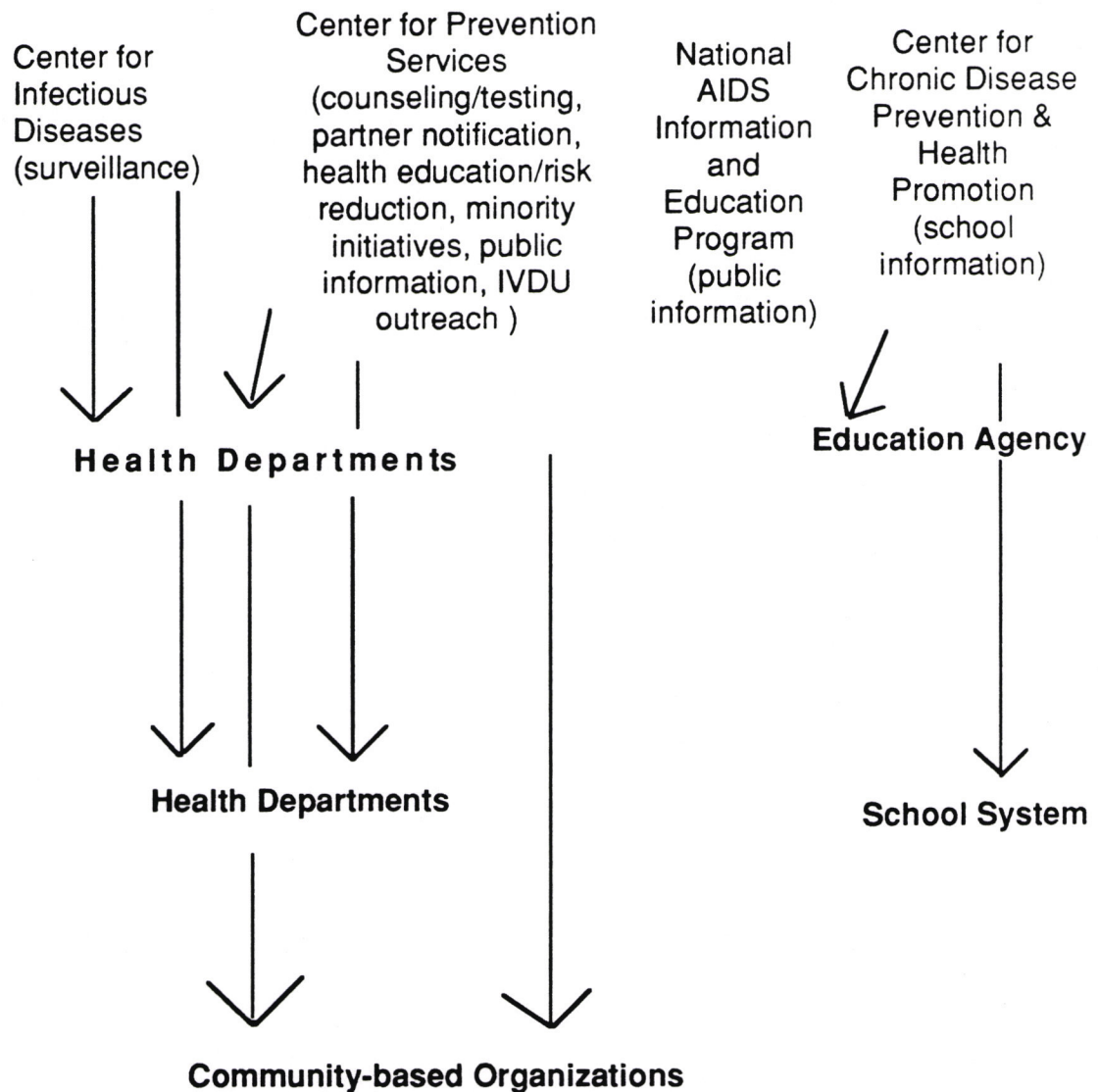
HIV Community Demonstration Projects	4.0
Perinatal HIV Prevention Projects	5.5
Tuberculosis Demonstration Projects	<u>25.9</u>
	35.4

