AWARE 1988-89

UNIVERSITY OF CALIFORNIA
STAFF
JOB DESCRIPTION FORM

PERSONNEL USE ONLY

APPROVED TITLE	EFFECTIVE DATE	TITLE CODE	EMP REL CODE

NAME	DEPARTMENT	PRESENT PAYROLL TITLE	PERCENT OF TIME
TBH	Medicine/AIDS/Oncology	Admin Asst III/Supervisor	100%

SUPERVISOR'S NAME & PAYROLL TITLE	DEPT HEAD'S NAME & TITLE
Constance Wofsy, M.D.; Associate Clinical Professor Judith Cohen, Ph.D.; Associate Research Epidemiologist	Merle Sande, M.D.; Professor of Medicine

If this is a request for reclassification of an existing position, please attach a brief explanation of how the job has changed and why you feel reclassification is justified.

PART I - TO BE COMPLETED FOR ALL POSITIONS

1. *State briefly what is done by the unit in which you work and explain how your job fits in with others in the organization.*

OVERVIEW OF POSITION:

The Heterosexual Research Unit is a discrete unit within the Division of AIDS Activities of the Department of Medicine at San Francisco General Hospital and has significant responsibility for research and education endeavors relating to women and their partners at risk for AIDS. There are three distinct, separately funded, ongoing projects: A.W.A.R.E., (Association for Women's AIDS Research and Education whose purpose is threefold--(l) to evaluate which groups of women are at risk for AIDS as a result of heterosexual contact by testing for antibodies to HIV; (2) to determine which sexual or lifestyle practices are associated with antibody positivity using a questionnaire developed specifically for women; and (3) to evaluate the progression of HIV infection in women; Human Immunodeficiency Virus (HIV) in Selected Populations, a study designed to investigate HIV infection and associated risk factors among Bay Area women in the sex industry (prostitutes), and Heterosexual Transmission of HIV, a project to study the prevalence, incidence and risk factors for heterosexual transmission of HIV from infected male and female intravenous drug users to their sexual partners. This position represents the principal administrative position for the unit.

9/7

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO
SAN FRANCISCO GENERAL HOSPITAL

M E M O R A N D U M

September 7, 1989

To: Project AWARE Staff

From: Lori D. Lori D.

Re: AmFar, etc.

I am very sorry to miss this meeting. My regular hours will be Tuesdays and Thursdays all day. While I'm here my time will be taken up coordinating our new project, the evaluation funded by AmFar (American Foundation for AIDS Research).

The AmFar project will be an evaluation of Project AWARE's SIS activities. Because of the overlap between AWARE and Cal-PEP, much of the data we collect will be useful for Cal-PEP's evaluations and progress reports as well.

There are two main objectives in the evaluation that will be new to our activities:

1. Document how we do what we do (outreach and outings) with enough detail so it could be instructive to another group with similar goals; and

2. Assess participant satisfaction with our methods.

The work done from these two objectives, along with data we already collect, will be presented in a final report to AmFar, along with a manual entitled Working the Streets: How to Evaluate AIDS Outreach Prevention Programs. For a more detailed description, please read the grant proposal (it's only eight pages long).

The idea is to make this a useful, do-able evaluation. To make that happen, everyone will be trying out the data collection methods, discussing their usefulness, and deciding whether they are worthwhile enough to become part of our routine activities. To start this process I would like to meet with everyone briefly to discuss what I'll be doing on outings and at the office, and what outreach workers and interviewer's roles will be. We can meet individually or in small groups, whichever you prefer. Please use the attached sign-up sheet to let me know when we can meet next week.

2. **DESCRIPTION:** *Starting with what you consider the most important duty, describe each of the present duties of the position and estimate (by hours or percentage) the distribution of time to each assignment. Use sufficient detail to give a clear understanding of each duty. Be specific. Examples may help to illustrate a point, e.g., problems encountered and resolved.*

FINANCIAL PLANNING/MANAGEMENT:

Duties: Independently responsible for fiscal administration and management of multifaceted unit including coordination of funds from the University, Federal government, City and County funds and gifts. Included in this is developing the Unit master budget consisting of multiple funded payroll projections, deciding utilization of resources and monitoring all expenses. Will prepare and analyze quarterly reports, manage annual operating budgets, incorporating analysis of spending trends and reallocate resources to achieve budgetary goals. Will be responsible for monitoring computer based ordering system.

Will additionally be responsible for grants management including maintaining grant calendar, assisting with production and assembly of proposals including preparation of budgets using Lotus 1-2-3, obtaining human subject approval letters, and routing through all appropriate channels.

Will be responsible for setting up low value, agreement vendor, petty cash, library materials, etc. accounts. Will additionally be responsible for preparing complex travel vouchers.

PROGRAM COORDINATION:

Under the general direction of the Principal and Co-Principal Investigators, will coordinate all support service activities including lease negotiations with private organizations for off campus clinic sites. Will also negotiate contracts with commercial laboratories for diagnostic tests. Establish and maintain equipment inventory and insurance as appropriate. Will provide input for the design of survey tools such as questionnaires, coding sheets, etc. Will be responsible for management of field staff coding and data entry. Will also serve as the liaison to the Hospital, the Division, the Department and University units. Incumbent will provide instruction to prevent repeated errors in coders work and interviewers' work. Will also discuss questionnaires with senior survey workers to ensure the consistency and quality of data.

ACADEMIC AND STAFF PERSONNEL MANAGEMENT:

The staffing of the Women and AIDS Unit consists of full time faculty, research fellows, technical and clerical personnel, survey workers and nurse practitioners. This position will coordinate all personnel/payroll activities with the Division Personnel Assistant and Financial Coordinator. Will maintain attendance/leave accrual records. Will directly supervise one secretary II and data entry clerk, including responsibility for performance evaluations. Will develop staffing plan to meet goals and timelines of projects. Will train new personnel. Will assist with reclassifications, promotions, and the composition of a variety of questionnaires.

3. *If you have responsibility for budgets or accounting records, please identify the number/type of accounts and current year authorization.*

	Current Yr	Pending
UC/CCSF Contract	$ 95,323	$ 99,295
PROJECT AWARE, University Taskforce	239,788	273,960
HIV STUDY PROSTITUTES/CDC	151,220	1,148,407
HETEROSEXUAL TRANSMISSION OF HIV/ NIAID	194,574	199,962
	$680,905	$1,721,624

4. *If you have payroll of personnel record responsibilities, please identify the number and type (Academic, staff, other) of University employees, whether full or part time.*

Constance Wofsy (A)	Lea Sanchez (S)	Pamela McConnell (S)
Judith Cohen (A)	Lori Dorfman (S)	Lauren Poole (S)
Sam Broyles (S)	Delia Garcia (S)	Catherine Lyons (S)
Chris Thacther (S)	Thomas Kelly (S)	Margo Rila (S)
Gloria Lockett (S)	Priscilla Alexander (S)	

5. *What are the most difficult aspects of your position? Why? What other factors should be considered in evaluating your position?*

This Unit will be geographically separated from the AIDS Activities Division after the upcoming move to Building 90. Aside from dealing with the AIDS epidemic in general, this Group is specifically involved with very sensitive social issues.

6. *If this position is supervisory, identify the total number of FTE under your supervision. Do you: Select new employees? Approve overtime? Take disciplinary action as appropriate? Sign Performance Evaluations? Recommend Merit Increases? List all employees who report directly to you by name, payroll title and FTE:*

Christine Thatcher, Secretary II, 1.00 FTE
TBH, Key Entry Operator, 1.00 FTE

7. What is your responsibility for developing or improving methods and procedures? List examples and indicate which require higher approval before implementation.

This position is expected to have broad latitude in modifying existing methods and procedures for accomplishing tasks at hand in the most efficient manner possible. Innovative approaches to handling grant budgets, personnel matters etc. are within the purview of this administrative position. Also it is expected that incumbent would keep abreast of changing hardware/software related to program and would explore suitability for incorporation into the Group's operation.

