The Abstract Book contains all conference abstracts listed in the order that they are presented. More than 750 abstracts were submitted by authors from the United States and other countries, and each abstract was reviewed by two peer reviewers. Conference Track Co-Chairs prepared the overall program by combining abstracts and invited speaker presentations into sessions. The abstract book is indexed by author, population, subject category, and presentation day/time. The subject categories and populations listed in the index were chosen by the author of the abstract.

MONDAY, DECEMBER 3, 2007
Roundtable Sessions
7:30 AM - 8:15 AM

Track A
AR01 – When You're at the Crossroads of Ethnicity, Who's Targeting You?
Room: A703 (Marriott Hotel – Atrium Level)

Presentation Number: AR01

Presentation Title: When You're at the Crossroads of Ethnicity, Who's Targeting You?

Author(s): *Dacus, J*[1]*; Vega, M*[2]
1 Harm Reduction Coalition, New York, NY; 2 Latino Commission on AIDS, New York, NY

ISSUE: At the US Conference on AIDS (USCA) in 2006, the CDC-funded capacity building programs of The Latino Commission on AIDS (Manos Unidas) and the Harm Reduction Coalition (African American Capacity Building Initiative) administered over 200 surveys to assess knowledge of the term "Blatino" in order to develop tools to improve services to this "population."
KEY POINTS: Preliminary findings indicated that 71% of respondents reported there are considerable HIV risk factors associated with a Blatino identity. It was found that the Blatino concept was associated with urban environments - living in urban environments on the East and West Coasts of the US (not those living in the Midwest) - and with those individuals that come from the Caribbean Islands. Moreover, 65% of respondents reported that Blatino is not the same as "Afro-Latino." This finding indicates that Blatino could be more reflective of a sociocultural identity than a racial or ethnic identity. Respondents reported that Blatinos are at risk of being missed by HIV prevention programs that are race- and ethnicity-specific.
IMPLICATIONS: This session will deliver a brief overview of the Blatino survey results and what is Blatino identity. It will focus on the process of tailoring effective behavioral interventions, for Blatino populations and capacity building assistance and resources provided to community based organizations. A representative from a community based organization will share experiences implementing an effective behavioral intervention with urban, mixed race and ethnicity populations.

Track C
CR01 – Healthy Relationships: A Small Group Level Intervention for People Living with HIV/AIDS
Room: HANOVER E (Hyatt Hotel – Exhibit Level)

Presentation Number: CR01

Presentation Title: Healthy Relationships: A Small Group Level Intervention for People Living with HIV / AIDS

Author(s): *Giddens, CE; Few, TE*
UT Southwestern Medical Center, Dallas, TX

ISSUE: Improving the recruitment and retention of participants attending an Evidence Based Intervention.
KEY POINTS: Healthy Relationships is a small-group level intervention for men or women living with HIV / AIDS. Knowing that the lives of persons living with HIV / AIDS are often stressful, the intervention aims to build coping skills to reduce stress. These skills involve: Awareness, Trigger and Barrier Identification, Problem-solving, Decision-making, and Acting on the best choice. The skills are applied to three life areas: 1. Disclosing HIV status to family and friends; 2. Disclosing to sex partners; and 3. Building healthier and safer relationships. For the year 2005-2006, a total 230 people were recruited into Healthy Relationships and 200 were able to complete the 5 session small-group intervention. Of the 200, 47 were women, 20 of whom completed the full 5 session small-group intervention. A total of 153 were men and 78 completed the 5 session small-group level intervention. The difference in numbers has made us look at the things being done to recruit and ways we could improve the retention rate.
IMPLICATIONS: The current Effective Behavioral Interventions that are in existence have been shown to be effective in reducing HIV / STD infection rates. However, in order for them to reach their full potential, the intended

participants must have access to (flexible times, convenient location, transportation, etc.) them. It also means that interventions are not necessarily interchangeable. Sometimes simply changing the material isn't enough to make an intervention accessible to all populations. Sometimes a completely different approach to recruitment and retention is necessary. In order to make Healthy Relationships and other interventions more plausible we must address issues such as: addiction, lack of family or social support, domestic violence, financial trouble, childcare, transportation, lack of basic healthcare, side effects to HIV medication, lack of access to support services (i.e. case management), housing, lack of access to mental healthcare, denial of HIV status, anger, distrust of system, issues with authority, and problems with following rules and guidelines. The following are suggestions to improve retention: Fostering active support from their families which involves education of the family as well as client in order to develop an understanding of the client's need for participation, resource packet and instruction on its contents, linking referrals to the topics of the class that week, incentives, snacks provided, certificate upon completion, graduation celebration, reminder calls, information on public transportation, flexibility on session times, transportation / bus passes, on-site day care, better incentives, and more education for clients on basic life skills.

Track D
DR01 – Making Youth Street Smart: Adapting Evidence-Based Interventions for At-Risk Youth Populations
Room: HANOVER F/G (Hyatt Hotel – Exhibit Level)

Presentation Number: DR01

Presentation Title: Making Youth Street Smart: Adapting Evidence-Based Interventions for At-Risk Youth Populations.

Author(s): *Shults, K; Walavalkar, I*
Medical and Health Research Association, New York, NY

ISSUE: It is vital for youth serving providers to engage in a planning process to identify and implement an effective evidence based intervention (EBI) that is appropriate for at-risk youth. To do so requires that staff from these organizations learn or enhance their skills to effectively assess the needs of their target population, understand the research and theory behind their intervention selection, and possess the knowledge and resources needed to adapt evidence-based interventions in order to meet the needs of varying youth sub-populations.
KEY POINTS: Facilitators will lead a discussion around and build participants' skills in: I) selecting appropriate EBIs by connecting theory to practice and better understanding the underlying research II) facilitating psycho-educational curricula III) adapting exercises and activities for multiple youth sub-populations IV) conducting formative evaluation activities that allow for better understanding of the needs of their populations.
IMPLICATIONS:EBI facilitators and implementers can benefit from lessons learned and build skills necessary to adapting Evidence-Based Interventions to meet the needs of their at-risk youth. This is crucial for CBOs to make DEBIs both relevant and effective for their target populations.

Track D
DR02 – Effective HIV/AIDS Prevention Methods for Young People: What Works?
Room: A704 – (Marriott Hotel – Atrium level)

Presentation Number: DR02

Presentation Title: Effective HIV/AIDS Prevention Methods for Young People. What Works?

Author(s): *Gua, JB*
Africare/Nigeria, Port Harcourt, Nigeria

In recent years, half of all new HIV infections occur in people between the ages of 15 to 24, which translates to six young people becoming infected each minute, and a total of 12 million young people living with HIV/AIDS. Young people today run the highest risk of HIV infection and represent the greatest challenge for the prevention of new infections.

With the understanding that youth and children respond best to messages communicated by other youth; young people often do not accept or trust information on sensitive issues delivered by teachers and parents.
Young people should be encouraged to form network of trained Peer Educators on HIV/AIDS issues by providing them with interesting and realistic strategies for combating HIV/AIDS, facilitating open discussions in both English and local languages, the edutainment strategy should also used to facilitate youth involvement and leadership in the fight against HIV/AIDS.
HIV/AIDS intervention programs involving youth from advocacy phase through evaluation using the Peer based approach will increase the number of bright young leaders, demonstrating leadership capacity, life skills for HIV/AIDS, leadership in the context of HIV/AIDS.

Track D
DR03 – Implementing Peer-Based Interventions in Clinic-Based Settings: Lessons from a Multi-Site HIV Prevention with Positive Initiatives
Room: A705 – (Marriott Hotel – Atrium level)

Presentation Number: DR03

Presentation Title: Implementing Peer-Based Interventions in Clinic-Based Settings: Lessons from a Multi-Site HIV Prevention with Positive Initiatives

Author(s): *Raja, S*[1]*; Teti, M*[2]
1 Mount Sinai Hospital, Chicago, IL; 2 Drexel University, Philadelphia, PA

ISSUE: HIV prevention interventions in clinical settings became a national priority in 2003. Many of these interventions are focused on HIV-infected individuals. While the importance of involving HIV-infected people in the design, delivery, and evaluation of prevention programs is widely recognized, information about how to implement "peer-based" services in clinic settings is limited. A "peer" is defined as someone who is trained to counsel, educate, and/or support behavior change among members of his/her own social or community group. In HIV/AIDS prevention and service delivery, peers often share a similar serostatus with program recipients and they can provide a wide array of HIV prevention and treatment services to others. These services can include education, counseling and testing, identifying barriers to care, facilitating referrals, and providing social support. This roundtable will discuss four peer-based interventions that were implemented as part of a national multi-site initiative, the Health Resources and Services Administration's Special Projects of National Significance (SPNS) Prevention with HIV-Infected Individuals seen in Clinical Care Settings initiative.
KEY POINTS: Facilitators representing four projects will discuss the common themes reported by Project Directors/Evaluators in this cross-site SPNS initiative. We will describe the challenges and benefits of peer-based interventions across these programs, including infrastructural, clinical and research-related issues. For example, we will discuss several strategies used to help peers adjust to working in a clinic setting (as opposed to being a patient). We will also discuss the benefits to peer providers, participants, and the clinic as a whole. For example, we will discuss ways in which peers helped to conceptualize client difficulties and contribute to a team-based treatment plan for patients. Finally, we will review the specific lessons learned from this SPNS initiative that will be useful when implementing future peer-based interventions. These include issues related to: 1) hiring of peers, 2) program development and integrating peers into the prevention setting, 3) supervision and specific challenges and boundary issues faced by peer staff members, and 4) quality assurance activities in peer-based prevention programs. For example, we will discuss specific ways to interview and train peers to minimize peer-staff turnover and we will suggest ways that staff can help peers cope with burn out and other boundary issues.
IMPLICATIONS: The lessons learned from these projects may be helpful for implementing peer-led programs in other clinical settings. Discussion will focus on generating specific strategies for implanting peer-based interventions in participants' settings of interest.

Track D
DR04 – Development of HIV Counseling, Testing and Referral (CTR) Data Quality Assurance Standards for CDC-funded Agencies
Room: A707 – (Marriott Hotel – Atrium level)

Presentation Number: DR04

Presentation Title: Development of HIV Counseling, Testing and Referral (CTR) Data Quality Assurance Standards for CDC-funded Agencies

Author(s): *Mezoff, JS*[1]*; Stein, R*[1]*; Duran, D*[1]*; Topete, P*[2]*; Uhl, G*[1]
1 CDC/DHAP, Atlanta, GA; 2 Macro International, Atlanta, GA

ISSUE: There are currently no national standards addressing HIV CTR data quality for use by CDC-funded agencies. CDC's Division of HIV/AIDS Prevention is developing such standards to improve the quality of CTR data, and to ultimately guide prevention efforts. The national standards will be informed by identifying best practices for CTR data quality assurance during site visits to selected health departments, reviewing relevant documents, and soliciting internal and external stakeholder input. This workshop represents an important part of engaging stakeholders in the standards development process.
KEY POINTS: The session will present an overview of the need for comprehensive HIV CTR data quality assurance standards, the process CDC is undergoing to develop these standards, including how these standards may benefit HIV prevention efforts. Facilitators will present and discuss principles of data quality, CTR data procedures that can impact data quality including data collection, entry, management, submission, analysis, utilization, and security. Following this overview, attendees will have an opportunity to a) define what CTR data quality means to them, b) identify the challenges to achieving data quality and the strategies used to address them, and c) offer feedback regarding the development, finalization, and dissemination of the national data quality assurance standards.
IMPLICATIONS: Participants will gain understanding of CDC's process to develop CTR data quality assurance standards. Furthermore, participants will learn the importance of high CTR data quality and how this may impact HIV prevention program outcomes. Participant feedback will help to ensure that the HIV CTR data quality assurance standards will meet the needs of HIV CTR service providers and ultimately improve the quality of CTR data.

Track D
DR10 – Building on Success: Monitoring the Implementation of Healthy Relationships
Room: A702 – ((Marriott Hotel – Atrium level)

Presentation Number: DR10

Presentation Title: Building on Success: Monitoring the Implementation of Healthy Relationships

Author(s): *Freeman, AC; Belzle, TE*
UT Southwestern Medical Center, Dallas, TX

ISSUE: An increasing number of state health departments are funding community based organizations to implement Healthy Relationships, currently the only intervention with persons living with HIV that is part of the CDC's Diffusion of Effective Behavioral Interventions Program. Training is available to group facilitators and program managers, but state health departments must develop their own methods and forms for monitoring the implementation by their funded community-based organizations to build successful programs.
KEY POINTS: Facilitators will present and discuss with the group methods of monitoring Healthy Relationships developed by the CDC-funded Capacity-Building Assistance Center and will encourage sharing of successful techniques and forms among the participants. These techniques include monitoring the correct facilitation of the clips and the discussions of the coping skills, building group facilitation skills, and selecting new clips for specific communities. The forms that will be shared include the Healthy Relationships Monitoring Tool, the Session outlines, the Implementation Plan, and the checklist for selecting appropriate clips.
IMPLICATIONS: When health departments are able to monitor programs easily and effectively it raises the quality

of those programs and therefore increases the opportunities for the intervention group participants to choose successful risk reduction and behavior change.

Track D
DR24 – HIV Prevention in Work Settings
Room: A701 – ((Marriott Hotel – Atrium level)

Presentation Number: DR24
Presentation Title: HIV Prevention in Work Settings

Author(s): *Hall, MI*
United Auto Workers, Detroit, MI

ISSUE: Many persons at some degree of risk for HIV infection are working and spend large portions of their time at work. Recent health and wellness research has shown that interventions conducted at the worksite can lead to reduction of risks for injury and disease and increase access to health promotion services.
KEY POINTS: HIV prevention interventions (some funded by CDC) have been conducted in workplace settings for a number of years and have shown promise with regard to reducing risks of HIV infection and increasing use of HIV services. This roundtable session will examine recent experience with these types of interventions, enumerate challenges that have been encountered, and discuss strategies that can be used to make worksite interventions more productive. Attendees will be encouraged to contribute learning's from worksite interventions with which they have been involved and think creatively about solutions that can be crafted to barriers that have appeared.
IMPLICATIONS: Worksite interventions, when conducted thoughtfully, can make a significant contribution to the HIV prevention effort.

Track D
DR26 - Developing Effective Abstinence-Oriented HIV Prevention Interventions
Room: HANOVER D - (Hyatt Hotel – Exhibit Level)

Presentation Number: DR26

Presentation Title: Deciding What Makes an HIV Prevention Program Effective: What is Abstinence and Can it Be an Option?

Author(s): *Bayer, CR*
Center of Excellence for Sexual Health at Morehouse School of Medicine, Atlanta, GA

ISSUE: When considering how to plan and develop an HIV prevention program, many approaches can be considered. Community values, attitudes, and beliefs can powerfully influence programmatic approaches, particularly when it comes to adolescents. Controversy can arise around approaches to be used, particularly when abstinence messages are being considered.
KEY POINTS: Participants will openly discuss the use of "specifically specific" language in building an effective program, particularly with the use of "abstinence only," "abstinence plus," and "comprehensive education." Participants will openly discuss how to determine what content to include in HIV Prevention Programs based upon the needs of their target audiences. Participants will also interactively explore and determine language and content for effective HIV Prevention Programs.
IMPLICATIONS: Effective HIV prevention approaches can be developed when community and target population needs are considered in tandem with scientific evidence.

Track E
ER03 – 46% is Unacceptable: Mobilizing Policy, Program and Research to Address HIV Among Black Gay Men
Room: A706 - (Marriott Hotel – Atrium level)

Presentation Number: ER03

Presentation Title: 46% is Unacceptable: Mobilizing Policy, Program and Research to Address HIV among Black Gay Men

Author(s): *Baker, AC*; *Hopkins, EC* - National Alliance of State and Territorial AIDS Directors, Washington, DC - A. Cornelius Baker, National Black Gay Men's Advocacy Coalition, Washington, DC, Ernest C. Hopkins, San Francisco AIDS Foundation, San Francisco, CA.

ISSUE: According to a 33 state study from 2003 - 2004, the most common mode of transmission for HIV infections for black males was sex with a man. CDC's 5 city study released in 2005 of HIV prevalence, unrecognized infections and HIV testing Among MSM that showed, 46% of black MSM were HIV positive and 67% of them were unaware of their status. Additionally, in 2007, as a component of its Heightened Response to HIV among African-Americans, CDC has stressed the importance of addressing the HIV epidemic among black gay/MSM.
KEY POINTS: Policy, program and research initiatives much be implemented to address the high rate of HIV infection among black gay men. The 5-City Study has resulted in renewed interest at the community level in policy, program and research initiatives to address this longstanding problem.
IMPLICATIONS: Numerous reports have been written on the status of the HIV epidemic and its dynamics in the United States. Recent federal, state and local reports have focused on the high impact of HIV on African-Americans. More specially, black MSM in the U.S. are more than twice as likely to be HIV positive as white and Latino MSM. Additionally, sexually transmitted diseases, hepatitis, sexual violence and other conditions have severe consequences in black gay men. Despite continuously accumulating data that demonstrates the significant health disparities among this population there has been little commitment from policy makers and elected officials at the Federal, State or local level to improving the health and well being of black gay men. The CDC's 5 city study has been a galvanizing force among black gay advocates and researchers. Since release of the 5-city study in 2005, Black Gay/MSM have undertaken a number of initiatives to put forward new solutions to this public health and community crisis.

Track G
GR01 – Methamphetamine Use and Sexual Risk Behavior: A Discussion of Research, Program and Policy Activities of CDC, SAMHSA, and Other National, State and Local Agencies
Room: HANOVER C – (Hyatt Hotel – Exhibit Level)

Presentation Number: GR01

Presentation Title: Methamphetamine Use and Sexual Risk Behavior: A Discussion of Research, Program and Policy Activities of CDC, SAMHSA, and Other National, State and Local Agencies

Author(s): *Mansergh, G*; Centers for Disease Control and Prevention

MONDAY, DECEMBER 3, 2007
Concurrent Sessions
10:30 AM - 12:00 PM

Track A
A11 – HIV Prevention with the Mentally Ill: Motivation-Skills
Room Location: INMAN – (Hyatt Hotel – Atlanta Conference Center level)

Presentation Number: A11 – 1

Presentation Title: HIV Prevention with the Mentally Ill: Motivation-Skills

Author(s): *Brady, S*; *Berger-Greenstein*, J; *Rollason-Reese, C*
Boston University School of Medicine/ Boston Medical Center, Boston, MA

ISSUE: Research findings increasingly support the contention that the incidence of HIV infection, sexually transmitted diseases, and sexual and drug use behaviors are high among people with serious mental illness. Given these high prevalence rates, both primary and secondary HIV prevention interventions are clearly indicated.
SETTING: Participants with serious and persistent mental illness at risk for or infected with HIV/AIDS are being recruited from Boston Medical Center (BMC), which is located in the metropolitan Boston area.
PROJECT: Our long-term objective is to reduce the incidence of HIV for people with serious mental illness (SMI) by developing an effective primary and secondary HIV risk reduction intervention for this population which can be easily delivered in the "real world" settings. Our specific primary aims:
(1) To adapt Skills-Building and Motivational-Interviewing interventions for HIV risk reduction for men and women with serious mental illness (SMI).
(2) To pilot test and obtain preliminary data regarding the feasibility of our interventions and the differences in outcome between Skills Building in combination with Motivational Interviewing (SB-MI) and Skills Building alone (SB) for reduction of HIV-related risk behaviors in a cohort of SMI adults.
(3)To offer HIV counseling and testing for at risk individuals with serious mental disorders, with an emphasis on connecting participants to appropriate medical and mental health services.
RESULTS: This NIH-NIMH R34 Study began in February 2006 with the 1st year devoted to adapting and developing study related assessments and interventions and finalizing the design. The 2nd year of the study began in February 2007 is actively recruiting 60 subjects randomly assigned to one of two conditions: 1) a 3 session Skill Building Intervention + a booster session at month 3 **or** 2) a 3 session Skill Building+ Motivational Interviewing Intervention + booster session at month 3. Subjects are being assessed at baseline, 3 months and six months after baseline. Our specific hypotheses are:
(1) All participants, regardless of treatment condition (SB or SB-MI) will experience a significant reduction in HIV risk behaviors following the interventions.
(2) Participants receiving SB-MI will have a greater level and rate of improvement in HIV risk behaviors, as compared to those participants receiving SB.
(3) SB-MI will be associated with a higher rate of requests for HIV counseling and testing, as compared to SB.
We anticipate being able to present some very preliminary data from the first 7 months of subject recruitment.
LESSONS LEARNED: The most important lesson learned to date was the importance of consumer involvement which cannot be overemphasized. We initially thought that the CAB would advise us in general ways and perhaps review the final protocol. In fact our eager activist CAB members who had participated in a number of consumer empowerment activities for people with mental illness were integrally involved in all aspects of developing this project.

Track A
A14 – Aging and HIV Prevention across the Life Span
Room: VANCOUVER/MONTREAL - (Hyatt Hotel – Embassy Hall level)

Presentation Number: A14 – 1

Presentation Title: HIV Prevention Across the Life Span: Age and HIV Preventive Attitudes, Behaviors, and Efficacy

Author(s): *Corneille, MA; Fitzgerald, A; Johnson, J* - Virginia Commonwealth University, Richmond, VA

BACKGROUND: African American women are disproportionately impacted by HIV/AIDS, particularly in the Southeastern region of the United States (CDC, 2004). A growing body of literature describes HIV risk among older women. Older women may be more likely than younger women to perceive themselves at little or no risk of HIV, though they are engaging in risk behaviors (Theall, Elifson, Sterk, Klein, 2003). However, most studies have focused on HIV risk for adolescent and young adult African American women. The purpose of the current study is to examine how sexual risk and risk reduction attitudes and behaviors differ across age for African American women.
METHODS: Unmarried African-American heterosexual women (N=325) were recruited from universities and community centers in a Southeastern metropolitan area as part of a larger HIV prevention program. The mean age of participants was 23.32 (sd= 8.15) with ages ranging from 18 to 61. Participants completed survey measures of their condom use behaviors, condom attitudes, condom use efficacy, and condom negotiation efficacy. Hierarchical multiple regression and logistic regression was used to examine the relation of age to HIV prevention behavior, attitudes, and efficacy after controlling for the effects of level of education, partner status, and length of relationship. Only baseline data were used in the analyses.
RESULTS: Major findings indicated that age was associated with condom use frequency such that older women reported less frequency of condom use ($F(1,180)=4.47$, $p<.05$). Length of relationship was significantly related to frequency of condom use (standardized beta=-.230, $t==2.84$, $p<.01$). Women who reported being in a longer relationship with their main partner also reported using condoms less frequently. Age was also associated with condom negotiation efficacy such that younger women reported lower condom negotiation efficacy than older women **(**$F(1, 272)=5.07$, $p<.05$). Level of education was associated with condom negotiation efficacy (standardized beta=.16, $t=2.58$, $p<.05$) such that women who had attended college reported higher condom negotiation efficacy. Age was associated with women's perceived condom attitudes of their partners ($F(1,278)=5.55$, $p<.05$) such that older women perceived their partners as having less favorable attitudes towards condoms. However, age was not associated with women's condom attitudes, condom use efficacy, or gender role orientation.
CONCLUSIONS: Findings indicate that the focus of prevention efforts should be designed such that they meet the specific needs of their target age groups. The results suggest that although older women possess higher levels of condom negotiation efficacy, they may be more likely to be in long-term relationships where condom use may be seen as a hindrance to relationship trust. In addition, these women are also more likely to have negative perceptions of their partners' attitudes towards condoms. HIV prevention programs may benefit from teaching women that condom use is not necessarily a barrier to relationship trust, and can be pleasurable for both a women and her partner. In addition, prevention efforts for older women in particular may need to focus on recognizing the importance of condom use for HIV prevention as well recognizing their HIV risk.

Presentation Number: A14 – 2

Presentation Title: Sexual Behaviors Among HIV-Positive Men Over 50

Author(s): *Bimbi, DS[1]; Tomassilli, J[1]; Parsons, JT[1]; Karpiak, SE[2]; Shippy, RA[3]* - [1]Center for HIV/AIDS Educational Studies and Training (CHEST), Hunter College, City University of NY, New York, NY; [2]Center for HIVAIDS Community Research Initiative of America (ACRIA), New York, NY; [3]AIDS Community Research Initiative of America (ACRIA), New York, NY

BACKGROUND/OBJECTIVES: To examine the sexual behaviors of men over 50 living with HIV; specifically to examine differences in rates of unprotected assertive intercourse (vaginal or anal) among men who have sex with women and men who have sex with men (or men and women).
METHODS: Data from 640 men from the ROAH (Research on Older Adults with HIV) study conducted by ACRIA in New York City in 2005 were selected for analyses. Survey measures focused on sexual behaviors, substance use and mental and physical health.
RESULTS: The sample was mostly men of color (84.1%) who identified themselves as straight (59.6%); white men were more likely to be non-heterosexually identified. Just under half (45.2%) reported no sexual activity in the last 3

months. Sexually inactive men were significantly older and higher in depression. Recent sexual activity was not related to HIV symptoms, race or sexual self label. Due to inconsistencies between self-labeling and reported sexual behaviors, participants were categorized as: men reporting sex exclusively with women (MSW; 53.0%), men reporting sex exclusively with men (MSM; 38.7%) or men reporting sex with both genders (MSMW; 8.3%). For analyses the last two groups were collapsed together (MSM-MSMW). MSM-MSMW were more likely to report having unknown HIV status sexual partners (53.3% vs. 32.8%), Further MSM-MSMW were more likely to report use of crystal methamphetamine with sex (6.7% vs. 0.0%); no other substance use with sex differences were observed including use of erectile dysfunction drugs. By partner type, MSM-MSMW was less likely to report any assertive sex (negative partners, 29.4% vs. 69.7%; unknown status partners, 31.83% vs. 52.5%; positive partners, 42% vs. 60.8%). Subsequent analyses were limited to those who reported any insertive sex within partner type. Within all partner types MSM-MSMW were more likely to report any unprotected insertive sex (negative, 40.0% vs. 9.2%; unknown HIV status, 42.9% vs. 18.8%; positive 50.0% vs. 22.8%).
CONCLUSIONS/IMPLICATIONS: Men who reported only female sex partners reported low rates of unprotected insertive sex regardless of their partner's HIV status. While many MSM-MSMW did not report engaging in insertive sex, those who did, reported unprotected sex in much higher rates compared to MSWs. MSM-MSMW over 50 (and their partners) may require targeted prevention messages to further prevent the spread of HIV in the older adult population.

Presentation Number: A14 – 3

Presentation Title: Substance Use and Symptoms of Depression Among Older HIV Positive Gay and Bisexual Men: Implications for Research and Intervention

Author(s): *Grov, C*[1]; *Tomassilli, JC1,*[2]*; Parsons, JT1,*[3]*; Karpiak, SE4; Shippy, RA*[4] - Audrey K. Bangi, PhD, University of California, San Francisco, San Francisco, CA; Christian Alvez, Asian and Pacific Islander American Health Forum, San Francisco, CA; Tri Do, MD, MPH, University of California, San Francisco, San Francisco, CA; Frank Wong, PhD, Georgetown University, Washington, DC

BACKGROUND: With the graying of the HIV/AIDS epidemic, it has become increasingly essential to monitor the health and behavior of older (50+) HIV positive adults. Rates of drug use and, in particular, club drug use, among HIV positive gay and bisexual men have been noted for their relationship to poor health outcomes (such as depression); however, little is known about prevalence and outcomes of substance use (including club drugs) among older HIV positive gay and bisexual men.
METHODS: Data from gay (n = 181) and bisexual (n = 58) men were selected from the ROAH (Research on Older Adults with HIV) study conducted by ACRIA in New York City in 2005. Participants indicated their recent substance use (alcohol, ketamine, methamphetamine, GHB, MDMA/ecstasy, cocaine, and crack), depression (CED-D), and experiences with substance use recovery
RESULTS: The sample was diverse with 32.2% being Caucasian, 31.4% African American, and 31.0% Latino (Mean age = 56.4, SD = 5.45, Range 50 - 74). Alcohol (51.1%), marijuana (27.2%), cocaine (14.6%) and crack (14.2%) were the most common substances recently used (i.e., < 90 days). Other club drugs were uncommon (ketamine 0.4%, MDMA/ecstasy 0.4%, GHB 0.4%, methamphetamine 3.8%, and LSD/PCP 0.4%).
among the most commonly reported drugs, Whites (65.3%) were significantly more likely to drink than Latinos (46.5%) and African Americans (48.6%), but there were no differences in reported marijuana, cocaine, or crack use. Depressive symptoms were common among men sampled (i.e., 57.7% CES-D score > 16), and was significantly related to recent cocaine use, but not other drugs. Further, 21.8% of men were in recovery for alcohol use, and being in recovery for alcohol was significantly related to depressive symptoms (i.e., 71.4% of those in alcohol recovery CES-D > 16). Eighteen percent of men were in recovery for drug use, and although being in recovery for drugs in it and of itself was not related to depression, having used drugs while in recovery was related to depression (77.3% of these men CES-D > 16).
CONCLUSIONS: With the exception of cocaine, club drug use was uncommon. Nevertheless, rates of alcohol, cocaine, crack, and marijuana use were high. Depressive symptoms were common among men sampled, and were significantly related to cocaine use, being in recovery for alcohol, and using drugs while in drug recovery. These findings implicate the need to develop a dual-intervention that addresses depressive symptoms and drug use.

Track B
B05 – HIV and STD Coinfection Prevalence
Room: HANOVER F/G - (Hyatt Hotel – Exhibit Level)

Presentation Number: B05 – 1

Presentation Title: Matching Syphilis and HIV Registries in Chicago: Benefits to HIV Case Ascertainment and Syphilis Elimination

Author(s): *Benbow, N; Christiansen, D; Kempler, C; Tabidze, I*
Chicago Department of Public Health, Chicago, IL

BACKGROUND: Individuals infected with syphilis may develop ano-genital ulcers, which can serve as a portal of entry for HIV. The Centers for Disease Control and Prevention (CDC) estimates that individuals with syphilis are 2 to 5 times more likely to acquire HIV when exposed. Moreover, the presence of syphilis itself is a marker of unsafe sexual practices. In Chicago, 85-90% of syphilis cases are in men; in 2005, at least three-quarters of male syphilis cases indicated same-sex contact as a risk factor for syphilis, which reflects the syphilis outbreak in gay men in Chicago, 2005.
Because of the positive associations between male-to-male sexual contact, syphilis, and HIV, we matched the syphilis registry to the HIV/AIDS reporting system database to determine the extent of the associations described above and to assist in HIV case ascertainment.
METHODS: We matched the syphilis registry for 2005 and 2006 with HARS database frozen through March 2007 where the date of HIV or AIDS infection was prior to the syphilis diagnosis. Illinois transitioned in 2006 from code to name-based reporting, so we matched both registries first by code, then by name where applicable. We checked the validity of the PCN match by checking names of co-infected individuals with AIDS. We stratified data from the two registries into three groups (i.e., HIV and syphilis co-infected cases, HIV mono-infection and syphilis mono-infection). We compared frequencies of demographic and risk characteristics between the three groups and risk characteristics where appropriate. We calculated relative risks and 95% confidence intervals (95% CI) in order to compare groups on specific characteristics.
RESULTS: The syphilis registry contained 2,015 records, in whom 586 (29%) were also infected with HIV. Co-infected individuals had a different demographic and risk profile than either of the mono-infected groups. Eighty-five percent of co-infected individuals acquired HIV through male-to-male sexual contact compared with 42% of HIV mono-infected individuals (RR=2.02; 95%CI: 1.92 - 2.13); co-infected cases were nearly twice as likely to be white relative to HIV mono-infected individuals (RR = 1.80, 95% CI : 1.61, 2.02)) and syphilis mono-infected individuals (RR = 1.88, 95%CI: 1.64, 2.15)). In addition, 73% of co-infected individuals were 30-49 years of age compared to 53% in both mono-infected groups. We matched 447 of 576 (76%) syphilis cases who stated they were co-infected with HIV. We were unable to match 129 of the cases who stated they were also co-infected with HIV.
CONCLUSIONS: Syphilis and HIV co-infected individuals have a different demographic and risk profile than either HIV or syphilis mono-infection. A sizable proportion of individuals with syphilis who stated they were also infected with HIV were located in HARS (75%). Unmatched individuals who stated they were co-infected had characteristics that were similar to those who matched a HARS record, lending credence to the fact that these cases are truly co-infected. HIV surveillance programs can benefit rates of case-ascertainment through matching registries, and prevention programs can target specific interventions at populations at high risk of HIV and syphilis.

Presentation Number: B05 – 2

Presentation Title: HIV Infections Among Men Who have Sex with Men Diagnosed with Primary and Secondary Syphilis - Chicago, 2005-2006

Author(s): *Tabidze, I; Benbow, N; Wong, W* – Chicago Department of Public Health, Chicago, IL

BACKGROUND/OBJECTIVES: Over the past decade, Chicago recorded high rates of primary and secondary (P&S) syphilis. Outbreaks of syphilis among men who have sex with men (MSM) in Chicago and reported increases in sexual risk behavior have raised concerns about potential increases in HIV transmission. Our objectives were to compare the characteristics of MSM with the P&S syphilis and to identify potential changes in HIV incidence among reported syphilis cases during 2005 and 2006.
METHODS: Surveillance and interview data for cases of P&S syphilis reported in Chicago between 2005 and 2006 were analyzed.
RESULTS: The 295 cases of P&S syphilis reported in 2006 represent a 30% decrease in morbidity compared to

2005, when 418 cases were reported. Declines were most notable among MSM with P&S syphilis who comprised 65% of reported cases. Cases among MSM declined by 36.5%, from 304 in 2005 to 193 in 2006. There was a 23.6% decline among females (from 38 to 29 cases), and 21.2 % increase among heterosexual males (from 33 to 40 cases), and a 25.6% decrease among males with unknown sexual orientation (from 43 to 33 cases). The most notable decline in MSM cases was among Whites (48%, from 162 cases in 2005 to 83 cases in 2006), followed by Hispanics which saw a 35% decrease (from 39 cases to 25 cases), and only a 14% decrease among Black MSM, where cases declined from 94 to 81. Overall, the median age of MSM with P&S syphilis declined from 36 years in 2005 to 34 years in 2006, rising among white MSM (from 37 to 40 years), while falling in Blacks (from 31 to 28 years) and Hispanics (from 35 to 32 years). Interview data were available for 452 (91%) of 496 MSM with P&S syphilis reported during 2005-2006; HIV positivity increased among MSM (from 52% to 58%), with increases noted among White MSM (from 52% to 60%) and Hispanics (from 31% to 56%), while remaining stable among Blacks (60% vs. 58%). Of 149 HIV-infected MSM with P&S syphilis reported in 2005, 35 (23.4%) were newly diagnosed with HIV; by comparison of 106 HIV-infected MSM with P&S syphilis reported in 2006, 27 (25%) were newly diagnosed with HIV. among MSM with newly diagnosed HIV, 74% reported having sex with anonymous partners in 2005 vs. 60% in 2006; 40% reported meeting sex partners via the internet in 2005 vs.33% in 2006; and 17% reported having sex partners at bathhouses in 2005, compared to 19% in 2006. Approximately 75% of MSM diagnosed with HIV infection in 2005 reported not using condoms with sex compared to 52% of HIV-infected MSM in 2006.
CONCLUSIONS: The number of new HIV infections among MSM diagnosed with P&S syphilis did not increase significantly between 2005 and 2006. However, the continued high rates of anonymous partners and low rates of condom use highlight the need for more effective interventions directed towards sexually active persons to promote condom use and behavioral change in order to reduce the risk of STD and HIV transmission

Presentation Number: B05 – 3

Presentation Title: Trends in Neisseria Gonorrhoeae Incidence Among HIV-Positive Men in Washington State, 1996 - 2005

Author(s): *Stenger, MR[1]; Courogen, MT[1]; Carr, JB[1]; Kerani, RP[2]; Newman, LM[3]; Djomand, G[4]*
[1]Washington State Dept. of Health, Olympia, WA; [2]Public Health - Seattle & King County, Seattle, WA; [3]U.S. Centers for Disease Control and Prevention, Atlanta, GA; [4]HIV Vaccine Trial Network, Fred Hutch Cancer Research Center, Seattle, WA

BACKGROUND: Considerable evidence exists to suggest that co-infection with HIV and bacterial sexually transmitted infections (STIs) can act synergistically to facilitate HIV transmission. Clinical studies have demonstrated that infection with *Neisseria gonorrhoeae* significantly amplifies the concentration of HIV in seminal fluid and can promote viral replication in human dendritic cells, which serve as a reservoir for delivery of virus to activated CD4+ T lymphocytes. Routine monitoring of population-level trends in GC/HIV co-infection is a public health imperative for targeting HIV prevention efforts. Population-level data sources are not routinely available to document the HIV status of men being diagnosed with gonorrhea.
METHODS: Statewide surveillance registries for HIV and gonorrhea reported in Washington State between 1996 and 2005 were integrated by matching cases using patient name, date of birth and gender. We used a weighted, multi-element deterministic matching algorithm tuned to maximize specificity; matched cases were merged into a single dataset for analysis, including dates and characteristics of gonorrhea and HIV diagnoses, reported HIV exposure risk and patient demographics. The annual gonorrhea incidence rate among HIV positive men ages 18 to 44 was calculated using gonorrhea cases reported as the numerator and HIV prevalence estimates developed from core surveillance data adjusted for reporting delay as the denominator. Annual gonorrhea incidence rates among HIV positive men were compared to the annual incidence rates of gonorrhea among men not known to be HIV positive. Significance of trends in annual incidence was assessed by Chi Square (Mantel-Haenszel) and by linear regression. Incidence trends for HIV-positive versus presumed HIV-negative groups were compared using the Z-statistic calculated from the regression coefficients.
RESULTS: We identified 800 cases of gonorrhea between 1996 and 2005 among men ages 18 to 44 known to be HIV positive at the time of their gonorrhea diagnosis and 11,576 cases among men presumed to be HIV negative. Based on these data, the annual incidence of gonorrhea for HIV-positive males in this age group increased significantly from 921 per 100,000 in 1996 to 2,946 per 100,000 in 2005. Gonorrhea incidence among presumed HIV-negative males in the same age group and for the same time period also increased significantly from 76 per 100,000 in 1996 to 130 per 100,000 in 2005. While both trends increased significantly ($p < 0.01$), the rate of gonorrhea incidence among HIV-positive men was more than ten-fold higher and accelerated faster than the rate among HIV-negative men.
CONCLUSIONS: These data indicate that as many as 3% of HIV positive men in Washington State may have been diagnosed with gonorrhea at some time during 2005. These data imply an alarmingly high level of ongoing sexual risk-taking among HIV positive men. Additional research into the factors associated with HIV-positive men being

diagnosed with gonorrhea, including geographic distribution, demographic characteristics, individual risk behaviors, sex partner network characteristics and sero-sorting practices is needed to better inform HIV prevention efforts. Moreover, our findings clearly demonstrate the importance of more fully integrating HIV and STD program activities to reduce the risk of HIV transmission by HIV positive men.

Presentation Number: B05 – 4

Presentation Title: The Relative Prevalence of Different STIs in HIV-Discordant Sexual Partnerships: Data from a Risk Network Study in a High-risk New York Neighborhood

Author(s): *Friedman, SR[1]; Bolyard, M[2]; Sandoval, M[1]; Mateu-Gelabert, P[1]; Maslow, C1; Zenilman, J[3]*
[1]National Development & Research Institutes, New York, NY; [2]BMCC, New York, NY; [3]Johns Hopkins Bayview Medical Center, Baltimore, MD

BACKGROUND/OBJECTIVES: Genital herpes (HSV-2), syphilis, gonorrhea (GC), and Chlamydia trachomatis (CT) facilitate HIV sexual transmission between HIV-discordant partners. Little research has been conducted on STI prevalence in HIV-discordant partnerships in the USA, in part because couples data are hard to collect. We present STI prevalence data in a large risk network study.
METHODS: Sample: Using a complex sampling design elsewhere described (Friedman et al, AIDS & Behavior 2007), 112 initial serosurvey respondents were recruited in a low-income minority neighborhood of Brooklyn with epidemic HIV and widespread drug use. 66 of these respondents were from a population-representative sample of 18 - 30 year olds; 39 were injection drug users (IDUs) recruited in various ways; and 7 respondents were recruited as involved in a local gay/lesbian sex party scene. We then recruited sexual (and injection) partners of these subjects, their partners' partners, and so forth for up to 3 steps in a network sampling design, resulting in a final sample of 465 persons 18 years old or older. Network data were collected about the sexual partners of all participants; and network software identified sexual dyads.
Specimens and Assays: After separate informed consent, 10 ml of blood and 10 ml of urine were collected. Blood was tested at Bio- Reference Laboratories (Elmwood Park, NJ) for HIV (EIA/WB); type-specific (FOCUS) anti-HSV-2; and syphilis (RPR and TPPA). Urine was tested for Chlamydia (BDProbeTec Amplified DNA assay) and gonorrhea (BDProbeTec Amplified DNA assay).
RESULTS: 30 couples were HIV-discordant. Of these couples, 5 were man/man and 25 were woman-man couples (of which 6 were partnerships of an MSM with a WSW). 8 partnerships were comprised of 2 IDUs; 15 of 1 IDU and 1 non-IDU; and 7 contained no IDUs. Data were missing on the partners of two syphilis-negatives, one gonorrhea-negative, one Chlamydia-negative, and two herpes-2-negatives. No subjects tested positive for either syphilis or gonorrhea. Two couples were Chlamydia-discordant. On HSV-2, 16 couples were double-positive, eight discordant, four double-negative, and two were comprised of a herpes-2-negative with a partner for whom herpes data were unavailable.
CONCLUSIONS: HIV-discordant couples are a central locus for HIV transmission. among these 30 couples, HSV-2 was present in at least 24 (83%); CT was present in 2; and syphilis and gonorrhea were present in none. In this population, HSV-2 is probably more important for HIV transmission than the bacterial STDs; although GC and CT greatly facilitate HIV transmission where they are present, the attributable fraction for HSV-2 is probably much higher. Even given the limited generalizability of this community-based sample, these findings point to an important opportunity for HIV prevention. Specifically, there appears to be an urgent need for herpes detection and prevention activities in places where HIV-infected people are likely to be encountered, including STD clinics, HIV care centers, HIV counseling and testing programs, programs for prevention with positives, jails and prisons, needle exchanges, and drug abuse treatment programs. In addition, the conditions for and effects of HSV-suppressive therapy in highly-impacted groups should be investigated.

Track B
B11 – Primary HIV Infection
Room: HANOVER D – (Hyatt Hotel – Exhibit Level)

Presentation Number: B11 – 1

Presentation Title: Examination of the Relationship Between HIV-1 p24 Antigen Sensitivity and RNA Viral Load for the ARCHITECT® HIV Ag/Ab Combination Assay

Author(s): *Hackett Jr, J; Swanson, P; West, D; Vickstrom, R; Devare, SG; Schochetman, G; Brennan, C*
Abbott Diagnostics, Abbott Park, IL

BACKGROUND: Recent studies have demonstrated that antibody (Ab)-negative individuals with acute HIV infection have a substantially elevated risk of transmission and represent an important driver of the ongoing epidemic. Efficient, cost-effective and reliable methods to detect acutely infected individuals have important implications for HIV prevention strategies. Fourth-generation immunoassays simultaneously detect HIV p24 antigen (Ag) and Ab thus have the capacity to detect both acute and chronic infections. Although the utility of combination assays for detection of acute HIV infections (Ag+, Ab-) in both high and low prevalence settings has been demonstrated, their relative sensitivity as compared to nucleic acid tests has yet to be established. In this study, we determined the viral RNA level corresponding to the cutoff for the ARCHITECT HIV Ag/Ab Combo assay (Abbott Diagnostics; not available in the U.S.) and assessed performance on genetically divergent strains of HIV-1.
METHODS: HIV-1 p24 Ag sensitivity of the ARCHITECT Combo assay was evaluated using two panels constructed from cell-free virus stocks representing group M subtypes A-D, F, G, CRF01_AE and CRF02_AG: (1) 10 isolates diluted based on antigen concentration, and (2) 13 isolates diluted based on RNA copies/ml. Viral load of the panel members was determined by three commercial assays: RealTi*me*™ HIV-1 (Abbott Molecular Inc.; not available in U.S.), VERSANT HIV-1 RNA 3.0 (bDNA; Bayer Diagnostics), and AMPLICOR HIV-1 MONITOR v1.5 (Monitor v1.5; Roche Molecular Systems) tests.
RESULTS: For the Ag panel, the ARCHITECT Combo assay showed similar antigen sensitivity for all 10 of the genetically diverse isolates. An S/CO of 1.0 corresponded to 31,580 RNA copies/ml as determined by RealTi*me* HIV-1. For the 13-member viral RNA panel, an S/CO of 1.0 in the Combo assay corresponded to 13,000, 18,000, and 30,000 copies/ml based on Monitor v1.5, bDNA, and RealTi*me* HIV-1, respectively. No subtype-related differences in sensitivity were observed for the Combo assay.
CONCLUSIONS: The ARCHITECT HIV Ag/Ab Combo assay demonstrated very sensitive detection of p24 antigen across divergent HIV strains. With automation, individual sample testing, high throughput, and excellent specificity, the ARCHITECT Combo assay provides a cost-effective alternative to pooled nucleic acid testing strategies for detection of acute HIV infections.

Presentation Number: B11 – 2

Presentation Title: Acute HIV Infection Surveillance in an Upstate New York STD Clinic

Author(s): *Carrascal, A[1]; Woolston, B[1]; Smith, L[1]; Wethers, J[1]; McClamroch, K[2]; Coury-Doniger, P[3]; Urban, M[3]; Scahill, M[3]; Smith, K[4]* [1]New York State Department of Health, Albany, NY; [2]State University of New York, University at Albany, Albany, NY; [3]School of Medicine and Dentistry, University of Rochester, Rochester, NY; [4]Monroe County Department of Health, Rochester, NY

BACKGROUND: Screening for acute HIV infection (AHI) using nucleic acid amplification testing (NAAT) has been successful in identifying acute HIV infection, a period of hyper infectiousness due to high levels of virus in blood and genital fluids. Early recognition of new HIV infections combined with intensive partner notification efforts can minimize further transmissions within sexual and drug using networks. This abstract summarizes the results of a demonstration program for AHI detection using pooled NAAT on specimens from a well-established high-volume sexually transmitted disease (STD) clinic in upstate New York. Blinded HIV seroprevalence rates in this STD Clinic have ranged from 0.6% and 1.0% between 2000-2004.
METHODS: From 5/8/06 through 2/28/07 clients of the Monroe County STD Clinic who accepted routine HIV antibody testing had blood tested using pooled NAAT (Gen-Probe Procleix HIV-1 Assay) if antibody testing did not confirm HIV infection. Enhanced partner notification procedures were implemented to insure expedited partner elicitation and notification activities.
RESULTS: 4656 of 5320 individuals attending the STD clinic during the demonstration period accepted testing for HIV, an acceptance rate of 88%. Of 4870 specimens collected from these individuals, 4838 were tested for HIV

antibody (32 specimens were not tested due to insufficient quantity). Eighteen were positive for HIV antibody, a confirmed seropositivity rate of 0.39% in the clinic population. Of the 4812 specimens screened by NAAT, one case of AHI was confirmed in an individual with a reactive EIA, indeterminate Western blot, and reactive HIV RNA. Two partners were elicited and located; 1 was negative by routine antibody and NAAT and the second refused testing. Temperature controlled overnight shipping of specimens proved a manageable logistic problem. NAAT was well-accepted in the clinic patient population; no cases were noted in which clients refused to consent for HIV testing based on the additional NAAT screening. For clinicians, NAAT screening offered reassurance that HIV diagnoses were not missed in a resource limited setting in which individual screening for AHI was not financially feasible.
CONCLUSIONS: NAAT has the potential to be a useful adjunct for diagnosis of HIV and interruption of sexual and drug using networks with a high-risk of transmission. This experience suggests that additional markers such as seroprevalence thresholds may be needed to establish settings in which NAAT screening is likely to have significant impact. Testing was well-accepted by clinicians and clients.

Presentation Number: B11 – 3

Presentation Title: Oral Fluid Specimens for the Detection of Acute HIV Infection

Author(s): *Klausner, JD[1]; Winters, M[2]; Ahrens, K[1]; Balamane, M[2]; Rowniak, S[1]; De La Roca, R[1]; Israelski, D[3]; Katzenstein, D[2]* - [1]San Francisco Dept. Public Health, San Francisco, CA; [2]Stanford Center for AIDS Research, Stanford, CA; [3]San Mateo Medical Center, San Mateo, CA

BACKGROUND: Current tests for acute HIV infection are performed on blood-derived specimens. Non-invasive alternative specimens are needed to detect acute HIV infection in non-clinical settings, especially with the advent and expansion of rapid oral HIV antibody tests. We evaluated oral mucosal fluid and saliva as potential specimens for detecting acute HIV infection.
METHODS: A total of 30 HIV-infected patients from San Francisco's municipal STD clinic were enrolled into 2 sub-studies in 2005 - 2007. In the first, 0.5 ml of oral mucosal fluid was collected with the Orasure oral fluid collection device and tested using the Qiagen viral preparation kits and Roche Amplicor reverse transcription polymerase chain reaction (RT-PCR). For the second sub-study, 10 ml of saliva was collected and tested. Saliva specimens were cryopreserved, clarified by centrifugation and virus particles were pelleted from the clarified saliva by high-speed centrifugation. HIV ribonucleic acid (RNA) was extracted using the Nuclisens method (to remove inhibitors) and quantified using the Roche Amplicor RT-PCR.
RESULTS: No HIV RNA was recovered from 18 Orasure oral mucosal fluid samples. Ten of the 12 saliva specimens contained detectable HIV RNA, with viral loads ranging from 166 to 15,603 copies/ml (mean 2,928 copies/ml). Corresponding detectable plasma viral loads ranged from 8,318 to 211,034 copies/ml (mean 54,635 copies/ml). One subject that had an undetectable plasma viral load (<75 copies/ml) had detectable saliva HIV RNA (1,397 copies/ml). All patients with a plasma viral load above 50,000 copies/ml (N=4) had detectable saliva HIV RNA.
CONCLUSIONS: HIV RNA was unrecoverable from mucosal fluid using Orasure test kits, perhaps due to detergent-containing collection fluid disruption of virus particles. Detection and characterization of acute HIV infection using saliva specimens is promising. Further sampling and comparisons are needed to evaluate saliva as a non-invasive and acceptable specimen alternative to plasma in community screening for acute HIV infection.

Presentation Number: B11 – 4

Presentation Title: HIV Seroconverters at the Callen-Lorde Community Health Center

Author(s): *Vail, R*
Callen Lorde Community Health Center, NY, NY
HIV seroconverters at the Callen-Lorde Community Health Center.

BACKGROUD/OBJECTIVES : Identification of individuals recently HIV infected can significantly impact public health, with rates of transmission highest in the first months of infection.(1,2). Primary HIV infection frequently presents with a recognizable clinical syndrome, but is often missed in the initial medical encounter .(3) Callen-Lorde Community Health Center (CLCHC), which primarily serves the lesbian, gay, bisexual and transgender community in New York City, treats a population at significant risk of acquiring HIV. This retrospective analysis reviewed cases of acute infection diagnosed at CLCHC over a 15 month period, characterized clinical presentation and demographics, and assessed potential causes of missed diagnoses.
METHODS: Cases of possible acute HIV infection in the previous 15 months were identified and charts reviewed to verify acute infection, review the clinical presentation and demographic information. Individuals were considered

acutely infected if they had a negative HIV ab test by ELISA or Oraquick Rapid HIV-1/2 Antibody test and a positive HIV RNA PCR at the time of presentation, or a positive HIV ab test with a documented negative HIV ab test within the previous 6 weeks. Patients were identified through the following mechanisms: 1)Provider/HIV counselor recollection; 2) CLCHC HIV testing report indicating HIV+ test result in individuals tested HIV negative in the past; 3) Chart review of all HIV patients with a first visit in the previous 15 months with HIV RNA PCR >200,000, to determine if this elevation was due to acute infection.
RESULTS: Fifteen HIV seroconverters were identified, of whom 10/15 were diagnosed at the time of acute/initial presentation. In 5/15 cases individuals presented for urgent care during acute infection but seroconversion was not considered, and the diagnosis of HIV infection occurred at a later date. Of the ten diagnosed seroconversions, 7/10 were HIV ab negative but HIV RNA PCR positive, 3/10 were HIV ab+ but had a documented negative HIV ab test within the previous six weeks. The clinical presentation was: asymptomatic 20%; fever 80%; pharyngitis 50%; myalgia/arthraglia 50%; oral/anal ulcers 40%; cough 20%; diarrhea 20%; rash 20%. Causes of acute HIV infection not identified at the time of initial presentation included subtle presentation, lack of sexual history information or lack of clinical suspicion by the provider.
CONCLUSIONS: A significant number of seroconverters were identified in this high risk population. A high level of awareness of the clinical presentation of acute HIV infection, and an increased appreciation of the importance of identification of cases can enhance the ability of medical providers to diagnose acute HIV infection and potentially impact rates of HIV transmission in communities
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Track C
C01 – Innovative HIV Intervention Approaches for MSM of Color
Room: REGENCY BALLROOM V - (Hyatt Hotel – Ballroom level)

Presentation Number: C01 – 1

Presentation Title: Recruitment Methods and Yield in Community Research with African American Men Who Have Sex with Men

Author(s): *Bradford, J[1]; Raminani, S[2]; Robinson, B[3]; Tieso, TL[3]; Lund, SM4; Shankle, MD[5]*
[1]Virginia Commonwealth University, Richmond, VA; [2]Fenway Community Health, Boston, MA; [3]University of Minnesota, Minneapolis, MN; [4]University of Minnesota, Minneapolis, MA; [5]AIDS Action Committee of Massachusetts, Boston, MA

BACKGROUND/OBJECTIVES: Two sites in Boston and Minneapolis worked together to culturally adapt Community Promise (a community-level evidence-based intervention for HIV prevention) and test its effectiveness with African American men who have sex with men (AAMSM). These projects were included in the CDC-sponsored ADAPT study, "Adopting and Demonstrating the Adaptation of Prevention Techniques". The objective of this presentation is to review the various recruitment methods used to enroll a representative sample of MSM in the outcome monitoring phase of the study evaluation, and the yield from each method.
METHODS: Formative research consisted of key informant surveys, focus groups, and key participant interviews. Results were used to adapt the original intervention and to determine the most effective methods and locations for recruiting AAMSM to participate in a longitudinal study that would gather data to assess outcomes of the adapted intervention. Multiple recruitment methods were selected, with considerable cross-site comparability and site-specific adjustments as needed to reach enrollment goals. Selected methods included community recruitment through print and online advertisements, respondent-driven sampling, peer recruitment (non-RDS), and distribution of palm cards and gift bags at various community venues.
RESULTS: Participant yield varied across the different methods and across the two sites. Community recruitment was the most productive method in Boston, while peer recruitment had the highest yield in Minneapolis. Public gatherings where sexual minorities are known to congregate, such as Pride marches, were unproductive. Respondent-driven sampling yielded only a small percentage of the overall totals. To some extent, HIV status of participants varied by recruitment methods. One recruiter was particularly adept at engaging HIV-negative MSM. Other methods seem essentially as effective in recruiting HIV-positive and HIV-negative study participants.

CONCLUSIONS: While the rates of HIV infection are increasing among AAMSM, this population group is often marginalized and difficult to reach due to socially imposed barriers stemming from race, ethnicity, sero-status, sexual orientation and religion. These two factors combine to create considerable difficulty in recruiting study populations to learn more about their HIV-related needs, while underlining the importance of overcoming recruitment challenges. For the specific ADAPT studies we report on, successfully meeting these challenges was of the utmost importance - in order to assess the adequacy of the adapted interventions, we needed to have as diverse and representative sample of AAMSM as we could reach. Results from this analysis, matching recruitment methods to yield, will provide an opportunity to discuss the relationship between study participant characteristics and local context as they relate to the development of study populations from hard-to-reach groups.

Presentation Number: C01 – 2

Presentation Title: Young Men Young Voices: The Next Evolution in HIV Prevention for Young Men of Color Who Have Sex with Men

Author(s): *Fields, SD*[1]; *Wharton, MJ*[1]*; Little, A*[2]*; Pannell, K*[2]*; Dobbs, E*[2]*; Dominguez, C*[2] - [1]University of Rochester-School of Nursing, Rochester, NY; [2]Men of Color Health Awareness Project Inc (MOCHA), Rochester, NY

BACKGROUND: HIV/AIDS continues to disproportionately affect men of color in general with Black men having the highest case rate (103.8 /100,000) followed by Latino men (40.3/100,000). A concerning trend is the resurgence of HIV infections among young men of color who have sex with men (YMCSM) age 13 to 24 who account for over half of the new infections in this age group. Many Men, Many Voices (3MV) is a group level HIV/STD intervention that was developed for older Black men who have sex with men. 3MV has been widely disseminated and is listed among the "Diffusion of Effective Behavioral Interventions" by the CDC. Project YEAH (Youth Empowerment Around HIV) seeks to engage HIV seropositive YMCSM and their peers. One component of this five-year demonstration project (HRSA Grant # H97HA03788) was a planned adaptation of 3MV making it applicable for use with YMCSM age 13 -24.
METHODS: A systemic logic model was used to adapt and tailor 3MV. Focus groups were conducted with two groups of YMCSM, and one group of healthcare providers. Also an expert panel of YMCSM critically reviewed and deconstructed each session of 3MV. Thematic analysis was conducted on the focus groups and expert panel. 3MV was rewritten and reviewed again by the expert panel for validation. A cohort pilot study was conducted using the revised curriculum. Data was collected Pre-intervention (T1), Immediately Post-intervention (T2), and at 6-weeks (T3), and 3-months Post-intervention (T4).
RESULTS: The systematic logic model proved to be effective in adapting 3MV in accordance with the themes from the focus groups (n=16) and the YMCSM expert panel (n=4). Major recommendations for change were (1) Include current youth language, (2) Add video and mass media pieces, (3) Youth focused health scenarios, (4) Interactive games for recognition of sexually transmitted infections, (5) incorporate a condom demonstration, and (6) consider inclusion of transgender youth issues. The new version of 3MV consists of 6-sessions each 1.5 hours and is known as Young Men Young Voices (YMYV). The YMCSM (n=8) in the first wave of the cohort study were on average 18.50 years old, gay identified (75%, n=6), and mixed race/ethnicity (62.5%, n=5). Trends towards positive changes in knowledge, attitudes, and HIV risk behaviors were found over the course of the cohort study. Basic HIV knowledge scores from T1 to T4 increased on average 10 points. There was a decrease in the average number of sexual partners (T1=3.5; T4=2), increase in actual HIV testing (T1=4; T4=7), increase in readiness to use condoms with anal sex (T1=5; T4=8), and increases in reported condom use.
CONCLUSIONS: Our data show that the adaptations of existing HIV prevention interventions are feasible and worthwhile endeavors for those working with YMCSM. A systematic approach that takes into consideration the views of the target population is crucial to the tailoring and adapting process. Our data also shows that YMYV was able to influence HIV knowledge, attitudes, and behaviors of YMCSM and do so over time. Research on HIV prevention interventions for YMCSM should continue.

Presentation Number: C01 – 3

Presentation Title: Results of a CDC Funded Multi-site EBI Adaptation Project for Adult HIV+ Men of Color Who Have Sex with Men

Author(s): *Raminani, SR*[1]*; Gai, S*[3]*; Ferreira-Pinto, JB*[2]*; Robinson, BE*[4]*; Rohatgi, R*[5]*; Gururaja, RP*[6]*; Lund, SM*[7]*; Moreno, AV*[2]*; Redmann, J*[3]*; Rente, K*[5]*; Shankle, MD*[8]*; Tieso, TL*[9]*; Wilson, J*[5]*; Bradford, J*[1]
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Center, New York, NY; [6]NO/AIDS Task Force, New Orleans, LA; [7]Department of Family Medicine & Community Health University of Minnesota Medical School, Minneapolis, MN; [8]The MALE Center, AIDS Action Committee of Massachusetts, Inc., Boston, MA; [9]Program in Human Sexuality Department of Family Medicine & Comm. Health, Medical School, Minneapolis, MN

BACKGROUND: Several evidence-based interventions (EBIs) have been shown to be efficacious in reducing HIV risk behaviors among specific populations and settings. The unstructured adaptation of EBIs to new populations and settings may compromise intervention efficacy. The purpose of this panel is to describe methods and site specific findings from Adopting and Demonstrating the Adaptation of Prevention Techniques (ADAPT), a CDC funded project to five community-based organizations (CBOs) to utilize the Map of Adaptation Process (MAP) guidelines to adapt EBIs to adult, seropositive men of color who have sex with men (MSM). EBIs included Community PROMISE for African Americans in Boston and Minneapolis-St. Paul; Popular Opinion Leader for El Paso Latinos and on the internet in New Orleans; and Healthy Relationships for MSM of color in Harlem/Bronx. Findings will be used to refine MAP guidelines to enhance the effectiveness of future EBI adaptations.
METHODS: Qualitative and quantitative data were collected to assess target population needs and agency capacity to successfully implement adapted EBIs. Methods included focus groups and open-ended, semi-structured individual interviews, participant observations, and cross-sectional surveys with the target population members and stakeholders. Process monitoring and evaluation data were collected to further inform revision of MAP guidelines. Outcome monitoring included conducting specific cross-site measures to asses the impact of the adapted intervention.
RESULTS: Preliminary analysis demonstrates the importance of understanding variations in risk behaviors and sub-populations for successful adaptation. For all sites, formative and process evaluation found a target population that is often marginalized and difficult to reach due to socially imposed barriers stemming from race, ethnicity, serostatus, sexual orientation, and religion. Formative activities highlighted the barriers and facilitators of identified risk behaviors and allowed for probing of adaptation methods and the use of recruitment strategies. The outcome evaluation component, utilizing a variety of recruitment methods (i.e., peer recruitment, respondent driven sampling, internet, and community/venue based recruitment), indicates variance in behavior characteristics associated with each site's population (i.e. condom use, sexual behaviors with main and non-main partners, drug use), and common psychosocial risk, (i.e. homophobia, stigma, and protective factors, such as social support). All sites identified sub-populations with varying age groups, educational levels, and gay identity (across sites a range of 13 to 23 percent of the population did not identify as gay, but did have sex with a man).
CONCLUSIONS: Preliminary data demonstrated a strong need to address the cultural context and social realities of seropositive MSM of color in order to appropriately adapt EBIs for this population. Grantees found adaptation to be a complex process that requires persistent collaboration with multiple stakeholders and an extended time period in order to properly adapt, implement, and evaluate the intervention. Grantees recommended phased funding to allow organizations to fully assess the target population, gauge agency capacity, and determine stakeholders' roles before determining which EBI to adapt for a particular population or subpopulation. This approach would allow grantees to make the best selection for adaptation, implementation, and evaluation.

Presentation Number: C01 – 4

Presentation Title: Circumcision Status and HIV Infection Among Black and Latino Men Who Have Sex with Men in Three U.S. Cities

Author(s): *Millett, GA[1]; Ding, H[1]; Lauby, J[2]; Flores, S[1]; Stueve, A[3]; Bingham, T[4]; Carballo-Dieguez, A[5]; Murrill, C[6]; Liu, K[6]; Wheeler, D[7]; Liau, A[1]; Marks, G[1]*
[1] CDC, Atlanta, GA; [2] Philadelphia Health Management Corporation (PHMC), Philadelphia, PA; [3] Education Development Center, Inc, Boston, MA; [4] Los Angeles County Department of Health, Los Angeles, CA; [5] HIV Center for Clinical and Behavioral Studies, New York, NY; [6] New York City Dept of Mental Health and Hygiene, New York, NY; [7] Hunter College School of Social Work, New York, NY

BACKGROUND/OBJECTIVES: To examine characteristics of circumcised and uncircumcised black and Latino men who have sex with men (MSM) in the United States and assess the association between circumcision and HIV infection.
METHODS: Using respondent driven sampling, 1154 black MSM and 1091 Latino MSM were recruited from New York City, Philadelphia and Los Angeles. A 45-minute computer assisted interview was administered to participants as well as a rapid, oral fluid HIV antibody test (OraSure Technologies, Inc.).
RESULTS: Circumcision prevalence was higher among black MSM than Latino MSM (74% vs. 33%, $P < .0001$). Circumcised MSM in both racial/ethnic groups were more likely than uncircumcised MSM to be born in the U.S. or to have a U.S.-born parent. Circumcision status was not associated with prevalent HIV infection among Latino MSM, black MSM, black bisexual men, or among black or Latino men who reported being HIV-negative based on their last HIV test. Further, circumcision was not associated with a reduced likelihood of HIV infection among men who had

engaged in unprotected insertive and not unprotected receptive anal sex.
CONCLUSIONS*:* In these cross-sectional data, there was no evidence that being circumcised was protective against HIV infection among black MSM or Latino MSM.

Track C
C12 – Interventions with People Living with HIV
Room: INTERNATIONAL BALLROOM SOUTH – (Hyatt Hotel – International level)

Presentation Number: C12 – 1

Presentation Title: Prevention Case Management/Comprehensive Risk Counseling and Services: Outcome of a Cross-Site Program Evaluation

Author(s): *Spikes, PS; Purcell, DW; Stratford, D; Wang, T; Davis, C*
Centers for Disease Control, Atlanta, GA

BACKGROUND:: In 2004, nine community-based agencies were funded to provide Prevention Case Management (PCM) services [now called Comprehensive Risk Counseling and Services (CRCS)] as part of CDC's Advancing HIV Prevention (AHP) initiative. AHP was designed to implement and evaluate a variety of demonstration projects to work with persons living with HIV to prevent transmission of HIV to uninfected persons and protect HIV-seropositive persons from new STDs and potential reinfection with HIV. PCM services were provided to high-risk HIV-seropositive persons who reported recent HIV risk behavior. These services involved the coordination of prevention services and referrals.
METHODS: Agencies screened 896 people and 712 (79.5%) were eligible for PCM/CRCS services due to reporting high risk behaviors in the past three months. Of those eligible, 482 (67.6%) consented to the program and enrolled. Audio-Computer Assisted Self Interviews (ACASI) data were collected from participants within one month of enrollment (baseline). For this analysis, we looked at ACASI data from those 188 participants who completed both a baseline and a first follow-up assessment (between 90 and 180 days after baseline). Data were analyzed using paired T-tests to determine whether the proportion of participants who engaged in unsafe sexual /drug related behaviors in the past 90 days decreased and whether health status improved.
RESULTS: Mean number of sessions attended after enrollment until first follow-up was 7.8 (SD = 5.0, range = 0 to 38). Results showed a significant and positive increase in perceived health status ($p<0.01$), and decreases in the proportion of participants reporting non-injection drug use (24% to 15%, $p<0.001$), decreases in any unprotected sex while drunk (44% to 31%, $p=0.04$), and decreases in sex in exchange for drugs, money, food, or any other item of value (14% to 9%, $p=0.03$). A trend was noted for decreases in the proportion of participants reporting unprotected anal sex with HIV-negative or unknown status primary partners (70% to 45%, $p=0.06$) and decreases in unprotected sex with all HIV-negative or unknown status partners (primary and non-primary) (63% to 47%, $p=0.07$).
CONCLUSIONS: These program evaluation data indicate that people who participated in PCM/CRCS and who completed baseline and follow-up assessments reduced their risky sexual and drug-related behaviors. An additional benefit was improvement in perceived subjective health status. Ongoing involvement in PCM/CRCS services for high-risk HIV-positive persons can help to achieve individualized risk reduction objectives and improve health outcomes. While these program evaluation data are suggestive of the benefits of this prevention strategy, research with more rigorous designs is needed to determine the efficacy and cost effectiveness of such an intensive strategy.

Presentation Number: C12 – 2

Presentation Title: Voices of People Living with HIV: Findings from Project Safe-Talk a Motivational Interviewing Based Safe Sex Program

Author(s): *Tiller, SK; Golin, CE; Amola, K; Pate[1], SN; Davis, R* University of North Carolina, Chapel Hill, NC

ISSUE: Sexual transmission of HIV accounts for the majority of new cases of HIV in the US. However, little is known of the prevention topics that People Living with HIV (PLWH) find important to discuss to reduce their transmission of the virus. Motivational Interviewing (MI), a client-centered counseling style, is one potential approach to prevention counseling for PLWH. Motivational interviewing allows the participant to pick a prevention topic that is relevant to their unique situation thus providing the participant the freedom to explore a topic salient to their lives.

Furthermore, MI allows participants to discuss the specific barriers and facilitators they face in addressing their topic.
SETTING: Project Safe-Talk implemented at the two clinics in North Carolina serving PLWH.
PROJECT: We developed and tested a theory-based, multi-component MI safer sex program for PLWH. The program consists of four structured MI sessions; within these sessions participants choose safer sex topics that are pertinent to living with HIV. During the each of the four sessions, participants selected one topic pertaining to their individualized prevention needs and identified the importance of their chosen prevention topics. Together with the counselor participants identified facilitators and barriers to their chosen prevention topics. Participants were given the choice of identifying three reasons the topic was important to them as well as 3 barriers and Facilitators. We calculated frequencies of topics chosen, importance of topics chosen, along with barriers and facilitators associated with prevention topic.
RESULTS: We analyzed 112 sessions which consisted of 49 participants. among session participants, 15% were women. 36 % self identified as African American, 10% white, and 3% other. Analyses showed that the topic selected most often (at 24% of visits) by participants to discuss was "condoms" Other topics selected included: Alcohol and other drugs (16%), Disclosure (14%), and keeping self and others safe (13%). among the sessions in which condoms was chosen as the topic, the main reasons given for being an important topic were: 1) to protect others (25%) and 2) risk of re-infection (24%). For Alcohol and other drugs, non condom use 14% and health 11% were reported. The reasons reported for disclosure were desire for a healthy relationship, 6%, protect others from virus, 5% and mental health, 4%. Importance reasons for keeping self and others safe were not spread virus, 5%, health, 3%, and concern for others, 3%. The most frequent barriers reported for the topic selected most often, (condoms), were: 1) use of alcohol and other drugs (8%) and 2) heat of the moment (7%). Facilitators included 1) knowledge (11%) and 2) concern for others (6%).
LESSONS LEARNED: Motivational Interviewing is one technique to discover what prevention issues are relevant in the lives of PLWH. Understanding these topics, as well as the barriers and facilitators associated with implementing prevention into their lives is critical to inform the development of future prevention programs for people living with HIV.

Presentation Number: C12 – 3

Presentation Title: Results of a Twelve-Month, Multi-Site, Clinic-Based Behavioral Intervention: Positive STEPS for HIV Patients

Author(s): *Gardner, L[1]; Marks, G[1]; O'Daniels, C[2]; Wilson, T[3]; Golin, C[4]; Wright, J[5]; Quinlivan, EB[4]; Bradley-Springer, L[6]; Thompson, M[7]; Raffanti, S[8]; Thrun, M[9]*
[1]Centers for Disease Control, Atlanta, GA; [2]McKing Consulting and Centers for Disease Control, Atlanta, GA; [3]State University of New York, Brooklyn, NY; [4]University of North Carolina-Chapel Hill, Chapel Hill, NC; [5]University of Missouri-Kansas City, Kansas City, MO; [6]University of Colorado at Denver, Denver, CO; [7]AIDS Research Consortium, Atlanta, GA; [8]Vanderbilt University, Nashville, TN; [9]Denver Public Health, Denver, CO

BACKGROUND/OBJECTIVES: Most adults diagnosed with HIV infection in the United States visit HIV medical care clinics for treatment or monitoring of their disease. Some of these seropositive persons continue to engage in unprotected sexual behaviors that place others at risk for infection. The Centers for Disease Control and Prevention recently published recommendations for conducting behavioral interventions in HIV care settings. Following these recommendations, we implemented and evaluated a risk-reduction intervention delivered by medical providers to HIV patients presenting for routine care.
METHODS: Medical providers at 7 HIV clinics in the U.S. delivered a standardized safer sex and drug-use intervention including screening all patients for behavioral risks, giving targeted counseling, and delivering prevention messages. There was no control group. A longitudinal cohort (N=767) of patients completed a baseline questionnaire and two follow-up questionnaires (at 6 and 12 months from baseline) after the intervention was initiated. Logistic regression with generalized estimating equations (GEE) methods was used in statistical analyses.
RESULTS: The three-month prevalence of unprotected anal or vaginal intercourse (UAVI) with any partners declined significantly ($p < 0.001$) from baseline (42%) to follow-up at 6 months (26%) and 12 months (23%). The decline was significant with all serostatus partners, whether HIV negative/unknown serostatus or HIV positive. The percent reductions in UAVI between baseline and 6 months showed a dose-response relationship with patient self-reports of receiving safer-sex counseling: 45% if counseling at all clinic visits, 35% if counseling at some clinic visits, and 19% if counseling at no clinic visits. These findings were confirmed in multivariate models that controlled for demographic factors and HIV clinical status of participants.
CONCLUSIONS: Despite receiving only brief training, HIV medical providers successfully conducted an HIV prevention intervention with their clinic patients. We observed significant declines in UAVI among MSM, heterosexual men, and heterosexual women. Our findings support and extend findings of two other recently published intervention studies which also found significant declines in risky sex when HIV care providers delivered brief safer-

sex counseling to patients during primary care. Clinics that serve HIV patients should incorporate such programs as standard of care in treating those patients.

Presentation Number: C12 – 4

Presentation Title: PROSPER! Prevention with Positives - Adapting Healthy Relationships to African American Women in Washington, DC

Author(s): *Charles, AR*; *Jones, D; Maine, C; Nalls, P*
The Women's Collective, Washington, DC

ISSUE: Since 1993, AIDS cases reported among women have grown at a faster rate than among men in the District of Columbia[1]. African American women represent the majority (90%) of women reported with AIDS in DC. With increasing incidence of HIV/AIDS in this population, prevention with African American women living with HIV/AIDS is critical in reducing the transmission of HIV. Approaches to prevention in this population must consider that: I.) African American women have unique and complex needs, and II.) In order to increase condom use and disclosure HIV-positive women need to be empowered to protect themselves against re-infection and co-infections. While Healthy Relationships (HR) deals with condom use and disclosure, it does not focus on empowering HIV-positive women in this way.
SETTING: *Prosper!* is offered through TWC, a community based organization in DC. Groups take place in an attractive, confidential setting in DC and individual comprehensive risk counseling and services (CRCS) sessions are administered at the offices of TWC.
PROJECT: *Prosper!* is a prevention with positives program targeted at African American women ages 18 and up who engage in high-risk sexual or drug-related behavior. *Prosper!* is designed to provide 5 CRCS sessions in conjunction with 10 group sessions made up of 5 sessions of HR and 5 sessions of the *Prosper!* curriculum, which supplements HR with focus on: gender and ethnic pride and self- healing; co-infections; adherence; mother-to-child transmission; biological markers; family coping; and empowerment. Two women, including a peer, facilitate groups and women living with HIV/AIDS are involved in the planning and execution of the program.
RESULTS: From April 2005 to December 2006, TWC staff screened 105 women for program eligibility and provided the program to 96 HIV-positive women between the ages of 20 and 63. Of the last two cohorts of women who completed *Prosper!*, 89% were African American/Black, 84% reported heterosexual sex as the mode of transmission for HIV and 11% reported intravenous drug use. Ninety percent (90%) of women reported sexual activity within the 90 days before pre-test. Forty-seven percent (47%) reported past sexual abuse, 63% reported a past diagnosis with a psychological or emotional disorder and 63% reported receiving drug addiction treatment in the past. Data analysis found increases in participant self-esteem, HIV self-efficacy, positive attitudes toward women with HIV, and pride in black identity. Findings show increase in sense of empowerment for the participants to engage in safer sex - 39% of participants reported consistent condom use at post-test compared with 11% at pre-test and 100% of women reported intent to use condoms in future encounters. Further, women showed increased ability to disclose their HIV status and adhere to medications.
LESSONS LEARNED: Prosper! is a promising adaptation to a DEBI project that is culturally tailored for HIV-positive African American women. Using a woman-centered approach builds empowerment and facilitates behavior change. The combination of group and individual sessions appears to be an effective strategy for behavior change.
[1] DC Department of Health. (December 2003.)The HIV/AIDS Epidemiologic Profile for the District of Columbia 2004.(www.doh.dc.gov).

Track C
C14 – Biomedical and Structural Interventions to Preventing HIV Transmission
Room: HANOVER E – (Hyatt Hotel – Exhibit Level)

Presentation Number: C14 – 1

Presentation Title: The Effect of Infant Circumcision on a U.S. Male's Lifetime Risk of HIV Infection by Race and Ethnicity

Author(s): *Sansom, S; Hutchinson, A; An, Q; Hall, I; Lasry, A; Taylor, A*
Centers for Disease Control and Prevention, Atlanta, GA

BACKGROUND: Three recent randomized, controlled clinical trials in Africa demonstrated that circumcision among adult heterosexual males reduced their acquisition of HIV by 51% to 60% in an intent-to-treat analysis. We estimated the reduction in lifetime risk of HIV associated with circumcision among U.S. males.
METHODS: We used vital statistics data on general and HIV-specific mortality, census data, and HIV surveillance data jointly to calculate cross-sectional, period (2003-2004) and age-specific probabilities of an HIV diagnosis. These estimates were then combined using the double-decrement life-table method to estimate the lifetime risk, from birth, of being diagnosed with HIV. We calculated the fraction of lifetime risk attributable to heterosexual behavior based on HIV surveillance data on mode of transmission for men diagnosed in 2003-2004. We assumed lifetime HIV risk from heterosexual behavior reflected a 50% reduced risk among circumcised males. Race-ethnicity-specific circumcision rates were obtained from the National Health and Nutrition Examination Survey, 1999-2004. We estimated the percent reduction in lifetime HIV risk among males circumcised as infants versus those who were not, and the number of infant circumcisions needed to prevent one HIV infection, for all males and by race and ethnicity.
RESULTS: Lifetime risk of acquiring HIV, percent circumcised, mode of HIV acquisition, estimated percent reduction in lifetime HIV risk among males who were circumcised as infants versus those who were not, and the estimated number of infant circumcisions needed to prevent one case of HIV, for all males, and by race and ethnicity, in the United States.
CONCLUSIONS: These results suggest that infant circumcision could reduce the lifetime risk of HIV by 11.2% overall. The effect varies among racial and ethnic groups by lifetime risk, mode of HIV acquisition, and circumcision prevalence among HIV-infected men. The efficacy of infant circumcision in this analysis is limited by the relatively small proportion of all HIV cases acquired through heterosexual contact in the United States. More research is needed to understand the long-term effect of circumcision on heterosexually acquired HIV, to determine circumcision's protective effect against HIV acquired through sex with other males, and to estimate the proportion of HIV-infected men who are circumcised.

Presentation Number: C14 – 2

Presentation Title: The Effectiveness of Condom Distribution Programs: A Systematic Review, 1988-2006

Author(s): *Charania, MR; Crepaz, N; Lyles, C;* for the HIV/AIDS Prevention Research Synthesis (PRS) Team, Centers for Disease Control and Prevention, Atlanta, GA

BACKGROUND: Unprotected sex behaviors contribute to the majority of the HIV infections in many parts of the world. For sexually active populations, consistent and correct condom use is the most effective strategy to reduce the risk of HIV infection. Many HIV/STD prevention programs provide condoms to clients while focusing on social cognitive or behavioral factors related to HIV risk. Less attention has been given to structural factors, such as increased access to condoms for entire communities or populations at risk. This systematic review is to identify and evaluate the international and U.S.-based behavioral interventions that include a condom distribution component.
METHODS: Systematic searches of 3 electronic databases (MEDLINE, EMBASE, PsychINFO) were conducted to identify relevant studies published from 1988 to 2006. Inclusion criteria included behavioral interventions in which condom distribution was the sole prevention strategy or part of multiple strategies. Condom distribution was defined as making condoms available for target populations at a variety of public/private locations or during the intervention sessions, free of charge. Programs that offered participants coupons for condoms or made condoms available at a charge were not included.
RESULTS: Thirty-eight unique studies met the inclusion criteria. Approximately 26% (10/38) were conducted in the U.S. and 74% (28/38) abroad. The primary target populations were commercial sex workers (11 studies), sexually active individuals (6 studies), and youth in school (5 studies). Other populations included incarcerated men, drug users, clinic patients, clients of commercial sex workers, and HIV-positive and HIV- negative individuals. Interventions were evaluated with various types of study designs, including 5 randomized control trials, 12 non-randomized control trials, and 19 one-group studies. Condom distribution programs were the sole prevention strategy in 15 studies, while others included additional components such as HIV counseling and testing, skill building, and peer-led educational sessions. Statistically significant intervention effects for condom use or unprotected sex were reported for 8 out of the 11 (73%) studies targeting commercial sex workers, for 3 out of the 6 (50%) studies targeting sexually active individuals, and for 3 out of the 5 (60%) studies targeting youth in school. Significant intervention effects for these three subsets and the remaining sub-populations were also observed for condom acquisition (defined as the number of condoms obtained), STD prevalence, drug use during sex, and onset of sexual intercourse among youth. There was no evidence suggesting that the availability of condoms promoted promiscuity among women or increased sexual activity among men or youth.
CONCLUSIONS: High risk populations, particularly female sex workers and sexually active women and adolescents, have been the primary target for condom distribution programs. This review suggests that there remains a paucity of scientific literature on condom distribution programs, especially in the U.S. Future prevention research, particularly in the U.S., should evaluate the independent effects of condom distribution as an effective component in

reducing HIV/STD risk and measure it's effects on condom use, unprotected sex, and STD incidence. In addition, prevention programs that are tailored to high risk populations should incorporate condom distribution efforts along with other effective prevention strategies.

Presentation Number: C14 – 3

Presentation Title: Good Things in Small Packages: New York City's Branded Condom Campaign

Author(s): *Park, JC; Rothschild, N* - New York City Dept. of Health and Mental Hygiene, New York, NY

ISSUE: New York City is the epicenter of the HIV/AIDS epidemic in the United States. Between the start of the epidemic and 2005, there were 151,857 cumulative AIDS diagnoses in the City. At the end of 2005, New York City had 95,417 persons living with HIV/AIDS. Condoms are a highly effective means of preventing infection but have historically been underutilized. Increasing the availability of and demand for condoms are crucial activities for the New York City Department of Health and Mental Hygiene (NYC DOHMH).
SETTING: New York City launched a media campaign promoting a newly branded "NYC CONDOM" and a newly refurbished website on February 14, 2007, Valentine's Day.
PROJECT: The New York City Department of Health and Mental Hygiene conducted focus groups to choose among several possible packaging options for its condom. The eye-catching design selected has the letters "NYC CONDOM" in bright colors using graphics with a New York City subway theme -- instantly recognizable to anyone who uses mass transit in the City. Volunteers distributed over 265,000 New York City branded condoms throughout the five boroughs in connection with the Valentine's Day launch. Branded condoms continue to be available at numerous venues, including night spots, businesses, and community based organizations and can also be ordered on the Internet at www.nyccondom.org and by calling 311, the City's information line. DOHMH's media campaign for the condom also includes Spanish and English radio spots and posters in phone kiosks, check-cashing establishments, and on the subways.
RESULTS: During the week of the launch, there were up to 10,000 hits on the NYC condom website. Prior to the launch, the average weekly number of hits was 500. During the month of the launch, there were close to 35,000 hits on the website, and almost 5 million condoms were distributed. The number of condoms distributed in the month after the launch is more than three times the number distributed in the month before the launch and more than the entire number distributed by the Health Department in 2003.
LESSONS LEARNED: Bright, eye-catching packaging, accompanied by a massive media campaign, dramatically increased the number of condoms ordered. Carefully planned social marketing campaigns can vastly increase demand for a health-protective product.

Presentation Number: C14 – 4

Presentation Title: The Microbicide Field's Changing Terrain: A Vaginal & Rectal Pipeline Update

Author(s): *Boyce, LM; Finley, BM; Plescia, CJ; des Vignes, F; Harrison, PF* - Alliance for Microbicide Development, Silver Spring, MD

BACKGROUND: The microbicide field's landscape is rapidly evolving, as is the microbicide concept and how it fits into the overall scheme of HIV prevention. This presentation provides a summary of this evolution, highlighting new data on research accessing the acceptability, safety, and effectiveness of vaginal and rectal microbicide candidates in preventing HIV infection. Key changes in the microbicide research and development pipeline will be presented, while highlighting novel approaches that have recently emerged.
METHODS: Microbicide candidates in preclinical and clinical development for the prevention of HIV as of November 2007 will be systematically identified. Candidates in clinical development will be tracked using the Alliance for Microbicide Development's *Microbicide Research and Development Database*, an online database periodically updated with information provided by each candidate's developer. Additional information will be collected during a review of publicly available data on clinical trials, scientific publications, conference abstracts, and meeting reports. Developers will also be contacted to obtain preliminary or unpublished information, when available, and to validate the review.
RESULTS: Recently the microbicide pipeline has undergone significant changes. Accompanying this evolution is renewed interest among researchers to develop a "second generation" of products capable of preventing pregnancy and non-HIV sexually transmitted infections, in addition to HIV. Candidates with alternative and/or multiple mechanisms of action have emerged and progressed in the pipeline, including antiretroviral drugs formulated as topical gels and pre-exposure prophylaxis (PrEP), CCR5 and CXCR4 antagonists, and GP120 binders. Researchers are also investigating ways to improve the delivery of active compounds to target cells by using improved applicators,

sustained released rings, barrier delivery systems, and other novel methods. Moreover, new formulations offer the promise of oral delivery, and once-daily or even monthly application.
CONCLUSIONS: The next generation of candidate microbicides aims to offer broader activity, greater diversity in mechanism of action, improved potency against HIV, improved drug delivery, and greater flexibility in dosing, but may be more expensive, difficult to formulate, and present licensing and regulatory challenges.

Presentation Number: C14 -5

Presentation Title: International Lubricant Use Patterns for Anal Intercourse

Author(s): *LeBlanc, M[1,2]; Pickett, J[2,3]; Gorbach, P[4,2]; Javanbakht, M4*
[1]Global Campaign for Microbicides, OTTAWA, ON, Canada; [2]International Rectal Microbicides Working Group, Ottawa, ON, Canada; [3]AIDS Foundation of Chicago, Chicago, IL; [4]UCLA, Los Angeles, CA

BACKGROUND/OBJECTIVES: Little is known about the frequency and type of commercial lubricants used during anal intercourse (AI) in different countries. There are no required rectal safety tests for those currently available commercially although there is a range in their safety profiles that may differentially affect transmission of sexually transmitted infections including HIV. Gathering information on lube use patterns and preferences for anal intercourse will facilitate decisions on which lubes to test for rectal safety, and provide crucial information on acceptability of eventual rectal microbicides.
METHODS: The International Rectal Microbicides Working Group (IRMWG) developed a web-based 25-question survey in English, French, Spanish, Portuguese, German and Turkish posted on www.surveymonkey.com and advertized through the IRMWG web site, listserv, and through several dozen national and international listservs and web sites dedicated to HIV/AIDS, gay men's health, women's health, sexual and reproductive health.
RESULTS: In 2 months, 2,890 responses were received, of which 85.7% were in English. Men represented 83.3% of respondents; women 15.4%; and, transgendered individuals 1.3%. Respondents came from 81 countries, with the majority from North America (66.0%), Europe and Oceania (25.2%), while only 8.8% were from Africa, Asia, Latin America and the Middle East. Respondents age distribution was: 13.8% under 25 years old, 26.7% were 25-34 year old , 30.4% were 35-44 year old and 29.1% were 45 years and over. Most respondents (86.4%) reported AI in the previous 6 months. When having receptive AI (RAI) 33.5% reported never or rarely using condoms. Out of over 100 products mentioned by these last respondents, the 12 most popular lubes used for RAI without a condom are, listed in order of frequency: KY, spit/saliva, Wet, Astroglide, Eros, Wet Platinum, Elbow Grease, ID Glide, ID Lube, Gun Oil, Liquid Silk and Vaseline. Approximately half of all respondents (51.6%) reported adding spit/saliva to their lube. Most prefer a lube without colour (66.8%), flavour (57.3%) or odor (69.8%), and a lube that is either "somewhat liquid" (39.0%) or "somewhat thick" (36.0%). Preferred dispensers for lubes were either a pump (52.5%) or a pop-up lid (49.9%).
CONCLUSIONS: The types of lubricants reported in this survey may serve as the basis for establishing priorities among which lubes to test for rectal safety next. Safety information on these lubes should be disseminated to those who use them, targeting those who practice unprotected receptive anal intercourse. Research into the rectal safety profile of the most commonly used sexual lubricants should be conducted urgently. Web-based surveys can provide a wealth of information on preferred characteristics of sexual lubricants used for anal intercourse that may have important implications in the development and acceptability of rectal microbicides.

Track C
C15 – Maximizing the Potential of the Internet as a Research and Prevention Tool
Room: SPRING – (Hyatt Hotel – Atlanta Conference Center Level)

Presentation Number: C15 – 1

Presentation Title: Differences in Internet Partner Notification Acceptability among Men Who Have Sex with Men by HIV Serostatus and STI History

Author(s): *Mimiaga, MJ[1]; Tetu, AM[2]; Gortmaker, S[3]; Koenen, K[3]; Fair, AD[1]; Novak, DS[4]; VanDerwarker, R[2]; Bertrand, T[4]; Adelson, S[5]; Mayer, KH[6]* - [1]The Fenway Institute and Harvard University, School of Public Health, Boston, MA; [2]The Fenway Institute and Boston University, School of Public Health, Boston, MA; [3]Harvard University, School of Public Health, Boston, MA; [4]The Massachusetts Department of Public Health, Boston, MA; [5]Internet Interventions, Inc., Chelsea, MA; [6]The Fenway Institute and Brown University, School of Medicine/Miriam Hospital, Boston, MA

BACKGROUND: Partner notification (PN) is a core component of sexually transmitted infection (STI) prevention and control programs in many jurisdictions and may help to prevent the spread of STIs/HIV among men who have sex with men (MSM) who engage in risky sexual behavior.
METHODS: This study sought to assess the acceptability of Internet-based PN of STI exposure for MSM by HIV serostatus. We recruited 1848 U.S. MSM who logged onto an MSM website for meeting sexual partners via a banner advertisement between October and November 2005. Participants completed an online questionnaire about demographics, risk behaviors and willingness to use Internet-based PN. Descriptive statistics were calculated for both demographic variables and content-related questions. Chi-square tests, t-tests and analysis of variance (ANOVAs) were performed to assess independent associations.
RESULTS: Participants ranged in age from 18 to 70 years (M = 36.0, SD = 10.3). Eighty-three percent identified as white, 4.5% black, 8% Hispanic, 2% multiracial and 2.5% Asian/Pacific Islander. At least one participant reported a zip code from each of the fifty states, with the exception of South Dakota and Idaho. Twenty percent of the sample reported being HIV-infected, 70% HIV-uninfected, and 10% did not know their HIV status. HIV-infected participants were older ($p < 0.01$), and more often identified as homosexual/gay ($p < 0.01$) compared with HIV-uninfected men. HIV status unknown participants were less likely to identify as white ($p < 0.01$), more likely to identify as black/African American ($p < 0.05$) or Asian/Pacific Islander ($p < 0.05$), and more often had less than a high school education ($p < 0.05$) compared to HIV-uninfected men. HIV-infected participants were more likely to report ever being diagnosed with syphilis, gonorrhea, or Chlamydia compared to the status unknown participants (all p's < 0.01). In total, 35% of the sample reported a previous STD (syphilis, Chlamydia, gonorrhea, or any combination of the three). Even though there was broad acceptance across HIV serostatus groups, HIV-infected men rated the importance of each component (e.g., information about where to get tested/treated, additional education regarding the STD exposed to, a mechanism for verifying the authenticity of the PN email) of a PN e-mail lower than HIV-uninfected or status-unknown participants (all p's < 0.001). Additionally, HIV-infected participants were less likely to utilizing the services offered within a PN e-mail (if they were to receive an e-mail notifying them of possible STI exposure in the future), and were less likely to inform their partners of possible STI exposure via an Internet notification system (all p's < 0.001). A similar trend emerged with respect to men who reported not having a previous STI compared with those who did; men who reported no previous STI found Internet PN more acceptable.
CONCLUSIONS: Overall, this study documented broad acceptance of Internet PN by at risk MSM, regardless of HIV serostatus, including a willingness to receive or initiate PN-related e-mail. Internet PN should be considered as a tool to decrease rising STI and HIV rates among MSM who use the Internet to meet sexual partners.

Presentation Number: C15 – 2

Presentation Title: Boosting the Quality of Gay/Bi Men's Online Communication to Promote Healthy Community Norms: A Web-Based, HIV-Prevention Intervention

Author(s): *Curotto, A*[1]*; Rebchook, G*[1]*; Levine, D*[2] - [1] UCSF Center for AIDS Prevention Studies, San Francisco, CA; [2] Internet Sexuality Information Services, Inc., Oakland, CA

BACKGROUND/OBJECTIVES: The Internet has changed the context of MSM's sexual risk behavior by increasing opportunities to develop social/sexual networks. CBOs and public-health agencies have responded to the challenge by using the Internet in HIV-prevention programs, mainly individual-level and health-promotion interventions. Few attempts have been made to address the link between sexual risk-taking and the Internet environment with community-building interventions, even though this type of interventions has been shown to reduce risk behaviors.
In our prior research with gay/bi men who use the Internet for social/sexual networking, participants indicated that the focus of online communication on finding sex partners hinders community formation. They also identified the top-down nature of online HIV-prevention efforts as a motive for avoiding these programs and expressed the need for more community-driven approaches to online prevention.
We proposed to test the viability of improving the quality of online communication among gay/bi men to promote community involvement as a step to support healthy norms.
METHODS: We created 2 multi-component websites (one for California and one for Massachusetts) to foster genuine communication among gay/bi men in an online venue where sexual-health management resources are likewise readily accessible. An interactive feature (*blogs*) was developed to provide a forum for conversation, self-reflection, and critical thinking. Eight community members were recruited to write blogs in which they would share their personal experiences and views, especially concerning issues that affect gay/bisexual men, including the role of the Internet in their lives. As the intervention was rolled out, each blogger has been autonomously selecting his own topics. All website visitors can interact with the bloggers and one other by posting public comments. We treat the texts of the blogs and readers' exchanges as qualitative data, which we regularly import into ATLAS.ti to facilitate analysis and identify emergent themes and patterns. We use this analysis to test some of our working hypotheses.

(The proposed presentation will include screenshots of the relevant Web pages to illustrate how the blogs attempt to generate a dialogue within an online community.)
RESULTS: So far, the 8 bloggers have posted 194 entries. These have elicited 213 exchanges in the readers' comments. Themes that have emerged from an initial coding of these data include: aging, mentoring, and intergenerational relationships; alcohol/drug use; being HIV+; coping; couple agreements; diversity, homophobia, and racism; friendship; gay-community norms; HIV testing; online norms around sex/dating/socialization; peer pressure; quality of life; self-esteem and self-assertiveness; serostatus disclosure; and stress. These themes cover many questions reported as significant by participants in our formative research.
CONCLUSIONS/IMPLICATIONS: While not sexually-oriented, the websites we created are supportive of both sex-positive attitudes and healthy norms, and provide a culturally appropriate environment where men can communicate in honest and genuine fashion. The blogs have generated topics of interest to the target population and have begun to elicit community participation in an online dialogue. The themes emerging in these exchanges among gay/bi men touch on recognized HIV-risk factors and may therefore indicate that new approaches to HIV prevention can stem from a dialogue within the community.

Presentation Number: C15 – 3

Presentation Title: Increased HIV Disclosure and HIV Testing After an Online Intervention for Men Who Have Sex with Men (MSM)

Author(s): *Chiasson, M*[1]; *Shuchat Shaw, F*[2]*; Humberstone, M*[1]*; Hirshfield, S*[1] - [1]Medical and Health Research Association of New York City, New York, NY; [2]New York University Steinhardt School of Culture, Education, and Human Development, New York, NY

BACKGROUND: To help fill the gap in HIV behavioral interventions for MSM, a 9 minute video drama was created for online delivery. "The Morning After" was designed to promote critical thinking about HIV disclosure, HIV testing, alcohol use and risky sexual behaviors by telling the story of a gay man who doesn't know if his latest partner is HIV-positive, and can't remember what happened the night before because of his alcohol consumption.
METHODS: In October 2005, MSM were recruited through banner ads on www.manhunt.net, a subscription-based sex site for men. Online at www.hivbigdeal.org 1,002 men from 48 of 50 states completed the baseline behavioral questionnaire, watched the video, completed the post-video questionnaire, and provided e-mail addresses for 3 month follow-up. There were no participant incentives. HIV disclosure to sex partners and HIV testing before and after watching the video were compared using McNemar and Pearson Chi-square tests. Each participant served as his own control in this evaluation using a one-group, pretest-posttest design. Multivariable logistic regression was performed with HIV disclosure, by either partner at the 3 month follow-up, as the dichotomous outcome.
RESULTS: Of 908 men with working e-mails, 496 (55%) completed the follow-up questionnaire. Men who did and did not complete follow-up were similar by race/ethnicity (72% white, 14% Hispanic, 6% black, 6% mixed/other, 2% Asian), age (mean 38) and prevalence of unprotected anal intercourse (UAI) with a new/casual partner (NCP) in the last encounter (36%). However, those completing follow-up were more likely to have a college degree than those who did not (55% versus 47%, p=.01). Limiting the analyses to the 279 men reporting a NCP in both time periods, men were more likely to ask a partner's HIV status (OR=2.2, p=.01) and disclose their own (OR=1.8, p=.03) at follow-up compared to baseline.
In multivariable analysis, the only variable significantly associated with HIV disclosure was not having a college degree (AOR=2.6, p<.005), controlling for age, race, HIV status, drug and alcohol use before sex, and number of sex partners and UAI in the last encounter.
HIV-negative men were more likely to report HIV testing at follow-up (46%) than in the 3 months before baseline (21%) (OR=3.3, p<.001), with 11% (9/82) reporting a positive test result at follow-up. Men using alcohol before sex in their last encounter were significantly more likely to be HIV tested at follow-up (OR=2.1, p=.01) than those who did not.
CONCLUSIONS: Significant, self-reported increases in HIV disclosure and HIV testing were observed 3 months after viewing an online prevention video about HIV disclosure, HIV testing, alcohol use and risky sex. Men who used alcohol before sex in their last encounter before follow-up were significantly more likely to have had an HIV test than those who did not. The findings from this pilot evaluation suggest that online interventions designed to engage critical thinking are an effective way to influence behavior change in large numbers of at-risk MSM.

Presentation Number: C15 – 4

Presentation Title: Participation in Online HIV Prevention among Men Who Have Sex with Men (MSM) Who Use the Internet to Meet Sex Partners in New York City

Author(s): *Navejas, M; Liu, K; Raj-Singh, S; Murrill, C*
New York City Department of Health and Mental Hygiene, New York, NY

BACKGROUND: Forty-two percent of men living with HIV/AIDS in New York City (NYC) were MSM as of June 30, 2006. Innovative strategies are needed to target MSM to reduce high-risk behaviors. Online HIV/AIDS prevention interventions can reach MSM inaccessible through traditional venues such as bars, clubs, or community based organizations. We measured participation in online HIV prevention activities among MSM who use the internet to meet sex partners.
METHODS: In websites that cater to MSM, banner ads were used from April to August 2007 to recruit participants for an anonymous online survey as part of CDC's national Web-based HIV Behavioral Surveillance. Eligibility criteria included being 18 years of age or older, born male, and a resident of NYC. This analysis includes sexually active MSM who met ≥1 male sex partner online in the past 12 months.
RESULTS: Overall, 4,143 eligible men were recruited for the study. Of those eligible, 2,046 completed the questionnaire. The majority (n=1,700) reported sex with another man in the past 12 months. Of those, 1,140 who had met at least one sex partner online were included in this analysis: 63% were White, while Blacks, Latinos, and Other race/ethnicity represented 13%, 18%, and 5% of this group, respectively. The median age was 27 years old. Majority of respondents identified as homosexual (85%) and bisexual (13%). Self-reported HIV+, HIV-, and unknown status was 9%, 76%, and 16%, respectively. Most (63%) were frequent internet users (i.e., were online for personal reasons ≥1 time per day), and 53% reported ≥ 1 episode of unprotected anal intercourse in the past year. Seventy-eight percent of the MSM had participated in ≥1 online HIV prevention activity; specifically, visiting a website for HIV information (65%), visiting a website for safer sex information (51%), having been approached online by someone doing HIV prevention work (23%), and participating in an online HIV prevention chat session (7%). Participation in any of these activities did not differ across race/ethnicity, age groups, nor frequency of internet use. Self-reported HIV+ MSM were significantly more likely to participate in any of four online prevention activities (85%) than MSM with HIV- (79%) or unknown status (72%) ($p<0.05$).
CONCLUSION: Participation in online prevention activities was high in this high-risk sample of MSM, particularity among HIV+ MSM. Though exposure to HIV prevention information was common, participation in real-time interactive prevention activities (e.g., chat sessions) was infrequent. Our findings indicate that high-risk MSM, including HIV+ men, are willing to access prevention information via the internet.

Track D
D01 – HIV Prevention in HBCU Settings
Room: HANOVER C - (Hyatt Hotel – Exhibit Level)

Presentation Number: D01 -1

Presentation Title: Addressing HIV Prevention Education at Minority Educational Institutions-HBCUs and HSIs

Author(s): *Carlon, A* – Center for Health Training, Austin, TX

ISSUES:HIV prevention education does not adequately address the cultural and gender specific needs of young women attending Historically Black Colleges and Universities as well as Hispanic Serving Institutions. Yet research indicates that women are at higher risk due to physiolofical differences, access to appropriate healthcare, undisclosed male partner-to-male contact, intimate partner violence, substance-abuse, mental health, et., place women at disproportionate higher risk for HIV infection or increased AIDS susceptibility.
Setting: Campus-based programs at Historically Black Colleges and Universitites, as well as Hispanic Serving Institutions
PROJECT: Train & deploy student peer educators; conduct classroom & small-group education, conduct skills-building sessions, coordinate a campus-wide social/cultural/educational HIV prevention event; participate in women's STI screening program.
RESULTS: Gender specific programming was implemented at two college campuses -Grambling State University (Grambling, Louisiana) and San Antonio College (San Antonio, Texas)with varying degrees of success. Conducting gender-specific programming can be challenging for many reasons including: recruitment efforts in getting women to become peer educators or attend skills-building sessions, lack of knowledge and understanding of women's health issues, addressing ethnic and racial disparities in, etc.
Lessons Learned: Implementing a multi-phased approach that addresses female student's HIV prevention education needs at various levels-classroom, campus social groups, campus-wide cultural events, small-group skills-based practice is achievable. However, incentives for students and campus staff must be identified early on. A suitable campus department must serve as host/sponsor. Campus administrators must buy-in to the importance of candid frank

discussions about college-based behavioral risk factors and the ways young women can respond and manage within the myriad of risk factors.

Presentation Number: D01 – 2

Presentation Title: Project Commit to Prevent HIV/STD Transmission in North Carolina's Historically Black Colleges and Universities

Author(s): *Hoke, K; Houston, L; Hamilton, T* - North Carolina HIV/STD Prevention and Care Branch, Raleigh, NC

ISSUE: In North Carolina a review of HIV reports for all men ages 18-30 years diagnosed from January 2000 to May 2003 verified that there had been an increase in HIV case reports in male college students from 2 cases in 2000 to 56 between January 2001 and May 2003. Of these cases 49 or 88% were black and nearly all reported having sex with men or having sex with men and women.
SETTING: Project Commit to Prevent (PC2P) has been implemented in eleven of the twelve historically minority serving colleges and universities in throughout North Carolina.
PROJECT: In keeping with the North Carolina Department of Health and Human Services mission to eliminate health disparities for racial and ethnic minorities, the Division of Public Health, HIV/STD Prevention and Care Branch developed PC2P on June 1, 2003. This project has as its overall goal to empower college/university students, with special emphasis on African Americans and Native Americans, to change behaviors that put them at risk for HIV and STD infections. To achieve this goal, the NC HIV/STD Prevention and Care Branch partners with each institution to assist them with the following:
1.Expanding HIV/STD prevention/risk reduction educational programs on campus
2.Enhancing the capacity of the health services on each campus to provide HIV/STD risk reduction services
3.Strengthening linkages between each institution and other HIV/STD service providers near the campus, particularly those providing HIV/STD counseling and testing
RESULTS: In 2006, over two hundred (200) Peer Health Educators were trained on each campus to promote HIV prevention through health education/risk reduction messages amongst their peers. At least two (2) Campus Coordinators were identified on each campus to oversee prevention activities such as health fairs, HIV/AIDS counseling and testing events, STD screenings, public service announcements, social marketing campaigns and student leadership development workshops. During 2006 approximately 900 STD screenings were conducted in conjunction with PC2P campus events. The screenings included OraQuick HIV testing with blood test were applicable, Chlamydia and gonorrhea screenings, human papillomavirus (HPV) detection, and genital herpes testing. Positive test results rendered a referral to a local health department and/or community based organization for treatment and follow up.
LESSONS LEARNED: Providing health education/risk reduction services on college campuses is an effective method to reach high-risk populations. Appropriate interventions with college students afford a unique opportunity to improve HIV prevention outcomes, identify HIV infected students and reduce HIV transmission on college campuses.

Presentation Number: D01 – 3

Presentation Title: Minority Education Institution (MEI) Initiative – Student Peer-Led Prevention Interventions

Author(s): *Schaffer, MPH, TM[1]; -Richards, C[3]* - [1]McFarland and Associates, Inc., Silver Spring, MD; *Cooke, V[2];* Bowie State University, Bowie, MD; [3]SAMHSA/Center for Substance Abuse Prevention, Rockville, MD

ISSUE: CSAP extended an opportunity to apply for funding to increase the access to and the participation of minority institutions of higher education in Health and Human Services (HHS) programs under the Minority AIDS Initiative. In December 2005, CSAP created the Minority Education Institution (MEI) Initiative. The objective was to increase the availability of prevention services to minority students, including HIV Rapid Testing; increase/expand the capacity of minority-serving institutions to provide prevention services; and improve the health-seeking behaviors and/or health outcomes of minority students.
SETTING: CSAP contracted McFarland & Associates to act as the Program Coordinating Center (PCC) to manage, monitor, and support the strategies undertaken on these campuses. Thirteen minority institutions, including 9 Historically Black Colleges and Universities (HBCUs), 2 Hispanic-Serving Institutions (HSIs), and 2 Tribal Colleges/Universities (TCUs), were selected for Year 1 of the MEI Initiative.
PROJECT: Each MEI was required to implement various strategies to provide peer-led, age- appropriate, and culturally based prevention services to students on campus. The prevention services included Educational Sessions, HIV Testing Strategies, Awareness/Media Outreach, and Information Dissemination. Quarterly Reports of the funded activities and their progress were submitted via a Web-based reporting system (Quick Base) to the PCC, which

summarized this data and submitted it to CSAP.
RESULTS: From December 1, 2005, through October 15, 2006 (10 months), the student peer educators (SPEs) and university liaisons created, enhanced, and implemented a variety of activities to promote and provide prevention education interventions. CSAP, in partnership with the PCC and the MEI Projects, selected outcome measures to indicate the progress in improving health-seeking behaviors and/or health outcomes of the students. Across the 13 universities/colleges, the results were as follows: 1) 262 students were trained as SPEs, and they provided 407 educational sessions; 2) The SPEs provided peer-led prevention education sessions that covered HIV, Substance Abuse, and Hepatitis prevention to 9,565 students; 3) 1,732 HIV tests were conducted 12 months before the MEI Project, and 3,257 students received HIV testing during Year 1; 4) 37,093 students were reached through outreach/awareness activities; and 5) by the end of Year 1, 58 drug- and alcohol-related arrests were reported; this was the baseline data for this project.
LESSONS LEARNED: Peer-led prevention interventions/services were effective in promoting and increasing health-seeking behaviors. The Project protocols increased the capacity/infrastructure of the universities/colleges to provide and evaluate prevention services. Year 1 feedback from the SPEs, and the outcome data was used to shape the Year 2 Project. The session will present the initiatives, efforts, and results of one HBCU in providing Substance Abuse, HIV, and Hepatitis prevention education to its students.

Presentation Number: D01 – 4

Presentation Title: HIV Transmission and Prevention Counseling Trainings: Building Capacity for HIV Prevention at Historically Black Colleges and Universities

Author(s): *Poteat, TC; Culyba, RJ; Harrison, A; Holcombe, J* - Southeast AIDS Training and Education Center (SEATEC), Department of Family and Preventive Medicine, Emory University School of Medicine, Atlanta, GA

ISSUE: African Americans under the age of 25 and living in the Southeast U.S. have emerged as a population disproportionately living with and at risk for HIV/AIDS in the U.S. University students engage in patterns of sexual behavior that place them at an increased risk for HIV infection. University health service programs lack relevant information and referral networks to adequately serve this population.
SETTING: Health service centers at Historically Black Colleges and Universities (HBCU) in the Southeastern United States.
PROJECT: A multi-state, multi-site project trained HBCU health service staff about the basics of HIV transmission and prevention counseling. Sites are located in Alabama, Georgia, and North Carolina. Clinical and non-clinical HBCU health service staff attended a half-day HIV Transmission and Prevention Counseling for College Students training program. The trainer also conducted a key informant interview with an administrative contact at each site to assess the site's current training needs and capacity to provide HIV prevention counseling. Thus, the training model is skill-oriented and interactive, building on local emergent circumstances.
RESULTS: At least 12 trainings have been provided to ten participating HBCUs in the region. Building rapport with HBCU health service sites is essential. Successful first trainings have led to additional training requests. Tailoring the content of the trainings to the needs of individual HBCUs was identified as one of the strongest elements of the trainings.
LESSONS LEARNED: The need for training college and university health service staff about HIV transmission and prevention counseling geared toward students continues to grow, particularly among African Americans in the Southeast. This model can help to build capacity of HBCU health services to provide HIV prevention resources and referrals in the local community. The need for a more standardized training curriculum was identified by trainers and is currently under development.

Track D
D10 – HIV Prevention with Youth
Room: INTERNATIONAL BALLROOM NORTH - (Hyatt Hotel – International level)

Presentation Number: D10 -1

Presentation Title: Challenges in Implementing HIV Prevention for Positives Initiatives with Adolescents and Young Adults: Lessons Learned and Barriers Crossed

Author(s): *Phill, RN[1]; Bryant, YU[1]; Georges, CL[2]; Lagrange, RD[1]; Peralta, L[1]* - [1]University of Maryland, Baltimore, MD; [2]Department of Health and Mental Hygiene, Maryland AIDS Administration, Baltimore, MD

ISSUE: According to the Maryland AIDS Administration (2005) 9% of adolescents and young adults represent the HIV positive population in Baltimore City. In addition, adolescents and young adults currently represent 20% of the newly identified HIV cases in Baltimore City, a number that has increased steadily over the last 4 years. In response to this growing epidemic, Prevention for Positives (P4P), a secondary prevention curriculum originally designed for adults living with HIV, was adapted to service HIV-positive adolescents and young adults. Several challenges emerged during the implementation of the redesigned curriculum that required creative solutions in order to achieve the desired project goals. The lessons learned involving recruitment, retention, transportation and familial rebuffing will be important for future interventionist and researchers designing secondary prevention programs for HIV positive adolescents and young adults.
SETTING: P4P targets HIV positive adolescents and young adults living in Baltimore, MD. The initiative is administered at the Adolescent HIV Program (STAR TRACK) at the University of Maryland at Baltimore.
PROJECT: P4P is a standard of care secondary prevention initiative, adapted to be a more youth friendly and developmentally appropriate intervention for our target population. The intervention consists of two components, group and individual level interventions, both of which heavily emphasize sexual risk reduction and disclosure. Other topics covered in the individual sessions are: medication adherence, domestic violence, coping and substance use/abuse, among other emotional and psychosocial stressors prevalent in our population of HIV positive adolescents and young adults.
RESULTS: Overall, 90% of adolescents and young adults participating in the group level intervention rated the program as "excellent". All participants stated they would recommend the program to their peers. In addition, 94% stated that the information and skills gained from this program were "extremely helpful".
LESSONS LEARNED: In providing interventions for adolescents and young adults, it is imperative that they be culturally relevant and highly interactive. In addition, providing coordinated complementary services such as transportation that is easily accessible for participants, proved to be integral in successfully retaining and engaging participants.

Presentation Number: D10 – 2

Presentation Title: Housing as a Tool to Reduce HIV Risk for Homeless Youth

Author(s): *Wilderson, DM; Lee, J* - Larkin Street Youth Services, San Francisco, CA

ISSUE: The homeless youth population has disproportionate rates of HIV infection and the highest rates have consistently been reported in California. Homelessness is linked to behaviors that put youth at high risk for contracting HIV. The severity of homelessness is a determinant of high-risk behaviors. Homeless street youth have higher rates of IV drug use and risky sexual behaviors than sheltered homeless youth or housed youth. Due to these factors housing should be viewed as a form of HIV prevention.
SETTING: Larkin Street Youth Services provides a continuum of care for homeless youth in San Francisco, California.
PROJECT: The agency provides a youth-centered model of HIV prevention for homeless and street engaged youth. HIV prevention is integrated into the larger service continuum which provides outreach, drop-in services, housing, and support services. Prevention services are delivered within the context of young people's broader needs and include testing, risk reduction counseling, and linkages to care.
Because homelessness increases the liklihood of participation in behaviors that place youth at risk for infection Larkin Street believes in housing as a primary treatment modality. Housing removes youth from a high-risk environment and provides the stabilization which enables them to focus on reducing risk and developing the life skills needed to transition off the streets.
RESULTS: Between April 2002 and March 2007 Larkin Street provided HIV Prevention services to 2,292 unduplicated clients. There were 25,302 individual sessions and 1,190 group sessions conducted. Almost 20% of Larkin Street clients have used IV drugs. Thirty-three percent of youth have had an unprotected sexual contact in the previous month. Ninety-one percent of youth who participated in HIV prevention activities were also housed in the agency's residential programs.
LESSONS LEARNED: Housing is an important step in stabilizing youth and reducing their participation in high risk behaviors. As such, it is an important component in HIV prevention for this high-risk population.

Presentation Number: D10 – 3

Presentation Title: Using a Social Networks Strategy to Recruit Adolescents for HIV Prevention Interventions

Author(s): *Deli, K; Albors, L* – Cicatelli Associates Inc, New York, NY

ISSUE: Programs often have difficulty recruiting and retaining youth in HIV prevention programs. Social Networks Strategy (SNS) is a method that can successfully bring in participants to programs, and help retain them in services. SNS is a targeted and focused approach that can be very successful in finding people and connecting them to services. Using SNS, agencies will be better able to access populations that may otherwise be hard to reach.
SETTING: Your agency can recruit clients who have successfully used your services to let others know about their experiences. Client/recruiters discuss their experiences with their social contacts (their friends, partners or others they believe may benefit from the service) in the settings they believe are most appropriate. They can then navigate their social contacts to your services.
PROJECT: The SNS is based on the principles that people in the same social network share the same risks and risk behaviors for HIV, and, in addition, people in the same social network know and trust each other. To use SNS to recruit clients for HIV prevention services, agencies would identify clients who are members of their target populations, and enlist them to become Recruiters. It is important that client/recruiters have successfully used your services and believe that others can benefit from those services. Recruiters identify their social contacts. Social contacts are people client/recruiters personally know (e.g, friends, sex or drug partners, family members, etc) who are at risk of HIV. Typically, recruiters identify between 2 - 8 social contacts who they believe would benefit from your services. The recruiters then talk with the social contacts they've identified, and refer or navigate them to your agency where they can receive HIV prevention or other services.
RESULTS: The Social Network Strategy builds on the existing trust among the members of a social network. Because people in a social network already know and trust each other, they are more likely to respond positively to the messages about HIV prevention services. By utilizing this strategy, agencies will be able to reach the highest risk persons, living in hard to reach communities. The success of the SNS is that people who believe in your services are talking to people they know and care about, and letting them know how to access a service they believe is beneficial. Unlike traditional outreach, this strategy builds on an already existing relationship clients have with their social contacts.
LESSONS LEARNED: This exciting approach t is both efficient and cost-effective and can be implemented to reach hard-to-reach populations. To be successful, client/recruiters must: believe your services are beneficial; be willing to share their experiences with people they know; believe they are doing a service for their social contacts by referring them to your services. Client/recruiters only refer or navigate their personal social networks (i.e., people they know). The role of the client/recruiter is therefore time-limited and not ongoing. Agencies have found that an incentive is an effective way to show client/recruiters gratitude for their help in recruiting others to services.

Track D
D18 – HIV Prevention in Racial and Ethnic Minority Communities
Room: SINGAPORE/MANILA - (Hyatt Hotel – Embassy Hall level)

Presentation Number: D18 – 1

Presentation Title: Summative Evaluation of a Community Mobilization Project Designed to Eliminate Disparities in HIV Disease

Author(s): *Darrow, WW[1]; Kim, S[2]; Uribe, C[1]; Obiaja, K[1]; Sanchez-Brana, E[1]; Gladwin, H[1]*
[1]Florida International University, North Miami, FL; [2]Florida International University, Miami, FL

BACKGROUND: The Broward Coalition to Reduce Disparities in HIV Disease was created in spring 1999 to respond to CDC Program Announcement 99064: Racial and Ethnic Approaches to Community Health (REACH) 2010. After a cooperative agreement was awarded, the Coalition conducted formative evaluations in Fiscal Year 2000 to develop a Community Action Plan (CAP). The CAP was approved for implementation as a community-level demonstration project designed to eliminate disparities in HIV disease among Black and Hispanic 18-39 year-old residents of 12 high AIDS incidence ZIP code areas of Broward County, Florida. Interventions aimed at increasing awareness, knowledge, and ownership of the AIDS problem and promoting actions to stop HIV transmission. This report assesses the progress of the Coalition in delivering culturally competent interventions, achieving impact, and reducing the incidence of HIV infection.
METHODS: Process evaluation of Coalition activities was accomplished through frequent site visits to collaborating

community-based organizations (CBOs); reviews of semi-annual reports, monthly outreach schedules, and daily field notes; interviews with project personnel and participant observation. Impact evaluation was facilitated through a series of computer-assisted telephone interview (CATI) surveys conducted with self-identified African-American, Haitian-American, Afro-Caribbean, and Hispanic residents in 2001, 2002, 2003, and 2005. HIV incidence data for Broward County obtained from the Florida Department of Health were used for outcome evaluation.
RESULTS: Street outreach by paid staff members and the involvement of store operators, gatekeepers, and other influential community members were emphasized by the African American and Afro-Caribbean CBOs while the Hispanic CBO put more effort into developing and conducting "train the trainer" programs and recruiting volunteers to distribute materials and messages. Significant increases in awareness of Coalition activities, knowledge about the extent of the HIV problem in Broward County, acceptance of responsibility for addressing the problem, actions to solve the problem, and the use of condoms in the past year were observed among 6,394 CATI survey respondents from 2001 through 2005 ($p<.05$). Coterminous with the implementation of our interventions, the incidence of HIV infections among Black residents of Broward County declined from 193 per 100,000 in 1999 to 88 per 100,000 in 2005. HIV infection rates for Hispanic and non-Hispanic white residents, however, increased from approximately 22 per 100,000 in 1999 to 38 per 100,000 in 2005.
CONCLUSIONS: Coalition activities appear to be contributing to declines in HIV incidence among the County's Black population. Although AIDS incidence data from the 1990s suggested that the County's Hispanic population was at increased risk for HIV disease, more recent epidemiologic data indicate that HIV incidence among Hispanics is equal to--and closely following trends in--the predominant non-Hispanic white population. With sustained support, racial and ethnic disparities in HIV disease can be eliminated in Broward County by the target date of 2010.

Presentation Number: D18 – 2

Presentation Title: Community Based Prevention: An Application of the Community Readiness Model

Author(s): *Burnside, MA*[1,2]*; Plested, BA*[1,3] – [1]CASAE; Advancing HIV/AIDS Prevention in Native Communities, Fort Collins, CO; [2]Colorado State University, Fort Collins, Colorado, CO; [3]Colorado State University, Fort Collins, CO

ISSUE: The Community Readiness Model (CRM) is a nine stage, multi-dimensional model to facilitate community change. The model was developed 15 years ago at Colorado State University. This model is community-specific, issue specific and was designed to build cooperation among systems and individuals. It helps mobilize communities to develop intervention strategies for prevention of HIV/AIDS.
PROJECT: CASAE is funded to provide HIV/AIDS Capacity Building Assistance to any organization, program, tribe or individual who serves Native people. Native people encompasses: Alaska Natives, Native Hawaiians and American Indians.
RESULTS: CASAE has worked with Native communities for many years. In fact, numerous Native communities have already embraced the Community Readiness Model (CRM) and have applied it successfully to many social issues. Community Readiness is theoretically based and is a respectful, step by step, approach to creating positive and healthy community change. When applied to prevention of HIV/AIDS, community readiness determines and guides the timing for each step of efforts aimed at changing community norms, behaviors and attitudes. It utilizes key respondent interviews to determine readiness based on six dimensions: 1) local programs currently existing that address your issue; 2) community knowledge of existing efforts; 3) involvement of leadership; 4) community climate (overall "energy" of the community); 5) knowledge of the issue, and 6) resources within the community available for addressing the issue. The result of a Community Readiness assessment is a "community diagnostic" for intervention.
LESSONS LEARNED: We have learned that communities are always ready for something.

Presentation Number: D18 – 3

Presentation Title: The Use of Epidemiologic and Other Data in Selecting Behavioral HIV Prevention Interventions for African American Women

Author(s): *Sharpe, TT; Collins, C; Glassman, M* - Centers for Disease Control and Prevention, Atlanta, GA

BACKGROUND: African American women have catapulted to among the top of those at risk for HIV infection. AIDS and AIDS-related conditions rank among the 10 leading causes of death for African American women aged 24-50 years. In addition, HIV/AIDS is the leading cause of death for African American women age 25-34. The reasons for increased AIDS incidence and deaths among African American women are complex. Interpreting information from multiple sources will help identify the social antecedents of risky behavior and will contribute to selection of appropriate prevention services.

METHODS: We describe a "research to practice" method by which public health policymakers and HIV prevention service providers can integrate the findings of national surveillance with other sources of public health data. A comprehensive risk profile, based on multiple sources of data, may be developed to inform the selection and implementation of evidence-based behavioral interventions (EBIs) for African American women. We briefly describe the national HIV/AIDS surveillance system and one of the primary uses of surveillance data for community planning. We discuss the concept of EBIs, describing several programs for African American women. We provide a summary of other sources of HIV data and suggest methods for identifying credible data reports.
Lessons Learned: We review the national surveillance findings concerning African American women and increasing heterosexual risk. We suggest methods for using many sources of data to develop a comprehensive risk profile to inform the selection and implementation of EBIs for African American women.

Track E
E03 – Comprehensive HIV Prevention Policy for Women
Room: CAIRO - (Hyatt Hotel – Embassy Hall level)

Presentation Number: E03 – 1

Presentation Title: HIV Testing Among Women in the United States.

Author(s): *Inungu, J; Schilling, K; Mumford, V* – CMU, Mt Pleasant, MI

BACKGROUND: While historically the HIV/AIDS epidemic has affected more men than women in the United States, the proportion of women infected with HIV has been on the rise during the last 10 years. Of the 40,000 new cases of HIV diagnosed annually in the United States, 30% are among women. The rising proportion of HIV cases among women underscores the importance of HIV testing in this population. The purpose of this study was to determine the prevalence of women 18 years and older who had ever tested for HIV in the United States and assess the factors associated with seeking the test.
METHODS: Data from the 2005 National Health Interview Survey (NHIS) were analyzed.
RESULTS: Of the 16,838 women interviewed in 2005, 75.8% were white, 46.7% were married, and 37.4% lived in the South. A total of 6,496 women (38.6%) reported to had ever tested for HIV. Being African Americans (Odds Ratio (OR):2.24, 95% confidence interval (CI) 1.937-2.585) or Hispanics (OR:1.27; 95% CI: 1.039-1.558), being pregnant (OR: 3.81, 95% CI: 2.734-5.301), having a history of sexually transmitted diseases (OR: 4.66, 95% CI: 3.110-6.980), or homelessness and/or time in jail (OR: 4.31, 95% CI: 2.941-6.318) were significantly associated with HIV testing; whereas women who lived in the Midwest (OR: 0.72, 95% CI: 0.625-0.826) were less likely than those living in the West to have been tested for HIV.
CONCLUSIONS: The results showed that only 39% of adult women had ever tested for HIV. Findings that women who were involved in high risk sexual behaviors and those who were pregnant were more likely to be tested for HIV compared to their counterparts were encouraging. They suggest that the CDC's recommendations promoting routine HIV during pregnancy and among people involve in high risk behavior are been followed. However, more efforts are needed to increase the proportion of women who get tested, especially in the Midwest

Presentation Number: E03 -2

Presentation Title: Women and HIV - Beyond the Behavioral

Author(s): *Smith, KJ; Arias, G – Kimberleigh J. Smith, Gina Arias*, Gay Men's Health Crisis, New York, NY.

ISSUE: In the United States, HIV prevention discussions often center on developing effective behavioral interventions and increasing access to prevention tools (condoms, clean needles, etc.) without addressing the structural issues that drive HIV transmission. For African-American women, several issues converge to fuel the HIV epidemic in the United States: Drugs, gender-based violence, and depression intersect and overlay additional systemic issues, such as poverty, incarceration rates among Black men and education.
KEY POINTS: Behavioral interventions alone are insufficient
ü What is needed is a prevention model that recognizes the complex interplay between the environment and women's behavior.
This roundtable discussion will offer participants the opportunity to explore and discuss domestic program and policy interventions/models that integrate gender-specific behavioral and structural interventions to prevent HIV. From a place of strength and not pathology, facilitators will lead a discussion with prompting questions on nationwide models

that address behavioral and structural change. We will explore the success and failures of different methods and strategize about ways to share best practices in a systematic way.
IMPLICATIONS: Concrete models that combine behavioral and structural interventions can be evaluated and diffused to expand the DEBI model and create a new prototype that is more comprehensive and would significantly affect health outcomes on a deeper scale.

Presentation Number: E03 – 3

Presentation Title: Assessing Supportive and Case Management Services in the Lives of HIV-positive New York City Women

Author(s): *Halkitis, PN; Lucas, P* – New York University, New York, NY

BACKGROUND/OBJECTIVES: Launched in 1992, The Women & Families with HIV/AIDS Initiative (WFI) is a jointly-funded public-private partnership which seeks to (1) to assist partner agencies in developing and implementing case management services; and (2) to insure the provision of supportive services. Case management and supportive services are delivered through the Women's Supportive Services (WSS) programs, offered at 10 HIV/AIDS community-based service providers throughout NYC.
The objective of the WSS Evaluation was to consider the impact of WSS program participation on the physical and mental health, quality of life, and access to healthcare and healthcare utilization among HIV-positive women. The evaluation consisted of two components (1) assessing the attitudes, experiences, and behaviors of female WSS program participants; and (2) investigating the impact of the WSS program on comparison groups.
METHODS: Participants for the evaluation were women, 18 years of age and over, who initiated WSS case management and/or supportive services in 2002 or 2003 at one of the five HIV/AIDS service agencies selected for the study. Data used in the WSS Evaluation come from three sources: female WSS clients, medical and case management records, and the spouses/partners of WSS clients. The modes of data collection were triangulated using cross-sectional self-report surveys, objective chart reviews, and subjective partner/spouse interviews. Five outcome variables guided the selection and construction of measures: physical health, mental well-being, quality of life, access to healthcare, and healthcare utilization.
RESULTS: While many studies indicate have found that African-Americans are less likely to utilize healthcare options due to their distrust of the medical system, an analysis of our data reveals that African-American respondents were making use of various healthcare services. Seropositive women were more likely to be diagnosed with biologically-based gynecological disorders (i.e., yeast infections and cervical abnormalities) than seronegative women. Compared to women who were 46 years of age and older, women 45 and under were five times more likely to have had persistent coughing, breathing, or difficulty catching her breath in the last six months.
There was no difference between regular and non-regular users of case management services in terms of a woman's likelihood of receiving gynecological care at the same place she received HIV/AIDS care. Similarly, there was no difference in instances of hospitalization (one night or longer) in the past six months between women who were regular or non-regular users of case management services. Women who were regular users of case management services were 18 times more likely to have had their medical provider suggest ways to help remember to take HIV/AIDS medications.
CONCLUSIONS/IMPLICATIONS: The results of the evaluation demonstrate a complex synergy between biological, psychological, and sociological processes, and demonstrate the complexity of HIV in the lives of women. Moreover, women who consistently used WSS did demonstrate more elevated health in some domains but not all. The evolution further documents the diversity of implementation of WSS at varying sites, and suggest that even with the population of HIV-positive women there is incredible diversity, which needs to be considered in program delivery.

Presentation Number: E03 – 4

Presentation Title: The Exchange Network: Developing Grassroots Action for Black Women

Author(s): *Young, T[1]; Coleman, J[2]* Toni Young, Community Education Group, Washington, DC, Jaqueline Coleman, Vision Que!, Washington, DC.

ISSUE: In 1992, women accounted for 14% of all adults and adolescents living with AIDS. However, by the end of 2004 this number had nearly doubled to 23% of all reported cases (CDC Surveillance Report, 2004). Further, this gender shift has disproportionately affected women of color, with Black women baring the greatest burden. From 2001-2004 Black women accounted for 68% of all newly diagnosed cases of HIV/AIDS among women (CDC, 4/2006). HIV/AIDS was also the leading cause of death for Black women ages 25 to 34 in 2002 compared to the 6th leading cause of death for women overall (CDC, 2/2006), and of the 145 infants perinatally infected with HIV, 105

(73%) were Black (CDC, 2/2006). In response to these statistics, on June 15 and 16, 2006 sixteen Black women leaders with influence and expertise in a variety of areas, convened to discuss the devastating affects of HIV/AIDS among Black women in the United States. The focus of the two-day meeting was to set and implement a national HIV/AIDS agenda in response to the epidemics affect on Black women. From this meeting, the Black Women's HIV/AIDS Network was officially formed and a national agenda for advocacy was established.
KEY POINTS: This roundtable will specifically focus on the issues which lead to the development of the Black Women's HIV/AIDS Network and its activities since its inception. Facilitators will discuss current rates of infection among this population, current prevention programs and policies directed towards Black women, the unique nature of this disease among Black women (e.g., poverty, domestic violence, lack of healthcare, substance abuse, etc.), and policy and funding gaps that make prevention among this population difficult. The facilitators will also discuss the outcome of the two-day meeting, the guiding principals and current leadership of the group, the Network action plan, and outcome expectations. Last, the facilitators will expound on the successes and failures, the struggles of the Network since its inception, and how others can get involved with the Network.
IMPLICATIONS: The overall goal of the roundtable is to provide a forum to discuss the unique needs of Black women at risk for and living with HIV/AIDS. The roundtable will assist current organizers within the group to have open dialogue with other experts about future HIV/AIDS programming and advocacy needs of Black women affected and infections by this disease, expand the Networks constituents and collaborators, and strengthen links among current Network members.

Track E
E08 – Policy Issues Around Public Sex Environments
Room: HONG KONG - (Hyatt Hotel – Embassy Hall level)

Presentation Number: E08 – 1

Presentation Title: The Venues PROJECT: Reducing Human Immunodeficiency Virus (HIV) and Sexually Transmitted Infections in Bathhouses, Sex Clubs, Internet Sites, and Circuit Parties

Author(s): *Wohlfeiler, D*[1]; *Teret, S*[2]; Woodruff, A[1] – [1]CA DHS/STD Control Branch, Oakland, CA; [2]Center for the Law and the Public's Health, Baltimore, MD

ISSUE: Attention to environmental and structural factors involving STD and HIV transmission lags behind attention to behavioral factors. Meeting partners in commercial sex venues has long been associated with STD and HIV transmission. Efforts to reduce transmission in these venues have long been hampered by lack of data and a lack of role clarity among Health Departments (HDs).
SETTING: Health Departments building balanced relationships with venues including bathhouses, sex clubs, internet sites, and circuit parties.
PROJECT: We surveyed and conducted follow-up interviews with a convenience sample of 53 state and local health departments to determine which interventions they were conducting, as well as their attitudes towards the businesses. Based on these responses and a review of the scientific literature, we developed menus of options for reducing transmission in these venues. These represent a comprehensive set of interventions, most of which have not been evaluated but have been attempted by at least one jurisdiction HD or venue.
We trained participants from 23 key state and local HDs. Trainings included:
a) epidemiology of venues and HIV/STD transmission; b) review of interventions; c) the importance of sexual network paradigms to understanding venues; d) building relationships with venue owners and managers; e) ranking of interventions' feasibility and impact; f) legal strategies available to HDs when cooperation is not forthcoming from venue owners.
RESULTS: Needs assessment: 1) HDs reported a lack of evidence for interventions; however, most continued to conduct outreach despite the lack of evidence of its effectiveness; 2) support for the rights of these businesses to exist was near universal; 3) balance of power between HDs and venues varied considerably among jurisdictions; 4) political considerations and lack of a clear constituency for changes hamper development of consistent or coherent policies.
Trainings: Participants reported considerable improvement in understanding why venues are important, their legal options, and the perspectives of business owners. Several participants highlighted the usefulness of discussing who should pay for interventions - the venues' owners or HDs.

LESSONS LEARNED: Several next steps emerged during the PROJECT: 1) HDs should clarify in discussions with venues that the majority of men who have sex with men (MSM) practice safe sex behaviors most of the time, and that venues could cater to them rather than to high-risk individuals; 2) HDs should obtain better data from HIV/STD interviews regarding venue attendance, as well as denominator data; 3) a coordinated effort is needed to broker agreements between and among jurisdictions and venue owners.
Despite a lack of data, leadership is needed to address environmental facilitators and barriers to health. Clarifying roles, and understanding what to ask for and how to ask for it from venue owners will hopefully contribute to reducing transmission associated with venue attendance.

Presentation Number: E08 – 2

Presentation Title: HIV/STI Testing Programs in Bathhouses: Canada and U.S. Comparison

Author(s): *Woods, WJ; Binson, D; Euren, J; Pollack, LM – William J. Woods, PhD, Diane Binson, PhD, Jason Euren, Lance M. Pollack, PhD*, University of California, SF, San Francisco, CA.

BACKGROUND/OBJECTIVES: Public policy is an important influence on public health practice. In HIV prevention, policies that encourage testing in specific venues can contribute to early detection and intervention. Bathhouses catering to MSM are one such venue. We compared HIV testing programs in two countries with similar venues, but different policy orientations, to understand how public policy influences the delivery of services. Comparing on-site testing programs may broaden and deepen an understanding of health policies in both countries.
METHODS: A cross sectional telephone survey of bathhouse managers identified 112 venues (Canada 35, U.S. 77; refusals: Canada 8, U.S. 23) using the *Damron Men's Travel Guide 2003* and www.cruisingforsex.com as the sample frame. Letters of introduction were sent to the general manager at each club. Managers reported on club testing programs. Managers from 27 of the 35 identified Canadian clubs (77.1%) and 54 of 77 identified U.S. clubs (70.1%) agreed to participate in the survey. Results are Fisher Exact Test or X^2.
RESULTS: Canadian clubs (55.6%) were less likely than (U.S. 75.5%) to have a testing program (p=.080). We identified 82 separate testing programs operating in the 55 clubs that reported having programs.
Data that follow describe the testing programs, not the clubs, as some clubs had more than one program. There were significant differences (X^2=13.1, df 2; p<.01) in whether the initiation for a specific program came from health officials (Canada 52.9%; U.S. 10.6%), the bathhouse management itself (Canada 23.5%; U.S. 48.9%) or community-based providers (Canada 23.5%; U.S. 40.4%). There was a trend that a testing program was offered more frequently by health officials in Canada (42.1%; U.S. 27.0%) and less likely by community providers (Canada 57.9%; U.S. 73.0%), but it was not significant (p=.259). There was no significant difference in who paid for staff and testing materials (i.e., those who ran the program usually assumed costs). The table shows types of infections for which testing was available. None of the Canadian HIV testing programs reported using rapid testing technologies, while 41.8% of U.S. programs did (p<.001). Similarly, Canadian bathhouses were less likely than U.S. bathhouses to provide HIV results at the bathhouse (Canada 11.8%; U.S. 62.7%; p<.001).
CONCLUSIONS: U.S. bathhouses are more likely than Canadian bathhouses to have on-site HIV testing, but Canadian programs were more likely to test for a variety of STDs. Canadian managers explained anecdotally that universal health care made it less important for outside agencies to provide testing in their clubs. Still, when testing was offered in their clubs, they apparently thought it important to test for HIV as well as other STIs. The historical tension between U.S. public health and bathhouses may explain why U.S. health officials were less likely than Canadian officials to initiate testing programs in clubs. Rapid testing appears to be finding a footing in these outreach programs and have reduced bathhouse managers' traditional concerns about providing test results inside the club.

Track F
F02 – Interface of Mental Health and Prevention
Room: BAKER – (Hyatt Hotel – Atlanta Conference Center level)

Presentation Number: F02 -1

Presentation Title: The Role of Mental Health in HIV Prevention

Author(s): *Fernandez, E*
AltaMed, Los Angeles, CA.

ISSUE: In Los Angeles County, the Latino community continues to become infected with HIV at an alarming rate. HIV Prevention Providers are tasked with the challenge of providing culturally, linguistically and contextually appropriate services; nonetheless, the issues presented by Latinos do not have quick fixes. Given the multiple psychosocial stressors that Latinos face (immigration, sexual silence, poverty, marginalization, religion, family, sexual abuse), traditional HIV prevention has proven ineffectual.
KEY POINTS: The session will address a new model promoting zero HIV transmission and complete access to care. AltMed combines HIV prevention with Mental Health Services. The facilitator will address: a) The role of HIV Prevention Providers/Mental Health Services in HIV prevention and highlight its role in increased health outcome and lower morbidity rates b) The need for more bilingual and bicultural Mental Health clinicians in Los Angeles County c) Describe a community and structural program that addresses the needs of Latinos
IMPLICATIONS: AltMed combines HIV prevention with Mental Health Services that result in a synergistic and holistic approach to prevention that can address the barriers to behavior change (depression, low self-esteem) and increase the clients' self-efficacy in maintaining prevention and health goals and culminating in a better quality of life.

Presentation Number: F02 – 2

Presentation Title: Mental Health and HIV Disease: The Pain Behind the Mask

Author(s): *Dawson, AG, Jr – Alvin G. Dawson, Jr,* MA Counseling, LPC, UT Soutwestern Medical Center, Dallas, TX.

ISSUE: Although advances in treatment protocols have increased the quantity of life for individuals living with HIV disease, quality of life issues still persist. Of particular concern is the impact mental health issues may have on the overall wellness of men and women living with HIV/AIDS.
KEY POINTS: The facilitators will present and discuss statistics related to mental health in the general population and specifically within the HIV positive community. An overview of life factors (serostatus disclosure, health/quality of life concerns, work/career issues and intimate relationships) impacted by emotional disturbances will be discussed by the facilitators. Three mental health diagnoses (Major Depressive Disorder, Generalized Anxiety Disorder and Bipolar Disorder) which may impact those living with HIV will be presented along with signs and symptoms for each. Attendees will have the opportunity to discuss case studies which illustrate diagnosis, treatment and post counseling follow-up. The importance of recognizing symptoms of these illnesses and proper referral for professional treatment will be stressed.
IMPLICATIONS: among the general population, to some degree, mental health disorders still remain a stigmatized and taboo topic. Individuals impacted by HIV disease deal with stigma on a variety of levels; mental health issues may add to the levels of stress already present in their lives. As providers (STD/HIV case managers, prevention and outreach workers and substance & alcohol treatment staff), being aware of the manifestations of mental health issues and providing timely and appropriate referral may vastly improve the quality of life of those we hope to serve

Track F
F14 – Training Prevention Educators
Room Location: COURTLAND – (Hyatt Hotel – Atlanta Conference Center level)

Presentation Number: F14 – 1

Presentation Title: I'll Have to Get Back to You on That: Tools Every Prevention Educator Needs to Maintain Credibility and Motivate Behavioral Change

Author(s): *Fallon, SJ*[1]; *Ramos, A*[2]*; Narvaez, RR*[3]
[1]Skills4, Inc., Ft Lauderdale, FL; [2]Downtown Youth Clinic, Oakland, CA; [3]Hispanic Unity of Florida, Hollywood, FL

ISSUE: Effective HIV prevention efforts build skills and self-efficacy. However, if a client asks a specific question about HIV or STD transmission, and receives only a vague or inconclusive response, the client's motivation to reduce risks diminishes. In other words, while knowledge alone doesn't guarantee behavioral change, a prevention worker's knowledge lends credibility which is a prerequisite to motivate any client. Some clients will use a "gotcha" question to excuse themselves from taking your health messages seriously.
SETTING: Street outreach settings, community centers, jails and prisons, gay youth groups, public schools, Internet outreach portals, faith based settings, clinics.
PROJECT: This workshop compiles several of the most challenging questions that clients raise again and again in

the field. The workshop offers tools and boilerplates for disseminating factual information to clients quickly, confidently, and correctly. Participants will receive answers to questions about risk rates and protective strategies, as well as scientific yet accessible explanations behind each fact. Each explanation will also be illustrated with an analogy to make it linguistically appropriate for any client. A tool for translating factual information into accessible illustrations or analogies will be presented.
RESULTS: Though information about HIV transmission efficiency, biological susceptibility, and co-factors exists in numerous peer review journals, many prevention workers report that they needed an accessible yet accurate tool to empower their work in the field. The session will model the tool, and then show participants how to use it in their own settings.
LESSONS LEARNED: The Health Belief model demonstrates that knowledge is a prerequisite to behavioral change. This workshop will give participants tools to speak to a client's concerns credibly, allowing the prevention worker to then move on to guide the clients to a more specific discussion of the client's personal risk reduction plans.

Presentation Number: F14 – 2

Presentation Title: Training HIV+ Persons as Primary Prevention Workers

Author(s): *Sias Jr*., L
International AIDS Empowerment, El Paso, TX

TOPIC: Many community-based organizations have successfully engaged HIV+ persons in primary prevention programs. However, training and support of peers is needed in order to maximize the effectiveness of their interventions. This workshop will center on key training elements of a successful Personal Perspectives Speakers' Bureau providing a continuum of HIV prevention programming to the diverse communities of El Paso, Texas.
ISSUES: The Continuum of HIV Prevention Program (CHPP) Project involves HIV+ persons in peer educator roles performing prevention activities. This workshop will provide an overview for successfully training HIV+ individuals as primary prevention workers. Topics for discussion will include skills building around issues such as: values clarification, preparing for specific audiences (children in school-based settings vs. adults in rehab clinics), giving facts vs. personal advice/opinions, and general public speaking/group facilitation. The workshop will also address the need for a self-assessment process/tool that an individual can go through in order to determine their readiness to disclose HIV status and other personal information to large groups.
LEARNING OBJECTIVES: At the conclusion of this workshop, participants will be able to:
Describe key elements of a successful primary prevention program featuring HIV+ speakers.
Recognize the need for self-assessment processes/tools in peer-based programs
Explore a model to train speakers on how to share facts versus personal advice or opinion.
Understand how to tailor an educational presentation to specific audiences.
METHODS: This workshop will include discussion of the topics mentioned as well as interactive exercises on values clarification, tailoring prevention messages to your audience, and personal assessment. A model for how to deliver HIV/AIDS facts without interjecting advice and/or personal opinions will also be presented as an interactive activity.

Presentation Number: F14 – 3

Presentation Title: Provider Challenges and Successes in Conducting Effective Prevention with Positives (PWP) Work: Results of a Statewide Needs Assessment

Author(s): *Vincent, T*; *Kong, CJ; Gandelman, A*
CA Department of Health Services, CA STD/HIV Prevention Training Center, Oakland, CA

BACKGROUND: Recent national and statewide initiatives to increase prevention efforts with persons living with HIV have also increased training and educational opportunities for providers responsible for these activities. However, specific skills and knowledge needed by providers to improve their effectiveness with HIV-positive clients have not been widely assessed. As part of a statewide initiative funded by the California Office of AIDS (OA), the California STD/HIV Prevention Training Center (CA PTC) conducted a comprehensive assessment to document the challenges and successes experienced by providers in conducting PWP work to provide direction for future PWP training/technical assistance programs.
METHODS: Assessment data were collected from January 2006 to September 2006. A paper version of the self-administered survey was distributed at statewide HIV provider conference/training venues, and an online version was disseminated electronically to HIV programs in local health departments throughout the state, with the use of Survey Monkey software. Because the total number of HIV providers in California is unknown, a "snowball" method was used, in which OA-funded providers were asked to send the online assessment to locally funded PWP providers. Data

from providers who spent 10 percent or more time working with HIV-positive clients were included in the analysis. We applied a mixed methods approach in collecting and analyzing quantitative and qualitative data; primary data analysis was conducted utilizing Statistical Program for Social Sciences (SPSS) and NVivo software.
RESULTS: A total of 302 HIV prevention and care providers in 34 counties throughout California completed the survey. Nearly 80 percent of respondents spend at least 50 percent of their time on PWP-related activities. Key factors that enhanced their PWP work included open communication and non-judgmental attitude toward clients; training; and prior experience in HIV work. Major barriers included lack of resources; client behaviors and psychosocial issues; and the providers' lack of skills/experience. Providers prioritized mental health, substance use, and cultural issues as top training and technical assistance needs. Other topics of interest included improving individual counseling skills; supporting HIV-status disclosure; and understanding the spectrum of sexual risk. Demographic characteristics of providers, such as length of time in the field, role within the agency, race, and HIV status, correlated with significant differences in training priorities. For example, African American providers rated disclosure issues higher than did their white or Latino counterparts, but rated mental health issues lower than did the other two groups. Most (94 percent) respondents wanted to increase their skills to more effectively work with cultures other than their own. Providers also identified the effect of stigma on risk behaviors as a high priority.
CONCLUSIONS/IMPLICATIONS: Providers need guidance and clarity to better incorporate prevention strategies for persons living with HIV into their existing roles. Cultural differences related to risk should be emphasized in PWP training/technical assistance. Addressing key psychosocial concerns, especially mental health and substance use, should be a critical component of any comprehensive PWP program.

Track G
G09 – Integrative Services for People Living with HIV
Room: DUNWOODY – (Hyatt Hotel – Atlanta Conference Center level)

Presentation Number: G09 – 1

Presentation Title: The NIA Project (Part 1 of 2): A Culturally Competent Model of Integrated Service Provisions for High-Risk HIV Positive and Negative African-Americans

Author(s): *Underwood, N; Wright, C* – CAL-PEP, Oakland, CA

ISSUE: California Prevention and Education Project (CAL-PEP) has delivered HIV prevention, education, testing, counseling, substance abuse education and treatment services during its 24-year history to the African American community. The agency has pioneered a highly developed, culturally competent model of integrated service provisions for high-risk HIV positive and negative African Americans.
PROJECT: CAL-PEP provides three interventions: 1). Outreach and HIV Testing including both Or quick (Rapid) and Orasure via use of CAL-PEP's medical van and the Alameda County Medical Center. We refer HIV positive individuals for Partner Counseling and Notification Services to Alameda County Office of AIDS. 2). PCM/CRCS to individuals testing positive for HIV and their sex and injection drug-using partners who are HIV negative or who do not know their HIV status. 3). Peer leaders in community settings serving high-risk women conduct SISTA workshop series. CAL-PEP peer educators integrate information and referrals to services while recognizing that women's priorities are family, housing, and income.
SETTING: HIV Rapid Testing CAL-PEP utilizes a mobile clinic to provide testing and outreach services in high-risk neighborhoods. We also provide testing at events like community health fairs and youth events. We test in agencies where high-risk clients access services like substance abuse treatment facilities, homeless shelters, and youth drop-in centers. PCM/CRCS services are located at CAL-PEP offices in Oakland, CA. This site houses CAL-PEP services for both high-risk HIV negative clients and individuals living with HIV/AIDS. The CRCS program collaborates with our core group of community partners that provide services to our target population. For SISTA, CAL-PEP collaborates with agencies utilized by our clients for services. Therefore, SISTA workshops are provided at substance abuse treatment centers, transitional housing sites, youth centers, and juvenile hall.
LESSONS LEARNED: Outreach and HIV Testing- CAL-PEP successfully completed HIV testing objectives, yet one area needs further development. HIV Testing clients receive a preliminary positive result and asked by the counselor to return for a confirmatory test in 2 weeks. Only 1 returned for the confirmatory test. CRCS- the concept of discharge has consistently been difficult for clients and staff; the CRCS case manager ends up with a very large caseload. For this reason CRCS intakes should be complete during the first three quarters in order to close out/discharge clients. If needed, clients should be enrolled in other programs or re-enrolled the following year. SISTA the SISTA model is a fun and effective way in which to deliver this intervention. Still, we find retention to be challenging when we collaborate with facilities where we cannot control which women are sent to join the group.

Presentation Number: G09 – 2

Presentation Title: When Knowledge is Just Not Enough: Developing a Recalcitrant Policy for HIV Positive Persons

Author(s): *Carrel, JJ2; Longfellow, L*[1]– [1]Louisiana Office of Public Health STD Program, New Orleans, LA; [2] Louisiana Office of Public Health HIV/AIDS Program, New Orleans, LA

ISSUE: In Louisiana, studies in HIV and STD clinics indicate that up to 12% of persons infected with HIV are identified with STDs after their HIV diagnosis. In addition, some HIV positive individuals are named multiple times as partners in STD and new HIV infection cases. In an effort to reduce new HIV infections and STD infections in HIV positive persons, a protocol was needed to address these issues. Many factors needed to be considered including some HIV positive persons not having received their test results; some not having the skills to disclose their status or negotiate safer sex; some choosing not to disclose their status; and some purposefully putting others at risk. Ultimately, the objective is to provide effective behavioral interventions to these individuals, reducing or eliminating the potential for further transmission.
SETTING: STD and HIV clinics, risk management programs and case management programs serving HIV positive persons throughout the state of Louisiana.
PROJECT: In an effort to address the public health concerns of potential HIV transmission to unsuspecting persons by an individual who is known to have HIV, policies and programs from various states and viewpoints were reviewed. As a result, the Louisiana Office of Public Health HIV/AIDS Program (HAP) and STD Program (STDP) collaboratively developed the Accelerated HIV Prevention Program (AHPP). When HAP or the STDP are made aware that an individual represents a potential public health threat, either through interaction with their own clients, referrals or consultations from other providers, the AHPP is implemented. The AHPP relies on complete and factual documentation and collaboration between providers to: 1) ensure all persons who test positive have an opportunity to receive their results; 2) investigate circumstances related to intentional or knowing disease transmission; 3) maintain adequate documentation on all potential public health threat referrals received and the health department's follow-up activities relating to each referral; 4) identify and assess the HIV positive client to determine if the client's behavior presents a threat to public health; 5) provide client-centered HIV prevention counseling, and 6) provide linkages to local community service providers and health care professionals.
RESULTS: Louisiana began the first phase of implementation of the AHPP with Disease Intervention Specialists throughout the state (when). Barriers such as to successful implementation were evaluated and are being addressed.
LESSONS LEARNED: A well thought out policy is necessary to deal with HIV positive individuals who are named as contacts to STD cases or new HIV cases or identified as having an STD post HIV diagnosis. Little confusing also maybe add summarize purpose of policy

Presentation Number: G09 – 3

Presentation Title: Sexual Risk Taking and Psychological Distress: Implications for HIV-Related Mental Health Providers to Deliver Prevention Messages

Author(s): *Basta, T*[1]*; Shacham, E*[2]*; Reece, M*[3] – [1]Ohio University, Athens, OH; [2]Washington University, St. Louis, MO; [3]Indiana University, Bloomington, IN

BACKGROUND: Research suggests that individuals living with HIV often experience increased levels of psychological distress, including depression and anxiety. Further, it indicates that individuals who experience increased levels of psychological distress are more likely to engage in risky sexual behavior; therefore, increasing the likelihood of infecting their sexual partners. HIV-related mental health providers have the unique opportunity to address symptoms of psychological distress and high risk sexual behavior. However, little is known about the symptoms of psychological distress experienced by individuals when they self-enroll in mental health care. Therefore, this study was conducted to explore the differences in symptoms of psychological distress by ethnicity among individuals seeking HIV-related mental health care.
METHODS: Data were collected from 617 individuals living with HIV, upon their self-enrollment into mental health care at an HIV-related, community-based mental health clinic in a large southeastern city from 2001 to 2006. Symptoms of psychological distress were assessed using the Brief Symptom Inventory (BSI), a 53-item self-report inventory.
RESULTS: Over half of the sample (55.1%) self-identified as Black or African-American, 30.8% (n = 340) identified as White or Caucasian, and 14.1% (n = 190) reported their ethnicity as other than African-American/Black or White/Caucasian (n = 87). Of the 617 participants, 13.1% (n = 85) self-identified as Latino or Hispanic. There were significant differences between levels of anxiety, depression, and obsessive-compulsivity (OCD) by ethnicity. Caucasian individuals in this study had significantly higher levels of anxiety, $F(2,614) = 8.60$, $p = .00$, depression,

F(2,614) = 10.76, p = .00, and OCD symptom logy, F(2,614) = 7.94, p = .00 than their ethnic minority counterparts.
CONCLUSIONS: This study found that Caucasian participants were more likely to report higher symptoms of anxiety, depression, and OCD than the ethnic minorities in this sample. These study findings are important because they suggest that ethnic minorities 1) may not experience symptoms of anxiety, depression, or OCD at levels consistent with their Caucasian counterparts, 2) may be more reluctant to acknowledge symptoms of psychological distress, or 3) may be less likely to describe symptoms psychological distress as measured by the BSI. This finding is important for providers because, despite scoring lower on the BSI than their Caucasian counterparts, ethnic minorities still enrolled in mental health care services. Self-enrollment into mental health services suggests that ethnic minorities may have perceived their levels of psychological distress as elevated. Therefore, given the relationship between psychological distress and risky sexual behavior, it is important that mental health providers deliver HIV prevention messages to all clients during mental health care.

Presentation Number: G09 – 4

Presentation Title: Working with Multiple Diagnosed Clients With HIV/AIDS: Promoting Medication Adherence Through Use of the ADHERE Model

Author(s): *Tomaszewski, EP*[1]*; Gallego, S*[2,3] – [1]National Association of Social Workers, Washington, DC; [2]National Association of Social Workers – HIV/AIDS Spectrum Project Faculty, Washington, DC; [3]University of Texas, Austin, TX

ISSUE: Working with people who have both mental health and substance abuse concerns is a common and difficult challenge for those working on the front lines of HIV prevention and care. Research has documented the increased rates of persons living with HIV/AIDS also experiencing mental health concerns that affect their day-to-day functioning, with a significant number using alcohol or other drugs, and/or having been diagnosed with a mental health problem or disorder. Providers are often unsure about how to identify problems and prioritize goals. In many communities, services such as medical care, mental health care, and substance abuse treatment, may work in relative isolation. Providers continue to be challenged in meeting diverse client needs while working to ensure supports and resources are in place to promote and sustain medication treatment adherence.
SETTING: The settings include federal and state agencies, national and state associations, universities, and community-based organizations, in both rural and urban communities across the United States.
PROJECT: Providers participate in a skill-building course designed to promote culturally competent, client accessible integrated services through the ADHERE Model. The model helps providers to better understand the complex bio-medial, psychological, and social-behaviors concerns experienced by those living with HIV/AIDS, as well as the co-occurring behavioral health problems, that often challenge a client's medication adherence. Comprehensive and integrated service delivery includes understanding the impact of trauma and stigma, as well as the inter-relationship of co-occurring substance use and mental health disorders on HIV prevention, treatment, and access to care. The ADHERE MODEL addresses assessment, dialoging with clients and support networks, provider self-evaluation of services, and culturally competent practice that focuses on client strengths in working towards and maintaining medication treatment adherence.
RESULTS: There has been a consistent positive change in practice beliefs of workshop/presentation participants. Provider feedback, provided through Adherence Participant Feedback Forms (OMB No. 0930-0195) , shows participants have a better understanding of stigma and related barriers to care, as well as the need to understand the cultural context of service provision. Participants have stated that the workshops has resulted in a "better understanding of why it is important to be concerned about the connection of HIV, mental health, and substance use" (94%); and "learning the importance of utilizing strengths-based skills in HIV mental health treatment (90%), to "better understanding of the importance of using a MODEL in everyday practice" (92%) . Overall, participants state increased knowledge coupled with enhanced practice skills that they will take in to everyday practice or work in promoting medication treatment adherence.

Track G
G16 – CDC's Leadership in the Integration of Prevention Services
Room: REGENCY BALLROOM VI – (Hyatt Hotel – Ballroom level)

Presentation Number: G16 – 1

Presentation Title: Program Collaboration and Service Integration: NCHHSTP Leadership Perspectives on developing and implementing a new national priority

Author(s): *Kevin Fenton; Susan DeLisle;* K; *Rodewald, L*
Center For Disease Control
Atlanta, Ga.

Program Collaboration and Service Integration (PCSI) is a way of managing interconnected health issues, separate programmatic activities, and services to enhance public health impact. PCSI efforts build upon customary linkages and help establish new connections to related services. The goal of PCSI is to provide prevention programs and services that are holistic, science-based, comprehensive, and high quality to those at risk for or those infected with HIV, Viral Hepatitis, STDs or TB. Effective, evidence-based PCSI will remove barriers to, and facilitate the adoption of, more integrated HIV, STD, TB and viral hepatitis prevention service delivery for clients by aligning NCHHSTP activities, systems, and policies. In this symposium, NCHHSTP Leaders will reflect upon their plans in providing national leadership in support of improved collaboration between HIV, viral hepatitis, STD and TB prevention programs and strengthening integration at the client level where and when appropriate.

MONDAY, DECEMBER 3, 2007
Concurrent Sessions
1:30 PM – 3:00 PM

Track A
A03 – Racial and Ethnic Disparities in HIV Infection: Social and Contextual Influences
Room: COURTLAND - (Hyatt Hotel – Atlanta Conference Center level)

Presentation Number: A03 – 1

Presentation Title: Black-White Disparities in HIV Infection Among Men Who Have Sex with Men: A Meta-Analytic Examination of HIV Risk Behaviors

Author(s): *Millett, G[1]; Flores, S[1]; Peterson, J[2]; Bakeman, R[2]* – [1]CDC, Atlanta, GA; [2]Georgia State University, Atlanta, GA

OBJECTIVE: To identify factors that might explain the racial disparity in HIV prevalence between black and white men who have sex with men (MSM) in the United States.
METHODS: A comprehensive literature search of electronic databases, online bibliographies, and publication reference lists yielded 53 quantitative studies of MSM published between 1980 and 2006 that stratified HIV risk behaviors by race. Meta-analyses were performed to compare HIV risks between black MSM and white MSM across studies.
RESULTS: Compared with white MSM, black MSM reported less overall substance use [odds ratio (OR), 0.73; 95% confidence interval (CI) 0.55-0.98], fewer sex partners (OR, 0.64; 95% CI, 0.45-0.92), less gay identity (OR, 0.29; 95% CI, 0.17-0.48) and less disclosure of same sex behavior (OR, 0.42; 95% CI, 0.30-0.60). HIV-positive black MSM were less likely than HIV-positive white MSM to report taking antiretroviral medications (OR, 0.43; 95% CI, 0.30-0.61). Sexually transmitted diseases were significantly greater among black MSM than white MSM (OR, 1.64; 95% CI, 1.07-2.53). There were no statistically significant differences by race in reported unprotected anal intercourse, commercial sex work, sex with a known HIV-positive partner, or HIV testing history.
CONCLUSIONS: Behavioral risk factors for HIV infection do not explain elevated HIV rates among black MSM. Continued emphasis on risk behaviors may have only limited impact on the disproportionate rates of HIV infection among black MSM. Future research of black MSM should focus on the contribution of factors other than individual risks to explain racial disparities in HIV infection rates.

Presentation Number: A03 – 2

Presentation Title: Internet Sex Ads for MSM and Partner Selection Criteria: The Potency of Race/Ethnicity Online

Author(s): *Paul, JP[1]; Ayala, G[2]; Choi, K[1]* – [1]Center for AIDS Prevention Studies, San Francisco, CA; [2]AIDS Project Los Angeles, Los Angeles, CA

BACKGROUND: Use of the internet as a fast and efficient means of accessing sexual partners has grown in popularity among MSM, and has been linked with sero-sorting, number of sexual partners, sexual risk behavior, and STDs. The commodification of sexual partner choice via the Internet allows for specification of frank and detailed characteristics for a prospective sex "hook-up" in ads and personal profiles--including dictating desired race/ethnicity. Understanding the impact this may have on MSM of color, directly and indirectly affecting partner selection processes, is important to understanding their sexual networks and sexual decision-making.
METHODS: Between July 2005 and July 2006, we conducted 6 focus group discussions and 35 individual qualitative interviews, with 28 Latino, 28 API, and 29 African American MSM in Los Angeles. They were asked about their experiences as MSM of color in Los Angeles, including those related to sexual partner formation. Audiotapes were transcribed and coded for themes.
RESULTS: Men reported frequent use of the Internet for partner selection. All MSM of color encountered experiences online where race/ethnicity was explicitly stated as either an inclusion or exclusion criterion. In some cases, where a profile or ad did not explicitly identify such partner criteria, rejection on the basis of race/ethnicity could occur with brusque detachment in subsequent communications about "hooking up." Distinct racial stereotypes underlying these exclusion criteria were identified by all respondents. API and African American men were most likely to report experiences of exclusion, but Latino men also were made acutely mindful of others' stereotypic

expectations of their sexuality. API men reported being made to feel desexualized and lowest on the sexual hierarchy; African American men experienced sexual rejection as a facet of others' overarching discomfort with/distancing from their race/ethnicity. The lack of face-to-face contact inherent in Internet usage to find sexual partners was reported as making such rejections easier. However, having such preferences repeatedly identified explicitly in online profiles distressingly amplified the sense of marginalization and objectification among all MSM of color. Online profiles which specified a preference for given men of color, led to mixed reactions among respondents to the potential for being fetishized. For some, this possibility was repugnant; for others, this was at times a source of agency, providing a means to achieve their ends of sexual connection.
CONCLUSIONS/IMPLICATIONS: Internet ads used by MSM to find sexual partners explicitly emphasize race/ethnicity as a criterion for sexual partner selection. Racial prejudices and stereotypes gain reinforcement in this sexual marketplace, and have particular meanings with respect to one's "value" as a sexual partner and sexual stereotypes. These constructions raise concerns about self-perceptions of MSM of color, power dynamics within individual "hook-ups" and sexual behavior choices.