Funding Routes

HIV Education and Prevention Funds

Centers for Disease Control

**CDC
Center:**

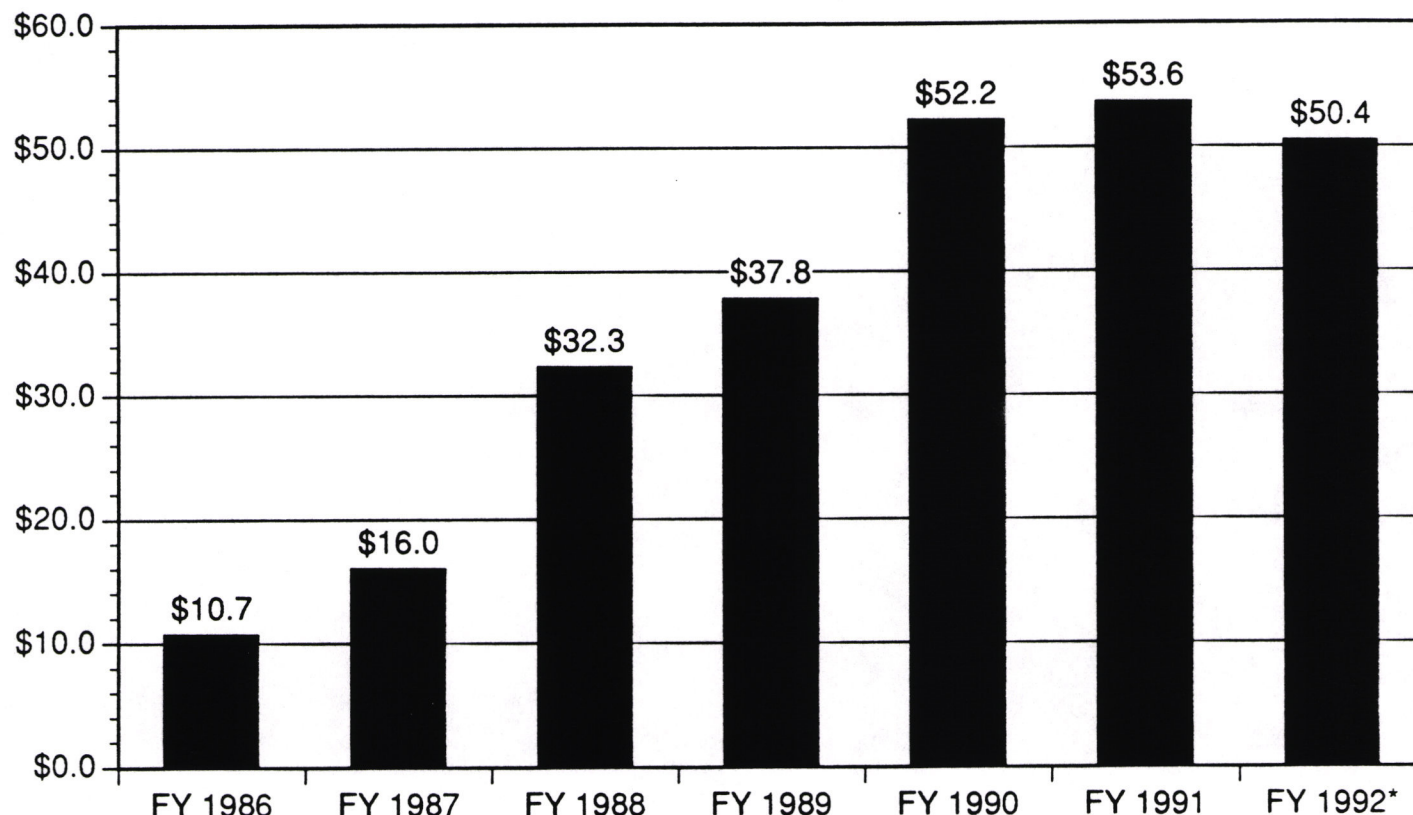


State:

City:

Local:

CDC Funding for HIV Education and Prevention through Cooperative Agreements with States, FY 1986 – FY 1992



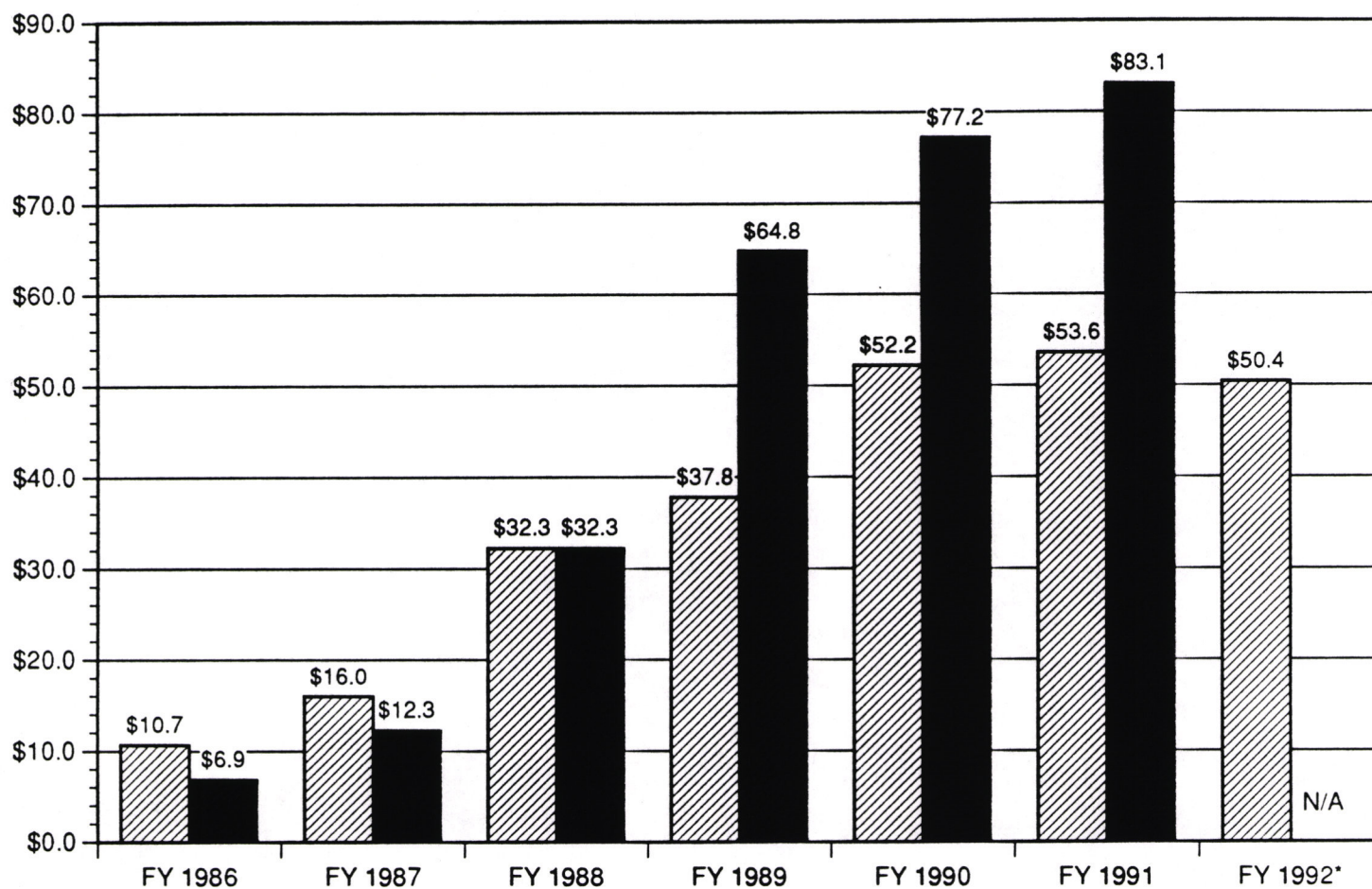
■ Dollars in Millions

Source: Centers for Disease Control, Center for Prevention Services, March 1992.