CERTIFICATION OF EMPLOYEE: I certify that the foregoing information is correct and complete and describes my job as I understand it.

_____ _____
Signature **Date**

CERTIFICATE OF IMMEDIATE SUPERVISOR AND DEPARTMENT HEAD: I have reviewed the above statements and certify to their accuracy with the exceptions noted here.

_____ _____ _____ 3/23/88
Supervisor's Signature **Date** **Department Head's Signature** **Date**

The Heterosexual Research Unit is a discrete unit within the Division of AIDS Activities of the Department of Medicine at San Francisco General Hospital and has significant responsibility for research and education endeavors relating to women and their partners at risk for AIDS.

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Duties: Independently responsible for fiscal administration and management of multifaceted unit including coordination of funds from the University, Federal government, City and County funds and gifts. Included in this is developing the Unit master budget consisting of multiple funded payroll projections, deciding utilization of resources and monitoring all expenses. Will prepare and analyse quarterly reports, manage annual operating budgets, incorporating analysis of spending trends and reallocate resources to achieve budgetary goals.

PROGRAM COORDINATION

Under the general direction of the Principal and Co-Principal Investigators, will coordinate all support service activities including lease negotiations with private organizations for off campus clinic sites. Will also negotiate contracts with commercial laboratories for diagnostic tests. Establish and maintain equipment inventory and insurance as appropriate. Will provide input for the design of survey tools such as questionnaires, coding sheets, etc. Will be responsible for providing administrative support to the AIDS PROVIDER EDUCATION Program by serving as primary contact and resource person for Program. Will handle all inquiries, both verbal and written, and make appropriate commitments on behalf of director.

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The staffing of the Women and AIDS Unit consists of full time faculty, research fellows, technical and clerical personnel, survey workers and nurse practitioners. This position will coordinate all personnel/payroll activities with the Division Personnel Assistant and Financial Coordinator. Will maintain attendance/leave accrual records. Will directly supervise one secretary II and data entry clerk, including responsibility for performance evaluations. Will develop staffing plan to meet goals and timelines of projects. Will train new personnel. Will assist with reclassifications, promotions, and the composition of a variety of questionnaires.

Excellent written and verbal communication skills, including proven ability to compose correspondence. Ability to work independently. Able to set own priorities and work well under pressure. Excellent interpersonal skills and proven ability to interact effectively with individuals at top administrative levels.

EDUCATION AND EXPERIENCE

High School graduation plus a minimum of three years of related administrative work experience; or an equivalent combination of education and experience.

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A.W.A.R.E.
Association for Women's A.I.D.S. Research and Education
San Francisco General Hospital
Bldg. 80, Ward 84
San Francisco, CA. 94110
(415) 476-4091

April 6, 1988

Meredith Cahn
Women's Needs Center
1825 Haight Street
San Francisco, CA 94117

Dear Meredith,

As a recipient of federal funds, AWARE is required to establish a program review panel "to consider the appropriateness of messages designed to communicate with various population groups." This activity is required under Public Law 100-202, Title 5, Section 514, for all funding awarded after October 1, 1987. I have enclosed copies of the section of Public Law 100-202, and CDC's guidelines interpreting that text.

As you know, AWARE and the Sex Industry Study provide AIDS prevention education to sexually active women, including sex workers. We are inviting you to be a member of our community review panel as we develop new materials and programs. We would be grateful if you could accomodate yet another request for your time to help represent the community perspective on our efforts.

Sincerely,

Judith

Judith B. Cohen
Program Director

JBC/ct

Enclosure

bcc: J. Cohen
C. Wofsy ✓
File
S.I.S. file

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(415) 476-4091

April 6, 1988

Cheri Pies
Alameda County Health Care
Services Agency
AIDS Services Office
499 5th Street
Oakland, CA 94607

Dear Cheri,

As a recipient of federal funds, AWARE is required to establish a program review panel "to consider the appropriateness of messages designed to communicate with various population groups." This activity is required under Public Law 100-202, Title 5, Section 514, for all funding awarded after October 1, 1987. I have enclosed copies of the section of Public Law 100-202, and CDC's guidelines interpreting that text.

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Sincerely,

Judith B. Cohen
Program Director

JBC/ct

Enclosure

bcc: J. Cohen
C. Wofsy
File
S.I.S. file

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April 6, 1988

Rita Fahrner
Clinical Nurse Specialist
San Francisco General Hospital
MCH, Nursing Office

Dear Rita,

As a recipient of federal funds, AWARE is required to establish a program review panel "to consider the appropriateness of messages designed to communicate with various population groups." This activity is required under Public Law 100-202, Title 5, Section 514, for all funding awarded after October 1, 1987. I have enclosed copies of the section of Public Law 100-202, and CDC's guidelines interpreting that text.

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Sincerely,

Judith B. Cohen
Program Director

JBC/ct

Enclosure

bcc: J. Cohen
C. Wofsy
File
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(415) 476-4091

April 6, 1988

Sandra Hernandez, M.D.
Division of AIDS Activities
Bldg. 80, Ward 84

Dear Sandra,

As a recipient of federal funds, AWARE is required to establish a program review panel "to consider the appropriateness of messages designed to communicate with various population groups." This activity is required under Public Law 100-202, Title 5, Section 514, for all funding awarded after October 1, 1987. I have enclosed copies of the section of Public Law 100-202, and CDC's guidelines interpreting that text.

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Sincerely,

Judith

Judith B. Cohen
Program Director

JBC/ct

Enclosure

bcc: J. Cohen
C. Wofsy
File
S.I.S. file

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San Francisco, CA. 94110
(415) 476-4091

April 6, 1988

Catherine Meier
S.F. AIDS Foundation
25 Van Ness, Ste. 660
San Francisco, CA 94102

Dear Catherine,

As a recipient of federal funds, AWARE is required to establish a program review panel "to consider the appropriateness of messages designed to communicate with various population groups." This activity is required under Public Law 100-202, Title 5, Section 514, for all funding awarded after October 1, 1987. I have enclosed copies of the section of Public Law 100-202, and CDC's guidelines interpreting that text.

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Sincerely,

Judith B. Cohen
Program Director

JBC/ct

Enclosure

bcc: J. Cohen
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(415) 476-4091

April 22, 1988

Geraldine Oliva, M.D.
Director, Bureau of Family Health
San Francisco Department of Public Health
101 Grove Street, Room 115B
San Francisco, CA 94102

Dear Gerry:

We are writing to express strong support for your application to establish a community-based "Pediatric AIDS Health Care Demonstration Project." Such a program would be a logical extension of your current efforts to coordinate perinatal AIDS education and prevention in San Francisco.

As you know, AWARE has been providing HIV counseling, antibody testing, follow-up, support, and referral for high risk women in San Francisco for three years. We have worked with over 1,000 women, at least 20 percent of whom were pregnant, recently delivered, or trying to make decisions about future pregnancy. Our experience to date strongly indicates the need for an extensive and well-coordinated community care system for these women and their families. Since many of them are single parents with inadequate incomes, community-based public health strategies are needed.

We hope that funding will become available for this program so that we can build onto our mutual productive history of collaborative effort in addressing the needs of San Francisco women and children in this epidemic.

Most sincerely,

Judith B. Cohen, Ph.D.
Program Director

JBC/ct

bcc: C. Wofsy
R. Fahrner

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control
Atlanta GA 30333

May 27, 1988

Judith B. Cohen, Ph.D
Project A.W.A.R.E.
Ward 84, Building 80
San Francisco General Hospital
995 Portrero Avenue
San Francisco, CA 94110

Dear Judith:

Enclosed are first results for specimens received for AIDS Project 90. Please look them over to see if they are in an acceptable format and are consistent with local findings. We want to establish a reliable system for receiving sera and sending out results on a timely basis.