Presentation Number: A03 – 3

Presentation Title: Risky Sexual Behavior Among African-American Men Who Have Sex with Men: The Effects of Peer Norms for Condom Use on Risky Sexual Behavior as Moderated by Socio-Demographic, Socio-Contextural, and Health-Related Variables

Author(s): *Holliday, CS*
Georgia State University, Atlanta, GA

BACKGROUND/OBJECTIVES: This study examined risky sexual behavior among African-American men who have sex with men. Analyses focused on assessing the moderating effects of socio-demographic, socio-contextual, and health-related variables on the association between peer norms for condom use and risky sexual behavior.
METHODS: Secondary analyses were performed on data for African-American men who have sex with men, ages 17 to 25 years ($N = 1040$), who were surveyed as part of the Community Intervention Trial for Youth (CITY) from 1999 to 2002 in Atlanta, Georgia. In order to analyze relationships among variables with a dichotomous dependent variable, binary Logistic Regression (LR) analysis was selected as the appropriate statistical method. Thirty separate logistic regression analyses were performed.
RESULTS: Findings supported the hypothesis that for those participants who engaged in unprotected *insertive* anal intercourse, socio-contextual variables (i.e., knowledge of HAART and HIV treatment beliefs) moderated the relationship between peer norms and risky sexual behavior. The findings also supported the hypothesis that for those participants who engaged in unprotected *receptive* anal intercourse, both socio-demographic variables (i.e., sexual orientation and sex with a non-main partner) and the health variable, knowledge of partner's HIV status, moderated the relationship between peer norms and risky sexual behavior.
CONCLUSIONS: The findings have several implications for intervention, policy, practice, and research, including a need for interventions that recognize the context of influences that shape African-American MSM sexual behavior and that support norms for consistent condom use in both steady and casual sexual relationships.

Presentation Number: A03 – 4

Presentation Title: HIV/AIDS Knowledge, Attitudes and Behaviors Among African-American Students Attending Historically Black Colleges and Universities

Author(s): *Wright, P.D; Wahi, S*
UNCFSP, Fairfax, VA

BACKGROUND/OBJECTIVES: One of the ultimate health risks for today's youth is the continued rise in HIV infection. More than half of new transmissions of HIV infection are occurring among people under the age of 25. among minority youth the situation is especially grim. Currently, African Americans are disproportionately impacted by the HIV epidemic in the U.S., accounting for 66 percent of HIV infections among those 13 to 19 years old and 53 percent of HIV infections among those 20 to 24 years old. Data suggests that students attending Historically Black Colleges and Universities (HBCUs) are engaging in risky sexual behaviors and are unwilling to seek on-campus HIV testing. This study assessed the knowledge, attitudes, and behaviors (KAB) surrounding HIV/AIDS among students attending HBCUs.
METHODS: Twenty-six HBCUs in 14 states, mostly Southeastern, participated. African-American student's ages 18-25 years were recruited from 26 HBCUs. After providing informed consent, anonymous online surveys were administered. In addition, health administrators at the HBCUs were also surveyed about their perceptions of HIV and

AIDS awareness and prevention on their college campuses.
RESULTS: 1,230 students were enrolled; 1,172 surveys (95.3 %) had analyzable data. About half (52%) of respondents were female, 75% were ages 18-21, and 56% were in their first two years of college. The majority (79%) of students perceived themselves to be at low risk for HIV acquisition; 55% used a condom at last encounter. Males were more likely than females to be aware that latex condoms were more effective in preventing HIV than natural condoms. Females were more likely to consider multiple sex partners a form of unsafe sex. Of the males reporting sex with only females, 45% had had heterosexual encounters with 2 - 5 partners in the previous 12 months. Of the males reporting sex with only males, 59% had had encounters with multiple partners in the past year. For females reporting sex with only males, 48% reported multiple partners in the past year. However, 58% of students had previously been tested for HIV and 66% were likely to have an HIV test performed on campus.
CONCLUSIONS: Most students had some knowledge about risk factors associated with HIV/AIDS acquisition and transmission, but more education is needed. Despite a perception of low risk, many students engaged in behaviors associated with HIV acquisition, such as sex with multiple partners and inconsistent use of condoms. Many students had been tested and were willing to obtain an HIV test on campus. Prevention efforts should increase awareness about risk-reduction behaviors. Interventions that develop appropriate educational tools and that make HIV testing services more accessible to students at HBCUs should be explored.

Track A
A19 – Innovative Technological Approaches to HIV Prevention: Use of the Internet and Artistic Media
Room: BAKER - (Hyatt Hotel – Atlanta Conference Center level)

Presentation Number: A19 – 1

Presentation Title: Using Artistic Media to Educate Youth About HIV/AIDS

Author(s): *Bell, C*
Alaskan AIDS Assistance Association, Anchorage, AK

ISSUE: Youth ages 25 and under are one the fastest growing HIV positive populations. Worldwide, half of all new HIV infections are in youth under the age 25. With apathy toward the disease and a lack of sexual education being taught in high schools, prevention methods in high schools are becoming more essential.
SETTING: *The Inner Circle: Changing Times* is a play that has been provided to high schools in Anchorage, Alaska and the Kenai Peninsula.
PROJECT: Since the fall of 2004, the Alaskan AIDS Assistance Association (Four A's) has worked with local directors and youth actors to produce Patricia Loughrey's play *The Inner Circle: Changing Times* for local high schools. The play is 45 minutes in length, which makes it perfect for high school class periods. It is based around four high school friends and chronicles how their friendship changes when one of them is diagnosed with HIV.
Since 2004, there have been three casts who have performed the play and each actor received training in the field of HIV/AIDS to have the knowledge to answer questions during the question and answer session at the end of each performance accurately.
The play does not focus on the transmission of the HIV, but rather on the stigma of HIV, and how it can affect an individual and their support network. A powerful aspect of the play is that it is presented by youth. Because students are being educated by their peers, they pay better attention and take more away from the experience.
RESULTS: By using this form of media, we have been able to overcome barriers allowing us to reach hard to serve youth. The message is provided in a less direct manner but has the same effect. Since 2004, the play's has performed at all 6 Anchorage area high schools (some several times) and to 3 schools on the Kenai Peninsula (located about 150 miles south of Anchorage). A total of 4,700 students have seen the play since its inception.
Currently, the play is being offered for a third run to high schools in the Anchorage area and the Matanuska Valley (located about 50 miles north of Anchorage). We have already reached over 350 students with three performances and more bookings are being confirmed each week.
LESSONS LEARNED: One of the most apparent needs for education with this population is demonstrated during the question and answer sessions of the play. While many questions from students are insightful, some are about basic knowledge of the way HIV is transmitted, indicating the need for this kind of HIV education in local high schools. Using an artistic media like theater provides a "softer" education technique that allows youth to take what they need from the experience while still reducing stigma and increasing awareness among this demographic.

Presentation Number: A19 – 2

Presentation Title: Comparison of Characteristics and Behaviors Between MSM Actively Using the Internet for Sex in Seattle, WA and MSM Not Actively Using the Internet for Sex

Author(s): *Gulati, HS*[1]*; Lane, AH*[1]*; Shiu, C*[2]*; Kahle, EM*[1]*; Chipps, JV*[1]
[1]Public Health - Seattle & King County, Seattle, WA; [2]University of Washington School of Social Work, Seattle, WA

BACKGROUND/OBJECTIVES: To compare characteristics and behaviors of MSM using the internet for sex to MSM that meet sex partners in other venues in Seattle & King County, Washington, while accounting for homogeneity and/or differences of these characteristics by website and sex partner type.
METHODS: A cross sectional survey administered through internet websites and at local gays bars from the end of June through October 2006 included demographic information, HIV/STD testing history and frequency, STD transmission, internet use for sex, and involvement in the gay community, and behavioral and attitude differences by sex partner type. Comparisons were made between MSM using the internet for sex (IMSM) and non-internet using MSM (non-IMSM) In addition to distributing surveys, profiles and advertisements on five popular websites for gay/bisexual men were examined in order to determine the variance or homogeneity of behaviors, demographics, and disclosure variables by website. Disclosure variables recorded included: self-HIV status; request of partner HIV status; age; drug use; and safe/unsafe sex behavior.
RESULTS: Of the 308 completed surveys, the majority of IMSM (84%) were recruited from the online sample. IMSM reported significantly higher rates of recent STD transmission than non-IMSM: Gonorrhea 13% vs 4%, Chlamydia 12% vs 5%, All of the syphilis cases in the total sample were within the IMSM group (5%). IMSM were significantly more likely to go online to meet sex partners in person (90% vs 46%); meet new friends in person (81% vs 38%); have cyber-sex (36% vs 19%); to get paid for sex (7% vs <1%); and to hire someone for sex (3% vs 0%). The frequency of condom use was significantly lower with primary sex partners than internet and non-internet sex partners. The lack of trust with internet and non-internet sex partners potentially resulted in increasing levels of condom use and the greater levels of trust with primary sex partners potentially led to less frequent condom use. While trust was significantly greater with primary sex partners, one-third of those who never used condoms with their primary sex partners had concurrent internet and non-internet sex partners. Half of this group used condoms with these concurrent partners and half did not.
CONCLUSIONS: The frequency of recent STD acquisition (gonorrhea, Chlamydia, and syphilis) was significantly greater in the IMSM group than the non-IMSM. IMSM reported greater efficiency and ease of meeting, finding, and having sex partners leading to a significant preference of meeting sex partners on the internet as opposed to other venues in person. Findings from this needs assessment show no significant differences in risk behaviors (condom use, disclosure, drug use etc) between internet and non-internet sex partners. However, in observing profiles/ads across multiple popular websites, there is significant variance for each of these behavioral risk factors reported depending on the website. Because demographics vary by site, potential prevention interventions may also vary by target MSM population. The results of research investigating IMSM could therefore vary depending on what websites were targeted for recruitment.

Presentation Number: A19 – 3

Presentation Title: HIV Prevention Using Media Arts to Increase Rates of HIV Testing Among Young MSM and MSM/W of Color.

Author(s): *Horton, M* - REACH LA, Los Angeles, CA; *Carter, T*

ISSUE: In California, there is a persistent increase of new HIV infection rates among young African American men, ages 12-24. Reasons for the increase in infection rate range from individual's belief that they are not at risk to the social stigma connected to homosexual and bisexual activity. Many high-risk youth, whose status maybe unknown, do not place HIV/AIDS as a priority when mere survival is at stake.
Setting: Targeted prevention and education services for Young MSM and MSM/W of color. Ovahness program focuses interventions on the sub culture of youth who participate in the Los Angeles House and Ball Community. In order to draw interest in the HIV risk-reduction counseling program and maintain high rates of retention, the program incorporates media production, fashion and ball events to engage youth. HIV/AIDS prevention materials that are produced by the program participants are integrated into all events, activities and social marketing projects.
RESULTS: In July 2006, REACH LA produced the REACH for Ovahness Ball, which introduced the Los Angeles House/Ball community to the agency. The one-time event drew over 350 participants who were provided with free HIV testing at the event and provided one-on-one risk reduction counseling. REACH LA worked exclusively with LA house parents and house youth to by providing opportunities to engage in REACH LA programs on a variety of levels that include co-productions, personal support and coalition networking. In December 2006, REACH LA's Ovahness

Team produced a 30-minute documentary entitled " I'm Still Here: Becoming Legendary," that focused on the Los Angeles House/Ball scene and made the connection between 'legendary" status in the community and self-preservation. The documentary featured prominent house parents, HIV youth educators and house youth talking about the Los Angeles scene, HIV attitudes and testing.
From January 1, 2007 to March 30, 2007, "I'm Still Here: Becoming Legendary" film was shown and an evaluation survey administered among youth, ages 12-24, to see if the content had any effect on their attitudes toward HIV testing. Of those who viewed the documentary, 89% of those surveyed indicated that their attitude towards testing changed after viewing the film and subsequently 89% planned to get tested for HIV.
LESSONS LEARNED: The integration of media and event production into HIV prevention services for young African American MSM and MSM/W is effective in the changing the attitudes and beliefs around HIV testing. Co-produced youth events, videos and printed materials fostered a bond with REACH LA counseling staff that led to confidence in self-preservation and motivation to get tested.

Track A
A23 – New Developments in Biomedical Interventions
Room: REGENCY BALLROOM V - (Hyatt Hotel – Ballroom level)

Presentation Number: A23 - 1

Presentation Title: An Overview Of Biomedical Intervention Research and Methods

Author(s): *Dieffenbach, CW*
NIAID, Bethesda, MD

A series of recent clinical trials, three of which showed that adult male circumcision can significantly reduce HIV acquisition and one where antiretroviral therapy has been shown to greatly reduce mother-to-child transmission during the breast feeding period demonstrate the impact that biomedical interventions can have on HIV prevention. This workshop, entitled "An Overview of Biomedical Intervention Research and Methods" will highlight these and other research activities and discuss how a comprehensive HIV prevention research agenda can greatly impact HIV prevention efforts both domestically and internationally.
Participants will hear the latest scientific developments in both vaccine and non-vaccine HIV preventive and therapeutic research and will discuss how HIV prevention providers can benefit from this research, with a focus on:

- Prevention of Mother-to-Child Transmission
- Topical Microbicides
- Antiretroviral Therapy to Reduce the Transmission of HIV
- Prevention and Treatment of Sexually Transmitted Infections (STI)
- Behavioral and Social Science Research
- Intervention Strategies for Injection and Non-injection Drug Users to Reduce the Risk of HIV and Other STIs

An important component of the HIV prevention research agenda is the need to engage in a dialogue to improve communication and collaboration among interested stakeholders (HIV prevention community, investigators, government agencies, etc.). While progress has been made in this area, it is a critical factor that must remain at the top of the HIV prevention research agenda.

Presentation Number: A23 - 2

Presentation Title: An Overview of Microbicides

Author(s): *Hillier, SL*
University of Pittsburgh School of Medicine/Magee-Womens Hospital, Pittsburgh, PA

ISSUE: Due to both biological and cultural factors, women are more than twice as likely as men to acquire HIV through sexual intercourse. In fact, between 70 and 90 percent of all HIV infections in women are due to heterosexual intercourse. Because many women who acquire HIV from their primary sexual partner, the standard HIV prevention message of abstinence, limiting numbers of sexual partners and increasing condom usage are of limited value. In primary sexual partnerships in which the women are monogamous, it is difficult for most young women to negotiate condom use. Therefore, women have very few options for decreasing their HIV risk.
PROJECT: Microbicides represent one of the most promising HIV prevention approaches. Topical microbicides are products which are being developed to reduce or prevent the sexual transmission of HIV or other sexually transmitted infections when applied topically to the surface of the vagina. There are several different dosage forms for

microbicides, such as a gel, cream, suppository, film, or as a sponge or ring that would release the antiviral agent over time. Several microbicide products are being tested in clinical trials, although none is yet approved or available for use by women; and other products are in various stages of pre-clinical development. If proven effective, microbicides could be an inexpensive and readily available approach for women who cannot rely on male-negotiated condoms or abstinence as methods for protecting themselves from HIV.
RESULTS: Two microbicides, Savvy and cellulose sulfate, have recently been evaluated in randomized trials in Africa. Neither of these agents were associated with decreased HIV incidence and there was a trend toward increased HIV incidence in two sites. A study of Carragard has completed enrollment in South Africa, and the results of this microbicide study are anticipated in late 2007. There are three ongoing trials of microbicides for effectiveness. These include HPTN-035, a Phase IIB study of BufferGel and 0.5% PRO2000, which has completed enrollment and will complete follow-up activities in mid-2008. A second ongoing study funded by the Microbicide Development Programme of the UK is evaluating 0.5% and 2% dosages of PRO2000. The results of that study are anticipated in early 2009. The third trial is comparing 1% tenefovir gel vs. placebo in a proof of concept study of 1,000 women in Durban, South Africa. Additional effectiveness studies of microbicides for prevention of HIV comparing oral vs. vaginal regimens of tenefovir (MTN-003) and gel and ring (sustained delivery) formulations of dapivirine (IPM-009) are being planned for 2008-2009.
LESSONS LEARNED: Although some agents developed as microbicides have not been proven to be effective, other large studies are still underway, and highly potent antiretroviral agents have entered effectiveness testing.

Presentation Number: A23 - 3

Presentation Title: Pave 100, Recent Biomedical News and the Community

Author(s): *Wakefield, S*
HIV Vaccine Trials Network, Seattle, WA

If asked about their hopes for ending AIDS, a researcher and someone from a highly affected community (whether in New York City or an African village) would probably wish for the same thing, a vaccine or other biomedical intervention that protects everyone against AIDS and ends the epidemic once and for all. But when it comes to biomedical interventions tested in clinical trials, researchers and community members come to the table with different knowledge, perspectives, dreams and needs. Yet, the success of HIV prevention trials depends on robust, mutually-respectful relationships between researchers and involved individuals and communities. Without these effective partnerships, HIV prevention trials flounder.
Early in the epidemic NIH committed to community input through community advisory boards (CABs) - groups of volunteers and/or elected representative from the community where the trial is taking place.
Recent months have provided information on circumcision's risk reduction of new infections for men involved in vaginal sex, the hopeful use of anti-retrovirals to prevent infections, gels and other microbicide intervention trials, HIV prevention vaccines (such as the one in the Pave 100 planned trial), diaphragms and other cervical barriers have all challenged community hopes for synergy as research moves forward.
This presentation suggests CABs alone cannot provide a context for researchers and community members to discuss the intent, risks, benefits, and implications of research projects in culturally sensitive terms. Specific suggestions on responses needed that can ensure prevention providers are ready to respond to research news and understand HIV science are offered along with a glimpse of trial information expected in coming months.

Presentation Number: A23 - 4

Presentation Title: An Overview of HIV Vaccines and PAVE-100

Author(s): *Kripke, K*
Division of AIDS, NIAID, National Institutes of Health, DHHS, Bethesda, MD

Many infectious disease killers such as polio and smallpox have been or may soon be eliminated by vaccination. Scientists have been working for over 20 years to develop a vaccine to protect people against HIV and are gradually chipping away at the enormous scientific challenges. HIV vaccine scientists continue to work to develop a vaccine that would prevent infection, and incremental advances in this area are being made. However, most HIV vaccine researchers are skeptical that the candidates currently in clinical trials will have a large effect on HIV acquisition. That said, data from non-human primate studies suggest that the current generation of vaccine candidates may stimulate immune responses that help control viral load and result in enhanced survival if the vaccine is administered before HIV infection. One of these vaccine candidates, a DNA prime, adeno vector boost combination developed by NIAID's Dale and Betty Bumpers Vaccine Research Center, will be tested in a preliminary efficacy trial called PAVE

100 or "the Pave study," which is slated to start this fall. Treatment and epidemiological studies suggest that early control of viral load could potentially result in longer disease-free survival, minimized need for anti-retroviral treatment, and possibly even diminished ability to transmit the virus to others for some period of time. The scientific evidence supporting this model will be presented, along with some possible scenarios of the way forward depending on the results of the Pave study.

Track B
B14 – Incidence and Resistance Surveillance
Room: INMAN - (Hyatt Hotel – Atlanta Conference Center level)

Presentation Number: B14 -1

Presentation Title: Risk Factors for Recent HIV Infection Among Seattle-Area Men Who Have Sex with Men

Author(s): *Carey, JW[2]; Thiede, H[1]; Jenkins, RA[3]; Hutcheson, R[1]; Thomas, KK[4]; Stall, RD[5]; White, E[4]; Golden, MR[4]* – [1]Public Health - Seattle and King County, Seattle, WA; [2]Centers for Disease Control and Prevention, Atlanta, GA; [3]National Institute on Drug Abuse, Bethesda, MD; [4]University of Washington, Seattle, WA; [5]University of Pittsburgh, Pittsburgh, PA

BACKGROUND: The Serological Testing Algorithm for Recent HIV Seroconversion (STARHS) has made it possible to assess factors related to HIV seroconversion in cross-sectional studies. We used STARHS to identify men who have sex with men (MSM) with recent HIV infection diagnosed in public health HIV testing sites in Seattle, WA. We compared sexual partnerships of MSM with recent HIV infection to sexual partnerships of HIV-negative MSM with respect to partner selection and sexual behaviors and drug use.
METHODS: MSM with newly diagnosed HIV infection and MSM who tested HIV negative were recruited at public health testing sites in Seattle, WA, from July 2002 to May 2005. Recent (last 12 months) HIV infection was determined by STARHS or self-report of a negative HIV test in the last 12 months. Data on behaviors with the 3 most recent male anal sex partners were collected via audio computer assisted self-interviews (ACASI). The associations between recent HIV infection and sociodemographic characteristics of study participants and their sex partners, contexts of their relationships, sex partners' HIV status disclosure, and respondents' sexual and drug use behaviors with these sex partners were examined in univariate analysis. We also compared the risk of recent HIV infection and unprotected anal intercourse (UAI) with partners who disclosed being HIV-negative by primary vs. causal partnership. We only assessed partner relationship differences for perceived HIV-negative partners because over 90% of unknown status partners were casual and UAI with HIV-positive partners conferred risks regardless of partner relationship type. Variables found to be statistically significant ($p<0.05$) in univariate analysis were further examined using generalized estimating equation (GEE) models to identify factors independently associated with recent HIV infection after controlling for sexual orientation and recruitment site.
RESULTS: Data were analyzed on 32 recently infected MSM with 58 sex partners and 110 HIV-negative MSM with 213 sex partners. Recent HIV infection was independently associated with meeting partners at bathhouses or sex clubs (adjusted odds ratio (AOR) = 11.5), bars or dance clubs (AOR = 8.2), or on the Internet (AOR = 6.7); and methamphetamine use during UAI (AOR = 9.0). We also found that although the risk of HIV infection was highest among men who reported UAI with HIV-positive partners (AOR=6.8), risk was also elevated for UAI with unknown status partners (AOR=3.4), and UAI with casual partners who reported being HIV-negative (AOR=4.3).
CONCLUSIONS: Our findings emphasize the limitations of relying on serosorting (choosing partners of concordant HIV status) in the context of casual relationships and suggest that prevention efforts need to promote condom use with all casual partners regardless of their perceived HIV status. New effective strategies are needed to prevent and control methamphetamine use and reduce risky sexual behaviors related to meeting partners in high-risk settings.

Presentation Number: B14 – 2

Presentation Title: HIV Incidence Among Men Diagnosed with Primary or Secondary Syphilis in Atlanta, San Francisco, and Los Angeles, 2004 - 2005

Author(s): *Buchacz, K[1]*; Klausner, JD[2]; Kerndt, PR[3]; Shouse, RL[4]; Onorato, I[1]; McElroy, PD[1]; Schwendemann, J[5]; Tambe, PB[6]; Allen, M[6]; Coye, F[7]; Kent, CK[2]; Hawkins, K[3]; Samoff, E[1]; Brooks, JT[1]
[1]Centers for Disease Control and Prevention, Atlanta, GA; [2]San Francisco Department of Public Health, San Francisco, CA; [3]Los Angeles County Department of Health Services, Los Angeles, CA; [4]Georgia Division of Public

Health, Atlanta, GA; [5]The New York State Diagnostic HIV Laboratory, Albany, NY; [6]Fulton County Department of Health and Wellness, Atlanta, GA; [7]Dekalb County Board of Health, Atlanta, GA

BACKGROUND/OBJECTIVES: Syphilis outbreaks among men who have sex with men (MSM) in the U.S. have raised concerns about increased HIV transmission in this population. We sought to estimate HIV incidence among men diagnosed with primary or secondary (P&S) syphilis in STD clinics in Atlanta, San Francisco (SF), and Los Angeles (LA).
METHODS: We analyzed de-identified sociodemographic information from routine syphilis surveillance databases and matching remnant sera from consecutive male P&S syphilis cases that were tested for syphilis at three public health laboratories during January 2004 - January 2006. De-identified sera positive for *Treponema pallidum* by particle agglutination were screened for HIV-1 antibodies by enzyme immunoassay (EIA). Specimens that were confirmed HIV-positive by Western Blot (WB) were then tested for recent HIV infection using the less sensitive (LS) HIV-1 Vironostika EIA and BED HIV-specific IgG:total IgG assay.
RESULTS: Of 357 men with P&S syphilis (98 in Atlanta, 151 in SF, 108 in LA), 32% had primary syphilis and 85% were MSM (12% no MSM risk, 3% no information). Median age was 36 years; 40% were white, 31% black, 20% Hispanic, and 8% other. among men with P&S syphilis, 160 (45%) were HIV-positive, of whom 8 tested as recently HIV-infected by LS-Vironostika (all confirmed by BED) and had no history of antiretroviral use or HIV-positive results >6 months earlier. Seven of the 8 men with recent HIV infection were MSM. The estimated HIV incidence was 9.5% per year (95% confidence interval [CI]: 2.9 - 16.0%) among all men and 10.5% per year (95% CI: 2.7 - 18.3%) among MSM.
CONCLUSIONS: We found elevated HIV incidence among a high-risk population of U.S. men diagnosed with P&S syphilis in STD clinics in Atlanta, San Francisco and Los Angeles. Intensive, integrated HIV/STD prevention programs are needed for this population.

Presentation Number: B14 – 3

Presentation Title: Implementing Variant Atypical Resistant HIV Surveillance in Texas: Lessons Learned from an Early Implementation Pilot Site

Author(s): *Janneh, MD[1]; Shehan, DA[1]; Jones, EM[1]; Jablonski, CL[2]; Freeman, A[1]*; Melville, SK[2] - [1]UT Southwestern Medical Center, Dallas, TX; [2]Texas Department of State Health Services, Austin, TX

ISSUE: The CDC introduced Variant Atypical Resistant HIV Surveillance (VARHS) to estimate the prevalence of, and gain a better understanding of, HIV drug resistant strains in the United States. A VARHS pilot was conducted in Texas from January-December 2006 at one state-funded counseling and testing site to design and test processes for implementation and quality assurance prior to statewide introduction. The pilot focused on procedures at the testing site and the HIV testing lab, and on flow through the state surveillance system.
Setting/Process: Drug resistance testing was routinely performed on remnant specimens of all newly diagnosed HIV positive individuals. Eligibility determination, aliquots and shipping of specimens was conducted by state HIV/AIDS surveillance and laboratory staff. At the pilot site, pre-implementation consultations were held to customize procedures to fit with site HIV testing procedures, and testing staff received training on VARHS. Training included how to provide an explanation of the activity to a newly diagnosed client and how to designate a physician to receive VARHS test results.
RESULTS: There were 30 HIV positive individuals during the pilot period, 24 positive results were given to clients. Of the 30 specimens, 11 were eligible and sent for VARHS testing, 12 were determined not eligible, and 7 did not have sufficient quantity for testing (QNS). Of the 11 specimens sent for VARHS testing, 9 amplified. Thirteen physician designation forms were received by the state health department from the pilot site; results were mailed to 6 designated physicians.
LESSONS LEARNED:1) Testing site: Monitor receipt of VARHS results by the designated physicians and check back with physician offices to assure understanding of the process. Sites require continued encouragement to collect a full tube of blood in order to avoid QNS specimens. 2) Testing lab: Procedures for specimen aliquot may have contributed to QNS problems because serum was poured, not pipetted. The lab also kept an archive sample of the specimen which reduced the amount of available serum. 3) State surveillance office: Several steps necessary for tracking each part of the VARHS process were identified, e.g., the state surveillance team is evaluating the reasons all eligible specimens were not sent for VARHS testing. A tracking system that monitors specimen eligibility, shipping, test results including QNS and amplification, and physician designation forms will be essential to quality assurance for VARHS.

Presentation Number: B14 – 4

Presentation Title: Frequency and Mutation Patterns of Phylogenetically-linked Drug Resistant Strains Among Drug-naïve Persons Newly Diagnosed with HIV1-infection, United States, March 2003-October 2006

Author(s): *Pieniazek, D*[1]; Wheeler, W[2]; Mahle, K[2]; Kline, R[1]; Bodnar, U1; Hall, I[1]; US Variant, Atypical and Resistant HIV Surveillance (VARHS) Group – [1]CDC, Atlanta, GA; [2]Northrop Grumman, Atlanta, GA

BACKGROUND/OBJECTIVES: HIV-1 strains carrying protease and reverse transcriptase inhibitor (PI and RTI, respectively) resistant mutations have been reported in drug-naïve individuals in the US; however, the presence of closely related resistant variants that create clusters has not been evaluated. Information on clusters is important in understanding the spread of HIV drug resistance and for prevention program planning. Using data from the Variant, Atypical, and Resistant HIV Surveillance system, which includes 11 areas (409 sites), we estimated the frequency and mutation patterns of phylogenetically-linked drug resistant strains.
METHODS: 401 pol sequences of 385 B and 16 non-B subtypes with PI and/or RTI major mutations were phylogenetically screened using the Neighbor-Joining method for detection of clusters. To eliminate duplicate records, demographic (e.g. date of birth, gender, race), administrative (e.g. reporting number), and laboratory (e.g. dates of blood draw and HIV diagnosis) data were reviewed for cluster strains with bootstrap values of at least 98%.
RESULTS: Of 401 sequences, 61 initially formed 26 clusters. After eliminating potential duplicates, 22 clusters with 53 subtype B sequences were identified. Thus, the frequency of closely related variants among drug resistant strains was 13%. The majority of clusters (17 of 22) had 2 viral strains; 5 clusters had 3 to 6 strains. All clusters were composed of strains from the same area. 73% of clusters contained strains from only males. The remaining 27% of clusters involved strains from both males and females. Resistance mutation patterns containing one mutation at either the reverse transcriptase or protease region were in 70% of strains; 30% of strains had ≥ 2 mutations. In total, 12 RTI and 7 PI mutations were found in the 53 cluster strains. The frequency of these mutations among 53 strains was as follows: (1) Nucleoside and Nucleotide RTI: M41L-24%, D67N-21%, K219Q-13%, K70R, Y188L, L210W, T215F-4% each; (2) non nucleoside RTI: K103N-49%, Y181C-13%, V108I and G190A-4% each; (3) PI: M90L-13% , D30N, I33F, and M46L-7% each; V82A, I84V, and I54L-3% each.
CONCLUSIONS: These data on clusters of drug resistant HIV strains indicate that closely related drug resistant variants are relatively commonly identified in a surveillance system. Understanding drug resistance patterns within the HIV/AIDS epidemic will provide insight into care and treatment needs and highlights the importance of continued emphasis on prevention.

Track B
B16 – Hurricane Katrina- Surveillance Under Emergency Conditions
Room: HANOVER D - (Hyatt Hotel – Exhibit Level)

Presentation Number: B16 – 1

Presentation Title: Integrating Ethnography and Epidemiology to Assess the Feasibility of Conducting HIV Surveillance and Community Capacity Building in Post-Hurricane Katrina New Orleans

Author(s): *Robinson, WT*[2]*; Scott, G*[1]*; Gruber, DM*[3] – [1] DePaul University, Chicago, IL; [2] Louisiana State University, New Orleans, LA; [3] Louisiana State University Health Sciences Center, New Orleans, LA

ISSUE: As part of the CDC funded National HIV Behavior Surveillance of Heterosexuals (NHBS-HET) project, the Centers for Disease Control and Prevention (CDC) funded Louisiana Office of Public Health - HIV/AIDS Program conducted a quantitative, qualitative, and ethnographic assessment of high-risk heterosexual populations in 25 (?) cities, including post-Hurricane Katrina New Orleans. This paper describes the protocol that program and research staff developed in concert with various community-based organizations to examine Katrina's effects on the constitution of this target population. The principal goals of our the assessment were to (1) assess the relative states of recovery in neighborhoods characterized as high risk with an eye toward establishing the feasibility of conducting survey research in these areas, and (2) assess the social network characteristics of these neighborhoods, focusing particularly on those network change and/or stability factors which may affect the execution of the NHBS-HET cycle in New Orleans. In addition, our formative research acted as a mobilizing force bringing together individuals and organizations to address the long-term social service needs of the city's higher-risk populations including HRHs heterosexuals, Men who have sex with men (MSM), and injection drug users (IDUs).
Setting: New Orleans, Louisiana (, specifically neighborhoods at highest risk for heterosexual HIV transmission and

poverty. Many of these areas that suffered the greatest damage and population displacement resulting from Katrina's onslaught. Geocoded data allowed us to generate maps that incorporated resident population changes and flood-induced damage. These maps are supplemented by photographic data collected during the research program.
PROJECT: This research and community capacity building endeavor began with rigorous analysis of secondary data (census, revised population estimates, health and well-being), which yielded insights into the macro-level HIV-risk sphere of New Orleans. We then conducted S S street-level data collection (whose intensity, depth, and breadth areis to date unprecedented) wasere then conducted. Specifically, we staff triangulated qualitative, quantitative, and ethnographic methods including "systematic social observation" (quantitative ethnography) in the 43 hardest hit census tracts, structured key informant interviews with nearly 50 residents living in 30 different census tracts, 40 hours of traditional "immersion ethnography," and focus groups with residents, community-based organizations, and large-scale citywide service institutions.
RESULTS: The results, in summary form, include (1) enormous residential displacement in target risk areas which in turn has fractured social networks, (2) influx into low-risk areas of residents previously occupying high-risk areas, (3) increase in racial/ethnic divisiveness in high risk and low risk areas, (4) deepening distrust of governmental agencies and even community-based "helping" organizations, and (5) research or "officious interloper" fatigue" whereby residents have grown weary of being "examined" (interviewed, photographed, videotaped) by outsiders who return nothing to them.
LESSONS LEARNED: Specialists conducting HIV surveillance in New Orleans will face a wide range of challenges at all social, political, economic, and cultural levels. Ongoing ethnographic and epidemiologic assessment will be crucial to this community-building and health promotion activity..

Presentation Number: B16 – 2

Presentation Title: Responding to a Disaster: Lessons Learned in Areas of HIV Prevention and Surveillance

Author(s): *Scalco, MB[1]; Gruber, DM[1]; Wendell, D[1]; Davenport, T[2]; Robinson, WT[1]*
[1]Louisiana Office of Public Health, HIV/AIDS Program, New Orleans, LA; [2]St. John #5 Baptist Church/Camp ACE, New Orleans, LA

ISSUE: When Hurricane Katrina flooded 80% of New Orleans in 2005, dramatic changes occurred within the HIV prevention and service delivery system and high-risk communities and populations in the New Orleans metropolitan area. The Louisiana Office of Public Health HIV/AIDS Program (HAP), located in New Orleans, is responsible for implementing and monitoring HIV prevention interventions, conducting HIV surveillance activities, and administering services for persons living with HIV/AIDS across the State. HAP also contracts with community-based organizations (CBOs) to conduct specific HIV interventions and services in the State. Although the hurricane devastated the New Orleans area more than 18 months ago, HAP and its contracted CBOs have continued to plan and implement activities to respond to multiple, complex challenges, including the demographic and epidemiological changes observed in communities and among high-risk populations.
SETTING: The setting is the New Orleans metropolitan area, particularly high-risk neighborhoods.
PROJECT: During the months following Hurricane Katrina, HAP staff prioritized and addressed key areas, including:
a. Securing confidential data
b. Collaborating with service providers in other regions of the state and in neighboring states to increase access to medical services for HIV-infected evacuees
c. Identifying innovative strategies to communicate with staff, administrators, contractors, funders, and other stakeholders
d. Managing and updating a comprehensive data system to collect surveillance information on HIV-infected evacuees
e. Re-defining the epidemiological profile for the New Orleans area and Louisiana for HIV prevention and services planning
f. Assessing community-based organizations' capacity and operational status and providing technical assistance and support to help in re-establishing programs and/or modifying intervention approaches
g. Re-mapping high-risk areas in the New Orleans area to identify priority neighborhoods for HIV prevention interventions and behavioral surveillance activities
h. Implementing activities, including fundraising, to transform fragmented HIV prevention programs and services for persons living with HIV/AIDS.
RESULTS: Due to these efforts, HAP and CBOs have succeeded in restoring and adapting HIV prevention and surveillance activities. For example, it was quickly identified that a systematic approach to collect and update surveillance information on HIV-infected evacuees was needed to monitor the changing demographics of high-risk individuals in the metropolitan area. These data, as well as the community mapping activities and innovative approaches to outreach collaborations among CBOs, have been instrumental in re-establishing and modifying HIV prevention activities in New Orleans.

LESSONS LEARNED: Surveillance laboratory reporting, which provided HIV-infected evacuees' addresses allowed the program to monitor the location of evacuees who were seeking medical care. In addition, the benefit of establishing a cross-program work group to continuously define programmatic and population questions and to review and interpret data was valuable in disseminating consistent and updated information to staff, community planning groups and other community partners, and funders. From an administrative standpoint, the hurricane reinforced the importance of cross-training staff in order to continue operations despite the loss of human resources and the value of collaborating with partners outside the impacted areas to assist with communication, to store HIV prevention supplies and confidential data, and to have established services linkages for HIV-infected evacuees.

Track B
B18 – HIV Test - Prenatal, Emergency Departments, and Corrections
Room: DUNWOODY - (Hyatt Hotel – Atlanta Conference Center level)

Presentation Number: B18 – 1

Presentation Title: Prenatal HIV Screening: Ongoing Challenges and Lessons Learned

Author(s): *Reilley, B*[1]*; Giberson, S*[2]*; Cheek, J*[1]
[1] Indian Health Service, Albuquerque, NM; [2] Indian Health Service, Rockville, MD

BACKGROUND: Although routine prenatal HIV screening has been recommended since 1995, testing rates for many managed care organizations remain low. The average rate from over 300 sites in the Indian Health Service (IHS) from April 2005-March 2006 was only 65%. We evaluated a sample of IHS facilities to determine possible causes for the observed screening rates.[[Unsupported Character -  ]] **METHODS:**A set of 30 randomly selected sites in the IHS system was selected. We defined a "miss" as a woman who had ->2 visits during her pregnancy and no HIV test recorded. We did not count as misses women whose chart or electronic medical record included evidence of a pregnancy termination, previous HIV diagnosis, or having declined the prenatal HIV test At each site, we reviewed a random sample of charts of prenatal HIV 'misses.' Charts were reviewed for clinical characteristics of misses and procedural features of the woman's care in order to catalogue reasons for misses. In each site, in-depth interviews were held with health providers on patient and data flow and to identify best practices.[[Unsupported Character -  ]] **RESULTS:**[[Unsupported Character -  ]] We defined a clinical misses as those in which the woman was not offered HIV screening at all. We defined data misses as charts in which the woman *had* been tested, but this information had not made it into the IHS electronic reporting system. Of 548 misses, 192 (35%) were clinical misses and 352 (65%) were data misses. The most frequent clinical misses were not testing during a routine visit (148, 77%) and seeing the patient in acute care only (30, 16%). Of the data misses, 54 (36%) were transfer patients from other facilities. Data gaps included lack of data entry of HIV test done in the health facility (164, 47%), HIV test at previous facility (84, 24%), woman not pregnant (34, 10%), declined an HIV test (27, 8%) or had an abortion (22, 6%).[[Unsupported Character -  ]][[Unsupported Character -  ]]**CONCLUSIONS:**[[Unsupported Character -  ]] The national reported prenatal HIV screening rate in IHS greatly underestimates true screening rates. However, clinical gaps do exist and identifying them is undermined by data reporting errors. Our most notable best practice for HIV screening consisted of procedural safeguards that effectively extend "opt-out" HIV testing to the provider, meaning that unless the provider "opts out," the test is automatically drawn as part of the first prenatal visit Best practice for data entry included standardizing the location of HIV tests in charts, or automating transmission of contract lab data to clinical sites by electronic linkage. In almost all cases the facilities were unaware of their low testing rates or dismissed them as database error. Once facilities with low prenatal HIV screening rates were cognizant of the errors, many increased their rates dramatically in a short period of time. The project documented important lessons learned for HIV screening and data recording that will apply not only to improved prenatal HIV screening rates but also implementation of new CDC HIV screening guidelines.

Presentation Number: B18 – 2

Presentation Title: HIV Testing in Emergency Departments: A Practical Guide

Author(s): *Williams Torres, G; Reiter, J*
Health Research and Educational Trust, Chicago, IL

ISSUE: Multiple approaches to HIV testing are being employed in hospital emergency departments (EDs) across the U.S.; however, there are limited empirical data to inform which approaches work best in different circumstances or to address practical considerations and resources for making HIV testing routine in ED care.
SETTING: Emergency departments and urgent care settings in hospitals.
PROJECT: In response to a gap in the data, HRET conducted site visits and interviews with key staff and stakeholders of ED-based HIV testing to gain an understanding of operational approaches and facilitators and barriers to implementing HIV testing in EDs. Informants include: ED leadership and clinical staff, infectious disease leadership and clinical staff, hospital laboratory directors, health department staff, and HIV counseling staff. Using these data we created a web-based tool for clinicians and administrators seeking to incorporate routine HIV testing in their EDs.
RESULTS: HIV Testing in Emergency Departments: A Practical Guide (www.edhhivtestguide.org) addresses key issues such as approaches to HIV testing, staffing models, operational flow, costs and funding, engaging key players, and measuring progress. It also provides resources, including templates and scripts developed by the sites we interviewed, and a synthesis of the research base to assist with making the case for ED-based HIV testing.
LESSONS LEARNED:HIV testing can be approached in a number of ways. Identifying the approach that works best in a particular setting depends on resources (human and financial) available, context, and buy-in from key players. Much can be learned from the lessons of those who have implemented HIV testing in their EDs. This guide shares those lessons more broadly.

Presentation Number: B18 – 3

Presentation Title: Design and Implementation of a Rapid HIV Screening Program in a Large County Jail

Author(s): *Rice, DK*[1,2]*; Peppers, S*[1]*; Barth, T*[1]*; Dlugokinski, K*[1]
[1] Wayne County Jail, Detroit, MI; [2] Boston University School of Public Health, Boston, MA

ISSUE: The prevalence of HIV/AIDS among inmate populations is five times higher than that in the general U.S. population. However, very few jails provide routine opt-out HIV testing upon entry. Therefore, current prevalence estimates among jail inmates underestimate the real occurrence in correctional settings.
SETTING: The purpose of this pilot project is to develop an opt-out HIV screening program in the Wayne County Jail (Detroit, MI), based on the most recent CDC recommendations, utilizing novel rapid screening technology and coordinated inter-departmental, inter-agency procedures for reporting, treating, and follow-up care. The intended audiences for this project are healthcare administrators, public health practitioners and HIV program managers.
PROJECT: An on-site jail healthcare provider will offer a sample of high-risk, non-violent sentenced offenders, rapid HIV screening exam, on an opt-out basis, as a component of the initial health appraisal. The provider will provide results and post-test counseling during that initial point of contact. Reporting of tests, results and counseling will occur through a collaborative effort between the jail, the local health department and the state health department.
RESULTS: This project will serve as a model for opt-out HIV screening programs in a jail setting. The procedures and techniques used by this program create a basis for comparison of the current, risk-based, self-initiated request and informed consent for HIV testing in correctional facilities with the recent CDC recommendations for opt-out consent procedures prior to HIV testing for screening purposes.
LESSONS LEARNED: The high rate of HIV among inmate populations presents a public health problem not only for inmates, but also for jail employees and the communities into which they are released. Standardized jail-based, rapid HIV screening programs can be used to identify HIV/AIDS cases and bring well-needed prevention programs to high-risk individuals. This innovative program may provide a viable public health practice standard for conducting HIV screenings in large jail settings.

Track B
B19 – STI/HIV Program Interactions
Room: REGENCY BALLROOM VI – (Hyatt Hotel – Ballroom level)

Presentation Number: B19-1

Presentation Title: STI/HIV Program Interactions

Author(s): *Sevgi Aral, Kent, C, PhD*, *Beltrami, J, MD, Gottlieb, S, MD, MSPH*

Centers for Disease Control and Prevention, Atlanta, GA

While epidemiologic interactions between HIV and other STIs have been the subject of scientific publications and discussions, a context and subpopulation specific approach to these issues has been the exception rather than the norm. This invited symposium will systematically examine the interactions between HIV and specific STIs with particular attention to epidemiologic context and population subgroup. The speakers will differentiate among phases of HIV epidemics at the population level; natural history of HIV infection at the individual level and discuss programmatic implications of scientific findings.

Presentation Number: B19 – 2

Presentation Title: HSV and HIV: The Continuing Saga

Author(s): *Gottlieb, S, MD, MSPH* – Centers for Disease Control and Prevention, Atlanta, GA

Presentation Number: B19 – 3

Presentation Title: Syphilis and HIV: Mutual Effects

Author(s): *Beltrami, J, MD* – Centers for Disease Control and Prevention, Atlanta, GA

Presentation Number: B19 – 4

Presentation Title: Gonococcal and Chlamydial Infections and HIV: Relative Importance

Author(s): *Kent, C, PhD* – Centers for Disease Control and Prevention

Track C
C03 – Behavioral Interventions for Women, Heterosexual Men, and Couples
Room: CAIRO – (Hyatt Hotel – Embassy Hall level)

Presentation Number: C03 – 1

Presentation Title: The Efficacy of Behavioral Interventions in Reducing HIV Risk Sex Behaviors and Incident STD Among African-American Women in the U.S.: A Meta-analysis

Author(s): *Crepaz, N; Aupont, LW; Jacobs, ED; Jones, P; Kay, L; Mizuno, Y; O'Leary, A*; for HIV/AIDS Prevention Research Synthesis (PRS) Team, CDC, Atlanta, GA

BACKGROUND: African-American women continue to be disproportionately impacted by the HIV/AIDS epidemic in the United States. Surveillance data suggests that black women were over 20 times more likely to test positive for HIV in 2005 than their white counterparts. Black women also accounted for 70% of reported cases of HIV transmitted through heterosexual contact from 2001 to 2004. These figures underscore the importance of identifying the interventions that are successful in reducing risk of acquiring HIV through heterosexual contact among African-American women. We performed a meta-analysis to assess the overall efficacy of HIV/STD behavioral interventions and identify factors associated with intervention efficacy.
METHODS: Comprehensive searches consisted of electronic databases from 1988-2006, hand searches of journals and reference lists of articles, and contacts with researchers. Trial selection criteria included the following: (1) U.S.-based HIV/STD behavioral interventions; (2) targeted women or provided data separately for women, (3) over 50% of study participants identified as black; (4) evaluated intervention effects with randomized control trial (RCT), and (5) reported at least one HIV-risk sex behavior (i.e., self-reported condom use or unprotected vaginal/anal intercourse) or laboratory/clinical diagnosis of new STD infection. Effect sizes were estimated with odds ratios (ORs). Random-effects models were used to aggregate data.
RESULTS: Twenty-four RCTs met the inclusion criteria. Overall, behavioral interventions had a significant impact on reducing HIV risk sex behavior (OR= 0.70; 95% CI = 0.61, 0.81, 22 trials, N = 6,770). Intervention characteristics associated with efficacy include: (1) aiming to influence social norms in promoting safe sex behavior, (2) providing skills training on both correct us of condoms and communication skills needed for negotiating safer sex, (3) promoting self-efficacy, (4) utilizing ethnically matched deliverers, (5) delivered to groups, (6) delivered in clinic

settings, and (7) lasted more than 2 hours. There is no overall evidence that behavioral interventions have an effect on incident STD (OR= 0.98; 95% CI = 0.74, 1.30; 11 trials, N = 5,736).
CONCLUSIONS: Our meta-analysis suggests that behavioral interventions successfully modify HIV risk sex behavior of African-American women. However, preventing STD infection remains challenging for this population. The difference between the findings of sex behavior and STD outcomes may be due to low sensitivity of outcome measures to detect changes, data reporting issues, or male partner's STD status. These issues warrant further research. Prevention research should consider incorporating the identified intervention characteristics into future interventions for African-American women at risk for HIV infection.

Presentation Number: C03 – 2

Presentation Title: Results of an Effectiveness Trial to Evaluate a Replication of the VOICES/VOCES HIV Prevention Intervention

Author(s): *Neumann, MS*[1]*; O'Donnell, L*[2]*; Schillinger, J*[1,3]*; San Doval, A*[2]*; Blank, S1,*[3]*; O'Donnell, C*[2]
[1]Centers for Disease Control and Prevention, Atlanta, GA; [2]Education Development Center, Inc., Newton, MA; [3]Bureau of STD, NYC Department of Health and Mental Hygiene, New York, NY

BACKGROUND/OBJECTIVES: The VOICES/VOCES single-session video-based HIV prevention intervention was first tested in 1992 in an STD clinic in the South Bronx and shown to be effective in reducing new STD infections among men. This study aimed to ascertain whether the intervention is also effective when delivered by clinic health educators instead of research staff, as in the original study, and when a new video, containing the same key messages as in the original video, is used to update intervention materials.
METHODS: Procedures and measures used in the original study were replicated to assess whether male and female STD clinic patients participating in VOICES/VOCES groups are less likely to acquire an incident STD infection. Clinic days were assigned in alternating blocks of 2 weeks to intervention (VOICES) or comparison (regular services) conditions. Incident infections were tracked through the NYC STD surveillance database.
RESULTS: Surveillance records of 1776 heterosexual patients (n=895 intervention, n=881 control) were followed an average of 15 months after an index visit to the Central Harlem STD clinic. 52.4% of the participants were male, 85.0% were African American or Black, and over 90% reported no same-gender sex in the past year. 264 participants had an incident infection during the follow-up period (104 intervention, 5.9%, 160 control, 7.8%; Cox Regression, OR .64, p<.001). In analyses controlling for gender and prevalent infection at enrollment among African American participants, the intervention effect remains significant (OR .70, p<.01). Although not powered for subgroup analyses, incident infections were lower among women in the intervention than in the control group (5.5% vs. 13.1%; OR .42, p<.001) and, to a lesser degree, lower among men (17.9% vs. 22.3%; OR .73, n.s.).
CONCLUSIONS/IMPLICATIONS: Results replicate original findings and indicate VOICES/VOCES can be effective when delivered by trained health educators. Further, reductions in newly acquired STDs provide evidence that a new video incorporating original key messages and community input can be substituted for an original video.

Presentation Number: C03 – 3

Presentation Title: HIV Prevention Efficacy in Inner City Women at Risk or Living with HIV: The Use of the Film Women's Voices Women's Lives© on Safe Sex Behaviors, Intentions, and Silencing the Self

Author(s): *DeMarco, RF*
Boston College, Chestnut Hill, MA

ISSUE: The need for gender sensitive and culturally relevant prevention interventions for women at highest risk or living with HIV/AIDS
SETTING: A women's drop in center and living facilities for women post prison release in Boston, Massachusetts
PROJECT: The use of a gender sensitive and culturally relevant film called Women's Voices Women's Lives ©, as a way to affect change in self-advocacy, safe sex attitudes, intentions, and behaviors in inner city poor women. Women's Voices Women's Lives © is a film portraying seropositive women talking candidly about 1) testing positive, 2) dealing with stigma and the side effects of medical treatment, 3) learning as women to silence themselves and 4) continuing to live in hope. The four African American women in the film commissioned the film after participating in gender-specific HIV prevention workshops in Boston. A self-report pre and post-test design was used to measure the effects of viewing the film across 4 subscales: 1) ability to speak out for what one needs and wants directly, 2) safe sex behaviors, 3)attitudes, and 4) intentions. Questions were also asked related to the quality and future use of the film.
RESULTS: A convenience sample of inner city women who were living in the Boston community after prison

release (n=131). After establishing acceptable psychometric evidence (reliability statistics and factor analysis), findings demonstrated that after watching the film, the participants reported more direct protective communication with sexual partners. Mean scores for safe sex behaviors including intentions to avoid use alcohol or drugs before sexual intercourse were higher post-test. Eight-nine percent of the participants (*n* = 117) reported that the film was extremely important for other women to see; 87% (*n* = 115) stated that watching the film made them want to protect themselves and others by using a condom; 28% (*n* = 116) stated that watching the film made them want to avoid sex to the greatest extreme; and 66% (*n* = 116) strongly (extremely) would recommend the film for others to view.
LESSONS LEARNED: The film Women's Voices Women's Lives © shows promise to be a gender sensitive and culturally relevant prevention education intervention for women across different ethnicities.

Presentation Number: C03 – 4

Presentation Title: Couple-Focused HIV Prevention Interventions: A Systematic Review, 1988-2006

Author(s): *Kay, LS; Jacobs, ED; Crepaz, N; Charania, MR*; for the HIV/AIDS Prevention Research Synthesis (PRS) Team, Centers for Disease Control & Prevention, Atlanta, GA

BACKGROUND: Sex risk behaviors have been the focus of HIV prevention as they are the primary route of HIV transmission in many parts of the world. Over 80% of the estimated cases of HIV/AIDS in 2005 in the United States (in 33 HIV reporting states) are attributed to sexual contacts. While sex behaviors that put people at risk of HIV necessarily involve two people, most of the behavioral prevention interventions over the past two decades have been designed for individuals or groups of individuals who are not in relationship with one another. Since the sexually interactive couple is the social unit responsible for such a high proportion of HIV/AIDS cases, it is important to understand what prevention efforts have been directed to couples and what further work needs to be accomplished in this area to make a difference in the HIV epidemic. This systematic review examines both US-based and international HIV prevention interventions focused on or delivered to intimate couples.
METHODS: A comprehensive search strategy was employed that included automated searches in five electronic databases, manual searches of 35 journals and reference lists of relevant articles, listservs, and contacts with researchers. For inclusion in this review, citations had to meet the following criteria: reported on interventions designed for or delivered to couples who were sex partners, included data on the couple-centered intervention, were published between 1988 and 2006, and available in English.
RESULTS: Of 1522 citations reporting behavioral or biological data on HIV prevention interventions, we identified 37 that included interventions for sex partner couples. Of these, 22 reported data separately on a couple-focused intervention that targeted sexual HIV transmission. Eight of these were US-based, and 14 were international, of which 6 were conducted in East Africa, 5 in Central Africa, and 1 each in West Africa, China, Central America, and the Caribbean. Of the 22 interventions, all focused on heterosexual couples, 11 were couple-delivered HIV counseling and testing, 10 behavioral risk reduction, and 1 condom distribution. Eleven of the studies were 1-group studies or reported qualitative data, 8 were randomized controlled trials, and 3 were non-randomized trials. Of the 11 controlled trials, 3 reported statistically significant positive intervention effects for condom use/protected sex or HIV testing behavior.
CONCLUSIONS: It is clear there is a dearth of intervention research targeting sex partner couples, particularly for men who have sex with men. The findings from the controlled trials indicate how challenging it is to develop effective interventions for couples. Nonetheless, since the vast majority of HIV/AIDS cases are attributed to dyadic sex behaviors, it is important to focus our prevention efforts on the couple as the change agent for risk reduction. Lessons learned from decades of research focused on individuals need to be applied in designing and testing interventions that involve both partners engaged in sexual risk behaviors.

Track C
C06 – Lessons Learned from CDC's Advancing HIV Prevention Initiative
Room: HANOVER F/G – (Hyatt Hotel – Exhibit Level)

Presentation Number: C06 -1

Presentation Title: Reducing Barriers to Early Diagnosis of and Care for HIV Infection: Lessons Learned from the Advancing HIV Prevention (AHP) Demonstration Projects, 2003-2007

Author(s): *Heffelfinger, JD; Begley, E; Boyett, B; Gardner, L; Kimbrough, L; Margolis, AD; Schulden, J*
CDC, Atlanta, GA

ISSUE: The Advancing HIV Prevention initiative (AHP), announced by CDC in 2003, seeks to reduce barriers to early diagnosis of HIV infection and increase access to medical care and prevention services.
SETTING/PROJECT: During 2003-2007, 11 AHP projects were conducted to demonstrate the acceptability and feasibility of implementing key AHP strategies, which include making HIV testing a routine part of medical care, implementing new models for diagnosing HIV infections outside medical settings and preventing new HIV infections by working with persons diagnosed with HIV infection and their partners. Rapid HIV testing and surveys were conducted and linkage of persons identified with HIV infection to health care services was assessed in projects implemented in medical settings and correctional facilities, by community-based organizations and state/local health departments, and among specific groups (e.g., networks of persons at high risk for HIV infection, students at historically black colleges and universities, transgendered persons, and Native Americans/Alaska Natives).
RESULTS: A total of 118,121 (range among the 11 projects: 423-33,211) HIV tests were administered, and there were 1,287 newly confirmed positive test results (prevalence of previously undiagnosed infections: 1.1%; range among projects: 0.2-13.8%). Barriers to expanding HIV testing in clinical and nonclinical settings included limited resources; logistical difficulties related to testing large numbers of persons, particularly in clinical and correctional settings; local and state regulations governing requirements for consent, counseling, and training for rapid HIV testing; difficulties locating and notifying anonymous partners for referral to testing and prevention services; and difficulties ensuring that persons identified with HIV infection are linked to care, especially those tested in nonclinical settings.
LESSONS LEARNED: This session will provide an overview of the AHP demonstration projects and describe how the findings from these projects can be used to implement testing widely in clinical and nonclinical settings in order to diagnose HIV infections earlier in the course of illness and reduce HIV transmission. Project staff will describe experiences implementing AHP strategies in diverse settings; discuss barriers to increasing testing and methods developed to overcome these barriers; discuss issues related to providing counseling, referral and testing services to partners of persons identified with HIV infection; describe barriers to successful linkage of HIV-positive persons to health care services and behavioral factors that can be used to predict persons who may be difficult to link to care; and present data on demographic, behavioral risk, and other factors that are relevant for guiding the implementation of expanded HIV testing in a wide variety of clinical and nonclinical settings.

Track D
D02 – HIV Prevention with Unique Populations of Women (2)
Room: HANOVER C – (Hyatt Hotel – Exhibit Level)

Presentation Number: D02 – 1

Presentation Title: Adapting SISTA for Latinas/Hispanic Women

Author(s): *Phields, ME[1]; Stallworth, J[1]; Ricker Kases, M[2]; Vega, M[3]; Stallworth, J[1]; Anderson, J[4]* – [1] Centers for Disease Control and Prevention, Atlanta, GA; [2] Inca Consulting/Community Wellness Project, St. Louis, MO; [3] Latino Commission on AIDS, New York, NY; [4] American Psychological Association, Washington, DC

ISSUE: There is an urgent need to accelerate the development and widespread use of effective behavioral interventions for populations that are disproportionately affected by HIV/AIDS. One way to accomplish this goal is to adapt proven interventions for new target populations. Sisters Informing Sisters on Topics About AIDS (SISTA) was originally designed and tested by Gina Wingood and Ralph DiClemente to reduce HIV risk behaviors among African American women. However, the HIV risk behaviors (particularly, unsafe sex) and behavioral risk determinants (e.g., condom use skills and self-efficacy, condom negotiation, assertive sexual communication skills) that SISTA is designed to affect have also been shown to be central to HIV prevention for Latinas. Given the effectiveness of SISTA with African American women, many HIV prevention providers have expressed interest in adapting SISTA for Latina/Hispanic women.
SETTING: Typically implemented in a community-based setting, an adapted version of SISTA for Latinas/Hispanic women would also apply in a community-based setting.
PROJECT: CDC developed a draft guidance (McKleroy et al., 2006) on adapting evidence-based interventions to fit the cultural context, risk determinants, risk behaviors, and unique circumstances of an agency without competing with the core elements and internal logic of the intervention. This session will discuss the application of CDC's adaptation guidance to adapt SISTA for Latinas/Hispanic women. This session will provide a brief description of the background and implementation of the SISTA intervention, methods for adapting SISTA for Latina/Hispanic women with practical technical assistance recommendations, and capacity building resources for community-based organizations (CBOs) who want to use the SISTA intervention with Latina populations. Examples of how community-based

organizations have adapted the SISTA intervention for use with diverse groups of Latinas/Hispanic women will be provided
RESULTS: The SISTA intervention can be adapted to be effective and culturally relevant with Latinas/Hispanic women. The adaptation process described in the session will provide community-based organizations with a method to adapt SISTA for Latinas/Hispanic women and concrete examples of adaptations, and resources for adaptation and training.
LESSONS LEARNED: Community-based organizations may need technical assistance to adapt SISTA for diverse Latina populations at risk for HIV.

Presentation Number: D02 – 2

Presentation Title: Implementing Rapid HIV Testing in California Labor and Delivery Settings: Using Data to Inform Training and Technical Assistance Interventions (Part 2)

Author(s): *Sarnquist, C*[1]*; Brockmann, K*[2]*; Ritieni, A*[2]*; Maldonado, Y*[1] – [1]Stanford University, Stanford, CA; [2]CA DHS, Office of AIDS, Sacramento, CA

BACKGROUND/OBJECTIVES: To reduce prenatal HIV transmission, birthing facilities need the capacity to provide rapid HIV testing in labor and delivery settings for women without a record of an HIV test during pregnancy. This study ascertained hospital factors associated with barriers to offering such testing in order to target interventions.
METHODS: A paper and web-based survey was sent to all 260 California birthing hospitals, including questions on hospital characteristics such as size of the labor and delivery unit as well as barriers to offering rapid HIV testing. A multivariable logistic regression model was created, controlling for a variety of facility factors, in order to describe which characteristics were independently associated with reporting common barriers.
RESULTS: Several facility factors were associated with the three most commonly-cited barriers. Specifically, facilities with smaller labor and delivery (L&D) unit sizes (OR=92.6, p=0.008) and greater percentage of patients on Medi-Cal (OR=49.7, p=0.02) were more likely to report lack of test kits as a barrier. Facilities with smaller L&D units (OR=22.6, p=0.03) and lower percentage of HIV tests documented in prenatal care records (OR= 6.5, p=0.05) were more likely to report lack of training on offering and explaining HIV testing as a barrier. Finally, hospitals with smaller L&D units (OR=18.3, p=0.03) were more likely to report insufficient training on providing test results and treatment.
CONCLUSIONS/IMPLICATIONS: Understanding facility factors associated with key barriers is essential to ensure the appropriate targeting of training and technical assistance interventions. In particular, it will be important to focus on smaller facilities, as well as facilities with high proportions of Medi-Cal patients and low proportions of prenatal HIV testing.

Presentation Number: D02 – 3

Presentation Title: HIV Wisdom for Older Women: A Prevention Program

Author(s): *Fowler, JP*
SWBlvd Family Health Care, Kansas City, KS

ISSUE: Why are there so few HIV prevention efforts directed to females who are mid-age and older, particularly women of color, even though their infection rates are increasing? Because too many individuals, including providers of health care and aging services, ignorantly assume that this age group is not sexually active and, therefore, not at risk for contracting the virus. However, it is imperative that these women, and those who care for and about them, be made aware that their behaviors can put them at the same risk as their younger sisters. The national HIV Wisdom for Older Women program, founded in 2002 to address this issue, continues to educate over-age-50 women of all races and socioeconomic backgrounds about HIV transmission and prevention.
SETTING: HIV Wisdom for Older Women delivers prevention and outreach programs nationwide to elder women, their health care and social service providers, and their families. The program is headquartered in the Kansas City area.
PROJECT: HIV Wisdom for Older Women is directed by Jane P. Fowler, an infected woman now age 72 who has a dozen years' experience as an HIV educator and activist. The program disseminates prevention information ("remember that you don't know the sexual history of anybody else, so protect yourself") through public programs at community venues nationwide, and offers private counseling via telephone and Internet. HIV Wisdom for Older Women also actively lobbies the media, resulting in widespread coverage of the issue in newspapers and magazines and on television and radio.
RESULTS: In the time since it was established, HIV Wisdom for Older Women has delivered 100 formal

presentations to a total of nearly 7,500 persons at venues from coast to coast in the U.S. and Canada. Comments on post-program evaluation forms showed that the presentations effectively countered the lack of awareness of how HIV impacts aging women, and suggested that the knowledge gained would be shared with appropriate sources in other settings. In addition to its oral presentations and email outreach, HIV Wisdom for Older Women has delivered its prevention message to millions of Americans through media reports, including one on the Oprah Winfrey (television) Show and another on "Talk of the Nation" on National Public Radio.
LESSONS LEARNED: Senior women and their supporters can learn and benefit from the call to "get educated about the transmission and prevention of HIV" -- especially when a woman who is aging with the virus delivers that message. Putting a wrinkled face on the epidemic is a memorable way to demonstrate that the disease does not discriminate; it is a critical step in preventing the spread of HIV among vulnerable or naive older women, especially those who may be coming out of long-term relationships that have ended due to death or divorce.

Track D
D13 – Using Community Planning to Enhance HIV Prevention
Room: INTERNATIONAL BALLROOM SOUTH – (Hyatt hotel - International level)

Presentation Number: D13 – 1

Presentation Title: HIV Prevention Services in California Are Well Targeted to the Geography of the Epidemic

Author(s): *Shade, SB[1]; Steward, WT[1]; Myers, JM[1]; Dahlgren, CM[2]; Livermore, S[2]; Eckert, V[2]; Krawczyk, CS2; Morin, SF[1]* – [1]Center for AIDS Prevention Studies, University of California, San Francisco, CA; [2]California Department of Public Health, Sacramento, CA – Starley B. Shade, PhD, MPH, Wayne T. Steward, PhD, MPH, Janet M. Myers, PhD, MPH, Center for AIDS Prevention Studies, University of California, San Francisco, CA, Christine M. Dahlgren, MPH, Stephen F. Morin, PhD, Center for AIDS Prevention Studies, University of California, San Francisco, CA.

BACKGROUND/OBJECTIVES: To assess the geographic distribution of HIV prevention services relative to the epidemic in local areas.
METHODS: We assessed the total number of state-funded HIV prevention service contacts in each county in California between July 1, 2004 and June 30, 2005. We also assessed the prevalence of AIDS in each county using estimates of the number of people living with AIDS and population on June 30, 2005. Provision of HIV prevention services and prevalence of AIDS was compared across all 58 counties and aggregated within seven regions in California (Northern/Sierra counties, Greater Bay Area, Sacramento Area, San Joaquin Valley, Central Coast, Los Angeles, and other Southern California counties).
RESULTS: The provision of HIV prevention services in California is highly correlated with the proportion of the population living with AIDS in each region of the state ($r=0.47$; $p<0.001$). Although there was considerable variability in the provision of services across counties within each region of California, there was considerably less variability across regions. Across seven regions in California, the ratio of HIV prevention service contacts to the number of people living with AIDS in these seven regions ranged from 1.2 to 5.3. Despite this variability, the amount of HIV prevention services delivered was consistently related to the prevalence of AIDS in a region (see figure; $r=0.97$; $p<0.001$).
CONCLUSIONS: HIV prevention services in California are being appropriately distributed according to the geographic distribution of the epidemic. State-wide databases of HIV prevention services provide an excellent tool to inform policy and funding decisions

Presentation Number: D13 – 2

Presentation Title: An Ecological Approach to Addressing HIV/AIDS in the African American Community

Author(s): *Carr, CJ; Williams, CX; Richlen, WA; McAweeney, MJ; Wagner, JH; Moore, DC*
Wright State University, SARDI Program, Dayton, OH

ISSUE: African Americans in Montgomery County, OH, and nationally, are disproportionately impacted by HIV. Prevention approaches to address this disparity have primarily focused on individual-level risk factors, overlooking the social and environmental components of HIV transmission. Ecological solutions that recognize these multiple

levels of influence and actively involve communities are needed to help cut infection rates among African Americans.
SETTING: The Brothers-to-Brothers/Sisters-to-Sisters Coalition (BB/SS) was established in Montgomery County, OH to strengthen professional and grass-roots collaboration around HIV and work to improve HIV prevention services for African Americans.
PROJECT: BB/SS developed an ecological action plan targeting both individual and broader determinants of HIV in the local community. The three primary components initiated included: 1) mobile HIV testing; 2) HIV education to substance abusers, and; 3) faith-based HIV prevention.
RESULTS: Mobile HIV testing resulted in 1190 African Americans being tested between December 2004 and February 2007. Mobile HIV testing, along with comprehensive HIV education, was integrated into two substance abuse treatment programs. The locally developed HIV/AIDS Prevention 101 Curriculum reached 1151 persons. Participants showed statistically significant improvements in HIV susceptibility, intent to change risky behaviors, confidence in controlling risky behaviors, readiness to be tested for HIV, and knowledge of local HIV testing sites. Faith-based HIV prevention involved the participation of 22 local churches and their congregations in a day-long workshop designed to provide information on HIV and the establishment of wellness ministries. These workshops reached 973 people, with 6 of the participating churches incorporating HIV/AIDS information into their wellness ministries.
LESSONS LEARNED: Improving HIV services required active and continued collaboration between professional and grass-roots organizations. Such improvement also required comprehensive approaches that address the dynamic interplay between individual behaviors and community conditions that increase the risk of HIV infection among African Americans.

Presentation Number: D13 – 3

Presentation Title: HIV Prevention Community Planning in 2007 in Columbus, Ohio

Author(s): *Lewis, N; Laroche, LU*
Columbus Public Health, Columbus, OH

ISSUE: HIV/AIDS infection migrated into widely diverse populations; Each with unique characteristics impacting HIV prevention efforts, making effective prevention techniques elusive; Innovative, strategies essential, requiring a current reading on the immediate social environment, from multiple POV; Obtaining useful information leading to new strategies requires a focused effort to gather community input from many sources; The central question, "What can realistically be done to energize, engage or re-engage local non-prescriptive funding sources to underwrite new, customized effective and cutting edge HIV Prevention strategies"? One answer - develop a comprehensive HIV Prevention Community Plan that including general community input on what they think, know, feel and do related to HIV Prevention to shape the plan and its recommendations
SETTING: Columbus Ohio, state capitol, Franklin County, urban/suburban; OSU largest employer; 2nd largest 'secondary migration' site for African nationals in US; considered largest Midwest GLBT community; Living with HIV = 82% males, 59% White (12/31/2007)
PROJECT: HIV Prevention Planning process intervention design based upon the social work macro practice Planned Change Model; Plan intended to expand approach based upon the community's input and concerns, to interventions beyond CDC DEBI's 'one size fits all' approach; The CRAG operated as the plan's work group, in partnership with a consulting firm; Project ran from April 2006 to March 2007; the final HIV Prevention Plan Report distilled, summarized and integrated all the obtained Best Practices, current research from a wide array of disciplines and sources, local historical documents about prior local HIV Prevention efforts, survey results, focus group results and key informant interviews, including final outcome recommendations and an Executive Summary; qualitative survey's completed at diverse locations by diverse respondents; focus groups participants included low-income female head of households, men re-entering the community from prison with substance abuse issues) and Gay and Lesbian Youth; current best practice research materials used
RESULTS: Identified Critical Issues:
Public Policy Influences
Coordinating HIV Prevention Across Systems of Care
Funding and Cost Savings
Prevention for the Community at Large
Making People Aware of Their HIV Risk and Status
Education - strongest consistent priority among all demographics, with youth a specific priority; Community Outreach and Prevention: Specific strengths and weaknesses of HIV prevention programming in Columbus not often known by survey respondents; Media: Most people could not think of any specific prevention messages that are working; Safe Sex / Being at Risk: African American females more often believe they are at risk for HIV and practice safe sex; Testing: Most people think everyone should be tested for HIV and they themselves are not at risk;
LESSONS LEARNED:

Set a long term systematic calendar to monitor progress made toward implementing HIV Prevention Plan Report's recommendations and structure incremental HIV Prevention Plan monitoring steps to maintain a current shifting community SWOT's analysis, resources and trends
Use a coalition of partners in the planning workgroup as well as the importance of seeking input and information from the greatest and widest diversity of the entire community impacted, not just the usual suspects, also known as the targeted population.

Track D
D20 – Peer-Based Programs for Adolescents
Room: INTERNATIONAL BALLROOM NORTH – (Hyatt Hotel – International level)

Presentation Number: D20 – 1

Presentation Title: Addressing the HIV Prevention Needs of School Age Youth: Challenges and Successes

Author(s): *Swayzer, R, III*[1]*; Langer, S*[2]*; Toodle, M*[3]*; Orr, C*[4]
[1]CDC/NCCDPHP/DASH, Atlanta, GA; [2]North Carolina Dept of Public Instruction, Raleigh, NC; [3]Alabama Department of Education, Montgomery, AL; [4]Mississippi Department of Education, Jackson, MS

ISSUE: The incidence of HIV/AIDS continues to increase among youth, disproportionately impacting youth of minority races and ethnicities. Many youth engage in behaviors that increase their risk for HIV transmission. According to CDC's Youth Risk Behavior Survey (YRBS), many young people begin having sexual intercourse at early ages: 47% of high school students have had sexual intercourse, and 7.4% of them reported first sexual intercourse before age 13. Numerous challenges exist to providing HIV prevention education in the school environment.
SETTING: State and local education agencies funded by the Division of Adolescent and School Health (DASH) have the unique opportunity to provide HIV prevention education in our nation's schools. Funded partners from Alabama, North Carolina, and Mississippi will identify key strategies for working with schools and share successful practices and lessons learned from the implementation of effective HIV prevention education programs in schools.
PROJECT: DASH-funded partners implement a wide array of HIV prevention and education programs in the school environment. The North Carolina Department of Public Instruction developed a School Health Training Center to meet the professional development needs of its health educators and also maintains a statewide Youth Advisory Council to address HIV prevention needs of youth in the state. The Alabama Department of Education convenes an annual Youth Council for HIV/AIDS Prevention Education which educates both students and parents on HIV prevention and develops leadership and advocacy skills of youth. The Mississippi Department of Education has utilized HIV/AIDS surveillance data to target those areas in the state that are disproportionately impacted by HIV/AIDS, providing additional resources and training. School districts in these prioritized areas are awarded supplemental grants for expanded teacher education and peer programs.
RESULTS: Through teacher training and peer programs, funded partners have been able to increase awareness of HIV/AIDS among school age youth and implement effective HIV prevention curricula. North Carolina's School Health Training Center provides training to over 650 teachers annually who implement HIV/STD prevention curricula in their respective school districts. Alabama's Youth Council for HIV/AIDS Prevention Education reaches 85 youth and 65 adults annually, representing over 85 different school systems. Funded partners have also utilized innovative methods to address the disparate impact of HIV/AIDS on those populations at greatest risk. Mississippi's mini-grants program has provided additional funding to 5 school districts located in the highest HIV prevalence areas. Programs implemented have increased the number of trained educators, have increased awareness of HIV/AIDS among youth, and increased efforts to address the disproportionate HIV exposure experienced by minority populations.
LESSONS LEARNED: Addressing the HIV prevention needs of at-risk adolescents in the school environment requires innovative and unique approaches. HIV prevention outreach and education efforts implemented in the school environment, including programs on abstinence and on delaying the initiation of sex, continue to make a positive impact on reducing the spread of HIV among school age youth. Successful implementation of HIV prevention education programs in the school setting requires the support of administrators, faculty, and parents.

Presentation Number: D20 -2

Presentation Title: Latino Youth in Action: An HIV Prevention and Leadership Program for Inner City Latino Youth

Author(s): *Morgan, X*
Hispanic AIDS Forum, New York, NY

ISSUE: There is an increased need for the development of HIV prevention programs that address the specific needs of inner-city Latino youth by offering leadership opportunities.
SETTING: New York (Bronx, Queens, and Manhattan), community based organization.
PROJECT: Latino Youth in Action is a leadership program that utilizes youth development opportunities and trainings in order to disseminate and expand the reach of prevention messages to inner city Latino youth.
RESULTS: Pre and post tests demonstrated and increase in KABB scores.
LESSONS LEARNED: Peer and participant involvement is key in program development strategies. Multi faceted engagement strategies is necessary in program planning and implementation of youth HIV prevention programs.

Presentation Number: D20 – 3

Presentation Title: Urban Leadership: Reducing the Risks of HIV/AIDS Through Academic Community Service Learning

Author(s): *Karagon, J*
Marygrove College, Detroit, MI

ISSUE: Increasing HIV/AIDS rates of African American college students
SETTING: Marygrove College, Detroit, Michigan. Marygrove is a liberal arts college in Detroit. The college has an undergraduate enrollment of 800 students of which 80% are African American female. The college has historically emphasized issues in social justice through community involvement. Though a Catholic college, Marygrove has domestic partnership benefits and there is no prohibition on condom use.
PROJECT: A HIV/AIDS interdisciplinary course was created three years ago. It is taught by professors from biology, social work and English and views HIV/AIDS from a bio-psycho-social-literary perspective. Included in the course is an academic community service learning requirement. Students are required to apply the knowledge and skills learned in the class in order to faciliate small group discusions with members in the community (such as in churches, high schools, with older adults) and other college students. HIV testing and condom use is strongly encouraged. Condoms (male and female along with dental dams) are also distributed in engagements with others and in class. Students in the class also take a pre- and post- test on attitudes/opinions/values in order to measure their sterotypes, bias and prejudice.
RESULTS: Students have demonstrated leadership skills and gained increased self-empowerment through faciliating discussions with community members and other college students. The students have been made much more aware of their own health care risks. Post tests on attitudes/opinions/values have indicated significant change in less bias, less prejudice and more inclusive of others.
LESSONS LEARNED: Given a well-rounded HIV/AIDS education through an interdisciplinary approach, students are effective in HIV/AIDS risk-reduction among themselves and especially in peer-to peer discussions among college students. Students begin to look at social problems less through moral/judgmental terms and more through evidence-based/scientific terms. Students are less apprehensive to discuss HIV/AIDS/STDs with friends and family, more inclinded to include condom use in risk reduction and less fearful of HIV testing.

Presentation Number: D20 – 4

Presentation Title: Strengths-Based HIV Prevention with Runaway Youth

Author(s): *Arnold, EM*
Wake Forest University School of Medicine Department of Psychiatry, Winston-Salem, NC

ISSUE: Once an adolescent becomes homeless, the risk of serious, negative outcomes, such as HIV infection and the associated risk behaviors increases dramatically. For adolescents who run away from home, there is a narrow window of opportunity to intervene before these youth become homeless and are less amenable to prevention interventions. Even when these youth return home, without adequate intervention they are at risk for running away again and engagin in risky behaviors that can lead to HIV.

SETTING: This HIV prevention intervention feasability pilot study (N=21) focuses on runaway youth ages 13-15 in Forsyth County, North Carolina.
PROJECT: The Runaway Youth Project is an innovative, individually-focused intervention based on the Strengths-Based Case Management (SBCM) model developed by Rapp (1998). The model, previously used only with adults with mental health and/or substance abuse problems, is based on empowering individuals to make positive changes in their lives through assessment of one's strengths and goal-setting. A key feature of the model is the emphasis on a strong, supportive relationship with the case manager as a facilitator of positive life changes, including the prevention of HIV through the reduction of risky behaviors. The aims of this phase of the study were to 1) develop and refine an HIV prevention intervention for adolescent runaways; 2) assess the feasibility its use with this population; 3) develop an intervention manual that outlines procedures and methods of the intervention; and 4) gather information about recruitment and retention approaches.
RESULTS: In our pilot work in North Carolina, we have demonstrated the feasibility and acceptability of SBCM, as well as the ability to engage and retain youth in the 15-month study. Successful engagement strategies included: 1) conducting sessions in the community as opposed to the office; 2) clearly outlining procedures regarding confidentiality; 3) focuing on participant strengths - as opposed to a defecit model; and 4) recruiting staff with strong interpersonal and clinical skills. Videotaped interviews with participants will be used to illustrate these findings.
LESSONS LEARNED: Our pilot study results have demonstrated the following lessons: 1) despite their past experiences, these youth are capable and willing to invest in postive relationships with caring adults; 2) HIV prevention education can be incorportated into individual case management sessions and tailored to the unique needs of each youth; and 3) HIV prevention can be tied into future life goals for runaway youth as one means of enhancing motivation to reduce risk behaviors.

Track D
D23 – HIV Prevention with Substance Users
Room: HANOVER E – (Hyatt Hotel- Exhibit Level)

Presentation Number: D23 – 1

Presentation Title: Development of a Peer Education Model Designed to Reduce HIV Risk Among Methamphetamine Injection Drug Users

Author(s): *Rumptz, M[1]; Casciato, C[1]; Drach, L[2]; Guernsey, J[1]; Maher, J[1]; Stark, M[1]*
[1]Multnomah County Health Department, Portland, OR; [2]Oregon Public Health Division, Portland, OR

ISSUE: Methamphetamine injectors are at high risk for HIV infection. Syringe exchange programs (SEPs) are available, but some methamphetamine injectors do not participate, relying instead on other injectors to attend the SEP and deliver clean syringes and other supplies to them. These "hidden recipients" do not, however, receive other needed risk reduction interventions, medical screenings and treatment, or ancillary health and social services from the SEP.
SETTING: A preliminary feasibility study has been implemented with methamphetamine injectors in Multnomah County, Oregon (Portland area) and a community-based participatory research (CBPR) project is underway.
PROJECT: We have developed an innovative CBPR program that uses secondary exchangers - methamphetamine injectors who frequent our SEP and who provide syringes from the exchange to others - as peer educators to deliver HIV risk reduction messages, as well as condoms and service referrals, to methamphetamine-injecting recipients who do not regularly attend an SEP site themselves.
RESULTS: Nearly one-third (28%) of those attending a local SEP site were methamphetamine injecting secondary exchangers. In qualitative interviews, all clients indicated interest in becoming trained peer educators and reported that their recipients would be willing to participate. Initial participatory research activities will be described including formation of the Advisory Board, descriptive data collection on SEP clients over a 3-month period, and finalization of the intervention and evaluation plan.
LESSONS LEARNED: Training methamphetamine secondary exchangers as health educators is an innovative and low cost approach that appears to be feasible and acceptable to methamphetamine injectors as well as HIV prevention staff.

Presentation Number: D23 – 2

Presentation Title: Targeting a Key Exposure Category: Serving IDUs Around Louisiana

Author(s): *Christos-Rodgers, J[1]; Bickham, J[1]; Wible, S[2]; Thomas, F[1]; Carrell, J[1]*
[1]Louisiana Office of Public Health- HIV/AIDS Program, New Orleans, LA; [2]Louisiana Office of Public Health-HIV/AIDS Program, Monroe, LA

ISSUE: Challenges for prevention with injection drug users (IDUs) in Louisiana include: the need to identify, reach and remain engaged with IDUs to reduce harm, educate and motivate behavior change and connect to services; the need to create and maintain ongoing access to clean needles, and building the capacity of service providers to effectively serve the population.
SETTING: Rural and urban communities across Louisiana where IDU activity has been identified as a key HIV exposure category.
PROJECT: Across the state, three prevention-with-IDU strategies have emerged. An intensive IDU Outreach Program provides individual assessments, referrals, harm reduction education, and supplies. A second intervention is a voucher-based Needle Availability program, which maintains access to clean needles through established relationships with IDUs and local pharmacies. Thirdly, Ryan White case managers receive intensive training about IDU health education, harm reduction and IDU-related prevention with positives strategies.
RESULTS: The intensive IDU Outreach Program has identified key gatekeepers and accessed a previously invisible IDU network in Baton Rouge, where the known exposure category for 38% person living with HIV is IDU or MSM/IDU. The Needle Availability program has operated for over ten years, where participating pharmacies distribute approximately 1,000 clean needles each year and record basic demographic data about the recipients. Results from the third intervention include post-training evaluations from case managers who received the IDU training and these demonstrated that participants readily grasped the nuts and bolts of harm reduction, but they had difficulty understanding the policy issues that relate to IDUs.
LESSONS LEARNED: Establishing a trusting rapport and consistency is vital and takes time. The community must know without a doubt that prevention workers are care.
The average person cannot access the IDU community. It is an advantage to be a part of this community in order to better serve it. Gatekeepers also allow prevention workers to access communities that have been difficult to infiltrate. Address more than the client's drug addiction, attend to the clients' hierarchy of needs and link them to a range of needed services. Meet clients where they are. Recognize that users will continue to use, so it is important to offer harm reduction practices. Ryan White case managers could benefit from ongoing technical assistance as they apply the knowledge gained in prevention with IDUs training. With personal contacts and a strong public health message, pharmacists from small, independently-owned pharmacies in areas with high IDU activity can be recruited to participate in needle availability.

Presentation Number: D23 – 3

Presentation Title: Gay Men and Meth: A Peer-Based Approach

Author(s): *Rumpler, M; Morris, T; Bland, W*
The Speed Project - San Francisco AIDS Foundation, San Francisco, CA

ISSUE: Gay and Bisexual men who use crystal methamphetamine are at greater risk for infection or transmission of HIV. HIV prevention efforts must be targeted to this difficult to reach population.
SETTING: A community-mobilizing project in urban neighborhoods of San Francisco where gay and bisexual men connect for drugs and sex
PROJECT: San Francisco AIDS Foundation (SFAF) adapted the CDC model Community PROMISE as a peer-based intervention to prevent HIV prevention and transmission among gay and bisexual men who use methamphetamine. The Speed Project (TSP) utilizes a harm-reduction philosophy to promote behavior change. TSP utilizes a large network of Peer Educators (PE's) to distribute safe sex kits and a harm reduction magazine called Speedometer to their social networks that also use meth. Speedometer includes community contributions that highlight peer based stories about behavior change and other harm reduction information and resources. TSP also hosts a weekly drop-in group, educational workshops, and other events.
RESULTS: Utilizing Harm Reduction principles, TSP successfully recruited over 25 PE's to the project in the 1st year. TSP also successfully launched a community-based health promotion magazine called Speedometer which has been embraced by the community of gay meth users. 84% of participants reported experiencing greater support to use substance more safely. 88% of participants reported experiencing greater support to practice safer sex. 85% of Participants reported they lowered their risk for transmission or infection with HIV.

LESSONS LEARNED: Gay meth users can be recruited to participate in decreasing risk for HIV and other negative health consequences of use by utilizing a harm reduction, peer-based model. Providing culturally competent and respectful services to substance-using gay and bisexual men are keys to success. Using peer-based stories of behavior change and peer-educators to promote those stories can impact individual and community risk behaviors.

Presentation Number: D23 – 4

Presentation Title: Taking It to the System and Population

Author(s): *Casey Rudd*
Connections, Bozeman, MT

ISSUE: In Montana there is a lot of stigma surrounding Injecting Drug Users. Agencies have a difficult time reaching IDUs and other high risk populations in rural and frontier areas. These interventions were created to help agencies across the state be more educated on drug lifestyles and more user friendly so that high risk populations would access services and care when needed, as well as be tested for HIV and HepC.
SETTING: The interventions were conducted across the state of Montana at agencies such as, Treatment programs, welfare, mental health, social services, health depts, jails and prisons. The targeted populations were Injecting drug users.
PROJECT: The first phase of the intervention, *Taking it to the System*, is designed for staff in agencies where outreach workers intend to present their prevention program to the agency's IDU clients. The purpose of this phase is to educate agency staff about HIV and HCV prevention, harm reduction and street outreach, as well as to provide updates to staff about street drugs and drug lifestyles. It is also important to lower the stigma surrounding drug users and try to find user friendly staff within the agency so that outreach workers can make referrals and their clients will feel safe when accessing services. During this phase, outreach workers present the same educational program to staff that they will present to the agency's clients. Outreach workers also gain approval from agency staff for client handouts and sort out the details of how they will present the second phase of the intervention to IDU clients. The second phase of the intervention, *Taking it to the Population*, involves presenting an interactive educational program to agency clients who use injection drugs. This phase of the intervention was designed to influence the HIV/HCV preventative behaviors of IDUs. The educational program was developed based on the Informational-Motivational-Behavioral Skills Model. Program activities were designed to enhance the following: knowledge of HIV/HCV transmission; knowledge of how and where to locate HIV/HCV resources; knowledge of harm reduction; personal motivation to engage in preventative behavioral activities; perceptions of their ability to establish social networks and receive social support outside of their drug community; perceptions of their vulnerability to HIV/HCV associated with personal risk; attitudes towards practicing HIV/HCV behaviors; perceived efficacy to perform HIV/HCV preventative behaviors; and perceptions of ability to resist urgency to inject with other IDUs. Through the above components, the intervention's overall objective was to promote factors that support behaviors among IDUs' that ultimately reduce the risk for HIV and HCV infection.
RESULTS: Process evaluations conducted after each session reveal strong support for the program among agency staff and IDU clients. Short and long term outcome evaluations of the intervention revealed changes in attitudes and behaviors regarding HIV/HCV prevention that were attributable to the intervention.
LESSONS LEARNED: Providing these two interventions across Montana have proven to be effective interventions in motivating behavior change among IDUs. We believe other frontier and rural states could greatly benefit from both interventions.

Track F
F01 – Scaling Up Counseling and Testing: New Guidelines and Practical Approaches
Room: VANCOUVER/MONTREAL – (Hyatt Hotel – Embassy Hall level)

Presentation Number: F01 – 1

Presentation Title: ACTS for HIV Testing: An Evidenced Based System to Implement Routine Testing in Clinical Settings

Author(s): *Futterman, D*
Adolescent AIDS Program, Montefiore Medical Center, Bronx, NY

ISSUE: The successful scale-up of routine HIV testing in clinical settings requires multi-level systems changes.
SETTING: Ten community health centers in the Bronx, New York- a poor urban county with a high HIV prevalence.
PROJECT: Ten clinics were randomized, with five clinics receiving the ACTS (Advise, Consent, Test, Support) intervention and five clinics serving as controls. ACTS was designed to build capacity for provider-delivered routine HIV testing. ACTS addresses clinic level logistics and administrative issues for implementing routine testing in health care settings, trains all clinicians to utilize streamlined, one to five minute pre-test counseling, and improves providers' skills at delivering HIV test results and linkages to care, support and prevention.
RESULTS: The experiences of implementing ACTS will be described including: engaging clinic leadership and staff to deliver the new paradigm of routine versus risk-based HIV testing; implementation of new administrative procedures regarding patient flow, documentation and billing; and training clinical staff to deliver streamlined HIV counseling and testing. Results from the ACTS trial demonstrated feasibility and a doubling of HIV testing numbers at implementation sites over their baseline and as compared to control sites.
LESSONS LEARNED:ACTS is a useful and adaptable system for scaling up HIV testing in clinical sites but practice change comes slowly. Administrative buy-in, ongoing training and support of staff, decreasing barriers such as billing and extra forms for consent and testing all must be addressed to successfully meet the CDC testing recommendations.

Presentation Number: F01 – 2

Presentation Title: Successful Implementation of Routine HIV Testing in Emergency Departments

Author(s): *White, DA*
Alameda County Medical Center, Oakland, CA

ISSUE: Implementing routine HIV testing in busy clinical settings, such as emergency departments (ED), is challenging and experience is limited.
KEY POINTS: Barriers to HIV testing in EDs will be discussed as well as strategies and tools for successful implementation. Examples of protocols, including a pre-existing staff testing model and a supplemental staff testing model using point-of-care rapid HIV testing, will be discussed.
IMPLICATIONS: To demonstrate the feasibility of HIV testing in EDs and to provide strategies for implementation.

Presentation Number: F01 – 3

Presentation Title: Strategies to Implement the CDC Testing Guidelines

Author(s): *Branson, BM*
CDC, Atlanta, GA

ISSUE: In 2006 CDC issued revised recommendations for HIV testing in health care settings to help increase the proportion of HIV-infected Americans who are aware they are infected and receive prevention, care and treatment. The new recommendations advocate routine, “opt-out” HIV screening in various health care settings.
SETTING: Health Care Settings
PROJECT: This presentation will explain the rationale for the recommendations, describe their main features, and explore the implications for clinical practice settings, for HIV treatment, and for prevention.
RESULTS: Evidence from studies and demonstration projects conducting routine screening will be reviewed, along with examples from health care settings that have already adopted routine HIV screening practices. The presentation will also review some of the diagnostic advances that can facilitate broader HIV screening, including rapid HIV tests, newer chemiluminescent assays, and qualitative RNA tests.
LESSONS LEARNED: This presentation will identify challenges for screening in the context of the new CDC recommendations, and describe the unique opportunities to diagnose HIV infection among the estimated 252,000 to 312,000 persons in the U.S. who are currently unaware they are infected.

Track F
F07 – Provider-Client Interactions
Room: HONG KONG – (Hyatt Hotel – Embassy Hall level)

Presentation Number: F07 – 1

Presentation Title: Disclosure Of Sexual Identity To Health Care Providers Among Sexually Active Men Who Have Sex with Men Attending Gay Pride Events in the United States, 2006

Author(s): *Jafa-Bhushan, K; Sanchez, TH; Voetsch, AC; Begley, EB; Heffelfinger, JD*
Centers for Disease Control and Prevention, Atlanta, GA

BACKGROUND/OBJECTIVES: The CDC recommends that health care providers (HCPs) should offer HIV testing to sexually active men who have sex with men (MSM) at least annually to diagnose HIV infection as early as possible. To encourage annual HIV testing, HCPs need to be aware of their MSM patients' sexual behavior. As a proxy for disclosure of male-male sex risk to HCPs, we examined disclosure of sexual identity ('outness') to HCPs among MSM attending gay pride events in 2006.
METHODS: We analyzed survey data from respondent's ≥18 years old who reported having sex with other men in the past year and who were not known to be HIV-positive. The events were held in Birmingham, AL; Anchorage, AK; Chicago, IL; Charlotte, NC; Durham, NC; St. Louis, MO; and Springdale, UT. We examined the extent to which respondents were out to HCPs (measured using a Likert scale ranging from 0 [out to no HCPs] to 4 [out to all HCPs]) and collapsed those responses into a binary variable (not out = out to none, few or some HCPs; out = out to most or all HCPs) for a multivariate logistic regression analysis of demographic, risk and HIV testing covariates associated with being out to HCPs.
RESULTS: The median age of the 641 MSM respondents was 31 years (range 18-69 years); 290 (45%) belonged to an ethnic or racial minority; 480 (75%) had health insurance; 578 (90%) had ever been tested for HIV; and 556 (87%) identified themselves as homosexual. When asked about risk behaviors in the past year, 355 (55%) respondents reported sex with >1 male partner and 12 (2%) reported injection drug use (IDU). Overall, 405 (63%) respondents received an HIV test in the past year; 375 (59%) were offered a test by an HCP, of whom 307 (82%) received a test including 46 (12%) who received their first test. When asked about the extent of their outness to HCPs, 185 (29%) respondents reported being out to none, 35 (5%) to few, 37 (6%) to some, 29 (5%) to most and 355 (55%) to all. In the multivariate analysis, MSM who were out to HCPs (n=384, 60%) were more likely to be white ($p<0.01$) and to report no IDU ($p=0.04$), being offered an HIV test by an HCP ($p<0.01$) and receiving an HIV test ($p<0.01$) in the past year. There was no significant association between being out to HCPs and health insurance status, sexual orientation or number of male sex partners in the past year.
CONCLUSIONS: These findings suggest HCPs miss opportunities to test MSM for HIV: two-fifths of all MSM were not out to their HCPs and these men were less likely to have been offered an HIV test by their HCPs than those who were out. HCPs should offer routine, opt-out HIV testing to all patients aged 13-64 years in health-care settings, and should elicit history of male-male sex from patients and offer sexually active MSM patients an HIV test at least annually.

Presentation Number: F07 – 2

Presentation Title: Critical Conversations Regarding HIV Treatment Adherence

Author(s): *Rintamaki, LS[1]; Hogan, TP[2]*
[1]SUNY Buffalo, Buffalo, NY; [2]University of Illinois at Urbana-Champaign, Urbana, IL

BACKGROUND: Although people living with HIV currently benefit from improvements in anti-retroviral treatments, adherence to these medicines is often incomplete, resulting in poor health outcomes and treatment resistant strains of the virus. Problems with the decision making process regarding treatment options and clinicians' explanations of viral resistance may contribute to non-adherence. As such, this study was designed to explore patients' experiences with and understanding of clinicians' explanations about HIV treatment options, shared decision-making, and the importance of adherence.
METHODS: A total of 50 HIV-positive men were recruited for in-depth, semi-structured interviews on how they (a) manage their HIV medications, (b) make decisions regarding treatment options are made, (c) receive adherence information from clinicians, and (d) understand information on adherence and viral resistance. Participants were recruited from three VA hospitals in a large, metropolitan city in the Midwest. Data were analyzed using latent content and constant comparative techniques with multiple coders.

RESULTS: Participants identified a variety of ways in which clinicians engage in shared decision-making regarding HIV treatments. among these are set of behaviors that cluster at the interactive end of the shared decision-making scale (e.g., presentation of options, deferment to patient preferences and concerns, exploration of alternatives and questions raised by the patient). Participants also described a variety of strategies clinicians used that explained the importance of adherence and the severity of consequences inherent to viral resistance (e.g., use of analogy, demystification of clinical terminology, case study examples of former patients). However, participants also presented a myriad of problematic decision-making behaviors and insufficient explanations about adherence performed by physicians that contributed to patient frustration, misunderstandings about non-adherence, and/or a lack of appreciation for the dangers of viral resistance. Participants described unilateral decision-making on the part of physicians, binary presentation of regimens, and threats (e.g., "take these or die," "take these or you're no longer my patient"). Problematic discussions on treatment adherence included failure to discuss adherence, directives (e.g., "take these medications without fail"), and ambiguous threats ("it's not good to miss your medications," "it's dangerous to miss your medications").
CONCLUSIONS: Findings demonstrate considerable variation in how clinicians engage in shared decision making and explanations about adherence, some of which may result in serious limitations to patient investment in their regimens and understanding of adherence, viral resistance, and the link between the two. More structured approaches to the shared making process are encouraged, as are innovative educational techniques for addressing the importance of adherence. Future research quantifying the frequencies and effects of these shared decision making strategies and explanations of adherence is required.

Presentation Number: F07 – 3

Presentation Title: HIV Prevention Fatalism is Associated with Less Frequent Delivery of Prevention with Positives Counseling Among Providers in Publicly-Funded Clinics

Author(s): *Steward, WT; Myers, JJ; Shade, SB; Koester, KA; Maiorana, A; Dawson Rose, C; Morin, SF*
Center for AIDS Prevention Studies, University of California, San Francisco, San Francisco, CA

BACKGROUND: Delivering prevention counseling to HIV-infected patients in clinical care settings (Prevention with Positives, or PwP) is an important goal in the United States. However, our prior research has found that providers of such counseling sometimes experience *HIV prevention fatalism,* a belief that HIV-infected individuals are not able or willing to change their transmission-risk behaviors. In this study, we examined how fatalism affected the delivery of prevention counseling in publicly-funded clinics that were in the process of developing PwP interventions.
METHODS: Three hundred sixteen providers at 26 Ryan White CARE Act-funded clinics completed surveys between April, 2004, and March, 2006. All surveys were conducted prior to the start of any training for the clinics' PwP interventions. Participants indicated the percentage of new and returning HIV-infected patients with whom they discussed PwP topics, and their attitudes and beliefs about PwP services. HIV prevention fatalism was assessed as the degree to which a provider believed that his or her patients would continue to infect other people regardless of the amount of counseling they received.
RESULTS: Overall, providers stated that they held PwP discussions with 67% of their new HIV-infected clients and 53% of their returning HIV-infected clients. However, providers who reported the most HIV prevention fatalism conducted PwP counseling 10% less often with new clients and 11% less often with returning clients than providers who reported the least fatalism. Importantly, fatalism affected the relationship between PwP counseling and other provider beliefs. As seen in Table 1, other beliefs had more pronounced associations with counseling among the most fatalistic, as opposed to the least fatalistic, providers. For example, providers who were the least fatalistic were 8% less likely to offer prevention counseling if they did not feel comfortable talking about injection drug use. By contrast, the most fatalistic providers were 53% less likely to deliver counseling when uncomfortable with conversations about injection drugs (interaction term: $\chi^2 = 5.23$, $p < .03$).
CONCLUSIONS: HIV prevention fatalism affects PwP service delivery in publicly-funded settings. It is associated directly with less prevention counseling and also enhances the degree to which other provider beliefs influence delivery of the service. Research is needed to understand the origins of prevention fatalism and to develop support services to help providers feel efficacious about the prevention counseling that they conduct.

Presentation Number: F07 – 4

Presentation Title: HIV Ally Presentation Strategies for Healthcare Personnel

Author(s): *Rintamaki, LS*[1]; Peters, KM[2]; Kosenko, KA[3]
[1]SUNY Buffalo, Buffalo, NY; [2]Northwestern University, Evanston, IL; [3]University of Illinois at Urbana-Champaign, Urbana, IL

BACKGROUND: Secondary HIV prevention efforts stress the importance of obtaining and maintaining thorough clinical care. However, mounting evidence suggests that healthcare personnel sometimes stigmatize people living with HIV (PLWHIV) in either subtle or overt ways. PLWHIV are especially sensitive to such interactions and may be prone to misinterpret the behaviors of even the most well-intentioned healthcare personnel. Reactions by PLWHIV to suspicious encounters with healthcare personnel can be severe, with participants in a recent study going so far as to forsake healthcare altogether following such events. Identification of behaviors healthcare personnel can perform that send positive, reassuring signals to PLWHIV may help disarm this sensitivity, as well as inspire confidence in the care being provided. Such behaviors signal the presence of an HIV ally (someone unafraid and/or supportive of PLWHIV). Therefore, this study explores forms of proactive behaviors healthcare personnel can employ to generate this amity.
METHODS: A total of 100 people living with HIV were interviewed regarding their experiences in healthcare settings following their HIV-diagnosis. Participants were recruited through nine clinical and social service centers located across two large cities (one Eastern, one Midwestern). Each structured interview included closed- and short-answer questions about experiences with healthcare personnel that put the participants at ease and assured them that they would not be stigmatized for having HIV. Categorical descriptions of responses were generated by three coders using latent content analysis and constant comparative techniques.
RESULTS: Participants reported a variety of actions performed by healthcare personnel that reassure PLWHIV that they will not be stigmatized. These signals center on (a) performance of specific nonverbal cues (e.g., proxemics, non-clinical touch); (b) execution of the clinical encounter (e.g., shared decision-making, translation of clinical terminology); (c) provision of care (e.g., extensive availability, exceeding the standard of care); (d) disclosure/inquiry regarding personal information (e.g., clinicians disclosing personal information, inquiring about non-clinical aspects of patients' lives); and (e) provision of emotional support (e.g., addressing emotional upset, sharing emotional upset). These reassuring behaviors were reported as occurring alone or in combination. Some participants cautioned about the need to be genuine, as even reassuring behaviors, when forced, can make PLWHIV feel anxious and defensive.
CONCLUSIONS: Results from this study suggest that PLWHIV possess a heightened sensitivity not only to behaviors performed by healthcare personnel that signal potential bias or discrimination, but also to behaviors that signal the presence of an HIV ally. This study provides a considerable list of such behaviors, which healthcare personnel can selectively perform to suit their circumstances, personal style, and level of comfort. As reported by participants, performance of these behaviors by healthcare personnel may foster a sense of safety and even higher quality of care in the eyes of PLWHIV; however, care must be taken in their performance, as insincere behaviors may have unintended (and even detrimental) effects.

Track G
G01 – Federal Leadership Summit on Service Integration and Program Collaboration
Room: SINGAPORE/MANILA – (Hyatt Hotel – Embassy Hall level)

Presentation Number: G01 – 1

Presentation Title: Improving collaboration and integration across Federal Agencies: Perspectives from HHS Leaders.

Author(s): *Kevin Fenton; Christopher Bates*

Collaboration between Federal Agencies on HIV prevention is challenging at times, but not impossible – indeed there are many models of best and promising practice in existence. With the continuing evolution of the HIV epidemic in the United States, improved and strengthened collaboration between Federal Agencies is unarguably more important now than ever. However persistent barriers to collaboration include organizational bureaucracy, time limitations, commitment and will. Despite these, there are numerous examples of effective collaboration across Federal agencies in support of HIV prevention. In this NHPC Leadership Symposium, leaders from CDC, HRSA, SAMSHA, HIS and NIH will be brought together to reflect on some of successes in working across organizational boundaries, the current challenges and future directions for strengthening collaboration in support of integrated and holistic HIV prevention activities.

MONDAY, DECEMBER 3, 2007
Concurrent Sessions
3:30 PM - 5:00 PM

Track A
A05 – Getting "High" on Sex: Sexual- and Drug-Related HIV Risk Among MSM
Room: INTERNATIONAL BALLROOM SOUTH – (Hyatt Hotel – International level)

Presentation Number: A05 – 1

Presentation Title: Non-Injection Drug Use, High-Risk Sexual Behaviors, and HIV Seroconversion Risk Among Men Who Have Sex with Men in Chicago and Los Angeles

Author(s): *Carey, JW[1]; Mejia, R[1]; Gelaude, D[1]; Bingham, T[2]; Ciesielski, C[3]; Herbst, JH[1]; Sinunu, M[1]; Sey, E[2]; Prachand, N[4]; Jenkins, RA[1]; Stall, R[5]*
[1]CDC, Atlanta, GA; [2]Los Angeles County Department of Public Health, Los Angeles, CA; [3]CDC & Chicago Department of Public Health, Chicago, IL; [4]Chicago Department of Public Health, Chicago, IL; [5]University of Pittsburgh, School of Public Health, Pittsburgh, PA

BACKGROUND: Men who have sex with men (MSM) account for 49% of newly diagnosed HIV infections among men in the United States. Prior studies have found links between sexual risk-taking behaviors and use of drugs including methamphetamines, poppers (amyl nitrates), PDE-5 inhibitors such as Viagra, and other substances. The objectives of this study were to examine how the use of methamphetamines, Viagra or related drugs, poppers, and other drugs used during or before sex, along with high risk sexual behaviors, affect the risk for acquiring HIV infection among MSM living in Chicago and Los Angeles.
METHODS: Data were collected as part of the "Context of HIV Infection Project" (CHIP), sponsored by the Centers for Disease Control and Prevention. A retrospective case-control study design was used. Cases included 111 MSM determined to have been recently infected with HIV through serologic testing; three HIV-negative controls were matched to each case by city. Socio-demographic data, drug use, and sexual risk behaviors were collected by trained interviewers using survey questionnaires. Descriptive statistics, crude odds ratios, and conditional logistic regression models were computed.
RESULTS: No statistically significant differences were found between cases and controls for age, employment, race/ethnicity, or educational attainment ($p > .05$). Cases tended to have lower household income ($p < .01$). Unadjusted odds ratios indicated associations with sex risk behavior, STD history, and substance use variables. For example, compared with HIV-negative controls, recently HIV-infected cases reported a higher prevalence of having one or more HIV-positive partners with whom they had unprotected anal intercourse (UAI) in the past 6 months (OR = 3.97, 95% CI = 1.85, 8.62). Respondents with one or more previously diagnosed STD also were more likely to have evidence of recent HIV seroconversion (OR = 2.19, 95% CI = 1.37, 3.49). The six most frequently reported substances used by both cases and controls in conjunction with sex in the last 6 months included alcohol (61.7%), poppers (28.8%), marijuana (25.9%), methamphetamine (15.8%), PDE-5 inhibitors such as Viagra (15.3%), and gamma hydroxybutyrate or GHB (5.7%). Except for alcohol and marijuana, cases reported more drug use during sex at least once in the past 6 months compared with controls ($p < .01$). Recent HIV infection was associated with the use of Viagra (OR 4.39, 95% CI = 2.55, 7.54), poppers (OR = 3.08, 95% CI = 1.95, 4.85), and methamphetamines (OR = 3.03, 95% CI = 1.77, 5.18) at least once during sex in the past 6 months. UAI with HIV-positive partners, prior STD history, Viagra use, and popper use in conjunction with sex remained associated with HIV seroconversion in multivariate models.
CONCLUSIONS: Consistent with prior studies, our findings implicate UAI, prior STD history, and drug use during sex for increasing HIV seroconversion among MSM. Our study also extends our knowledge regarding the association between HIV infection and the use of Viagra, poppers, methamphetamines, or other substances during sex. HIV programs should strengthen collaboration with STD and drug programs, as well as continue efforts to reduce risky sexual behaviors among MSM.

Presentation Number: A05 – 2

Presentation Title: Crystal Methamphetamine: Qualitative Interviews with Young Men Who Have Sex with Men

Author(s): *Hudson, SM; Copeland, J*
Health Research Association, Hollywood, CA

BACKGROUND/OBJECTIVES: Research shows high rates of risky sex among young men who have sex with men (YMSM), indicating high risk for HIV. Substance use exacerbates this, particularly crystal methamphetamine ("crystal").
METHODS: Data are from formative research for an intervention to reduce or prevent YSMS's crystal use. Seventeen 18- to 24-year-old men were recruited from a youth pride festival in Los Angeles in 2005. Semi-structured interviews assessed use of crystal and other drugs, reasons for using/not using, initiation, norms around use, quitting, and other issues.
RESULTS: Mean (median) age was 21 (23) years. Eight Latinos, 7 African Americans, 1 mixed race and 1 White participated. One was HIV-positive. Most (13/17) had ever used crystal ("users"), and most users (9/13) were current users. Virtually all, including non-users, reported a history of other substance use. Reasons for using crystal included improving sex, forgetting problems/escaping reality (including using crystal to deal with mental health issues such as depression) and staying awake or alert. The most commonly mentioned "downside" was physical/emotional pain of coming off crystal. Non-users tended to say crystal is no different or worse than other drugs, including marijuana, while users reported several ways in which crystal is potentially more dangerous. Almost all participants said users keep their crystal use secret from non-users, and attitudes that would hinder communication between users and non-users were prevalent. All users had tried to quit or reduce their crystal use, but none entered drug treatment. Family and friends were influential in initiation of crystal use, and support from family and friends was also cited as key to quitting. No respondent mentioned HIV at any time, including when asked about risks of crystal use, except when specifically asked about HIV.
CONCLUSIONS: These data suggest that among YMSM, crystal users and non-users do not fully appreciate the risks of the drug. HIV counseling should link crystal use and HIV risk and highlight the drug's dangers. Service providers should assess YMSM's mental health, making appropriate referrals to stem the use of crystal as self-medication. YMSM-tailored drug treatment may be necessary. Interventions to increase social support for quitting or remaining abstinent are important.

Presentation Number: A05 – 3

Presentation Title: Trends and Current Prevalence of Methamphetamine Use and Sexual Activity Among HIV-Infected Patients in Care-San Francisco, 2004-2006

Author(s): *Marquez, C*[1]; Mitchell, SJ[2]; Hare, CB[1]; John, M1; Klausner, JD[2]
[1]University of California, San Francisco, San Francisco, CA; [2]STD Prevention and Control Services, San Francisco Department of Public Health, San Francisco, CA

BACKGROUND/OBJECTIVES:
A growing body of literature has linked methamphetamine use to risky sexual behaviors that increase the likelihood of transmitting HIV and other STDs. Prior studies on methamphetamine use have focused on the risk of HIV-uninfected persons becoming infected; however, few studies have examined methamphetamine use among HIV infected individuals. Methamphetamine use incurs direct medical harm on HIV infected individuals and may increase the risk of transmitting HIV to uninfected individuals. The objective of this study is to assess the current prevalence and trends in methamphetamine use, sexual activity, and medication adherence in HIV-infected patients in care in San Francisco.
METHODS: one page anonymous self-administered survey was conducted in 2004 and 2006 among HIV-infected patients in care at the two University of California San Francisco clinics: Moffit Hospital serving insured patients and San Francisco General Hospital (SFGH) serving uninsured or publicly insured patients.
RESULTS: 2006, 32.2% (95%CI: 29%-36%) of 659 participants reported using methamphetamine in the preceding 12 months, and 17.1% (95% CI: 14%-20%) in the preceding 4 weeks. By gender and sexual orientation, 39% of men who have sex with men (MSM), 33% of heterosexual men, 11% of women reported using in the prior 12 months and 19% of MSM, 24% of heterosexual men, 7% of women reported using in the prior 4 weeks.). By race/ethnicity; 39% of Whites, 20% of Blacks, 26.7% of Latinos used MA in the last 12 months ($p<.001$). In comparison to MSM non-users, MSM users had an increased mean number of sexual partners in the last 12 months (16.3 + 27 vs. 7.0 + 22; $p<.05$). Methamphetamine use in the prior 4 weeks was associated with poor medication adherence (defined as misses HAART once a week or more), RR=2.2 (95% CI:1.3-3.5).
Differences in methamphetamine use were also seen when stratified by clinic site, a proxy for insurance status and/or socioeconomic status. among MSM, methamphetamine use in the preceding 4 weeks was more prevalent at SFGH (25%) in comparison to Moffit (5%) in 2006. Between 2004 and 2006, methamphetamine use in the last 12 months among MSM decreased at Moffit (37.6% to 15.6%, $p<.01$), but increased at SFGH (40.2% to 49.5 %, $p<.05$). Intravenous use among methamphetamine users, increased at SFGH from 38% to 54%, $p<.05$. At both clinics, more health care providers asked patients about methamphetamine use from 2004 to 2006 (38% to 58%, $p<.01$), but a change was not found in providers asking patients about sexual activity (47% to 45%, $p=.4$).

CONCLUSIONS:
We found a high prevalence of methamphetamine use among HIV-infected patients in San Francisco. Methamphetamine use was associated with poor medication adherence and multiple sex partners. Clinic-based interventions to assess and treat methamphetamine use are needed.

Track A
A21 – Youth and HIV: Issues Germane to Disease Prevention and Health Promotion
Room: REGENCY BALLROOM VI – (Hyatt Hotel – Ballroom level)

Presentation Number: A21 -1

Presentation Title: Protective and Risk Factors for HIV-Related Behavior Among Adolescent MSM

Author(s): *Goodenow, C*
Massachusetts Department of Education, Malden, MA

BACKGROUND: among males who have sex with males (MSM), as among other populations, patterns of behavior that may lead to HIV infection often begin in adolescence. Little is known, however, about social or environmental factors that may be protective against, and those that may exacerbate, higher HIV risk among adolescent MSM.
METHODS: This study examined factors associated with higher HIV risk among male high school students who reported any same-sex sexual contact (N = 204) across 3 waves of the Massachusetts Youth Risk Behavior Survey (2001, 2003, 2005). Logistic regression analyses, controlling for age, ethnicity, kind of community, and survey year, were conducted to compute the Odds Ratios of multiple lifetime and recent sexual partners, condom use at last intercourse, any STD diagnosis, and injected drug use. Variables tested as predictors included male only (vs. both male and female) sexual partners, school AIDS education, discussing sex with parents, perceived support from family adults and school staff, academic achievement, presence of school gay/straight alliance (GSA), self-defined sexual identity, urban (vs. suburban or rural) community, school victimization and experience of forced/coerced sex or dating violence.
RESULTS: Having received AIDS education in school was a strong protective factor, associated among adolescent MSM with a significantly lower likelihood of multiple (4+) lifetime or recent partners, STD diagnosis, and injected drug use. Young MSM who had discussed sexual issues with their parents in the past year, who believed they could talk to family adults about issues important to them, who believed there was a school staff member they could talk to if they had a problem, who were doing well in school, and who attended a school with a GSA were also significantly less likely to report multiple partners or use injected drugs. Conversely, victimization either at school (being threatened or bullied, skipping school because of feeling unsafe) or in personal relationships (dating violence, forced or coerced sex) was strongly associated with all measures of increased HIV risk.
Youth reporting both male and female sexual contact (40% of these MSM) had consistently higher levels of HIV risk behaviors than did males with only male partners. Most (61%) adolescent males reporting same-sex sexual contact labeled themselves as heterosexual. Sexual minority identities (gay, bisexual, not sure, as opposed to heterosexual identity) were associated with some increased HIV risk. among adolescent MSM, ethnicity was not associated with any HIV-related outcome, but youth who attended suburban schools were significantly more likely than their counterparts in urban schools to have multiple (4+) recent partners, to have been diagnosed with an STD, and to report not using a condom during most recent sexual intercourse.
CONCLUSIONS: Programs to increase interpersonal support and reduce victimization of sexual minority adolescents may be useful in reducing high-risk sexual and drug use behavior among adolescent MSM. Also, it is important to ensure that all adolescents, including those with gay, lesbian, or bisexual identities or same-sex partners or relationships, receive effective AIDS prevention education.

Presentation Number: A21 – 2

Presentation Title: Neighborhood and Community Predictors of Sexual and Drug Risk Behaviors Among African American Adolescents Whose Mothers Use Crack Cocaine

Author(s): *Eke, AN[1]; Lam, WK[2]; Fisher, H[1]*
[1]CDC, Atlanta, GA; [2]RTI International, Research Triangle Park, NC

BACKGROUND: African American adolescents are disproportionately impacted by HIV and STD infections. Adolescent children of substance-abusing parents are particularly at risk since they have greater opportunity for maladaptive behaviors. Many of the existing prevention interventions targeting adolescents focus on individualistic approaches, with limited attention given to the neighborhoods and communities in which the adolescents live. This study examined community and neighborhood influences on HIV-related risk behaviors among adolescent children of mothers who use crack cocaine.
METHODS: Data were collected between 2003 and 2005, from crack-using mothers and their adolescent children (aged 12-17 years), using a cross-sectional survey design. Indigenous outreach workers targeted inner-city neighborhood segments in Durham and Wake Counties in North Carolina using a pre-specified sampling plan and chain-referral procedures. In separate, face-to-face structured interviews, 208 mothers and youth provided information about community and neighborhood influences (school environment; exposure to violence; access to alcohol and other substances; exposure to HIV and substance use prevention messages and resources), on adolescent sexual (lifetime) and drug (current use) risk behaviors. Multivariate logistic regression analyses were conducted to examine associations between the predictor variables (community/neighborhood factors) and each of the outcome variables, controlling for age and gender. Significance level of association was set at $p \leq 0.05$ Adjusted ORs and 95% CIs were also calculated to determine the degree of association between predictor and outcome variables.
RESULTS: On average, target adolescents were 14.1years old, with 60% females. Approximately one-third of the adolescents reported first sex at an average age of 13.7 years. Of the youth who reported ever having had vaginal (n=52) and oral (n=20) sex, 29% and 75%, did not use a condom at their first vaginal and first oral sex episode respectively; 76% had two or more sex partners, with adolescents 15 to 17 years-old more likely to report multiple partners. Almost 40% of the adolescents reported lifetime substance use (alcohol, tobacco, or other drug), with 30% currently using substances. Community influences of easy access to alcohol, tobacco, or other drug, and lack of HIV prevention services significantly predicted sexual behavior (OR=2.48; 95% CI, 1.58-3.88 and OR=2.80; 95% CI, 1.12-7.01 respectively). Similarly, adolescents reporting greater ease in accessing alcohol, tobacco, or other drug were more likely to report current substance use (OR=1.78; 95% CI, 1.15-2.75).
CONCLUSIONS: These findings suggest the need for community-level HIV prevention interventions for high risk adolescents, which transcend individual approaches. Structural interventions including environmental facilities and policy changes may enable adolescents to make healthy personal choices that would reduce their risk of becoming infected with HIV.

Presentation Number: A21 – 3

Presentation Title: All Grown Up: Sexual Transmission Risk Behaviors and Prevention Needs of Youth with Perinatally Acquired HIV Infection in Three U.S. Cities

Author(s): *Koenig, LJ[1]; Hodge, K[1]; Chandwani, S[2]; Abramowitz, S[3]; LaGrange, R[4]; D'Angelo, L[5]*
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BACKGROUND/OBJECTIVES: The first generation of prenatally HIV-infected children raised in the era of HAART has reached adolescence. Case reports document unprotected sexual activity and pregnancy among these youth, yet little is known about the prevalence or nature of transmission risk or prevention needs for this population.
METHODS: Prenatally HIV-infected adolescents age 13-21 years (N=97), receiving care at one of five clinics in New York, NY, Baltimore, MD and Washington, DC, completed an audio computer-assisted self-interview describing their sexual experiences and practices as part of the baseline assessment of the Adolescent Impact intervention trial. Adolescents reported on lifetime and recent sex history and prevention acts with recent partners.
RESULTS: Participants (56.7% female, mean age = 15.6 years) were primarily minority race or ethnicity (67.0% non-Hispanic black, 27.8% Hispanic). Four individuals (all females) self-identified as homosexual/bisexual. Nearly half (N = 45; 46.4%) reported having had sex. Of these, 80% reported vaginal, 55.6% reported oral, and 4.4% reported anal-receptive sex; of males only, 19% reported anal-insertive sex. Excluding four adolescents categorized as sexually experienced on the basis of reported sexual activities but who nevertheless reported having no prior sex partners, the median number of sex partners was 3 for lifetime, 1 for the past three months. Of the four sexually-experienced adolescents who reported no partners, all had reported having oral sex but not anal or vaginal sex. Compared to sexually inexperienced youth, sexually experienced youth were more likely to be older (age 17-21 years) than younger (age 13-16 years) ($X^2[1]=8.35$, p=.004) with a trend toward more non-Hispanic blacks than youth of other races/ethnicities (Fisher's Exact Test=4.61, p<.10). Mean age of first sexual act was 13.3 and 14.2 years for males and females, respectively (ns). Just over one fifth of the girls (5/24, 20.8%) had been pregnant. None of the pregnancies were carried to full term. Two youths reported trading sex for money, drugs, food or shelter; mean number of sex partners for these two youths was 35. One quarter (24.4%) of the sexually active youths indicated that they had not used condoms 100% of the time since learning that they had HIV; 4.4% never or rarely used condoms.

Twenty two sexually experienced youths (48.9%) reported having sex recently (during the prior 3 months). Of their recent sex partners (N=35) for whom sex practices were assessed (up to three per person), 4 partners had been exposed to HIV through vaginal or anal sex without a condom.
CONCLUSIONS: Youth with prenatally acquired HIV infection become sexually active at young ages, engaging in behavior that places them at risk for unplanned pregnancy and sexually acquired infections, and places their partners at risk for HIV. Serostatus disclosure to prenatally HIV-infected youth must occur early enough so that developmentally targeted and aggressive anticipatory guidance regarding both reproductive health and HIV transmission risk reduction can be initiated prior to sexual debut. Prevention messages must be sustained as these adolescents age. Evaluated risk reduction interventions for this population are needed.

Presentation Number: A21 – 4

Presentation Title: Sexual Behavior, Substance Use, and HIV Knowledge Among Perinatally HIV-Infected and HIV-Exposed Uninfected Youth

Author(s): *Bachanas, PJ*[1,2]*; Tepper, VJ*[3]*; Freedman, D*[4]*; Ferdon, CD*[1,2]*; Koenig, LJ*[1]*; Allison, S*[3]*; Marhefka, S*[5]*; Carter, R*[5]
[1]Centers for Disease Control, Atlanta, GA; [2]Emory University School of Medicine, Atlanta, GA; [3]University of Maryland, Baltimore, MD; [4]Vanderbilt University, Nashville, TN; [5]Columbia University, New York, NY

BACKGROUND/OBJECTIVES: Urban youth are engaging in high rates of risky sexual behavior at young ages (CDC, 2005). Prenatally HIV-infected adolescents are growing up in similar environments and may be engaging in similar rates of high risk behaviors. Drug and alcohol use, unprotected sex and a lack of knowledge regarding HIV transmission may increase the risk of HIV-infected adolescents transmitting HIV to their sexual partners. An understanding of the development and patterns of risk behavior is needed to guide the creation of risk reduction interventions. This study examined the presence and developmental pattern of sexual risk behaviors and substance use among prenatally infected youth and a sample of HIV-exposed but uninfected youth.
METHODS: 55 HIV-infected (58.2% female, 90.9% African American) and 44 uninfected (50.0% female, 95.5% African American) youths between the ages of 10-17 who were enrolled in the Pediatric AIDS Collaborative Transmission HIV Follow-Up of Exposed Children cohort participated in the study. All youth were interviewed with measures assessing functional knowledge about HIV/AIDS, as well as engagement in and intent to engage in substance use and sexual behaviors.
RESULTS: Eleven percent of the HIV-infected youth reported having had sex at least once in the past; none of the uninfected youth reported having had sex. The 6 sexually active youth ranged in age from 13.5 to 17.8. Age of sexual debut ranged from 11 to 15, with 4 of the 6 youths having first sex at age 12 or 13. Each of these 6 youth reported being aware of their HIV status at the time they first had sex. All 6 youth reported using condoms during their first sexual encounter and 5 of the 6 reported using condoms 100% of the time they had sex. The number of lifetime partners reported by these youth ranged from 1 to 5, with 4 out of 6 of the teens reporting 5 lifetime partners. Twenty-six percent of HIV-infected teens (14 of 54) reported having used alcohol in the last month, while 41% of the HIV-negative teens reported drinking alcohol in the past month ($X^2 = 7.11$, $p<.01$). Overall, both HIV-infected and uninfected groups demonstrated fairly high levels of knowledge of HIV disease, transmission and prevention. However, only 40% of HIV-infected younger youth (10-12 year-olds) acknowledged that they had been talked to about HIV transmission by a doctor or health care provider.
CONCLUSIONS/IMPLICATIONS: Both groups reported less sexual activity than their age-mates based on the literature and statistics for teens from urban environments. However, those teens who admitted being sexually active acknowledged similar patterns of sexual activity as teens from high risk environments (e.g., early debut, multiple partners). The lack of communication about HIV transmission, and the early sexual debut and risky behavior exhibited by those sexually active HIV seropositive youth provide strong evidence that prevention interventions for HIV-infected youth need to be strengthened in clinic settings and should start much earlier than the teen years.

Track B
B07 – African American HIV Testing and Surveillance
Room: DUNWOODY - (Hyatt Hotel – Atlanta Conference Center level)

Presentation Number: B07 – 1

Presentation Title: Factors Associated with HIV Testing Among African Americans in the United States: Analysis of the 2005 National Health Interview Survey

Author(s): *Ye, J*[1]*; Xu, Z*[2]
[1]Morehouse School of Medicine, Atlanta, GA; [2] Emory University, Atlanta, GA

BACKGROUND: The rate of HIV/AIDS diagnoses for African Americans is the highest among all racial and ethnic groups in the United States. The purpose of this study is to describe the factors associated with HIV testing among Africans Americans.
METHODS: Data from the 2005 National Health Interview Survey (NHIS) were analyzed to explore what factors may affect HIV testing among a nationally representative adult sample of African Americans living in the United States.
RESULTS: A total of 3290 (2110 women and 1180 men) African Americans respondents were included in the study. Over half of the respondents (50.9%) reported having been tested for HIV. The results showed that the likelihood of having HIV testing was associated with age, education, and perceived HIV risk. Adults aged 18-44 years (OR= 7.14, 95% CI=5.55-9.21) and those aged 45-64 years (OR=2.36, 95% CI=2.01-2.76) were more likely than adults aged 65 and above to have been tested for HIV. Adults who had a high school degree (OR=1.51, 95% CI=1.24-1.86) or higher degree (OR=1.57, 95% CI=1.32-1.88) were more likely than those with less than high school education to have been tested. Compared to those who perceived no HIV risk, the self-reported low risk group (OR = 3.14, 95% CI=1.07-9.20), medium risk group (OR = 3.47, 95% CI=1.35-8.93), and high risk group (OR = 5.14, 95% CI=2.01-13.14) were more likely to have undergone testing.
CONCLUSIONS: This study identifies factors that may affect getting an HIV testing. Recognition of these factors is very important for clarifying where interventions that aim to increasing HIV testing should be targeted.

Presentation Number: B07 – 2

Presentation Title: HIV Incidence Surveillance in Philadelphia, 2006

Author(s): *Harris-McCoy, KC; Trino, R; McAnaney, J ;Brady, KA*
Philadelphia Department of Public Health, AACO, Philadelphia, PA

BACKGROUND:HIV Incidence Surveillance (HIS) was implemented in Philadelphia in July 2005 as part of a 34 site, nationwide effort to improve HIV incidence estimates. The BED assay is used for Serological Testing Algorithm for Recent HIV Seroconversion (STARHS) and distinguishes between 'recent' and 'long-standing' infections to estimate incidence at a population level. We used remnant serum samples for STARHS testing to estimate the percentage of newly diagnosed cases that are 'recent' infections.
METHODS: Data was used from newly diagnosed, confidential name-based HIV/AIDS cases reported to Philadelphia in 2006. STARHS testing was performed on remnant serum specimens and the results were discussed in terms of race/ethnicity, sex, transmission category, age at diagnosis, and concurrent HIV and AIDS diagnoses.
RESULTS: In 2006, there were 771 HIS eligible cases reported to Philadelphia; 678 have been fully investigated and 294 have undergone STARHS testing. Of those tested, 49 (16.6%) were 'recent' infections, comprised of 53% females and 65% non-Hispanic Blacks. By contrast, 38% of 'long-standing' infections were in females and 70% in non-Hispanic Blacks. Heterosexual contact was the transmission category for 66% of 'recent' and 63% of 'long-standing' infections. Of the 'recent' infections, 32% were 30-39 year-olds, 24% were 20-29 year-olds, 22 % were 40-49 year-olds, 14% were 13-19 year-olds, and 6% were 50 years old or older at the time of HIV diagnosis. Concurrent HIV and AIDS diagnoses occurred in 39% of all 'long-standing' infections.
CONCLUSIONS: Both 'recent' and 'long-standing' newly diagnosed HIV cases in Philadelphia were predominantly infected through heterosexual contact and are non-Hispanic Blacks. The finding that females make up a greater percentage of all 'recent', as compared to 'long-standing,' indicates a need for new intervention and education strategies directed towards women. The high percentage concurrent HIV and AIDS diagnoses indicate continued delays in early testing. This data supports the CDC's recommendations for increased HIV screening and early intervention.

Presentation Number: B07 – 3

Presentation Title: Reasons for Obtaining HIV Testing During a City-wide HIV Screening Campaign, Washington, D.C., 2006-7

Author(s): *West, TL[2] Castel, AD[1]; Schenfeld, J[1]; Mbagaya, V[1]; Wu, C[1]; Anand, K[1]; Jolaosho, T[2]; Magnus, M[1]; Peterson, J[1]; Hitchcock, D[2]; Rennie, L[2]; Sansone, M[2]; Greenberg, A[1]*
[1]George Washington University School of Public Health and Health Services, Washington, DC; [2]HIV/AIDS Administration, District of Columbia Department of Health, Washington, DC

BACKGROUND: It is estimated that 38-44% of adults in the U.S. have been tested for HIV at some point in their lives. among District of Columbia residents, the city with the highest HIV prevalence rate in the U.S., 63% of adults are estimated to have been tested for HIV. CDC studies have shown that the main reasons that persons at high-risk for HIV infection seek testing are "to know where they stand" and "because they think that they might have been exposed to HIV." In June 2006, in order to raise awareness about HIV and encourage testing, the District of Columbia launched a city-wide HIV screening campaign. The campaign encouraged all individuals aged 14-84 to receive free HIV screening.
METHODS: Confidential client forms were collected on 11,434 clients tested through the campaign. Data on demographic information, prior testing history information and reasons for testing were collected on all participants and analyzed using SAS v9.1.
RESULTS: Of the 11,434 participants screened for HIV, 74% (n=8,569) were Black, 64% (n=7,316) were male, and 23% were between the ages of 25-34. Seventy three percent (n=8,360) of the participants reported having been tested for HIV in the past. Sixty six percent of participants were tested confidentially. among participants, 2.1% (n=243) tested preliminarily positive. The three most reported reasons for obtaining testing were "checking to make sure that I was HIV negative" (32%); test was offered by a healthcare provider (19%); and "I was required to get tested" (13%). Ten percent (n=1319) of participants reported that they sought testing because they were worried that they might have been exposed to HIV. Almost half of the participants (n=5,678) reported that they would have requested HIV testing had it not been offered at the time of their visit. Testing to ensure that they knew their HIV status was the most reported reason for testing among all race/ethnic groups, age groups and sexes. among the people who tested preliminarily positive, the most reported reason for seeking testing was "test was offered by doctor, nurse or other care provider" (25%).
CONCLUSIONS: Regardless of race/ethnicity, gender, or age group, knowing one's HIV status appears to be the primary reason for seeking out HIV testing. Furthermore, our results suggest that offering HIV screening to all individuals increases the chances of their getting tested thereby identifying individuals who may have otherwise gone undiagnosed.

Presentation Number: B07 – 4

Presentation Title: Disparities in Diagnoses of HIV/AIDS Among Foreign-Born and US-Born Non-Hispanic Blacks, 33 States, 2001-2005

Author(s): *Satcher, AJ; Hu, X; Dean, HD*
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BACKGROUND: In the United States, non-Hispanic blacks (NHBs) are disproportionately affected at all stages of HIV disease - from infection with HIV to death with AIDS. Our objective was to determine whether there are differences in the epidemiology of HIV/AIDS among foreign-born and US-born NHBs residing in the US, using surveillance data reported to the Centers for Disease Control and Prevention (CDC).
METHODS: We analyzed cases of HIV/AIDS among NHBs from 33 states with confidential name-based HIV infection reporting since at least 2001. All analyses included HIV-infected persons aged 13 years and older. Persons with unknown or missing country of birth and persons from US dependent areas (N = 18,802) were excluded from analyses. Foreign-born NHBs were defined as NHBs who were born outside the US. We compared percentage distributions (by sex, age, and transmission category), late diagnosis of HIV, and survival after an AIDS diagnosis between foreign-born and US-born NHBs. Trends in HIV diagnoses were assessed using the estimated annual percent change (EAPC) and 95% confidence intervals (CI). Data reported to CDC through June 2006 were adjusted for reporting delays and for cases reported without risk factor information.

RESULTS: From 2001 to 2005, there were an estimated 73,760 HIV/AIDS diagnoses among NHBs in the 33 states. Foreign-born NHBs accounted for 11.7% (n = 8,665) of diagnoses. Annual HIV/AIDS diagnoses remained stable (EAPC, 0.2%; 95% CI, -2.0%, 2.4%) among foreign-born NHBs; however, there were significant declines in diagnoses for US-born NHBs (EAPC,-8.5%; 95% CI, -9.2%, -7.8%). A greater proportion of HIV/AIDS diagnoses were among foreign-born women (48.9%) when compared to US-born women (36.6%). When compared to US-born NHBs, a greater proportion of HIV/AIDS diagnoses among foreign-born NHBs were attributed to high-risk heterosexual contact (65.1% versus 44.4%); smaller proportions were attributed to male-to-male sexual contact (19.5% versus 32.9%) and injection drug use for both men (7.1% versus 11.7%) and women (5.3% versus 7.0%). A greater proportion of foreign-born NHBs (45.8%) were diagnosed with AIDS within 12 months of an HIV diagnosis when compared to US-born NHBs (38.5%). Of all foreign-born NHBs diagnosed with HIV/AIDS, 54.9% were born in the Caribbean and 40.5% were born in Africa.
CONCLUSIONS: Greater proportions of foreign-born NHBs were women, high-risk heterosexuals, and diagnosed with AIDS within 12 months of HIV diagnosis when compared to US-born NHBs. Because there are differences in the epidemiology of HIV/AIDS among foreign-born and US-born NHBs, further studies of HIV/AIDS among foreign-born NHBs are needed to appropriately address prevention interventions in this population.

Track B
B09 – Women, Children and Youth
Room: REGENCY BALLROOM V - (Hyatt Hotel – Ballroom level)

Presentation Number: B09 – 1

Presentation Title: HIV Testing Among Women in the United States

Author(s): *Schilling, K; Inungu, J; Mumford, V*
CMU, Mt Pleasant, MI

BACKGROUND: While historically the HIV/AIDS epidemic has affected more men than women in the United States, the proportion of women infected with HIV has been on the rise during the last 10 years. Of the 40,000 new cases of HIV diagnosed annually in the United States, 30% are among women. The rising proportion of HIV cases among women underscores the importance of HIV testing in this population. The purpose of this study was to determine the prevalence of women 18 years and older who had ever tested for HIV in the United States and assess the factors associated with seeking the test.
METHODS: Data from the 2005 National Health Interview Survey (NHIS) were analyzed.
RESULTS: Of the 16,838 women interviewed in 2005, 75.8% were white, 46.7% were married, and 37.4% lived in the South. A total of 6,496 women (38.6%) reported to had ever tested for HIV. Being African Americans (Odds Ratio (OR):2.24, 95% confidence interval (CI) 1.937-2.585) or Hispanics (OR:1.27; 95% CI: 1.039-1.558), being pregnant (OR: 3.81, 95% CI: 2.734-5.301), having a history of sexually transmitted diseases (OR: 4.66, 95% CI: 3.110-6.980), or homelessness and/or time in jail (OR: 4.31, 95% CI: 2.941-6.318) were significantly associated with HIV testing; whereas women who lived in the Midwest (OR: 0.72, 95% CI: 0.625-0.826) were less likely than those living in the West to have been tested for HIV.
CONCLUSIONS: The results showed that only 39% of adult women had ever tested for HIV. Findings that women who were involved in high risk sexual behaviors and those who were pregnant were more likely to be tested for HIV compared to their counterparts were encouraging. They suggest that the CDC's recommendations promoting routine HIV during pregnancy and among people involve in high risk behavior are been followed. However, more efforts are needed to increase the proportion of women who get tested, especially in the Midwest

Presentation Number: B09 – 2

Presentation Title: The Relationship Between Recent STI Diagnoses and HIV Positivity Among Non-IDU Women Accessing HIV Counseling and Testing in California

Author(s): *Eckert, VL[1]; Samoff, E[2]; Bolan, G[2]; Krawczyk, C[1]*
[1]California Department of Public Health, Office of AIDS, Sacramento, CA; [2]California Department of Public Health, STD Control Branch, Richmond, CA

BACKGROUND: HIV positivity among African American women and Latinas remains consistently higher than their white counterparts. The State of California Department of Public Health HIV Counseling Information System

provides information on self-reported STI diagnoses among HIV testers. Because HIV may be an important facilitator in the sexual transmission of HIV among women, our objective was to examine the relationship of recent STI diagnoses to testing HIV positive by race/ethnicity group in non-IDU women accessing publicly funded HIV test sites in California.
METHODS: Data are from 161,295 Latina, African American and white female clients testing for HIV at publicly funded test sites throughout California from January 1, 2001 to December 31, 2003 (37% Latina, 21% African American, and 42% white.) Duplicate tests, invalid test results, and testers reporting fetal or blood exposure, injection risk, or hepatitis C infection were excluded from analyses (final population 142,782). Diagnosis of an STI in the past two years is collected by self-report. Univariate and multivariate logistic regression was utilized to elucidate STIs associated with testing HIV positive.
RESULTS: among our non-IDU female sample, 18% of testers reported at least one STI. Chlamydia, gonorrhea and syphilis were more commonly reported among African American women than their white and Latina counterparts, Chlamydia: African American 12.4%, Latina 8.6% and white 6.6%; gonorrhea: African American 7.5%, Latina 1.9% and white 2.1%; syphilis: African American 2.1%, Latina 1.0% and white 0.4%. Only herpes (HSV) was reported more often by white women (4.1%) than African American women (1.8%) and Latinas (1.5%). HIV positively among our female sample was 0.6%. Females reporting syphilis or gonorrhea were twice as likely to test HIV positive (OR 1.8, 95%CI 1.1, 2.9 and 2.2, 95% CI 1.6, 2.9, respectively). Stratifying by race/ethnicity and adjusting for age (continuous), IDU or MSM partner, type of sex, condom use and number of partners (continuous), report of gonorrhea was associated with being HIV-infected for Latinas (OR 2.0, 95% CI 1.1, 3.9) and African American women (OR 1.6, 95% CI 1.1, 2.3) but non-significant for white women (OR 1.6, 95% CI 0.7, 3.6). Syphilis, herpes, and Chlamydia were not associated with being HIV-infected in the adjusted model for all race/ethnicity groups.
CONCLUSIONS: Gonorrhea is independently associated with HIV infection among African American women and Latinas in California. While Chlamydia was the most commonly reported STI, it may not be a useful indicator of risk for HIV infection among women. HIV counseling and testing programs may consider tailoring data collection tools, counseling protocols, referrals and prevention interventions to address the unique STI/HIV associations across specific female sub-populations. Increasing access to gonorrhea testing and care would be a valuable intervention for minority women and their partners accessing HIV C&T.

Presentation Number: B09 – 3

Presentation Title: Outcomes of Missed Opportunities for Perinatal HIV Prevention, 1999-2003, Enhanced Perinatal Surveillance (EPS) Project, 24 Sites in the United States

Author(s): *Whitmore, SK*
CDC, Atlanta, GA

BACKGROUND: Although great progress has been made in reducing prenatal HIV transmission in the United States (U.S.), missed opportunities for prenatal prevention (MOP) continue to occur for pregnant HIV+ women in receiving appropriate and United States Public Health Service (USPHS) recommended treatment and care. MOP continue to hinder efforts to maximally reduce prenatal HIV transmission in the U.S. This study describes missed opportunities for prenatal prevention (MOP) and infant HIV status for 8,776 singleton births whose infant HIV infection status was known.
METHODS: From 1999 to 2003, the Enhanced Prenatal Surveillance (EPS) Project collected data from 24 U.S. sites on key prenatal measures among HIV-infected pregnant women. EPS data were linked with 1999-2003 National HIV/AIDS Reporting System data. New York State data were not included for the 2003 year. In this study, MOP was defined as no maternal prenatal care (PNC), no maternal HIV testing prior to delivery, or no maternal antiretroviral (ARV) treatment for HIV+ pregnant women.
RESULTS: Overall, 6.1% (537) of HIV-exposed infants were diagnosed HIV+ and 93.9% (8,239) not infected. Eight percent (684/8,415) of HIV+ pregnant women did not receive maternal PNC. HIV+ pregnant women who did not receive maternal PNC were almost three times more likely to have an HIV+ infant (13.3%) compared to those who received PNC (5.2%, odds ratio [OR]=2.8, 95% confidence interval [CI]=2.2-3.6). Three percent (231/7,496) of HIV+ pregnant women had maternal PNC but no HIV testing prior to delivery. HIV+ pregnant women who had maternal PNC but no HIV testing prior to delivery were nine times more likely to have an HIV+ infant (29.4%) compared to those who received PNC and testing prior to delivery (4.2%, OR=9.4, CI=6.9-12.9). Seven percent (468/7,116) of HIV + pregnant women had maternal PNC and HIV testing but no maternal antiretroviral treatment (ARV) during pregnancy. HIV + pregnant women who had maternal PNC and HIV testing but no maternal ARV during pregnancy were seven times more likely to have an HIV+ infant (18.6%) compared to women who received maternal PNC, HIV testing and maternal ARV during pregnancy (3.1%, OR=7.1, CI=5.4-9.4).
CONCLUSION: EPS data indicate significant differences in infant HIV infection based on missed opportunities for prenatal prevention of maternal to child transmission (MTCT) of HIV. Receipt of PNC, HIV testing prior to delivery and maternal ARV treatment can reduce prenatal HIV transmission, which is a goal of the U.S. Centers for Disease

Control and Prevention's Advancing HIV Prevention initiative. Additional efforts need to be directed at reducing MOP to decrease the incidence of MTCT in the U.S.
"The findings and conclusions in this report are those of the author and do not necessarily represent the views of the Centers for Disease Control and Prevention/the Agency for Toxic Substances and Disease Registry."

Presentation Number: B09 – 4

Presentation Title: Characteristics of HIV-Infected Pregnant Non-Hispanic Black Women Delivering Live Infants, Enhanced Perinatal Surveillance (EPS) Project, 24 Sites, 1999-2003

Author(s): *Whitmore, S; Espinoza, L; Durant, T*
Centers for Disease Control and Prevention, Atlanta, GA

BACKGROUND: Studies have shown that pregnant black women are disproportionately affected by the HIV epidemic. It is critical to identify the behaviors of this group of women in our efforts to maximally reduce prenatal HIV transmission in the U.S. This study describes demographic and behavioral information on pregnant black women diagnosed with HIV infection and reported to the Enhanced Prenatal Surveillance (EPS) Project.
METHODS: We analyzed HIV/AIDS surveillance data from approximately 24 areas that conducted EPS. Women with reported HIV infection who had live births during 1999-2003 were included. EPS data were then linked with the 1999-2003 national HIV/AIDS Reporting System (HARS) data. New York State data were not included for 2003. Univariate odds ratios and associated 95% confidence intervals (CIs) are presented to evaluate the differences between black women and other race/ethnic groups.
RESULTS: Of the 12,159 pregnant women diagnosed with HIV infection, 67.5% (8,211) were black, 11.5% (1,393) white, 17.6% (2,145) Hispanic, and 3.4% (410) of other or unknown race/ethnicity. among the 8,211 HIV-positive black pregnant women, 60.1% (4,932) of the infections were attributed to high-risk heterosexual contact, 11.1% (914) to injection drug use, and 28.8% (2,365) to other or unknown transmission categories. among the 8,211 HIV-positive black pregnant women, 7.7% (633) were 13-19 years of age, 25.4% (2,088) 20-24 years of age, 50.2% (4,124) 25-34 years of age, 15.7% (1,286) were >=35 years of age, and 1.0% (80) were unknown. Nine percent (764) of black women did not receive prenatal care compared to 4.8% (67) of white women (OR 2.0, 95% CI: 1.6-2.6) and 5.6% (120) of Hispanic women (OR 1.7, 95% CI: 1.4-2.1). Seventeen percent (1,367) of black women did not receive any antiretroviral treatment during pregnancy compared to 10.6% (147) of white women (OR 1.7, 95% CI: 1.4-2.6) and 13% (278) of Hispanic women (OR 1.3, 95% CI: 1.2-1.6). Thirteen percent (1,080) of black women did not receive any ARV treatment during labor/delivery compared to 8.9% (124) of white women (OR 1.6, 95% CI: 1.3-2.0) and 13.1% of Hispanic women. Overall, there were similar percentages of HIV-exposed infants that were diagnosed HIV-positive to black women (4.2%) compared to white women (4.7%, p=0.4) and Hispanic women (5.0%, p=0.1).
CONCLUSION: The majority of HIV-infected pregnant women were non-Hispanic black. Despite there being similar percentages of diagnosed HIV-positive infants born to black women as compared to other women, the percentage of HIV-exposed infants that were diagnosed HIV-positive remain a public health concern. Disparities in receipt of prenatal care, ARV treatment during pregnancy and labor/delivery exist for pregnant HIV-infected black women as compared to pregnant HIV-infected white women. Early testing, prenatal care and appropriate ARV treatment of HIV-infected mothers are critical to the prevention of HIV transmission to infants. Targeting black women for early services and appropriate care is critical to the success of this goal.
"The findings in this report are those of the author and do not necessarily represent the views of the Centers for Disease Control and Prevention/the Agency for Toxic Substances and Disease Registry."

Presentation Number: B09 – 5

Presentation Title: The Prevalence of HIV Testing Among High School Students - United States, 2005

Author(s): *Doshi, SR; Eaton, DK*
CDC, Atlanta, GA

BACKGROUND: Between 2001 and 2005 there was an increase in the number of HIV and AIDS cases among 15-29 year olds, most of whom were likely infected during adolescence. With the increasing numbers of HIV and AIDS cases among young adults and large numbers of adolescents engaging in behaviors that put them at risk for HIV infection, there is a need for these adolescents to know their HIV serostatus and enter into care and treatment with minimal delay.
METHODS: We analyzed data from the 2005 national Youth Risk Behavior Survey (YRBS) conducted by CDC. In 2005, a 3-stage cluster-sample design was used to obtain a nationally representative sample of students (n=13,917) in grades nine through 12 in the 50 states and the District of Columbia. HIV testing was assessed by the question "Have

you ever been tested for HIV, the virus that causes AIDS? (Do not count tests done if you donated blood.)" The prevalence of HIV testing was calculated among high school students overall and among students who engaged in risk behaviors that contribute to HIV infection.
RESULTS: Overall, 11.9% (95% confidence interval (CI) ± 0.9) of students had been tested for HIV. The prevalence of HIV testing was higher among female (13.2%, 95% CI ± 1.3) than male (10.6%, 95% CI ± 1.1) students and higher among black (21.0%, 95% CI ± 2.4) than white (10.2%, 95% CI ± 1.1), Hispanic (12.0%, 95% CI ± 1.4), and all other (11.5%, 95% CI ± 3.0) students. The prevalence of having been tested for HIV was 20.2% (95% CI ±1.2) among students who had had sexual intercourse during their life, 22.6% (95% CI ± 1.8) among students who had sexual intercourse with ≥1 person during the 3 months preceding the survey (i.e. currently sexually active), and 26.4% (95% CI ± 3.5) among currently sexually active students who reported that either they or their partner had not used a condom during last sexual intercourse. The prevalence of having been tested for HIV was 25.6% (95% CI ± 3.5) among currently sexually active students who had drunk alcohol or used drugs before last sexual intercourse and 31.3% (95% CI ± 9.3) among students who had used a needle to inject any illegal drug one or more times during their life.
CONCLUSIONS: Nationally, only 1 in 10 students have been tested for HIV. These data show that 1 in 3 students who have used injecting drugs have been tested for HIV and 1 in 4 students who have engaged in sexual intercourse without a condom or while using alcohol or drugs have been tested for HIV. Thus many students engaging in sexual risk behaviors have not been tested for HIV. If adolescents are tested for HIV and know their serostatus, they can enter into appropriate prevention, care, and treatment programs with minimal delay and maximum benefit for themselves and their partners. Particular efforts should be made to target youth with multiple sexual partners, who engage in inconsistent condom use, and who inject drugs.

Track B
B15 – HIV Testing Paradigms
Room: HANOVER E – (Hyatt Hotel – Exhibit Level)

Presentation Number: B15 – 1

Presentation Title: HIV Testing Trends by Geographic Regions at CDC-supported Sites in the U.S., 2000-2004

Author(s): *Duran, D; Aranas, A; Bell, K; Hurst, D; Stein, R; Uhl, G*
CDC, Atlanta, GA
BACKGROUND/OBJECTIVES: HIV testing is a key component of CDC's efforts to increase the knowledge of HIV serostatus in the U.S. population, especially among high-risk groups. Early detection of HIV infection provides the opportunity of enrolling clients into medical care in an earlier stage of the disease, which will potentially prolong their life and reduce HIV transmission.
METHODS: This study examined differences in CDC-supported HIV testing by geographic regions using the National Counseling, Testing, and Referral (CTR) test-level database from 45 CDC-supported sites from 2000 to 2004. The sites were classified into four geographic regions: Midwest, Northeast, South, and West. The purpose of this analysis was to compare HIV testing and positivity trends among the four geographic regions by demographics, risk factors, and other variables using SAS.
RESULTS: Approximately 1.8 million HIV tests were conducted each year at the CDC-supported sites. The Northeast and South regions increased by 10% and 8%, while testing declined in the West and Midwest regions by 24% and 5%, respectively. The number of HIV-positive tests increased 7% between 2000 and 2001 (from 25,341 to 27,015) and then declined by 4% from 2001 to 2004 (24,201). Between 2000 and 2001, the number of HIV-positive tests increased by 11% in the South and by 5% in the Midwest. The number of HIV positive tests declined between 2001 and 2004 in each region. From 2000 to 2004, HIV testing increased 22% among males in the Northeast and by 7% in the South. The South was the only region that had an increase in testing among females (8%). Males in the South were the only gender with an increase in reported HIV-positive tests (5%). Men who had sex with men had the biggest increases in HIV testing and HIV-positives in all regions. The highest percentage change in HIV testing was observed among adults of ≥ 50 ages in all regions, except in the West. This age group also had the greatest percentage increase in reported HIV-positive tests, except in Midwest, where a higher increase was observed among the 13-19 age groups. The South had a 42% increase of HIV-positive tests among older adults. With respect to all HIV tests by race/ethnicity, blacks accounted for the highest percentage in all regions except for the West, where whites were the majority. An overall rise was observed in HIV test results received, with the South having the highest increase in the percentage of HIV-positive tests in which the client received their HIV results.
CONCLUSION: This analysis indicates that there are regional differences in HIV testing and positivity trends. For example, the South was the only region with an increase in HIV testing among females and increase in HIV-positive

tests among males, while the Midwest was the only region with an increase in HIV-positive tests among 13-19 age groups.

Presentation Number: B15 – 2

Presentation Title: Preliminary Positive HIV Testing Results from a City-wide HIV Screening Campaign, Washington, DC, 2006-2007

Author(s): *Castel, AD[1]; Anand, K1; Wu, C[1]; Jolaosho, T[2]; West, TL[2]; Eniola, S[2]; Hitchcock, D[2]; Mbagaya, V1; Schenfeld, J[1]; Rennie, L[2]; Peterson, JA1; Magnus, M1; Greenberg, AE1; Sansone, M[2]*
[1]Department of Epidemiology and Biostatistics, George Washington University School of Public Health and Health Services, Washington, DC, DC; [2]HIV/AIDS Administration, District of Columbia Department of Health, Washington, DC, DC

BACKGROUND: The District of Columbia has the highest AIDS prevalence rate in the U.S. In order to raise HIV awareness, to reduce the proportion of unrecognized infections, and to encourage newly identified infected persons to seek care and treatment, the DC Department of Health launched the nation's first city-wide HIV screening campaign in summer 2006.
METHODS: Screening data was obtained on individuals tested between June 2006 and April 2007. Additional information collected included testing site, demographics, HIV testing history, reasons for testing, preliminary positive (PP) results and referrals. Frequencies of responses were analyzed using SAS version 9.1.
RESULTS: Data on 11,434 individuals were collected. Two hundred forty three participants (2.3%) tested PP. among those, 160 were male (67.5%), 200 were Black (82.3%, $p<0.05$), mean age was 36 years (sd 11.4) and 24.3% lived in the lowest income regions in DC (Wards 7 and 8). Thirty five percent (n=84) of the PP cases reported a prior history of HIV infection. Of those who had been previously tested, 41.8% (n=56) reported having been tested for HIV within the past 12 months. Almost half (45.7%) of the PP cases were screened in the DC jail and 35.8% at HIV Counseling Testing Service sites. Of those testing preliminary positive, 46.7% were referred for confirmatory testing and care and treatment. The most frequently reported reason for HIV screening among the PP cases was the "test was offered by doctor, nurse or other care provider" (24.7%). Thirty two percent of the PP cases reported they would not have requested an HIV test had it not been offered to them.
CONCLUSIONS: Black participants screened through this campaign were significantly more likely to test PP than other racial/ethnic groups. Although the campaign successfully identified many potentially new HIV cases, referrals to care and treatment should be improved. Routine screening programs should continue to be encouraged in both traditional and nontraditional testing sites.

Presentation Number: B15 – 3

Presentation Title: HIV Diagnostic Testing in US Emergency Departments, 1993-2004

Author(s): *Merchant, RC[1]; Catanzaro, BM[2]*
[1]Brown Medical School, Providence, RI; [2]Brown University, Providence, RI

OJECTIVES: The CDC and emergency medicine professional societies are advocating for expanded HIV testing in US emergency departments (EDs). For this study, we estimated the extent of HIV testing for diagnostic purposes for 13-64-year-old patients in a national sample of US ED visits. We compared HIV diagnostic testing by NHAMCS survey year and by patient demographic characteristics. We also evaluated adequacy of testing under conditions for which HIV testing is generally recommended in the ED SETTING: potential blood or body fluid exposures to HIV, sexually transmitted disease (STD) evaluations, and sexual assaults.
METHODS: Data from the NHAMCS ED databases for 1993-2004 were combined. Cases of blood or body fluid exposures, STDs, and sexual assaults were identified using the ICD-9-based diagnosis and cause codes in the NHAMCS databases. Blood or body fluid exposures were identified using the codes V15.85 (exposure to body fluids) and E920.5 (percutaneous exposures). STDs were identified using codes for primary sexually transmitted infections of the anus, genitalia, and pharynx; exposures to sexually transmitted infections; but not codes for non-specific symptoms of these infections. Sexual assaults were identified using the codes 995.53 and 995.83 (child and adult sexual abuse), V15.41 (history of rape), V71.5 (observation following rape), and E960.1 (rape). Summary statistics for patient demographics were calculated and HIV testing rates were estimated. Multivariable logistic regression models were created using HIV diagnostic testing as the outcome and age, gender, Hispanic/Latino ethnicity, race, and insurance type as covariates. Odds ratios (ORs) with 95% confidence intervals were estimated. Analyses were conducted in SAS 9.2 using adjustments for the complex sampling scheme of NHAMCS.
RESULTS: Of the 790 million ED visits for 13-64-year-olds, 53.8% of patients were female; the mean age was 35

years; 10.3% self-identified as Hispanic/Latino; 75.2% were white, 22.1% were black, 2.0% were Asian/Pacific Islander, 0.65% were American Indian/Alaskan native, and 0.07% were of other race. The average rate of diagnostic HIV testing for all survey years was 0.31%. There were no clear trends in HIV testing rates over the survey years. HIV diagnostic testing rates were highest in 1993 (0.54%) and 2004 (0.53%), and were lowest in 1995 (0.22%). among patients presenting for blood or body fluid exposures, 35.1% were tested for HIV in the ED. Likewise, 20.4% of sexually assaulted patients and 2.6% of STD patients were tested for HIV. In a multivariable logistic regression model, HIV testing was more frequent among females (OR 0.73 [0.61-0.88]); Hispanics/Latinos (OR 1.40 [1.07-1.85]); blacks (OR 1.84 [1.45-2.35]); and Medicaid (OR 1.47 [1.10-1.96]), worker's compensation (OR 6.57 [4.52-9.56]), self-pay (OR 1.72 [1.29-2.29]), and no-charge (OR 4.55 [2.72-7.62]) patients than those with private healthcare insurance.
CONCLUSIONS: HIV diagnostic testing rates remain low in US EDs and have changed little over a twelve-year period. Patients with STDs, likely at a much higher risk of an HIV infection, are tested much less frequently than patients with other potential HIV exposures. Females, Hispanics/Latinos, blacks, and patients with certain types of health care insurance are being tested more frequently than other ED patients.

Presentation Number: B15 – 4

Presentation Title: Do Most Positive HIV-1 Western Blot Tests in New York City Diagnose New Cases?

Author(s): *Hanna, DB; Pfeiffer, MR; Tsoi, B; Henn, MH; Karpati, AM; Begier, EM*
Bureau of HIV/AIDS Prevention and Control, New York City Department of Health and Mental Hygiene, New York, NY

BACKGROUND: A key part of CDC's approach to HIV prevention is developing and supporting programs to diagnose the estimated 25% of HIV-infected persons unaware of their status. While many interventions have been evaluated for their value in case finding (e.g., social networking and partner counseling and referral services), positive cases identified through increased testing have not been evaluated to assess if they are truly newly diagnosed infections. We determined the percent of all positive confidential HIV-1 Western blot test (WB) results reported in New York City (NYC) in 2005 that were new diagnoses based on surveillance data and determined characteristics associated with repeat testing.
METHODS: The NYC HIV/AIDS Surveillance Registry contains demographic and clinical information on all reported HIV/AIDS cases in NYC, including all positive confidential WB results. We determined the percent of all WBs in 2005 that were new diagnoses based on data reported by 12/31/2006. A test was considered diagnostic if the first evidence of HIV positive status (i.e. HIV-related laboratory test or a physician diagnosis of HIV) based on field investigation occurred in the same month or the month immediately prior to the WB. All other WBs were deemed repeat tests. Results were examined overall and by testing site. Tests were also collapsed to the case level, and demographic and clinical characteristics were compared between new diagnoses and repeat testers using the chi-square test.
RESULTS: 12,041 positive confidential WBs were reported in NYC in 2005. Of these, 10,576 (87.8%) could be retrospectively linked to a Registry case. 3,961 of linked tests (37.5%) were new HIV diagnoses and 6,615 (62.5%) were repeat tests for those previously diagnosed with HIV. More than half of repeat tests (53.1%) occurred in persons diagnosed 5+ years prior to the WB. City-run STD (N=404 tests) and TB (N=37) clinics and correctional facilities (N=259) reported a greater proportion of new diagnoses than other providers (67.6%, 59.5%, and 59.8% vs.35.5%, $p<0.0001$). However, there was significant variability among other providers ($p<0.0001$). Compared to newly diagnosed cases, repeat testers were more likely to be older (median age 42 vs.38), have a history of injection drug use (30% vs.6%), and have AIDS (62% vs.36%), and were less likely to be men who have sex with men (21% vs.36%) (all $p<0.0001$).
CONCLUSIONS: Only 38% of positive confidential WBs in NYC were new diagnoses. STD and TB clinics and correctional facilities reported higher proportions of new diagnoses than other facilities. Patient incentives for testing, which may encourage repeat testing of known positives, are not provided at these sites. among other potential explanations for observed differences is that other sites providing HIV clinical care (e.g., hospitals) may consciously repeat WB testing to confirm HIV infection prior to treatment initiation or to certify status for social service benefits. While some repeat testers may not know their HIV status, the high overall rate of repeat testing indicates that case finding programs should be evaluated using surveillance information to ensure that cases identified are truly newly diagnosed and not repeat testers.

Presentation Number: B15 – 5

Presentation Title: Comparison of HIV Diagnoses and HIV Tests Among MSM Aged 15-24, 12 States, 2001-2004

Author(s): *Prosser, AT; Stein, RR; Ling, Q; McDavid, K; Mitsch, A; Prejean, J; Bell, K; Uhl, G; Hurst, D; Song, R* – CDC/NCHSTP/DHAP, Atlanta, GA

BACKGROUND: From 2001-2004 HIV/AIDS diagnoses as reported to the U.S. national surveillance system have remained stable or decreased in all risk factor groups except men who have sex with men (MSM). among MSM, diagnoses increased most among young MSM. Increasing diagnoses could result from increasing incidence, increasing testing, or more targeted testing. To explore the reasons for increases in HIV/AIDS among young MSM, we examined the relationship between HIV testing and HIV/AIDS diagnoses.
METHODS: HIV Counseling and Testing System (CTS) data include the number of HIV tests from publicly-funded sites. In 12 states with stable CTS data reporting from 2001-2004, we examined how HIV testing data in CTS related to HIV/AIDS diagnoses in the HIV/AIDS Reporting System (HARS). Analysis variables included: age at diagnosis; sex; race; diagnosis year; state of residence at earliest diagnosis; and transmission category. We calculated the number of HIV tests and positive tests in CTS and estimated the number of HIV/AIDS diagnoses in HARS. The estimated annual percentage change (EAPC) was statistically significant at the $p<0.05$ level when confidence intervals around it did not include zero. To examine trends, we calculated the EAPC from 2001-2004 by fitting a regression line to the natural logarithm of the number of HIV/AIDS diagnoses, HIV tests, and positive HIV tests, using year as the independent variable.
RESULTS: In the 12 states from 2001 through 2004, HIV/AIDS diagnoses among MSM aged 15-24 years increased from 1,321 to 1,833, with an EAPC of 11.6% (95% CI 7.8-15.5%).The number of positive HIV tests among young MSM at publicly-funded sites rose from 543 to 757, with an EAPC of 13.0% (95% CI 9.1-17.1%). The number of HIV tests increased only slightly, from 14,986 to 16,066, with an EAPC of 1.5% (95% CI 0.8-2.3%). The correlation in EAPC found between HIV diagnoses and positive HIV tests, therefore, was not matched by a similar increase in the EAPC for all HIV tests.
CONCLUSIONS: Increased testing among young MSM did not explain increases in new HIV/AIDS diagnoses in these men from 2001-2004. among MSM aged 15-24 years in the twelve included states, we hypothesize that either the HIV incidence rate in this group increased, more targeted testing occurred, or both. It is also possible that more testing occurred at non-CTS sites. These preliminary research findings suggest that HIV incidence may be on the rise among young gay men; however, further studies are needed to examine the reasons behind this apparent trend.
Previous Results: In the 12 states from 2001 through 2004, HIV/AIDS diagnoses among MSM aged 15-24 years increased from 1,301 to 1,818, with an EAPC of 12.1% (95% CI 9.6-14.7%). [EAPC is still statistically significant with a p-value<0.05]

Track C
C08 – Social Marketing and Mass Media Approaches for HIV Prevention
Room: VANCOUVER/MONTREAL – (Hyatt Hotel – Embassy Hall level)

Presentation Number: C08 -1

Presentation Title: You Know Different: A Youth HIV Testing Social Marketing Campaign

Author(s): *Crutsinger-Perry, L; Hill, M*
National Youth Advocacy Coalition, Washington, DC

ISSUE: HIV testing rates among African American youth ages 13-24 have been historically low. Nationally young people under the age of 25 comprise one half of all new HIV infections each year. The National Youth Advocacy Coalition created *You Know Differen*t (YKD), a national HIV-testing social marketing campaign targeting African American youth and LGBTQ youth to boost testing rates.
SETTING: To date regional coalitions of service providers have assisted NYAC in successfully pilot testing *You Know Different* campaigns in St. Louis, Missouri; Memphis, Tennessee; Fort Worth, Texas; Washington, D.C., The Bronx, New York as well as in Palm Beach, Duval, Broward, and Miami-Dade counties of Florida.
PROJECT: With input from youth and youth service providers, NYAC developed a social marketing campaign that motivates youth to seek out partnering organizations for HIV counseling and testing and other prevention services. This is accomplished through low-cost strategies that include direct outreach and interactions with youth that hold the highest credibility and authenticity for youth. NYAC facilitated local coalitions in each of the pilot venues and worked with youth and service providers to develop and implement the You Know Different social marketing campaign. Each campaign lasted two weeks with evaluation data collected during a 6-week period. Coalitions

included staff and volunteers from AIDS service and/or youth-serving organizations and other community stakeholders. NYAC provided coalition support, training and professionally developed campaign materials. Trainings addressed youth-specific protocols, social marketing training and planning sessions for staff and supervisors. Campaign materials included posters, palm cards, stickers, wristbands and a campaign website.
RESULTS: In 2006 during the 6-week period (including 2 weeks before and 2 weeks after the campaign itself) calls to agencies grew 175%, calls to schedule HIV testing 144%, walk-ins for testing 214%, and actual HIV tests done 153% over baseline. 86% of youth who saw campaign materials indicated the campaign's message contributed to their decision to seek HIV counseling and testing services. In 2005 the results were similar: calls to agencies grew 304%, calls to schedule HIV testing 220%, walk-ins for testing 465, and actual HIV tests done 120% over baseline. Collaborative organizational partnerships were formed in regions where they did not previously exist including high schools, colleges, universities and churches. 80% of participating organizations said they would participate again. In June 2006, the Public Relations Society of American awarded the project its highest honor, a Silver Anvil Award, in multicultural public relations.
LESSONS LEARNED: Social marketing and community mobilization is a viable and credible strategy for motivating youth to seek HIV antibody counseling and testing services. The 2005 and 2006 pilots indicate similar results can be anticipated in future deployments with other organizations in different regions.