Includes CDC dollars obligated for HIV health education/risk reduction, minority initiatives, public information, and for FY 1990 – FY 1992 outreach to IVDUs

*Dollars obligated through March 2, 1992.

State and Federal Spending for HIV Education and Prevention, U.S., FY 1986 – FY 1992



Dollars in
Millions

 Federal
 State

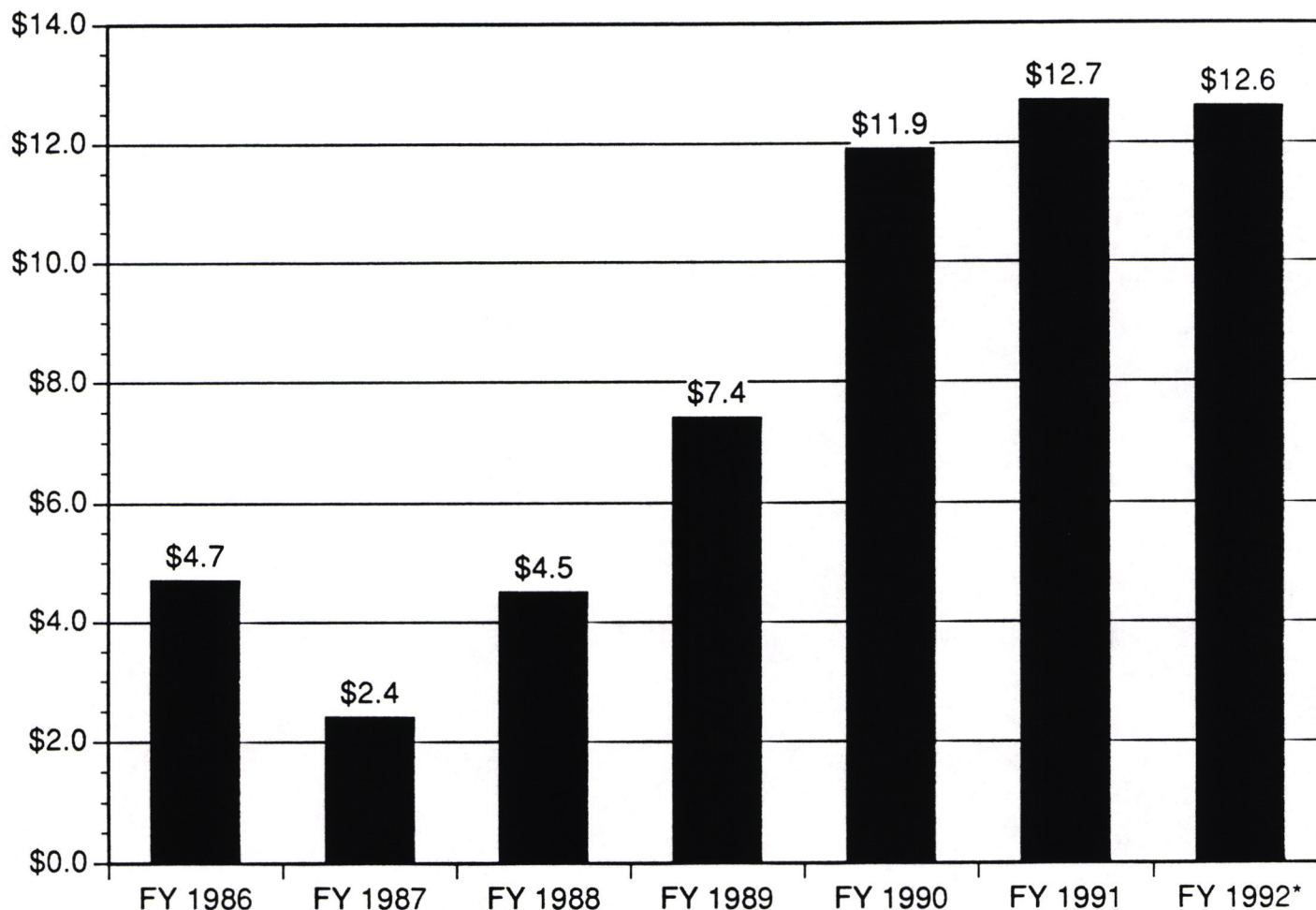
Sources: AIDS Policy Project, Intergovernmental Health Policy Project, The George Washington University, November 1991.

Centers for Disease Control, Center for Prevention Services, March 1992.

Includes CDC dollars obligated for HIV health education/risk reduction, minority initiatives, public information, and IVDU outreach through cooperative agreements with states.

*Dollars obligated through March 2, 1992.