Jeff Efird is the Public Health Advisor who will be working with you and your staff on AIDS Project 90. Sabine Bartholomeyczik, Ph.D., a sociologist from the Federal Republic of Germany (Berlin), will be working with us as Guest Researcher for the next 12 months. Sabine will also help to coordinate research activities between the three research sites for our expanded studies of prostitutes and their needle-sharing and sex partners.

We would like to be able to characterize sera and compare findings with other on-going studies. To facilitate comparisons, Jeff, Sabine and I have drawn up a core of 20 questions that we would like to have answered to characterize sera. These questions were chosen because they are the most interesting to us and many (if not all) are already being asked in studies in Atlanta and Colorado Springs. We are looking forward to receiving a copy of your revised questionnaire to see if you will also be capturing these (or very similar) data.

Next week Jeff, Sabine and I will travel to Colorado Springs to review pretest findings with John Potterat and his staff. On Friday, June 3, we will participate in an orientation session with Kirk Elifson, Jackie Boles, and the staff at Georgia State. We will not be able to visit with you until after the IV International Meeting on AIDS, but I hope to be able to speak with you about a possible site visit to San Francisco before July. I want to introduce Jeff and Sabine to you and let them become familiar with your work at Project AWARE.

I will be staying at the Stads Hotellet, Sodertalje (Tel 0755-34000), and arriving in Stockholm on Saturday morning, June 11. It will be nice if we could get together while there, but realize that might be impossible. I look forward to seeing you on Monday, June 13, at the Poster Session, if not sooner.

Thanks for the message on PATNO 45033. Now the oldest participant is 59.

Sincerely yours,

Bill

William W. Darrow, Ph.D.
Research Sociologist
AIDS Program
Center for Infectious Diseases

Enclosures

Data Items to Characterize Sera: AIDS Project 90

Variable	Description
01.	Sex (Gender): Male or Female
02.	Race: Black, Hispanic, White (non-Hispanic), Asian/Pacific Islander, Amerindian/Alaskan Native, Other
03.	Age: Date of Birth (Month, Day, Year)
04.	Education: Highest year of formal education completed
05.	Residence: Months of continuous residence in place of data collection.
06.	Prostitution: Has the participant exchanged physical sexual services for money or drugs at least once since January, 1978?
07.	IV-Drug Use: Has the participant ever injected drugs subcutaneously or intravenously at least once since January 1978?
08.	Sex Partner of High-Risk Person: Has the participant ever had sexual contact with another person who was a homosexual man, an IV-drug user, hemophiliac or anyone else who might have been infected with HIV (including a prostitute)?
09.	Other Risk Factor: Does the participant have any other recognized factor (e.g., blood transfusion between January 1978 and July 1985 or receipt of blood or a blood product known to be positive for HIV)?
10.	Sexual Orientation: Has the participant had vaginal, anal or orogenital sexual contact with no members of the opposite sex, some members of the opposite sex, or exclusively with members of the opposite sex since January 1978?
11.	Number of Male Partners: How many different males have engaged in vaginal, anal, or orogenital contact with the participant in the last 5 years?
12.	Number of Nonpaying Male Partners: How many different nonpaying (no payment in money or drugs) males have engaged in sexual activities with the participant in the past 5 years?
13.	Female Partners: How many different females have engaged in vaginal, anal, or orogenital contact with the participant in the last 5 years?
14.	Receptive Anal Intercourse Without a Condom: Did the participant engage in receptive anal intercourse without a condom at least once since January 1978?
15.	Vaginal Intercourse Without a Condom: Did the participant engage in vaginal intercourse without a condom at least once since January 1978?
16.	Spousal Partner: Did the participant engage in sexual intercourse with a spouse (marital partner) at least once since January 1978?
17.	Genital Ulcer Disease: Was the participant diagnosed with a genital ulcer disease (e.g., primary syphilis, genital herpes, chancroid, etc.) or did the participant report genital ulcers or sores at any time in the last 5 years?
18.	Oral Contraception: If the respondent is female, for how many months in the last 5 years did she use an oral contraceptive agent?
19.	Shared Needles: If the respondent reports a history of IV-drug use, did he/she ever share a needle (or other injection paraphernalia) with someone else?
20.	Months of IV-Drug Use: If the respondent has a history of IV-drug use, how many months (in his/her lifetime) has she/he injected drugs?

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July 26, 1988

Henry S. Cassell, III
Grants Management Officer
Procurement and Grants Office
Centers for Disease Control
Atlanta, GA 30333

Ref: H62/CCH903022-01

Dear Mr. Cassell:

I am writing to request a change in the use of funds allocated for travel in the 01 year of this grant. As approved, part of the travel funds awarded were for attendance at the IV International Stockholm AIDS Conference. Not all the funds allocated were necessary. We are asking to use some of these funds to make it possible for our minority staff members to travel to the National Minority AIDS Conference in Washington, D.C., August 15-17, 1988.

They are women of color who have been working at the forefront of AIDS education and prevention for high risk women here in San Francisco. In addition, each applicant has made significant additional efforts toward minority AIDS prevention, education, and support services in San Francisco.

Delia Garcia is a member of the Women's AIDS Network and the Third World Advisiory AIDS Task Force, and is working with several Latino community agencies to help them develop programs and services for women. She also has experience working with IV drug users in the Urban Health Study.

Gloria Lockett is a co-director of the California Prostitute's Education Project. She is also a member of the Advisory Board for the MidCity Consortium to Combat AIDS. Although she has been a co-author on several publications and national meeting presentations describing innovative behavior change programs for women at high risk, funds have not been available to permit her to attend these meetings to share her extensive experience and learn from others.

Lea Sanchez is also a member of the Women's AIDS Network and of VOICE. She has extensive community experience working with women of color involved with prostitution and drug use. She works as well with CAL-PEP and the Urban Health Study.

Unfortunately, the level of employment available for these skilled and experienced educators and program developers does not permit them the luxury of travel from San Francisco to conferences like this one, that are nearly always held on the East Coast. Therefore, we request that $1,200 in travel funds available be designated to help them attend this conference.

Thank you very much.

Sincerely,

Constance B. Wofsy, M.D.
Principal Investigator

Judith B. Cohen, Ph.D.
Program Director

CBW/ct

cc: Wm. Darrow

MEMO

Date: July 26, 1988

To: Connie Wofsy
Judith Cohen
Catherine Lyons

From: Lauren Poole

Attached is a proposed agenda for our 7/27 meeting. Please take a look at it, if possible, before the meeting. Since we will not be able to cover all the items listed, please prioritize the items you would like to discuss.

AWARE Mtg. 7/27/88

I. PREVALENCE PAPER
   a. set deadline for submission

II. SEROPREVALENCE STUDY
   a. current summary
      - very few new entries: 5 in May and 4 in June
      - no new seropositives picked up in study since 12/17/88
      - not reaching many women at risk anymore

   b. proposals
      - terminate this aspect of the study or devise strategies to reach women at risk
      - appoint Delia as laison to Latina community, formalize a new site like Instituto
      - hire Stacey to coordinate outreach to the Black community and find sites in Bay View Hunter's Point and the Fillmore/Western Addition
      - other ideas?

III. UPDATE STUDY
   a. current summary
      - no serocoversion
      - positive changes in sexual behavior reported by many women but many of those women no longer at risk
      - 27 updates seen in May (counting LTS), 26 in June
   b. proposals
      design a protocol to phase out women no longer at risk, for eg:
      1. at risk
         - active IVDU
         - partner/s at risk
            - HIV infected
            - HIV risk grp.
         - multiple partners (how many?)
      2. low or no risk
         - abstinent
         - monogamous with HIV - partner
         - monogamous with low risk partner sero status unknown
         - multiple partners always safe sex
      - continue to update women in group one indefinitely, referring those with HIV + partner to the LTS
      - phase out women who qualify for grp 2 at two consecutive updates.
      - leave option open to women to recontact study for testing if risk behavior or concern develops
      any other ideas about what to do with this cohort?