Presentation Number: C08 – 2

Presentation Title: Thinking Outside the Binder: Intervention Design and Marketing Matters

Author(s): *Klosinski, LE; Rotheram-Borus, M* – UCLA, Los Angeles, CA; UCLA Global Center for Children and Families;

ISSUE: Evidence-based interventions (EBI) are tested with narrowly defined populations in tightly designed trials. Later adaptation is not considered part of the development trajectory. Providers need assistance in adapting interventions for new settings and populations with nuanced risk behaviors. A market model to develop and adapt EBI employs product design and marketing techniques to plan and promote interventions that retain fidelity to core scientific elements and evolve over time.
SETTING: The UCLA Global Center for Children and Families.
PROJECT: The UCLA Global Center for Children and Families has established a Scientific Wellness Laboratory to foster interaction among researchers, scientists, product developers, and marketing experts to design and adapt innovative, accessible products and programs to prevent HIV transmission and improve family well-being.
RESULTS: When EBI are understood as "products," the preferences of the consumers and end users of these products take on new importance. We have established a model to develop, test, and market innovative EBI ("products") in consumer markets. In this presentation, the components of our model that deal with intervention design and marketing are described and illustrated so that providers can use this information to inform their decisions about how to replicate and implement EBI.
LESSONS LEARNED: Product design and marketing principles can be applied at several stages of behavioral intervention development and adaptation to ensure responsiveness of end users and to promote uptake.

Presentation Number: C08 – 3

Presentation Title: Using Mass Media and Community-Based Programs to Reduce HIV Risk in African American Adolescents

Author(s): *Romer, D[1]; Stanton, BF[2]; Fortune, T[3]; Brown, LK[4]; Salazar, LF[5]; DiClemente, R[5]; Valois, RF[6]; Vanable, P[7]; Carey, MP[7]; Hennessy, M[1]*
[1]University of Pennsylvania, Philadelphia, PA; [2]Wayne State University, Detroit, MI; [3]MEE, Inc., Philadelphia, PA; [4]Brown Unversity, Providence, RI; [5]Emory University, Atlanta, GA; [6]University of South Carolina, Columbia, SC; [7]Syracuse University, Syracuse, NY

ISSUE: The HIV epidemic disproportionately affects low-income African Americans, especially adolescents. Research suggests that early sexual initiation without consistent use of condoms contributes to the risk. A team of researchers supported by an NIMH cooperative agreement will describe a novel multilevel HIV-prevention strategy that is currently being tested.
SETTING: Four research cities were selected to provide geographic balance (two in the northeast and two in southeast) and control for regional media and cultural influences. Although the sites are in areas with high levels of HIV, teen pregnancy, and STDs, they are medium-sized communities removed from large HIV epicenters where most prevention efforts have been concentrated.

PROJECT: The study tests the joint effects of mass-media messages and more focused interventions using a CDC-disseminated program, Focus on Youth (FOY). One city in each region was randomly selected to receive the media campaign, while youth in each city (N = 400) are randomly assigned to receive either FOY or an attention-control program. We will present initial findings from citywide surveys of youth and baseline ACASI assessments of youth ages 14 to 17 recruited to participate in the focused interventions.
RESULTS: Radio and television messages specifically designed to support and maintain the effects of FOY are reaching over 80% of African American adolescents in each media city. Examples of messages that attempt to address barriers to remaining safe will be shown. Baseline assessments indicate that 22% of youth across the four sites experienced HIV testing, suggesting that this practice is becoming more widespread among adolescents. However, the opportunity remains to test at-risk youth (those who were pregnant or had an STD), since only half of those with these experiences had been tested. Nearly 30% of sexually active youth reported experiencing condom failure, i.e., slippage or breakage. Although self-efficacy for condom use was not related to failure, desire to become pregnant was, suggesting that failure is as much, if not more, a result of motivation to engage in unprotected sex than of condom deficits. Overall life satisfaction is also related to perceived ability to engage in consistent condom use, suggesting that messages need to provide youth with aspirational themes that link abstinence and safer sex with the ability to lead a satisfying life. ACASI assessments of sexual behavior history, condom use history and attitudes, HIV knowledge, and peer influences are moderately to highly stable, suggesting that reports of these outcomes and correlates can be reliably assessed in busy community settings.
LESSONS LEARNED: Preventing HIV infection in adolescents will require a multifaceted approach that takes into account a range of barriers to delaying sex and to using condoms consistently once it has been initiated. Although our evaluation will not be complete at the time of the presentation, combining focused programs for high-risk youth in community centers with more wide-reaching media messages is an effective strategy to reach youth community-wide so that healthier behavior becomes accepted and maintained over time. It is also possible to evaluate such programs with high reliability.

Presentation Number: C08 – 4

Presentation Title: Urban Incentive-Based HIV/AIDS Testing and Prevention: The Use of Social Marketing and Networking

Author(s): *Terry, MA; Jones, SA; Patterson, C*
The SwirL Project, Atlanta, GA

ISSUE: In Georgia, African Americans are more likely to be infected with HIV across all demographic categories and HIV is the leading cause of death of African American women ages 25-34. Nationally, 83% of new HIV/AIDS diagnoses are amongst women, with an estimated half of those infected under age 25.
SETTING: The SwirL Project coordinates testing events that target 18-34 year old females and couples, in the Atlanta metropolitan area, with plans to implement several national annual events.
PROJECT: In June 2007, SwirL launched its Atlanta campaign with a week of events highlighting the creation of The SwirL Girlz, trained HIV/AIDS prevention advocates. Their role was to use their networking skills to promote awareness and prevention in conjunction with SwirL events and National HIV Testing Day (NHTD). As part of the week, on NHTD, SwirL sponsored 2 testing events in the Atlanta area; an event held at the Morehouse School of Medicine for The Atlanta Coalition of AIDS Prevention Services (A-CAPS) and a pilot event called The SwirL World Fair. The events allowed a stigma-free testing environment, offered access to online membership to the SwirL community, and provided those tested access to exclusive social events.
RESULTS: The total number tested was 887; 415 tested at the Morehouse School of Medicine and 472 at the SwirL World Fair, with 178 unable to be tested due to a lack of testing kits. African Americans accounted for 92% of those tested, 3.3% White, 2% Hispanic, 0.3% Asian, 0.67% American Indian, and 1.67% Other. African Americans tested 3.25% of its population as MSM and were the only demographic that tested in this category. Twenty-two percent of the total population tested were considered to be youth. There were no positive test results.
LESSONS LEARNED: The SwirL World Fair pilot was a scaled-down version of the Swirl edutainment event concept. It was designed to provide a real-time opportunity to perform test marketing, identify areas of improvement, and help solidify a concrete strategic plan. A uniform process between partnering agencies and the standardization of result reporting will provide ease of data use and better tracking of prevention and intervention activities. The use of strategic marketing plans and social networking created tremendous community support and participation. The turnout indicates that there is a need to bring alternative environment testing to the community and to community based events with frequency and on a large-scaled basis.

Track C
C10 – Lessons Learned in Implementing Prenatal HIV Prevention
Room: HANOVER D – (Hyatt Hotel – Exhibit Level)

Presentation Number: C10 – 1

Presentation Title: Perinatal HIV Prevention: The Successful Implementation of Protocol 076 in a Comprehensive Medical Clinic Setting

Author(s): *Munroe, A[1]; Fritz, K[1]; Soza-Vento, RM[2]*
[1] HUG-Me, Howard Phillips Center for Children & Families, Orlando, FL; [2] Howard Phillips Center for Children & Families, Orlando, FL

ISSUE: In the U.S., transmission rates of HIV from an HIV infected woman to her newborn have been estimated at 25% with no treatment and 8% using Protocol 076 (Pediatric AIDS Clinical Trials Group results) for treatment. Although progress has been made, some babies are still being born infected. HUG-Me has incorporated the recommendations from the CDC and the Public Health Service System (PHS) to implement Protocol 076 into its program and has been able to maintain a 0% transmission rate for the past nine years.
SETTING: Help Understand and Guide Me (HUG-Me) is a community-based program affiliated with Orlando Regional Healthcare which serves those who are infected or affected by HIV/AIDS. HUG-Me is located in Orlando, Florida and serves the tertiary medical needs of high-risk patients with HIV/AIDS residing in seven counties in Florida.
PROJECT: In 1995, HUG-Me began planning the implementation of Protocol 076, a treatment that helps reduce prenatal transmission of HIV. HUG-Me was able to achieve a comprehensive system of care for pregnant women that involved many partners, including Orlando Regional Healthcare, private physicians in the community, the state department of health, and other hospitals in the area, among others.
RESULTS: As of June 2006, 481 babies of HIV infected mothers had been born under the initiative. The first year of program data (1996-1997), included one HIV positive birth, resulting in a transmission rate of approximately 2%. In subsequent years, from 1998 to 2006, among 481 HIV infected pregnant mothers enrolled at HUG-Me there has been a 0% transmission rate. Overall, the current rate of transmission at this program since inception stands at .21%.
LESSONS LEARNED: After more than a decade of commitment and experience, the HUG-Me program has realized that the success of the program has relied on strong partnerships, constant assessment of performance, continuous quality improvement efforts, and a strong compassion for the clients that seek help from the program.

Presentation Number: C10 – 2

Presentation Title: Creating a Safety Net for HIV Exposed Infants in Illinois (Part 1 of 3): The 24/7 Perinatal Hotline

Author(s): *Ayala, L[1]; Statton, A[2]; Garcia, PM[3]*
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ISSUE: Prenatal HIV prevention efforts are limited by inexperienced medical providers, evolving treatment guidelines, and disenfranchised women unable to link to medical care.
SETTING: The 24/7 Illinois Prenatal HIV Hotline serves medical and social service providers in Illinois.
PROJECT: The Hotline collaborates with the Pediatric AIDS Chicago Prevention Initiative and the Prenatal Rapid Testing Initiative in Illinois to provide a safety net for prenatal HIV prevention. The Hotline provides: real-time HIV medical consultation to prenatal care providers; linkage of positive pregnant women to medical care and case management; and follow-up for preliminarily positive women and exposed newborns in its role as the state-mandated reporting mechanism for positive rapid HIV tests conducted in labor and delivery units.
RESULTS: From January 2004 through December 2006, the Hotline received 172 calls. The primary reasons for calls were linkage to medical care (47.1%), reports of positive rapid HIV tests (43%), and medical consultation (38.4%). Seventy-seven pregnant HIV-infected women unlinked to care were identified of which 63 (81.8%) were linked to medical care and 51 (66.2%) to enhanced case management. Forty-nine women were diagnosed via a rapid test. Of these, the Hotline provided medical consultation for 20 (40.8%), linkage to medical care for 33 (67.3%) and case management for 31 (63.3%). Seventy-five exposed infants were born to known HIV-positive and rapidly diagnosed women identified to the Hotline. Forty-nine infants are confirmed negative, 13 have negative testing to date, 9 have no information available, and 4 are HIV-infected.
LESSONS LEARNED:A statewide Hotline is the lynchpin of the prenatal HIV safety net in Illinois. It offers a

unique opportunity for real-time reporting of known positive and rapidly diagnosed women while providing medical consultation and activating case management for linkage to care.

Presentation Number: C10 – 3

Presentation Title: Creating a Safety Net for HIV Exposed Infants in Illinois (Part 2 of 3): Statewide Implementation of Perinatal Rapid HIV Testing

Author(s): *Olszewski, Y*[1]; Statton, A[2]; Garcia, PM[3]; Cohen, M[1]
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ISSUE: In August 2003, Illinois passed the HIV Prenatal HIV Prevention Act mandating HIV test counseling and offer of a rapid test for all HIV-undocumented women in labor. The Prenatal Rapid Testing Initiative in Illinois (PRTI[2]) was organized to implement this law in all Illinois birthing hospitals. The law was amended in June 2006 to mandate rapid testing of the newborn if the HIV status was undocumented at birth.
SETTING: Obstetric departments in all Illinois birthing hospitals which included community hospitals as well as academic hospitals in both rural and urban settings.
PROJECT: In July 2004, PRTII developed a hospital-specific implementation plan that would identify and offer a rapid HIV test (RHT) to all women who had an undocumented HIV test at labor and delivery. Key player meetings, staff trainings, technical support and an implementation tool kit were provided to all 132 hospitals. Implementation tracking with monthly data collection was initiated in all hospitals. Over 5,000 nurses were trained in 127 hospitals.
RESULTS: All birthing hospitals completed implementation by September 2005. By the end of 2006, 23,587 women were rapidly tested and 49 were confirmed to be positive (72 were preliminarily positive FPR 31.9%). Prior to implementation, only 72% of women presented with known HIV status. By the end of 2006, the rate at presentation had risen to 92.9%. The rate of women and children with documented HIV status at discharge had risen to 99.9%. (Prior to the law change in June 2006, the rate of HIV documentation at discharge was 98.3% and by December 2006 the rate was 99.9%.) Four cases of transmission occurred among the rapidly tested cohort (4/49, 8%). No cases of prenatal transmission have occurred in this cohort since June 2005 (n=32).
LESSONS LEARNED: Complete statewide implementation of RHT is feasible but requires a hospital-specific, resource-intense strategy. In a short period of time, 99.9% of women and infants left Illinois hospitals knowing their HIV status. The passage of mandatory newborn testing in Illinois seems to have had a negligible impact beyond that already accomplished by rapid testing implementation.

Presentation Number: C10 – 4

Presentation Title: Creating a Safety Net for HIV Exposed Infants in Illinois (Part 3 of 3): The Role of Enhanced Case Management

Author(s): *Statton, A*[1]; Silva, A[2]; Garcia, P[3]
[1]PA Dept of Health (& IEPH, Inc.), Harrisburg, PA; Pediatric AIDS Chicago Prevention Initiative, Chicago, IL; [2]Sinai Urban Health Institute, Chicago, IL; [3]Northwestern University Feinberg School of Medicine, Chicago, IL

ISSUE: Since the beginning of the AIDS epidemic through the end of 2001, a total of 106 HIV-infected babies were born in Chicago. In 2001 alone, 12 HIV vertical transmissions occurred. Many of these cases could have been prevented by ensuring that HIV-infected pregnant women receive adequate prenatal care, use antiretroviral regimens before, during, and after pregnancy,
SETTING: In 2000, the Pediatric AIDS Chicago Prevention Initiative (PACPI) was created to help eradicate the transmission of HIV/AIDS from mother to child in Chicago. PACPI is a privately funded collaborative endeavor that brings together public and private institutions and community-based organizations into a coordinated continuum of primary and secondary prevention efforts aimed at eliminating prenatal transmission.
PROJECT: In an effort to eliminate vertical transmission, PACPI established a Prenatal Enhanced Case Management (PECM) Program that targets the hardest-to-reach, hardest-to-link HIV-infected women, who are pregnant or recently delivered and need extra assistance to successfully engage in the complex combination of care and services needed to ensure a healthy outcome for both mothers and babies. The PECM program goes beyond traditional case management by doing home visits, escorting clients to clinic visits, and providing social and emotional support services to stabilize the lives of the clients. These most vulnerable women are referred to the program (from various agencies and clinics throughout the city) at any point in their pregnancy or shortly after delivery. The primary goals of the PECM program are to engage these women and keep them engaged in prenatal care and adherent to antiretroviral treatment during pregnancy, labor & delivery, and through six months postpartum, including adherence support for the infant

postpartum. All these elements make for a healthy pregnancy and baby, including prevention of HIV transmission.
RESULTS: From 2002 to 2006, approximately 180 HIV-infected women have been case managed through this program. On average, the women are in their mid-20s, have had a first pregnancy by the age of 19, are predominately non-Hispanic Black (72%) or Hispanic (23%), and the majority receive public assistance (81%). In addition, almost 20% of the women have had child welfare system involvement in their lives, or the lives of their children. Over half (52%) were diagnosed with HIV during the current pregnancy and 58% had not engaged prenatal care at the time of referral. Of these 180 high-risk women, only one delivered an HIV-infected baby. However, during the same time period, 19 other HIV-infected babies were born in Chicago to women who were not in the PECM program.
LESSONS LEARNED: Providing enhanced case management to high-risk HIV pregnant women may be an effective method in reducing vertical HIV transmission in Chicago. However, the effect of this program on the health and quality of lives of these case managed women and their babies has not yet been fully measured. An adequate evaluation can reveal the effectiveness of the program and help make programmatic improvements. Evaluation is currently underway.

Track D
D04 – Addressing Challenges in HIV Prevention Program Evaluation
Room: HONG KONG – (Hyatt Hotel – Embassy Hall level)

Presentation Number: D04 – 1

Presentation Title: Formative Evaluation: A Key Methodology for Successful Implementation of Effective Behavioral Interventions

Author(s): *Blanchard, J; Pemberton, G*
PROCEED, Inc., Elizabeth, NJ

BACKGROUND: Organizations encounter many challenges in their attempt to successfully adapt Effective Behavioral Interventions, including CDC-approved DEBI (Diffusion of Effective Behavioral Interventions). Adapting interventions to target populations other than that of the original research and program model could present moderate to extreme differences in environmental conditions, demographics, soci-economic conditions and political and social influences. One of the methodologies that can be very useful in the adaptation process is Formative Evaluation. Formative Evaluation is a pro-active, outcome-oriented research methodology that allows an organization to collect vital information needed to make appropriate adjustments to the prevention intervention program model prior to a full-fledged rollout of the intervention to the target population.
METHODS: Formative evaluation takes place internally, within the organization and utilizes data collected through individual and group-level activities including, but not limited to: pilot-testing; focus groups, comparison groups and surveys involving pre-selected staff, consumers and other volunteers.
RESULTS: Through Formative Evaluation, the organization is able to collect, compile and analyze accurate, reliable and current information to better understand the characteristics, dynamics responses and behaviors of the intended population including, but not limited to: recruitment, attendance, retention, time incentives, transportation or other logistical issues. As a result of formative evaluation, the organization is able to make informed operational changes, decisions and adjustments
CONCLUSIONS: Formative Evaluation can be a very good predictor for outcome evaluation. Effective program interventions are a result of understanding and responding to both opportunities, as well as, barriers to implementation. Formative Evaluation research helps to assess knowledge, attitude and behaviors prior to and/or during the early stages of program development and implementation and provides a basis for recommended changes in the design, implementation and evaluation of the intervention.

Presentation Number: D04 – 2

Presentation Title: Using an Evaluability Assessment to Plan Evaluation

Author(s): *Jami Fraze[1]; Gwaltney, M[2]; Spoeth, S[3]; McElroy, L[1]*
[1]Centers for Disease Control and Prevention, Atlanta, GA; [2]Abt Associates, Bethesda, MD; [3]Danya International, Atlanta, GA

BACKGROUND: Evaluability assessments (EAs) are reviews that are done to determine whether a program is sufficiently well conceptualized and consistently implemented to be formally evaluated (Patton, 2002). EAs can

clarify programmatic goals, garner stakeholder input about the program and its evaluation, and provide recommendations for a meaningful evaluation (Wholey et al, 2004). The Centers for Disease Control and Prevention (CDC) and Abt Associates conducted an EA in 2005 to help plan an evaluation for the Take Charge. Take the Test. Campaign (TCTT).
METHODS: Abt reviewed evaluation reports from TCTT's first phase and 10 additional published reports about other campaign evaluations to glean lessons learned---step 6 of CDC's Framework for Program Evaluation in Public Health (CDC, 1999). Abt Associates then interviewed 8 key CDC managers to obtain these stakeholders' input about TCTT outcomes and evaluation design needs (step 1 of CDC's Framework). Abt reviewed documents about the current TCTT campaign and devised a logic model to describe the campaign (step 2). Completing these steps of CDC's framework for the EA focused the evaluation (step 3) by generating TCTT evaluation questions and evaluation design options from which CDC could select based on resources and time constraints.
RESULTS: The EA indicated that the TCTT evaluation needed: HIV testing data, continuous feedback from the evaluation so implementation could change as needed, and a foundation based on behavioral theories. Thus, the TCTT theory-based evaluation includes HIV test data, a survey, key informant interviews, and extensive process data about campaign activities.
CONCLUSIONS: This EA formalized the evaluation planning process by gaining insights from stakeholders and literature that informed campaign benchmarks for success and evaluation recommendations. EAs can assist other program planners by producing a logic model to guide their efforts and helping to ensure that their evaluation produces meaningful results.

Presentation Number: D04 – 3

Presentation Title: Evaluating the Spectrum of HIV Prevention and Testing Services: Using Data to Enhance the Continuity of Care for Californians Accessing Publicly Funded Services

Author(s): *Dahlgren, CM*[1]; Shade, SB[2]; Steward, WT[2]; Krawczyk, CS[1]
[1]California Department of Public Health, Sacramento, CA; [2]Center for AIDS Prevention Studies, University of California, San Francisco, CA

BACKGROUND/OBJECTIVES: California has a comprehensive data system for tracking federally and state funded HIV prevention and testing services. Evaluating Local Interventions (ELI) is a web-based information system that enables California's providers to systematically collect and access information critical to HIV prevention. In this analysis, we linked ELI data with information reported to the State's HIV Counseling and Testing (C&T) data system in order to examine how the distribution of prevention services differed by clients' HIV risk behaviors and test results.
METHODS: Contacts who received prevention services were matched to contacts receiving testing services from July 1, 2003 to June 30, 2005. Matching was based on a non-name code constructed of the contacts' race, gender, birth date, residence zip code and first letter of the last name. Uniquely matched clients were categorized as low-risk negatives, high-risk negatives, or HIV positive based on HIV test results and risk behaviors reported during the time period. Five broad intervention types were identified for every contact: HIV C&T, outreach, individual level intervention (ILI), prevention case management (PCM), and group.
RESULTS: There were 30,551 client matches between the ELI and C&T service databases, representing 10% of all C&T and 13% of all ELI contacts for the time period. among matched clients, 2.5% were HIV positive, 69% were high-risk negatives and 28% were low-risk negatives. High-risk and low-risk clients had a similar distribution of prevention services, with the majority (>66%) reached through an outreach contact and about a third reached through an ILI. These client categories were collapsed into one group (all HIV-negatives) and compared to HIV-positives. The distribution of services for HIV-positive and HIV-negative clients differed significantly. Specifically, targeted outreach services reached fewer HIV-positive clients (35%) than HIV-negative clients (72%), whereas ILI reached more HIV positive (65%) than negative clients (30%) ($p<.0001$).
CONCLUSIONS: Government funded HIV prevention services are reaching people receiving publicly funded HIV testing, but the distribution of services differs substantially by clients' test results. On the one hand, people who screen HIV-positive are receiving more individual level and PCM services, suggesting success in linking newly diagnosed individuals with comprehensive information about HIV transmission risk reduction strategies and case management. On the other hand, people who screen HIV positive are not well represented among outreach contacts. This finding is important because the primary purpose of outreach is to refer higher risk populations to services like HIV testing. It suggests that outreach interventions may not be reaching or having ideal success with a critical intended audience: those who are infected but don't know it. These findings illustrate the value of collecting HIV prevention services data. Such information is necessary for evaluating the success of prevention programming and for shaping the future direction of service delivery to the populations at greatest need.

Presentation Number: D04 – 4

Presentation Title: A Collaborative Approach to HIV Prevention Monitoring and Evaluation: Developing a Standardized Set of HIV Prevention Data Variables

Author(s): *Vaughan, MC; Thomas, KR*
Centers for Disease Control and Prevention, Atlanta, GA

ISSUE: For over twenty years, CDC has funded health departments and CBOs to conduct HIV prevention programs. Prior to 2004, CDC-funded grantees were not required to systematically report on HIV prevention activities. As a result, monitoring and evaluation (M&E) data on national HIV prevention efforts have been limited. To address this information gap, CDC designed and developed a standardized set of HIV prevention data variables as part of the national HIV Prevention Program Evaluation and Monitoring System (PEMS). During PEMS deployment, concerns were raised by national partners and grantees about CDC's planning and implementation strategies. In response, CDC held a stakeholders consultation in April 2006 to identify and document issues and initiate a revised approach. A major outcome of this consultation was the development of an implementation framework based on participatory methods.
SETTING: The participatory process included recurring conference calls with representatives from national organizations (i.e., NASTAD, UCHAPS, NAPWA, and NMAC), health departments and directly-funded CBO's, and in-person consultations hosted by CDC in Atlanta.
PROJECT: One of the major tasks of the redesigned approach to implementing PEMS was to review and streamline the PEMS variable set requirements. Initially, approximately 500 HIV prevention data variables were identified by CDC to describe an agency's activities, including the budget, contractors, workers and service delivery sites, intervention activities, and client demographics and risk behaviors. To reduce the burden of data collection and reporting, while maintaining the level of data needed to answer critical national M&E questions, CDC began extensive discussions with national partners. In April 2006 an iterative and collusive process began which included bi-weekly conference calls with the external workgroup and in-person consultations with multiple stakeholders. An external workgroup was formed comprised of 31 representatives from health departments, CBOs and national organizations.
RESULTS: The participatory approach proved to be an effective method for developing and refining policy related to data collection and reporting requirements at the national level. The finalized required data variables set was reduced to approximately 200 variables, with many needing to be reported only once (e.g., agency name, address, contact, etc.). Through this approach, CDC staff and external partners developed a streamlined set of HIV prevention data variables that meets the needs of CDC and allows grantees to systematically report required data and answer local M&E questions without overburdening staff or negatively impacting the delivery of services.
LESSONS LEARNED: Many lessons were learned as CDC moved from an insulated approach to a model of intra- and inter-agency collaboration and communications. A key lesson learned is the need to continuously evaluate internal communication strategies to ensure the concerns of all stakeholders are being addressed. In so doing, funding agencies are able to gauge the extent to which policies are relevant, valid, realistic and ethical. This approach also demonstrated the critical role program administrators play in shaping acceptance of policy at the local level. External stakeholders have helped to set a foundation that encourages broad implementation of and long-term commitment to HIV prevention program policies.

Presentation Number: D04 – 5

Presentation Title: Is the NYC Condom Meeting New Yorkers' Needs?

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New York City Department of Health and Mental Hygiene, New York, NY

BACKGROUND: On February 14, 2007 the New York City Department of Health and Mental Hygiene (NYC DOHMH) launched the 'NYC Condom' - a standard-size, lubricated, Lifestyles male condom with custom NYC-specific packaging. Subsequently, demand for DOHMH free condoms has increased but so have anecdotal reports that the public needs a variety of free condoms. To maximize use of DOHMH-distributed condoms, this study sought to quantify the need for alternative condoms and provide data to guide condom distribution activities.
METHODS: We conducted a cross-sectional survey of New Yorkers to measure exposure to and experience with the NYC Condom, demand for and experience with other male condoms, including female condoms (also distributed for free by DOHMH). Data collection occurred at four NYC public events from July-August 2007. Events targeted MSMs and communities of color because of higher HIV prevalence in these NYC populations. Participants were systematically recruited and considered eligible if ≥18 and a NYC resident. Trained interviewers administered onsite in-person anonymous questionnaires. Participants received a $4 transit card upon completing the questionnaire.

RESULTS: We approached 527 people; 280 completed initial screening questions (53% response rate). Of 201 eligible participating respondents, 63% were male, 35% female, 2% transgender or other, 62% Black, 21% Hispanic, 44% MSM, and 87% sexually active. among sexually active respondents, 66% reported condom usage at last sex and median number of sexual partners in the past year was two (range 1-500). Most participants (78%) had seen or heard of the NYC Condom, of which more than half used it (54%). Overall, respondents rated their experience with NYC Condoms higher than standard male condoms (mean 6.3 on 1-10 scale). However, in an open-ended question, most respondents (83%) wanted alternative condoms to be offered for free by DOHMH. One fifth of respondents (22%) wanted ultra thin/extra sensitive condoms, 20% larger size condoms, and 11% extra strength. Overall, 20% of respondents had ever used a female condom (31% of females; 13% of MSMs). Many (66%) used it more than once and most (86%) said they would use it again. Reasons given for not using female condoms included: don't want to try it (30%), don't know how to use it (10%), and prefer male condoms (9%). Many MSM appeared unaware that female condoms can be used for anal sex because 40% reported not using it because it is for females or they only have sex with men.
CONCLUSIONS: Six months post-launch, we found a high level of NYC Condom awareness in this sample of NYC's sexually active population. Awareness did translate into use, as most of those aware of the NYC Condom reported using it. Respondents were satisfied with the NYC Condom, rating it higher than standard male condoms. However, demand for alternatives exists and should be considered in future condom distribution activities. Use of the female condom was higher than anticipated, with many respondents reporting a willingness to use it again. Education on the female condom should be focused on MSM, as many seemed unaware of its use for anal sex.

Track D
D09 – Developing Capacity for HIV Prevention Interventions
Room: BAKER – (Hyatt Hotel – Atlanta Conference Center level)

Presentation Number: D09 – 1

Presentation Title: Creating HIV/STD Prevention Standards to Improve Quality Management Activities: A Houston Perspective

Author(s): *Mitts, BJ; Joseph-White, D; Kweekeh, F; Washington-Philip, E; Simpson, B; Prescott, L*
Houston Department of Health and Human Services, Houston, TX

ISSUE: In order to increase the accountability of subcontractors providing HIV/STD prevention services, the Houston Department of Health and Human Services (HDHHS) began a process to create HIV/STD Prevention Standards in March 2006. Prior to implementation of standards, written guidance of programmatic expectations was not easily accessible.
SETTING: Spanning more than 1,700 square miles with nearly 3.7 million residents, Harris County is the most populous county in Texas and the third most populous county in the United States. Harris County remains the eighth most HIV/AIDS impacted local jurisdiction in the United States with approximately 19,000 to 21,000 people living with HIV/AIDS. Within Harris County, the City of Houston covers more than 600 square miles with over 2 million residents, making it the fourth most populous city in the United States and accounting for more than 95% of HIV/AIDS cases within Harris County. The HDHHS Bureau of HIV/STD Prevention serves the City of Houston and Harris County, a local jurisdiction that is one of seven funded directly by the Centers for Disease Control and Prevention (CDC) for HIV prevention services. The HDHHS subcontracts to 18 community-based organizations (CBOs) to provide direct HIV/STD prevention services.
PROJECT: Prior to drafting HIV/STD prevention standards, the HDHHS began formative research to determine if other directly-funded jurisdictions had created prevention standards. Input was collected from Philadelphia, Los Angeles and the Harris County Ryan White CARE system, who shared their experiences and current standards from their jurisdictions. The next step was to seek internal and external stakeholder input. Focus groups were conducted with HDHHS staff as well as subcontractor staff to determine the need for and to develop a basic framework of prevention standards. The HDHHS monitoring and evaluation staff came together weekly for 4 months to create a draft of HIV/STD prevention standards for all services and interventions. Once a draft was completed, input into the final product was sought from the community, including the Houston HIV Prevention Community Planning Group (CPG), the Ryan White Planning Council, and front-line staff from subcontractors.
RESULTS: The creation of HIV/STD prevention standards has allowed both the HDHHS staff and the CBO staff to have a clear understanding of programmatic expectations in relation to HIV/STD prevention services. Subcontractors are now being held to a higher standard of service provision, while HDHHS staff members are being held to a higher standard of monitoring and evaluation activities. Written standards also allowed the HDHHS to create standard audit tools mirroring the prevention standards, streamlining the monitoring process.

LESSONS LEARNED: When creating prevention standards, beginning with formative research of similar programs will ease the process by allowing a program to draw on the experiences of others. Stakeholder input is critical as a program begins to draft standards, allowing for suggestions from those who will eventually be held responsible for the standards. Standards also gain strength through the input and suggestions of front-line experts and are more likely to be followed by front-line staff members who have had direct input into the process.

Presentation Number: D09 – 2

Presentation Title: National Dissemination of Evidence-Based Behavioral Interventions into HIV Prevention Practice

Author(s): *Collins, CB; Harshbarger, C; Phields, M; Duncan, T; Whittier, D; Andia, J; Sharpe, T; Stallworth, J; King, W; Prather, C*
CDC, Atlanta, GA

ISSUE: Building the capacity of HIV intervention practitioners in the nation must be strategically planned and implemented in order to build their science base prevention capacity. Prevention agencies should implement evidence based behavioral interventions as an optimal way to prevention new HIV infections. Health Departments, Community-Based Organizations, Capacity Building Assistance Providers, and the CDC all have critical roles to play in such a dissemination system. An 8-step model for quickly moving behavioral intervention research into prevention practice was developed and implemented and will be discussed.
SETTING: USA national program.
PROJECT: The CDC initiated a project, Diffusing Effective Behavioral Interventions (DEBI) to disseminate evidence-based interventions to CBOs, health departments, and other prevention providers throughout the United States. The twenty interventions selected for diffusion were first identified by the CDC's Research Synthesis Project as reaching the highest levels of efficacy. The interventions were designed for Intravenous Drug Users (IDUs), sex partners of IDUs, Men who have Sex with Men (MSM), heterosexuals at high risk, HIV-positive adults and adolescents, and homeless/runaway adolescents. Prevention settings include clinical and community based venues. Interventions are diffused through training, resource materials development and distribution, and technical assistance/capacity building. Intervention kits, training curricula, technical assistance guides, evaluation field manuals, and other resources were distributed at trainings and via a resource website: effectiveinterventions.org.
RESULTS: Over 6800 individuals were trained, representing over 2900 prevention agencies in the first 4 years of implementation. Over 1000 health department employees who work for over 500 city, county, and state health departments were also trained to ensure sustainability. Capacity to understand and implement the intervention was built through trainings provided by CBAs and the STD/HIV Prevention Training Centers. Agency capacity to deliver evidence-based programs was increased through the technical assistance provided by CBAs and the Behavioral and Social Science Volunteer programs.
LESSONS LEARNED: The job of diffusing science to practice is best accomplished by organizing the resources and efforts of multiple technical assistance, training, and capacity building providers for systematic diffusion. Input from health departments and community based prevention providers is essential for diffusion to those areas with high prevention needs. Separate diffusion strategies were developed for each science-based intervention due to the complexity of interventions, populations they were designed to reach, outcome behaviors they were designed to impact, and capacities of the prevention partners. The DEBI model for quickly moving behavioral intervention research into prevention practice could be replicated for other disease prevention efforts.

Presentation Number: D09 – 3

Presentation Title: Sustaining HIV Prevention Capacity Through Performance Management

Author(s): *Malys, GF; O'Connell, D*
NYS Department of Health, Albany, NY

ISSUE: Government has a responsibility to assure that public resources are used to achieve results in reasonable time frames and that taxpayers receive quantifiable results measuring how they (the public) benefit by this work. Achieving success in HIV Prevention work requires quantified targets, measurable objectives and well-defined goals. Without such the effective use of resources are questionable and suspect. Furthermore, if the results achieved have no reference point for comparison purposes, an assessment of accomplishments is not possible. The risks here include possible reductions in funding, organizational dysfunction and, importantly, not achieving maximum HIV/AIDS prevention values.
SETTING: The Division of HIV Prevention, AIDS Institute, New York State Department of Health.

PROJECT: Develop a performance management system in the Division of HIV Prevention that will allow management to (1) more easily and readily monitor and measure its progress, (2) identify barriers to success, and (3) have a basis to adapt and make changes and adjustments to HIV/AIDS prevention strategies and resource allocations.
RESULTS: First, in 2006, the Division of HIV Prevention identified Division strategies used to prevent the transmission of HIV/AIDS. Next, we developed a limited number of performance measures, or quantifiable outcomes, in three areas that cover the major functions of the organization - health status and behavior, program outcomes and organizational processes. Subsequently, these measures were matched to AIDS Institute core drivers, goals and objectives where appropriate. Division activities were identified and then nested within appropriate performance measures, objectives and goals. A brief strategic plan was developed and a reporting system in place to monitor progress.
LESSONS LEARNED: While it is difficult to implement a performance management system in any organization where none existed, the benefits of doing this are great. For instance, identifying focus areas helps managers and staff to pay attention to their work, make changes where needed and otherwise increase the visibility of their outputs and outcomes. Simply having discussions with staff about their work is a motivator itself because it shows staff that management is interested in their work and their results and will work with them to provide the resources needed to get the job done. Ultimately, this work will lead to improved service delivery outcomes and the best use of our resources to prevent and to reduce HIV/AIDS transmission.

Track D
D15 – The Internet as an Arena for HIV Prevention
Room: CAIRO – (Hyatt Hotel – Embassy Hall level)

Presentation Number: D15 – 1

Presentation Title: CaliforniaMen.net: The Development of an Online Structural HIV Prevention Intervention for MSM

Author(s): *Levine, DK*[1]*; Rebchook, G*[2]*; Curotto, A*[2]
[1]Internet Sexuality Information Services, Inc. (ISIS), Oakland, CA; [2]UCSF Center for AIDS Prevention Studies, San Francisco, CA

ISSUE: MSM's use of the Internet allows them to develop new social and sexual networks, resulting in more opportunities to engage in a variety of sexual behaviors, including those that may transmit HIV. In response, ISIS, Inc. and USCF Center for AIDS Prevention Studies (CAPS) conducted qualitative research with MSM to develop a structural HIV prevention website. We then worked closely with project engineers and designers to create a multi-faceted, interactive website to address needs identified by members of the target population. CaliforniaMen.net launched in January, 2007.
SETTING: CaliforniaMen.net was designed specifically with content and features to make it relevant for California residents. The intended audience is MSM, aged 18 and older, who use the Internet for social and sexual networking.
PROJECT: The components of CaliforniaMen.net are: a "little black book" with a risk assessment tool and STD/HIV testing reminders; access to inSPOT, a partner notification website; a sexual health Q&A feature; links to resources; users' reviews of hookup websites; and blogs.
We began the development process by creating a site map. Designers and engineers were given the schematics so they could begin working up initial designs and deciding on software solutions. Three designs were presented to the project team, which were then shown to a convenience sample of 15 men recruited online to give their opinions. We also showed the proposed home page and wire frames to a group of CAPS researchers and staff who are member of the target population and to the CAPS Community Advisory Board in order to get feedback. The responses were split among the 3 designs and were especially divergent between younger and older men. We selected one of the two more popular designs and made adaptations based on comments from participants/advisors.
Designers and engineers worked closely with ISIS project staff to begin building the site and identifying the unique features of CaliforniaMen.net. Engineers selected a Microsoft .NET environment, which offered the most secure protection, and the most flexibility to integrate design, database, and other components. TypePad was chosen for the blogging software.
RESULTS: The site took 9 months to build, test, and refine, after which we hired a consultant to conduct usability testing. Street outreach workers recruited MSM to spend 15-20 minutes of their time with the consultant clicking through the site and answering questions about their experience. Key findings from the usability testing necessitated another round of revisions, including ease-of-use of the age verification page, and simplifying the home page and the registration process. The site launched later than expected but with all features working properly. Marketing efforts have proceeded on schedule since launch: press releases, social networking efforts, banner ads, palm cards, etc.

LESSONS LEARNED: It is a long road from grant proposal to finished intervention, during which time the Internet landscape changed dramatically. It's important to assure that community needs inform the process during all stages of site development. Project staff must develop a comprehensive marketing plan to ensure the intervention reaches the target population.

Presentation Number: D15 – 2

Presentation Title: Targeting At-Risk Men Who Have Sex with Men in Gay Internet Chat Rooms: Establishing a Groundwork for Reaching, Educating, and Empowering Central Ohio's MSM Communities

Author(s): *Kerr, ZY*
Columbus AIDS Task Force, Columbus, OH

ISSUE: Although Central Ohio AIDS Service Organizations have been successful in establishing collaborative efforts with GLBT venues frequented by Men who have Sex with Men (MSM), there has been a lack of comparable efforts online. Furthermore, recent research in the past decade have established that worldwide, MSM online are more likely to partake in unsafe sex behavior such as unprotected anal intercourse (Bull, McFarlane, Lloyd, & Rietmeijer, 2004; Elford, et al., 2004) and less likely to disclose HIV status (Tikkanen & Ross, 2003). Furthermore, MSM may perceive the Internet as the easiest, if not the only, manner in which they can interact with other MSM (Shaw, 1997). The Columbus AIDS Task Force's Men 4 Men Project partnered with various gay Internet chat rooms to provide HIV/AIDS prevention and education to their users.
SETTING: Targeted outreach for MSM who use gay Internet chat rooms have been implemented in Central Ohio-based chat rooms created by Manhunt.net, Adam4Adam, and Gay.com.
PROJECT: Outreach workers received free "online support" accounts from gay Internet chat rooms and posted information about HIV/AIDS, HIV testing, communicating about safer sex and HIV status, and HIV-related resources in Central Ohio. Users could view the profiles of the "online support" accounts and then direct their questions there. Outreach workers managing the "online outreach" accounts would accordingly respond to questions and provide referrals to services in Central Ohio.
RESULTS: From June 2006 to the present date (March 2007), over 170 messages have been sent to the "online support" accounts. Over a quarter (28.7%) of inquiries regarded HIV Testing. Other prevalent topics included Risks of Oral Sex (11.6%), STD Screenings (10.2%), and HIV+ Support (8.3%). Furthermore, approximately 10% of the messages expressed users' gratitude for our outreach efforts online.
LESSONS LEARNED: Providing HIV/AIDS prevention and education in an online setting for MSM in Central Ohio has proven effective. The initial findings demonstrate that there is still a need to educate MSM about HIV testing (e.g. locations, window period, accuracy of test). Most importantly, many users appeared to welcome our initial venture into the online realm with vocal acknowledgement. The findings signal that our presence online may be necessary for continued success in HIV/AIDS prevention and education in the MSM communities in Central Ohio.
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Shaw, D.F. (1997). Gay men and virtual communication: A discourse of sex and identity in cyberspace. In S.G. Jones (Ed.), *Virtual culture: Identity and communication in cyberspace* (pp.133-145). London: Sage.
Tikkanen, R., & Ross, M.W. (2003). Technological tearoom trade: Characteristics of Swedish men visiting gay internet chat rooms. *AIDS Education and Prevention, 15,* 122-132.

Presentation Number: D15 – 3

Presentation Title: Online Outreach Practices and Methods to Increase Referrals, Testing and Behavior Change

Author(s): *Melton, D*
Healthy Living Projects, Kansas City, MO

ISSUE: The Internet is rapidly rising as the number one venue for MSMs to arrange casual offline sexual encounters. This presents particular challenges for the HIV/STD prevention field, especially since program models, evaluation and funding are geared to offline 'bricks and mortar' strategies. Unfortunately, no clear guidance or model programs have emerged from the state, federal or local levels in the last half-decade. Additionally, the technology cost of implementing and supporting a multi-faceted outreach program on the Internet often appears to be high or out-of-reach for smaller CBOs.

SETTING: Power On is a multi-layered online outreach program in Seattle, Tacoma, Kansas City and Peoria.
PROJECT: Each of the four cities share a back-end customized content system with over a 1000 pages of content, resources and referrals on mental, physical and sexual health. Cities also operate additional programmatic layers. For instance, Kansas City employs an online outreach worker who actively engages MSMs in counseling, referrals and follow-up through chat websites like gay.com and offline encounter websites like m4msexnow. Each project will be summarized for a comprehensive view of services and the possible range of results.
RESULTS: Across the four sites over two years, the PowerOn programs were accessed by 47,439 visitors, of which 24% were return visitors. Cumulatively, the sites dispensed 91,204 pages of information, of which, 41% were referral related. In Kansas City, the outreach program conducted 441 group sessions in online chat rooms, generating 290 private conversations and 126 referrals, with just over 15% taking action by getting tested or accessing the resources. Five positives were found in a smaller pool of the referrals (76), with a seropositivity rate of 6.5%. The Kansas City and Seattle programs held online forums on topics like drug abuse, HIV information and condom usage resulting in actualized offline testing referrals. Data and service-provision summary will be presented from January 2005 to October 2007.
LESSONS LEARNED: It is possible to translate offline outreach methods to effective online prevention strategies. The cost of a full-scaled outreach program is not prohibitive, even for the smallest CBO. One person, even at .20 FTE, can manage a multi-layered online outreach program across chat rooms, instant messages, websites and offline advertising mediums. Online counseling and follow-up is possible, effective and can lead to behavior change. Online tools like e-cards, risk and knowledge-demonstration surveys, and forums provide 24-hour program availability with promising evaluation capacity. Online outreach can also integrate and even bolster current offline testing and educational events.

Presentation Number: D15 – 4

Presentation Title: Thrive e-Academy: Online Professional Development for Rhode Island Teachers of Health

Author(s): *Sabatini, M*
RI Department of Education, Providence, RI

ISSUE: According to teacher responses about health education professional development opportunities through the Rhode Island Department of Education (RIDE) Coordinated School Health Program - thrive - self-paced learning and access to teacher resources were identified as needed to support teacher-learning opportunities. The problem that was presented was the decline in the number of teachers of health participating in professional development opportunities through the RIDE coordinated school health program, thrive. To enhance flexibility and facilitate teacher participation in health education professional development opportunities, an E-learning professional development program was developed, implemented, and evaluated. The program emphasized the content areas of HIV, sexually transmitted diseases (STDs), and unintended pregnancy.
SETTING: Rhode Island Department of Education - thrive- e-Academy
PROJECT: Substitute teachers cannot always be located to replace teachers who want to attend workshops, teachers are hesitant to leave their classes, district and local school administration are not always supportive, and finding the most convenient times and dates to maximize attendance is challenging. In addition, individual concerns for teachers may include time, finances, and/or location of professional development programs. Therefore, distance education connects learners to resources and provides educational access through asynchronous or synchronous communication and/or a combination of both.
RESULTS: Development of an online professional development program for RI teachers of health: "Knowledge and Skills for Teaching the Prevention of HIV, STDs, and Unintended Pregnancy"
Development and evaluation problem-solving methodologies were the primary methods of research. Procedures included review of the literature, development and administration of questionnaires, guided interviews, and formative and summative committee review.
Expansion of thrive e-Academy to include additional online courses and self-paced tutorials
Sharing process and content with other states, CDC, and community based organizations.
Using technology for the RI HIV Community Planning Group activities and prevention education.
LESSONS LEARNED: Increased participation in HIV Prevention professional development for RI teachers of health
Flexible learning environment.
Challenges in developing and facilitating online courses and tutorials
Easy access to updated resources, information, and networking
Teachers utilizing information/materials in classroom setting
E-Learning professional development program should contain educational and technological elements, be content specific with appropriate format, and include implementation and evaluation plans.

Track E
E02 – Community Mobilization and HIV Prevention
Room: HANOVER C – (Hyatt Hotel – Exhibit Level)

Presentation Number: E02 – 1

Presentation Title: Prevention Justice Partnerships: A Model for Community Prevention Advocacy

Author(s): *Davids, J; Chou, L[1]; True, R[2]; Shabazz, W[3]*
[1]CHAMP (Community HIV/AIDS Mobilization Project), New York, NY; [2]ACT UP Austin, Austin, TX; [3]ACT UP Philadelphia, Philadelphia, PA

ISSUE: Community advocates and activists have long struggled to create effective, sustainable structures for community mobilization. Though the history of HIV prevention is built on informed, active community participation, many barriers exist to effective community advocacy, particularly in communities at highest risk.
SETTING: Prevention Justice Partnerships have been implemented in Austin, TX; Atlanta, GA; Boise, ID; Cleveland, OH; Iowa (state-wide); New York, NY; North Carolina (state-wide); Philadelphia, PA; San Antonio, TX; and San Diego, CA.
PROJECT: The Prevention Justice Partnership (PJP) is a year-long collaboration between Community HIV/AIDS Mobilization Project (CHAMP) and new or existing community organizations across the country, during which PJP partners identify, launch and sustain an HIV prevention advocacy campaign. The year includes quarterly two-day skills trainings, hands-on campaign work, technical assistance and capacity building, and ongoing mentorship and leadership development.
RESULTS: In 2006, four PJP Partners completed the year-long program. Over 40 community advocates received 60 hours of training and hands-on campaign work. In Philadelphia, activists successfully changed HIV prevention policy in city jails, winning access to condoms for inmates. In 2007, six PJP Partners have begun the program.
LESSONS LEARNED: Sustained training, technical assistance, and capacity building over the course of a year have proved successful in creating and maintaining effective advocacy structures. Local and state advocates have gained access to national networks, which has provided opportunities to link local and state-level efforts to national advocacy.

Presentation Number: E02 – 2

Presentation Title: HIV/STD Planning and Implementation Through Community Groups

Author(s): *Hall, HH; Agee, G; Wiley, C; Cavazos, J*
Houston Department of Health and Human Services, Houston, TX

ISSUE: The Houston Department of Health and Human Services (HDHHS) Bureau of HIV/STD Prevention coordinates 8 major community task forces. The CDC priority groups are used to outline the outreach efforts of these task forces.
SETTING: Spanning more than 1,700 square miles with nearly 3.7 million residents, Harris County is the most populous county in Texas and the third most populous county in the United States. Harris County remains the eighth most HIV/AIDS impacted local jurisdiction in the United States with approximately 19,000 to 21,000 people living with HIV/AIDS. Within Harris County, the City of Houston covers more than 600 square miles with over 2 million residents, making it the fourth most populous city in the United States and accounting for more than 95% of HIV/AIDS cases within Harris County. The HDHHS Bureau of HIV/STD Prevention serves the City of Houston and Harris County, a local jurisdiction that is one of seven funded directly by the Centers for Disease Control and Prevention (CDC) for HIV prevention services.
PROJECT: Each task force has developed a specific plan of action to implement outreach, testing and community mobilization. The HDHHS has assigned a liaison for each task force to ensure its effectiveness. Each assigned liaison is also responsible for any technical assistance that will be needed. Currently, the HDHHS coordinates 8 community task forces which are a collaborative effort of community based organizations, community leaders, local churches, and schools. The task forces include: 1) the Youth Task Force, 2) the Perinatal Advisory Group, 3) the Syphilis Elimination Advisory Committee (SEAC), 4) the Urban AIDS Ministry, 5) the Women at Risk Task Force, 6) the Transgender Task Force, 7) the Latino HIV Task Force, and 8) the African-American State of Emergency Task Force (SOETF).
RESULTS: Three of the eight task force groups have developed a peer education curriculum and training course to magnify the HIV/STD prevention intervention process. They each have a mission and set annual goals. They each

work within their prospective communities to provide education and testing opportunities where applicable.
LESSONS LEARNED: The task force development process has evolved over the last 7 years, and the HDHHS will explain the stages of development of these groups as well as illustrate some end results of testing events and community dialogues. Also included will be point of contact flyers, brochures and posters that have been developed for specific target groups and an illustration of the development steps needed to create task forces for specific target populations.

Presentation Number: E02 – 3

Presentation Title: Community Advisory Boards and Policy: Success by Process.

Author(s): *Danesi, H[1]; Sanabria, V[2]; Muse, D[2]; John, M[2]; Sanchez, H2; Kirk, M[2]*
[1]Prevention Effectiveness on Health and Education (PECHE), Atlanta, GA; [2]Capacity Building Team, DC

ISSUE: Forecasting trends, defining and/or articulating competing HIV/AIDS priorities are key to policy, program design and implementation. Internally, how does an agency recruit, retain, invest in and collaborate with the expertise of advisory board members to impact the bottom line? Externally, what keeps a community advisory board member engaged? How can members' short and long-term visions and solutions be integrated in the work plan? How do members measure their impact and success?
SETTING: The United States and its rolling implication throughout the world.
PROJECT: To support and guide the Office of Minority Health Resource Center's (OMHRC) National Capacity Building / Technical Assistance services. The OMHRC undertook to aggressively recruit, retain, and develop through a community empowerment model, a highly diverse Community Advisory Board (CAB) to improve the effectiveness of its HIV/AIDS services within ethnic minority communities. The CAB is comprised of diverse representatives from the four federally recognized ethnic minority groups in the United States. The CAB provides trend analysis, and key informant guidance to OMHRC in formulating programs / policies impacting minority communities.
RESULTS: Since 1998 the OMHRC CAB has been instrumental in developing through strategic planning and intentional dialogue, OMHRC's work plan priorities and activities. These included hard-to-reach people of color communities; key informant guidance regarding new and emerging high-risk populations; process tools and insight to evaluate program activities; web-based media content structure and delivery; and the CAB's own internal management by developing operational guidelines. During the same period OMHRC worked nationally with over 50 agencies delivering 1-on-1 technical assistance consultations to small underserved Community Based Organizations; conducted 7 rural capacity development meetings; 6 town hall meetings, and launched a Pacific Jurisdiction Outreach in Guam, Palau, and the Northern Marianas Islands.
LESSONS LEARNED: It is essential that individuals with diverse sources of knowledge share their unique perspectives with others. A Community Advisory Board whose ethnic composition mirrors the demographics of the communities it serves is better equipped to thrive in that community.
A high functioning CAB mirrors the demographics of its community. Collaborative leadership between the agency and the CAB, respect, teambuilding, clarity of purpose, and communication are fundamental to the process. An engaged CAB can add value to an agency's planning effort.

Track E
E06 – Crystal Methamphetamine and HIV Policy
Room: INTERNATIONAL BALLROOM NORTH – (Hyatt Hotel – International level)

Presentation Number: E06 – 1

Presentation Title: Getting Clear About Crystal: Unsafe Sex, Crystal Methamphetamine, and the (Dis)Connection Between the Two

Author(s): *Grov, C[1]; Parsons, JT[1,2]; Bimbi, DS[1,3]*
[1]Center for HIV Educational Studies and Training (CHEST), New York, NY; [2]Hunter College of the City University of New York, New York, NY; [3]The Graduate Center of the City University of New York, New York, NY

BACKGROUND: among men who have sex with men (MSM), crystal methamphetamine has been implicated as a key factor in the spread of HIV and other sexually transmitted infections (STIs) because of its ability to reduce

inhibitions and increase sexual drive. The results of which have included the development of HIV prevention policies and public health campaigns centered on curbing methamphetamine use in New York City and other urban gay centers throughout the US.
METHODS: A cross-sectional street-intercept survey method was used to collect data from a diverse sample of gay and bisexual men attending large-scale gay, lesbian, and bisexual community events in New York City (n = 738). The response rate was high, with 87.0% of those approached consenting to participate. The anonymous survey required 15-20 minutes to complete, and to promote additional confidentiality, participants were provided a clipboard so that they could step away from others to complete the questionnaire. The survey included measures of sexual behavior, substance use, demographic, and socio-psychological variables.
RESULTS: The sample was diverse with more than one-third being gay and bisexual men of color. The mean age was 37.44 (Range = 18-78, SD = 11.48) and approximately 15.2% (n = 112) were HIV positive. In total, 10.2% of men used methamphetamine recently (i.e., < 90 days) and 29.9% of the sample had experienced a recent episode of unprotected anal intercourse. The majority, 81.1%, of those men reporting unsafe sex had not used methamphetamine recently. This analysis identified a bivariate relationship between methamphetamine use and sexual risk, but also identified other variables that were significantly related to risky sexual behavior. Logistic regression analyses indicated that recent GHB drug use, temptation for unsafe sex, being younger in age, and identification as a barebacker (i.e., person who seeks out unsafe sex) were better indicators of risky sexual behavior than methamphetamine use.
CONCLUSIONS AND IMPLICATIONS: Policies focused on methamphetamine prevention may help to curb risky sexual behavior among select groups of individuals; however, these will not adequately address the sexual health of the many gay and bisexual men who, in the shadows of anti-methamphetamine policies and prevention programs, continue to engage in unsafe sex but are non-users of methamphetamine.

Presentation Number: E06 - 2

Presentation Title: Crystal Methamphetamine: Battles Won and Lessons Learned

Author(s): *Tierney, S* - San Francisco AIDS Foundation, San Francisco, CA

ISSUE: Crystal Meth and HIV Infection
SETTING: San Francisco USA
PROJECT: Citywide Task Force on Crystal Meth and HIV
RESULTS: Two year reduction in reported crystal meth use in population
LESSONS LEARNED: Importance of multiple interventions used in coordinated, comprehensive fashion.

Track E
E11 – Race, Ethnicity, Cultural Competence and HIV Prevention Policy
Room: HANOVER F/G – (Hyatt Hotel – Exhibit Level)

Presentation Number: E11 – 1

Presentation Title: Latino Outreach in Louisiana Post Katrina: Not the Same Old Story

Author(s): *Scolari, R[2]; Thomas, F[1]; Carrel, J[1]; Negron, A[1]; Quevedo, E[1]*
[1]Louisiana Office of Public Health HIV/AIDS FProgram, New Orleans, LA; [2]San Ysidro Health Center, San Diego, CA

ISSUE: Although outreach to Latinos and temporary workers is not unique or new, issues faced in providing outreach to a Latino community that exploded from approximately 50,000 to over 100,000 in a matter of a few months is the challenge faced by HIV prevention staff in New Orleans, Louisiana following Hurricanes Katrina and Rita. In addition, given the devastation to the infrastructure of all services and resources in the New Orleans area and accusations of racism and discrimination, providing outreach to the Latino community provided unique challenges.
SETTING: Targeted Outreach to Latinos in the Greater New Orleans Area
PROJECT: A project was started to supplement outreach efforts provided by traditionally African American CBOs that were now encountering Latinos, to provide targeted outreach to Latino workers coming to New Orleans, to coordinate outreach efforts with other Latino and public health agencies, to bring experienced outreach Latino outreach workers to New Orleans as volunteers, and to answer Spanish calls on the HIV/STD Infoline.
RESULTS: Many unexpected issues arose during the implementation of outreach to Latinos to the Greater New

Orleans area including competition and distrust among agencies serving Latinos, influx of national and non-Louisiana providers with their own concept of what was needed, unsafe working conditions, mixed messages about immigration issues, and multiple unexpected health and other service challenges. As a result, new strategies had to be created to meet the needs of the Latino community, including a more holistic approach to health needs such as occupational injuries, housing, etc.
LESSONS LEARNED: In implementing a project after a major disaster with an huge influx of a community not previously served requires suspending preconceived notions about needs, methods of outreach and assumptions of how to implement collaboration.

Presentation Number: E11 – 2

Presentation Title: HIV Prevention Among New Latino Communities in the Deep South

Author(s): *Frasca, T; Vega, M; Perez, Y*
Latino Commission on AIDS, New York, NY

ISSUE: Many new immigrants from Latin America have settled in the southern U.S., often in communities where Latino residents were rare just a decade ago. Their immigration status, language barriers, politically-charged environments, poor working and living conditions, and lack of access to health care make them particularly vulnerable to disease. Awareness of the risks of HIV infection is low, and opportunities for HIV prevention education are uncommon. Some AIDS organizations in the region are attempting to respond to the newcomers' needs.
SETTING: Community assessments are taking place in Alabama, Georgia, Louisiana, Mississippi, North Carolina, South Carolina and Tennessee in selected urban, suburban and rural zones that have high concentrations of Latino residents.
PROJECT: The Latino Commission on AIDS embarked in 2006 on a regional needs assessment of AIDS prevention and care services for Latinos in seven southern states. Through community mapping, including participant observations, gatekeeper and key informant interviews, we are gathering information on available services, the use of those services and the process of migration to the South and its subsequent impact on use and perception of HIV prevention services and the sexual health needs of the Latino community. We are also providing technical assistance, as request, on how to advocate for and implement culturally appropriate programs and care access.
RESULTS: Preliminary analyses indicate that most outreach activities focus on basic AIDS education and testing for HIV while group- or community-level interventions to promote sexual health are rare. Due to conflicting directives on how to provide services to immigrants, AIDS agencies sometimes avoid publicity of their services to Latinos. Those Latino community organizations that do exist are often overwhelmed by multiple demands for immediate aid to individuals with basic problems of survival. Because most recent immigrants have limited access to health care, HIV diagnoses often occur late, thus deepening the immigrants' perception of HIV as equivalent to serious illness. Three response models to this complex situation have been observed: use of health promoters or peer educators; reliance on an outreach worker connected to a local ASO; and less frequently, quasi-experimental interventions.
LESSONS LEARNED: Because of increased service demands, rapidly changing community compositions and lack of bilingual staff at many organizations, new recruitment and outreach strategies (i.e. social networking) are needed for these emerging Latino communities.

Presentation Number: E11 – 3

Presentation Title: Consultation on Research Initiatives: HIV Testing and Counseling in the African American Community

Author(s): *Celia B. Fisher, Ph.D.*, Fordham University, Bronx, NY, *Emma Simmons, MD, MPH*, Memorial Hospital, Pawtucket, RI, *Torrance T. Stephens, Ph.D.*, Morehouse School of Medicine, Atlanta, GA, *Makeba D'Abreu*, The Blam of Gilead, Richmond, VA

ISSUE: HIV infection and transmission rates are reaching crises proportions in the African American community. While African Americans comprise only 13% of the U.S. population, they account for 50% of the cases of HIV. African-Americans also have a much higher death rate from HIV/AIDS than any other racial/ethnic group. CDC estimates that one quarter of the persons living with HIV in the U.S. do not know that they are infected. Recent modeling studies have demonstrated that expanding the number of people screened for HIV/AIDS is an effective intervention to controlling the HIV epidemic. African-Americans tend to be late testers; many do not learn their serostatus until they receive a diagnosis of AIDS. This puts them at greater risk for transmitting HIV, and it also makes it likely that they will not receive treatment early in their disease. HIV/AIDS is a treatable disease, and early identification and linkage to care results in better health outcomes. It is important that expansion of testing and

counseling reach those most at risk and that those who test positive are linked to treatment and services. Efforts to maximize the benefits of testing and counseling for the African-American community must address health disparities in minority access to and quality of services and the need to prevent stigmatization for those who test positive. In addition, it is important to address cultural factors that may present barriers to testing including racial mistrust of medical treatments, religious and social stigma associated with HIV and sexual orientation, and lack of knowledge and misconceptions about HIV/AIDS disease and transmission.
KEY POINTS: Speakers in this round table will report on recommendations from a December, 2006 NIDA sponsored meeting at which African American opinion leaders and researchers were invited to begin a dialog on how to identify and mitigate potentially harmful consequences and maximize beneficial effects associated with conducting research on HIV Testing and Counseling. Speakers will describe research reported at the meeting that sheds new light on: (a) the perspectives of African American men and women toward HIV risk, testing, and counseling; (b) intervention efforts to stem the tide of HIV transmission among African Americans by individuals who revolve through the criminal justice system and return to their communities; (c) work with church groups to build the capacity of faith communities to address HIV/AIDS; and (d) the role of primary care providers in HIV prevention.
IMPLICATIONS: Testing and counseling is an effective intervention for reducing HIV infection and transmission in African American communities. Efforts to engage African Americans in such interventions requires changing cultural misconceptions and prejudices about HIV and HIV treatments, addressing the health consequences of incarceration, and drawing upon the strength of the African American faith and medical communities

Presentation Number: E11 – 4

Presentation Title: Gender, Knowledge, Risk Perception and Sexual Practice in Relation to HIV/AIDS Among the Luo Community in Rural Kisumu, Kenya.

Author(s): *Wafula, GA*[1]*; Griffiths, J*[2]*; Byrne, B*[2]*; Todd, C*[2] *– Gertrude A. Wafula, Msc, PhD*, Manchester University and Black Health Agency, Manchester, United Kingdom, *Jane Griffiths, PhD, Bridget Byrne, PhD, Chris Todd*, Manchester University, Manchester, United Kingdom.

BACKGROUND: This paper is aimed at identifying health problems in the community, gender differences in risk perception, sexual practises and the role of social cultural practises in HIV transmission in a rural setting, the Luo community of Kenya. Knowledge, practices in relation to prevention, treatment, and support for HIV/AIDS remain inclusive in many communities affected by HIV. Societal and cultural continue to shape gender differences in HIV related factors.
METHODS: Both survey questionnaires and in-depth interviews were conducted for a period 2004-2005. Men and women aged 14-49, from three locations; Kisian, Nyahera and Chulaimbo in rural Kisumu Kenya, 356 participated in the study. Data collected was analysed by SPSS statistical package.
RESULTS: The community considers malaria (43%) more as a health concern than HIV/AIDS (32%). HIV awareness was high in the community though specific HIV knowledge was low. General perception of risk to HIV was high. The individual risk perception (67%) was lower than the community (94%). The personal rating of risk was significantly low with women confirming low risk rates. Gender had significant association on personal risk ($p< 0.008$). The rurality influenced personal and community risk perception. Condom use was very low in the community (20%), and men had a final decision regarding protection use (74 %). ABC prevention strategy was not favoured at all. Social cultural factors; wife inheritance (50%), prostitution (15%), peer pressure, demands for marriage, poverty, use of injections were the main risk factors for HIV transmission. Although 90% knew of VCT; 50% had lost family to HIV and 85% were willing to test, only 31 % knew their HIV status.
CONCLUSIONS: Risk perception varies at personal and community level and is associated with what community perceive as health risk. Gender and rurality shape these perceptions and affect adaptation to safer practises. A gap in knowledge, actual behavior, perceived or intended behavior and gender affect prevention strategies.

Track F
F13 – Implementing Routine Testing in Community Health Centers
Room: COURTLAND – (Hyatt Hotel – Atlanta Conference Center level)

Presentation Number: F13 – 1

Presentation Title: Moving to Routine HIV Screening Within Primary Care: The Experience of Six Community Health Centers as Pilots for a National Rollout (1 of 4)

Author(s): *Modica, CA*[1]*; Myers, JJ*[2]
[1]National Association of Community Health Centers, Inc., Bethesda, MD; [2]AIDS Research Institute, University of California, San Francisco, CA

BACKGROUND: The Centers for Disease Control and Prevention's (CDC) revised recommendations of September 2006 advocate routine voluntary HIV screening as a normal part of medical practice, similar to screening for other treatable health conditions. Despite these recommendations, few medical practices have moved to routine HIV screening. To test the implications of these new recommendations, as well as develop practice models for routine HIV screening in primary care settings, the National Association of Community Health Centers, Inc. (NACHC), with funding from the CDC, designed a pilot project in 6 community health centers.
METHODS: Over a 3-month period, routine HIV screening was implemented in 6 health centers (19 practice sites) whereby all persons 13-64 years of age were offered an HIV test as a part of their primary care visit. A universal set of data was collected across all 19 sites, either manually on a separate documentation tool or through the use of electronic medical records systems, and included such items as demographics and payer source of all persons offered the test, acceptance versus refusal for testing, reasons for refusal, and whether the HIV screening represented the first HIV test ever received by the patient.
RESULTS: In the first 2 full months of implementation, 2007 patients were screened using the Uni-Gold Rapid HIV test. The HIV status of those tested was 1 (<.001%) infected, and 2006 (99.999%) negative. The rate of initial false positives (a reactive Uni-Gold test followed by a negative Western Blot) was <.001%. In sites where the data was entered electronically, the rate of acceptance for screening was 65%.
CONCLUSIONS: Health centers can readily move to a model that incorporates HIV screening as a routine part of primary care. The greatest barrier to implementation is availability of HIV tests and/or a mechanism for reimbursement, as well as access to local HIV specialty practices or Ryan White programs if more intensive HIV primary care or case management is needed. Patients in these centers were receptive to HIV screening as a routine part of primary care.

Presentation Number: F13 -2

Presentation Title: Moving to Routine HIV Screening within Primary Care: The Experience of Six Community Health Centers as Pilots for a National Rollout (2 of 4)

Author(s): *Coleman, JL; Schlueter, EM; Powell, P*
Margaret J. Weston Community Health Centers, Clearwater, SC

BACKGROUND: Just over 2 months from the time the Centers for Disease Control and Prevention (CDC) released its revised recommendations for routine voluntary HIV testing, Margaret J. Weston Community Health Centers (MJW) integrated rapid HIV antibody screening into daily patient care. In this short time span, the health center analyzed patient flow and designed a process to include routine HIV screening; trained staff in use of the test; developed partnerships with referral organizations and the local department of health; and designed a system for the collection of data in support of this project.
METHODS: The health center designed a model that incorporates routine HIV screening into the intake process of a regular primary care visit for patients 13-64 years of age. Screening is offered by nursing personnel with results provided by the nurse or provider during the same visit. A standard documentation tool is completed for each medical patient offered an HIV screening test.
RESULTS: In the first month of routine HIV screening, 263 patients were tested using the OraQuick Advance Rapid HIV 1/2 Test. Two hundred and eleven (46%) patients refused screening. among those who declined HIV testing, most (57%) indicated they did not believe themselves to be at risk for HIV infection. Routine screening was temporarily suspended due to the lack of test kit availability and the absence of reimbursement mechanisms to support routine HIV screening. Testing resumed in March 2007 when a guaranteed source of Uni-Gold Rapid HIV tests was secured for the center.

CONCLUSIONS: After an intensive phase of preparation, training and design, MJW was able to successfully implement a routine HIV screening program that is now a standard part of its practice model. MJW's experience highlights the critical importance of HIV test kit availability and/or reimbursement mechanisms to sustain routine HIV screening within primary care settings.

Presentation Number: F13 – 3

Presentation Title: Moving to Routine HIV Screening Within Primary Care: The Experience of Six Community Health Centers as Pilots for a National Rollout (3 of 4)

Author(s): *Rowland, B; Patterson, E; Zellmer, A; Rathie, S; Toomey, B*
Piedmont Health Services, Carrboro, NC

BACKGROUND: Over a 6-week period, routine HIV screening was seamlessly integrated into the regular primary care visits of patients at Piedmont Health Services (PHS), a 6-site North Carolina community health center. With approximately 20,000 annual patient visits anticipated in persons 13-64 years of age, a well-designed pre-launch phase allowed for a smooth transition into full-scale routine HIV screening.
METHODS: In the first 6 weeks of routine HIV screening, 595 primary care patients were tested using the Uni-Gold Rapid HIV Antibody Test. In addition to designing methods for integrating routine screening into primary care at 6 distinct clinic sites, the organization devised a coding system to electronically capture core data elements that included acceptance or refusal for testing, reasons for refusal among those who declined testing, and previous testing history.
RESULTS: Patients 13 - 64 years of age were consistently offered an HIV screening test as a routine part of a medical visit. Of the 872 primary care patients offered HIV screening during the initial 6 weeks, 595 (68%) accepted testing. Of those tested, 323 (54%) reported having never had an HIV test in the past. among those who refused testing, 116 (42%) reported they did not consider themselves to be at risk while 89 (32%) reported they had recently been tested for HIV. The HIV status of those tested was 1 (<.002%) infected and 594 (99.998%) negative.
CONCLUSIONS: A large, multi-site primary care center, with a mix of urban and rural locations, was able to successfully implement routine HIV screening across its 6 sites in a little over a month due to an extensive pre-launch preparation phase that included, among other elements, staff training; development of staff and patient literature; and design of patient flow and data collection procedures. Through this initiative many patients previously unaware of their HIV status now receive testing and results. One hundred percent of patients screened received test results the same day within the context of their primary care visit.

Presentation Number: F13 – 4

Presentation Title: Moving to Routine HIV Screening Within Primary Care: The Experience of Six Community Health Centers as Pilots for a National Rollout (4 of 4)

Author(s): *Akakabota, B; Booker, W; Jones-Taylor, A; Eloby, J*
Aaron E. Henry Community Health Services Center, Clarksdale, MS

BACKGROUND: In recognition of National Black HIV/AIDS Awareness Day and the Centers for Disease Control and Prevention's (CDC) revised recommendations for routine voluntary HIV testing, Aaron E. Henry Community Health Services Center's (AEH) four primary care sites and large dental practice simultaneously implemented routine screening on February 7, 2007. AEH is located in the Mississippi Delta region and serves a population that is 95% Black and greater than 30% uninsured.
METHODS: In the first 3 weeks of routine HIV screening, 306 primary care patients were tested using the Uni-Gold Rapid HIV test and 142 dental patients were tested using the OraQuick Advance Rapid HIV 1/2 Antibody Test. A standard documentation tool was completed for each medical and dental patient offered an HIV test.
RESULTS: Patients 13 - 64 years of age were consistently offered an HIV screening as a routine part of a medical or dental visit. Two hundred and ninety-two (91%) of the primary care patients offered HIV screening were African American. Of those tested, 59% reported never having had an HIV test in the past. among those who refused testing, 63% reported they did not consider themselves to be at risk. The HIV status of those tested was 1 (.003%) infected, and 305 (99.997%) negative. The rate of initial false positives in the primary care clinic (a reactive Uni-Gold test followed by a negative Western Blot) was <.01%. No false positives were reported in the dental clinic.
CONCLUSIONS: With training in the use of HIV Rapid Tests, and support in designing a model for routine HIV screening, AEH was able to successfully implement a routine HIV screening program that is now a standard part of its practice model. Through this project many patients previously unaware of their HIV status were tested and received

results. One hundred percent of patients screened received test results the same day within the context of their primary care or dental visit.

Presentation Number: F13 – 5

Presentation Title: Challenges and Successes: Real-time Experience Implementing Routine HIV Screening Within Primary Health Care Centers

Author(s): *Modica, CA*[1]*; Coleman, JL*[2]
Cheryl A. Modica, National Association of Community Health Centers, Inc., Bethesda, MD, James L. Coleman, Margaret J. Weston Community Health Centers, Clearwater, SC.

ISSUE: Despite the Centers for Disease Control and Prevention's (CDC) revised recommendations of September 2006 advocating routine voluntary HIV screening as a normal part of medical practice, few ambulatory practices regularly offer HIV testing. While the reasons for this are many, a pilot project to implement routine screening in 19 clinical sites found that test availability (e.g., cost and reimbursement) and access to HIV specialty and follow-up care within the community are barriers to routine HIV screening of primary care patients aged 13 to 64.
KEY POINTS: Facilitators will present and discuss with the group a project funded, in part, by the CDC to implement routine HIV screening within the context of a regular primary care visit at 6 community health centers comprising 19 distinct clinical sites. Facilitators will discuss operational aspects of implementation, including successful program models for routine HIV screening, staff training, redesign of the patient visit, establishing a process to document all phases of the testing process, and development of patient educational materials. Facilitators will also present and discuss key challenges to start-up: 1) securing a referral network for patients in need of complex HIV primary care or advanced care and 2) sustaining a routine HIV screening program when there is an uncertain availability of test supplies due to costs associated with purchasing the tests and lack of reimbursement mechanisms for testing.
IMPLICATIONS: With organizational support from a coordinating body (National Association of Community Health Centers, Inc.), 6 community health centers successfully designed and implemented a model for HIV screening within routine primary care. While this effort established operational feasibility for health centers nationwide, the key question that remains is whether health centers can sustain HIV screening by securing future sources of HIV tests and mechanisms for reimbursement of testing.

Track G
G03 – Integrating Viral Hepatitis and HIV Prevention Services: The Role of States and Local Jurisdictions
Room: INMAN – (Hyatt Hotel – Atlanta Conference Center level)

Presentation Number: G03 – 1

Presentation Title: Say It Like It's One Word: HIV, STDs and Viral Hepatitis

Author(s): *Cotroneo, RA; Flanigan, C ; Gohlke, M; Gieryic, S*
New York State Department of Health, AIDS Institute, Albany, NY

ISSUE: Leaders in the fields of HIV, STD and viral hepatitis increasingly recognize that HIV, STDs and viral hepatitis affect the same vulnerable communities, such as injection drug users, men who have sex with men, immigrants and others. Epidemiological data and consumer needs necessitate that providers integrate their responses to these diseases at all levels. However, structural barriers continue to exist, such as categorical funding, limited resources, lack of training and lack of widespread information about effective models of integration.
SETTING: HIV, STD and drug treatment programs
PROJECT: To promote integration of viral hepatitis services in HIV, drug treatment and STD service delivery settings, the National Viral Hepatitis Training Center at the New York State Department of Health implemented a three year CDC cooperative agreement to assess training needs, identify models for integration, teach funding-neutral strategies for integrating viral hepatitis and evaluate the impact of the overall effort. Six needs assessment focus groups were held with a total of 44 participants and a National Advisory Panel was formed. A training titled "It's Time: Integrate Viral Hepatitis into Your Work" was developed and offered 16 times across the country to a total of 280 participants. Extensive training evaluation data were collected and analyzed.

RESULTS: The barriers to integration identified in needs assessment focus groups generally fell into four categories: 1) lack of specific funding, 2) staff attitudes about their ability to integrate viral hepatitis in their busy days, 3) lack of access to training on viral hepatitis, coupled with, 4) low levels of staff knowledge and ability to address viral hepatitis. The training was designed to address these issues and offered, simple, straightforward strategies for integrating viral hepatitis services. Post-training evaluation data indicated that attendees experienced a statistically significant increase in knowledge about all aspects of viral hepatitis (20% increase, $p < .001$), demonstrated improved attitudes about integrating viral hepatitis into their work ($p < .001$) and reported a statistically significant increase in the frequency of providing client counseling about viral hepatitis ($p < .05$).
Lessons learned: This project identified significant barriers to integrating viral hepatitis in HIV, STD and drug treatment programs and developed a training program to address many of these barriers. Building provider knowledge, skills, addressing attitudes about integration, and fostering leadership can play an important role in promoting integration and ultimately providing more holistic services to clients.

Presentation Number: G03 – 2

Presentation Title: Strengthening HIV Prevention: Increasing Impact Through Integration and Collaboration

Author(s): *Duncan, CM*
Rain, Columbia, MO

ISSUE: Expansion of HIV prevention and testing activities can be accomplished by integrating HCV prevention education and screening into existing programs.
SETTING: Rain is private CBO in Central Missouri that began integrating HCV education and testing with existing HIV prevention and testing activities in 2005. It was expected that we would identify HCV positive persons and connect them to care while at the same time increasing the number of HIV positives identified and connected to early intervention services.
PROJECT: Integrating HCV testing and education with existing HIV prevention and medical services effectively strengthens programs while expanding case finding opportunities and outreach efforts. Collaboration and coordination of services across organizations increases organizational capacity, and creates new funding opportunities for partnering organizations. In 2005, Rain began a collaborative project with a local Hepatitis C education and advocacy organization, the Missouri Hepatitis C Alliance. The primary goal was to identify and provide early intervention services to HCV positive individuals in Central Missouri. The secondary goal was to increase the number of HIV positives identified by testing all persons being tested for HCV. By 2006, Rain had fully integrated HCV education and testing into it's existing HIV prevention services including the following components: small group prevention education, large presentations, community awareness activities, outreach testing, provider education, and individualized risk assessment/risk reduction counseling.
Simultaneously, HIV and HCV medical services have been integrated and specialized case management services are being developed as a bridge between the two programs.
RESULTS: As anticipated, Rain was able to increase the number of high risk persons reached with education by almost 25% and double the number of people tested for HIV. Our provider network was doubled and new testing sites were established throughout Eastern Missouri. Contrary to expectations, no HIV positive individuals were identified through HCV screening activities.
LESSONS LEARNED: Collaborative projects can be very beneficial but have certain challenges that must be overcome in order to achieve high quality services while allowing the partnering agencies to fully express their individual missions. Additionally, especially in low prevalence, rural regions, numbers of identified HIV positives may not increase even when targeted HIV testing increases.

Presentation Number: G03 – 3

Presentation Title: Integration into HIV Programs: The Role of HIV/Viral Hepatitis/STD

Author(s): *King, H*[1]*; Church, D*[2]*; Reichert, P*[3]
[1]CDC, Atlanta, GA; [2]Massachusetts Department of Public Health, Boston, MN; [3]Florida Department of Health, Tallahassee, FL

ISSUE: Hepatitis C virus infection is the most common chronic bloodborne viral infection in the United States. First identified in 1988, HCV is the causative agent for what was formerly known as non-A non-B hepatitis, and is estimated to have infected as many as 242,000 Americans annually during the 1980's. Since 1989, the annual number of new infections has declined by more than 80 percent to approximately 30,000 in 2004. A national survey (the most recent National Health and Nutrition Examination Survey [NHANES]) of the civilian, non-institutionalized U.S.

population found that 1.6 percent of Americans (4.1 million) have been infected with HCV, of whom most (3.2 million) are chronically infected with HCV.
SETTING: HCV/HIV/STD C & T sites
PROJECT: Overlapping risk groups, routes of transmission and interventions make integration of viral hepatitis prevention activities into state and community based HIV programs a natural fit yet many challenges remain. Cross-program training, planning, counseling messages, referral services, vaccination strategies, funding and evaluation are all critical programmatic issues that must be addressed before fully integrating viral hepatitis interventions into HIV programs.
RESULTS: Models of Viral Hepatitis Integration and Collaboration
National Perspectives: Data from the 2006 Hepatitis C Assessment will be presented. This report summarizes the CDC, Division of Viral Hepatitis, and 2006 Hepatitis C Coordinator Assessment. A 67 item assessment tool, composed of qualitative and quantitative measures, was used to collect data on the capacity of the viral hepatitis prevention and control programs within various state and city/county health departments.
Health Department Perspectives: The Massachusetts Department of Public Health has been piloting medical management programs for people who are mono-infected with hepatitis C since November 2006. These programs have been integrated into existing HIV medical management programs (through which HIV/HCV co-infected patients can receive care already). The funded agencies also provide integrated HCV/HIV/STD counseling and testing services through a separate contract. The HCV medical management programs provide support through group and individual sessions, positive prevention counseling, assistance with insurance coverage and referrals to other appropriate services. They also ensure that clients are assessed for HCV treatment and provide support for clients undergoing treatment, clients not eligible for treatment and clients who have not been treated successfully. The pilot programs are being evaluated to determine the extent to which they are meeting client needs and how efficient and appropriate this model of care is.
Florida's Hepatitis Prevention program provides a good model of an almost entirely state-funded program that has been able to provide substantial viral hepatitis prevention services in clinical public health settings statewide. Principally provided in STD, HIV, and immunization settings, statewide services include hepatitis vaccination and serologic testing for at-risk adults. The Florida HPP model will illustrate how state resources can be mobilized to provide viral hepatitis services to at-risk adults.
LESSONS LEARNED:1) integration requires dedicated resources (time and funding), 2) integration should be tailored to the needs of the jurisdiction, 3) integration requires support from leadership and partners, and 4) evaluation is important to demonstrate the worth of integration.

Track G
G11 – Integrating HIV Prevention and Other Services for MSM
Room: SINGAPORE/MANILA – (Hyatt Hotel - Embassy Hall level)

Presentation Number: G11 – 1

Presentation Title: STDCheckup.org and STD-Prevent: Implementing Complementary Interventions to Enhance STD Screening Among Men Who Have Sex with Men in California

Author(s): *Hall, CS[1]; Gray, T[1,2]; McElroy, MD[1]; Boland, M[3]; Watson, S[1]; Farrell, K[2]; Pappas, L[3]; Bolan, GA[1]*
[1]CA Dept of Health Services -STD Control Branch, Richmond, CA; [2]CA Dept of Health Services - Office of AIDS, Sacramento, CA; [3]Better World Advertising, San Francisco, CA

ISSUE: Sexually transmitted diseases (STDs) are prevalent in communities of gay men and other men who have sex with men (MSM), particularly among those with HIV infection. Infection with STDs such as syphilis, gonorrhea, and Chlamydia increase the risk of sexual HIV acquisition and transmission by a factor of 2 to 5. Effective communication around STDs can be a challenge for busy medical care providers already charged with providing comprehensive health care and social support services for their patients. The described interventions were designed to: a) increase both provider and MSM awareness regarding the need for periodic routine STD screening of MSM, and b) enhance providers' STD screening practices with MSM patients.
SETTING: Public and private HIV care clinics with significant MSM patient populations were targeted. Awareness campaign materials were disseminated in the gay press throughout California and on the Internet. Intended audiences for this project were: a) medical providers who work with MSM patients, and b) MSM at risk for STDs. In five California counties, ten HIV care clinics were selected as evaluation sites to determine the effectiveness of these interventions.
PROJECT: The project comprised two complementary interventions, one directed to medical providers and the other to MSM. An advisory panel including clinicians caring for HIV-positive MSM patients was assembled at the outset to

provide review and feedback throughout the development of the interventions.
The provider-oriented intervention, *Screen, Test, Diagnose & Prevent: A Clinician's Resource for STDs in Gay Men and other Men Who Have Sex With Men (STD-Prevent)*, includes a "toolkit" of informational and instructional documents aimed at enhancing providers' STD screening practices with MSM patients. *STD-Prevent* is available in a printed format, a CD-ROM, and on the web at www.STDcheckup.org.
The consumer-directed intervention was created to support the formation of community norms around frequent STD screening among MSM, and includes a series of fixed display and take-away items for use in clinics, as well as a print- and web-based marketing campaign (www.STDcheckup.org) appearing in gay media outlets. The messages were focus-group tested with MSM across California.
RESULTS: The content of *STD-Prevent* was made available to healthcare providers serving MSM via the web on March 1, 2007. Printed copies were delivered to providers at evaluation sites. Clinic-based patient-directed awareness-raising items were placed in exam rooms and waiting areas at these sites. Marketing campaign materials were published online and in the gay press from March-May 2007. During March-April, over 1.6 million web banner ad views were recorded from three websites. Providers in participating clinics were surveyed to assess self-reported changes in STD screening behaviors and perceived intervention usefulness. Retrospective and prospective clinic-specific STD testing-related laboratory data were collected to aid assessment of intervention effectiveness.
LESSONS LEARNED: Lessons learned included: a) the efficiency afforded by building upon existing STD screening practices, b) the importance of recruiting committed site contacts to disseminate intervention-related information, c) the usefulness of including program evaluation in project design, and d) the benefits of using a two-pronged awareness-raising approach to address medical providers and patients simultaneously.

Presentation Number: G11 – 2

Presentation Title: Opportunities for Effective HIV Prevention Interventions in Difficult to Reach MSM Communities

Author(s): *Bailey, MM*[1]*; Bynes, KE*[2]*; Roberts, FL*[3]*; Roberson, M*[4] *- Marlon M. Bailey, Ph.D.*, Indiana University Bloomington, Bloomington, IN, *Kevin E. Bynes, B.S.*, AIDS Project East Bay, Oakland, CA, *Frank Leon Roberts, Ph.D. Candidate*, New York University, New York, NY, *Michael Roberson, BA*, People of Color In Crisis, Brooklyn, NY.

ISSUE: The Ballroom community is a national network of Black and Latina/o, LGBTQ individuals. The community consists of family-like groups called houses that produce competitive ball events. At balls, members compete individually or collectively in categories based on performance/presentation of fashion and physical attributes, as well as the performance of gender and sexual identities. The Ballroom community has a long history of prevalence among Black and Latina/o LGBTQ communities, and it exists in every major city in the U.S. Consequently, this immensely popular community attracts a number of young LGBTQ people who are at high risk for HIV/AIDS infection and other STIs. Yet, despite the critical role that that Ballroom community's plays among young Black LGBTQ people, it has received only scant scholarly and programmatic attention within HIV/AIDS prevention.
KEY POINT: The facilitators will present and discuss with the group core components of the Ballroom community that can be utilized for HIV/AIDS prevention among young Black and Latino/a LGBTQ who are at high risk for HIV/AIDS infection. Because this group will include members of the Ballroom community who are scholars and/or HIV/AIDS prevention and treatment providers, the goal of this roundtable is to engage in an in-depth dialogue about the Ballroom communities and HIV/AIDS. The central aims of this discussion are to: (1) discuss the central role that kinship and social networks play in the lives of Black and Latino/a LGBTQ people. (2) identify incentives that are built-into the Ballroom community that can be utilized to disseminate messages about prevention. (3) discuss how, through working with opinion leaders within the Ballroom community infrastructure, we can reduce high risk sexual behavior among members. (4) identify ways that providers can collaborate with the Ballroom community to create interventions for Black and Latino/a LGBTQ youth.
IMPLICATIONS: The Ballroom community is a force with which to be reckoned. Its large Black and Latino/a membership and its links to larger Black and Latino/a LGBTQ communities offers an opportunity to connect high risk LGBTQ youth with resources and options that can greatly reduce the spread or the virus at critical points in their lives. Rarely has there been an opportunity for members of the Ballroom community, many of whom are researchers and providers, to explore and identify ways to reduce risk within this community.

Presentation Number: G11 – 3

Presentation Title: Integrating STD Prevention into an Effective HIV Community-level Intervention for MSM – Voices from the Community

Author(s): *Lytle, C[1]; Coury-Doniger, PA[1]; Fields, SD[2]*
[1]School of Medicine and Dentistry, University of Rochester, Rochester, NY; [2]School of Nursing, University of Rochester, Rochester, NY

ISSUE: In the late 1980s and early 1990s in the United States, HIV prevention interventions resulted in decreases in rates of sexually transmitted diseases (STDs) and human immunodeficiency virus (HIV) infections in men who have sex with men (MSM). However, in recent years, increases in syphilis and other STDs among MSM have been reported in most U.S. cities. STDs are known to facilitate HIV transmission and acquisition and many new STDs are occurring in MSM living with HIV. Evidence-based, HIV prevention interventions for MSM with proven efficacy are currently being diffused nationally, however none focus on STD prevention. There is clearly a need for an integrated, STD/HIV prevention intervention for MSM.
SETTING: Collaboration between state and local health departments in Rochester, New York and a network of community-based organizations (CBOs) and clinics that serve MSM.
PROJECT: In 2001, local increases in syphilis and other STDs in MSM, many of whom were HIV positive, prompted the development of a MSM Collaborative and a decision to select a community-level intervention known as Community PROMISE. This HIV prevention intervention was proven efficacious in MSM populations in the late 1980s. This intervention however, was conducted over ten years ago and did not emphasis more recent recognition of how STDs facilitate HIV transmission. The MSM Collaborative adapted Community PROMISE to develop an integrated STD and HIV prevention intervention for urban MSM named "Voices from the Community". Using the Stages of Change theory as framework twelve role model stories were developed; each addressing a specific subpopulation of MSM (gay and non-gay identified), target risk behavior, social network, venue, and stage of change. The stories emphasized the increasing local rates of syphilis and gonorrhea, while highlighting the STD-HIV interactions and its impact on MSM of varying ages, race/ethnicities, and social networks. Target behaviors integrated HIV and STD prevention and included sexual behavior risk reduction, substance use, and health care seeking such as routine STD and HIV testing.
RESULTS: Role model stories were distributed in the community through a network of gatekeepers and natural opinion leaders. A community impact survey (N=434) was conducted and showed that 45.9% (n=199) of respondents adopted at least one risk reduction behavior change as a result of reading at least one role model story. The most common behavior change was getting tested for HIV (n=144). Survey respondents were mostly male (67.1%, n=291), Black (37.3%, n=162), had a mean age of 37, and indicated that they primarily had sex with men only (55.3%, n=240). Most were also HIV negative (61.1%, n=265) and 33 (7.6%) were HIV positive. Most had been given the role model stories by an outreach worker (47.2%, n=136).
LESSONS LEARNED:A community- based MSM collaboration used to update a proven efficacious HIV prevention intervention demonstrated program effectiveness. Community level interventions that include knowledge of STDs and STD-HIV interactions, and encouragement of STD screening and treatment for MSM who are both HIV negative and positive, should be more rigorous evaluated for national diffusion to meet the current prevention needs of MSM.

MONDAY, DECEMBER 3, 2007
Roundtables
5:30 PM - 6:15 PM

Track B
BR01 – Medical Monitoring PROJECT: Comparison of Pilot Data with Previous Supplemental Surveillance Projects
Room Location: A705 – (Marriott Hotel – Atrium level)

Presentation Number: BR01

Presentation Title: Medical Monitoring PROJECT: Comparison of Pilot Data with Previous Supplemental Surveillance Projects

Author(s): *McNaghten, A; Soe, MM; Nakamura, GV; Flagg, EW*
CDC, Atlanta, GA

BACKGROUND: The CDC's population-based supplemental surveillance system, the Medical Monitoring Project (MMP), will provide nationally representative estimates of clinical outcomes and behaviors of HIV-infected people in care through patient interview and medical record abstraction. Methods of the project will be described and MMP pilot data will be presented. Preliminary findings of selected measures from MMP will be compared with data from previous supplemental surveillance projects.
METHODS: MMP uses a 3-stage sampling design to sample states, HIV care providers, and HIV-infected patients receiving care. Ten MMP project areas that conducted previous supplemental surveillance projects conducted interviews and/or medical record abstractions on patients who received care in 2005. MMP project areas that participated in the Supplement to HIV/AIDS Surveillance (SHAS) project conducted MMP patient interviews, and areas that conducted Survey of HIV Disease in Care (SHDC) or Adult/Adolescent Spectrum of HIV Disease (ASD) projects abstracted medical records. MMP participant demographics including sex, age, race, education and insurance status will be presented. Prescription of antiretroviral therapy (ART) and receipt of a tuberculin skin test (TST) were examined for MMP, SHAS, and SHDC.
RESULTS: Nine MMP pilot project areas collected data on 679 patients. Of these participants, 75% were male, 66% were between the ages of 30-50 years with an average age of 43 (range 18-76), 46% were black, 39% white, 16% Hispanic, 24% had less than a 12th grade education, and 87% had insurance in the past year. Similar percentages of MMP participants were currently prescribed ART (84%) compared with SHAS (87%) and SHDC (86-88%). Higher percentages of MMP (91%) and SHAS (93%) participants ever received a TST compared with SHDC (34-62%).
CONCLUSIONS: MMP will provide the ability to collect locally and nationally representative estimates from matched interviews and medical record abstractions on HIV-infected persons receiving care. The percentages receiving ART were similar across all projects and did not differ by data collection method (self-report for MMP and SHAS and medical record abstraction for SHDC), but differences were seen for receipt of a TST. Collecting data from both patient interview and medical record abstraction will increase the ability to obtain more complete data on patients compared with previous projects that used only one data collection method.

Track D
DR05 – Evaluation RARE: The Office of Minority Health Rapid Assessment, Response, and Evaluation Program
Room Location: A703– (Marriott Hotel – Atrium level)

Presentation Number: DR05

Presentation Title: Evaluating RARE: The Office of Minority Health Rapid Assessment, Response, and Evaluation Program

Author(s): *Merriweather, S[1]; Rollins, R[2]; Bates, C[3]; Granthon, MC[2]*
[1] Office of Emergency Preparedness, Rockville, MD; [2] Office of Minority Health/HHS, Rockville, MD; [3] Office of HIV Policy, Washington, DC, MD

BACKGROUND: The Rapid Assessment, Response and Evaluation (RARE) process, from which the RARE Program was developed, uses mixed social science methods to produce quantitative and qualitative population assessment data useful in community planning and implementing HIV /AIDS prevention and services. The RARE Program, under the Office of Minority Health (OMH/HHS), provided funds to local projects to implement the RARE assessment. RARE uses community-based research to understand the risk behavior and HIV transmission to inform local service enhancements or improvements. RARE assessments were funded in 63 locales.
METHODS: The evaluation centered on the review and analysis of materials available from RARE local project grantees. Extracted key data from all available reports. Updated Atlas.ti (a computer assisted qualitative data analysis tool) to sort themes in data. Compared themes across grantees to identify, key grantee findings, and key grantee recommendations. All grantees created Community Working Groups (CWGs) with diverse stakeholders; formed and trained field teams; compiled background data on demographic, epidemiology, and social and cultural features of the site; used mixed methods. Methods included mapping, street intercepts, direct observation, interviews with key informants and focus groups.
RESULTS: Grantees' findings identified a range of challenges to reducing the spread of HIV in the targeted population and improving treatment and care. Prominent among these was the fact that high risk behaviors take place in a wide variety of fluid and overlapping social networks. These shifting networks link people who regularly engage in high risk behaviors with people who do so only rarely, often without having any knowledge of the potential risks. Lack of awareness of risk was also a major challenge. Some individuals appeared to engage in denial and fatalistic thinking with regard to risk, and do not appear to respond to conventional outreach methods focused on changing behavior through providing accurate information. Stigma, secrecy, and fear of public exposure also discourage people who engage in high risk behavior from seeking HIV testing or counseling, or substance abuse treatment. Other social factors, such as patriarchal relationships and IPV, prevent some women who are at risk from successfully negotiating safer sexual encounters. In addition, many grantees observed considerable mistrust of public institutions, whose traditional approach to outreach and services has in some cases unintentionally perpetuated issues of stigma.
Conclusions/IMPLICATIONS: Grantees offered many recommendations regarding highly site-specific matters, such as: designing educational messages to address the needs of a particular local group; including representatives of a specified local populations in planning and implementing outreach activities; collaborating with particular local agencies and organizations. Many grantees, however, also asserted broader themes by emphasizing the importance of various forms of collaboration, integration, and inclusion in initiatives to address HIV/AIDS in their cities and neighborhoods. Grantees also pointed out the wisdom of building on existing initiatives rather than, as so many put it, "reinventing the wheel." A few also strongly recommended careful monitoring and evaluation of all initiatives from start to finish, including establishing baselines prior to beginning implementation. Evaluation is a key component of the full RARE process.

Track D
DR11 – Internet-Based HIV/STI Prevention Interventions - From Innovation to Practical Application
Room Location: HANOVER C – (Hyatt Hotel – Exhibit Level)

Presentation Number: DR11

Presentation Title: Internet-Based HIV/STI Prevention Interventions - From Innovation to Practical Application

Author(s): *Rietmeijer, C[1]; McFarlane, M[2]* - Cornelis Rietmeijer, MD, PhD, Denver Public Health Department, Denver, CO, Mary McFarlane, PhD, Centers for Disease Control and Prevention, Atlanta, GA.

ISSUE: The role of the Internet as a risk environment for sexually transmitted infections (STI) and HIV infection has been well established. Over the past decade, public health prevention programs have sought to use the Internet to reach people at risk for STI/HIV and to exploit Internet technology to develop targeted interventions. As Internet-based interventions evolve and mature, public health departments and other STI/HIV prevention organizations are becoming increasingly interested in adopting these interventions and may need assistance in determining which of these tools are ”ready for prime time”; and how to implement and evaluate them. In the fall of 2006, the Denver Public Health Department was funded by CDC to develop the “Internet and STD Center of Excellence.” The primary goals of the Center include: 1) identification of promising online STI/HIV prevention interventions; 2) adaptation and evaluation of these interventions for use in the program (rather than the research) setting; and 3) development of online and offline tools to assist with adoption of these interventions at the program level.
KEY POINTS: The purpose of the Roundtable will be to have a dialogue with STI/HIV prevention program

representatives and others interested in the real world applicability of online interventions to: 1) introduce the Center and describe its goals; and 2) obtain feedback from the audience to better understand and meet program needs in the area of online interventions.
The Roundtable will be comprised of the following components:
General introduction (Rietmeijer, 5 minutes) Overview of online interventions (Rietmeijer, 10 minutes). Brief discussion of interventions in the following areas: a) online partner notification; 2) online testing; and 3) online interventions to affect behavior modification. Issues regarding implementation and evaluation of online interventions (McFarlane, 10 minutes)General discussion (Rietmeijer and McFarlane, moderators, 20 minutes).
IMPLICATIONS: With its increasing use and technical capabilities, the Internet is becoming an increasingly attractive "venue" for the development and implementation of STI/HIV prevention interventions. However, the adaptation and adoption of these interventions in the program area may be hindered by lack of expertise and resources. The Internet and STD Center of Excellence aims to provide the interface between innovation and practical application.

Track D

DR12 – Let's Talk About − HIV-Prevention-Related Sexual Health Promotion for Heterosexual Men
Room Location: HANOVER F/G – (Hyatt Hotel – Exhibit Level)

Presentation Number: DR12

Presentation Title: Let's Talk About – HIV-Prevention-Related Sexual Health Promotion for Heterosexual Men

Author(s): *Cruz, B; Blanchard, J - Brenda Cruz, BA*, Jeff Blanchard, BA, PROCEED, Inc., *Elizabeth, NJ*

ISSUE: Heterosexual behavior represents a growing mode of HIV transmission in the United States and is also a primary mode of transmission worldwide. The proportion of HIV/AIDS cases transmitted through heterosexual contact has remained at a steady high from 2001 through 2005, preceded only by male to male sexual contact (CDC, 2007). Although the percentage of new HIV/AIDS cases among men in the United States that are due to heterosexual transmission remains low relative to other risk factors (i.e., MSM, IDU) it is likely that the cases are being underestimated, according to CDC's 2007 HIV/AIDS Surveillance Report. Under reporting guidelines for U.S. surveillance reports, if a man has multiple risk factors and does not know with certainty that he was heterosexually infected, then according to a hierarchy of risks established, his exposure mode is attributed to the other factors. Blacks and Latinos continue to account for a disproportionate percentage of new AIDS cases that are due to heterosexual transmission (66% and 16% respectively); yet, few HIV prevention programs exist that address issues relevant to *heterosexual men* in the context of their relationships with women that may pose a risk for HIV transmission. The question of how best to reach and engage heterosexual in HIV prevention efforts remains timely even after two decades of HIV/AIDS in the US. This population cannot be ignored in light of the increasing rates of heterosexual HIV transmission in this country.
KEY POINTS: Implementing HIV prevention interventions specifically targeting heterosexual men has always presented a challenge due to issues of stigma, other personal priorities, lack of knowledge and low interest or concern. Facilitators will engage participants in a discussion on effective strategies for delivering HIV prevention related sexual health promotion to heterosexual Black and Latino men. Discussion questions will include; a) What are current interventions lacking? b) What should the HIV Prevention messages communicate? c) How and where should the messages be delivered? Should the messages be different for Black and Latino men? d) How can service providers gather information from clients to improve their delivery of services and HIV prevention messages to this specific population?
IMPLICATIONS: Participants will have the opportunity to discuss an often controversial and volatile topic of HIV prevention for "heterosexual men" in a structured and non-judgmental environment. They will hear first-hand from men who identify as heterosexual, what HIV prevention efforts targeting heterosexual men should look like and how best to reach men like themselves with HIV prevention messages that are relevant to them and speaks to their reality. Heterosexual transmission occurs between men and women; hence it would benefit HIV prevention programs that work with both groups to take note of the issues and perspectives of these men as a step toward comprehensive HIV education and prevention.

Track D
DR21 – Reinforcing HIV Prevention Messages to Influence the Sexual Practices of African American Young Men who have Sex with Men (AAYMSM)
Room Location: A704 – (Marriott Hotel – Atrium level)

Presentation Number: DR21

Presentation Title: Reinforcing HIV Prevention Messages to Influence the Sexual Practices of African American Young Men Who Have Sex with Men (AAYMSM)

Author(s): *Anderson El, J; Gipson, J; Colomb, M; Lowe, D* - Jermaine Anderson El, BS, June Gipson, EdS, Mark Colomb, PHD, CRA, Darrell Lowe, My Brother's Keeper, Ridgeland, MS

ISSUE: Current findings indicate that African American Young Men who have Sex Men (AAYMSM) between the ages of 18 to 24 are becoming infected with HIV at alarming rates. Most AAYMSM rarely engage in conversations about HIV prevention and common risk factors; consequently, failures to discuss or even acknowledge those risk behaviors have significantly impacted their abilities and/or desires to make healthy decisions. HIV prevention must be infused through the social networks in order to be integrated into the AAYMSM culture.
KEY POINTS: Many AAYMSM have unintentionally contributed to conditions that increase HIV risk factors by neglecting to talk to their friends or acquaintances about behaviors that perpetuate HIV infections.
IMPLICATIONS: If the well respected and most trusted AAYMSM in the social networks begin to repeat the HIV prevention messages, the probability of risk reduction will increase and resonate throughout the community.

Track D
DR22 – What's Culture Got to Do With It: Looking at the Positives of Our Cultures
Room Location: A707 – (Marriott Hotel – Atrium level)

Presentation Number: DR22

Presentation Title: What's Culture Got to Do With It: Looking at the Positives of Our Cultures

Author(s): *Lopez Rojas, A[1]; Carrel, JJ[2]* - Artruo Lopez Rojas, META Group, Zacatecas, Mexico, Jack J. Carrel, MPH, Louisiana Office of Public Health HIV/AIDS Program, New Orleans, LA.

ISSUE: Often when discussing cultural issues, program planners identify what barriers they will create and how to overcome them or design the program to deal with cultural issues. But often it is these cultural issues that give the community strength and skills to deal with issues they face in the wider community. This is especially true for HIV positive persons and should be taken into consideration when designing prevention programs targeting positive persons.
Key Points: Facilitators, both HIV positive, will from a strengths perspective compare gay and HIV cultures in the Southern United States and Mexico. Aspects traditionally seen as barriers such as machismo, homophobia, religion, sexism and facilitators such as family, community will be examined; discussion will examine other cultural aspects identified by participants and how they could be re-viewed in a positive way.
IMPLICATIONS: By planning programs to examine cultural factors often seen as barriers from a strengths perspective, program planners can learn how they can be used to empower rather than disempowered people who are HIV positive.

Track D
DR25 - HIV Prevention in Migrant Settings
Room Location: A702 – (Marriott Hotel – Atrium level)

Presentation Number: DR25

Presentation Title: Evidence-Based HIV Prevention for Cambodian-American Youth

Author(s): *McNamara, EL* - Lowell Community Health Center, Lowell, MA

ISSUE: Migration is a documented risk factor for propagation of HIV infection. Mobile communities are more prone to contracting the virus and are often the hardest to reach out to with prevention interventions. The USA, a melting pot of migrants is an important case study on HIV and migration. Israel, on the other side of the ocean, is a second excellent case study, being a country in which migration drives the HIV/STI epidemics. This RT will set the stage for understanding the correlation between HIV/AIDS and migration and use the two case studies to illustrate related epidemiology, policy, and ethical and care issues. The major part of the discussion will focus on evidence based interventions for HIV prevention with migrants.
KEY POINTS: The relationship between migration and HIV/AIDS is complex. The links between mobility and HIV/AIDS are related to the conditions and structure of the migration process with widespread evidence that migrant populations are at increased health risks in general and HIV in particular. There are a multitude of conditions and factors that encourage the spread of HIV/AIDS among mobile populations. Being away from home for extended periods, family breakdown, and increased number of sex partners (including sex with commercial sex workers) and the consequent risks posed to wives and other sex partners of migrant men are several contributing factors. Inadequate social development and living and working in conditions of poverty, powerlessness and social instability are listed as well. Interventions for HIV prevention thus need to tackle complex life situations of a target population which is hard to reach logistically, linguistically and literally
IMPLICATIONS: Understanding the underlined reasons for population mobility, including the main categories of migration: migrant workers, internally displaced populations, refugees and mobile people could result in better HIV/AIDS related policy and intervention development on national and local levels. Health systems and countries absorbing large influx of migrants need to develop specific programs for these populations and be sensitive to their needs and vulnerability.

Track E
ER04 – Restoration Maryland: A Community Mobilization Approach to Ensuring the Delivery of Culturally Proficient HIV Prevention and Treatment Programs
Room Location: A706 – (Marriott Hotel – Atrium level)

Presentation Number: ER04 - 1

Presentation Title: Restoration Maryland: A Community Mobilization Approach to Ensuring the Delivery of Culturally Proficient HIV Prevention and Treatment Programs

Author(s): Black AIDS Action Movement (BAAM!!!!!!! *Ivan P. Eaton, Master of Public Administration*
VanEaton Consultants, Baltimore, MD.

ISSUE: Reportedly, the Black Community represents 80% of all HIV AIDS cases in the State of Maryland, yet grantee administrations of federal funding for HIV/AIDS prevention and care have stifled the delivery of much needed public health programs due to organizational cultures of presumptuousness and indifference toward the Black Community.
In response to this affront on the Black Community, which is disproportionately impacted by HIV/AIDS, the Black AIDS Action Movement (BAAM!!!!!!!) was formed to redress HIV prevention and health care disparities and hold Maryland oversight agencies accountable in ensuring the delivery of culturally competent prevention and treatment programs for the Black Community and:
***C**ontinually inform the community of any acts of government misguidance, mismanagement, waste, and fraud.
***A**dvocate for change through personal and community networking.
***P**rotest government misconduct through actions of organized and civil protest.

***P**oliticize all public health issues that have not been remedied by executive, legislative and judiciary branches of government.
***S**upport only those elected officials and government appointees, who demonstrate authentic interest in serving the Black Community.
This *Restoration* has begun as a result of whistle blowing, civil protest and political input from the Black Community. Moving forward, we champion this cause and advocate for reliable stewardship by those who are sincerely committed to *slow* the devastation of HIV/AIDS in the Black Community and *Restore Maryland to a state of Cultural Proficiency in the Implementation of HIV Prevention and Treatment Programs.* We stand with a position that cultural placation of the Black Community is never enough!
KEY POINTS OF COMMENTARY: Participants of the discussion shall be asked to provide their perspectives on problems faced by the Black Community in their jurisdictions, and then, contribute traditional and innovative ways to remedy problematic issues relating to the delivery of appropriate and effective HIV prevention and treatment programs. Our *Jump Off Point* shall be, according to Ivan P. Eaton, MPA, BAAM Ombudsman, "The concept of *cultural competency* is ambiguous and mediocre at best, and on any level, cultural placation is inappropriate and never enough."
IMPLICATIONS: During the discussion, the facilitators shall familiarize the participants with components of the *Cultural Proficiency Capacity Building Model*, which can be used to strategize community mobilization activities to hold governments and grantees accountable in appropriately responding to the spread of HIV disease in their jurisdictions. In addition, participants shall: heighten their awareness of the regional differences and health care complexities faced by members of the diverse Black community, consider the sociopolitical implications of *not acting* to correct existing and emerging HIV/AIDS health care disparities and re-commit themselves to *act now*!

Presentation Number: ER04 - 2

Presentation Title: Stand Up - Speak Out! ; *Using Advocacy as a Tool for Change*

Author(s): *Campbell, CM; Bryant, L*
Housing Works, Inc., Washington, DC

ISSUE: PLWHAs are increasingly finding that decisions regarding their care and treatment are made with little, if any, inclusion of their ideas, opinions, research or suggestions. It is assumed that either those who have been working in the field or those who have been in power know best what PLWHAs need when it comes to their service needs. Grassroots Advocacy has always had and continues to have a place in the development and implementation of services and treatment for PLWHAs. Now, more than ever, grassroots advocacy is needed to assure that policy development is in line with the most up to date research as to what is effective in getting and keeping people healthy. The Campaign to End AIDS (C2EA) is a diverse, exciting coalition of people living with HIV/AIDS, their advocates and their loved ones that embodies this grassroots advocacy spirit. C2EA demands that our leaders exert the political will to stop the epidemic, in the U.S. and abroad, once and for all. In small towns and big cities across America, C2EA is mobilizing to ensure the best treatment and care for all HIV-positive people...and HIV prevention methods backed by good science.
As people have been living longer, we have begun to see a complacency that does not serve the community well. It is time to Stand Up and Speak Out - make sure our voices are heard on issues such:
Universal Access: Lifesaving health care and services for everyone living with HIV
Prevention: Science based prevention strategies worldwide
Research: For a cure and better prevention and treatment strategies
Respect: Full human and civil rights for everyone with HIV
KEY POINTS:

1. Advocacy and Activism: This roundtable will define the two and discuss how the two work together to effect change in policy and systems development.
2. Examples of successful Advocacy and Activism: Using examples from C2EA, we will show different tactics employed to successful move policy makers, ensuring improved access to treatment and care.
3. Share a tool to develop strong advocacy interventions based on the issue being addressed and the community in which the issue occurs.

IMPLICATIONS: The overall goal of this discussion is to provide participants with tools, strategy and plans for them to go back to their communities and move their issues forward, either by connecting with the national C2EA movement or energizing their own constituents in a way that makes sense for that community.

Track G
GR02 – Successful Strategies for Integrating HIV and Viral Hepatitis Prevention Programs
Room Location: HANOVER E – (Hyatt – Exhibit Level)

Presentation Number: GR02

Presentation Title: Successful Strategies for Integrating HIV and Viral Hepatitis Prevention Programs

Author(s): *Taylor, C* - Chris Taylor, BA, National Alliance of State and Territorial AIDS Directors, Washington, DC.

ISSUE: HIV and viral hepatitis affect many of the same target populations and health departments and community based organizations are increasing their coordinated and integrated efforts to best meet the prevention needs of at risk populations. This roundtable will explore HIV and viral hepatitis program integration models and strategies to increase integration efforts.
KEY POINTS: An informal discussion with HIV and hepatitis prevention staff about the level of integration occurring in their jurisdiction or agency, challenges and successful strategies for integration and development of action plans to increase integration efforts within their jurisdiction or agency.
IMPLICATIONS: Potential increase in the provision of integrated HIV and hepatitis prevention programming in the United States.

TUESDAY, DECEMBER 4, 2007
Roundtable Sessions
7:30 AM - 8:15 AM

Track A
AR03 – The African-Centered Behavior Change Model: A Paradigm Shift in Addressing Underlying HIV Risk Factors for African American Women
Room Location: HANOVER E – (Hyatt Hotel – Exhibit Level)

Presentation Number: AR03

Presentation Title: The African-Centered Behavior Change Model: A Paradigm Shift in Addressing Underlying HIV Risk Factors for African American Women

Author(s): *Gilbert, DJ*[1]*; Goddard, L*[2] - Dorie J. Gilbert, PhD, University of Texas at Austin, Austin, TX, Lawford Goddard, PhD, Institute for Adv Study of Black Family Life and Culture, Oakland, CA.

ISSUE: HIV/AIDS is a persistent health threat for African American women who account for 69 percent of estimated new HIV diagnoses among women, although African Americans constitute only 13 percent of U.S. population. The most widely-used prevention program targeting African American women uses culture and gender specific materials to promote condom use as the primary outcome goal. However, an alternative strategy using the African-centered behavior change model emphasizes the socio-cultural context of individual & relational responses to oppressive structural forces such as internalized oppression, which can express itself in depression, sense of disenfranchisement, psychological suppression of risk, and fatalism. These all act to decrease a person's ability to practice health promotion and can result in substance abuse and/or HIV risk behavior. The African Centered Behavioral Change Model addresses these underlying factors through character realignment and cultural immersion. Change is reflected in outcome measures beyond condom use.
KEY POINTS: We present the Healer Women intervention findings, showing significant improvements were realized in women's sense of self-empowerment, sense of control over one's life, racial pride, and women's decreased sense of fatalism as measured in terms of decreased depression and decreased sense of self-invalidation. Women reported reduced substance abuse and increased HIV prevention awareness.
IMPLICATIONS: The authors suggest a paradigm shift is needed to change the current disturbing trend of HIV infection among African American women. Participants will learn: (1) behavior change targets besides condom use; (2) Healer Women intervention components; and (3) intervention aspects reflecting a significant change, a paradigm shift, in HIV prevention for African American women.

Track C
CR02 – Tailoring and Adaptation of Street Smart: A View from a CBA Provider.
Room Location: HANOVER F/G – (Hyatt Hotel – Exhibit Level)

Presentation Number: CR02

Presentation Title: Tailoring and Adaptation of Street Smart: A View from a CBA Provider

Author(s): *Cruz, GA; Arrendondo, GN* - Gregory A. Cruz, Gricel N. Arrendondo, Cicatelli Associates, Inc., New York, NY.

ISSUE: One of the key issues in the implementation evidence based interventions is the issue of adaptation and tailoring. Effectively tailoring and adapting evidence-based interventions across diverse populations in terms of ethnicity, culture (gay, straight, faith -based, etc.) requires an understanding and balance between what constitutes fidelity, the concerns of the implementing agencies and cultural factors. Thus, the issue of appropriately tailoring and adapting evidence based interventions is both complicated and challenging.
KEY POINTS: Facilitators will present and discuss with the group their key findings in providing technical assistance and capacity building to agencies on adapting and tailoring the Street Smart HIV evidence-based intervention. This discussion will include:1) Key factors/challenges in working with implementing agencies around adaptation

2) A look at adaptations and tailoring (appropriate and non-appropriate) implemented by various community based organizations3) an exploration of some gaps and barriers found in implementing these adaptations and tailoring 4) a look at findings from technical assistance and capacity building given to agencies in adapting and tailoring evidence-based interventions and5) a summary and review of considerations for adaptation and tailoring evidence-based interventions.
IMPLICATIONS: The challenges and issues in adapting evidence based interventions directly affects the effective utilization of these interventions. Some community based organizations may mistakenly conclude that the interventions are not appropriate for their population while others may inappropriately adapt the intervention thus affecting it's effectiveness with their clients. An understanding of the key issues in adaptation and tailoring provides an excellent opportunity to improve capacity building and technical assistance services given to community based organizations in implementing HIV evidence based interventions. This discussion is not only necessary, but also highly beneficial for both potential implementing agencies working to reduce the rate of HIV transmission in high risk populations as well as their potential clients

Track D
DR06 – Introduction to HIV Prevention Research Literacy
Room Location: HANOVER C – (Hyatt Hotel – Exhibit Level)

Presentation Number: DR06

Presentation Title: Introduction to HIV Prevention Research Literacy

Author(s): *Davids, J*[1]*; Howell, S*[1]*; Barry, S*[2] - Julie Davids, Sarah Howell, Community HIV/AIDS Mobilization Project (CHAMP), Providence, RI, Sean Barry, Community HIV/AIDS Mobilization Project (CHAMP), New York, NY.

ISSUE: HIV prevention research comprises a complex, ever-changing body of scientific literature. Both long-standing and innovative prevention research can inform prevention programming, advocacy, and services. Prevention research literacy remains an essential yet underutilized skill in HIV prevention. HIV prevention research informs aspects of prevention programming in all parts of the United States.
KEY POINTS: Introduction to HIV Prevention Research Literacy will discuss basic skills and resources involved in identifying, reading, and comprehending research literature, including both basic and operational research. Facilitators will present specific research findings on key HIV prevention topics as examples; these examples will help guide discussion to link HIV prevention research and HIV prevention programming, policy, and advocacy.
IMPLICATIONS: With increased research literacy, HIV prevention providers will be able to better understand new research findings, interpret research for clients and community members, and integrate research findings into programmatic activities. Research literacy can also help guide community involvement in prevention research advocacy.

Track D
DR09 – A HIV Partner-Testing Program in an Urban HIV Clinic: Implications for Linking Newly Diagnosed Patients to Care and Preventing Secondary Transmissions
Room Location: A703 – (Marriott Hotel – Atrium level)

Presentation Number: DR09

Presentation Title: A HIV Partner-Testing Program in an Urban HIV Clinic: Implications for Linking Newly Diagnosed Patients to Care and Preventing Secondary Transmissions

Author(s): *Erika Aaron, Jillian Baker, Brenda Martino, Shannon Criniti, Anita Vargas*, Drexel University College of Medicine, Philadelphia, PA.

ISSUE: The CDC estimates that there are 40,000 new cases of HIV infections in the US annually and that up to 280,000 persons in the U.S. are unaware of their HIV infection. Fifty-one percent of persons who first test positive for HIV receive an AIDS diagnosis within the first year (MMWR, Sept. 2006). Clinicians providing medical care to HIV-infected persons can play a key role in identifying new diagnosis of partners of their clients, linking them into care, and in the prevention of secondary transmission. One intervention is providing testing for the partners of infected patients in an HIV clinic, including immediate on-site care linkage for positives. Partners of HIV-infected persons who are not aware of their own infection are not able to benefit from medical treatment and do not know that they may be transmitting HIV to others. Testing and diagnosing partners of HIV infected persons is important for their own health and is a critical strategy for reducing HIV transmission.
KEY POINTS: The Partnership Comprehensive Care Practice (PCCP) provides comprehensive primary and specialty HIV care for more than 1,400 adult women and men in an urban setting. HIV testing was offered to partners of patients from October 2002 through February 2007: 149 patients were tested, 60% received a rapid test. There was a seropositivity rate of 11% (n=17). The average age for those testing positive was 37 years; 77% were African-American and 70% were male. Risk factors included 30% MSM, 30% heterosexual, and 19% IVDU. At diagnosis, 38% of partners had CD4 counts <200. Within one year of diagnosis, 67% had started HAART. 100% of partners were immediately linked into care and remained in care with at least two visits within one year. None had HIV related hospitalizations or HIV related deaths.
IMPLICATIONS: Providing HIV testing for partners in an HIV clinic can be effective way to (a) increase HIV testing rates in a high-risk population; and (b) identify HIV positive persons and immediately link them into care on-site, and c) decrease transmission of HIV. The success of this program was that 100% of newly diagnosed partners were linked into care and that treatment was started within one year for those partners who were otherwise not aware of their diagnosis. This program has shown that routine testing of partners in an HIV practice is both feasible and effective for case identification and linkage into care.

Track D
DR15 – The Missing Link: Technical Assistance Models for Implementing Evidenced-Based Interventions (EBIs)
Room Location: A701 – (Marriott Hotel – Atrium level)

Presentation Number: DR15

Presentation Title: The Missing Link: Technical Assistance Models for Implementing Evidenced-Based Interventions (EBIs)

Author(s): *Callis, B*[1]*; Saunders, S*[2]*; Smith, V*[3] *- Barry Callis, M.S.W.*, Massachusetts Department of Public Health, HIV/AIDS Bureau, Boston, MA, *Steven Saunders, M.S.*, New Jersey Department of Health and Senior Services Public Health Services Branch Division of HIV/AIDS Services, Trenton, NJ, *V Jill Smith, M.H.S.*, Maryland AIDS Administration, Baltimore, MD

ISSUE: Evidenced-based behavioral interventions are core elements of state health department HIV prevention portfolios intended to decrease new infections by delivering prevention services that meet population needs. Until recently, little effort has been directed toward developing strategies to ensure success with implementers after initial EBI training. The impact of scarce national resources and on-going needs of local community-based organizations (CBOs) to effectively implement EBIs in which they have been trained, have resulted in state health departments implementing technical assistance supports to achieve intervention fidelity. These methods address the critical intersections of organizational, programmatic, workforce, and other contextual factors delivered with attention to format and dose.
KEY POINTS: Multi-state health department staff will present and discuss with the group a variety of technical assistance models and tools developed and used to support EBI implementers. Strategies to achieve local successes will be highlighted. This discussion will include: 1) evaluated technical assistance sessions; 2) methods and models for delivering technical assistance and monitoring; and 3) advancing locally-delivered technical supports through collaborations with academic and expert consultants.
IMPLICATIONS: The availability and access to locally-delivered technical assistance sessions offers considerable benefit for EBI implementers to ensure maximum outcome while working toward state-based goals of reducing new infections and linking individuals to the full range of prevention, testing, and care support services as part of comprehensive HIV prevention program.

Track D
DR16 – Providing Effective Technical Assistance and Capacity Development Services to Community Based Organizations and Faith Based Organizations through a Strategic Problem
Room Location: A706 – (Marriott Hotel – Atrium level)

Presentation Number: DR16

Presentation Title: Providing Effective Technical Assistance and Capacity Development Services to Community Based Organizations and Faith Based Organizations Through a Strategic Problem Solving Model Approach

Author(s): Hutton, *DL; Colomb, MA; Henry, C - Dorlisa L. Hutton, MPH, Mark A. Colomb, PhD, CRA, Courtney Henry, MPH*
My Brother's Keeper's, Inc., Ridgeland, MS.

Track D
DR18 – Maximizing the Potential of Computer-Mediated HIV Prevention Interventions
Room Location: A707 – (Marriott Hotel – Atrium level)

Presentation Number: DR18

Presentation Title: Maximizing the Potential of Computer-Mediated HIV Prevention Interventions

Author(s): *Card, JJ; Solomon, J - Josefina J. Card, Ph.D., Julie Solomon, Ph.D.*, Sociometrics Corporation, Los Altos, CA

ISSUE: Computers are a promising medium for the successful delivery and dissemination of effective HIV prevention interventions in the U.S. For example, computer-mediated interventions can improve participant recruitment and retention by being accessible at flexible times and locations, and by affording private opportunities to engage with sensitive material. In addition, computer-mediated interventions promote fidelity of implementation by delivering consistent content according to prescribed formats. They can also be delivered at lower cost than traditional one-on-one counseling and small-group interventions, because they greatly reduce involvement of agency staff. However, computer-mediated interventions also present several key development and delivery challenges, including how to provide opportunities for social norm setting and feedback on behavioral skills, and how to adequately address participant questions about the material.
KEY POINTS: To facilitate exploration of the benefits and challenges of computer-mediated HIV prevention interventions, facilitators will present and discuss the NIH-funded development and testing of a computer-mediated intervention called SAHARA (Sistas Accessing HIV/AIDS Resources At-a-Click). SAHARA is a multimedia, computer-based version of SiSTA, a 5-session, culturally-tailored, theory-based, small-group intervention that has demonstrated efficacy in promoting condom use among African-American women ages 18-29. The facilitators will focus the discussion on: (1) Techniques for maximizing key *benefits* of computer-mediated interventions (e.g., how to engage the program user and facilitate self-paced learning; address varying learning styles and literacy/computer literacy levels; and tailor the content and learning formats for specific cultural groups). (2) Techniques for addressing key program delivery and dissemination *challenges* (e.g., how to use multimedia elements to establish and promote social norms, and to provide modeling and feedback opportunities; how to involve program staff selectively and efficiently during program delivery).
IMPLICATIONS: Computers offer an opportunity for widespread, lower-cost dissemination and implementation of effective HIV prevention interventions in the U.S. Addressing the challenges inherent in delivering programming through this medium promises to increase the reach of empirically-validated HIV prevention interventions.

Track D
DR23 – Bulls-eye! Adapting Healthy Relationships Effectively for Your Target Population
Room Location: A705 – (Marriott Hotel – Atrium level)

Presentation Number: DR23

Presentation Title: Bulls-eye! Adapting Healthy Relationships Effectively for Your Target Population

Author(s): *Fegenbush, KM[1]; Casillas, D[2]*-Artruo Lopez Rojas,Kristofer M. Fegenbush, BA, MSW, Gay and Lesbian Community Center of South Florida, Ft. Lauderdale, FL, Daniel Casillas, UT Southwestern Medical Center, Dallas, TX

ISSUE: Healthy Relationships *(HR*) is an effective, widely-dispersed risk-reduction intervention for people living with HIV/AIDS. Implementing agencies face the challenge of adapting this small-group intervention to adequately meet the needs of their diverse target populations and communities. Agencies must ensure that their marketing information, assessment tools, program materials and facilitation techniques address the cultural, sexual and linguistic norms of the clients they serve. Because *HR* employs movie-quality video clips to generate discussion, the selection of population-appropriate clips that will impact the group remains a central concern for program implementation. Facing a lack of time, resources and capacity to tailor the intervention suitably for diverse groups, facilitators resort to providing a generic, generalized intervention that may not meet the needs of participants.
KEY POINTS: The PALS Project has implemented *HR* successfully both in English and Spanish among a diverse MSM population in South Florida. UT Southwestern Medical Center's Technology Transfer Team (3T) has worked with researchers, CDC, other training centers, and frontline providers to create the HR replication package, design and deliver training, and provide capacity building assistance (CBA) since 2003. Facilitators from both organizations will present and discuss with the group expertise, strategies and techniques to better adapt *HR* for populations with varied cultural, sexual and linguistic norms. Topics will include: 1.) the selection of up-to-date, culturally- and linguistically-appropriate movie-quality clips; 2.) population-appropriate approaches to draw interest and assist with participant retention; 3.) translation of materials and augmentation of presentation across linguistic barriers; 4.) challenges presented by multi-cultural, multi-lingual audiences; 5.) and access to capacity building assistance to support implementation of *HR*.
IMPLICATIONS: With sufficient training, preparation and planning, secondary HIV/AIDS prevention programs can successfully tailor *HR* for the unique needs of their target populations. This roundtable will allow agencies to share strategies, potential clip options, capacity building assistance and program support tools to better adapt the intervention while guarding fidelity to its core elements. Effective intervention adaptation will prove highly beneficial to clients as it increases understanding of information and skills, reduces barriers to service and anticipates the needs and norms of the intended audience.

Track E
ER01 – Formalizing the Role of Satellite Syringe Exchangers: The Ethical Challenges
Room Location: A702 – (Marriott Hotel – Atrium level)

Presentation Number: ER01

Presentation Title: Formalizing the Role of Satellite Syringe Exchangers: The Ethical Challenges

Author(s): *Livermore, SR; Eckert, V - Shanna R. Livermore, Valorie Eckert*, California Department of Health Services, Office of AIDS, Prevention Research and Evaluation Section, Sacramento, CA.

ISSUE: Satellite Syringe Exchangers (SSEs), those Injection Drug Users (IDU) who exchange syringes for others in their community that are not able or willing to access traditional HIV prevention services, are increasingly being utilized as programmatic assets for public health programs targeting IDU. Though SSEs maximize the geographic reach of HIV prevention interventions and are considered essential components to syringe exchange programs (SEPs) there are a myriad of risks to SSEs in this type of work.

Five sites in California were part of the first state funded SSE program. Contractors implemented interventions involving SEPs, SSEs, and peer-based prevention to decrease injection-related and sexual-risk behaviors associated with HIV transmission among IDUs. The limitations, ethical considerations and risks involved in formalizing SSE work documented over three years in these sites will serve as roundtable discussion points, as will the best practices from each site that eventually addressed each of these issues.
KEYPOINTS: As the role of SSEs in public health is formalized, the impact on the social networks inherent in the IDU community is unknown. SSEs that are on parole or probation may face hardships when interacting with law enforcement in some areas. Since SSEs handle a high volume of used needles, accidental needle stick risk is increased. Often SSEs feel obligated to offer clean equipment and syringes whenever others call upon them, which can result in interference in the day to day life of the SSE. In particular, homeless SSEs may have issues with the storage of new and used equipment. SSE programs may question whether to graduate SSEs who have become sober or allow them to continue in their peer educator role.
IMPLICATIONS: SEPs are among the most effective HIV prevention interventions that target IDUs and SSE work is a natural extension of this intervention that reaches pockets of previously unreachable IDUs. Reviewing the hardships faced by SSEs can lead to discussions of the applicability of drug paraphernalia laws, federal bans on syringe selling, resolution of conflicting public health and safety goals and proper syringe disposal. Adoption or adaptation of California's best practices can help SSE programs nationwide overcome common barriers to safe syringe exchange.

Track G
GR03 – The NIA PROJECT: A Culturally Competent Model of Integrated Service Provisions for High-Risk HIV Positive and Negative African-Americans
Room Location: A704 – (Marriott Hotel – Atrium level)

Presentation Number: GR03

Presentation Title: The Nia Project: A Culturally Competent Model of Integrated Service Provisions for High-Risk HIV Positive and Negative African-Americans

Author(s): *Lockett, G; Underwood, N; Wright, C* - Gloria Lockett, Executive Director, Nyisha Underwood, B,A., Carla Wright, Prevention Case Manager, CAL-PEP, Oakland, CA.

ISSUE: California Prevention and Education Project (CAL-PEP) has delivered HIV prevention, education, testing, counseling, substance abuse education and treatment services during its 24-year history to the African American community. The agency has pioneered a highly developed, culturally competent model of integrated service provisions for high-risk HIV positive and negative African Americans.
KEY POINTS: CAL-PEP provides three interventions: 1). Outreach and HIV Testing including both Oraquick (Rapid) and Orasure via use of CAL-PEP's medical van and the Alameda County Medical Center. We refer HIV positive individuals for Partner Counseling and Notification Services to Alameda County Office of AIDS. 2). PCM/CRCS to individuals testing positive for HIV and their sex and injection drug-using partners who are HIV negative or who do not know their HIV status. 3). Peer leaders in community settings serving high-risk women conduct SISTA workshop series. CAL-PEP peer educators integrate information and referrals to services while recognizing those women's priorities are family, housing, and income. Services Provided HIV Rapid Testing CAL-PEP utilizes a mobile clinic to provide testing and outreach services in high-risk neighborhoods. We also provide testing at events like community health fairs and youth events. We test in agencies where high-risk clients access services like substance abuse treatment facilities, homeless shelters, and youth drop-in centers. We've administered over 744 OraQuick and 56 OraSure tests of which 14 people were found to be HIV positive (preliminary). PCM/CRCS services are located at CAL-PEP offices in Oakland, CA. This site houses CAL-PEP services for both high-risk HIV negative clients and individuals living with HIV/AIDS. The CRCS program collaborates with our core group of community partners that provide services to our target population. We referred all 14 HIV positive clients for services of which 2 clients were confirmed having received services. For SISTA, CAL-PEP collaborates with agencies utilized by our clients for services. Therefore, SISTA workshops are provided at substance abuse treatment centers, transitional housing sites, youth centers, and juvenile hall. For the 2005-2006 project year, the SISTA project conducted 12 workshop series for 142 participants. Eighty-Seven (61%) participants completed the pre and posttest of which 48% improved their knowledge score on the post quiz.
IMPLICATIONS: Outreach and HIV Testing- CAL-PEP successfully completed HIV testing objectives, yet one area needs further development. HIV Testing clients receive a preliminary positive result and asked by the counselor to return for a confirmatory test in 2 weeks. Only 1 returned for the confirmatory test. CRCS- the concept of discharge

has consistently been difficult for clients and staff; the CRCS case manager ends up with a very large caseload. For this reason CRCS intakes should be complete during the first three quarters in order to close out/discharge clients. If needed, clients should be enrolled in other programs or re-enrolled the following year. SISTA The SISTA model is a fun and effective way in which to deliver this intervention. Still, we find retention to be challenging when we collaborate with facilities where we cannot control which women are sent to join the group.

TUESDAY, DECEMBER 4, 2007
Concurrent Sessions
10:30 AM - 12:00 PM

Track A
A09 – Economic, Psychosocial and Behavioral Risk Factors of HIV Infection
Room Location: HANOVER E – (Hyatt Hotel – Exhibit Level)

Presentation Number: A09 – 1

Presentation Title: Understanding the Relationship Between Beliefs About the Risk of HIV Transmission and Reported Condom Use Among People Living with HIV/AIDS (PLWHA)

Author(s): *Patel, SN*; Golin, CE; Przybyla, S; Grodensky, C; Davis, R
University of North Carolina, Chapel Hill, Chapel Hill, NC

BACKGROUND: Sexual risk behavior accounts for the majority of incident cases of HIV in the United States. Research suggests that PLWHA beliefs about the link between viral load and HIV transmission may influence sexual risk behavior, such as condom use. In this study, we describe HIV transmission beliefs and viral load in the full sample (N=209), as well as the correlation between these beliefs and condom use for a sub-sample (N=109) who were sexually active in the past three months.
METHODS: We used audio computer-assisted self interview (ACASI)-obtained baseline data from "SAFETALK," a trial of a clinic-based secondary prevention intervention among PLWHA in North Carolina, from July 2006 to March 2007. For the full sample, we calculated frequencies of three HIV transmission risk belief dimensions: "likelihood," "seriousness," and "worry." These HIV transmission risk beliefs were analyzed by asking patients about: 1) perceived likelihood of transmitting HIV to others, based on two hypothetical scenarios where viral load was "undetectable" and "high," respectively, using 2 items with a 3-point scale ranging from "high" to "low;" 2) perceived seriousness of infecting others in light of availability of new HIV medications, using 1 item with a 5-point scale ranging from "much more serious than it used to be" to "much less serious than used to be;" and 3) perceived worry about transmitting HIV to others, using 1 item with a 4-point scale ranging from "very worried" to "not worried at all that you gave HIV to someone else." Additionally, for a sub-sample of sexually active PLWHA, we performed Spearman's test for correlation between each of the 3 transmission risk belief dimensions and condom use, defined as proportion of anal and vaginal sex acts for which a condom was used in the past three months.
RESULTS: Our sample was 68% African-American, 24% White, 60% men, and the mean age was 43. In the full sample, a large proportion of PLWHA (82%) believed a high viral load was associated with a "high" likelihood of transmitting HIV, whereas only 45% believed an undetectable viral load carried a "high" likelihood of transmitting HIV. Most (53%) reported that HIV transmission was "as serious as it used to be" followed by 17% who reported "much more serious than it used to be." However, about three-quarters reported that they were "not at all worried about transmitting HIV to someone else" compared to 9% who were either "very worried" or "somewhat worried." Although correlations were sought between condom use and each of the HIV transmission belief dimensions, none were found.
CONCLUSIONS: Patients appear to understand how viral load impacts HIV transmission. However, beliefs about transmission risk were not correlated with patients' reported condom use. These findings suggest that prevention programs should focus on alternative strategies other than knowledge and beliefs about viral load and HIV transmission to influence sexual risk behaviors. Data collection is underway and future analyses will examine additional measures of sexual risk behavior, including partner serostatus, unprotected sexual intercourse, and temporal changes in transmission risk beliefs and sexual behaviors.

Presentation Number: A09 – 2

Presentation Title: Acknowledging the Role of Stress and Coping for HIV Prevention Programs Targeting PLWHA

Author(s): *Davis, R*; Golin, C; Patel, S - University of North Carolina at Chapel Hill, Chapel Hill, NC

BACKGROUND/OBJECTIVE: The relationship between HIV infected patients' psychosocial characteristics, such as perceived stress and coping style, with health status has been identified as an important target for interventions to improve outcomes for PLWHA. Research is needed to identify prominent stressors as well as coping processes used by PLWHA, specifically in relation to gender and race, in order to offer appropriate support for and decrease barriers to prevention.

METHODS: We conducted analyses of baseline data (July 2006-March 2007) on stress and coping through an Audio Computer Assisted Survey Instrument used in SAFETALK, a trial of HIV-infected patients at two HIV clinics in North Carolina. We asked patients to indicate level of stress experienced in the past 6 months for a list of stressors (4-point scale ranging from "no stress" to "a lot of stress"). Patients were also asked to choose one stressor causing the greatest amount of stress in the past 6 months. We then asked patients to indicate the extent to which they used specific coping mechanisms in response to that stressor (4-point scale ranging from "not used at all" to "used a lot"). We examined frequencies of stressors and coping mechanisms, then compared them by race and gender.
RESULTS: Study sample included 229 individuals: 57% male, 42% female, and 1% transgender. Seventy percent were African American and 23% White. Stressors reported most often included: 1) serious illness or death of a close friend or family member (62%), 2) discrimination (52%), and 3) change in viral load or T cell/CD4 count (45%). Of the forty-eight respondents reporting additional stressors, 50% reported stressors related to basic necessities (housing, job, money) and 31% reported family stress.
The stressors reported as most significant were: 1) "serious illness or death of close friend or family member" (21%), 2)"told HIV status to someone new" (7.4%), and 3) "important relationship ended with separation, divorce, or break up" (6.9%). For serious illness or death, similar results were reported by race and gender. However, a greater number of males (46%) reported stress related to disclosure as compared to only 31% of females. Additionally, 52% of Caucasian study participants reported disclosure as a stressor versus only 33% of African Americans.
Overall, the two most commonly reported coping mechanisms were "prayer" (73%) and "rediscovering what was important in life" (69%). Frequency differences by race were only noted for "rediscovery," with 87% of African Americans using this mechanism compared to 75% of Whites.
CONCLUSION: These analyses show the most significant stressors reported, for both HIV and non-HIV related issues, emphasized relationships with others. This finding has important implications for care providers, demonstrating the need to acknowledge psychosocial issues of patients seeking HIV-related care. Coping strategies involving positive reappraisal, like prayer, faith, and rediscovering the important things in life, are important for persons living with HIV regardless of gender and sex. These strategies present valuable tools for care providers looking to address stressful life events for PLWHA.

Presentation Number: A09 – 3

Presentation Title: Exploring Social Networks in Communities of Color: Associations Among HIV Status, Personal Characteristics, and Network Structure

Author(s): *Fisher, HH*; *Kimbrough, L; Johnson, W; Dooley, S; Jones, K*
CDC/NCHHSTP/PRB, Atlanta, GA

BACKGROUND: Network analysis has been used as a structural model to describe linkages among individuals infected by tuberculosis, syphilis, or HIV, and their contacts (e.g., McKenzie et al., 2007; Rothenberg et al., 2000), complementing traditional investigation methods. Research indicates disease prevalence and the likelihood of infection can be influenced by network structure (e.g., who knows whom socially in a given network), above and beyond engagement in risk behaviors among network members. From 2003 to 2005, we used social network strategies to find undiagnosed HIV infection in high-risk communities of color - the first large-scale examination of networks in such communities. Primary objectives of this analysis were to determine 1) if network structure (defined by subgroups connecting two or more members socially or through risk behavior) was associated with HIV serostatus and 2) if personal characteristics were associated with network structure (that could further increase likelihood of infection).
METHODS: Demographic and HIV-related risk data were collected from 3175 individuals in nine sites (seven U.S. cities). Snowball sampling methods were used, starting with high-risk HIV-positive or HIV-negative African American or Hispanic individuals who nominated at-risk individuals for HIV testing from their social, sexual, or drug-using networks. At-risk individuals had personally engaged in risk behavior with the nominator or were otherwise believed to be at risk. Chi-square tests examined associations between two-core membership (Figure 1-in a *two-core*, each member is connected to two or more other members) and HIV status, risk, race, and gender. Two-core membership has been associated with disease prevalence in past HIV/STD research (e.g., Friedman et al., 1997).
RESULTS: Across all sites, there was a total of 24 two-core groups (range across sites=0 to 6 two-core groups). A total of 276 people were two-core members (range across sites=0 to 57 people), with an average 11.5 people per two-core group at a given site; 2899 people were not two-core members. HIV-positive (X^2=10.05, p<.01), high-risk heterosexual (X^2=4.46, p<.05), men who have sex with men (X^2=4.63, p<.05), and Hispanic individuals (X^2=7.10, p<.05) were significantly more likely to be two-core members. Gender was not associated with two-core membership.
CONCLUSIONS: These findings suggest network structure could play an important role in HIV transmission in at-risk communities of color. Individuals who were strongly interconnected within their networks (evidenced by two-core membership) were more likely to be HIV-infected. Hispanics, high-risk heterosexuals, and men who have sex with men were more likely to be members of these network cores and, thus, were at increased risk for infection merely by their network connections. These results are consistent with past research showing two-core membership in

drug injector networks were more likely than other network members to be HIV-infected (Friedman et al., 1997). Two-core groups may act as local epicenters for disease transmission whereby infection spreads from core members outward to the network periphery to less connected individuals. Implications for risk reduction include identifying network cores in high risk areas, targeting high-risk individuals within the core, and identifying less-connected, uninfected persons who are linked to the core through social network methods.

Presentation Number: A09 – 4

Presentation Title: Assessing Behavioral HIV Risk Factors Among Black Women Who Report Recent Sex Partners with a History of Incarceration: Implications for Targeted HIV Prevention Interventions

Author(s): *Washington, KS* - Community Education Group, Washington, DC

BACKGROUND/OBJECTIVES: From 2001-2005, black women accounted for 67% of all women living with HIV/AIDS and approximately 70% of infections were due to heterosexual contact (CDC, 2007). Associated factors such as substance abuse, high rates of sexually transmitted diseases (STDs), and poverty-related issues have been well documented. However, little is known about black women who report having sexual encounters with men who have a history of incarceration. HIV rates in jails and prisons are 14 times higher than the general population. The objective of this study was to examine demographic characteristics, HIV-related behavioral risk factors, and perceptions of risk among black women living in three U.S. cities.
METHODS: Women living in Washington DC; Jackson, Mississippi; and Oakland, California were recruited. They completed an Audio Computer-Assisted Self Interview (ACASI) assessing demographic and HIV behavioral risk factors. Data were reviewed for those women reporting sex with individuals with a history of incarceration and those who did not. Analyses were conducted using SPSS.
RESULTS: Of the 903 Black women enrolled, 199 (22.1%) reported having heterosexual sex in the three months prior to enrollment with someone with a history of incarceration. This group of women were more likely to be unemployed or under-employed ($p=.034$) and earn less income annually ($p=.032$) when compared with women who did not report sex with someone who had been incarcerated. This group was also more likely to have injected drugs ($p<0.0001$), used crack cocaine ($p<.0001$), had sex with someone with an STD ($p<0.0001$), had an STD ($p<0.0001$), had sex with someone who injected drugs ($p<0.0001$), and exchanged sex ($p<0.0001$) in the 3 months prior to participation in the study. While most reported inconsistent condom use (53.8%) or never using condoms (16.6%), these women were more likely to perceive themselves to be at greater risk for HIV ($p<0.0001$) and to have been screened for HIV ($p=.013$) than women not reporting sex with someone with a history of incarceration.
A subset of women, 75 of 199 (37%), reported having sex with someone with a history of incarceration as their only risk factor. These women were more likely to be employed ($p=.014$) and to perceive their risk for HIV infection to be low ($p<0.0001$) as compared to those women who reported more than one HIV-related risk factor. This group also reported inconsistent condom use (52%) or never using condoms (12%).
CONCLUSIONS/IMPLICATIONS: Women who reported having sex with someone with a history of incarceration and other risk factors (e.g., IDU, exchanging sex, etc.) appear to be more aware of their risk for HIV, are screened more often, yet continue to report inconsistent condom use. Women who only reported having sex with someone with a history of incarceration perceive themselves to be at low risk for HIV and also report inconsistent condom use. Given the high rates of HIV infection among the incarcerated and the significant impact of HIV among black women, more prevention and screening efforts are needed in jails and prisons and more education and support is needed for their female sex partners.

Track A
A15 – Socio-Cultural and Contextual Barriers to HIV Prevention Among African American MSM
Room Location: HANOVER F/G – (Hyatt Hotel – Exhibit Level)

Presentation Number: A15 – 1

Presentation Title: Emerging Perspectives on the "Down Low" from Young Black Men Who Have Sex with Men in the South

Author(s): *Smith, JC*; *Fisher-Borne, M; Brown, AL; Leone, PA; Hightow-Weidman, LB - Smith, JC; Fisher-Borne, M; Brown, AL; Leone, PA; Hightow-Weidman, LB*

UNC School of Medicine, Chapel Hill, NC

BACKGROUND: Black Men Who Have Sex with Men (BMSM) in the US continue to be disproportionately impacted by the HIV epidemic. The term "Down Low" (DL) has emerged to describe BMSM who may also have sex with women. These men have been implicated as the primary cause of rising HIV infection rates in black women. Little research has been done to quantify the contribution of DL men to HIV infections among women or to describe the lives and experience of young HIV + BMSM. A cohort study of young HIV+ BMSM (N=20) was conducted as part of an ongoing initiative to diagnose, link, and retain HIV+ BMSM in clinical care.
METHODS: Baseline interviews were conducted from 6/06-1/07 with HIV+ BMSM ages 17-24. (N=20) Participants were recruited through area HIV clinics and testing events. Data were analyzed using SPSS. In addition, qualitative data was collected to examine experiences related to race, masculinity and sexual identity.
RESULTS: Sixty percent (N=12) of the men in the sample identified as gay, 15% bisexual. No participants self identified as heterosexual or reported sex with women in the last 3 months. Sixty percent (N=12) reported being strongly attracted to men and not attracted to women while 40% (N=8) reported being strongly attracted to men and slightly attracted to women. Eighty-five percent reported being either comfortable or very comfortable with their sexual orientation.
CONCLUSIONS: Our study findings contradict the pervasive narrative of BMSM on the DL as the primary cause of increased HIV transmission to black women. Future research should explore other social and sexual networks to explain the high HIV rates in the black community.

Presentation Number: A15 – 2

Presentation Title: Living in the South: Health and Sexual Histories of HIV+ and HIV- African-American MSM Living in a Southern State

Author(s): *Gaddist, BW*[1]; *Wright, CS*[1]; *White, J*[1]; *Kettinger, L*[2]; *Williams, SP3* - [1]South Carolina HIV/AIDS Council, Columbia, SC; [2]South Carolina Department of Health and Environmental Control, Columbia, SC; [3]Centers for Disease Control and Prevention, Atlanta, GA

BACKGROUND: There is limited data on the health and relationships of HIV+ and HVI- African-American men who have sex with men (MSM) and live in Southern states. The purpose of this study was to assess the HIV/STI histories and risk behaviors of MSMs who live in a Southern state.
METHODS: Focused interviews were conducted with MSMs living in two counties in South Carolina, one of which experienced increased syphilis morbidity (County A). Men from a matched comparison county (County B) were also interviewed. Using ethnographic assessment techniques, men were recruited by staff from two community based organizations that serve at-risk populations in the respective counties. The inclusion criterion was MSM self-identification. The interview included questions on STD/HIV knowledge, risk perceptions and behaviors, and sexual partnerships, as well as risk reduction information.
RESULTS: Forty-seven African-American men, between the ages of 19-45, were interviewed; 24 from County A and 23 County B. A previous HIV+ diagnosis was reported by 83% (n=20) of men from County A, and 61% (n=14) from men in County B. One fifth (n=10) of the 47 men reported a previous syphilis diagnosis (6 from County A), all of which self -reported being HIV+. Half of the men with syphilis histories also reported up to 3 additional previous STDs including herpes, gonorrhea, and hepatitis C.
HIV+ men reported the fewest partners in the three months prior to interview (mean=.81, range=0-3). Equal numbers of HIV+ men had zero (n=13) or one (n=13) sexual partner in the 3 months prior. HIV- men reported more partners (range=0-5) in the same time period (mean=2.39; median=2). Five men (3 HIV-, 2 HIV+) reported sex with women in the previous three months in addition to male partners. Most men reported inconsistent condom use. However, HIV+ men more frequently reported consistent condom use during receptive anal intercourse, while HIV- men more frequently reported inconsistent to non-condom use during insertive anal intercourse and sex with women. Men, who reported being stigmatized in their life experiences and living environments, also report a history of sexual risk and outcomes.
CONCLUSIONS: The results of this initial formative study with African-American MSM in South Carolina suggest that more primary and secondary HIV/STI prevention and intervention efforts are needed that target MSMs of color living in Southern states. However, given that more men in County A reported an HIV+ diagnosis, a history of syphilis and other STIs, more sexual partners, and inconsistent condom use frequency, tailored health education and risk reduction (HE/RR) approaches which reflect the socio-culture dynamics within specific geographical areas are essential. Additionally, preliminary outcomes indicate a contradiction between living in a conservative geographical environment and the incidence of self-reported high risk MSM behavior.
Participants' suggestions for intervention strategies included, flexible social marketing approaches (i.e. print, phone, and internet), as well as outreach at local social settings (i.e. malls, house parties, clubs), and frequent travel destinations particularly strategies that transcend county lines.

Presentation Number: A15 – 3

Presentation Title: Multiple Oppressions: A Qualitative Inquiry into Coping Strategies Among Black Men Who Have Sex with Men (BMSM) in NYC

Author(s): *Van Sluytman, LG; Wheeler, DP; Bellinger, Jr., G*
Hunter College School of Social Work, New York, NY

BACKGROUND: Recent research (Millet, Peterson, Wolitski & Stall, 2006) suggest that future HIV prevention research should concern itself with examining the extent to which structural forces contribute to the disproportionately higher prevalence of HIV among BMSM. Culture, economic, geography and institutionalized forms of oppression has implications for health and well-being. Coping involves using, changing or eliminating thoughts, actions or feelings to manage (i.e., master, tolerate, reduce, minimize) environmental and internal demands and conflicts (Lazarus & Folkman, 1984; Lazarus & Launier, 1978). Previous research has explored coping among African American men (Harris & Major, 1993; Majors, 1989; Majors & Billson, 1992; Oliver, 1989; Pierre, Mahalik, & Woodland, 2001; Staples, 1982; Wilson, 1991). The dearth of similar research concerning BMSM's unique experiences represents a gap in knowledge. These men, BMSM, face many if not all the same stressors as other Black men in addition to heterosexism & homophobia. This presentation focuses on sources of stress (e.g., church, community, and family involvement) and methods of coping among BMSM.
METHODS: During the Brothers y Hermanos qualitative phase we conducted 17 semistructured, focus group sessions for adult MSM (ages 16 and older). Eight focus groups were composed of HIV-positive men and nine were composed of HIV-negative or unknown men. We used a semi-structured interview guide to lead the session topics. Probes elicited descriptions of life in NYC, discrimination, risk of HIV transmission and seroconversion, and methods of coping with actual and perceived oppressions. The grounded theory approach guided data analysis (Glaser, 1992).
RESULTS: among the 162 BMSM we interviewed, there is a connection between life in NYC, their relationships with diverse communities and multiple forms of oppression (e.g., heterosexism, racism, etc.). Respondents indicated that the visibility and diversity of MSM in New York City provided a comfort. However, participation in some communities resulted in exposure to various forms of oppression. For example, BMSM described proscribed norms and codes of conduct that required them to devalue the importance of homosexuality in their lives or face hostility. These proscriptions influence fear for ones safety, feelings of marginalization, isolation and barriers to intimacy. Further men reported resistance to engaging HIV providers and organizations for fear of further stigmatization. The analysis suggests that facing multiple forms of oppression BMSM engage numerous coping strategies (e.g., adaptation, adoption of dual identities, spirituality and violence).
CONCLUSION: These exploratory findings reveal that BMSM face and cope with exposure to multiple forms of discrimination. Interventions should acknowledge the impact of this exposure, build upon existing community strengths and constructively discuss issues of safety and methods of coping with discrimination and stigma.

Track A
A24 – Findings From a Multi-Site, Collaborative Study of HIV Risk Among Black and Latino MSM and Implications for Future HIV Interventions
Room: REGENCY BALLROOM V – (Hyatt Hotel – Ballroom level)

Presentation Number: A24 – 1

Presentation Title: Brothers y Hermanos: Findings from a Multi-Site Collaborative Study of HIV Risk Among Black and Latino MSM and Implications for Future HIV Interventions

Author(s): *Wheeler, D[2]; Ayala, G[4]; Millett, G[1]; Bingham, T[3]; Bond, L[5]*; the Brothers y Hermanos Study Group - Greg Millett, CDC, Atlanta, GA, Darrell Wheeler, Hunter College School of Social Eork, New York, NY, Trista Bingham, HIV Epidemiology Program, Los Angeles County Department of Public Health, Los Angeles, CA, George Ayala, AIDS Project Los Angeles, Los Angeles, CA, Lisa Bond, Philadelphia Health Management Corporation (PHMC), Philadelphia, PA , the Brothers y Hermanos Study Group

ISSUE: (Group oral session proposal) Black and Latino men who have sex with men (MSM) are disproportionately affected by HIV/AIDS. In jurisdictions like New York City and Los Angeles County where HIV seroprevalence among Black and Latino MSM is estimated at 15% to 36%_the need for effective HIV prevention programs tailored for MSM of color is especially urgent. HIV prevention interventions currently endorsed by public health institutions

in the U.S. focus on modifying individual risk behaviors with limited regard to the cultural, interpersonal and social contexts within which risk occurs.
SETTING: The Brothers y Hermanos (ByH) research project was a four-site study conducted in New York City, Philadelphia, and Los Angeles County to identify structural, socio-cultural, psychological, and behavioral factors that place Black and Latino MSM at risk for HIV infection.
PROJECT: ByH used extensive formative, qualitative and quantitative research methods. The quantitative phase employed respondent-driven sampling (RDS), audio computer-assisted self interviews (ACASI) and HIV-antibody testing. Extensive community collaborations were central to both project design and implementation.
RESULTS: Between 2003 and 2006, four ByH study teams conducted over 50 focus group sessions and completed over 2,200 individual quantitative interviews and HIV tests with 1,154 Black and 1,081 Latino MSM.
LESSONS LEARNED: The session will provide an overview of ByH and describe how project data (1) contribute to a greater understanding of HIV risk factors among Black and Latino MSM and (2) can be used to inform effective intervention development. Local experiences implementing ByH will be presented, including the process of recruiting hard-to-reach populations. Local project staff will present ByH data using both single- and multi-site analyses to describe HIV risk behaviors among Black and Latino MSM. Several related topics will be presented, including the impact of histories of sexual violence among MSM; predictors of HIV status disclosure to sexual partners; experiences of racism and homophobia and their relationship to HIV risk; and a critical assessment of HIV prevention implications for men who identify as "down low" versus men who do not.

Track A
A25 – (MATH Study): Findings from the MATH Study on API ASM
Room Location: CAIRO – (Hyatt Hotel – Embassy Hall level)

Presentation Number: A25 – 1

Presentation Title: Part 1 of 3 (MATH) Study: Capacity Development for a Community-Academic Consortium Study of HIV Infection Among Asian and Pacific Islander Men Who Have Sex with Men in Seven U.S. Cities

Author(s): *Alvez, CM*[1]; *Do, TD*[2]*; Bangi, A*[2]*; Wong, F*[3] - [1]Asian and Pacific Islander American Health Forum, San Francisco, CA; [2]University of California San Francisco, San Francisco, CA; [3]Georgetown University, Washington, DC

ISSUE: Involving community in a research study optimizes relevance and the use of data and findings of the study. With the need for a disaggregated national data set on Asian and Pacific Islander men who have sex with men (MSM's), participation of members of the target population, community stakeholders, and service providers is pertinent in shaping a culturally relevant study design, producing useful data analysis, and the appropriate dissemination of findings. Yet often times, community-based organizations (CBO's) do not have the infrastructure to be a strong partner and meet levels of capacity essential in meeting quality assurance standards.
SETTING: Asian and Pacific Islander American Health Forum (APIAHF) acts as the convener and provides capacity building assistance to all 7 community-based organization partners in the Men of Asia and the Pacific Testing for HIV (MATH) study located at 5 major metropolitan areas including Los Angeles, San Francisco Bay Area, New York, Philadelphia, and Boston.
PROJECT: APIAHF collaborates with the scientific team in identifying structural components of the study, assess the needs of the CBO partners, work to address capacity gaps, and mitigate changes at the organizational and program level from housing a research study to the integration of Rapid HIV testing programs. APIAHF also work with the study's external evaluator in an effort to integrate capacity building into the overall evaluation to gain a better look at the efficiency of the consortium model.
RESULTS: CBO partners in the MATH Study vary in organizational profile and levels of capacity, so building infrastructure was tailored to the needs of each site. By the start of pilot testing in 2007, after 1.5 years of capacity building efforts, all CBO partners met all local, state and federal requirements for conducting Rapid HIV testing. 4 out 7 partners previously did not have Rapid HIV Testing programs using OraQuick Advance, while 2 did not have an existing HIV testing service at all. Through their increased capacity and experience, 1 partner influenced their local planning group and health department with the introduction of OraQuick Advance in their jurisdiction, where only finger stick technology was available, and was able to secure funding for a Rapid HIV testing service. 1 partner is also making an impact in their community planning group and local health department where they are looking to create an electronically-based data collection system using the MATH study as a model.
LESSONS LEARNED: The MATH Study consortium model provides a strong framework from which CBO's can adopt and adapt to new science quicker and effectively impact health services in their communities. Effective use of a

capacity building partner organization not only helps in capacity building efforts but also increases access of community groups to researchers, bridging science and practice to produce sustainable health systems.

Presentation Number: A25 – 2

Presentation Title: Part 2 of 3 (MATH Study): Pilot Findings from a Collaborative Study of HIV Among Asian and Pacific Islander MSM

Author(s): *Alvez, C*[2]*; Do, TD*[1]*; Bangi, A*[1]*; Wong, FY*[3]; the MATH Study Consortium
[1]University of California, San Francisco, San Francisco, CA; [2]Asian and Pacific Islander American Health Forum, San Francisco, CA; [3]Georgetown University, Washington, DC, DC

BACKGROUND/OBJECTIVES: Asian and Pacific Islanders (API) are among the fastest growing group of new HIV/AIDS cases in the United States, and men who have sex with men (MSM) comprise nearly three-quarters of cases among API. However, prior studies of API MSM have been limited to single cities and primarily sampled from gay-identified social venues. The Men of Asia and the Pacific Testing for HIV (MATH) Study is a five-year cross-sectional HIV social epidemiological study of 2,000 API MSM in five metropolitan areas (San Francisco Bay Area, Los Angeles, New York, Boston, and Philadelphia). For the pilot phase of the study, we sought to assess the feasibility of: (1) reaching a diverse sample using respondent-driven sampling (RDS); and (2) obtaining quality research data using a community-academic consortium model.
METHODS: Eligible participants must report lifetime sexual contact with another man, API ethnicity, age ≥ 18 years, and willingness to be tested. Participants are initially recruited from MSM venues, online outreach sites, agency programs, and API community events. Participants receive rapid oral HIV testing and counseling, complete a behavioral survey (in English, Chinese or Vietnamese), and receive instructions for referring contacts into the study. Those who test preliminary positive or indeterminate undergo phlebotomy for confirmatory testing, CD4 count and HIV viral load. All subject-related procedures are conducted at seven community agencies with technical assistance from the scientific team.
RESULTS: During one year of pilot testing, the MATH consortium recruited 72 participants. Few modifications to the protocol were made but we expended significant resources to build the community agencies' capacities. However, this effort resulted in increasing proportions of completed data collected. Overall, 5.4% of respondent data deemed of high importance were missing.
Ten of the 72 participants were recruited by RDS. The median number of other API MSM known to participants was 18. The mean and median age were both 33.0 (SD 11.2). Only 20% reported that English was the language with which they are most comfortable, and 70% were born outside the U.S. mainland. Ethnic identification included Filipino (41.7%), Chinese (13.9%), Japanese (9.7%), Vietnamese (9.7), and Indian (4.2%), among other groups. While 36% reported lifetime bisexual behavior, 76.4% identified as gay, 8.3% as bisexual, 4.2% as straight, and 2.8% as queer.
Many (73.6%) reported prior HIV testing, although the average time since the last test was 4.6 years (median 1.6 years, SD 6.67). Twenty five individuals (34.7%) tested positive for HIV infection, including 22 who already knew they were HIV+. Three individuals (12.0% of HIV+ and 4.7% of the total sample) learned of their HIV infection for the first time. The median CD4 count in the sample was 343 cells/mm^3 (range 108-704).
CONCLUSIONS: Based on our pilot study, were able to identify a diverse group across several demographic and HIV prevention measures, including prior testing, awareness of HIV status, and stage of infection (CD4 count). We conclude that conducting a social epidemiological study of API MSM involving complex procedures in a community-based setting is feasible and can provide quality data.