CDC Funding for HIV Education and Prevention through Cooperative Agreements with Cities, FY 1986 – FY 1992



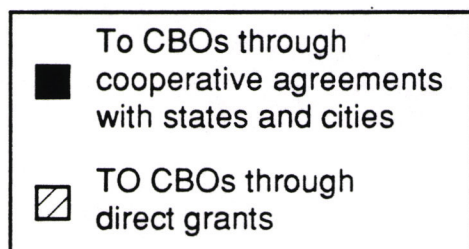
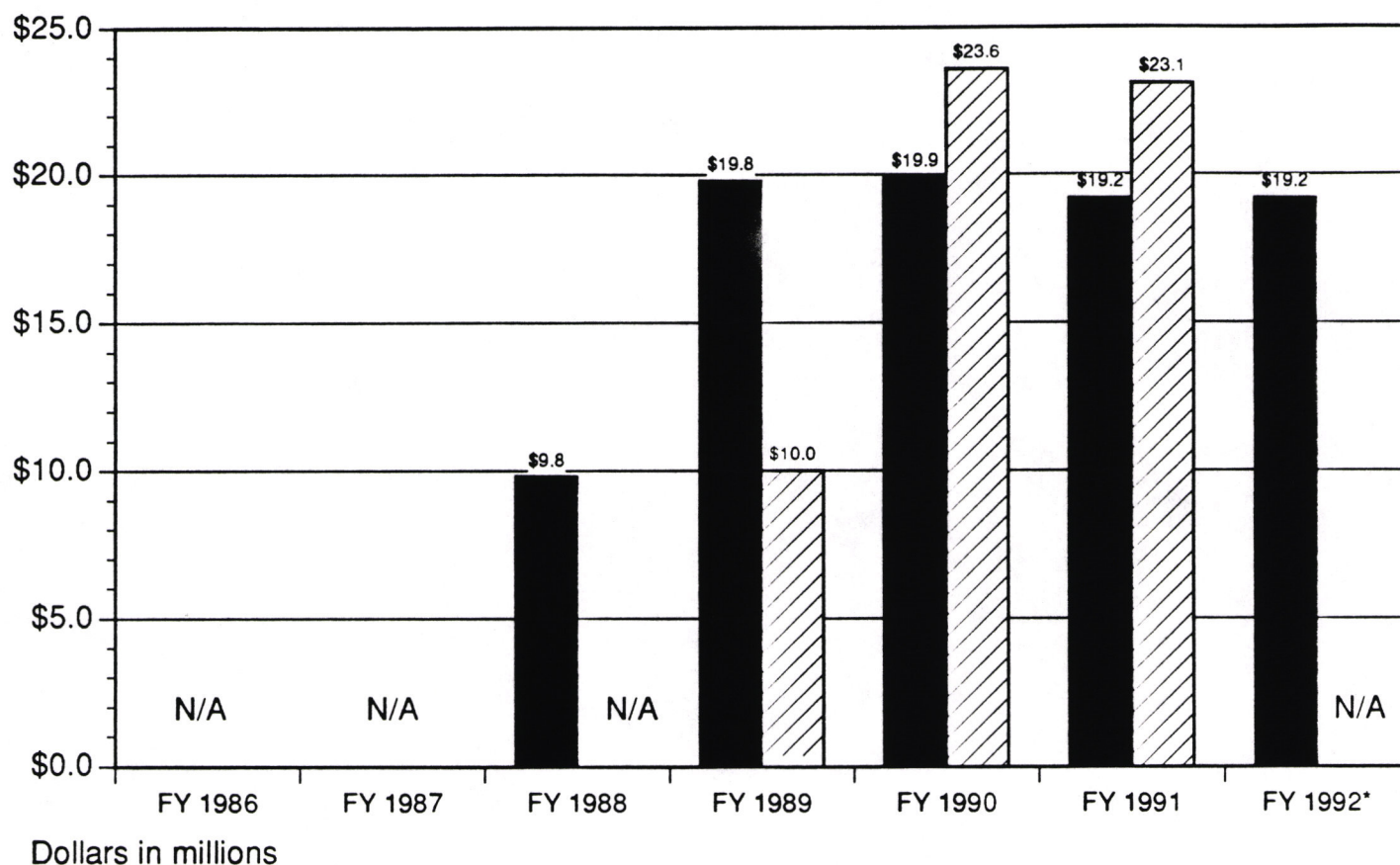
■ Dollars in Millions

Source: Centers for Disease Control, Center for Prevention Services, March 1992.

Includes CDC dollars obligated for HIV health education/risk reduction, minority initiatives, public information, and for FY 1990 – FY 1992 outreach to IVDUs.

*Dollars obligated through March 2, 1992.