IV. LONG TERM STUDY
   a. current summary
      - 50 seropositives, 38 in regular f/u; 12 lost to f/u
      - only about 20 actice controls; many controls have been phased out because no longer at risk or have been lost

to f/u
all women with sero + partners are referred to LTS but there have been very few lately.

b. future issues and ideas
- if new recruitment strategies are used we will build up LTS cohort
- will people seen in the Partner Study be part of the LTS?
- add to gyn component:
  - pelvic exam with papsmear and wet mount (for all LTS participants?)
  - collaborate with someone doing work on dysplasia or HPV
  - add to history questions about menses and dysfunctional bleeding
- add to medical history section about use of HIV treatments for the seropositives
- lab issues:
  - doing B2 microglobulins
  - new arrangement if possible for p24 antigens

V. SIS PROJECT 90

a. current summary
- 123 seen for Project 90, 105 pros 18 partners
- 1 seropositive for HIV
- 19 positive for syphilis out of 75 (13 probably old infection)
- results given to 29 people so far

b. issues
- any special questions or f/u for people with syphilis? our data seems to suggest the same as the national trend ie: increased rate of syphilis
- quality of our data, quality of interviews , coding, etc.
- lack of ability on SIS outings to do adequate AIDS education
- are we gathering enough data on crack use?
- how to assure f/u of high risk people: those with + test for HIV or syphilis, those at high risk of seroconversion

VI. PARTNER STUDY

a. issues and questions
- letter requesting extension...any response?
- proposed staffing?
  - what role JBC
  - any need for an MD too? If so, role? who?
  - project coordinator?
- who will we be recruiting?
  - male and female IVDU and their partners regardless of serostatus ?
  - partners of people at risk who are not IVDU?
  - emphasis on women?
- if we are studying partnerships, collaboration with

Padian?
- if we are mainly studying women, how are they different from AWARE women?
- what will enrollment entail?
  - core questionnaire for everyone?
  - PE for everyone?
  - extra lab studies on who?

VII. AWARE STAFFING
a. AA III - what responsibilities?
b. any new survey workers? responsibilities?
c. roles and responsibilities of current survey workers (esp. SIS identified)
d. not enough clinical work for 2 NPs
e. staff morale

VIII. AWARE RETREAT
a. goals
b. set agenda

IX. FUTURE MEETINGS
a. set meeting times for next two months

AWARE Administrative Group Meeting

DATE: July 27, 1988
PRESENT: CBW, JBC, LEF, CAL

1. Publications
This is a priority for the next few months. Plans include:

-Prevalence Paper. This is in the final stages of preparations; references need to be finished up.

-Behavior Change. This could be submitted to JAMA, APHA, JAIDS, and/or AIDS.

-Prostitutes. Something comparing to IVDUs, non-pros.

2. Partner Study
-Nancy Padian is looking mainly at cofactors of transmission not longitudinal issues.
-The letter requesting an extension is in the mail; we await a response.
-CW will function as the MD for the study.
-Project coordinator will be hired. This will be a MPH level person who will oversee day to day operations and be an integral figure in coordinating between the various senior figures. The job description should be posted by mid-August.
-In summary, the action time line is as follows:
I. CBW and JBC meet before CBW goes off to kangaroo land.
II. Coordinator job description will be reviewed by us and posted by mid-August.
III. Upon CBW's return a meeting of all those involved in the study (CBW, JBC, Nancy Padian, Andrew Moss, Dave Feigel) will be held.

3. Update Study/Prevalence Study
-It was agreed to set up a protocol to phase women out of the prevalence study.
-It was agreed that outreach to minority communities needs to be done agressively. Delia has begun to establish contacts in the Latino community. Since we are more interested in partners of IVDUs, as opposed to IVDUs themselves, much of this work would merge with the Partner Study.

4. SIS
-There is a clear need to look more closely at the use of crack and the relationhip with sex and HIV, as well as syphillis, infection. Are women doing sex for drugs, as well as money? Are women less likely to use safe sex in these situation? When women are high on crack are they also less likely to use safe sex.

5. LTS
-Beta2 microglobulin. We will check with Roche to see if they do the test on frozen specimens; if so we will send specimens*
-Menses. LEP and CAL will develop questions regarding menstrual irregularities for women in LTS.
-PCR on all HRCs?

6. Future Abstracts
-How do seropositives proceed sexually?
-Knowledge of risk behavior of partner at outset of relationship.
-Primary indentification as prostitute or IVDU/crack user?
-Positive pros.
-Crack use

7. Future meetings
We will meet every Wednesday at 9:30 AM.

*(on all entry visits, and follow up on seropos.)

(In addition to learning the skill of minute writing, I am learning the skill of word processing.... how a line jumps to another part of the page baffles me.)

Agenda Retreat [1988]

Agenda AWARE Retreat
August 9-10

I. Seroprevalence Study - discussion leader Judith

A. Current situation:
1. few new entries into study
2. need to do outreach to recruit women of color into study

B. Outreach plan:
1. Latino Community
a. report on efforts to date -- Delia, Lori
b. outline next steps to formalize referrals and possibly set up a site. Delia, Judith
2. Black Community
a. report on efforts to work with CHOWS -- Judith
b. report on mtg with B. Powers -- Gloria
c. outline next steps to formalize referrals and possibly set up a site.

C. Seroprevalence Paper:
1. Report from Judith on current status and when to expect publication.

II. Update Study -- discussion leader Margo

A. Current situation:
1. caught up to date
2. many women being updated no longer at risk.

B. New protocal to phase certain women out of study - Lauren

phase out	keep in
1. abstinent	1. active IVDU
2. monogamous with HIV partner	2. partner at risk
3. monogamous w/low risk partner	a. HIV infected -LTS
4. less than 5 low risk partners	b. HIV risk grp.
5. 5-10 safe sex partners if 3 or more updates	3. 10 or more partners
	4. 5-10 safe sex partners if 2 or less updates

-- these are guidelines. Use judgement in individual cases.
-- assure women they can come back into study if new risk develops.
-- offer copy of prevalence paper and acknowledge her contribution to study.

C. Upcoming publication on behavior change -- Judith
   1. what variables to look at? -- Margo
      a. expand data base from that of Stockholm
      b. how to analyze women with multiple updates?
         -previous abstracts have only dealt with comparing entry to 1st update.

   2. assign tasks if need help in preparing data-- Judith
   3. anything else?

III. SIS -- discussion leader Catherine

A. Summary of current laboratory data from Project 90 - Catherine.
B. Follow-up on women with positive HIV or syphilis serology and discussion on how to ensure proper follow-up Lea.
C. Difficulity in doing good AIDS education on SIS outings- Pam
D. Current ways in which outings are done, is it working?-- Pam
E. New questions on crack use/ jail questions and collecting data -- Catherine
F. Meeting of Project 90 collaborators in October -- Judith
G. Other items

IV. LTS -- discussion leader Lauren

A. Number and status of sero+ LTS
B. Number and status of sero- LTS
C. Potential for studying partners
D. New lab tests

V. Partner Study -- discussion leader Judith

A. Status report
B. Who will be studied, recruitment strategies, study protocal.
C. Staffing

VI. Future Research/Education Proposals-- discussion leader Lori

A. New research with old data:

   1. comparing women known to have had infected partner, interesting variables: duration of relationship, sexual behavior, contraception, diagnosis of partner at time of relationship.
   2. Any others?

B. Future projects and future funding sources

VII. Prostitution -- discussion leader Lea

A. discussion about the issues surrounding prostitution and AIDS and the public stand that AWARE takes.

1. review of literature and statistics U.S. and worldwide Priscilla and Judith
2. Issues: are pros at risk? do they pose a risk to others? how to combat scapegoating? other issues?