Presentation Number: A25 – 3

Presentation Title: Part 3 of 3 (MATH Study): Evaluating the Effectiveness of an Academic-community Research Consortium Model Used in a Pilot Study of HIV Among Asian and Pacific Islander MSM

Author(s): *Alvez, C2; Bangi, AK*[1]*; Do, T*[1]*; Wong, F*[3]
[1]University of California, San Francisco, San Francisco, CA; [2]Asian and Pacific Islander American Health Forum, San Francisco, CA; [3]Georgetown University, Washington, DC, DC

ISSUE: Collaborations that integrate the interests and expertise of scientific researchers and community-based organizations (CBOs) have promising potential to enhance the effectiveness and efficiency of achieving challenging health objectives. However, engaging a broad array of people and organizations in a successful collaborative process is extremely difficult.
Evaluation activities are one modality through which the barriers and facilitators of research collaborations between

community and academic partners can be highlighted, particularly in understanding the HIV prevention and intervention needs of hard-to-reach populations. This presentation will describe the use and implementation of evaluation in the context of the pilot phase of a research project for Asian and Pacific Islander (API) men who have sex with men (MSM). Findings illustrate the successes and challenges of the consortium model in research development and implementation.
SETTING: This presentation details a consortium model formed between seven CBOs, two academic partners, and a national capacity building agency. These partnerships have resulted in the formation of a five-region consortium known as the Men of Asia and the Pacific Testing for HIV (MATH) Study. It integrates years of experience in delivering HIV prevention and treatment services to the API population and in conducting scientific, community-based research. An external evaluator is responsible for overseeing the evaluation of the MATH consortium model.
PROJECT: In addition to investigating the HIV prevalence and the sociocultural and behavioral correlates of infection among API MSM, the goals and objectives of consortium members were assessed using mixed methods (e.g., satisfaction surveys, organizational capacity assessments, in-depth interviews, monitoring activities). Data were triangulated to describe the following: 1) the consortium's progress in meeting the study objectives (e.g., internal capacity building); 2) integration of research in community settings; and 3) partnership development between community and academic members.
RESULTS: Thematic analyses from qualitative data revealed several successes of the consortium model (e.g., expanded linkages between partners that improved service delivery, increased understanding of effective recruitment strategies for API MSM, policy changes in HIV testing) as well as challenges (e.g., logistical difficulties in study implementation, improving organizational capacity to conduct research). These data also informed specific areas of improvement (e.g., clarification on specific protocol activities, changes to communication mechanisms, technical assistance needs). Quantitative results indicated that the majority (90%) of respondents strongly agreed that the study's objectives and purpose were clear and were highly satisfied with the first face-to-face meeting held with partners during the pilot phase.
LESSONS LEARNED: Evaluation results revealed that a consortium model can be effective in establishing community-researcher partnerships that produce relevant data and research findings. Such findings also allowed consortium members to reflect on successful processes encountered during the pilot phase of the project and to recognize the influence of their individual and collective assets in meeting the study objectives. Feedback provided an invaluable opportunity for consortium members to discuss how to effectively address problems before the start of subsequent phases of research.

Track B
B02 – Internet and Other Surveillance Methods
Room Location: A705 – (Marriott Hotel – Atrium level)

Presentation Number: B02 – 1

Presentation Title: Online Recruitment and Survey of MSM: A Comparison of Three Methods

Author(s): *Lansky, A*[2]*; Denson, DJ*[1]*; Sanchez, T*[2] - [1]Centers for Disease Control and Prevention/Northrop Grumman, Inc., Atlanta, GA; [2]Centers for Disease Control and Prevention, Atlanta, GA

ISSUE: The National HIV Behavioral Surveillance System (NHBS) monitors trends in behaviors among people at risk for HIV infection. In 2004, NHBS collected data among men who have sex with men (MSM) through a venue based sampling (VBS) strategy. In 2006, a web-based HIV behavioral surveillance pilot project (WHBS) was developed to field test methods for collecting behavioral data from MSM populations traditionally not reached through standard VBS strategies.
SETTING: WHBS was piloted using the internet for recruitment and data collection among MSM from six U.S. cities: Baltimore MD, Boston MA, Dallas TX, Los Angeles CA, New York City NY, and San Francisco CA. Data were collected for 8 weeks during March - April, 2006.
PROJECT: We used three sampling strategies to identify and recruit men for this study: 1) online VBS; 2) respondent driven sampling (RDS); and 3) direct marketing. For VBS, we systematically identified online internet "venues" (websites with chat rooms or personal ads) and selected days and times when these venues had adequate participation. A recruiter sent a message about the survey to systematically selected men; those who agreed to do the survey were sent the link. For RDS, initial subjects (seeds) were identified through online venues; those who agreed to do the survey were given the link. At the end of the survey, men were asked to recruit three other MSM by sending them a link to the survey website; peer recruitment continued throughout the sampling period. For direct marketing, banner ads were placed on websites frequented by MSM that were locally relevant and potentially added diversity.

Men would click on these ads to get to the survey website. Once on the survey website, men completed an eligibility screener. Those eligible completed an anonymous survey which included variables such as sex and drug use behaviors, HIV testing, and access to local HIV prevention services as well as questions on Internet usage behaviors and attendance at types of venues used for NHBS.
RESULTS: WHBS collected 2,671 completed surveys. The VBS recruitment effort was shown to be labor intensive with low completions for the total number of approaches (6634 approaches and 241 completed surveys). However, the eligibility rate was high (1796 of 2097 [86%] persons screened). In RDS, it was difficult to start peer recruitment waves. Of 1694 persons approached to be seeds, 161 (9.5%) were screened and 85 completed the survey; only 13 additional persons were recruited by seeds. For direct marketing, there was a high volume of recruitment (36051 respondents entered the website); however, the eligibility rate was low (4704 eligible of 18,589 [25%] screened).
LESSONS LEARNED: Collecting behavioral data among MSM via the internet is challenging, but feasible. Each method piloted in WHBS highlighted specific limitations. In response to these challenges and limitations, an additional round of WHBS data collection was developed to capitalize on direct marketing and further test RDS; this second round uses direct marketing to recruit seeds for RDS recruitment.

Presentation Number: B02 – 2

Presentation Title: HIV Risk Among MSM with New Male Partners Varies by Type of Online Recruitment Site

Author(s): *Hirshfield, S*[1]*; Chiasson, M*[1]*; Humberstone, M*[1]*; Remien, RH2*
[1]Medical and Health Research Association of New York City, Inc., New York, NY; [2]HIV Center for Clinical and Behavioral Studies, New York State Psychiatric Institute and Columbia University, New York, NY

BACKGROUND/OBJECTIVES: To assess characteristics associated with unprotected anal intercourse (UAI) (versus protected anal intercourse [PAI]) among MSM with new (first-time) male partners in the most recent sexual encounter.
METHODS: In 2004-2005, 8,534 MSM recruited through banners on 8 gay-oriented sex- and news-related websites completed an anonymous survey about substance use and sexual risk behaviors within the past year. Categorical variables included age (<30, 30-39, 40+), self-reported HIV status (positive, negative, untested), and race/ethnicity (White, Black/African-American, Hispanic, Asian, mixed/other race). Bivariate and multivariate analyses were used to assess statistical differences.
RESULTS: among men from the U.S. or Canada whose most recent sexual encounter was with a new male partner (n=2,652), 23% reported UAI (either receptive and/or insertive), 28% reported PAI, and 49% reported no AI. Analysis was limited to those reporting UAI or PAI (n=1,347); 65% were recruited from a subscription-based male sex site (SS), and the remainder were recruited from chat/dating sites, news sites, and emails sent by some participants with the banner link. Median age was 37 (range 18-78); 78% were white; 63% earned ≥ $40,000; of those tested (n=1,109), 20% were HIV-positive. In the most recent encounter, men met their new partner online (71%) or offline (29%) (e.g., bars, parks, bathhouses, school, parties). Substance use before/during sex in the most recent encounter included illegal drug use (24%), erectile dysfunction (ED) drug use (17%), and alcohol use (25%).
In bivariate analysis, characteristics significantly associated with UAI with a new male partner in the most recent encounter included age 40+ ($p<.001$), mixed/other race ($p<.05$), being HIV-positive ($p<.001$), meeting the new partner online ($p<.05$), using substances before/during sex [crystal methamphetamine ($p<.001$), nitrite inhalants (poppers) ($p=.001$), gamma hydroxybutyrate (GHB) ($p<.01$), marijuana ($p<.05$), and ED drug use ($p<.001$)], the participant not disclosing his HIV status ($p=.05$), and being recruited from a SS ($p=.001$). Hispanic men were significantly less likely to report UAI (OR 0.7, $p<.05$).
In multivariate analysis, predictors associated with UAI with a new male partner in the most recent encounter were mixed/other race (AOR 2.1, $p<.05$), being HIV-positive (AOR 4.1, $p<.001$), meeting online (AOR 1.4, $p<.05$), using crystal methamphetamine before/during sex (AOR 3.1, $p<.001$), the participant not disclosing his HIV status (AOR 1.3, $p<.05$), and being recruited from a SS (AOR 1.4, $p<.05$). The multivariate adjusted for age, being Hispanic, and other drugs before/during sex (poppers, GHB, marijuana, ED drugs).
CONCLUSIONS: among this sample of MSM recruited online who had sex with a new male partner, the constellation of high-risk behaviors included a high proportion of HIV-positive men (20%), non-disclosure of HIV status, crystal methamphetamine before/during sex, and unprotected anal intercourse. The level of risk reported by participants varied by type of recruitment website (e.g., sex site versus news/chat). These differences in risk are important to consider when planning online research and interventions. There is clearly a strong need for new prevention and intervention initiatives online, particularly those targeting high-risk sex sites.

Presentation Number: B02 – 3

Presentation Title: MSM, the Internet and Respondent Driven Sampling: The Dallas Web-based HIV Behavioral Surveillance Pilot

Author(s): *Poe, JD*[1]; *Shehan, D*[1]*; Freeman, A*[1]*; Yeager, R*[2] - [1]University of Texas Southwestern Medical Center, Dallas, TX; [2]Texas Department of State Health Services, Austin, TX

ISSUE: The Internet has presented new ways for men who have sex with men (MSM) to find sex partners and studies have found that up to 50% of gay men reported finding sex partners online. Sampling of MSM for behavioral research, such as National HIV Behavioral Surveillance, has focused on physical venues. These methods may exclude men who do not frequent gay-identified venues or who use only the Internet to find sex partners.
SETTING/PROJECT: In collaboration with the CDC and five other metropolitan areas, UT Southwestern Medical Center and the Texas Department of State Health Services tested methods for recruiting MSM online to complete a behavioral survey. The Dallas Web-based HIV Surveillance (WHBS) team used Respondent Driven Sampling (RDS) to recruit MSM from the Internet. RDS recruits "socially connected" individuals, called "seeds", to then recruit peers from their social networks to complete the survey. Formative research and a pilot study were conducted in 2005 and 2006. Men identified as "seeds" completed the survey and then recruited online friends. The Internet environment offered several challenges to RDS methodology including no tangible incentive for participation.
RESULTS: Dallas WHBS staff approached 1,256 men to be seeds, utilizing different methods including email solicitations and chat sessions with men online. Eighty-one men completed the survey; 33 of them agreed to recruit other men. Response rates increased during the time the survey was active as did the percentage of participants agreeing to recruit others. White men were more likely to agree to participate while African-American men were much less likely to agree.
LESSONS LEARNED: The Dallas pilot indicates that RDS can succeed online without incentives. Seed selection should be purposeful as demonstrated in previous RDS studies. Racially and ethnically appropriate recruitment materials should be developed. Peer recruitment should be a user friendly and automated process. RDS requires ample time to achieve the recruitment waves necessary for a representative sample. Seed recruitment may be more effective by: 1) Inviting routinely active members of a chat environment to participate whether online or not; 2) Messaging all men present in a chat room rather than approaching men who enter the room consecutively; and, 3) Using banner ads or other online marketing techniques to recruit seeds. Finally, recruitment of seeds offline should be considered as it would be a faster and perhaps more effective method of recruiting online social network "stars".

Presentation Number: B02 – 4

Presentation Title: Looking for "Love" on the Internet: A Comparison of Gay-Identified and Non-Gay-Identified Men Who Have Sex with Men

Author(s): *Wolitski, RJ*[1]; *Wang, T*[1]*; Wasserman, J*[1]*; Hirshfield, S*[2]*; Chiasson, MA*[2]*; Remien, RH*[3]*; Humberstone, M*[2]*; Wong, T*[4]
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BACKGROUND: The Internet has provided men who have sex with men (MSM) new options to interact, make friends, and meet romantic and sexual partners. It has also created new opportunities to conduct HIV/STD prevention and research with non-gay-identified (NGI) MSM who may not regularly frequent real-world venues in the gay community. This study compares the characteristics and risk behavior of gay-identified (GI) and NGI MSM who met sex partners online.
METHODS: Participants were recruited in 2003 and 2004 from 14 websites designed for GI and other MSM. They completed an anonymous online survey that assessed demographics, sexual practices, substance use, and HIV testing. To be included in these analyses, participants had to: (1) be a male adult (18+ years old), (2) live in the US or Canada, (3) have ever had sex with a man, (4) have had 1+ male or female sex partners in the prior 90 days, and (5) report that their most recent sexual encounter was with a non-main partner they met online. A total of 797 participants met these criteria and were classified as GI or NGI (e.g., bisexual, heterosexual) based on their self-reported sexual identity.
RESULTS: Most men were over 35 (Mean = 36 years, range = 18-85), white (82%), and GI (85%). Bivariate analyses indicated that GI MSM were younger than NGI MSM ($p < .005$) and were less likely to identify as racial/ethnic minorities ($p < .05$). Multivariable analyses controlling for age, race/ethnicity, and location (i.e., region and size of community) identified significant differences between GI and NGI MSM. GI MSM were less likely than NGI MSM to have ever (49% vs 89%, AOR=.11, 95% CI=.6-.19) or in the past 90 days (3% vs 56%, AOR = .02, CI=.01-.03) had sex with a female sex partner. GI MSM had more male sex partners than did NGI MSM---53% of GI MSM and 24% of NGI MSM (AOR=4.7, CI=3.0-7.4) had 50+ male sex partners in their lifetimes. Substantial minorities of both GI and NGI MSM reported risky sexual behavior during their most recent sexual encounter, but

significant differences in types of sexual behavior and condom use were not observed. GI MSM were more likely than NGI MSM to have ever been tested for HIV (87% vs 69%, AOR=3.5, CI=2.2-5.8). They were also more likely than NGI MSM to receive HIV messages via the Internet (84% vs 70%, AOR=2.1, CI=1.4-3.3) or a magazine (76% vs 66%, AOR=1.9, CI=1.2-3.0).
CONCLUSIONS: Both GI and NGI MSM who meet sex partners online are at risk for acquiring or transmitting HIV/STDs. Lower rates of HIV testing among NGI MSM raise concern about HIV disease progression and transmission among NGI MSM with undiagnosed HIV infection. Because NGI MSM are not as likely to receive HIV messages from some sources, they may need to be reached by different strategies that are specifically tailored for this population. Greater effort should be devoted to using the Internet to test and deliver HIV/STD prevention interventions and promote HIV/STD testing among NGI and GI MSM.

Track B
B03 – Risk Factor Surveillance
Room Location: HANOVER D – (Hyatt Hotel – Exhibit Level)

Presentation Number: B03 – 1

Presentation Title: Presumed Heterosexual Contact: Moving Forward in HIV Surveillance Risk Factor Classification

Author(s): *McDavid, K*[1]; *Mokotoff, ED*[2] - [1]Division of HIV/AIDS Prevention, CDC, Atlanta, GA; [2]HIV/STD and Other Bloodborne Infections Surveillance Section, Michigan Department of Community Health, Detroit, MI

ISSUE: The current risk factor classification system (transmission category) used by CDC for national HIV surveillance was developed in the early years of the epidemic (early 1980s). Much has changed with the epidemic since that time. Specifically, the high-risk heterosexual contact category as it applies to females does not capture how HIV was likely transmitted to a large proportion of women, decreasing the usefulness of the data for guiding prevention practices. As a result, approximately 47% of 2005 HIV infection cases reported to CDC did not have an identified risk factor compared with 37% for males. State partners and CDC are exploring revisions to the risk factor classification system for HIV surveillance to possibly include a Presumed Heterosexual Contact category for females. The addition of this category would better distinguish true no reported risk factor cases from those for whom heterosexual contact was the most likely transmission route.
KEY POINTS: Unless a female HIV-infected patient knows the HIV status of her male partner, it is likely she will be classified into the no identified risk factor category (assuming she is not an injecting drug user). During the roundtable, how a potential new category for females could be defined will be discussed as well as background projects, technical guidance and consultations that led to the current situation. Later, another process will be undertaken to explore how to address the classification system for males. In 2005, state partners and CDC outlined a non-hierarchical HIV risk factor classification system, which was recommended in a 2001 risk factor consultation. Plans for the implementation of this non-hierarchical system are underway.
IMPLICATIONS: The addition of a Presumed Heterosexual Contact category for females would be relatively uncomplicated since there is no other probable mode of transmission for heterosexually active, non-injection drug using women. How will the changes to data presentation affect how and what data are collected? Will potential changes affect software systems and processing algorithms (HIV/AIDS Reporting System [HARS], eHARS, National Data Processing Initiative)? How will providers be affected? What will the changes mean to prevention programs and community planning groups? These and other questions will be discussed. The goal of the roundtable is to promote wide awareness of future potential changes to the HIV surveillance risk factor classification system and to obtain participant input.

Presentation Number: B03 – 2

Presentation Title: Chicago HIV/AIDS Surveillance Data and the Analysis of Multiple Risk Exposure Categories

Author(s): *Simpson, Y; Benbow, N* - Chicago Department of Health, Chicago, IL

BACKGROUND: Analyzing surveillance data from the Chicago Department of Public Health, Surveillance Section, this presentation will examine all risk factors collected routinely on persons diagnosed with of HIV and AIDS in Chicago as of March 2007.
OBJECTIVE: The objectives of this presentation are to examine each risk exposure for those living with HIV/AIDS and describe other exposures reported on the case report forms. Risk exposure reflects behaviors that suggest how

HIV was transmitted from an infected person to a non-infected person. Center for Disease Control and Prevention (CDC)'s risk hierarchy classifies risk exposure into one single category. The hypothesis is that among those living with HIV/AIDS, both men and women will have more than one exposure then what was reported as their hierarchal risk.
METHODS: This presentation analyzes data entered into the HIV/AIDS Reporting System (HARS). The examined risks are partners' sex and risks such as, sex with female or male, heterosexual, injection drug user (IDU), bisexual male, and person with HIV/AIDS, risk not specified /unknown. Heterosexual exposure is defined as having sex with partner(s) who had one of the following exposures, IDU, bisexual male or someone who is HIV+, risk not specified. Cases with a non-identifiable risk (NIR) were excluded from the analysis.
RESULTS: Of the 21,222 persons living with HIV/AIDS, 57% (12,140) had multiple risk exposures. among males, 30% (5,000) indicated having sex with a female and 12% (1,944) indicated having had sex with an HIV+ person, risk unknown. among females, 93% (4,317) indicated having had sex with a male and 50% (2,341) indicated having had sex with a HIV+ person risk unknown. among female IDU, 28% indicated having had sex with a male IDU, 25% had sex with a HIV+ male risk unknown and 4% had sex with a bisexual male. For male IDU, 17% had sex with a female IDU, and 9% with a HIV+ female risk unknown. among male MSM/IDU 13% had sex with a female IDU, and 9% with a female HIV+ risk unknown. A higher percentage of having sex with an HIV+ person and dual IDU/Heterosexual contact was among more females than males. For both men and women, Blacks account for majority of multiple exposures cases.
CONCLUSIONS: The CDC risk hierarchy does include one dual exposure MSM/IDU, but does not capture dual IDU/Heterosexual exposures. Cases are counted only once in a hierarchy but persons with more than one risk (other than MSM/IDU) are classified in the category listed first in the hierarchy, thus not accurately reflecting all exposures of a person's contact with an infected person. This presentation will generate discussion about the significance of the multiple risk exposures including the category for heterosexual with HIV+ person, risk unknown. Prevention efforts should place more emphasis on assessing all personal behaviors that put one at risk for acquiring HIV. The findings of this analysis suggest future uses of surveillance data should begin to use multiple exposure categories, if it is to be more accurate and useful for public health prevention and intervention practices.

Presentation Number: B03 – 3

Presentation Title: Comparison of Imputation Strategies to Reclassify Individuals with No Identified Risk, Chicago, 2004-2005

Author(s): *Benbow*, N; *Christiansen, D*- Chicago Department of Public Health, Chicago, IL

BACKGROUND: In Chicago, approximately 2,400 HIV (not AIDS) cases were diagnosed between 2004-2005. Of these, 44% of females and 28% of males have no identified risk (NIR). Although a greater proportion of females have NIR, a greater number of males are reported with NIR. Accurate characterization of risk is critical for community planning groups to set HIV prevention priorities and to allocate funds to community prevention groups. Our goal was to compare several imputation methods and to determine the most parsimonious method for classifying individuals with NIR.
METHODS: In Method 1, we stratified by sex, race/ethnicity, age, and mode of transmission. Within each stratum, we reassigned cases with NIR according to known percentages. In Method 2, we used hot deck imputation (HDI) to impute data for cases with NIR according to the established risk hierarchy. The HDI approach groups' records based on similar values for a vector of covariates and assumes that missing values would have the same value as a known record. It is similar to the first approach, but works at the individual level rather than at the group level. Third, we used HDI to impute missing values for each individual risk factor variable (prior to assignment of major risk category based on the established risk hierarchy). We then applied the same logic to these individual risk variables as the HIV/AIDS Reporting System software uses to establish the major hierarchical risk.
RESULTS: Method 1 and Method 2 yielded nearly identical results. When the results of these two methods were compared within strata of sex, age, race/ethnicity, and mode of transmission, no stratum was more than 2% different. After imputing the individual variables that are used to establish the major risk based on the hierarchy, Method 3 reassigned cases with known risk and assigned a disproportionate number of all cases to male-to-male sexual contact and injecting drug use (MSM/IDU). This was likely a result of contamination of "No," "Unidentified" and data left blank (we assumed blank and "Unidentified" data were missing and imputed values.
CONCLUSIONS: For routine surveillance activities, such as reporting and for presentation, we prefer Method 1 because it is easy to implement, does not require advanced programming techniques or special software, and is intuitive. However, for more advanced analyses, such as regression analyses, in which an individual must have a value, we prefer Method 2. Method 2 also allows more flexibility in that it is easy to add or change variables used to impute missing values. In Chicago, Method 3 was not considered a viable alternative for classifying individuals with NIR, and we discourage HDI of the individual variables unless it can be shown that "No," "Unknown," and blank data are not misclassified. Imputation methods can be used to assign individuals to risk categories or to assign risk

categories to individuals with missing data on risk and can thus help prevention and planning bodies target interventions to communities in greatest need of interventions.

Presentation Number: B03 – 4

Presentation Title: Identification of Distinct Transmission Risk Classes Among Patients Receiving Counseling in the HIV Clinic Setting.

Author(s): *Gindi, RM*[1]; *Jenckes, MW*[2]*; Erbelding, EJ*[2]
[1]Johns Hopkins Bloomberg School of Public Health, Baltimore, MD; [2]Division of Infectious Diseases, Johns Hopkins University School of Medicine, Baltimore, MD

BACKGROUND: Studies seek to demonstrate the effectiveness of interventions in reducing a variety of transmission risk behaviors among HIV+ patients. If risk behaviors tend to be highly correlated, we should not treat the behaviors as independent outcomes in analysis. In addition, determining the nature and composition of risk classes may further our understanding of what underlies ongoing risk behaviors so that we can design more effective interventions.
METHODS: We used demographic and behavioral data from the baseline assessment of HIV-positive patients enrolled in a prospective study to test the effectiveness of a provider-delivered risk reduction counseling intervention. Behavioral data was obtained using selected items from a risk assessment survey. We performed Chi-squared tests and Fisher's exact test to assess significance in the bivariate analyses. We then used latent class analysis (LCA) to determine the number and composition of the risk behavior subgroups. LCA is commonly used to classify patients into subgroups based on their responses to a short series of items. Patterns of responses, not categories pre-determined by the investigator, determine the number and types of behaviors endorsed in each class.
RESULTS: Of 319 patients who provided complete data at baseline, 144 (45%) reported having a main sex partner, and 45 (14%) reported having a casual sex partner. One-third (34%) reported substance use in the past three months (injection drug use, non-injection drug use excluding marijuana, or having 5 or more alcoholic drinks per day). We used LCA models to separate patients into subgroups based on prevalence and type of risk behaviors reported. Based on model fit, we selected a two-class model that differentiated between patients with a high probability of reporting several risk behaviors ("high risk") and patients with lower probabilities of reporting these behaviors ("low risk"). Fewer than 20% of the population were in the high-risk subgroup, and were highly likely to report: a casual sex partner (70%), a serodiscordant main partner (53%), having 5 or more drinks per day in the past month (43%), and having used non-injected drugs excluding marijuana in the past 3 months (22%). Notable in the low-risk group was the moderate prevalence (30%) of having 5 or more drinks per day and reporting a serodiscordant main partner.
CONCLUSIONS: HIV transmission risk behaviors were highly correlated in this population. Study outcomes should include the effect of interventions on behavior patterns rather than on isolated transmission behaviors. While members of the high risk group were likely to report engaging in a variety of known transmission risk factors, members of the low risk group were likely to report serodiscordant main partners as well as binge drinking. Providers may need to simultaneously address a variety of types of risk behaviors in one individual in order to impact prevention outcomes.

Track B
B08 – Special Populations
Room Location: A703 – (Marriott Hotel – Atrium level)

Presentation Number: B08 – 1

Presentation Title: HIV/AIDS Diagnoses Among Persons Fifty Years and Older in 33 States, 2001-2005

Author(s): *Linley, L*[1]; *Hall, HI*[1]*; An, Q*[2]*; Wheeler, W*[3]
Centers for Disease Control and Prevention, Atlanta, GA; The Ginn Group, Atlanta, GA; Business Computer Applications, Atlanta, GA

BACKGROUND: There is concern about potential increases in HIV/AIDS among persons 50 years and older, as an increasing number of persons in the U.S. are now over 50 and at risk for becoming infected. We analyzed data from the national HIV/AIDS Reporting System (HARS) for 33 states with mature HIV reporting systems to describe recent trends in the epidemic in persons 50 and older, and differences in the epidemic among these older persons compared to younger persons (age 13-49 years).
METHODS: Adult/adolescent cases (age ≥ 13 years) of HIV/AIDS diagnosed through December 2005 and reported to CDC through June 2006 were included in the analysis. Frequency of HIV/AIDS diagnoses was estimated by year

for the period 2001-2005 (adjusted for reporting delay and risk redistribution). Annual rates of diagnoses per 100,000 and the estimated annual percentage change (EAPC) in rates were calculated for persons 50 and older and persons 13-49 years and by race/ethnicity and transmission category. The proportion diagnosed with AIDS within 12 months after diagnosis of HIV infection was also calculated for these two age groups.
RESULTS: among all HIV/AIDS cases, the percent that were diagnosed in persons 50 years and older increased slightly from 13% in 2001 (5,330/39,944) to 15% in 2005 (5,753/37,331). However, the annual rate of diagnoses per 100,000 remained stable from 2001 to 2005 (EAPC= −1.1% [95%CI: −2.9, 0.8]) in this group. There were racial/ethnic differences in rate trends, with an annual increase in rates among whites 50 years and older (EAPC= 4.5% [95%CI: 1.7, 7.4]), but an annual decrease in rates among blacks (EAPC= −3.8% [95%CI: −5.9, −1.7]) and Hispanics (EAPC= −7.3% [95%CI: −10.5, −3.9]). The racial/ethnic disparity in HIV/AIDS diagnoses among persons 50 and older is even greater than that among younger persons. For 2005, the rate of HIV/AIDS among persons 50 and older was 12 times higher among blacks (51.7/100,000) and 5 times higher among Hispanics (21.4/100,000) compared to whites (4.2/100,000). Comparatively, among persons younger than 50, the rate was 7 times higher among blacks (105.6/100,000) and 3 times higher among Hispanics (41.0/100,000) compared to whites (14.6/100,000). Compared to younger men, a higher proportion of HIV/AIDS cases diagnosed among men 50 and older were injection drug users (19% vs. 11%, OR=1.88 [95%CI: 1.72, 2.05]), while a lower proportion were men who had sex with men (53% vs. 69%, OR=0.52 [95%CI: 0.48, 0.55]). Older persons more frequently developed AIDS within 12 months of their diagnosis of HIV infection compared to younger persons (53% vs. 37%, OR=1.87 [95%CI: 1.77, 1.99]).
CONCLUSIONS/IMPLICATIONS: Overall rates of HIV/AIDS diagnoses have been stable in recent years, and 1 out of every 7 cases of HIV/AIDS occurs among persons 50 years and older. High rates of infection among blacks compared to other race/ethnicity groups, the increase in diagnoses among whites, and the high proportion developing AIDS within 12 months of diagnosis of HIV infection, indicate a need to increase awareness of HIV infection in this older population, and to target prevention services to all persons 50 and older.

Presentation Number: B08 – 2

Presentation Title: Rapid Testing of Central Detention Facility Inmates During a City-wide HIV Screening Campaign, Washington, DC, 2007

Author(s): Castel, AD[2]; *Jolaosho, T[1]; West, TL[1]; Rowe, D[1]; Robertson, G[3]; Mitchell, K[4]; Clark, L[4]; Anand, K[2]; Chakraborty, R[3]; Mbagaya, V[2]; Schenfeld, J2; Wu, C2; Hitchcock, D; Brown, D; Peterson, J[2]; Magnus, M[2]; Hamiton, FT[4]; Rennie, L[1]; Sansone, M[1]; Lesansky, H[3]*
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BACKGROUND: The District of Columbia has the highest AIDS prevalence rate in the U.S. Furthermore, HIV prevalence rate among correctional inmates is higher than that found among the general population. In 2006, the DC Department of Health initiated the nation's first city-wide HIV screening campaign with the aim of increasing HIV awareness. The campaign provided free screening to all residents aged 14-84 in various testing sites including the Central Detention Facility (DC Jail).
METHODS: Data on individuals tested through the campaign were collected between June 2006 and April 2007, including testing site, demographics, HIV testing history, reasons for testing, test results and referrals. Frequencies of responses were analyzed using SAS version 9.1.
RESULTS: Data on 11,434 individuals were collected. Three thousand and eighty-eight participants (27.0%) were tested at the DC Jail; among these, 1,857 (72.3%) were DC residents. Most participants (34.0%) lived in the lowest income regions in DC (Wards 7 and 8). Ninety one percent (n=2,794) of the incarcerated participants were black. In addition, 80.7% (n=2,443) of them were male and mean age was 35 (sd 11.3). Approximately one third (n=1,024) of the incarcerated participants had been tested for HIV within the past year. Although the most frequently reported reason for participating in the campaign was "I was required to get tested by either insurance, military, court order or by some other agency" (50.0%), seventy-seven percent of the incarcerated participants reported that they would have requested HIV testing even if it had not been offered. One hundred and twelve incarcerated participants (3.6%) tested preliminary positive (PP). among these, twenty-eight percent (n=31) were female. Of those incarcerated individuals who tested positive, 29.1% were referred for care and treatment.
CONCLUSIONS: This testing campaign data indicate that HIV remains an important public health concern among incarcerated individuals. Routine HIV testing in correctional facilities should be encouraged, and inmates should receive appropriate prevention counseling and treatment referral information to improve HIV prognosis.

Presentation Number: B08 – 3

Presentation Title: Factors Associated With Detectable Viral Load in Homeless or Unstably Housed Adults Living with HIV

Author(s): *Kidder, DP*[1]; *Pals, SL*[1]*; Wolitski, RJ*[1]*; Royal, S*[2]*; Holtgrave, DR*[3]*; Aidala, A*[4]*; Stall, R*[5]; the Housing and Health Study Group
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BACKGROUND: Homeless people living with HIV or AIDS (PLWHA) face many obstacles to receiving appropriate HIV care. This study identified factors associated with a key health outcome, HIV viral load, among homeless or unstably housed PLWHA.
METHODS: Homeless or unstably housed PLWHA (n=641) in three U.S. cities (Baltimore, MD, Chicago, IL, and Los Angeles, CA) were interviewed and tested for plasma HIV RNA (viral load) and CD4 levels. Multiple logistic regression and path analyses examined the relationships of detectable viral load with sociodemographic, health care, and other variables.
RESULTS: Respondents were predominantly male (68%), black (79%), and single (69%). Mean age was 41 years. One-third of the sample was not on any HIV antiretroviral medications (ARVs), and 17% of those on ARVs (11% of all participants) were receiving a suboptimal regimen. Viral load levels were detectable (≥ 400 viral copies/ml) for 68% of participants. Logistic regression analyses indicated detectable viral load was associated with medication use (not taking ARVs or suboptimal regimen) and poorer adherence, not having insurance, younger age, and less disclosure of HIV status to family members. Path analysis indicated that medication use/adherence and disclosure were independently associated with viral load and that the effects of insurance and age were mediated by medication use/adherence.
CONCLUSIONS: Many homeless and unstably housed PLWHA had detectable viral load levels. The ability to access optimal treatment regimens, ARV medication adherence, and HIV status disclosure are important factors affecting HIV viral load. Homeless PLWHA may need social support (which is highly related to HIV status disclosure) and better care to achieve undetectable viral load levels.

Presentation Number: B08 – 4

Presentation Title: HIV/AIDS Diagnoses Among Incarcerated Persons in 33 States, 2001-2005

Author(s): *Hernandez, AL*; *Hall, HI; Li, J; Prejean, J*
CDC, Atlanta, GA

BACKGROUND: The prevalence of HIV infection and AIDS cases among the incarcerated population is higher than in the general US population. Racial/ethnic minorities are overrepresented among those incarcerated and they have higher HIV/AIDS rates than whites. Understanding the demographic and behavioral characteristics and the trends in HIV/AIDS diagnoses among the incarcerated population provides opportunities to tailor prevention services.
METHODS: To describe the HIV/AIDS epidemic in adults and adolescents (age ≥13 years) diagnosed while incarcerated, we analyzed data on HIV/AIDS diagnosed from January 2001 through December 2005 in 33 states with mature HIV reporting systems and reported to the National HIV/AIDS Reporting System (HARS) through June 2006. Cases reported from correctional facilities were considered incarcerated at diagnosis. We compared demographic and behavioral characteristics and disease severity (AIDS diagnosis within 12 months after diagnosis of HIV infection) of persons incarcerated with those not incarcerated at diagnosis. We estimated the annual percentage change (EAPC) in new diagnoses and calculated the associated 95% confidence intervals (CI).
RESULTS: Of the estimated 184,170 adults/adolescents diagnosed with HIV/AIDS from January 2001 through December 2005 in 33 states, 10,023 (5.4%) were incarcerated at the time of diagnosis. Compared with persons who were not incarcerated at the time of diagnosis, a higher proportion of incarcerated persons were male (83% vs. 71%), black (64% vs. 50%) and injection drug users (32% vs. 13%). The EAPC showed that the number of diagnoses of HIV/AIDS among incarcerated persons decreased -5.8% annually from 2001 through 2005 (95% CI: -7.1, -4.5); among men the EAPC was -5.0% (95% CI: -6.5, -3.6) and among women the EAPC was -9.6% (95% CI: -12.6, -6.5). There was no significant decrease in diagnoses among whites (EAPC= -0.2, 95% CI:
-3.3, 2.9) but diagnoses decreased among blacks (EAPC= -6.7, 95% CI: -8.3, -5.0) and Hispanics (EAPC= -9.4, 95% CI: -12.7, -6.0). In 2004, AIDS diagnosis within 12 months after diagnosis of HIV infection was more common among those not incarcerated compared with the incarcerated (OR 2.3, 95% CI: 2.1, 2.6).
CONCLUSIONS: The number of HIV/AIDS diagnoses among incarcerated persons has decreased in the last five years, particularly among blacks and Hispanics. Possible explanations for these findings may include a decrease in testing, increased diagnoses at facilities not related to corrections, or a reduction in HIV infections for these groups.

Earlier diagnosis and access to care while incarcerated may explain the difference in AIDS diagnosis within 12 months after HIV diagnosis between incarcerated and non incarcerated persons. Further investigation is required to determine the context of these findings to identify HIV prevention and care needs of incarcerated persons.

Presentation Number: B08 – 5

Presentation Title: Birth-year Cohort Analysis of HIV/AIDS Diagnoses Among MSM in 33 States, 2001-2005

Author(s): *Prejean, J*[1]; *Hall, HI1; An, Q*[2]*; Lee, LM*[1]
[1] CDC, Atlanta, GA; [2] The Ginn Group, Atlanta, GA

BACKGROUND: Despite decreasing trends in new HIV/AIDS diagnoses in all other risk groups, new diagnoses among MSM increased from 2001-2005. We analyzed data from the national HIV/AIDS Reporting System (HARS) for 33 states with mature HIV reporting systems to describe the epidemic in MSM and to determine the contribution of particular subgroups to this increasing trend.
METHODS: Adult/adolescent cases (age >12 years) of HIV/AIDS diagnosed through December 2005 and reported to CDC with a risk factor of MSM through June 2006 were included in the analysis. Frequency of HIV/AIDS diagnoses adjusting for reporting delay and risk redistribution was estimated by year for the period 2001-2005. We estimated rates among MSM diagnoses per 100,000 men for five-year birth cohorts and by race/ethnicity, and calculated the estimated annual percentage change (EAPC) in rates for each cohort.
RESULTS: The number of diagnoses of HIV/AIDS among MSM increased from 16,213 in 2001 to 18,722 in 2005, or 2.5% annually (95% CI: 1.6, 3.5). Annually from 2001 through 2005, the highest rate of new diagnoses occurred in MSM born during the years 1965-1969. In 2005 the rate of 48.8 cases among MSM per 100,000 men (95% CI: 46.3, 51.4) in this cohort was 13.0% higher than the next highest rate in MSM born 1970-1974 (43.2 per 100,000, 95% CI: 40.8, 45.5 [p<0.001]). The finding that MSM born 1965-1969 had the highest rate annually was consistent across racial/ethnic groups. The highest EAPC overall (125.1% [95% CI: 105.7, 146.4]), and in each racial/ethnic group, was found in the cohort born 1985-1989. Large increases in the rate of new diagnoses were also observed for black MSM born 1975-1979 and 1980-1984; their 2005 rates (112.6 per 100,000 [95% CI: 104.3, 121.0] and 112.2 per 100,000 [95% CI: 104.4, 120.1] respectively) approached the rate among black MSM born 1965-1969 (116.5 MSM cases per 100,000 [95% CI: 107.8, 125.1]). This finding was not replicated in other racial/ethnic groups.
CONCLUSIONS/IMPLICATIONS: The HIV/AIDS epidemic was first described in gay men, and MSM continue to be the transmission category that is most impacted by the disease. The data described here demonstrate that MSM who reached their sexual maturity during the early days of the HIV/AIDS epidemic have continued to acquire HIV at very high rates. While much attention has been focused on transmission in young MSM, and in particular young black MSM, it is important that prevention providers continue to address the needs of MSM of all age groups.

Track C
C02 – Peer-Led Community Level Intervention for Young Black MSM: The D-UP! Intervention
Room Location: INTERNATIONAL BALLROOM SOUTH – (Hyatt Hotel – International level)

Presentation Number: C02 – 1

Presentation Title: Adapting the Popular Opinion Leader Intervention for Young Black Men Who Have Sex with Men: Focusing on Peer Norms, Culture, and Social Stigma

Author(s): *Bost, DL*[1]; *Jones, KT*[2]*; Foust, EM*[1]*; Gray, PA*[1]*; Whiteside, YO*[3]; The North Carolina's Men's Health Initiative StudyTeam
[1]NC Department of Health and Human Services, Division of Public Health, HIV/STD Prevention and Care Branch, Raleigh, NC; [2]Centers for Disease Control and Prevention, Atlanta, GA; [3]Metrolina AIDS Project, Charlotte, NC

BACKGROUND/OBJECTIVES: HIV transmission continues to increase, particularly among black men who have sex with men (BMSM). Few risk reduction interventions exist for this population. As the number of young BMSM diagnosed with HIV increases, the need for culturally-appropriate prevention intervention is imperative. As a result of increasing HIV infection among black MSM in North Carolina, the Centers for Disease Control and Prevention collaborated with the North Carolina HIV STD Prevention and Care Branch to culturally adapt the Popular Opinion

Leader (POL) intervention (Kelley et al., 1991). POL is a rigorously evaluated community-level intervention in which recruited opinion leaders have risk reduction conversations with their peers. While tested mostly among white MSM in the South, the intervention has been shown to be effective in reducing unprotected anal intercourse (UAI) by 15-29% from baseline measures.
METHODS: In September 2004, structured focus groups were conducted in areas of highest HIV morbidity in three North Carolina cities (Charlotte, Raleigh, and Greensboro) to determine how best to adapt the POL intervention to address the social and cultural realities of young BMSM. Data were collected from transcribed audiotapes and qualitatively analyzed for themes and patterns. Community informants and staff of local AIDS service organizations recruited young black men 18-30 years of age for participation, mostly from bars known to be frequented by black gay patrons.
RESULTS: Sixty-seven young black men aged 18-30 participated in the focus groups. Participants reported that social and cultural norms play an important role in their risk-taking behaviors. Common themes were socioeconomic disparities, community and societal denial of homosexuality, racism, peer norms, personal and societal apathy regarding HIV transmission and acquisition as well as feelings of low self-esteem. Participants endorsed an intervention specifically for MSM but also endorsed programming for all black men regardless of sexual identity.
Conclusion/IMPLICATIONS:BMSM require safe spaces to meet and discuss issues regarding sexual health and overall wellness. Identifying venues for recruitment and training other than gay bars and AIDS service organizations may increase program recruitment and sustain POL involvement. Common themes from the focus groups factored in decisions to adapt the intervention curriculum and intervention activities to better serve young BMSM.

Presentation Number: C02 – 2

Presentation Title: Who Benefited Most from an Effective Peer-based Community-Level HIV Prevention Intervention Adapted for Young Black Men Who have Sex with Men?

Author(s): *Jones, KT[1]; Whiteside, YO[3]; Johnson, WD[1]; Foust, E[2]; Dunbar, E1; the North Carolina Men's Health Initiative*
[1]Centers for Disease Control and Prevention, Atlanta, GA; [2]North Carolina Department of Health, Raleigh, NC; [3]Metrolina AIDS Project, Charlotte, NC

BACKGROUND: Few interventions have been tested exclusively among Black men who have sex with men (BMSM), the group at highest risk for HIV in the US. An adapted version of Jeff Kelly's (1991) Popular Opinion Leader (POL) intervention was evaluated among BMSM in 3 North Carolina cities. One year after implementing the adapted intervention, significant reductions were observed in unprotected anal sex from baseline measures. The purpose of this study was to examine the effectiveness of the intervention among sample subgroups.
METHODS: Using a quasi-experimental pre/post test design without control group, we conducted quarterly cross-sectional surveys in nightclubs from December 2004 to December 2005. Black men, ages 18-30 years, who reported sex with another male in the past year were eligible. Demographic, risk, and exposure data were collected. Logistic regressions were used to examine: (1) whether any demographic subgroups of BMSM were less likely to report exposure to the intervention, (2) the difference in behaviors at follow-up between those who report exposure to the intervention and those who do not, (3) the effectiveness of the intervention among subgroups of BMSM _based on demographics and HIV testing history, without regard to intervention exposure in reducing the proportion reporting unprotected anal sex before and after the intervention, and (4) the change in behavior among those not reporting exposure to the intervention.
RESULTS: At 12 months, all demographic subgroups were equally likely to report exposure to the intervention. Those who were exposed to the intervention reported less risky sex than those who were not exposed (URAI: odds ratio [OR]=0.46, 95% CI=0.24, 0.86; UIAI: OR=0.40, CI=0.21, 0.75). among all subgroups regardless of exposure, significant reductions in unprotected receptive anal intercourse (URAI) were observed. Reductions in unprotected insertive anal intercourse (UIAI) were also observed for all subgroups, but reductions among men 18-22 years old and those who did not report having a recent HIV test were not statistically significant. Even among those who did not report intervention exposure at follow-up, risk behavior was lower than at baseline although not statistically significant (UIAI: OR=0.94; URAI, OR=0.70).
CONCLUSIONS/IMPLICATIONS: These results indicate that the adapted intervention was effective in reaching and in reducing URAI for all segments of BMSM. It was also effective in reducing UIAI for most subgroups. Intervention exposure was associated with less risky behavior and a smaller decrease in risk behavior was observed even among those who did not report direct exposure, suggesting that the intervention also benefited the wider community. Since no differences were observed in levels of exposure, the non-significant reductions for 18-22 year-olds and for those not recently tested indicates potential power issues and that more attention to intervention activities may be warranted for these subgroups.

Track C
C17 – HIV Prevention Approaches with Substance Users
Room Location: HONG KONG – (Hyatt Hotel – Embassy Hall level)

Presentation Number: C17 – 1

Presentation Title: Improving Access to Drug Treatment and Social Services for Injection Drug Users (IDUs) through a Pharmacy Syringe Access Program in New York City

Author(s): *Rudolph, AE*[1,2]; *Standish, K*[1]; *White, K*[1,2]; *Evans, R*[1,2]; *Vlahov, D*[1,2]; *Fuller, CM*[1,2]
[1]New York Academy of Medicine, New York, NY; [2]Department of Epidemiology, Mailman School of Public Health, Columbia University, New York, NY

BACKGROUND: The New York Expanded Syringe Access Demonstration Program (ESAP) was implemented in January 2001 to reduce infectious disease transmission among injection drug users (IDUs) and allows healthcare providers to distribute and pharmacies to sell non-prescription needles/syringes (referred to as "syringes" hereafter). Many IDUs lack health insurance and/or fear being mistreated in the healthcare system because of their drug use. ESAP-participating pharmacists may be positioned to provide discrete and confidential health information to syringe customers and could help link IDUs with addiction-specialized providers and other health/social services. This analysis aims to determine if there is a relationship between frequency of pharmacy syringe purchase visits and access to drug treatment and/or medical care among IDUs in New York City.
METHODS: Cross-sectional analysis of data collected (2005-2006) from participants recruited using street-intercept sampling in 36 socioeconomically disadvantaged, ethnographically-defined neighborhoods in four New York City boroughs. Interviewer-administered questionnaires collected information on demographics, injection practices, frequency of pharmacy-purchased syringes, access to services, and drug use cessation attempts. Analysis was restricted to self-reported IDUs. Separate logistic regression models predicting frequent pharmacy-use vs. non-pharmacy use and infrequent pharmacy-use vs. non-pharmacy use were created.
RESULTS: Of the 288 IDUs enrolled, the median age was 36 (18-59 range), 64% were Hispanic, 20% Black, 70% male, 32% infrequent pharmacy-users and 18% frequent pharmacy-users. After adjustment, infrequent pharmacy users were younger (AOR=0.36), significantly less likely to be female (AOR=0.50) and significantly more likely to use a new needle (AOR=3.82) and enter drug treatment (AOR=4.22). Frequent pharmacy-users were younger (AOR=0.34) and significantly more likely to use a new needle (AOR=8.05), enter drug treatment (AOR=2.79) and use shooting galleries (AOR=3.94).
CONCLUSIONS: These data suggest that IDUs who use pharmacies tend to be more likely to have some type of access to drug treatment. Therefore, an expanded public health role for pharmacies including consultation on safe injection practices, and drug treatment should be explored. The most frequent IDU pharmacy syringe customers may particularly benefit from pharmacist consultation on medical care and benefit/entitlement services. Given the potential for IDUs to benefit from public health-minded pharmacists, public health efforts to increase pharmacy syringe access should be explored.

Presentation Number: C17 – 2

Presentation Title: The Preliminary Field Trial of a New Intervention for Substance Using MSM

Author(s): *Kurtz, SP*; *Inciardi, JA; Weaver, JC*
University of Delware, Coral Gables, FL
BACKGROUND/OBJECTIVES: Efficacious HIV interventions for substance using men who have sex with men (MSM) are lacking. Fieldwork in Miami indicates that gay sub cultural attachment presents risk factors for MSM related to normative substance use and hyper sexuality, and a lack of access to the full range of social and economic opportunities available in the broader society. Results are presented from a NIDA-funded preliminary efficacy trial of a new intervention for high risk heavy substance using MSM in Miami.
METHODS: Using targeted sampling strategies, 112 high risk MSM were recruited to participate in a three-session small group risk reduction intervention, which provided a structured forum for HIV+ and HIV-negative men to discuss gay sub cultural norms regarding substance use and sexual behaviors, serostatus-based identities and stigma, exploring alternatives to the drug-sex scenes, and personal goal setting and achievement strategies. After the last group session, men were asked to return for an individual debriefing/case management session. Baseline assessments employed computerized interviewer-administered comprehensive instrumentation. Follow-up assessments (FUA) were conducted 3 months post-intervention to preliminarily assess intervention efficacy.

RESULTS: Median age was 38; median income $22,000; 38% were Hispanic, 29% African American/Caribbean, and 31% white/Anglo; 38% reported being HIV+. Depression and anxiety levels were clinically significant for a sizeable majority of respondents. Participants were current users of a wide range of substances including: 76% heavy alcohol, 60% marijuana, 48% cocaine/crack, 33% amyl nitrite, 29% pain killers/sedatives, 23% methamphetamine, and 22% ecstasy. Participants averaged over 18 UAI events with a non-primary partner in the past 90 days. A large majority (84%) of participants attended at least two of the three group sessions, 6% attended one session, and only 10% were unable to attend any sessions. In intervention acceptability surveys, participants said that the inclusion of men across age, ethnicity and serostatus boundaries was of great help to them in fostering understanding of other men. At follow-up (N=87 to date) UAI in the past 90 days was reduced by 54% to a mean of 8.5 times, and was reduced to 0 for 54% of respondents. Mental health scores were significantly improved at follow-up, and were associated with improved sexual risk outcomes. In multivariate logistic regression, the minority of men (n=16) who reported higher numbers of UAI events at follow-up had higher sexual sensation-seeking scores, engaged in receptive anal sex with more partners, and were more likely to use amyl nitrites and to use drugs in bathhouse settings at baseline and follow-up assessments. **CONCLUSIONS:** These data indicate the acceptability and potential efficacy of a small group intervention that engages ethnically diverse HIV+ and HIV-negative men about gay sub cultural risks, including social isolation, serostatus-based stigma, and lack of social opportunities outside of drug-sex scenes.

Presentation Number: C17 – 3

Presentation Title: Buying Clean Needles: Houston's Enhanced Syringe Access Program

Author(s): *Roland, EL*[1]; *Coers, S*[1]*; Troisi, CL*[2]*; Thomas, AY*[2]
[1]Legacy Community Health Services, Inc., Houston, TX; [2]Houston Department of Health and Human Services, Houston, TX

ISSUE: Injecting drug use continues to play a role in the transmission of HIV and, more significantly, Hepatitis C (HCV). Research has shown that access to sterile syringes can reduce infection rates of both diseases; however, needle exchange programs are illegal in many states and not supported by public funding. In Texas, needle exchange is illegal yet the law does not prohibit the sale of sterile syringes without a prescription.
SETTING: Houston's Enhanced Syringe Access Program (ESAP) is targeted to neighborhoods and zip codes with a high incidence of injecting drug use and a high prevalence of HCV and HIV.
PROJECT: Houston's ESAP aims to establish a network of pharmacists who are willing to sell syringes without a prescription to customers of their pharmacies and to distribute information on proper disposal of used syringes. The program also aims to promote this network to active injecting drug users (IDUs) through street and community outreach. Information on other risk-reduction activities and substance treatment programs also is emphasized.
RESULTS: In October 2006, Legacy Community Health Services was funded by the Houston Department of Health and Human Services to establish an ESAP targeted to high-risk areas of Houston. Legacy began by convening a community advisory group (CAG) made up of IDUs, community advocates and health department officials. The CAG has been instrumental in reviewing promotional materials, providing input into the program, and guiding the overall direction of the program. The ESAP Coordinator began approaching pharmacists in December 2006. The coordinator mailed a packet of ESAP information to 48 pharmacies; 0 replied. The coordinator cold-called 134 pharmacies by phone; 0 were engaged with this approach. The coordinator then conducted unannounced visits to 50 pharmacies with a polite, "*may I have 10 minutes of your time*" approach; 0 signed on to the ESAP network. Finally, the coordinator conducted unannounced visits to 103 pharmacies with a more assertive approach; to date, 25 have signed on with this approach. 73% of these network pharmacies said that they sold syringes without a prescription prior to being approached with the ESAP concept; however, only 12% of IDUs say they knew they could purchase syringes from a pharmacy without a prescription.
LESSONS LEARNED: The style of approach was significant in getting pharmacies to sign on as a network member. Pharmacists were reluctant to sign an agreement, but were willing to verbally agree to participate in the ESAP. The coordinator also found that pharmacists were definitively "yes" or "no" when asked if they would be willing to be an ESAP network member; there were only a few who were undecided. Because IDUs (including transgender persons) were unaware they could legally purchase syringes, increased outreach to these communities has been conducted.

Presentation Number: C17 – 4

Presentation Title: Finding What Works in HIV Risk Reduction Interventions with Alcohol Users: Observations Based on a Systematic Review of the Literature, 1996-2007

Author(s): *Freeman, RC*
NIAAA, Bethesda, MD

BACKGROUND: Alcohol remains the world's most widely available substance the use of which has long been implicated as a factor in fostering involvement in HIV-risky behaviors. An understanding of the kinds of HIV risk reduction interventions that are most efficacious with alcohol-using participants is urgently needed.
METHODS: A keyword search (using "alcohol", "HIV", "intervention") of the SCOPUS database conducted in March, 2007 yielded a total of 30 studies published since 1996 that comprised an intervention(s) aimed at reducing alcohol-related HIV risk behavior involvement (excluding adherence to antiretroviral therapy); 29 of these studies presented sufficient detail to permit a systematic review.
RESULTS: These studies were conducted in diverse settings (9 in non-US settings) and with diverse populations (e.g., 8 with adolescents; 2 with gay men; 2 with sex workers). Over half of the studies (15) based their intervention approaches, to some degree, on cognitive behavioral therapy, followed by motivational enhancement therapy and informational/ educational (3 each) approaches. While one study utilized a variation of couples' therapy, none were based on contingency management, 12-Step facilitation, or structural/ environmental alterations of drinking environments as a way of reducing HIV risk-taking behaviors. In general, studies tended to target underlying stresses and emotional deficits hypothesized to underlay both problem drinking as well as HIV-risky behaviors; only 1 study focused specifically on reducing drinking levels as a way of reducing HIV risks. Although almost half of the studies (13) reported decreases in both HIV risk and drinking levels among intervention participants, 4 studies found decreases in HIV risk but not alcohol use and 3 reported no between-treatment group differences in either behavior, while a variety of other outcome behavior patterns were reported. Indeed, the drawing of any conclusions about the efficacy of these interventions is made difficult due to numerous methodological and conceptual flaws in these studies, including lack of clarity as to the specific mechanism of action driving observed HIV risk reductions; poor specification of baseline drinking levels; small sample sizes; lack of detail regarding intervention "exposure"; short follow-up windows; lack of a control group; high levels of study attrition; sole reliance on self-report; self-selection of participants; failure to distinguish alcohol from other drug use; poor description of interventions; and deficient translation of scales and data collection methods across cultural lines.
CONCLUSIONS: While interventions to reduce HIV risk activity related to drinking have been conducted in a variety of settings and with participants from diverse risk groups, serious methodological and design flaws limit any conclusions that might be made about their efficacy. Future efforts that minimize these shortcomings, are based upon a broadened range of theoretical approaches, and show sensitivity to the issue of relapse prevention remain urgently needed.

Presentation Number: C17 – 5

Presentation Title: Syringe Exchange in the US: An Incomplete Success Story

Author(s): *Des Jarlais, D*
psa, Atlanta, GA

OBJECTIVE: Describe the history of syringe exchange programs in the US and assess their impact on HIV incidence among injecting drug users in the county.
METHODS: Historical review of syringe exchange program data, including surveys of US syringe exchange program directors, conducted from 1994 through 2007. Review of trends in HIV prevalence from 1995 to 2005 using multiple local studies and CDC surveillance data.
RESULTS: US syringe exchange programs began in 1987-88, and have expanded to approximately 180 programs in 2007. The number of programs has increased from 68 in 1993 to approximately 180 in 2006, the numbers of syringes exchanged per year has increased from 5.5 million syringes annually in 199-95 to 22.5 in 2006. Critical factors in the growth of US syringe exchange were the leadership provided by the North American Syringe Exchange Network, financial and research support provided by foundations (amFAR and the Robert Woods Johnson Foundation), and financial support from state and local governments. Many syringe exchange programs have become multi-service organizations, providing services such as HIV counseling and testing, HCV counseling and testing, and referral to drug abuse treatment. There has been a continuous decline in estimated HIV incidence among injecting drug users from the mid-1990s, from an estimated 20,000 in 1994-5 to approximately 5000 in 2005. Injecting drug use is the only HIV transmission category to show such a continuous decline over this time period in the U.S. New challenges for syringe exchange programs include reducing hepatitis C and sexually transmitted diseases among injecting drug users.
CONCLUSION: Despite political controversy and the lack of federal support, a national syringe exchange system has emerged in the US. The programs have evolved to provide multiple services, both on-site and through referral.

Though there are clearly gaps in exchange services in many areas, the emergence of this national system has coincided with a dramatic reduction in HIV incidence among injecting drug users.

Track D – HIV Prevention with African-American Women (3)
Room Location: VANCOUVER/MONTREAL – (Hyatt Hotel – Embassy Hall level)

Presentation Number: D03 – 1

Presentation Title: The NIA Project (Part 2 of 2) - CAL-PEP's Sista Project: HIV Prevention for Very High-Risk African-American Women

Author(s): *Smith, E*; *Lockett, G*; *Wright, C - Gloria Lockett*, Executive Director, Carla Wright, Prevention Case Manager, CAL-PEP, Oakland, CA.

ISSUE: CAL-PEP's (Sisters Informing Sisters on Topics about AIDS) SISTA Project has demonstrated positive results in conducting outreach and recruitment of high-risk African American women. The project has provided Health Education/Risk Reduction social skill trainings to reduce HIV sexual risk behavior.
SETTING: SISTA workshop series are conducted at substance abuse treatment centers, shelters for victims of domestic violence, transitional housing and homeless shelters, juvenile hall and programs for women that have been recently released from prisons or jails, and other community settings serving high-risk women. CAL-PEP peer educators integrate information and referrals to services while recognizing that women's priorities are family, housing, and income.
PROJECT: SISTA consists of two-hour sessions, which focus on ethnic and gender pride, HIV knowledge and skill training to reduce risky sexual behaviors and improve decision-making. Each group of women is recruited to participate in a series of five workshops delivered by trained peer facilitators. SISTA is a culturally specific project designed to increase condom use with African American women and is based on social learning theory and the theory of gender and power. The sessions include behavioral skills practice, group discussions, lectures, role-play, prevention videos, and take home exercises. Core elements of the interventions include hands on practice using condoms. Women are encouraged to learn and practice sexual assertiveness skills and communication.
RESULTS: From July 1, 2005 through June 30, 2006, the SISTA project conducted 12 workshop series. There were a total of 142 workshop participants for an average of 12 participants per series.
SMART outcome RESULTS: CAL-PEP attempted to implement the CDC/SISTA pre and posttest. We consistently experienced problems due to its complexity and the length of time it takes to complete it. During the contract year, 87 of 142 or 61% of participants completed it. Of this number, 42 or 48% improved their knowledge score on the post quiz. Twelve women have perfect scores on both the pre and posttest quiz. As a result of the difficulty with the CDC/SISTA pre and posttest, CAL-PEP has begun to pilot our own SISTA pre-post test quiz. This change will allows us to measure intent to practice safer behaviors, knowledge change and collect demographic data.
LESSONS LEARNED: The SISTA model is a fun and effective way in which to deliver this HIV Prevention intervention. It is well received by women because it is culturally relevant and facilitated by peers who share similar experiences. Although CAL-PEP's history of street outreach, and strong relationship with the community has aided its recruitment efforts, we find that retention is challenging when we collaborate with facilities where we cannot control which women are sent to join the group. SISTA works best in terms of retention with a "captive audience", for example in a residential substance abuse facility. Further, we are disappointed that the program evaluation and monitoring system (PEMS) has yet to be implemented despite hours spent by staff on conference calls. On a positive note, the agency has benefited from the trainings that have been provided by CDC.

Presentation Number: D03 – 2

Presentation Title: "A Break from the Everyday Life of Living with HIV": The Role of Peer Support for Women with HIV/AIDS

Author(s): *Bowleg, L*; *Teti, M*
Drexel University School of Public Health, Philadelphia, PA

ISSUES: HIV interventions typically reflect the biomedical models from which they stem. They tend to be individualistic, top-down, and privilege the voices of "experts." The goal of this presentation is to present an

intervention for women living with HIV that is collectivistic, grounds itself in the life realities of women of color, and makes peer leadership salient. Although women of color are disproportionately represented among women living with HIV/AIDS, interventions targeted to them rarely reflect the social realities of their lives such as poverty, homelessness, trauma and violence, substance abuse, sex work, psychological distress, and difficult or abusive intimate relationships with men.
SETTING: An urban clinic in Philadelphia, PA that provides comprehensive, integrated HIV services, including primary care, case management, nutrition counseling, pharmacy, mental health, family planning, and addiction services. The clinic is incorporated within a university medical school, a non-profit 501c-3 organization, and receives clinical support from the university as well as clinical revenue from patient services. In addition, the clinic receives funding from the Ryan White Care Act (Titles I, III, and IV) which supports HIV primary care and social services. among more than 1300 adult patients served annually, 34% are women, 79% are African-American or Hispanic, most (62%) are between the ages of 20 and 44 and many live in poverty (75%).
PROJECT: Protect and Respect is a sexual risk reduction program designed for HIV-positive women receiving primary care services from an HIV clinic in Philadelphia. It aims to help women protect themselves and their partners by decreasing sexual risk behaviors and increasing disclosure of HIV status.
RESULTS: Participants are mostly poor (81%), African-American (81%), and between the ages of 30-49 (78%). Preliminary analyses suggest that peer-led groups may offer enhanced benefits over traditional interventions. In addition to increasing knowledge of risk reduction practices, peer groups provide social support, facilitate the sharing and role-playing of experience-based risk reduction strategies, and encourage women to become change agents in their communities.
LESSONS LEARNED: Interventions that use a collectivist rather than individualistic approach, privilege peer-leadership, and are grounded in the social realities of participants' lives (e.g., violence, poverty, substance abuse, intimate relationships) are likely to be effective in reducing risk and improving life quality for women of color with HIV.

Presentation Number: D03 – 3

Presentation Title: Sista, Sihle and Willow: A Continuum of HIV Prevention Services for African American Women

Author(s): *Phields, ME*[1]; *Williams, DP; Ferguson, JR; Williams, VP; Frye, PA; Braxton*, ND4 - [1]Centers for Disease Control and Prevention, Atlanta, GA; [2]Midwestern Prevention Intervention Center of the African American Prevention Intervention Network (MPIC-APIN), St. Louis, MO; [3]Jackson State University Mississippi Urban Research Center, Jackson, MS; 4 Prevention Science Consulting, Atlanta, GA

ISSUE: There is an urgent need to accelerate the development and widespread use of effective behavioral interventions for African American women, who are disproportionately affected by HIV/AIDS. African Americans represent 64% of women living with HIV/AIDS. AIDS is the leading cause of death for African American women aged 25-34 years and the 3rd leading cause of death for African American women aged 35-44 years.
SETTING: HIV prevention providers in a community-based setting
PROJECT: Win good and DiClemente have developed three HIV prevention interventions that have proven to be effective in reducing HIV risk behaviors among diverse groups of African American women. These interventions represent a continuum of HIV prevention services for African American women at risk of acquiring or transmitting HIV. A culturally relevant group-level intervention, Sisters Informing Sisters on Topics About AIDS (SISTA), has proven effective in reducing HIV risk behaviors among African American women ages 18-29. Based on the SISTA intervention, SiHLE has been proven to be effective in reducing HIV risk behaviors in adolescent African American women ages 14-18; and WiLLOW has been proven effective in reducing HIV risk behaviors in African American women living with HIV/AIDS. CDC has diffused the SISTA intervention to over 300 community-based organizations and is currently packaging SiHLE and WiLLOW for diffusion to CBOs already implementing SISTA. This will enable CBOs already implementing SISTA to offer a continuum of HIV prevention interventions for African American women. In addition to funding implementation of SISTA, CDC-funded capacity building assistance providers have provided technical assistance to CBOs in overcoming challenges and barriers to implementation. Some of these challenges have included participant recruitment and retention, adaptation of the intervention, and recruitment of skilled facilitators.
RESULTS: SISTA, SiHLE, and WiLLOW interventions can be implemented by community-based HIV prevention providers to reduce the spread of HIV among African American women. CBOs who already implement SISTA can build on their repertoire of HIV prevention services for African American women by implementing the SiHLE and WiLLOW interventions.
LESSONS LEARNED:A continuum of HIV prevention services for African American women can be an effective and efficient method to reduce the spread of HIV among African American women. Community-based organizations may need technical assistance to adapt and implement evidenced-based interventions for diverse groups of African American women.

Presentation Number: D03 – 4

Presentation Title: A Community-Based HIV/AIDS & Substance Abuse Prevention Project for African-American Women: The Perinatal Council Model and Evidence of Effectiveness

Author(s): *Tarbet, SF*
The Perinatal Council, Oakland, CA

ISSUE: According to the CDC, HIV infection was the leading cause of death in 2004 for African-American women ages 25-34 and one of the leading causes of death for African- American women 35-44 and 45-54. A community-based organization working with low- income women to support positive pregnancy outcomes has the opportunity to provide participatory health education and social support groups targeting African-American women and girls to reduce the risk of HIV/AIDS and substance abuse and to promote resiliency.
SETTING: The Prenatal Council's Peer Educator Training Project (PETP) was implemented in low-income communities of Oakland and Richmond, California with large African-American populations.
PROJECT: TPC recruited 142 African-American adult women, including 42 HIV-positive women, into 18 groups over three years for an 8-week, 48-hour prevention program with a strong emphasis on cultural pride. The SISTA curriculum, based on the theory of planned behavior, provided the core HIV/AIDS prevention intervention. Other prevention activities were also incorporated into the groups, including a locally developed, experiential curriculum of art-based activities focused on ethnic and racial pride, prevention, and personal development. Specific groups were designated for HIV-positive participants, and the curriculum used in these groups was modified to also address issues such as disclosure of HIV status and adherence to treatment. In the summer months over the term of the three-year project, five 32-hour groups based on Be Proud! Be Responsible! and other HIV/AIDS and substance abuse prevention curricula provided the program to 64 African-American teen women. All groups incorporated the experiential, prevention-focused art curriculum, and all participants were also trained as community peer educators.
RESULTS: Retention rates were high; 71% of adult and 95% of teen participants completed the program. Outcome surveys were administered to participants and adult comparison group members at baseline, exit, and 6 month follow-up. Bivariate data analyses suggested that relative to a comparison group, participants were significantly more likely to: reduce their number of sexual partners; report no high risk sex; demonstrate increased knowledge of HIV and other STDs; demonstrate greater sex risk harm perception; demonstrate more positive attitudes towards condom use and safer sex; and demonstrate increased commitment to share HIV-related knowledge with the community. Statistically significant positive changes in social support, impulsivity, and family cohesion all suggest that PETP led to increased resiliency among adult participants.
Comparison of baseline and exit data suggest that the youth who participated made commitments to not use alcohol and drugs, increased in knowledge related to HIV/AIDS, increased their perceptions of sexual risk, and demonstrated increased commitments to share HIV-related knowledge with the community. All these changes were statistically significant. Youth participants also demonstrated statistically significant increases in happiness, creativity, and family cohesion, suggesting increased resiliency was associated with their participation.
LESSONS LEARNED: An intensive, culturally focused, multifaceted approach in a community-based organization is an effective means of promoting lower risk behavior, by transmitting knowledge about HIV/AIDS, changing attitudes related to risk behaviors, and making positive changes in other indicators of psycho-social development.

Track D
D07 – Developing and Replicating Prevention Programs that Work
Room Location: INTERNATIONAL BALLROOM NORTH – (Hyatt Hotel – International level)

Presentation Number: D07 – 1

Presentation Title: Using Task Analysis to Document "Home-grown" Interventions

Author(s): *Pyeatt, M*; *Dawson, A, Jr.; Belzle, T - Marilyn Pyeatt, B.A., Al Dawson, Jr., MA, LPC, Tracee Belzle*, B.B.A., University of Texas Southwestern Medical Center, Dallas, TX.

ISSUE: For years, HIV prevention programs have developed "home-grown" behavioral interventions that are embraced by the community. However, these programs are often short on both time and personnel to devote to developing materials to document these interventions effectively. Agencies would benefit from a time-efficient yet

thorough system that will help them create clear, accurate, and user-friendly manuals that can be used to share these interventions with others.
SETTING: This model for material development can be implemented by any program manager or executive director for any agency, regardless of location.
PROJECT: Presenters recently utilized a "task analysis" approach to design curriculum for a behavioral intervention. They analyzed specific major activities or "tasks" required to implement the intervention. Each task was divided into the activities or "sub-tasks" necessary to complete the task. Sub-tasks were further broken down into five to nine detailed actions or "steps" required to complete the sub-task. These steps described specifically how to perform the task. Overlap was not allowed between tasks or between sub-tasks.
RESULTS: This style of task analysis both required a thorough understanding of the intervention to be implemented and developed additional insight. It allowed for creation of realistic budgets and timelines, as well as detailed implementation procedures. The time required was reasonable, particularly considering the benefits accrued.
LESSONS LEARNED: Using this style of task analysis, program staff can accomplish documentation of interventions in an efficient manner, while increasing their understanding of how to implement the intervention itself. Presenters will conduct an overview of the technique, introduce task analysis tools for use in "home-grown" intervention documentation, and demonstrate use of the tools based on two popular EBIs: Community PROMISE and Healthy Relationships.

Presentation Number: D07 – 2

Presentation Title: Developing Strategic Training Plans to Successfully Implement Evidence-Based Behavioral Interventions

Author(s): *McGrath, P*[1]; *Novey, SR*[2]*; Stewart, T*[3]*; Vasapolli, F*[4]
[1]New York State STD/HIV Behavioral Prevention Training Center, Rochester, New York, and University of Rochester, Rochester, NY; [2]AED Center on AIDS & Community Health, Los Angeles, CA; [3]Denver STD/HIV Behavioral Prevention Training Center, Denver Public Health, Denver, CO; [4]NJ Department of Health and Senior Services, Division of HIV/AIDS Services, Trenton, NJ

ISSUE: Helping Community Based Organizations (CBOs) develop capacity to implement Diffusion of Effective Behavioral Interventions (DEBI) Project Interventions/Evidence-based Behavioral Interventions (EBIs) is a major challenge for both the agencies and Health Departments (HD) funding them to do so. Often CBOs and HDs seek access to EBI/DEBI training as the only necessary training to implement an intervention. They later discover that implementing the intervention requires core process capacities and skills not addressed in the EBI training alone, such as group facilitation, community assessment, and client recruitment/retention. The authors suggest that HDs and CBOs consider a more thoughtful strategic planning approach to meeting training needs and ensuring more successful implementation of the desired interventions.
SETTING: Application of this strategic planning approach would be useful to Health Departments (HD) and HD contract managers that fund CBOs to implement EBIs, and both HD and CBO program staff that coordinate HIV prevention-related trainings. Others who may benefit from this approach include HIV/STD prevention HD trainers, CBO program managers, and other training providers.
PROJECT: For the 2006 HIV/STD Educator/Trainer Network Meeting, CDC requested that the New Jersey Health Department, the Denver and Rochester HIV/STD Prevention Training Centers, and the Academy for Educational Development collaborate to deliver a full-day workshop on lessons learned and planning approaches to support the successful implementation of EBI/DEBI Project Interventions. The workshop was successfully received and the authors would like to provide some of these concepts and models at NHPC. We will offer tools and information so that training coordinators, program managers, and others can be more strategic in developing training plans for CBOs and other HIV prevention providers in their jurisdictions/regions. Examples of different sets of capacities and skills will be considered for various levels of interventions including Individual, Group, and Community. An HIV/STD training taxonomy will be offered. The experience of the New Jersey HD in providing trainings to implement DEBI Project interventions is especially relevant to other jurisdictions.
RESULTS: From our different perspectives (CDC Training Partners, National Training Coordinator for DEBI Project Intervention Trainings, State HD Coordinator of HIV Prevention Capacity Building Training), the authors have observed that many CBO staff frequently lack fundamental skills and capacities that are essential to successful implementation of behavioral interventions. Based on these findings and experience, this presentation will discuss: the broader process that goes into the development of a strategic plan for implementing DEBI Project interventions; the different assessments that must be conducted prior to the development of a training plan; the rationale for creating a sequential training plan that prioritizes key course types; and the components of a training plan to adopt and implement a DEBI Project intervention
LESSONS LEARNED: Often CBOs and HDs obtain a training on a particular intervention, without considering a

more strategic training plan. HDs and agencies that strategically develop tailored training plans will be more successful in implementing EBIs in their respective jurisdictions and agencies.

Presentation Number: D07 – 3

Presentation Title: The DEBI Model for the Dissemination of Effective Behavioral Interventions into HIV Prevention Practice

Author(s): *Collins, CB*; *Harshbarger, C; Phields, M; Duncan, T; Whittier, D; Andia, J; Sharpe, T; Stallworth, J; King, W; Prather, C*
CDC, Atlanta, GA

ISSUE: Dissemination of behavioral interventions helps meet the CDC's goal of HIV disease prevention. Many behavioral interventions have been identified in the research literature as efficacious by CDC's Synthesis Project, but these evidence based interventions have not been routinely and consistently implemented by HIV prevention programs in the field. A strategy for diffusing HIV prevention research into prevention practice was needed.
SETTING: National diffusion project.
PROJECT: We developed an eight-step diffusion model based on a range of organizational and diffusion theories from multiple fields and the social sciences. Multiple interventions were selected for diffusion which had previously been identified by the CDC's Research Synthesis Project. These evidenced-based interventions include individual, group, and community level interventions and can be used to target specific at-risk populations. Some of the interventions are clinic based and some are specific for HIV-positive populations. Other at-risk populations include MSM, IDUs, heterosexual men and women with recent STDs, African American women, HIV positive IDUs, young adults, MSM and heterosexuals.
RESULTS: We developed a strategy to move HIV prevention research into practice. It offers a range of supports at various stages of implementation. The 8-step model includes: 1. System planning in partnership with behavioral scientists and prevention partners, learning the characteristics of the intervention and the capacity required to implement; and planning a dissemination strategy. 2. Market strategy: understand the consumer's needs and motivate providers to adapt science-based programs. Consumers include health departments, CBOs, and other prevention providers. We established a resource web site with 144 DEBI products and resources (www.effectiveinterventions.org). 3. Policy supports: funding has great impact on dissemination and sustainability and thus program announcements were crafted to support DEBI. 4. Developing the intervention resource materials that include starter kits, implementation manuals, training curricula, technical assistance and evaluation guides. Most of these are electronic and free to the public. 5. Creating a national infrastructure of service providers for: resource management (AED), training and technical assistance (PTCs & CBAs) 6. Capacity building methods included intensive collaboration with behavioral scientist and include e-mail, telephone, and on-site visits. Capacity Building was provided by CBAs and BSSVs. Adaptation methods include: stakeholder interviews; community assessment; focus groups; logic modeling; translation, pre-testing materials and activities; and piloting the core elements. Sustainability, workforce competency and retention; ability to adapt and innovate; ability to achieve intervention relevance; and securing resources are all capacity building issues. 7. Quality assurance including monitoring and implementation plans were developed (i.e., Continuous Quality Improvement Teams) and found to be essential. 8. Evaluation of fidelity assesses adherence to the core elements of the intervention during the process of adaptation.
LESSONS LEARNED: We developed an 8-step dissemination model used by the CDC's Division of HIV/AIDS prevention to move selected efficacious behavioral interventions into public health practice over a 4 year period to 3500 agencies. This model could be replicated so as to quickly diffuse a broad range of behavioral interventions into public health practice for other diseases and conditions.

Presentation Number: D07 – 4

Presentation Title: Making DEBIs Work: Ohio's Implementation Experience

Author(s): *Adams, J*; *Hribar, C; Shields, G; Bunner, B; Dunn, CS*
Bowling Green State University, Bowling Green, OH

ISSUE: The Ohio HIV Evaluation and Training Project (OHETP) conducted a study to identify the key issues in the implementation of DEBI programs, examine the barriers to and successes in the implementation, and facilitate the exchange of ideas and information among agencies offering the programs.
SETTING: Community -based organizations (CBOs) in Ohio offering Healthy Relationships and Popular Opinion Leader programs were the focus of the study.
PROJECT: In-depth interviews were conducted during site visits to nine CBOs throughout the state representing 10

DEBI programs and were followed up with telephone interviews to identify subsequent program changes. Issues examined included program planning, implementation/modifications, program management, barriers and challenges, program evaluation, and goal setting.
RESULTS: All CBOs had completed at least one entire program with variable numbers of participants. Each CBO set their own goals regarding numbers of participants; several met or exceeded their goals, while others were less successful.
LESSONS LEARNED: The question of whether the program met the needs of the individual communities received mixed reviews, as did the implementation and need for modification. The use of incentives and innovative scheduling appeared to improve retention of participants. Success of participant recruitment and retention also seemed to be impacted by the CBO representatives taking the programs to the target populations rather than recruiting participants to come to the agencies. Cultural relevance was consistently reported as an important concern by most agencies. Client satisfaction was reported as high by all agencies.

Presentation Number: D07 – 5

Presentation Title: Factors that Influence Successful Implementation of an Evidence-Based Intervention, the Mpowerment Project, by Community Based Organizations (CBOs)

Author(s): *Kegeles, SM*[1]; *Rebchook, GB*[1]; *Tebbetts, S*[1]; *Hamiga, J*[1]; *Sweeney, D*[1]; *Huebner, D*[2]
[1]Center for AIDS Prevention Studies, University of California, San Francisco, San Francisco, CA; [2]University of Maryland, Baltimore County, Baltimore, MD

BACKGROUND: Research into the development of HIV prevention interventions cannot affect the spread of the epidemic unless CBOs implement the programs successfully. Whereas substantial scientific effort has gone into creating interventions, little research has examined barriers and facilitators to successful implementation by CBOs. Since community-level interventions (CLI) are cost-effective and reach populations that do not seek help for changing risk behavior, they are particularly important to move into practice. "Successful implementation" means the intervention retains fidelity to the original intervention's theoretical underpinnings and methods, while being tailored to communities' culture and social environments. The goal of this study is to identify factors that facilitate or impede the successful implementation of an evidence-based CLI, the Mpowerment Project (MP).
METHODS: Seventy-two CBOs implementing the MP were followed longitudinally; the Project Evaluator conducted telephone interviews at baseline, 6, 12, and 24-months with CBO staff and intervention participants (N = 523 interviews). Interviews focused on how each intervention core element was being implemented, with follow-up probes regarding reasons for changing the core element. In addition, MP Technology Exchange Services, which are an integrated system of materials, on-going technical assistance (TA), training, and web-based services, were provided to CBOs. The TA providers took extensive notes during all TA sessions, and subsequently created a detailed commentary about the session. Likewise, the Evaluator took extensive notes during each interview. All notes and commentaries were entered into a database. Preliminary analyses of the data generated broad themes that served as organizing codes regarding barriers and facilitators to effective implementation. Emerging issues across CBOs that facilitated or impeded implementation were discussed in monthly analysis meetings, and summary notes later systematically compared the organizing codes. We continued to generate additional sub-codes to capture the complexity within the data. All themes (operationalized as codes) were generated from the data.
RESULTS: The following table lists the themes that function as barriers or facilitators to successful implementation. Complex contextual issues beyond the level of the individual conducting the intervention exerted tremendous influence on implementation effectiveness. These issues are both internal and external to the organization. Unexpectedly, funders also played an important role in successful implementation (in addition to their provision of resources).
CONCLUSIONS: Many barriers to and facilitators of successful implementation of an evidence-based intervention are beyond the direct influence of individual staff members or of the implementing agency itself. Therefore, successful translation of an evidence-based intervention into practice requires focusing on more than just the individual who implements the intervention. The organization as a whole (including front-line staff, managers, and executive directors), funders, and community members need to work together to achieve successful implementation. To facilitate this process, intervention with entire systems may be necessary. Additional research on the application of systems-level theories, organizational development, and ecological models of change may be necessary to identify best practices necessary for the scale-up of innovative HIV prevention programs in the field.

Track D
D12 – HIV Prevention with PLWHAs in Clinical Settings
Room Location: COURTLAND – (Hyatt Hotel – Atlanta Conference Center level)

Presentation Number: D12 – 1

Presentation Title: Intergrating Peer-Driven Positive Prevention into an HIV Physician Office

Author(s): *Moore, S*; *Piontkowsky, DM*
Allegheny General Hospital Positive Health Clinic, Pittsburgh, PA

ISSUE: Since the April 2003 CDC shift in emphasis to Prevention for Positives the HIV treatment community has examined implementation mechanisms for effective prevention programs. The need for this intervention is reflected in continuously increasing sexually transmitted infection (STI) rates. From 2004 to 2005 in Allegheny County (Pittsburgh, PA), Gonorrhea was up 18%, Chlamydia up 2% and Syphilis cases up 200%. HIV cases increased 6% during this time while reported AIDS cases increased 1%. Methods for reaching people with HIV have not been fully effective in decreasing HIV and STI's.
SETTING: The Positive Health Clinic (PHC) is in an urban, hospital-based HIV clinic that currently cares for 360 patients, located in an inner-city neighborhood of Pittsburgh, Pennsylvania.
PROJECT: The PHC implemented a Prevention for Positives program in July 2005, to increase the number of HIV positive patients interviewed about high risk behaviors, to reduce STI transmission among HIV positive patients, and to reduce HIV transmission by HIV positive patients. The unique aspect of this program is that it takes a multidisciplinary approach to healthcare. A peer advocate is incorporated into the clinical team and participates in the daily pre-clinic conference that discusses the health care needs of each patient. Before the conference the peer develops a unique message about each patient that is then communicated back to the clinical team. The program is designed for the peer to interview every patient seen during their regular doctor's visit, for high-risk behaviors with follow-ups at future visits. After the patients are interviewed, the peer and patient determine which type of risk-reduction intervention would be suitable. There are intensive one-on-one, short-term and group-based interventions based on the individual patient needs.
RESULTS: Through this program 145 patients were interviewed. Of these patients, 7 are in intensive one-on-one sessions, 15 are in group sessions and 61 are in short-term sessions. Five group participants are duplicated in the short-term sessions and one-on-one sessions.
LESSONS LEARNED: Application of the multi-disciplinary team approach to interview and intervene has benefited patient care and the delivery of safer sex messages. The peer advocate has been empowered to be the principal source of intervention, but has utilized the physician, nurse practitioner, nurses, and social workers to reinforce an individualized message for the patient. After more than a year into this program we have discovered that patients respond more favorably to short-term interventions and group interventions as opposed to the intensive one-on-one sessions. The peer advocate interacts with each patient during their regular clinic visit, in the exam room, re-emphasizing the importance of the safer sex message as part of the medical treatment. By interacting with these patients on a constant basis we have also found that their behaviors change over time and the need for continuous reinforcement is on-going. Some patients are not ready to change behaviors initially and others find it difficult to change. The program recognizes this and, by meeting them at regular visits, there is an ability to allow patients to take small steps in reaching their goals.

Presentation Number: D12 – 2

Presentation Title: Adapting an Evidence-Based Positive Prevention Intervention for African HIV Clinics

Author(s): *Rosenberg, N*[1,2]*; Bachanas, P*[1]*; Bollini, A*[1]*; Poulsen, M*[1,3]*; Ackers, M*[4]*; Muhenje, O*[4]*; Dalal, W*[5]*; Moore, J*[1]
[1] Centers for Disease Control and Prevention, Atlanta, GA; [2] ATA Services, Atlanta, GA; [3] Association of Schools of Public Health, Washington, DC; [4] Centers for Disease Control and Prevention, Nairobi, Kenya; [5] US Army Medical Research Unit, Kericho, Kenya

BACKGROUND: The rapid scale-up of HIV treatment to over one million HIV-infected individuals in sub-Saharan Africa presents a critical opportunity to reach HIV-infected patients with "positive prevention" interventions. However, few HIV clinics in the developed or developing world take advantage of this opportunity and few interventions deliver consistent, efficient prevention messages to HIV-infected patients in these settings.
METHODS: The HIV Prevention Branch of the Global AIDS Program adapted a U.S., evidence-based positive prevention intervention, Partnership for Health, for HIV clinics in sub-Saharan Africa. The feasibility and

acceptability of implementing the new intervention, HIV Prevention in Care and Treatment Settings, in African HIV clinics were assessed. Partnership for Health includes brief, provider-delivered messages to HIV-infected patients at all visits and reinforcement through clinic posters and handouts. It targets decreasing unprotected intercourse and increasing sero-status disclosure to sex partners. The adaptation process included developing a flip chart for providers to deliver tailored messages to patients, and modifying handouts and posters. Materials were illustrated for less-literate audiences and scripts were written to facilitate correct and consistent messages about sexual risk behavior. A message encouraging partner testing was added. Twenty-four medical providers from Kenya, Botswana, and Uganda completed a materials review to assess tools and messages for cultural appropriateness and content. A field-test was conducted at two Kenyan sites--Kericho District Hospital and Kenyatta National Hospital--to assess acceptability, feasibility, and fidelity. During the field test, fifty-five providers from several medical and psychosocial cadres received a one-day training on intervention implementation and began delivering the intervention the following week. Six to eight weeks later 32 providers were interviewed, which included semi-structured qualitative questions, fixed-answer responses, and an observed intervention role-play.
RESULTS: The materials review affirmed the usefulness of scripted, illustrated materials and informed additional revisions: a more detailed explanation of HIV sero-discordance, minor illustration adjustments, and inclusion of a message about faithfulness to one partner. These modifications were made before the field test. Results from the field test showed that 96% of providers were comfortable discussing sexual behavior, 100% were satisfied with the intervention, and 81% believed intervention implementation was feasible. Role-play observations and provider interviews revealed a range of fidelity to the protocol and longer than expected delivery times. These findings led to simplification of the flip chart protocol for lower level cadres of healthcare providers and creation of a briefer "pocket card" for higher level cadres. Providers requested more information on how to help patients address prevention barriers and how to tailor messages to patients who desire pregnancy. In response, disclosure assistance and family planning messages were integrated into the training and materials.
CONCLUSIONS: Findings suggest that an evidence-based U.S. intervention can be adapted to African settings in ways that are feasible and acceptable. Modifications were needed to make the intervention simpler and more efficient and to assist healthcare providers with common patient concerns regarding several HIV prevention behaviors. Ministries of Health and other healthcare organizations should consider scale-up of HIV Prevention in Care and Treatment Settings.

Presentation Number: D12 – 3

Presentation Title: Tailoring of "Prevention with Positives" Interventions in Clinical Care Settings

Author(s): *Shade, SB*; Myers, JJ; Dawson Rose, C; Steward, WT; Morin, SF
Center for AIDS Prevention Studies, University of California, San Francisco, CA

BACKGROUND/OBJECTIVES: To estimate the potential benefit of tailoring HIV prevention interventions with HIV-infected patients in clinical care settings.
METHODS: We used audio computer-assisted self-interviewing to assess the number of occurrences and types of sexual behaviors associated with sexual transmission of HIV in the past six months, and the behavioral correlates associated with these sexual risk acts, among 4053 men and women in 26 US HIV primary care clinics. For each person, we created an overall estimate of his or her probability of transmitting HIV during the six-month period by combining the reported number of each sexual risk act with HIV-uninfected and unknown HIV status male and female sexual partners and the known probability of transmitting HIV for each sexual risk act (obtained from previously published studies). Next, we created hypothetical scenarios which assumed that an intervention reduced sexual transmission of HIV in accord with findings from past studies. Based on these assumptions, we then estimated the potential reduction in transmission of HIV that would occur if the intervention were directed at all HIV-infected individuals in care or if it were tailored only to individuals who reported behaviors known to correlate with sexual risk acts.
RESULTS: Overall, we estimated that HIV-infected patients in our study transmitted HIV to 36 HIV-uninfected or unknown HIV status sexual partners in the past six months. The mean probability of transmitting HIV to an HIV-uninfected or unknown status sexual partner in the past three months was 0.9% per patient. Behavioral correlates associated with increased probability of transmitting HIV included: being a male who has sex with men (MSM), weekly use of alcohol, or any use of amphetamines (see table).
Given a hypothetical intervention that reduces sexual transmission of HIV by 20%, intervening with all patients in HIV-care would eliminate transmission of HIV to 7 HIV-uninfected or unknown HIV-status sexual partners. However, it would be necessary to intervene with a large number of patients to observe this reduction in transmission (need to intervene with 555 individuals to avert 1 infection). In contrast, tailoring interventions with HIV-infected patients who were MSM or reported weekly alcohol use or reported any amphetamine use would eliminate fewer HIV infections, but would require intervention with fewer individuals per transmission averted. Interventions tailored to MSM or amphetamine users would be more efficient compared to those targeted to weekly alcohol use.

CONCLUSIONS: Tailoring of "Prevention with Positives" in HIV care settings to MSM and heterosexual amphetamine users may improve the effectiveness of these interventions. Clinicians and policy makers must weigh the goal of eliminating all HIV transmission against the reality of resource limitations.

Presentation Number: D12 – 4

Presentation Title: Answering the Call of Providers Delivering Prevention Services with People Living with HIV/AIDS

Author(s): *Henry, L*[3]; CBA Network for Advancing HIV Prevention (NCNAHP); Spieldenner, *A*[1]*; Johnson, V*[2]*; Belzle, T*[3]*; Louis, H Casillas, D*[3]*; Johnson, V*[2]
[1]National Association of People With AIDS, Washington, DC; [2] National Association of People with AIDS, Washington, DC; [3]UT Southwestern Medical Center, Dallas, TX

ISSUE: HIV-positive individuals became a major focus of prevention with the unveiling of CDC's Advancing HIV Prevention Initiative in 2003. Since then, evidence-based interventions (EBIs) for HIV-positive individuals and their partners have been diffused through the DEBI project. As a result, providers have had to adapt their organization's mission, culture and capacity to implement prevention strategies, such as social marketing and testing initiatives, and EBIs, such as Healthy Relationships (HR), Partnership for Health (PfH), Choosing Life: Empowerment! Action! Results! (CLEAR) or Comprehensive Risk Counseling and Services for Positives (CRCS). More often than not, providers have done this, despite having little or no knowledge of how to select, adapt, implement, or evaluate prevention strategies and EBIs for HIV-positive individuals and their partners, while meeting the needs and resources of the organization and the community.
SETTING:
The services provided by the National CBA Network for Advancing HIV Prevention (NCNAHP) are available to state and local health departments, CBOs and FBOs implementing prevention strategies (focus area 3) and EBIs (focus area 2) with people living with HIV/AIDS and their partners.
PROJECT: The CDC funded two organizations, National Association of People Living with AIDS (focus area 3) and UT Southwestern Medical Center (focus area 2), in 2006 to provide capacity building assistance and technical assistance to state health departments, CBOs and FBOs across the country implementing EBIs and prevention strategies for HIV-positive individuals and their partners.
RESULTS: NCNAHP is collaborating with the CDC and other prevention partners to create a continuum of services that build knowledge of and skills around intervention selection, adoption, adaptation, implementation, and evaluation. These skills and knowledge, with support and guidance, build the efficacy of organizations to deliver culturally relevant prevention services with HIV-positive individuals and their partners.
LESSONS LEARNED: Delivering focused CBA and TA will ensure that providers who implement programs with HIV-positive individuals and their partners are successful in their implementation. NCNAHP will share lessons learned about adapting EBIs with HIV-positive individuals, implementing social marketing campaigns and initiating National HIV Testing Day events. NCNAHP will also facilitate an interactive dialog with session attendees about the challenges they face implementing EBIs and prevention strategies with HIV-positive individuals and their partners.

Track D
D14 – HIV Counseling, Testing, and Prevention Strategy
Room Location: BAKER – (Hyatt Hotel – Atlanta Confernce Center level)

Presentation Number: D14 – 1

Presentation Title: Use of Social Networks Project (SNP) as a Recruitment Strategy for HIV Counseling, Testing and Referral (CTR) Services to Enhance and Increase the HIV Seropositivity Rate at Boston Medical Center (BMC)

Author(s): *Sasso, VJ*
Boston Medical Center, Boston, MA

Our challenge has been reaching and motivating high risk people in Boston to engage in CTR.
BMC is a major CTR site offering services in the hospital including our free STD Clinic (one of only 2 in Boston) and in various community locations i.e. detoxification programs, mobile health vans, and community drop-in centers for MSM's and sex workers. The goal of SNP is to identify persons at risk for HIV infection and link them to CTR. In this strategy, HIV-positive persons and HIV-negative persons at high risk are enlisted to recruit persons from their

social, sexual, and drug-use networks into CTR. We expect to receive our potential recruiter referrals from our CTR sites, HIV Clinic and Community Advisory Board (CAB) composed of people living with HIV. However, for the purpose of this presentation, we will describe our model for integrating SNP into an STD Clinic. Our STD Clinic is our highest volume CTR site and it also yields our highest seroprevalence. In 2006 we performed 1718 HIV tests and identified 31 positive cases, for a total seroprevalence of 1.8 %. On June 27-28, 2006 BMC hosted a site visit with CDC. The main goal was to assess our ability to implement SNP as a means to increase our seropositivity rate. It was concluded that SNP is a viable recruitment strategy for BMC and that our CTR program had the existing infrastructure for implementation.
BMC staff was selected to participate in the *Use of Social Networks: A Recruitment Strategy for Counseling, Testing and Referral* CDC pilot training in Boston on July 25-27, 2006. This training provided us with the necessary information and tools to begin program planning. Shortly after the training, we received the CDC SNP Toolkit and began creating an internal SNP policy and procedure manual and tailoring the SNP forms and logs. Additionally, BMC staff met with the Multicultural AIDS Coalition in Boston, one of the CDC SNP demonstration pilot sites. Once program planning was complete, we presented the program to our CAB to solicit their feedback around their beliefs whether SNP would work in targeted high risk communities in Boston. The overwhelming consensus was yes; this is an effective recruitment strategy. We implemented SNP on March 26, 2007. Based on the data generated by the CDC SNP demonstration pilot, it is our expectation that SNP will successfully enhance and increase our seropositivity rate. We fully anticipate presenting our successful increase in seroprevalence to 6% at the 2007 National HIV Prevention Conference. At the conference, we also plan to discuss several case presentations of recruiters and the outcomes of the SNP process. One key lesson we have learned thus far is that buy in is necessary in order to make SNP work. We will be looking to receive referrals form several departments within BMC and without their support and ultimately their referrals, we would not be able to effectively implement SNP. At the Conference we expect to have the ability to report on further lessons learned in greater detail.

Presentation Number: D14 – 2

Presentation Title: Training and Implementation for Protocol-Based Counseling (PBC) in Houston: An Evidence-Based CTR Intervention

Author(s): *Agee, GB*; *Wiley, C; Hall, H* - Houston Department of Health and Human Services, Houston, TX

ISSUE: In 2005, the Texas Department of State Health Services (DSHS) discontinued the CTR intervention known as Prevention Counseling/Partner Elicitation (PCPE) and ceased offering that training to local health departments and community-based organizations (CBOs). In its place, the DSHS adapted Project RESPECT, a counseling, testing and referral (CTR) evidence-based intervention, into Protocol-Based Counseling (PBC) to be implemented throughout the State of Texas. The rollout of PBC involved the DSHS training the Houston Department of Health and Human Services (HDHHS) in order for the HDHHS to then train their subcontracted CTR agencies. The initial rollout involved coordination and buy-in from these local agencies.
SETTING: PBC was implemented and rolled out throughout the State of Texas. In Houston, HDHHS staff was trained and began rollout to Houston area agencies in February 2006.
PROJECT: The DSHS began to rollout PBC by training Risk Reduction Specialists (CTR counselors) throughout the state of Texas in 2005. In January 2006, the DSHS and the HDHHS entered into an agreement to have DSHS train 6 HDHHS staff and to provide technical assistance during the process of co-training. Once HDHHS staff were trained and certified by the DSHS, they were then qualified to train and provide technical assistance to CBOs. The first step of the Houston PBC Rollout was to have HDHHS and DSHS staff members meet with the CBOs to explain the training and implementation process and to solicit agency buy-in. At that time, each agency was issued a roll-out schedule and an agency readiness checklist. Training and technical assistance began in March 2006 and was completed by September 2006.
RESULTS: By September 2006, 3 HDHHS staff had trained 121 Houston-based personnel to become Risk Reduction Specialists for the PBC intervention and assisted the DSHS with additional trainings in Dallas and San Antonio. Three Houston staff members traveled to Austin and participated in the revision process of the PBC curriculum and the protocol booklets used by the Risk Reduction Specialists. PBC is offered on an ongoing basis (quarterly) for all Houston-based CTR providers.
LESSONS LEARNED: Agencies must buy into the proposed change in order to effectively implement change. A new intervention with proven statistics for success will not be accepted unless the participants are prepared and agree that a change is necessary. With sufficient technical assistance and support, the CBOs were able to have their CTR staff trained and are presently including the PBC intervention as part of their ongoing community services.

Presentation Number: D14 – 3

Presentation Title: Routine Offering of HIV Testing at Two Primary Care Sites – Chicago, Illinois, April 2005 - August 2006

Author(s): Glick, N[1]; *Silva, A[2]; Schulden, J[3]; Heffelfinger, J[3]*
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BACKGROUND: It is estimated that at least a fourth of people who are HIV-positive in the United States are unaware that they are infected. Routine HIV screening may identify infected persons earlier in the course of their infection and help to decrease HIV transmission. To increase the number of people who are tested and know their serostatus, we assessed the feasibility and acceptability of routinely offering rapid HIV testing at two urban primary care clinics.
METHODS: From April 2005 to August 2006, patients aged 16 or older were routinely offered rapid HIV testing by medical assistants. Patients who were critically ill, were unable to provide consent, or had been recently tested were not offered testing. Oral rapid HIV testing was administered by medical assistants, and results were given to patients by providers. Patients with preliminary positive test results were referred for treatment and care to affiliated HIV care clinics, and existing case management staff worked to ensure that HIV-infected patients were linked to care. Acceptance of HIV testing and proportion of persons newly diagnosed with HIV infection were assessed.
RESULTS: among the 4,703 patients offered HIV testing, 2,750 (58.5%) accepted testing, and four (0.15%) of those who tested had confirmed positive results. All 4 were successfully linked to care. Consent rates for testing were consistently over 55% for both men and women and for all racial/ethnic groups. However, younger patients (<35 years) were twice as likely to agree to testing as older patients (>70 years). Feedback from physicians and medical assistants indicated that routinely offering HIV testing did not substantially interrupt clinic flow except when exceptionally busy or understaffed.
CONCLUSION: Implementing a routinely recommended rapid HIV testing program in primary care clinics is feasible and appears to be well-accepted by patients and clinic staff. While only a small number of newly diagnosed, HIV-infected patients were identified in these clinics, all were successfully linked to care. Because existing clinic staff -- rather than supplemental testing staff -- implemented this program, it is likely that these two clinics will be able to sustain routine rapid HIV testing.

Presentation Number: D14 – 4

Presentation Title: Access and Availability of HIV Testing and Treatment Services in U.S. Southern Rural Counties

Author(s): Sutton, M[2]; *Anthony, MA[1,2]; Vila, C[3]; McLellan-Lemal, E[2]; Goli, V[1]; Holmberg, SD[2]; Fitzpatrick, L[2]; Matthew, MS[3]; Crandall, LA[3]; Weidle, PJ[2]*
[1] Northrop Grumman, Atlanta, GA; [2] Centers for Disease Control & Prevention, Atlanta, GA; [3] University of Miami, Miami, FL

BACKGROUND: HIV/AIDS incidence is increasing in the South, but little is known about access to HIV testing and treatment services in rural counties.
METHOD: Survey questionnaires were mailed to health departments, HIV counseling & testing sites, and HIV treatment sites in 325 rural counties in ten Southern states.
RESULTS: 243(75%) of 325 health departments responded to the survey, as did 133(53%) of 250 counseling & testing sites, and 73(48%) of 152 HIV treatment sites. The treatment sites predominately served African-Americans (66%) and persons who acquired HIV from heterosexual contact (64%). Patients lived a median of 50 miles from the nearest health clinics. For those sites that did not have rapid HIV testing, only 48% of patients returned for results. Recurring themes to open-ended questions regarding barriers to HIV testing and treatment services were: limited HIV education and awareness among clients and staff, client concerns about confidentiality, stigma, lack of transportation, and inadequate staff training.
DISCUSSION: Two interventions should be further explored to address these barriers: 1) increased availability of rapid HIV tests to reduce turn-around time for test results, and 2) more proximal testing and treatment services. Both could increase access to HIV testing and treatment in rural southern areas.

Presentation Number: D14 – 5

Presentation Title: North Carolina's HIV Prevention Counseling, Testing, and Referral Services Training Program and its Impact on Providers Serving Ethnically Diverse Clients

Author(s): *Morrison, S*[1]; *Moseley, C*[2]*; Gibbs, R*[3] *- Morrison, S*[1]*; Moseley, C*[2]*; Gibbs, R*[3]
[1] University of North Carolina at Greensboro, Greensboro, NC; [2] Center for Youth, Families and Community Partnerships at University of North Carolina at Greensboro, Greensboro, NC; [3] Guilford County Department of Public Health, Greensboro, NC

BACKGROUND: In 2001, the NC HIV/STD Prevention and Care Branch implemented a new training program for employees of state funded organizations who provide HIV Prevention Counseling, Testing, and Referral Services (CTR). This training curriculum was based on the Centers for Disease Control and Prevention's Guidelines. In 2005, the Guilford County Department of Public Health in Greensboro, NC chose to 1) evaluate the extent to which the training facilitated CTR provider ability to promote "client centeredness" with ethnically diverse clients, and 2) identify additional areas of training needs
METHODS: Between 2005-2006, we conducted interviews and observational sessions with 17 CTR providers working in practice settings such as the local health department, community based organizations, street outreach corners, jails and special health events. The interviews were transcribed and analyzed for themes that related to training components that facilitate HIV counseling practice with diverse clients and further areas of training needs.
RESULTS: The majority of CTR providers interviewed indicated the training improved their ability to deal with ethnically diverse clients. Specific components of the training that were utilized included use of empathetic and non-judgmental talk with clients, ensuring privacy and confidentiality, exhibiting a caring manner and awareness of community resources for the ethnically different clients. Approximately 30% of providers felt their "indigenous" background was an asset and contributed to successful pre- and post-test sessions with their clients. All providers worked with clients to establish a risk reduction plan during pre-test counseling. However, only 5% indicated being able to get clients to recommit to this plan once they returned for post-test counseling. Finally, issues such as burnout and stress, less than adequate external working conditions, and a constant need to update personal knowledge of auxiliary support all challenge the ability to ensure "client centeredness".
CONCLUSIONS: As the face of the HIV epidemic in North Carolina becomes more pronounced in diverse clientele, HIV counselors in this region have to engage their training and skills in ways that allow them to address the needs of their diverse clientele. The findings of this evaluation highlight the importance of standardized CTR training with components that are malleable to individual client context and counseling setting. Additionally, provider ability to be more "client-centered" can be enhanced by for example, introducing stress and burnout reduction methods into training protocols, and providing post-training information update sessions.

Track D
D28 – HIV Prevention with Physically Challenged Populations
Room Location: DUNWOODY – (Hyatt Hotel – Atlanta Confernce Center level)

Presentation Number: D28 – 1

Presentation Title: HIV Prevention with Persons with Disabilities

Author(s): *Hergenrather, KC*[1]*; Daniels, TM*[2]
1 The George Washington University, Washington, DC; 2 District of Columbia Rehabilitation Services Administration, Washington, DC; 3 National Working Positive Coalition, San Francisco, CA

ISSUE: While the number of reported cases may be relatively small, the challenges in conducting effective HIV prevention with persons who are deaf, blind, developmentally disabled, or otherwise physically challenged can be daunting.
SETTING: This session will examine some of the issues encountered, efforts undertaken in one U.S. locale, and share the perspectives of consumer need for prevention services.
PROJECT: Persons with disabilities meeting the disability criteria of the Americans with Disabilities Act of 1990 and receive SSI or SSDI are provided presumptive eligibility for public rehabilitation services. Annually, the District of Columbia Rehabilitation Services Administration serves 10,000 persons with disabilities. Limited research and programming have been developed within prevention initiatives addressing the economic and psychological benefits of employment contributing to HIV prevention goals among persons with disabilities through rehabilitation programs

and career development programs.
RESULTS: among persons living with HIV/AIDS, employment has been shown to report that employment reduces their involvement in risk-taking behavior.
LESSONS LEARNED: Addressing the career development needs of all people with disabilities is critical to reducing the harm resulting from poverty, unemployment and social marginalization, all key factors in increased risk for HIV infections.

Track E
E07 – Funding Policies
Room Location: HANOVER C – (Hyatt Hotel – Exhibit Level)

Presentation Number: E07 – 1

Presentation Title: Securing Funds Through Legislative Compassion: The Story of the Mississippi AIDS Advocacy Coalition

Author(s): *Colomb, MA*[1]; Thompson, *C*[2]*; Dukes, A*[3] *- Mark A. Colomb, PhD*, EdS, MPH, My Brother's Keeper, Inc., Ridgeland, MS, Craig Thompson, Mississippi Department of Health, Jackson, MS, Alonzo Dukes, Southern AIDS Commission, Greenville, MS.

ISSUE: There is a lack of a targeted prevention strategy for rural people as evidenced by the rising rate of infection in this population in the southeastern United States and a dearth of care, treatment and support services required to meet the needs of these rural persons. Mississippi's legislature has provided a miniscule amount of funds to support HIV care and prevention.
KEY POINTS: In 2006, the first organized HIV advocacy campaign in Mississippi targeted state legislatures to support issues affecting HIV+ women, local organizations, health care providers, and others with a vested interest in HIV/AIDS. The campaign was spearheaded by the Mississippi AIDS Advocacy Coalition (MAAC)- a group of community based providers, industry representatives and HIV+ persons. The campaign effort advanced knowledge of HIV among state legislators, enhanced partnerships among participating community based providers, empowered HIV+ persons as agents of policy change, and identified barriers in legislative education relative to HIV. MAAC recommended action steps to influence legislators in two core areas: prevention and care. The campaign focused on those core action steps and subsequent activities in order for state legislators to develop, draft and implement policy to support funding for HIV/AIDS care and prevention issues.
IMPLICATIONS: The advocacy campaign was a success. The success emanated from the lessons learned in the legislative process. Community based providers and HIV+ persons learned the process, visited with key legislators, developed policy communiqué and influenced change in legislative thinking regarding HIV. Legislation was passed based on the efforts of MAAC in early 2007. Beginning July 1, 2007, Mississippi will have an available pool of funds (an increase of 371%) to conduct care and prevention activities.

Presentation Number: E07 – 2

Presentation Title: The Southern AIDS Coalition: A Unique Collaborative in Response to the Raging HIV Epidemic in the South

Author(s): *Scalco, M*[1]; Foust, E[2]; Hiers, K[3] -M. Beth Scalco, LCSW, MPA, Louisiana Office of Public Health, New Orleans, LA, Evelyn Foust, MPH, North Carolina Department of Health and Human Services, HIV/STD Prevention and Care Branch, Raleigh, NC, Kathie Hiers, AIDS Alabama, Birmingham, AL.

ISSUE: The southern region of the United States is in a state of emergency as HIV/AIDS and other sexually transmitted diseases are having a devastating impact. While Southern states represent 34% of the United States population, they account for 36% of persons living with AIDS and 42% of new AIDS cases in 2005. The number of persons living with AIDS has increased from 1993 to 2005 at a greater rate in the South than in any other region. In addition, from 2001 to 2005, AIDS related deaths decreased in all regions of the U.S., except the South.
SETTING: The Southern AIDS Coalition represents Alabama, Arkansas, the District of Columbia, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia.
PROJECT: The Southern AIDS Coalition (SAC) was developed in response to the rapid increase of HIV/AIDS cases in the South, as well as the high rates of poverty, poor health infrastructure, racial disparity, and startling rates of

sexually transmitted diseases in the region. Shrinking resources that are desperately needed to support effective interventions and services compounds these issues. SAC is a sustained and united HIV/AIDS advocacy voice for the South. This coalition believes that by mobilizing their communities and developing a broad-based coalition of people living with HIV/AIDS, advocates, elected and appointed officials, community and government agencies, and industry partners, a comprehensive strategy to address the HIV/AIDS healthcare disparities in the South can be created and implemented.
RESULTS: The mission of SAC is to promote accessible and high quality systems of HIV and STD prevention, care, treatment, and housing throughout the South. To this end, SAC has engaged in activities directly related to recommendations outlined in the Southern AIDS Manifesto released in 2003. Calls for increased funding to the South resulted in industry releasing additional dollars for prevention efforts in the region. SAC's advocacy efforts also impacted the distribution of funding through the Ryan White Treatment Modernization Act, which ultimately benefited 10 of the 14 Southern States. SAC has also been instrumental in increasing State general funds in the Southern States for HIV related activities. In addition, the Coalition has increased opportunities for peer-to-peer technical assistance allowing successful strategies and interventions to be shared between jurisdictions. Currently, SAC is in the process of updating the Southern States Manifesto to provide a status of HIV/AIDS in the South and to update the plan for impacting the HIV epidemic in the Southern region.
LESSONS LEARNED: The development of a broad based coalition that includes people living with AIDS, community based organizations, government and industry is an effective mechanism to impact policy and funding decisions. The documentation and dissemination of barriers, recommendations, and calls to action in the Southern manifesto provided a road map for the coalition to focus their efforts. The use of media, congressional briefings, press releases, strategic partnering and meetings with key elected and government officials were all successful strategies to advance the goal of impacting the HIV epidemic in the South.

Track F
F03 – Using Case Management for Care Linkages: Results from ARTIS II
Room Location: A707 – (Marriott Hotel – Atrium level)

Presentation Number: F03 – 1

Presentation Title: Seamless Linkages to Care: A Collaborative Approach to Linking Newly Diagnosed Positives

Author(s): *Goodwin, S* ; *Springer, SI* - KC Free, Kansas City, MO

ISSUE: ISSUE: Connecting patients that have tested preliminary positive on a rapid test into care. The collaboration between HIV Counseling and Testing services and a Linkage to Care Coordinator has been instrumental in ensuring that newly diagnosed patients follow up with medical care and are offered Ryan White Case Management services.
SETTING: Kansas City Free Health Clinic (KCFHC) is a medical clinic that offers free comprehensive health care services to persons without access to basic health care. KCFHC provides general medicine, mental health services, HIV Prevention, including Counseling and Testing and outreach, case management services and HIV Primary Care. KCFHC began rapid HIV testing in May of 2003 as part of a CDC demonstration project. In addition to our paid prevention staff, we have 15 volunteers and students that provide client-centered counseling and testing services.
In 2004, Kansas City, Missouri was chosen as one of 9 cities for the CDC's Antiretroviral Treatment Access Studies (ARTAS). A project to link newly diagnosed HIV positive people to medical care. This demonstration project ended December 31, 2006 and has been adopted as the Linkage to Care program, funded as a Ryan White Care Act Title II program. There is one Linkage to Care Coordinator (LCC) in the Kansas City Metro area.
PROJECT: The LCC is housed in the KCFHC and serves as a resource for the Kansas City Metropolitan area. When a client tests preliminary positive on a rapid HIV test at KCFHC, the LCC is called to meet with the client. The original counselor will deliver the preliminary results and then will introduce the client to the LCC. The LCC will determine any immediate concerns/referrals, facilitate confirmatory testing, and schedule an appointment for the patient to receive confirmatory test results. The LCC delivers the confirmatory result, will assist client in linking to HIV primary medical care and if appropriate other social services.
RESULTS: Of the 91 participant in the ARTAS (2004-2006) program Kansas City wide, our preliminary findings suggest that 94% have been "linked" to care, while 89% are still participating in care after 6 months. Although the KCFHC data has not been isolated from the city wide data, we believe the percentage of clients linked to care through the KCFHC will be consistent with our citywide findings.
LESSONS LEARNED: The rapport built between the LCC and client has proven instrumental in the LCC's ability to link clients to appropriate HIV care services. This approach has been helpful to volunteer counselors who may only provide services a few times a month and may not be as familiar with HIV care services. It has also streamlined

partner elicitation services and reporting information to the Kansas City Health Department. The prevention staff and volunteer's flexibility has been a significant factor to the success of the collaboration of the programs.

Presentation Number: F03 – 2

Presentation Title: Part 1 of 3: Linking Recently Diagnosed HIV-Infected Persons to Medical Care Using a Brief Case Management Intervention in Non-Research Settings

Author(s): *Craw, JA*[1]; Gardner, *LI*[1]*; Lane, T*[2]*; Rapp, RC*[2]
[1] Centers for Disease Control & Prevention, Atlanta, GA; [2] Wright State University, Dayton, OH

BACKGROUND/OBJECTIVES: Nearly 40% of persons testing positive for HIV delay entering primary care for a year or more. When persons delay entry into care they do not get the personal and public health benefits of treatment and risk reduction counseling that decrease the risk of transmitting HIV. The aim of ARTAS (Antiretroviral Treatment Access Studies) was to test a case management model for linking recently diagnosed HIV-infected persons to care. ARTAS linkage case management (ALCM) is short-term (5 contacts/90 days) case management that utilizes individual client strengths to facilitate the process of linkage to care. The ARTAS-I clinical trial (1999-2003) found that ALCM was more effective than passive referrals for linking recently diagnosed persons to care. ARTAS-II, conducted in non-research settings, utilized the same ALCM model. The primary objective of ARTAS-II was to achieve 75% linkage to care within six months of enrollment.
METHODS: ARTAS-II was conducted in 10 health departments and community-based organizations (CBOs) in the U.S. from 2005-2006. ARTAS-II staff received training in linkage case management concepts at Wright State University. Preliminary didactic training was followed by a preceptor ship period where mentor case managers are shadowed by new trainees. Follow-up visits to each ARTAS-II site were conducted to ensure fidelity of the case management model. 646 participants were enrolled and 437 completed baseline and 6-month interviews. A total estimated percentage of participants linked to care at six months was calculated using participant self-report, medical record data, and case manager summary reports. Factors associated with linkage were assessed using multivariate logistic regression. Barriers to care were identified using case manager contact notes and participant self-report.
RESULTS: Participants were predominantly male (72.2%), black non-Hispanic (70.0%), with annual household income ≤$10,000 (61.9%) and median age of 35. 86.5% (378/437) of participants completing the 6-month interview reported visiting an HIV care provider at least once since the baseline interview. among the 209 participants *not* interviewed at follow-up, 62 had medical record data available; 48/62 (77.4%) had at least one documented HIV-related care visit. For the remaining 147 participants, case manager documentation confirmed that 55.8% (82/147) were linked to care during the intervention. The total estimated percentage of participants linked to care within the first six months was 78.6% (508/646). Case managers most frequently reported addressing system-related barriers to care with participants: not knowing where to go for care (34.0%), transportation (25.2%), and payment/insurance (25.1%). Participants also cited similar system barriers, but the most frequently self-reported barrier at 6-month follow-up was "I felt well/had no symptoms" (24.4%). Multivariate analysis revealed that feeling well/not having HIV symptoms was significantly associated with *not* linking to care (OR_{adj}=10.6; p<.0001).
CONCLUSIONS: Short-duration linkage case management conducted at health departments and CBOs by existing staff is an effective tool to increase the number of recently diagnosed person's quickly entering HIV care. Many individual and system barriers are addressed during case management. Increased emphasis is needed to develop strategies for conveying the benefits of HIV medical care to clients who are disinclined to link because they are feeling well.

Presentation Number: F03 – 3

Presentation Title: Part 2 of 3: Linking Newly Diagnosed Persons to HIV Medical Care: Perspectives of Referring Providers

Author(s): *Campos, PE*[2]; *Gruber, DM*[1]*; Dutcher, MV*[3]*; Safford, LA*[4]*; Phillips, K*[5]*; Jordan, D*[6]
[1] Louisiana Department of Health and Hospitals, New Orleans, LA; [2] PECDOC Health Research & Evaluation, Decatur, GA; [3] Kansas City Free Health Clinic, Kansas City, MO; [4] Virginia Commonwealth University Community Health Research Initiative, Richmond, VA; [5] Health Services Center, Inc., Anniston, AL; [6] Virginia Department of Health, Richmond, VA

ISSUE: When an individual learns that he/she is HIV-infected, the ability for the HIV testing counselor to quickly refer the newly diagnosed individual to a coordinated system can influence the individual's success of being linked to primary medical care in a timely manner. In 2004, the CDC funded ten sites to implement the ARTAS II project to determine the effectiveness of strengths-based case management in linking newly diagnosed individuals to HIV

primary medical care. As part of the project, qualitative interviews were conducted to capture the experiences of providers referring newly diagnosed individuals to these specialized case managers, called Linkage to Care Coordinators (LCC).
SETTING: Five of the ARTAS II sites agreed to collectively develop an interview tool and to conduct qualitative interviews with HIV counselors, Disease Intervention Specialists, or other persons who regularly referred persons to the ARTAS II project. These included staff from STD clinics, hospitals, other medical settings, and community-based organizations.
PROJECT: Qualitative interviews were conducted with persons who regularly referred newly diagnosed individuals to the ARTAS II project to identify common themes related to their understanding of the purpose of the ARTAS II project, how they linked individuals to primary medical care prior to the ARTAS II project's existence, client characteristics that are essential to successful linkage to medical care, and benefits and challenges experienced due to the ARTAS II project. An average of 3-4 individuals was interviewed at each site, for a total of 18 interviews. All interviews were recorded, transcribed, and analyzed by the evaluator at two of the sites. The evaluators individually and collectively identified and conferred on common themes for each section of the interviews.
RESULTS: Prior to the ARTAS II project, the referral process for linking newly diagnosed persons into care was disorganized and chaotic. For example, staff members were uncertain of referral protocols, unable to communicate with a consistent contact person at the clinic, or uncertain if clients followed through with an appointment. Interviewees noted that the referral process improved dramatically following the implementation of the ARTAS II project, making the client's transition to medical care smoother, the process more navigable, and their own job easier. When interviewees were asked to identify essential client characteristics for successful linkage to medical care, the common traits named were individuals' readiness to cope and live with HIV disease, existence of a support system, and understanding the need to take care of self. Program recommendations included increasing the number of Linkage to Care Coordinators, enhancing communication among HIV service providers, and increasing system integration by having the LCC located in clinic settings.
LESSONS LEARNED: Key lessons learned while establishing and maintaining this project included the importance of communication and coordination among all service partners and the value of training and re-training staff on the purpose and protocols of ARTAS II. These coordinated efforts between HIV service providers resulted in high quality services being delivered to clients with most individuals accessing HIV primary medical care shortly following their initial diagnosis.

Presentation Number: F03 – 4

Presentation Title: Part 3 of 3: Linking Newly Diagnosed Persons to HIV Medical Care: Client Perspectives

Author(s): Safford, LA[2]; *Dutcher, MV*[1]; *Gruber, DM*[3]*; Campos, PE*[4]*; Phillips, K*[5]*; Jordan, D*[6]
[1] Kansas City Free Health Clinic, Kansas City, MO; [2] Virginia Commonwealth University Community Health Research Initiative, Richmond, VA; [3] Louisiana Department of Health and Hospitals, New Orleans, LA; [4] PECDOC Health Research & Evaluation, Decatur, GA; [5] Health Services Center, Inc., Anniston, AL; [6] Virginia Department of Health, Richmond, VA

ISSUE: Since the Centers for Disease Control and Prevention *Advancing HIV Prevention: New Strategies for a Changing Epidemic* began emphasizing working with HIV-positive persons, not only has research focused on how to link newly diagnosed with services, but it has also attempted to identify barriers impeding HIV primary care. Once diagnosed HIV-positive, a person is faced with a multitude of decisions and choices concerning HIV disease. Facing this challenge can be overwhelming and often lead to immobility. How can HIV service providers identify barriers and empower clients to increase access to HIV medical care? The CDC's ARTAS II project collected qualitative data from recently diagnosed HIV-infected individuals served by the project to address these issues.
SETTING: To address potential barriers to care and identify new strategies to empower clients, a qualitative assessment consisting of individual client interviews was conducted in order to understand the underlying social, physical, and emotional factors that contribute to the lack of engagement into medical care. Five of 10 sites in CDC's ARTAS II Linkage to Care demonstration project collected qualitative client interview data.
PROJECT: Each site conducted 2-4 interviews with ARTAS II study participants who were newly diagnosed. Interviews were conducted 9-12 months after clients had entered the ARTAS II intervention. Coding of client interviews was independently conducted by project site evaluators. Evaluators compared their coded results and generated common themes. Results revealed critical information about client attitudes and knowledge about HIV before and after diagnosis, the influence of prior family health care experiences, experiences with HIV physicians and practitioners, and suggestions on how to stay engaged in care.
RESULTS: A total of 14 client interviews were conducted. Critical to prevention services, 7 clients stated they didn't think about HIV or that it could happen to them prior to their infection and 3 stated they had little or no knowledge of HIV. After diagnosis, most clients stated that HIV had become more personal, that they had learned more factual information about HIV, and that they understood the importance of the relationship between taking medication and

living longer. When asked to rank how important HIV was in their life, participants were equally split in ranking HIV as either very high or moderate to low in importance. Items frequently cited as more important than HIV included family, paying bills, God, working, and disclosing their HIV status. Participants identified various barriers to care including fear of disclosing their HIV-status, no desire to live, family emergencies, and transportation. What participants found most helpful from the Linkage to Care Coordinators (LCC) when it came to accessing care was having a "*system navigator and an advocate*," support, compassion, and someone to explain things to them.
LESSONS LEARNED: Examination of themes derived from the qualitative client surveys revealed that HIV-infected persons value assistance from the LCC in three major areas: navigating the health care bureaucracy, receiving emotional support, and acquiring knowledge about HIV/AIDS. According to clients, the LCC/specialized ARTAS case manager is key to facilitating the process of engaging in HIV care.

Track G
– Rapid HIV/STD Testing in Diverse Settings
Room Location: SINGAPORE/MANILA – (Hyatt Hotel – Embassy Hall level)

Presentation Number: G02 – 1

Presentation Title: The Development of an HIV Rapid Testing Program in Philadelphia Jail

Author(s): *Spencer, SB*[1]*; Johnson, C*[2]*; Cella, J*[2] *- Susan B. Spencer*, MSW, LCSW, Susan B. Spencer, Inc, Wyndmoor, PA, Caroline Johnson, MD, John Cella, MPA, Philadelphia Department of Public Health, Philadelphia, PA.

ISSUE: Due to the high rates of HIV in the incarcerated population it is important that HIV testing be widely available. However, jails are often sites where there is a rapid turnover in population making HIV testing more difficult to provide.
SETTING: The City of Philadelphia jail has an ever changing population of approximately 15,000. Of these inmates, 55% are discharged within 30 days or less. The previous testing program was able to reach less than 1% of the inmates.
PROJECT: The Philadelphia Prison System (PPS) and the Philadelphia AIDS Activities Coordinating Office (AACO) worked to develop an opt-out HIV rapid testing program which is offered to all inmates as they move through intake. The consent and test is completed by Prison Health Services staff with AACO staff providing all results. For person who are positive and discharged prior to obtaining results the Philadelphia Disease Intervention Specialists will follow up with notification.
RESULTS: This project will begin on 5/14/07, so data is not available as yet. At the point of the conference, we anticipate having the number of those tested, percentage of positives found, for both male and female inmates.
LESSONS LEARNED: Up to this point, we have found the need to develop a common agreement as to need and method, while this may sound simplistic, jails, enter into these types of relationships with some hesitancy due to the population they serve. We anticipate identifying other factors which help or hinder this type of project as it moves forward.

Presentation Number: G02 – 2

Presentation Title: Maximizing Screening and Linkages to Care Opportunities in High Risk Populations: Integrated Counseling, Testing, Vaccination and Referral Programs

Author(s): *Green, BB* - MA Department of Public Health, Boston, MA

ISSUE: Risks for HIV acquisition have significant overlap with risk behaviors associated with viral hepatitis and sexually transmitted infection (STI) acquisition and transmission (notably gonorrhea, syphilis, Chlamydia infection and hepatitis B and C). Populations seeking HIV counseling and testing services benefit from receipt of viral hepatitis and STI screening, as well as vaccination against hepatitis A and B, but coordinating these supplemental services is complex. A subset funded providers received additional funding to integrate viral hepatitis and STI screening and vaccination. The intent of this service integration is to improve access to care for a vulnerable, high-risk population and to enhance HIV prevention by treating other active infections that may exacerbate risk for HIV acquisition, or accelerate HIV disease progression. The implementation of these additional services has raised issues that need to be addressed via inter-Program planning and on-site technical assistance.
SETTING: Eleven community-based health care centers across the state are funded to provide Integrated HIV

Counseling, Testing & Referral (I-CTR) services.
PROJECT: This presentation will describe the process to develop and procure resources for and support this integrated service modality across Programs within a state public health department, and describe challenges and successes integrating these services, fiscal support, data collection, services oversight and program evaluation. A preliminary evaluation of the efficacy of this integrated service modality to enhance access to care and client-level outcomes will be reviewed.
RESULTS: Utilizing multiple funding streams, a coordinated set of screening services are being provided at community-based health care settings. Service utilization data are being collected and analyzed. These will be examined to assess the impact of technical assistance that has been provided to funded programs. Outcomes will include: numbers of people tested across disease categories over time, vaccinations provided over time, and seropositivity at sites over time.
LESSONS LEARNED: While evaluation data are pending, there have been numerous indicators of outcomes to date. The primary finding is that it is indeed feasible and cost effective to integrate viral hepatitis and STI services into HIV counseling and testing programs, although funded programs may require extensive technical assistance and training. There are numerous barriers to integrating these services fully. These include: staff being able to vaccinate clients, the impact of rapid HIV testing on hepatitis B and C testing, the lack of an oral mucosa test for hepatitis C virus, the amount of time needed to appropriately counsel on a wide range of disease issues, and client readiness, among others. These challenges can be addressed through careful service design, staff training and flexibility of approach across different programs working with a range of at-risk populations.

Presentation Number: G02 – 3

Presentation Title: HIV Testing for Asian and Pacific Islanders in a Clinic Setting to Identify People Living with HIV

Author(s): *Vora, S*; *Chen, P; Lagman, R; Ma, A; Shimada, H; Barragan, C; Insixiengmay, P* - Asian Pacific Health Care Venture, Inc., Los Angeles, CA

ISSUE: It is estimated that 59,000 persons living with HIV/AIDS in Los Angeles County, and approximate 12,500 ~ 15,000 are undiagnosed HIV.[1] Individuals in high risk behavior groups include: Men who have sex with men (MSM), Men who have sex with men and women (MSM/W), Transgender (TG), Intravenous Drug Users (IDUs), and Women At Sexual Risk (WASR). As the disease progresses, infection is spreading to individuals outside of these high risk groups. An important strategy to reduce HIV transmission is to increase the proportion of men and women who are aware of their HIV infection and to promote HIV testing within a clinic setting.
SETTING: Asian Pacific Health Care Venture, Inc. (APHCV) is located in the center of multiple ethnic enclaves in the Los Angeles area, such as, Korea town, Thai-town, and Chinatown and provides convenient services to low income Asian and Pacific Islander (API) communities in Hollywood, the greater downtown area, North Hollywood and any other unmet needs areas in Los Angeles County. APHCV is contracted with Office of AIDS Program and Policy of the Department of Public Health in Los Angeles County. HIV tests (rapid and blood tests) are entered into the HIV Information Resources System (HIRS).
PROJECT: HIV Counseling and Testing Services
RESULTS: From January 2005 through December 2006, APHCV administered 1,575 HIV tests; 3% were IDUs, 10% were MSM, 2% were MSM/W, 0.6% were TG, and 58% WASR. A total of 15 individuals were tested positive for HIV antibodies, 67% belonging to a high risk behavior group. APIs comprised 53% (8) of those who tested positive. 75.0% of APIs positive were Thai (6), and 12.5% Cambodian (1) and 12.5% Vietnamese. 50% were Male (4), 25% female (2) as well as TG (2). The mean age of positive APIs is 37.9. 62.5% of those who tested positive were in Behavioral Risk Groups, including 25% TG, 25% WASR and 12.5% MSM. 87.5% have 0~2 sexual partners and only 1 individual had 6 sexual partners in the past 2 years. None of them used drugs. 25% of positive APIs live in SPA 4 (Metro), 37.5 % in SPA 2 (San Fernando), and 37.5% in SPA 3 (San Gabriel). The positivity rate among API's who got tested totaled 0.96%, the rate among Hispanics is 0.8%, among African Americans is 2%, and among Caucasians is 0.6%. Only 2 individuals had over 4 sexual partners in the past 2 years.
LESSONS LEARNED: Public Health interventions have continually targeted high risk behavior groups, but throughout our project we have observed that 33% (N=5) of those who tested positive were not at high risk, and had fewer than 4 sexual partners in the past two years. Integrating HIV testing into a clinic setting can be a strategy to identify people with HIV who may not in a specific risk group.

Presentation Number: G02 – 4

Presentation Title: Increase in Rates of Syphilis Screening following a Change in Protocols for RAPID HIV Testing in Commercial Sex Venues

Author(s): *Purcell de Ogenio, A; Thrun, M; Gourley, M; Chen, C; Shipman, A; Collins, J; Rietmeijer, C* - Denver Public Health, Denver, CO

BACKGROUND: Syphilis and HIV have increased significantly in men who have sex with other men in recent years. Accordingly, in 2002, Denver Public Health re-instituted HIV and STD screening in commercial sex venues serving MSM in Denver. In 2004, rapid HIV tests were introduced in these venues. We described an initial decline in syphilis tests correlating with the uptake of rapid HIV testing followed by an improvement in rates of syphilis testing after the implementation of new protocols in the spring of 2006 limiting rapid HIV test to veni-puncture.
Objective: To compare rates of syphilis testing in commercial sex venues before rapid testing, after the introduction of finger stick rapid HIV testing, and after changing specimen collection protocols from finger stick to veni-puncture rapid HIV testing.
METHODS: Screening for syphilis, HIV, gonorrhea, and Chlamydia began in May 2002 at three urban bathhouses in Denver. Rapid HIV testing, with the option of finger stick for specimen acquisition, was implemented in sequential baths from May to September 2004. In May of 2006, new protocols were introduced which limited rapid HIV testing to veni-puncture specimens. Data was collected to determine the relative percentage of bathhouse clients screened for HIV and syphilis pre-rapid HIV testing, post-rapid HIV testing, and after the new protocols were introduced.
Result: In 2002, 94% (280/298) of all men screened for HIV were tested for syphilis. The transition to rapid testing was completed in September 2004. In 2005, only 36% (236/653) of men screened for HIV were tested for syphilis. Prior to September 2004, pre-rapid testing, 74% (841/1143) of all men screened were tested for syphilis. After September 2004, post-rapid testing; only 38% (352/907) of men screened were tested for syphilis. Following the introduction of new protocols requiring veni-puncture for HIV rapid testing in May 2006, 64% (316/494) of all men screened for HIV were tested for syphilis.
CONCLUSION: Though bathhouse clients were offered a spectrum of STD screening services, HIV continued to be their main concern. The advent of rapid HIV testing using a finger stick made it difficult to screen for other STDs that require veni-puncture, as clients frequently opted out of these tests. After changing specimen collection protocols from finger stick to veni-puncture, clients were more likely to test for syphilis in addition to HIV.
IMPLICATIONS: Programs instituting full STD and HIV screening services at bathhouses need to be conscious of possible repercussions related to the introduction of new technologies and make adjustments accordingly.

Track G
G08 – Enhanced Services for Pregnant Women: Integrating HIV Prevention
Room Location: INMAN – (Hyatt Hotel – Atlanta Conference Center level)

Presentation Number: G08 – 1

Presentation Title: Adaptations from Recovering Voices: Stage I of an HIV Prevention Study for Pregnant, African-American Substance Using Women

Author(s): *Frye, T; Middlestead Ellerson, R; Simons-Rudolph, AP; Karg, R; Wechsberg, WM*
RTI International, RTP, NC

ISSUE: The incidence of HIV among African-American women in the southeastern United States is staggering and drug use compounds the risk of acquiring HIV. HIV risk is compounded by illicit drug use during pregnancy and unsafe sexual and drug practices may result in specific consequences to both the mother and the unborn.
SETTING: Raleigh/Durham area of North Carolina. Intended audiences are community practitioners and researchers interested in logistics of community-based work.
PROJECT: Stage I of a NIDA-funded study aimed to adapt an evidenced-based woman-focused HIV prevention intervention for pregnant women. Qualitative data was collected from women in recovery, medical experts, service providers and community advisory board members in 2006. Preliminary baseline characteristics of women in the study from 2007 will also be presented.
RESULTS: We will share the iterative, community-oriented process used to adapt an evidence-based intervention for a specialized population. We will also present qualitative data from four focus groups (2 with HIV+ and 2 with HIV- women) conducted with women who used drugs during at least one prior pregnancy. These women were filmed and tell their stories as part of the intervention.

Specific findings include: Drug-using women perceive a lack of access to prenatal care and report other barriers to health care such as transportation, care for older children, stigma and racism among health care providers, etc.
Women seeking drug-treatment during pregnancy are motivated to reduce drug use (but not necessarily eliminate) for baby. Substance using women also access treatment through court-ordered treatment diversion.
Intimate partner violence is higher when pregnant.
Condom use is low while drug-using and pregnant. HIV+ women have little knowledge about super infection.
Perception of social supports among pregnant drug-using women is low.
Laws regarding rights of pregnant women and involvement with child social services are not well understood among substance-using women, health providers, and drug treatment programs, and the misunderstanding may discourage substance users from seeking help during pregnancy.
Violence is prevalent in their communities and women don't know where to turn for help.
Drug-using women have asked to learn better communication skills both in terms of communicating with sexual partners and communicating with health care providers.
HIV+ women report unmet needs for social support to combat stigma of disease and support medication use.
LESSONS LEARNED: The process of adapting the intervention for this specialized group of vulnerable women has involved collaboration within the community. Cultivating community relationships with women in recovery and with local treatment providers is crucial for project success.

Presentation Number: G08 – 2

Presentation Title: Lessons From the Field: Integrating HIV Prevention Intervention and Testing into a Reproductive Health Care Setting in Memphis, TN

Author(s): *Marshall, JM*; *Frank, M - Jennifer M. Marshall, BA, Mary Frank*, MS, Memphis Center for Reproductive Health, Memphis, TN.

ISSUE: An integrated approach to addressing HIV prevention and reproductive health care needs is needed now more than ever in light of the growing HIV/AIDS pandemic. Reproductive health and family planning clients need to understand their risks for HIV and to take these risks into account when making decisions about their sexual and reproductive health. Clients' needs related to HIV, reproductive health, and family planning are often inextricably linked. Tennessee, as listed in the new Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings, is an area of elevated HIV incidence. HIV/AIDS diagnoses among African Americans in Tennessee continue to be disproportionately high. In 2004, 59% of newly diagnosed HIV/AIDS cases were among African Americans. The percentage of newly diagnosed HIV/AIDS cases reported among females in Tennessee has increased steadily since the beginning of the epidemic. In 2004, African American women accounted for 34% of all new infections in Memphis, TN, accounting for 94% of all new infections among women. Heterosexual sexual contact is the leading exposure category among women and accounts for 58% of all HIV/AIDS infection.
KEY POINTS: Facilitators will present and discuss with the group an example of how one reproductive health clinic, Memphis Center for Reproductive Health (MCRH), in Memphis, TN has addressed this growing need for integration by implementing a single session, group level HIV prevention intervention, funded by the National AIDS Fund's Women's Initiative, in their waiting room, as well as how MCRH has implemented the CDC's Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings. The facilitators will discuss successes, challenges and barriers to the implementation of the waiting room intervention and rapid OraQuick HIV anti-body testing. Facilitators will also offer participants a list of resources and technical assistance tools to assist in the integration of HIV prevention and reproductive health care.
IMPLICATIONS: With access to training, technical assistance and a willingness to think creatively, reproductive health care programs can integrate HIV prevention services into their existing client services with relative ease. This is highly beneficial to clients because it meets more of their needs and reduces barriers to HIV testing and prevention services.

Presentation Number: G08 – 3

Presentation Title: The Black Infant Health Programme: Perinatal HIV Prevention for African American Pregnant Women

Author(s): *Qongqo, MP* -California State Office of AIDS, Sacramento, CA

ISSUE: The California Department of Health Services reports the infant mortality and low birth rate among African American's as disproportionately high. In 2004, 12.0 deaths occurred per 1,000 live births, compared with 4.6 deaths for non-Hispanic white infants. African American infants are also more likely to be born with low birth weight, 12.8

percent as compared to 6.5 percent for non-Hispanic whites in 2005.
The CDC HIV/AIDS Surveillance reports that African American females aged 13 years and older accounted for 67% of the AIDS cases diagnosed in 2005, but only 12% of the total US population. In 2002, 17.0% of African American mothers received late or no prenatal care compared to 9.6 percent for non - Hispanic White mothers.
SETTING: The CDHS Black Infant Health (BIH) Program is aimed at reducing infant mortality and low birth weight in the African American community by improving birth outcomes through state and local programs that identify, enroll and track pregnant and parenting women and their children to ensure they receive adequate prenatal, pediatric and preconception care and necessary supportive services.
The Black Infant Health Program is currently implemented in 17 health jurisdictions (three cities and fourteen counties) in California, where 94 percent of African American live births and deaths occur. BIH is targeted at pregnant and parenting African American females who are "at risk" of poor birth outcomes.
Program: The BIH Program and the Office of AIDS are collaborating to provide timely HIV prevention training to BIH coordinators and their Maternal Child and Adolescent Director counterparts. This collaboration will ensure that African American pregnant women have access to an integrated prenatal care.
The training will be done in collaboration with the HIV/STD Prevention Training Center, which will develop an HIV "train the provider" curriculum. Participants will include BIH Coordinators, MCAH Directors and other staff members who will provide direct services to their clients.
The training center will develop the training curriculum for three one day sessions, which will focus on increasing the awareness and understanding of HIV basic science and prenatal transmission as well as increasing the capacity of BIH providers to effectively discuss HIV related issues including risk reduction assessments and counseling strategies with clients. The training curriculum will include: 1) HIV101 & Prenatal issues, 2) HIV 102: Talking to Pregnant and Parenting women about HIV & AIDS and 3) HIV and the Law.
RESULTS: Training will be measured by pre and post testing as well as a six month follow up of knowledge, attitudes and behavior. It is expected that training participants will report increased knowledge of prenatal HIV transmission, prevention and an increased level of comfort in addressing these issues with their clients.
The BIH providers will transfer the knowledge and information and this will result in the improved health and wellness of pregnant and parenting African-American women, their infants and their families.

Presentation Number: G08 – 4

Presentation Title: Development of a Substance Use Treatment Provider Network for High Risk Pregnant Women

Author(s): *Rogers, P*[1]; *Doyle, PA*[1]; *Parisi, DM*[2]; *Rudnick, DM*[3]
[1]New York State Department of Health, Albany, NY; [2]New York State Department of Health, Menands, NY; [3]New York State Department of Health, New York, NY

ISSUE: Marginalized, pregnant, substance-using women have multiple issues upon entry to prenatal care and may not admit to drug/alcohol use due to shame and fear of judgment. A New York State Department of Health AIDS Institute (NYSDOHAI) review of women (n=46) who transmitted HIV to their infants during a recent three year period determined that 50% of the women were documented substance users. Intake data for the Community Action for Prenatal Care (CAPC) Initiative indicate that many women at risk of late or no prenatal care are active substance users. Collaborations with substance use treatment providers were limited. This resulted, in 2005, with 194 CAPC intakes (n=1,259) indicating substance use as a risk factor and only 85 referrals to treatment. In 2006, of the 174 clients enrolled (n=1,154) with the same risk factor, only 69 were referred.
SETTING: The NYSDOHAI invited New York City substance use treatment providers to participate in a network development project. Treatment services that were empowering, gender-friendly, and offering strength-based activities met with CAPC providers and representatives of the NYSDOH, Family Treatment Court, Administration for Children's Services (ACS) and the NYS Office of Alcoholism and Substance Abuse Services (OASAS).
PROJECT: Project goals were: (1) to establish a New York City network of substance use treatment providers willing to accept pregnant women referred from CAPC and (2) to educate substance use treatment providers about mother-to-child HIV transmission, the importance of prenatal care, and CAPC resources.
RESULTS: To forge linkages among New York City (NYC) CAPC contractors and substance use treatment programs, the NYSDOHAI sponsored provider forums and workgroups. Linkages were established with the Substance Abuse Section of the AI and OASAS to identify potential attendees from among NYC treatment providers. Local child protective agency and court system staff participated in the meetings. Forum content included educational presentations and discussions on topics such as: the unique needs of female substance users, the effect of substance use on pregnancy, and substance use and trauma. A training contractor also offered clinical consultations to treatment providers. Thirty staff representing 15 treatment programs attended the first forum in 2006. Workgroups explored both client and agency barriers to intake and how CAPC outreach workers can facilitate the referral process. Networking opportunities allowed contractors to maximize their referral base and led to high satisfaction among participants and a commitment to continue the process of collaboration. Subsequent workgroups and a second forum

in 2007 built on the initial enthusiasm among participants for the sustained effort which will be necessary to further network development.
LESSONS LEARNED: Collaboration within and across governmental bureaus and agencies can lead to improved access to care for high risk pregnant women. This is accomplished by identifying and then linking substance use treatment programs to agencies providing outreach and prenatal care. There is a need for continuing education for providers on the importance of prenatal care for HIV+ women. Identifying factors such as barriers to treatment and sub-populations with specific challenges such as undocumented women, allows collaborating partners to begin systems changes.

Track G
G17 – STI/HIV Program Integration
Room Location: Regency Ballroom

Presentation Number: G17 – 1

Presentation Title: STI/HIV Program Integration - Integration of STD, HIV and Contraceptive Services: Divided We Fail

Author(s): *Aral, SO, Douglas, J, Jr. MD, Marrazzo, J, MD, MPH, Cates, W, MD, MPH*

Centers for Disease Control and Prevention, Atlanta, GA

At local, state and national levels, the need for the integration of STD, HIV and Hepatitis Prevention Programs - or aspects thereof - is recognized often. However, implementation of such integration often proves difficult. This invited symposium will explore specific aspects of such integration and will involve the audience in general discussion of specific issues.

TUESDAY, DECEMBER 4, 2007
Concurrent Sessions
1:30 PM - 3:00 PM

Track A
– What's Race Got To Do with It: The Impact of Culture on HIV Risk in African American Populations
Room: SINGAPORE/MANILA – (Hyatt Hotel – Embassy Hall level)

Presentation Number: A02 – 1

Presentation Title: A Brief, Clinic-Based, Safer Sex Intervention for African American Men at-Risk of HIV Acquisition: A Randomized Controlled Trial

Author(s): *Crosby, R*
University of Kentucky, Lexington, KY

OBJECTIVE: To test the efficacy of a brief, clinic-based, safer sex intervention among a sample of young (ages 18-29 years) African American men newly diagnosed with an STD.
METHODS: A randomized control trial was conducted. Immediately following diagnosis, 266 eligible volunteers attending the clinic completed a brief assessment and were randomized to receive a personalized intervention session lasting approximately 40 minutes or routine standard of care. The sample was screened to include only men using condoms during penile-vaginal sex in the past 3 months. 197 men (74%) returned to complete a 3-month follow-up assessment, including four outcome measures. A 6-month medical records review determined post-intervention frequencies of subsequent STD acquisition. A complete case analysis approach was used.
RESULTS: Compared to men in the control condition, those receiving the intervention were significantly less likely to acquire a subsequent STD within 6 months (50.4% vs. 31.9%, P=.002). Men receiving the intervention were significantly more likely to report using condoms the last time sex occurred (72.4% vs. 53.9%, P=.007). Based on a 10-point rating scale, men receiving the intervention scored higher on the task of applying condoms to a penile model (mean difference=3.17, P=.0001). Also, men receiving the intervention reported significantly fewer sex partners (2.06 vs. 4.15, P=.0003). Finally, those receiving the intervention reported significantly fewer acts of unprotected sex (12.3 vs. 29.4, P=.045).
CONCLUSION: Findings suggest that brief and tailored, clinic-based, intervention may be an efficacious strategy to reduce acquisition of STDs among young, African American men newly diagnosed with an STD.
LEARNING OBJECTIVE: Audience members will be able to understand the relevance of the study findings to the prevention of HIV/STD among young African American men newly diagnosed with an STD.
LEARNING OBJECTIVE: Audience members will be able to identify potential challenges in the successful translation of this research.

Presentation Number: A02 – 2

Presentation Title: Sexual Violence and Influence of Relationship to Perpetrator on High-Risk Sexual Behaviors in a Community-Based Sample of African American Women

Author(s): *Stockman, JK*; Latkin, C; Campbell, JC
Johns Hopkins University, Baltimore, MD

BACKGROUND: Sexual violence is increasingly cited as an important determinant of women's HIV/STD risk. However, exploratory research on the prevalence of sexual risk behavior by relationship to sexually violent perpetrator is limited. This study examined the association between sexual violence and high-risk sexual behaviors and the prevalence of these behaviors by relationship to perpetrator (biological relative, intimate, friend, or stranger), among women in Baltimore, Maryland, USA.
METHODS: A cross-sectional face-to-face survey was administered to 397 African American women recruited through targeted outreach in areas with high levels of prostitution and drug activity in Baltimore. These data were collected from April 2000 through June 2002. The survey included assessment of demographic characteristics, sexual violence history, relationship to perpetrator, HIV status, and sexual risk behaviors including multiple, casual or exchange, and high-risk partners, as well as, unprotected sex and alcohol or drug use. Logistic regression analysis was

used to assess the independent effect of sexual violence on sexual risk behaviors. Prevalence estimates of sexual risk behaviors were calculated and stratified by relationship to perpetrator.
RESULTS: Of 397 female participants, 252 reported recent male sexual partners and whether or not they experienced sexual violence. among these women, 56% were ages 33 to 42 years, 44% did not graduate from high school, and 76% were unemployed. Half (47%) reported a lifetime experience of sexual violence; sexual violence in the past 12 months was 8%. A history of sexual violence was associated with multiple sex partners in the past 3 months (adjusted odds ratio [OR], 1.96; 95% CI, 1.11-3.46), sex with casual or exchange partners in the past 3 months (adjusted OR, 1.98; 95% CI, 1.11-3.52), and a self-report of HIV positivity (adjusted OR, 1.88; 95% CI, 1.00-3.59). Of 120 female participants who reported experiences of sexual violence, 70% named their relationship to the perpetrator during the last sexual assault. A large proportion of the perpetrators were biological relatives (35%) and friends or someone the woman knew (29%). A stranger accounted for 19% of the last sexual assaults followed by a current or former spouse or boyfriend, known as intimates (17%). The prevalence of multiple and casual or exchange sex partners was highest among women who reported a friend as the perpetrator (50% and 46%, respectively) and lowest among those who reported an intimate as the perpetrator (43%). HIV-positivity was highest among women who reported a stranger as the perpetrator (40%). Self-report of a high-risk partner and the use of alcohol or drugs in the past 6 months had equivalent prevalence estimates by relationship to perpetrator.
CONCLUSIONS: Sexual violence is highly prevalent among women in Baltimore and is associated with risk behaviors that increase the risk of contracting HIV and STDs. In addition, the relationship to sexually violent perpetrators may influence future risk behaviors. Interventions incorporating the spectrum of perpetrators should be appropriately targeted to women and the community in efforts to reduce sexual risk behaviors. Also, these findings warrant further investigation into the possible effect relationship to perpetrator may have on high-risk sexual behaviors.

Presentation Number: A02 – 3

Presentation Title: Midlife African American Women Discuss How Their Spiritual and Religious Beliefs Impact Their Ability to Protect Themselves from HIV

Author(s): *Harris, G*[1]*; Mallory, C; Stampley, C*[2]
[1]Illinois State University, Normal, IL; [2]Virginia State University, Petersburg, VA

BACKGROUND/OBJECTIVE: This study explored the relationships between social, cultural, and individual factors, and midlife African American women's risk taking and protective practices related to HIV. This grounded theory study was initially guided by sensitizing theories including the Afrocentric Paradigm, the Theory of Gender and Power, and Social Cognitive Theory.
METHODS: Participants included 37 African American women between the ages of 40 and 64 years old, English speaking, and HIV negative. Interview and focus group data were analyzed using constant comparison to develop explanatory theories of behavior related to HIV. Study participants were asked how their spiritual beliefs and practices either protected them from HIV or placed them at risk for HIV. They were also asked their views regarding the church's role in addressing HIV.
RESULTS: The women were evenly split regarding whether they believed religious or spiritual beliefs protected them from contracting HIV or placed them at greater risk of acquiring the virus. Some women believed that strong religious or spiritual beliefs protected them from contacting HIV. They noted that adherence to Biblical teachings results in women have fewer sexual partners since Christianity discourages sex outside of marriage and sexual fidelity within marriage. They believed that churchgoers generally engaged in fewer risky behaviors of all types including less drug use, crime, and sexual promiscuity. Finally, they noted that the scripture instructs followers to "treat their body as a temple," which discourages drug use and unprotected sex.
On the other hand, many of the women interviewed believed that Christian beliefs increased one's risk of contacting HIV in several ways. They identified widespread "hypocrisy" among churchgoers in that their behavior often didn't coincide with churches' teachings. Strong religious beliefs were associated with greater trust of others (including men) and a smaller likelihood of insisting on condom use during sex. Interviewees also speculated that women's sense of shame at having sex outside of marriage, the scripture's teaching that men are the head of the household, and the fatalistic belief that "God will take care of everything" hinders women's ability to request that their partners use condoms. Finally, the felt that African American churches' denunciation of homosexuality encourages men to conceal their sexual orientation. This contributes to the "Down Low" phenomenon in which men secretly engage in sex with other men while also having sex with female partners, increasing the occurrence of HIV in the African American community.
CONCLUSIONS: Study participants identified African American churches as among the most influential institutions in the community and expressed regret that they were not making greater efforts to reduce the occurrence of HIV in the African American community. The church was criticized for not doing as much as it could to promote awareness of HIV and encourage safe sex practices. Fear of offending members was cited as a major reason for churches'

unwillingness to address the issue in an honest, straightforward manner. The women believed that preachers should routinely provide information and guidance regarding the importance of safe sex practices.

Presentation Number: A02 – 4

Presentation Title: The Influence of Body Image on HIV Sexual Risk Behavior in Black Gay and Bisexual Men: Implications for HIV Prevention

Author(s): *Leo Wilton*
State Univ. of NY at Binghamton

BACKGROUND/OBJECTIVES: Since the onset of the AIDS epidemic, epidemiological data in the US has demonstrated that Black gay and bisexual men (BGBM) have experienced disproportionate rates of HIV infection (CDC, 2007). Significantly, recent data from the CDC in a multi-site study of 1,767 gay and bisexual men showed that 46% of BGBM tested positive for HIV and 64% were less likely than other men to be aware of their HIV status (CDC, 2005). The primary objective of this formative, multi-method research investigation was to examine the relationship between body image and HIV sexual risk behavior in BGBM in New York City. The data were drawn from two studies based on quantitative (N = 450) and qualitative (N = 24) methodological approaches.
Body image has been conceptualized as a multidimensional construct that relates to an individual's "attitudinal dispositions toward the physical self" (Cash, 2002). While there is a dearth of scholarly research regarding the construct of body image in gay and bisexual men, particularly for those living with the HIV virus (Tate & George, 2001), recent studies have demonstrated that gay men are at an increased risk for body dissatisfaction as compared to heterosexual men (Russell & Keel, 2002). Gay men tend to associate their body images to physical attractiveness in terms of pleasing other men who may be potential sex partners (Siever, 1994), which might be indicative of HIV risk behavior (Olivardia et al., 2004).
METHODS: For the quantitative study, recruiters collected surveys from BGBM attending a Black pride festival in 2006. With respect to theoretical sampling for the qualitative study, the researcher employed a targeted, community-based sampling strategy for research studies with gay and bisexual men (Watters & Biernacki, 1989). Semi-structured interviews were conducted with BGBM recruited from AIDS service organizations, mainstream gay venues, public sex environments, and gyms. The Consensual Qualitative Research (CQR) method (Hill et al., 1997) was used for qualitative data analyses for the semi-structured qualitative interviews. The key elements of conducting qualitative data analyses using the CQR method include: (1) develop and code domains, (2) construct core ideas, and (3) develop categories to describe consistencies across cases (cross analysis).
RESULTS:A logistic regression analysis was conducted to assess the relationship of the variables body image, number of sexual partners, education, employment, and length of time since last HIV test on the dependent measure, unprotected anal intercourse (UAI). The analysis indicated a statistically significant relationship between body image and UAI with a male sexual partner ($\chi2(1) =6.9$, $p = 0.008$) with those having a negative body image being less likely to use a condom during their last occasion of UAI than those having a positive body image (odds ratio (OR) = 0.41, 95% confidence interval (CI) =0.21-0.80). Qualitative data analyses demonstrated that family and community norms, body identity, bodily aesthetics, sexuality, and HIV sexual risk behavior emerged as primary domains in this research investigation.
CONCLUSIONS: This study represents a significant formative contribution to the impact of body image on HIV sexual risk behavior in BGBM.

Track A
A04 – HIV Risk Among Injection Drug Users: The Role of Partnerships and Psychosocial Factors
Room: HANOVER E – (Hyatt Hotel – Exhibit Level)

Presentation Number: A04 – 1

Presentation Title: Injection Drug User Partnerships: Dual Risk for Disease Transmission

Author(s): *Kim, E*[1]*; Shoptaw, S*[1]*; Hudson, S*[2]*; Gorbach, P*[1] - [1]UCLA, Los Angeles, CA; [2]Health Research Association, Inc., Los Angeles, CA

BACKGROUND: While injection drug use risk behaviors play a significant role in propagating infection among injection drug users (IDUs), sexual risk behaviors practiced in this population are of particular concern due to the potential for bridging to other subgroups and populations. When bridging occurs between groups of dissimilar risk behaviors and STD or HIV prevalence's, epidemics have the potential to spread beyond specific subgroups to the general population.
METHODS: Secondary data analysis was conducted using baseline data collected through the Drug Users Intervention Trial in Los Angeles. Three-hundred forty-eight participants were asked to describe injection and sexual risk behaviors with their main sexual partners. Ordinal logistic regression analyses, using a proportional odds model, were performed to examine associations between those in injection discordant and concordant partnerships engaging in sexual risk behavior.
RESULTS: Three-hundred forty-two participants reported on injection drug use of their steady partners, of which 228 (66.7%) reported that their partners had ever injected drugs. The mean age of participants was 23.17 years (median, 23 years). The majority of participants were white (52.9%), while 12.0% were black, 14.3% were Hispanic, and 18.1% were of other race or ethnicity. Two-hundred sixty-seven participants (78.1%) reported unprotected vaginal or anal sex, while 178 (52.0%) reported sharing straws and 188 (55.0%) reported injecting with a used needle in the last 3 months. In univariate analyses, males were more likely than females to report having a non-IDU steady partner (OR=2.85, 95% CI: 1.57-5.18). Those who reported having a non-IDU partner were also less likely to report injection risk behaviors such as sharing cookers (OR=0.48, 95% CI: 0.29-0.78) and injecting with used needles (OR=0.51, 95% CI: 0.32-0.95). Ordinal logistic regression analyses found that those in injection discordant partnerships were less likely to report engaging in unprotected vaginal or anal sex (OR=0.48, 95% CI: 0.26-0.90). Drug use risk behaviors such as injecting with others (OR=2.71, 95% CI: 1.30-5.64) and sharing straws (OR=1.97, 95% CI: 1.18-3.30) were significantly associated with engaging in unprotected intercourse and having an injection concordant partnership.
CONCLUSIONS: Transmission risk behaviors were lower among those with steady partners who had never injected drugs than among those with partners who also injected. However, risk behaviors may be compounded among those with partners who also inject. IDUs in sexual partnerships with other IDUs may face increased levels of risk behaviors. Additionally, IDUs in sexual partnerships with non-IDUs may have the potential to expand HIV into the general population. Programs to reduce risk behaviors among drug users should distinguish between those who have IDU partners and those that have non-IDU partners.

Presentation Number: A04 – 2

Presentation Title: Evaluation of a Pilot Rapid HIV Testing Outreach Initiative in Washington D.C. of Injection Drug Users

Author(s): *Mack-Wilson, LC[1]; Shahkolahi, AM[1]; Barahona, P[2]; Daniels, R[2] - [1]Whitman-Walker* Clinic, Washington, DC; [2]PreventionWorks, Washington, DC

BACKGROUND: Preventions Works is a harm reduction program that conducts a needle exchange program primarily through a mobile service vehicle at sites located near active drug strips within Washington, DC. The program strives to prevent the spread of HIV and other blood-borne diseases among injection and other drug users, their sexual partners, and their newborn children.
OBJECTIVES: To assess the burden of HIV infection among Injection Drug Users (IUDs) in Washington DC a pilot project of rapid HIV testing which was funded by DCDOH was conducted.
METHODS: The initiative included 438 participants from Ward 7 of Washington, DC over 3 months in 2006. The outreach HIV counselors conducted rapid HIV tests and collected demographic and behavioral information via a survey instrument. Ward 7 has a population of 70,540 of which 97% are African-American. The per capita income is $16959 with 24.9% labeled to be under the poverty line (Census 2000).
The participants were 64% male, 37% female, 90% heterosexual, 8.5% men having with men (MSM) or bisexual, 99% African-American, 32% without a history of a HIV test, 94% with a history of intravenous drug use (IDU), 80% who had sex while under the influence of injected drugs, 72% who traded sex for drugs or money, 57% with a history of STDs, 58% who had sex with an intravenous drug user, 31% were less than 30 years of age, 11% between the ages of 31 - 40, 37% between the ages of 41 - 50, 27% between the ages of 51 - 60, and 4% over age of 60.
RESULTS: 6.2% (27/438) of the rapid HIV tests were confirmed positive (100% confirmation). The positive participants demographically differed from the whole population in the following ways: 44% (12) women, 56% (15) men, 59% (16) heterosexual, 41% (11) MSM, 67% (18) without a history of a HIV test, 89% (24) prevalence of sex for drugs or money, 82% (22) prevalence of a STD in the past year, 70% (19) prevalence of sex with an IDU, and 52% (14) were above 40 years old.
CONCLUSION: The population of IDU obtained the highest percentages of HIV positive results among men, women, heterosexual, MSM, those who have sex for drugs and money, and those who have had a STD in the past.

IMPLICATIONS: The positive prevalence among this target group strongly recommends more targeted HIV testing and counseling efforts be conducted among IDUs in similar Wards.
While this project is limited in volume when compared to more traditional CTR methods, it is a more targeted effort to identify those individuals who are at highest risk for HIV. Despite years of prevention efforts directed at MSM, HIV incidence remains high and stable in this group, and is especially high among MSM who also inject drugs in Washington, DC.

Presentation Number: A04 – 3

Presentation Title: Syndemics Among HIV-Positive IDUs: Associations of Interrelated Psychosocial Problems with HIV Risk Behaviors and Health Care Behaviors

Author(s): *Purcell, DW*[1]; *Mizuno, Y*[1]*; Gourevitch, MN*[2]*; Knight, K*[3]*; Knowlton, A*[4]*; Wilkinson, J*[5]; the INSPIRE Study Team
[1]CDC, Atlanta, GA; [2]New York University, New York, NY; [3]University of California, San Francisco, San Francisco, CA; [4]Johns Hopkins University, Baltimore, MD; [5]University of Miami, Miami, FL

BACKGROUND: HIV-positive IDUs in 4 cities (Baltimore, Miami, New York City, and San Francisco) were recruited for enrollment into a randomized controlled trial of an intervention designed to reduce sexual and drug risk and increase utilization of health care and adherence to HIV medications. We sought to cross-section ally examine whether co-occurrence of a set of interrelated psychosocial problems at baseline amplified the association between these problems and HIV risk behaviors and health care behaviors.
METHODS: We collected baseline data among 1052 HIV-positive injection drug users (IDUs) using A-CASI technology. We selected six psychosocial problems common in the lives of HIV-positive IDUs: (psychological distress, lack of social support, incarceration in the past 6 months, use of 3 or more illicit substances in the past 3 months, being homeless in the past year, and sexual or physical abuse in adulthood). First, for each of the psychosocial problems, a dichotomous variable was created to indicate reporting such a problem (median split for distress and social support). Then, we developed a count score of number of problems for each participant (from 0 to 6). We used chi-square analysis to examine linear trends between the number of psychosocial problems and each intervention outcome separately; 1) unprotected vaginal or anal sex with HIV-negative or unknown status partners (UVA), 2) lending needles after use or sharing other drug paraphernalia with HIV-negative or unknown status partners, 3) no HIV care visit in the past 6 months, and 4) <90% antiretroviral therapy (ART) adherence in the prior day. We then ran multivariate models to test for linear trends controlling for age, sex, race, education, and income.
RESULTS: We found a significant linear trends between the number of psychosocial problems and each outcome (all $p<.02$) (see Table 1). Multivariate logistic regressions confirmed these trends controlling for demographics.
CONCLUSIONS: The number of psychosocial problems reported by HIV-positive IDUs was related to sexual risk, injection risk, poor utilization of health care, and non-adherence to HIV medications. Other researchers have reported this phenomenon among MSM and called it a "synthetic". Regarding HIV prevention interventions, the effect of multiple problems may make it harder for multiply-affected participants to respond as intended. These finding also underline the importance of addressing broader health issues among vulnerable populations, not only to address these broader issues, but also to better address HIV prevention.

Presentation Number: A04 – 4

Presentation Title: Injection Drug Use, Sexual Risk and Partnerships Among Young Injection Drug Users in Los Angeles

Author(s): *Kim, E*[1]; *Shoptaw, S*[1]*; Hudson, S*[2]*; Gorbach, P*[1] - [1] UCLA, Los Angeles, CA; [2] Health Research Association, Inc., Los Angeles, CA

BACKGROUND: Young injection drug users engage in high-risk behaviors that place them at risk for bloodborne and sexually transmitted infections such as HIV and hepatitis C virus. Intervention efforts have targeted risk associated with parental contact; however, continued rates of transmission suggest that the impact of sexual risk behaviors and other types of injection risk behaviors may play an increasingly important role.
METHODS: Analysis was conducted using baseline data from the Drug Users Intervention Trial (DUIT) in Los Angeles. Five-hundred forty participants were asked to describe risk behaviors and relationships with their sexual partners. The ACASI questionnaire collected information on steady and casual or commercial partners within the previous 3 months. Multivariate analyses were conducted to assess associations with engaging in unprotected sex and injecting with used needles.
RESULTS: Of the 540 DUIT participants, 403 (74.6%) were male, and the mean age was 23.1 years (median, 23

years). One-hundred thirty participants (26.3%) were HCV-positive and 31 participants (6.3%) were HIV-positive, with 9 participants (1.8%) positive for both HCV and HIV. Two-hundred ninety-seven participants (55.0%) reported unprotected vaginal or anal sex in the past three months, while 279 (51.7%) reported injecting with a used needle in the past three months. One-hundred eighty-nine participants (35.0%) reported having both steady and casual/commercial partners, 43 (8.0%) reported having only casual/commercial partners, 159 (29.4%) reported having only steady partners, and 94 (17.4%) reported having no partners in the past three months. Those who reported sharing straws were more than twice as likely to report having unprotected sex (OR=2.33, 95% CI: 1.14-4.77). Adjusting for age and sex, unprotected sex was associated with injecting mostly with sex partners (OR=2.49, 95% CI: 1.17-5.31). Sharing straws (OR=4.11, 95% CI: 2.32-7.29), cookers (OR=5.42, 95% CI: 2.58-11.39), and cotton (OR=6.10, 95% CI: 3.26-11.41) were significantly associated with sharing used needles.
CONCLUSIONS: Young injectors engage in related injection drug use and sexual risk behaviors that place them at risk for both HCV and HIV. Those who reported unprotected sex were more likely to report injecting with their sex partner, suggesting that drug use risk is more likely in a partnership in which sexual risks are also being taken. The interconnection of these behaviors within the context of sexual partnerships requires a targeted comprehensive approach for prevention.