CDC Funding for HIV Education and Prevention to CBOs, U.S., FY 1986 – FY 1992

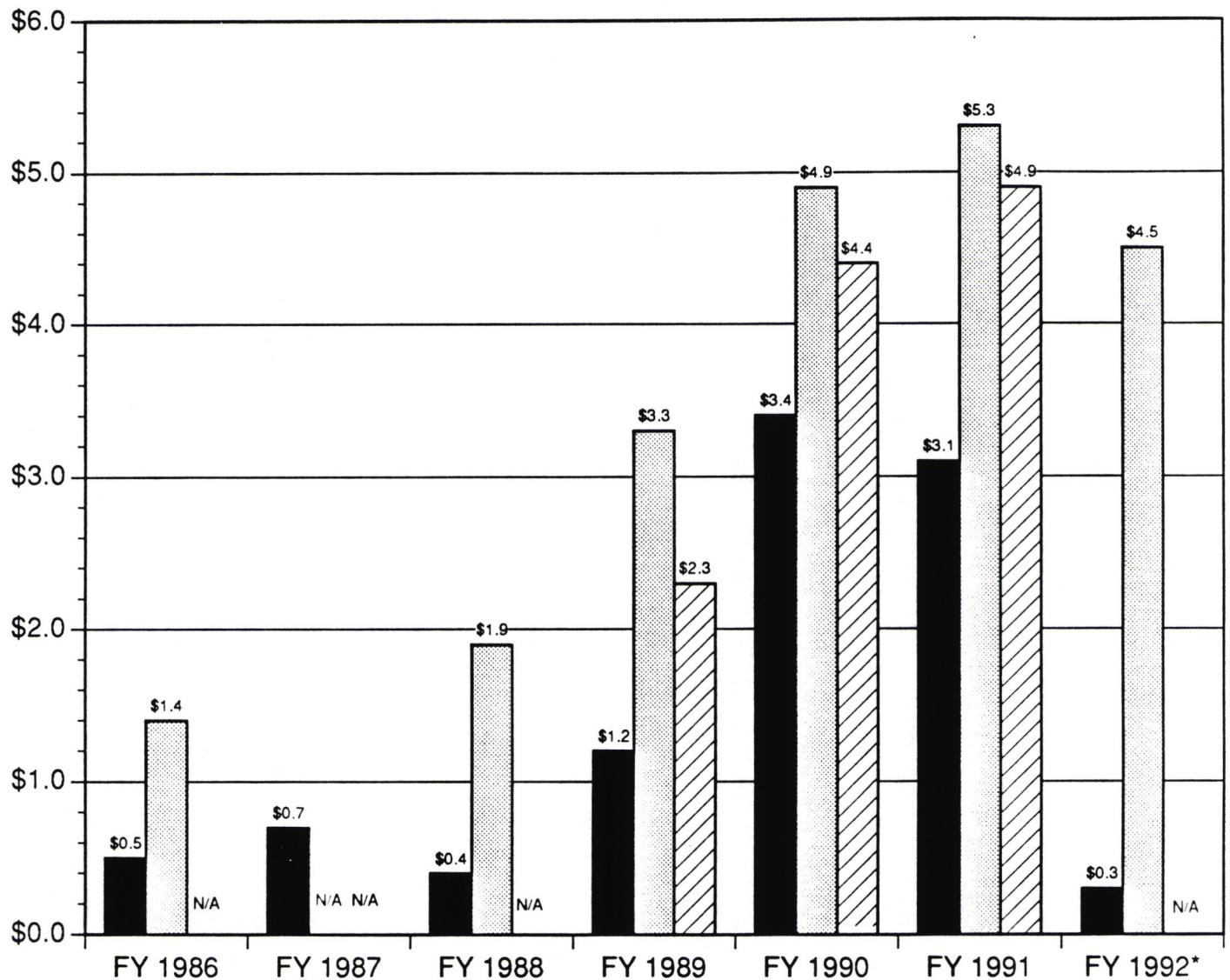


Source: Centers for Disease Control, Center for Prevention Services, March 1992.

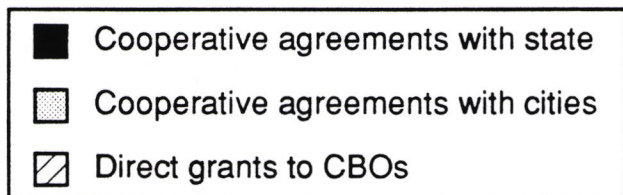
Includes CDC dollars obligated for HIV health education/risk reduction, minority initiatives, public information, and for FY 1990 - FY 1992 outreach to IVDUs.

* Dollars obligated through March 2, 1992.