VIII. Staffing -- discussion leader Lori

A. plans for additional staff
B. reassignments/realignments of existing staff
C. staff morale

IX. Office Issues -- Chris

A. report on Ward 95 mtg.
B. other issues

8/3/88

AWARE Administrative Group Meeting

DATE: 8/3/88
PRESENT: JBC/LEP/CAL

1. Retreat
   Can be paid for from travel budget.

2. Prevalence Paper
   -Redone with LP's corrections; still some comments by CW.
   -References need to be completed.
   -Will go out this week.

3. Review of perinatal paper for JAMA from Georgia - JBC, LEP, CAL.

4. Prostitute paper
   -1st draft written by JBC
   -CAL/LEP to review

5. Behavior change
   JBC to write 1st draft - APHA style.

6. Partner study
   Some original documentation is missing e.g. job justification for coordinator. LEP will call Dick Chaisson to see if he knows where it may be.

7. Update study
   LEP to write protocol to weed out women; this will be some combination of risk and number of updates.

8. SIS
   CAL working on crack questions; a draft will be ready for the retreat.

9. Prevalence/Update Study
   New sites:
   -Lyon-Martin wants us to come back - No.
   -Delia to give synopsis of negotiations with Latino groups at retreat.
   -Midcity CHOWs doing alot of outreach and looking for space in various communities.

10. Survey Workers
    The plan for new staff is as follows:
    -1 additional from AWARE budget
    -2 from Partner study, if all works out
    -2 from new SIS budget

11. Lab

-Beta 2 microglobulin:

-Roche cost is $14.00

-Chris is working on final administrative details

-LEP to work on sending frozen specimens with Emily

-Antigen:

-Look into switching labs - ?Carlson

-PCR:

-$145/spec. at Cetus

-Has to be whole blood

-LEP is making list of women for whom test is appropriate.

[redacted]

8/16

August 16, 1989

MEMORANDUM

TO:
Lori
Tom
Gloria
Catherine
Lauren
Lea

FROM: Judith and Connie

RE: Meeting about SIS on September 8

This is a reminder that there will be a meeting about the present and future of the SIS program on Friday September 8, at 8:30 am.

We will be taking stock of where we are and where we would like to be going. As part of this assessment, you are asked to prepare the following information for the meeting:

Lori: Evaluation of SIS program activities
Tom: Current status of SIS data
Gloria: Intervention plans
Catherine: Montreal presentation
Lauren: Getting results delivered
Lea: Outreach
Judith: New directions

An area of particular concern is how we will coordinate the new resources and activities that are being made possible with the new funding available, for outreach, intervention, research and evaluation.

==========

8/17/88

AWARE ADMINISTRATIVE MEETING 8/17/88
Present: CL,LP,CW

1.Retreat - summary of retreat for CW:
- a positive experience, smoothe, enthusiasm expressed by staff, feeling among staff that they are stretched thin and need more staff in order to take on new projects
- staff consensus on issues of: need to recruit more women of color into AWARE, various strategies discussed to help do this; protocol to phase women out of update component; interest in pursuing crack issues
- great interest among staff re being involved in analysis of data and helping to prepare data for publication. This interest esp. expressed around issues relating to updates (behavior change) and looking more closely at some SIS data like differences in sexual practices in IV vs non-IV pros. Again, CW raised the point for future publication of identification of women themselves as sex workers vs drug user.
- staff would like to have monthly or biweekly mtgs to look at pieces of data.

2.Partner Study
-verbal word to Sam that the extension has been granted CW to confirm.
- mtg. tommorrow btwn CW,JBC and N. Padian. Purpose of mtg. to begin working out collaborative arrangement re: who will do what and who will author what part/s of the research
- job description for project coordinator going in

3. Lab for LTS
-UC Davis state task force lab already doing p24 antigens. We can start using them instead of the Abbott lab that we currently use.
- CW to call Jeanne Pierre at Abbott and to write or call James Carlson to institute new arrangement with his lab.
- Carlson lab has also recently asked task force for permission to run b2 microglobulin studies. Hopefully, we will be able to send batched sera to them for analysis in September.
PCR - no option possible through J. Mills and Cetus. John suggested that we pursue a connection with a research lab, rather than a commercial lab. Lauren will initiate call to G. Vyas at UCSF. For now, we don't know of other research labs doing PCR.
- Lauren will work on these new lab arrangements with Emily in Sept. after vacation.

4. CDC Collaborators mtg. in early Oct.
- letters have been sent to other investigators and arrangements have been made for accomodations and mtgs to be held at the Stanyan Park Hotel.

5. Physician
- CW reports that there are 2 ID fellows (one already

working here and one to most likely come on board soon) who are interested in issues of women and AIDS and may be interested in working with us in some capacity.

6. Draft of SIS paper
   -LP and CL thought draft one was quite good. Need copies of tables. CW needs copy of draft with tables.

7. Reprints
   - CL currently marking journals with those articles that should be zeroxed for AWARE as well as for CW

8. Montreal
   - CDC has given leadership role to AWARE in terms of presenting data at Montreal. Time to start thinking about this before other investigators come in Oct.

9. Amsterdam needle exchange report
   - CW to look through Austrailia notes and report to us on needle exchange prg. in Amsterdam.

10. Kangaroos, etc.
    -lovely pictures of kangaroos and other Austrailian animals.

LP, 8/17/88

11. Lori Dorfman - role in AWARE
    - attendance at administrative mtgs.

9/7

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO
SAN FRANCISCO GENERAL HOSPITAL

M E M O R A N D U M

September 7, 1989

To: Project AWARE Staff

From: Lori D. Lori D.

Re: AmFar, etc.

I am very sorry to miss this meeting. My regular hours will be Tuesdays and Thursdays all day. While I'm here my time will be taken up coordinating our new project, the evaluation funded by AmFar (American Foundation for AIDS Research).

The AmFar project will be an evaluation of Project AWARE's SIS activities. Because of the overlap between AWARE and Cal-PEP, much of the data we collect will be useful for Cal-PEP's evaluations and progress reports as well.

There are two main objectives in the evaluation that will be new to our activities:

1. Document how we do what we do (outreach and outings) with enough detail so it could be instructive to another group with similar goals; and

2. Assess participant satisfaction with our methods.

The work done from these two objectives, along with data we already collect, will be presented in a final report to AmFar, along with a manual entitled Working the Streets: How to Evaluate AIDS Outreach Prevention Programs. For a more detailed description, please read the grant proposal (it's only eight pages long).

The idea is to make this a useful, do-able evaluation. To make that happen, everyone will be trying out the data collection methods, discussing their usefulness, and deciding whether they are worthwhile enough to become part of our routine activities. To start this process I would like to meet with everyone briefly to discuss what I'll be doing on outings and at the office, and what outreach workers and interviewer's roles will be. We can meet individually or in small groups, whichever you prefer. Please use the attached sign-up sheet to let me know when we can meet next week.

AWARE Administrative Group Meeting

DATE: 9/7/88
PRESENT: CW/LEP/CAL

1. Partner Study
A meeting was held between CW, JBC, Nancy Padian, and Andrew Moss. Issues of budget and space still need to be finalized. The coordinator position has been posted and one person has been interviewed.

2. AA III
Several applicants have been interviewed.

3. Lab
UC Davis will do antigens. CW will send a letter to Joanne Yee for final confirmation. They need a full ml additional serum because on positive ag results they do several confirmatory tests.

Beta 2 microglobulin can also be done now. LP will check if additional serum is needed.

PCRs can be done on SIS women through the CDC. They are particulary interested in discordant couples. However, we would also like to do PCRs on people with sicnificant clinical suggestion of infection (thrush and hairy leukoplakia).

4. CDC Meeting
This should be the primary discussion at the next meeting.

5. MD
Robert Gorter has expressed an interest in working on drug studies with Epi.
Sharon Saffron is interested in working on a project; CW will meet with her.