Track A
A18 – Part 3 of 4: Community Collaborative Prevention Intervention Research Among MSM at High Risk for HIV Infection
Room: VANCOUVER/MONTREAL – (Hyatt Hotel – Embassy Hall level)

Presentation Number: A18 – 1

Presentation Title: Part 1 of 4: Community Collaborative Prevention Intervention Research Among MSM at High Risk for HIV Infection

Author(s): *Erwin, K*[1]; *Krawczyk, C*[2]; *Aoki, B*[1]; *Fitzpatrick, J*[1]; *McCandless, R*[1]; *Farrell, K*[2]; *Lemp, G*[1]
[1]University of California, Oakland, CA; [2]California Dept of Public Health - Office of AIDS, Sacramento, CA

ISSUE: In California, HIV continues to disproportionately impact men who have sex with men (MSM). Research has also shown that MSM of color who don't identify as gay, and those who use methamphetamines, are at particularly high risk for infection. Yet there is little research identifying the most effective ways to prevent HIV among these subpopulations.
SETTING: Building on previous experience sponsoring successful HIV prevention research, in 2004 the University wide AIDS Research Program (UARP) and California Department of Public Health Office of AIDS (CDPH/OA) partnered to fund nine community collaborative research projects in California to develop innovative interventions for MSM in high risk sub-groups. Funded projects included three targeting African American Non-Gay Identified MSM (NGI-MSM); two targeting Latino NGI-MSM; and four targeting methamphetamine-using MSM. All are community collaborative research awards, composed of at least one academic partner and one community partner.
PROJECT: Each project was determined meritorious by independent peer review. Review criteria included theoretical rigor, feasibility, innovative design, strength of concept and evaluation plan, and investigator expertise. Research design included formative research among the target population, then design and implementation of a novel intervention based on formative findings. Projects began in 2005, and are completing Year 2. Projects must include a capacity-building component for the community partner, and a dissemination plan including curriculum and training materials development.
RESULTS: Formative research generated critically important information on NGI MSM and methamphetamine-using MSM. To date, two social marketing campaigns collected surveys from 997 participants; six projects conducted a combined total of 173 key informant interviews and 11 focus groups; and 224 participants have been enrolled in interventions. Findings highlight the diversity of the subpopulations, their risk behaviors, the urgent need for tailored interventions that address the cultural and social context of men's lives, and best methods for gaining access to the men. Projects targeting NGI MSM of color found a diversity of sexual identities including heterosexual or situational gay/bisexual identities, and the impact of sexual secrecy. among methamphetamine users, successful interventions must address issues of gay identity and culture, be adapted to ethnic/cultural identity of the target population, and focus on reducing social isolation. Support for changing risk behaviors may include motivational interviewing, providing incentives for achieving milestones, and access to other preventive services. Other abstracts included in this panel provide data from three of the projects.
LESSONS LEARNED: Community collaborative research is critical for developing new interventions to target MSM at high risk for HIV infection. The community-research partnership provides access to members of hard-to-

reach target groups, and an opportunity for community capacity-building. The UARP-CDPH/OA funding initiative demonstrates that scarce research and service dollars can be effectively directed to reaching high risk groups, and supporting development of innovative interventions. Effective interventions for high risk MSM must take into account the diverse health, economic, cultural and social contexts of men's lives, and may be most successful when they address these contextual issues as a primary intervention component.

Presentation Number: A18 – 2

Presentation Title: Part 2 of 4: Community Collaborative Prevention Intervention Research Among MSM at High Risk for HIV Infection

Author(s): *Harawa, NT[1]; Williams, JK[2]; Avina, S[3]; Manago, C4; Wafford, T[5]*
[1] Charles R. Drew University of Medicine and Science, Los Angeles, CA; [2]UCLA, Los Angeles, CA; [3]JWCH Institute, Inc., Los Angeles, CA; [4]The AmASSI Health and Cultural Center, Los Angeles, CA; [5]The Palms Residential Care Facility, Los Angeles, CA

BACKGROUND: Although some qualitative research has described internalized homophobia and secrecy regarding sexual orientation among Black men who have sex with men and women (MSMW), few quantitative data are available on these factors or on their potential associations with psychological well-being.
METHODS: We examined these factors in a sample of 38 African American MSMW who responded to the baseline survey for a pilot study of a new HIV prevention intervention in Los Angeles between July 2006 and February 2007. Intervention design and participant recruitment strategies were informed by extensive formative research. Participants were recruited through a variety of social venues and community based organizations and interviewed using an audio-computer assisted self-interview.
RESULTS: Participants ranged in age from 34 to 59 years (mean = 43) and were primarily lower income (53% made less than $1000 per month). Although all men were sexually active with male and female partners in the previous 24 months, just 68% self-identified as bisexual. The mean score on an adapted measure for internalized homo/biphobia was 31.5 on a scale from 11 to 66. Eighteen percent of participants had told no one their same-sex sexuality; however, over half (57%) of those reporting sex with women in the prior 90 days had not disclosed to some or all of these female partners. Overall levels of psychological distress symptoms were low and levels of social support from family and friends were fairly high (mean = 34.4 out of 48). Compared to other participants, those who had not disclosed their relationships with men to anyone or who strongly prioritized keeping this information secret (n=13) reported higher mean levels of internalized homophobia (41.5 vs. 26.1); higher scores for depression (7.0 vs. 4.4), anxiety (6.7 vs. 3.3), and summarization (4.8 vs. 3.1) on the Brief Symptom Inventory-18; and lower levels of social support from friends (14.8 vs. 19.0) on the Multidimensional Scale of Perceived Social Support. However, these differences were only statistically significant for internalized homophobia ($p<0.01$) and social support ($p=0.04$).
CONCLUSIONS/IMPLICATIONS: Preliminary findings suggest that these behaviorally bisexual participants experience varying degrees of comfort with and secrecy regarding their same-sex sexuality. Although overall levels of psychological distress were low, positive trends in the associations between secrecy and distress symptoms, together with negative associations of secrecy with social support suggest that secrecy may negatively impact psychological well being and contribute to social isolation in these men. Efforts to better understand the socio-cultural context of bisexual identity development and its influence on comfort with sexuality, disclosure, psychological well-being, and interpersonal relationships among ethnic minority men are greatly needed and may have important implications for women's HIV risk.

Presentation Number: A18 – 3

Presentation Title: Part 3 of 4: Community Collaborative Prevention Intervention Research Among MSM at High Risk for HIV Infection

Author(s): *Diaz, RM[1]; Ayala, G[2]; Aguilar-Karayianni, A[1]; Gutierrez, J[2]*
[1]Cesar E. Chavez Institute/San Francisco State University, San Francisco, CA; [2]AIDS Project of Los Angeles, Los Angeles, CA

ISSUE: In a recent study of Latino gay men who use stimulants in San Francisco, 72% of Crystal Meth (CM) users reported unprotected anal sex during the last six months, the largest prevalence of HIV risk reported by any Latino subgroup ever studied. CM users also reported drug-related negative effects on their physical and mental health as well as interpersonal, financial and work-related conflicts. Negative effects, including HIV risk, are mediated and aggravated by the increased social isolation of users. A major asset of CM users is that they often have partners and friends who care about them and who want to help with their drug-related problems.

SETTING: The UARP funded a collaborative effort by AIDS Projects of Los Angeles and the Cesar E. Chavez Institute (a community based research center of San Francisco State University) to develop and evaluate an intervention designed to intervene with Latino gay men who are concerned partners and friends of CM users. The overall goal of the intervention is to train Latino gay men with skills to engage their CM-using partners and friends in supportive, self-observing, and potentially transforming interactions, in order to reduce the progressive isolation of users and its related negative consequences, including the risk for HIV.
PROJECT: Based on formative data and community input, we developed a one-day "inner-city retreat" inviting Latino gay men who are "concerned about the impact of CM in your community, your friends, and/or yourself." The intervention provides information regarding the subjective experience of users and confronts negative, judgmental, and stigmatizing attitudes that might further isolate users from their social networks. Participants are motivated and trained to engage in empathic "difficult conversations" with CM users using motivational interviewing skills and harm reduction principles. Monthly follow-up sessions provide ongoing support and opportunity to practice the skills learned.
RESULTS: A total of 72 men have participated in the seven retreats conducted to date and have committed to engage in transformative interactions and conversations with 140 users. As a result of the intervention, 68% of participants strongly agree that they are now less judgmental toward users and 60% strongly agree that they have gained skills to have more productive conversations with users. The intervention is increasingly attracting men who are concerned about their own use and who express feeling vulnerable by the presence of CM in their social networks.
LESSONS LEARNED: Latino gay men are highly concerned about the negative impact of CM in themselves and in their social networks, and are highly motivated to do something about it, but report a sense on helplessness on what to do and how to do it. The current intervention provides participants with skills to respond to the CM epidemic within their own social networks, and with tools to prevent their own potential negative involvement with the drug.

Presentation Number: A18 – 4

Presentation Title: Part 4 of 4: Community Collaborative Prevention Intervention Research Among MSM at High Risk for HIV Infection

Author(s): *Reback, CJ*[1,2]*; Shoptaw, S*[3]
[1]Friends Research Institute, Los Angeles, CA; [2]UCLA Integrated Substance Abuse Programs, Los Angeles, CA; [3]UCLA Department of Family Medicine, Los Angeles, CA

BACKGROUND/OBJECTIVES: Methamphetamine use is significantly associated with HIV infection among gay and bisexual men who use the drug to initiate and enhance sexual encounters. Studies consistently demonstrate that methamphetamine-using gay and bisexual men report more sexual partners, decreased use of condoms, more unprotected anal intercourse with non-primary partners, and increased likelihood of being HIV infected or having a sexually transmitted infection than non-methamphetamine using gay and bisexual men. Preliminary findings of a gay-specific intervention for reducing methamphetamine use and HIV sexual risk behaviors using evidence-based interventions are presented.
METHODS: Data are collected at baseline with follow-up evaluations at 8 weeks, 16 weeks, and 6 months, using an Admissions Form, the Behavioral Questionnaire Amphetamine, and Addiction Severity Index. SPSS was used to generate basic descriptive and frequencies of demographics, sexual risks and methamphetamine use at baseline, and preliminary outcome variables.
RESULTS: Since November 2005, 127 participants enrolled in the study. Sixty-seven percent are Caucasian/white, 21% Hispanic/Latino, 7% African American/black, 5% Asian/Pacific Islander. Ninety-three identify as gay and 7% identify as bisexual. Fully, 65% are HIV infected. Ages range from 22 to 58 years, with a mean age of 39.5 ± 8.3 years. The mean level of education was 15.24 ± 2.4 years. At baseline, 91% report sex while high in the previous 30 days and 87% report a history of at least one sexually transmitted infection. The mean number of days participants used methamphetamine, in the previous 30 days, reduced from 11.1 (S.D.=8.28) days at baseline to 5.30 (S.D.=7.94) days at six-month follow-up evaluation. Similarly, sex while high reduced from 14.91 (S.D.=19.74) times at baseline to 4.2 (S.D.=9.17) times at follow-up. The number of episodes of unprotected assertive and receptive anal intercourse reduced from 5.02 (S.D.=12.13) and 5.37 (S.D.=9.86) at baseline, respectively to 1.41 (S.D.=2.68) and 1.70 (S.D.=3.98) at six-month follow-up, respectively.
CONCLUSIONS: Preliminary outcome findings suggest that culturally tailored methamphetamine abuse treatment reduces both drug use and sexual risk behaviors among gay and bisexual men, thereby, functioning as an effective form of HIV prevention Among this high-risk population.

Track B
B06 – MSM HIV and STD Co-Morbidity
Room: HANOVER F/G – (Hyatt Hotel – Exhibit Level)

Presentation Number: B06 – 1

Presentation Title: Trends in HIV Testing Among MSM in U.S. STD Clinics and the Association of Longer Inter-test Interval with Newly Diagnosed HIV

Author(s): *Helms, DJ[1]; Weinstock, HS[1]; Cherneskie, T[2]; Furness, BW[3]; Kent, CK[4]; Rietmeijer, CA[5]; Golden,* MR6[1] CDC, Atlanta, GA; [2]Chelsea STD Clinic, NY City Department of Health, New York, NY; [3] CDC and the Washington DC STD Control Program, Atlanta, Washington DC, GA; [4] San Francisco Dept of Public Health, San Francisco, CA; [5]Denver Public Health Department, Denver, CO; [6] Deptartment of Public Health-Seattle and King County, Seattle, *WA*

BACKGROUND: Most MSM alter their sexual behavior after being diagnosed with HIV. One strategy for preventing HIV transmission is to decrease the time between new cases' infection and their HIV diagnosis.
METHODS: The MSM Prevalence Monitoring Project collated data collected as part of routine clinical encounters during 45,084 visits by MSM to STD clinics in 5 US cities (Seattle, WA; San Francisco, CA; Denver, CO; New York, NY; and the District of Columbia) between 2002 and 2005. For each city and year, we calculated the percentage of visits during which MSM were HIV tested, the percentage of tests resulting in a new HIV diagnosis and, among MSM with a history of prior HIV testing, the median number of days between HIV tests (inter-test interval). We used logistic regression to define factors associated with never HIV testing, longer inter-test interval, and new HIV diagnosis.
RESULTS: From 2002-2005, a city-specific median of 64.3% (range: 31.1-74.3%) of MSM not previously diagnosed with HIV were HIV tested (n=23,529), 85.7% (range: 79.3-89.3%) of tested men had been previously HIV tested (n=19,743), and 4% (range: 2.8-4.7%) of tested MSM were newly diagnosed with HIV (n=910). Between 2002 and 2005, the city-specific median percentage of tested MSM who reported never previously being HIV tested decreased from 8.1% to 5.1% (p=0.06), and the city-specific median inter-test interval decreased from 305 to 233 days (p<0.001). among MSM with newly diagnosed HIV, the median proportion who had never been HIV tested did not significantly change (6.8% in 2002 vs. 7.9% in 2005, p=0.83). There was a significant trend toward a shorter median inter-test interval (540 days in 2002 vs. 290 days in 2005, p=0.004). Significant predictors of no previous HIV testing included: younger age; Asian or Hispanic race/ethnicity (vs. white); testing in DC, Denver, or New York (vs. Seattle); and earlier calendar year. Significant predictors of longer inter-test interval included: older age; testing in DC, Denver, or San Francisco (vs. Seattle); and earlier calendar year. Predictors for newly diagnosed HIV infection included: longer inter-test interval, black or Hispanic race/ethnicity (vs. white), clinic in San Francisco (vs. Seattle) and concurrent diagnosis with Chlamydia or gonorrhea.
CONCLUSIONS: In MSM seen at STD clinics in 5 US cities, the majority of MSM newly diagnosed for HIV had been previously tested, over half had been tested for HIV in the previous year, and median time between HIV tests appears to be declining. Prevention efforts should attempt to further decrease the inter-test interval, and public health authorities should monitor the proportion of MSM previously tested and the inter-test interval as prevention indices.

Presentation Number: B06 – 2

Presentation Title: HIV and Sexually Transmitted Infection (STI) Screening in a Providence Bathhouse: Opportunities for Education, Prevention and Improving Men's Health

Author(s): *Mayer, KH[1,2]; Ducharme, R[1]; Abbott, D[3]; Cavanaugh, T[4]-* [1] Brown U/Miriam Hospital, Providence, RI; [2] Fenway Community Health, Boston, MA; [3] AIDS Project RI, Providence, RI; [4] Family Health Services, Providence, RI

ISSUE: Sexually transmitted infections (STI) have increased significantly among men who have sex with men (MSM) in the U.S. Individuals who meet partners in public sex environments may be at increased risk for STI and HIV acquisition or transmission, but may not avail themselves of routine screening.
SETTING: The largest bathhouse for MSM in New England is located in Providence, RI.
PROJECT: Since 1999, a collective of health educators, community activists, and clinicians began providing screening services and vaccinations for Hepatitis A and B, and subsequently added HIV antibody rapid testing, syphilis serological testing, and urine screening using NAAT for gonorrhea and Chlamydia infection on a weekly basis. Clients who accessed services were invited to participate in a self-administered survey of their behaviors, and

knowledge, attitudes and beliefs about STI, risk taking, and clinical services, approved by both hospital and state health department IRBs.
RESULTS: Between 6/04 and 3/07, 601 men were screened for at least one STI in the project, with 15 men being newly diagnosed with HIV; 8 with syphilis, and 7 with gonorrhea. The men's ages ranged from 18 to over 70, with 17% under 30 y.o. and 25% over 50 you; 16% were men of color. Although about half were from adjacent areas of Massachusetts, and a third were from Rhode Island, men from 14 other states were also screened. 38% of the men reported at least one episode of unprotected anal sex in prior 2 months, and 13% indicated that they had sex while drunk or high during that same time period. For 11% of the men, the HIV test in the bath house was their first time being screened for HIV, and 21% were in a relationship with a woman. Only 58% of the men indicated that they would be comfortable being tested for HIV or syphilis by their primary care physician. All of the men who underwent rapid HIV testing indicated that they were very satisfied with the experience, even though 41% indicated some level of fear about receiving their test results. During any given 3 hour weekly session up to 20 men approached the health educators and clinicians for medical services and/or information related to HIV/STI prevention.
LESSONS LEARNED: The provision of STI/HIV testing services in a bathhouse setting created a means of reaching men who might not seek STI/HIV screening services elsewhere, because of not being open about their male-to-male sex with their partners and primary care providers. Expansion of such projects may offer another means to decrease new HIV/STI transmission and enhance the health care needs of hard-to-reach MSM.

Presentation Number: B06 – 3

Presentation Title: Sexual Risk Practices and Sexually Transmitted Infections Among Bisexual, Drug-using, Low-Income Men in Chicago

Author(s): *Ouellet, LJ; Ivy, W, III; Mackesy-Amiti, M; McKirnan, D - University of Illinois at Chicago, Chicago, IL*

OBJECTIVE: To examine the extent to which drug-using, low-income bisexual men engage in HIV high-risk sex, and to document the prevalence of HIV and other STDs in this group.
METHODS: Through respondent-driven sampling at three sites in Chicago we recruited men and women who use 'hard' drugs (cocaine, heroin, methamphetamine or any illicit injected drug), men who have sex with men regardless of drug use, and sex partners linked to these groups. All participants in this on-going study completed a computerized self-administered interview, provided blood for HIV and syphilis testing, and urine for Chlamydia and gonorrhea testing. The analysis focused on men who reported having recent (past 6 months) oral, vaginal or anal sex with both men and women. In all cases, sexual orientation is defined by behavioral practice in the 6 months preceding study enrollment.
RESULTS: Of 1068 study participants, 72% were African American, 20% were Hispanic, the median age was 44 years and only 6% reported current full-time employment. Of the 670 men, 84% were sexually active and 145 (22%) reported recent sex with another man. Most (76%) men who had sex with men also reported recent sexual contact with women. Of these bisexual men, 93% reported recent 'hard' drug use, mostly crack cocaine (75%) or heroin (40%), and infrequent methamphetamine use (8%). Most self-identified as bisexual (79%) or heterosexual (17%). These bisexual, drug-oriented men reported substantial rates of high-risk sex: 63% had anal sex with men, 52% had anal sex with women, 41% had anal sex with both men and women, 62% had anal sex with men and vaginal sex with women, 87% had vaginal sex with women, and 68% reported two or more recent female sex partners. among all men in the study, HIV antibody prevalence was 8% for bisexuals, 4% for heterosexuals and 49% for homosexuals ($p<.001$). Syphilis antibodies were detected in 7% of bisexual, 3% of heterosexual and 14% of homosexual men. Urethral gonorrhea infections were nearly absent and urethral Chlamydia prevalence (1.5% overall) was low for all groups of men.
CONCLUSION: Bisexual activity and multiple female sex partners are common among low-income, drug-using men who have sex with men, and a majority engages in anal and vaginal sex. HIV infection and current or past syphilis infections were greater among bisexual compared to heterosexual men, but lower compared to homosexual men. In low-income communities, crack-using bisexual men may represent an especially important pathway for the heterosexual diffusion of HIV infection.

Presentation Number: B06 – 4

Presentation Title: HIV AND STD Screening and Diagnosis Among Men Who Have Sex with Men (MSM) Attending and Urban Gay Men's Clinic

Author(s): *Shahkolahi, AM[1]; Chiliade, P[2]; Border, G[1]; Roe, K[1]; Vo, Q[1]; Mack-Wilson, LC[1]; Baloum, A[1]; Norris, AL1 - [1] Whitman-Walker* Clinic, Elizabeth Taylor Medical Center, Washington, DC; [2] Family Health International, Washington, DC

BACKGROUND: Men who have sex with men (MSM) continue to have higher risk for multiple sexual transmitted diseases (STDs) and new HIV infections nationally.
OBJECTIVE: To assess the prevalence of HIV and its correlations with STD infections among MSM.
METHODS: As part of CDC's MSM prevalence Monitoring Projects, MSM tested for STDs and HIV at Whitman-Walker Clinic Gay Men's Health and Wellness Clinic (GMHWC). From January 2005 through December 2006, a total of 7046 walk-in clients were seen in the clinic. Routine HIV/STD screenings [(HIV, syphilis, urine *Chlamydia trachoma is /Neisseria gonorrhea* (CT/GC)] were offered to all sexually active MSM. Urethral, rectal and throat CT/GC screenings were offered to symptomatic clients and asymptomatic oral and anal sexually active MSM . The clients were 53% white, 27% Black, 12% Hispanics.
RESULTS: 3665 clients tested for HIV using Or Quick rapid HIV1/2; 3935 clients were tested for syphilis; 2519 client's urine was tested for CT/GC; 938 client's urethral specimen was tested for CT/GC; 204 client's rectal specimen was tested for CT/GC; and, 429 client's throat specimen was tested for CT/GC.
134 clients (3.7%) were HIV positive; Rectal, Throat and Urethral GC had the highest positive rates (14.2%, 13.8%, and 12.6%) compared to CT, which for Rectal, Urethral, Urine, and Throat were 13.2%, 11.2% 4.2%, and 1.4%, respectively. Syphilis positive rates were 3.5%.
87 HIV positive (14.3%) clients were co-infected with one or more STDs (CT, GC, syphilis). Out of the 87, 23 (28%) were newly HIV diagnosed and 64 (72%) were previously identified (before 2005). The STD/HIV prevalence indicated 93% MSM, 46% White, 27% Black and 28% others.
CONCLUSION: STDs were frequently detected among HIV infected and HIV uninfected MSM. Clients who know their HIV status show a higher prevalence of STD infections. Rectal CT/GC and syphilis seroreactivity were most commonly prevalent in newly diagnosed HIV infections.
IMPLICATIONS: The current STD epidemic among MSM population in Washington DC requires new and innovative prevention intervention in order to decrease STD morbidity and circumvent further HIV transmission.

Presentation Number: B06 – 5

Presentation Title: Rapid Behavioral Assessments at Gay Pride Events in Utah: Opportunity for Testing and Guide for Prevention Efforts in a 'Low Prevalence' State

Author(s): *Fronberg, RA*[1]*; Meinor, L*[2]*; Delaney, KP*[2]*; Heffelfinger, JD*[2]
[1] HIV Prevention Program, Bureau of Communicable Disease Control, Utah Department of Health, Salt Lake City, UT; [2] Behavioral and Clinical Surveillance Branch, Division of HIV/AIDS Prevention, National Center for HIV, Hepatitis, STD and TB Prevention, US Centers for Disease Control and Prevention, Atlanta, GA

BACKGROUND: CDC's National HIV Behavioral Surveillance (NHBS) System collects risk behavior data from populations at high risk for HIV infection, including men who have sex with men (MSM). However, NHBS collects this information only in the 25 Metropolitan Statistical Areas with the highest estimated prevalence of persons living with AIDS. Rapid HIV testing combined with rapid behavioral assessments at gay pride events provide an opportunity to assess risk behavior and access to prevention services among MSM living in jurisdictions that do not meet the threshold for participation in NHBS. With technical assistance from CDC, the Utah Department of Health (UDOH) conducted two such assessments: one in an urban setting, at Salt Lake Pride in Salt Lake City (SLC) in 2004; and another in a rural setting, at Southern Utah Pride in Springdale in 2006.
METHODS: For each event, a standardized survey instrument with questions about demographics, sexual behaviors, drug use, diagnoses of HIV and other sexually transmitted diseases, HIV and STD testing history and use of local HIV prevention services was developed by CDC. The instrument was then modified by UDOH to provide locally pertinent information. Trained interviewers approached pride attendees, and men ≥18 years were eligible to participate. Interview participants not known to be HIV-infected and others seeking HIV testing at the event was offered rapid HIV testing on site by a local community-based organization and UDOH staff.
RESULTS: Of 96 eligible MSM approached in SLC, 95 enrolled; in Springdale, of 65 eligible MSM approached, 62 enrolled. Overall 75% of participants reported having anal sex with a man in the past year. Eighteen (19%) SLC and 21 (34%) Springdale participants reported having unprotected anal intercourse (UAI) in the past year; and 4 (22%) and 5 (24%) of those reporting UAI also reported having unprotected sex with a woman. More SLC (55%) than Springdale participants (30%, $p<.05$) reported meeting ≥1 male sex partner on the internet. Self report of an STD (5% v. 18%, $p<.10$), receipt of free condoms (77% v. 97%, $p<.05$) and receipt of risk reduction counseling (33% v. 53%, $p<.10$) in the past year were lower among SLC respondents than Springdale respondents. However, only 48 (51%) and 41 (66%) of SLC and Springdale participants, respectively, reported being tested for HIV in the past year. Of those interviewed, 69% of SLC and 48% of Springdale participants were tested for HIV on site; 2 (2.9%) and 1 (3.3%) persons had positive results.
CONCLUSIONS: among MSM at two gay pride events in Utah, self-reported HIV risk behaviors, and rates of STDs and unrecognized HIV infections were similar to those for respondents from most NHBS areas. Despite uptake of

other prevention services, respondents' use of HIV testing still lags behind that reported by NHBS respondents from areas with higher HIV prevalence. Rapid HIV testing and rapid behavioral assessments at gay pride events provide a mechanism to focus prevention efforts and increase access to testing for high-risk persons in low-moderate HIV prevalence settings.

Track B
B12 – Surveillance: Evolving Methods and Applications
Room: HONG KONG – (Hyatt Hotel – Embassy Hall level)

Presentation Number: B12 – 1

Presentation Title: Update on Comprehensive HIV/AIDS Surveillance Activities in the United States

Author(s): *Campsmith, M*; *Sweeney, P; Hall, I; McNaghten, A*
Centers for Disease Control & Prevention, Atlanta, GA

ISSUE: HIV/AIDS surveillance programs are increasingly called on to inform local and national decisions for disease prevention, resource allocation, and program evaluation. CDC supports a comprehensive surveillance approach for describing the epidemiologic spectrum of HIV/AIDS in the United States.
SETTING: State and local health departments are funded and assisted by CDC to conduct HIV/AIDS surveillance. CDC compiles the local data into a national dataset which is used for analyzing and reporting on overall trends.
PROJECT: CDC funds all state and local health departments to collect HIV/AIDS core surveillance data using a standardized case definition and case report form. Guidance on data quality, timeliness, and completeness is provided through individual technical assistance, national meetings/trainings, and written technical guidance for policies and procedures. Data without personal identifiers are sent to CDC for analysis and dissemination of national HIV/AIDS surveillance products, such as the annual HIV/AIDS Surveillance Report. To meet increased data demands the legacy surveillance system is being converted to an enhanced HIV/AIDS Reporting System (eHARS), a browser-based relational architecture that allows collection of multiple data elements over time (including laboratory records, a rapidly increasing component of HIV/AIDS surveillance). Recently initiated activities include surveillance for HIV incidence and viral resistance, and behavioral surveillance of HIV risk and persons in care for HIV disease.
RESULTS: Nationally nearly 1 million persons with AIDS have been reported through the end of 2005, with an additional quarter-million reported with HIV infection (not AIDS) from the 38 areas with confidential name-based HIV surveillance. Since the mid-1990s use of highly active antiretroviral therapies has slowed overall progression of HIV infection to AIDS and from AIDS to death; thus AIDS data alone no longer provide accurate monitoring of the overall HIV/AIDS epidemic. As of January 1, 2007, 47 states and 6 areas conduct integrated HIV/AIDS surveillance using the same confidential name-based system of reporting, and it is anticipated that all surveillance programs will begin using the same integrated system over the next few years. At that time national data on the full spectrum of HIV disease will be available. New serological testing methods allow ascertainment of recent (incident) HIV infections on a population level. Incidence surveillance has been implemented in 34 sites as of March 2007; incidence data will more accurately describe trends in HIV disease and better inform prevention program planning and evaluation. Resistance surveillance will monitor trends in drug resistant HIV strains and allow evaluation of antiretroviral treatment and prophylaxis strategies. Behavioral surveillance activities collect data on both populations at risk (National HIV Behavioral Surveillance) and on HIV-positive persons receiving medical care (Medical Monitoring Project). These data provide context for epidemiological patterns and behavioral determinants of HIV disease.
LESSONS LEARNED: The HIV epidemic continues to evolve, and surveillance activities have advanced in response to these changes. Today there are increasing demands for quality HIV/AIDS surveillance data to effectively guide prevention and evaluation programs, and to efficiently allocate resources. Timely, accurate, and complete data are necessary to make appropriate decisions at the local, state, and national levels.

Presentation Number: B12 – 2

Presentation Title: Analysis of Single-Site National HIV Behavioral Surveillance System Data for Men Who Have Sex with Men: Implications for Local HIV Prevention Activities - Newark, New Jersey, 2003-2005

Author(s): *Langer, AJ*[1]*; Bolden, BJ*[2]*; D'Errico, SA*[2]*; Cross, H*[2]
1 Epidemic Intelligence Service assigned to the New Jersey Department of Health and Senior Services, Centers for Disease Control and Prevention, Trenton, NJ; 2 New Jersey Department of Health and Senior Services, Trenton, NJ

BACKGROUND/OBJECTIVES: The National HIV Behavioral Surveillance (NHBS) system is a multicenter, multiyear, multipopulation study with the goal of increasing understanding of human immunodeficiency virus (HIV)-related behaviors. We analyzed NHBS data to identify unmet HIV prevention needs among men who have sex with men (MSM).
METHODS: We analyzed data from the Newark Eligible Metropolitan Area (EMA). Survey teams went to randomly selected venues frequented by MSM within Newark EMA. A survey team member approached men who entered a predetermined venue and invited them to participate. Interviewers spoke privately with participants; no personal identifiers were collected. We collected information on demographics, sexual behaviors, drug use, health history, HIV testing behaviors, and contact with HIV-prevention activities. We described the data and performed chi-squared analyses with SAS® version 8 (SAS Institute, Inc., Cary, North Carolina).
RESULTS: We obtained a total of 411 usable interviews. Prevalence of having been HIV tested in the previous 12 months differed significantly by race/ethnicity (proportionally fewer whites were tested than blacks and other racial/ethnic groups, 44% versus 81%, $P<0.0001$), age (proportionally fewer men aged ≥35 years were tested for HIV compared to younger men, 52% versus 83%, $P<0.0001$), and sexual identity (proportionally more bisexuals were tested compared to homosexuals and other sexual identities, 84% versus 68%, $P=0.0016$). Prevalence of individualized HIV prevention counseling utilization varied significantly by race/ethnicity (proportionally fewer whites received counseling than blacks and other racial/ethnic groups, 12% versus 34%, $P<0.0001$), age (proportionally fewer men aged ≥45 years received counseling compared to younger men (10% versus 32%, $P=0.0011$), education level (decreasing with advancing education level, 52%-20%, $P<0.005$). Decreasing stratum-specific age trends were also detected for receiving free condoms (range: 31%-63%, $P<0.05$) and sexually-transmitted disease testing (range: 0%-57%, $P<0.0015$).
CONCLUSIONS/IMPLICATIONS: Prevalence of certain HIV prevention behaviors appears to vary by race/ethnicity, age, sexual identity, and education level. Additional analysis is necessary to explore other factors that may confound these associations. If confirmed, these findings can help to tailor HIV prevention initiatives to specific demographics.

Presentation Number: B12 – 3

Presentation Title: Use of Spatial Analysis Methods to Identify Clusters of HIV Prevalence

Author(s): *Robinson, W*[1]*; Scribner, R*[1]*; Burgess, S*[2]
[1] Louisiana State University, New Orleans, LA; [2] Louisiana Office of Public Health, New Orleans, LA

BACKGROUND: Geographic information system and spatial analysis methods have become increasingly popular in many public health fields. The potential for these methods to display geographic data in a direct and intuitive manner coupled with the ability to objectively and accurately identify potential "hot-spots" or disease clusters makes them highly appealing for use in targeting interventions or outreach efforts. Unfortunately, these methods have seen relatively little use in HIV/AIDS disease surveillance and prevention planning. This may have been due in large part to lack of technological capacity or concerns about confidentiality surrounding geographic data dissemination and release. The current study describes the application of GIS and spatial analytic methods to identify areas of highest HIV prevalence in New Orleans, LA.
METHODS: Last known address of persons living with HIV/AIDS in Louisiana during January 2005 was geocoded to the parish (county), ZIP code and census tract level. Local prevalence rates were calculated and spatially smoothed using empirical Bayesian procedures. Spatial data analyses were then conducted using Moran's I to determine the degree of spatial autocorrelation. Local indices of spatial autocorrelation (LISA) were used to determine the significance and location of clusters of high and low prevalence areas. Spatial regression procedures were also conducted to control for the effect of demographic and structural covariates such as race, poverty and alcohol outlets.
RESULTS: A high degree of positive spatial autocorrelation of unadjusted rates was evident (Moran's $I = 0.4954$, p <.001), indicating the presence of strong clusters at the aggregate level. The LISA technique revealed three significant clusters of low HIV prevalence and one large area of high HIV prevalence.
CONCLUSIONS: Maps which identify clusters generated using these techniques provide straightforward methods for prioritizing program resources at the global level or targeting intervention efforts such as outreach at the local level. Furthermore, these techniques may be used to target specific subpopulations of interest (i.e. MSM, IDU, HRH) as well as identify potential areas in which potential bridging between populations may occur.

Presentation Number: B12 – 4

Presentation Title: Estimating the Lifetime Risk of a Diagnosis of the Human Immunodeficiency Virus (HIV) Infection in 33 States, 2003-2004.

Author(s): *Q An*[1], *HI Hall*[2], *A Hutchinson, S Sansom*
[1] The Ginn Group, Inc. / CDC Information Technology Support Contract, Atlanta, GA; [2] Division of HIV/AIDS Prevention, Centers for Disease Control and Prevention, Atlanta, GA

BACKGROUND: Estimating lifetime risk is a useful method for assessing the burden of a disease in a population. Moreover, it offers a powerful tool for clinicians, researchers, and policy makers to highlight and communicate more effectively the risk of a disease to non-technical audiences. Lifetime risk estimates are commonly reported in the popular press and scientific literature for cancer and other diseases. However, there has been little use of the method to estimate the burden of HIV infection. This study estimates lifetime risk and age-specific risk of being diagnosed with HIV for demographic subgroups in the 33 states that have had integrated HIV and AIDS surveillance since 2001.
METHODS: We used vital statistics data on general and HIV-specific mortality, census data, and HIV surveillance data jointly to calculate cross-sectional, period (2003-2004) and age-specific (5-year age groups) probabilities of an HIV diagnosis. The probabilities were applied to a hypothetical cohort of 10 million live births and estimates were derived for the lifetime risk, from birth, of being diagnosed with HIV. The inverse of this probability renders an estimate for the number of persons who must be followed to observe one case. Confidence intervals (CI) were estimated using the generalized gamma confidence intervals.
RESULTS: The estimated lifetime risk of being diagnosed with HIV was 1.87% for men (95% CI: 1.85 - 1.88) or 1 in 54 men and 0.75% for women (95% CI: 0.74 - 0.76) or 1 in 133 women. For both men and women, non-Hispanic blacks experienced higher estimated lifetime risk of HIV than non-Hispanic whites: 6.22% (95% CI: 6.13 - 6.30) or 1 in 16 for black men, 0.94% (95% CI: 0.92 - 0.95) or 1 in 107 for white men, 3.48% (95% CI: 3.42 - 3.54) or 1 in 29 for black women, and 0.18% (95% CI: 0.17 - 0.19) or 1 in 555 for white women. For all racial/ethnic groups, the highest risk of HIV diagnosis was observed among people aged 35-39.
CONCLUSIONS: The lifetime risk of HIV for non-Hispanic black men was 7 times higher than non-Hispanic white men and the risk for non-Hispanic black women was 19 times higher than non-Hispanic white women. These results indicate that HIV infection has disproportionately affected the non-Hispanic black population in the United States. This knowledge may help to communicate the risk of HIV infection to the non-Hispanic black community, increase public awareness and promote early detection and prevention efforts for HIV.

Track C
C05 – Efforts to Improve HIV Testing
Room: HANOVER D – (Hyatt Hotel – Exhibit Level

Presentation Number: C05 – 1

Presentation Title: Integrating Community Guides, Social Networking, and Volunteer Providers into a Rural CTR Outreach Program

Author(s): *King, R*[1]; *Kelsey-Smith, L*[2]*; Edwards, M*[2]
[1] Regional Medical Center at Lubec, Penobscot, ME; [2] Regional Medical Center at Lubec, Lubec, ME

ISSUE: In 2001, prior to the start of this CDC-funded project, Maine had the lowest rate among states for percent residents tested for HIV, yet it was experiencing an epidemic of synthetic narcotic abuse, and the percent of those testing HIV positive who already had AIDS was higher than the national rate. The major challenge for the program has been to adapt and refine HIV outreach testing approaches for a large, rural geographic service area of northern Maine, including: Rapid Testing technology, social networking, targeting diverse venues for reaching high risk populations, integration of HIV peer volunteers, use of sensitive staff for Native Americans, and collaboration among CBOs.
SETTING: The program is managed by a community health center, Regional Medical Center at Lubec, which integrates a Ryan White Part C Program, a CDC funded CTR program, and HIV prevention programs. The service area is the northern five counties of Maine, a rural area of 323,000 residents in 18,000 sq. miles, including a large fraction of poor residents and a significant population of Native Americans. Since the late 90's, the region has experienced an epidemic of prescription narcotic abuse and hepatitis C infection, leading us to concentrate CTR recruitment efforts primarily on injection drug users, their sexual partners and MSM.
PROJECT: The workshop will highlight approaches and strategies that proved successful in recruiting clients from

the target populations. In order to address the vast rural geography, the program contracts with five other partner agencies, 2 ASO's, 1 Community Action Program, and Native Americans program, and recently a methadone clinic. The work of 15 part-time testing staff is supplemented by a progressively growing number of HIV-positive volunteers. Anonymous testing with Rapid Testing technology was chosen as most appropriate for the hard-to-access and highly stigmatized target populations. Recruiting is carried out through appearances at sites for reaching the target populations, through self-referrals, and by referrals from community guides. In addition to street settings or client homes, other testing outreach include jails, methadone clinics, substance abuse clinics, Native American gatherings, job corps sites, soup kitchens, homeless shelters, domestic violence shelters, migrant worker camps, gay men's gatherings, and public sex environments. The program benefits from advisory groups of IDU and MSM community guides and a steering committee that includes front-line CTR staff and volunteers.
RESULTS: The program has surpassed goals for numbers of high-risk people tested yearly. Of 454 tests done in 2006, 44% had a history of IDU, 13% were sexual partners of IDU, and 31% were high-risk MSM. Fully 23% of those tested were Native American. Fortunately, only 3 positive tests were confirmed, consistent with the area's historically low HIV incidence rate.
LESSONS LEARNED: HIV testing in rural areas requires a broad and diversified approach to reach at-risk populations. It is important to utilize a variety of settings to provide testing. By using community members including HIV Positive folks, as advisors and testing volunteers as part of the strategies can provide trust and access to the at-risk population.

Presentation Number: C05 – 2

Presentation Title: Rapid vs. Standard Voluntary Counseling and Testing (VCT) in a Bathhouse: What's Gained, Lost?

Author(s): *Huebner, DM*[1]; *Woods, WJ*[2]*; Dilworth, SE*[2]*; Neilands, Binson, D*
[1] University of Maryland, Baltimore County, Baltimore, MD; [2] University of California, San Francisco, San Francisco, CA

BACKGROUND: Identifying new HIV infections is a cornerstone of U.S. domestic HIV prevention strategy. Research demonstrates that bathhouses frequented by MSM are a feasible place to recruit high risk men for standard VCT and that bathhouse-based VCT identifies new infections that might go otherwise undetected. Although the rate of return for test results typically proves disappointing with standard bathhouse VCT, evidence suggests that the program can be effective in reducing risk behaviors. While new rapid testing in these settings is expected to improve return rates, it is not known whether using rapid test technologies will attract men with comparable histories of risk or yield similar risk reduction results. This study compared the demographic and risk profiles of men who participated in rapid vs. standard VCT at the same bathhouse, and used preliminary effectiveness data to determine if rapid VCT yielded similar behavior change at 3 months post-testing, compared to a previous study of standard VCT.
METHODS: Five hundred twenty-eight MSM participated in bathhouse-based rapid VCT at a single California venue over a 13-month period. Risk and precautionary behaviors were assessed in a convenience sample of 161 of testers at two points: immediately prior to and three months after testing. Results were compared to a previously published study utilizing identical methodology, except with standard VCT offered one year earlier in the same bathhouse (N for testing population = 492, n for sample = 133).
RESULTS: 2.5% of MSM receiving rapid VCT in the bathhouse were HIV-positive, relative to 3.7% of men receiving standard VCT. Both yielded higher seroprevalence than among MSM receiving rapid or standard VCT in other local clinics (1.8% and 1.6%). 85% of men testing positive through rapid VCT received their results, compared to just 50% of men receiving standard VCT. No differences were observed in the demographic or risk profiles of men presenting for rapid vs. standard VCT. 45% of men surveyed reported unprotected anal intercourse (UAI) with one of their two most recent partners in the 3 months prior to rapid VCT (38% for standard VCT). Logistic regression analyses revealed that from pre to three-months-post rapid VCT, men were marginally less likely to engage in UAI ($OR=0.7$, $p<.10$), and more likely to communicate about HIV with 100% of their new sexual partners ($OR=1.6$, $p<.05$). No decrease was observed in the frequency of engaging in sex while drunk or high.
CONCLUSIONS: Rapid VCT conducted in a bathhouse attracts men with recent histories of HIV-related risk behavior, and is more efficient in identifying new infections than VCT offered in other settings. These results are comparable to findings for standard VCT, suggesting that testing-type does not have a significant impact on the type of client willing to test in a bathhouse. A greater percentage of men tested through rapid VCT receive their results, relative to standard VCT. However, preliminary evidence suggests that rapid VCT yields only modest behavior change, less than that observed in standard VCT.

Presentation Number: C05 – 3

Presentation Title: Working Around the Barriers: Connecting with the Latino Community

Author(s): *Rzewnicki, D*; *Cabrera-Roman, M*
Wake County Human Services, Raleigh, NC

ISSUE: Latinos are disproportionately affected by HIV/AIDS, accounting for 14% of the US population, but 20% of AIDS cases. The population faces socioeconomic and cultural barriers to testing and cares in a traditional clinical setting, but outreach programs that bring education and testing services directly to the community can reduce the stigma associated with HIV, increase the number of Latinos being tested, and connect Latino PLWHA to appropriate services.
SETTING: The local health department provides community-based HIV/STD education and testing services for Latinos in Wake County, North Carolina.
PROJECT: A bilingual/bicultural health educator and a bilingual/bicultural counselor/tester work together to provide prevention education and testing services to Latinos in non-clinical settings, such as substance abuse treatment centers, soccer fields, trailer parks and apartment complexes, churches, day labor pick-up sites, and county jails. Time and locations are determined according to client feedback and are convenient to clients' work and personal schedules. The activities are conducted on an on-going basis, rather than during one-time events, in order to build trust and rapport with the community. All clients are offered free testing for HIV, syphilis, Chlamydia and gonorrhea and all clients that test positive for any STD are referred directly to treatment services.
RESULTS: From April 2006 to April 2007, over 400 Latinos were tested for HIV and syphilis, with an HIV seropositivity rate of 0.5% and a syphilis rate of 1%. Of those tested, 76% had never been tested before. An additional 1,300 Latinos received HIV/STD prevention information, either through serial programs or informal discussion.
LESSONS LEARNED: The barriers to reaching the Latino community can be overcome by providing HIV/STD services outside the clinical setting, during non-traditional hours. With thorough planning, the traditional protocols for counseling/testing and specimen collection can be adapted to field locations. When these services are convenient and reliable, Latinos will get tested. Also, working with different sub-groups within the Latino population, from churches to jails, reduces the stigma associated with HIV testing and living with HIV.

Presentation Number: C05 – 4

Presentation Title: Acute Infection Screening and Prevention, Preliminary Demographics of Persons with Primary HIV Infection

Author(s): *Simmons, P*[1]; *LaLota, M*[1]*; Liberti, T*[1]*; Bennett, B*[2]
[1] Florida Department of Health, Bureau of HIV/AIDS, Tallahassee, FL; [2] Florida Department of Health, Bureau of Labratories, Jacksonville, FL

BACKGROUND: Current screening for HIV infection misses persons with acute HIV infection (AHI), i.e., infection during the short interval when HIV can be detected before formation of antibodies. Identification of persons with AHI using Nucleic Acid Amplification Testing (NAAT) coupled with counseling and treatment may improve health outcomes as persons with AHI are highly infectious and generally unaware of their status. This study looks further into the feasibility, cost-effectiveness, and performance of NAAT to help determine if this technology should routinely be used for diagnostic purposes. Because most HIV+ persons take steps to reduce transmission after they learn of their infection, identifying early infection is an especially important opportunity for HIV prevention.
METHODS: This study is divided into three research components designed to assess the feasibility of NAAT, characterize persons with AHI and those who are antibody/NAAT discordant, and evaluate the effectiveness of partner notification and referral efforts targeting those with AHI. Persons with AHI are followed through antibody seroconversion. Samples are drawn from publicly funded HIV test sites within the Florida counties of Hillsborough, Duval, Orange, and Pinellas and are submitted to the Florida DOH Lab in Jacksonville for analysis. Antibody and NAAT results are returned at the same time. For the sake of the study, sites had to switch from collection of one serum tube to two plasma tubes. Samples testing EIA negative are NAAT tested in16-member pools; samples testing EIA positive are NAAT individually tested.
RESULTS: From May through December 2006, we screened 18,119 samples from 73 sites with BioRad EIA Plus O antibody and Procleix HIV Discriminatory NAAT; 7 (0.5%) were determined to be AHI. Upon viral load testing and redraw for seroconversion, 2 were determined to be false AHI results. False results have been mitigated by changing the algorithm to include a repeat of both the EIA and NAAT and completing a viral load prior to notification form the lab to the study coordinator. No false AHIs resulted from pooling. Five were actual AHI. AHI cases had high viral loads of up to 6,334,400/ml, 4 seroconverted to EIA/WB positive, and 1 was lost to follow up. Three study counties reported AHI cases, ranging in age from 21- 51, mostly non-Hispanic black males. The reported risks were

occupational, MSM, and heterosexual. Three were linked to services.
CONCLUSIONS: The addition of NAAT to our testing algorithm has led to the identification of 5 AHI cases, but has not been without multiple challenges. These challenges have included: switching from serum to plasma collection, appropriate handling and shipping of plasma specimens, and contacting persons with AHI within 48 hours after receipt of lab results. Both the switch to plasma tubes and shipping issues may have contributed to a high number of samples that were unsatisfactory for NAAT testing. The rapid response to locate, inform, post counsel, and redraw samples from persons with AHI have placed additional staffing burdens on the STD Disease Intervention Specialists, making staffing shortages more apparent.

Track C
C07 – Implementing Rapid HIV Testing at Historically Black Colleges and Universities
Room: CAIRO – (Hyatt Hotel – Embassy Hall level)

Presentation Number: C07 –1

Presentation Title: Implementing Rapid HIV Testing at Historically Black Colleges and Universities

Author(s): *Smith, MR*[1]; *Thomas, PE*[2]*; Ward, S*[1]*; Heffelfinger, JD*[2]
[1] JCCSI, Pine Bluff, AR; [2] CDC, Atlanta, GA

ISSUE: African Americans (AAs) bear the greatest burden of HIV in the U.S., despite representing only 13% of the general population. During 2001-2005, AAs accounted for 51% of newly diagnosed HIV/AIDS cases, and 61% of new AIDS diagnoses among persons aged 13-24 years. Recent clusters of HIV cases among young AA adults underscore the importance of increasing the access of adolescent and young adult AAs to testing services.
SETTING: Since January 2005**,** three historically black colleges and universities (HBCUs) in Arkansas - Arkansas Baptist College, Philander Smith College, and the University of Arkansas at Pine Bluff - have offered free rapid HIV testing to students. Rapid testing was conducted by Jefferson Comprehensive Care System, Inc. (JCCSI), an organization not affiliated with the HBCUs, on specific days every at each campus. Testing was conducted in health clinics in a variety of settings including student recreation centers and at school events such as health fairs and campus parties.
PROJECT: JCCSI was funded by CDC to develop and manage this project to implement new models for HIV testing. JCCSI partnered with three HBCUs to offer rapid HIV testing regularly to students and to link those with positive results to healthcare services. Focus groups were conducted early in the project to identify barriers to and facilitators of testing at HBCUs. Surveys were administered to students who were tested to determine their demographic characteristics, risk behaviors, and the HIV testing history. Working with key student and faculty contacts, termed liaisons, JCCSI implemented a recruitment strategy to encourage testing. Recruitment efforts included: (1) training student liaisons in the fundamentals of HIV infection and testing so that they could serve as peers persuaders; (2) radio marketing campaigns; (3) monthly gift-card raffles to attract students to testing events; (4) and providing students who agreed to be surveyed or tested academic credit, tee shirts, and free admission to campus social events.
RESULTS: Evaluation of data collected in the focus groups revealed that fear of changes in lifestyle due to infection, stigma that might result from testing positive or even agreeing to be tested, and concerns about lack of confidentiality of testing in the HBCU community were barriers for accepting testing. The recruitment strategies resulted in 1335 behavioral surveys and HIV rapid tests being administered to students at the three HBCUs; almost one-fourth of tests conducted were at a single large social event at one HBCU. To date, two (0.15%) of students who were tested had confirmed positive test results and both were successfully linked to medical care.
LESSONS LEARNED: Despite the fear and stigma associated with HIV and concerns about confidentiality of testing at HBCUs, many students attending the three HBCUs agreed to be tested. In addition, offering HIV testing at social events may be an effective way to test large numbers of students in a short period of time. Finally, the involvement of faculty and student liaisons as well as student organizations was a critical component of recruitment for testing at the HBCUs.

Presentation Number: C07 – 2

Presentation Title: Implementing Rapid HIV Testing at Historically Black Colleges and Universities

Author(s): *Thomas, PE*[1]; *Calloway, DS*[2]; *Goode, CR*[2]; *Mundey, LE*[2]; *Sly, KF*[3]; *Smith, MR*[4]; *Heffelfinger, JD*[1]CDC, Atlanta, GA; [2] Howard University, Washington, DC; [3]Jackson State University, Jackson, MS; [4]Jefferson Comprehensive Care System, Inc., Pine Bluff, AR

BACKGROUND: African Americans (AA) represent about 13% of the U.S. population but account for 40% of all AIDS-related deaths. From 2001-2005, >60% of new HIV/AIDS diagnoses in persons aged 13 -24 years were among AAs. Given recent clusters of HIV cases identified among young adult AAs, it was desirable to characterize HIV prevalence and risk behaviors among college-aged AA students. In 2004, the CDC collaborated with partners to conduct rapid HIV testing at seven historically black colleges and universities (HBCUs) as part of the Advancing HIV Prevention (AHP) initiative. The objective of the AHP initiative is to increase the number of HIV-positive persons who know their HIV status, and the goal of this project was to develop and implement novel approaches to testing students at HBCUs
METHODS: Rapid testing and behavioral surveys were administered at seven HBCUs in four states. Early in the project, focus groups were conducted to determine barriers to, and facilitators of, HIV testing at HBCUs. Rapid HIV testing was regularly offered in a variety of locations on and off campuses and surveys were administered to obtain information about demographics, risk behaviors, and HIV testing history. Testing sites included student health centers, dormitories, student activity centers, gymnasiums, and social events attended by students.
RESULTS: The focus groups identified barriers for testing and recruiting methods that could be used at HBCUs. These testing barriers included fear of stigma associated with HIV infection and with accepting HIV testing and concerns about the confidentiality of testing at HBCUs. The focus groups also showed that many students perceived they were at low risk for HIV infection despite admitting to risky behaviors that included having unprotected sex and multiple partners. Since February 2005, 8498 HIV persons were tested for HIV, and14 (0.16%) were newly diagnosed with HIV infection. A total of 5288 (62%) of persons who were tested also completed surveys, of whom 1799 (34%) had never been tested for HIV. All 14 persons with confirmed positive HIV tests were linked to medical care and social support services.
CONCLUSIONS: This project demonstrated novel approaches to HIV testing at HBCUs and showed that students with newly identified HIV infection can be successfully linked to health care services. Findings from the focus groups were used to develop ways to resolve barriers to testing and recruit students to be tested that were used during this project. The focus groups also indicated that there may be a disconnect between perceived and actual risks for HIV infection among students at HBCUs. Slightly more than one-third of participants had never been tested for HIV, suggesting that offering HIV testing services at HBCUs is important and should be continued. Many of the students at highest risk for infection may have been missed by this project, reflected in the low proportion of persons who had confirmed positive test results. Creative, effective, and sustainable ways to identify and test students at highest risk for HIV infection need to be developed and implemented at HBCUs.

Track C
C19 – Interventions with Latinos/Latinas
Room Location: INTERNATIONAL BALLROOM – (International Level – Embassy Hall level)

Presentation Number: C19 –1

Presentation Title: An Effective Evidenced Based Curriculum to Prevent HIV Among Latino Youth

Author(s): *Villarruel, AM; Isa Fernandez Stephen Flores, Guillermo Prado*
University of Michigan, Ann Arbor, MI

Latino adolescents are disproportionately affected by sexual behavior health risks including unplanned pregnancy and sexually transmitted diseases (STDs) such as HIV/AIDS. One reason for this disparity is low rates of condom use by Latino adolescents. Lack of access to culturally and linguistically appropriate preventive services and evidenced based programs for Latinos is an issue. There is a pressing need to develop effective interventions to prevent sexually transmitted HIV infection among Latino adolescents. *¡Cuídate!* was developed as part of a randomized controlled intervention to determine the effects of a theory and culture based curriculum on HIV sexual risk behavior among Latino youth (Villarruel, Jemmott, & Jemmott, 2006). *¡Cuídate!* is a culturally and linguistically based program

designed to reduce HIV sexual risk among Latino youth. *¡Cuídate!* - which means "take care of yourself" - includes cultural beliefs common among Latinos and associated with sexual risk behavior including *familialism*, gender-role expectations (*machismo, marianismo), respeto* and *personalismo*. These beliefs frame abstinence and condom use as culturally accepted and effective ways to prevent unwanted pregnancy and sexually transmitted diseases, including HIV/AIDS. In this presentation, an overview of the curriculum, the science supporting it's efficacy with US Latino and Mexican youth will be presented. Specific examples will be provided to illustrate how the *¡Cuídate!* curriculum was modified into an effective program for use by community-based agencies.

Presentation Number: C19 –2

Presentation Title: Proyecto SOL: A Risk Reduction Intervention for Hispanic MSM

Author(s): *Fernandez, II; Warren, J; Bowen, G*
Professional and Scientific Associates, Atlanta, GA

Hispanic men who have sex with men (HMSM) have been highly impacted by the HIV epidemic, both nationally and in the Miami metropolitan statistical area (MSA). Despite the urgent need, few theoretically based, culturally appropriate behavioral interventions to reduce risk of sexual acquisition or transmission of HIV among HMSM have been developed and rigorously tested.
Our team has been engaged in community-based HIV prevention research with HMSM in South Florida for the past decade. The results of these studies led to the development of Proyecto SOL, a risk reduction intervention for Hispanic MSM designed to be delivered in English or Spanish. Proyecto SOL is a theoretically grounded, culturally based, group-level intervention to reduce risk of HIV acquisition among HMSM. It consists of four sessions that focus on 7 underlying themes: 1) understanding how relationships, culture, and context influence sexual behavior; 2) ongoing self-reflection to examine influences and motivators of sexual behavior; 3) building motivation for change through self-acceptance; 4) accepting responsibility for one's own sexual choices; 5) increasing skills to develop and sustain a Safer Options for Life (SOL) plan; 6) building a support system and positive social connections; and 7) providing continued reinforcement for making and sustaining the SOL plan. In this presentation, we will trace the development of Proyecto SOL , describe the key elements of the intervention and how we are testing its preliminary efficacy in our currently funded CDC study.

Presentation Number: C19 –3

Presentation Title: Youth in High Risk Situations

Author(s): *Prado, G*
CDC, Atlanta, GA

The objective of this presentation is to report on the findings from a randomized controlled trial evaluating the efficacy of Familias Unidas + PATH, a Hispanic-specific, parent-centered intervention, in preventing adolescent substance use and unsafe sexual behavior. 266 8th grade Hispanic adolescents and their primary caregivers were randomly assigned to one of three conditions: Familias Unidas + Parent-Preadolescent Training for HIV Prevention (PATH); English for Speakers of Other Languages (ESOL) + PATH; and ESOL + HEART, a cardiovascular preventive intervention. Participants were assessed at baseline and at 6, 12, 24, and 36 months post baseline. Results showed that (a) Familias Unidas + PATH was efficacious in preventing and reducing cigarette use relative to both control conditions; (b) Familias Unidas + PATH was efficacious, relative to ESOL + HEART, in reducing illicit drug use; and (c) Familias Unidas + PATH was efficacious, relative to ESOL + PATH, in reducing unsafe sexual behavior. The effects of Familias Unidas + PATH on these distal outcomes were partially mediated by improvements in family functioning. These findings suggest that strengthening the family system, rather than targeting specific health behaviors, may be most efficacious in preventing and/or reducing cigarette smoking, illicit drug use, and unsafe sex in Hispanic adolescents.

Presentation Number: C19 –4

Presentation Title: Gay Identity-Related Factors and their Association with Sexual Risk Among Latino and White Men Who Have Sex with Men

Author(s): *Flores S, Mansergh G, Marks G, Guzman R, Rader M, Colfax GN*

BACKGROUND: Gay identity is a complex, multidimensional construct. Little is known about how gay identity-related factors associate with sexual risk among men who have sex with men (MSM), and how associations may differ by race/ethnicity. This study explores differences in HIV risk behavior by examining gay identity-related factors and unprotected anal sex in Latino and white MSM .
METHODS: 326 men (166 Latino and 160 white) reporting recent same-sex behavior were recruited through community-based methods in the San Francisco Bay Area. Data were collected on demographic, gay identity-related variables (Gay Community Involvement, Gay Bar/Club Attendance, Gay Identity Importance, Self-Homophobia, and Gay Peer Affiliation), and unprotected anal sex (UA) in the past 3 months (insertive, receptive; overall, and with a partner of different or unknown HIV-status [discordant]).
RESULTS: Compared to white MSM, Latino MSM were less likely to identify as gay and more likely to report Self-Homophobia. No other differences on identity-related variables were observed between Latino and white MSM. Just over one third of the sample reported UA, which did not vary by race: 45% of Latino and 51% of white men reported UA. Associations with risk were examined within the two racial/ethnic groups separately. among Latino MSM, only Gay Bar/Club Attendance was associated with increased discordant UA (adjusted Odds Ratio=1.84, 95% Confidence Interval=1.16-2.93). among white MSM, none of the identity-related variables were associated with UA.
CONCLUSIONS: Some gay identity-related factors were associated with unprotected anal sex among MSM while others were not. Results suggest the importance of pursuing racial/ethnic-specific approaches to reducing sexual risk. Implications for prevention include attempting to alter community norms and encouraging alternatives to bars as settings in which to meet and socialize with other MSM.

Track D
D05 – Innovative HIV Prevention Program Evaluations for African-American Populations
Room: REGENCY BALLROOM VI – (Hyatt Hotel – Ballroom level)

Presentation Number: D05 – 1

Presentation Title: [Innovative Intervention Project Group Oral Session, Part 1 of 4:] Building Capacity of Community-Based Organizations (CBOs) to Evaluate their Locally-Developed HIV Prevention Interventions for High-Risk Minority Populations: Lessons Learned from the "Innovative Interventions" Project

Author(s): *Painter, TM*; *Herbst, JH; Moody, DM; Rama, SM; Carey, JW*
Centers for Disease Control and Prevention, Atlanta, GA

ISSUE: Some CBOs serving high-risk minority populations have developed culturally appropriate HIV behavioral interventions that are tailored to their local communities. These CBOs may believe that their interventions are innovative and effective, but they often lack the staff, experience, and financial resources needed to evaluate the effectiveness of these interventions. To help address this need, the CDC's *Evaluation of Innovative HIV Prevention Interventions for High-Risk Minority Populations* (or Innovative Interventions) project funded three CBOs to rigorously evaluate their locally-developed interventions. The purpose of this group oral session is to describe the opportunities and challenges faced by CBOs when undertaking a rigorous program evaluation.
SETTING: Evaluations were funded for People of Color in Crisis, Inc. in Brooklyn, NY, which delivers the Many Men, Many Voices (3MV) intervention for African American men who have sex with men; the Philadelphia Health Management Corporation in Philadelphia, PA, which delivers the Preventing AIDS through Live Movement and Sound (PALMS) intervention for adjudicated adolescent males; and SisterLove, Inc. in Atlanta, GA, which delivers the Healthy Love Workshop (HLW) for African American women.
PROJECT: All evaluations were required to include intervention and comparison groups, collect psycho-social, behavioral, and process data at baseline and follow-up, and retain 75% of participants for 6-month follow-up data collection. The CBOs, with assistance from CDC, developed evaluation protocols and instruments, and began their evaluations between March 2005 and May 2006.
RESULTS: During this group oral session, each of the funded CBOs will describe how they addressed issues that were particularly salient to their projects, and that are also pertinent to other CBOs that wish to evaluate their interventions. First, SisterLove Inc. will describe the importance of internal organizational capacity to conduct an evaluation. Next, People of Color in Crisis Inc. will describe the challenges to recruitment and retention of a hard-to-reach population. Finally, the Philadelphia Health Management Corporation will describe the importance of collecting process data to ensure high quality intervention delivery throughout the evaluation.
LESSONS LEARNED: This project enabled three CBOs to evaluate their interventions while maintaining routine service delivery. Each CBO successfully overcame several challenges: (1) developing organizational capacity to

conduct rigorous evaluation activities, (2) enhancing recruitment and retention of intervention participants, and (3) ensuring the delivery of a high-quality intervention. We encourage CBOs to develop approaches for evaluating the effectiveness of their locally-developed, innovative interventions.

Presentation Number: D05 – 2

Presentation Title: [Innovative Intervention Project Group Oral Session, Part 2 of 4:] Building Community-Based Organization (CBO) Capacity to Evaluate the Healthy Love Workshop (HLW), an Innovative HIV Prevention Intervention for African American Women

Author(s): *Diallo, DD*[1]; *Ngalame, PM*[1]*; Jackson, KM*[1]*; White, LD*[1]*; Davis, S*[2]*; Tucker-Brown, A*[3]*; Herbst, JH*[4]*; Painter, TM*[4]
[1]SisterLove Inc., Atlanta, GA; [2]Clark Atlanta University, Whitney M. Young Jr. School of Social Work, Atlanta, GA; [3]University of Georgia, School of Social Work, Athens, GA; [4]CDC, Atlanta, GA

ISSUE: African American women are the fastest growing group of persons newly infected with HIV, and urgently require effective, gender-sensitive, culturally appropriate prevention interventions. As part of the oral group session that describes the CDC's *Evaluation of Innovative HIV Prevention Interventions for High-Risk Minority Populations* (or Innovative Interventions) project, the purpose of this presentation is to describe the importance of developing the internal capacity of a CBO to conduct an evaluation project.
SETTING: SisterLove Inc. is dedicated to educating and supporting African American women at risk for HIV/AIDS, and has been delivering the group-level Healthy Love Workshop (HLW) to women in metropolitan Atlanta since 1989.
PROJECT: The HLW is an innovative, single-session sexual risk-reduction intervention designed for intact groups of women (e.g., friends, sororities) in settings of their choosing. Groups of women were sampled for this evaluation from community venues including local colleges and universities, and low-income housing facilities. HLW helps women understand the modes of HIV transmission, develop skills for personal risk assessment and risk-reduction, and increase their awareness of personal factors and social norms that affect relationships, sexual decision-making, and ultimately behavior change. SisterLove Inc. evaluated the HLW by randomly assigning groups of women to receive either the HLW or a comparison single-session HIV101 workshop. Fourteen groups of women (n=163) were enrolled in the HLW, and an additional 14 groups of women (n=150) were enrolled in the HIV101 comparison workshop. Evaluation data were collected before women received HLW or HIV101, immediately after the workshops, and again 3 and 6 months after receiving the intervention and comparison workshops. Recruitment for the evaluation is complete, and follow-up for 3-month and 6-month post-intervention data collection is ongoing.
RESULTS: To undertake this evaluation, SisterLove had to address issues beyond the need to develop protocols and instruments. To ensure that Sister Love's service-oriented staff would buy into the requirements of the evaluation framework and that the agency had the capacity to implement the evaluation, SisterLove had to conduct considerable pre-implementation planning and training. These efforts resulted in improved levels of staff enthusiasm and skills needed for implementing the evaluation activities. Findings from the evaluation provided SisterLove with useful feedback on their delivery of HLW.
LESSONS LEARNED: Strengthening CBO capacity to evaluate HIV prevention interventions is critical for the delivery of effective programs to high-risk populations. Evaluation findings can be used by a CBO to better understand and improve the impact of their prevention activities.

Presentation Number: D05 – 3

Presentation Title: [Innovative Intervention Project Group Oral Session, Part 3 of 4:] Recruitment and Retention of Black Men Who Have Sex with Men (MSM) in an HIV/STD Prevention Intervention: The Many Men, Many Voices (3MV) Evaluation Project

Author(s): *Lucas, B*[1]; *Roberson, M*[1]*; Wilton, L*[2]*; Coury-Doniger, P*[3]*; English, G*[1]*; Painter, TM*[4]*; Herbst*, JH4
[1]People of Color in Crisis, Inc., Brooklyn, NY; [2]Binghamton University, Binghamton, NY; [3]Center for Health and Behavior Training, University of Rochester, Rochester, NY; [4]Prevention Research Branch, DHAP, NCHHSTP, CDC, Atlanta, GA

ISSUE: Black MSM is severely affected by the HIV epidemic. Although prevention interventions are available for this population, their effectiveness has not been rigorously evaluated. As part of the group oral session that describes the CDC's *Evaluation of Innovative HIV Prevention Interventions for High-Risk Minority Populations* (or Innovative Interventions) project, this presentation describes the challenges to recruitment and retention that were encountered by a CBO as it evaluated its intervention for Black MSM.

SETTING: People of Color in Crisis (POCC), a CBO in Brooklyn, New York, is evaluating the 3MV intervention in metropolitan New York.
PROJECT: 3MV is an interactive, theory-based intervention designed to prevent HIV/STD risk behaviors among Black MSM. 3MV is delivered to groups of 8-15 men over 6 sessions, and addresses cultural/social norms, homophobia, sexual/racial identity, and their effects on risk behaviors. POCC is evaluating the efficacy of 3MV by randomly assigning eligible men to an immediate intervention condition or to a delayed intervention comparison condition. Men assigned to the immediate 3MV intervention received the intervention during a 2.5 day weekend retreat that was held shortly after recruitment. Men assigned to the comparison condition received the intervention 6-months after recruitment. Evaluation data were collected at baseline, and at 2 week, 3- and 6-month follow-ups. Recruitment for the evaluation is complete, and collection of 3-month and 6-month post-intervention follow-up data is ongoing.
RESULTS: Due to a weaker-than-expected response to recruitment efforts for the evaluation, POCC introduced several recruitment strategies in addition to their usual methods (i.e., advertisements, outreach at Pride events) to contact Black MSM. These additional strategies included the use of "gatekeepers," outreach at House Ball and House party events, and the Internet. Additional efforts were also needed to ensure that those men who were recruited to the evaluation actually participated in the intervention retreats. Using these strategies, a total of 344 Black MSM were enrolled in the evaluation (167 in the immediate 3MV condition, 177 in the comparison condition). Of those 167 who were assigned to the immediate 3MV condition, 72% (n=120) attended the retreats. Maintaining contact with evaluation participants for follow-up data collection also proved difficult. The men were highly mobile, often provided incorrect contact information, failed to report changed contact information, or did not respond to contact efforts. This required extremely active, time-intensive follow-up, using cellular telephones, e-mail, repeated third party contacts to obtain or verify needed contact information, staff travel to meet the men in settings of their choosing, telephone follow-up for those out-of-state, and the use of appropriate incentives. Retention rates for 3- and 6-month follow-up currently exceed 70% of randomized participants in both groups.
LESSONS LEARNED: A range of strategies is needed for successful recruitment and retention in an evaluation, as opposed to routine intervention delivery without an evaluation. Levels of effort required by CBOs to evaluate their interventions can be much greater than anticipated. Careful planning and oversight are needed to ensure that staff resources - appropriateness, stability, commitment, and energy levels - satisfy the requirements of a rigorous evaluation.

Presentation Number: D05 – 4

Presentation Title: [Innovative Intervention Project Group Oral Session, Part 4 of 4:] Collection of Process Data to Improve the Delivery of Preventing AIDS Through Live Movement and Sound (PALMS), a Theater-Based Intervention for High-Risk Adolescents

Author(s): *Lauby, J*[1]; *Pierre, A*[1]*; Bodas LaPollo, A*[1]*; Herbst, JH*[2]*; Painter, TM*[2]
[1]Philadelphia Health Management Corporation, Philadelphia, PA; [2]Prevention Research Branch, DHAP, NCHHSTP, CDC, Atlanta, GA

ISSUE: Nearly one-fourth of new HIV infections in the United States occur among individuals under 25 years old. Adjudicated and substance-using adolescents are at particularly high risk: they begin sexual activity early, have multiple partners, and inconsistently use condoms. Few evidence-based HIV interventions are available for this population, and those that are available face the challenge of presenting interesting and culturally relevant prevention information and skills to adolescents. As part of the oral group session that describes the CDC's *Evaluation of Innovative HIV Prevention Interventions for High-Risk Minority Populations* (or Innovative Interventions) project, the purpose of this presentation is to describe the importance of collecting process data to ensure high quality intervention delivery throughout an evaluation project.
SETTING: Philadelphia Health Management Corporation, a community-based organization in Philadelphia, PA, is evaluating the PALMS intervention, which it delivers to adolescents in juvenile justice facilities, drug treatment settings, and other community settings.
PROJECT: PALMS is a theater-based intervention for high-risk, minority adolescents between the ages of 12 and 18. PALMS is innovative as it 1) includes theater-based strategies drawn from popular culture, 2) involves peer actors who model appropriate behaviors, and 3) requires active participation by adolescents in problem-solving and skill-building activities. PALMS is typically delivered to 8-15 participants during 3 group sessions of about 2 hours each. We conducted our evaluation by non-randomly assigning one juvenile justice facility for PALMS intervention delivery (n=126 adolescent males) and a second juvenile justice facility as a comparison condition (n=143 adolescent males). To replicate PALMS in a different setting, 46 adolescent males in a residential drug treatment program also received the intervention. Evaluation data were collected at baseline and at a 6-month follow-up assessment. Process data were also collected on aspects of intervention delivery. All recruitment and follow-up data collection are complete, and analyses of changes in psychosocial and behavioral outcomes among adolescents in the intervention

and comparison groups are ongoing.
RESULTS: To ensure high-quality intervention delivery throughout the evaluation, we collected process data based on participants' understanding, engagement, and identification with each intervention activity. These data were used to enhance intervention messages and role-play exercises. We revised intervention delivery to emphasize topics that were less well-understood by participants. Role-play exercises that took too much time and lost participants' interest were revised. In addition, monthly meetings were held with the peer actors to review content of the sessions for relevance to participants' lives.
LESSONS LEARNED: Locally-developed interventions, such as PALMS, have the advantage of addressing specific risk situations with culturally appropriate language for promoting prevention strategies. Furthermore, the PALMS evaluation demonstrates that the collection and use of high quality process data can be useful for efforts to improve intervention delivery to served populations.

Track D
D16 – Faith Communities and HIV Prevention
Room: INTERNATIONAL BALLROOM NORTH – (Hyatt Hotel – International Ballroom level)

Presentation Number: D16 – 1

Presentation Title: Involving Faith-Based Organizations to Address HIV/AIDS

Author(s): *Williams, CX; Richlen, WA; Carr, CJ; Moore, DC*
Wright State University, SARDI Program, Dayton, OH

ISSUE: African Americans in Montgomery County, OH, and nationally, are disproportionately impacted by HIV. Prevention approaches in traditional healthcare settings often overlook those most at-risk for HIV infection. Churches, however, can play a pivotal role in providing HIV prevention services and finding solutions to this growing problem.
SETTING: The Brothers-to-Brothers/Sisters-to-Sisters Coalition (BB/SS) was established in Montgomery County, OH to strengthen professional and grass-roots collaboration around HIV and work to improve HIV prevention services for African Americans.
PROJECT: As part of a larger community-based project, BB/SS developed an action plan for a faith-based initiative designed to: 1) increase recognition among church leaders of HIV as a critical health issue facing the African American community; 2) provide leaders with specific spiritual approaches for addressing HIV within their churches and the larger community; 3) provide an HIV prevention workshop within local churches to expand HIV/AIDS education and testing, and; 4) establish and expand wellness ministries within churches.
RESULTS: BB/SS forged a relationship with two local ministerial alliances representing over 100 local churches. Presentations were conducted with the pastors affiliated with these churches, focusing on HIV/AIDS facts, the impact of HIV on African Americans, and the church's role in creating solutions to the HIV crisis. Once these relationships were established, BB/SS worked with pastors to develop HIV prevention and testing workshop that provided informational sessions on HIV, hepatitis, establishing wellness ministries, and rapid HIV testing. Since June 2005, BB/SS conducted 22 faith-based workshops, reaching 973 participants, with 6 of the participating churches incorporating HIV/AIDS information into their existing wellness ministries. In addition, 1 church began providing HIV education and rapid HIV testing on a weekly basis.
LESSONS LEARNED: The church can play a powerful role in designing solutions to the HIV epidemic. However, it is critical to engage key stakeholders in the African American faith community early in the process, train staff to be culturally appropriate when working with the faith community, and work with churches to design prevention activities.

Presentation Number: D16 – 2

Presentation Title: Progress in Engaging Faith Communities in HIV Prevention

Author(s): *Tyrell, CO; Justiniano, B; O'Connell, DA; Klein, SJ; Gieryic, SM; Devore, BS; Cooper, JG; Tesoriero,*
JM AIDS Institute, NYSDOH, Albany, NY

ISSUE: Interventions at many levels and across sectors are needed to prevent HIV. Spirituality is a dimension of health and wellness. Faith communities can play important roles in HIV prevention. More needs to be known about

how to achieve and sustain faith community involvement.
SETTING: New York State (NYS) is home to 108,537 individuals living with HIV/AIDS. As of June 2005, cumulative reported AIDS cases in NYS totaled 169,556 individuals, of which nearly three-quarters (74%) were African-Americans, Hispanics, Asians and Pacific Islanders, Native Americans or persons of mixed race. Of these, 136,412 (80%) were from New York City (NYC) and the rest (33,144) were from outside of NYC.
PROJECT: A statewide Faith Communities Project (FCP) was created to reach, engage and involve faith communities in HIV prevention efforts. A framework inclusive of all faith communities and traditions was adopted in recognition of the extent of the HIV/AIDS epidemic and the fact that communities of color embrace various religious and spiritual traditions. Regional break-out sessions during a two-day statewide conference in 2001 resulted in formation of Regional Committees. Since 2001, the Regional Committees have assessed needs, developed action plans, implemented activities and fostered relationships between faith communities and HIV service providers. They have done so with support of a full-time FCP Coordinator. An interdisciplinary work group examined characteristics of religious organizations involved in the FCP, inventoried activities/events and analyzed data which was matched to a database of over 3000 who responded to a 1997 statewide survey of religious organizations.
RESULTS: This community level intervention succeeded in reaching a disproportionate number of African-American faith-based organizations (over 30%) compared with non-FCP faith communities. Additionally, a larger number of FCP participants were from counties near NYC (41%) in comparison to non-FCP respondents and more were drawn from areas of the state considered "higher need" for HIV/AIDS-related services (64%) compared to non-FCP participants. FCP participants were more likely to perceive a medium or high need for HIV/AIDS related services in their communities (71%), compared to those not involved in the FCP (51%) and were less likely to report being unprepared to respond. FCP events (n=280) between January 2002 and October 2006 involved 9,472 participants and the types of events have evolved. By January 2007, a database used for FCP mailings, established in 2002 with 275 recipients, grew to 3,680 interested individuals and organizations.
LESSONS LEARNED: Partnerships with faith organizations can advance HIV prevention efforts. Regularly scheduled activities with faith communities sustain partnerships with HIV service providers. Integrating HIV prevention within faith-based health and wellness programs (i.e., health fairs) can help reach greater numbers of people at risk for HIV.

Presentation Number: D16 – 3

Presentation Title: A Unique Strength: Faith Communities Responding to the Call to Action

Author(s): *Washington-Flood, C*; *Whitehurst, P; Abebe, S*
DHMH AIDS Administration, Baltimore, MD

ISSUE: In the CDC data release, HIV/AIDS Surveillance Report, 2005, Volume 17, Maryland is ranked as having the 3rd highest AIDS case report rate per 100,000 populations among states and territories. The Baltimore-Towson metropolitan area is recognized as having the 2nd highest AIDS case rate reported among large metropolitan areas (at least 5000,000 populations) and this area is home to approximately 66% of Maryland's cases. This area also supports more than 7,000 faith-based entities with an exponential reach into Maryland communities. It is well documented that faith communities have the resources to mobilize large numbers of people and to disseminate critical information. Our efforts to build capacity within faith communities afford multiple opportunities to provide HIV/AIDS prevention education and interventions relevant to the populations served.
SETTING: Beginning in the Baltimore metropolitan area and expanding across the state of Maryland, programs are being implemented in areas hardest hit by the local epidemic.
PROJECT: Guided by a logic model (LM) and utilizing the meeting methodology of open space technology (OST), partnerships are systematically forged with faith leaders in Maryland to strengthen their capacity to better meet social needs in the community through a combination of strategies such as leadership meetings, targeted workshops, regional conferences, the development of a faith advisory board, an annual training calendar with targeted HIV/AIDS trainings, the formation of faith based fact sheets and faith specific brochures inclusive of key beliefs and values.
RESULTS: Since the beginning of the program in 2005, 30-40 faith leaders are actively involved in the Initiative with regional representation across the state and across faith organizations (Christian, Muslim and Jewish). In 2007, membership increases to the Faith Advisory Board (FAB) continues with 50% of those attending the first and second quarterly meetings representing new partnerships; 90% of the participants on the FAB are African American. The 2007 Training and Events Calendar schema includes ten different workshops, with each replicated 3 times annually (Basic HIV/AIDS 101, Conducting Street Outreach, HIV & Youth, HIV & Women, HIV & Men, HIV Issues for Parents, HIV & Mature Audiences, Becoming a 501(c)3, Funding Resources and HIV Care & Counseling). By mid-January 2007, faith partnerships were established for more than 60% of all workshops scheduled and prior to the close of the first quarter commitments were in place for all workshops through October 2007.
LESSONS LEARNED: Providing HIV/AIDS prevention education within faith communities is an effective method to reaching at-risk populations and their social networks; Faith community culture acknowledges the importance of

individual relationship and referral; Many faith organizations operate at a grass-roots level without connectivity to larger national boards or associations; National board and/or association approval facilitates geographic sanctioning and participation; A large portion of the requested technical assistance centers around community marketing and promotional materials; In-kind partnerships are a well received strategy for collaborations; and National conference promotion and recognition will facilitate adaptation to other faith communities.

Presentation Number: D16 – 4

Presentation Title: The Development of Cultural Competent Media (DVD) to Assist African American Clergy in Heightening a Faith-Based Response to HIV: An Innovative Capacity Building Assistance Project

Author(s): *Hampton, JF*; *Fleming, R, III; Sanders, EC, II; Crawford, SL; Flournoy, S; Smith, DL* - Metropolitan Interdenominational Church -First Response Center, Nashville, TN

ISSUE: African American Clergy have been called upon by the community and national governmental agencies as partners to address the HIV/AIDS epidemic within African-American Communities. While some clergy have developed successful responses to the HIV epidemic, other clergy have been challenged by their readiness, knowledge and capacity to develop culturally appropriate interventions and ministries. As a result, Metropolitan Interdenominational Church Technical Assistance Network (MICTAN, a faith-based HIV CBA provider) was awarded HIV capacity building dollars to strengthen the capacity of African-American clergy to increase access and voluntary use of HIV prevention services among underserved, undiagnosed African-Americans. Lacking, but needed, are culturally competent, peer-featured capacity building audiovisuals, interventions, models and training tools inclusive of basic and medical science, that considers the theology and readiness of African American Clergy. In response to this need, MICTAN developed an innovative DVD, featuring clergy from diverse denominations communicating their involvement in HIV prevention from inaction to impact. The DVD will be used to compliment MICTAN's current CBA curricula which targets African-American clergy and is grounded in the Transtheorectical, Social Change and Health Belief Models, and Liberation Theology.
SETTING: During November 2006, nine African American clergy were asked to participate in the development of a DVD in which their involvement in "Heightening a Response to HIV" is chronicled according to the Tran theoretical framework; from inaction to action as a result of capacity building assistance. Taping was conducted by MPL Films at Metropolitan Interdenominational Church in Nashville, TN.
PROJECT: The DVD project was created due to the lack of culturally competent media resources for "pre-contemplating" African-American clergy. The goal of the DVD is to feature "peers" connecting to "peers", via dialogue; motivating them to increase their readiness to matriculate from inaction to action and to "heighten their response to HIV" by mobilizing clergy and stakeholders to collaborate with HIV providers to increase opportunities for access to HIV prevention services. The DVD illustrates the progress of clergy from "delayed response (pre-contemplation), pivotal moment (contemplation) action (decision), testing (Implementation) and impact (sustainability). The DVD is strengthened by the initial presentation of a world known HIV basic/medical researcher.
RESULTS: The DVD was independently reviewed by a clinical researcher, business/marketing executive, three ministers, HIV educator, and community stakeholder and nurse educator. According to the reviews, with minor modifications, the DVD will be a significant contribution in the capacity building field and has been deemed culturally appropriate for African-American Clergy.
LESSONS LEARNED: Culturally competent capacity building is critical in preparing African-American clergy to respond to the HIV epidemic. Models and tools must be comprehensive and appeal to the belief system and theology of clergy. Moreover, a peer approach which is core to this DVD is invaluable.

Track E
E05 – Cost-Effectiveness of Prevention Interventions/Programs
Room: INMAN – (Hyatt Hotel – Atlanta Conference Center level)

Presentation Number: E05 – 2

Presentation Title: High Volume, Rapid HIV Testing in an Urban ED

Author(s): *Calderon, Y*[1]; *Leider, J*[1]*; Hailpern, S*[2]*; Haughey, M1; Lombardi, P*[2]*; Gennis, P1; Bijur, P*[2]*; Bauman,*
Jacobi Medical Center Albert Einstein, Bronx,, NY; Albert Einstein College of Medicine, Bronx,, NY;Albert Einstein College of medicine, Bronx,, NY

ISSUE: New CDC recommendations underscore the importance of rapid HIV counseling and testing (C&T) in venues such as the ED. This study evaluates a novel approach to C&T in a high-volume inner-city ED in terms of number of patients who can be tested, test positive, and are linked to care.
SETTING: This prospective cross-sectional evaluation was conducted for 10 months. A convenience sample of stable patients presenting to an inner-city municipal hospital Urgent Care Area (UCA) and ED were recruited.
PROJECT: A previously developed and validated video for HIV pre- and post-test counseling based on New York State Department of Health requirements was used. There were 1.5 full-time equivalent Public Health Advocates (PHAs) trained in HIV counseling whom actively recruited patients to participate in our rapid HIV testing program. Demographic characteristics, risk factors, and sexual history were collected from those patients who both agreed to and refused testing. Data were collected on the number of patients tested, number of HIV identified patients, and number linked to care.
RESULTS: Demographics characteristics of the participants were as follows: 49.9% males, mean age 31.9 ± 10.8, 50.0% Hispanic, and 40.7 % African American. Of the 3371 patients that were approached, 3159 (93.7%) agreed to be HIV tested. There were 34 newly diagnosed or confirmed HIV positive patients. The 34 patients were linked to care through admission into the hospital or seen in an HIV clinic without delay.
LESSONS LEARNED: A video-assisted rapid HIV program in a busy inner-city hospital ED and UCA can effectively test a large number of patients and link all positive HIV patients to existing health care systems.

Presentation Number: E05 – 3

Presentation Title: An Overview of the State of the HIV Prevention Cost-Effectiveness Literature

Author(s): *Holtgrave, D*
Johns Hopkins Bloomberg School of Public Health, Baltimore, MD

BACKGROUND: The HIV epidemic is still a major public health challenge in the United States. Resources available to prevent new infections must be used in the most effective way possible. Funding decisions about the optimal type, scope and intensity of HIV prevention programs can be informed by economic evaluation.
METHODS: Here we review the major types of economic evaluation techniques: cost analysis; cost of unmet needs analysis; cost-utility analysis; threshold analysis; and optimization analysis. For each technique, we briefly provide a definition, identify the policy questions it is suited to address, comment on the state of the published literature, and identify methodological challenges that must be addressed.
RESULTS: We find that all five major types of economic evaluation approaches have been utilized and published in the HIV prevention literature. A wide variety of HIV prevention interventions have been found to be cost-saving or cost-effective to society and their use is economically well-justified. However, relatively few studies have explicitly address methodological challenges arising from considerations regarding equity. Further, the field could potentially benefit from further studies that compare a wide variety of policy options to each other within the same manuscript (papers now often compare one intervention to the absence of that intervention). On a related note, the literature now appears sufficiently mature to support even further use of optimization analyses.
CONCLUSIONS: A variety of HIV prevention interventions have been shown by economic evaluations published in scientific journals to be an excellent investment of public health resources. However, many of these studies compare a single intervention to the absence of that intervention. The next set of challenges in this arena appear to include studies that simultaneously compare several policy/program options to each other, and attempt to consider optimal mixes of intervention types.

Track F
F06 – Scaling Up Routine Testing
Room: DUNWOODY – (Hyatt Hotel – Atlanta Conference Center level)

Presentation Number: F06 – 1

Presentation Title: Engaging Hospitals in Routine HIV Testing: Strategic Planning for Implementation in Labor and Delivery and Emergency Departments

Author(s): *Burr, CK*[1]; *Lampe, MA*[2]; *Gross, E*[1]; *Jones, R*[2]; *Clark, J*[2]
[1]Univ of Medicine & Dentistry of NJ, Newark, NJ; [2]Division of HIV/AIDS and TB Prevention, Centers for Disease Control & Prevention, Atlanta, GA

ISSUE: In 2006, CDC recommended that HIV testing become a routine part of medical care. Many hospital-based settings offer an opportunity to integrate routine HIV testing (RHT) into ongoing care. Women presenting in labor with undocumented HIV status, for example, should be offered rapid HIV testing to reduce the risk of prenatal HIV transmission and engage women with HIV in care. Testing in emergency departments (EDs) can identify individuals with HIV infection earlier, connect them to care, and potentially decrease transmission risk.
PROJECT: An initial series of strategic planning workshops in 2004-2005 was designed to increase the number of U.S. hospitals with comprehensive policies offering rapid HIV testing in labor and delivery (RTLD). A second series of six workshops in 2007 targets emergency departments to encourage RHT. Seventy hospital teams from 28 states/territories participated in one of 8 RTLD workshops. Hospitals sent leaders from administration, nursing, obstetrics, and laboratory to workshops which provided current scientific information on RTLD and facilitated the development of individualized action plans. Interviews of key hospital leaders nine to fifteen months following the workshops evaluated their progress regarding RTLD. Emergency department physicians and nurse managers were added to the team for the second series of six workshops that follow a similar format and include a focus on RHT in EDs.
RESULTS: 48 (69%) of RTLD hospitals responded to the follow-up evaluation; 40 (83%) had decided to offer RTLD (35 had policies in place or in process) and 2 (4%) offered expedited ELISA. Barriers to policy development included administrative hurdles and knowledge/attitudes of physician and nursing staff. Keys to implementation included a multidisciplinary team approach, education of hospital staff, a "champion," and laboratory support. Workshops with EDs indicate that these units face different challenges in implementing RHT, including high patient volume, follow-up concerns, and access to community services, although keys to success may be similar. Follow-up surveys and interviews with the anticipated 60 hospitals in the second workshop series, 3 - 6 months after each workshop, will identify successes and barriers to implementation of RHT.
LESSONS LEARNED: Strategic planning workshops are effective in building hospitals' capacity to offer RTLD to women with undocumented HIV status and may also facilitate implementation of RHT in EDs by engaging key leaders, providing a scientific foundation for policy change, and facilitating planning by hospital teams and. Strengthening hospitals' capacity to offer RTLD and RHT fosters the goals of universal HIV testing for pregnant women, further reducing prenatal HIV transmission, identifying HIV at an earlier stage, and engaging individuals with HIV in care earlier. Similar workshops can be designed to increase HIV screening in other medical settings.

Presentation Number: F06 – 2

Presentation Title: Does Willingness to Undergo Rapid HIV Testing in the Emergency Department Vary by Patient Demography and History of HIV Testing?

Author(s): *Merchant, RC*[1]; *Mayer, KH*[1]; *Seage, GR, III*[2]; *Clark, MA*[1]; *DeGruttola, VG*[2]; *Becker, BM*[1]
[1]Warren Alpert Medical School of Brown University, Providence, RI; [2]Harvard School of Public Health, Boston, MA

OBJECTIVES: For this study, we aimed to: (1) Quantify the percentage of emergency department (ED) patients willing to undergo rapid HIV testing in the ED as part of an opt-in, universal, HIV screening program; (2) Learn why ED patients agree or decline to be tested in the program; and (3) Determine if willingness to be tested is associated with patient demography or prior testing for HIV.
METHODS: From July 2005-July 2006, a random sample of English-speaking 18-55-year-old patients at a large, urban, ED in New England was asked if they would be willing to undergo finger stick rapid HIV testing. Patients were asked to be tested regardless of their HIV risk behaviors. They were not offered an incentive to be tested and were not referred by clinical staff for testing. Patients not known to be HIV infected, not critically injured, intoxicated, pregnant, or imprisoned were eligible for inclusion in the study. Patients were also queried about their HIV testing history and their reasons for accepting or declining testing in the ED. Willingness to be tested was compared through

multivariable logistic regression models using patient demographic characteristics and HIV testing history as potential covariates. Odds ratios (ORs) and corresponding 95% confidence intervals were estimated.
RESULTS: Of the 2,099 ED patients in the study sample, the mean age was 32 years, 54.8% were female, 71.2% were white, 44.7% were single/not married/had no partner, 49.6% had private health care insurance, 56.2% had twelve or fewer years of formal education, and 54.5% had previously been tested for HIV. Of the 2,099 patients, 39.3% were willing to be tested for HIV. Of those willing to be tested in the screening program, 35.9% stated they were willing to be tested simply because they were asked to be tested; 26.2% because it was convenient to be tested in the ED; and 15.4% because of concern about a potential exposure to HIV. Of those declining to be tested, 36.3% stated that they believed that they were not at risk of an infection; 23.3% because they felt too ill, tired, or were in too much pain to be tested; and 15.5% because they were recently tested. In a multivariable logistic regression model, the odds of agreeing to be tested were greater among patients who were younger (OR 1.02 [1.01-1.03]), non-white (OR 1.27 [1.03-1.57]), non-married (OR 1.74 [1.38-2.20]), without private health care insurance (OR 1.41 [1.14-1.75]) and with twelve or fewer years of formal education (OR 1.41 [1.14-1.73]). Patients previously tested for HIV were as likely to agree to be tested as those who had never been tested (OR 1.15 [0.94-1.40]).
CONCLUSIONS: In an opt-in, universal, ED-based HIV screening program, almost 40% of patients were willing to be tested. Willingness to be tested for HIV varied predominately by patient demography, but not by HIV testing history. Patients were motivated to be tested in the ED primarily because it was offered to them and it was convenient, not because of concern that they might be at risk.

Presentation Number: F06 – 3

Presentation Title: Improving HIV Rapid Testing Rates Among STD Clinic Patients: A Randomized Controlled Trial Evaluating Stage-based Behavioral Counseling and a DVD-based Informational Intervention

Author(s): *Carey, MP*[1,2]; *Coury-Doniger, P*[2]*; Senn, TE*[1]*; Vanable, PA*[1,2]*; Urban, MA*[2]
[1] Syracuse University, Syracuse, NY; [2]University of Rochester, Rochester, NY

BACKGROUND/OBJECTIVES: The CDC recommends making HIV testing a standard part of medical care. However, HIV testing is voluntary and some patients decline. The objective of this research was to evaluate two brief interventions to promote rapid HIV testing among STD clinic patients who initially declined HIV testing.
METHODS: This was a 2-group, randomized controlled trial. Sixty clients from a STD clinic who initially declined HIV testing were recruited and completed a baseline survey. They were then randomized to view an educational digital video disc (DVD) that provided information in a culturally-sensitive manner or to participate in stage-based behavioral counseling (SBC), a motivational intervention provided by a clinic nurse. They were again offered rapid testing, and completed an exit survey.
RESULTS: Patients in both interventions improved their attitudes toward and knowledge about testing ($ps < .01$). Patients in the SBC condition agreed to test at a higher rate (45%) than did patients in the DVD condition
CONCLUSIONS: Brief interventions can increase rapid HIV testing acceptance among initially declining patients; brief counseling guided by behavioral science theory is more effective than a purely educational intervention.

Presentation Number: F06 – 4

Presentation Title: Characteristics Used by Physicians to Identify Patients for HIV Testing in the Emergency Department as Part of a Diagnostic Testing Model

Author(s): *Hopkins, E*[1]; *Byyny, RL*[1]*; Thrun, MW*[2,3]*; Dillon, BA*[4]*; Haukoos, JS*[1,3]; for the Denver Emergency Department HIV Rapid Testing Study Group
[1]Denver Health Medical Center, Denver, CO; [2]Denver Public Health, Denver, CO; [3]University of Colorado at Denver and Health Sciences Center, Denver, CO; [4] Colorado Department of Public Health and Environment, Denver, CO

BACKGROUND/OBJECTIVES: Diagnosis of patients infected with HIV continues to evade healthcare workers in the United States, resulting in a continually large number of patients with undiagnosed infection. This pool of undiagnosed individuals serves as a significant factor in the forward transmission of HIV and may contribute to the increasing prevalence in non-traditional risk groups. Urban emergency departments (EDs) are frequently the only source of healthcare for patients with undiagnosed HIV infection, and thus represent an important venue for its identification. Several strategies for HIV testing in EDs have been proposed, including non-targeted screening, targeted screening, and diagnostic testing. among settings where diagnostic testing is performed, it is unclear how physicians identify patients for HIV testing. The objectives of this study were to determine what characteristics emergency physicians use to identify patients for diagnostic HIV testing and to assess how accurate they are at predicting HIV seropositivity.

METHODS: This was a prospective cohort study performed in the ED at Denver Health Medical Center, an urban, public safety-net hospital. Emergency physicians were provided with the opportunity, based on clinical judgment, to identify patients at increased risk for undiagnosed HIV infection and offer them free, confidential, laboratory-based rapid HIV testing. Pretest and posttest counseling, and linkage-to-care referrals were provided by ED-based clinical social workers. Data collected included the physician's reason for testing, as well as the physician's pretest probability (defined as low (<5%), moderate (5%-25%), or high (>25%)) of the patient being infected with HIV.
RESULTS: Over the 30-month study period, 119,824 patients were evaluated in the ED, and 681 (0.6%) were identified as being at increased risk for undiagnosed HIV infection and completed rapid HIV testing. Physicians recorded their reasons for HIV testing in 442 (65%) of the 681 tested patients. The most common reason for testing was a history of a risk factor (72%, 95% CI: 68% - 75%). Other reasons for testing included a history suggesting immunodeficiency (17%, 95% CI: 14% - 21%), a physical examination finding suggesting immunodeficiency (18%, 95% CI: 14% - 22%), and an ED diagnosis suggesting immunodeficiency (6%, 95% CI: 4% - 9%). In 417 (61%) of the 681 tested patients, physicians documented their judgment of the patient's HIV pretest probability. Of these patients, physicians identified 25 (6%) at high risk for HIV infection, among whom 5 (20%, 95% CI: 7% - 41%) tested positive. In addition, physicians identified 213 (51%) at moderate risk with only 4 (2%, 95% CI: 1% - 5%) testing positive, and 179 (43%) at low risk with 3 (2%, 95% CI: 0% - 5%) testing positive.
CONCLUSIONS/IMPLICATIONS: Using ED-based diagnostic testing, physicians most commonly tested patients for HIV infection using historical risk factors rather than clinical signs or symptoms. Using clinical judgment alone, physicians were only moderately accurate in assigning patients to specifically-defined pretest probability groups. A formalized HIV risk screening instrument may be helpful for physicians to more accurately determine a patient's pretest probability of HIV infection.

Presentation Number: F06 – 5

Presentation Title: HIV Testing Attitudes and Practices Among Clinicians in the Era of Updated CDC Recommendations

Author(s): *Cohan, D*[1]*; Gomez, E*[1]*; Dowling, T*[2]*; Zetola, N*[1]*; Klausner, J*[2]
[1]UCSF, San Francisco, CA; [2]San Francisco Health Department, San Francisco, CA

BACKGROUND: There are an estimated 252,000--312,000 Americans living with HIV but not yet diagnosed. In May 2006, San Francisco General Hospital (SFGH) enacted a policy of verbal-only consent for HIV testing of non-pregnant adults. In September 22, 2006, the CDC published updated HIV testing recommendations to include routine HIV testing of all 13-64 year olds.
METHODS: In February 2007, we administered a confidential, web-based questionnaire to all clinicians who had provided direct patient care within the 6 months prior to the survey. The survey assessed knowledge of local, state and CDC guidelines, current HIV testing practices and perceived barriers to offering routine HIV testing.
RESULTS: Overall, 452 of 736 (61.4%) of clinicians participated in the survey. These participants were attending physicians (34.4%), clinical fellows (5.3%), resident physicians (43.1%), nurse practitioners (14.3%), certified nurse midwives (2.4%) and physician assistants (0.4%) from an array of departments in the hospital. Over 48% reported having received specific training in HIV risk assessment or test counseling, and the majority of participants reported feeling very (48.2%) or mostly (22.6%) comfortable with consenting their patients for HIV testing. The most common reasons clinicians reported for not offering HIV testing included insufficient time to do HIV test counseling (24.6%) and no systematic follow-up for disclosure of test results to patients (19%). Only 22.1% stated there were no obstacles to offering HIV testing. Participants reported always or usually discussing the following when consenting patients for HIV: personal risks and sexual histories (62%), routes of transmission (61.3%), benefits and risks of testing (61.2%), prevention/risk reduction (59.9%), preparing for positive or negative results (55.7%), window period/most recent risk event (47.3%), confidentiality & partner notification (37.4%), current treatment options (32.5%) and testing options (confidential vs. anonymous (30.7%). Only 29.6% of participants knew the SFGH policy of verbal HIV consent and an additional 14.6% were unsure despite a hospital-wide memorandum and media attention. Participants were, similarly, uncertain about CA laws. Only 17% knew about named reporting of positive results, 25% about physician disclosure allowances, 25.9% about written consent requirements for prenatal patients, and 13.9% about physician-initiated disclosure to exposed partners, while 42.5% stated they were not sure about any of the CA HIV laws. Moreover, only 25% knew the current CDC HIV testing recommendations. Nonetheless, 61.7% expressed interest in receiving additional training in HIV testing, counseling and consenting and 61.3% in performing point-of-care rapid HIV testing.
Conclusions/IMPLICATIONS: While most respondents did not know local and state policies and CDC HIV testing recommendations, clinicians appeared willing to receive training on HIV testing, including the use of point-of-care rapid HIV testing. As many states are currently changing HIV test consenting laws, it will be crucial to ensure that clinicians are adequately informed of those changes and that programs are put into place to monitor and evaluate adherence to new guidelines.

Track F
F12 – HIV Positive Adolescents: Challenges in Case Finding, Care and Prevention: Lessons from Two Research Networks
Room: COURTLAND – (Hyatt Hotel – Atlanta Conference Center level)

Presentation Number: F12 – 1

Presentation Title: Hard to Reach HIV+ Adolescent Males of Color Who Have Sex with Males: Demographic, Behavioral, and Clinical Characteristics

Author(s): *Magnus, M*[1]; *Binson, D*[2]; *Jones, K*[1]; *Phillips, G, II1; Peterson, J*[1]; *Parrish, B*[3]; *Wackerman, K*[4]; *Schulhof, R*[5]; *Hidalgo, J*[3] - [1]GWU SPHHS Dept of Epi/Bio, Washington, DC; [2]UCSF/CAPS, San Francisco, CA; [3]GWU SPHHS Dept of Health Policy, Washington, DC; [4]GWU YES Center, Washington, DC; [5]HRSA/HAB/SPNS, Rockville, MD

BACKGROUND: In 2003, the Health Resources and Services Administration, HIV/AIDS Bureau funded nine Special Projects of National Significance (SPNS): 8 innovative demonstration projects and one evaluation and support center, the GWU YES Center. The purpose of the study is to identify best practices associated with outreach, linkage, entry into, and retention in care for HIV+ adolescent men of color who have sex with men (YMSM).
METHODS: Culturally appropriate instrumentation was developed to collect multi-site data on demographic, behavioral, and clinical characteristics of interested among YMSM ages 13 to 24 in age at each of the sites. Data are collected quarterly by face-to-face interview. Univariate, bivariate, and multivariable methods were used to describe the sample and characteristics associated with risk reduction behavior, depression and suicidal ideation, and disclosure of HIV status. All analyses were conducted in Stata 9.0se (College Station, TX).
RESULTS: As of 4/2007, 29 HIV+ YMSM had been enrolled in the multisite evaluation and were analyzed. The mean age was 21.1 years (sd 2.14; range 16 to 24), 92.9% were African/American, 67.9% self-identified as gay or homosexual and 14.3% as bisexual; 64.3% reported strong attraction to males and slight attraction to females or attraction to both males and females, though none reported sex with female partner last 3 months. The majority (85.7%) was very comfortable with their sexual orientation. These HIV+ adolescents reported frequent sex without a condom, with a third (34.5%) having no condom use during at least one sexual encounter in the last 3 months; 10.3% reported no condom was used at last anal sex with male. Participants had a mean of 1.48 (sd 1.50; range 0-6) sex partners during the past 3 months; 39.3% had >1 sex partner. Participants reported having disclosed their HIV+ status to at least one person (97.0%), to their mothers (75.0%), to their fathers (39.3%), and to their sex partners (48.3%). Half (50.0%) reported ever being depressed; the mean CES-D score was 40.39 (sd 8.64; range 22-61)
DISCUSSION: HIV+ adolescent MSM of color report comfort with their sexual orientation and sexuality, yet differential disclosure rates to members of their social circles; unprotected sexual activity was common. Depression was common among this sample of HIV+ adolescents. This information suggests specific prevention with positives behavioral interventions that may be important among this unique population. As additional clients accrue, their data will be added to this presentation.

Presentation Number: F12 – 2

Presentation Title: Unique Challenges in Identifying and Engaging HIV+ Adolescent Males of Color Who Have Sex with Males and Engaging Them in Care: Lessons Learned From a Multi-Site Initiative

Author(s): *Hidalgo, J*[1]; *Magnus, M*[1]; *Schulof, R*[2]; *Pounds, M*[2]; *Tinsley, M*[2]; Young HIV+ MSM of Color SPNS Initiative Collaborative Group [1] George Washington University, Washington, DC; [2] HRSA HIV/AIDS Bureau SPNS Program, Rockville, MD

ISSUE: In 2003, the HRSA HIV/AIDS Bureau funded nine grantees through the National Significance (SPNS) Demonstration Models of Outreach, Care, and Prevention to Engage HIV Seropositive Young Men who have Sex with Men (MSM) of Color Initiative. Eight innovative demonstration projects collaborate with an evaluation and technical assistance, the GWU YES Center. The purpose of the initiative is to identify best practices associated with outreach, linkage, entry into, and retention in care for HIV+ adolescent and young adult MSM of color.
SETTING: Qualitative instruments were completed by grantee sites over time to describe the methods used to identify and retain the target population in care, the system of clinical and psychosocial services provided, the evolution of their interventions, and staff turnover. Focus groups are conducted annually to gather feedback from outreach workers and other staff. These methods were supplemented with on-site assessments conducted by YES

Center staff at baseline and then annually. Content analysis techniques were used to identify themes. Qualitative information was linked to quantitative data collected longitudinally regarding the number of youth tested, entered into treatment, and retained in treatment over time.
RESULTS: A key objective of the Initiative is to disseminate lessons learned in engaging and retaining young HIV+ MSM of color in treatment. The eight grantees have carefully documented their experiences in designing successful approaches. Initiative grantees use an array of creative methods to identify young HIV+ YMSM of color through youth-focused venues, internet chat rooms, balls, congregate living arrangements, social networks, campus-based events, and elsewhere. Outreach efforts also been guided using epidemiologic and ethnographic data.
LESSONS LEARNED: Despite these multi-focal approaches, initiative outreach workers are challenged in identifying the target population. Successful efforts to overcome these challenges will be described and practical approaches will be outlined. Methods for avoiding competition among HIV programs funded to target the same population will also be described. The organizational challenges addressed by the grantees in designing youth-centered programs will be discussed; including lessons learned in multi-agency collaborative teams, employing peer outreach workers, and conducting research in community-based agencies. Tips for organizing youth-friendly, accessible clinical and support services will be provided. Legal issues associated with treating and studying minors and young adults will be discussed including addressing criminal statutes regulating sexual behavior, duty to warn, and informed consent to receive HIV testing and participation in a research study.

Presentation Number: F12 – 3

Presentation Title: Secondary Prevention Among Adolescents: Current Knowledge and Intervention Studies Within the Adolescent Trials Network

Author(s): *Allison, S*[1]*;*
[1]NIH/NIMH, Bethesda, MD

This talk will cover what is known about secondary prevention among HIV+ adolescents as well as efforts by the Adolescent Trials Network (ATN) to close the gaps in our knowledge regarding this high risk population. Time will be spent reviewing the current state of the science on secondary prevention research among adolescents and then an overview of past and current studies conducted within the ATN will be provided. An emphasis will be placed on the developmental considerations that need to be taken into account when working with this population and priorities for future research in this area.

Track G
G05 – Innovative Integration Strategies in Outreach Settings
Room: BAKER – (Hyatt Hotel – Atlanta Confernce Center level)

Presentation Number: G05 – 1

Presentation Title: HIV/HEP C Testing/Prevention for Serious, Violent and Sex Offenders in a Prison Setting

Author(s): *Ohira, S*
MEO BEST Reintegration Program, Wailuku, HI

ISSUE: In Hawaii there are no specific programming for Serious and Violent Offenders including Sex Offenders (SVOSO). Incarcerated individuals are at extreme high risk to contract HIV/HEP C; our program assists SVOSO reintegrate safely back into our community through services that include our safer behavioral choice curriculum.
SETTING: Being Empowered and Safe Together (B.E.S.T.) Reintegration Program, Maui Community Correctional Center (MCCC), Wailuku, Hawaii
PROJECT: Inmates between 18-35 years of age, convicted of a class A or B felon, and have been incarcerated for a minimum of 1 year are eligible. Case Managers conduct needs assessments, individual service plans and track clients for 3-5 years. Clients are enrolled in classes including our HIV/HEP C focused class. Upon release clients are provided with assistance in housing, employment, mentors, substance abuse and sex offender treatment, and HIV and HEP C services through the Department of Health.
RESULTS: From a third party evaluator Dr. Marilyn Brown, Hilo Hawaii. Less than 5% unemployed, 4 clients with no health insurance, 3 clients difficulty in finding suitable housing, less than 14% recidivism, and 100% report being very satisfied with services. All clients who intake after August 2005 has voluntarily tested for both HIV and HEP C,

results are unknown due to confidentiality laws.
LESSONS LEARNED: For majority of our clients this was their first HIV HEP C curriculum that they received. Most clients still believed saliva was a fluid that transmitted HIV. Access to HIV and HEP C testing/education for clients and their family increased their knowledge of status. Collaboration with the Department of Public Safety, Department of Health, Parole, Probation, Substance Abuse, Sex Offender treatments, Drug Court, and Mental Health divisions were key to the success of the program.

Presentation Number: G05 – 2

Presentation Title: HIV and STD Partner Notification with Rapid HIV Testing in the Field

Author(s): *San Antonio-Gaddy, M; Lanier, B*; Shipmon, *C; Nusca, N; Putnam, D; Bulmer, J; Richardson-Moore, A*
New York State Department of Health, Albany, NY

SETTING: The New York State Anonymous HIV Counseling and Testing (ACT) Program in collaboration with the NYS Bureau of Sexually Transmitted Disease Control (STD) Program in the Capital Region of New York State. HIV partner notification provides immediate access to rapid HIV testing to those at highest risk of infection, following an HIV exposure. HIV partner notification can take place at a client's home or apartment, an anonymous HIV counseling and testing clinic or another arranged location, or through referral to an STD site.
PROJECT: This was a two-part project with the first being that HIV Counselors in the ACT program accompany STD staff to notify and offer HIV rapid testing to partners of individuals found to be HIV infected through either state reported forms or from other clients who name partners from other partner elicitation encounters. The second part of the project expanded HIV rapid testing to clients with priority STDs or exposure to syphilis, gonorrhea and Chlamydia. Specific site codes were used to identify the two groups of clients offered testing.
RESULTS: From May 2005 through July 2006, 44 clients were counseled with 43 clients accepting rapid HIV testing and five were found to be HIV positive (11.6%).
The second component of the HIV and STD testing from August 2006 through Dec 2006, a total of 66 clients were notified of an HIV exposure or an STD infection or exposure. Of the 66 clients, 15 clients were notified of an HIV exposure and 7 accepted rapid HIV testing and all were HIV negative; of the 51 clients who were notified of an STD or an STD exposure, 31 accepted rapid HIV testing and all were found to be HIV negative.
LESSONS LEARNED: HIV partner notification with rapid field-testing is a valuable tool to reach high-risk individuals after an HIV exposure. While offering HIV testing during STD notification has not yet identified a newly identified HIV positive client, a longer trial is needed to assess outcomes. It has provided the opportunity to educate individuals exposed to a sexually transmitted disease about the increased likelihood of exposure to HIV, and has been a valuable experience for staff and clients. In addition, cross training has broadened the views and experience of staff of both programs that have been afforded this opportunity by this collaboration.

Presentation Number: G05 – 3

Presentation Title: Domestic Violence Agencies and HIV Prevention and Testing: Knowledge, Attitudes and a Training Curriculum

Author(s): *Robertson, CJ*[1]; *Foster, JA*[1]; *Spencer, SB*[2]*; Nunez, AE*[1]
[1]Drexel University College of Medicine, Philadelphia, PA; [2]Susan B Spencer, Inc., Philadelphia, PA

ISSUE: Women with domestic violence (DV) are at a higher than baseline risk for HIV, yet few HIV prevention and testing interventions do not exist for DV agencies, nor do agencies have resources for extensive training about HIV. Traditional models for HIV prevention including condom use and relationship negotiation have special challenges when dealing with women with active DV.
SETTING: Community DV agencies serving African American women and Latinas in North Philadelphia, in collaboration with a woman owned small business and staff from an academic medical center providing HIV services.
PROJECT: Phase 1 is to provide training for DV workers about HIV prevention, counseling, and testing to provide prevention counseling and referral for HIV testing. Phase 2 is to provide ongoing technical assistance, onsite testing, and evaluation over 1 year. Curriculum of 2 days - first providing "HIV 101" and second providing skills workshops on HIV motivational interviewing, providing prevention information including condom use, and a demonstration of HIV rapid testing. An AIDS Risk Reduction Model (ARRM) is used with goals of increasing awareness of risk and testing behaviors and to for staff to identify individualized best possible prevention measures rather than striving for perfect solutions that might increase DV.
RESULTS: Data from Phase 1 collected from staff and clients from two community agencies (A/B). Focus groups with staff and clients informed curricular development: agency workers were unaware of links between HIV and DV

and clients did not appropriately assess their HIV risk. Both groups identified increased violence as possible sequelae of HIV prevention behaviors such as introduction of condoms into a relationship and by a new diagnosis of HIV. Written evaluations and knowledge tests were administered with trainings: Pre-training, (see table) many counselors stated having never/rarely discussed HIV with clients, the majority never/rarely recommended HIV testing, and had not included HIV risk in safety planning. Post-training, 90-100% strongly agreed that they were more comfortable discussing HIV and in their knowledge of HIV, would recommend HIV testing, had confidence in helping women address HIV risks, and wanted to learn more about HIV. 100% indicated that the training was useful and 80% preferred learning about HIV in this format vs. reading a book. There was a significant improvement (p=001) in HIV knowledge on the written exam with a mean increase in score of 6.8 points. Both agencies altered intake forms and safety plans to include HIV content and made commitments to implement skills learned into individual and group sessions with clients.
LESSONS LEARNED: Workers at DV agencies need knowledge and skills to be able to incorporate HIV prevention and testing into interventions to keep their clients safe. A relatively brief intervention (2 days of training) is effective in improving knowledge and willingness to engage clients in HIV prevention and testing discussions. A longer evaluation period of implementation of new practices will be revealing.

Presentation Number: G05 – 4

Presentation Title: Wholistic Outreach in Louisiana: Adaptation of a Brazilian Model

Author(s): *Carrel, JJ*[1]*; Araujo Santos, A*[2]*; Dias, L*[3]*; dos Santos., M*[3] - [1]Louisiana Office of Public Health HIV/AIDS Program, New Orleans, LA; [2] Secretaria Municipal de Saúde de Manaus, Manaus, Brazil; [3]Programas de Saúde com Ênfase em DST/Aids, Manaus, Brazil

ISSUE: Louisiana has traditionally been in the lowest ranking of many health indicators and the highest in many disease rates. Community members face multiple issues including poverty, racism, classism, limited access to care and services, no or inadequate health insurance, joblessness, low education and skill levels, and inadequate employment opportunities. Following Hurricanes Katrina and Rita, issues faced by communities targeted by outreach workers intensified. Outreach that is focused on just one issue such as HIV prevention is myopic and unresponsive to the realities of the community and its priorities.
SETTING: High HIV prevalence zip codes in the State of Louisiana where outreach in the community setting is provided.
PROJECT: Following an information exchange with the Manaus Department of Health, outreach activities in Louisiana were restructured to incorporate aspects of the Agente de Saúde or health agent program in which health agents or outreach workers act as links between the formal health/services system and the community. Outreach was focused on the highest HIV prevalence zip codes; an overall outreach theme was developed, communities were mapped to identify optimal sites for outreach and location of community resources; more intense relationships were developed with community members including HIV positive individuals; a system of referral follow-up was developed; and a wider range of reproductive health issues were addressed with communities and their members.
RESULTS: Although still in the implementation stages, positive benefits include more targeted outreach efforts, better understanding of community needs and resources, more effective referrals, and a more wholistic approach to outreach has begun.
LESSONS LEARNED: Shifting paradigms is a challenging undertaking especially with programs deeply entrenched in the community. In addition, step by step implementation, to ensure that outreach workers, policy makers and the community are aware of the overall objectives of the shift is imperative for a successful program.

Track G
G15 – Integrative Strategies to Confront Crystal Meth-Related Risk Behaviors
Room: REGENCY BALLROOM V – (Hyatt Hotel – Ballroom level)

Presentation Number: G15 – 1

Presentation Title: Crystal It's Not Just for White Boys Anymore: The Proliferation of Crystal Methamphetamine into the MSM, Black and Hispanic Communities in Miami and Miami Beach.

Author(s): *Floyd, DS*; *Barros, G* - South Beach AIDS Project, Miami Beach, FL

SUBJECT: This presentation will examine local data from Miami Dade and Broward Counties regarding the Co-morbidity of crystal methamphetamine use and HIV infection. We will examine the challenges faced by a community based HIV prevention provider as the agency incorporates substance abuse and HIV prevention in order to address the needs of its local Black and Hispanic MSM community. We will present our Crystal Social Marketing Campaign for Gay Men of Color. And a prevention program we feel can address the many individual factors that play into this co-morbidity.
METHODS: We will present four sections each followed by a question/answer session. Using a PowerPoint presentation, will lead seminar participants through the internal agency decision-making process including: funding, community consultation, selection of appropriate interventions, agency capacity, facility suitability, existing and potential linkages to care and social services.
The Director of Prevention and the Program Director of Tongues Untied will address local data trends, and influencing factors. Two important research evaluations will be presented Post-circuit blues: motivations and consequences of crystal meth use among gay men in Miami. This paper reports the results of focus group research into the motivations and consequences of crystal use among gay men in this new setting. Loneliness, fears about physical attractiveness due to aging and illness, and desires to lose sexual inhibitions were common motivations for using the drug. CDC National Behavioral Health Survey Methamphetamine use and HIV risk among MSM in Broward and Dade counties preliminary results from a very comprehensive two year research study carried out on the streets of Miami, Miami Beach and Ft. Lauderdale. The agencies future plans to implement a prevention program to address the issue Comprehensive Risk Counseling Services (CRCS) programmatic design, implementation and integration/synergy with existing agency prevention programs. A detailed discussion of the program development steps will include: staff training requirements, and record keeping tools as well as patient/client information gathering tools. We will present the evolution of the mass media campaign social marketing campaign that addresses the diverse communities of color living in Miami and the duel epidemic. In this section we will include conceptualization, funding and implementation. In addition he will discuss the factors involved in this small agency's decision to prioritize the integration of crystal and HIV prevention the agencies prevention planning process. He will also discuss staffing needs, incentives and the importance of developing a trusting relationship with a community disproportionately affected by stereotyping, discrimination and HIV infection.

Presentation Number: G15 – 2

Presentation Title: Methamphetamine Use and HIV/STD Risk at Los Angeles Gay and Lesbian Center Sexual Health Program

Author(s): *Stallworth, P[1]; Hall, M[1]; Horton, T[1]; Rudy, E[2]; Tilekar, S[1]*
[1]LA Gay and Lesbian Center, Los Angeles, CA; [2]Los Angeles County Health Department STD Program, Los Angeles, CA

BACKGROUND: The methamphetamine use has intensified over the last decade replacing most other drugs. Though widely used across all groups of people, the high risk sexual behavior it triggers has presented with a new problem for its use amongst gay, lesbian, bisexual, and transgender people. Previous studies have shown a higher prevalence of methamphetamine use among MSM than amongst the general population. We tried to determine and compare the prevalence of methamphetamine use in clients visiting Sexual Health Program from year 2005 and 2006, characteristics of clients using methamphetamine, high risk sexual behaviors in methamphetamine users, and its relationship, if any, with use of methamphetamine and HIV/STD infections.
METHODS: Data was extracted from the STD Clinical Database for the calendar year 2005 and 2006. A comparative analysis was done using demographic, behavioral (sexual and drug consumption), HIV/STD testing and test results. We used descriptive statistics to characterize the methamphetamine and non-amphetamine users. Chi-Square analysis was used to determine the association of methamphetamine use and HIV/STD infection. Generalized linear model (Multinomial logistic regression) was used to determine the characteristics of clients using methamphetamine. ANOVA was used for determining the difference in sexual behaviors.
RESULTS: In our clinic population, reported methamphetamine use increased from 2005 to 2006. Comparing these two years, there is a 44% increase in reporting methamphetamine use at least once within one year of client interview, and a 33% increase in reporting methamphetamine use within the last 3 months of client interview.
Males were more likely then females to use methamphetamine [OR (95% CI): 1.87 (1.33, 2.62)].
The significant predictors of methamphetamine use in males are: 1. age less than 25 years old. 2. Men who have sex with men. 3. Bisexual men who have sex with male/female/transgender/transsexuals.
Methamphetamine users showed these high-risk behaviors: 1. Increased number of sexual partners: For those clients who reported methamphetamine sue within the last 3 months, the mean number of sexual partners was 7.7 verses 3.7 in non-methamphetamine users ($F=238$, $p=0.00$). 2. Unprotected receptive anal sex: Approximately 68% of clients who reported use of methamphetamine within the last 3 months were engaging in receptive anal sex and 75% of those clients had inconsistent of no use of condoms. There is a strong association between use of methamphetamine and

incidence of HIV, syphilis and gonorrhea.
CONCLUSIONS: The Sexual Health Program has had an increase in self-reported methamphetamine use amongst its clients from 2005 to 2006. In addition, individuals using methamphetamine are more likely to indulge in risky sexual behavior thus leading to HIV/STD infections. Youth, men who have sex with men, and bisexual men who have sex with males/females/transgender/transsexuals emerged as significant predictors of methamphetamine use. Since clinic STD/HIV programs see high numbers of clients who are at high risk of using methamphetamines, these findings suggest that there is a need for more directed efforts towards methamphetamine education, prevention, and intervention/treatment at such locations.

Presentation Number: G15 – 3

Presentation Title: Crystal Methamphetamine: Battles Won and Lessons Learned

Author(s): *Tierney, S* - San Francisco AIDS Foundation, San Francisco, CA

ISSUE: Crystal Meth and HIV Infection
SETTING: San Francisco USA
PROJECT: Citywide Task Force on Crystal Meth and HIV
RESULTS: Two year reduction in reported crystal meth use in population
LESSONS LEARNED: Importance of multiple interventions used in coordinated, comprehensive fashion.

Presentation Number: G15 – 4

Presentation Title: CDC-Related Activities Addressing Meth Use and Sexual Risk Reduction

Author(s): *Gordon Mansergh, PhD, CDC*, Atlanta, GA, S. SAMHSA representative (TBA), SAMHSA, Washington, DC.

ISSUE: Methamphetamine use is associated with sexual risk behavior for HIV/STD transmission, particularly among men who have sex with men (MSM) but also among other populations.
KEY POINTS: In this roundtable, participants will learn about what CDC and SAMHSA are doing in regards to methamphetamine use and sexual risk behavior, including funded programs, research and policy endeavors in addition to cross-agency collaboration in response to Congressional legislation. Participants will discuss related efforts in their communities and health jurisdictions to address methamphetamine use and sexual risk behavior for HIV/STD transmission.
IMPLICATIONS: CDC and SAMHSA are actively working and funding agencies to address the issue of methamphetamine use and sexual risk behavior in the United States. Other national, state and local agencies are also addressing this important public health issue in their communities and jurisdictions.

TUESDAY, DECEMBER 4, 2007
Concurrent Sessions
3:30 PM - 5:00 PM

Track A
A06 – Intertwining Paths to HIV Infection: Substance Abuse and Risky Sexual Activity
Room: CAIRO – (Hyatt Hotel – Embassy Hall level)

Presentation Number: A06 – 1

Presentation Title: Lifetime Correlates of Prevalent HIV, Hepatitis B, and Hepatitis C Infections Among Young Non-Injecting Heroin Users in Chicago

Author(s): *Broz, D*; *Ouellet, LJ*
University of Illinois at Chicago, School of Public Health, Chicago, IL

BACKGROUND/OBJECTIVES: Little is known about the extent of HIV, hepatitis B and C (HBV and HCV) infection among young non-injecting heroin users (NIHU) and the risk factors for becoming infected with these pathogens. We examine lifetime correlates of HIV, HBV, and HCV among young NIHU in Chicago.
METHODS: NIHU 16-30 years old were recruited in Chicago through street outreach and respondent-driven sampling. Computerized self-administered interviews and serological data were collected at baseline. Univariate and multivariate logistic regression analyses were used to identify factors associated with prevalent HIV, HBV, and HCV infection.
RESULTS: Of 647 eligible participants, 53% were non-Hispanic (NH) black, 21% NH-white, 65% male, and the median age was 26. Most (84%) ever felt addicted to heroin and 18% were former injectors, though not in the past 6 months. HIV prevalence was 3.1% and HCV 2.5%. Fourteen of the 20 HIV positive participants were unaware of their status and none were NH-white. Eighty-two (13%) participants had serological evidence of HBV vaccination. Of the 63 (9.7%) ever exposed to HBV, 5 were recently infected (within ~32 weeks) and 4 had chronic infections. Those who tested positive for HIV and HBV were significantly ($p<0.05$) more likely to be 24 years or older, female, and NH-black. Controlling for age, sex and race/ethnicity, significant ($p<0.05$) correlates of infection were 10 or more lifetime anal sex episodes (HIV, HBV), having an HIV positive immediate family member (HIV, HBV), ever being diagnosed with syphilis (HBV), using heroin for over 5 years (HCV), and ever injecting drugs (HCV). Most participants believed they had no risk of contracting HIV through their sex- (56%) or drug- (71%) related practices. Commonly reported methods to reduce risk of HIV infection were to always/more often use condoms (46%), avoid injection (25%), and reduce the number of sex partners (20%); 30% reported taking no preventive measures.
CONCLUSIONS: Young non-injecting heroin users in Chicago have substantial levels of HIV, HBV and HCV infection, and NH-blacks carry the majority of the burden. The primary routes of infection in this population appear to be sexual for HIV and HBV and injection drug use for HCV. Interventions targeted at NIHU should focus on preventing unsafe sex and the initiation/resumption of injecting.

Presentation Number: A06 – 2

Presentation Title: Non-Prescribed Use of Viagra and other PDE-5 Inhibitors and HIV-Related Behavioral Risks Among HIV-Positive Men

Author(s): *Moore, TW*[1]; *Courtenay-Quirk, C*[2]; *Colfax, G*[3]; *Metsch, L*[4]; *Dawson Rose, C*[5]; *McKirnan, D*[6]
[1]NCHSTP/DHAP/PRB -- Northrop Grumman/Ginn Group, Atlanta, GA; [2]NCHSTP/DHAP/PRB -- Centers for Disease Control and Prevention, Atlanta, GA; [3]San Francisco Department of Public Health, San Francisco, CA; [4]University of Miami Medical School, Miami, FL; [5]University of California San Francisco, San Francisco, CA; [6]University of Illinois Chicago, Chicago, IL

BACKGROUND/OBJECTIVES: Non-prescribed use of Phosphodiesterase type-5 inhibitors (PDE-5) among HIV-positive men can have serious implications for the spread of HIV/STDs. This class of sexual performance enhancing drugs encompasses sildenafil (Viagra), tadalifil (Cialis) and vardenafil (Levitra). Much of the literature, however, addresses sildenafil use only, is based solely on men who have sex with men (MSM), and has not differentiated between prescribed and non-prescribed use. We assessed the association of non-prescribed PDE-5 use with sociodemographic, clinician-related (i.e., perceived provider engagement, time with provider at last visit, provider

discussion of HIV prevention), substance use, and sexual risk variables among HIV-positive men. We examined factors associated with non-prescribed PDE-5 use separately by sexual orientation groups.
METHODS: Baseline data were analyzed from the Positives and Providers in Prevention (PPIP) project, which consisted of three clinic-based intervention trials targeted to persons living with HIV/AIDS in Chicago, Miami, and San Francisco. HIV-positive male participants were selected for analysis (N=934). Using audio computer-assisted self-interviews, measures allowed for the assessment of PDE-5 use in the past 6 months and whether this occurred with a prescription. Multivariate logistic regression analysis, which controlled for demographic and clinician practices variables, was conducted to examine factors associated with non-prescribed PDE-5 use. To avoid co linearity problems, each HIV-related sexual and substance use risk behavior was modeled separately.
RESULTS: 25.3% (n=236) of the sample reported using PDE-5 in the past 6 months. among them, 56.2% (11.4% of the sample) engaged in non-prescribed use. The sample was diverse in terms of sexual orientation, with 61.2% MSM, 28.6% men who have sex with women (MSW), and 10.2% men who have sex with men and women (MSMW). Non-prescribed use was more likely to occur among MSM (18.1%) than MSW (8.2%) or MSMW (9.2%). Compared to others, those who used PDE-5 without a prescription demonstrated greater odds of having multiple sex partners (MSM: OR=4.31, 95%CI=2.39,7.77; MSW/MSMW: OR=4.36, 95%CI=1.60,11.8) and marijuana use (MSM: OR=1.77, 95%CI=1.04,3.01; MSW/MSMW: OR=4.09, 95%CI=1.68,9.98) in the past 6 months. among MSM, non-prescribed use was positively associated ever having injected non-prescribed drugs (OR=1.82, 95%CI=1.04,3.19), and in the past 6 months having used club drugs (OR=2.54, 95%CI=1.61,4.03), engaged any unprotected sex (OR=3.26, 95%CI=1.86,5.70), and engaged in unprotected sex with partners of negative or unknown HIV serostatus (OR=2.99, 95%CI=1.87,4.77).
CONCLUSIONS: HIV-positive men who use non-prescribed PDE-5 were more likely to engage in risk behaviors such as having multiple sex partners and using marijuana. among MSM, non-prescribed use of PDE-5 was associated with numerous additional sexual and substance use risk behaviors. This finding is consistent with prior research, and reinforces the importance of tailoring and targeting prevention messages to specific at-risk groups of HIV-infected men. It may also be beneficial for HIV medical providers to consult with all their male patients on the potential hazards and responsible use of sexual performance enhancing drugs, and to inquire specifically about non-prescribed use.

Presentation Number: A06 – 3

Presentation Title: Racial/Ethnic Disparities in Relationships Between the Type of Substance Used and HIV Risk Behaviors Among Youth with Substance Use Disorders

Author(s): *Mulatu, MS*[1]; *Jeffries Leonard, K*[2]*; Fulmore, D*[3]
[1]The MayaTech Corporation, Atlanta, GA; [2]The MayaTech Corporation, Silver Spring, MD; [3]The MayaTech Corporation, Silver Spring, GA

BACKGROUND: Substance abuse is linked to the spread of HIV infection because of its relationships with sexual and non-sexual risk behaviors. However, these relationships may differ both by the type of substance used and the socio-demographic characteristics of the users. We examined these potential differences among a diverse group of youth in substance abuse treatment programs.
METHODS: We used data from 9,952 sexually active youth (age 12-24 yrs; 73.2% male; 18.2% African American [AA], 3.4&% American Indian/Alaska Native [AIAN], 43.5% Caucasian, 19.7% Hispanic, and 15.3% mixed race) entering federally funded substance abuse treatment programs throughout the United States. Using logistic regression, we examined the patterns of relationships between types of substances used (e.g., alcohol, marijuana) and sexual risk behaviors (e.g., unprotect sex, sex with 2 or more partners) during the past year for the combined sample and for each racial/ethnic group separately, controlling for age, gender, educational level, and region of residence.
RESULTS: Analysis with the combined sample revealed that past year sexual risk behaviors significantly varied by race/ethnicity, even after controlling for differences in background characteristics and type of substance used. Overall, minority youth, except AIAN, were more likely than Caucasian youth to have had unprotected sex or sex with 2 or more partners. Past year use of any substance increased the likelihood of sexual risk behaviors. Race/ethnic specific analyses revealed significant disparities in the patterns of relationships between the type of substance used and sexual risk behaviors. Use of any substance, except marijuana, increased the likelihood of sexual risk behaviors among Caucasians. among minorities, however, these relationships were not consistent -- different substances correlated with different sexual risk behaviors. Marijuana use was significantly linked to sex with 2 or more partners among African Americans and mixed race youth but not among other groups. Similarly, cocaine use increased the likelihood of unprotected sex only among Caucasians and Hispanic youth. The most consistent correlates of sexual risk behaviors across racial/ethnic groups were the use of amphetamines and to a lesser extent alcohol.
CONCLUSIONS: Substance use in general increases the likelihood of sexual risk behaviors among youth. However, the degree of relationships between the type of substances used and risk behaviors appears to vary by race/ethnicity. It is, therefore, critical to consider the potential differential effects drugs may have on sexual behaviors of diverse

populations in the design and implementation of HIV/AIDS prevention programs for youth with substance use disorders.

Presentation Number: A06 – 4

Presentation Title: Sex-drugs and Psychosocial Correlates of Condom Use Among Young African American, Latino, and Multiracial Men Who Have Sex with Men in Los Angeles and New York

Author(s): *Matt Mutchler*
AIDS Project Los Angeles

BACKGROUND/OBJECTIVES: Crystal use during sex is associated with unsafe sex and contributes to HIV risk among men who have sex with men (MSM). Evidence shows that young MSM (YMSM) also use crystal and other substances during sex, contributing to their risk of HIV infection. Still, little is known about the substance use patterns and associated risk behaviors of YMSM of color. In formative research with YMSM of color, we learned that many African American and Latino YMSM did not believe that crystal was the main substance used in their communities.
METHODS: In a response to these findings, data were collected at 18 Black and Latino Gay Pride events in Los Angeles and New York throughout 2006 and 2007 to 1) provide much needed data on the substance use patterns of YMSM of color, and 2) to model the effects of substance use during sex on the condom use behaviors of YMSM of color. Survey data were collected from 416 18 to 24 year old African American, Latino, and multiracial YMSM. Survey domains included demographics (age, relationships status, and homelessness), history of substance use during sex, connection to community, sexual risk behaviors, and exposure to public health campaigns.
RESULTS: Participants primarily identified as gay (74%) or bisexual (22%). 40% of participants identified as Black/African American, 47% as Latino/Hispanic, and 13% as multiracial. The most prevalent substances reported in the last 3 months during sex were alcohol (58%) and marijuana (30%), with 5% reporting use of poppers and 3% reporting use of crystal, although variation by city and ethnicity were observed. YMSM in Los Angeles were more likely to report use of alcohol and crystal during sex in the last 3 months ($P<.05$) and less likely to associate marijuana with sex compared to YMSM in New York ($P<.05$). Latino YMSM (9%) was more likely to use poppers during sex in the last 3 months compared to African American (4%) and multiracial YMSM (0%). African American YMSM were more likely to perceive their peers as using ecstasy and marijuana during sex and less likely to perceive other YMSM of color as using crystal during sex when compared to Latino and multiracial YMSM ($P<.05$). Ordinal logistic regressions were used to determine the effect of covariates on the odds of no condom use and inconsistent condom use compared to consistent condom use. Homelessness and alcohol and crystal use during sex in the last 3 months were negatively associated with consistent condom use ($P<.05$). Community connectedness and marijuana use during sex in the last 3 months were positively associated with consistent condom use ($P<.05$).
Conclusions/IMPLICATIONS: These findings warrant a continuing focus on high risk YMSM who are using crystal and a broad focus on alcohol use among YMSM of color. Homelessness and community connectedness may be important to address in public health campaigns targeting YMSM of color. Such campaigns need to be culturally tailored to the specific needs of African American and Latino YMSM within different geographic regions.

Track A
A10 – Mental Illness/Mental Health and HIV Risk: Physical/Sexual Abuse, Drug Use, and Depression
Room: HANOVER D – (Hyatt Hotel – Exhibit Level)

Presentation Number: A10 – 1

Presentation Title: Associations of Risky Drug Use and Sex Behaviors with Poorer Mental Health in Homeless or Unstably Housed People Living with HIV

Author(s): *Kidder, DP*; *Pals, SL; Wolitski, RJ*
Centers for Disease Control and Prevention, Atlanta, GA

BACKGROUND: Homelessness and mental health (MH) problems frequently co-occur, yet few studies have investigated MH in homeless or unstably housed persons living with HIV/AIDS (PLWHA). This study investigates drug and sex HIV transmission risk factors associated with poorer mental health in this population.
METHODS: Homeless/unstably housed PLWHA (n=644) were recruited through local housing agencies in three

cities across the U.S. (Baltimore, MD; Chicago, IL; Los Angeles, CA). They were interviewed using Computer Assisted Personal Interviewing (CAPI) and Audio Computer Assisted Self-Interviewing (ACASI), and tested for viral load and CD4 levels. Three self-reported MH scales were used: Center for Epidemiologic Studies-Depression (CESD, range=0-30, score >=10 indicating depressive symptoms), Perceived Stress Scale (PSS, range=10-50, higher score=poorer MH), SF-36 Mental Component Summary (MCS, population normed, mean=50, SD=10, lower score=poorer MH). Multivariable logistic regression analyses examined relationships of these scales with sociodemographic, drug use, alcohol use, sexual risk behavior, and sexual and physical abuse variables.
RESULTS: Respondents were predominantly male (68%), black (79%), and single (69%). Mean age was 41 years. CESD average was 13.73 (SD=7.09). PSS average was 30.00 (SD=7.38). MCS average was 37.82 (SD=12.88). All scale scores indicated poor MH. Multivariable analyses controlling for sociodemographic factors indicated that for all three scales those who were recently homeless (all $p<0.01$), had ever been sexually abused (all $p<0.05$), and had ever been physically abused (all $p<0.005$) had poorer MH. Also associated with poorer MH were being younger (PSS $p<0.05$, MCS $p<0.0001$), being of a race/ethnicity other than black (CESD $p<0.01$), and not having insurance (MCS $p<0.05$). Illegal drug use in the past 90 days was associated with poorer scores on the PSS (AOR=0.84, 95% CI 0.71 - 0.99) and MCS (AOR=0.80, 95% CI 0.67 - 0.95). Higher frequency of alcohol use was associated with poorer scores on the CESD (AOR=0.72, 95% CI 0.57 - 0.92) and PSS (AOR=0.74, 95% CI 0.58 - 0.94). Unprotected anal or vaginal sex was associated with poorer scores on the MCS (AOR=0.77, 95% CI 0.63 - 0.93).
CONCLUSIONS: This is one of the first multi-site studies to investigate mental health in a sample of homeless or unstably housed adults living with HIV, and the results indicated that many experience poor MH. Poorer mental health was associated with risky behaviors including illegal drug use, alcohol use, and unprotected sex. This underserved group of PLWHA is in need of services to address MH and the HIV risk behaviors associated with poorer mental health.

Presentation Number: A10 – 2

Presentation Title: Physical and Sexual Abuse Among Homeless and Unstably Housed Adults Living with HIV: Prevalence and Associated Risks

Author(s): *Henny, KD*[1]; *Kidder, DP*[1]; *Stall, RD*[2]; *Wolitski, RJ*[1]
[1]Centers for Disease Control and Prevention, Atlanta, GA; [2]University of Pittsburgh, Pittsburgh, PA

BACKGROUND/OBJECTIVES: Several studies have reported interpersonal abuse prevalence among samples of the general USA, HIV-seropositive, and homeless populations. among these studies, abuse prevalence was reported as high as 66% for men and 52% for women. There exist much work on interpersonal abuse, HIV, and homelessness individually, but little research has been done on the interrelationships between all three public health concerns. The goal of this study was to document the prevalence and risks associated with physical and sexual abuse among HIV-seropositive homeless or unstably housed adults.
METHODS: Cross-sectional data were obtained from the Housing and Health Study of HIV-seropositive homeless or unstably housed persons in Baltimore, Chicago, and Los Angeles (n = 644) conducted during 2004-2006. Descriptive measures were used to ascertain abuse prevalence. Logistic regression analysis was used to identify participant characteristics and HIV transmission risk behaviors associated with several binary measures of physical and sexual abuse. Multivariate models included sociodemographic, sexual behavior, psychosocial, and substance use variables.
RESULTS: Seventy-seven percent of men and 86% of women reported ever experiencing interpersonal abuse. Women were at greater risk than men for intimate partner physical abuse (AOR = 5.08, CI = 3.11, 8.32, $p < 0.05$), childhood sexual abuse (AOR = 2.90, CI = 1.82, 4.62, $p < 0.05$), and adulthood sexual abuse (AOR = 4.51, CI = 2.73, 7.46, $p < 0.05$). Those persons who experienced intimate partner physical abuse were more likely than those who did not to report having unprotected sex (AOR = 1.74, 95% CI = 1.15, 2.65, $p < 0.05$). Other HIV transmission risk behaviors significantly associated with measures of abuse include sex exchange for money, drugs, or shelter; lifetime alcohol abuse; and depressive symptoms.
CONCLUSIONS: Abuse prevalence in sample exceeds that found in other samples of the general USA, HIV-seropositive, and homeless populations. These data also indicate that persons who have experienced interpersonal abuse are more likely to report high-risk sexual practices. Interventions tailored for HIV-seropositive homeless and unstably housed persons who have experienced abuse may be needed to reduce the risk of HIV transmission to partners.

Presentation Number: A10 – 3

Presentation Title: Characteristics Associated with Depressive Symptoms in an Online Sample of Men Who Have Sex with Men (MSM) – United States and Canada

Author(s): *Hirshfield, S*[1]; *Wolitski, RJ*[2]; *Chiasson, M*[1]; *Remien, RH*[3]; *Humberstone, M*[1]; *Wong, T*[4]
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BACKGROUND: This study assessed characteristics associated with depressive symptoms identified using the two-item Patient Health Questionnaire (PHQ-2) in an online sample of MSM.
METHODS: In 2003-2004, 4,030 MSM recruited through banners on 14 gay-oriented websites completed an anonymous survey. The PHQ-2, a depressive symptom screening tool (score range 0-6; cut-point of 3=positive screen), inquired about symptoms during any two-week period within the past 3 months. Categorical variables included HIV status (positive, negative, untested), relationship status (single, main partner, married/divorced/widowed opposite sex, married same sex), age (< 30, 30-39, 40+), and race/ethnicity (white, black/African American, Hispanic, Asian, mixed/other race). Statistical differences were assessed using bivariate and multivariate analyses.
RESULTS: Analysis included men from the U.S. or Canada who completed the PHQ-2 and reported ever having had sex with men (n=2,887). Median age was 36 (range 18-85); most were white (80%); half had ≥ college; half earned ≥ $40,000; 7% were HIV-positive. Prevalence of positive PHQ-2 screens was 19%.
In bivariate analysis, characteristics associated with a positive screen included income <$40,000, no college degree, HIV-positive, no sex within 90 days, single (all p<.001), younger than 30 (p<.01), Asian, and sex work (both p<.05). In multivariate analysis, all characteristics retained significance except age and sex work; married to the opposite sex and being Hispanic became significant (both p<.05).
among those who screened positive on the PHQ-2, 60% reported that they had not received mental health counseling in the past year (n=517). These men significantly differed from those who reported counseling in that they were less likely to have a college degree (p<.01), were more likely to be under age 30 (p<.05), were more likely to be black/African American (p<.05), and were less likely to have been tested for HIV (p<.01).
CONCLUSIONS: Participants with positive screens differed from the majority of the online sample. Being HIV-positive, non-white, and having low income and low education are associated with vulnerability for depression. Assessing the scope of depression, different treatment needs, and access to care for this online population is a necessary next step.

Track A
A16 – Impact of Sexual Relationships on HIV Risk Among MSM
Room: A706 – (Marriott Hotel – Atrium level)

Presentation Number: A16 – 1

Presentation Title: Return to Sexual Abstinence Among Young Men Who Have Sex with Men

Author(s): *Hudson, S*; *Copeland, J*
Health Research Association, Hollywood, CA

BACKGROUND: More AIDS cases are reported among men who have sex with men (MSM) than any other group. Young MSM report even riskier sexual behaviors than older men, and YMSM of color are among the most severely impacted, with reported HIV prevalence as high as 26%. Some data suggest that a subgroup of sexually experienced YMSM may halt their sexual activity, thereby dramatically reducing their risk for HIV and other diseases. By comparing such YMSM to those who remain sexually active, we may identify target areas for prevention interventions.
METHODS: Data were collected as part of a crystal methamphetamine prevention intervention for YMSM. In March-April 2006, we collected data from 169 men aged 18 to 24 years who identified as gay/bisexual, or reported sex with another male in the previous 6 months. Subjects were recruited outside venues in Hollywood and West Hollywood. Interviewers administered a brief survey assessing demographics, substance use, sexual behavior, attitudes/norms regarding sex and drug use, and other psychosocial variables. Chi-square and t-test analyses compared those reporting they had not had sex or met a new sex partner in the past 3 months ("abstainers") with those who had.
RESULTS: The sample was 37% Latino, 29% Asian/Pacific Islander, 13% African American, 29% White, and 8% mixed. Virtually all reported ever having sex with another man, but 19% (n=32) were current abstainers. Abstainers

and sexually active men were similar demographically. The two groups did not differ in lifetime or recent meth use, or most other drug use variables. Abstainers had significantly higher intentions to avoid being drunk or high during sex, and were significantly less likely to say it was difficult to stay within sexual limits when drunk or high. Abstainers reported that their race/ethnicity was significantly more important to their sense of self and felt more connected to an ethnic community. Abstainers also tended to report that being gay/bisexual was more important to their sense of self.
CONCLUSION: A noteworthy minority of sexually experienced YMSM report no recent sexual activity, and attitudes that are likely to foster future sexual safety. These data suggest they are more connected to ethnic communities, and the importance of their ethnic identity (and perhaps gay/bisexual identity) distinguish them from sexually active YMSM. Future research should gather more information about ethnic and gay identity, with the aim of developing interventions to reduce sexual activity through enhancing community connections and sense of self.

Presentation Number: A16 – 2

Presentation Title: Relationship Dynamics Associated with Sexual Risk for HIV Among Gay Male Couples

Author(s): *Hoff, CC*; *Chakravarty, D; Darbes, L; Neilands, T*
UCSF/CAPS, San Francisco, CA

BACKGROUND/OBJECTIVES: Recent studies have reported high HIV incidence among gay couples. However, little is known about the relationship dynamics associated with sexual risk within or outside the relationship. Agreements couples make about whether to have sex outside the relationship is an important relationship factor. We measured the quality of these agreements to determine whether agreement quality and other relationship variables are associated with sexual risk for HIV.
METHODS: The present study identifies important relationship correlates of unprotected anal intercourse (UAI) with non-main partners. From June 2005 through January 2007, we recruited 569 gay male couples throughout the San Francisco Bay Area to complete a computerized survey that examines relationship dynamics, sexual behaviors and agreements with main partner regarding sex with non-main partners. Data were clustered by couple and analyzed using univariate and multivariate logistic regression to identify relationship factors explaining UAI with non-main partners.
RESULTS: Couples were ethnically diverse - almost half (48%) reported being in a "mixed race" relationship. HIV-negative couples comprised 55% of the sample, 23% were serodiscordant and 22% were HIV-positive. Most couples (96%) had some kind of agreement about whether sex with non-main partners was permitted. Thirty-five percent reported they were monogamous, 25% reported their agreement allowed sex with non-main partners with some restrictions, 4% agreed to sex with non-main partners with no restrictions and 33% reported an agreement that was different from what their partner reported. Regression analysis revealed that couples who valued their agreement more and who were more satisfied with their relationship were less likely to engage in UAI with a serodiscordant or unknown status non-main partner. Discordant couples and HIV-positive couples were significantly more likely than HIV-negative couples to engage in UAI with discordant or unknown status non-main partner. A second model included UAI with non-main partners who had the same HIV status (results not shown). In this analysis HIV-positive couples were 4 times as likely and discordant couples were one and one-half times as likely as HIV-negative couples to have UAI with a seroconcordant non-main partner. HIV-negative couples were least likely to engage in UAI with non-main partners overall.
CONCLUSIONS: Gay male couples who rate their agreement quality and relationship satisfaction higher engage in less UAI with serodiscordant and unknown status non-main partners. Couple serostatus is an important factor to consider in HIV prevention given that HIV-positive and discordant couples were significantly more likely than HIV-negative couples to engage in sexual risk with non-main partners. When looking at seroconcordant non-main partners, HIV-positive couples may be seeking HIV-positive partners (e.g.,"serosorting") to prevent further spread of HIV. Future prevention efforts must be tailored to address the unique needs of couples of different serostatus and address relationship satisfaction and relationship quality issues.

Presentation Number: A16 – 3

Presentation Title: Patterns of Sexual Risk Behaviors and Partner-types as Predictors for HIV Among Men Who Have Sex with Men

Author(s): *Husnik, M*[1]; Huang, *Y*[2]*; Colfax, G*[3]*; Koblin, B*[4]
[1]Fred Hutchinson Cancer Research Center, Seattle, WA; [2]Rollins School of Public Health, Emory University, Atlanta, GA; [3]San Francisco Department of Public Health, San Francisco, CA; [4]New York Blood Center, New York, NY

BACKGROUND/OBJECTIVES: The EXPLORE study was a randomized, multi-site HIV prevention trial conducted in the U.S among Men Who have Sex with Men (MSM). While conducting the analysis for predictors of HIV acquisition (Koblin et al., 2006), we discovered potential confounding among the sexual risk behaviors. In this paper, we more thoroughly examine the role of reported sexual risk behaviors with respect to HIV acquisition.
METHODS: We exhausted all 64 possible sexual patterns (unprotected insertive (UI) or unprotected receptive (UR) anal sex with HIV-positive (HIV+), HIV-negative (HIV-), or HIV-unknown (HIV?) partners (pts.)), and then chose the most prevalent. From these, we constructed unadjusted and adjusted Proportional Hazards models including the time-varying patterns of sexual risk to obtain Hazard Ratios (HR) for HIV acquisition. Adjusted models controlled for selected sexual patterns, race, speed use, heavy alcohol use, self-reported gonorrhea, depressive symptomatology, drug and/or alcohol use before or during sex, and numbers of male sex partners (these were covariates found to be most predictive of HIV acquisition in Koblin, et al., 2006).
RESULTS: Out of 4,295 randomized men, 4,112 had HIV follow-up data. Prevalence of the highest patterns was as follows: No UR and no UI (31.2%), UR with HIV- and UI with HIV- pts. (10.7%), UI with HIV? pts. only (8.1%), UR with HIV? and UI with HIV? pts. (6.4%). All other combinations had prevalence of 5% or less. We found the combination of UR with HIV+ and HIV?, and UI with HIV+ and HIV? pts. (compared to no UR and UI with any HIV partner-type) most predictive of HIV acquisition (HR: 39.1, 95% CI: (18.8, 81.1), HR adj.: 23.5 (10.6, 52.2)). In addition, we found the risk behaviors of UR with HIV- and HIV+ and HIV?, and UI with HIV-, HIV+ and HIV? pts. (HR: 23.2 (10.8, 49.9)), HR adj.: 12.6 (5.5, 28.9)), and UR with HIV+, and UI with HIV+ pts. (HR: 11.5 (4.8, 27.9), HR adj.: 11.2 (4.5,27.6)) the next most predictive of HIV acquisition. Additional statistically significant findings included UR with HIV- pts. only (HR adj.: 2.6, p=.002), UR with HIV? pts. only (HR adj.: 4.8, p< 0.0001), and UR with HIV+ pts. only (HR adj.: 5.8, p=0.005).
CONCLUSIONS: Our findings give a clearer understanding of the relationship between HIV acquisition and sexual acts with various partner types among MSM. Specifically, we found that unprotected receptive positioning and engaging in sex with multiple HIV-status partner types in either position are most hazardous for HIV acquisition. Additionally, a participant's understanding of his partner's HIV-status when reported to him as HIV-negative could be questionable given our results indicating that when unprotected receptive sex is occurring alone there is substantial risk of infection regardless of his partner's HIV status. These findings are important to prevention counseling efforts directed at MSM.

Track A
A17 – HIV Prevention Approaches for Latino/Hispanic and African American MSM
Room: INTERNATIONAL BALLROOM SOUTH – (Hyatt Hotel – International Ballroom level)

Presentation Number: A17 – 1

Presentation Title: Part 1 of 4: Understanding HIV Risk in Prison Among Heterosexually-Identified African American Men Who Have Sex with Men

Author(s): *Gaffney, S; Myers, JJ*[1]; Maiorana, A[1]; Zack, B[2]
[1]University of California, San Francisco, San Francisco, CA; [2]Centerforce, San Rafael, CA

OBJECTIVES: Although studies have examined HIV transmission in prison, little is known about the specifics of HIV risk behavior inside. This qualitative study assessed factors influencing risk behavior among heterosexually-identified African American men in prison which will be used to tailor HIV prevention services for men returning to the community.
METHODS: Semi-structured interviews were conducted with 26 men within two weeks of release from prisons in Northern and Central California. Participants were recruited at a post-release meeting mandated by the state's department of corrections. Interview transcripts were coded and summarized for emerging themes.
RESULTS: Respondents were parolees and ranged in age from 20 to 62 years. Across the sample there was a mix of severity in the crimes committed and so in the "level" on which men were housed in prison. The average length of stay among the men interviewed was 13 months (with a range from 1 month to 7.5 years). Many had in common chaotic lives, and a family history of crime, drugs, or violence. Respondents noted that the scope of sex in prison is sensationalized. Most sex is consensual and occurs among men identified as "homosexuals," "punks," or "faggots." Forced sex was reported to be less common but does occur as punishment, when seeking protection, or by a few inmates preying on the weak. Attitudes towards sex among men included disapproval, ridicule, indifference, or tolerance. Twenty-five participants stated that men who have sex with men are gay, regardless of self-identification.

Only one respondent talked about his own sexual experience with another man, yet all men said that it happened to others. Respondents considered them straight and could not understand why men in prison would have sex unless they were homosexual before prison or "lifers" who could "indulge" because they have nothing to lose. HIV risk in prison was also related to illicit drugs used because of addiction or to escape reality. Most men did not use because of the expense, the risk of being caught, a chance to be clean and sober, and the potential violence (including sexual violence) associated with drugs' effects or drug-related debts. Inmates do not generally talk about HIV, except in the context of jokes or to know who is infected. Many inmates do not test for HIV, because of concern about their sex or drug history and fear finding out their status.
CONCLUSIONS: Since men's stated goal was to get out of prison, good behavior, minding their own business, and engaging with a few men they could trust were coping strategies used to avoid conflict and not to get caught in activities that could bring extra time. HIV risk behaviors seem to occur among men who are in for longer periods of time, use and need drugs, are gay (and may or may not hide their identity), and/or are victims of sexual assault. Talking about and preventing HIV risk in prison and in the community are complicated by secrecy, issues of sexual and ethnic identity, and definitions of sex relative to coercion.

Presentation Number: A17 – 2

Presentation Title: Part 2 of 4: Situational Gay Identity, Sexual Silence, and HIV Prevention Among Latino MSM

Author(s): *Lazarus, M*
UCSF - CAPS, San Francisco, CA

BACKGROUND: To recruit participants for an intervention with Latino MSM who do not identify as gay, this study aims to identify strategies used by Latino men to disclose their sexual interest with other men, for partner selection and for social acceptance and support, in situations that vary in acceptance to expressing a gay identity. While some men express a consistent internalized sexual identity, many others have pursued sexual desires with other men while avoiding public expression of a gay identity. Interventions to reach Latino MSM for HIV prevention may fail to attract such "non-gay identified" men. Class expectations and social pressure to respect family obligations (*respeto*, *familismo*) and masculinity (*machismo*) affect the expression of sexual identities for many Latino men who have sex with men (Carrillo 2002; Diaz and Ayala 2000).
METHODS: Trained bilingual male interviewers used a semi-structured interview guide to inquire about Latino men's early sexual experiences and the transitions between their sexual identities in birth countries and in the US. In Northern California, 62 Spanish-speaking Latino men were recruited in venues where men go to meet other men for sex and through networks of similar men who frequented these venues. Venues included gay bars, straight bars where men go to find male sex partners, parks, adult book stores, and a bathhouse. Hour-long interviews were conducted at a public health clinic and recorded in Spanish or English. For this analysis we selected text that discussed issues of identity, partner selection, and family support and translated the text into English using situational analysis (Clarke 2005) and coding software *Atlas.ti*.
RESULTS: Most of the men migrated to the US from Mexico (66%) and other Latin American countries (32%). For many men, sexual silence started from childhood experiences of sex with older men, affecting their experience of difference and communication with their families about their sexual desires at odds with familial expectations. In their search for sexual partners, men chose venues that could signal their interest without demanding an overt expression of sexual identity. In "straight" venues, men communicated sexual interest through body language and ritualized exchanges that did not jeopardize their public expression of a male sexual identity. In mixed venues with both straight and gay-identified men, men relied on trusted networks of men who they confided their preferences, plus non-verbal communication of their interests. In families, some men initiated the erosion of sexual silence by confiding their preference to a trusted sibling or parent.
CONCLUSIONS: Latino men who do not identify as gay may be recruited through social networks of gay-identified partners or through programs targeting Latino men at venues where men go to find sexual partners, rather than target men directly through their sexual identity as "gay" or "MSM".

Presentation Number: A17 – 3

Presentation Title: Assessing Exposure and Responses to a Social Marketing Intervention Targeted at Heterosexually-Identified Latino Men Who Have Sex with Men: The Hombres Sanos Campaign

Author(s): *Martinez-Donate, AP*[1]*; Zellner, JA*[1]*; Fernandez-Cerdeno, A*[1]*; Sanudo, F*[2]*; Hovell, MF*[1]*; Ji, M*[1]*; Engelberg, M*[1]*; Sipan, CL*[1]
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BACKGROUND: Latino men are overrepresented among new HIV cases. Heterosexually-identified (HI) Latino men who have sex with men (MSM) are at increased risk for HIV infection and represent a transmission vector from high-risk populations to Latino women. To date, this population has remained elusive to HIV prevention interventions targeting Latino MSM. To overcome this gap and promote risk reduction among this segment of the Latino population, a social marketing intervention (The Hombres Sanos Campaign) was conducted in North San Diego County (CA). This paper will present descriptive results on the level of exposure and reported responses to the campaign among the target population.
METHODS: The 9-month, multi-component social marketing intervention was implemented throughout North San Diego County for a 9-month period. Four serial cross-sectional community surveys (N=837) were conducted with independent samples of Latino men during the implementation of the campaign. Participants were recruited randomly at targeted high- and low-risk community venues and invited to complete a self-administered anonymous survey using a handheld PC. among others, the survey included questions on exposure and reported reactions to the Hombres Sanos campaign.
RESULTS: A substantial proportion of respondents recognized the campaign logo (43%) and reported exposure to the campaign's printed materials (73%); mobile ads (25%); radio ads (25%); club events (13%); and condoms (36%). Overall, 81% reported exposure to ≥1 of the campaign components. Reported responses to the campaign included having made an appointment for HIV testing (15%), obtained and/or used condoms (14%), been tested for HIV/STI (3%), or talked to sexual partners about HIV and/or condoms (3%).
CONCLUSIONS: Results indicate that the intervention reached the target audience and elicited responses that may reduce HIV risk, thus suggesting that social marketing may be an effective avenue to deliver risk reduction messages among HI Latino MSM.

Presentation Number: A17 – 4

Presentation Title: The Bruthas PROJECT: Towards the Development of an HIV Testing and Prevention Counseling Program for Heterosexual-Identified African American MSM (AA Het-MSM)

Author(s): *Smith, C*[1]; *Operario, D*[2]*; Kegeles, S*[3] - Carla Dillard Smith, MPA, California Prevention and Education Project (CAL-PEP), Oakland, CA, Don Operario, PHD, Oxford, England, United Kingdom, Susan Kegeles, PHD, UCSF, San Francisco, CA.

BACKGROUND: African American men who identify as heterosexual, but have sex with other men, are at risk for HIV. These men often do not perceive themselves at risk for HIV, obtain HIV testing, utilize HIV prevention services, or disclose their sexual behaviors to others. They have not been reached through most HIV prevention programs for African American MSM, which typically focus on men who identify as gay, bisexual, or same gender-loving. In contrast, AA Het-MSM is often very uncomfortable attending HIV prevention programs with men who have a sexual identity regarding their same-sex behavior. The Bruthas Project is a community-collaborative research study aimed at developing and pilot-testing an HIV prevention intervention program tailored to the needs of AA Het-MSM.
METHODS: We conducted 20 in-depth interviews with Het-MSM and 3 focus groups with community sectors that interact closely with the target population (HIV/AIDS service providers and gay-identified male partners). Interviews and focus groups were taped, transcribed, and analyzed. The emergent themes were used in the development of a 4-session individualized counseling curriculum which includes rapid HIV testing. CBO agency staff was trained on curriculum implementation. Het-MSM is being recruited into a pilot study to assess feasibility and acceptability of the Bruthas Project curriculum and outcome data trends.
RESULTS: Five lessons were learned from the formative research: (1) Intervention processes must respect men's heterosexual identity. The intervention content should reflect men's personal identities as heterosexual men; (2) Het-MSM often disassociates same-sex sexual behavior from personal/emotional significance. Sex with other men was commonly experienced in terms of discrete behavioral episodes lacking personal significance outside of the compartmentalized episodes themselves; (3) Spontaneous and unplanned sexual encounters with men are common, frequently occur in high-risk contexts such as parks, street locations, cars, and adult bookstores, and are often associated with substance use or monetary exchange. Men reported feeling unable to plan strategies for protecting themselves given the context of the sexual activities; (4) Dynamics with female and male partners are typically conflicted. Participants described ambivalent and tense dynamics with both their female and male partners. Issues of distrust, gendered stereotypes, and power dynamics appeared as frequent barriers to open communication about sexual risk and safer sex communications with female partners; (5) Cultural norms of masculinity underlie sexual tension and partner dynamics. Gender norms related to masculinity, family expectations, and the Church/spirituality pose significant challenges for the men in acknowledging and addressing the potential risks associated with their same-sex behavior.
CONCLUSIONS: These findings provided insight into participant recruitment strategies, and clarified content areas to address through individualized counseling, including condom negotiation skills, relationship dynamics with female partners, spontaneous sex with male partners, and needs for sexual secrecy. Preliminary findings from the pilot

intervention support the feasibility of recruiting, engaging, and retaining Het-MSM in this research project, and highlight a need for consistent and supportive staff training in providing HIV prevention counseling services to this group. A rigorous test of the efficacy of the Bruthas Project in causing behavior change among AA Het-MSM should be conducted.