CDC Funding for HIV Education and Prevention in California, FY 1986 – FY 1992



Dollars in millions

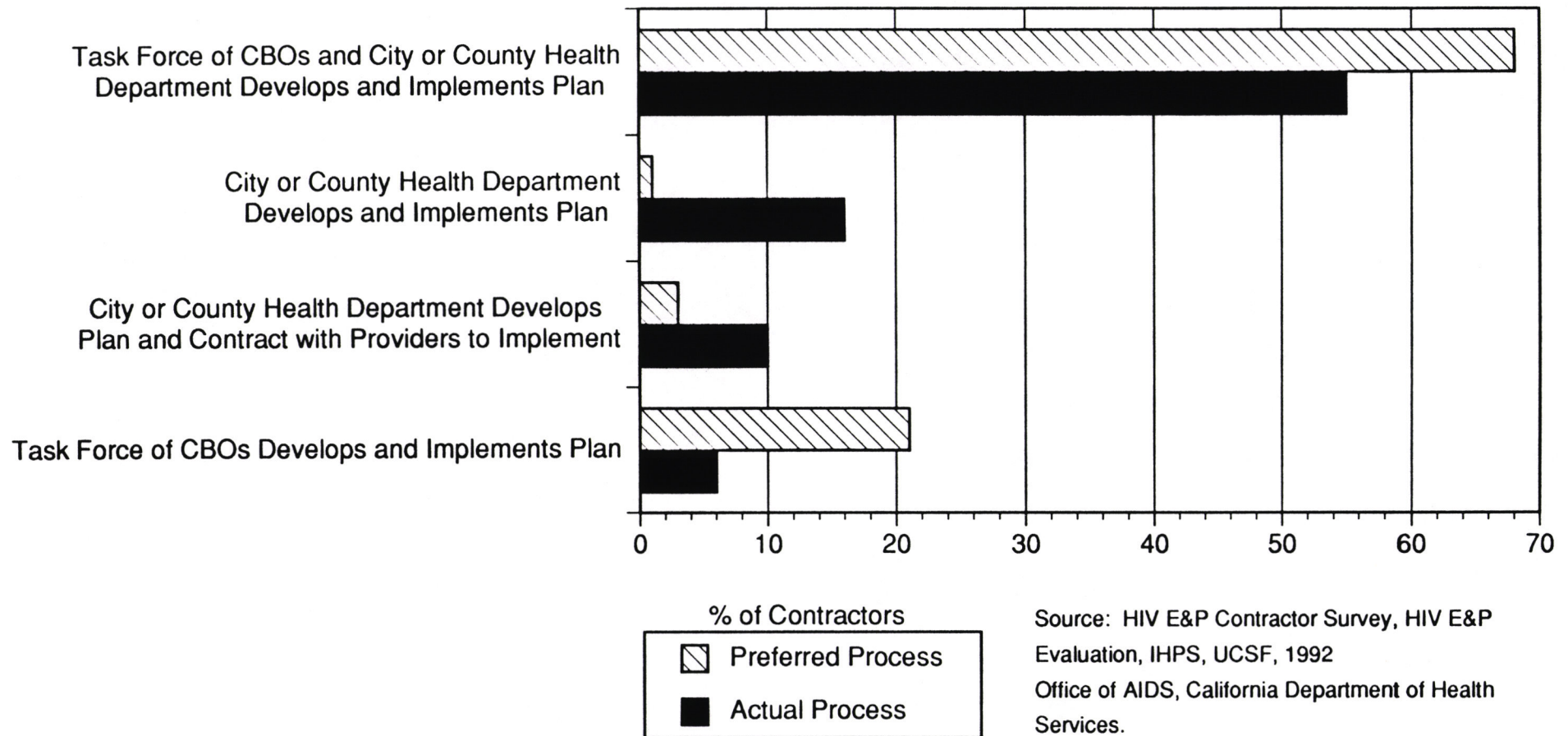


Source: Centers for Disease Control, Center for Prevention Services, March 1992.

Includes CDC dollars obligated for HIV health education/risk reduction, minority initiatives, public information, and for FY 1990 – FY 1992 outreach to IVDUs.

*Dollars obligated through March 2, 1992.

HIV Prevention Planning Process



Strategies Used in Community-wide HIV Prevention Models

Individual behavior change strategies

Clinical or treatment strategies

Group empowerment and
group support strategies

Community organizing strategies

Communications strategies

Social marketing strategies

Policy development strategies

Source: HIV E&P Evaluation, IHPS, UCSF 1992.
Office of AIDS, California Department of Health Services

HIV Education and Prevention Models

Patient education

Family education

Neighborhood education

Outreach education in traditional settings

Outreach education in non-traditional settings

Staff education and training

Health professional and emergency service worker education and training

Teacher education and training

School-based education

Community leader education

Public education

Education to enhance the development of public policies in HIV prevention

Source: HIV E&P Evaluation, IHPS, UCSF, 1992.
Office of AIDS, California Department of Health Services

**State of California AIDS Funding, Selected Agencies and Categories
State General Fund Spending, FY 1986-87 – FY 1992-93**

Agency	FY 1986-87	FY 1987-88	FY 1988-89	FY 1989-90	FY 1990-91	FY 1991-92	FY 1992-93
Dept. of Health Services (education and prevention)	4,247	9,246	16,328	16,284	16,079	15,134	15,134
Dept. of Mental Health (AIDS counseling)		700	1,500	1,500	1,500	1,500	1,500
*Dept. of Education (teacher training)				(195)	(195)	(145)	-
**Dept. of Corrections (AIDS treatment and facility)	622	2,840	3,000	4,037	5,267	6,484	8,444
Youth Authority (AIDS screening)		200	200	200	200	200	200
†Dept. of Alcohol and Drug Programs (IVDU treatment)			1,300	1,300	1,300	1,239	1,239
Commission on State Mandates (AIDS testing, education, and prevention)				1,000	1,050	1,050	1,050

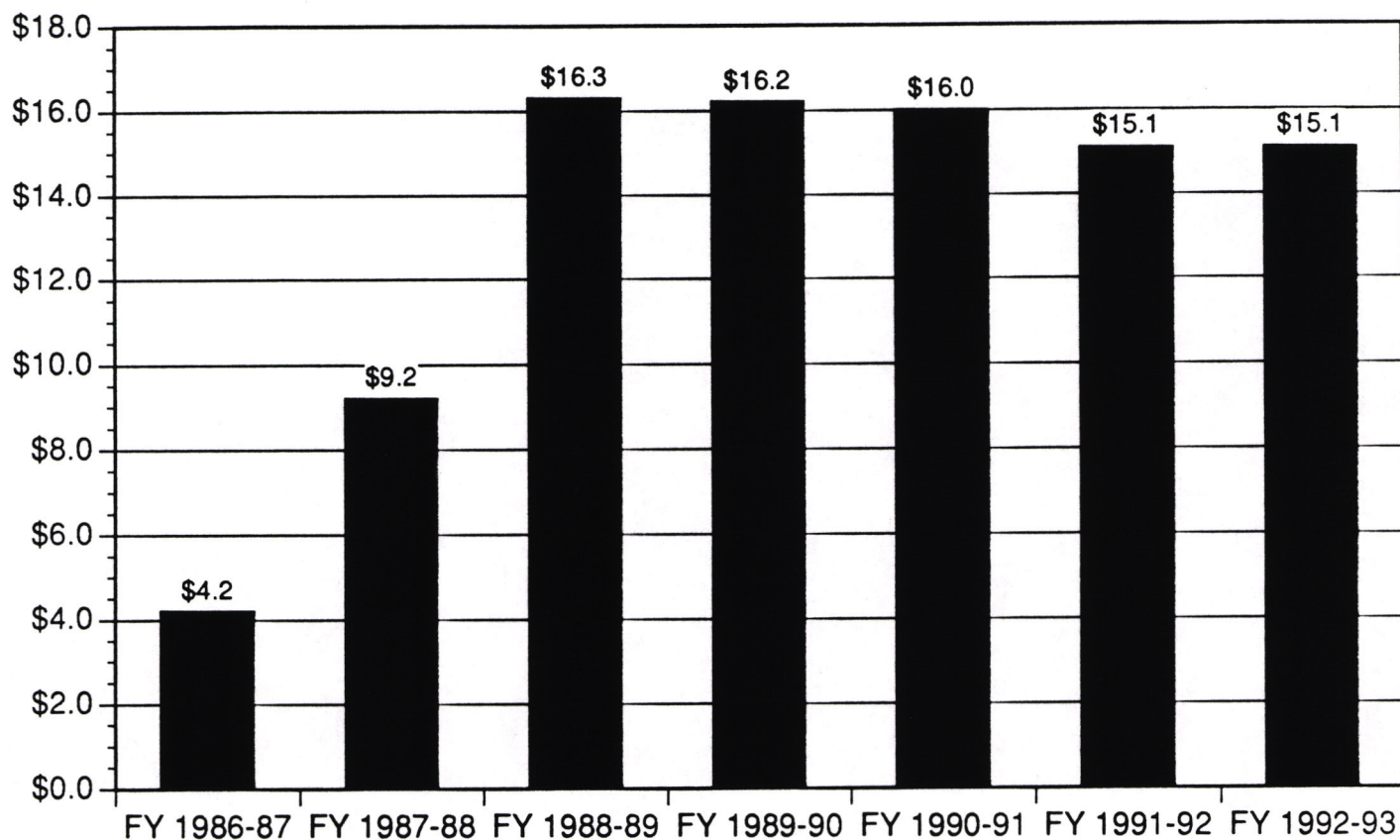
Source: California Department of Finance