6. Consortium Grand Rounds
We have been asked to organize a clinical grand rounds on women and AIDS for January. CW will moderate. JBC will present an epi. overview. LP and CL can discuss cases, clinical management, psychosocial issues, etc. Some other possibilities include a video, safe sex demonstration, role playing, a woman PWA, a discussion of the pregnant healthworker issue. It was agreed that about 4, and no more than 6, segments should be included. LP will contact Ann Meredith about exhibiting her photographs.

7. Video
AWARE staff should view and critique the video LP and CW are in. CW has a copy.

8. MD from India
This MD, who participated in an APEX program in the past, is interested in speaking with the group about HIV in India. The options include: -meet with AWARE only
-speak to CDC group
-5A conference

CL. 9/9/88

9/8/89

SIS Mtg
Through 8/8/89
+ only

HIV and Syphilis Rates over time

	1986-87		1988-89	
	N=207		N=263	
HIV ⊕				
TOTAL	10/207 4.83%		18/263 6.84%	
IVDU	10/207 4.83%	10/87 11.49%	14/263 5.32%	14/89 15.73%
Non-IVDU	0/207 0%	0/120 0%	4/263 1.52%	4/174 2.30%
Syphilis ⊕ RPR and MHATP				
TOTAL	13/207 6.28%		38/263 14.45%	
IVDU	8/207 3.86%	8/87 9.19%	7/263 2.66%	7/93 7.53%
Non-IVDU	5/207 2.42%	5/120 4.17%	31/263 11.79%	31/170 18.24%

Implements to area of entry

Cust | partn

CONDOM { SFO / EASTOAKLAND

NO CONDOM

remain pros.
Δ behavior
Δ occupation

{ results returned / not returned

9/8/89 HIV and Syphilis

By Drug Pattern

S/S Mtg
Through 5/15/89
Women only

	No IVDU / no crack	crack only	crack / IVDU	IVDU only
	0/~~37~~ 40	3/134	10/70	5/19
HIV (+)	0%	2.24%	14.29%	26.32%
	4/36	27/134	5/73	2/20
Syphilis (+)	11.11%	20.15%	6.85%	10%

1. for each group
A. A vs B pro.
B. results back or not
C. SFO vs. EAST OAKLAND
D. CONDOM NO CONDOM
E + vs - intent to continue prostitution
F impediments to area of entry

NEW:
1. cofactors - gen lesions

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

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SANTA BARBARA • SANTA CRUZ

A.W.A.R.E.
Association for Women's A.I.D.S. Research and Education
San Francisco General Hospital
Bldg. 80, Ward 84
San Francisco, CA. 94110
(415) 476-4091

September 9, 1988

Dr. Lottie Kornfeld
Universitywide Task Force on AIDS
2199 Addison Street
764 University Hall
University of California, Berkeley
Berkeley, CA 94720

Dear Dr. Kornfeld:

Please be advised that starting in October 1988, Project AWARE will be sending blood specimens on selected study participants (300-500 per year) to the UC Davis Statewide laboratory for beta2 microglobulin and P24 antigen testing. We have reviewed this matter with Joanne Yee at the UC Davis laboratory. These tests will be performed at no cost to Project AWARE.

This test has been shown in several recent studies to be a valuable prognostic marker for people with HIV infection. In keeping with our protocol we will add it to the battery of tests that we currently use to test immune function in seropositive women as well as in some high risk controls.

Please do not hesitate to call if you need any further information.

Sincerely,

Constance B. Wofsy, M.D.
Principal Investigator

CBW/ct

cc: Dr. James R. Carlson
AIDS Diagnostic Laboratory

AWARE Administrative Group Meeting

DATE: 9-14-88
PRESENT: CW, JBC, LP, LD
MINUTES: LD & LP

1. Partner Study

Connie met with Andrew to discuss collaboration and worked out preliminary issues. Connie and Judith still need to meet about budget issues (perhaps 9-15 am?).

The SRA II job has been posted. Judith will facilitate interviews with SRA II applicants; Connie will facilitate interviews with the AA III applicants.

The consent form for this study will eventually need work. Initially, the combined AWARE/SIS consent form was sent to IRB for approval. We will need to submit the questionnaire and other documents when SIS gets renewed in November--the whole package.

CW, JBC, and NP will have another PI meeting which will be followed by a meeting with others to be involved in the study.

2. Lab

Connie sent a letter to Joanne Yee to confirm that UC Davis will do our antigens. Connie will call Abbott after system is set. Carlson's lab will also do B_2 microglobulins.

PCRs are still too experimental to be done in a commercial lab. Lauren has talked with Ed Murphy about collaborating with other investigators and will follow-up with him.

3. CDC Meeting

Invitations have been sent out to three areas with 3-4 names each (CDC, Colorado, and Atlanta). There will be some people coming from each, but no one has yet directly RSVP'd. John Potterat may be here for only part of the meeting. There are nine rooms reserved at the Stanyan Park Hotel.

The first day, October 3, will be held at the Stanyan Park Hotel meeting room. We will have to begin at 10:00 am because the same room is used for the Hotel's continental breakfast. We will have lunch brought in (from Hog Heaven next door?) and invite participants to a Chinese banquet at the Szechwan Court on Haight Street (Lori will look into this). Tuesday October 4 we will begin early and hold the meeting at the Ward 95 conference room. This room needs to be reserved.

The agenda will include the following:
1. presentation on international prostitution (Jamaica/JBC, Africa/Eka Williams, India, Europe?)
2. lab results, syphilis (Jeff)
3. common areas of interest for data exchange
(our focus is natural history; Colorado and Atlanta will probably want to focus on transmission and social networks)
4. presentations and papers
5. progress in recruitment efforts
6. outreach, counselling, and prevention strategies
(presentations by AWARE staff)

4. Data Meeting

We need to have a formal meeting at least once a month to discuss concepts and ideas on which we want to focus. It was suggested that we reserve one administrative meeting each month for this purpose. This will be a meeting to review the data only: no administrative business. Tom Kelly will be invited.

Administrative Mtg. 10/5/88
Present: JBC, CL, LP

Lab Issues
1. CW to contact M Nash re: allowing Emily to take time to enter AWARE lab data on computer.

2. CL & LP developing systems and forms to begin sending serum to UC Davis for B2 microglobulin and p24 antigen.

3. CW to contact E Fiegel re: her continued interest in doing HTLV1 tests on our specimens.

5A Rounds
1. AWARE to do Tuesday, 10/25 2:30 - 3:30
   JBC - latest SIS data
   LP - LTS
   CL - will be at a SIS results outing

On-going Mtg. of IVDU Investigators
1. N Padian setting up a regular meeting time for people doing research involving IVDU and HIV. 1st one Thurs. 10/6 at 4PM. JBC will attend. Time for on-going mtg. to be set.

New Employees
1. Stacey has been hired as senior survey worker, start date 10/5
2. AA3 went through one round of interviewing, still recruiting.
3. Heidi top candidate for Project Coordinator. Currently in NY.
4. There will be 2 additional positions for the SIS study when CDC refunds us in 12/88. LP to contact Gloria Pierce.
5. There will be 2 additional positions for the partner study too.
6. CALPEP may get additional funding too.

SIS Study
1. SIS study focusing to date on too many of the same kind of pro (ie: street, crack-using, most often Black). Need a more diverse population. Have an outing scheduled in a private home for early November. Attempt will be to reach call girls. Also we need to develop more sites in SF, particularly in the Mission, Western Addition and Tenderloin.

Mid-City/AWARE Relationship-
1. JBC meeting with Mid-City and SPIRITS today to again try to work out details of our collaboration.
2. SPIRITS are going to be trained on our questionairre so that they can help to interview on SIS outings. There is a series of dates set up to conduct these trainings.

RFP
1. NICHD offering grant on condom use. JBC to write letter of intent this month.

Minutes 10/5/88 (cont.)