Track A
A20 – Ethnographic Research Methods in Formative or Basic Prevention
Room: BAKER – (Hyatt Hotel – Atlanta Confernce Center level)

Presentation Number: A20 – 1

Presentation Title: Social and Sexual Meanings Among Heterosexually Identified Men Who Have Sex with Men and/or Preoperative Transgender Women

Author(s): *Reback, CJ*[1,2]; *Larkins, S*[3]
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BACKGROUND/OBJECTIVES: Prior research suggests the need to explore the role heterosexually identified MSM play in HIV transmission. The goals of this qualitative study were to 1) better understand the social and sexual meanings of the sexual behaviors, and 2) determine the HIV risks of these sexual encounters.
METHODS: Qualitative methods were employed. Open-ended, semi-structured interviews were conducted with study participants. A first-level coding scheme was developed, qualitative data was classified by topic, and a final thematic coding scheme was developed after comparing codes and reviewing inconsistencies. ATLAS.ti© was used to create a computerized database.
RESULTS: From August 2002 through March 2003, 31 interviews were conducted with heterosexually identified men who reported at least one sexual encounter with a male or transgender woman in the previous year. Sixty-one percent were African American/black, 23% were Caucasian/white, 6.5% were Asian/Pacific Islander, 6.5% Latino/Hispanic, and 3% Native American, ages ranged from 22 to 60 years, and 58% were HIV infected. Findings were coded into three primary research themes: "maintaining their heterosexual identity," "motivations for male and preoperative MTF transgender sexual partners," and "substance use, sexual risk behaviors, and sexual choices." There were distinct patterns in the sexual behaviors of the heterosexual men in this study. Disclosure of HIV status and discussion of condom use with these sexual partners was minimal and inconsistent. The heterosexually identified men in the study made decisions regarding condom use based on partner type (e.g., primary biological female partner vs. male partner vs. MTF transgender partner), rather than sexual activity (e.g., oral vs. vaginal vs. anal).
CONCLUSIONS: Findings suggests that heterosexually identified MSM are at some risk for HIV, as are their sexual partners, highlighting their potential role in the diffusion of HIV and other STIs.

Presentation Number: A20 – 2

Presentation Title: Implementing the Youth Action Research Model: An Innovative Approach Utilizing Youth Peers to Study HIV Risk Among YMSM of Color in Urban Settings

Author(s): *de la Cruz, MA*[1]; *Munoz-Laboy, MA*[2]; *Vasquez del Aguila, E*[2]; *Casenave, B*[1]; *Cauthen, B*[1] *- 1* Bronx AIDS Services, Bronx, NY; [2]Columbia University, New York, NY

ISSUE: More than 50% of all PLWHA in the Bronx who are males between the ages of 13-24 indicated they were infected with HIV through unprotected sex with another male (MSM). The exploding epidemic among Young Men of Color who have Sex with Men (YMCSM) and low level of access to MSM-friendly, culturally competent prevention services and primary care, demands the implementation of innovative research techniques to aid in the development of new prevention strategies.
SETTING: The program model was developed in New York City, the training was delivered on-site in the Bronx and research activities were implemented at venues in the New York City area identified by program participants as places where social and sexual networks of YMCSM exist. The target audience for this presentation includes HIV Prevention Program Staff who serve Youth Populations, Researchers, and Outreach Workers.
PROJECT: Applying the principles of the Youth Action Research model, an innovative community level approach was developed to address HIV prevention needs by training YMCSM and those connected to their social networks to conduct ethnographic research activities including field notes, venue observations, and survey facilitation utilizing

handheld Pocket PCs to assess HIV risk behaviors, identify barriers and facilitators to accessing prevention services, assist in identifying newly diagnosed HIV+ YMCSM provide prevention education and increase awareness of HIV counseling and testing services.
RESULTS: More than 40 youth were recruited into the training program during 2 cycles and over 325 surveys were conducted with YMSM of color at venues including nightclubs, bars, parks, and public spaces where the target population would socialize. Over 70% of the respondents in both cycles identified as either Hispanic/Latino or African-American. In the second cycle more than 60% indicated they engaged in anal intercourse with a male partner in the past six months, 32% of who indicated the event was without a condom, and 61% of those who reported receptive unprotected anal intercourse indicated the partner ejaculated inside of them. The majority of male respondents (>80%) indicated they had tested for HIV at least once in their lifetime. Preliminary analysis yielded some relationships between social spaces, attitudes about HIV/AIDS and risk behavior including; a decreased incidence of risky sex was reported by respondents who indicated finding sexual partners when with a small group of friends and having unprotected receptive anal sex in the past six months was influenced by hanging out on the Internet and finding sexual partners in the park or on the street.
LESSONS LEARNED: By training youth peers connected to YMCSM networks to facilitate self-administered surveys and provide referrals, engagement to participate in survey activities is increased, and respondents are more enabled to disclose personal information, ask questions about HIV risks and more encouraged to access services. Continued research of these networks and the level of access of services by both HIV+ and high risk HIV- YMCSM will yield best practices for retaining these populations in care and services and effectively addressing their prevention needs.

Presentation Number: A20 – 3

Presentation Title: Words from HIV+ Youth: Insights for Secondary Prevention

Author(s): *Leonard, AD*[1]; *Markham, C*[2]*; Bui, T*[2]*; Shegog, R*[2]*; Paul, ME*[1]
[1]Baylor College of Medicine, Houston, TX; [2]University of Texas, School of Public Health, Houston, TX

ISSUE: Due to the advances made in highly active antiretroviral therapy (HAART), prenatally infected youth are now anticipating a much longer lifespan. Concurrently, there is an increase in the number of youth acquiring HIV through at-risk behaviors, such as unprotected sex and injection drug use. As the number of youth with HIV continues to rise, the development of interventions that provide positive youth with the knowledge and skills necessary to control disease progression and prevent transmission to partners is imperative.
SETTING: Texas Children's Hospital Allergy & Immunology Clinic, Covenant House of Texas, and in the participant's homes.
PROJECT: The aim of this qualitative study was to examine factors related to HIV management through one-on-one interviews with HIV+ youth. The interviews were intended to elicit HIV+ adolescents' knowledge, attitudes, and beliefs in relation to HIV management, including medication adherence, disclosure, and sexual risk reduction. The information collected from these interviews will be utilized to build modules for a tailored, "virtual world" computerized application to enhance self-management skills among HIV-positive youth.
RESULTS: Twenty in-depth interviews were conducted with HIV+ youth. Of the eligible participants, 12 (4 males, 8 females) were infected parentally and 8 (1 male, 7 females) were infected behaviorally. Sixteen (80%) identified themselves as African American, 3 (15%) as Latino and 1 (5%) as Caucasian. Average age was 17 years. Responses to medical questions indicate a high level of confusion among the youth with regard to how antiretroviral work against the virus, as well as the importance of adhering to a treatment regimen. However, the youth demonstrated some understanding about the significance of laboratory results, such as CD4 and viral load values. With regard to disclosure, an important factor that emerged was a need to "trust" the individual to whom they were disclosing. Seventy percent of the participants who had disclosed believed revealing their HIV status would cause a negative reaction. Fifty percent of the participants had disclosed to an individual they were dating. Eleven participants reported being sexual active. Responses to safer sex questions revealed that four out of the twenty participants felt that sex without a condom with an HIV negative partner was acceptable if the partner was aware of their status. Although many of the youth indicated they would be more comfortable dating another infected individual, two thirds did not understand the meaning of reinfection. These results suggest that the youth feel there would be no harm in having unprotected sex with another HIV+ individual.
LESSONS LEARNED: Interviews with HIV positive youth provided valuable information for the development of secondary prevention modules. Lack of knowledge about HIV pathogenesis and antiretroviral treatment among the youth interviewed is likely to impair medication adherence and secondary prevention efforts. The computer application to enhance self-management skills will be designed to address knowledge deficits and may ultimately serve as an intervention tool to improve adherence and secondary transmission prevention.

Presentation Number: A20 – 4

Presentation Title: Positive Deviance Control-Case Life History: A Method to Study Successful Avoidance of Infection

Author(s): *Friedman, S*; *Mateu-Gelabert, P; Sandoval, M*
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BACKGROUND/OBJECTIVES: Prevalence rates for long-term injection drug users (IDUs) in some localities surpass 60% for HIV and 80% for HCV. We describe methods for developing grounded hypotheses about how some IDUs avoid infection with either virus for many years.
METHODS: The "Staying Safe Project" investigates IDUs who have been injecting 8 - 15 years in New York City but remain without antibody to either HIV or HCV. Instead of focusing on "risk factors," we focus on living conditions, strategies and "indigenous prevention tactics" related to staying uninfected over the long-term. Staying Safe methodology collects detailed life histories and information about how IDUs maintain access to physical resources and social support; their strategies and tactics to remain safe; how they handle the problems of addiction and demands by drug dealers and other drug users; and how their behaviors and strategies do or do not become socially-embedded practices. Grounded theory and life-history analysis techniques compare and contrast doubly-uninfected with those infected with both viruses or only with HCV. Results presented here are based on interviews with 17 doubly-uninfected IDUs, 3 doubly infected, and 5 singly infected with HCV.
RESULTS: Several themes and initial hypotheses have emerged from the data. “Staying safe” behaviors and practices include: Ways to avoid “drug sickness” (withdrawal) by keeping drug need commensurate with money and drugs availability include: maintaining close relationships with drug dealers so they will lend you drugs; being a mid-level dealer oneself; and using detoxification programs to manage one’s “habit”. Ways to cope with “drug sickness” episodes without engaging in high-risk injecting include: planning ahead to get sterile syringes from syringe exchanges, pharmacies, and diabetics (both when in community & when incarcerated); sniffing drugs rather than injecting them. Ways to reduce peer pressure to share drugs or equipment include: teaching lovers and friends to save “wake-up bags”; injecting alone or with a like-minded partner; teaching and reinforcing safety practices in one’s own injection network. Ways to handle stigma and “social death” include: avoiding being identified by family, friends or neighbors as an injector; using harm reduction programs as sources of social support and friendship, and never violating the space or property of some friends and relatives so they can remain resources as a place to keep papers, shower and/or sleep occasionally.
CONCLUSIONS: Substantively, we have identified strategies and tactics that some doubly-uninfected IDUs have developed to “stay safe. Methodologically, Staying Safe methodology helps develop grounded hypotheses for epidemiologic testing via cohort studies of incidence and for prevention trials of a new generation of programs to help IDUs make their injection and sexual careers safer for themselves and others. This positive deviance control-case life history method might be applicable to studying remaining safe from other infections like genital herpes among sex workers. Researchers in Spain, Australia and England are adapting Staying Safe methodology to study long-term HCV and/or HIV avoidance; collaboration among us will widen our ability to learn about and disseminate successful innovations.

Track B
B01 – US Mexico Border Migrants
Room: A705 – (Marriott Hotel – Atrium level)

Presentation Number: B01 – 1

Presentation Title: Migration and HIV Risk (Part 1 of 4) - HIV/AIDS Along the U.S.-Mexico Border: Findings from A Multi-state, Binational Epidemiologic Profile

Author(s): *Stopka, TJ*[1]; *Bailey, SR*[2]*; Foster, L*[3]*; Osborn, J*[4]*; Ngo, N*[4]*; Hitt, J*[4]*; Gutierrez, F*[5]*; Ruiz, J1; Molitor, F1; Freitas, L*[6]*; Tweeten, S*[6]*; Bravo-Garcia, E*[7]*; Magis-Rodriguez, C*[7]
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BACKGROUND/OBJECTIVES: HIV/AIDS epidemiologic research has been conducted in a number of key locations along the U.S.-Mexico border during recent years; however, a comprehensive, cross-state, bi-national HIV/AIDS epidemiologic profile of the border region is greatly needed. A multi-state (California, Arizona, New

Mexico, Texas) and bi-national collaborative team convened in 2006-2007 in an effort to develop an epidemiologic profile focused on HIV/AIDS along the U.S.-Mexico border. Preliminary findings are highlighted.
METHODS: HIV/AIDS surveillance staff from county, state and national public health agencies collaborated to develop a framework for the epidemiologic profile and to conduct secondary analyses of existing data for counties and health jurisdictions in the border region. Data from the U.S. Census, vital statistics, HIV/AIDS surveillance, infectious disease surveillance and special studies were aggregated and analyzed for 23 U.S. border counties in order to assess: 1) demographics of the border population; 2) the scope of the HIV/AIDS epidemic along the border; 3) indicators of HIV risk; 4) HIV/AIDS care and service utilization patterns; and, 5) HIV testing trends and other relevant findings.
RESULTS: From 2000 to 2005, the population of the 23 U.S. counties that border Mexico increased by 7.4%, from 6,320,008 to 6,787,239. In 2005, the 10 most populous U.S. counties along the border comprised 96% of the total border population. The U.S. border population was predominantly Latino (51.5%) or White (38.8%), 34 years of age or younger (53.6%) and female (50.5%). Nearly one-fifth of the U.S. border population lived below the poverty level and 55.6% of these individuals were less than 25 years of age. In 2005, 13,396 prevalent AIDS cases were reported in the 23 U.S. border counties. Eighty-nine percent of these AIDS cases were men, 65.1% men who had sex with men (MSM), 11.2% injection drug users and 73.9% between the ages of 35-54 years. Whites (51.2%) comprised the largest proportion of AIDS cases within the U.S. border counties, followed by Latinos (34.7%) and African Americans (10.6%). AIDS rates per 100,000 were highest among African Americans (357), individuals aged 35-44 years (339) and men (209). Geographically, prevalent HIV/AIDS rates per 100,000 were highest in San Diego, California (365), Pima, Arizona (227) and El Paso, Texas (175). The number of newly reported AIDS cases decreased from 919 in 2001 to 802 in 2005, a decrease of 12.7%, and annual mortality among individuals with HIV/AIDS decreased by 15%, from 454 in 2001 to 385 in 2005.
CONCLUSIONS: Preliminary analyses of aggregated epidemiologic data for the U.S.-Mexico border region indicate that the burden of HIV/AIDS is highest among Whites, Latinos, African Americans, MSM and middle-aged individuals. Geographically, HIV/AIDS rates vary considerably by county along the border. Findings from the HIV/AIDS Border Epidemiologic Profile can guide public health officials, researchers, policy makers and community-based organizations with future HIV/AIDS prevention, research, care and treatment decisions on both sides of the border and facilitate future collaboration.
This is one of four abstracts submitted jointly for a group oral presentation titled: HIV and STI Prevalence and Risk Behaviors among Mexicans, Migrants, and Border Populations.

Presentation Number: B01 – 2

Presentation Title: Migration and HIV Risk (Part 3 of 4) - Vulnerability of Mexican Male Migrants Who Have Sex with Sex Workers: Findings of the California-Mexico Epidemiological Surveillance Pilot (CMESP)

Author(s): *Hernandez, MT[1]; Hanson Sanchez, MA[1]; Ayala-Lawless, L[1]; Ruiz, JD[2]; Magis, C[3]; Samuel, MD4; Lemp, GF[1]*
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BACKGROUND: The CMESP is a bi-national collaborative project to assess the vulnerabilities of Mexican migrants to HIV and STI infection. Unprotected sex with sex workers is common among male migrants around the world, and has been associated with transmission of HIV and STI to their home communities. Sex under the influence of cocaine and methamphetamine has been associated with increased frequency of unprotected sex among males.
METHODS: The CMESP is a venue-based targeted random survey of male and female Mexican migrants living in rural and urban areas in San Diego County and Fresno County, California. Participants were systematically sampled and recruited at each venue in proportion to the volume of eligible migrants enumerated at that venue. A separate sampling frame of similar methodology was used for bars and clubs. Behavioral data are presented for male participants; estimated separately for each type of recruitment location: 1) male work venues (male migrant camps and job pick-up locations); 2) community venues (family migrant camps, Laundromats, adult schools, churches); and 3) bar and club venues.
RESULTS: A total of 990 Mexican male migrants were surveyed at 68 venues in 2004 and 2005. The table presents the prevalence of HIV, *Chlamydia trachoma is* (CT) and behaviors reported within the past 12 months: unprotected sex with sex workers (USSW), two or more sexual partners, at least one sexual partner in California and another in Mexico, and non-injected cocaine or methamphetamine use. Men who reported being under the influence of drugs during sex had the highest prevalence of unprotected sex at last intercourse (72%).
After controlling for years living in California, acculturation level based on use of English language and type of recruitment venue, multivariate analyses identified the following variables to be associated with USSW:
reporting two to four sexual partners (OR 13.7 Wald Confidence Limit (CL) 4.7-40.3, p<.01) and five or more sexual

partners (OR 23.4, CL 7.3 - 75.2, p<.01), as compared to reporting zero or one partner
reporting at least one sexual partner in California and another in Mexico (OR 2.8, CL 1.5 - 5.3, p<.01)
CONCLUSION: Unprotected sex with sex workers creates opportunities for transmission of HIV and STI from California to Mexico and is associated with reporting multiple sex partners and reporting sex partners both in California and in Mexico. In addition, these behaviors are more likely to be reported by male migrants in male work or bar/club venues, suggesting the need for targeting prevention interventions to specific Mexican migrant sub-communities in California. One of four abstracts submitted for a group oral presentation titled: HIV and STI Prevalence and Risk Behaviors among Mexicans, Migrants, and Border Populations.

Presentation Number: B01 – 3

Presentation Title: Migration and HIV Risk (Part 2 of 4) - The California-Mexico Epidemiological Surveillance Pilot: Estimates of HIV and STI Prevalence Among Mexican Migrants in California

Author(s): *Hanson Sanchez, MA1; Hernandez, MT1;; Ayala-Lawless, L1; Ruiz, JD2; Magis, C3; Samuel, MD4; Lemp, GF1*
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BACKGROUND: For Mexican migrants, the impact of migration from Mexico to the U.S. has the potential to lead to an increased risk for HIV infection. The data currently available are insufficient to fully assess the potential for rapid spread of the HIV epidemic among this population. A confluence of migration-related factors such as constant mobility, poverty, and cultural and linguistic barriers present unique challenges for sampling this population, leaving traditional sampling methods unsuitable. To better describe the epidemiology of HIV and related behavioral risk factors, we have implemented a venue-based targeted random sampling method to sample this hard-to-reach population. The California-Mexico Epidemiological Surveillance Pilot (CMESP), a bi-national epidemiological surveillance system, combines outreach techniques with sample survey methods to enumerate, sample, and estimate the prevalence of HIV, STIs, and associated risk factors among Mexican migrants at selected venues in rural and urban areas of Fresno County and San Diego County in California.
METHODS: Sampling was conducted March 2004-February 2005 and July-November 2005. Survey sites frequented by Mexican migrants were identified through key informant interviews and focus groups with this population. Sampling venues included job pick-up locations, migrant camps, community venues, and high-risk venues such as bars. Sampling included implementation of a behavioral questionnaire and serologic and urine testing. The sampling frame was dynamic, consisting of 68 venues. As the attendance patterns of our target population changed throughout the study, venues were added or deleted from the sampling frame in accordance with attendance criteria. Study participants were systematically sampled and recruited at each venue in proportion to the volume of eligible migrants enumerated there. Prevalence was estimated using a combined ratio estimator. This estimator required a weighting mechanism to adjust for the fact that those study participants who attend their respective venue more frequently had a greater probability of enrollment. Therefore, each participant was assigned a unique weight based upon their likelihood of inclusion in the sample. Inverse-probability-of-selection-weighting was implemented for each participant based upon their pattern of attendance and the sampling fraction observed at their respective venue through enumeration. Prevalence was estimated for each type of recruitment venue, where venue types were grouped using stratified permutation methods.
RESULTS: A total of 1283 eligible subjects (n=990 males, n=281 females, n=12 transgender) were recruited from male work venues (male migrant camps and job pick-up locations), community venues (e.g., family migrant camps, Laundromats, adult schools, churches), and bars and clubs (including MSM-specific venues).
CONCLUSIONS: CMESP results indicate a significantly elevated prevalence of HIV and STIs among male Mexican migrants in male work venues and high-risk venues, making this population vulnerable to HIV and STI transmission through their common work and social environments, particularly in those environments where women are infrequently present. These stratified estimates can be used to target resources to meet the HIV/AIDS prevention and HIV-related medical care needs of this hard-to-reach population.

Presentation Number: B01 – 4

Presentation Title: Migration and HIV Risk (Part 4 of 4) - Surveillance in Mexico: Behavior and HIV/AIDS Knowledge in Communities that Migrate to the U.S.

Author(s): *Magis Rodriguez, C*[1]; *Bravo Garcia, E*[1]; *Hernandez, MT*[2]; *Hanson Sanchez, MA*[2]; *Lemp, GF*[2] - [1]Centro Nacional para la Prevencion y Control del VIH/SIDA e ITS (CENSIDA), Mexico City, Mexico; [2]Universitywide AIDS Research Program, University of California, Office of the President, Oakland, CA

BACKGROUND: The prevalence of HIV in the U.S is 0.6% while in Mexico it is 0.3%. More than 15% of AIDS cases in six Mexican states have been associated with migration to the U.S. The California-Mexico Epidemiological Surveillance Pilot (CMESP) is a bi-national collaborative project with the goal to develop and share a bilateral surveillance system to assess the vulnerabilities, behaviors, and other factors associated with HIV/AIDS among migrants while in their Mexican homes as well as in their U.S. communities.
METHODOLOGY: A modified snow-ball sample was conducted from December 2004 to February 2005 in rural communities in five states of the Mexican Republic: Jalisco, Michoacán, Estado de México, Oaxaca y Zacatecas. Communities with a high index of migration to the U.S. were randomized for participation in the survey. A sample size of migrants and non-migrants for each community was determined based on census data. Participants were asked to report behaviors in the past 12 months.
CONCLUSION: Migrants reported higher behavior levels that put them at risk of becoming HIV infected but also higher condom use and higher beliefs of HIV transmissibility. Migrants reported a higher number of partners but also higher condom use than non-migrants. The migrant population indicated higher level of beliefs of HIV transmission, regardless of accuracy. Migrants also reported more frequent use of non-injecting drugs. It is imperative that surveillance research continue to inform the development of programs for prevention, detection of infection, and access to care for the Mexican migrant population while in Mexico as well as in the U.S.

Track B
B04 – The Impact of HIV Testing on Behavior
Room: HANOVER C – (Hyatt Hotel – Exhibit Level)

Presentation Number: B04 – 1

Presentation Title: Estimated Prevalence of Unprotected Sex in HIV-positive MSM Who Are Aware of Their Serostatus in the United States: A Meta-analysis

Author(s): *Crepaz, N*; *Liau, A; Marks, G; Mullins, MM; Jacobs, ED; Aupont, LW; Wolitski, RJ*; for HIV/AIDS Prevention Research Synthesis (PRS) Team
CDC, Atlanta, GA

BACKGROUND: In the United States, the number of HIV diagnoses among men who have sex with men (MSM) decreased during the 1980s and 1990s, but recent CDC surveillance data show an increase in HIV diagnoses for this group. While many HIV-positive MSM who are aware of their serostatus eliminate or reduce behaviors that may expose others to HIV, some do not consistently practice safer sex. We synthesized the U.S.-based literature to estimate the overall prevalence of unprotected sex among HIV-positive MSM aware of their serostatus that potentially places others at risk for HIV infection and themselves at risk for STD and other strains of HIV. We also examined factors associated with the prevalence of unprotected sex.
METHODS: Systematic searches of 3 electronic databases (MedLine, Embase, PsycInfo) were conducted to identify relevant studies published from 2000 to 2006. Studies were included if they reported data on the prevalence of the following unprotected sex outcomes for HIV-positive/aware MSM in the United States: unprotected insertive or receptive anal intercourse, or unprotected vaginal intercourse. Using meta-analysis approaches, prevalence rates were estimated by synthesizing weighted means.
RESULTS: Twenty-seven studies provided data on unprotected sex. Participants were primarily recruited from gay venues, gay events, or clinics in the major U.S. cities, or from the Internet. The majority of participants in 12 studies were MSM of color. Twenty-three studies reported the prevalence of unprotected anal intercourse only, and 4 studies included unprotected anal or vaginal intercourse. The behavioral recall period ranged from last sex to 12 months, with a median of 3 months. The overall estimated prevalence of unprotected sex, pooling across partner's serostatus, was 35.4% (95% CI = 34.5% to 36.4%, N = 10,100). The estimate did not differ substantially by the ethnic composition of participants or whether unprotected vaginal sex was included. However, the estimated prevalence of unprotected sex was significantly higher in studies in which MSM were recruited on the Internet (66.3%) than other settings (34.9% for clinic settings; 42.2% for mixed settings, primarily in gay venues). among 7 studies (N=3,975) that had data broken down by serostatus of sex partners, the estimated prevalence of unprotected sex with HIV-unknown partners (14.9%) was 1.5 times higher than the estimated prevalence with HIV-negative partners (9.8%). Only three studies provided stratified data for HIV-positive partners and the estimated prevalence of unprotected sex was 30.6%.
CONCLUSIONS: Approximately one-third of HIV-positive MSM who are aware of their serostatus engaged in

unprotected sex that potentially placed others at risk for HIV/STD infection or themselves at risk for STDs and other strains of HIV. The findings suggest that there may be a high prevalence of unprotected sex among HIV-positive/aware MSM who use the Internet to find sex partners. HIV-positive/aware MSM was more likely to engage in unprotected sex with HIV-unknown than HIV-negative partners, suggesting the importance of knowing and disclosing one's serostatus. Interventions targeting HIV-positive MSM aware of their serostatus are urgently needed to assist them in adopting and maintaining safer sex behaviors.

Presentation Number: B04 – 2

Presentation Title: Who Knows Their Results?: Self-Report vs. Chart Audit HIV Viral Loads and CD[4] Counts and Characteristics of Knowing Results

Author(s): *Allgood, K[1]; Raja, S[2]; Burgos, R[3]; Glick, N2*
[1] Sinai Urban Health Institute, Chicago, IL; [2]Sinai Health System, Chicago, IL; [3]University of Illinois at Chicago, Department of Pharmacy Practice, Section of Infectious Disease Pharmacotherapy, Chicago, IL

BACKGROUND: Few studies have explored the level of agreement between self-reported and measured clinical markers of HIV such as CD4 count and viral load. One study showed that there was agreement between self-reported and measured CD4 count and did not look at Viral load. We intend to determine how well self-reported clinical HIV markers match the measured values among those participating in a randomized controlled trial in Chicago-Westside infectious disease (ID) clinics. These data will help clinicians understand how involved their patients are in their care and where to target educational interventions for patients.
METHODS: Eligible HIV-infected patients were recruited from four inner city Infectious Diseases (ID) clinics to participate in a peer-based tailored HIV prevention intervention. among the various measures used to evaluate the intervention was disease status. To that end, HIV viral loads (VL) and CD4 counts were collected. At baseline, each participant was asked to report the value of his/her most recent CD4 count and VL. We also collected data on measured CD4 counts and VL from the patient's ID clinic medical chart. We present the level of agreement of these two measures of CD4 count and VL overall and by age, gender, self-reported health and length of time at clinic using the Kappa statistic.
RESULTS: A total of 173 HIV-infected patients were recruited. In general, they were poor (68% earned less than $10,000 per year), Black (87%), and had a low level of education (72% had a high school diploma or less). The sample was 54% male with an average age of 42 years (range=18-63 years). Self reported data indicated that 29% (N=46) did not know their recent VL values, whereas 52% (n=90) did not know the value of their most recent CD4 count. There was a fair level of agreement between the measured and self-reported VL (Kappa=0.3476). There was a substantial level of agreement between measured and self-reported CD4 counts (Kappa=0.6741). When looking at this data by gender, males had a higher level of agreement than females for both VL (Kappa=.4960 males and 0.2543 females) and CD4 counts (Kappa=.7184 males and 0.5494 females). among those under 30, the level of agreement was low compared to those in other age categories. Finally, there was no difference in level of agreement between self-reported and measured VL and CD4 counts, self-reported health, or years attending the clinics.
CONCLUSIONS: Patients in an urban infectious disease clinic in Chicago have a fair recall of their VL and a substantial recall of their CD4 counts among those who can recall the values of these tests. These clinical markers are important for both patients and physicians because they determine HIV health and the need for starting anti-retroviral medications as well as the level of participating in ones own HIV care. These data reinforce the need to ensure that these markers are discussed at each clinic visit.

Presentation Number: B04 – 3

Presentation Title: Associations Between Routine HIV Screening And Unprotected Sex: HIV-Negative Results Not Associated with Increase in Risk Taking

Author(s): *Magnus, M[1]; Kuo, I1; Shelley, K[1]; Peterson, J[1]; Rawls, A[1]; Jackson, S[1]; Montanez, L[1]; Nowell, M[1]; Jones, K[1]; Castel, A[1]; Rennie, L[2]; West, T[2]; Hamilton, F[3]; Sansone, M[2]; Greenberg, AE[1]*
[1]GWU SPHHS Dept of Epi/Bio, Washington, DC; [2]HIV/AIDS Administration/DC DOH, Washington, DC; [3]Family Medical and Counseling Services, Inc., Washington, DC

BACKGROUND: Washington, DC has the highest AIDS case rates in the U.S. yet little is known about the relationship between routine HIV testing and behavioral risk in DC. Sexual risk-taking behavior following HIV testing in the environment of DC's routine HIV testing campaign is poorly characterized.
METHODS: Non-seed data collected as a part of the CDC National HIV Behavioral Surveillance (NHBS) study between DC January and April 2007 were analyzed. Adjusted and unadjusted associations between HIV testing

behavior and condom use were explored using univariate, bivariate, and multivariable methods, including logistic regression. All analyses were conducted in Stata v9.0se (College Station, TX).
RESULTS: Of 120 total interviews conducted, 98 (81.7%) were non-seed and included in this analysis. Mean age of participants was 39.4 years (sd 9.43), 57.1% were female, 92.9% self-identified as heterosexual, and 98.0% were African American. Of these, 89.7% reported ever getting tested for HIV in the past 2 years, and 72.1% in the past 12 months. Of those who tested at least once, the mean number of times tested in last 2 years was 2.36 (1.47) and times returned for result was 2.24 (1.49). Males reported a mean 6.46 (sd 10.82) female sex partners in the past 12 months, and females reported a mean 5.36 (24.25) male sex partners; 71.7% reported condom use at last vaginal or anal sex. No association was seen between receipt of a negative HIV test in the past 12 months and unprotected sex (p>0.64). However, women were more likely to report no condom use at last sex in conjunction with a recent negative result than males. Males with and without negative results were equally likely to have unprotected sex (30% vs. 40%, p>0.64) during the same 12 month period, while women more likely to have unprotected sex if they had a recent negative (33.9% vs. 0%, p=0.16), though not significantly so. No association was observed between gender and unprotected sex at last encounter or ever testing for HIV and unprotected sex.
CONCLUSIONS: One unanticipated consequence of routine HIV screening may be that people are more likely to engage in unprotected sex following negative results. In the routine screening environment ongoing in DC, it is important to evaluate this association. These preliminary NHBS data suggest that concern in this regard may not be warranted. Future study on this research question will be investigated as NHBS data accrue.

Presentation Number: B04 – 4

Presentation Title: Ongoing Risk Taking and New Sexually Transmitted Infections Among HIV-Infected Men Who Have Sex with Men (MSM) in Care: Implications for Prevention

Author(s): *Mayer, KH*[1,2]; *O'Clerigh, C*[1,3]*; Leidolf, E*[1]*; Grasso, C*[1]*; VanDerwarker, R*[1]*; Safren, S*[1,3] *- Jyaphia Christos-Kenneth H. Mayer*, Fenway Community Health, Boston, MA Brown University/Miriam Hospital, Providence, RI,, Conall O'Clerigh, PhD, Fenway Community Health, Boston, MA Harvard U/Massachusetts General Hospital, Boston, MA,, Esther Leidolf, MS, Chris Grasso, MPH, Rodney VanDerwarker, MPH, Fenway Community Health, Boston, MA, Steven Safren, PhD, Fenway Community Health, Boston, MA Harvard U/Massachusetts General Hospital, Boston, MA.

BACKGROUND/OBJECTIVES: Recent studies suggest that some HIV-infected MSM continue to engage in unprotected sex, presenting challenges for HIV and STI prevention. The current study examined the correlates of risky sex and bacterial STI in a cohort HIV-infected MSM who received primary care at a large Boston HIV care center when they were screened for participation in a prevention intervention.
METHODS: Participants (n = 304) were tested for STI, and completed a computer-assisted behavioral risk and psychosocial assessment. Clinical information was extracted from medical records. Odds ratios associated with STI were calculated using binary logistic regression. Sexual transmission risk was defined as engaging in unprotected anal intercourse (UAI) with HIV-uninfected or unknown status partners in the past 3 months.
RESULTS: Participants were predominantly Caucasian (76%) with an average age of 42.1 years (sd = 8.82), were well educated (50.5% college graduates). The mean CD4 cell count was 547 (sd = 314) and the mean plasma viral load was 13,579 copies/ml (sd = 51,212), with 62% having undetectable viral loads. Average length of time since diagnosis was 9.2 years (sd = 6.5); 23% were treatment naïve and 68% were currently taking ART. One in 7 (14.8%) had at least one STI diagnosed within 6 months of their study visit, with 12.8% being diagnosed with syphilis. In the prior 3 months 43% of the sample reported UAI, 55% reported substance use and 39% reported at least 1 or more episodes of 5 alcohol drinks/day in the past 3 months. UAI was associated with increased risk for any STI (OR = 3.2, CI 1.6 - 6.1) with receptive UAI being most highly associated with a recent STI (OR = 4.2, CI 2.2 - 8.2). Men with an STI were more likely to be younger(OR = 2.7, CI 1.4 - 5.0), be more recently diagnosed with HIV(OR = 2.8, CI 1.5 - 5.5), ART experienced (OR = 1.8, CI 1.1 - 3.2), or use nonprescription drugs (OR = 5.7, CI 2.3 - 13.9), particularly methamphetamine (OR 8.2, CI 4.1 - 16.4).
CONCLUSION: These results suggest prevention efforts for HIV-infected MSM in care particularly need to focus on risk taking behavior in more recently diagnosed younger MSM who use substances, particularly methamphetamines.

Presentation Number: B04 – 5

Presentation Title: HIV-Related Behaviors Among Black Students Attending Historically Black Colleges and Universities (HBCUs) Versus White Students Attending a Traditionally White Institution (TWI)

Author(s): *Hou, S[1]; McNair, L[2]; Wade, B[2]*
[1]University of Georgia, Athens, GA; [2]Spelman College, Atlanta, GA

BACKGROUND: College students represent an at-risk yet accessible population for further HIV prevention interventions. Recent data indicated the unexpected movement of the HIV epidemic in the Southeastern U.S. and the transmission among college students especially in back campuses. In addition to race/ethnicity, students who attend HBCUs may be immersed in a significant different cultural context that may influence their perceptions or norms around HIV related behaviors. The current study is the first one attempt to assess and compare HIV-related behaviors among black students attending Historically Black College and Universities (HBCUs) and white students attending a traditionally white institution (TWI) via data collected from web surveys.
METHODS: Black students were recruited from 15 HBCUs via a web survey, and white students were obtained from another web-survey examining the same set of HIV behavioral items among students from a TWI. Only black students attending HBCUs (n=222) and white students attending the TWI (n=335) were included in the current analyses.
RESULTS: The majority students in both samples aged between 18 to 24 years (mean=20.65) and self-identified as heterosexual oriented (91%), although the HBCU sample revealed slightly higher proportion of females (81.1% vs. 72.5%). Results indicated different behavioral patterns. Although both groups reported similar prevalence of oral and anal sex; HBCU black students were 1.71 times more likely to engage in vaginal sex, adjusting for age and gender. Data also showed that HBCU black students tend to engage in vaginal sex at younger age (16.3 vs. 17.5 years), while TWI white students tend to engage in oral sex at younger age (16.7 vs. 17.2 years). The age of first anal sex was similar (mean 18.6 years). HBCU black students were 4.4 times more likely to have had STIs and 3.6 times more likely to have been or gotten someone pregnant. Findings also showed that HBCU black students generally were less likely than TWI white students to use alcohol before any types of sexual activity; and were more likely to use condoms during oral sex (p<.000). Furthermore, HBCUs black students were found 8.44 times more likely to report having been tested for HIV, 3.8 times more likely to ask partner's HIV status and 2.9 times more likely being asked of their own HIV status. Comparing with TWI white students, HBCU black students also perceived higher risk of HIV infection, higher peer norms on vaginal and anal sex, and rated higher on their HIV knowledge levels.
CONCLUSIONS: Data showed that patterns on HIV-related behaviors among HBCU black and TWI white students were very different. Findings showed HBCU students taking more protective behaviors in some aspects while practicing riskier sexual behaviors in others. Results have implications on developing appropriate HIV intervention programs among students attending their race / ethnic dominant institution environment. Prevention efforts should take into account HIV risky and protective behavioral patterns among students attending different types of institution and the interplay between this and race / ethnicity.

Track C
C09 – Social Marketing to Increase HIV Testing for African American Women: "The Take Charge, Take the Test Campaign"
Room: COURTLAND – (Hyatt Hotel – Atlanta Conference Center level)

Presentation Number: C09 – 1

Presentation Title: Utilizing Social Marketing to Increase HIV Testing in African American Women: Lessons from CDC's Take Charge. Take the Test. Campaign

Author(s): *Spoeth, SK[1]; Lee, NR[4]; Fraze, JL[2]; McElroy, LA[2]; Johnston, JS[1]; Robinson, AC[3]; Smith, K[3]; Taylor, MK[3]; Lowery, L[3]; Davis, KC[5]; Uhrig, J[5]*
[1]Danya International, Atlanta, GA; [2]Centers for Disease Control and Prevention, Atlanta, GA; [3]Porter Novelli, Atlanta, GA; [4]Social Marketing Services Inc., Seattle, WA; [5]RTI International, Research Triangle Park, NC

ISSUE: Social marketing was introduced as a method for social intervention within the past two decades. Growing acceptance of its methods of integrating marketing and community engagement as an effective strategy for changing behaviors (Futterman D et al, 2001) has offered opportunity in the HIV/AIDS field.
SETTING: HIV/AIDS has taken a pronounced and continuing toll on African American women. From 2000 through

2004, the annual number of AIDS cases among black women increased steadily (Whitmore S, Satcher A, 2005). In 2002, HIV was among the leading causes of death for African American women overall, and was the number one cause of death among African American women ages 25-34 (CDC, 2006). To address this issue, CDC used a social marketing approach (Lee N, 2004) to develop a campaign based on three behavioral theories including the ecological model, theory of planned behavior, and health belief model (Glanz, Rimer, Lewis, 2002) to increase HIV testing in a specific target audience -- single, African American women, ages 18-34, who are having unprotected sex with men and live in areas heavily impacted by AIDS (Lee N et al, 2006).
PROJECT: The resulting social marketing campaign, *Take Charge. Take the Test.* (TCTT), was implemented for 12 months in Philadelphia and Cleveland, Ohio beginning in October 2006. These pilot cities provided an opportunity to evaluate the campaign's effectiveness. TCTT encompassed a multi-pronged marketing/behavioral approach in both cities that included traditional media activities such as advertising and public relations, combined with community-led grassroots activities/events and on-the-ground support from the local health department and a paid campaign coordinator. A campaign coalition was also developed to extend the reach of campaign messages through multiple venues and channels.
RESULTS: During the first six months of the campaign, TCTT experienced: 1) an increase in hotline calls 2) increase in community partnership and collaboration 3) expansion of HIV services into new and non-traditional venues, especially in the faith community and 4) nearly 800 HIV tests administered at campaign events identifying 5 people living with HIV. Due to the lag time for HIV test data reporting, current overall city HIV testing data are not available, but early indications show an increase.
LESSONS LEARNED: A behavioral theory-based social marketing approach can change knowledge, attitudes and intentions related to HIV testing for African American women. However, social marketing campaigns for this audience can not be based on media alone. Community support, collaboration and mobilization must support promotional messages to gain the desired behavior change. Campaign representatives and nationally recognized social marketing consultants will be available for presentation.

Track C
C13 – HIV and Mental Illness: Interventions and Prevention Priorities
Room: A703 – (Marriott Hotel – Atrium level)

Presentation Number: C13 – 1

Presentation Title: Mental Health Concerns are Common Among Sexually Risky MSM in Primary and Secondary Prevention Studies (Part 1 of 4, group oral: HIV and Mental Illness: Intervention and Prevention Priorities)

Author(s): *Safren, SA*; *O'Cleirigh, C; Ripton, J; Mayer, KH*
Fenway Community Health, Boston, MA

BACKGROUND: Men who have sex with men continue to be the largest group of at risk individuals infected with HIV in the U.S. Recent meta-analyses of HIV prevention interventions for MSM reveal they generally demonstrate significant reductions on HIV risk behavior. Such interventions use individual, small group, or community based approaches, with behavioral change models that do not directly address mental health concerns. Emerging data, however, show that mental health and psychosocial concerns are highly prevalent among MSM, and associated with increased HIV risk.
METHODS: This presentation will review meta-analytic and cross-sectional studies of sexual risk in MSM which assess mental health and HIV risk behaviors, and will also present mental health co morbidity data from two secondary prevention interventions being conducted at Fen way Community Health (FCH). FCH is the largest HIV care provider in New England, with most of the HIV-infected patients being MSM. These studies involve screening the population of HIV-infected MSM, and inviting them to enroll into one of two intervention approaches (one delivered by a medical social worker that includes prevention case management, and one delivered by an HIV-infected peer). For these studies, all participants complete a baseline self-report battery of assessments that include screening for various DSM-IV mental heath diagnoses (depression, panic disorder, PTSD, social phobia, other anxiety disorder, ADHD, and bulimia).
RESULTS: 395 individuals have been screened to date. The mean age is 42 (SD 8.3), with 11% being African American, and 8% being Hispanic or Latino. Over one-half (52%) screened in for one of the mental health diagnosis assessed. 24% screened in for two, and 13% for three. The most frequent disorders were PTSD (40%), social phobia (21%), and major depression (13%).
CONCLUSIONS: Across published data from primary prevention studies of HIV-uninfected MSM, and our ongoing work with HIV-infected MSM, mental health concerns appear to be highly prevalent. Interventions that integrate

referral or treatment for mental health problems into primary and secondary interventions may boost the effectiveness of these approaches.

Presentation Number: C13 – 2

Presentation Title: Interventions to Reduce Psychological Distress in Rural Persons Living with HIV/AIDS: Results from Two Randomized Clinical Trials (Part 2 of 4, group oral: HIV and Mental Illness: Intervention and Prevention Priorities)

Author(s): *Heckman, TG*; *Mitchell, D*
Ohio University, Athens, OH

BACKGROUND: Through 2005, more than 50,000 persons were living in rural areas of the United States at the time of their AIDS diagnosis. Several studies portend that many HIV-infected rural persons live with elevated levels of depression, suicidal ideation, and loneliness.
METHODS: This presentation reports on the outcomes of two randomized clinical trials that evaluated various telephone-delivered, AIDS mental health interventions for HIV-infected rural persons. In the first RCT, 299 HIV-infected persons from rural areas of 13 U.S. states were randomly assigned to a telephone-delivered, 8-session coping improvement group intervention, an 8-session information-support group intervention, or a no treatment comparison condition. Participants completed self-administered assessments at pre-intervention, post-intervention, and 4- and 8-month follow-up. In the second RCT, 79 HIV-infected persons diagnosed with depression from rural areas of 10 states were assigned to a 6-session, telephone-delivered, one-on-one interpersonal therapy (IPT) intervention or a no treatment control group and completed pre- and post-intervention surveys.
RESULTS: Intervention outcomes of the first RCT were rather disappointing with coping improvement group intervention participants reporting no significant changes on any outcome measure compared to no-treatment controls and information-support group participants reporting only modest and short-term increases in social support and reductions in barriers to care. Intervention outcomes from the second RCT were more favorable, with IPT intervention participants reporting significant reductions in depressive and psychological symptoms from pre-to post-intervention compared to controls. In fact, 30% of IPT participants reported clinically-meaningful reductions in psychological symptoms from pre-to post-intervention.
CONCLUSIONS/IMPLICATIONS: Interventions delivered via telephone technology can reach many geographically-isolated persons living with HIV/AIDS. Findings from the current line of research suggest that a telephone-delivered, IPT intervention may serve as a cost-effective and user-friendly intervention modality by which to reduce emotional distress in the growing population of HIV-infected rural persons.

Presentation Number: C13 – 3

Presentation Title: Change in Sexual Risk Behavior Following a Group Intervention for Sexual Trauma in People Living with HIV (Part 3 of 4 group oral: HIV and Mental Illness: Intervention and Prevention Priorities)

Author(s): *Hansen, NB*; *Wilson, PA; Kershaw, TS;* Ghebremichael, M; Neufeld, SA; Kochman, A; Sikkema, KS
Yale University School of Medicine, New Haven, CT

BACKGROUND: With over 40,000 new infections a year and improved treatments that prolong life, the number of people living with HIV in the U.S. is increasing. The majority of those with HIV remain sexually active after diagnosis, and many engage in behavior that puts others at risk. As childhood sexual abuse (CSA) has been strongly linked with adult sexual risk, and as many as 50% of those living with HIV have experienced CSA, this is a key risk factor to target for interventions. This presentation describes sexual risk behavior outcomes after a one-year follow-up period following a group therapy RCT for adults living with HIV who experienced CSA.
METHODS: A total of 247 participants (130 women, 117 men who have sex with men) who were HIV-positive and who had experienced CSA were recruited in New York City. Participants were randomized into either a 15-session experimental coping group intervention or a 15-session support group comparison condition. After completing the intervention, participants were followed for one year, with assessments at post, 4, 8, and 12 months.
RESULTS: Longitudinal analyses were conducted using PROC GLIMMIX in SAS. Participants in either study conditions decreased frequency of unprotected vaginal and anal intercourse with all partners, and with HIV-negative or serostatus unknown partners ($\beta = -0.024$, $F_{(1,540)} = 5.41$, $p = .02$, and $\beta = -0.223$, $F_{(1,221)} = 130.15$, $p < .001$, respectively). A significant time by intervention interaction indicated the coping condition decreased frequency of unprotected intercourse at a greater rate than the support condition for all partners ($\beta = -0.233$, $F_{(1,540)} = 131.61$, $p < .001$) and for HIV-negative and unknown serostatus partners ($\beta = -0.315$, $F_{(1,221)} = 57.22$, $p < .001$).
CONCLUSIONS: Addressing the mental health needs of people living with HIV not only reduces distress and

increases quality of life, appropriate mental health treatment can result in decreased HIV transmission risk behavior. The differences between conditions in this study indicate, however, that addressing mental health issues in a supportive therapy group is not as powerful as a group intervention that targets both mental health issues and the development of coping skills relevant to both HIV infection and traumatic stress.

Presentation Number: C13 – 4

Presentation Title: HIV and Mental Illness: Intervention and Prevention Priorites

Author(s): *Grossman, CI*
NIH/NIMH/CMHRA, Bethesda, MD

BACKGROUND: With improved treatments that prolong life, the number of people living with HIV in the U.S. is increasing. Many studies have demonstrated intersections between HIV and mental illness, although the nature of this association is less clear. It may be that people living with HIV (PLWH) are more vulnerable to developing psychosocial problems (e.g., depression), that mental illness puts individuals at risk for HIV as a result of increased risk behavior (e.g., unprotected sex), or both may be true. While more research is needed to understand this complex relationship, what is clear is that interventions that address both HIV and mental illness are needed.
METHODS: This series of oral presentations will a) provide an overview, through meta-analysis data, of the mental health concerns among MSM who participate in either primary or secondary HIV prevention interventions (Dr. Steven Safren) b) demonstrate evidence that telephone-based interventions can reduce psychological distress in rural PLWH (Dr. Timothy Heckman) and c) present data from a randomized controlled trial of a group-delivered intervention aimed at decreasing sexual risk behavior among PLWH who have a history of childhood sexual abuse (Dr. Nathan Hansen).
RESULTS: Finally, the moderator and discussant (Dr. Cynthia Grossman) will summarize how these three lines of research align with current funding priorities at the Center for Mental Health Research on AIDS in the National Institute of Mental Health. Additional research priorities will be presented in order to stimulate research proposals to address the mental health needs of PLWH.

Track C
C16 – Preparing for PREP: Issues and Perspectives
Room: HONG KONG – (Hyatt Hotel – Embassy Hall level)

Presentation Number: C16 – 1

Presentation Title: Prevention with Negatives: If PrEP Works, How Could it Be Implemented in the US?

Author(s): *Smith, DK[1]; Des Jarlais, D[2]; Dixon-Diallo, D[3]; Simmons, R[4]; Duffus, W[5]; Thrun, M[6]*
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BACKGROUND: Several trials are ongoing in the US, Africa, Asia, and South America to evaluate the efficacy and safety of once-daily oral antiretroviral use (tenofovir alone or tenofovir + emtricitabine) for the prevention of HIV infection in IDU, MSM, and heterosexuals. With daily dosing, the medication is present before HIV exposure (pre-exposure prophylaxis or PrEP) and is also present in the period after exposure (post exposure prophylaxis).
For several reasons, there are hopes that this approach will prove efficacious. Pre- and post exposure prophylaxis is highly effective in reducing mother-to-child transmission; Post exposure prophyaxis alone for needle stick exposure to HIV is highly effective; and studies with monkey confirm the ability of antiretroviral prophylaxis to reduce immunodeficiency virus acquisition. In addition, a trial with high-risk women in 3 African countries indicated a possible reduction in HIV acquisition in those receiving daily tenofovir, though the sample size was not large enough to yield definitive results. Periodically, beginning in late 2007 for interim efficacy analyses, and beginning in late 2008 continuing through 2010 for final efficacy analyses, outcomes for the currently ongoing trials will be evaluated. If efficacy is proven, we may need to be ready to implement as early as 2 years from now. It is not too soon to begin the discussion of how to deliver this intervention safely and effectively to the US populations at highest risk of new HIV infection.

Track D
D06 – CBOs and the Evaluation Process
Room: REGENCY BALLROOM V – (Hyatt Hotel – Ballroom level)

Presentation Number: D06 – 1

Presentation Title: Preliminary Results from the Community-Based Organization Behavioral Outcomes Project for Healthy Relationships (CBOP-HR)

Author(s): *Smith, BD*[1]; *Griffin, T*[2]*; Andes, L*[3]
[1]CDC, Atlanta, GA; [2]Northrop Grumman Mission Systems, Atlanta, GA; [3]Manila Consulting Group, Atlanta, GA

ISSUE: The Centers for Disease Control and Prevention (CDC) funds community-based organizations (CBOs) to provide the evidence-based HIV prevention intervention Healthy Relationships (HR). While outcomes have been studied in research settings, there are limited data on client outcomes when interventions are delivered by CBOs.
SETTING: CBOs directly funded by CDC have been providing HR, a five-session, small-group intervention for men and women living with HIV/AIDS to homeless persons, prisoners, African Americans, Spanish speaking Latinos, whites, MSM, women, and transgender individuals.
PROJECT: In September 2006, CDC funded seven CBOs for two years to collect demographic and risk behavior data (number of sex partners, number of sex events and rates of unprotected sex) from at least 100 clients per agency before and after their participation in HR. CBOP-HR evaluates changes in HIV risk behaviors and whether changes were sustained over time; examines organization, programmatic and client factors associated with behavior change; and assists CBOs in using data to improve program delivery. CBOP-HR uses a cooperative model, a repeated measures design and intent to treat analysis. Qualitative process monitoring data are collected monthly on intervention delivery, recruitment and tracking efforts, and challenges and successes.
RESULTS: Quantitative data are submitted to CDC using the Program Evaluation and Monitoring System (PEMS) software. Between December 1, 2006, and January 31, 2007, 18 Healthy Relationships cycles were provided to 110 clients. Of the 110 clients, the mean age of participants was 42; 96% were male; 46% were white and 41% were African American; 35% of the total number of clients reported their ethnicity as Hispanic.
LESSONS LEARNED: CBOs with varying capacity can conduct outcome monitoring when provided resources and technical assistance. Funding agencies should provide support for outcome monitoring efforts of CBOs to assess the successful implementation of evidence-based interventions, improve HIV prevention program delivery, and strengthen evaluation capacity of CDC funded HIV prevention programs.

Presentation Number: D06 – 2

Presentation Title: Results from an Evaluability Assessment of AID Atlanta's HIV Prevention Programs

Author(s): *Gentry, QM*[1,2]; *Smith-Bankhead, N*[2]*; Ivey, S*[1,3]
[1]Messages of Empowerment Productions, LLC, Atlanta, GA; [2]AID Atlanta, Atlanta, GA; [3]Georgia State University, Atlanta, GA

ISSUE: Diverse stakeholders are requiring that community-based organizations involved in HIV/AIDS prevention track both process and outcome indicators of program effectiveness. However, most agencies often attempt evaluation activities without undergoing a comprehensive *evaluability assessment* to determine their strengths and challenges in program evaluation. Without an evaluabilty assessment as guidance, agencies meet with limited success in the area of program evaluation. This presentation highlights promising practices for conducing cost-effective evaluability assessments, and is based on a case study of AID Atlanta's HIV prevention programs.
SETTING: AID Atlanta served as the organizational setting within which an evaluation readiness assessment process was developed and pilot-tested by an Atlanta-based behavior scientist and clinical researcher specializing in HIV prevention research.
PROJECT: Funded in part by the National Institute of Health, the evaluability assessment is the first of three phases of assessments and activities aimed at developing HIV prevention program evaluation capacity building modules. *Phase 1 (2004-05)* centered on: (1) conducting evaluation readiness interviews and focus groups among AID Atlanta's staff and managers; (2) assessing staffs' skills and motivation as it relates to program evaluation; and (3) examining past organizational efforts in evaluation. The evaluability assessment results served as guidance for planning and implementing *Phase 2 (2005-06),* which centered on: (1) determining the evaluability of individual HIV prevention programs and services; and (2) developing an organizational plan for building evaluation capacity. *Phase 3 (2006-07)* consists of providing technical assistance to help AID Atlanta build, sustain, and institutionalize evaluation as part of its everyday program activities.

RESULTS: This presentation highlights the findings from Phase 1 of the evaluation readiness assessment conducted among 14 HIV prevention programs and services. The evaluation readiness assessment is based upon a conceptual framework developed using formative research in HIV prevention evaluation capacity building, in which a scoring system was developed to characterize organizations' stages of readiness for evaluation at five levels, including: 1.0-Rejection; 2.0-Apprehension; 3.0-Accommodation; 4.0-Acceptance; and 5.0-Integration. Using this scoring process, AID Atlanta received an overall score of 3.5 on a 5.0 scale. Practical strategies were recommended to improve AID Atlanta's overall score by examining each program's evaluability score. Of the 14 programs, 6 were rated as "not valuable" at the time of the assessment. Reasons for ratings were provided, as well as suggested action plans for strengthening various programs' evaluability.
LESSONS LEARNED: Understanding an organization's stage of readiness for program evaluation can lead to more practical and appropriate evaluation activities, including training, technical assistance, instrument development, as well as better practices in data collection, management, and analysis. Other lessons learned include the need to: (1) understand how various stakeholders define evaluation differently; (2) determine what stakeholders perceive to be the benefits of the evaluation process; (3) accept that staff may have some past negative experiences with evaluators and the evaluation process; (4) identify staffs' personal and professional concerns with evaluation; and (5) identify and address organizational barriers for building evaluation capacity. Finally, promising practices in evaluability assessment will be distributed to enhance evaluator-program implementer partnerships.

Presentation Number: D06 – 3

Presentation Title: Preliminary Results from the Community-Based Organization Behavioral Outcomes Project for VOICES/VOCES (CBOP-VOICES)

Author(s): *Raleigh, KG*[1]; *Vaughan, M*[1]; *Wooster, J*[2]*; Shapatava, E*[3]*; Aranas, A*[1]
[1]Centers for Disease Control and Prevention, Atlanta, GA; [2]Northrop Grumman Missions Systems, Atlanta, GA; [3]Northrop Grumman Missions Systems/Ginn Group, Inc, Atlanta, GA

ISSUE: The Centers for Disease Control and Prevention (CDC) funds community-based organizations (CBOs) to provide the evidence-based HIV prevention intervention VOICES/VOCES. While outcomes have been studied in research trials, there are limited data on client outcomes when interventions are delivered by CBOs.
SETTING: Directly funded CBOs have been providing VOICES/VOCES, a single-session, video-based HIV/STD prevention program to African American and Latino men and women at very high risk for HIV infection.
PROJECT: In September 2006, CDC funded four CBOs for two years to collect demographic, risk and behavioral data from clients before and after their participation in VOICES/VOCES. VOICES/VOCES (CBOP-VOICES) evaluates changes in HIV risk behaviors and whether changes were sustained over time; examines organizational, programmatic and client factors associated with behavior change; and assists CBOs in using data to improve program delivery. Process monitoring data are collected monthly on intervention delivery, recruitment and tracking efforts, and challenges and successes.
RESULTS: Most data are submitted to CDC using the Program Evaluation and Monitoring System (PEMS) software. Between December 1, 2006 and January 31, 2007, 63 VOICES/VOCES sessions were provided to 208 clients. For the first month of data collection, CBOs reported an 80% follow-up rate. Of the 208 clients, mean age of participants was 36.9, 70% were male; 64% were African American, and 28% were Hispanic. 73% of self-reported HIV status was negative, 13% was positive, and 12% didn't know their status.
LESSONS LEARNED: Funding agencies should provide support for outcome monitoring efforts of CBOs to assess the successful implementation of evidence-based interventions, improve HIV prevention program delivery, and strengthen evaluation capacity of CDC funded HIV prevention programs.

Presentation Number: D06 – 4

Presentation Title: Three Heads are Better Than One: Utilizing Multi-Level Partnerships to Create Tools and Measure Client Level Outcomes of Evidence-Based Interventions

Author(s): *Peterson, AS*[1]*; Lapinski-LaFaive, M*[2]*; Randall, LM*[3]
1 Michigan Department of Community Health, Detroit, MI; 2 Michigan State University, East Lansing, MI; 3 Michigan Department of Community Health, Lansing, MI

ISSUE: By definition proven-effective evidence-based interventions (EBIs) have documented positive behavioral outcomes, However, tools to measure changes in influencing factors are not consistently available or applied to these interventions in their replication. As EBIs are replicated, longitudinal measurement of behavior change is difficult at best. For this reason, it is important to measure immediate outcomes (i.e., self-efficacy, outcome expectations,

perceived risk, and severity), to 1) inform interventionists as to the impact of their services on participants, and 2) to guide intervention refinement.
SETTING: Community-based organizations (CBOs) in Michigan that have implemented multi-session evidence-based interventions.
PROJECT: MDCH collaborated with community partners to develop measures of immediate outcomes that are clearly related to the intended outcomes of the intervention as well as relevant and understandable to target community participants. Outcome monitoring tools include measures of behavioral outcomes and also measure immediate intervention outcomes including changes in knowledge, self-efficacy, behavioral intentions, outcome expectations, and gender and ethnic pride. Data are analyzed by the state health department and interpreted in partnership with implementing agencies. Findings document program outcomes and guide program refinement and improvement.
RESULTS:
1) The MDCH is able to document the effectiveness of funded interventions and provide information to guide program refinement.
2) As active partners in development of monitoring tools, CBOs take ownership and responsibility for data collection.
3) CBO capacity in program evaluation is increased through their participation in tool development and data interpretation.
4) CBOs are quick to institute program refinements because they are anxious to see positive outcomes in the data and are partners in all steps of the evaluation process.
LESSONS LEARNED: Partnering with front-line service providers has resulted in improved measurement of outcomes, data driven program refinements, and ultimately, interventions that maximize the likelihood of client behavior changes.

Track D
D11 – Emerging Approaches for HIV Prevention with PLWHAs
Room: VANCOUVER/MONTREAL – (Hyatt Hotel – Embassy Hall level)

Presentation Number: D11 – 1

Presentation Title: Addressing Mental Health Needs of HIV+ MSM, Key for a Successful CRCS Intervention

Author(s): *Chion, MA; Kahler, K; Bailey, J; Robbins, M*
AIDS Project Los Angeles, Los Angeles, CA

ISSUE: People living with HIV/AIDS continue facing important barriers to address their risk behavior related to HIV transmission. There are very few models of HIV prevention with HIV+ MSM (PCM/CRCS and Healthy Relationships) and poor evidence that substantiate the efficacy of CRCS (formerly PCM) interventions. A significant number of HIV+ MSM at high and moderate risk are affected by substance use, social isolation, social rejection among others. All these determinant factors of risk appear to be correlated with traumas that occurred in early and late childhood. In addition, lack or poor access to mental health services do not address the desire on the part of the client to cope with these traumatic events.
SETTING: Communities of HIV+ MSM who live in Los Angeles County. AIDS Project Los Angeles (APLA) through its Mental Health Services provides CRCS services.
PROJECT: Using the CRCS model and funded by the State of California Office of AIDS through Los Angeles County Office of AIDS Programs and Policy (OAPP), APLA developed Linking Individuals Needs to Knowledge and Services (LINKS). The goal of LINKS is to decrease high risk behavior and increase an overall sense of well-being among HIV+ MSM clients. Currently providing services are a LMFT (licensed marriage and family therapist), ASW (Associate Social Worker) and a Marriage and Family Therapist trainee. APLA Mental Health Clinicians provide Cognitive Behavioral Therapy and Motivational Interviewing services with psychodynamic and humanistic approaches to address previous traumas with the clients depending on the needs of the client.
RESULTS: From 3/2005 to 2/2007, LINKS enrolled 74 HIV+ MSM, moderate and high risk for HIV transmission and reinfection. Over 80% of clients completed 4 sessions, 79% of the clients met at least one goal. APLA will present LINKS model and additional preliminary data.
LESSONS LEARNED: In addition of having a solid structure (core elements) that will support CRCS model to serve HIV+ MSM the effectiveness of this prevention model may be related to having a strong mental health component. Effective HIV/AIDS Prevention for HIV+ MSM's require providers who can understand the impact of trauma on addictive behaviors and address underlying issues with clients in order to decrease risk behaviors.

Presentation Number: D11 – 2

Presentation Title: Health Department Support of Prevention for Positives Programming in Clinical Settings: Michigan Department of Community Health's Experience with Capacity Development and Replication of Partnership for Health

Author(s): *Conklin, JA*; *Randall, L*
Michigan Department of Community Health, Lansing, MI

ISSUE: Efforts by the Michigan Department of Community Health (MDCH) to support fully integrated prevention services for HIV-positive clients in clinical settings have been hindered by a dearth of demonstrated effective interventions suitable for replication in non-research settings, lack of national systems to support replication for those interventions that do exist, and uneven local provider capacity and interest.
SETTING: Provider education and technical assistance efforts targeted physicians, nurses, and other clinical staff. Direct services funded in infectious disease clinics operating in large urban hospitals, located in Detroit and Grand Rapids, Michigan, cities with high rates of HIV prevalence, especially among racial/ethnic minorities.
PROJECT: Strategies to build provider awareness and capacity included conducting and disseminating results of a statewide PWLHA needs assessment, developing a "compendium" of prevention for positives interventions, adding prevention for positives track to program planning trainings, and providing one-on-one technical assistance. MDCH provided funding and technical support to two infectious disease clinics to replicate Partnership for Health, a brief safer sex counseling intervention for HIV outpatient clinics, included in CDC's Replicating of Effective Programs portfolio. MDCH worked with funded sites on program implementation, collaborating on training and development of practical data and evaluation approaches.
RESULTS: Technical assistance in planning for prevention for positives programming was provided to 6 partner agencies, including 3 clinical sites. Two infectious disease clinics were awarded funding and began implementing Partnership for Health in March 2007. Data on the first six months of intervention implementation will be presented.
LESSONS LEARNED: Technical assistance provided by the state can successfully build clinical provider awareness and capacity to provide prevention for positives interventions. Ongoing assistance is required for intervention replication in non-research settings. Activities are facilitated by health department experience supporting diverse prevention for positives initiatives, strong provider-health department relationships, presence of an intervention 'champion' at provider sites, ongoing availability and openness to technical assistance, and health department ability to adapt existing training and data expertise to specific intervention content.

Presentation Number: D11 – 3

Presentation Title: Prevention with Positives: Sexual Risk Behavior and Drug Use Outcomes from a Specialist Model

Author(s): *Davis, ES*[1]; *Nollen, C*[1]*; Drainoni, S* [M2]*; Sharp, V*[1] - [1]St. Luke's Roosevelt Hospital Center, New York, NY; [2]Boston University, Boston, MO

ISSUE: A substantial number of HIV-positive people practice unsafe sexual behaviors and/or engage in high-risk drug using behaviors, putting others at risk for HIV infection and themselves at risk for secondary infections. Addressing prevention within the continuum of HIV care facilitates the promotion of health for both HIV+ individuals and their communities. A HRSA funded intervention at the Center for Comprehensive Care (CCC), St. Luke's Roosevelt Hospital provided an opportunity for social workers to deliver prevention messages to HIV+ patients within an urban clinic setting.
SETTING: The CCC is a New York State designated AIDS Center, serving communities with high rates of HIV and providing comprehensive medical and psychosocial services to over 3,300 patients annually. The Positive Prevention intervention was delivered to a random cohort of CCC patients.
PROJECT: Social workers trained in Motivational Interviewing (MI) delivered prevention messages to CCC patients with the goals of increasing condom use, decreasing high risk drug/needle use among intravenous drug users, and improving adherence to ARVs. After completing a baseline behavioral risk assessment, patients received four MI sessions over six months targeting a specific area of behavior: sexual risk, drug use risk, taking medication, feelings about making change, or the impact of relationships on drug use and/or sex life. Patients were surveyed every six months to measure change in attitudes and behaviors.
RESULTS: From May 10, 2004 - January 30, 2006, a total of 232 patients were enrolled into the intervention group. The mean age of participants is about 44 years; most patients are Black or Hispanic; about 70% have annual incomes under $10,000; about 60% are male; they are more likely to identify as heterosexual and single. On average, study

patients have had HIV for 12 years. Sixty-three out of 674 (11%) of intervention sessions focused on sexual risk as target behavior; 193 (33.6%) focused on drug use risk. At twelve-month follow-up, all participants whose topic of focus was "sexual risk" had a statistically significant decrease in reported sexual activity in the last 6 months (p=.03); they had less unprotected sex (p=.05). Straight men had a decrease in reported vaginal sex in the last 6 months (p=.05). MSM were less likely to have multiple sexual partners in the past 6 months and trended towards being more likely to disclose HIV status to their partners (p=.09). Participants who targeted drug use risk had no changes in their drug use behaviors. However, this group showed a significant increase in dissatisfaction with social services at CCC (p=.02) at twelve month follow-up.
LESSONS LEARNED: The intervention had a positive effect on reported sexual risk behaviors. MI was developed to address substance use and has been shown to be effective in numerous studies; however, Positive Prevention was not effective in changing reported drug use among participants who chose to address this issue. Further analysis is needed to understand how fidelity to the intervention may have impacted upon reported behavior changes, and what other factors within the intervention contributed to or mediated against risk behavior change.

Presentation Number: D11 – 4

Presentation Title: Modes of Delivery and Acceptability of Prevention with Positives Interventions Part of the Health Resources and Services Administration (HRSA) Special Projects of National Significance (SPNS) HIV Prevention in Clinical Settings Initiative

Author(s): Gaffney, S; *Maiorana, A*; *Koester, KA; Vernon, K; Myers, JJ; Dawson Rose, C; Morin, SF*
University of California, San Francisco, San Francisco, CA

BACKGROUND/OBJECTIVES: Prevention with Positives (PwP) to reduce patients' risk of transmitting HIV to others is increasingly being implemented in primary care settings. This qualitative study presents post intervention perceptions of patients and staff to assess the acceptability and to better understand the outcomes of different models of PwP delivered either by clinicians, and/or "specialists" (health educators or social workers), and/or HIV-infected peers as part of SPNS demonstration projects in medical settings.
METHODS: Post-intervention interviews with 34 interventionists (clinicians, specialists, or peers) and with 60 patients in 15 clinics. Transcripts of the taped interviews were coded and analyzed to identify convergent and divergent themes among intervention models.
RESULTS: Patients: The different interventions provided a chance to learn or reinforce knowledge, receive counseling, and explore (often for the first time) patients' feelings, attitudes and behaviors related to HIV prevention and safer sex. Across intervention models, messages related to HIV re-infection and STD prevention resonated with patients as strong reasons to protect themselves. They were willing to talk to clinicians about their sexual practices but HIV prevention was not a priority in the hierarchy of needs patients expected clinicians to address. Rapport or a pre-existing relationship with clinicians also influenced patients' willingness to talk about sex. Clinicians' recommendations about prevention were important, but some patients expressed concern about disappointing them by recounting experiences of unsafe sex. Patients liked that the intervention messages were tailored to their specific risk and needs and that they could honestly talk about their sexual practices to non-judgmental specialists and peers. Sessions with specialists and peers generated introspection and linkages to other services. Specialists were perceived as professionals, who could help with counseling or education, but patients saw peers as equals who could understand their experience, and as role models to identify with and learn from. The relationship with the peers was particularly important to address stigma, disclosure, and normalize prevention and living with HIV.
Interventionists: While protecting sex partners was emphasized, re-infection related messages were used by staff regardless of the intervention model because they were easier to bring up and better accepted by some patients, who felt staff was protecting their health. Interventions gave clinicians new tools to consistently discuss and integrate brief prevention messages into primary care visits. Risk assessments were a reminder about prevention and helped clinicians to learn information unbeknownst to them about patients' risks and behaviors. Specialists and peers could spend more time talking about prevention and exploring issues at length. Peers perceived their role was crucial as models for living with HIV, particularly for patients who were socially isolated and fearful of disclosing their HIV status to anyone.
CONCLUSIONS: The potential success of an intervention depends on the complementary fit between the intervention model and the clinical setting. Regardless of the model and who delivers prevention, the opportunity to discuss prevention in the medical setting could motivate patients to reduce risk. Interventions tailored to the patient population and the clinic environment can increase the feasibility and acceptability of PwP.

Presentation Number: D11 – 5

Presentation Title: Impact of a Group-Based HIV Prevention Intervention with HIV Discordant Heterosexual Couples: Results from a Qualitative Evaluation

Author(s): *Perez-Jimenez, D*
University of Puerto Rico, San Juan,

BACKGROUND: Heterosexual sexual behavior continues being one of the main modes of HIV transmission. Most preventive interventions with HIV positive persons have used an individual format, ignoring that the infection occurs in the context of an intimate relationship. However, prevention interventions with HIV discordant heterosexual couples have almost been non-existent. To fill this gap we adapted a group-based intervention originally designed and implemented for HIV negative heterosexual couples. The new intervention consists of four three-hour sessions directed to promote good attitudes toward male condom use and the practice of mutual masturbation and increase male condom use and the practice of mutual masturbation as a safer sex method. The intervention is based on the Information-Motivation-Behavioral Skills theoretical model of behavior change.
METHODS: We piloted the intervention with five HIV discordant heterosexual couples. A qualitative individual in-depth interview was conducted with all participants one month after the intervention. The interview was directed to assess: a) recruitment and retention issues, b) issues of process and content of the activities that they liked least and most; c) the impact of the intervention on behavior change, d) logistic issues (i.e. place , food, phone follow-up), and e) general evaluation. I will present the results of intervention on behavior change. Interviews were transcribed and a code book was developed to perform the content analysis process. To attain sufficient reliability in the analysis and interpretation of data we used the group coding technique where three (or more) people observed and coded the data independently. Then, they meet to reach consensus. Only those passages were they agreed on are included for analysis.
RESULTS: Participants increased their knowledge about the medical aspects of HIV transmission and prevention. They also increased their awareness of the need to use condoms and practice mutual masturbation as a safer sex method. Most participants expressed that they started or increased the use of condoms. Regarding the practice of mutual masturbation, we found that this practice was not as frequent as the use of condoms. Most felt more confident about using a condom in their next sexual relation than practicing mutual masturbation. Finally, HIV positive participants expressed that the intervention helped them to value and become more aware of using condoms to prevent the infection of their HIV negative partner.
Conclusions/IMPLICATIONS: Interventions with HIV positive persons engaged in a romantic relationship are urgently needed to stop the progression of the AIDS epidemic. Data obtained from our study show that promoting behavior change may be easier and more effective if the intervention is delivered with both members of the couple. HIV positive persons are characterized by their interest in protecting their HIV negative partner from getting infected. Promoting condom use seems to be a more feasible option for these couples than promoting non-traditional practices such as mutual masturbation. The notion that "real" sexual relations are those where there is vaginal penetration seems to be a barrier to the promotion of mutual masturbation as safer sex method.

Track D
D19 – HIV Prevention with Racial and Ethnic Minority Youth
Room: HANOVER F/G – (Hyatt Hotel – Exhibit Level)

Presentation Number: D19 – 1

Presentation Title: Common Factors in HIV Prevention Programs with Runaway and Homeless Adolescents

Author(s): *Arnold, EM* –
Wake Forest University School of Medicine, Winston-Salem, NC

ISSUE: Numerous HIV prevention programs have been developed in the past two decades. Many of these have been shown to be very effective in preventing the transmission of HIV. At first glance these programs appear to be quite diverse, but careful examination reveals factors unique to efficacious programs. Identifying these common factors can facilitate a market-driven approach to intervention development/adaptation.
SETTING: A review of evidence-based HIV prevention programs (Rotheram-Borus, Flannery, & Adamson, in development) in the United States was recently conducted.
RESULTS: The review identified five key components of successful HIV prevention programs: 1) Establishing an

appropriate intervention frame; 2) Conveying issue-specific or population-specific information; 3) Using a cognitive behavioral framework to teach skills; 4) Addressing environmental barriers to implementing new barriers; and 5) Providing tools to develop ongoing sources of social support. This presentation presents an overview of these common factors and uses this framework to examine existing HIV prevention programs targeting runaway and homeless youth in the United States. The use of this framework suggests that while these programs have differences, they also share the five common factors that allow for comparisons across programs. In this presentation, the robust components of each program are identified so providers can use this information to inform their decisions about which programs to replicate and implement.
LESSONS LEARNED: Programs should be selected based not only on demonstrated efficacy, but according to the population, setting of the intervention, staff expertise, and the theoretical orientation of those implementing the program. The major differences across these programs are the framing of the "problem" of homelessness and the level of family involvement. A market-driven approach to intervention development can use these common factors to successfully adapt existing programs.

Presentation Number: D19 – 2

Presentation Title: Project SKIPP (Saving Kids through Integrated Intervention Programming)

Author(s): *Carolyn, D.*; *Estes, CD*; *Johnson, PM*
Governors State University, University Park, IL

ISSUE: Risky behavior among adolescent youth has become an emerging problem within the U.S. In 2003, twenty-nine percent of all students in grades 9 though 12 reported the use of or exposure to drugs on school property (NIDA, 2004). Risky drug use often leads to risky sexual behaviors. African-American and Latino youth seem to be most at risk for drug use and unsafe sexual behaviors, and therefore, also most at risk for HIV. African-American teens represent 55 percent of AIDS cases while Hispanic teens represent 20 percent (CDC, 2006). Therefore, urgent and effective prevention programming is needed to alter this avoidable and potentially tragic pattern of destructive behavior.
SETTING: The specific target population is the sixth, seventh, and eighth grade students in Chicago Heights, IL, School District 170. Chicago Heights consists of predominantly minority communities with African Americans (37%) and Hispanics (23%) together making up about 60 percent of the total population of some 32,000 individuals (U.S. Census, 2000).
PROJECT: The project includes implementation of the All Star Program in the classroom to reduce or delay the onset of risky behaviors such as drug use and sexual activity. Sessions address such topics as how to set goals, reduce high-risk behaviors and increase chances of academic achievement. The project also implements the Strengthening Families Program to enhance parenting skills, increase parental involvement in the lives of their children, reduce family-related risk factors, and enhance family-protective factors. The family program, delivered over seven sessions, aims to include any and all members of the participating families. Finally, the Summer Program is designed to develop the life, academic, social, moral, emotional, physical, and cognitive skills of economically disadvantaged middle school and high school children. Programming is delivered daily during a seven week summer session assisted by collaborating community agencies.
RESULTS: The number of participants in the All Stars program increased from 67 participants in 2005-2006 to over 125 participants in 2006-2007. Success is also seen in the community with the parent driven Prevention Steering Committees. The HILL PSC currently has over 27 regular members, and the East Side has increased to ten members. The HILL PSC has even evolved into an independent non-profit organization with its location in Chicago Heights.
LESSONS LEARNED: The most important lesson learned is that community outreach is a necessity, not a choice. The importance and urgency of participating in drug abuse and HIV/AIDS prevention programming is not well communicated through written information (e.g., letter sent home by the teacher or principal). Thus, it is essential to spend time with residents, explain the importance of the project, give them a chance to ask questions, and provide answers. Furthermore, Governors State University (GSU) could not have achieved effective community outreach without help from the East Side and Hill Prevention Steering Committees (PSCs). The PSCs consist of community members and parents who build a path of communication and trust between other residents and GSU.

Presentation Number: D19 – 3

Presentation Title: Using a Market Model to Develop and Adapt Evidence-Based Interventions

Author(s): *Rotheram-Borus, M*; UCLA Global Center for Children and Families - UCLA, Los Angeles, CA

ISSUE: Although many evidence-based interventions (EBI) to prevent HIV exist, their adaptation to community-based settings has been slow and uneven despite increased pressure for providers to implement them. We propose a market-driven intervention development and adaptation model to help providers, researchers, and funders assess appropriate EBI for target populations, adapt interventions, and evaluate outcomes.
SETTING: The UCLA Global Center for Children and Families.
PROJECT: The UCLA Global Center for Children and Families has established a Scientific Wellness Laboratory to foster interaction among researchers, scientists, product developers, and marketing experts to design and adapt innovative, accessible products and programs to prevent HIV transmission and improve family well-being.
RESULTS: A market-driven approach to intervention development and adaptation is highly responsive to consumers (providers and health departments) and end users (people at risk for or living with HIV). It promotes collaboration between researchers, artists, cultural experts, product developers, and marketers. We have identified an 8-step intervention design/adaptation model to integrate behavioral science (i.e., the common elements of EBI, behavior change theory, contemporary learning platforms) with market science (i.e., product development, marketing, business planning). This presentation presents an overview of our model, illustrating how a synthesis of effective learning models, best practices, and common factors can be combined with established product development and marketing practices to help providers develop/adapt interventions that are CURES (cost-effective, useful, robust, evolve over time, and sustainable).
LESSONS LEARNED: A market approach to intervention design and adaptation is a novel, viable model that bridges traditional intervention research with market science.

Presentation Number: D19 – 4

Presentation Title: The New DEBI - Focus on Youth with Impact: An Effective HIV Prevention for African American Youth

Author(s): *Gardner, C*[1]*; Jennifer, G*[2]*; King, W*[2]*; Walker, J*[1]*; Jerome, T*[1]
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ISSUE: Recent statistics estimate that youth aged 13-24 account for 12% of all new HIV cases and 46.8% of students grade 9-12 have reported having sexual intercourse and of that number 67.6% are African American youth according to the 2005 Youth Risk Behavior Survey. Although HIV infection among all youth is increasing, not all adolescents are equally at risk. Cumulative HIV infection rates among African American youth accounted for 56% of the cases among ever reported (Centers for Disease Control and Prevention (CDC), 2004). These data suggest the need to nationally disseminate efficacious HIV prevention programs appropriate for at-risk African American youth populations. *Focus on Kids* with *Informed Parents and Children Together* (*Impact*) was a community-university linked research/intervention programs. The goal of this intervention was to reduce the risk of HIV infection among African American youth. Due to its proven effectiveness, it has been adapted and renamed as *Focus on Youth (FOY)*, by the CDC Division of HIV/AIDS Prevention (DHAP) as part of the Diffusion of Effective Behavioral Interventions (DEBI) project to reduce the risk of HIV among high risk African American youth. Focus on Youth is one of DHAP's newest interventions for youth and has spent over 1 million dollars developing and packaging this intervention for national diffusion in 2008.
SETTING: Community-based organizations, health departments and youth recreational centers
PROJECT: Focus on Youth with Impact is a community-based eight-session group HIV/STD prevention program proven effective with African American youth aged 12-15. The sessions are delivered through culturally-appropriate fun activities including interactive behavioral skills practice, group discussion, games, role-play, safer sex communication/negotiation, a prevention video and homework exercises. Impact, the parental component of the intervention, facilitates parent communication and monitoring.
RESULTS: In a study conducted from 1999-2002 by researchers at University of Maryland Baltimore, participants were randomized to groups receiving *Focus on Kids* alone, or with *Impact*. At 6-month follow-up, youth whose parents received *Impact* compared to those that received *Focus on Kids* alone reported significantly lower rates of sex, sex without a condom, alcohol and cigarette use. At 12 month follow-up they had lower rates of alcohol and marijuana use.
LESSONS LEARNED: Focus on Youth with Impact is a culturally and age appropriate intervention that has been found to reduce HIV risk behaviors among African American youth. DHAP has made a commitment to support the

diffusion and adoption this new intervention in 2008 and it has been included in upcoming program announcements for community-based organizations.

Track D
D26 – Developing Effective and Culturally Competent HIV Prevention Programs
Room: A707 – (Marriott Hotel – Atrium level)

Presentation Number: D26 -1

Presentation Title: Selecting Effective Behavioral Interventions for HIV Prevention Programs in the Community

Author(s): *Harshbarger, CL[1]; Coury-Doniger, P[2]; Duncan, T[1]; Freeman, A[3]; King, A[4]; Scahill, M[2]; Whittier, D[1]*
1 CDC, Atlanta, GA; 2 Rochester HIV/STD Prevention Training Center, Rochester, NY; 3 Dallas HIV/STD Prevention Training Center, Dallas, TX; 4 California HIV/STD Prevention Training Centre, Los Angeles, CA

ISSUE: Prevention providers are increasingly encouraged or required by the CDC and health departments to implement effective behavioral interventions for individuals at very high risk for HIV but program planners often lack adequate information on how to appropriately select interventions.
SETTING: Community-based organizations in the United States that are funded by the CDC or health departments to implement effective behavioral interventions.
PROJECT: Interdisciplinary collaborators are developing and launching a curriculum to build the capacity of program planners to use a 4-step model to select effective behavioral HIV prevention interventions.
RESULTS: A four-step model has been developed to guide program planners' selection of effective behavioral interventions. First, data from community assessments must be analyzed to determine the target populations' different types of risk. Second, interventions under consideration must be assessed through behavior change logic models to determine if the intervention addresses the behavioral determinants of risk that occur in the target population. Third, agency capacity must be assessed to determine if the agency has sufficient resources to implement and monitor the intervention. The fourth step is to select the intervention that best fits the needs of the community and the resources of the agency. This process greatly increases the opportunity for the intervention to be successfully implemented and impact behavior change in the target population.
LESSONS LEARNED: Guidance and technical assistance is necessary in order for program planners to select an effective behavioral intervention that is a good fit for their target population and their agency.

Track E
E01 – HIV Prevention Policy for IDUs
Room: HANOVER E – (Hyatt Hotel – Exhibit Level)

Presentation Number: E01 – 1

Presentation Title: The Impact of Syringe Exchange Program Authorization Laws on AIDS Prevention in the USA

Author(s): *Menon-Johansson, AS[1]; Makadon, H[2]; McGuire, JF[3]*
[1]Harkness Fellow - The Commonwealth Fund, Boston, MA; [2]Associate Professor of Medicine, Harvard Medical School, Director for Education, The Fenway Institute, Fenway Community Health,, Boston, MA; [3]Lorraine Snell Visiting Professor, Institute on Urban Health Research, Bouve College of Health Sciences, Northeastern University,, Boston, MA

INTRODUCTION: Syringe exchange programs (SEPs) are an established primary prevention strategy known to reduce HIV transmission among intravenous drug users (IVDUs)[1]. However, the US Federal Government as well as many states and municipalities have been reluctant to support them for fear that they encourage IV drug use. We therefore conducted an ecological study to evaluate whether AIDS prevention was linked to state laws authorizing SEPs.
METHODS: AIDS cases in adolescent and adult men and women for each state and the District of Columbia between 1995-2004 were obtained from the Center for Disease Control and Prevention (www.cdc.gov/hiv) and fitted by Poisson regression to obtain the incidence rate ratio (IRR) for each state. Fourteen states were identified to have

authorized SEP by law[2]. Illicit drug use data from 2003-2004 were obtained from the US Department of Health and Human Services[3]. The number of AIDS cases linked to IVDU in 2005 was obtained from the Kaiser Family Foundation (www.statehealthcarefacts.org). The percentage of the state population reporting illicit drug use and AIDS cases linked to IVDU in states with and without the laws were compared using an unpaired t-test.
RESULTS: Between 1995 and 2004, AIDS cases were reduced on average 3.08% per year less in states without SEP laws than in those with SEP laws (IRR (95% CI) 0.9432 (0.9421 , 0.9444) versus 0.9124 (0.9120 , 0.9139) respectively p = 0.000). Illicit drug use in those states without SEP laws was 7.90% (7.49, 8.31) compared to 9.98% (9.31, 10.65) in those states with these laws (p=0.0000). AIDS cases linked to IVDU in states without SEP laws were 15.98% (13.30, 18.67) compared to 23.04% (14.94 , 31.13) in other states (p= 0.0029).
CONCLUSIONS: Despite a greater disease burden and percentage of the population reporting illicit drug use in states with SEP laws, AIDS cases have been more effectively reduced within these states. These results provide additional evidence to support the case for legislative authorization of SEP laws in the USA to facilitate the delivery of HIV/AIDS prevention to IVDUs.
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Burris S. Impact of Criminal Laws on the Safe Disposal of Used Syringes by Injection Drug Users by state. www.temple.edu/lawschool/phrhcs/map.htm, 2006.
U.S. Department of Health and Human Services. State estimates of substance use from the 2003-2004 national surveys on drug use and health. www.oas.samhsa.gov/2k4State/toc.htm,, 2004.

Presentation Number: E01 – 2

Presentation Title: How Do Pharmacist Attitudes Affect the Sale of Non-Prescription Syringes?

Author(s): *Battles, HB*[1]; *Tesoriero, JM*[1]*; Klein, SJ*[2]*; Birkhead, GS*[3,4]
[1]NYS DOH/AIDS Institute, Menands, NY; [2]NYS DOH/AIDS Institute, Albany, NY; [3]NYS DOH/AIDS Institute and Center for Community Health, Albany, NY; [4]University at Albany School of Public Health, Rensselaer, NY

BACKGROUND/OBJECTIVES: The New York State Expanded Syringe Access Demonstration Program (ESAP) has been operating since 2001. ESAP permits pharmacies to sell/furnish non-prescription needles/syringes in quantities of 10 or less to persons ≥18 years. Prior ESAP pharmacy visit study results indicated that sales of non-prescription syringes do not vary by customer or pharmacist characteristics (e.g., race or gender). Even among pharmacies registered with ESAP, some pharmacists did not sell non-prescription syringes. A more likely explanation for differential sales practices is individual pharmacist attitudes toward the sale of non-prescription syringes to those who they perceive to be injecting illicit substances. This study examined the impact of those attitudes on sales practices.
METHODS: A statewide probability sample of ESAP-registered pharmacies was surveyed in 2006. Pharmacists were asked about their attitudes toward ESAP, non-prescription syringe sales, restrictions placed on syringe sales, experiences with ESAP, participation in safe disposal activities, and willingness to engage in additional syringe-related activities. 682 of 1101 eligible pharmacies (62%) completed surveys.
RESULTS: One-third of the sample (34%) agreed that non-prescription syringes should not be sold to individuals who intend to inject illicit substances with them, while 45% disagreed and 20% didn't know. These last two categories were collapsed for subsequent analyses.
Pharmacists who believe that syringes should not be sold to injection drug users (IDUs) were no more likely than those who disagreed or were not sure to perceive their syringe customers as IDUs or to estimate different levels of illegal drug activity in their neighborhoods. However, they were more likely to have not sold <u>any</u> non-prescription needles/syringes in the preceding month (19% vs. 9%, x^2=17.2, p<.001), to have refused to sell because they thought the customer intended to inject illicit substances (60% vs. 24%, x^2=34.6, p<.001), and to place additional requirements on the sale of syringes (59% vs. 38%, x^2=27.0.
Pharmacists who believe syringes should not be sold to IDUs were less likely to agree that ESAP has increased opportunities to provide timely access to needles/syringes to diabetics or others normally relying on prescriptions to obtain them (62% vs. 81%, x^2=34.3, p<.001) and more likely to report that their pharmacy had experienced some/many problems related to ESAP (15% vs. 4%, x^2=23.0, p<.001). While these pharmacists were less likely to agree that ESAP has provided opportunities to promote safe syringe disposal (34% vs. 55%, x^2=47.2, p<.001) or to be aware of community sharps disposal locations in their area (28% vs. 43%, x^2=14.2, p<.001), they were just as likely to report engaging in a range of safe disposal activities.
CONCLUSIONS: One-third of pharmacists working in ESAP-registered pharmacies disagreed with selling sterile needles/syringes to IDUs and this attitude related very clearly to sales practices. Disposal activities, however, were not affected. Pharmacy corporate offices may make decisions regarding ESAP participation affecting every store in the chain, which can differ from the perspective of the individual supervising pharmacist. It is important to target

pharmacist attitudes toward harm reduction activities in order for pharmacy-based syringe access programs to more effectively serve their target populations.

Presentation Number: E01 – 3

Presentation Title: Identifying Gaps in Knowledge and Utilization of New Syringe Access Legislation Among Injection Drug Users in Chicago

Author(s): *Prachand, NG*[1]; *Munar, DE*[2] - [1]Chicago Department of Public Health, Chicago, IL; [2]AIDS Foundation of Chicago, Chicago, IL

BACKGROUND: In July 2003, Illinois passed Public Act 093-0392, which allows adults to purchase and possess up to 20 syringes without a prescription. The provisions of this act offer additional locations from which injection drug users (IDU) can acquire sterile syringes. HIV behavioral surveillance data collected by the Chicago Department of Public Health during 2005 were analyzed to explore knowledge and use of this law among IDUs and to identify differences among IDU subgroups. Knowledge and utilization of the provisions of this new legislation may lead to further reduction in HIV transmission among IDUs in Chicago.
METHODS: HIV behavioral surveillance in Chicago is part of a national system to monitor trends in risk-behavior and HIV prevention utilization among MSM, IDU and heterosexuals. Current IDUs in Chicago were recruited using a modified chain-referral sampling methodology (respondent-driven sampling). Eligible respondents were surveyed from June-December 2005 at 6 community-based locations. The survey questions encompassed demographics, drug/sex risk behaviors, HIV/STD testing history and use of local HIV prevention activities.
RESULTS: A total of 525 IDUs were recruited and enrolled. Respondents reported residence in 46 of Chicago's 77 zip codes and 25 suburban cities. The sample was 72% male. Forty-five percent (45%) of the respondents were Black, 33% Latino, and 22% White. The median age was 44 years (range 18-75). The three most commonly reported sources for acquiring syringes were: local syringe exchange programs (74%), 'off the street' (38%), or purchased from pharmacies (32%). Overall, less than half (45%) of respondents knew that it was legal to purchase a syringe without a prescription. However, of those familiar with the law, over two-thirds (68%) had successfully purchased a syringe from a pharmacy. Thirty-three respondents (14%) reported barriers to purchasing syringes. The three most commonly reported barriers included: 'pharmacist refused to sell syringe to respondent' (75%), 'respondent was told that it was illegal to sell syringes without a prescription' (46%), and 'respondent did not have identification to prove age' (21%). In general, IDUs over 50 years old were far less aware of the new laws than IDUs less than 30 (73% vs. 27%; $p<.001$). Controlling for age and income, further analyses revealed that NH White IDUs were significantly more likely to know about the new law than either Latino or Black IDUs (80% vs. 42% and 29%; $p<.001$). Additionally, White and Latino IDUs who were aware of the new law were significantly more likely to have reported purchasing syringes from a pharmacy than Black IDUs who also knew about the law (84% and 74% vs. 54%; $p< .01$).
CONCLUSIONS: In its second year of implementation, significant progress has been made to make IDUs in Chicago aware of the changes in syringe access laws. However, more than half of IDUs surveyed remain unaware of this new source of sterile needles. Social marketing efforts directed towards minority and older IDUs may be necessary to improve access. Additionally, social marketing and educational campaigns need to be undertaken with staff at local pharmacies to more fully achieve the goals of this legislation.

Track E
E09 – HIV Prevention Policy Responding to an Evolving Epidemic: Future Areas of Focus
Room: INTERNATIONAL BALLROOM NORTH – (Hyatt Hotel – International Ballroom level)

Presentation Number: E09 – 1

Presentation Title: The Creation of a National HIV Prevention Agenda

Author(s): *Kern, D*; *Cramer, N - Dave Kern, Natalie Cramer,* NASTAD, Washington, DC.

ISSUE: For myriad reasons, for the last several years of the HIV/AIDS epidemic, the United States has lacked a comprehensive and implements able domestic HIV prevention policy agenda. As a national public health membership organization, NASTAD is well-positioned to convene the prevention expertise of its AIDS director membership and

other national prevention leaders and stakeholders to develop such an agenda. Beginning in December 2006, NASTAD initiated this process.
KEY POINTS: Facilitators will present and discuss with the group the process of developing NASTAD's HIV prevention policy agenda. This includes 1) internal conversations with prevention and government relations staff, 2) inviting members of NASTAD's prevention advisory committee and African American and Latino Advisory Committees to a face-to-face day meeting to identify and prioritize meaningful agenda components, 3) invite/seek input from other leaders to assure integration of concomitant issues (i.e. surveillance, STD prevention, viral hepatitis, care), 4) hold key informant interviews with HIV prevention and policy experts from diverse arenas and 5) contract with a consultant to facilitate achievement of desired process/outcome.
IMPLICATIONS: Through these efforts by December 2007, NASTAD will have developed a national HIV prevention agenda. The prevention agenda and the next steps for its implementation will be shared in this session.

Presentation Number: E09 – 2

Presentation Title: Strategies, Tools and Programs for HIV Prevention in Correctional Settings

Author(s): *Schady, FF*; *Cotroneo, R - Felicia F. Schady, BA*: Community Health/Health Education, Richard Cotroneo, MA, Counseling, NYS Dept. of Health: AIDS Institute, Albany, NY.

ISSUE: State and local correctional settings offer an important venue for HIV prevention interventions because these facilities house a significant number of inmates who are living with HIV/AIDS or have a history of engaging in high risk behaviors. However, in order for HIV/AIDS prevention programs to effectively partner with correctional settings, they must understand the unique mission and operating principles of the correctional setting. Mutual understanding, clear expectations, and respect for roles and responsibilities facilitate the effective implementation of HIV/AIDS prevention programs in correctional settings.
Key Points: Facilitators will present and discuss specific tools, strategies and training programs designed to help ensure that HIV prevention programs are sensitive to and respectful of the specific requirements and limitations of correctional settings. Specific products to be discussed include: 1) a booklet titled "How To Gain Access To County Jails For Delivery of HIV/AIDS Services", 2) a one day training titled "HIV/AIDS Training for Correction Officers Working in Local Correctional Facilities", 3) a 24 hour "HIV/AIDS Inmate Peer Facilitator Training", 4) a model to promote collaboration between county health departments and their local jails, and 5) sample HIV prevention discharge packets that public health and correctional facilities can offer to inmates to promote HIV/STD prevention upon reentry into the community.
IMPLICATIONS: When HIV/AIDS prevention programs understand the "culture" of corrections they can develop skills that promote effective partnering with correctional settings. Access to training, models of collaboration and learning from successful partnerships is critical to promoting success. HIV/AIDS prevention programs that can successfully navigate the unique requirements and limitations of correctional settings will ultimately be in a position to offer HIV prevention services to a very high risk population.

Presentation Number: E09 – 3

Presentation Title: Responding to an Evolving Epidemic: Identifying the HIV Prevention Needs of Gay Men and Other Men Who Have Sex with Men (MSM)

Author(s): *French, PT*[1]; *Laqueur, P*[2]; *Cook, R*[3]; *Small, A*[3]; *Corsi, A*[3]; Gay Men's Working Group (GMWG), A[4]
[1]AIDS Institute, New York State Department of Health, Menands, NY; [2]AIDS Institute, New York State Department of Health, New York, NY; [3]AIDS Institute, New York State Department of Health, Albany, NY; [4]AIDS Institute, New York State Department of Health, Albany/New York, NY

BACKGROUND: Recent data have shown resurgence in the incidence of HIV and Sexually Transmitted Infections (STIs) among gay men/MSM, especially among gay youth and African American and Latino(a) individuals. These trends suggest the need for new HIV prevention approaches that are responsive to evolving social, economic, and cultural circumstances.
METHODS: The New York State Department of Health AIDS Institute (AI) sought community input to determine the most important HIV prevention and health care-related issues currently facing gay men/MSM. An anonymous survey of gay men/MSM was administered at gay pride events, community-based organizations, bathhouses, and other venues. The survey contained a check-list of HIV prevention and health care-related topics and opportunity for additional suggestions. In addition, a series of 10 State-wide focus groups were held with approximately 200 gay men/MSM from the community, business, education, health care, and social service sectors. Comprehensive notes were transcribed and analyzed to identify recurrent themes.

RESULTS: The five most frequently cited issues in the anonymous survey were: knowing your status; availability of HIV and STI testing; discussing HIV status with partners; increasing awareness among gay men/MSM of risk due to sexual behaviors like "bare backing"; and availability of gay-friendly medical providers. Gay men/MSM participating in State-wide focus groups identified several important themes: Greater access to a broad range of care and prevention services, not just related to HIV;
A paradigm of mental health that supports emotional well-being in addition to treating mental illness;
The internet and an evolving media landscape point to a need to identify new methods and technologies for communicating HIV prevention messages; As the risk for HIV infection increases due to risky behaviors associated with relatively new (e.g., methamphetamine, Viagra) and old (e.g., cocaine, crack, alcohol) substances, new strategies are needed to combat substance abuse in the venues and social context in which it occurs; HIV prevention strategies need to be developed that are age-appropriate and address the specific barriers and challenges underlying risky behavior among different generations. (e.g., HIV fatigue, decreased perception of risk); HIV-related policy and advocacy efforts need to be revisited to ensure they are consistent with - and responsive to - an evolving social and political environment; Stigma and social isolation due to sexual identity, discrimination, and HIV status continue to negatively impact gay men/MSM, both globally and within the gay community itself; and HIV prevention and health care services should be integrated into the general health care system.
CONCLUSIONS: Results of the anonymous survey indicate that respondents want: greater access to HIV/STI testing in order to increase knowledge of serostatus; initiatives that foster open, honest discussions between partners about HIV/STI status and the risky behaviors that can lead to HIV/STI transmission; and further education and training of medical providers to reduce stigma and improve health care services for gay men/MSM. Focus groups with gay men/MSM in the community resulted in eight overall themes that can inform ongoing and future research, programs, interventions, and policy discussions.

Presentation Number: E09 – 4

Presentation Title: Meeting the Needs of HIV-Positive Youth

Author(s): *Bruce, DK*[1]; *Jankowski, RD*[1]; *Schaefer, N*[2]
[1]AIDS Alliance for Children, Youth & Families, Washington, DC; [2]AIDS Taskforce of Greater Cleveland, Cleveland, OH

ISSUE: As the topic of sexuality education in the U.S. grows in publicity, more questions surface concerning the public health impacts of various approaches. The current policies and programs in place in the U.S. today - specifically abstinence-only and abstinence-based, comprehensive programs - impact HIV-positive youth and HIV-positive parents of youth in different ways. HIV-positive youth have unique needs in terms of sexuality education and this project created a forum for HIV-positive youth and parents to express their concerns around current sexuality education.
SETTING: From our national office in Washington, DC, AIDS Alliance staff conducted qualitative research via one-on-one interviews with HIV-positive youth and HIV-positive parents of youth living in various communities throughout the U.S.
PROJECT: AIDS Alliance launched the Positive Youth Project in 2006, in response to the growing national dialogue on sexuality education and to ensure that the HIV prevention needs of HIV-positive youth were included in the conversation. The Positive Youth Project seeks to educate the HIV community and policy makers by mobilizing the voices of young men and women and their families, whose real experiences can counter the myths and add urgency to this dialogue. Their voices personalize the impact of abstinence-only-until-marriage programs on parents and young people struggling with HIV.
RESULTS: Testimonies collected indicated that youth and parents were frustrated with an abstinence-only approach. Many participants cited the programs' lack of compassion and understanding for HIV-positive youth and parents, and what it means to live a healthy sexual life with HIV. Other participants cited the programs' disregard for LGBT (Lesbian, Gay, Bisexual, and Transgender) youth and the amount of stigmatization towards these youth as well as towards youth and parents who are HIV positive. Finally, HIV-positive parents in particular, noted the inaccurate information provided about HIV in abstinence-only-until-marriage programs and how it potentially undermined parent-child communication on HIV provided at home.
LESSONS LEARNED: The current policies and programs supported through the federal government should be enhanced to reflect the needs of HIV-positive youth and youth with HIV-positive parents - by including medically-accurate information about HIV disease, offering comprehensive prevention messages that have been scientifically proven to prevent HIV, and eliminating practices that encourage stigmatization and social isolation of HIV-positive and LGBT youth and their families.

Track F
F08 – Models for Care Linkage
Session Location: INMAN – (Hyatt Hotel – Atlanta Conference Center level)

Presentation Number: F08 – 1

Presentation Title: Building A Referral Follow-up Protocol

Author(s): *Carrel, JJ*; Christos-Rodgers, J – Louisiana Office of Public Health HIV/AIDS Program, New Orleans, LA

ISSUE: In Louisiana, many outreach and prevention program workers make referrals to services such as STD clinics, family planning clinics, domestic violence programs, etc. but there is little follow-up to identify which referrals are most common and which are successful. A method was necessary to identify referral needs and follow referrals to successful completion.
SETTING: Prevention programs in high HIV prevalence zip codes throughout the state of Louisiana. These include HIV testing, outreach, small group sessions, and prevention with positive programs. Pilot site includes urban and rural areas; large and small CBOs; and experienced and inexperienced outreach and prevention workers.
PROJECT: A pilot program was conducted to implement a protocol to document and follow-up on referrals made by outreach and prevention program workers. The pilot's goal was to test referral follow-up tools and to identify barriers and facilitators to documentation and follow-up of referrals.
RESULTS: By the end of the pilot period, 94 referrals were made, with 76 closed and 18 still pending follow up. among the closed referrals, 48 or 63% successfully connected those referred to needed services. The majority of referrals made were for testing or screening services: 73% for HIV Testing, 15% for STD screening, and 6% for viral Hepatitis screening.
LESSONS LEARNED: Documentation and follow-up of referrals is possible and useful in prevention programs. Facilitators and barriers included community trust of the workers, relationships with agencies referred to, quality and types of contact information, method of follow-up, types of referrals, method of communicating/describing protocol to clients, and attitude of referring agency staff.

Presentation Number: F08 – 2

Presentation Title: Barriers and Opportunities for HIV Prevention in Correctional Settings: Aligning Statewide Systems from Prisons to the Community

Author(s): *Thomas, F; Christos-Rodgers, J; Carrel, JJ; Johnson, S* – Louisiana Office of Public Health HIV/AIDS Program, New Orleans, LA

ISSUE: In Louisiana, 60,000 inmates per year are incarcerated in state and federal prisons, and 15,000 per year are released back into the community. Although exact numbers are not available, it is estimated that 2-5% of inmates are HIV positive and xx HIV positive individuals are released each year. Therefore, HIV in the prison population has serious implications not only for the health of inmates, but also for the public health of communities to which the prisoners return.
SETTING: Thirteen state adult correctional facilities, probation and parole offices, and community based organizations (CBOs) that provide HIV services in communities throughout Louisiana.
PROJECT: The Louisiana Office of Public Health HIV/AIDS Program (HAP), in collaboration with the Louisiana Department of Corrections (DOC), and local CBOs, created the Corrections Project. Originally, representatives from 4 state facilities and 3 CBOs participated. The Project assessed needs to determine barriers and opportunities for change. Members of the collaborative then developed strategies to address these findings.
RESULTS: In the initial needs assessment, 3 types of barriers were identified: policies, practices and socio-cultural issues. To address these barriers, the PROJECT: 1) created a linkages system to refer inmates into Ryan White case management, 2) created a system for Probation and Parole to refer individuals into HIV care, 3) utilized Probation and Parole offices as HIV testing and condom availability sites, 4) provided Hepatitis A & B vaccine to HIV positive and Hep C infected inmates, 5) provided condoms, lube and services information to all inmates released from state facilities, 6) provided HIV testing prior to release, and 7) implemented a web-based referral source for social workers in correctional facilities.
LESSONS LEARNED: Aligning multiple statewide systems to improve HIV services in correction facilities is a complex, long-term endeavor. Collaborative efforts must 1) engage key policymakers and practitioners in each system, 2) assess the needs of inmates in the prisons, 3) assess the needs of former inmates in the community, 4)

develop interventions that increase the extent and quality of HIV services, 5) identify strategies to address policy issues that inhibit HIV services within the corrections system, and 6) develop a collaborative approach to address policy issues requiring legislative action and support.

Presentation Number: F08 – 3

Presentation Title: A Bridge for HIV-HCV Co-Infected Inmates Released to the Community: The New York State Hepatitis C Continuity Program

Author(s): *Klein, SJ[1]; Wright, LN[2]; Flanigan, CA[1]; Cooper, JG[1]; Tanner, EL[1]; Dewey, DM[1]; Klopf, LC[2]; Feldman, IS[1]; Fraley, EJ[3]; Birkhead, GS[1]*
[1]AIDS Institute, NYSDOH, Albany, NY; [2]NYS Department of Correctional Services, Albany, NY; [3]NYS Division of Parole, Albany, NY

ISSUE: Incarcerated populations are disproportionately affected by HIV and hepatitis C (HCV). "Disconnects" between systems and inadequate pre-release planning can threaten continuity of care initiated during incarceration upon release to the community.
SETTING: The New York State (NYS) Department of Correctional Services (DOCS) houses over 60,000 inmates in 70 prisons. Inmates being treated for HIV and/or HCV are released to communities across NYS.
PROJECT: Collaboration between corrections, parole and public health was launched to allow HCV treatment to be initiated during incarceration and continued after release. Necessary elements included: identifying community health care providers willing to accept referrals, coordination between DOCS' staff and parole officers on pre-release planning, continuous access to HCV medications, and arrangements for supportive services to promote treatment adherence.
RESULTS: The Hepatitis C Continuity Program assures continuity of care for inmates under treatment for HIV and HCV as they are released to the community. Protocols for pre-release planning are in place. A network of 21 Designated AIDS Center (DAC) hospitals that provide integrated, quality care for HIV and HCV now accept referrals from DOCS. DACs also work with patients, their partners, and their families to help prevent new HIV and HCV infections. Case management, treatment adherence programs, and community parole officers promote treatment outcomes and support HIV and HCV prevention.
LESSONS LEARNED: Continuity of HIV-HCV care from prison to the community is possible. Positive re-entry outcomes benefit individuals, families, communities, and society at large.

Presentation Number: F08 – 4

Presentation Title: Monitoring Entry into Primary Care for Newly Diagnosed HIV-Infected Persons: San Francisco, 2006

Author(s): *Ahrens, KA; Kent, CK; Nieri, G; Philip, S; Klausner, JD* – San Francisco Dept. Public Health, San Francisco, CA

BACKGROUND: Linking HIV-infected persons to medical care is a key component of the Centers for Disease Control and Prevention's (CDC) Advancing HIV Prevention Initiatives. In addition, HIV-infected persons who delay seeking care do not receive the individual and public health benefits of appropriate medical care and timely risk reduction counseling from medical providers. With the advent of expanded HIV testing, initial CD4 T cell count reporting can help health departments determine when HIV-infected persons are being linked into care and the stage of HIV infection at the time of diagnosis.
METHODS: We conducted HIV case management including assuring test result disclosure, counseling, assessment and referrals for substance use and mental health services and voluntary anonymous partner notification in all newly diagnosed HIV-infected patients from San Francisco's municipal sexually transmitted disease clinic and county hospital and its affiliated clinics during July through December 2006. Interviewed patients were referred to local HIV primary care providers. Staff used confidential laboratory records and self-report from patient or medical provider to determine the date of first viral load and first CD4 count and their values. We measured access to HIV primary care up to 6 months after HIV diagnosis date. Analysis was restricted to interviewed patients only.
RESULTS: We initiated HIV case management in 72 newly diagnosed HIV cases and interviewed 59 (80%). First viral load and CD4 T cell count within 2 months of HIV diagnosis were recorded for 29 (51%) and 27 (47%) of interviewed patients, respectively. The median time to first CD4 T cell count was 23 days (range 1 - 57). Mean viral load and CD4 count were 81,291 copies/ml (range 803 - 384,086) and 451 cells/ml (range 4- 1189). Eight (30%) patients' first CD4 T cell count was <200 cells/ml, 8 (30%) were between 200 cells/ml and 500 cells/ml, and 11 (41%) were above 500 cells/ml. In addition, 12% reported being in care but date of CD4 T cell count was unknown or

later than 2 months, 9% were not in care, 16% were unable to be located, 11% refused to provide follow-up HIV care information, and 2% were still being investigated.
CONCLUSIONS: Monitoring first CD4 T cell count in newly identified HIV-infected patients can provide valuable information regarding time to CD4 T cell count as a proxy of entry into HIV care and stage of infection. Half of HIV-infected persons received primary care within 2 months of HIV diagnosis. Forty-one percent had a documented first CD4 cell count above 500 cells/ml; however 30% were diagnosed at the time of AIDS. This suggests that greater promotion of routine HIV testing is needed in San Francisco to detect earlier stage of infections. In addition, more rigorous efforts might be required to assure that persons promptly access care after their initial HIV diagnosis. Further integration of HIV surveillance and prevention efforts including HIV case management as well as the continued monitoring of initial CD4 T cell counts may aid in Advancing HIV Prevention.

Presentation Number: F08 – 5

Presentation Title: In Their Own Voice: Patient Experiences Connecting to Care

Author(s): *Carol Tobias* - Boston University School of Public Health

BACKGROUND: The HRSA-funded Outreach Initiative was a 10-site demonstration program to test and evaluate innovative strategies to engage and retain underserved populations in HIV medical care. The study identified barriers to care for newly diagnosed individuals as well as strategies to facilitate entry into care.
METHODS: Both quantitative and qualitative methods were used to identify barriers and facilitators. Approximately 10% of the quantitative study sample (n=119) was newly diagnosed with HIV at the time of entry into the interventions and the study. Client interviews were conducted at baseline, six and twelve months. Twenty-four individuals participated in in-depth qualitative interviews to describe the process of entry into care follow their HIV diagnoses. These data were analyzed using Nvivo software and a grounded theory approach.
RESULTS: In the quantitative study, 92% of newly diagnosed individuals reported a medical visit in the first six months following study enrollment, despite the presence of many competing needs, low income, poor mental health status, active drug use, stigma, lack of insurance and other barriers to care. Factors associated with receipt of care included a decrease in drug use, receipt of insurance coverage and older age. In the qualitative study, nearly all of the individuals were aware of their risk behaviors prior to testing HIV positive but experienced anger, grief, or disbelief upon hearing their test results. Few had any knowledge of HIV disease or treatment. Factors that affected prompt receipt of care included the location of the testing site, how the results were delivered, the ability to get information about HIV promptly, assistance in processing that information, assistance in connecting with medical services (including visit accompaniment) and external support systems.
CONCLUSIONS: As HIV testing becomes more routine it is important to support newly diagnosed individuals in making the connection to care. Strategies include immediate introduction to a peer or other individual who can explain the diagnosis and HIV disease and help the individual process this information. Visit accompaniment or patient navigation services, and a system to check back with people who are referred to care shortly after diagnosis may also facilitate the connection process.

Track G
G07 – Integrating HIV Prevention into Services for Youth
Room: SINGAPORE/MANILA – (Hyatt Hotel – Embassy Hall level)

Presentation Number: G07 – 1

Presentation Title: Lessons Learned From Three Community-Based Organizations In Their Implementation Of Evidence-Based HIV and Substance Abuse Prevention Programs with Minority Youth And Young Adults

Author(s): *Kim, M[3]; McNamara, E[4]; Bazil, N; Betts' D[1]; Boucher, S[2];Kreiner, P[3]*
[1]*Roca Inc., Chelsea, MA;* [2]Wayside Youth and Family Support Network, Watertown, MA; [3]Brandeis University, Waltham, MA; [4]Lowell Community Health Center, Lowell, MA

ISSUE: There is growing emphasis for organizations to target HIV/AIDS prevention services to ethnic minority communities and utilize evidence-based curricula that have demonstrated positive and effective results. While there is merit for encouraging organizations to use evidence-based curricula, ethnic minority communities are diverse with various sets of strengths and challenges. More information is needed on how organizations can implement evidence-based programs that are culturally appropriate and sustain those programs over time through the engagement of

existing systems in the community.
SETTING: (1) The Cambodian Youth Development Partnership, an initiative of the Lowell Community Health Center, is an innovative youth-driven and health focused partnership with Big Brothers Big Sisters of Greater Lowell that engages Cambodian-American youth (ages 12-18) in Lowell, the 4th largest city in Massachusetts (MA) and home to the 2nd largest resettled Cambodian community in the U.S. (2) Roca Holistic Prevention Project is a comprehensive and integrated model that engages multi-cultural, young people (ages 16-26) from the urban communities of Chelsea, Revere, and East Boston. Roca serves the hardest to reach young adults including: runaway and homeless young adults, street and/or gang involved youth, pregnant and parenting teens, and recent immigrant. (3) Wayside Youth and Family Support Network initiated a community action project involving Haitian and Latino immigrant youth (ages 9-18) and their caregivers residing at public housing developments in Somerville and Waltham, MA.
PROJECT: The Center for Substance Abuse Prevention funded these three organizations, currently in their third year of a four year project, to provide substance abuse and HIV/AIDS prevention services in minority communities. While each of the organization's programs is different, all provide a comprehensive approach to engage youth and young adults into a path towards self-sufficiency and living out of harms way. Overall, each program utilizes a strength-based approach that includes peer leadership trainings and opportunities that inspire personal responsibility to decrease risky behaviors including protection against HIV transmission. In addition, each program incorporates community capacity building activities to engage and utilize existing systems in the community. Each of the three organizations will present their lessons learned from developing, implementing, and sustaining substance abuse and HIV/AIDS prevention services.
RESULTS: Brandeis University serves as the evaluator for all three programs. Data collected include individual outcome and process measures with youth/young adult, as well as process evaluation to document the implementation of the evidence-based curricula for youth and young adults and sustainability activities. Preliminary analysis of the HIV prevention component has indicated improved knowledge and strategies regarding HIV risk reduction amongst the participants.
LESSONS LEARNED: The engagement process with both individual participants and the existing systems in the community are critical to the success and sustainability of the programs. The integration of staff's innovative techniques to augment the evidence-based curricula to engage youth/young adults is also a key element for a successful HIV/AIDS prevention strategy.

Presentation Number: G07 – 2

Presentation Title: Linking HIV Prevention and Delinquency Prevention in Gang-Involved Girls

Author(s): *Rubini, JL*; *Granato, LA* - The Granato Group, Vienna, VA

ISSUE: The correlation between gang involvement, delinquency, and unsafe sexual behavior leading to STDs, HIV infection, or AIDS is significant.
Research consistently demonstrates that female adolescents' gang involvement is associated with their participation in a diverse array of high-risk and health-compromising behaviors that can lead to contraction of HIV. Despite this, however, the girl gang population has historically been overlooked and underserved in regards to prevention services and programs. HIV prevention and delinquency prevention are logical allies and together provide a more holistic approach to the needs of gang-involved girls.
SETTING: The population served includes girls between the ages of 9 and 17 in the metropolitan, Washington DC area.
PROJECT: Recognizing the correlation between gang involvement, delinquency, and unsafe sexual behavior leading to STDs, HIV infection, or AIDS among teen girls, The Granato Group, designed, developed and implemented a 6-month, after school, community-based, HIV prevention and Delinquency Prevention program for gang-involved girls. This "Healthy Girls" program is based on best practice research on gender specific prevention programs and consists of: weekly Dialectical Behavior Therapy (DBT) skills groups that incorporate health and wellness topics, parent groups, individual counseling, mentoring, participation in a Community Service project, and collaborating with service providers in the community to support teen girls. The program focuses on interpersonal relationships, inclusion of girls' primary support system, and emphasis on building girls' strengths and empowering girls to make positive choices that help them live the lives they want to lead.
RESULTS: Preliminary results suggest that the program leads to an *increase* in knowledge of HIV/AIDS and STD prevention, self esteem, interpersonal effectiveness, emotion regulation, future orientation, school attendance, academic performance, and commitment to regular appointments with a health care provider, as well as a *decrease* in high risk behaviors and interpersonal conflict.
LESSONS LEARNED: Programs can meet the gap of services to girls at risk for delinquency and HIV/AIDS/STDs when they are gender specific, empowering, and appealing to adolescent girls, with a focus on activities that increase self-respect and self-efficacy. Programmatic approaches must be based on theories that fit the physiological,

psychological, and social needs of girls.
Programs are more effective in meeting the needs of girls when they involve relationship-building over a significant period of time (e.g. a 6-month, continuous program as opposed to 1-day workshops). A comprehensive program addresses the risks and dangers girls face while encouraging those protective factors that can help girls stay out of the juvenile justice system and keep themselves safe from HIV and STD infection.

Presentation Number: G07 – 3

Presentation Title: Pointing African Americans Towards Health (PAATH) - HIV and SAP Prevention for High Risk African American Youth

Author(s): *Walston, K*; *Men-Na'a, L; Ayers, L*
Wholistic Stress Control Institute, Atlanta, GA

ISSUE: State data show that about 99% of persons living with AIDS in Atlanta, Georgia were infected when they were either adolescents or young adults. African Americans ages 13 to 19 represent only 15 percent of the U.S. teenage population, but accounted for 66 percent of new AIDS cases in 2003 (CDC). Middle and late adolescence is a time when young people engage in risk-taking and sensation-seeking-behaviors that may put them in jeopardy of contracting HIV.
SETTING: The Pointing African Americans Towards Health (PAATH) Program is implemented at alternative high schools, group homes, and after school programs in metro Atlanta, Georgia.
PROJECT: Taught from a culturally competent perspective appropriate for this group, the program model consist of 10 core HIVP and SAP lessons, three anger management/conflict resolution lessons, two nutrition lessons, one vocational/job readiness class and stress management and relaxation techniques. Case management services and HIV testing referrals are provided to participants, and parenting workshops provided for their parents.
RESULTS: To date 302 high risk youth ages 14 -16 have completed the PAATH Program. Program participants, upon post testing, indicated they feel they are now less likely to have sex with multiple partners and when they have sex they indicated they thought it likely they would have safe sex. Participants were asked how likely they were to have sex in next three months, have more than one sexual partner, and to practice safe sex. All items were scored on a one very likely to four not at all likely scale. Both the treatment and control groups said that they were “a little likely” to have sex in the next three months at pretest (treatment m = 3.07, control m = 2.69) and posttest (treatment m = 3.06, control m = 2.95). For the likelihood having more than one sexual partner (pretest treatment m = 3.59, control m = 3.25; posttest treatment m = 3.51, control m = 3.33) and practicing safe sex (pretest treatment m = 1.62, control m = 1.45; posttest treatment m = 1.80, control m = 1.41).
LESSONS LEARNED: Exposure to the PAATH HIVP and SAP lessons resulted in improvement in participants’ attitudes regarding healthy behavior and knowledge of HIV risky behaviors and related to HIV infection and substance use. Case management must be an integral part of prevention programming. In individual sessions youth begin to reveal information about the underlying conditions in their lives that lead to risky behavior. Another lesson learned is the benefits of incorporating cultural components into the evidence based curriculums. Youth respond well to hip hop music and the diverse accomplishments of people of their race being integrated into the HIVP and SAP lessons. It is important for case mangers/instructors to build trust relationships with program participants before the evaluators administer pre tests containing highly sensitive questions about their sexual activity and ATOD use. Otherwise, these high risk youth will most likely not be completely candid in their pre test responses and thus result in under reporting of the true effectiveness of the intervention.

Track G
G12 – Integrative Partner Notification Services
Room: DUNWOODY – (Hyatt Hotel – Atlanta Conference Center level)

Presentation Number: G12 – 1

Presentation Title: NYSDOH Anonymous HIV Counseling and Testing HIV Partner Notification Successes

Author(s): *Richardson-Moore, A*; San Antonio-Gaddy, M
New York State Department of Health, Albany, NY

SETTING: The New York State Anonymous HIV Counseling and Testing (ACT) Program located outside of New York City. HIV partner elicitation and referral can provide immediate access to rapid HIV testing to those at highest risk of infection, following an HIV exposure.
PROJECT: This was a two-part project with HIV Counselors gathering partner notification information for all clients who access HIV testing through the ACT program. All clients are routinely asked their reasons for testing and if they are testing as a result of being notified of an exposure. The second service component is offering all ACT clients who test HIV positive various strategies for HIV partner notification, including discussing the need for partner notification, active elicitation of named partners, referral to the statewide Partner Assistance Program (PNAP) through the NYS Bureau of STD Control, coaching on self-notification and joint notification with the HIV Counselor.
RESULTS: The ACT program provided HIV counseling and testing to 24,743 clients from July 2005 through December 2006. Of the 24,534 clients that were not notified of an exposure 73 (0.3%) were found to be HIV positive. Of fifty-seven clients who stated they were notified of an exposure by PNAP 6 (10.5%) were found to be HIV positive; of 121 clients who said they were notified by a partner 5 (4.1%) were found to be HIV positive, of 7 clients who were notified by a health care provider 1 (14.3%) was found to be HIV positive and of 24 who were notified by some other reliable source 3 (12.5%) were found to be HIV positive. A total of 392 clients were tested and identified as HIV positive from 2003 through 2006. Three hundred eight (78.6%) received post test counseling. Of the 308 clients who received post test counseling and learned their HIV positive status, 100% received information on the need for partner notification; 206 (66.9%) received education on self-notification; 138 (44.8%) received PNAP referral information; 60 (19.5%) provided partner names for referral to the PNAP program; 9 (2.9%) participated in joint counseling with the HIV Counselor notifying the partner with the client; 154 (50%) said they would notify their partners; 25 (8.1%) stated they had no partners; 42 (13.6%) were not able to resolve the partner notification plan and 19 (6.2%) stated that their partner already knew their HIV positive status. Additionally, the 60 partners who provided names of partners for PNAP notification, named 126 partners and 30 (23.8%) were notified. The 154 clients who said they would self notify their partners, identified 192 for self-notification and the clients reported notifying 63 (32.8%) partners.
LESSONS LEARNED: Partner notification by PNAP, by the client self-notifying, provider notification and notification by another reliable source are all methods to successfully reach clients who are at higher risk of being HIV positive after an exposure. ACT staff can play an important role in increasing their elicitation skills to further promote HIV partner notification and further decrease HIV transmission.

Presentation Number: G12 – 2

Presentation Title: To Tell or Not to Tell… Promoting Partner Notification

Author(s): *Jordahl, LS*[1]; *BEATO, R*[2] *- Lori S. Jordahl, MBA-HA*, Miami Dade County Health Dept, Miami, FL, RICARDO BEATO, MS, Broward County Health Dept, Fort Lauderdale, FL.

ISSUE: Refusal of disclosing HIV/Syphilis/STD status with partner(s) and/or partner information to health care providers offering partner notification services impact disease intervention and prevention efforts.
KEY POINTS: How to make partner disclosure and utilization of partner notification tools a social norm. Barriers to disclosure and ways to bridge them in to solutions. Is anonymous always really anonymous? In Spot ecards and other online partner notification tools, would you use them? What are the cultural barriers to partner notification when dealing with minority communities including sexual minorities and non English speaking communities and how to overcome these barriers.
Does comfort levels with the health care/STD staff person or facility have an impact on disclosing partner information and why? When disclosing a new HIV/Syphilis/STD status, is it easier to tell a current, past, or occasional partner?
IMPLICATIONS: The impact of making personal responsibility for disclosure to partners (self /partner notification) a social norm would: Increase the number of persons being tested and treated much earlier, optimizing sexual and

other health outcomes. Impact disease intervention and prevention efforts. Improvement of communication skills could influence promotion of sexual health and relationships with Providers offering partner notification services.

Presentation Number: G12 – 3

Presentation Title: Best Practices for Internet-Based HIV and STD prevention: An Overview of the National Guidelines for Internet-Based STD/HIV Prevention

Author(s): *Kachur, RE*[1]; *Clark, D*[2]; *Gratzer, B*[3]; *Adelson, S*[4]; *Roland, E*[5]; *Furness, B*[6]
[1]CDC, Atlanta, GA; [2]National Coalition of STD Directors, Washington, DC; [3]Howard Brown Health Center, Chicago, IL; [4]Internet Interventions Inc., Boston, MA; [5]Legacy Community Health Services, Houston, TX; [6]CDC, Washington, DC

ISSUE: The internet presents both challenges and opportunities in the field of HIV/STD prevention. Research has shown that the Internet is a venue that facilitates sex seeking, and that many who use the Internet to find sex partners are at high risk for contracting HIV and/or STDs. At the same time, innovative online health promotion and disease prevention programs have been developed around the country. Online interventions are becoming more popular but are still created from the ground up with little to no national guidance on best practices in the field.
SETTING: The National Coalition of STD Directors (NCSD) received funding from CDC to coordinate creating the first national guidelines for Internet-based HIV/STD prevention. The guidelines were written by experts in the field of online prevention, with additional input from various HIV/STD programs nationwide. The guidelines are written for health departments, community-based organizations and program managers. Local areas will be able to tailor the guidelines to their local needs.
PROJECT: The Internet guidelines provide best practices from programs with substantial experience conducting online interventions. The guidelines are divided into three sections: partner notification, outreach and health communication. Though the intent is not to provide specific policies and protocols, the guidelines provide much needed information on implementation issues and are designed to help new programs avoid common mistakes.
RESULTS: Prior to the development of the guidelines, NCSD/CDC conducted a needs assessment of local program areas. 47 program areas answered a 13 item questionnaire assessing knowledge, attitudes, access/barriers, current Internet-related STD activities & training/technical assistance needs. More than 70% of respondents knew the Internet could be used as an HIV/STD prevention tool, although few were actually using the Internet for this purpose. The majority (90%) use the Internet to gather data about high risk behaviors, just over 50% use the internet for partner notification, and less than 30% use the Internet for outreach, health education or for behavioral interventions. Very few programs had written protocols in place for these activities. Most programs noted internal restrictions as the most common barrier to using the Internet for prevention, followed by a lack of money, staff and knowledge. The top 3 requested trainings were for Internet-based: testing & counseling, partner notification and health education.
LESSONS LEARNED: Many barriers prevent programs from conducting HIV/STD prevention online. The national guidelines will help address some of these barriers as well as provide programs with an additional tool in their prevention arsenal.

Presentation Number: G12 – 4

Presentation Title: Building Local Health Department HIV Program Capacity: Promising Practices for Conducting HIV Field Notification and Partner Services

Author(s): *Orenstein, F; Noonis, FC; Neiman, R; Tafoya, D; Sanchez, J; Lopez, E; Smith, P; Bolan, G*
CA Department of Health Services, STD Control Branch, Richmond, CA

ISSUE: There are varying degrees of HIV/STD program integration throughout California's local health jurisdictions (LHJs). While elicitation of partners from HIV positive individuals has been relatively easy to integrate into HIV prevention programs, developing capacity for these programs to conduct field investigation, notification of exposure to HIV, and referral of exposed partners to HIV testing and/or care has been more challenging. Five local health department HIV programs identified a need to build internal program capacity to conduct HIV partner notification field activities.
SETTING: The Field Investigation and HIV Partner Services Training Program were piloted with 5 California LHJs: Marin, Orange, Riverside, Sonoma, and Yolo.
PROJECT: The Partner Counseling and Referral Services (PCRS) program and regional field offices of the Disease Intervention Section-CA STD Control Branch, worked collaboratively with the 5 LHJs to implement the training program. A 3-tiered approach was used to build the unique field investigation skills and systems needed for successful HIV partner notification: 1) a program orientation meeting 2) a didactic and experiential training course, and 3) a

mentoring project.
An orientation meeting was held with each interested LHJ. An overview of required partner services components, established program prerequisites, and the necessary skills and attributes of future field notifiers were discussed. Upon program enrollment, the LHJs identified staff "mentees" who would participate in the training program to gain skills in field investigation, notification, and follow-up of exposed partners. Mentees attended the three-day training course which focused on field safety, communication skills, and an introduction to field investigation. Veteran field investigators served as preceptors where mentees spent one day of the course observing actual field investigative techniques in the local community.
Each LHJ was then assigned a mentor, a Disease Intervention Specialist (DIS), from the CA STD Control Branch, who worked together with mentees over a 12 month period to establish and enhance required HIV field notification skills. Mentors utilized local STD program resources to provide mentees with field investigation opportunities. This process was tracked through a set of tools that included a skills checklist and mentee self assessment. Mentors also guided local HIV programs in developing internal systems to support and sustain HIV field work activities.
RESULTS: Ten HIV program staff completed the Field Investigation and HIV Partner Services Training Program from February 2006 to March 2007. Upon completion of the mentoring project, all 10 mentees reported "moderately confident" to "very confident" in each skills-set area for conducting field work. Five local health department HIV programs now have competent staff and essential systems in place to implement the field component of their local PCRS program.
LESSONS LEARNED: It is possible to build local HIV program capacity to conduct HIV field activities and partner notification. Building bridges between HIV and STD programs can foster an appreciation for the complexity of field investigation and notification work.

TUESDAY, DECEMBER 4, 2007
Roundtable Sessions
5:30 PM - 6:15 PM

Track A
AR02 – Roundtable Title:Critical Issues for Implementing Prevention Programs with Positives: Solutions for Coping with the Stress of HIV/AIDS Stigma, Discrimination and Disclosure
Room: HANOVER F/G – (Hyatt Hotel – Exhibit Level)

Presentation Number: AR02

Presentation Title: Roundtable Title:Critical Issues for Implementing Prevention Programs with Positives: Solutions for Coping with the Stress of HIV/AIDS Stigma, Discrimination and Disclosure

Author(s): *Tirado, A"; Henry, L - Alric "TC" Tirado, Louis Henry*, UT Southwestern Medical Center, Dallas, TX.

ISSUE: From the moment scientists identified HIV and AIDS, societal responses of fear, stigma and discrimination have accompanied the epidemic. Discrimination spread rapidly against people living with HIV or AIDS (PLWH/A), fueling anxiety and prejudice also against members of high risk groups. As a result of this stigma and discrimination, many PLWH/A may not disclose their status in order to avoid the rejection of their families, loved ones and communities. This, along with other social, biological and medical concerns, can add stress to their daily lives and lessen their willingness and/or ability to practice HIV prevention.
Key Points: Facilitators will lead a discussion with the group on strategies for dealing with stress related to stigma, discrimination, and disclosure issues for PLWH/A. Stigma issues include limitations on life - both internal and external; relationship barriers; HIV's association with behaviors - such as promiscuity, sex between two men, injection drug use, etc. - that are negatively perceived by many religions/moral belief systems; and responsibility/blame for becoming infected. Discrimination may come from service providers, including health care professionals; employers or co-workers; spiritual leaders; friends; and family members; it can be impacted by race/ethnicity, sexuality and gender. When deciding whether or not to disclose their HIV status, PLWH/A may deal with fears, such as violence, rejection, and additional disclosure; other confidentiality issues; knowing when and who to trust; and negotiation of safer practices with sex and/or drug-using partners.
IMPLICATIONS: Prevention programs with positives must include solutions to coping with the stress of stigma, discrimination and disclosure. By addressing the impact of these issues using lessons learned from PLWH/A, providers will be able to work more effectively with their clients to prevent HIV transmission.

Track D
DR07 – Integrating HIV Prevention Science into Community Practice to Improve Outcomes for Women
Room: A702 – (Marriott Hotel – Atrium level)

Presentation Number: DR07

Presentation Title: Integrating HIV Prevention Science into Community Practice to Improve Outcomes for Women

Author(s): *Phyllis Jones, Master in Management of Human Services*, National AIDS Fund, Washington, DC*, Cynthia Gomez, Ph.D*, Health Equity Initiatives, San Fransisco State University, San Francisco, CA.

ISSUE: Women have disproportionately been the most impacted population by HIV yet have benefited little from prevention science of the last several decades. Poverty, lack of education, low self-esteem and other life circumstances put many women and girls at very risk for HIV exposure. The limited evidence-based prevention models developed for women simply do not address the diverse and unique populations of women who, because of their risk factors, are susceptible to HIV transmission. The adage "one size fits all" does not apply when trying to make an intervention resonate with a population it was not originally designed to reach unless deliberate, culturally sensitive and population appropriate adaptations are built-in.

KEY POINTS: To curb the rate of HIV infection among at-risk women and girls foundations funds and public health dollars must be invested in the development of new, promising interventions and modification of existing prevention models rooted in science-based strategies. Agencies need ample time and money to conduct formative work to adapt and refine program design to fit specific populations prior to launching programs. Facilitators will address 1) the need for adequate time to develop and adapt programs; 2) the activities that are the crux of formative work with regard to program design and adaptation; 3) how to incorporate hands-on, proactive technical assistance for improving programs; 4) how to incorporate ongoing evaluation into the program design during formative work phase; and 5) how to integrate technical assistance and evaluation into ongoing program activities to inform practitioners in real time so programs can be modified on a continual basis, thus improve health outcomes for women.
IMPLICATIONS: As result of lessons learned over years of developing and launching new initiatives, the National AIDS Fund has created the GENERATIONS Initiative that couples community-based agencies with a team of technical assistance providers and evaluators to methodically design and implement HIV prevention interventions that will reach unique populations of women. The circular structure of this initiative begins with the client needs driving the formative work, which informs the program design. The program design leads the evaluation design. Implementation and data collection begin in concert. On an ongoing basis the data is analyzed and the findings guide program modification and evaluation refinement. The outcomes of this fluid and continuous process amounts to agencies responding to "lessons learned" in a deliberate, proactive, and efficient manner and, as a result better, meeting clients' needs. Currently, National AIDS Fund, through its GENERATIONS Initiative supports the work of nine agencies in five states and Washington, DC to develop population specific HIV prevention interventions to reach the following women: rural, black women; commercial sex workers; partners of injection drug users; monolingual Chinese and Latina immigrants; incarcerated women; runaway teenage girls; and partners of incarcerated men. The National AIDS Fund's goal, through the *GENERATIONS* Initiative, is to increase the number of effective HIV prevention models for women by integrating prevention science and community practice.

Track D
DR08 – Advocates for Youth's of Color Initiative: An Effective Strategy to Provide CBA to Communities of Color
Room: A704 – (Marriott Hotel – Atrium level)

Presentation Number: DR08

Presentation Title: Advocates for Youth's of Color Initiative: An Effective Strategy to Provide CBA to Communities of Color

Author(s): *Urooj Arshad*, Advocates for Youth, Washington, DC.

ISSUE: In the United States, rates of HIV, sexually transmitted infection (STI), and unintended pregnancy are disproportionately high among youth of color, particularly young African American and Latina women, when compared to other youth. Black women and Latinas account for 79 percent of all reported HIV infections among 13- to 19-year-old women and 75 percent of HIV infections among 20- to 24-year-old women in the United States although, together, they represent only about 26 percent of U.S. women these ages[1]. Black women account for 60 percent of cumulative AIDS cases among women ages 13 to 24, although they are only about 14 percent of women this age. Latinas represent 19 percent of cumulative AIDS cases among young women, although Latinas comprise only about 12 percent of the female population this age[2].
Program planners must recognize the disproportionate rates of health issues among these youth and plan culturally appropriate interventions to meet their needs.
Key Points: Facilitator will discuss the Youth of Color Initiative, a CDC funded cooperative agreement that provides capacity building assistance (CBA is designed to assist in implementing and sustaining science-based and culturally proficient HIV prevention behavioral interventions and HIV prevention strategies) to community based organizations to better serve the needs of young women of color around HIV prevention. The discussion will include 1) history of the Youth of Color Initiative;
-Since 1998, Advocates has partnered with the NAACP, National Council of La Raza, National Association for Equal Opportunity in Higher Education, National Organization of Concerned Black Men, and Black Entertainment Television (BET) to mobilize communities to get actively involved in the fight against HIV and AIDS for young African Americans, Latinos, Asian and Pacific Islanders, and Native Americans. Advocates, to date, has partnered with over 150 national and community-based minority organizations as part of this initiative-
2) The RFP process which determines the Youth of Color Initiative partner organization as well as the level of service that they are interested in receiving. Advocates for Youth offers a tiered system that includes general technical

assistance, training, and seed grants;
3) strategies to provide technical assistance and training including the disbursement of seed grants
-Through the Youth of Color Initiative, organizations receive culturally relevant publications and materials on HIV/STI and teen pregnancy prevention programming, strategic technical assistance and training and seed grants to implement HIV/STI and teen pregnancy prevention projects- 4) and long term impact to enhance and create effective programs.
IMPLICATIONS: With access to strategic capacity building assistance, community based organizations can successfully enhance their programming to serve the needs of young women of color around HIV prevention. This strategy is highly effective as it works with the organizations on a long term basis and helps infuse resources in their own communities.

Track D
DR13 – HIV Outreach Accountability in Diverse High-Risk Populations: When is Structure too Much?
Room: A707 – (Marriott Hotel – Atrium level)

Presentation Number: DR13

Presentation Title: HIV Outreach Accountability in Diverse High-Risk Populations: When is Structure too Much?

Author(s): *Ellerson, RM; Luseno, W; Zule, W; Wechsberg, WM; Coomes, C* - Rachel M. Ellerson, B.A., Winnie Luseno, M.S., William Zule, Dr.P.H., Wendee M. Wechsberg, Ph.D., Curtis Coomes, J.D., RTI International, RTP, NC.

ISSUE: As HIV continues to spread worldwide, indigenous field workers are the first contact for reaching high risk populations in community-based settings. Outreach workers often deliver educational messages and distribute risk reduction materials. This contact can set the stage for how an individual will respond to additional prevention messages and services. Indigenous outreach workers also play a critical role in community-based intervention research by establishing the trust required to effectively recruit and deliver prevention interventions However, for field workers, adherence to structured research protocols and documenting their activities can be challenging. The ability to streamline paperwork, yet collect data necessary for accountability and evaluation is essential to the success of future community-based HIV interventions that target high risk and marginalized populations.
KEY POINTS: Outreach and tracking methods developed from over 12 years of community-based applied research experience in reaching and intervening with hidden populations of drug users not in treatment, maternal drug users, sex workers, and other high risk individuals in the US and South Africa will be presented. Specifically, this presentation will highlight lessons learned about balancing flexibility needed to employ indigenous field workers with the demands of structured health research protocols in diverse populations. This session will present strategies that are easy to use in the real life context of community-based field work, have been adapted for culturally diverse high risk populations, and meet the demands of scientific documentation. Lessons learned about conducting HIV prevention outreach with indigenous field workers regarding issues of ethics and confidentiality will be presented. Strategies for reducing relapse among recovering drug users working as outreach workers as well as reducing other stressful aspects of the job are also described. In addition, the strain of dealing with victimization and HIV, and the need for staff debriefing sessions where high rates of morbidity and mortality exist. Suggestions for staff development and evaluations in the context of field operations will also be offered.
IMPLICATIONS: Given the rapid spread of HIV within and across marginalized populations, understanding the balance between gaining access to the community and adhering to structured scientific protocols for HIV prevention research is critical for effective HIV outreach and recruitment. While it is important to hire highly motivated and passionate staff, it is equally important to be cognizant of the potential emotional toll of HIV prevention efforts on staff and thereby develop procedures to maintain staff morale. Outreach staff experience is also very important for the success of community-based prevention efforts among hard-to-reach populations as they are often faced with challenging situations that need immediate innovative responses that maintain credibility in the target population while at the same time adhering to protocols.

Track D
DR14 – Assessing Community Based Organizations and Faith Based Organizations' Capacity to Deliver Effective HIV Prevention and Care Services
Room: A706 – (Marriott Hotel – Atrium level)

Presentation Number: DR14

Presentation Title: Assessing Community Based Organizations and Faith Based Organizations' Capacity to Deliver Effective HIV Prevention and Care Services

Author(s): *Hutton, DL; Colomb, MA* - Dorlisa L. Hutton, MPH, Mark A. Colomb, PhD,CRA, My Brother's Keeper's, Inc., Ridgeland, MS.

ISSUE: In order to effectively respond to the HIV crisis, community based organizations (CBOs) and faith based organizations (FBOs) especially those serving African Americans must be provided the necessary skills to assess, develop and sustain organizational capacity that supports and delivers effective HIV prevention and care services. Assessing the organizational capacity involves identifying strengths and weakness in key outcome indicators such as aspirations, strategies, organizational skills, human resources, organizational structure and organizational culture. Upon acknowledging the outcome indicators of the organizational capacity assessment, CBOs, FBOs and technical assistance providers are better equipped to develop effective HIV prevention program planning, organizational infrastructure and sustainability efforts by targeting specific deficient areas and reinforcing efficient areas.
KEY POINTS: Roundtable participants will actively engage in discussing how organizational capacity assessments identify particular areas of capacity that are strongest and those that need improvement, how to conduct an organizational capacity assessment and how an organizational capacity assessment allows for different viewpoints within the organization when developing and reassessing the program plan, organizational infrastructure and sustainability efforts.
IMPLICATIONS: This roundtable will provide community based organizations, faith based organizations and technical assistance providers with the skills needed to adapt and conduct organizational capacity assessments and recognize how the outcome indicators from the assessment can assist organizations in developing an action plan to counteract weaknesses and maintain strengths.

Track D
DR17 – "Use of New Technologies in HIV Prevention Efforts in the Latino Community".
Room: A703 – (Marriott Hotel – Atrium level)

Presentation Number: DR17

Presentation Title: Use of New Technologies in HIV Prevention Efforts in the Latino Community

Author(s): *Vega, RR[1]; Garcia-Pelaez, T[2]* - Rodolfo R. Vega, JS[1] Research & Training Institute, Inc., Boston, MA, Tony Garcia-Pelaez, Ph.D., USMBHA, El Paso, TX

ISSUE: In recent years, state and federal funded of HIV/AIDS prevention services have called for the identification, inclusion and use of new technologies in the fight against HIV/AIDS. That call has not fully reached stakeholders in the Hispanic community under the assumptions that minorities in general and Hispanics in particular do not use new technologies such as the internet, GIS mapping, pod casts, bogs, etc. There is indeed a gap between Hispanics and prevention technologies; however, an increasing number of Hispanic service providers are successfully adopting culturally congruent new technologies by overcoming barriers and challenges.
KEY POINTS: Facilitators will discuss the findings of 36 twenty minutes focus group conducted by the Latino HIV prevention Capacity Building Assistance Network at the 2006 US Conference on AIDS (2006 USCA)About 60 participants engaged in a conversation on prevention technologies using the culturally-congruent notion of " Café Latino"," that is, getting together to have a coffee and converse about a topic. The facilitators will present findings related to: (1) Adoption of New Technologies: Barriers, Needs and Resources, (2) Technology Maintenance and Staff Training, (3) Programmatic Concerns, (4) Community Access and Awareness, (5) Technologies and Marketing, (6) Technology and Community Planning Groups. The findings of these discussions will inform the utilization of cutting

edge technologies to fight the spread of HIV/AIDs in the Latino community.
IMPLICATIONS: The gap between Hispanics and prevention technologies needs to be bridged in order to strengthen HIV/AIDS prevention efforts. Providers of HIV prevention efforts should make use of novel prevention technologies to reach the Latino community in an effective and culturally competent way.

Track D
DR19 – Getting Real About Community PROMISE: A Discussion for Program Managers
Room: HANOVER E – (Hyatt Hotel – Exhibit Level)

Presentation Number: DR19

Presentation Title: Getting Real About Community PROMISE: A Discussion for Program Managers

Author(s): *Belzle, TE; Freeman, AC* - Tracee E. Belzle, BBA Management, Anne C. Freeman, MSPH, UT Southwestern Medical Center, Rowlett, TX.

ISSUE: An increasing number of state health departments are funding community based organizations to implement Community PROMISE, a community-level intervention supported through the CDC's DEBI Project. Training is available to staff from agencies that are funded to implement Community PROMISE, however as with many DEBIs, state health departments must develop their own standards and forms for providing quality assurance without adequately understanding the application of its core elements and their effect on implementation.
KEY POINTS: Facilitators will present and discuss with the group methods on monitoring Community PROMISE and will encourage the sharing of successful techniques and forms among participants. Participants will receive a Community PROMISE monitoring tool, developed by the Prevention Training Centers; samples of Role Model Stories showing the Eight Key Components and their application; and sample copies of a CID report and an on-going evaluation plan.
IMPLICATIONS: When health departments are able to monitor programs correctly and effectively it raises the quality of those programs and therefore increasing community based organizations' comfort level to deliver this powerful community-level intervention.

Track D
DR20 – Strategies to Counteract Barriers to Implementing Many Men, Many Voices (3MV), for African Americans in Rural Settings
Room: A705 – (Marriott Hotel – Atrium level)

Presentation Number: DR20 – 1

Presentation Title: Strategies to Counteract Barriers to Implementing Many Men, Many Voices (3MV), for African Americans in Rural Settings

Author(s): *Lindsey, J; Gipson, J; Colomb, M* – Joseph Lindsey, MS, June Gipson, EdS, Mark Colomb, PhD,CRA, My Brother's Keeper, Inc.,
Ridgeland, MS.

ISSUE: In rural areas, HIV prevention services for African American Men who have Sex with Men (AAMSM) have suffered low participation rates in HIV/AIDS prevention interventions due to issues related to recruitment and retention. These issues are often amplified in rural communities due to lack of transportation, economic disparities, and confidentiality. Providing HIV prevention services that meet the needs of AAMSM is essential to addressing the barriers of HIV prevention services. This session will focus on two main areas: recruitment and implementation/retention. This roundtable will address barriers as it relates to HIV, high risk groups, geographical factors, and how these factors combined, makes it difficult to adapt this intervention in a rural setting.
KEY POINTS: Presentation participants will be able to discuss and recommend solutions to barriers related to recruitment and retention for effective behavioral intervention programs in rural settings. The participants will be able

to understand and discuss issues that relate to rural, social and individual determinants of health.
IMPLICATIONS: This presentation will provide participants with effective ways to adapt 3MV for rural setting through discussion and group task activities. Through this effort, participants will be able to encourage and model HIV awareness and education in a rural setting for AAMSM.

Track E
ER02 – State and National Policy Developments Regarding Informed Consent for HIV Testing
Room: HANOVER C – (Hyatt Hotel – Exhibit Level)

Presentation Number: ER02

Presentation Title: State and National Policy Developments Regarding Informed Consent for HIV Testing

Author(s): *Davids, J*; *Munar, DE*[1]*; Sinton, J*[2]*; Senterfitt, W*[3]*; Sears, B*[4] - David E. Munar, AIDS Foundation of Chicago, Chicago, IL, Jennifer Sinton, JD, Lambda Legal, New York, NY, Walt Senterfitt, PhD, RN, MPH, Community HIV/AIDS Mobilization Project (CHAMP), Providence, RI, Brad Sears, Williams Institute, UCLA School of Law, Los Angeles, CA

ISSUE: CDC's 2006 recommendations for routine HIV testing in healthcare settings have spurred debate about which public health policies and programs are best suited to assist individuals living with undiagnosed HIV infection in the U.S. While stakeholders including public health officials, clinicians, people living with HIV/AIDS, and advocates agree on the need to expand voluntary HIV testing services, the recommendations to make pre-test counseling optional and eliminate specific and written consent requirements has met opposition among some legal service providers, people living with HIV/AIDS, and advocates. A central concern is the possible loss of informed consent and adequate pre-test information, despite CDC's explicit inclusion of both in its most recent recommendations.
KEY POINTS: AIDS advocates across the country are pursuing a variety of approaches to expand voluntary HIV testing and protect patients' confidentiality and informed consent rights. In addition, state and federal policymakers are shaping the future of voluntary HIV testing services with a variety of legislative and administrative proposals. A review of state and federal public policy developments regarding expanded voluntary HIV testing as well as the positions and strategies of various community groups to ensure informed consent will help guide others involved in similar discussions in their communities.
IMPLICATIONS: Understanding the legal and ethical principles of informed consent will help HIV prevention stakeholders and policymakers modernize voluntary HIV testing strategies in ways that protect patients' rights and promote testing acceptance. In addition, HIV prevention stakeholders can benefit from examples of HIV testing policy development, debate, and discourse from across the country.

WEDNESDAY, DECEMBER 5, 2007
Concurrent Sessions
8:00 AM - 9:30 AM

Track A
A08 – Psychological Influences on HIV Risk Among MSM
Session Location: HANOVER C – (Hyatt Hotel – Exhibit Level)

Presentation Number: A08 – 1

Presentation Title: The Role of Vengeance in HIV-positive and HIV-negative MSM

Author(s): *Moskowitz*, DA; *Roloff, ME*
Northwestern University, Evanston, IL

BACKGROUND: Research suggests that there exists in some men who have sex with men (MSM) a moral push towards the disclosure of their HIV serostatus; yet, does an antithetical, individualistic, and self-oriented movement that searches for restitution for HIV infection exist in others? The following study tested the influence of vengeance, hostility, anger, and other negative traits over serostatus disclosure, nondisclosure, and HIV transmission to others.
METHODS: Using an Internet survey, 102 HIV-negative MSM and 106 HIV-positive MSM were asked to indicate their basic levels of the abovementioned outward-focused negative emotions as well as their sexual and health behaviors.
RESULTS: The two groups were quantitatively compared with respect to the prevalence of these psychological traits, the behaviors they provoked, and their influence over theoretical and actual disclosure and nondisclosure. Results initially suggested that though both groups of men did not differ with respect to the prevalence of negative traits, HIV-positive men were less communicative about their disease and more willing to justify its nondisclosure. Also, the ability for HIV-positive men to understand and verify their HIV transmission event helped diminish vengeance and hostility over time. And vengeance negatively influenced disclosure and positively influenced nondisclosure among seropositive men. As a final result, vengeance was positively related to HIV transmission to others, where more vengeful seropositive men were *exponentially* more likely to have spread HIV to other gay men.
Conclusions/IMPLICATIONS: The strongest conclusion from the study was the recognition of a vengeful minority of seropositive men who eschew prevention behaviors. Specifically, a deconstruction of the vengeance trait provided evidence that men's certainty with respect to how HIV was acquired decreased the tendency to be vengeful over time; and more vengeance was likely to produce fewer instances of serostatus disclosure and a greater number of actual seroconversions. HIV vengeance is not, by any means, a pervasive phenomenon. Yet, those few that are highly sensitive to victimization (5 - 15% of seropositive men), who are hurt, angry, and vengeful, or for those whose interpretations of seroconversion and the meaning of infection are intrinsically dysfunctional, behavior is likely to reflect such pathology.

Presentation Number: A08 – 2

Presentation Title: Barebacking Among MSM Internet Users: Psychosocial and Experiential Correlates

Author(s): *Berg, RC* - *Rigmor C. Berg, Ph.D.*, Rice University, Houston, TX.

BACKGROUND: Three decades into the HIV/AIDS epidemic there is a resurgence of HIV among men who have sex with men (MSM). Recent reports suggest the trend may be related to abandonment of safer sexual practices in favor of purposeful unprotected anal intercourse (UAI), an HIV risk behavior termed *bare backing*. Unfortunately, bare backing is an understudied HIV risk behavior among MSM. This theory-driven study examined the phenomenon by providing an indicator of the extent of bare backing among MSM Internet users, determining sociodemographic characteristics of men engaging in bare backing, and identifying psychosocial and experiential factors associated with bare backing.
METHODS: MSM Internet users were recruited online through ten websites devoted to male gay and bisexual content via email invitations and study invitation postings. MSM who met the study inclusion criteria completed a web-based, quantitative survey (N = 240).
RESULTS: Less than half of the respondents (39%) self-reported engaging in bareback sex in the past two months. Men who engaged in bareback sex were more likely to hold a lower educational level and reduce their HIV risk through serosorting. Yet, the possibility of both HIV re-infection and seroconversion existed. Eighty five percent of HIV-positive bare backers reported bareback sex with seroconcordant men, and 27% of bare backers who were HIV-

negative or unsure of their HIV-status reported that their bareback partners were HIV-positive/ unknown partners. Results of univariate analyses showed that a complex combination of factors underlies bare backing. Psychosocial characteristics of MSM---low perception of benefits to avoid HIV risk behavior, high perception of barriers to avoid HIV risk, low self-efficacy for limiting HIV risk, and high sexual sensation seeking---were significantly related to bare backing. Compared to non-bare backers, men who engaged in bareback sex were also more likely to practice unprotected anal sex, be drunk on alcohol in sexual contexts, and use the Internet to meet sex partners. Additionally, cultural elements that exist outside of the individual influence MSM's behavior. Compared to non-bare backers, men who engage in bareback sex reported a low perception of safer sex social norms.
CONCLUSIONS: Findings suggest that the term bare backing is a neologism that represents the changing nature of sexual risk taking among some MSM. Understanding of the phenomenon would be greatly furthered by inductively exploring the cognitive and affective parts of bare backing versus the behavior itself. Additional studies identifying other variables which could be related to sexual risk taking are needed. It is clear there is not one salient operative dynamic that explains bare backing. Rather, bare backing is an assembled behavior of psychosocial, experiential, as well as structural and technological influences that exist outside of the individual. These factors suggest opportunities for reducing the rate of HIV transmission among MSM, and men who bareback in particular, through proactive and ecological intervention approach that encourage community empowerment and collective responsibilities for safer sex. Online health promotion promises to be a tenable venue that may reach men, such as bare backers, who are otherwise inaccessible with traditional prevention efforts. This study offers preliminary understanding about bare backing and provides a starting point for further exploration of its multi-determinant influences.

Presentation Number: A08 – 3

Presentation Title: Partner-Provided Social Support Influences Choice of Risk Reduction Strategies in Gay Male Couples

Author(s): *Darbes, L; Chakravarty, D; Hoff, C; Neilands, T*
UCSF, San Francisco, CA

BACKGROUND: Intimate relationships bring an additional dimension to the investigation of HIV risk behavior among gay men. Primary partners may influence an individual's sexual behavior both within their relationship and with outside partners. We examined whether social support from a partner (general vs. support specifically focused on safer sex or HIV-specific social support, (HIV-SS)) was associated with sexual risk for HIV, defined as unprotected anal intercourse (UAI) with outside partners.
METHODS: We recruited a sample of 569 gay male couples from the San Francisco Bay Area. Each partner completed a computer-administered survey that encompassed psychosocial factors and relationship dynamics. The outcomes measured were UAI with outside partners of either discordant or unknown status (OUT-DIS) and UAI with sero-concordant outside partners (OUT-CON). Data were clustered by couple and analyzed using univariate and multivariate logistic regression to identify whether HIV-specific and general social support from one's primary partner were significantly associated with UAI with outside partners.
RESULTS: The sample was ethnically diverse. Fifty-five percent of the couples were HIV-negative, 23% were discordant, and 22% were HIV-positive. Monogamy was reported by 35% of the couples. All results described below are significant with $p < .03$ or lower. All adjusted odds ratios (AOR) are reported per standard deviation of continuous predictors. Across sero-status groups, higher levels of HIV-SS were a significant predictor of less UAI with OUT-DIS (AOR = 0.43). When examining results for specific sero-status groups, the finding was similar for concordant negative couples (AOR = 0.41), whereas for discordant couples, the association between increased HIV-SS and UAI with OUT-DIS exhibited a 69% reduction in the odds of engaging in UAI. We also examined the association between HIV-SS and OUT-CON. For this outcome, across sero-status groups, greater levels of HIV-SS were associated with a significant decrease in OUT-CON (AOR = 0.46). When examining sero-status groups individually, increased HIV-SS remained significantly associated with less OUT-CON for men across sero-status groups: sero-discordant (AOR = 0.50), concordant negative (AOR = 0.57), and concordant positive (AOR = 0.40). All analyses controlled for general social support provided by primary partner. However, increased levels of general social support provided by primary partners were significantly associated with increased levels of UAI with OUT-CON across sero-status groups (AOR = 1.23) (controlling for HIV-SS). Results for specific sero-status groups suggest that the overall result could be partially driven by the results for concordant positive couples.
CONCLUSIONS: Increased social support provided by a primary partner that specifically focused on safer sex was associated with significant reductions in UAI with both outside partners who were of discordant or unknown sero-status and with outside concordant partners. However, increased general social support provided by a primary partner was a significant predictor of increased UAI with outside concordant partners (sero-sorting) across sero-status groups. These findings suggest that partners may be influencing men's decisions to engage in particular risk reduction strategies. Tailoring specific types of partner support (e.g., general vs. regarding safer sex) could be important components of interventions and prevention programs targeted towards gay men in relationships.

Presentation Number: A08 – 4

Presentation Title: Psychological Distress Among HIV-Positive and HIV-Negative Men Who Have Sex with Men

Author(s): *Hart, TA[1]; Roberts, K[1]; Ghai, A[1]; James, CA[1]; Myers, T[2]; Calzavara, L[2]*
[1]York University, Toronto, ON, Canada; [2]University of Toronto, Toronto, ON, Canada

BACKGROUND: Research suggests a direct relation of social anxiety, or anxiety about being evaluated by others, to unprotected intercourse among men who have sex with men (MSM) (e.g., Hart & Heimberg, 2005). among heterosexual samples, social anxiety has been associated with psychosocial impairment and increased depression and other forms of distress (e.g., Schneier et al., 1994). Psychosocial distress is important to assess in clinical and community settings because of its association with both quality of life and life expectancy (Mayne et al., 1996, Ickovics et al., 2001). However, little work has examined how social anxiety, a risk factor for unprotected intercourse among MSM, would be associated with other psychosocial variables found to be related with life expectancy and HIV transmission risk behavior. The objective of the present study is to examine psychological correlates and potential causes of high social anxiety among MSM. Further, the analysis compares the severity of psychological distress experienced by HIV-positive versus HIV-negative MSM.
METHODS: 118 MSM (33.9% HIV-positive) were recruited from the Polaris cohort , a longitudinal cohort of HIV+ MSM who was infected in the past six months and a matched control group of HIV-negative MSM. The men self-reported two types of social anxiety 1) social interaction anxiety (e.g., talking with others) and 2) social performance anxiety (e.g., being observed while doing something), as well as general anxiety, depression, internalized homophobia, social support, and experience of childhood sexual and physical abuse.
RESULTS: Social anxiety was associated with more severe childhood sexual abuse (r= .23-35 across both measures, both with $p < .02$), and physical abuse ($r = .30$-$.36$, $p < .002$), and with more severe depression, general anxiety, internalized homophobia, and lower social support (all $p < .001$). Both depression and internalized homophobia were associated with high social performance anxiety in a multiple regression model (both with $p < .002$). HIV-positive MSM were more likely to experience high social performance anxiety (OR = 2.53, 95% CI = 1.15-5.58) and general anxiety (OR = 2.27, 95% CI = 1.04-4.97).
CONCLUSIONS: Findings from this analysis are relevant for the care of MSM living with HIV in both clinical and community settings. Although typically not examined in either setting, social performance anxiety is higher among HIV-positive MSM and is associated with other psychosocial distress and impairment as well as risky sexual behavior (e.g., Hart et al., 2005). Future research should examine pathways by which childhood abuse experiences are associated with social anxiety, and whether social anxiety is a proximal cause or symptomatic of other forms of psychosocial impairment. Prevention workers may wish to attend to not only to depression but also general and social anxiety among MSM, especially among HIV+ MSM.

Track A
A12 – The Impact of Underage Drinking and the Risk of HIV Among African Americans
Session Location: HANOVER E – (Hyatt Hotel – Exhibit Level)

Presentation Number: A12 – 1

Presentation Title: The Impact of Underage Drinking and the Risk of HIV Among African Americans

Author(s): *Richards, C[3]; Cooke, VC[1]; Schaffer, TM[2];*
[1]Bowie State University, Bowie, MD; [2]McFarland and Associates, Inc., Silver Spring, MD; [3]SAMHSA/Center for Substance Abuse Prevention, Rockville, MD

ISSUE: The use of alcohol and other drugs has become an established part of the college experience. It is often thought of as “time-limited” behavior, a rite of passage that happens once in a lifetime during the college years; however, for some students, the reasons for substance use are more significant. For example, it can be stressful to transition from adolescence to adulthood. These stressors impact the students’ decision whether or not to drink, and, for the student who is not emotionally equipped to effectively cope with a diverse and rapid change, the impact can be devastating (Chickering, 1990, as cited in Scott & Ambroson, 1995). As a result, alcohol becomes a primary coping strategy. With the emergence of HIV in the college-age population, there has been increasing interest among prevention coordinators in understanding the link between alcohol and sexual risk-taking behaviors. We endeavor to gain insight on underage drinking as a great risk factor for contracting HIV. Although it has been established that

excessive alcohol consumption can cause substantial health risk to an individual, it is only recently that researchers have been trying to examine systematically the association between alcohol use and sexual risk-taking behaviors.
SETTING: Thirteen minority campuses including HBCUs, Hispanic Serving Institutions, and Tribal Colleges and Universities will be discussed with a emphasis placed on an assessment conducted on one HBCU.
PROJECT: Peer educators were trained on 13 minority campuses to conduct Substance Abuse and HIV/AIDS training to students on their perspective campuses. At one HBCU campus, an assessment designed to evaluate the extent of HIV/AIDS and Substance Abuse knowledge, attitudes, and behaviors was conducted.
RESULTS: Students are knowledgeable about HIV but do not take the necessary safe sex precautions. Many reported that all of their friends used alcohol or illicit drugs. Having *peers* who use drugs is a *major risk* for substance use. Using alcohol prior to sexual activities (vaginal, oral, anal, group, and same sex) was favored over using drugs prior to sexual activities nearly 2:1. Most underage students use alcohol, marijuana, and other illicit drugs. Females are most at risk from using alcohol prior to or during sex. Males are most at risk from using alcohol and any substance (alcohol and illicit drugs) prior to or during sex.
LESSONS LEARNED:
Peer-led sessions were a very effective strategy for this initiative. The incorporation of alcohol as a link to HIV risk was critical in the training and preparation of college students to provide peer-led prevention education. Although the assumption was that the incidence of binge drinking and alcohol use among minority students is very high, the data did not support this assumption. The use of alcohol varied significantly among the three ethnic groups and pointed more to targeting the specific gender and the living environment of the students. Many students shared their own personal stories regarding people who have contracted HIV and/or relatives who are addicted to drugs and alcohol.

Track A
A13 – Triple Jeopardy: the Impact of Racism, Homophobia and AIDS-Related Stigma on HIV
Session Location: REGENCY BALLROOM VI – (Hyatt Hotel – Ballroom level)

Presentation Number: A13 – 1

Presentation Title: How Do U.S. Ethnic Minority Men Who Have Sex with Men (MSM) Manage Racism and Homophobia?

Author(s): *Choi, K*[1]; *Paul, J*[1]*; Ayala, G*[2]
[1]University of California, San Francisco, San Francisco, CA; [2]AIDS Project Los Angeles, Los Angeles, CA

BACKGOUND: Experiences of social discrimination have been shown to be associated with stress and poor physical and mental health. However, little is known about how U.S. MSM of color manages their experiences of discrimination due to both race and sexuality.
METHODS: We conducted 6 focus group discussions and 35 in-depth interviews with 29 African American, 28 API, and 28 Latino MSM (aged 18+) recruited in Los Angeles, CA during July 2005-July 2006. Participants were asked about their experiences of being ethnic and sexual minorities in Los Angeles and how they managed related stigma. Transcribed interviews were coded and analyzed for themes.
RESULTS: We identified 10 strategies employed by MSM of color for managing experiences of racism and homophobia. These strategies included (1) doing nothing in or ignoring the immediate situation; (2) concealment of homosexuality ("I just keep my business to myself."); (3) active efforts to "pass" or pretend to be straight; (4) selective or gradual disclosure of sexual and ethnic minority status; (5) educating others (correcting people's ignorance about race/ethnicity and homosexuality); (6) acting as a role model or earning respect from people for one's achievements as a means to counter stereotypes; (7) disassociation from social settings associated with stigmatization (e.g., the mainstream gay community; family gatherings); (8) selective social affiliation (e.g., hanging out with persons of one's own race/ethnicity); (9) drawing strength and comfort from one's faith and spirituality; and (10) direct confrontation (e.g., challenging prejudices, being unapologetic about minority status).
CONCLUSIONS/IMPLICATIONS: MSM of color in Los Angeles used a variety of strategies to manage discrimination, some to avoid stigma and mitigate stress associated with experiences of racism and homophobia, but others to challenge those norms and values that provide the basis for discriminatory acts. The data suggest these various management strategies are selected based upon a complex set of criteria to preserve a sense of well-being in situations, which vary in degree of threat. More research is needed to understand the efficacy of these management strategies in mitigating negative health and mental health consequences of stigmatization and discrimination.