* These dollars were transferred from the Dept. of Health Services to the Dept. of Education for teacher training.

** These budget figures do not indicate how many dollars are spent by the Dept. of Corrections on HIV prevention.

† These budget figures do not indicate how many dollars are spent by the Dept. of Alcohol and Drug Programs on HIV prevention related to drug treatment.

State Funding for HIV Education and Prevention, California Department of Health Services, Office of AIDS, FY 1986-87 - FY 1992-93



■ Dollars in Millions

Source: California State Department of Finance

Funding for HIV E&P Contracts by Type of Organization, FY 1989-90 – FY 1991-92

FY 1989-90

	Number of Contracts	Percent of Contracts	Amount of Funding* (millions)	Percent of Total Funding
CBOs	62	39%	\$6.8	41%
County/city health departments	40	25%	\$5.0	30%
Others	56	35%	\$4.9	29%
Totals	<u>158</u>	<u>+</u>	<u>\$16.7</u>	<u>100%</u>

FY 1990-91

**CBOs	65	44%	\$6.5	39%
County/city health departments	41	28%	\$6.0	36%
Others	43	29%	\$4.1	25%
Totals	<u>149</u>	<u>+</u>	<u>\$16.6</u>	<u>100%</u>

FY 1991-92

**CBOs	51	38%	\$5.3	34%
County/city health departments	41	30%	\$6.4	41%
Others	44	32%	\$3.9	25%
Totals	<u>136</u>	<u>100%</u>	<u>\$15.6</u>	<u>100%</u>

Source: HIV E&P Evaluation, IHPS, UCSF, 1992. Office of AIDS, California Department of Health Services.

*Does not include funding in the amount of \$160,000 for FY 1989-90 and FY 1990-91 and \$152,208 for FY 1991-92 for Computerized AIDS Information Network (CAIN) contract.

**Does not include county subcontracts with CBOs in 10 subvention counties in FY 1990-91 and 15 counties in FY 1991-92.

+Does not add up to 100% due to rounding.

Funding Mechanisms and Amounts for HIV E&P Contracts, FY 1989-90 – FY 1991-92

FY 1989-90

	Number of Contracts	Percent of Contracts	Amount of Funding* (millions)	Percent of Total Funding
Contracts with counties, CBOs, and others awarded through RFP mechanism	158	100%	\$16.7	100%
Subvention funding to counties	—	—	—	—

FY 1990-91

**Contracts with counties, CBOs, and others awarded through RFP mechanism	139	93%	\$14.6	88%
Subvention funding to counties	10	7%	\$2.0	12%
	<u>149</u>	<u>100%</u>	<u>\$16.6</u>	<u>100%</u>

FY 1991-92

**Contracts with counties, CBOs, and others awarded through RFP mechanism	121	89%	\$12.4	79%
Subvention funding to counties	15	11%	\$3.2	21%
	<u>136</u>	<u>100%</u>	<u>\$15.6</u>	<u>100%</u>

Source: HIV E&P Evaluation, IHPS, UCSF, 1992. Office of AIDS, California Department of Health Services.

*Does not include funding in the amount of \$160,000 for FY 1989-90 and FY 1990-91 and \$152,208 for FY 1991-92 for Computerized AIDS Information Network (CAIN) contract.