Montreal

1. Ideas for abstracts
   a. SIS
   b. more sophisticated behavior change analysis eg: comparing early entries (1985-1986) to recent entries (1987-1988).
   c. LTS - need to develop questions and look at data to see if anything interesting emerges (ie: are prognostic markers the same as those for men?)
2. CL & LP are both planning to go to Montreal and will present if necessary/desirable.

minutes by LP

AWARE ADMINISTRATIVE MEETING

DATE: 10/12/88
PRESENT: CW, JBC, LP, CL, LP

1. Questionnaire discussion
   a. Is there a way to extract whether women is in business for money only or for drugs/money for drugs? For example: Would you be working if you didn't use drugs. (This is too direct.) We can look at dates of starting prostitution and starting drugs (IV or crack).

   b. There was some discussion as to whether the questions on the SIS page regarding current risk for AIDS are leading and encourage people to answer "safer". The feeling was that the "rapport" may prevent this from happening to some degree.

2. Data analysis for future discussion and presentations
   a. LTS. lab data is very behind on being entered, but some things to be looked at include:
      -comparability of predictors between women and men using T4, Beta 2, antigen, Hct, sed rate, and thrush and HL. We will need to look at duration of time followed and progression of HIV infection.

   In order to get additional data we could review charts in the clinic. A medical student has expressed interest in working with us and could work on this project.

   b. Behavior change. ?????

   c. SIS.
      -compare women as pros only with women who work to support their drug habit (comparing dates of starting each).
      -compare women in SF where CalPep is a presence with women in Oakland where there is no ongoing prevention program.
      -other site specific differences.

3. NICHD RFP requires women who have monthly contraceptive history going back 3 years; this is not for us.

4. Apple computer.
   Women's Policy Center, a national resource center for women and AIDS is applying to Apple to set up a network for local resource response. AWARE was approached about being the local contact. We all agreed WAN is the appropriate organization to do this, and we should help facilitate the process.

5. IVDU and AIDS consortium
People from throughout SF met. Groups presented what each was doing. The next meeting is Wednesday, November 9. The regular time will be the 2nd Wednesday of the month at 3:30pm at SFGH. The discussion at the next meeting will focus on miscellaneous (sp?) infections in drug users. The following meeting (December) will focus on herosexual issues and there will be some input by AWARE.

6. Epi. Journal Club will start soon, probably Thursday at noon.

7. Peter Piot, MD from Belgium will be here to meet with AWARE staff on October 18 at 2:30.

minutes: CL

IV DU
VC NO

CONDYC HH 1

NO + HH

1. Funding sources:
   - * NIDA –
   - NIAID. –
   - CDC –
   - ~~*~~ NIH –
   - AmFAR
   - TASK FORCE April 1

2 New directions

Must fund – Prosp ongoing sero+ study. $? add new ongoing
behavior of sero ⊖

CDC ongoing

[hetero men + women outreach not SIS] NON SFO
partners.

PART ACUA SIS

seroprevalence
behavior
non IVDruguse
Safer vs. non IVDU.

HOTEL WORKERS

Sharon S. [HIV+ non IVDU –] PILOT

Administrative Meeting Minutes
10-26-88

Present: Judith, Catherine, Lori, and Heidi

1. Welcome Heidi. We brought Heidi up-to-date on AWARE, SIS, Updates, and Partner studies.

2. JAMA Paper. Lori is reviewing the comments on the JAMA paper now; everyone is welcome to look at them and contribute. Judith has asked Tom to run the multivariate analyses that the reviewers were interested in. Judith and Connie have not yet discussed the comments received.

3. Montreal abstracts. There will be some difficulty meeting in November to discuss the abstracts. Judith will be in Jamaica for 10 days starting November 2nd (this means two Wednesdays gone.) Lori and Catherine will be gone Nov. 16 for APHA.

The data we need for the abstracts is, at this point, not yet entered. Tom has completed the tablet entry system, and it will take us about two weeks (? or more?) to get everything entered. We should therefore have actual data to look at at the end of November.

Catherine and Lauren will check with Kelly about collecting the data on women from Ward 86.

minutes: LD

Administrative Meeting Minutes
11/16/88

Present: Connie, Heidi, Judith, Lauren
Minutes: Heidi

1) Discussion on Future Direction

Connie indicated that the principals need to convene to discuss possible new issues to address. She noted that AWARE funding will discontinue from the Task Force as of June, 1989, and indicated that there is little chance the current level of funding will continue. Connie also noted that the national funding agency, Center For AIDS Research (CFAR), will assume significant funding responsibility for many of the larger AIDS organizations, agencies or research centers, including AIDS Activities of UCSF. Thus far, CFAR has allotted a greater proportion of funds to basic science research than to epidemiological research. Consequently, epidemiological projects like AWARE may not be as readily funded by CFAR.

In light of this reorganization, Connie noted the need to request funds from other sources. Lauren questioned the need to continue AWARE in the level it presently exists. Judith and Connie indicated that women in the long term study should continue to be enrolled, but that it might be best to discontinue enrolling more women. At a minimum, funds will be sought to continue studying, prospectively, seropositive women as well as high risk negative women.

Connie questioned what alternative studies the group could conduct. Lauren suggested that the principals consider the idea of implementing a heterosexual prevalence study that is outreach oriented towards minorities residing in the East Bay (primarily Berkeley and Oakland). Connie and Judith concurred and noted that while cross-sectional heterosexual prevalence studies have been conducted in these areas, they are not aware of any longer term study which looks at behavior, particularly non-drug using behavior. Judith indicated that a more concerted effort should be undertaken to network with agencies such as the MidCity Consortium, as well as with community organizations.

Lauren suggested an additional area of study could be a retrospective chart review of HIV positive women who have been admitted to San Francisco General. Connie indicated that such a review could serve as a pilot study for a more comprehensive study of non-IV drug using HIV positive women and their partners.

Connie further suggested that the group consider recruiting women in the sex industry or in the escort service who use hotels as their site of business. Recruitment would be undertaken at the hotels.

Following this discussion on the types of issues to study, Connie outlined a number of new or continuing funding agencies outside of the Task Force and CFAR the group should tap. These include: NIDA, NIAID, CDC, NIH, and AMFAR. Judith noted that she has been having on going communication with Gloria Weisman at NIDA and that she will be meeting with her shortly. NIDA is interested largely in behavioral issues and reviews proposals quarterly.

2. Short-term Deadlines

a. JAMA Paper

It was determined that there should be a time-line developed for the completion of the JAMA prevalence paper. Judith noted that Lori Dorfman is reviewing the reviewers comments and that Tom Kelly is performing the regression analysis.

b. International AIDS Meeting

Abstracts for the meeting are due January 30, 1989. Tom has completed the tablet entry system and data entry will begin shortly.

c. Partner Study Renewal

The NIH continuation application is due by January 1, 1989. Heidi will complete this application by December 15, 1988. She will review the contents of the application as well as other continuation grants, and will inform the group what needs to be completed at the next meeting.

11/88

Delia
data:
Tom out in December to NY - 2 weeks.
making plan
2 batches to enter May + now.
SIS -

AWARE F/U
Scantron.

NEW AWARE SIS
AWARE thru 6 mos ag 125

IN

ON HOLD

program

STACK
TO ENTR

2 grp
May
~~later~~ Dec

still needs
a program for
the revision

5-15 min / questionaire
one tablet.

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

DEC 1988

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SANTA BARBARA • SANTA CRUZ

DEC 0 1

A.W.A.R.E.
Association for Women's A.I.D.S. Research and Education
San Francisco General Hospital
Bldg. 80, Ward 84
San Francisco, CA. 94110
(415) 476-4091

DEC 0 1 1988

November 30, 1988

Thelma Fraziear, Chief
California Department of Health Services
Office of AIDS
714/744 P St.
P.O.Box 942732
Sacramento, CA. 94234-7320

Attn: AIDS Community Education and Prevention Project Applications

Dear Ms. Fraziear:

I am writing this letter to ask that you support the funding request of Planned Parenthood to provide AIDS prevention services in Alameda County. We are particularly interested in working more closely with the staff at Planned Parenthood to meet the educational needs of the drug using women who work in the sex industry in Oakland.