Presentation Number: A13 – 2

Presentation Title: Experiences of Racism Among African American, Asian/Pacific Islander (API), and Latino Men Who Have Sex with Men (MSM) Living in Los Angeles

Author(s): *Choi, K*[1]; Ayala, *G*[2]*; Paul, J*[1]
[1]University of California, San Francisco, San Francisco, CA; [2]AIDS Project Los Angeles, Los Angeles, CA

BACKGOUND: Studies have shown that experiences of racism are associated with an increased HIV risk among U.S. MSM of color. However, less is known about how these experiences compare across different ethnic minority groups.
METHODS: From July 2005 to July 2006, we conducted 6 focus group discussions and 35 in-depth interviews with 29 African American, 28 API, and 28 Latino MSM (aged 18+) in Los Angeles. Study participants were asked about their experiences of being African American, Latino, API and gay or bisexual in Los Angeles. Transcribed interviews were coded and analyzed for themes.
RESULTS: African American, API, and Latino respondents all reported experiencing racism in Los Angeles from the mainstream gay community, sex partners, and society in general (on the street, at work and from police). Respondents commonly described feeling unwelcome and unvalued by the mainstream gay community, which in Los Angeles was identified by respondents as being situated in West Hollywood. Specifically, African American, API and Latino respondents reported feeling invisible, being patronized, sexually objectified, and/or rejected for sex, having difficulty finding lover relationships, and being self-conscious about their body types or physical appearance. Respondents also expressed concern about negative race-based stereotyping of ethnic minorities by society in general (e.g., African Americans are inarticulate, Latinos are uneducated, APIs are subservient). Differences in the reported experiences of racism in the mainstream gay community were tied to race-based stereotypes that are specific to African American, API, and Latino communities. For example, API MSM reported feeling least sexually desirable and assumed to be sexually passive; African American MSM reported being called names on the street, seen as physically threatening, and assumed to be a criminal; and Latino MSM reported being ethnically and economically homogenized, assumed to all be Mexican gardeners or janitors. African American respondents had the most to say about institutional forms of racism (police harassment and discrimination in the work place) than their counterparts.
CONCLUSIONS/IMPLICATIONS: Experiences of racism were commonly reported among African American, API, and Latino respondents. The degree to which these men's experiences in the mainstream gay community mirrored their experiences in the larger Los Angeles community, and the types of racism they experienced showed some variation. More research is needed to better understand differences in reported experiences of racism in this population. The data suggest the need to address experiences of racism as part of HIV prevention strategies aimed at MSM of color.

Presentation Number: A13 – 3

Presentation Title: Sources and Types of Homophobia Experienced by African American, Asian/Pacific Islander (API), and Latino Men Who Have Sex with Men (MSM) Living in Los Angeles

Author(s): *Ayala, G*[1]; *Choi, KH*[2]*; Paul, JP*[2]
[1]AIDS Project Los Angeles, Los Angeles, CA; [2]UCSF, Center for Prevention Studies, San Francisco, CA

BACKGROUND: Studies have shown that experiences of homophobia are associated with increased HIV risk among U.S. MSM of color. However, few studies have explored the specific sources and types of homophobia experienced by African American, Latino, and API MSM.
METHODS: From July 2005 to July 2006, we conducted 6 focus group discussions and 35 in-depth interviews with 29 African American, 28 API, and 28 Latino MSM (aged 18+) in Los Angeles. Study participants were asked to describe their experiences of discrimination in the context of their lives as MSM of color living in Los Angeles. Transcribed interviews were coded and analyzed for themes.
RESULTS: Many African American, API, and Latino respondents reported strong ties to their communities of color, families and the church -- environments in which they also commonly reported experiencing homophobia and a sense of being unwelcome due to their sexuality. In addition, these MSM of color reported homophobic experiences in their day-to-day lives in Los Angeles (e.g., at work, on the street). Respondents commonly described being called names, made fun of, judged and treated differently for being gay. Many men described social pressures to be macho or manly, and that being identified as gay meant to be perceived as feminine or less than a man. Some expressed concern about what others thought and about the level of discomfort others felt being around gay people. Most felt frustrated by the constraints these pressures imposed on being able to live their lives in an authentic manner. With a few important exceptions, homophobia seemed particularly troubling to many respondents when it occurred in relation to their families of origin. Many African American, API and Latino MSM felt uncomfortable at family functions, due to

ongoing pressure from the family to marry and to have children, and fear of disgracing or being rejected by their families. Some MSM reported feeling accepted by specific family members, including mothers, grandmothers, and siblings.
CONCLUSIONS: Experiences of homophobia were commonly reported among African American, API, and Latino MSM in Los Angeles. Gender-based pressures, combined with fears about family rejection were important themes in relationship to MSM of color's experiences of homophobia. More research is needed to better understand the potential role families can play in protecting against or perpetuating homophobia. The data suggest the need to address experiences of homophobia as part of HIV prevention strategies aimed at MSM of color.

Presentation Number: A13 – 4

Presentation Title: Extent and Effects of AIDS-Related Stigma Among African American, Haitian, Afro-Caribbean, and Hispanic Young Adults Living in High AIDS Incidence Areas

Author(s): *Darrow, WW*; *Montanea, JE; Gladwin, H*
Florida International University, North Miami, FL

BACKGROUND: Discussion groups conducted with African American, Haitian, Afro-Caribbean, and Hispanic residents of high AIDS incidence areas of Broward County, Florida, suggested that stigma and discrimination were hampering HIV prevention efforts. To assess the extent and effects of AIDS-related stigma, we conducted a cross-sectional computer assisted telephone interview (CATI) survey of young adults.
METHODS: Randomly selected Black and Hispanic 18-39 year-old residents of 12 ZIP code areas were contacted at home by telephone in summer 2003 and invited to participate. After consent was obtained, interviews following a structured script and an IRB approved protocol were conducted in English, Spanish, or Haitian Creole, as preferred by each eligible respondent. The CATI survey included 9 AIDS-related stigma questions suggested by Herek, Capitanio, and Widaman (Am J Public Health 2002; 92:371-377). Stigma scores ranged from 0 (absence of stigma) to 9 (highest) and were recoded into a dichotomous variable as "0" for "no or low" (score=0 or 1) or "1" for "moderate or high" (score=2 or more). Independent variables associated with stigma were gender, educational attainment, ethnicity, and country of origin. Dependent variables included perceived ownership of the AIDS problem and participation in community efforts to solve the AIDS problem. Odds ratios (ORs) and 95% confidence intervals (CI) were calculated to estimate the effects of stigma on ownership and participation. Binary logistic regression models tested the effects of stigma as an independent variable with gender, educational attainment, and ethnicity entered as covariates.
RESULTS: About half (49.4%) of 1,594 respondents expressed moderate to high levels of AIDS-related stigma. Men (54.4%), participants with no college education (57.2%), Haitian-Americans (62.0%), and persons coming from Mexico (66.7%), Haiti (65.2%), and several Latin American and English-speaking Caribbean countries were more likely than others to score high on the AIDS-stigma scale ($p<.05$). Those more likely to express stigmatizing attitudes towards persons with HIV/AIDS were less likely to believe that they, their families, or their communities could take care of the AIDS problem better than the federal government, the health department, medical doctors, or anyone else (OR=0.80; CI=0.65-0.97). They were also less likely to report that they had done something about AIDS in the past 12 months (OR=0.58; CI=0.38-0.89). In logistic regression analyses, stigma was the only independent variable associated with ownership (adjusted OR=0.79; CI=0.64-0.97), but educational attainment (adjusted OR=2.0; CI=1.3-3.2) was more strongly associated with participation than was stigma (adjusted OR=0.68; CI=0.44-1.04).
CONCLUSIONS: AIDS-related stigma was prevalent among young adults living in high AIDS incidence areas. It varied significantly between and within racial and ethnic minority communities. Those with high stigma scores were less likely to accept responsibility for the AIDS problem and were less likely to have taken steps to address it. Educational interventions must address the damaging effects of AIDS-related stigma in minority communities.

Track B
B10 – IDU
Session Location: A707 – (Marriott Hotel – Atrium level)

Presentation Number: B10 – 1

Presentation Title: Herpes Simplex Virus-2 and HIV Among Non-Injecting Drug Users In New York City

Author(s): *Des Jarlais, DC*[1]; *Hagan, H*[2]*; Arasteh, K*[1]*; McKnight, C*[1]*; Friedmann, SR*[2]
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OBJECTIVE: Studies of the relationship between herpes simplex virus-2 (HSV-2) and incidence HIV infection indicate that prevalent HSV-2 infection increases susceptibility to HIV by a factor of 2 to 3 (with control for differences in sexual risk behavior). HSV-2 is believed to increase susceptibility to HIV through genital lesions that provide portals for HIV entry, and to increase transmissibility of HIV through increasing HIV viral load. We examined the relationship between herpes simplex virus-2 (HSV-2) seroprevalence and HIV seroprevalence among non-injecting heroin and cocaine users in New York City.
METHODS: Four hundred sixty-two non-injecting cocaine and heroin users were recruited from a drug detoxification program in New York City. Smoking crack cocaine, intranasal use of heroin and intranasal use of cocaine were the most common types of drug use. A structured interview was administered and a serum sample was collected for HIV and HSV testing. Population attributable risk percentage for new HIV infections attributable to prevalent HSV-2 infection was calculated using a conservative risk estimate of 2.0.
RESULTS: HIV prevalence was 19% (95% CI 15% to 22%) and HSV-2 seroprevalence was 60% (95% CI 55% to 64%). HSV-2 was significantly higher among females (86% vs 51% among males), and African-Americans (64% vs. 52% among Whites and Hispanics). The adjusted risk ratio for the association between HSV-2 and HIV was 1.9 (95% CI 1.21 to 2.98). This risk ratio was consistent among age and racial/ethnic groups and males but was substantially higher among females. The relationship between HSV-2 and HIV was particularly strong among females, among whom 86% were HSV-2 seropositive, 23% were HIV seropositive, and all HIV seropositives were also HSV-2 seropositive, and the estimated risk ratio was 12.0. The estimated population attributable risk for HIV infection attributable to prevalent HSV-2 infection in this sample was 38% for the total sample, 50% among females and 32% among males.
CONCLUSIONS: HSV-2 appears to be an important factor in sexual transmission of HIV among non-injecting cocaine and heroin users in New York City, especially among females. Programs to identify and manage HSV-2 infection should be developed as part of comprehensive HIV prevention for non-injecting drug users.

Presentation Number: B10 – 2

Presentation Title: Serosorting Practices Among Injection Drug Users (IDUs) in South Florida

Author(s): *Metsch, L[1]; Zhao, W[1]; LaLota, M[2]; Beck, D[2]; Forrest, D[1]; Lieb, S[2]*
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BACKGROUND: Evidence suggests that sexual risk is increasingly the route of HIV transmission among IDUs. Serosorting (selective unprotected sex with partners of the same HIV status) has been identified as a risk reduction strategy among MSM. Little is known about the serosorting practices of IDUs.
METHODS: This cross-sectional analysis used preliminary data collected from the Miami and Ft. Lauderdale sites of the National HIV Behavioral Surveillance System for IDUs. Respondent driven sampling, a modified chain-referral method, was used to recruit 934 IDUs (665 men and 269 women) in 2005/2006. The dependent variable for this analysis was reported unprotected vaginal and/or anal sex at the last sex act. Four logistic regression analyses examined whether seroconcordant status was related to unprotected sex while adjusting for demographics, drug/alcohol use in past 12 months, having an STD in the past 12 months, and IDU risk behaviors. We examined regression analyses separately for unprotected sex between men with their last main female partner, men with their last casual female partner, women with their last main male partner, and women with their last casual male partner.
RESULTS: Half of the men (49.9%) and 58.9% of the women reported having a main partner. Seventy-six percent of the men and 68.5% of the women reported having a casual partner. Over two-thirds of men (72.3%) and women (74.1%) reported having unprotected sex with their main partner at last sex act. Fewer participants reported having unprotected sex with their casual partner at last sex act (44.8% of men and 32.4% of women). Serosorting was only evident among men with their last main female partner. Men were more likely to report unprotected sex with their last main partner of the same serostatus (both partners were HIV-positive or HIV-negative) than with their last main partner of different serostatus (adjusted odd ratio (AOR) 1.76; 95% CI, 1.07, 2.90). Serosorting was not identified among men with their last casual female partners or among women with their last main or casual partners. among male IDUs, being non-Hispanic Black (AOR 0.44; 95% CI, 0.22, 0.87) and having a history of increased years of injection drug use (continuous variable) (AOR 0.96; 95% CI, 0.93, 0.99) were associated with being less likely to have unprotected sex with the last main female partner, and having shared IDU equipment with the last main female partner (AOR 2.12; 95% CI, 1.28, 3.49) was associated with increased sexual risk. For men and their last female casual partner, having had an STD in the past 12 months (AOR 2.22; 95% CI, 1.26, 3.91) and having shared IDU equipment with their last partner (AOR 3.25; 95% CI, 2.01, 5.23) were associated with unprotected sex. For women, only having shared IDU equipment with their last main partner was associated with unprotected sex (AOR 3.24; 95% CI, 1.48, 7.13).
CONCLUSIONS: There is evidence of serosorting among this sample of IDU men with their last main female partner. Sexual risk behaviors in this sample of IDUs are high and warrant the need for continued intervention.

Presentation Number: B10 – 3

Presentation Title: Factors Associated with Late HIV Diagnosis Among Injection Drug Users in 33 U.S. States, 2001-2004

Author(s): *Grigoryan, A[1]; Durant, T[1]; Hall, IH[1]; Espinoza, L[1]; Wei, X[2] - Grigoryan, A[1]; Durant, T[1]; Hall, IH; Espinoza, L[1]; Wei, X[2]*
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BACKGROUND/OBJECTIVES: The timeliness of HIV diagnosis and the initiation of therapy are major determinants of survival for HIV-infected people. Persons whose diagnosis is made late in the course of HIV disease not only receive treatment late, they represent missed opportunities for the receipt of prevention services such as counseling, education, and substance abuse treatment. There is growing evidence that injection drug users (IDUs) are less likely to seek early HIV counseling and testing than persons in other transmission categories. Our objective was to examine the frequency and factors associated with late HIV diagnosis among the IDU subpopulation.
METHODS: We analyzed HIV/AIDS surveillance data from 2001 through 2004 (reported through June 2006) from 33 states that had conducted confidential name-based HIV reporting since 2000. We then examined late diagnoses of HIV infection among IDUs aged ≥ 13 years by age group, sex, and race/ethnicity and diagnosis year. HIV diagnosis was considered "late" if an AIDS diagnosis was made <12 months after the HIV diagnosis. We performed logistic regression analysis, stratified by race/ethnicity. We applied crude and adjusted odds ratios (ORs) and Cochran-Armitage trend tests for the stratified analyses. The data were adjusted for reporting delays and for redistribution of cases in persons initially reported without an identified risk factor.
RESULTS: During 2001-2004, 42% (10,500) of the estimated 24,993 IDUs with HIV had been given a diagnosis late in the course of infection. This proportion of late diagnoses was higher among IDUs ($p < .001$) than among other groups at high risk: men who have sex with men (MSM) and who inject drugs (39%), MSM (37%), and persons who engage in high-risk heterosexual contact (36%). among IDUs, late diagnoses increased with age and ranged from 35% for persons aged 25-34 years [OR=2.1, $p < .001$ vs. referent group, age 13-24] to 60% for persons aged ≥ 65 years [OR=5.8, $p < .001$]. The percentage of late diagnoses was higher for men (46%) [OR=1.6, $p < .001$] than women (35%); for blacks (43%) [OR=1.1, $p < .001$] than for whites (41%) and Hispanics (41%); and was higher in 2004 (46%) [OR=1.4, $p < .001$] than in 2001 (39%). After adjustment, the odds of late HIV diagnosis were higher for men than women and increased with age for all racial/ethnic groups. The increase in late diagnoses during 2001-2004 was significant for all racial/ethnic groups (test for trend $p \leq .001$).
CONCLUSION/IMPLICATIONS: A substantial proportion of IDUs living with HIV received their diagnosis late. In 2003, CDC launched the Advancing HIV Prevention Initiative to identify persons who are not aware of their HIV infection and facilitate treatment and prevention services for them. Monitoring the proportion and characteristics of IDUs with late HIV diagnosis can be a useful surveillance indicator to direct resources toward improving access to earlier testing and treatment services.

Presentation Number: B10 – 4

Presentation Title: Implementing Respondent Driven Sampling to Reach Injecting Drug Users in Two Texas Cities: Lessons Learned

Author(s): *Kershaw, DB[1]; Shehan, DA[1]; Yeager, RK[2]; Arbona, S[2]; Freeman, AC[1]*
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ISSUE: Respondent Driven Sampling (RDS) is an innovative method for accessing 'hidden' populations that has been shown to be effective for recruiting injecting drug users (IDU). Adapted from the chain-referral sampling method, RDS utilizes an incentive system that reduces many of the biases that are inherent to other peer-based recruitment strategies.
SETTING/PROJECT: This presentation reports on many of the challenges and successes experienced while implementing RDS for two surveys conducted among injection drug users (IDUs) in Dallas (CDC National HIV Behavioral Surveillance program (NHBS)) and El Paso (Paso Del Norte Collaborative Study).
RESULTS: RDS in both surveys began with more conservative measures in place to prevent too large an influx of participants at the beginning of data collection. These decisions were based on concerns about security and the allocation of project resources. Once specific restrictions on RDS implementation were assessed and modified, both surveys experienced a surge in participant enrollment. After a slow start in Dallas, improvements resulted in over half of the sample size being achieved during the last 2 months of the 6-month data collection period. Similarly, in El Paso recruitment of two-thirds of the study participants occurred during the last two months of the six-month data

collection period.
LESSONS LEARNED: Although recruitment challenges were faced during data collection for both surveys, RDS provided the necessary flexibility to make adjustments that helped bolster participant enrollment. Specific modifications to operations related to RDS that were made individually and collectively for both surveys include: 1.) productive seed selection, 2.) moving site locations and altering day/time periods, 3.) relaxing restrictions on coupon and recruitment reward distribution, and 4.) increasing the allotment of coupons to IDU. These changes made it possible to attain adequate sample sizes and a more representative demographic distribution.

Track B
B13 – Expanded Use of Surveillance Data in Public Health Interventions
Session Location: CAIRO – (Hyatt Hotel – Embassy Hall level)

Presentation Number: B13 – 1

Presentation Title: The Never In Care Pilot Surveillance System: Describing Persons Diagnosed with HIV Infection Who Have Never Received HIV Care

Author(s): *Bertolli, J; Teshale, EH; Reed, JB; Valverde, EE; Denniston, M; McNaghten, AD; and the Never In Care Project*
CDC, Atlanta, GA

BACKGROUND/OBJECTIVES: Timely initiation of HIV medical care after diagnosis confers both individual and public health benefits: reduced morbidity, increased survival, improved quality of life, and reduced transmission. CDC's Strategic Plan for HIV Prevention sets an objective of entry into care within 90 days of diagnosis. Current CDC surveillance systems collect limited information about persons who have not entered HIV care. To monitor progress toward the strategic objective, CDC is piloting a surveillance system, the Never In Care (NIC) Project, to describe HIV-infected persons who have never received HIV care in two large metropolitan areas and three states. The NIC Project will provide information collected through interviews on the characteristics of persons who have not entered HIV care and their needs for medical and social services.
METHODS: To identify persons who had been diagnosed with HIV infection for at least 90 days and had not received HIV care, we matched reported HIV cases in the HIV/AIDS Reporting Systems (HARS) in the five participating areas with CD4 T-lymphocyte and HIV viral load test results reported to the HIV laboratory reporting systems in these areas. Persons were considered "never in care" and eligible for the NIC Project if they were ≥18 years old, diagnosed between November 2005 and October 2006, residing in the project area, and reported to HARS but had no reported laboratory test results through February 2007. We examined demographic factors associated with not receiving care within 90 days of HIV diagnosis.
RESULTS: A total of 2,119 HIV-infected persons reported to HARS in the four areas were "never in care" by our definition, representing 21% of the HIV/AIDS cases diagnosed and reported in the same period. The numbers and percentages in each area were as follows: Indiana, 108 (6%), New Jersey, 606 (22%), New York City, 999 (23%), Philadelphia, 296 (25%), and Washington, 110 (20%). In these five areas combined, HIV-infected persons who had never received care were significantly more likely to be 18-34 years old (crude odds ratio (cOR)=1.3, 95% confidence interval (CI),1.2-1.4) than 35+ years old, and more likely to be Black (cOR=1.8, 95% CI, 1.6-2.1) or Hispanic (cOR=1.7, 95% CI, 1.5-2.0) than White. The median length of time since diagnosis for persons never in care was 10 months.
CONCLUSIONS: Approximately 21% of persons diagnosed with HIV infection during a one-year period in these five health jurisdictions had not entered HIV care within 90 days of their diagnosis. Information about barriers to receipt of HIV care is needed to promote linkage to care for this group and to fully realize the individual and public health benefits of HIV care and treatment. The data from the Never In Care pilot regarding barriers to care and trends in care utilization will be critical to evaluating local care and prevention services for people living with HIV, and for determining resource requirements to meet the care and treatment needs of this population.

Presentation Number: B13 – 2

Presentation Title: Barriers to HIV Medical Care Among Adults Newly Diagnosed with HIV in New York City

Author(s): *Jenness, S; Hanna, D; Murrill, C*
New York City Department of Health and Mental Hygiene, New York, NY

BACKGROUND: Connecting those recently diagnosed with HIV to medical care is an increasing public health priority, as research suggests that timely entry into care may result in decreased risk behavior and better health outcomes because of early viral load and CD4 monitoring. The Centers for Disease Control and Prevention has funded New York City, along with four other project areas, to implement the Never in Care (NIC) research project to study the demographics, behavioral risks, and barriers to care of adults who delay entry into HIV medical care at least 3 months after HIV diagnosis. We conducted formative research on local barriers to care to inform and support study implementation.
METHODS: We used four methods to identify barriers to care in our formative research: (1) a literature review of research on the local NIC population; (2) eighteen key informant interviews and two focus groups with medical and social service providers serving the NIC population; (3) a focus group with nine members of the NIC population; and (4) an analysis of local surveillance data on adults diagnosed with HIV in 2005 without evidence of CD4 or viral load tests within three months of diagnosis. We analyzed qualitative data using standard ethnographic methods and surveillance data through descriptive statistical analysis.
RESULTS: Our literature review showed that the NIC population was more likely to be male, non-white, and injection drug users (IDU). Studies consistently identified the following as barriers to care: substance use, homelessness, mental illness, past incarceration, denial of HIV status, perceived lack of need for care, and low prioritization of care over other life issues. Key informant interviews and focus groups with service providers found that barriers to care included substance use, HIV stigma and denial, poverty, homelessness, geographic distance to medical care facilities, and the decreased quality and content of HIV post-test counseling and case management. Our focus group with the NIC population identified the following as barriers to care: HIV stigma, substance use, homelessness, mistrust of the medical establishment and HIV treatment, mental health issues, and the perceived lack of need to enter care when asymptomatic. Surveillance analyses showed that the local NIC population reflects the underlying population of new HIV diagnoses: the NIC population is largely male, non-white, infected through male-to-male sex, and residing in neighborhoods with high rates of poverty and AIDS mortality. Although IDU represent a small proportion of the total NIC population, they are at increased risk of delaying care compared to other risk groups.
CONCLUSIONS: Our findings on the barriers to care in the local NIC population are consistent across methods. Barriers to care fall into three core categories: sociodemographic barriers (e.g., homelessness), psychological barriers (e.g., HIV denial), and institutional barriers (e.g., geographic distance to services). Providers were more likely to identify institutional barriers, whereas NIC population members were more likely to identify psychological barriers. Nonetheless, the overall consistency of our findings across methods suggests that our formative research has identified common barriers to initiating HIV medical care in New York City.

Presentation Number: B13 – 3

Presentation Title: Using Laboratory Surveillance Data to Estimate the Number of HIV Positive Persons Not Under Care in Los Angeles County

Author(s): *Hu, VY*; *Frye, DM*
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BACKGROUND: Since July 2002, all laboratories have been required to report confirmed HIV infections and the results of HIV viral load tests to local health departments in California. Moreover, viral load testing has been recommended as an indicator to identify persons receiving HIV care. This study attempts to use laboratory surveillance data in Los Angeles County to explore care coverage among persons testing positive for HIV infection and the factors associated with not getting into care and time to care.
METHODS: HIV positive persons not in care were defined as those who tested HIV positive by either Western Blot (WB) or Immunoflorencent assay (IFA), but who had no record of a viral load test based on surveillance data. The number of new HIV infections was estimated as all unduplicated and confirmed WB/IFA tests that did not have either an earlier record of detectable viral load or a matched HIV AIDS Reporting System (HARS) record with an earlier HIV infection date. The demographic and risk information obtained from HARS was analyzed to determine the factors associated with lack of HIV care using multivariable logistic regression modeling. For “persons under care”, the average time to care was calculated as the time lag between first positive WB or IFA test and first viral load test.
RESULTS: A total of 384,063 WB/IFA and viral load tests from 55,384 persons were reported from July 2002 to March 2007. Based on the soundex of last name, birth date and gender, the estimated number of new HIV infection was 13,584 during this period. Approximately 5,900 persons had a confirmed WB/IFA test, but no viral load test. Using viral load testing as an indicator of receiving HIV care, we estimated that 11% of persons living with HIV/AIDS and 42% of new HIV infections in 2002-2007 did not receive HIV care. Multivariable logistic regression analyses from the 27,833 unduplicated lab tests matched with HARS showed that the factors associated with not being in care included the absence of AIDS diagnosis (OR=4.2, 95% CI=3.7-4.8) and female gender (OR=1.3, 95% CI=1.1-1.5). Compared to Whites, Latinos (OR=3.1, 95% CI=2.6-3.6) and Blacks (OR=2.8, 95% CI=2.3-3.3) were less likely to be in care. The average time to care for the 58% newly-infected persons who were under care was 2.7 months

(standard deviation: 6.6 months). For 34,136 persons with multiple viral load tests, the average time between first and second viral load tests was 6 months.
CONCLUSION: Our data indicate that during the study period, a substantial number of people with HIV or AIDS did not get into care, especially women, minorities, and those with recent infections. Health care service organizations and other outreach programs should increase their efforts to target these populations for early interventions.

Presentation Number: B13 – 4

Presentation Title: A Look at the Association Between Having Been Born in a Country Other than the US and Being in Care for HIV/AIDS in Michigan

Author(s): *Hamilton, E*
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BACKGROUND: According to the Michigan Department of Community Health (MDCH), at the end of 2006, a total of 12,972 persons were known to be living with HIV/AIDS in Michigan, over half (52 %) of whom have a diagnosis of AIDS. The annual number of AIDS-related deaths has fallen sharply since 1995, largely as a result of the introduction of HAART in that year. However, in order for this treatment to be effective, patients need to seek out and receive regular care. In this paper we examined the markers that are associated with receiving adequate care.
METHODS: Of the approximately 13,000 cases of HIV currently living in Michigan, 7,479 (56%) are considered to have been 'in care' from July 1, 2005 through June 30, 2006 and 645 (5%) were born in a country other than the US. These data were analyzed with SAS using multivariate logistic regression.
RESULTS: We found that the association between a person's country of origin and HIV care status depends on whether or not they have progressed to AIDS. A patient who is living with HIV and has not progressed to AIDS and was born in a country other than the US is 8% more likely to have received care from July 1, 2005 through June 30, 2006 when compared to a person who was born in the US. In contrast, a patient who is living with AIDS and was born in a country other than the US is 28% less likely to have received care from July 1, 2005 through June 30, 2006 when compared to a person who was born in the US. There were other significant indicators of care that resulted from this analysis that will be presented, including whether a person had ever been in prison, risk for HIV infection, and a residence at the time of diagnosis in the Detroit Metro Area.
CONCLUSION: This analysis revealed a discrepancy in the care status among foreign born, HIV infected individuals in Michigan. The further along a person who was born in a country other than the US has progressed in their HIV disease, the less likely it is that they will have received care. One would have expected to observe the opposite effect. Reasons for this discrepancy could include barriers to accessing available services (i.e. language and transportation) or financial obstacles.

Presentation Number: B13 – 5

Presentation Title: Unmet Need for HIV-Related Primary Medical Care Services Among Enrollees of Publicly-Funded Medical Assistance and AIDS Drug Assistance Programs in Pennsylvania, 2003

Author(s): *Muthambi, B*[1]; *Adeseun, QA*[2]*; Folby, J*[2], Pennsylvania Department of Public Health, Harrisburg, PA

BACKGROUND: CDC estimates that 75% (3/4) of HIV-infected Americans know their HIV status (~650,000) and 233,000 (~1/3) among them are not receiving HIV-related primary medical care (HRPMC). We estimated unmet need (UN) for HRPMC among Pennsylvania (PA) Medicaid/Medical Assistance (MA) or AIDS Drug Assistance Program (ADAP) enrollees.
METHODS: We examined UN-for-HRPMC in a cohort of 8,710 persons living with AIDS (PLWA) on January 1, 2003, which included PA's MA/ADAP enrollees with HIV-related (HR) service reimbursement claims in 2003. Follow-up was through December 31, 2003 or death, if deceased in 2003. The US Health Resources and Services Administration (HRSA) definition of UN-for-HRPMC entails no evidence of receiving viral load testing or CD4 T-lymphocyte count or antiretroviral therapy during any 12-month follow-up. We estimated the proportion of those with unmet needs and performed multivariate logistic regression to estimate adjusted likelihoods of UN-for-HRPMC by the below-described potential risk factors/predictors/covariates
RESULTS: UN-for-HRPMC among PLWA enrolled in MA and ADAP was 37%. The likelihood of UN-for-HRPMC was greater for PLWA who are: Asians/Pacific Islanders (OR=1.98; 95%CI=1.11-3.53), Hispanics/Latin-Americans (OR=1.22; 95%CI:1.04-1.44) than for whites/Caucasians and blacks/African-Americans; urban (OR=2.10; 95%CI:1.52-2.91) vs. rural residents; and recent(first HR services in 2003) MA/SPBP enrollees (OR=3.68; 95%CI:3.19-4.24) vs. pre-2003 service recipients. UN-for-HRPMC was lower for PLWA who were: <13 years old in 2003 (OR=0.42; 95%CI:0.29-0.62), 40-49 years old (OR=0.75; 95%CI:0.57-0.98) than for all other age groups;

multiple-coverage recipients (OR=0.18; 95%CI:0.14-0.23) and ADAP enrollees(OR=0.52; 95%CI:0.40-0.67) than for MA enrollees. There were no differences by sex.
CONCLUSIONS: At least 1/3 of PLWA studied had unmet need. Greater outreach for HRPMC is needed for PLWA who are: Hispanics/Latin-Americans and Asians/Pacific Islanders (probably greater language and cultural barriers); ages 13-39 and >49 years, urban residents, MA enrollees (lower socioeconomic-status), and recent MA/ADAP enrollees (probably greater hardship accessing HRPMC).Resource allocation and development of effective strategies for addressing unmet needs should consider these findings; further studies are also needed to assess HIV prevention and care service needs and gaps, and needs and barriers to prevention and care among those living with HIV.

Track C
C04 – HIV Testing in Clinical Settings
Session Location: DUNWOODY – (Hyatt Hotel – Atlanta Conference Center level)

Presentation Number: C04 – 1

Presentation Title: Usability and Acceptability of a Computer Tool to Support HIV Testing in Emergency Care Settings.

Author(s): *Kurth, AE[1]; Spielberg, F[2]; Severynen, AO[1]; Rothman, RE[3]; Hsieh, Y[3]; Moring-Parris D, D[3]; Mackenzie, S[1]*
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BACKGROUND/OBJECTIVES: Evaluate acceptability of a computer counseling tool (CARE: Computer Assessment and Risk reduction Education) among patients and staff in emergency care settings.
METHODS: We conducted usability testing of the CARE tool among adult patients (n=35 individuals), and focus groups among clinical and administrative staff (2 focus groups, n=17), in two public hospital emergency departments: one in Washington State not offering routine HIV testing (site A), and one in Maryland that recently began to offer routine HIV testing (site B).
Patient and focus group data were analyzed using a content analysis approach for emergent themes. Transcripts from interviews and focus groups were independently reviewed and coded by investigators to identify strengths and limitations of CARE. Inter-rater reliability of qualitative coding for themes was 0.90.
The CARE tool is an audio-narrated (content at 5th grade reading level) health communication tool, providing HIV/STI risk assessment, HIV test consent, and an informational video about the rapid HIV test. Individualized feedback is given based on users' responses, and behavioral skill-building videos are shown (versions for men who have sex with men, and for heterosexuals). The user makes a specific HIV risk-reduction plan and receives a printout with appropriate referrals. HIV test results are given verbally. Tool content includes elements shown in randomized trials to be effective for STI prevention.
RESULTS: Study participants were 68.5% male, 68.5% African-American, 28.5% White and mean age 40 years (SD 10.9). Half (45.7%) the sample had never used a computer and 22.8% used computers on a daily basis. CARE took an average of 40 minutes to complete (range 16-68 minutes). Participants rated CARE usefulness an average of 8.5 on an ascending utility scale of 0 to 10 (site A= 7.7 vs. site B= 9.3); 59% preferred HIV counseling with a computer vs. a person.
Patient themes raised as CARE strengths at both study sites included: enhanced self reevaluation (raised awareness of HIV risk), ease of use, simplicity, honesty, lack of judgment, privacy and confidentiality. Limitations raised by participants included: content offensive (due to questions regarding anal sex), content missing, lack of personal touch and limited flexibility or choices.
CARE strengths perceived by staff at both sites included: useful screening and educational tool and enhancement to the provider visit. At site B, additional benefits included: behavioral priming, privacy, time savings, and improvement of HIV post-test referral process. Staff limitation themes included: time constraints, lack of privacy in emergency setting for CARE tool or for HIV test result sessions, perceived patient inability to use CARE tool. Overall, and extraneous to computer tool use issues, both sites voiced concern about implications for emergency settings of creating demand for HIV testing.
CONCLUSIONS: This evaluation demonstrated that a computer counseling tool was acceptable to and usable by patients of widely varying computer experience. In both study settings, staff voiced concerns regarding time needed for human-delivered HIV test result follow-up. Addressing staff issues, as well as utilizing tools to reduce staff time (such as computer tools), may facilitate HIV testing uptake in emergency care settings.

Presentation Number: C04 – 2

Presentation Title: Routine HIV Testing in Clinical Settings in Michigan: A Tool to Enhance the Effectiveness of Case Finding Efforts

Author(s): *Randall, LM*[1]; *Berk, W*[2], Michigan Department of Community Health, Lansing, MI; [2]Detroit Receiving Hospital, Detroit, MI

ISSUE: Up to one-third of the estimated 17,000 persons in Michigan with HIV do not know they are infected. Between 1999 and 2003, publicly supported HIV testing efforts by community-based organizations (CBOs) and local health agencies yielded approximately 58,000 tests, annually. HIV prevalence was approximately 0.5%. To increase the effectiveness of HIV testing programs in identifying new cases and linking these individuals with care, the Michigan Department of Community Health (MDCH) implemented routine HIV testing in selected clinical settings beginning in 2004.
SETTING: HIV screening programs operating in selected high HIV prevalence and high volume health care facilities in Detroit.
PROJECT: MDCH implemented routine HIV testing in two health care facilities: a hospital emergency department (ED) and a public sexually transmitted disease (STD) clinic. Both facilities are located in Detroit, in high prevalence areas, and serve primarily African American populations. Rapid testing was used in both facilities. Pre-test counseling procedures and consent requirements were streamlined to facilitate integration with existing clinic flow. Rapid HIV testing was used at point-of-care in the ED and in a stat lab in the STD clinic.
RESULTS: Since implementation of routine testing in the ED, over 28,000 HIV tests have been performed, with 1.0% seroprevalence. Fewer than 5% of patients declined HIV testing. Since implementation of routine testing in the STD clinic, over 15,000 tests have been performed, with .53% seroprevalence. Fewer than 10% of patients declined HIV testing. These programs contributed to a 23% increase in annual volume of tests performed and a 50% increase in the number of new infections identified through publicly supported programs. HIV-infected patients received immediate referrals to medical evaluation and treatment, provided within the same facility. Immediate access to care and treatment was available for patients receiving positive results during regular clinic hours. Appointments were made for those receiving positive results at other times.
LESSONS LEARNED: Routine HIV testing is acceptable to patients. Adjustments to consent procedures made routine HIV testing feasible for providers. Linkage to care is challenging, with 30% to 80% of patients successfully entering care, depending on setting, patient flow and follow-up efforts. Routine testing efforts provide a valuable complement to targeted HIV testing, but may be most cost efficient in facilities with relatively high HIV prevalence and which serve populations at high risk for HIV.

Presentation Number: C04 – 3

Presentation Title: Integrated HIV Testing in Three Emergency Departments, 2004-2006

Author(s): *Boyett, BC* [1]; *Schulden, J*[1]; *Song, B*[1]; *White, DA*[2]; *Scribner, AN*[2]; *Telzak, EE*[3]; *Grumm, F*[3]; *Coffey, J*[3]; *Esquivel, M*[4]; *Merrick, R*[4]; *Quan, S*[5]; *Martinez, AC*[5]; *Heffelfinger, JD*[1]
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BACKGROUND: A priority strategy of the Centers for Disease Control and Prevention (CDC) Advancing HIV Prevention (AHP) initiative is to make HIV testing a routine part of medical care. AHP projects were implemented in emergency departments (EDs) in Los Angeles (LA) and New York City (NYC) in 2004 and in Oakland, CA, in 2005 .The objective of this analysis was to evaluate the linkage to care and immunologic status of persons newly-diagnosed with HIV infection at 3 EDs.
METHODS: Rapid HIV testing was offered to patients who were not known to be infected with HIV on a voluntary, opt-in basis, without assessment of risk for HIV infection. At the LA and NYC sites, standard pre-test information, HIV testing, and test results were provided by counselors hired specifically to offer these services in the ED. In the Oakland ED, triage nurses offered testing to patients at intake and existing ED staff obtained written consent for testing, provided abbreviated pre-test information and administered the HIV tests in addition to their usual responsibilities. In Oakland, negative test results were provided by nurses, and positive test results were provided by HIV counselors or ED physicians. Data collected during a one-year period (during 2005 for LA and NYC EDs and from April 2005-March 2006 for the Oakland ED) are included in this analysis.
RESULTS: Overall, 9,365 rapid HIV tests were performed in the 3 EDs and 97 (1.0%) persons were newly-diagnosed with HIV infection. Forty (41%) patients did not report any commonly recognized risk factors for HIV transmission in the previous 12 months (e.g., male-to-male sexual contact, injection drug use, commercial sex work,

or previous diagnosis of a sexually transmitted disease). Of the 85 (88%) newly identified HIV-positive persons who were linked to care, 43.0% (range by site: 36.2-81.8%) met the CDC AIDS case definition based on CD4 count (i.e., CD4+ <200 cells/μL).
CONCLUSIONS: The results from these projects demonstrate that integrating HIV testing into the routine care provided in EDs using an opt-in approach identifies previously undiagnosed HIV-positive individuals and that these persons can be successfully linked to follow up health care. In addition, more than 40% of persons with newly-identified HIV infection would not have been diagnosed to be HIV-positive if the participating EDs had relied upon a risk-based approach to testing. Because a high proportion of patients met the AIDS case definition at initial diagnosis, alternative strategies for earlier diagnosis, such as implementing opt-out testing (i.e., notifying patients that HIV testing is a routine part of services offered to all patients and that testing will be performed unless the patient declines), should be strongly considered.

Presentation Number: C04 – 4

Presentation Title: Improving HIV Screening with Nurse-Initiated HIV Rapid Testing and Streamlined Counseling

Author(s): *Anaya, HD[1]; Hoang, T[1]; Goetz, MB[1]; Gifford, A[2]; Bowman, C[3]; Golden, JF[1]; Asch, SM[1]*
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BACKGROUND/OBJECTIVES: The CDC now recommends HIV testing to all seeking care, yet testing rates remain low, even among those at-risk and who have regular primary care. Implementing HIV testing into primary care poses organizational challenges.
We tested three methods that have proved effective in other diseases or settings: nurse standing orders for testing, streamlined counseling, and HIV rapid testing.
METHODS: Randomized, controlled trial with three intervention models: Model A- traditional counseling/testing; Model B-nurse-initiated screening, traditional counseling/ testing; Model C-nurse-initiated screening with streamlined counseling/rapid testing. The research setting were two VA clinics in the same city; one large urban hospital, one freestanding outpatient clinic in an area of high HIV prevalence. We recruited 251 patients with scheduled or walk-in appointments for primary/urgent care. Our outcomes of interest were: Rates of HIV testing and receipt of results; reduction in sexual risk and HIV knowledge improvement.
RESULTS: Testing rates were 40.2% (Model A), 84.5% (Model B), and 89.3% (Model C) (p=<.01). Rates of receipt of test results were 14.6% (Model A), 31.0% (Model B), 79.8% (Model C) (p=<.01). Reduction in sexual risk and HIV knowledge improvement did not differ significantly between traditional versus streamlined counseling.
CONCLUSIONS: Streamlined counseling with rapid testing significantly increased rates of testing and receipt of results over current practice without any change in post-test knowledge or risk behavior. Increased rates of testing and receipt of results could lead to earlier disease identification, increased treatment and reduced morbidity/mortality. Managers and policymakers should consider streamlined counseling with routine rapid testing when implementing HIV testing into primary/urgent care.

Track C
C11 – Abstinence, Delay of Sexual Initiation, and Reduction of HIV Risk
Session Location: SINGAPORE/MANILA – (Hyatt Hotel – Embassy Hall level)

Presentation Number: C11 – 1

Presentation Title: Barriers and Facilitators to Maternal Communication with Preadolescents About Age-Relevant Sexual Topics

Author(s): *Fasula, AM[1]; Miller, KS[1]; Dittus, P[1]; Wiegand, RE[1]; Wyckoff, SC[1]; McNair, L[2]*
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BACKGROUND: Continued disproportionate impact of HIV/AIDS on African American population's calls for identifying gaps in current prevention efforts and developing new, effective strategies and prevention interventions. Although approximately 20% of African American youth have initiated sexual intercourse by age 13, there are few programs in place to guide preadolescents toward healthy and safe sexuality, creating missed opportunities for HIV sexual risk reduction efforts prior to sexual debut. This gap in early sexuality education may be best addressed by parents through parent-child sex discussions. Research has shown that parent-child communication about sex is

associated with decreased sexual risk behavior among adolescents. The purpose of this study was to identify parents' barriers and facilitators to parent-child sex discussions.
METHODS: Participants were 1066 dyads of African American female caregivers (mothers) and their 9-12 year old children from three U.S. cities: Athens, Georgia; Little Rock, Arkansas; and Atlanta, Georgia. The sample was taken from the baseline data of a longitudinal, community-based intervention trial of the Parents Matter! Program. Multivariable logistic regression was used to identify predictors of parent-child discussions. We explored 6 dependent variables: mother reports and child reports of ever talking about each of 3 age-relevant sex topics for preadolescents: abstinence, puberty, and reproduction. Covariates for each model included: child's gender, cues that may trigger mothers to have sex discussions with their child (child's age and pubertal development), mother's report of her attitude about her child's readiness to learn about sex, and mother's report of her sexual communication knowledge, comfort, skills, and confidence (referred to as "mother's responsiveness").
RESULTS: After controlling for all other covariates, mother's responsiveness was the most consistent predictor of mother-child sex discussions. Participants with higher mother's responsiveness had significantly increased odds of mother-child discussions about abstinence, puberty, and reproduction, based on both mother (all $p<.0001$) and child reports (all $p<.05$). In addition, child's age, pubertal development, and being female were positively associated with a significant ($p<.05$) increase in the odds of talking in most models.
CONCLUSIONS: The study findings provide two directions for promoting parent-child sex discussions. First, having a daughter and cues related to age and puberty work as facilitators for sex discussions. Marketing campaigns can encourage parents to use earlier, pre-pubertal cues for the timing of age-relevant sexual discussions and to have these discussions with both sons and daughters. Second, the consistent positive effect of mother's responsiveness suggests that encouraging parents to talk with their children early may not be sufficient to promote these discussions. Parents also need the knowledge, comfort, skills, and confidence to communicate effectively and keep them from avoiding these often difficult and emotional conversations with their children. In-depth, hands-on interventions with parents can give them the tools and support they need to take an active role in guiding their children through their sexual development and helping them avoid sexual risk for HIV.

Presentation Number: C11 – 2

Presentation Title: A Peer Education & Empowerment Curriculum to Reduce Transmission of HIV and STI's in High-Risk Youth

Author(s): *Zúñiga, ML*[1]; *Blanco, E*[1]; *Sanchez, L*[2]*; Carroll, S2;*
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BACKGROUND: It is estimated that young people ages 13-24 comprise half of new HIV infections each year, with youth of color comprising the highest proportion of new infections (CDC, 2005). The Peer Education Empowerment Program (PEEP) a five-part, peer-led, interactive curriculum that also included speakers living with HIV, focused on prevention of HIV/STI transmission and unintended pregnancy and decreasing HIV stigma in high-risk youth. Participants included: homeless and runaway youth engaging in survival sex, substance abusers, and parenting teens. A community-academic partnership was formed to test the efficacy of this novel curriculum.
METHODS: Participants were recruited by a community-based youth-serving agency from 8 sites (e.g. teen drop-in centers, recovery centers) across San Diego. Participants provided voluntary consent; completed a demographic survey and pre-test; attended 5 educational workshops; and completed a post-test. A follow-up survey was administered 3-6-months post workshops. Descriptive statistics and paired t-tests were generated and findings analyzed for 286 youth with pre- and post- tests; follow-up data were available for 50 youth.
RESULTS: Participants were 37% Latino, 21% White, 17% African-American, with 15% reporting more than one ethnicity, 3% Asian/P.I./Filipino, and 7% other. We found a significant ($p<=.05$) pre- post-test increase in perceived ability to refuse sex with a partner if the partner would not use a condom; increase in intention to use a condom with a new partner; and increased perceived risk of sex with persons with whom there is perceived emotional tie (love). At post-test we also noted a significant decrease in stigmatizing perceptions of persons living with HIV. Most (78%) participants would recommend the workshops to friends. At follow-up, 86% reported that the class contributed positively to condom use negotiation.
CONCLUSIONS: We conclude that the intervention is effective in increasing the intention of practicing safer sex, reducing self-reported risk behavior in high-risk youth in non-traditional life circumstances and reducing HIV-related stigmatizing attitudes. Further study is needed to determine the relative impact of specific curriculum components. Meaningful, long-term community-academic partnership can contribute to rigorous evaluation and dissemination of project findings to promote reduction of HIV/STIs in high-risk youth.

Presentation Number: C11 – 3

Presentation Title: Evaluation of the Preventing AIDS Through Live Movement and Sound (PALMS) HIV Prevention Intervention for High-Risk Adolescents

Author(s): *LaPollo, AB1; Lauby, J[1]; Batson, H[1]; Herbst, JH[2]; Painter, TM[2]*
[1]Philadelphia Health Management Corporation, Philadelphia, PA; [2]Centers for Disease Control and Prevention, NCHHSTP, DHAP, Atlanta, GA

BACKGROUND/OBJECTIVES: Adjudicated adolescents are at high risk for HIV infection due to high rates of sexual activity and inconsistent condom use. However, few evidence-based HIV interventions are available for this population. PALMS is an innovative, theater-based HIV prevention intervention for high-risk minority adolescents aged 12 to 18 that uses peer actors to model appropriate behavior and facilitates problem-solving and skill-building for protective behaviors by participants.
METHODS: The Philadelphia Health Management Corporation delivers PALMS to groups of 8 to 15 youth during 3 group sessions, lasting about 2 hours each, in Philadelphia juvenile justice facilities, drug treatment centers, and other community settings. PALMS was evaluated by non-randomly assigning adolescent males in 2 juvenile justice facilities to the intervention (n=147) or a comparison condition (n=143). Evaluation data were collected at baseline and 6-month follow-up. Retention rates at follow-up were 82% for the PALMS intervention and 79% for the comparison condition.
RESULTS: The groups were similar with respect to race/ethnicity (79% African American, 8% Latino) and age (mean=15 years). We present our preliminary analysis of baseline-to-follow-up changes in HIV-related knowledge, and condom-related attitudes and skills. Over the 6-month follow-up, male adolescents in the PALMS intervention, relative to the comparison, reported greater increases in HIV knowledge ($p < .001$) and condom-related skills ($p < .05$). There were no significant between-group changes in condom-related attitudes.
CONCLUSIONS: These evaluation results suggest that the PALMS intervention is an effective way to increase HIV knowledge and promote condom use skills among high-risk adjudicated adolescent males. Subsequent analysis of behavioral outcome data collected as part of this evaluation will provide information about the degree to which changes in knowledge and condom use skills correspond to reduced sexual risk for HIV among this population.

Presentation Number: C11 – 4

Presentation Title: Perceptions of Parental Monitoring of Adolescents' Whereabouts and of the Nature of Adolescent Activities: Associations with Adolescent Sexual Risk Behavior

Author(s): *Dittus, PJ[1]; Guilamo-Ramos, V[2]; Jaccard, J[3]; Bouris, A[2]*
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BACKGROUND: We examined two types of parental monitoring from adolescent perspectives: parental knowledge of adolescents' whereabouts and parental strategies for limiting adolescents' activities (i.e., parental restrictions on social and dating opportunities). We hypothesized that each type of monitoring would have an independent effect on adolescents' sexual intentions and sexual experience (i.e., ever had sexual intercourse).
METHODS: As part of the pre-intervention research conducted for *Linking Lives,* data were collected from 668 Latino and African American students (grades 6-8) and their mothers (N = 668 dyads) in six middle schools in the South Bronx in New York City.
RESULTS: Male adolescents reported their parents allow them greater social and dating opportunities than females, whereas female adolescents reported more self disclosure of their whereabouts to their parents than males. Controlling for adolescents' gender, grade, race/ethnicity, satisfaction with the maternal relationship, and social desirability, multiple regression analyses found that students who are more likely to disclose their whereabouts to their parents ($B = -.13$, $p < .001$) are less likely to intend to have sexual intercourse, whereas those who perceive that their parents allow greater social ($B = .24$, $p < .001$) and dating opportunities ($B = .25$, $p < .001$) are more likely to intend to have sexual intercourse. Gender moderated the relationship between perceived parental allowance of dating opportunities and adolescent sexual intentions such that the effect of perceived parental allowance of dating opportunities is stronger for males than for females ($B = .23$, $p < .05$). Again controlling for covariates, multiple logistic regression analyses found that students' disclosure of whereabouts and perceptions of parental allowance of dating opportunities were associated with adolescent sexual experience. Students who disclosed their whereabouts to their parents (AOR = .71, 95% CI's = .54 - .93) had lower odds of reporting sexual experience, whereas students who perceived that their parents allowed them greater dating opportunities (AOR = 1.93; 95% CI's = 1.46 - 2.56) had greater odds of reporting sexual experience. Gender moderated the relationship between disclosure of whereabouts and adolescent sexual experience, such that the effect of disclosure of whereabouts was stronger for females than for males (AOR = .44;

95% CI's = .20 - .95).
CONCLUSIONS: Parents play an important role in helping adolescents reduce their risk of HIV infection, by communicating with them about risky behavior and by effectively monitoring their adolescents. This study found that both parental monitoring of their adolescents' whereabouts and of the nature of their social and dating activities was associated with intentions to have sexual intercourse and with sexual experience, for both boys and girls. In addition to being aware of their adolescents' whereabouts, it is important for parents to set and enforce family rules concerning friends and dating to limit opportunities for sexual risk behavior to take place. It is especially important for adolescents to be aware of the rules and to understand the consequences of violating them. Programs like *Linking Lives* can help parents work with their adolescents to establish and enforce effective family rules.

Track C
C18 – HIV Prevention with Incarcerated Populations
Session Location: INMAN – (Hyatt Hotel – Atlanta Conference Center level)

Presentation Number: C18 – 1

Presentation Title: Part 1 of 4: Understanding HIV Risk in Prison Among Heterosexually-Identified African American Men Who Have Sex with Men

Author(s): *Myers, JJ*[1]; *Maiorana, A*[1]; *Zack, B*[2]
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OBJECTIVES: Although studies have examined HIV transmission in prison, little is known about the specifics of HIV risk behavior inside. This qualitative study assessed factors influencing risk behavior among heterosexually-identified African American men in prison which will be used to tailor HIV prevention services for men returning to the community.
METHODS: Semi-structured interviews were conducted with 26 men within two weeks of release from prisons in Northern and Central California. Participants were recruited at a post-release meeting mandated by the state's department of corrections. Interview transcripts were coded and summarized for emerging themes.
RESULTS: Respondents were parolees and ranged in age from 20 to 62 years. Across the sample there was a mix of severity in the crimes committed and so in the "level" on which men were housed in prison. The average length of stay among the men interviewed was 13 months (with a range from 1 month to 7.5 years). Many had in common chaotic lives, and a family history of crime, drugs, or violence. Respondents noted that the scope of sex in prison is sensationalized. Most sex is consensual and occurs among men identified as "homosexuals," "punks," or "faggots." Forced sex was reported to be less common but does occur as punishment, when seeking protection, or by a few inmates preying on the weak. Attitudes towards sex among men included disapproval, ridicule, indifference, or tolerance. Twenty-five participants stated that men who have sex with men are gay, regardless of self-identification. Only one respondent talked about his own sexual experience with another man, yet all men said that it happened to others. Respondents considered themselves straight and could not understand why men in prison would have sex unless they were homosexual before prison or "lifers" who could "indulge" because they have nothing to lose. HIV risk in prison was also related to illicit drugs used because of addiction or to escape reality. Most men did not use because of the expense, the risk of being caught, a chance to be clean and sober, and the potential violence (including sexual violence) associated with drugs' effects or drug-related debts. Inmates do not generally talk about HIV, except in the context of jokes or to know who is infected. Many inmates do not test for HIV, because of concern about their sex or drug history and fear finding out their status.
CONCLUSIONS: Since men's stated goal was to get out of prison, good behavior, minding their own business, and engaging with a few men they could trust were coping strategies used to avoid conflict and not to get caught in activities that could bring extra time. HIV risk behaviors seem to occur among men who are in for longer periods of time, use and need drugs, are gay (and may or may not hide their identity), and/or are victims of sexual assault. Talking about and preventing HIV risk in prison and in the community are complicated by secrecy, issues of sexual and ethnic identity, and definitions of sex relative to coercion.

Presentation Number: C18 – 2

Presentation Title: Sex, Drugs, and Incarceration: The Role of Prisons in HIV Risk and Transmission

Author(s): *Davids, J; Thomas, J[1]; Howell, S[2]* – Sean Barry, Josh Thomas, CHAMP (Community HIV/AIDS Mobilization Project), New York, NY, Sarah Howell, CHAMP (Community HIV/AIDS Mobilization Project), Providence, RI.

ISSUE: Prisons and jails remain a controversial and not-fully-understood focal point of the domestic HIV epidemic. In 2004, the prison population in the U.S. was 2.13 million, and ethnic minorities are disproportionately incarcerated. Studies from 1997 estimate that nearly one-quarter of all HIV-positive people in the U.S. - between 150,000 and 200,000 people - will pass through a correctional facility. More recent research is beginning to examine ways that incarceration does and does not play a role in facilitating HIV risk and transmission.
KEY POINTS: Presenters will discuss research results and how these results contradict or confirm previously believed notions of links between incarceration and HIV. Issues to be discussed will include: HIV transmission during incarceration; links between incarceration, housing and homelessness, and community instability; the affects of incarceration on social and risk networks; and racial and sexual disparities in incarceration and HIV.
IMPLICATIONS: A more comprehensive understanding of the role of incarceration in the domestic HIV epidemic will inform HIV prevention programs, policy, and advocacy efforts, including: pre- and post-release prevention programming; prevention efforts within prisons and jails; sentencing reform; prison health care policy; and community-based policy and advocacy efforts for incarcerated people and their family and loved ones.

Presentation Number: C18 – 3

Presentation Title: HIV Risk Behavior Pre- and Post-HIV Testing in Jail: A Preliminary Analysis of Recruitment and Baseline Characteristics of Jail Participants

Author(s): *Beckwith, CG[1]*; Desjardins, *SF[2]; DeLong, AK[3]; Flanigan, TP[1]*
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BACKGROUND: Conducting clinical research among incarcerated populations and following subjects after release is challenging. A study examining the effect of different jail-based HIV testing methods (standard vs. rapid) on HIV risk behavior following release from jail is currently being conducted in Rhode Island. Data on demographics, incarceration history, alcohol and drug use, and sexual behavior are being collected from jail inmates pre- and post-incarceration. Subjects must be incarcerated for less than 6 months to be eligible for the follow-up visit (FUV). We conducted an analysis of currently enrolled subjects to: 1) assess FUV completion rate; 2) describe the baseline characteristics of the cohort; and 3) describe baseline characteristics in subjects who have and have not completed the FUV.
METHODS: Subject enrollment was analyzed and subjects were categorized as: 1) completed FUV; 2) ineligible for FUV at time of analysis; 3) FUV pending. Subject characteristics were summarized and proportions were calculated. Reported differences between the subjects who have and have not completed the FUV were > 10%.
RESULTS: Data were analyzed on 119 jail subjects, of which 27 (23%) completed the FUV, 52 (44%) were not eligible for the FUV and 40 (34%) were eligible for the FUV (pending). Reasons for ineligibility included re-incarceration after release (9), withdrew from the study (2), transferred to another correctional facility (5), and incarceration greater than 6 months (36). Baseline characteristics: median age = 31 (18-58); 53% White, 23% African American, 13% Hispanic; median number of lifetime incarcerations = 7 (1-100); 55% considered themselves homeless at some point; 44% treated for mental illness; and 63% received some type of drug or alcohol use treatment. During the 3 months prior to incarceration: 37% drank ≥ 6 drinks at least once per week; 43% used cocaine; 8% used heroin; 58% used marijuana; and 71% did not use a condom during last sexual encounter. Eighteen percent had ever injected drugs. Twenty-nine percent had a history of a sexually transmitted infection. Comparison between groups: Those who completed the FUV were more likely to have been incarcerated more than 4 times, received substance/alcohol treatment, binge drink, use cocaine, use a condom during last sex, but less likely to use marijuana. There was less than 10% difference in reported homelessness, employment status pre-incarceration, or history of being treated for mental illness.
CONCLUSIONS: Incarceration represents an opportunity to provide HIV testing and HIV prevention education to persons at increased risk of infection. Conducting research in jails can be challenging due to the unpredictable nature of jail incarceration. This analysis suggests jail inmates engage in substantial HIV risk behavior pre-incarceration and that there appear to be differences in terms of HIV risk behavior between the subjects who completed the FUV and those who had not. A substantial number of enrolled subjects have become ineligible for the FUV due to prolonged

incarceration or re-incarceration. Further research is needed to optimize methods for performing clinical research in the jail setting.

Track C
C20 – Findings from the NIMH Multi-Site Acute HIV Infection Study
Session Location: A703 – (Marriott Hotel – Atrium level)

Presentation Number: C20 – 1

Presentation Title: A Move Toward Serosorting Following Acute HIV Diagnosis: Part 1 of 4 on Findings from the NIMH Multi-Site Acute HIV Infection Study

Author(s): *Steward, WT[1]; Remien, RH[2]; Truong, HM1; Brooks, RA[3]; Correale, J[2]; Dubrow, R[4]; Ehrhardt, AE2; Kerndt, PR[5]; Pinkerton, SD[6]; Sikkema, KJ[7]; Young, C[8]; Morin, SF[1]*
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BACKGROUND: People with Acute HIV Infection (AHI) are at high risk of transmitting the virus when engaging in sexual risk behaviors because they have a very high viral load. Directing prevention services to this group may significantly reduce incident infections. As part of an NIMH-funded multi-site research collaborative, we identified cases of AHI and examined changes in sexual behavior in the months following notification of HIV infection. Understanding the impact of HIV diagnosis on risk behavior is important for informing the development of effective interventions for people with AHI.
METHODS: Six university-based sites across the United States (Brown, Columbia, UCLA, UCSD, UCSF, and Yale) established collaborations with HIV testing programs and clinical investigators in order to identify cases of AHI. Each person was assessed within four weeks of HIV diagnosis and again eight weeks later. Assessments included an interview in which they discussed their understanding of AHI and the events surrounding infection and diagnosis, and a structured survey that assessed the recent HIV sexual risk behaviors with seropositive, seronegative, and serounknown partners. Thus far, fifteen individuals with recent HIV infections have been identified, enrolled into the study, and completed both waves of data collection. Most were men who had sex with other men (n=13; 87%).
RESULTS: As seen in Table 1, participants reported a significant change in the proportion of unprotected anal and vaginal sex acts that occurred with HIV-seropositive partners. In the two months before diagnosis, 23% of unprotected acts were with positive partners. By contrast, in the two months after diagnosis, 97% of unprotected sex acts were with infected partners ($\chi^2 = 228.9$, $p<.0001$). Consistent with this finding, men expressed a strong preference during the open-ended interviews for having sex partners who are also HIV-seropositive. Overall, there was a decline in the number of unprotected acts following diagnosis. Participants reported a total of 264 unprotected sex acts before diagnosis (average acts per participant = 17.6) and a total of 170 unprotected acts after learning that they have HIV (average per participant = 11.3).
CONCLUSIONS: Diagnosis with AHI can have dramatic effects on the type of partners with whom people have unprotected sex. In particular, men who have sex with men quickly adopt serosorting behaviors, limiting most of their sex without condoms to interactions with men whom they know to be HIV-seropositive. Interventions to address risk behaviors during AHI should be designed with an awareness of these informal risk reduction strategies.

Presentation Number: C20 – 2

Presentation Title: Provider Prevention Opportunity During Acute HIV Infection: Part 2 of 4 on Findings from the NIMH Multi-Site Acute HIV Infection Study

Author(s): *Remien, RH[1]; Higgins, JA[1]; Correale, J[1]; Ehrhardt, AE[1]; Hirsch, JS[2]; Dubrow; Kerndt, Mayer; Morin, SF[6]; Seal, DW[7]; Sikkema, KJ[8]; Steward; Truong; Young, C[9]*
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BACKGROUND: During acute HIV infection (AHI), affected individuals are highly infectious due to high viral load prior to an immunological antibody response. As this phase can last from days to several months, it provides a distinct opportunity for prevention of further transmission of HIV to others. As part of an NIMH funded multi-site grant, we were given the opportunity to explore the issues surrounding the meaning and the understanding of AHI testing among recently infected individuals.
METHODS: A multi-city (Los Angeles, New Haven New York, Providence, San Diego, San Francisco) sample of acutely infected participants was recruited through HIV testing programs and clinical investigators. Eligible participants, who had received their acute infection diagnosis within the past 4 weeks, participated in a baseline assessment (Time 1) and an 8 week follow-up assessment (Time 2). In-depth qualitative interviews at both times explored respondents' understanding of AHI, the events surrounding infection and diagnosis, and the psychological and informational resources sought in the days and weeks following diagnosis. Having established inter-rater reliability among 3 coders, we used NVivo to analyze the frequency and degree of the following themes: 1) respondents' knowledge of AHI and related testing procedures; 2) the sources of this knowledge; and 3) psychological and informational resources sought; we also examined 4) the changes in these themes between Time 1 and Time 2.
RESULTS: Of the 26 participants enrolled into the study to date across all six sites, 15 have completed both the baseline and follow-up assessments. Most of these participants seemed to know little about the meaning and/or consequences of AHI, particularly that it is a period of high infectivity. Many participants reported the lack of information given to them about AHI and its implications for transmission from their provider's at the time of diagnosis. There was also a lack of clarity among many participants about testing methods (viral load versus antibody), suggesting that few providers adequately explained the difference between testing procedures for acute versus established HIV infection. At the follow-up interview, many participants reported having greater knowledge and understanding of AHI after having sought information from varied sources, including the internet, other HIV infected friends and acquaintances, and, occasionally, health clinic employees and counselors.
CONCLUSIONS: Health care providers may be missing an important prevention opportunity when diagnosing AHI. We need to identify appropriate messages and manner of delivering prevention messages to people at the time of acute HIV infection. It may be that AHI patients are not emotionally ready to process such information while coping with the news of their own infection. However, the finding that many are actively seeking AHI information post diagnosis is encouraging and points to ways of increasing knowledge of AHI and its transmission implications.

Presentation Number: C20 – 3

Presentation Title: Psychiatric Context of Acute HIV Infection in Six US Cities: Part 3 of 4 on Findings from the NIMH Multi-Site Acute HIV Infection Study

Author(s): *Atkinson, JH[1]; Dubrow, R[2]; Sikkema, KJ[3]; Remien, RH[4]; Ehrhardt, AE[4]; Steward, W[5]; Kerndt, P[6]; Vigil, O[1]; Young-Casey, C[1]; McCutchan, JA; Grant, I[1]*
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BACKGROUND: Diagnosis of acute HIV infection, a period of enhanced transmissibility, presents an opportunity for prevention efforts, but its psychiatric and psychological context is virtually unstudied. This is unfortunate since psychiatric disorder and distress is associated with worse HIV treatment outcomes, and may also impact early prevention. To help inform development of interventions, this six-city NIMH-sponsored prospective study examined acutely infected individuals for psychological status and lifetime and recent psychiatric disorders.
METHODS: Acutely infected individuals (N = 26) recruited within 4 weeks of infection at 6 US sites (Los Angeles, New Haven, New York, Providence, San Francisco, San Diego) completed qualitative evaluations, and standardized questionnaires and examinations, including the Beck Depression Inventory II (BDI-II), State Trait Anxiety Inventory (STAI), Mini-International Neuropsychiatry Interview (MINI PLUS), to generate selected lifetime (i.e., pre-HIV) and recent DSM IV psychiatric and substance use disorders. Participants were re-examined 8-weeks following baseline.
RESULTS: At baseline prevalence of lifetime and recent major psychiatric disorder was: alcohol abuse/ dependence (Lifetime 54%; last 12 months 35%); non-alcohol substance use disorder (Lifetime 46%; last 12 months 35%), major depressive disorder (Lifetime 27%; last 2 weeks/current 12%); bipolar disorder (Lifetime 15%; last 2 weeks 0%). Two of the 3 participants with "current" major depression had a prior history of recurrent major depression, with the

present episode beginning before the likely date of infection and notification. One individual had "first onset" major depression in the context of infection/diagnosis. Current (1-month) suicidal ideation (rated as "low risk") was evident in 19%, but 30% had prior suicide attempts (all attempters had lifetime histories of alcohol or other substance use disorder). Mood inventories revealed mild depressive (mean BDI = 11) and anxiety (mean STAI State = 36) symptoms. At follow-up (N = 15 to date) distress remained in the mild range (mean BDI = 10; STAI State = 34).
CONCLUSIONS: In acute HIV infection current major depression appears to be at somewhat higher prevalence than in the general population, but in the range observed in chronic HIV. That most persons with acute HIV infection do not have current major depression and have only mild depression and anxiety symptoms suggests that acute emotional distress may not be a major barrier to early intervention to prevent HIV transmission. Moreover, strategies might also recognize that a substantial minority had a background of serious mental disorder (eg, bipolar disorder), recurrent major depression, or recent substance use disorder. Such individuals may require tailored or more intensive interventions.

Presentation Number: C20 – 4

Presentation Title: Strategies Used and Lessons Learned in the Detection of Acutely HIV Infected Individuals in Six US Cities: Part 4 of 4 of Findings from the NIMH Multi-Site Acute HIV Infection Study

Author(s): *Kerndt, PR[1]; Mayer, KH[2]; Beckwith, CG[2]; Dubrow, R[3]; Remien, RH[4]; Truong, HM[5]; Uniyal, A[1]; Chien, M[1]; Brooks, RA[6]; Vigil, O[7]; Morin, SF[5]; Steward, WT[5]; Merson, MH8*
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BACKGROUND: Early diagnosis of persons acutely infected with HIV can reduce HIV transmission during a period of high infectiousness. A substantial portion of all HIV transmissions may occur during the two months immediately following HIV infection. Diagnosis is based on clinical suspicion and more recently routine use of HIV PCR RNA pooled testing of persons who are HIV antibody negative.
OBJECTIVE: To evaluate strategies to identify persons who are acutely infected with HIV.
METHODS: Systematic efforts were made in six U.S. cities (Los Angeles, New Haven, New York, Providence, San Diego, and San Francisco) to identify persons who were acutely infected with HIV. Two principal strategies were employed: 1) HIV PCR RNA testing of pooled plasma from persons screened HIV antibody negative or indeterminate, and; 2) outreach to clinicians at primary care settings, including STD clinics, where persons at risk of infection might present for medical care.
RESULTS: Over an approximately 14 month period, 27 acutely infected individuals were identified: 11 (40.7%) were identified through HIV RNA pooled testing of 16,795 persons who screened HIV antibody negative or indeterminate and 16 (59.3%) through clinician referral; all but three participants were men who have sex with men; 16 (59.2%) presented with symptoms; 12 (44.4%) presented for an STD evaluation; all were infected through sexual contact. among those identified through the pooling method, viral loads were available for 10 individuals and were >100,000 copies/mL for 6 (66.6%).
CONCLUSIONS: Both strategies (HIV PCR RNA pooled testing programs and clinician referrals) were able to identify cases of acute HIV infection. However, focused methods for specific populations and geographic areas will be required based on local epidemiology of incident infections. Pooled testing methods will only succeed if HIV testing programs reach populations where incident infections are occurring. Efforts to educate medical providers and other staff about symptoms and situations where acute HIV infection should be suspected should be encouraged and are also likely to be successful.

Track D
D08 – Developing Capacity for Interventions
Session Location: A705 – (Marriott Hotel – Atrium level)

Presentation Number: D08 – 1

Presentation Title: The Girls 4 HOPE (Health, Opportunities, Prevention & Education) Capacity Building Assistance Program for Community-Based Organizations

Author(s): *Webb, CK*; *Marquez, X*
AIDS Alliance for Children, Youth & Families, Washington, DC

ISSUE: The need for the Girls 4 HOPE capacity-building assistance (CBA) program is evidenced by the overwhelming overrepresentation of African American and Latina teen girls among HIV-positive female youth and the rapid emergence of this population of adolescents as being particularly high risk for HIV infection.
SETTING: CBOs serving African-American and Latina teen girls, and their parents/parenting adults, who are at high risk for HIV infection or currently living with HIV/AIDS.
PROJECT: The program objective is to build the capacity of program staff in community-based organizations (CBOs), serving African-American and Latina teen girls (ages 13-18) at high risk for HIV infection or currently living with HIV/AIDS. The Girls 4 HOPE Program is designed to provide CBA tailored to the individual needs of CBOs based on the following three categories: CBO staff Professional Development; Parental Empowerment and Sexual Health Communication; and Adolescent Female Empowerment and Leadership Development for HIV Prevention.
RESULTS: The key elements of the Girls 4 HOPE Program lie under the notion that information transfer translates to the ongoing capacity of CBO program staff to build stronger links between parenting adults and adolescent girls to effectively build strong, culturally and linguistically competent youth-centered HIV prevention interventions for Latinas and African American teen girls.
LESSONS LEARNED: Identified barriers that hinder CBOs from providing culturally and linguistically-appropriate HIV prevention programs for African American and Latina teen girls at high risk for HIV infection and their parenting adults. Identified factors that contribute to CBOs success in providing effective programs that meet the specific needs of African American and Latino families in promoting positive youth development for their teen girls.

Presentation Number: D08 – 2

Presentation Title: The Use of Coaching as an Innovative Capacity Building Strategy

Author(s): *Rodriguez, LE; Ritchie, AS; Vega, MY*
Latino Commission on AIDS, New York, NY

ISSUE: Capacity Building Assistance (CBA) providers strive to develop new and more effective methods to impart information, skills and tools to agencies delivering HIV prevention programs and services. Evaluating whether the assistance is lasting and sustainable is a challenge. Coaching is a capacity building method employed by Manos Unidas to promote the sustainability of CBA and ensure high quality CBA over time.
SETTING: Manos Unidas provides CBA to Latino-serving CBOs and health departments in the Northeastern region of the US, including Puerto Rico and the US Virgin Islands.
PROJECT: The coaching method developed by Manos Unidas provides HIV prevention providers with extended opportunities to apply the skills learned through trainings, in a non-threatening environment, while CBA providers offer direct feedback. Coaching sessions are intensive, ranging in duration - from a couple of hours to a full day - and format - via teleconference or in person. The role of the coach is to facilitate the learning process through instruction, observation and demonstration; the goal is to extend and enhance the learning experience.
RESULTS: In the last three years Manos Unidas has provided over 100 coaching sessions to Latino-serving CBOs and local health departments. 45% of Manos Unidas' CBA requests have been for coaching sessions on; organizations most often request coaching sessions for: smart goals, logic models, evaluation, quality assurance, recruitment & retention, risk assessment tools, focus groups, program design, group facilitation, ethics, and DEBIs.
100% of coaching participants noted that they were extremely satisfied with the coaching facilitators, the information provided and strategies developed. 100% stated that they were extremely comfortable during the sessions. Furthermore, 96% of participants reported high likelihood that others in their agencies would use the information provided to them during the coaching session. Over 94% noted that their needs were met by the coaching session. One participant noted that "*This is the first time I've experienced a coaching session at a training-it was great!*"
LESSONS LEARNED: Evaluation results confirm the need and effectiveness of providing a coaching session as a

complement of any capacity building activity. Organizations report high level of satisfaction with coaching as a CBA mechanism and CBA providers may use coaching to evaluate their services, tailor services for coaching participants and ensure that organizations are applying the skills and knowledge learned from training experiences.

Presentation Number: D08 – 3

Presentation Title: Building the Capacity of Community Based Organizations to Develop and Sustain Effective Health Interventions.

Author(s): *Forbes, AL*
A.L. Forbes Consulting Services, Boston, MA

ISSUE: The Leadership Team of a nonprofit organization (CBO, FBO or NGO) is fundamental to the ability of an organization to effectively fulfill its mission. Many nonprofit organizations lack a systematic approach to address internal and external problems that negatively impact operations. Current funding for HIV/STI prevention and care is being targeted to organizations (CBOs, FBOs and NGOs) with a developed infrastructure and the capacity to effectively manage organizational resources. The for profit businesses industry has identified methodologies to mitigate loss of time and increase organizational resources.
APPROACH: To remain competitive, it is important for nonprofit entities to adopt the best practices of for profit businesses in order to conduct organizational assessments and implement management styles that improve the quality of their services and enhance accountability: Developing Organizational Procedures & Policies, diversifying funding sources, implementing 360 degree evaluation models etc.
ACTIVITY: The workshop is intended to discern the roles and responsibilities of the Leadership Team and increase the capacity of the board to govern and the Executive to manage. Participants will understand the fundamental need for instituting policies and procedures that promote the organization's capacity and collaboratively accomplish the Mission and Vision of the organization. It is important for the Leadership Team to concur on the qualities and responsibilities of shared leadership. Together the Leadership Team identifies the challenges and barriers facing the organization and develops a strategic plan to increase organizational capacity: productivity and sustainability.
RESULTS: The facilitator will identify various tools, for example SWOT, SMART Objectives, Logic Model, and Six Sigma, to assist Leadership Teams analyze the agency capacity and create strategic plans. The workshop will also provide participants an opportunity to network with individuals from across the country and share promising practices. With the tools provided participants will be able to conduct an organizational analysis, to identify areas in need of change and to develop measurable agency wide work plans to address their current challenges. The development of agency wide work plans will be essential for the Leadership Team to address the existing problems. To be successful organizations must develop and execute a realistic and cohesive plan, which involves working with individuals from the board, the staff, volunteers and the community stakeholders.

Presentation Number: D08 – 4

Presentation Title: Engaging African American Communities to Develop Capacity and Maximize Prevention

Author(s): *Dunham, M*
AIDS Institute, New York, NY

ISSUE: : In New York, HIV infection in African American communities is rising, specifically for African American women, and African American men who have sex with men. In addition, African Americans with HIV face particular health challenges. A broader spectrum of providers and community stakeholders need to discuss how to create more effective prevention and care services for African Americans, how to collaborate effectively with NYSDOH, HIV/AIDS service organizations, faith, business, and social organizations, and how to develop policies to maximize diminishing resources.
SETTING: A statewide intervention bringing together a range of traditional and non-traditional partners to a capacity building forum on HIV/AIDS and its impact on the African American communities in Poughkeepsie, NY.
PROJECT: The process for developing a capacity building forum to address the HIV/AIDS in African American communities was critical to achieving desired outcomes for policy and program development at the state level, interventions at local levels statewide, and for the development of partnerships and collaborations between African American HIV service providers and non-traditional community stakeholders. Forum development included an internal planning group, regionally-based focus groups to identify concerns of target populations, staff training to facilitate forum discussions, and additional activities.
RESULTS: The African American HIV/AIDS Forum convened 235 persons: people living with HIV/AIDS, researchers; medical, mental health, and other service providers; faith leaders, state, local, and federal officials, and

community-identified stakeholders. Grouped at tables of ten that reflected participant diversity, participants responded to pre-determined questions led by trained facilitators. Each table discussion and outcomes were recorded as constructive and specific action steps. Participant evaluations were collected and short and long term action steps are being evaluated.
LESSONS LEARNED: Conducting community focus groups in advance to identify issues and develop forum questions was critical. Community outreach earned positive attitudes for participation, and imparted the serious intent of organizers to address this important topic. Careful planning, incorporating culturally specific and holistic concepts, led to a productive forum where many ideas were generated. New collaborations, the acknowledgement of the role and importance of non-traditional community stakeholders, and ongoing dialogue between the AIDS Institute and African American communities are key to more comprehensive, inclusive, and meaningful approaches. Future products may include policy/program design incorporating community collaborations, and resource redirection to capacity building.

Track D
D22 – Developing Community Coalitions
Session Location: REGENCY BALLROOM V – (Hyatt Hotel – Ballroom level)

Presentation Number: D22 – 1

Presentation Title: Aids Service Center NYC, Peer Education, and University Collaboration

Author(s): *Lemay, HR*[1]; *Berman, D*[2]*; Lopez, D*[2]
[1]Stony Brook University, Stony Brook, NY; [2]AIDS Service Center of New York City, New York, NY

ISSUE: How can an AIDS Service Center: (a) utilize its own clients as Peer Educators to work with communities to which they are indigenous on outreach and prevention education, and (b) benefit the well being of Peer Educators by improving their quality of life and providing opportunities for higher education?
SETTING: AIDS Service Center of New York City and Stony Brook Manhattan. Intended audience is Peer Educators, High School Students and College Students.
PROJECT: ASCNYC has an extensive Peer Education and Capacity Skills Training program that infuses every aspect of our programming and forms the "heart and soul" of our agency. The program provides skills, opportunities, and services for active and recovering substance users, women, ex-offenders, and other at-risk, underserved populations.
Each year, through paid internships, mentoring, support groups, and other services, ASC sponsors 40-50 trained Peer Educators who serve as inspiring examples of the possibility of change in communities at risk. Peer-delivered services directly benefit high-risk communities because ASC's Peer Educators are extensively trained to provide culturally- and linguistically-appropriate information, education, and services in communities to which they are indigenous. The peers are powerful role models of recovery - inspiring the individuals they reach with living examples of positive change.
Becoming a Peer Educator directly benefits Peer Educators' own well-being. Not only are peers empowered to take control over and improve their quality of life by improving their health, sustaining long-term recovery from substance abuse, and developing marketable skills, they are also provided with the opportunity for college credit from Stony Brook University. Peers may register free of charge for courses at Stony Brook Manhattan that focus on the History of Medicine with a special comparison to HIV/AIDS. The college courses provide training in analytic skills, writing, and public speaking. These courses also have an important impact on community members outside of ASC - college and high school students who are registered along with the Peers. The Peers serve as "experts" on HIV in the college classroom, and present a new perspective on the experience of HIV/AIDS to their fellow students.
RESULTS: In 2006, ASC Peer Educators conducted 2,820 community outreach initiatives reaching 18,499 New York City Residents. More than 40,000 condoms and safer sex kits were distributed to men and women at risk during these outreach efforts.
More than 20% of ASC's full-time staff is former clients or Peers, attesting to ASC's Success in helping to transform he lives of those we serve. During the 2005-2006 academic years, 15 Peers registered in courses on AIDS and the Social History of Medicine and Medical Ethics, earning college credit. There were 50 high school and college students registered in these courses, who were able to learn from the Peers.
LESSONS LEARNED: Peer Educators, who are themselves models of recovery from substance abuse, etc., can have an important impact on HIV prevention in the community, and they can further their recovery by partnering with a University for higher education opportunities.

Presentation Number: D22 – 2

Presentation Title: Building Dynamic Coalitions at a Local Level: Challenges and Lessons Learned

Author(s): *Mysoor, SN*; *Bermudez, C*; *Kumar, B;*
Asian & Pacific Islander Wellness Center, San Francisco, CA

ISSUE: San Francisco-Bay Area continues to be the HIV epicenter amongst Asians and Pacific Islanders (A&PIs) yet few accessible culturally appropriate HIV services exist. This gap is coupled with the need for increased leadership & acceptance around HIV & sexuality within the A&PI community.
SETTING: County-level coalition-building, needs assessments, and capacity building assistance (CBA) services have been implemented in the outer counties of San Francisco and include Santa Clara, San Mateo, and Alameda Counties (urban and suburban settings).
PROJECT: Fostering Leadership for Asians & Pacific Islanders through Research and Evaluation (FLARE) is a federally-funded demonstration project aimed at fostering leadership around HIV/AIDS issues among A&PI leaders, providers and stakeholders in 3 counties. Targeted HIV CBA services are provided using a 2-fold approach: 1) Increasing community leadership and promoting closer community and provider networks with the formation of County Collaborative (CCs) and 2) implementation of community needs assessments to identify service gaps and inform CBA delivery.
RESULTS: Each county will be presented as a case study to illustrate how the FLARE model was adapted according to each county's existing resources and needs. FLARE has found in counties with fewer resources such as Santa Clara, the degree of collaboration between members is much higher and networking occurs more. The coalitions here have taken ownership and leadership of HIV in A&PI communities which have engaged new types of collaborations amongst service providers, community planning groups and the health department. FLARE will also share its experience working in counties that are higher resourced and more fractured showing that coalition frameworks are at times, not possible due to historical experiences in the county
LESSONS LEARNED: Community coalition-building is a complex, time-intensive and costly process and requires strong commitment from members. Specifically, coalition-building on a local level around HIV issues looks very different from larger national coalitions because of local interests, leadership and available resources. Collaborative have provided unique opportunities to interface with groups that have been largely detached from the HIV prevention and care arena. It creates an intentional space to strengthen provider networks, build leadership, and address service needs specific to local communities.

Presentation Number: D22 – 3

Presentation Title: Lessons from the Field: A Three Year Assessment of Community Based Organizations' Acceptability of the Coalition Development CBA Training

Author(s): *Rucker, T*; *Gipson, J*
My Brother's Keeper Inc, Ridgeland, MS

ISSUE: Community health professionals attend numerous meetings or conferences and assume that they understand everything it takes to address the issues facing HIV/AIDS in the African-American community. But the issues related to HIV/AIDS are as complex and diverse as the disease itself. Often, in an attempt to provide all the answers for their community regarding HIV/AIDS, organizations fail or, perhaps worse, flounder. To avoid this type of experience, people and organizations need to sharpen the skills that are necessary to build and maintain coalitions.
SETTING: A one-day skills building course is provided nationwide to community health professionals attempting to form coalitions increase access to testing and counseling services in African-American communities.
PROJECT: The Coalition Development Strategies course is designed to assist community Health organizations in the development and maintenance of coalitions that address the HIV testing and counseling needs of the African American community. Teaching strategies include lecture, group discussion, and group activities. Participants are given a step- by -step activity manual which can ultimately serve as a guide for effective Coalition development. This roundtable will (1) discuss course description and core elements, (2) provide quantitative and qualitative data on target population, and (3) provide a review of the successes and barriers faced in conducting this skills building course over a three year period.
RESULTS: The "Coalition Development" skills building course has been delivered in 6 states to a total of 19 community health organizations. Quantitative evaluations data indicate that 96.2% of the participants feel they can apply the steps learned and 90.4% of participants plan to utilize information obtained in this course to form and maintain coalitions in their communities. Data derived from 3, 6, and 9 month follow-up data indicate that 79.5% of the participants who responded to the questionnaire have applied the steps in forming a coalition and 38.6% have either implemented or joined an HIV prevention coalition as a result of participating in this course

LESSONS LEARNED: Community health organizations that participated in this workshop gained a clear understanding of the advantages of collaborating to increase testing and counseling services for the African-American community. Providing community health organizations with a systematic approach to planning organizing, and implementing coalitions has implications for targeting prevention efforts, service integration, and non-duplication of services. As a result of the participants working together in "mini-coalitions, community health professionals had the opportunity to network, share ideas, and discuss creating linkages to create a continuum of services in their respective communities.
Learning Objectives: Participants will discuss course description and core elements of the Coalition Development Strategies skills building course. Participants will be given quantitative and qualitative data derived from the implementation of this skills building course. Participants will be able to discuss the success and barriers in the implementation of the Coalition Development Strategies skills building course.

Presentation Number: D22 – 4

Presentation Title: Working with a Regional Coalition to Improve STD and HIV/AIDS Prevention and Control in Northern Plains Tribal Communities

Author(s): *Drobnik, AM*
Northern Plains Tribal Epidemiology Center, Rapid City, SD

ISSUE: Tribal communities in the Northern Plains states are disproportionately impacted by HIV and other STDs. There is a need for communication and collaboration between state departments of health, Indian Health Service (IHS) and Tribal programs to improve in order to address this issue.
SETTING: Northern Plains Tribal communities, served by the Aberdeen Area Indian Health Service, are spread over a wide geographic area in four states. Communities are very rural and isolated, with poor access to health services.
PROJECT: The Aberdeen Area STD/HIV Task Force was formed to improve collaboration and communication between state departments of health, IHS and the Tribes. In 2006 the group began work on a regional strategic plan that addresses clinical and community HIV and STD prevention and control activities at the tribal, state and federal level. To create the plan, the task force worked as a group to define a common goal and identify challenges, unmet needs and available resources. To write the plan the task force coordinator (presenter) used results of an area-wide needs assessment and held individual interviews with members and other community stakeholders, in addition to regular task force conference calls.
RESULTS: The coalition has been able to address areas of health disparity beyond STDs and HIV/AIDS such as methamphetamine use and hepatitis C, is increasing partnerships between entities, and is working to overcome challenges presented by scarce resources. The group is currently working on implementation of the plan.
LESSONS LEARNED: Multiple methods of soliciting input had to be utilized to represent all parties and view points. Ongoing regular communication with task force members and involvement of community stake holders beyond the task force has been key in moving the plan into implementation.

Track D
D27 – Sustaining HIV Prevention Programs
Session Location: INTERNATIONAL BALLROOM NORTH – (Hyatt Hotel – International level)

Presentation Number: D27

Presentation Title: Ensuring Sustainability of HIV Prevention Programs Through Public and Private Partnerships

Author(s): *Sy, FS; Rivera, J; Schenker, I*
NIH, Bethesda, MD

ISSUE: HIV prevention programs are facing increasing pressures to diversify funding bases and collaborate with other providers and funding sources to ensure that successful initiatives are sustained over time.
KEY POINTS: Various collaborative funding mechanisms and partnerships among funding agencies must be explored to ensure sustainability of HIV prevention programs. This panel session will explore and discuss how various funding agencies can collaborate in funding and ensuring sustainability of HIV prevention programs. The

panelists will discuss it from governmental (state and Federal levels) and non-governmental (private foundations and community-based organizations) perspectives. Collaborative funding mechanisms among Federal agencies will be discussed. Public-private partnerships in sustaining HIV prevention efforts will be explored, as well as strategies that can be used by HIV service providers seeking funds.
IMPLICATIONS: Collaborative funding mechanisms among various public sector and private partners will be identified. Innovative public and private partnerships among various governmental and non-governmental funding agencies can help enhance sustainability. HIV service providers can think beyond serial same-source grants to creative resource development that ensures that important services are maintained and improved over time.

Track E
E04 – Moving Towards Comprehensive Sexual Health Among MSM: The Next Steps?
Session Location: INTERNATIONAL BALLROOM SOUTH – (Hyatt Hotel – International Ballroom level)

Presentation Number: E04 – 1

Presentation Title: A Policy Level Approach to Addressing HIV/AIDS Prevention and Care Issues for Gay Men/MSM

Author(s): *Laqueur, PA*[1]; *O'Connell, D*[2]; *Small, A*[2]; *Walston, B*[2]
[1] New York State Department of Health / AIDS Institute, New York, NY; [2] New York State Department of Health / AIDS Institute, Albany, NY

ISSUE: In New York, HIV infections and syphilis incidence in MSM are rising, especially in communities of color and among youth; and men with HIV face new health challenges. A broader spectrum of providers need to discuss how to develop more effective prevention and care services for gay men/MSM and policies to maximize diminishing resources.
SETTING: A statewide intervention bringing together a range of traditional and non-traditional partners to a policy forum on HIV/health issues for gay men/MSM in Albany, New York.
PROJECT: The process for developing a policy forum to address the HIV and other health-related needs of gay men/MSM was critical to achieving desired outcomes for policy development at the state level toward interventions at local levels statewide. Forum development included an internal planning group; regionally-based focus groups to identify concerns of target populations; staff training to facilitate forum discussions; and more.
RESULTS: The Gay Men's/MSM Forum convened 235 persons: diverse gay men/MSM; researchers; medical, mental health, other service providers; faith leaders; state, local, federal officials; and internet providers. Participants attended two of eight discussion groups: service access, mental health, service models/interventions, sex/drug use, generational issues, policy/advocacy, stigma/social isolation and holistic health. Discussion outcomes were constructive action steps not just problem identification. Participant evaluations were collected and evaluation of actions implemented will be done both short and long term.
LESSONS LEARNED: Reaching pre-forum community-level audiences to identify key discussion topics in advance was critical. Outreach earned positive attitudes for participation and the serious intent of organizers to address this important topic. Careful planning led to a productive forum where many ideas were generated. Content identified that many issues are the same for gay men/MSM regardless of location, age, race or ethnicity, but different approaches, materials and resources are needed to be most effective. HIV prevention and care need to be in the context of the overall health issues of gay men/MSM. New collaborations/constituencies are key to comprehensive and meaningful approaches. Future products may include policy/program design, resource redirection and new ways to address stigma/discrimination.

Presentation Number: E04 – 2

Presentation Title: HIV-Infected Men Who Have Sex with Men's Attitudes About Discussing Safer Sex with Their Medical Providers: Opportunities and Challenges

Author(s): *Mayer, KH1,*[2]; *O'Clerigh, C*[1,3]; *Leidolf, E*[1]; *Grasso, C*[1]; *VanDerwarker, R*[1]; *Safren, S1,*[3] - Kenneth H. Mayer, MD, Fenway Community Health, Boston, MA Brown University/Miriam Hospital, Providence, RI, Conall O'Clerigh, PhD, Fenway Community Health, Boston, MA Harvard U/Massachusetts General Hospital, Boston, MA,,

Esther Leidolf, MS, Chris Grasso, MPH, Rodney VanDerwarker, MPH, Fenway Community Health, Boston, MA, Steven Safren, PhD, Fenway Community Health, Boston, MA Harvard U/Massachusetts General Hospital, Boston, MA.

OBJECTIVE: The incorporation of discussions about HIV prevention into the primary health care of HIV-infected people has been proposed as a way to decrease new transmissions. The current study examined the relationship between transmission risk behaviors, sexually transmitted infections (STI) and HIV-infected MSM perceptions of the extent to which HIV prevention was part of their primary health care. This study was conducted at a large Boston HIV care center with participants when they were screened for inclusion in a prevention intervention.
METHODS: Participants (n = 304) were tested for STI, and completed a computer-assisted behavioral risk and psychosocial assessment. Sexual transmission risk was defined as engaging in unprotected anal intercourse (UAI) with HIV-uninfected or unknown status partners in the past 3 months. Clinical information was extracted from medical records. Odds ratios associated with UAI and STI were calculated using binary logistic regression. Participants rated the extent to which they endorsed (1 = strongly disagree, 3 = neither agree no disagree, 7 = strongly agree) six statements relating to the incorporation of HIV prevention counseling into their primary care appointments.
RESULTS: The cohort was predominantly Caucasian (76%) with an average age of 42.1 years (sd = 8.82), well educated (50.5% were college graduates). The mean CD4 cell count was 547 (sd = 314) and the mean plasma viral load was 13,579 copies/ml (sd = 51,212) (62% had undetectable viral loads); 23% were treatment naïve and 68% were currently taking ART. The average length of time since diagnosis was 9.2 years (sd = 6.5). More than 1 in 7 men (14.8%) had new STI diagnosis in the 6 months prior to screening and . Only 1/3 indicated they talked about the risk of transmitting HIV to others with their providers. Men who did not agree that safer sex discussions should be part of primary health care were more likely to have had a recent STI (OR = 2.4, CI 1.4 - 5.4). Men who said they had not discussed the risks of re-infection during their primary health care providers were more likely to report UAI in the previous 3 months (OR = 1.7, CI 1.1 - 2.8). Men who felt that their providers did not assume they always used condoms were more likely to report both HIV transmission risk (OR = 2.3, CI 1.4 - 3.8) and STIs (OR = 3.2, CI 1.6 - 6.1). Men who thought that discussing sex with one's health care provider was not appropriate, indicating that it was a private matter, also tended to be riskier (p = .08).
CONCLUSIONS/IMPLICATIONS: These results suggest that HIV-infected MSM who are disinclined to discuss prevention issues with their health care provider and/or for those who feel that prevention is not currently part of their primary health care may be at increased risk for transmitting HIV to others and at greater risk for STIs.

Presentation Number: E04 – 3

Presentation Title: MSM Discrimination and AIDS Prevention in the USA

Author(s): *Menon-Johansson, AS*[1]; *Makadon, H*[2]*; McGuire, JF*[3]
[1] Harkness Fellow - The Commonwealth Fund, MPH Candidate Harvard School of Public Health, Boston, MA; [2]Associate Professor of Medicine, Harvard Medical School, Director for Education, The Fenway Institute, Fenway Community Health, Boston, MA; [3]Lorraine Snell Visiting Professor, Institute on Urban Health Research, Bouve College of Health Sciences, Northeastern University, Boston, MA

Introduction: One of the most concrete examples of discrimination against men who have sex with men (MSM) in the USA have been state sodomy laws. Thirteen states had active sodomy laws when the Supreme Court deemed them unconstitutional in 2003. The associated stigma has been proposed to create barriers to MSM accessing HIV/AIDS prevention services[1]; however, few studies have been able to quantify its impact on prevention programs. We therefore utilized an ecological study to evaluate AIDS prevention programs to test the impact of sodomy laws.
METHODS: AIDS cases in adolescent and adult men for each state and the District of Columbia were obtained from the Center for Disease Control and Prevention (www.cdc.gov/hiv). The changes in AIDS cases over the years 1995-2003 were fitted by Poisson regression to obtain the incidence rate ratio (IRR) for each state. The percentage of AIDS cases linked to MSM in 2005 were obtained from the Kaiser Family Foundation (www.statehealthcarefacts.org). The relationship between IRR, AIDS cases in 1995, and AIDS cases linked to MSM were determined using linear regression.
RESULTS: Between 1995 and 2003 AIDS cases in states with sodomy laws were reduced on average 1.55% per year less than in those that did not have sodomy laws (IRR (95% CI) 0.9154 (0.9132 , 0.9175) versus 0.8999 (0.8984 , 0.9013) respectively p = 0.000). There was no correlation between the IRR and the AIDS cases in 1995 in men (r = -0.084, p=0.560) or AIDS cases linked to MSM (r = -0.167, p=0.240).
CONCLUSION: States with sodomy laws were less effective at reducing AIDS cases between 1995-2003. The ability to prevent AIDS was unrelated to the number of AIDS cases in 1995 or AIDS cases linked to MSM. The removal of sodomy laws represented an important step in reducing MSM discrimination in the USA but these laws are still present in many countries around the world. While more research is needed to confirm the role of stigma in AIDS prevention, these results support the case to make international HIV / AIDS funding conditional upon the removal of

discriminatory laws against MSM.

Presentation Number: E04 – 4

Presentation Title: Life in Our Skin – The Duality of Same Gender Loving Gay Bi Down Low Men of Color

Author(s): *Floyd, DS*
South Beach AIDS Project, Miami Beach, FL

This workshop is meant to begin an open dialogue amongst men of color and those working with them to discuss and uncover myths surrounding dual identities with this population. Through interactive exercises we will discuss the topics that follow in an attempt to deconstruct the perceived barriers and myths in community building amongst Same Gender Loving Men of Color. At the conclusion of workshop we hope individuals in attendance will become familiar with issues that face many SGL men of color in the South East specifically Miami and Miami Beach, FL.

Track E
E10 – HIV Prevention Policies Related to Youth and School Health Education
Session Location: HANOVER F/G – (Hyatt Hotel – Exhibit Level)

Presentation Number: E10 – 1

Presentation Title: HIV Prevention Policies and Programs in Schools – United States, 2006

Author(s): *Brener, N; Kann, L*
DASH/CDC, Atlanta, GA

BACKGROUND: Because more than 95% of 5-17 year-olds are enrolled in school, schools can reach nearly all youth, and are therefore in a unique position to provide HIV prevention programs and services. This study provides a comprehensive assessment of HIV prevention policies and programs in states, school districts, and schools in the United States.
METHODS: The School Health Policies and Programs Study (SHPPS) is conducted every six years, most recently in 2006. It is the biggest and most comprehensive assessment of school health policies and programs ever undertaken in the United States. Computer-assisted telephone interviews were conducted with state education agency personnel in all 50 states plus the District of Columbia and among a nationally representative sample of school districts (n=538). Computer-assisted personal interviews were conducted with a nationally representative sample of elementary, middle/junior, and senior high schools (n=1103), and with a nationally representative sample of teachers of required health education courses/classes (n=967).
RESULTS: Newly released results from SHPPS 2006 will be presented. Specifically, data will be presented on the percentage of states, districts, and schools requiring HIV prevention education, and the percentage of required health education courses/classes that teach specific topics related to HIV prevention, including abstinence and condom efficacy. Results also will include the percentage of states and districts that provided model policies and staff development on HIV prevention for school personnel during the two years preceding the study, and the percentage of school faculty and staff that received such staff development. Data also will be presented on the percentage of states and districts that require services related to HIV prevention, including HIV testing, counseling, and referral, and the percentage of schools that provide such services.
CONCLUSIONS: Only by understanding the extent to which schools nationwide are implementing HIV prevention policies and programs can we understand where best to target efforts to improve the quality and coverage of these policies and programs to help reduce HIV infection among youth.

Presentation Number: E10 – 2

Presentation Title: Prevention Policies for Young Nigerian Girls

Author(s): *Nwachukwu, IC* - Women and Youths Development Initiative Foundation, Nigeria, Owerri, Nigeria - Immaculata C. Nwachukwu, BS

The study investigated the effect of formal education of the “Girl Child” as means of reducing HIV/AIDS infection in

Nigeria. It examined the issues of gender as it affects HIV/AIDS prevention in Nigeria. The paper studied the relationship between the Girl child formal education and prevalence of HIV/AIDS infection among young females. The study observed that lack of formal education as one of the driving forces behind the spread of HIV among young women. The HIV infection rate in Nigeria was found to be three to five times higher among young females than the males. The study found that the disparity could be partly explained by biological, social and cultural factors that make young females more vulnerable to HIV. The study found that in the Nigerian society culturally, young women lack the ability to express their wishes regarding their sexuality, their choice of sexual partner and the ability to demand for protected intercourse. Based on these, it was recommended that in Nigeria, formal education should be extended to every Girl Child.

Presentation Number: E10 – 3

Presentation Title: From Paradigm to Genuine Engagement: Listening to Sex Educators on HIV Prevention

Author(s): *Joy Robinson-Lynch*
Massachusetts Department of Education, Malden, MA.

ISSUE: Well-intentioned policy makers may make decisions without taking into account the realities of local situations. Community boards and other stakeholders may suggest HIV prevention strategies and programs based on documented need, but they could also account for the realities of the delivery of those services. Getting input from the field can empower local providers and improve outcomes.
KEY POINTS: The facilitator will present and discuss the process and results of a statewide listening tour conducted by The AIDS Advisory Panel (AAP) of the Massachusetts Department of Education and a concurrent survey of students conducted by the Teen Pregnancy Prevention Program at the Massachusetts Department of Public Health. Teachers discussed the environment in their community for providing quality sexuality education. They reported having less time for health education in general and a lack of support for keeping sexuality in the curriculum. Students wrote their opinions on the sexuality education programs in their schools and their wish for more information and engagement. The goal was to discover the nature of the assistance teachers need in order to deliver effective comprehensive sexuality education that meets the needs of their students. A report that reviewed existing data on student risk, voter opinion, and current practices in light of the testimony of those affected by policies was issued and shared with the Commissioners of Education and Health and Human Services and with the Massachusetts Board of Education
IMPLICATIONS: Communities can make persuasive cases for increased prevention activities by collecting existing data and connecting it to local issues. Including the ideas and perceptions of those most affected can improve policy planning and re-engage providers.

Presentation Number: E10 – 4

Presentation Title: Strengthening Public and Community Partnerships to Benefit LGBT Youth in Public Schools

Author(s): *Kern, NS*
Hawaii Department of Health, Honolulu, HI

ISSUE: In Hawaii, there is a documented history of bullying and harassment of students in public schools, particularly of lesbian, gay, bisexual, transgender and questioning (LGBTQ) students. The 2005 Hawaii Youth Risk Behavior Survey reported that approximately 15% of students were harassed one or more times in 2004 because someone thought they were gay, lesbian or bisexual. There is also research documented by national agencies, such as the Anti-Defamation League, linking victims of bullying and harassment to poor school outcomes.
SETTING: Collaboration at Hawaii Department of Education (DOE) sites among DOE staff and community-based individuals and agencies.
PROJECT: Representatives of community-based agencies (CBOs) that advocate for sexual minority youth have been collaborating intermittently with DOE administrators in Hawaii since 1990 to promote an environment of safety and well-being in Hawaii's public schools. Results have been mixed, with some progress but also frustration that issues related to harassment and discrimination of LGBTQ youth in schools were not being addressed in a timely manner. A more positive outlook developed with passage of "Chapter 19" in 2002. This law protects students from harassment and discrimination in Hawaii's public schools. With the support of this legal mandate, representatives of CBOs approached the DOE Superintendent of Schools in 2005 with the proposal that a coalition be formed with DOE staff to develop policies and recommendations regarding decreasing harassment and discrimination of LGBTQ youth in Hawaii's public schools.
RESULTS: The Safe Schools - Community Advisory Committee (SS-CAC) began meeting in March 2005 to

"provide input to the DOE regarding the implementation of prevention strategies and interventions to ensure the safety and well-being of all students in Hawaii's public schools". The membership of the SS-CAC consisted of twenty community representatives who work with and advocate for youth at-risk for bullying and harassment in public schools. DOE staff attended meetings to provide background information and input into discussions. The content of the meetings included topics as challenging as a presentation by a gay youth who had been the victim of bullying in her public school, and several discussions regarding current DOE policies and strategies to assist SS-CAC members to understand the issue of harassment in Hawaii's public schools. This process resulted in the development of a Report that will be presented to the Superintendent of Schools in June 2007. This Report contains policies and recommendations that address bullying and harassment in Hawaii's public schools within the following 5 areas: Policies and Procedures, Reporting and Data Collection, Compliance Monitoring, Training and Curricula, and Community Involvement. This Report will provide the foundation for the development of school environments in which LGBTQ youth feel safe, secure and respected, free from bullying, harassment and discrimination.
LESSONS LEARNED: A coalition of public and non-profit agencies can be an effective strategy for addressing bullying and harassment of LGBTQ youth in public schools. Both DOE and non-profit agency staff can gain from participation in a process that encourages collaboration and learning from the perspectives of others, and that ultimately benefits LGBTQ youth in public schools.

Presentation Number: E10 – 5

Presentation Title: Improving School Environments for LGBTQ Youth as an HIV Prevention Strategy: Reports from Seattle, Los Angeles, and the American Psychological Association

Author(s): *Tomlinson, H*[1]; *Coyle, K*[2]*; Loya, R*[3]
[1]American Psychological Association, Washington, DC; [2]ETR Associates, Scotts Valley, CA; [3]Los Angeles Unified School District, Los Angeles, CA

ISSUE: Lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth are at elevated risk for a variety of health and mental health problems, including increased emotional distress, more frequent and heavier use of alcohol and drugs, earlier sexual debut, and increased sexual risk taking. These outcomes are associated with disproportionate rates of HIV infection among LGBTQ young people. Working with and through education agencies to improve school environments for LGBTQ youth affords an opportunity to reduce risk factors associated with HIV infection and promote protective factors associated with HIV prevention.
SETTING: Programmatic, policy, and curricular initiatives to create safe and supportive school environments for LGBTQ youth have been implemented in the Seattle Public Schools (Seattle, WA), Los Angeles Unified School District (Los Angeles, CA), and with pupil services personnel across the country (American Psychological Association).
PROJECT: (1) Seattle Public Schools has supported the formation and activities of gay-straight alliances (GSAs) and support groups in high schools, created LGBTQ-related bibliographies for elementary, middle, and high school students; placed LGBTQ books in all school libraries; provided trainings for principals and staff on harassment and bullying; and adopted anti-harassment and equal opportunity policies that include sexual orientation and gender identity.
(2)The Los Angeles Unified School District (LAUSD) has enacted numerous initiatives to ensure its schools meet the needs of LGBTQ youth. In 2005, LAUSD developed *Sexuality and Society*, a supplemental textbook for use in 9th grade health classes. The text includes a chapter entitled "The Diversity of Relationships" that addresses sexual orientation, gender identity, the impacts of discrimination, myths and misconceptions about LGBTQ young people, and understanding differences.
(3)The American Psychological Association's (APA) Healthy Lesbian, Gay, and Bisexual Students Project provide professional development and other capacity building assistance to education agencies across the country. APA developed and administers a 6-hour training workshop for school-based counselors, nurses, psychologists, and social workers to strengthen their capacity to provide direct services to LGBTQ youth and to make systemic changes that encourage supportive school environments.
RESULTS: Formal evaluation of Seattle Public Schools' programs has indicated that among students participating in GSAs, 90% felt safe at school, 83% reported feeling connected to the GSA, 58% felt connected to other people at school, and that 66% reported that they felt like they were a part of the school community. LAUSD has purchased more than 12,000 copies of *Sexuality and Society*. By June 2007, more than 24,000 9th graders will have used the LGBTQ-inclusive supplement in their compulsory health classes. APA has provided more than 40 professional development workshops to 1,137 school professionals who serve an estimated 954,000 students. Workshop evaluations indicate significant changes in attitudes toward and provision of services to LGBTQ youth.
LESSONS LEARNED: Programs, policies, and curricula that support the creation of safe, affirmative, and equitable school environments for LGBTQ youth address important factors associated with risk for HIV infection. Efforts to

improve LGBTQ students' well-being and connections to schools and others can be realized and should be valued for their unique, if oblique, contributions to HIV prevention.

Track E
E12 – Public Health Research, Policy and Practice to Eliminating Health Disparities and Improving Health
Session Location: COURTLAND – (Hyatt Hotel – Atlanta Conference Center level)

Presentation Number: E12 – 1

Presentation Title: NBLCA Leadership Mobilization Model

Author(s): *Levine, DA*
National Black Leadership Commission on AIDS, New York, NY

ISSUES: Despite nearly two-decades of fighting HIV/AIDS, the disease continues to spread and devastate African Americans communities at an alarming rate. In 2005, African Americans accounted for 22,030 (50%) of the estimated 44,198 AIDS cases diagnosed in the United States. The impact of HIV/AIDS in African American communities is co-mingled with impoverished economic and sociopolitical conditions. Therefore interventions employing multi-level strategies and involving community partnerships or coalitions should be considered. This presentation will describe the stages and core steps of the Leadership Mobilization Model as well as findings from the implementation of the model in nine cities Buffalo, Rochester, Syracuse, Albany and Hempstead in New York State as well as three other cities; Atlanta, Baltimore, and Detroit.
PROJECT: The NBLCA Leadership Mobilization Model is structured to stimulate change through mobilization, education and coordination of indigenous Black leaders, (in all strata of community life) to establish coalitions for the purpose of fighting HIV/AIDS in their communities. NBLCA works with local leaders to: 1. Create linkages and collaborations with African American leaders from the political, medical, religious, business and medical professions; 2. Provide community organizations with access to and participation in public policy decisions that impact HIV/AIDS prevention and treatment; 3. Increase resources to support HIV prevention and treatment programs; 4. Strengthen cultural sensitivity and reduce stigma through media advocacy; and 5. Increase collaborations among community organizations/stakeholders and Health Departments.
METHOD: There are two stages in the model. The first stage is carried out by the National office (NBLCA). NBLCA targets cities with a high proportion of HIV/AIDS cases and actively engages African American leaders in dialog, working with them to assess HIV/AIDS related needs of their communities and encouraging them to initiate coalitions or NBLCA affiliates. The second stage is carried out by the established affiliate whose members establish working committees. The committees jointly develop and implement community action plans aimed to increase access to and utilization of HIV testing and HIV/AIDS prevention and treatment services.
RESULTS: A mixed method approached has been employed to monitor and track the mobilization of leaders, the establishment of affiliates and implementation of the project. A qualitative analysis of program documents and in-depth interviews has informed our understanding of the process of mobilization. Results include data on the exposure and uptake of the model, description of participants and lessons learned. Each of the target cities have established an affiliate and are engaged in HIV/AIDS related activities. Successes and challenges of affiliate work will be discussed. Examples of successes include the following: The New York affiliate helped the New York State Legislature to unanimously adopt a Resolution that led to the creation of $3 million dollars in HIV/AIDS funding targeting minority communities.

Presentation Number: E12 – 2

Presentation Title: Public Health Responses to the HIV Epidemic Among BMSM: Examplars and Next Steps for Prevention

Author(s): *Wilson, P[2]; Moore, T[1]; Castner, K[3]; Foust, E[4]; Perez, M[5]* - [1]National Alliance of State & Territorial AIDS Directors, Washington, DC; [2]Columbia University, Mailman School of Public Health, New York, NY; [3]Maryland Department of Health & Mental Hygiene, AIDS Administration, Baltimore, MD; [4]North Carolina Department of Health & Human Services, HIV/STD Prevention & Care Branch, Raleigh, NC; [5]Office of AIDS Programs & Policy, County of Los Angeles Public Health, Los Angeles, CA

ISSUES: Black men who have sex with men (BMSM) are disproportionately impacted by HIV/AIDS in the U.S. Data from a CDC-sponsored multisided study of MSM showed that almost half of BMSM who were tested were HIV-positive. Interventions targeted toward BMSM are greatly needed in order to effectively combat the epidemic. The proposed group oral session will explore the responses of U.S. public health departments and CBOs to local HIV epidemics among BMSM, focusing on major themes identified in analyzing data from the project. An overview of findings from a survey of 47 state and locally funded health departments will be presented, and themes from interviews with stakeholders in ten states with high HIV incidence among BMSM will be highlighted. Also, in separate presentations by AIDS Directors representing jurisdictions from the East, West, and South, we will explore each theme in detail, using examples from each presenting agency.
SETTING: The National Alliance of State & Territorial AIDS Directors (NASTAD) implemented a survey of U.S. state and local health departments (N=47), and conducted interviews with over 50 state & local AIDS Directors, health department staff, and leaders of community-based organizations (CBOs) representing ten high HIV incidence (among BMSM) jurisdictions: California, Florida, Illinois, Maryland, Massachusetts, Michigan, North Carolina, New York, Texas, and Washington, D.C.
PROJECT: The following presentations will provide detailed examples of three promising "homegrown" interventions that have been developed through support from local public health departments. The goal of the survey was to gauge the level of resources directed toward BMSM, and document prevention activities. Interviews were conducted to supplement the survey findings. Detailed information about individual health departments and the communities they served were gleaned through the interviews with DOH and CBO staff. Likewise, key information on barriers and facilitators to effective prevention & treatment with BMSM, and exemplars of successful intervention approaches, was obtained.
RESULTS: Eighty-six percent of jurisdictions surveyed reported prioritizing interventions for BMSM. However, across jurisdictions, an average of $440,000 went toward prevention activities primarily targeting BMSM. Likewise, only 2.4% of total prevention funds were directed to prevention specifically targeting this population. Funding was most often (56% of jurisdictions) cited as a barrier to prevention, while issues around access to BMSM and stigma were also noted. Several themes were observed to be related effective intervention with BMSM. These themes, which will be described in detail in individual presentations, include: (1) having a comprehensive understanding of the unique epidemiological profile of a DOH jurisdiction, (2) recognizing the potential importance of "homegrown" interventions, and (3) effectively working with and providing support to local CBOs.
LESSONS LEARNED: In spite of funding issues, state and local health departments can engage in efforts to support the development and implementation of promising culturally-based intervention efforts directed toward BMSM. By sharing "best practice" exemplars, this session will provide tools that can facilitate this process.

Presentation Number: E12 – 3

Presentation Title: Socially Contextualized HIV Research for Healthy Communities

Author(s): *Bingham, T*[2]*; Galvan, F*[1]*; Harawa, N1; Kim, J*[1]
[1]Charles R. Drew University of Medicine & Science, Los Angeles, CA; [2]HIV Epidemiology Program, Los Angeles County Dept. of Public Health, Los Angeles, CA

ISSUE/SETTING: The Institute for Community Health Research (ICHR) is a Los Angeles County-based collaborative that focuses its research on HIV and other health disparities among under-served and under-researched populations. ICHR's approach acknowledges the impact of social contexts and community settings on HIV/STD disparities over and above the role of individual-level factors. The Institute is a partnership that brings together the expertise of The Charles Drew University, which focuses on serving disadvantaged populations, building community partnerships and training minority investigators; the RAND Corporation, which contributes to research on HIV policy; and the Los Angeles County Department of Public Health, whose HIV/STD prevention and care resources impact about 28% of the population of California.
PROJECT: The presentations in this session reflect ICHR's innovative method for conducting community-based HIV research that specifically leads to policy and action. Each project focuses on either community contexts or social-support networks that can influence HIV prevention-related behaviors or utilization of care services within underprivileged communities.
RESULTS: Now in its second year, ICHR has launched two major studies the first evaluating the impact of social support networks on engagement in HIV care among publicly insured Latinos and African Americans in Los Angeles County and the second examining how HIV-service access patterns impact the geographic distribution of HIV/AIDS incidence rates and risk factors. The Institute has also funded six pilot projects that investigate ways that community and social structures, such as religious institutions, correctional settings, and friendship networks, impact HIV health disparities.
LESSONS LEARNED: ICHR investigators will present findings from these socially contextualized research efforts

and provide local experiences of implementing such methodologies. Several related topics will be presented, such as the impact of social support networks on engagement in HIV care; the role of the Black church on African American MSM's risk behaviors, substance use, love relationships and connection to family; the influence of incarceration on HIV risk behavior in a jail unit for homosexual and transgender males; and the association between spatial distributions of HIV risk factors and HIV service locations in Los Angeles County, as a measure of spatial equity.

Presentation Number: E12 – 4

Presentation Title: Why We Can't Wait: State and Local Health Departments Response to HIV/AIDS Among African Americans.

Author(s): *Mbajah, J; Moore, T - Terrance Moore, Joy Mbajah*, NASTAD, Washington, DC.

ISSUE: In 2001, the National Alliance of State and Territorial AIDS Directors (NASTAD) released the monograph HIV/AIDS: *African American Perspectives and Recommendations for State and Local AIDS Directors and Health Departments*. The intent of the document was to increase synergy between the public health system and African American communities in order to halt the devastation of HIV/AIDS. As a result of the ever-changing political landscape, and the advent of new technologies, NASTAD is releasing the revised monograph-*Why We Can't Wait: the Tipping Point for HIV/AIDS in African American Communities*. The document seeks to further heighten the response to HIV/AIDS in the African American community by calling for coordinated and decisive action from health departments and the communities they serve.
KEY POINTS: Facilitators will highlight state and local health departments that effectively used the recommended strategies and techniques outlined in the 2001 monograph by allocating additional funding, designing and implementing innovative programming, and dedicating staff and other resources to confront the crisis among African Americans in their jurisdictions.
IMPLICATIONS: In response to the growing HIV/AIDS epidemic among African Americans, the revised monograph has proved successful in encouraging state and local health department to redouble their efforts, enhance their work, refining promising approaches and explore new methodologies and models. Moreover, health departments have cultivated relationships with community partners to create a robust and unified response to ensure access to quality care and treatment for individuals living with HIV/AIDS.

Track E
E13 – Effective Materials Development and Distribution Strategies
Session Location: HONG KONG – (Hyatt Hotel – Embassy Hall level)

Presentation Number: E13 -1

Presentation Title: It's All About Context: Risk is Shaped by Real Life, So Prevention Must Be Too

Author(s): *Anna Forbes, MSS*, Global Campaign for Microbicides, Washington, DC, *Adaora Adimora, MD, MPH*, University of North Carolina, Chapel Hill, NC, *Phill Wilson*, Black AIDS Institute, Los Angeles, CA, *Diana Bruce, MPA*, AIDS Alliance for Families Children and Youth, Washington, DC, *Dazon Dixon Diallo, MPH*, SisterLove, Inc., Atlanta, GA.

ISSUE: The over-representation of African Americans among those living with, and dying from, AIDS in the US is indisputable. Various reports and commentaries issued within the last year by the National Minority AIDS Council, the Black AIDS Institute, leading members of the House and Senate and others have identified key structural causes of this crisis and proposed critical policy changes to address them. To be successful, HIV prevention strategies must resonate with the context of people's lives and respond directly to the structural and collective -- as well as individual -- factors that shape HIV risk at the community level. This roundtable will provide expert dissection of the political, social and cultural factors that put African American communities at disproportionate risk. It will then explore how HIV/AIDS prevention strategies can and must explicitly address these factors, recognizing that individual behavior change strategies cannot be successful if the context in which individuals live remains the same.
Key Points: Social, cultural and economic factors conditioning HIV risk among African American women in the southern US
Structural interventions capable of impacting on these factors and, consequently on risk

KEY POINTS: Denial, stigma and lack of leadership - "why AIDS is getting Blacker"
The future of HIV prevention programming for Black gay men
KEY POINTS: What else "Heightened National Response to the Crisis of HIV/AIDS among African-Americans" really needs. Using each community's own knowledge of structural/cultural impact to inform prevention strategies - what it looks like in action.
KEY POINTS: Prevention work in the rural south - what works, what doesn't and why not?
The future of HIV prevention for African American women
IMPLICATIONS: This roundtable will provoke discussion of the perennial frustration and confusion that many program practitioners and researchers experience when existing prevention approaches do not work as well as hoped. While it cannot prescribe immediate solutions, each presenter will offer specific recommendations for how we, as a field, can move toward better addressing the structural issues that shape societal and cultural perceptions of HIV/AIDS and risk reduction in various African American communities. In doing so, they will provide significant insights into how we can move from frustration to more effectively targeted action.

Presentation Number: E13 -2

Presentation Title: Program Review Interferes with Community Based Organizations' (CBOs) Ability to Implement Evidence-Based Interventions for Men Who Have Sex with Men (MSM)

Author(s): *Huebner, DM*[1]; *Kegeles, SM*[2]; *Rebchook, GM*[2]; *the TRIP Research Team*[2] –
[1] University of Maryland, Baltimore County, Baltimore, MD; [2] UCSF – Center for AIDS Prevention Studies, San Francisco, CA

BACKGROUND: The Public Health Service Act defines acceptable content for federally funded HIV-prevention programming. Programs must include information about the harmful effects of "promiscuous" sexual activity and drug use, and cannot promote or encourage sexual activity or drug use, be "obscene," or include activities where participants engage in sexually suggestive contact. To enforce this, CBOs must submit all HIV-prevention materials to review panels comprised of at least five local residents who represent a "reasonable cross section of the general population." We explored whether this policy interferes with CBO efforts to implement the Empowerment Project (MP). The MP is listed in the CDC's *Compendium of Interventions with Evidence of Effectiveness* and is a CDC "DEBI" intervention. However, MP may be undermined by the program review process because the intervention, which targets young MSM, encourages these men to develop HIV prevention materials and programming that are attention-grabbing and appropriate for their own community.
METHODS: We are conducting a longitudinal study of 72 CBOs implementing the MP, one goal of which is to identify barriers and facilitators to implementing the intervention with fidelity to the model. We conducted semi-structured interviews with 1-5 people from each CBO at four time points (baseline, 6, 12, and 24-month follow-up). Respondents were asked about their experiences with Program Review. Data are presented here on the 52 CBOs for whom we have complete data from the first 3 time points.
RESULTS: Almost all agencies were aware of program review requirements (see Table). As agencies progressed in implementing MP over time, they reported more experiences with Program Reviews rejecting or requiring changes to their materials, and were more likely to self-censor by "toning down" materials to get them through review. By 12-month follow-up, roughly half the agencies indicated that the modal response from Program Review was to reject or request changes to their materials. Across time, one third of all agencies indicated that Program Review posed a significant barrier to implementing MP effectively.
CONCLUSIONS: CBOs find Program Review to be a barrier to implementing the MP - the only HIV prevention intervention for young MSM listed in the CDC *Compendium*. The MP's guiding principles require that HIV prevention for young MSM be gay-positive, help build supportive young MSM community, and have a social focus to attract men to the intervention. Therefore, many materials developed for the MP could be perceived by local community members on the Program Review panels as promoting homosexual sexual activity, particularly materials that support the social aspects of the program and do not solely address HIV prevention. Indeed, such materials are an essential component of this evidence-based intervention. Further research is needed to determine exactly what about materials targeting MSM is problematic for Program Reviews, and whether those concerns are warranted. Additionally, research should examine the larger issue of whether Program Review Panels have a deleterious impact on CBOs' implementation of the MP and other HIV prevention programs for MSM.

Track F
F04 – Adolescent Issues in HIV Diagnosis and Engagement in California
Session Location: VANCOUVER/MONTREAL – (Hyatt Hotel – Embassy Hall level)

Presentation Number: F04 – 1

Presentation Title: Project Access (Adolescents Connecting Care to Engage Strive and Succeed): A Transition Plan for Youth and Young Adults who are Transitioning from Adolescent Care to Adult Care

Author(s): *Best-Ross, JL; Domingo, C; LaGrange, R; Peralta, L*
University of Maryland, Baltimore, MD

ISSUE: Specialty clinics who serve HIV+ adolescents and young adults engaged in medical care are faced with unique challenges when attempting to prepare these patients for future care at adult-based medical facilities. Transition becomes challenging for youth who have developed relationships with their provider and are accustomed to an adolescent friendly environment. As youth age out of care, clinics are tasked with addressing barriers to transition in an effort to better prepare patients for adult care. These barriers include: reluctance to building new relationships; inadequate linkage to psycho-social needs; being un-insured or under-insured; and readiness and stability. Patients who unsuccessfully navigate this transition phase risk becoming lost to care.
SETTING: Project ACCESS (Adolescents Connecting Care to Engage Strive and Succeed) targets patients in the Adolescent HIV (STAR TRACK) Program who are eligible for adult care. The program is being administered at the University Of Maryland School Of Medicine in Baltimore, MD.
PROJECT: Project ACCESS is a transition readiness assessment program that helps prepare patients to become proactive participants in their adult care. The program consists of five progressive stages, based on specific needs and readiness of the client. These stages include: Stage 1 - Initial identification of need or intent to transfer care; Stage 2 - focuses on establishing a transition plan, identifying issues in regards to readiness, and identifying potential transfer sites; Stage 3 - focuses on reviewing the transition plan, patient's progress, and preparing for transition; Stage 4 - focuses on identifying transfer site, scheduling appointments, and completing linkage process; and Stage 5 - evaluates completion of transition plan and ensures all client's transition needs are met.
RESULTS: Out of 70 STAR TRACK patients, 23% are eligible for transition based on age. Additionally, 6% have initiated transition discussion. Approximately 4% have completed transition to another facility. The project being presented is a newly revised transition plan. The goal is to increase transition of HIV positive youth who are age 25 or older and decrease number of HIV youth who may fall out of care once they age out.
LESSONS LEARNED: In preparing HIV+ adolescents and young adults for transition to adult care, it is imperative that patients are proactively involved in their care. In order for Project ACCESS to be successful, the transition process must identify patients who are eligible for transition and assist them with becoming active participants in their care. Project ACCESS must also address barriers to ensure successful transition to adult care.

Presentation Number: F04 – 2

Presentation Title: What Do HIV-Infected Youth Know About HIV/AIDS?

Author(s): *Abramowitz, S[1]; Barnes, W[2]; Koenig, L[3]; Chandwani, S; Lagrange, R[4]; Moschel, D[1]*
[1]NYU School of Medicine, New York, NY; [2]Children's National Medical Center, Washington, DC; [3]Centers for Disease Control and Prevention, Atlanta, GA; University of Maryland School of Medicine, Baltimore, MD

BACKGROUND: An increasing number of youth are being diagnosed with HIV. For youth to manage their illness, they need an understanding about HIV disease and preventing its transmission. We examined how much young people with HIV understand about their disease and associated related factors. We hypothesized that general HIV/AIDS knowledge, discussing transmission risk and disease markers (CD4, viral load, and resistance) with providers, provider support, and involvement in one care would predict HIV/AIDS understanding. Methods Data were from the baseline assessment of Adolescent Impact, an intervention for HIV-infected youth ages 13 - 21 receiving care at 5 urban clinical centers. Knowledge regarding HIV transmission and health care (20-item true/false questionnaire); understanding of disease markers (open-ended descriptions of CD4 count, viral load, and resistance); provider risk reduction messages, health care climate, and involvement in care measured by treatment self-regulation (three questionnaires) were assessed using interactive audio computer-assisted and face-to face interviews. We used regression analysis to examine the relationship between participants understanding of HIV markers (measured by the sum of individual understanding scores for CD4, viral load, and resistance), and age (13-17 versus 18 - 21) and the

other independent variables. Results Participants (n = 166) were predominately adolescents of color (Black, 77%), parentally HIV-infected (PIY; 58%), female (53%), and had known their HIV diagnosis for four years or less (51%). Mean age=16.8 years. Most (75%) scored highly (80 %+) on general HIV knowledge. Over 80% reported hearing about and discussing T-cells and viral load with providers. Fewer (58%) reported hearing about resistance or discussing it with providers (45%); 42%, 39%, and 23% of participants respectively defined viral load, CD4, and resistance correctly. Understanding the meaning of viral load and viral resistance were each significantly related to having heard about ($p < .001$ for both) and discussing them with providers ($p < .05$; $p < .001$, respectively). Older compared to younger youth were more likely to correctly define CD4 (54% vs. 38%, $p < .007$) and non-PIY compared to PIY (52% vs. 39%) were significantly more likely to correctly define viral load ($p < .02$). Fourteen percent of youth had a perfect understanding of all three; 25% could define none. Older youth ($t = 2.4621$; $p < .02$) and youth reporting hearing about and discussing HIV markers with providers ($t = 5.559$; $p < .001$) and with higher knowledge scores ($t = 4.543$; $p < .001$) had significantly higher understanding scores compared to younger, less knowledgeable youth, and those who had not discussed these issues with providers. Conclusions Discussions with providers are important precursors to understanding the complexities of HIV/AIDS. Youth may lack the fully developed knowledge needed to understand and monitor their disease, adhere to medications or engage in other health promoting behaviors. Enhanced counseling and education may be needed for youth to fully understand their illness, and may be particularly important for younger and parentally infected patients.

Presentation Number: F04 – 3

Presentation Title: Young Black MSM's Concerns About HIV Testing and Obtaining Treatment: The Importance of Hope, Support, and Faith

Author(s): *Kegeles, SM*[1]; *Rebchook, G*[1]*; Arnold, EA*[1]*; Foster, M*[1]*; Sharpe, H2; Hamilton, R*[2]
[1]Center for AIDS Prevention Studies, University of California, San Francisco; [2]Minority AIDS Project, Unity Fellowship Church, Los Angeles, CA

BACKGROUND: HIV rates have reached catastrophic levels among YBMSM, who test less frequently, are less likely to be aware of their HIV+ serostatus, and receive HIV treatment later than do other MSM. Our previous research showed the importance of religion and spirituality for many YBMSM, and therefore, we are studying the role that faith-based organizations can play in HIV/AIDS prevention for this group, including testing and treatment for HIV+ men.
METHODS: We conducted 6 focus groups in Los Angeles with N=38 18-29 year old YBMSM, of diverse SES. Men were recruited from church-based events, a community-based organization, at HIV treatment clinics and via the Internet. Topics included church involvement, spirituality, HIV testing and treatment and HIV prevention programs. Focus groups lasted approximately 2 hours and were recorded and transcribed. Transcripts were coded and discussed at team analysis meetings. Analysis memos captured the content for each analysis session.
RESULTS: The issue of gossip among YBMSM and in the Black community regarding men's serostatus arose across focus groups. Men described concerns about accessing testing and treatment due to potential gossip within the Black gay community and larger Black community. Men explained this also affected disclosure of positive serostatus to sex partners, because they might tell others of one' serostatus. Stigma for being HIV+ was both positively and negatively impacted by receiving treatment. Treatment was perceived by some as a way of avoiding having the physical appearance of having HIV, because one could remain healthy-looking on medications. Others felt that one's positive serostatus would be obvious because of severe medical side-effects after starting treatment. The need for hope and belief in medications' effectiveness and spirituality, faith, and the belief that God had provided testing and treatment facilitated obtaining testing and treatment. However, many YBMSM felt their churches had declared them sinners who deserved to contract HIV, which impacted their sense of self-worth and interfered with getting tested and obtaining treatment. Yet, some men had found churches that accepted and supported them as gay, and in some cases as HIV+ men. Many men discussed the need to be mentally healthy in order to obtain testing and treatment, and this was related to frustration that many other more basic needs are ignored with the exclusive focus on HIV/AIDS. To encourage testing and treatment, men recommended that: YBMSM, and particularly HIV+ men, should support their friends to seek HIV-related services; there should be support groups for YBMSM; and various mass media approaches should, in YBMSM's own words, be used to promote the importance and availability of testing and treatment, but featuring typical YBMSM rather than public figures.
CONCLUSIONS: Approaches to facilitate YBMSM getting tested and if HIV+ into treatment involves getting support from other YBMSM and support groups, possibly conducted at churches that accept them, but there were also enormous concerns about the rumors about HIV-status, and related stigma and rejection from their communities. YBMSM need hope, information, and support from the Black gay community, the larger Black community, and the church.

Presentation Number: F04 – 4

Presentation Title: Sources of Support for Youth During the First Year Following an HIV Diagnosis

Author(s): *Lemos, D*[1]; *Hosek, SG*[1]*; Harper, GW*[2]
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BACKGROUND: Supportive social relationships are integral to the quality of life for people living with HIV/AIDS. Adolescence is a period associated with developmental challenges and the additional burden of being diagnosed with a highly stigmatized chronic illness calls for extensive social support. As HIV infection rates among youth rise, it is important to examine the nature and extent of the support available to youth, particularly during the critical post-diagnosis period. It becomes crucial to capitalize on existing support systems in order to ensure that youth's psychosocial and medical needs are being met.
METHODS: Thirty adolescents diagnosed with HIV (16 females; 14 males) participated in either focus groups (N=16) or individual in-depth interviews (N=14). All participants were between the ages of 16 and 24 (mean=21.5; SD=2.2), and had been aware of their HIV diagnosis for 12-24 months (mean=16.7 months; SD=4.89). Participants' ethnicity was representative of the disproportionate impact of HIV among ethnic-minority groups [14 African Americans (9 female, 5 male), 14 Latino/a (6 female, 8 male), 2 White (2 male)]. The focus group/individual interview questions were devised to gather qualitative data regarding the challenges, strengths, and needed areas of support associated with receiving an HIV diagnosis. The interviews/focus groups were conducted in either English or Spanish using a semi-structured interview format. Data from verbatim transcripts were coded and analyzed independently by selected team members, with the assistance of qualitative software (NVivo).
RESULTS: There was consensus across participants that the first year after receiving the HIV diagnosis was a distinct and difficult period. Three types of support that helped youth adjust to their HIV diagnosis became evident during analysis: informational, emotional and motivational. Participants acknowledged service providers, family members and other peers living with HIV as critical sources of social support. Participants reported that service providers (i.e., physicians, nurses, psychologists) were especially helpful in terms of informational support, particularly related to dispelling myths associated with HIV/AIDS and providing psychological assistance. Service providers were also relied on for emotional support as youth struggled with acceptance of their HIV status. Participants who had disclosed to their family members often cited the family as a pillar of emotional support in the process of accepting the diagnosis. The participants who were parents reported that their children were sources of motivational strength in adjusting to their diagnosis. Participants also identified HIV+ peers as motivational figures who were empathetic to their concerns and able to answer questions about their personal experiences with HIV.
CONCLUSIONS: Our findings emphasize the importance of several types of support for adolescents and young adults following an HIV diagnosis. One common theme was the significant role of service providers in helping youth adjust to HIV by offering informational, emotional and motivational support. These findings also suggest family members fill a unique role of providing emotional support. Finally, HIV+ peers were seen as motivational figures in assisting the participants through peer-focused informational and emotional support. Intervention development and program planning targeting newly diagnosed youth should consider designs that involve multiple systems of psychosocial support.

Track F
F09 – PWP: Risk Behaviors and Interventions in Clinical Settings
Session Location: A706 – (Hyatt Hotel – Atrium level)

Presentation Number: F09 – 1

Presentation Title: Computer Counseling to Support Antiretroviral Therapy Adherence and HIV Transmission Risk Reduction: Baseline and Six-Month Follow-up

Author(s): *Kurth, AE*[1]; *Severynen, A*[1]*; Clausen, M*[1]*; Frick, P*[1]*; Bangsberg, DR*[2]*; Simoni, JM1; Tarczy-Hornoch, P*[1]*; Lockhart, DL*[1]*; Holmes, KK1 -* [1] Univ. of Washington, Seattle, WA; [2] University of California San Francisco, San Francisco, CA

BACKGROUND/OBJECTIVES: Integration and efficient delivery of antiretroviral therapy (ART) adherence and "prevention with positives" support are needed in HIV care settings. We conducted a randomized controlled trial of a computer counseling tool for ART adherence and secondary HIV prevention: Computer Assessment & Rx Education for HIV-positives (CARE+).

METHODS: Participants in an urban HIV clinic and an AIDS service organization were randomized to the full CARE+ intervention vs. a behavioral risk assessment only, on audio-narrated tablet computers (4 sessions over 9 months). HIV-1 viral load, CD_4 count, self-reported adherence and sexual risk outcomes were compared at 6-month follow-up between study arms using t-tests and chi-square tests. Generalized estimating equations (GEE) are being used to determine full intervention impact over the entire study follow-up.
RESULTS: 237 participants completed a baseline session (119 intervention, 118 control), with 3- and 6-month follow-up visit retention levels of 93% (224) and 89.6% (215). Median time for the CARE+ baseline session was 32 minutes (SD 16.1) and 6-month follow-up was 20 minutes (SD 18.3). No significant differences were noted at baseline between intervention and control groups except for proportions reporting 100% adherence (higher in control group). Most participants were males (87.4%) who have sex with men (74.5%). The sample was 51% nonwhite, (29% African American, 12% American Indian, 7% Hispanic, 2% Asian, 1% Native Hawaiian); mean age 44.9 years; mean duration on current ART regimen 2.6 years (SD 3.5). By PHQ-9 measurement 13% had moderate-severe depression and 70% had symptoms of anxiety.
among those with detectable viral load at baseline (n=90), intervention participants were twice as likely as controls to have undetectable viral load at the 6-month follow-up visit (RR= 1.9, 49% vs. 26%; p=0.04). The control group viral load dropped a mean 0.02 logs per 3 months while the CARE+ group dropped 0.25 logs per 3 months (p=0.001). For self-reported sexual risk outcomes, there were no statistically significant differences between intervention and control at 6-month follow-up visit. Preliminary assessment of 9-month follow-up data suggests that risky sexual behavior declined in the intervention arm as compared with controls, particularly for reports of condom use errors: among those having sex, 33.3% (n=16/48) of intervention participants reported risky sex or condom use errors at study end, compared with 63.5% of controls (n=33/52) exact p =0.002.
At baseline and 6 month follow-up all intervention subjects made a health plan (46% 'healthy sex', 54% 'staying on meds') and 70% felt they could "definitely" enact plan. At 6 month follow-up all intervention subjects were asked to create a health plan regarding whichever behavior they had not addressed at baseline: 53% thus chose 'healthy sex', 47% 'staying on meds' and 77% (79/102) felt they could "definitely" enact this second behavioral plan. At 6-month follow-up 76% of participants indicated their last plan was "very successful".
CONCLUSIONS: A computer-delivered intervention appears to hold promise for integrated delivery of medication adherence and safer sex amongst HIV-positive clients, particularly for those who indicate a problem with ART adherence or transmission risk at baseline.

Presentation Number: F09 – 2

Presentation Title: Prevention with Positives: Reported Barriers to Risk Reduction

Author(s): *Jenckes, MW; Hsu, R; Gindi, R; Erbelding, EJ*
Johns Hopkins School of Medicine, Baltimore, MD

BACKGROUND: HIV clinical providers may face significant time constraints in counseling on risk reduction in their practice. Emphasizing skill development in addressing the most commonly reported barriers to risk reduction may improve provider impact.
METHODS: Participants were recruited for a study designed to assess the impact of brief counseling sessions on patient readiness to change HIV transmission behaviors. Participants completed an audio computer assisted interview (ACASI) at the baseline visit that focused on the following sexual risk behaviors: condom use with main and casual sex partners and disclosure of serostatus to partners in the setting of sexual risk taking. Based on participants' responses, they were classified as being in one of five stages of behavior change (PC=pre-contemplative; C=contemplative; RFA=Ready for Action; A=action; M=maintenance) for critical transmission behaviors. Participants in early stages (PC or C) for a specific transmission behavior are also asked about their perceived barrier(s) to behavior change. We categorized reported barriers for consistent condom use and partner disclosure into "personal issues" (I don't want to; It's my business), "partner level barriers" (My partner hasn't asked me; My partner doesn't want to) and in the case of inconsistent condom use "technical condom use problems" (Condoms can break; We don't like how they feel).
RESULTS: Of the 282 men and 127 women who answered the staging questions, 50% sexually active who completed the ACASI staging were sexually active. Of these, 17% were PC for consistent condom use. Barriers identified by these patients were more likely to be partner-level barriers (71%) rather than personal issues (23%) or technical condom use problems (6%). 19% were C for consistent condom use, and barriers identified by these patients were also more likely to be partner-level barriers (51%) than personal issues (15%) or technical condom use problems (34%). Patients were much less likely to be in early behavioral stages for disclosure of serostatus; 10% were PC for disclosure to partners. Barriers identified by these patients were much more likely to be personal issues (81%) rather than partner-level barriers (19%). 13% of patients were C for disclosure, and these patients were just as likely to report partner-related barriers (53%) as personal issues (47%).
CONCLUSION: Personal and partner issues both pose barriers to behavior change for patients. Partner issues are

more often selected as barriers to condom use and personal reasons are selected more often in disclosure. Provider training to enhance skills to address these issues may lead to the significant improvements in quality and effectiveness of counseling messages delivered in clinic setting.

Presentation Number: F09 – 3

Presentation Title: HIV Primary Care Providers' Discussion of Alcohol Use with Their HIV-Positive Patients

Author(s): *Metsch, LR*[1]; *Pereyra, MR*[1]*; Cardenas, GA*[1]*; Dawson-Rose, C*[2]*; McKirnan, D*[3]*; Colfax, G*[4]*; Eroglu, D*[5]
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BACKGROUND/OBJECTIVES: Alcohol consumption is common among persons living with HIV and has been associated with lower utilization and poorer adherence to antiretroviral treatment and with increased sexual risk. Little is known about the extent of provider discussions of alcohol use in the HIV primary care setting. In this study, we describe whether HIV providers have discussed alcohol use with their HIV-positive patients in the past 12 months. We then identify factors associated with these discussions.
METHODS: This cross-sectional analysis uses baseline data that were collected between May 2004 through May 2005 from the Positives and Providers in Prevention (PPIP) project that was conducted in 10 HIV primary care clinics in three U.S. cities (Chicago, Miami, and San Francisco). Participants (n=1,225) completed an audio-computer assisted self-interview (A-CASI) in either English or Spanish to answer questions regarding sexual, alcohol and drug using behaviors, mental health status, and questions about their relationship and discussions with their HIV care provider. The dependent variable was whether participants reported discussing alcohol use with their HIV primary care provider in the past year (yes/no). Alcohol use was measured by frequency of use and the CAGE, an established and widely used 4 item alcohol screening instrument. Persons with two positive responses on the CAGE were classified as problem drinkers and persons with less than two positive responses were classified as non-problem drinkers. Bivariate associations between independent variables and discussion of alcohol at a significance level of $\alpha<0.25$ were introduced into a multivariate logistic regression model of discussion of alcohol. The model was then simplified using a backward stepwise method to include only selected demographic characteristics and independent variables significantly ($p<=0.05$) associated with discussion of alcohol.
RESULTS: Over half of the respondents (57.5%) reported use of alcohol in the past 6 months and approximately one-third of respondents (35.5%) were categorized as non-problem drinkers and 22% as problem drinkers according to the CAGE. Slightly over one-third of respondents discussed alcohol use with their HIV primary care provider (35.3%) and only half of persons identified as problem drinkers (52.4%) reported having these discussions. Problem drinkers were more likely (31.2% vs. 18.2%) to self report having unprotected sex with HIV-negative and unknown status partners. In the multivariate logistic regression model, both problem and non-problem drinkers were more likely to discuss alcohol use with their primary care provider than non-drinkers (adjOR=3.61; CI 2.54, 5.13 for problem drinkers; adjOR=2.06; CI 1.51, 2.82 for non-problem drinkers). Other factors associated with increased discussions of alcohol use between HIV care providers and their patients included better perception of engagement with HIV provider (continuous variable; adjOR=1.05; CI 1.00,1.09) and being male (adjOR=1.49; CI 1.05,2.11). Participants who reported themselves in good health were less likely to report discussing alcohol use in the past 12 months (adjOR=0.86; CI 0.76, 0.97).
Conclusions/IMPLICATIONS: Efforts are greatly needed to increase the focus on alcohol use in the HIV primary care setting. Interventions addressing provider training or brief interventions in the HIV primary care setting should be considered as possible approaches to address this issue.

Presentation Number: F09 – 4

Presentation Title: Readiness of HIV+ Patients to Change Sexual Risk Behaviors

Author(s): *Jenckes, MW*[1]; *Hsu, R*[2]*; Gindi, R*[1]*; Erbelding, EJ*[1]
[1]Johns Hopkins School of Medicine, Baltimore, MD; [2]Johns Hopkins School of Medicine, Baltimore, MD

BACKGROUND: Brief counseling interventions by medical providers in clinic settings can reduce risk behaviors in HIV+ patients. An understanding of patient readiness to change behaviors may inform curriculum development for provider training. We sought to assess readiness to change risk behaviors among HIV+ patients engaged in primary care.
METHODS: We performed risk assessments and assessed readiness to change behaviors according to Stage-of-Change model (5 stages: pre-contemplative [PC], contemplative [C], ready for action [RFA], action [A], maintenance [M]) among HIV+ patients who sought care at our HIV clinics in Baltimore, MD. Behaviors staged included:

Condom use with main and casual partners, disclosure of HIV serostatus with main partner and casual partners, and substance abuse. A computer algorithm applied to patient inputs at time of visit identified stage.
RESULTS: We recruited 409 patients (69% male) who had a mean age of 43 years, and were 50% white. Of these, 50% were sexually active and 15% reported injected drug abuse within 3 months. among the sexually active, 25% reported 2 or more sex partners, including main and casual partners. Overall, 37% of sexually active men were staged at early behavioral stages (PC or C) for condom use with all partners and 23% were at early stages for disclosure of serostatus. By partner type (main v casual), 33% of those with a main partner and 44% of those with a casual partner reported condom use (p=.011) and 12% of those with a main partner and 51% of those with a casual partner had not disclosed (p=.023).
CONCLUSIONS: A significant proportion of HIV+ patients seen in HIV clinics may be at early stages of readiness for risk reducing behaviors, especially those with casual sex partners. Building counseling skills among providers to address early behavioral readiness stages may be broadly applicable for providers in HIV treatment sites.

Presentation Number: F09 – 5

Presentation Title: Alcohol and Drug Use are Associated with Risk of Transmitting HIV Among Patients Seen in Clinical Care Settings

Author(s): *Dawson Rose, C*; *Myers, J; Maiorana, A; Koester, K; Shade, S; Morin, S*
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BACKGROUND/OBJECTIVES: The Health Resources and Services Administration "Prevention with HIV Positives in Clinical Settings Initiative" is a four-year project examining the effectiveness of HIV prevention interventions with HIV-infected individuals seen in clinical settings. This analysis describes drug and alcohol use among HIV patients in care.
METHODS: We interviewed 4087 HIV infected patients in 26 HIV primary care clinics. Participants answered questions about current drug and alcohol use in the preceding 3 months using audio computer-assisted self - interviewing. Drug use was categorized into injection and non-injection drug use. Alcohol use was categorized into weekly alcohol use and binge drinking which was defined as more than 5 drinks in one day. In addition to frequencies, we examined associations by US region, gender, age, race, sexual orientation, HIV transmission risk behavior (report of unprotected sex with an HIV negative or unknown status person or sharing injection materials) and HIV medical visits.
RESULTS: Thirty-one percent of the sample reported drinking five or more drinks per day at least once a week. Thirty-two percent reported non-injection drug use in the last 3 months. Of those who reported non injection drug use, drugs used included: marijuana (62%), crack (28%), cocaine (27%), and methamphetamines (23%). Only 4% reported injection drug use in the prior 3 months. Non-injection drug use was associated with sexual risk behavior (p. <001) and injection risk (p. <.01). Binge drinking exhibited similar associations between sexual risk behavior (p. <001) and injection risk (p.< .01). Weekly alcohol use on the other hand was associated with US region: Southern (p.<.008) and being female (p.<.001). The sample was primarily male (72%), and represented a range of race and ethnicity (African American 47%, Caucasian 34%, Latino 14%, Asian/Pacific Islander 1% and American Indian/Alaskan Native 1%. Mean age was 42 years (±8 sd). Ninety-percent of the sample reported more than one HIV medical visit in the preceding six months. By region 41% were from the eastern United States, 33% from the west and 26% from
CONCLUSIONS: This analysis provides further evidence of the association between non-injection drug use and binge drinking with HIV risk behavior. These findings help underscore the need to incorporate drug and alcohol screening into HIV prevention and care efforts in the clinic setting. Nearly all of the individuals who reported binge drinking and drug use had visited their HIV clinic more than once in the preceding 6 months. Screening for drug and alcohol use in the HIV clinical setting may present an opportunity for integrating HIV prevention into care.

Track G
G10 – Program Collaboration and Service Integration to Address Health Disparities
Session Location: BAKER – (Hyatt Hotel – Atlanta Confernce Center level)

Presentation Number: G10 – 1

Presentation Title: The Rural Context: Barriers, Current Prevention and Care Strategies, and Recommendations for Young Women's Access to HIV/AIDS and STD Services

Author(s): Williams, KM[1]; *Stratford, D[1]; O'Leary, A[1]; Burstein, GR[2]; Martin, E[3]; Patterson, J[1]; Edwards, A[1]*
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BACKGROUND: The South continues to be disproportionately affected by HIV/AIDS and STDs. Surveillance data indicate that more people are living with AIDS in the South than in any other region in the United States, and young women constitute a growing proportion of cases. Diagnoses of new HIV/AIDS and STD cases in rural communities have highlighted limitations in developing and implementing prevention strategies and in meeting HIV/STD-related health care needs.
METHODS: The purpose of this study was to collect formative data regarding factors influencing the use and provision of HIV/AIDS and STD services to young women residing in two rural Georgia counties through focus group discussions with women (18-25 years) enrolled in the Women, Infant, and Children (WIC) program (n=41), healthcare providers (n=14), and community leaders (n=19). Focus group discussions addressed a broad range of topics regarding HIV/AIDS/STDs including: previous reproductive and sexual healthcare experiences, perceived magnitude of HIV/STDs in their communities, HIV/AIDS/STD knowledge, information sources, social support, testing and treatment knowledge, patient-provider interactions, barriers to young women's access and use of services and prevention, and care recommendations.
RESULTS: Study participants described a range of barriers impacting young women's use of and access to HIV/STD prevention and care services: negative experiences with the healthcare system, confidentiality concerns, fear of diagnosis, stigma, lack of transportation, lack of ability to pay for services, male gender of provider, limited healthcare resources, language barriers, untreated male partners, limited education, and the "church environment" or "traditional mindsets" that impede HIV/STD prevention dialogue. There was an overall perception of STDs as a major problem, primarily among the young and racial/ethnic minorities in their communities. Most were unsure of the magnitude of the HIV problem. Young women were fairly knowledgeable about HIV/AIDS but reported misperceptions about STD transmission ("Gonorrhea hasta come from the girls cuz the guys can't get it") and testing ("Pap smears is what they use to test for STDs"). Predominant sources of basic HIV/AIDS and STD information included healthcare providers, internet, friends, and family. Major sources for healthcare-related social support included mothers, grandmothers and boyfriends/husbands. Participants described current local prevention and care strategies, including school-based programs primarily focused on abstinence, and provider practices in educating, testing and treating patients. Additionally, participants provided specific recommendations for improving local HIV/STD prevention and care: development of culturally and contextually appropriate community based programs (e.g., HIV/STD teen forum), improvements in local prevention and care provision (e.g., extended clinic hours), and increased availability and access to educational resources (e.g., HIV/STD hotline).
CONCLUSIONS: HIV/STDs present a serious public health challenge for young women residing in Southern rural areas due to economic, social, geographic, and cultural barriers. Resources should be devoted to improving young women's access to user-friendly HIV/STD prevention and care services that meet this unique population's needs.

Presentation Number: G10 – 2

Presentation Title: African American Men, HIV and the Relationship to Other Health Care Disparities

Author(s): Colomb, MA; *Gipson, JA - Mark A. Colomb, PhD, EdS, MPH, June A. Gipson, EdS*, My Brother's Keeper, Inc., Ridgeland, MS.

ISSUE: African American men make up 12.8% of all men in the United States, and are the largest group of men of color. Although access to health care for African American men has improved in recent years, African American men have higher mortality rates than any other population group of men for nearly every cause of death, including HIV. African American men in the U.S. are diagnosed with HIV/AIDS at a rate 19 times higher than that of white men. Their historically subordinate position in the U.S. as a social group, and their lifestyles and behaviors has been associated with conditions that contribute to their poorer health status. Black men's susceptibility to HIV infection, cardiovascular disease, cancer and other leading causes of death share commonalities in risk factors and social determinants of health and offer implications for intervention design that address multiple health disparities simultaneously with HIV.
KEY POINTS: This roundtable will discuss strategies for reducing these health disparities in this population which will require culturally appropriate public health initiatives, linking and integration of HIV prevention, care and treatment services with other health services, community support, and equitable access to quality health care. (1) Participants will be able to discuss the importance of gender and culture in developing HIV prevention interventions that target the specific health promotion needs of African American men. (2) Participants will be able to discuss how many of the leading health indicators and risk factors for HIV and other leading causes of death are interrelated.
IMPLICATIONS: Community health professionals will gain an understanding of how the disproportionate burden

of HIV/AIDS among African American men parallels in comparison with other leading health disparities affecting this sub-population. Intervention strategies that target an array of factors such as physiological, social, economic, demographic, environmental and cultural will be discussed in the context of improving the overall health profile of African American men. This roundtable will include lecture and interactive group discussion on the relationship of HIV/AIDS among African American men to other leading health disparities and how this relationship can be used to reduce the incidence of HIV by targeting specific health indicators for this population. Handouts will be used to facilitate discussion.

Presentation Number: G10 – 3

Presentation Title: Capturing the Minds, Bodies and Souls of Injecting Drug Users and Other Substance Users: The Essence of Client Recruitment, Retention and the Integration of Prevention Services Within a Street Based Model Program

Author(s): *Hazel, D*[1]; *Brown, C*[2]*; Peterkin, J*[1] –
[1]Planned Parenthood of New York City, Project Street Beat, Bronx, NY; [2] Planned Parenthood of New York City, Project Street Beat, Brooklyn, NY

ISSUES: Street-based programs increasingly deliver HIV prevention services (e.g., testing, counseling, referrals, interventions delivered in groups and individually) to populations practicing high-risk sexual and drug behaviors. These programs find it difficult to enroll clients from transient populations reached on the street (e.g., injection drug users) into the program for services and retain them as active participants in office based HIV prevention service. How can street-based projects capture the minds, bodies and souls of injecting drug users and other substance users to enhance service delivery?
SETTING: Project Street Beat is a unique street-based HIV prevention and access to care program that provides, HIV counseling and testing, referrals for partner notification, HIV prevention interventions in groups and individually, including "Safety Counts", comprehensive risk reduction services, case management and medical services via a medical mobile unit to identify co-factors of HIV for injecting drug users (IDU), other substances users. The program operates in the South Bronx, Northern Manhattan, and Brooklyn.
PROJECT: Planned Parenthood of New York City's Project Street Beat is a program that has developed and enhanced its capacity for client recruitment and retention by incorporating the expertise and support of its drug using clients. Project Street Beat's program is completely integrated, and allows clients to move between funded programs without knowing that they are enrolled in various contracted programs. For example, a client may enter the program and complete an intake with the CDC component of the program, take an HIV test and if their status is positive, the client can be enrolled in Project Street Beat's Early Intervention program and be linked to HIV medical care. As an HIV+ active substance user he/she has access to PSB's harm reduction services. In addition he/she has access to Hepatitis B and C screening and referral services as well as STI screening and treatment or even Expanded Syringe Access Program (ESAP) services on Project Street Beat's (PSB) medical mobile unit. The client however will know only that he/she is receiving services from PSB.
Project Street Beat's model demonstrates how community -based organizations can apply successful strategies to increase client recruitment and retention as well as build their capacity to integrate services across funding streams to expand services offered to IDU drug users and other substance users.
RESULTS: Effective ways of increasing enrollment of clients for the entire program. Identified strategies to retain clients in the program. Clients move freely through a continuum of services within the program. Increase in PSB staff's ability to locate clients for follow- up services.
LESSONS LEARNED AND RECOMMENDATIONS: Culturally appropriate and user-friendly "gateway" services are essential to attract clients. Incentives are essential tools for recruitment and retention. Developing trust with clients increases recruitment activities and the ability to retain clients in the program. Incorporating peers as "ambassadors" for the program improves recruitment and retention. Opportunities for social networking during service delivery enhance recruitment as well as retention. Cross training staff perpetuates integration of services within the program

Presentation Number: G10 – 4

Presentation Title: Behavioral Interventions and HIV Testing with Incarcerated Persons

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Maryland State AIDS Administration, Baltimore, MD

ISSUE: High numbers of inmates are incarcerated due to drug related offenses. Given the close association between drug use and HIV infection, many incarcerated persons need HIV behavioral interventions, HIV testing, and referral to HIV care prior to their release back into the community.
SETTING: Six State Health Department personnel have been sited in five pre-release security level facilities in the Department of Public Safety and Correctional Service
PROJECT: Trained health department staff deliver HIV prevention interventions to inmates who are within six months of release. Interventions include confidential HIV testing, and six to ten hours of evidence based interventions within correctional settings: SISTA to female inmates and Pharaoh to male inmates. (*Pharaoh* is a five-session, group-level intervention for African-American men with a history of incarceration. Pharaoh explores the responsible use of one's power.) Clients receive individual level intervention as well. Inmates learn about Sexually Transmitted Infections, decision making, skills building, problem solving, ethnic pride, substance use, partner disclosure and returning to the community. Persons who are identified as HIV positive are referred to housing and medical care as part of the discharge plan.
RESULTS: During 2006, 469 incarcerated persons received prevention services. 205 incarcerated women received the SISTA intervention. 264 incarcerated men received the Pharaoh intervention. 11 incarcerated persons were tested and learned their HIV serostatus as a component of their participation in SISTA or Pharaoh
LESSONS LEARNED: Collaboration between the two departments and local Community Based Organizations has been critical to the successful implementation of this program. Relationship building has been essential to maintaining the project in a context of overwhelming attention to issues of safety and security. The workshop will describe the process by which clients are recruited and screened into the various prevention interventions; how Maryland nurtures and maintains the collaboration with Corrections; and the role of community based organizations in continuing to support clients of Maryland's Health Educators, after they have been released into the community.

Presentation Number: G10 – 5

Presentation Title: Chicago Integrates HIV Prevention and Hepatitis 2007: One Model for Success

Author(s): Dan, C [1,2]
[1]Chicago Department of Public Health, Chicago, IL; [2]Hepatitis Foundation International, Silver Spring, MD

ISSUE: Although the same individuals are at risk for HIV and viral hepatitis, HIV prevention programs have not been able to adequately integrate hepatitis prevention into HIV prevention programs. Including hepatitis in HIV prevention activities can improve HIV prevention and better serve individuals at risk for both HIV and viral hepatitis.
SETTING: The Chicago HIV Prevention and Planning Group designated hepatitis as a priority issue and required a plan for hepatitis integration for 2007-2012 grant cycle applications. The goal of this initiative was to increase awareness and integration of viral hepatitis by adding education and services into HIV prevention activities among grantees.
PROJECT: To effectively integrate hepatitis into HIV prevention activities, the Chicago Department of Public Health HIV Prevention and Hepatitis Program staff described hepatitis services in terms of levels of service. Five levels of services were described in the request for proposals because prevention agencies offer a range of services and implementation of hepatitis prevention was expected to be variable. Level 1 required basic staff training and availability of hepatitis educational materials to clients while level 5 included services described in all previous levels as well as treatment for hepatitis C. Request for funding for educational materials and staff trainings would be considered and limited support for vaccination and Hepatitis C virus testing would be made available through the hepatitis C program. There would be no funding for care or treatment of viral hepatitis through HIV prevention funding.
RESULTS: More agencies than expected described their plan to provide level 5 hepatitis services. All applicants included a hepatitis integration plan and many described expanded hepatitis program activities based on the description of the levels of service. Since the start of the grant funding, three new HIV prevention agencies have requested hepatitis C testing training. Additional prevention resources have been made available to develop an integrated hepatitis & HIV prevention poster and brochure and to increase testing resources available to prevention agencies. Additionally, new agency staff have participated in available hepatitis trainings where best practices and hepatitis resources are shared.
LESSONS LEARNED: Inclusion of viral hepatitis integration requirements in requests for applications for HIV prevention funds increases awareness of and capacity for integration of hepatitis prevention services into HIV prevention. Agencies applying for grants can create partnerships for referral for hepatitis services that they do not offer onsite but they may not do so unless required by funders. Overall, integration of prevention work can be achieved with the support of community planning groups and through collaboration and planning on the part of funding agencies.

MONDAY, DECEMBER 3, 2007
Poster Abstracts
10:00 AM – 5:00 PM

Poster Number: 122M

Presentation Title: Breaking the Cycle/Mending the Hoop: Adverse Childhood Experiences Among Incarcerated American Indian and Alaska Native Women in New Mexico

Author(s): *de Ravello, L[1] Abeita, J[2]; Brown, P[3]*
1 Indian Health Service & CDC, Albuquerque, NM; 2 Tulane University (formerly), New Orleans, LA; 3 New Mexico Department of Corrections, Santa Fe, NM

BACKGROUND/OBJECTIVES: American Indians and Alaska Natives (AI/AN) and incarcerated women are two notable populations that experience health disparities in the United States. When they converge as incarcerated AI/AN women, we see some of the highest health and social disparities in the country. AI/AN inmates_as all inmates_bring critical health and social needs with them to prison that reflect the consequences of their lives, including adverse childhood experiences (ACE). The objective of this project was to identify and describe the ACE of AI/AN women incarcerated in New Mexico and determine the relationship between ACE and high-risk behaviors and outcomes in adulthood.
METHODS: We interviewed 36 AI/AN women incarcerated in the New Mexico prison system to determine the relationship between ACE and adult outcomes. Adverse experiences assessed included physical neglect; dysfunctional family (e.g., household members who abused substances, were mentally ill or suicidal, or who were incarcerated); violence witnessed in the home; physical abuse; and sexual abuse.
RESULTS: The most prevalent ACE was dysfunctional family (75%), followed by witnessing violence (72%), sexual abuse (53%), physical abuse (42%), and physical neglect (22%). ACE scores were positively associated with arrests for violent offenses, lifetime suicide attempt(s), and intimate partner violence.
CONCLUSION: AI/AN women incarcerated in New Mexico had very high rates of ACE and subsequent high-risk behaviors and outcomes in adulthood. We identified several areas where research and program evaluation may be warranted to further the understanding of the experiences and needs of incarcerated AI/AN women.

Poster Number: 167M

Presentation Title: Project Abrazos y Besos - Intergenerational Approach to HIV/AIDS Prevention, Education for Latina Women Across the Lifespan.

Author(s): *Doria-Ortiz, C*
Center for Health Policy Development, Inc. (CHPD), San Antonio, TX

ISSUE: Intergenerational Approach to HIV/AIDS Prevention, Education for Latina, Urban Mexican Origin Women Across the Lifespan.
SETTING: Urban, South Texas and Community-based.
PROJECT: Project Abrazos Y Besos (Hugs and Kisses). The Office of Women's Health contracted four organizations to implement this national initiative. The Center for Health Policy Development, Inc. (CHPD) in San Antonio, Texas designed and pilot tested the Latina, Mexican origin women in an urban setting, Project Abrazos y Besos. CHPD is a regional non-profit organization dedicated to advocacy for Latino health concerns. The Project Abrazos y Besos focused on intergenerational HIV/AIDS prevention education among Mexican-origin women in their neighborhoods and communities. It also laid the groundwork for development of a Latina HIV/AIDS prevention educational strategy using bilingual/bicultural, low-literacy resources and maximizing Latino communities' access to culturally competent and linguistically appropriate HIV/AIDS prevention and care services (including HIV testing, counseling, peer group support).
The pilot project was conducted in three phases, guided by two advisory groups, one of community stakeholders and one of consumers, that provided feedback as the project progressed.
RESULTS: Over a 14-month period (October 2005 - December 2006), Project Abrazos y Besos specifically facilitated cross-generational relationships among several teams of three family members. The outcomes were to expand knowledge to make informed decisions about their own health and their ability to share accurate information with their families and/or other women in their community about preventing HIV/AIDS with the use of culturally based techniques.