**Does not include county subcontracts with CBOs in subvention counties.

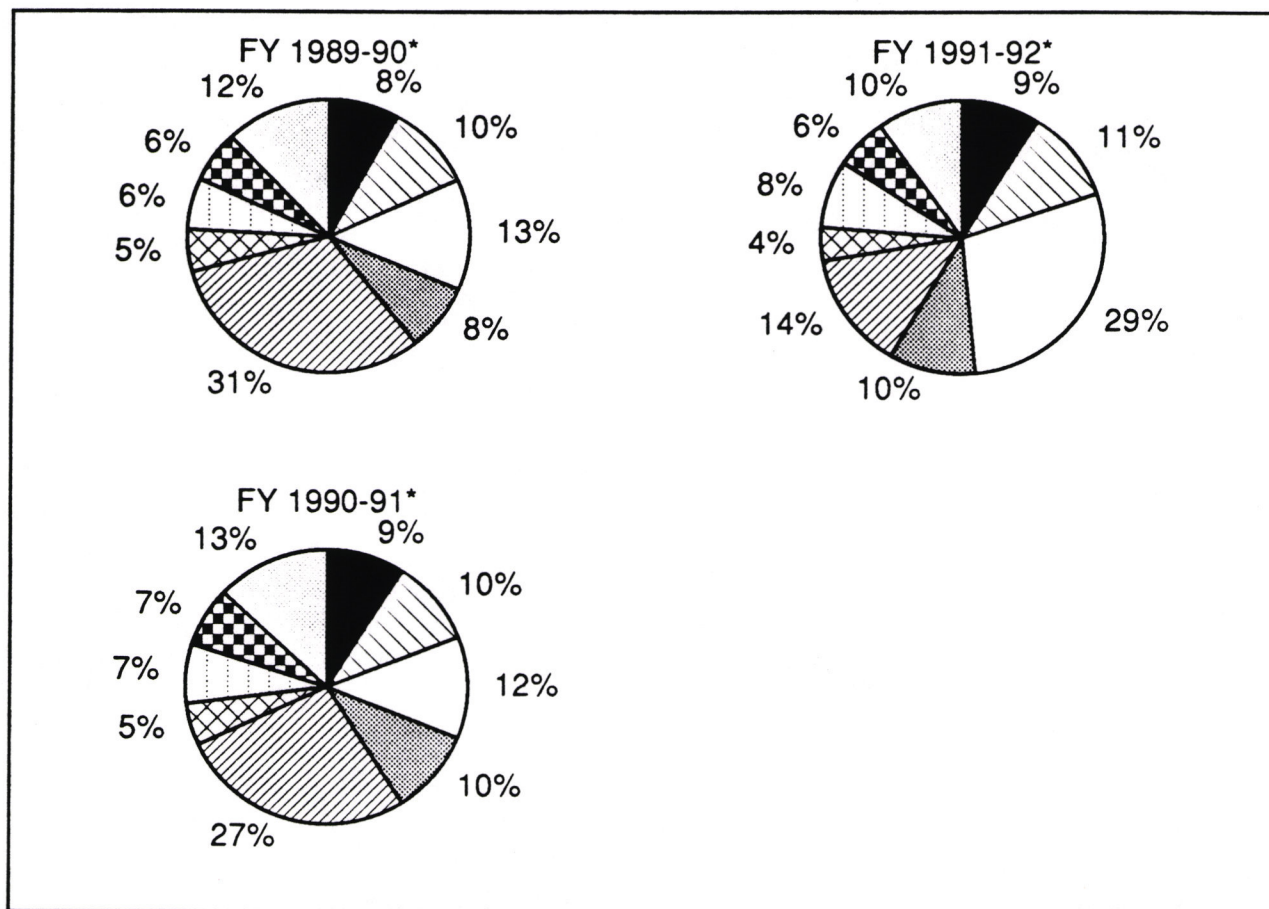
Funding for HIV E&P Contracts by Region, FY 1989-90 – FY 1991-92

Region	FY 1989-90	
	Amount of Funding* (millions)	Percent of Total Funding
Sacramento and Other Northern California	\$2.4	15%
San Francisco	\$1.4	9%
Other Bay Area	\$2.2	13%
Central Coast	\$1.2	7%
Central Valley	\$1.1	7%
Los Angeles	\$3.7	22%
Greater Los Angeles	\$1.0	6%
San Diego	\$1.2	7%
Statewide Contracts	\$2.5	15%
Total Funding	\$16.7	100%
Region	FY 1990-91	
	Amount of Funding* (millions)	Percent of Total Funding
Sacramento and Other Northern California	\$2.4	14%
San Francisco	\$1.4	9%
Other Bay Area	\$2.5	15%
Central Coast	\$1.3	8%
Central Valley	\$1.0	6%
Los Angeles	\$3.2	20%
Greater Los Angeles	\$1.0	6%
San Diego	\$1.2	7%
Statewide Contracts	\$2.5	15%
Total Funding	\$16.6	100%
Region	FY 1991-92	
	Amount of Funding* (millions)	Percent of Total Funding
Sacramento and Other Northern California	\$2.4	15%
San Francisco	\$1.3	8%
Other Bay Area	\$2.6	17%
Central Coast	\$1.2	7%
Central Valley	\$1.0	7%
Los Angeles	\$3.1	20%
Greater Los Angeles	\$1.0	6%
San Diego	\$1.1	7%
Statewide Contracts	\$1.9	12%
Total Funding	\$15.6	100%

Source: HIV E&P Evaluation, IHPS, UCSF, 1992. Office of AIDS, California Department of Health Services.

* Does not include funding in the amount of \$160,000 for FY 1989-90 and FY 1990-91 and \$152,208 for FY 1991-92 for Computerized AIDS Information Network (CAIN) contract.

Funding for HIV Education and Prevention by Target Population, FY 1989-90 – FY 1991-92



-  Homosexual/bisexual men
-  IDU
-  Women
-  High-risk youth
-  Heterosexual
-  Inmates
-  Public service workers
-  Health care workers
-  Other

Source: Office of AIDS, Education and Prevention Section, April 1991.

*All percentages are based on Office of AIDS estimates of dollars targeted to specific populations. Dollars for subvention county target populations for FY 1991-92 have been prorated using FY 1990-91 as a base.

Dollars for women were previously included under other target populations (i.e., prenatal, prostitutes, heterosexuals, inmates).

Other includes contracts for information clearinghouse, technical assistance, and training.

Problems Related to HIV Prevention

- No consensus on how to target and monitor HIV prevention efforts
- No consensus on strategies or interventions to be used in community-wide HIV prevention efforts
- Politicization of HIV prevention efforts at federal, state, local levels
- Little or no coordination and planning re: HIV prevention at federal, state, local levels
 - Lack of effective state and local planning/decision-making models
- Limited outcome evaluation of community-based HIV prevention programs
- Lack of cost-effectiveness and cost-benefit studies of HIV prevention
- Little or no technical assistance available to CBOs to help develop or evaluate programs
- Lack of models for youth, women, racial and ethnic minorities
- Lack of models for suburban and rural areas
- HIV prevention programs not linked to HIV testing and counseling and early intervention