PROJECT AWARE has been funded to study women at increased risk for HIV. One of our studies focuses on women who work in the sex industry in San Francisco and Oakland. Though we have had much success in reaching and working with this group of women in Oakland, we feel that Planned Parenthood could work collaboratively with us to fill some of the gaps that we feel currently exist. For the last two years, we have been meeting with sex industry workers in hotels in Oakland to provide medical screening, HIV antibody counseling and testing, and safe sex workshops. Though these have been effective and well attended, we are only able to provide this service every 6-8 weeks. We feel that there are needs that are not being addressed because of the limited frequency of these sessions. There is an ongoing need for follow-up of women that we see in our sessions, who we could refer to Planned Parenthood for STD treatment. A liasion at Planned Parenthood could help these women obtain continuing preventive education and medical care. The Oakland Planned Parenthood clinic is conveniently located in the heart of the area where there are the most sex industry workers.

...../.....

We also have noticed a dramatic increase in crack cocaine use among these women in the last year which increases their HIV risk. We are not able to fully address the issues surrounding crack use during our limited visits and feel that a locally-based outreach worker could provide much needed education. Many of the women are having sex in exchange for crack and are not using condoms. An outreach worker from Planned Parenthood could provide ongoing information, support, and condoms to these women, and could follow through with those referred for medical services.

We hope that the Office of AIDS will be able to fund this project which we feel could compliment and build on the services that we have been providing in the community.

Sincerely,

Judith Cohen Ph.D
Co-Principal Investigator
Program Director

Administrative Meeting 1-18-89

Present: Connie, Judith, Lori D., Tom, Heidi, Catherine
Minutes: Lori D.

1) Pulmonary Study - Connie will meet with Phil Hopewell to discuss collaboration. It would work best for AWARE to have Catherine and/or Lauren explain the Pulmonary Study to sero-positive women and introduce their nurse, Judy _____. Judy would then explain the study in more detail, answer questions, and enroll interested women.

2) AMFAR - All letters of intent have been sent to AMFAR. We will hear from them during February.

3) Montreal - We will prepare and submit three abstracts:
   1. The Natural History of HIV Disease in Women
   2. Changing Patterns of Risk from 1985 to 1988: Drugs (to include Crack), HIV, and Prostitution
   3. Behavior Change: Aware, Prostitutes v. Non-prostitutes, and HIV positive v. HIV negative.

4) Statewide AIDS Task Force - The SWATF has requested a progress report on AWARE to include in their presentation to the State Legislature next week. This needs to be prepared and sent immediately.

AWARE Administrative Meeting 1/11/89
Present: Judith, Connie, Lauren, Catherine, Lori D., Heidi
Minutes: Lauren

Each person spoke about their current activities and concerns ("round-the-table"):

JBC has been exploring funding opportunities past 2-3 weeks. Possibilities include:

a) another CDC branch, the Center for Community Prevention Studies;
b) NIDA - Harry Haverkos in the Epidemiology Unit was especially interested. Proposal due of 4/1/89 with funding 6 months thereafter;
c) San Francisco AIDS activities office (funding from CDC). Dave Werdeger expressed interest in seeing AWARE maintain funding;
d) AMFAR - 2 different letters of intent. Modest but immediate funding, one on outreach and prevention for minority women of childbearing age, and one to evaluate existing programs;
e) Statewide Task Force - due probably end of March.

LD is working on the letters of intent to AMFAR. She has a special interest in program evaluation.

CL met with Heidi and Barbara to help Heidi figure out how to integrate the various components into one Partner Study. Catherine is available at times that EPI has its clinics to see partners that come from outside.

Catherine questioned the need for 2 AWARE NPs, unless there are large numbers of subjects coming into the study. Barbara may be going to Australia for 6 months but will find a replacement for herself.

LP said P24 antigens should be entered as pos/neg.

HP is dealing with the issue of how to incorporate AWARE subjects into the partner study. She is considering adding addendum questions to AWARE subjects or addendum questions to LTS if women from Nancy's California Partner Study join the LTS for the natural history study. All lab work is done fairly consistently across studies except for T-cells which are done in different labs. The meeting on 1/24 will address clinical issues.

The Partner Study could start to follow some of the people being followed in AWARE by adding additional questions to the LTS follow-up.

Heidi is developing an outline of what is provided in the different studies to help guide subjects into the appropriate study.

CW noted that we need a 1 page handout (recruitment) for LTS sero-negative women and partners. Heidi can do this using the community consortium handout as a model.

Connie has received very good feedback from everyone from our CCC Grand Rounds. A referral list needs to be made up for CCC and put in all Ward 86 provider boxes - Lauren Poole will do this.

Paul, Robert G. and others met about sero-positive IVDUs who were not really ill and do not require Ward 86 services. The came up with the idea of "mini-APEX" primarily for NPs in various sites locally and at San Francisco General Hospital, like the Methadone Program and perhaps the teenage clinics.

Connie was approached by a group at San Francisco General Hospital working with teens. Apparently there are some sero-positive teens in the adolescent clinic here. This raises questions of who can provide care for sero-positive women and teens who are middle-class women who have insurance. Catherine Lyons could work on referrals for these women in the private MD sector. Could use CCC and also Connie's survey of a couple of years ago.

Phil Hopewell is going to use the EPI cohort to do natural history of pulmonary manifestation of HIV. He will be doing PFTs. Would women in LTS be willing to participate in this? It would not require an invasive procedure like bronchoscopy.

Additional Items Regarding the Meeting:

- Wednesday am time not good for Connie anymore
- who should attend?
- Should Sandy attend?
- alternative time for meeting.
- Tom's time is being taken up by other people who need computer consultation. This happens from other people in the division as well as in AWARE office.
- could vary according to subject topics - Sharon could come occasionally.

2/9/89 SIP studies Tcell SMN.

	EPI	SIS	LTS	Cal Partner - Het Part.
Physical Exam	FULL	Partial - includes: oral exam, lymph nodes	FULL	Full, if possible
Questionnaire	EPI CORE + partner addendum	-	♀ AWARE CORE + Partner addendum ♂ Partner Core	Partner Core + AWARE or Epi addendum.
LAB				
HIV Antibody	DAVIS	DAVIS	DAVIS/CDC	DAVIS Padian
HIV AG	DAVIS	DAVIS	DAVIS	DAVIS Padian
Beta 2	SFDPIT	SFDPIT	DAVIS	—
CBC/SMAC	Roche	Roche	Roche	—
T-cells	UCLONG	U.C. LONG	McGRATH	$ DRWIN Memorial
Syphilis serology	-	CDC (Roche)	Roche MHATP	DAVIS (UDRL PRP IT-only)
CMV Ab	-	DAVIS	DAVIS	DAVIS Padian
Hepatitis panel	-	CDC	DAVIS - antibody only	DAVIS - Ab only Padian
EBV Ab	-	DAVIS	DAVIS	DAVIS Padian
HSV I & II (IgG & IgM)	-	Roche	Roche	Sharon Ann Arvin
Viral cultures	-	DAVIS	DAVIS	Darchip Sheppard Padian
PCR	-	?	?	State Department of Health clinics. STATE LAB
Chlamydia	-	—	—	—
Trichomonas	-	—	—	—
Gonorrhea	-	—	—	—
Pap Smear	-	—		—

unk sero but hi risk

sero + index

	AWARE	EPI	SIS	NSW
have	5	13		
potentials	10	7 potential		

hi risk couples.

36 couples

Nancy 184 people

219

T4 D

IVDU vs. non IVDU

CDC → CBO

AMFAR → ? 3/15/89.

UC TASK FORCE 3/1/89

NIH 4/1/89 NICHO, NIAID
NIDA