LESSONS LEARNED: Through focus groups, education sessions, support groups, counseling and increased access to HIV testing, Project Abrazos y Besos participants 1) increased their knowledge of HIV/AIDS risks and prevention; 2) elected to know their serostatus; 3) gained competencies in cross-generational communications about health, specifically sexual health, and 4) increased their knowledge and ability to connect to health care systems in their communities.

Poster Number: 160M

Presentation Title: Study Participation as A Social Group Iinfluencing Sexual Behaviors in an HIV-Prevention Trial for Men Who have Sex with Men

Author(s): *Mimiaga, MJ1; Skeer, M[2]; Mayer, KH[3]; Safren, SA[4]*
1 The Fenway Institute and Harvard University, School of Public Health, Boston, MA; 2 Harvard University, School of Public Health, Boston, MA; 3 The Fenway Institute and Brown University, School of Medicine/Miriam Hospital, Boston, MA; 4 The Fenway Institute and Harvard Medical School/Massachusetts General Hospital, Boston, MA

BACKGROUND: Perceived group membership, perceptions about accompanying group norms and the degree to which a person identifies with a social group are predictive of a wide range of human behaviors. Behavioral clinical trials in general, and HIV prevention intervention trials in particular, however, have not examined the degree to which individuals who join a large behavioral study (and hence, a group) may, in an unanticipated way, develop a sense of social identity related to the study, and how this identity or associated group norms may influence participants' behaviors and potentially study outcomes.
METHODS: Project EXPLORE was a large-scale behavioral intervention trial in six U.S. cities to prevent HIV seroconversion among men who have sex with men (MSM; The Explore Study Team, 2004). We previously found that participants (examined at one study site) were more likely to engage in high risk sexual activities with other MSM who were EXPLORE participants than other partners. The present ancillary study (N = 271) sought to examine the degree to which perceived group membership, group identity and group norms among EXPLORE study participants was associated with sexual behavior with other EXPLORE participants, high risk sexual behaviors with other EXPLORE participants, and intentions to engage in high risk sex with other EXPLORE participants.
RESULTS: A principal components analysis of a 14-item scale assessing perceived group membership and norms regarding being part of EXPLORE yielded 6 principal components: PC1: Perception that EXPLORE participants engage in Safer Sex; PC2: Social comfort with EXPLORE participants; PC3: Perceived group identity with EXPLORE; PC4: Trust of other EXPLORE participants; PC5: Perception that EXPLORE participants are cunning; and PC6: Feeling detached from EXPLORE. Social comfort with other EXPLORE participants (OR=1.24; p=0.013) and trust of other EXPLORE participants (OR=1.44; p=0.003) was significantly associated with a higher odds of having sex with another EXPLORE participant. Feeling detached from EXPLORE (OR=0.56; p=0.020) was significantly associated with a lower odds of engaging in high risk sexual behavior with other EXPLORE participants. Regarding intentions to engage in high risk sexual behavior with other EXPLORE participants, social comfort with EXPLORE participants (OR=1.39; p=0.000) and trust of other EXPLORE participants (OR=1.30; p=0.027) were significantly associated with higher odds of this outcome and the perception that EXPLORE participants are cunning (OR=0.66; p=0.004) and feeling detached from EXPLORE (OR=0.68; p=0.007) were significantly associated with lower odds of this outcome. Final principal component logistic regression models controlled for potential confounders found to be statistically significant in the bivariate analyses.
CONCLUSIONS: These findings suggest that large scale studies such as EXPLORE may result in participants perceptions about group membership, identity and norms, and these perceptions can influence study outcomes and thus should be considered in the analysis and interpretation of study findings.

Poster Number: 166M

Presentation Title: Evaluation of Montana's HIV Prevention Social Marketing Campaign: Targeting MSM, HIV Positive, IDU, Women and Youth Populations

Author(s): *Dybdal, L* ; *Burnside, H*
University of Montana, Missoula, MT

ISSUE: Social Marketing campaigns are a common strategy in preventing HIV. However, a lack of data exists demonstrating the effectiveness of these campaigns in rural settings. Since 2002, on-going program evaluation (impact and process) shows Montana's Social Marketing Campaign has been effective at increasing HIV testing rates, increasing HIV awareness and healthy behaviors, and reducing stigma.

SETTING: Montana's 2006 Social Marketing Campaign targeting HIV prevention was evaluated in Flathead and Silver-Bow Counties.
PROJECT: The purpose of the project was to evaluate the efficacy of the 2006 HIV Prevention Social Marketing Campaign in Flathead and Silver-Bow Counties. The media channels used for this campaign consisted of commercials, billboards, posters, and theatre slides. Data collection focused on the primary cities located within these counties. These cities included Kalispell in Flathead County and Butte in Silver-Bow County. Data was collected in two intervention communities that received the HIV Prevention Social Marketing Campaign and in a comparison community, Helena (Lewis and Clark County), which did not receive the HIV Prevention Social Marketing Campaign. Campaign messages targeted MSM, HIV Positive, IDU, Women and Youth Populations.
RESULTS: Key findings from the survey results indicated 90% of the surveyed respondents (intervention communities) reported seeing Social Marketing information about HIV from the campaign and 53% of the surveyed respondents reported that Social Marketing information and messages about HIV contributed to their decision to get tested for HIV. When comparing the number of people who received HIV testing before the Social Marketing campaign to the number of people who received HIV testing during the campaign, testing numbers increased by 46% in Flathead county and increased by 93% in Silver-Bow county. Overall, testing data indicated there were increases in HIV testing in intervention communities who received the Social Marketing Campaign, compared to decreases in HIV testing in comparison communities who did not receive the Social Marketing Campaign.
LESSONS LEARNED: Social Marketing Campaigns are an effective strategy for increasing HIV testing numbers in rural populations. Effective campaign messages target reducing stigma, knowing your HIV status, identifying risk behaviors, and awareness that HIV exists in Montana.

Poster Number: 218M

Presentation Title: Integrating Hepatitis Prevention Messages into HIV Prevention Services

Author(s): *Van Sant, SS; Wells, DV*
NJDHSS, Trenton, NJ

ISSUE: As HIV service providers attempt to enhance HIV prevention efforts to ensure client-centered care, they struggle against declining resources and ever increasing program requirements. In New Jersey, there has been little funding for hepatitis-related infrastructure development, making it more logical and cost-effective to integrate hepatitis A, B, and C messages into preexisting HIV prevention programs. Risk groups for HIV and hepatitis overlap significantly. HIV service providers had expressed a need for hepatitis information to better enable them to educate their clients and to provide "one stop shopping."
SETTING: Regionally and, in response to agency need, on-location at community-based organizations (CBOs) and drug treatment agencies throughout NJ.
PROJECT: The Public Health Services branch of the NJ Department of Health and Senior Services developed "Integrating Hepatitis Prevention Messages into HIV Prevention Services," with input from other sources. Training materials include Powerpoint slides, participant manuals, resource guides, content-specific games, a brief hepatitis C movie, pretest/posttests and evaluations. During 2006 nearly 200 persons were trained.
RESULTS: To assess baseline knowledge a 25-item pretest was administered that included hepatitis, HIV and STD sections. A similar instrument was administered at the end of the training but a different set of questions was used at post test to minimize testing effects. Overall, knowledge level among all participants was higher than expected with the average number wrong at pretest being 3.5 (out of 25). Despite that gains were still seen at posttest with the average number wrong being 2.4 of 25. Pretest and postest scores were better among HIV service providers as compared with drug treatment agency staff. A training goal is to enhance HIV and hepatitis knowledge and therefore, little time was focused on STD specific information. At postest, the greatest gains in scores were seen in the hepatitis and HIV sections.
LESSONS LEARNED: We had assumed a higher baseline level of knowledge about HIV prevention among HIV service providers. While this was generally true some misconceptions existed and therefore, while integrating hepatitis messages into HIV education, reiteration of some HIV information remains necessary. Changes to the curriculum have been made over time in an effort to clarify behavioral risks for hepatitis A, B, C, and HIV, (e.g. adding a Pyramid of Risk clarifying transmission risk) Also, NJ prevention agencies use CDC's Effective Behavioral Interventions (EBIs), which do not uniformly allow integration of hepatitis into the curricula. Therefore, hepatitis-related information must be provided supplemental to EBI material; complicating implementation. Our next goal is the full incorporation of STD education into this curriculum.

Poster Number: 159M

Presentation Title: Developing a Programmatic and Technical Service Center for the National HIV Prevention Program Monitoring and Evaluation System (PEMS): Communicating Public Health Evaluation Standards and Methods by E-Mail: Lessons Learned.

Author(s): *Davis, D*[1]; *Sloop, K*[2]
1 CDC, Roswell, GA; 2 Macro International, Inc., Atlanta, GA

ISSUE: How to develop an effective national electronic technical assistance "help desk" for a public health program evaluation system.
SETTING: United States
PROJECT: The CDC HIV Prevention Program Monitoring and Evaluation System (PEMS) is a standardized set of program monitoring and evaluation data variables to be collected by CDC-funded HIV prevention programs and reported to CDC and other CDC-supported funding agencies using web-based reporting software. As part of the process of implementing this national system, CDC has established a PEMS Service Center "help desk" to provide topic-specific technical assistance via e-mail and telephone to agencies funded (directly or indirectly) to prevent HIV infection. During this process, numerous issues arose. The issues involved the qualifications and number of staff necessary, how to track both the topics and clients requesting assistance, how to develop a "knowledge management system," how to develop a "service level agreement," how to communicate with both evaluators and computer software developers regarding questions beyond the scope of the Service Center staff, how to maintain confidentiality of client information while still isolating system defects, and what information to report concerning the requests for assistance received.
RESULTS: This presentation will describe the services offered by the PEMS Service Center, the Service Center's relationship with the PEMS development effort, the staff qualifications and organization, communication and confidentiality protocols, topic and client tracking procedures, reports, and operating procedures developed for the PEMS Service Center that would be useful to PEMS users and to other organizations moving to electronic communication media for providing technical assistance.
LESSONS LEARNED: It is essential to have "help desk" staff with a background in public health and evaluation in order to provide the level of service required by public health agencies. Commercial "ticket tracking" software requires significant adaptation and customization in order to be usable for public health technical assistance service centers. Both technical procedures and protocol policies must be developed to ensure confidentiality of client information. Our experience indicates that e-mail help desks are effective means of providing assistance to grantees. An e-mail help desk can assist in identifying technical problems with the software, inconsistencies in the evaluation data requirements, and issues where further training or communication is needed. Prevention programs using PEMS should avail themselves of the services offered by the PEMS Service Center. Other organizations providing technical assistance with public health program evaluation should consider using e-mail help desks as one form of technical assistance.

Poster Number: 170M

Presentation Title: Evaluating a Health-Related Quality of Life Instrument Among HIV-Infected Adults Receiving Care in the United States: Reliability and Validity of the SF-12

Author(s): *Soe, MM; Flagg, EW; McNaghten, AD; Sullivan, PS*
Centers for Disease Control and Prevention (CDC), Atlanta, GA

BACKGROUND/OBJECTIVES: Antiretroviral therapy (ART) can have both beneficial and adverse effects, making it important to measure health-related quality of life (HRQoL) among the HIV-infected population on ART. We evaluated the validity and reliability of the Short Form-12 (SF-12®), a generic psychometric-based 12- item scale that measures HRQoL, as there is limited literature of its validity among HIV-infected persons in care. The SF-12 was used as part of the Medical Monitoring Project (MMP), a national population-based surveillance project among HIV-infected adults in care in the US. In 2007, MMP will collect behavioral and clinical data for over 10,000 HIV-infected patients, which will help identify specific issues that can be used to increase overall HRQoL among this population.
METHODS: Face-to-face interviews with HIV-infected patients in care in 2005 were performed to administer the SF-12 and collect data on socio-demographic factors, health care utilization, sexual history, and drug and alcohol use in the past 12 months from 376 participants in 6 MMP pilot project areas. Reliability (i.e. internal consistency) was measured with Cronbach's alpha and reliability coefficients, using criteria of >0.70 and >0.50, respectively. Validity was assessed by examining the internal structure of the SF-12 using confirmatory factor analysis, and by comparing the physical health and mental health summary norm-based scores of MMP participants (adjusted for age, gender and race) to general population norms, and comparing between ART-adherent and ART-nonadherent MMP participants.

Multivariate regression analysis was also conducted to explore factors associated with physical and mental health well-being.
RESULTS: The majority of participants were male (72%), age 40-50 (41%), and Black (58%). The median time since first HIV-positive test result was 8.5 years (interquartile range [IQR] 5.3-13.6) and median time on ART was 7.3 years (IQR 4.3-10.6). The mean (SD) of the SF-12 physical health (PHS) and mental health summary (MHS) norm-based scores were 46.7 (10.4) and 47.8 (11.7), respectively. The overall SF-12 score and the physical and mental health summary scores showed good internal consistency (0.86-0.91). Reliability coefficients of individual constructs, except for general health, were >0.50. Confirmatory factor analysis verified the internal structure of the SF-12; construct validity was further supported by lower physical and mental health summary scores among HIV-infected persons (PHS=47.0, MHS=44.8) compared to population norms (PHS=49.6, MHS=49.4), $p<0.05$, and higher summary scores among the ART-adherent (PHS=48.0, MHS=49.1) compared to the ART non-adherent (PHS=43.5, MHS=43.6), $p<0.05$. Multivariate regression analysis showed poorer physical health was significantly associated with ART non-adherence and decreased CD4, and poorer mental health was associated with ART non-adherence, homelessness and race other than Black.
CONCLUSIONS: The evaluation of the SF-12 among the HIV-infected demonstrated good reliability and validity, indicating its usefulness in assessing HRQoL in this population. Despite advances in HIV treatment and care, quality of life among HIV-infected persons in our pilot project was poorer than that of general population. ART adherence, which prevents drug resistance and prolongs survival, was significantly associated with both physical and mental health, indicating comprehensive measures to sustain ART adherence may contribute to increased HRQoL in persons with HIV.

Poster Number: 137M

Presentation Title: Estimating HIV Prevalence and Risk Behaviors of Transgender Persons in the United States: A Systematic Review of the Literature

Author(s): *Herbst, JH*[1]; *Jacobs, ED*[1]; *Finlayson, T*[2]; *McKleroy, VS*[1]; *Neumann, MS*[1]; *Crepaz, N*[1];
for the HIV/AIDS Prevention Research Synthesis (PRS) Project Team
1 Prevention Research Branch, Division of HIV/AIDS Prevention, NCHHSTP, CDC, Atlanta, GA; 2 Behavioral and Clinical Surveillance Branch, Division of HIV/AIDS Prevention, NCHHSTP, CDC, Atlanta, GA

BACKGROUND: Transgender populations in the U.S. have been impacted dramatically by the HIV/AIDS epidemic. This systematic review estimates the prevalence of HIV among transgender persons, and estimates the percentage of individuals engaging in risky sex and injection behaviors.
METHODS: Comprehensive searches of the U.S.-based HIV prevention literature were conducted to identify studies focusing on transgender populations. The search identified 29 U.S.-based studies focusing on male-to-female (MTF) transgender women; 5 studies also provided data on female-to-male (FTM) transgender men. Using meta-analytic approaches, prevalence rates were estimated by synthesizing weighted means.
RESULTS: Meta-analytic findings indicated that 11.8% (95% confidence interval [CI], 10.5%-13.2%) of MTFs self-reported being HIV+ in 18 studies, while 27.7% (95% CI, 24.8%-30.6%) tested HIV+ in 4 additional studies. Higher HIV infection rates were found among African-American MTFs regardless of assessment method (30.8% self-reports, 56.3% test results). Across reviewed studies, large percentages (range, 27% to 48%) of MTFs engaged in risky behaviors (e.g., unprotected receptive anal intercourse, multiple casual partners, sex work, and injection of hormones/silicone). Prevalence rates of HIV and risk behaviors were low among FTMs. Contextual factors potentially related to increased HIV risk included mental health concerns, physical abuse, social isolation, economic marginalization, incarceration, and transgender-specific health care needs.
CONCLUSIONS: Prevalence rates of HIV and risk behaviors were high among MTFs. The findings of this review should be considered when developing or adapting HIV prevention interventions for transgender populations. Further research is needed to explore HIV risk behaviors and the context in which they take place.

Poster Number: 156M

Presentation Title: A Nonrandomized Evaluation of an HIV Prevention Intervention for Caucasian Men Who have Sex with Men

Author(s): *Smith, BD*[1,2]
1 Positive Impact, Inc., Atlanta, GA; 2 University of Georgia, Athens, GA

BACKGROUND: This study evaluated an HIV prevention intervention designed for Caucasian Men who have Sex with Men (CMSM). It was hypothesized that the participants in the intervention would have the following outcomes:

Decreased unprotected anal intercourse, fewer anal sex partners, increased comfort with communication about wearing condoms, increased comfort in putting condoms on self and others, increased HIV prevention knowledge, and increased acquisition of HIV testing.
METHODS: The intervention is a group-level workshop focused on issues of relationships, communication, dating, internalized homophobia, self-esteem, and HIV/STD prevention information. It is unique in that it is highly interactive and focuses on sex in a positive and non-shaming way while exploring methods to decrease HIV risk behaviors. The intervention was evaluated using a quasi-experimental non-equivalent no-treatment comparison group design. Information about sexual behaviors and HIV testing was collected was collected from 119 men who completed surveys at baseline and 30 days after completion of the intervention. A 30-day recall period was used.
RESULTS: Of the 82 men who began the intervention, 73 (89%) attended all sessions and completed the 30-day posttest. All 46 men who completed the baseline survey for the no-treatment comparison group also completed the 30-day posttest. Analyses of covariance indicated a significant decrease in unprotected anal intercourse, $F(1, 115) = 17.12$, $p < .001$, ES = .135, and a significant increase HIV prevention knowledge, $F(1, 114) = 17.84$, $p < .001$, ES = .14, in the treatment group. The HIV-negative men in the treatment group (n=54) were more likely to have acquired HIV testing between pretest and posttest than the HIV-negative men in the comparison group (n=26), $\chi2(1, n=80) = 5.30$, $p = .009$, ES = .17. Although differences in condom use and communication were not significantly different between the treatment and comparison groups, paired t tests showed significant improvements in these outcomes among the treatment group.
CONCLUSIONS: Findings demonstrate the potential of this small group intervention to positively effect sexual health behaviors among Caucasian MSM. Randomized trials of the intervention are warranted.

Poster Number: 125M

Presentation Title: Treating the Triggers: The Effects of Exposure Response Prevention on Reducing Addictive Cravings

Author(s): *DeLetis, RJ*
ERP Therapy SLS Health Inc., Brewster, NY

ISSUE: Substance Abuse Treatment
SETTING: Inpatient & Out Patient
LESSONS LEARNED: Exposure Response Prevention is a behavior therapy technology that reduces a person's pre-disposition to respond to a set of stimuli. For example, ERP has been used to treat phobias and compulsions by exposing the person to the phobic situation or thing (stimuli set) and then preventing them from executing their dysfunctional response. SLS Health applied this technology to the many forms of addictions like (Alcohol, cocaine, crack, marijuana, heroin, nicotine, sex, gambling, self-injurious behaviors & pills). One of the key hurdles a person must overcome is to remain substance free is to refrain from using when exposed to stimuli (people, places, & things) formerly conditioned to their substance abuse. Failure to behaviorally ignore such conditioned stimuli is the primary cause of relapse among substance abusers. The range of stimuli conditioned as triggers of substance abuse is varied and individualized. There are, however, common triggers. These are the sensory stimuli associated with the substance of choice, it acquisition and preparation for use. Secondly, there is the typical use setting, such as bars, time of day or special event. Finally emotional stressors while more individualized are another frequent trigger. ERP is a new therapy that treats the triggers & can help people recover from drug and alcohol abuse when intelligently combined with other forms of treatment. ERP Therapy helps a client extinguish his substance seeking behavior & impulses by systematically exposing them, in a controlled environment, to a sampling of the three sets of stimuli. It also reconditions the client's cognitive self-talk over a period of sessions. ERP is an eclectic therapy that is another piece of the recovery process. It is compatible with community support groups like AA, NA, etc.
Objectives of Presentation on Exposure Response Prevention (ERP)
1.Participants will learn why ERP is effective for their clients.
2.Participants will learn the rationale, theory, & approaches for incorporating it into their practice.
3.Data will be presented reviewing the outcome study on ERP conducted by SLS Health Inc.

Poster Number: 149M

Presentation Title: Finding a Fit with the Environment: Three Models of Service Delivery for Van-based HIV Outreach Programs to Active Substance Users

Author(s): *MacMaster, SA[1]; Vail, K[2]; Crowder, R[3]; Kinzly, M[4]*
1 University of Tennessee, Nashville, TN; 2 Community Health Action, Staten Island, NY; 3 Street Works, Nashville, TN; 4 Yale University, New Haven, CT

ISSUE: The past decade has seen the development of outreach programs to active substance users in many areas of the United States to reduce the spread of HIV/AIDS. Although many models of service provision exist, much of the literature has focused on street-based service delivery models, either in evaluating the effectiveness of services or in describing the characteristics of the recipients of services. There is strong empirical evidence to support the effectiveness of these programs with regard to decreased HIV infection rates, decreased HIV-related risk behaviors. Outreach programs have also been shown to serve as a conduit for abstinence based drug treatment for program participants and to be cost effective. The next logical step for research in this area should be the systematic description and comparison of alternative models of service delivery.
SETTING: Mobile van-based HIV outreach programs in three cities will be compared and contrasted: Nashville, Tennessee; New Haven, Connecticut; and Staten Island, New York.
PROJECT: This presentation will describe the history, development, implementation, and specific program components of three mobile van-based outreach models implemented in three greatly differing metropolitan areas. All three models originated with street-based delivery and evolved into differing models of van-based programs providing ancillary services.
RESULTS: Programs will be compared and contrasted on demographic and psychosocial characteristics of service users. Issues of matching service users needs and service delivery models will be discussed, with particular attention paid to cultural and political environmental factors impacting the development of each model.
LESSONS LEARNED: The importance of optimizing environmental fit in developing HIV outreach programs to active substance users is well known. Overcoming barriers to the use of van-based outreach programs is less well defined. The development of specific strategies utilized in three differing locations to raise awareness of, and optimize, social and political factors in developing and implementing van-based programs is an important finding in these comparison..

Poster Number: 153M

Presentation Title: Choosing Life: Empowerment! Action! Results! (Project CLEAR): An Individual Level Intervention for Youth and Young Adults Living with HIV/AIDS

Author(s): *Casillas, D* ; *Henry, L*
UT Southwestern Medical Center, Dallas, TX

ISSUE: HIV treatment strategies have radically altered how HIV infected individuals experience the illness, primarily because of increased survival and related needs which accompany living with HIV as a chronic illness. As the lifespan and quality of life of HIV-infected individuals have increased, so has the need to provide effective interventions for persons living with HIV/AIDS.
Project: Project CLEAR is an individual-level evidence-based intervention for youth and young adults living with HIV/AIDS (YPLWH/A). Project CLEAR has 5 core sessions and 6 menu sessions, totaling 26 sessions overall.
SETTING: Project CLEAR was developed for HIV-positive youth and young adults aged 16 to 29. 175 YPLWH/A participated in Project CLEAR, receiving all 26 sessions delivered in multiple, weekly, one-on-one hourly sessions.
RESULTS: Results from the outcome evaluation study indicated that participants increased a proportion of protected sexual acts for all partners and at an even higher rate for HIV-negative partners. The Capacity Building Assistance Center at UT Southwestern, in collaboration with the National Network of Prevention Training Centers (PTC) and the CDC, will be providing Project CLEAR training and CBA in the spring of 2008. Project CLEAR will be added to the CDC's Diffusion of Evidence-Based Interventions (DEBI) project in 2009.
LESSIONS LEARNED: Project CLEAR is an effective individual-level evidence-based intervention that views YPLWH/A within the context of their overall life by addressing challenges of reducing their transmission behaviors, confronting disclosure and stigma, routinely following health care regimens, and establishing positive relationships with providers.

Poster Number: 173M

Presentation Title: Learning from the Ground Up: The Benefits of Qualitative Methods for HIV Prevention Research

Author(s): *Teti, M*[1] ; *Koester, K*[2]*; Raja, S*[3]
1 Drexel University School of Public Health, Philadelphia, PA; 2 Center for AIDS Prevention Studies, San Francisco, CA; 3 Mt. Sinai Hospital, Chicago, IL

ISSUE: Developing sexual risk reduction interventions for people with HIV/AIDS (PLWH/A) is challenging because HIV/AIDS disparately affects powerless people. While prevention researchers recognize the social-structural reasons for risk behavior, they respond poorly to these determinants in interventions. Different evaluation tools are necessary to explain how contextual factors influence participants' behaviors and to develop interventions that adequately meet HIV-positive people's complex prevention needs.
SETTING: The innovative evaluation processes of two prevention programs for PLWH/A in urban disenfranchised communities, Protect and Respect in Philadelphia and Staying Healthy and Stopping Transmission (SHAST) in Chicago, are described in this abstract.
PROJECT: Protect and Respect was designed specifically to decrease the sexual risk practices of HIV positive women, via the delivery of risk reduction messages from health care providers during regularly scheduled medical visits, a five-session, skills-based Group Level Intervention (GLI) and peer-led support groups. SHAST was designed to decrease the risk practices of poor and racial/ethnic minority men and women via individual level education with a Peer Educator. Protect and Respect and SHAST used a combination of qualitative evaluation methods to assess their secondary prevention programs' processes and outcomes. These included focus groups, interviews with key informants, meeting process notes, field notes, and participant interviews.
RESULTS: Qualitative methods benefited both sites in similarly ways. They uncovered intervention processes; explained quantitative findings; revealed unexpected outcomes and connections between social oppression and risk behavior; enabled the sites to describe relevant but statistically insignificant findings; allowed disenfranchised participants to talk about intimate behaviors on their own terms; gave program participants a voice in the evaluation process; and exposed the differences between researcher and participant risk perceptions.
LESSONS LEARNED: HIV prevention researchers possess skills to evaluate interventions quantitatively. Yet, qualitative methods more effectively captured interventions' process and outcomes, generating data to inform interventions that are more responsive to the realities of participants' lives. Both sites' experiences suggested that HIV prevention planners should: use qualitative evaluation designs; maintain appropriate staffing, training, and budgeting for successful qualitative research; and report qualitative outcomes to understand the traditionally overlooked benefits and challenges of participating in complex behavioral interventions.

Poster Number: 183M

Presentation Title: Multi-Agency Approach to Implementing Community PROMISE with Highest Risk MSM: Successes and Challenges

Author(s): *Toevs, K* ; *Goldstein, AJ*
Multnomah County Health Department, Portland, OR

ISSUE: No national guidance exists for implementing CDC's evidence-based intervention (EBI), Community PROMISE, using an intergovernmental, collaborative approach. Due to limited local HIV prevention resources and an understanding that men who have sex with men (MSM) cross county lines to meet sexual partners, three county health departments in the Portland metropolitan area collaborated on implementation of Community PROMISE targeted to highest risk MSM.
SETTING: In 2005-2006, Clackamas, Multnomah, and Washington County (Oregon) health departments conducted an in-depth community assessment related to risk and protective health behaviors for MSM. The assessment laid the foundation for joint implementation of the Community PROMISE intervention in the Portland metropolitan area.
PROJECT: An intergovernmental community assessment, which collected empirical and interpretive data, focused on Portland-area MSM who have unprotected anal sex with other men of unknown or assumed serostatus..Assessment findings led to a competitive procurement of peer advocate management and outreach vendors, as well as graphic media design services for role model story production. Priority sexual networks include Internet and bathhouse sex seekers, HIV-positive MSM, and African-American and Black MSM. A multi-agency group that includes staff from the three health departments, the AIDS service organizations (ASOs) contracted to recruit and manage peers, and the graphic design/health communications firm ensure fidelity to the core elements of Community PROMISE and seamless delivery of the intervention to targeted MSM in the Portland metro area.
RESULTS: The community assessment identified the behaviors putting MSM at risk and how MSM make sexual decisions involving risk and protective behaviors. Original research for Community PROMISE focused on intervention outcome effectiveness. Locally, we have focused on process and outcome monitoring through interview, focus group, and survey data; project brand and story recognition; story resonance; and stage-based measurements of risk and protective health behaviors at baseline and follow up among MSM in our target population.
LESSONS LEARNED: It is both feasible and beneficial to implement an EBI as an intergovernmental, community collaborative.
To date, our challenges include having no framework for implementing Community PROMISE using an intergovernmental, collaborative approach; balancing time and resources to meet the distinct needs of multiple counties and sexual networks of MSM; recruitment and provision of service among small subgroups of racial and

ethnic MSM; and managing individual roles within a large, multi-agency group. Our successes include maximizing limited resources through partnerships; using an extraordinary and efficient community assessment methodology; strengthening involvement of community partners in planning and implementation; developing and producing innovative creative small media formats for role model story dissemination; and capitalizing on the unique skills and abilities of participating health department, ASO, and partner agency staff.

Poster Number: 130M

Presentation Title: Midlife African American Women at Risk for HIV Due to the Man Shortage

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BACKGROUND/OBJECTIVES: This study explored the relationships between social, cultural, and individual factors, and midlife African American women's risk taking and protective practices related to HIV. This grounded theory study was initially guided by sensitizing theories including the Afrocentric Paradigm, the Theory of Gender and Power, and Social Cognitive Theory.
METHODS: Participants included 37 African American women between the ages of 40 and 64 years old, English speaking, and HIV negative. Interview and focus group data were analyzed using constant comparison to develop explanatory theories of behavior related to HIV.
RESULTS: The majority of women felt that midlife African American women's sexual decision making was strongly impacted by the lack of acceptable male sexual partners in their age and racial group, referred to as the man shortage. Quotations from participants illustrate the dynamics involved in the development of the man shortage. Factors that contribute to the man shortage include high rates of incarceration, the 'Down Low' phenomenon, reluctance to date outside of one's racial or age group, and African American males' lower economic and professional status. Most of the women in this study agreed that African American men's high demand as partners gives them a disproportionate share of the power in intimate relationships. The women speculated that their peers have unprotected sex in order to maintain their romantic relationships. Man sharing emerged as a common adaptation to the lack of available partners and was believed to contribute to the higher prevalence of HIV among African American women.
CONCLUSION: Group or individual counseling and education/prevention efforts must confront the impact that limited availability of sexual partners has on middle Age African American women's ability to protect themselves during sexual intercourse. Intervention program must address the implications for known and unknown partner sharing. Prevention efforts should recognize that a woman's identity and value is often linked to having a male partner, and should encourage women to become more economically, emotionally, and socially self-sufficient.

Poster Number: 199M

Presentation Title: Syringe Access Policy Initiatives Should Address Safe Disposal

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ISSUE: Policy initiatives for syringe access often overlook safe collection and disposal. Improperly disposed of syringes can pose risks for transmission of HIV through accidental needle stick or intentional reuse. Safe disposal options are limited in many communities.
SETTING: In New York State (NYS), 169,556 AIDS cases were diagnosed through June 2005, of which close to 40% indicated injection drug use (IDU) risk. A total of 108,537 persons are living with HIV or AIDS in NYS as of June 2005, of which 26,877, or 25%, reported injection drug use as their risk factor. An estimated 171,500 IDUs reside in NYS. Many other NYS residents use syringes to self-administer medications. In 2001, syringe access legislation in NYS emphasized safe disposal.
PROJECT: NYS Department of Health partnered with local agencies to develop community coalitions to promote syringe access and safe disposal and provided extensive outreach and education to hospitals and nursing homes to enhance their existing syringe collection programs.
RESULTS: Over 80 community-based collection sites became operational, many through utilization of syringe collection drop-boxes ("kiosks"). An estimated 23,612 pounds of used syringes were collected in 2006. Over half of NYS's hospital and nursing home collection programs increased their hours of operation to over 30 hours per week. Community use of the programs increased for almost three-quarters of the programs.
LESSONS LEARNED: Safe disposal is important for a large segment of the population, including all persons who self-inject. Policy initiatives can support multiple syringe disposal options to minimize the potential for transmission of HIV and hepatitis B and C.

Poster Number: 104M

Presentation Title: Neighborhood Effects on Sexual HIV Risk Behavior Among Men Who have Sex with Men: A Multi-level Analysis

Author(s): *Frye, V[1]; Koblin, B[2]; Chin, J[1]; Blaney, S[1]; Putnam, S[1]; Vlahov, D[1]*
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BACKGROUND: There is increasing evidence that the neighborhood environment influences sexual behavior and related outcomes, but little work has focused specifically on gay men or men who have sex with men (MSM).
METHODS: Using data from the 1999 Young Men's Survey-New York City (NYC), a multistage probability survey of 23 to 29 year old MSM recruited at public venues in NYC, and census data on neighborhood characteristics, we conducted multi-level analyses of the influence of neighborhood-level characteristics on unprotected insertive (UIAI) and unprotected receptive (URAI) anal intercourse among MSM living throughout NYC (N=382), while controlling for individual-level sociodemographic and other factors.
RESULTS: Bivariate results indicated that, of the neighborhood-level factors examined, percent Black/African-American was negatively and percent 65 years or older was positively associated with UIAI. The percent foreign born was positively and the percent same-sex households were negatively associated with URAI. Using generalized estimating equation (GEE) modeling techniques, multivariate multi-level analyses revealed that, after adjusting for individual-level factors associated with the outcomes in bivariate analyses (i.e., demographics, gay identity and drug use, etc.), only neighborhood-level percent same-sex households remained significantly and negatively associated with URAI. No neighborhood-level factors were associated with UIAI.
CONCLUSIONS: This finding suggests that the safer sex social norm of or perceived higher levels of HIV prevalence in neighborhoods with a significant gay presence may act to discourage HIV acquisition sexual risk behavior. Future research should explore the perceived influence of neighborhood-level sociostructural characteristics and other factors not captured in archival or census data.

Poster Number: 132M

Presentation Title: Race/Ethnicity and Erotic Advantages/Disadvantages: MSM of Color, Sexual Stereotyping and Hierarchies of Desire

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BACKGROUND: In the general community, partner selection has long been noted as being shaped by race/ethnicity. The degree to which race/ethnicity determines erotic appeal and sexual partner selection among MSM is not understood as well, despite its importance in defining sexual mixing and sexual networks.
METHODS: Between July 2005 and July 2006, we conducted 6 focus group discussions and 35 individual qualitative interviews, with 28 Latino, 28 API, and 29 African American MSM in Los Angeles. They were asked about their experiences as MSM of color in Los Angeles, including those related to sexual partner formation. Audiotapes were transcribed and coded for themes.
RESULTS: Many of the respondents spontaneously spoke about an implicit hierarchy of sexual desirability, based upon race/ethnicity. Their descriptions were consistent with respect to where different groups fit in that hierarchy: white MSM were generally viewed as most desirable, then Latino MSM, then African American MSM, and finally API MSM (who were typically viewed in a desexualized fashion). Attributions about one's characteristics/capacities as a sexual partner based upon race/ethnicity were identified by study participants, but were viewed as relatively benign and sometimes used to one's benefit with respect to sexual "hook-ups". Many men reported having their own racial/ethnic preferences for sexual partnerships. However, such attributions were only of benefit in defining one's suitability as a casual sexual partner, and not as a romantic partner. Race/ethnicity was also reported by men as a source of fetishistic attraction by other (principally white) MSM. Most felt demeaned by the racial stereotypes underlying these attractions, which were similarly described within each racial/ethnic subgroup of MSM. The power of race/ethnicity to shape sexual relationships extended to the labels used in the gay community to describe white MSM who preferred MSM of color; such language was seen as having its derogatory or dismissive aspect.
CONCLUSIONS/IMPLICATIONS: Race/ethnicity is a powerful determinant of sexual marketability in the gay male community. This factor can constrict the field of available and desirable sexual partner choices for MSM of color. Sexual encounters can draw upon potent stereotypes of race/ethnicity to construct power dynamics within a given dyad.

Poster Number: 121M

Presentation Title: Discussion and Management of Safer Sex Among Men Living with HIV

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BACKGROUND/OBJECTIVES: HIV prevention efforts stress the importance of status disclosure to sexual partners as a means of promoting lower risk sexual behaviors. This study was designed to explore how men living with HIV manage status disclosure and safer sexual behavior.
METHODS: As part of a larger study on how people manage the social stigma surrounding HIV, 50 HIV-positive men were recruited for in-depth, semi-structured interviews on how they manage HIV status disclosure and management of sexual behavior. Participants were recruited from three VA hospitals in a large, metropolitan city in the Midwest. Data were analyzed using latent content and constant comparative techniques.
RESULTS: Participants described a range of disclosure and concealment practices surrounding sexual behavior, including disclosing directly, indirectly, or in stages. Strategies for managing sexual encounters that increased or diminished the risk of transmitting the virus to others ranged from avoiding sex to using protection without disclosing one's serostatus. These practices incorporated attempts at minimizing social costs or sexual rejection. Participants also described the rationale for concealing one's status and foregoing safer sex practices, including indifference to their situations and placing responsibility for safer sexual behaviors on their partners.
CONCLUSIONS: People living with HIV face numerous barriers to disclosing their status to partners and effectively managing sexual encounters, yet these discussions are crucial from both a legal and epidemiological stand point. Ultimately, these findings may be utilized in interventions for people newly diagnosed with HIV to help prepare them for these difficult, but essential conversations with others.

Poster Number: 203M

Presentation Title: An Interagency Policy Initiative to Advance Mental Health Screening of Prison Inmates at Risk for HIV

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ISSUE: The rate of mental illness is estimated to be at least three times higher among incarcerated populations than the general population. Mental illness can impede HIV prevention and treatment goals among individuals at high risk for HIV infection. Policy and program interventions for screening inmates for referral for mental health assessment are needed and can help prevent new HIV infections.
SETTING: New York State (NYS) has 108,537 persons living with HIV/AIDS as of June 2005. The NYS AIDS Institute has statutory responsibility for coordinating NYS policies with regard to HIV/AIDS. The NYS Department of Correctional Services (DOCS) operates one of the nation's largest prison systems, with 63,698 inmates in custody on January 1, 2005. Of these, over half (56.9%) had been convicted of violent crimes, over one-third (35.1%) had served a prior prison term, and almost three-quarters (72.8%) self-reported substance use in the six months prior to incarceration. NYS has the largest number of prison inmates with AIDS in the country. The NYS Office of Mental Health (OMH) provides mental health care and treatment to DOCS inmates.
PROJECT: The AIDS Institute fostered a collaboration involving public health, corrections, mental health and Columbia University that convened focus groups with DOCS and OMH staff to assess needs; reviewed the literature; and assessed existing screening tools. No single tool met the needs of DOCS and OMH. A new tool, the NYS Brief Screening Tool (NYS BST), was derived from two other reliable and valid screening tools. The NYS BST was piloted at two of DOCS maximum security facilities.
RESULTS: The NYS BST was easily administered by staff and well-tolerated by inmates. Preliminary measures of sensitivity were within acceptable limits. DOCS and OMH have agreed to pilot the use of the NYS BST in the reception and classification process and throughout the system whenever an inmate needs to be screened.
LESSONS LEARNED: Advancing HIV/AIDS policy requires addressing many issues. Policy initiatives that maintain a focus on shared goals and build upon existing relationships can overcome barriers and advance health outcomes. Government and academic partners bring different perspectives and unique strengths to program and policy development.

Poster Number: 185M

Presentation Title: Recent use of HIV Prevention Services Among Male Attendees at 2006 Gay Pride Events: Is the Word Still Getting Out?

Author(s): *Voetsch, AC* ; *Begley, EB; Jafa-Bhushan, K; Heffelfinger, JD*
CDC, Atlanta, GA

BACKGROUND: In the United States, HIV disproportionately affects racial and ethnic minority men who have sex with men (MSM). Although most HIV infections are diagnosed among adults aged 25-44 years, many may have been infected as adolescents or adults <25 years. CDC's strategic plan urges focusing prevention efforts on especially vulnerable MSM. We assessed recent use of HIV prevention services among MSM attending gay pride events.
METHODS: In collaboration with community-based organizations and state and local health departments, we conducted surveys at 7 events in 2006 (Birmingham, AL; Anchorage, AK; Chicago, IL; Charlotte, NC; Durham, NC; St. Louis, MO; Springdale, UT). CDC staff trained local interviewers to use hand-held computers to administer questionnaires to participants. Eligible respondents had been born male and were ≥18 years. We collected data on demographic characteristics, behavioral risks, HIV testing in the past year, and receipt of HIV prevention services (e.g., receipt of condoms and HIV prevention information from counselors or outreach workers) in the past year. We restricted the analysis to respondents who reported anal sex with a man in the past year and who were HIV-negative or did not know their HIV status.
RESULTS: Of the 909 MSM interviewed, we included 806 (89%) who were HIV-negative or had unknown HIV status. Of these, 231 (29%) were <25 years old, 449 (56%) were white, 217 (27%) were black, 58 (7%) were Hispanic, 44 (5%) were Alaska Natives, 23 (3%) were Asian/Pacific Islanders, and 15 (2%) were of another or unknown race. In the 12 months before the interview, 499 (62%) MSM reported having had an HIV test, 336 (42%) received HIV prevention information, and 622 (77%) received free condoms. MSM <25 years were more likely than those >25 years to report having had an HIV test (70% vs. 59%, p=0.004), received HIV prevention information (55% vs. 37%, p<0.001), and receiving free condoms (83% vs. 75%, p=0.01) in the past year. MSM of color were more likely than white MSM to report having had an HIV test (66% vs. 59%, p=0.03), receiving HIV prevention information (51% vs. 35%, p<0.001), and receiving free condoms (81% vs. 74%, p=0.03) in the past year. among the 373 (46%) respondents who disclosed the number of male partners with whom they had unprotected anal sex in the past year, MSM who used condoms with ≥50% of their male partners were more likely than those who used condoms with <50% of their male partners to report having had an HIV test (71% vs. 60%, p=0.03).
CONCLUSIONS: Most MSM surveyed at gay pride events in areas with estimated low-to-moderate HIV prevalence rates had received HIV prevention services in the preceding year. Although prevention services are being directed toward populations of young MSM and MSM of color, nearly 40% of MSM surveyed at these events had not been tested for HIV in the past year as recommended by CDC. Young MSM and MSM of color are an important group to receive prevention and testing messages.

Poster Number: 176M

Presentation Title: Logic Model Makeovers: A New Look for an old Tool to Guide HIV Prevention Intervention Planning, Implementation, and Monitoring

Author(s): *Glassman, M* ; *Whittier, DK*
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ISSUE: Logic models have been used for decades to illustrate how programs are theorized to work. CDC's framework for program evaluation includes six steps; step two calls for a program description that includes a logic model (Centers for Disease Control and Prevention. Framework for Program Evaluation in Public Health. MMWR 1999; 48(No. RR-11). The model typically depicts an intervention's inputs, activities, and outputs as well as the outcomes that are supposed to occur. Inputs, activities, outputs, and outcomes can be written in varying levels of detail and other topics can be added, such as risk associated factors and the social environment of those at risk. We have developed a template for a comprehensive logic model for use in planning, implementing, and monitoring interventions with the potential to demonstrate effectiveness. This session supplements the information presented in the session, "The CDC's 'Tiers of Evidence' Framework for Classifying HIV Behavioral Interventions Based on Level of Evidence."
SETTING: Agencies that want to design and implement their own "home-grown" HIV prevention interventions should develop a comprehensive logic model with all of the information needed to launch a potentially effective

intervention. The logic model must clearly identify determinants of risk behaviors and the behavior change theories that provide the underpinnings of the intervention. In addition, there must be clear objectives for program monitoring.
PROJECT: The template for a comprehensive logic model to guide HIV prevention intervention planning, implementation, and monitoring was developed by DHAP staff as a tool agencies can use when conceptualizing new interventions. The template indicates the topics that must be addressed so that the intervention has the potential to be considered "evidence based."
RESULTS: Our logic model template adds program goal, determinants of risk behaviors, and theories used to address determinants of risk behaviors to the typical logic model format. We also illustrate how process objectives relate to activities and outputs and how outcome objectives relate to short and long term outcomes. In addition, we show how implementation plans, intervention protocols, and quality assurance plans fit into the planning and implementation topics of the logic model.
LESSONS LEARNED: "Home-grown" HIV prevention interventions require in-depth understanding of the target population's needs and a sound theory basis for approaches to meet those needs. Program monitoring is required to provide evidence of success in implementation and client outcomes, and monitoring should be based on specific, measurable, appropriate, realistic, and time-phased objectives. Our template for a comprehensive logic model can help agencies create programs that meet the needs of populations not addressed by current evidence-based interventions.

Poster Number: 214M

Presentation Title: The Indian Health Service's HIV Management System Clinical Software

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ISSUE: American Indians/Alaska Natives (AI/AN) rank third proportionately in the US (among all ethnicities) in rates of HIV/AIDS cases. HIV/AIDS exists among both urban and rural population and it is estimated that a large portion remains untested. There are well documented health disparities in AI/AN communities so it follows that this population is at a higher risk for the spread of HIV. Given the risk and current trends, the Indian Health Service (HIS) is committed to promoting prevention and providing quality care to people living with HIV/AIDs (PLWH).
SETTING: The Indian Health Service (HIS) is an agency in the Department of Health and Human Services that operates a comprehensive health service delivery system for approximately 1.9 million of the nation's estimated 3.3 million American Indians and Alaska Natives. There are 561 federally recognized Tribes in the U.S. Their members live mainly on reservations and in rural communities in 35 states, mostly in the western U.S. and Alaska. There are over 591 clinics and 48 hospitals throughout the United States providing high quality healthcare to AI/AN. Many of these facilities are in rural areas, in some of the poorest communities in the country.
PROJECT: The HIV Management System (HMS) is an electronic case management system that provides healthcare providers with another tool for improving the direct care and management of PLWH and for those "at risk" for developing the disease. The HMS is intended for use by both experienced HIV case managers as well as providers without specialized knowledge and enables them to proactively track and manage their patient's care. The HMS provides condition-relevant reminders, reports including a quality of care report and provider guidance. When active disease management is improved, there logically follows a decrease in the rate of transmission.
RESULTS: The HMS software was nationally deployed in September, 2006. All HIS Direct sites, Tribal and Urban (I/T/U) facilities that utilize the decentralized database have access to this software at no cost. Feedback from users in the field is that this program will greatly improve their ability to track their patients care and ensure compliance with national standards. This combined with increased efforts to raise awareness and acceptance in tight knit, traditional communities will contribute to a reduction in the spread of the HIV.
LESSONS LEARNED: The medical care required for PLWH is complex and demanding. Providers at these sites are often generalists and not comfortable providing care to this population. Providers would be more inclined to care for PLWH with adequate support. Social stigma of this diagnosis combined with familiarity between staff and patients leads patients to seek care outside the local facilityPLWH would like to receive their care close to home in order to be with family and friends.

Poster Number: 116M

Presentation Title: Forced Sex during Childhood Sexual Abuse and Adolescent Behavioural Outcomes Among Female Adolescents in the Canadian Child Welfare System

Author(s): *Huisman, JE* ; *Hart, TA; James, CA*
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Adolescents who have experienced childhood sexual abuse (CSA), especially forced vaginal or anal intercourse during CSA, are at an increased risk of experiencing adverse outcomes including risky sexual behaviours (Arriola, Louden, Doldren, & Fortenberry, 2005). However, the mechanisms by which CSA is associated with risky sexual behaviour are poorly understood. The current study proposed that motivations for sex might explain the relationship between forced sex during CSA and sexual risk behaviours. A random sample of female adolescents between the ages of 14 and 18 were examined as part of the Maltreatment and Adolescent Pathways (MAP) study, an epidemiologic longitudinal study of youth in the Canadian child welfare system. A history of forced sex during CSA was associated with several risky sexual behaviours. The relationship between forced sex during CSA and risky sex was mediated by motivations to have sex to cope with negative mood. Findings suggest the need for early intervention for female adolescents who have experienced forced sexual intercourse during CSA. These interventions should focus not only on helping adolescents overcome previous abuse but also on promoting healthy coping skills, especially in sexual and/or romantic relationships.

Poster Number: 163M

Presentation Title: Implementing a Prevention with Positives Intervention in an Urban Clinic Setting: Lessons from the Treatment Advocacy Program-Sinai

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ISSUE: As the prevalence of HIV increases in racial minority communities, there is a growing need to implement prevention interventions for HIV-infected individuals in these settings. Interventions must address not only the HIV-related needs of these populations, but must also encompass the other life stressors faced by patients, including violence, depression, and stigma. This presentation details how the Treatment Advocacy Program (TAP), originally developed for gay/bisexual HIV-infected men, was tailored for use in a largely African American, urban clinic. We will review both qualitative and quantitative program data suggesting that program participants face very complex life stressors and have few resources, both in relation to HIV and other issues. We will then explore the implications for prevention in urban, minority settings.
SETTING: This presentation describes the development and implementation of the Treatment Advocacy Program-Sinai. Mount Sinai Hospital, located in one of the poorest corners of Chicago, serves African American (approximately 80%) and Hispanic clients (20%). Sinai HIV-infected patients often face extreme poverty, violence, legal/housing problems, and psychological issues (e.g., depression).
PROJECT: The Treatment Advocacy Program-Sinai was implemented as part of a larger, Special Projects of National Significance (SPNS) study funded by the Health Resources and Services Organization. The Treatment Advocacy Program-Sinai is a peer-based prevention intervention, focused specifically on patients living with HIV.
RESULTS: Baseline program data (n=173) indicate that HIV patients in our poor, urban setting are facing many stressors in addition to HIV. For example, nearly 60 percent of patients screened positive for depression on the Center for Epidemiologic Studies Scale (CESD). Twenty percent reported current domestic violence on the Conflict Tactics Scale, 10% had been the victim of sexual assault in their lifetime, and 47% had experienced at least one incident of violent crime (e.g., assault or battery). HIV-related stigma was also extremely common. Eighty-one percent felt that people were afraid to be around HIV-positive individuals, and 61% reported they were ashamed of their HIV status. Qualitative exit interview data (n=20) themes are suggestive of similar issues, including violence, poverty, stigma, and depression.
LESSONS LEARNED: Implications of this baseline data will be reviewed, including the need for prevention interventions to address issues of violence, poverty, stigma, and depression. Programs can do this through 1) personnel training, 2) inclusion of these issues in actual intervention materials, and 3) actively developing and using referral sources during program implementation.

Poster Number: 188M

Presentation Title: The Lotus Project - Women's HIV/AIDS Peer Education Training

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ISSUE: Women living with HIV face many challenges including lack of access to HIV care and treatment, stigma, substance abuse, co-infections, domestic violence, routine life stressors, and limited peer and community support. These various challenges can impact getting and staying in HIV care and treatment.

SETTING: The Lotus Project is a national program funded since 2006 by HRSA as a Peer Education Training Site (PETS). The project is a joint effort between the Center for Health Training (CHT) and Women Organized to Respond to Life Threatening Disease (WORLD) in Oakland, California. The intended audience is HIV+ women, AIDS services organizations (ASOs) and community-based women's organizations.
PROJECT: CHT and WORLD partner with local community organizations serving HIV+ women to implement five-day peer education training events. Training topics include: peer educator roles, skills and challenges; empowering women to help other positive women; HIV care and treatment; and navigating service systems. CHT and WORLD also provide technical assistance to ASO incorporating peers into care teams. Five-year project goals include: 1) training 140 HIV+ women as peer educators to provide outreach, education, and support to HIV+ women; 2) working with 10 health agencies to improve their HIV + clients' utilization of care and treatment services via peer educators on multidisciplinary teams; 3) collaborating with local HIV+ women's organizations to replicate project peer training; and 4) improving treatment and health outcomes for HIV+ women.
RESULTS: To date, 84 HIV+ women have been trained as peer educators during four 5-day training events in Oakland, CA; San Diego, CA; Atlanta, GA; and San Antonio, TX_drawing participants from urban and rural areas. Trainees averaged 44.6 years of age (range: 19 - 64 years). Racial distribution was 66% Black, 25% White, and 7% American Indian. 22% were Hispanic ethnicity. 49% have an AIDS diagnosis.
LESSONS LEARNED: 1) Community agency linkages_we collaborate with women's organizations at each location. These connections are critical to recruiting and retaining participants. 2) Recruitment_Peer trainees are recruited through outreach by local partner agencies. Applicants are interviewed by Lotus HIV+ peer trainers. Potential participants viewed this as a supportive process and appreciated talking with another HIV+ woman. It also provided the trainers with information on trainees' barriers to participation and their existing support systems. Trainees receive a stipend, childcare, and assistance with travel, food and lodging_all critical elements of successful implementation. 3) Connecting trainees with ASOs_ to get trained participants into peer positions Lotus staff and local organizations maintain ongoing communication with trainees and provide enhanced follow-up. Project staff members also conduct workshops for ASOs on the value of peer educators and how to incorporate them into multidisciplinary teams. However, paid peer positions are very limited. 4) Monitoring project participants and activities_trainees complete baseline and follow-up questionnaires. To enhance follow-up data collection Lotus staff contact trainees regularly and conduct reunion meetings that include additional training. 5) Trained HIV+ peers are strongly committed to working with HIV+ women as well as doing primary prevention among other women to reduce infection risk.

Poster Number: 151M

Presentation Title: What Does DEBI Know About My Community?: Making Interventions Work for You by Avoiding Common Implementation Mistakes

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ISSUE: Through DEBI (Diffusion of Effective Behavioral Interventions), CDC offers proven HIV prevention models for specific target populations. Bringing these interventions to a local community, however, is not always a predictable process. Sometimes EBIs seem to import seamlessly to serve the local target population, while other times an agency struggles with implementation. What factors determine whether an agency will enjoy positive outcomes implementing an EBI locally, or whether it will feel like it's forcing a "square peg into a round hole" or just "going through the motions" of service delivery?
SETTING: Community-based organizations, AIDS service organizations, and health departments implementing EBIs for African-Americans, Latinos, MSM, and/or high-risk youth.
PROJECT: This workshop provides a meta-overview of all currently approved EBIs, summarizing their underlying behavioral principles, their core elements and key characteristics, and their indicated target populations. While not meant to take the place of the comprehensive model training an agency should undertake before implementing any specific EBI, this workshop highlights the most common opportunities and pitfalls seen in implementations at agencies nationwide. A summary reference tool will allow participants to quickly navigate the EBIs. The workshop also highlights the 22 new EBIs currently being adapted, and traces trends in evolving EBIs in general.
RESULTS: This one-shot overview can help agencies to better select an appropriate EBI for their local target population, and avoid the common mistakes seen in implementation. A case study will trace one EBI implemented three times over the past nine years in a South Florida community, pointing out the lessons learned that led to improving outcomes with each new implementation. A closing discussion will assess separate issues when EBIs are implemented with often-lower funding levels from non-federal, pass-through or other grant sources.

LESSONS LEARNED: Past workshop participants reported more success in securing funds to implement an EBI locally, and less start-up time spent correcting launch errors. We can all "get along with DEBI" if we better understand and respect "her."

Poster Number: 127M

Presentation Title: HIV Prevention Altruism and Sexual Risk Behavior in HIV-Positive Men Who have Sex with Men

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BACKGROUND: An understanding of men's motivations to avoid risk behavior is needed to create efficacious HIV prevention programs for HIV-positive men who have sex with men (MSM). HIV prevention altruism is defined as the values, motivations, and practices of caretaking towards one's sexual partners to prevent the transmission of HIV. This study investigates the relationship between HIV prevention altruism and three measures of sexual risk behavior: 1) serodiscordant unprotected anal intercourse (SDUAI), 2) avoidance of anal sex, and 3) serodisclosure to secondary sex partners.
METHODS: A sample of 637 HIV-positive MSM completed a baseline survey as part of a randomized controlled trial of an HIV-prevention intervention.
RESULTS: HIV prevention altruism significantly protects against SDUAI in the crude analysis (OR = 0.58, 95% CI: 0.38, 0.88, p=0.01), but not after adjustment for drug use and compulsive sexual behavior (OR = 0.64, 95% CI: 0.39, 1.06, p=0.08). HIV prevention altruism is also related to avoidance of anal sex (OR = 0.58, 95% CI: 0.34 - 0.99, p=0.048), but is not related to serodisclosure to secondary partners (OR =1.15, 95% CI: 0.92, 1.45, p=0.22; OR = 1.10, 95% CI: 0.87, 1.39, p=0.41).
CONCLUSIONS: Lack of altruism appears related to sexual risk behavior in HIV-positive MSM, although other psychological and contextual factors play significant roles. The promotion of HIV prevention altruism may provide a formidable new direction for HIV prevention programs.

Poster Number: 141M

Presentation Title: Abbott ARCHITECT® HIV Ag/Ab Combo Assay - Simultaneous Detection of HIV p24 Antigen and Antibodies to HIV-1 Group M, HIV-1 Group O and HIV-2

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BACKGROUND: To maximize the impact of HIV prevention efforts in the U.S., every person tested for HIV must receive the most accurate diagnosis possible. HIV antigen (Ag)/antibody (Ab) combination assays allow clinicians to detect both acute (prior to seroconversion) and established HIV infections, providing for improved diagnosis compared to antibody-only assays. The ARCHITECT HIV Ag/Ab Combo assay, marketed outside the U.S. in 2004 and currently being developed for approval in the U.S., is a two-step chemiluminescent microparticle immunoassay for the simultaneous qualitative detection of HIV p24 Ag and antibodies to HIV-1 group M, HIV-1 group O and HIV-2 in human serum or plasma.
METHOD: The purpose of this study was to compare the performance of the ARCHITECT HIV Ag/Ab Combo U.S. assay in development to the assay marketed outside the U.S. for specificity, sensitivity, and imprecision by testing: a) diagnostic specimens (n=2500), b) blood donor specimens (n=2000), c) known Ab positive specimens: HIV-1 group M subtypes (n=500) (A, B, C, D, F, G, circulating recombinant forms, and unique recombinant forms), HIV-1 group O (n=65), and HIV-2 (n=125), d) commercial HIV seroconversion panels (n=10), e) HIV-1 p24 Ag panels derived from tissue culture of unique HIV-1 group M and group O viral isolates (n=38), f) AFSSAPS (Agence française de sécurité sanitaire des produits de santé) HIV Ag panel and g) precision testing over 5 days.
RESULTS: Both ARCHITECT HIV Ag/Ab Combo assays demonstrated 100% Ab sensitivity with HIV-1 group M subtypes, HIV-1 group O and HIV-2 specimens. Both assays also showed earlier seroconversion detection compared to HIV Ab assays for 8 of the 10 seroconversion panels tested. The seroconversion window was reduced by 0 to 9 days based on these 10 panels. HIV p24 Ag sensitivity was < 20 pg/Ml based on the AFSSAPS HIV Ag panel and similar sensitivity was demonstrated with the panel of HIV-1 p24 antigen derived from 38 HIV-1 group M and group O viral isolates. Observed specificity for the HIV Combo U.S. assay was 99.55% for the diagnostic specimens (2460/2471; 29 confirmed positive) and 99.95% for the donor specimens (1999/2000) versus 99.62% for diagnostic

specimens (3139/3151; 41 of 3192 specimens confirmed positive) and 99.89% for donor specimens (6358/6365) observed during the clinical evaluation for the HIV Combo assay marketed outside the U.S. Total imprecision (within run, between run, and between day) ranged between 3.5% to 8.4% for Ag and Ab analytes at various levels for both assays.
CONCLUSION: The ARCHITECT HIV Ag/Ab Combo U.S. assay in development provides HIV Ag and Ab detection in a single test on an automated, high throughput random-access analyzer and comparable performance to the assay marketed outside the U.S. Both assays demonstrate excellent specificity and improved sensitivity providing earlier detection of acute infections than HIV Ab assays.

Poster Number: 222M

Presentation Title: Preventing HIV Through Private Sector TB PPM Project in Kenya

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ISSUE: Testing TB patients for HIV in a setting with high TB-HIV co-infection rates.
SETTING: Kenya is a developing country in sub Saharan Africa with a HIV prevalence of 6% which is a great improvement from 10% in 2005. This dramatic reduction has been achieved through a careful mix of interventions involving the public and private sector health care providers and the civil society all coordinated by the National AIDS & STI Control Program (NASCOP). It is estimated that close to 60% of all the tuberculosis (TB) patients in Kenya are co-infected with HIV and its known world over that TB is the leading killer of people living with AIDS (PLWAs). It was therefore essential that TB patients are tested for HIV and HIV positive persons tested for TB so that if the disease is detected in either type of patient early treatment can be initiated while health messages on how to prevent HIV infection are provided to HIV negative TB patients.
PROJECT: among the successful interventions has been the testing of TB Suspects and all TB patients for HIV. Initially, this was only conducted by the public sector health facilities until KAPTLD introduced the Private Public Mix (PPM) approach which aims at harmonizing the quality of care for all the TB patients in the country by ensuring that the private practitioners follow the national TB / HIV guidelines.
RESULTS: The KAPTLD PPM project has made is possible for all the TB patients to have access to HIV diagnosis early enough and strives to ensure that such patients are put on treatment at the earliest opportunity. Through this initiative, over 40% of all TB patients are screened for HIV in Mombasa, Kisumu and Nairobi cities, and over 65% of them are con-infected with HIV. Nearly half of these are put on ART while 55% are on CPT.
LESSONS LEARNED: This initiative can be replicated in sub-Saharan or other countries where trends of HIV-TB co-infection are similar to Kenya's. The paper highlights the activities, challenges and success of the KAPTLD PPM project and identifies essential components for the success of PPM projects.

Poster Number: 216M

Presentation Title: Pens Houston: Web-Based Interviews for Partner Elicitation and Notification.

Author(s): *Prescott, LJ* ; *Thornton, L*
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ISSUE: Some clients feel the traditional face to face interview format with a Disease Intervention Specialist (DIS) is intrusive. These clients are also reluctant to disclose their partner(s)' identity(s) and their risk behaviors. An online partner elicitation and notification service is an innovative way to counter these concerns while still fulfilling crucial surveillance and prevention activities.
SETTING: PENS Houston is an innovative website designed by the Houston Department of Health and Human Services to aid in STD partner elicitation and notification services (PENS) as well as provide STD education in Houston/Harris County, Texas.
PROJECT: Various developmental and planning committees were involved in the construction of PENS Houston. Logic modeling, focus groups and collaborations with the community as well as various divisions with in the health department were all apart of the development of this website.
RESULTS: The website is completely developed, deployed to the World Wide Web. Currently it is in a pilot phase for testing and evaluating its interview component and educational materials.
LESSONS LEARNED: To develop a web-based anonymous interviewing mechanism that could provide DIS with a tool to reach a subset of the population who may not be responsive to traditional methods of partner elicitation and notification or who may not be comfortable disclosing risk behavior(s) or partner(s) identity(s) in a face to face interview.

Poster Number: 174M

Presentation Title: Test-Retest Reliability of Self-Reported Sexual Behavior, STD Testing and HIV Risk Behavior Antecedents Among African-American Youth in Four U.S. Cities

Author(s): *Vanable, P1* ; *Carey, M[1]; Brown, J[1]; DiClemente, R[2]; Salazar, L[2]; Brown, L[3]; Romer, D[4]; Valois, R[5]; Hennessy, M[4]; Stanton, B[6]*
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BACKGROUND: Despite the importance of self-report data in HIV prevention research, few researchers have undertaken test-retest studies to evaluate the reliability of sexual health measures among high-risk, urban youth. Using data from a pilot study of African-American teens from two Northern and two Southern U.S. cities, this study characterizes the test-retest reliability of lifetime and recent sexual behavior data, self-reported HIV and STD testing history, and standard scales assessing theoretical antecedents of HIV risk behavior.
METHODS: Audio Computer Assisted Self-Interview (ACASI) assessments were administered to low-income African-American teens (N = 156; M age = 15.5) on two occasions separated by a two week time interval. The assessment battery included measures of lifetime and recent (three month) sexual behavior, HIV and STD testing history, and previously validated measures of self-efficacy, peer norms for sexual behavior, and HIV knowledge. Reliability coefficients for continuous sexual behavior data, discrete outcomes, and HIV risk behavior antecedents were computed using intraclass correlation coefficients (ICC), kappa, and Pearson correlations, respectively. Extreme outliers (n < 2) identified from bivariate distributions were deleted prior to computing ICCs, consistent with current guidelines.
RESULTS: Overall, self-reports of lifetime sexual behavior and STD/HIV testing were stable across the two assessment points, with ICCs and kappas ranging from .66 to .85. Self-reported lifetime history of an STD (kappa = .85), past HIV testing (kappa = .77), and lifetime estimates of number of sexual partners (ICC = .81) were highly reliable. Reliability data on age of sexual debut (ICC = .77) and lifetime history of any vaginal sex (kappa = .66) were moderately high. Teens were consistent in reporting any recent vaginal sex (kappa = .72) and condom use at last intercourse (kappa = .62). However, counts of the number of unprotected occasions of vaginal sex were lower than expected (ICC = .44). Test-retest reliability estimates for HIV risk behavior antecedents were highest for a validated measure of HIV-related knowledge (r = .73). Items assessing peer norms for sexual activity (r = .58) and condom use self-efficacy (r = .50) were moderately correlated, providing further evidence of test-retest reliability.
CONCLUSIONS/IMPLICATIONS: Findings from this four city sample of African-American teens confirm that sexual behavior, STD/HIV testing history, and psychosocial measures of relevance to HIV transmission can be reliably assessed using ACASI within busy community-based settings. Variability in estimates of recent sexual risk behavior may be due in part to having some non-overlapping time between the test and retest sessions. Future research should clarify factors that contribute to the reliability of self-report data in the context of HIV behavioral research studies with high-risk youth.

Poster Number: 138M

Presentation Title: Familiarity and Use of the Female Condom in New York State

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BACKGROUND: Women account for over 50% of Gonorrhea cases and approximately 75% of Chlamydia cases in New York State (NYS), and the proportion of AIDS cases among women has nearly tripled since 1986. Heterosexual intercourse accounts for an estimated 70% of HIV diagnoses among women in NYS, and abortion rates among women residing in NYS are nearly double the national average. There is an urgent need to promote effective HIV prevention strategies for females. The female condom (FC) is the only female controlled barrier method effective at preventing pregnancy and sexually transmitted infections. The extent to which women in NYS are actually using the FC is unknown, and feared to be very low.
OBJECTIVES: 1) To measure familiarity and use of the FC among a representative sample of women in NYS; and 2) to describe a recent statewide effort to promote the FC.

METHODS: FC-specific questions were added to the NYS administration of the 2005 Behavioral Risk Factor Surveillance System (BRFSS). A skip pattern was utilized to limit responses to females over the age of 18.
RESULTS: Overall, 69% of females reported that they had heard about the FC. Familiarity was inversely related to age and positively related to education, income, and self-reported number of sexual partners in the past 12 months. African American (77%) and Hispanic (73%) women were more likely than white women (66%) to report having heard about the FC. Women with HIV testing experience were more familiar with the FC (82% versus 67%). Less than 3 in 100 women (2.6%) reported actually having used a FC. FC use varied by respondent demographic and risk characteristics in a similar fashion to familiarity, however no demographic or risk subgroup reported a FC use rate of over 7%.
CONCLUSIONS: BRFSS data clearly indicate that the FC has still not caught on. In light of gender inequalities, the feminization of AIDS, women's challenges in negotiating for safer sex, and the resistance of many men to using the male condom, methods that offer women viable protection options urgently need to be promoted. A statewide intervention to increase FC promotion by HIV/AIDS service providers and their sexual risk reduction counselors is discussed. The NYS Female Condom Promotion Project is being delivered through a partnership between the NYS Department of Health AIDS Institute and the HIV Center for Clinical and Behavioral Studies at Columbia University.

Poster Number: 171M

Presentation Title: Evaluating Social Marketing Campaigns with Theory and Logic

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ISSUE: A score of publications have indicated that social marketing campaigns based on one or more theories of human behavior tend to produce better results than atheoretical campaigns. But it is not always easy to figure out how to incorporate theory and assess the impact of a campaign in terms of the theory or theories used. Logic models that articulate how a program is intended to work, including how theory is used, are increasingly being required by program funding agencies. Logic models serve a crucial function in the development, implementation, and evaluation of HIV/AIDS prevention social marketing campaigns. Behavioral theory driven logic models lead to behavioral theory driven evaluations by connecting the program activities and outcomes to behavioral theory.
KEY POINTS: Practical applications of logic models and the use of theory with social marketing campaigns are rarely found in the literature. With this session, the authors will present the logic model from the One Test. Two Lives perinatal HIV prevention campaign and show how the model enables evaluators to quickly identify key components of the effort while demonstrating how theory is used. The One Test. Two Lives campaign is an HIV prevention social marketing campaign based on constructs from the social cognitive theory. This campaign encourages obstetricians, nurse-midwives, and nurses in obstetrical practices who deliver care to pregnant women to test all their pregnant patients for HIV and work with them to accept an HIV test even after an initial decline. The poster presentation will use the logic model from an actual campaign to demonstrate: 1) the incorporation of theory into the logic model; 2) the strengths of a well developed logic model and criteria to assist in the development of a model; and 3) the interdependence of theory, logic models, and program planning and evaluation.
IMPLICATIONS: The session will provide participants with information needed to properly develop a logic model grounded in behavioral theory that can guide a behavioral theory driven evaluation.

Poster Number: 164M

Presentation Title: The Socio-Cultural Context of HIV Risk and Using Diaphragms as a Method of HIV Prevention Among Young Women in Zimbabwe

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BACKGROUND/OBJECTIVES: In Zimbabwe, young women aged 15-24 are highly vulnerable to HIV, with an estimated HIV prevalence of 26-40%, when compared to young men of this age group (10-15%). We explored the socio-cultural context of HIV risk among young women, such as cultural norms around sex, patterns of sexual partnerships, and environmental influences on risk behaviour, as well as the hypothetical acceptability of cervical barriers (CB) as potential female-initiated methods for HIV prevention.
METHODS: Seven focus group discussions (FGD) were conducted with 47 sexually experienced female youth (aged 16-21) and 4 FGD were conducted with 34 older women (aged 23-46) who were aunts or mothers of young women

around Harare, Zimbabwe. The FGD included questions on HIV risk perception, condom use, source of sexual information and advice, and relationships with partners. Three CB were presented (Ortho All-Flex® diaphragm, FemCapTM cervical cap and SILCS® diaphragm), and participants' reactions and attitudes towards CB were sought.
RESULTS: Overall, participants thought that the traditional roles of "aunts" as a resource in sexual health matters seemed to be waning, which was expressed by statements like "there are no aunts these days". Yet, aunts/mothers in FGD still provided individual stories of how they intervened with family affairs for HIV prevention. Accounts from both groups hinted at normalization of HIV risk among youth. When confronted with advice about changing their risky behaviour, youth responded with defiance, as expressed by "AIDS is a body lotion and everybody has it", implying that there is no need to pay special attention to prevent AIDS. Financial needs (either in the form of absolute poverty, or as "temptations" for material goods); peer pressure; stigma around condom use; and male partners' insistence on sexual pleasure ("you cannot eat sweet in its wrapper") were among the factors which explained young women's high risk behaviours. Unmarried young women seemed more assertive when negotiating condoms because of high concern with getting pregnant out of wedlock; and boyfriends could be persuaded to use a condom if they wanted to have sex. In contrast, trust issues, pressure to have children and husbands' prerogative to have sex as they wanted with their wives prevented married women from negotiating condom use. After the CB demonstration, most participants agreed that young women would be willing to use them to protect themselves from diseases. The dual-use potential of CB (for disease and pregnancy prevention), being able to use the method without the knowledge of the partners, and being able to insert CB ahead of time (and thus "not needing to carry it in your pocket", like you would with a condom) were some of the favourable attitudes about CB.
CONCLUSIONS: Understanding the ways in which young women in this community define and respond to HIV risk is important in aligning HIV prevention interventions with the day-to-day realities of these women. The initial favourable attitudes towards CB in this pilot study warrants evaluating the acceptability of these methods in larger studies.

Poster Number: 106M

Presentation Title: Rates of HIV Testing and Associations Among African American Adolescents

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BACKGROUND: The HIV epidemic disproportionately affects low-income African Americans, especially adolescents who are at very high risk of other sexually transmitted diseases (STDs). Knowledge of HIV serostatus is an important element of HIV prevention and treatment efforts. Data from multiple medium-sized cities sought to investigate predictors of HIV testing among African American adolescents.
METHODS: African American adolescents (N=543) between the ages of 14-17 (M= 15.1 years) recruited from various community based organizations in two U.S. regions (2 cities in the northeast and 2 cities in the South). Adolescents completed an assessment using an audio computer-assisted self-interview (ACASI) program. Baseline data included demographics, sexual risk behavior and attitudes, condom usage, substance use, STI diagnosis, and rates of HIV testing.
RESULTS: Of the 543 youth, 117 (22%) reported ever receiving previous HIV testing. Bivariate comparisons found that adolescent HIV testing was significantly associated (ps<.05) with grade level (greater than 10th, 32% vs. 18%), history of a previous STD (46% vs. 19%), a pregnancy (61% vs. 28%), a history of fighting (26% vs. 16%), using a bat as a weapon (30% vs. 23%), and a history of arrest (31% vs. 19%). Testing was not associated with measures of gender, income or city. A Multiple Logistic Regression, entering the significant variables found that a history of a STD (OR = 2.6, p<.01) and pregnancy (OR = 4.7, p<.001) were associated with HIV testing. Attitudes, particularly towards condom use, also were associated previous HIV testing. Those with a history of HIV testing were less likely to strongly endorse intentions to use condoms (60% vs. 83%).
CONCLUSIONS/IMPLICATIONS: Nearly a quarter of African American adolescents from medium sized communities had a history of previous testing. A history of violence and arrest may have lead to testing for some. The major factor influencing HIV testing appears to be relevant medical care such as STD treatment or a pregnancy-related medical visit. Unfortunately, only about half of those with a history of pregnancy or STD had been tested for HIV. Also, it is worrisome that those with previous HIV testing, despite routine counseling and knowledge their risk behavior, were less likely than their peers to have favorable attitudes towards using condoms in the future.

Poster Number: 219M

Presentation Title: Self-Reported Versus Actual Hepatitis and HIV Services Among Injection Drug Users in Treatment

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BACKGROUND/OBJECTIVES: Injection drug users are at high risk for HIV and the hepatitis C virus (HCV), and historically have had less access to HCV evaluation and treatment. The Viral Hepatitis Integration Project (VHIP) seeks to establish/enhance hepatitis screening, testing, prevention and treatment within drug treatment and substance use settings already providing HIV services. Because the range of HIV and hepatitis-related services is inherently complex, there appears to be substantial confusion among injection drug users (IDU) regarding vaccination, testing and treatment for hepatitis. This study compares the self-reported to actual hepatitis and HIV service histories of 300 IDU receiving treatment in a large methadone maintenance treatment program (MMTP) in New York City (NYC).
METHODS: Service delivery data on hepatitis A (HAV) and hepatitis B (HBV) vaccination history, HBV, HCV and HIV screening and test results and HCV and HIV treatment were collected on a sample of 300 clients from a NYC-based MMTP. Medical chart reviews were completed on clients that also completed a survey assessing their attitudes, beliefs, knowledge, experiences, risk behaviors and vaccination, screening and treatment histories.
RESULTS: Slightly over half the sample was female (54%), the majority were over 40 years old (69%) and most were Hispanic (60%). Almost a quarter were HIV positive (23%) and 19% had not been tested for HIV whereas a little over half were HCV positive (54%) and only 2% had not been tested for HCV. Clients were generally able to accurately recall their HIV testing history. For example, 92% of clients (54/59) self-reporting an HIV positive status had evidence of an HIV positive test result in their medical chart. However, there was substantial disconnect between clients' self-reported versus their actual hepatitis service histories. For example, 27% of clients (42/156) actually testing positive for HCV at the MMTP incorrectly reported a negative HCV status or they reported never testing for HCV. Nearly half (51/104) of clients who reported testing negative for HAV actually had evidence of a positive HAV screen in their medical chart, and 56% of clients actually screened for HBV (157/279) reported never being tested or not knowing if they were ever tested for HBV.
CONCLUSIONS: HIV-related services in New York have been well integrated into drug treatment settings. As a result, clients exhibited a solid understanding of their HIV testing and treatment histories in this setting. Efforts to integrate hepatitis services into drug treatment settings are more recent. Coupled with the increased complexity of hepatitis-related services, many IDU have inaccurate understanding of their hepatitis vaccination and screening histories. It is therefore imperative to implement strategies to help ensure individuals know and understand what they are being vaccinated and screened for in these environments.

Poster Number: 133M

Presentation Title: Sexual Risk Behavior Among African American and Afro-Caribbean Men and Women at Increased Risk for HIV: The Role of Cognitions Related to Condom Use.

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BACKGROUND: Black Americans from Caribbean countries are a growing U.S. population, and make up over a quarter of those identifying as Black in the New York Metropolitan area. Research designed to understand and reduce HIV-related health behaviors has not traditionally accounted for potential differences between African American and Afro-Caribbean populations. Theories of health behavior posit that intrapersonal factors, including attitudes, self-efficacy, and behavioral intentions are important determinants of behaviors. To assess the extent to which these cognitions impact sexual risk behavior in these populations, we interviewed men and women following diagnosis with C trachomatis or N gonorrhoeae to determine relationships between condom-related cognitions at one-month, and sexual risk behaviors at six-months.
METHODS: From 01/2002-12/2004, 600 patients, age 18 or older, with microbiologic confirmed STI were enrolled from one of two STI clinics in Brooklyn, N.Y. as part of a larger behavioral intervention trial. At 6-months, 533 (89%) completed a follow-up interview. Enrollees completed an interviewer-administered instrument at baseline to assess demographics, at one-month to assess post-diagnosis attitudes, self-efficacy, and behavioral intentions related to condom use in the next 30 days, and at six-months to assess condom-related behaviors in the last 90 days. For all items, questions were asked separately for main, casual, and one-time partners using standard self-report items, and

then collapsed across partners. Distributions for cognitive items necessitated dichotomization to delineate those who were extremely favorable versus less so in regard to always using condoms (attitudes), extremely confident versus less so in regard to always using condoms (self-efficacy), and extremely likely versus less so in regard to always using condoms (behavioral intentions). For behavior, an index was formed reflecting any episode of unprotected anal or vaginal intercourse (UAVI).
RESULTS: Participants identified primarily as African American (40%) and Afro-Caribbean (52%), with 55% born in the U.S. and 41% female; 96% reported only opposite sex partners. Approximately 57% of the sample reported UAVI at 6 months. After controlling for covariates (site, treatment group), lower condom use intentions (OR=4.22, 95%CI=2.69-6.61), more negative attitudes (OR=3.65, 95%CI=2.34-5.67) and lower self-efficacy (OR=4.35, 95%CI=2.44-7.75) were associated with increased likelihood of reporting UAVI. These results varied by ethnicity such that the impact of the cognitive variables on sexual behavior was stronger among participants identifying as Afro-Caribbean (ORs=6.90, 5.31, 4.98) as compared to those identifying as African American (ORs=2.56, 2.33, 3.20) for condom use intentions, attitudes and self-efficacy, respectively. Post-hoc analyses revealed a significant interaction between ethnicity and intentions (p=.04) on UAVI. The relationships did not vary by gender. Consistent with the theoretical models, when all cognitive variables were put in the model together, condom use intentions was the strongest predictor of sexual behavior (OR=2.77, 95%CI=1.37-5.61).
CONCLUSIONS: Condom use self-efficacy, attitudes and intentions are associated with unprotected sex in the expected directions. However, we found that the model is particularly relevant for Afro-Caribbean men and women. As such, behavioral interventions targeting the reduction of STI/HIV transmission in this population need to consider incorporating strategies focused on improving self-efficacy, fostering positive attitudes and increasing intentions around condom use.

Poster Number: 103M

Presentation Title: The Evolving Epidemiology and Public Health needs for Control of HIV, STDs, HBV, and HCV in "Hard" Drug Users in the United States

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BACKGROUND: Both injecting and non-injecting users of "hard" drugs (heroin, cocaine, and methamphetamine) have responded positively to the public health interventions implemented during the past two decades. Prevalence rates of HIV, STDs, HBV, and HCV have declined during this period. Addressing current rates in drug users remains important for their health and for reducing transmission to other populations.
METHODS: We reviewed 1995 - 2006 data reported from several sources, including the national HIV/AIDS surveillance system, and prevalence data on HIV, STDs, HBV, and HCV reported from scientific studies conducted with drug users.
RESULTS: Injection drug use accounted nationally for 23% of estimated AIDS cases during 2001 - 2004 as opposed to 28% during 1996 - 2000. Furthermore, injection drug use accounted for 17% of estimated HIV/AIDS cases (i.e. HIV infection with or without AIDS) during 2001 - 2004, as reported from 35 areas with integrated, confidential, name-based HIV reporting. Results of scientific studies with injection drug users reported over the past ten years show decline in prevalence rates (HIV: from a high of 50% to 25%; HCV: from a high of 80% to 50%). Sexual transmission of HIV in injection and non-injection drug users occurs at moderate rates, and HIV prevalence rates up to 25% have been reported in non-injection drug users. Prevalence rates of bacterial STDs (gonorrhea: 1% - 3%; syphilis: 1% - 6%; chlamydia: 1% - 5%) are moderately high and are much higher (20% - 30%) in subgroups of drug users (e.g., those with multiple partners, exchange sex, have an incarceration history, infected with HIV or STDs or have a history of infection with the same or other STDs). Prevalence rates of HSV-2 are high and range across studies from 38% - 61%. Prevalence rates of HBV range from 20% - 80%, despite the availability of a vaccine for HBV. Vaccination rates for HBV are low (20% - 25%) in general for drug users, but can be greatly improved (75%) if vaccination services are integrated into needle exchange or other substance related treatment programs.
CONCLUSIONS: Despite the reduction in HIV, current rates of blood-borne viruses and STIs in drug users remain unacceptably high. These rates appear to be due primarily to lack of services (e.g., low rates of vaccination for HBV) rather than lack of efficacy of possible services and interventions. Expansion of services may require going beyond the current passive system (e.g., waiting for dug users to seek services) to develop new platforms for active outreach to drug users. Continued efforts are needed to reduce initiation of drug use, to increase treatment for drug use, to prevent injection-related transmission, to prevent sexual transmission of HIV among IDUs and from IDUs to persons who do not inject drugs, to increase vaccination for HBV, and to increase screening and treatment for infections that can be controlled with medical regimens. Reduction of blood-borne viruses and STIs among drug users would also provide an important protective effect for persons who do not use hard drugs.

Poster Number: 101M

Presentation Title: HIV Incidence Surveillance Data: How it Can Help You

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ISSUE: HIV surveillance has been limited in the past because only the prevalence of the disease could be measured. Prevalence data gives us a view of what happened in the past; consequently, prevention resources have been allocated based on assumptions and not current data. Due to recent advancements in testing technology, the incidence of HIV can now be measured. By utilizing HIV incidence data, we can better predict the populations currently at risk, therefore, allocating resources in a more effective manner.
SETTING: HIV Incidence Surveillance in Florida was implemented in the public sector in October 2004 and in the private sector in December 2005. To incorporate private and commercial laboratories, changes were made to the Florida Administrative Code (F.A.C.) to include STARHS results in the reportable conditions list. In addition, practitioners must now complete an Addendum form to the HIV adult case report form, which includes the data needed for incidence estimates.
PROJECT: The National HIV Incidence Surveillance system utilizes the Serologic Testing Algorithm for Recent HIV Seroconversion (STARHS) method to distinguish between recent (i.e., infections within the past 6 months) and long-term HIV-1 infection for a given population. STARHS data is combined with demographic data, and testing and treatment history data to estimate the HIV incidence in the population. All cases newly reported to the routine HIV/AIDS Reporting System (HARS) using the adult case report form (aged >13) are eligible for STARHS testing and will contribute to the estimate of HIV incidence.
RESULTS: From October 1, 2004, to April 11, 2007, Florida has received results on 2,447 STARHS specimens. Of these results, 608 (24.8%) were reported as "recent" infections, and 1,839 (75.2%) were reported as "long-term" infections. Incidence surveillance data varies greatly by demographics and mode of transmission.
LESSONS LEARNED: Unlike AIDS data, HIV data provide a view of the epidemic at an earlier stage of disease, thereby allowing public health officials to more effectively and completely monitor the epidemic, and allocate resources. Changes to the Florida Administrative Code allow us to capture results for all newly reported HIV cases in Florida. This will enable us to generate HIV incidence surveillance data for the state of Florida, as well as contribute to the national surveillance system.

Poster Number: 108M

Presentation Title: Unique Challenges of Hospitalized, Newly Diagnosed HIV/AIDS Haitians Residing in the US

Author(s): *Rodriguez, A* ; *Varga, L; Saint-Jean, G; Kolber, M*
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OBJECTIVE: We propose to examine and compare the characteristics of hospitalized, newly diagnosed HIV/AIDS US-born blacks versus Haitians in a large County Hospital.
METHODS: We abstracted a total of 635 medical records for US-born (502) and Haiti-born(133) blacks admitted during 2004 to the adult HIV Service at Jackson Memorial Hospital in Miami, Florida, for information on demographic characteristics, CD4 counts, primary and secondary diagnoses at admission, and substance use. We identified those subjects (52) whose diagnosis of HIV infection was concomitant to their hospital admission.
RESULTS: Thirty US-born blacks and 22 Haitians were diagnosed with HIV simultaneous to hospitalization. A higher proportion of Haitians (16.5%) were diagnosed at the time of hospitalization as compared to blacks (6%). At the time of admission, 100% of the Haitians had CD4 counts below 200 and 72.7% had CD4 counts below 50, compared to 83.3% below 200 and 50% below 50 for US-born blacks. Newly diagnosed US-born blacks were more likely to report current substance use (43.3%) than Haitians (9.5%). Moreover, Myobacterium tuberculosis was the number one opportunistic infection for Haitians compared to Candida for US-born blacks.
CONCLUSIONS: Compared to HIV/AIDS among US- born blacks, HIV/AIDS positive Haitians residing in Miami are more likely to have their HIV diagnosis made at the time of hospitalization and to present with more advanced disease. This difference is not attributed to substance abuse which is less common in the Haitian population. These findings suggest that different barriers to early identification of HIV and adequate medical care may exist for Haitians and black Americans. Outreach and efforts to promote the need for timely use of health services should be specifically tailored for each community's needs.

Poster Number: 215M

Presentation Title: Partner Counseling and Referral Services (PCRS) In Houston/Harris County, Texas- Building Capacity Through Collaborations

Author(s): *Hollins, L* ; *Thornton, L*
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ISSUE: PCRS is a critical component of the Houston Department of Health and Human Services (HDHHS) HIV Prevention Program. The HIV/AIDS Surveillance Program receives and reviews HIV laboratory tests reported to HDHHS. Expediting identification and follow-up of newly diagnosed HIV positive persons requires effective collaborations between the HIV/AIDS Surveillance Program and the HIV/STD Prevention Program. HIV prevention outcomes are enhanced when HIV positive individuals receive timely counseling, referral and partner elicitation.
SETTING: HDHHS HIV/AIDS Surveillance Program and HIV/STD Prevention Program
PROJECT: HIV lab reports are received by the HDHHS Bureau of Epidemiology and record searched in HARS to identify newly reported persons. Within 72 hours of test receipt, HIV/AIDS surveillance staff are expected to complete provider follow-up and initiate a field investigation record in STD*MIS for PCRS. Disease Intervention Specialists (DIS) in the Bureau of HIV/STD Prevention are expected to interview newly diagnosed cases within 72 hours of assignment and elicit partners for notification. Cases from agencies contracting with HDHHS are excluded from PCRS by DIS staff.
RESULTS: In 2006, 641 newly diagnosed HIV cases were assigned to DIS for public health follow-up. Seventy-eight percent (500/641) of persons were successfully interviewed by DIS staff with 725 partners initiated for notification. Forty-seven percent (233/500) of cases were interviewed within 72 hours of assignment. Sixty-three percent (457/725) of partners initiated were notified. Thirty-three (4.5%) of 725 partners initiated were counseled and tested HIV positive. Twenty percent (146/725) of partners initiated had previously tested HIV positive.
LESSONS LEARNED: Effective collaborations are key to the success of PCRS. HIV Surveillance staff must conduct provider follow-up with a heightened awareness of the importance of timeframes for disease intervention activities like PCRS. Collaborations with health care providers must be established to emphasize the key role of the health care provider in screening at-risk individuals for HIV and in promoting the goals of PCRS to newly diagnosed clients. Newly diagnosed individuals express concerns about PCRS that must be addressed. Programs must offer clients alternatives to face-to-face interviews.

Poster Number: 209M

Presentation Title: Gender Differences in Beliefs about Viral Load and HIV Transmission Risks Among HIV+ Women and Men

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BACKGROUND: The belief that HAART reduces HIV transmission risks has been shown to contribute to higher rates of sexual risk behavior among HIV+ MSM. However, little is known about the impact of optimistic treatment beliefs on sexual risk perceptions and behavior among HIV+ women. The goals of this study were to: (a) examine whether having an undetectable viral load influences sexual risk perceptions differently among HIV+ women compared to HIV+ men and (b) characterize the association of reduced infectivity beliefs to self-reported unprotected sex among HIV+ women and men.
METHODS: A clinic-based sample of 171 sexually active HIV+ men and women (42% Female; M age= 39; 44% White) were recruited during outpatient care to complete a health behavior survey. To assess the direct impact of viral load on perceived HIV transmission risks, participants rated the degree of risk for an uninfected partner in two hypothetical scenarios describing unprotected sex with an HIV+ partner with either a detectable or undetectable viral load. In addition, participants completed measures of demographics, reduced infectivity beliefs, and condom use for sex in the past 3 months.
RESULTS: In the complete sample, hypothetical scenario data indicated that unprotected sex involving an HIV+ partner with an undetectable viral load was perceived as safer than unprotected sex with an HIV+ partner with a detectable viral load ($p < .05$). However, a more nuanced set of analyses indicated that the association of viral load status to risk perceptions was qualified by a significant gender-by-viral load status interaction ($p < .05$), indicating that risk perceptions varied as a function of viral load status among men but not women. An analysis of reported sexual behavior indicated that rates of sexual risk behavior did not vary by gender, with 49% of the sample reporting unprotected sex in the past three months. In a multivariate analysis that controlled for relationship status, reduced

infectivity beliefs emerged as a significant correlate of reported unprotected sex for both women and men (AOR = 2.1, 95% CI = 1.4-3.2, p<.001).
CONCLUSIONS: These findings suggest that, compared to women, HIV+ men make greater distinctions concerning HIV transmission risks based on the viral load status of a hypothetical HIV+ sexual partner. However, the findings also confirm that reduced infectivity beliefs are associated with recent sexual risk behavior among both women and men. Although treatment advances may have a more pronounced effect on risk perceptions among HIV+ men, interventions for both men and women should stress that condom use decisions should not be guided by risky assumptions about viral load and reduced infectivity.
4/13/2007

Poster Number: 114M

Presentation Title: Mozambique's Voluntary Counseling and Testing Program: Client Characteristics and HIV Prevalence, 2002-2005

Author(s): *Gaspar, N*[1]; *Seither, R*[2,3]; *Raposo, C*[4]; *Shiraishi, R*[2,5]; *Marsh, K*[4]; *Morgan, M*[2]; *Benech, I*[4]
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BACKGROUND: Since 2001, voluntary HIV counseling and testing (VCT) has been a key component of the Mozambican Ministry of Health's (MoH) comprehensive HIV prevention strategy. Routinely-collected data from VCT client encounters can be used to identify persons most-at-risk of HIV-infection and shape messages promoting testing in these groups.
METHODS: We analyzed all routinely-collected VCT data from reported first-time visits to non-clinical sites with at least 50 reported visits in Mozambique's 11 provinces from 2002 to 2005 to describe the client population, HIV status, and variation in prevalence based on demographic characteristics and reasons for seeking VCT. HIV status was determined by rapid tests at the time of visit. The number of sites grew from 24 in 2002 to 116 in 2005.
RESULTS: In Mozambique, from 2002 through 2005, 366,339 adults (61% female, 77% urban) aged 15 and above were counseled and tested at 127 sites. Medical provider referral (31.7%) and self-reported risk exposure (40.8%) were most frequently cited as reasons for seeking VCT. Nearly a third of women were referred from antenatal care clinics (ANCs). Overall HIV prevalence was 30%, although it varied by demographic characteristics and primary reason for visit. HIV prevalence was higher among women (32.0% vs. 28.0%) and clients over age 30 (46.4%) compared to those aged 20-29 (29.5%) and 15-19 (9.9%). Prevalence in the northern (34.5%) and central regions (25.5%) was higher than in the south (18.8%). At-risk occupations, including police and military (40.9%), truck drivers (48.9%), migrant workers (69.9%), miners (68.7%), had higher prevalence than the overall sample, compared to 31% for self-identified sex workers. HIV prevalence was also higher among clients referred by a TB clinic (63.2%), other clinical services (55.2%), or when the reason for visit was illness in the client (61.1%), their partner (49.3%) or child (44.4%), or an HIV+ partner (64.3%). In rural areas prevalence was lower than urban locations (24.1% vs. 32.4%).
CONCLUSIONS: Overall expansion of VCT services in Mozambique has been successful. High prevalence among high-risk and mobile populations including miners, uniformed services, truckers and sex workers, suggests that additional efforts should be made to increase their access to CT, care and treatment services. Models currently being piloted in Mozambique include community-based CT, workplace CT campaigns and CT along corridors and ports. High prevalence among CT clients referred from TB and clinical settings and the large proportion of ANC referrals also suggests the need to integrate CT services into routine medical care. The MoH has started to establish opt-out CT services in ANCs, TB and selected clinical sites in 2006. These efforts will need to be expanded to not only identify HIV+ patients but also to ensure timely referral and enrollment in care and treatment services.

Poster Number: 184M

Presentation Title: PA04064, HIV Prevention In Washington DC

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Us Helping Us, People Into Living, Washington, DC

ISSUE: In 2005, the CDC found an HIV prevalence of 46% among black gay/bisexual men (BGM) in five cities. In Baltimore, the HIV prevalence among BGM was 67%. There is an urgent need for effective HIV prevention interventions for BGM. Unfortunately, the CDC has only one intervention, Many Men, Many Voices, designed for gay men of color. There is a vital need to adapt and tailor HIV interventions for BGM.

SETTING: Us Helping Us, People Into Living, Inc. (UHU) is a community-based AIDS services organization located in Washington, DC. Washington is estimated to have the highest AIDS cases per capita in the nation. Washington, DC is only 35 miles from Baltimore and BGM from both cities interact socially and sexually.
PROJECT DESCRIPTION: Under Program Announcement 04064, UHU provides three interventions targeting BGM: Many Men, Many Voices (3MV); Popular Opinion Leader (POL); and Rapid HIV counseling and testing in a non-clinical setting (CTR). 3MV is a six session group-level intervention designed for gay men of color. POL, a community-level intervention designed to impact social norms, was originally tested for effectiveness in bar setting for white gay men. UHU tailored POL for BGM social networks, such as a volley ball team and a basket ball team. UHU teaches POL members the CTR process and trains them to have conversations about HIV testing in their social networks.
RESULTS: From July 2004 to the present, UHU has conducted 17 3MV retreats for 184 BGM; trained 130 POLs who had 665 documented conversations within their social networks; and conducted 1,762 HIV tests. Of those tested, 393 were black MSM, of which 55 were HIV positive for a prevalence of 14%.
LESSONS LEARNED: In adapting and tailoring these interventions for BGM, UHU stressed the integration of the interventions to enhance program outcomes. Cross training was essential to the success program integration. Eighty percent of the UHU staff has been trained to conduct CTR. CTR is offered and conducted during the 3MV sessions and POL trainings. Conversely, many men who receive CTR are referred to 3MV or POL. UHU adapted 3MV as a weekend retreat off-site to ensure participant retention and incorporated rituals in the curriculum for cultural sensitivity. The retreats are held at a retreat center in the woods in a family-style environment with home-cooked meals to enhance participant learning, sharing and bonding. Since many individuals drop out at the last minute, overbooking is key in having the appropriate number of participants. The capacity to provide HIV testing on each retreat was very beneficial. To increase the retention of trainees, focus groups recommended that the POL training sessions be reduced from four sessions to two sessions with a third follow-up session. In regards to CTR, collaborative agreements and relationships with other providers enhanced access to diverse populations. Having the majority of UHU staff trained as HIV testers increased client access and the opportunity to conduct testing.

Poster Number: 179M

Presentation Title: Do Drug Abuse Researchers have a Duty to Protect Third Parties from HIV Transmission? Moral Perspectives of Street Drug Users

Author(s): *Fisher, CB1* ; *Oransky, M[1]; Mahadevan, M[1]; Singer, M2; Mirhej, G[3]; Hodge, D[2]*
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BACKGROUND: The intertwining effects of illicit drug use and HIV/AIDS is a serious public health problem. Ethnographic researchers involved in long-term professional relationships with HIV positive drug users often become aware of participant sexual or needle sharing practices that increase the risk of HIV transmission to non-infected third parties. In such situations, do researchers have an ethical responsibility to intervene in HIV transmission that supercedes obligations to protect participant confidentiality? This paper describes a NIDA funded project designed to explore the opinions of active drug users towards a "duty to protect" ethical decisions within the context of ethnographic research
METHOD: As part of a larger study, data was collected from 11 focus groups with 100 African American, Hispanic, and non-Hispanic white male and female street drug users in NYC and Hartford. At least a third reported they were HIV positive. Discussions were stimulated by video-tapedresearch vignettes. The vignette of relevance to this paper depicted an interview between an ethnographic researcher and an active drug user whom the researcher had been studying for several months. The participant, who had previously told the investigator that s/he was HIV positive, casually mentions that s/he is having regular unprotected sex with another study participant who is HIV negative and unaware of his/her partner's serostatus. Probes encouraged focus groups to discuss the moral obligations of the investigator, the participant with HIV, and his or her partner. Content analysis revealed several themes and sub-themes.
RESULTS: While confidentiality was important to respondents, surprisingly many cast ethnographic researchers as moral agents who were responsible for taking action when a participant's destructive behavior would place another at risk of HIV transmission. Knowing the identity of a potential victim was a deciding factor. Drawing upon their experiences with health care providers, many thought the researcher's role included reporting responsibilities. Others thought a researcher who did not disclose the participant's HIV status to his or her partner became an "accomplice" to the "crime". Not all focus group members thought that the investigator had a moral responsibility to alert a third party to the dangers of HIV transmission. Some argued that each individual should be responsible for his or her own wellbeing, and if an individual has unprotected sex or shares needles, they put themselves in harm's way. Others recognized that taking such actions could jeopardize research by "messing with the researcher's credibility".
CONCLUSIONS/IMPLICATIONS: Few studies have spoken to the social norms governing individual responsibility for HIV transmission among illicit drug users and their expectations of investigator responsibilities. The

voices of street drug users in this study challenge assumptions that uncompromising protection of participant confidentiality is always essential to gaining participant trust. Of significance for research ethics policy, participants were more likely to support disclosures regarding HIV transmission if the investigator had informed the participant during informed consent about this possibility.

Poster Number: 201M

Presentation Title: Non-Intervention Drug Abuse Research and HIV Counseling and Testing: Through the Community Looking Glass

Author(s): *Mahadevan, M*[1]; *Fisher, CB*[1]; *Bonet, L*[1]; *Oransky, M*[1]; *Singer, M*[2]; *Hodge, D*[2]; *Mirhej, G*[3]
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BACKGROUND: Federal agencies that fund drug abuse research encourage grantees to offer participants HIV education, counseling, testing, and assisted entry into treatment. However, the success of any policy encouraging investigators to include HIV education and services depends upon research participants' endorsement of the need for such services. This paper describes the results of a NIDA funded project designed to explore the opinions of active drug users towards the inclusion of HIV testing, counseling and treatment referrals tied to participation in non-intervention research.
METHODS: As part of a larger study, data was collected from 11 focus groups with 100 African American, Hispanic, and non-Hispanic white male and female street drug users in NYC and Hartford. Discussions were stimulated by video-taped research vignettes carefully designed to present participants with visual examples of research methods from which ethical issues emerge. The vignette of relevance to this paper depicted a street recruiter who asks drug users to participate in a study involving HIV testing and questionnaires about their sexual behaviors and drug habits. Probes encouraged respondents to discuss perceived research risks and benefits of participation, factors affecting informed consent, confidentiality concerns and related issues
Content analysis revealed several themes and sub-themes.
RESULTS: Distrust and misconceptions about HIV were common, and contributed to feelings of disenfranchisement and vulnerability. Fear of a positive HIV diagnosis emerged as a prominent deterrent to participation in research associated with HIV and counseling prior to testing was considered important. Increased knowledge about HIV transmission was seen as a potential benefit not only to participants but their families and partners. The attitudes of the research personnel, the demeanor of the researcher in their interactions with the participants and the level of confidence with which they could share their most personal information with the research community were identified as instrumental in motivating or deterring drug users from participating in research involving HIV testing.
CONCLUSIONS/IMPLICATIONS: Focus group discussions highlighted the many barriers to creating research policies that would increase HIV testing and counseling for street drug users. Recruitment messages and informed consent procedures that include information about the availability and effectiveness of current HIV treatments may help to address the fears underlying reluctance to participate in such research. Providing pre-counseling for HIV testing and along with information about available support services for family members of those testing HIV positive may encourage testing. Finally, behaviors that communicate respect for and sensitivity to drug users as persons rather than objects of research can create a relationship of mutual trust between investigator and participant.

Poster Number: 189M

Presentation Title: Trainee Characteristics and Factors Associated with Recent Peer Support Activities Among HIV+ Women Participating in the Lotus Project Peer Education Training Program

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BACKGROUND/OBJECTIVE: The Lotus Project is a HRSA Peer Education Training Site (PETS). This joint effort between the Center for Health Training (CHT) and Women Organized to Respond to Life Threatening Disease (WORLD) in Oakland, California partners with local organizations serving HIV+ women to implement five-day peer education training events. Study objectives include: 1) describing trainee characteristics, HIV/AIDS knowledge, and recent peer support activities at training enrollment, and; 2) assessing factors associated with providing peer support.
METHODS: The sample includes 84 HIV+ women who attended peer educator trainings 2006-07 in Oakland, CA; San Diego, CA; Atlanta, GA; and, San Antonio, TX. Subjects completed a baseline questionnaire at enrollment covering demographics, health issues, HIV/AIDS knowledge, and peer support provided (past six months). Thirteen support items addressed concrete, emotional, and informational activities. Ordinal responses (0=never, 1=1-2 times, 2=3-10 times, 3= >10 times) were averaged to create a peer support scale. Mean differences (ANOVAs, t-tests) and

linear associations (correlations) were calculated to assess relationships between providing recent peer support and other measures.
RESULTS: Female subjects' mean age was 44.6 years (SD=9.7). Racial/ethnic background was 60% Black, 22% Hispanic, and 18% White. Most (85%) reported good/very good health; 15% indicated fair/poor health. Fully 58% tested HIV positive >10 years ago. Half had an AIDS diagnosis; 80% were taking HIV/AIDS medications. About 45% reported no sex partners, past six months. A quarter (23%) were in recovery from substance abuse. Almost two-thirds (63%) had HIV/AIDS training, past two years. Subjects' HIV/AIDS knowledge scale scores averaged 72% correct (SD=16.2). The peer support scale averaged 1.2 (range: 0.0-3.0), where 0.0 indicated no activity and 3.0 indicated doing all 13 items >10 times.
Mean peer support activity scores (in parentheses) differed significantly ($p<0.05$) for: location--San Diego (1.2) to Oakland (0.7) ($F=2.95$, $p=0.04$); women who did (1.4) versus did not (0.7) receive prior training ($t=3.18$, $p=0.002$); good/very good health (1.3) versus fair/poor health (0.6) ($t=2.05$, $p=0.04$), and; women testing HIV+ > 10 years ago (1.4) versus HIV+ <11 years ago (0.9) ($t=2.0$, $p=0.045$). Peer support was not associated with any other measures, e.g. demographics, AIDS diagnosis, or HIV/AIDS knowledge.
CONCLUSIONS/IMPLICATIONS: Given cross-site variation, PETS should continue to identify locations with high HIV infection rates among women of color and make strong efforts to collaborate with local partners in selecting trainees and assessing community peer support issues. Programs should emphasize trainee health as these women engage in future support activities with other HIV+ women. Women who had spent more time addressing HIV in their lives were more active in providing recent peer support. Experience may impact positive community engagement. Finally, many measures were not associated with peer activities, e.g. race/ethnicity, AIDS status, substance abuse recovery, or HIV/AIDS knowledge. Enrolling HIV+ women with diverse backgrounds and experiences is an asset for peer training programs addressing the interaction of HIV treatment and prevention.

Poster Number: 204M

Presentation Title: Assisted Reproduction for HIV-affected Couples in California

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BACKGROUND: HIV-discordant couples face the risk of virus transmission when trying to conceive. Since 1987, numerous studies have reported over 4500 assisted reproduction procedures using processed sperm from HIV-positive men to establish pregnancies in HIV-negative partners with no cases of virus transmission to mother or infant. Although these methods are being used elsewhere in the US, California law prohibits the transfer of sperm from donors who test positive for HIV, thereby prohibiting assisted reproduction for couples in which the male partner is HIV-positive. Our objectives were to determine the current status of the provision of assisted reproduction for HIV-affected couples in California and to examine views on provision of services in California if legal limitations were changed.
METHODS: A survey was administered to the medical directors of all identified fertility clinics in California. The questionnaire was administered through web based format followed by faxed paper surveys to non-responders. Follow-up email reminders and phone calls were sent weekly to non-responders after initial questionnaire was sent.
RESULTS: To date, the survey has a 48 % response rate with 32 clinics of the 67 identified. Clinics were 84% private practice, 13% academic, and 3% military. Of those responding, 47% of clinics have had requests for care from HIV affected couples within the past year, ranging from 1-25 couples per clinic, with a total number of 72 couples reported statewide. 61% of clinics have a policy regarding provision of services for HIV-affected couples; the majority of clinic policies reiterate state regulations. While 29% of the clinics have provided assisted reproduction for HIV positive women with HIV negative partners, a total of 68% of respondents are willing to provide assisted reproduction for HIV positive women with HIV negative partners. Additionally, if state law changed, 79% (22/28) of clinics are willing to provide care for HIV-positive couples and 71% (20/28) of clinics are willing to provide care for HIV-discordant couples in which the man is HIV-infected.
CONCLUSIONS: Provision of assisted reproduction for HIV-affected couples is limited in California due to individual clinic policies and state regulations. The majority of clinics are willing to provide care for HIV-affected couples if the laws were changed. Amendment of state regulations will greatly increase the access to care for HIV-affected couples by allowing clinics to provide more services to meet the needs of this population. These data help support the current state legislative efforts (Senate Bill 443) to reverse the ban on using semen from HIV-positive men for the purposes of assisted reproduction.

Poster Number: 124M

Presentation Title: Drug Use and Risky Sexual Behaviors Among Detained Adolescents in Miami Dade.

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BACKGROUND: There is a commonly presumed link among sexual risk behavior, substance use, and other psychosocial factors among adolescents. However, these relationships have been relatively understudied in detained, low-income, minority, substance-using adolescents. This study addresses this gap in the literature with a secondary data analysis based on a detained adolescent group.
METHODS: Logistic regressions were conducted on baseline data from structured interviews with 455 adolescents participating in a NIDA-funded HIV prevention trial. Data was analyzed to assess relationships among self-reported substance use, STD history, HIV/AIDS knowledge, condom use, condom use attitudes, and skills, peer and parental approval to use condoms, and race/ethnicity. The sample (mean age=15.6) was predominantly male (74.1%) with a disproportion minority representation: 35.4% African American, 25.1% non-African American Latino, 11.2% White, and 28.4% of other racial/ethnic categories.
RESULTS: Results indicated that 1) alcohol use ($p > 0.05$) and use of marijuana, cocaine and other drugs ($p < 0.001$) explained a significant amount of the variability in sexual risk behaviors; and 2) unprotected vaginal, and oral sex increased with higher alcohol and drug use and that positive attitudes about personally using condoms were significantly related to condom use ($p < 0.001$). Logistic regression results indicated that condom use varied by race/ethnicity. Whites and Latinos were more likely to use condoms for oral sex (OR=1.5 and 1.8 respectively; p>.0001) when compared to the Other race/ethnic category. African Americans and Latinos were more likely than Other race/ethnic category to use condoms for vaginal sex (OR=1.2 and 1.17 respectively; p<.0001).
CONCLUSIONS: These results indicated that risky sexual behavior and HIV infection risks are significantly associated with substance use; particularly alcohol use. Also there is variability due to racial/ethnic background, therefore, proper screening and identification of alcohol use, and condom use attitudes among the different racial/ethnic groups could maximize the efficacy of referrals and increase the potential for appropriate primary and secondary HIV and drug prevention among adolescent detainees.

Poster Number: 210M

Presentation Title: Peer and Psychosocial Support for HIV Positice Adolescents in Uganda

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ISSUE: Today, nearly 12 million young people aged 15 to 24 are living with HIV/AIDS worldwide and, each day another 6,000 young people become infected with HIV. The Adolescent HIV clinic in Kampala, Uganda which looks after 600 HIV positive adolescents has a strong psychosocial component aimed at promoting healthy life-skills among adolescents living with HIV.
SETTING: The Peer Support Group (PSG) intervention at the Pediatric Infectious Disease Clinic (PIDC) in Kampala, Uganda promotes psychosocial well-being, self-efficacy and behavioral intent for secondary HIV prevention through participation in support groups and counseling.
PROJECT: All HIV positive adolescents aged between 10-19 years are consecutively enrolled into the peer support group (the Mulago Teens Club) once their HIV status is disclosed to them. From August 2003 to December 2006 the PSG has recruited over 250 members, subdivided into age-specific groups, Kids Club(10-12years); Sharp Club(13-15 years); Bright Club(16-18 years), and more recently, Youth Club(19+years). Each month two peer support meetings are held, and are supported by a committed team of facilitators. A planning meeting is held prior to each support meeting aimed at detailed planning and fostering a good peer-facilitator relationship. Various topics including HIV/AIDS illness, sex and sexuality, life-skills building, medication adherence, nutrition and coping skills have been discussed using didactic and inter-active approaches.
RESULTS: By March 2007, 200 adolescents had attended PSG meetings. Average monthly attendance in 2005 was 37% Kids Club, 47% Sharp Club, 21% Bright Club. In 2006, 16%, 53%, 19% attended respectively and 14% Youth Club (19+ years). The median age of participants was 15.5 years old, with a range of 10 - 21years. Attendance records showed that majority (62%) of adolescents attended regularly, females attended more often than males (F: M = 2:1). Ongoing evaluation of the PSG demonstrates a willingness of the participants to return for further meeting, with some

of the main reasons being fostering friendships, seeking information, learning survival skills, and membership. A curriculum has been developed which is being shared with other HIV care institutions.
LESSONS LEARNED: There was overall increase in number of participants in the second year. The peer support group model is an acceptable source of information and encouragement for adolescents living with HIV. It can be instrumental in helping young people be more open to learning, engage in critical dialogue, exercise creativity and initiate behavior adjustments to positive living, and foster healthy friendships. The peer support group curriculum can be easily replicated or incorporated into HIV/AIDS care settings.

Poster Number: 140M

Presentation Title: The Relationship Between Perceived Financial Needs And Sexual Risk Behavior Among African American And Afro-Caribbean Men And Women At Increased Risk For HIV.

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BACKGROUND: Although research suggests that racial and ethnic disparities in HIV-related morbidity and mortality may be due, in part, to factors such as poverty and income inequality, there has been little focus on how individual-level perceptions of basic resource needs impact these relationships. We followed an STI patient population at increased risk for HIV to examine these relationships.
METHODS: From 01/2002-12/2004, 600 patients, age 18 or older, with microbiologic confirmation of STI were enrolled as part of a larger behavioral intervention trial. Patients were drawn from two STI clinics serving minority, low income populations in Brooklyn, NY. Enrollees completed an interviewer-administered instrument at baseline. At 6-months, 533 (89%) participants were retained and completed a follow-up interview. At both interviews, participants reported on sexual behavior and condom consistency during anal and vaginal sex in the last 90 days. Questions were asked separately for main, casual, and one-time partners, and were then collapsed to form an index reflecting any episode of unprotected anal or vaginal intercourse (UAVI). To assess perceived access to basic resources, we administered the "Basic Needs" sub-scale of the Family Resource Scale-Revised. In this scale, participants describe how well their and their family's needs are met on a consistent basis, including the extent to which they have sufficient money for meals, housing, plumbing and heat, and clothing. Reponses were assessed via 5-point scales ("never enough" to "almost always enough"); those who reported across all items that they usually or almost always have enough were categorized as having lower perceived need; others were categorized as having higher need.
RESULTS: At baseline, participants identified primarily as African American (40%) and Afro-Caribbean (52%), with 55% born in the U.S. and 41% female; 96% reported only opposite sex partners. UAVI was reported by 90% at baseline and 57% at 6-months. Higher economic need was reported by 42% of participants; perceived economic need did not differ as a function of baseline UAVI or age. Women were more likely to report unmet needs (48%) than were men (37%, p=0.02). In logistic regression analyses, greater need was associated with increased risk of UAVI (OR=1.6; 95% CI = 1.11-2.31), after controlling for gender and study group. among women, those with greater need were more likely to report UAVI (65%) compared to women with lower need (50%, p=0.02). among men, those with greater need were as likely to report UAVI (60%) then were those with lower need (55%, p=0.42). A test for the interaction of gender and perceived need on UAVI was not statistically significant.
CONCLUSIONS: Women with greater needs may have increased pressure to acquiesce to a male partner's preference for no condom use, if that partner can provide needed financial support. These findings may also reflect that engaging in HIV preventive behaviors is not considered a top priority by women when they are faced with a lack of basic resources. The current study calls for an improved understanding of how economic and resource needs may contribute to risk behavior of urban, minority women.

Poster Number: 162M

Presentation Title: Using Motivational Interviewing in Field Outreach with Young African American Men Who have Sex with Men (YAAMSM)

Author(s): *Outlaw, AY*; *Green-Jones, ML; Naar-King, S; Condon, KL*
Wayne State University School of Medicine, Detroit, MI

BACKGROUND: Almost 25 years into the HIV epidemic, there is still evidence of an underestimation of risk and difficulty maintaining safer sex practices among young gay and bisexual men. In a recent study of young men who have sex with men (MSM), 77% of those who tested HIV-positive mistakenly believed that they were not infected (MacKellar et al., 2005). Young African American MSM (YAAMSM) in this study were more likely to be unaware

of their infection, at a rate of approximately 9 of 10 compared with 6 of 10 for young white MSM. To increase the number of YAAMSM in the Detroit area who know their HIV status, we tested two methods of outreach to encourage HIV counseling and testing (HIV C&T).
METHODS: YAAMSM (ages 16-24) were randomly assigned to one of two conditions: Field Outreach plus Motivational Interviewing (MI) or Field Outreach alone (FO). Both conditions, utilizing Orasure testing, encouraged HIV C&T and returning for results. Information about HIV risk behaviors (i.e. sexual behavior and substance use) and readiness to change risk behaviors was also collected.
RESULTS: Of the 94 YAAMSM currently enrolled in the study (MI: n=47 and FO: n=47), 32% received HIV C&T, while 57% had used marijuana and 88% had used alcohol in the past 90 days. In the past 90 days, 27% had receptive anal sex without a condom, 30% had insertive anal sex without a condom, and 9% had vaginal sex without a condom. Forty-seven percent reported "not ready" or "unsure" when asked how ready they were to use a condom for oral sex. Regarding group comparisons, more YAAMSM in the MI condition received HIV C&T ($\chi2$ (1) = 7.10, p =.008); had partners of unknown HIV status ($\chi2$ (1) = 4.73, p =.030); and had receptive anal sex ($\chi2$ (1) = 6.22, p =.013) and insertive anal sex ($\chi2$ (1) = 7.12, p =.008) without a condom. There were no significant differences between the conditions regarding substance use.
CONCLUSIONS: The addition of MI to field outreach is effective in getting high-risk YAAMSM to know their HIV status and increasing their awareness of risky sexual behavior. Our data supports the efficacy of an intervention based on individual motivation to reduce sexual risk in addition to traditional HIV C&T. This data also supports the need for more innovative outreach strategies to target high-risk and difficult to engage populations.

Poster Number: 135M

Presentation Title: Young African American Men Who have Sex with Men (YAAMSM), Sexual Risk, and Perceptions of HIV Counseling and Testing (HIV C&T): An Internet Survey

Author(s): *Outlaw, AY*; *Green-Jones, ML; Naar-King, S; Wright, K; Condon, KL*
Wayne State University School of Medicine, Detroit, MI

BACKGROUND: The Internet has become an important venue for meeting sex partners and planning participation in risky sexual behavior (CDC 2005). The anonymity of the Internet may be contributing to the overall increase in sexual activity among young men who have sex with men (YMSM). HIV rates are highest among the African American population, and the Internet usage of young African American MSM has been understudied. The current study assessed the sexual behavior among online young African American men who have sex with men (YAAMSM) and the possible barriers to HIV C&T for this population.
METHODS: YAAMSM chat room participants (ages 18 to 24) in the Detroit area were invited to complete a short, anonymous survey via a hyperlink. Of those who responded, 270 valid surveys were obtained. The survey inquired about sexual behavior (condom use, sexual partners, etc.) and barriers to HIV C&T (transportation, stigma, invulnerability, etc.).
RESULTS: Eighty-four percent of YAAMSM reported having at least 1 sexual partner in the past 90 days, while 20% reported having at least 1 female partner in the past 90 days. Only 28% of YAAMSM felt they had placed themselves at risk for HIV in the past 90 days. However, 42% reported having sexual intercourse (anal and/or vaginal) without a condom in that past 30 days. Older YAAMSM (ages 21-24) reported a higher rate of HIV C&T ($\chi2$ (1) = 9.49, p =.002), while younger YAAMSM (ages 18-20) reported engaging in anal sex without a condom in the past 30 days ($\chi2$ (1) = 6.55, p =.038). Barriers to HIV C&T include fear of being tested (31%), afraid of finding out they are HIV positive (29%), and for Orasure testing, having to wait too long for the results (27%). Finally YAAMSM reported that they would rather be tested at a physician's office (79%), at home (50%), or at the health department (45%).
CONCLUSIONS: This data suggests that adapting health-promotion and prevention programming to the Internet is necessary to target high-risk YAAMSM. Prevention programming for AAMSM needs to emphasize sexual risk and fears around HIV C&T. Prevention interventions for this population need to integrate Internet outreach with opportunities for HIV C&T in more private settings.

Poster Number: 152M

Presentation Title: A Peer Counseling Program for Young People Living with HIV/AIDS

Author(s): *Henderson, SL*[1]; *Smith, MU*[2]; *Broth, MR*[1]; *DiClemente, RJ*[3]
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ISSUE: The incidence of HIV infection continues to be high among adolescents and young adults. Innovative strategies for primary and secondary HIV prevention among this vulnerable population are greatly needed. This feasibility study develops a peer approach to secondary HIV prevention that addresses social, psychological and environmental influences on health.
SETTING: Primary care clinic for adolescents and young adults living with HIV/AIDS (YPLH) serving a predominantly African-American population in Atlanta, GA.
PROJECT: A peer counseling program for behaviorally HIV-infected youth based on Social Action Theory has been developed. HIV-positive counselors (ages 18-24) are selected for their stability, maturity and interpersonal skills. Peer counselors undergo a 5 and 1/2-day, 2-stage intensive training delivered in an interactive manner that includes instruction and skills-building training in motivational interviewing, professionalism, HIV knowledge, sexual risk reduction strategies, etc. followed by a 2-month professionally supervised internship with mock counselees (perinatally infected teens). Once trained, the counselors will provide one-on-one counseling for other YPLH (ages 13-24). The effectiveness of the intervention is being evaluated by comparison to a wait-list control group of counselees using audio-computer assisted self interview (A-CASI) surveys that include validated measures of quality of life (the primary outcome), self esteem, social support, sexual risk behaviors, attitudes about condom use, religious coping skills, and incidence of new STIs, among others. Objective data on STI incidence is being collected through periodic urine sampling. Both counselors and counselees complete the survey before the intervention and at 6-month intervals over a one-year period.
RESULTS: A focus group conducted to inform the development of this project revealed a strong interest among YPLH patients, both for becoming peer counselors and for receiving counseling from HIV-positive peers related to reduction of sexual risk taking and promotion of healthy behaviors. Counselor training was initiated, and nine 9 youth completed the baseline survey (6 men and 3 women). Five youth have completed the first two stages of training. Summary data for counselors at the baseline assessment showed high means on the quality of life, self esteem and social support scales and relatively low perceived stress, supporting our selection process. At the end of stage 2, the counselors-in-training self-reported substantial benefit in their personal lives resulting from the training.
LESSONS LEARNED: Peer counseling by HIV-positive youth within a medical care setting is a novel and feasible way to engage high-risk, HIV-infected adolescent populations in promoting health. Retention remains the greatest barrier to such programs. Furthermore, our experience suggests the merit of carefully attending to psychosocial and environmental contextual variables (e.g., self esteem, quality of life, social support) in the development of secondary HIV prevention programs that aim to enhance behavior change and promote health.

Poster Number: 217M

Presentation Title: SIGNS OF THE TIME "Houston's Approach To Quality Management Through Realignment of Job Functions"

Author(s): *Simpson, B*; *Washington-Philip, E; Kweekeh, F; Joseph-White, D; Prescott, L*
Houston Department of Health and Human Services, Houston, TX

ISSUE: HIV/STD Prevention in the US is changing. We are faced with the reality of reduction in funding levels despite increases in disease prevalence. To continue providing quality prevention services, the Houston Department of Health and Human Services (HDHHS) began evaluating the feasibility of integrating core HIV/STD prevention services in November 2005.
SETTING: Houston Department of Health and Human Services -Houston, TX
Disease Prevention and Control / Bureau of HIV/STD Prevention.
PROJECT: In January 2006, the HDHHS Bureau of HIV/STD Prevention in Houston, a CDC directly-funded jurisdiction, began planning to reorganize and downsize. Houston's approach entailed realigning job duties and integrating HIV and STD prevention and intervention activities into five functional units: 1) programmatic monitoring of subcontractors, 2) capacity building, evaluation and planning, 3) internal and external fiscal and budgetary responsibilities, 4) administrative support, and 5) public health follow-up. All staff was realigned by job function rather than by program and/or intervention. The reorganization was completed in July 2006, and the Program Unit staff (one of the 5 newly-created units) began the process of learning and integrating new liaisons duties into their former functions
RESULTS: This realignment of duties required Program Unit staff to function similar to CDC project officers, responsible for all interventions at their assigned sub-contractual agencies. Prior to this realignment, one agency may have had as many as three different liaisons from the HDHHS depending on how many interventions the agency had funded. For example, an agency would have to contact their CTR liaison for CTR issues, their HE/RR liaison for HE/RR issues, etc. Monitoring and evaluation activities conducted by Program Liaisons now include assessment of agency capacity building needs, conduction of site visits, as well as review and approval of budget and invoice submissions, which required much dialogue between the newly-formed Fiscal and Program Units. Having only ONE primary contact (Program Liaisons) for funded agencies streamlined the resolution of questions, issues and problems

that agencies encountered under the previous structure. By having one Program Liaison responsible for monitoring activities at assigned agencies, newly implemented quality management activities, including CTR counselor reviews and HE/RR chart audits, will improve the quality of HIV/STD prevention services.
LESSONS LEARNED: When realigning programmatic monitoring and evaluation activities, it is important to thoroughly assess the current environment prior to implementing any change. This should be accomplished by soliciting input from all stakeholders in the process. The HDHHS sought input from internal stakeholders (Bureau staff) as well as community stakeholders (funded agencies). Anticipating and planning for all employee training needs is also a necessity. After the reorganization, Program Liaisons needed training on duties that were not previously performed, including fiscal management and new interventions. Revised employee performance plans and intense training were also required for Program Liaisons that had previously only monitored one type of intervention.

Poster Number: 220M

Presentation Title: Utilizing Disease Intervention Specialist for Follow-up on Hepatitis C in Individuals Between the Ages of 15 and 25 years: A 3-month Pilot Program

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Massachusetts Department of Public Health, Jamaica Plain, MA

ISSUE: The Massachusetts Department of Public Health (MDPH) has observed an increase in the number of reported hepatitis C cases among people between the ages of 15 to 25 years. From 2002 to 2006, incidence rates rose from 15 to 33 per 100,000 for confirmed cases. Analysis of 2005 data showed that risk history information was missing on most reported cases. Without this information, risk factors cannot be assessed. In Massachusetts, hepatitis C reports are submitted on specific case report forms, completed by medical providers. For 2007, changes in surveillance for hepatitis C in this age group include use of a more detailed case report form and more intensive follow-up. In addition, Disease Intervention Specialists (DIS) from the Division of Sexually Transmitted Disease (STD) Prevention are providing follow-up and contact notification for a subset of cases. The DIS provide adolescents reported with hepatitis C with health education in the area of primary and secondary prevention, as well as partner notification services.
SETTING: In 2006, 7,418 newly diagnosed cases of hepatitis C were reported to MDPH; 1,054 of cases were 15 to 25 years old. Four DIS cover 301/351 cities and towns in the state. They provide services to those diagnosed with HIV infection, syphilis and gonorrhea. Typical caseload is 45 to 60 individuals per month.
PROJECT: This presentation will detail the use of DIS in hepatitis C case follow-up over a three month pilot period. It will discuss decisions on case selection, training and resources, technology utilization, and outcomes, including improvement of data quality. The timeline of this project will be presented, and specific challenges and successes will be highlighted.
RESULTS: The utilization of the DIS for follow-up on cases of hepatitis C is being piloted for three months. Data on the burden of this additional work for the DIS as well as the quality of the surveillance data they provide will be analyzed at the end of that three month period. Both quantitative and qualitative outcomes will be assessed, including the number of person hours spent on hepatitis C follow-up, the percent of cases assigned for which follow-up was completed, the number of contacts notified, and qualitative information on what the experience has been like for the DIS. Surveillance data from this pilot will be compared with data obtained by other means.
LESSONS LEARNED: The hypothesis being tested is that DIS will be able to provide quality data on cases and their contacts who would otherwise be lost to follow-up. The risk information collected by the DIS will allow MDPH to develop targeted public health interventions to prevent further transmission of the hepatitis C virus.

Poster Number: 172M

Presentation Title: HIV Prevention Intervention Among Substance Users: Efficacy Of Hours Of Intervention, Number And Type Of Sessions Attended On Outcomes

Author(s): *Abebe, S-; Allen, AM; Bolster, MC; Gray, CE; Georges, C; Hauck, H*
AIDS Administration, Baltimore, MD

BACKGROUND: The overall effects of prevention interventions on individuals who are at risk for HIV infection has been well documented. However, few published reports address the impact of intervention dosage and type of sessions attended on outcomes. The purpose of this evaluation is to examine the effect of length of intervention and identify the sessions that have the most effect on outcomes (e.g. self-efficacy for injection drug, use risk reduction, and intention to use clean needles).

METHODS: This report is based on matched pre/post-test data for 2498 participants who attended the IDU prevention program in the State of Maryland from CY2003 to CY2005. Two curricula were implemented (SMART and Extra Steps) by drug treatment providers, community-based organizations and local health departments in a variety of substance abuse treatment (in-patient, out-patient, residential treatment) and community sites. Most agencies utilized the SMART curriculum, a 6½-hour group intervention, while one agency utilized Extra Steps, a 5-hour group intervention. Both interventions focus on basic HIV/AIDS information, communication, dealing with difficult and harmful situations, needle cleaning, development of partner norms and a personal plan to reduce harm. Outcome monitoring data were collected via written, pre/post-test surveys completed by clients before the first intervention session and immediately after the last intervention session. Pre- and Post-Test data were matched at the client level for analyis using a unique client code.
RESULTS: The majority (55%) of the participants were African American or Black and 39% white. Sixty-six percent were males, 42% were 40 or more years of age with a mean age of 36 years. Participants attended a mean of 5.05 hours of intervention. A significant relationship was found between self-efficacy for using clean needles/ not sharing needles and hours of intervention (Chi-square=11.655, p.= 0.031). among those who reported to have high self-efficacy, those who attended between 6 and 10 hours of intervention had the highest self-efficacy scores. However, when multiple regression was used, knowledge, social support and race were also found to be important predictors for self-efficacy. It was also found that session topics affected the self-efficacy and knowledge of the participants.
CONCLUSIONS: This evaluation study examines the relationship between dose and self-efficacy. The report suggests short but effective intervention contribute to improved outcome. Since retention is low in most programs, it will be beneficial if programs are conducted in such a way that more relevant topics be presented at the initial phase of the intervention.

Poster Number: 120M

Presentation Title: Internalized Homophobia is Associated with HIV Transmission Risk Among HIV-Positive Gay-Identified Men

Author(s): *Johnson, MO* ; *Carrico, A; Morin, SF; Charlebois, E; Chesney, MA*;
NIMH Healthy Living Project Trial Team
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BACKGROUND: We explored whether internalized homophobia (IH) is associated with regular stimulant use, HIV transmission risk, psychological wellbeing, and anti-retroviral (ART) medication adherence in gay-identified, HIV+ men.
METHODS: Men in San Francisco who were screened for inclusion in the Healthy Living Project prevention trial were interviewed using audio computerized-assisted self-interviewing (ACASI) and computer-assisted personal interviewing (CAPI) assessments of IH, substance use, sexual behaviors, mood, and medication adherence. The sample of 465 gay-identified men was largely Caucasian (62%), but a substantial portion of participants were African American (18%) and Hispanic/Latino (10%). Mean age was 41.5 years (SD=8.3) and 76% attended at least some college. We validated a 4-item (e.g., I wish I were heterosexual) measure of IH using both exploratory and confirmatory factor analyses. The IH factor appeared to be a good fit for the data and items demonstrated adequate internal consistency (Cronbach's Alpha = .77).
RESULTS: Elevated IH was associated with a 55% greater likelihood of reporting stimulant use 2-3 times per week or more (OR = 1.55, p <.01; 95% CI: 1.15-2.08) and a 41% greater likelihood of reporting unprotected receptive (but not insertive) anal intercourse with a HIV-negative or unknown serostatus partner (OR = 1.41, p <.05; 95% CI: 1.02-1.96). Higher IH was also associated with increased affective symptoms of depression (r = .40, p < .001) and decreased positive states of mind (r = -.29, p < .001). among participants on ART (n = 328), those who were higher in IH were 31% more likely to report taking less than 90% of medication doses in the past 3 days (OR = 1.31, p < .05; 95% CI: 1.04-1.64).
CONCLUSIONS: Internalized homophobia may be an important factor in understanding personal and public risk behaviors among gay-identified, HIV-positive men. Future investigations examining the inter-relationships among IH, substance use, psychological wellbeing, and risk behaviors are warranted.

Poster Number: 119M

Presentation Title: Video Tool to Promote Knowledge of Syphilis as Facilitator of HIV Transmission and Concurrent Testing Among Black and Hispanic MSM

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BACKGROUND: Recent syphilis outbreaks in US metropolitan cities, mainly among MSM, have raised concern over increased unsafe sexual behavior and HIV transmission in this community. In some studies, the published co-infection rate of syphilis and HIV among MSM has been as high as 40%. The CDC has requested educational programs that promote syphilis and HIV knowledge and testing for groups disproportionately infected including MSM, blacks and Hispanics, and the socio-economically disadvantaged. Video education has been increasingly used to enhance patient's attitudes and knowledge of health maintenance and disease prevention. We implemented a randomized study to evaluate a brief, culturally sensitive video-based intervention to promote syphilis knowledge and its association to HIV and concurrent testing among at-risk patients.
METHODS: We created a bilingual video about syphilis based on 5 domains of knowledge (epidemiology, link to HIV, symptoms, prevention, and treatment). A pre- and post-intervention instrument was designed to assess knowledge acquired through the video and participant socio-demographic characteristics. The Solomon Four Group Design was implemented to evaluate the video intervention among 127 male patients recruited from an ambulatory care setting (n=46) and gay club (n=81) in New York City. In terms of analysis, a T-test was used to assess difference in pre-intervention score between the intervention and control groups; an ANOVA was used to assess difference in post-intervention score between the intervention and control groups; and T-tests were used to assess the association of various socio-demographic characteristics and post-test knowledge scores.
RESULTS: Overall, the mean and median age were 30.5 and 27.0, 57 (44.9%) were Hispanic, 53 (41.7%) were black, 60 (47.2%) were gay-identified, 55 (43.3%) had >1 male partner in the past six months, 39 (30.7%) had a HS diploma or less, 50 (39.4%) had an annual income < $20,000/year, and 27 (21.3%) reported no insurance. There was no significant difference in pre-intervention score between the intervention and control groups. The post-intervention knowledge score of the intervention groups (mean=71.1%) and control groups (mean=52.6%) were significantly different (T-test, p<.001, 95% confidence interval 10.9 - 26.0). There was no statistical difference in post-intervention score by Hispanic ethnic identity, black racial identity, age, sexual identity, >1 male partner in the past six months, income, no health insurance, or location. Overall, 28 (22.0%) patients opted to be tested for HIV and 33 (26.0%) for syphilis.
CONCLUSIONS: The "Syphilis and Men" video is a brief, culturally sensitive HIV prevention tool shown to promote knowledge of syphilis as a facilitator of HIV infection and concurrent testing, regardless of those explored socio-demographic participant characteristics associated with increased rates of syphilis and HIV infection. Participants from the gay club and clinical setting had comparable improvements in knowledge score indicating the video's potential applicability in different settings. Continued evaluation of the video is warranted to assess long-term behavioral changes after being viewed once or multiple times and its generalizability to other communities. The video is a potential HIV prevention tool for communities striving to control syphilis and HIV infection rates.

Poster Number: 208M

Presentation Title: Promoting Regular Testing: Reactions to Information on Acute HIV Infection Among an Urban High Risk Population.

Author(s): *Arnold, EA* ; *Koester, KA; Morin, SF; Steward, WT*
University of California San Francisco, San Francisco, CA

BACKGROUND: Acute HIV infection (AHI) plays a critical role in the spread of the disease. Individuals who are in the first ten weeks of HIV infection are up to 11 times more likely to transmit the virus to their sexual partners than individuals who have been infected for longer. A major challenge in developing interventions for individuals with AHI is finding ways to promote HIV testing immediately after potential HIV risk exposures so that cases are diagnosed in the acute phase, and individuals with AHI can expeditiously get into clinical care and prevention services. In this study, we explored ways of enhancing testing in a low-income, urban community at high risk for HIV.
METHODS: We conducted in-depth interviews with 18 people from a high-risk, predominantly homeless, drug using, urban population who were receiving HIV testing at a community-based organization. Interview topics included last testing experience, patterns of previous testing experiences, facilitators and barriers to seeking testing, and the acceptability of changing testing and risk-reduction behaviors in light of information on AHI. We specifically asked about two testing-related strategies: being screened for HIV as frequently as every two months and being screened for HIV whenever one perceives oneself as potentially having AHI.
RESULTS: The majority of the participants found the information about AHI and its implications on transmissibility of the virus to be very important. In general, participants were receptive to testing more frequently than to testing in response to perceived AHI. Approximately half of the participants already were testing regularly because of their own high-risk behaviors and because their physical and social environments were laden with reminders of HIV, such as having acquaintances who are known to be HIV positive; and witnessing HIV-related risk behaviors occurring in

public settings. Those individuals who were engaging in high risk activities felt that increasing the frequency of regular testing to every two months would be acceptable if it were convenient, whereas those who were engaging in fewer high-risk behaviors believed that testing every two months would be too burdensome. By contrast, seeking testing in response to perceptions of AHI was almost universally viewed as more problematic because the flu-like symptoms associated with AHI are similar to the symptoms associated with heroin withdrawal or with having Hepatitis C, both very common conditions in this population. Since HIV testing was perceived as routine, as was disclosing one's HIV status to sexual and drug using partners, our participants were willing to commit to regular HIV testing, especially when testing was bundled into other services they were utilizing, such as shelters, snacks, and mental health counseling, making testing both convenient and relatively free of stigma.
CONCLUSIONS: AHI is a compelling and interesting topic for people living in low-income, urban areas. Those individuals who perceive themselves to be at high risk of infection thought it would be acceptable to be tested as frequently as every two months in order to diagnose new cases of HIV as quickly as possible.

Poster Number: 128M

Presentation Title: Urban Female Adolescents and Heterosexual Anal Intercourse: Does Relationship Power Play A Role?

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BACKGROUND/OBJETIVES: Receptive anal intercourse confers a high risk of transmission of the human immunodeficiency virus (HIV). Data from the authors' previous randomized clinical trial (RCT) of HIV-prevention interventions for female adolescents revealed that over 1/3 of the young women in their sample had engaged in anal intercourse. The construct of relationship power, i.e. power to influence another in a relationship, is gaining support as a factor which influences sexual risk behaviors. This study was undertaken to determine whether young women with low relationship power are more likely to engage in anal sex.
METHODS: An RCT of HIV-prevention interventions for urban female Black and Latina adolescents and young adults was conducted at family planning and adolescent clinics in the New York City area. Young women who presented to the clinics were recruited for the study if they met eligibility criteria, including history of sexual activity. A behavioral questionnaire was administered at baseline and 3-month follow-up. The baseline questionnaire included the Sexual Relationship Power Scale. It was delivered via Computer Administered Self Interview with Audio (ACASI). This method has been shown to increase levels of reporting of sensitive behaviors. This paper uses baseline data only.
RESULTS: One hundred and one young women, aged 14 - 22 (mean = 17) participated in the study. Thirty percent of the sample self-identified as Black or African American, and 70% were Latina. Consistent with previous data, Latina teens were significantly more likely to have had anal sex than Black teens (32 % vs. 7%) (p=.009). None of the young women reported using a condom during anal sex. There was no significant linear trend for relationship power and anal intercourse. However, there was a significant quadratic effect (R square = .122; p = .003). Relationship power scores were broken down into tertiles (low, medium and high). Chi-square revealed that 54% of the women with low relationship power scores (RPS) had engaged in anal intercourse, and 24% of those with high RPS had done so. Only 4% of those with mid-level scores had had anal intercourse. When examining the data by ethnicity, the results were more extreme: 78% of Latinas with low RPS had had anal intercourse, as had 31% of those with high RPS (chi square = 13.955; p = .001). Chi-squares could not be run on Black teens because there were too few who had engaged in anal intercourse.
CONCLUSION: The researchers hypothesize that young women with low RPS may be exploited by their partners, explaining why they engage in anal intercourse; and those with high RPS may be in more loving relationships and are therefore willing to engage in this behavior to please their partners. This study suggests that HIV-prevention researchers working with young people in heterosexual relationships should address anal sex as a risk behavior. Furthermore, for teens who have low relationship power, prevention education should focus first on empowerment and then on condom use; while for teens who have high relationship power, prevention activities should focus on promoting condom use during anal intercourse.

Poster Number: 157M

Presentation Title: Identifying Venues Where High-Risk and Low-Risk MSM Meet and Mix

Author(s): *Hecht, J*[1] ; *Kellogg, T*[2]*; Raymond, H*[2]*; Auerswald, CL*[3]*; Wohlfeiler, D*[4]*; McFarland, W*[2]

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ISSUE: Men who have sex with men (MSM) continue to be infected with HIV at unacceptably high rates. Individuals' risk is partially a result of psychosocial factors, but also a function of where they are located within a sexual network and how high-risk and low-risk individuals "mix" - i.e., form sexual partnerships. Data regarding mixing is needed in order to inform interventions that reduce transmission across sexual networks.
SETTING: STOP AIDS Project collected data during ongoing programmatic outreach at 27 venues throughout San Francisco, CA where men who have sex with men meet their partners. These venues included: bars/clubs, gyms, sex clubs, and parks. Additionally, venues were targeted that attract leathermen and African American men. Items included data on men's risk (such as sexual activity and STD/HIV history) and sites where respondents reported having met sex partners (including websites). Data were collected from January - December 2006.
PROJECT: We defined variables which captured complementary aspects of mixing, particularly variables that would indicate risk for HIV transmission. These included measures of the risk of HIV or STD discordant partnering, presence of individuals with high and low numbers of unprotected partners, and the frequency of concurrent partnering. We then ranked venues according to chosen measures in order to prioritize venues for future interventions.
RESULTS: Ten physical venues (including bars, sex clubs, gyms and parks) were chosen on the basis of being the most likely sites for partnerships between high and low risk men. Ten internet venues were chosen using the same measures with a similar selection criteria as that used for the physical venues.
LESSONS LEARNED: Our project illustrates an approach to informing future community-based interventions for MSM with an understanding of how locations (vs. individuals) may contribute to transmission. This process of identifying mixing venues may be a powerful tool in directing HIV prevention efforts.

Poster Number: 213M

Presentation Title: Identification of Patients Infected with HIV Using Physician-Based Diagnostic Testing in the Emergency Department: A Prospective Cohort Study

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BACKGROUND/OBJECTIVES: The high prevalence of undiagnosed HIV infection in the United States continues to significantly contribute its forward transmission. Urban emergency departments (Eds) represent an important site for identifying undiagnosed HIV infection, thus curbing the epidemic. While testing in Eds remains uncommon, the revised CDC recommendations for HIV testing in healthcare settings called for increasing the opportunities for identifying undiagnosed HIV infection by performing non-targeted opt-out screening. However, it is unknown if such aggressive methods of screening are clinically effective or efficient. Alternative strategies for identifying HIV infection include performing targeted screening and or diagnostic testing. The objective of this study was to develop and implement a diagnostic HIV testing model in a busy, urban ED and to evaluate its effectiveness.
METHODS: This was a prospective cohort study performed in the ED at Denver Health Medical Center, an urban, public safety-net hospital. A multi-disciplinary, physician-based diagnostic testing model was developed and implemented. Emergency physicians were provided with the opportunity, based on clinical judgement, to identify patients at increased risk for undiagnosed HIV infection and offer them free, confidential laboratory-based rapid HIV testing. Pretest and posttest counseling, and linkage-to-care referrals were performed by ED-based clinical social workers. Patients who agreed to be tested provided written informed consent and HIV testing was performed using the OraQuick® Advance™ HIV-1/2 Antibody Test (OraSure Technologies, Bethlehem, PA).
RESULTS: From October 15, 2004 through March 31, 2007, 119,824 patients were evaluated in the ED. Of these, 681 (0.57%, 95% CI: 0.53% - 0.61%) were identified by physicians as being at increased risk for undiagnosed HIV infection and completed rapid HIV testing. Of the 681 patients, 15 (2.2%, 95% CI: 1.2% - 3.6%) patients tested positive for HIV infection, and 12 (80%, 95% CI: 52% - 96%) were successfully linked into medical and preventative care. The median age of those tested was 36 (IQR: 27 - 45) years, and 474 (70%) were male. The race and ethnicity distribution included 313 (48%) Caucasian, 184 (28%) Hispanic, 117 (18%) African-American, and 39 (6%) of another race or ethnicity. Of the 633 patients for whom risk behavior data were available, 442 (70%, 95% CI: 66% - 73%) reported at least one traditional risk behavior. among the 15 patients who tested positive, 14 (93%, 95% CI: 68% - 100%) reported at least one risk behavior, the most common of which was being a man who has sex with men (80%, 95% CI: 52% - 96%). CONCLUSIONS/IMPLICATIONS: A physician-based diagnostic HIV testing model was developed and successfully implemented and sustained in a high-volume, urban ED setting. While the

seropositivity rate indicates successful identification of patients with undiagnosed HIV infection, the overall level of testing remains low. Innovative testing programs, such as non-targeted screening, more specific targeted screening, or an alternative hybrid method is needed to more effectively identify undiagnosed HIV infection and to decrease its forward transmission.

Poster Number: 180M

Presentation Title: The PEaPLE First Project: Providing HIV, Hepatitis, and Substance Abuse Health Education/Risk Reduction (HE/RR) to Active Drug Users

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ISSUE: In Alabama, there is a lack of HIV and HCV prevention resources (i.e. prevention education, counseling and testing services, etc.). Needs assessments show the need for targeted prevention programs that provide free intensive prevention services that tailor health education and risk reduction (HE/RR) strategies to high risk populations in a "harm reduction" format.
SETTING: The Providing Education and Prevention in a Learning Environment (PEaPLE) first Program, utilizing the empirically validated intervention, Safety Counts, has been implemented in a 14-county area of rural Northeast Alabama.
PROJECT: PEaPLE first program participants are provided five key core program elements that include group sessions, individual sessions with a behavioral counselor, social events, follow-up contacts with outreach workers, and HIV and hepatitis C counseling and testing services. The PEaPLE first program specifically targets active substance users over the age of 18 in a harm reduction approach that utilizes the Stages of Change model.
RESULTS: The program has enrolled 151 high-risk individuals. CDC PEMS data indicate that enrollees were 65% Caucasian, 25% African-American, and 11% other/unreported. Participants were 73% male, 27% recently incarcerated, and 32% HIV-positive. Most frequently reported risk factors included: sex while high (55%), sex with female (47%), sex with male (31%), injection drug use (15%), sex with IDU (14%), sex with person who exchanges sex for drugs or money (14%), sex with anonymous partners (14%), and exchanging sex for drugs/money (8%). Most frequently used drugs during sexual behavior for past 90 days included amphetamines (11%), crack (24%), pain killers (18%), and marijuana (38%). Through voluntary testing, the program has provided 70 hepatitis screens and 50 HIV tests and has distributed over 5,000 pieces of prevention material. Retention rates for all program activities have averaged over 50%. In setting their own harm reduction goals, clients were most interested in personal behavior change related to: using condoms during vaginal sex, having fewer sex partners, decreasing/managing drug use, and getting HIV/Hepatitis Counseling and Testing every 3 months. Improvements in Stage of Change were shown from enrollment to program exit on: using condoms during vaginal sex, practicing alternatives to oral and anal sex, having fewer sex partners without a condom, getting into drug treatment, getting HIV counseling/testing every 3 months, and getting hepatitis counseling/testing every 3 months.
LESSONS LEARNED: Providing a harm reduction approach that allows high risk populations to choose their own risk reduction goals can be successful in reducing HIV and hepatitis C risks associated with active substance use and risky sexual behaviors. Community linkages and relationship building are critical in the recruitment process of active substance users, particularly in non-urban areas. Community networking and program marketing are necessary to stretch limited resources.

Poster Number: 134M

Presentation Title: Sexual Sensation Seeking and Increased Rates of HIV Risk Behaviours in a Multiethnic Undergraduate Student Sample

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BACKGROUND/OBJECTIVES: Sexual sensation seeking (SSS) is defined as "the propensity to attain optimal levels of sexual excitement and to engage in novel sexual experiences" (Kalichman et al., 1994, p.387). A few studies have linked SSS to decreased frequency in condom use and to higher number of sexual partners among various populations in the United States, including heterosexual men (McCoul & Haslam, 2001), African-American adolescent women (Spitalnick et al., 2007) and college students (Gaither & Sellbom, 2001; Gullette & Lyons, 2005). Adolescents and young adults may differ in their HIV and STI risk by religious and ethnic/racial groups (Steinman & Zimmerman, 2004; Faryna & Morales, 2000). In studies of college populations, samples were predominantly white

and Christian (Gullette et al., 2005). The present study examines the relationship between SSS and sexual risk behaviours in an ethnically and religiously diverse undergraduate sample.
METHODS: The current study examined the relation between SSS and sexual risk behaviours in a highly ethnically and religiously diverse sample of 204 undergraduate students (M = 18.62, SD = 1.09). Sexual behaviours in the past 6 months were assessed: 42.6 % of the sample had engaged in vaginal intercourse and 27.9% reported unprotected vaginal intercourse (UVI).
RESULTS: SSS was associated with sexual risk behaviours. Specifically, SSS predicted unprotected vaginal intercourse (p = .006), vaginal intercourse with more than one partner in the past 6 months (p = .008), oral sex with more than one partner in the past 6 months (p = .006), performing oral sex to orgasm without a condom (p = .017), and receiving oral sex to orgasm without a condom (p = .017).
CONCLUSION: SSS is associated with multiple sexual risk behaviours in young adults. It is of particular concern that these specific sexual risk behaviours (UVI, intercourse with multiple partners, and oral sex to orgasm without a condom) place these young adults at high risk group for contracting HIV and STIs. The present study suggests that results from predominantly white Christian samples may be generalizable to diverse populations. Furthermore, prevention messages should particularly target these individuals to prevent increase in infection rates.

Poster Number: 117M

Presentation Title: Self Blame as a Mediator of Child Sexual Abuse and Sexual Risk Behavior Among Youth in the Canadian Child Welfare System

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OBJECTIVES: Adolescents in the child welfare system have histories of multiple forms of maltreatment, including childhood sexual abuse (CSA) (Chernoff et al., 1994). Adolescents with a history of CSA often engage in higher rates of sexual risk behavior compared to their non-abused peers (Arriola et al. 2005). Feelings of self-blame and low self-esteem are common in CSA survivors (Loeb, 2002). Self-blame often stems from actively participating in the sexual behavior, failing to seek help, and failing to avoid or control the abuse (Celano, 1992). It has been found that children who have experienced forced sex during CSA tend to experience higher self-blame than children who have not (Hazzard et al., 1995). The purpose of the current study was to examine the relationship between experiences of forced sex during CSA, self-blame, and engaging in sexual risk behaviors in adolescents in the child welfare system.
METHODS: Data were collected from 227 adolescents ranging in age from 13 to 19 years (M = 15.65, SD = 1.08) who were randomly selected from the active caseload of child welfare agencies in Toronto. Adolescents completed self-report measures assessing history of forced sex during CSA, self-blame for CSA experiences, and adolescent sexual risk behaviors.
RESULTS: Experiencing forced sex during CSA was significantly associated with an earlier age at first sex with a dating partner (β = - .20, p = .03), having sex with an unknown partner in the last 6 months (OR = 3.03, 95% CI = 1.16 - 7.69, p = .02), and ever having had anal sex (OR = 4.35, 95% CI = 1.61-11.11, p = .004). Forced sex during CSA was also significantly associated with higher self-blame [β =.22, p = .05]. Additionally, self-blame fully mediated the relationship between forced sex during CSA and ever having had anal sex (OR = 1.26, 95% CI = 1.06 - 1.49, p = .01), so that the association between forced sex during CSA and ever having had anal sex was no longer significant (p = .06). Thus, self blame fully mediated the relationship between experiencing forced sex during CSA and ever having had engaged in anal sex with a peer.
CONCLUSION: Experiencing forced sex during CSA is associated with later sexual risk behaviors in adolescence. These findings suggest that the way a child interprets experiences of forced sex during CSA may have important implications for later risk behaviors. Children who believe they are at fault for their own abuse experiences may potentially turn to sexual risk behaviors in adolescence as a way of coping with negative feelings associated with the abuse experience (Huisman et al., 2007). Clinicians working with adolescents in child welfare organizations should provide sexual risk reduction counseling to adolescents with forced sex CSA experiences, as well as tailoring interventions to process the abuse experience in terms of self-blame. Future research should examine other mechanisms by which forced sex during CSA is particularly detrimental for the sexual health of youth in the child welfare system.

Poster Number: 110M

Presentation Title: New HIV Discovered Cases During A Syphilis Outbreak, Puerto Rico, 2006

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BACKGROUND: The STD/HIV Prevention Division linked STD diagnostic and treatment with HIV counseling, testing and referral services in a wide variety of settings, which include STD/HIV Clinics, community based organizations (CBO's), prenatal and family planning facilities, and community outreach sites. The latter are high-risk communities with high incidence of STDs and HIV infection. It is well known that a sexually transmitted disease (STD) is a predictor for becoming HIV infected because STDs are a marker for behaviors associated with HIV transmission. The characteristics of the outbreak will be described and the profile of the new HIV cases will be presented.
METHODS: During the second quarterly STD report (April-June/2006) of the health region of Bayamón it was noticed that there were an excessive number of cases in the municipality of Cataño. Due to the surplus of cases, the disease intervention specialist of the area met with the STD outbreak management team to discuss the situation. All the data present in the interview records was analyzed and recommendations were made. The next step included the re-interviewing of some of the people who initially didn't reported any sexual partners, checking their addresses, more testing (VDRL, TPPA, conventional HIV) and the revision of the medical records of identified patients to verify compliance and adequacy of treatment. The more information was collected the more noticeable it became that there was indeed an outbreak and that it was very geographical demarked.
RESULTS: A total of 51 people got tested during this outbreak with an age mean of 46 year old. In this group 33% were women and 66.7% were men. From the 51 people tested, 41 had an HIV test with its pre and post counseling, their average age was 47 years old, 12 were women and 29 were men. This outbreak finally yielded 14 syphilis cases, 6 in men and 8 in women (1-710, 3-720 and 10-730) and 3 new HIV cases, all males. Unprotected sex with either males or females or both and injecting drug use (IDU) were the most common reported risk by the people that got HIV tested in this outbreak.
CONCLUSIONS: Since all STD, including HIV, share most risk factors and can co-infect a person it is imperative to make integrated campaigns and unite efforts regarding prevention programs and early screening.

Poster Number: 107M

Presentation Title: The Influence of Peers: Latino MSM's Use of Condoms

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BACKGROUND: Perceived peer norms have been identified in the literature as a predictor of high-risk sexual behavior among MSM. However, there are few Latino-specific articles published that address how perceived peer norms may impact high-risk behaviors for Latino MSM. Given that Latinos represent the majority of the living AIDS cases in Los Angeles County, it is critical to examine the role of peer norms on Latino MSM's use of condoms.
METHODS: Between June 2005 and March 2006, we conducted the quantitative phase of the Brothers y Hermanos study. This CDC-funded, multi-site investigation enrolled Latino MSM, ages 18 years and older, from Los Angeles County using respondent-driven sampling (RDS). Study participants completed detailed questionnaires using audio computer-assisted self interviews (ACASI) and they consented to standard or rapid HIV tests. Questionnaire topics included structural, socio-cultural, psychological, and behavioral variables to measure the participants' risk of acquiring or transmitting HIV. To examine the hypothesized association between peer norms regarding condom use and unprotected anal sex (UAS), we performed bivariate analysis. We used multiple logistic regression analysis to examine the association between peer norms and UAS while controlling for potential confounding variables.
RESULTS: Using RDS, we enrolled 565 Latino MSM, of which 318 (56%) were HIV positive. among the Latino MSM surveyed, 52% reported having UAS in the past 3 months. Of the 291 MSM who reported UAS, 54% were HIV positive. Nine percent of the 565 Latino MSM reported that their friends assigned no or little importance to condom use when having sex with men. Latino MSM who reported that their friends assigned low importance to condom use had more than 3 times the odds (OR=3.26; 95%CL 1.57- 6.77) of having UAS in the past 3 months compared to Latino MSM with friends that assigned high importance to condom use. Compared with US-born Latino MSM, foreign-born Latino MSM had more than 6 times the odds (OR=6.40; 95% CL 2.38 - 17.21) of having UAS in the past 3 months if their friends assigned low importance to condom use.
CONCLUSIONS: Understanding the role that peer norms play in men's sexual risk behaviors may assist us in improving HIV prevention efforts for Latino MSM. New prevention approaches should consider the influence that friendship networks have on high-risk behaviors.

Poster Number: 175M

Presentation Title: A Communication Strategy To Improve The Uptake Of PMTC Services In A Rural Sub County-Central Uganda

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AMREF piloted a PMTCT project at Health Centre 111 l in a rural Central Uganda after a series of sensitizations of the local leadership and community members to promote uptake and utilization of services.
PROBLEM: Uptake of HIV testing among pregnant women and spouses remained very low. A year after initiation of services, only 160 out of the 280 (57%) pregnant mothers counselled during antenatal clinic visits took HIV tests. among the 280 mothers counselled, only 23 (8.2%) were accompanied by male spouses. Factors contributing to the low uptake of HIV testing were; fear to know sero-status, knowledge gaps, fear of consequences of testing such as domestic violence, family breakdown, stigma, neglect,the community's lack of coordinated activities and guidelines for awareness creation about services and benefits, lack of activities to promote behaviour change specifically male partner and community involvement. Against this background, we designed and implemented a communication strategy to address stigma and improve knowledge on MTCT inorder to create a supportive environment, which would ultimately promote the uptake PMTCT interventions.
IMPLEMENTATION APPROACH: The strategy had a three-phase approach; an in-depth analysis of the target audience to assess existing knowledge and practice gaps among couples, message development and materials production focusing on the identified knowledge and practice gaps and, message dissemination.
FINDINGS: Target audience analysis revealed gaps in knowledge and availability of messages on couple counselling, partner notification, discordant relationships, role of men in the PMTCT programme, PMTCT and ARV service centres. There were no specific messages appealing to pregnant couples to go for VCT,PMTCT packages were not clearly understood. Respondents had reservations about confidentiality of HIV test results and health workers' attitudes. Men perceived PMTCT/VCT as a women's affair, and felt that women should be targeted with PMTCT messages since they carry the pregnancies. Men perceived their involvement in the programme as only when the HIV positive child gets sick and they have to provide money for hospital and burial expenses. Some of the identified practices gaps were: male spouses not accompanying their pregnant partners for ANC/VCTand, not sharing information with fellow men and spouses.
Basing on these gaps, messages were developed and the following communication materials produced; posters, drama and fact books. We used village sensitization meetings as our lead communication channel. A total of 25 meetings were conducted, activities at each meeting included: education talks guided by the fact book, question and answer sessions, songs and drama; A documentary recording of the activities was done.
CONCLUSION: Implementation of the strategy was successful. Turn up at village meetings was good. An average of 50 men and women attended the meetings, participated actively by listening, asking and answering questions. Communities appreciated the communication intervention, service utilisation at the health centres increased. To ensure continuity and to evaluate the intervention outcomes, we recommended close monitoring of service uptake trends and an evaluation in form of a KAP survey.

Poster Number: 194M

Presentation Title: The New DEBI - Focus on Youth: An Effective HIV Prevention for African American Youth

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ISSUE: Recent statistics estimate that youth aged 13-24 account for 12% of all new HIV cases and 46.8% of students grade 9-12 have reported having sexual intercourse and of that number 67.6% are African American youth according to the 2005 Youth Risk Behavior Survey. Although HIV infection among all youth is increasing, not all adolescents are equally at risk. Cumulative HIV infection rates among African American youth accounted for 56% of the cases among ever reported (Centers for Disease Control and Prevention (CDC), 2004). These data suggest the need to nationally disseminate efficacious HIV prevention programs appropriate for at-risk African American youth populations. Focus on Kids with Informed Parents and Children Together (ImPACT) was a community-university linked research/intervention programs. The goal of this intervention was to reduce the risk of HIV infection among African American youth. Due to its proven effectiveness, it has been adapted and renamed as Focus on Youth (FOY), by the CDC Division of HIV/AIDS Prevention as part of the Diffusion of Effective Behavioral Interventions (DEBI) project to reduce the risk of HIV among this population.
SETTING: Community based organizations
PROJECT: Focus on Youth with ImPACT is a community-based eight-session group HIV/STD prevention program proven effective with African American youth. The sessions are delivered through culturally-appropriate fun activities

including interactive behavioral skills practice, group discussion, games, role-play, safer sex communication/negotiation, a prevention video and homework exercises. ImPACT, the parental component of the intervention, facilitates parents' communication and monitoring.
RESULTS: In a study conducted in 2000 by the researchers, participants were randomized to groups receiving Focus on Kids alone, or with ImPACT. At 6-month follow-up, youth in ImPACT reported significantly lower rates of sex, sex without a condom, alcohol and cigarette use. At 12 month follow-up they had lower rates of use of alcohol and marijuana.
LESSONS LEARNED: Focus on Youth has the capacity to reduce HIV transmission risk behaviors and improve communication and negotiation skills necessary for African American youth to improve their health outcomes and reduce their risk for HIV infection. CDC will nationally diffuse Focus on Kids with ImPACT in 2008. This national dissemination has far-reaching effects to decrease HIV transmission among African American youth.

Poster Number: 126M

Presentation Title: California HIV Prevention Indicators: How Are We Doing?

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BACKGROUND: Researchers have reported "prevention fatigue" and increased high risk behaviors among selected San Francisco populations in the years surrounding the turn of the millennium. Similarly, the CDC reported increasing numbers of HIV infections from 1999-2002. This study evaluates California's HIV Prevention Indicators for a similar trend over a broad spectrum of measures of progress toward HIV prevention.
The California HIV Prevention Indicators Project is a collaborative effort of the Universitywide AIDS Research Program and the California Department of Public Health Office of AIDS. Indicators are structured around four domains: Characteristics of Populations at Risk, Characteristics of Prevention Interventions, Risk-Taking and Protective Behaviors, and Disease Impacts. Each domain is clarified by one or more sub-domains. We gather data annually from various sources to monitor trends for 38 measures. Our reports, available at http://uarp.ucop.edu/, are supplemented by information from journal articles and agency reports.
METHODS: This study compares aggregate change in our measures over the period 2000-2003 and again for 2003-2005. We selected those measures where data are consistently available for all study years, and eliminated some measures to limit redundancy. We calculated percentage change for each measure over the periods 2000-2003 and 2003-2005, and changes were evaluated with Wilcoxon's Signed Rank Test.
RESULTS: Over the period 2000-2003, 15 of our 20 measures moved in a negative direction - away from success. The statistical test considers the relative degree to which each measure changed, and findings suggest reduced progress toward HIV prevention during that period ($p<.05$). The most problematic indicators during 2000-2003 were: increased primary and secondary syphilis rate; increased number of methamphetamine users; increased ADAP drug expenditures; increased new HIV cases per 100 person-years at risk among re-testers in the C&T Program (case-mix adjusted); and decreased condom use among MSM reporting anal sex. Improvements were noted for: percent of HIV+ C&T clients who learned test results; decreased number of injection drug users; decreased percent of C&T clients with HIV+ sex partners (case-mix adjusted); decreased needle sharing among C&T injectors; and increased number of HIV tests of high risk clients. From 2003 to 2005, half of our measures moved in a positive direction and half in a negative direction with no significant aggregate change. The most improved measures were: percent of HIV+ C&T clients who learned test results; decreased number of HIV cases detected by C&T program; increased condom use among MSM reporting anal sex; and decreased number of injection drug users. The most problematic measures were: decreased number of high risk C&T clients referred by outreach; increased percent of C&T clients with HIV+ sex partners (case-mix adjusted); increased ADAP drug expenditures; and increased primary and secondary syphilis rate.
CONCLUSIONS: We find some evidence to support the idea that, early in this decade, progress toward preventing HIV had been reduced. In more recent years, it appears that progress was mixed, with no clear overall trend. Our analysis illustrates the importance of HIV prevention indicators as a component of an overall evaluation and monitoring system.

Poster Number: 202M

Presentation Title: Web-based Education Course Impacting Partner Counseling and Referral Services Delivery in Michigan

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ISSUE: In Michigan, the proportion of new HIV diagnosis remained level in testing populations between 2000 and 2004. In response to these findings, the Michigan Department of Community Health, in cooperation with an outside vender, developed a web-based education program to increase local public health delivery of more effective PCRS to at-risk populations.
SETTING: The PCRS Web-based education course is accessible to all local health department HIV prevention counselors who desire to maintain their PCRS certification.
PROJECT: Local Public Health Department certified HIV prevention and PCRS staff log onto the web site, study the course content which includes a review of PCRS program practices, legal policy, PCRS models, confidentiality mandates, partner elicitation methodology, and case referral forms. Participants who successfully complete the course by a score of 80% can go on to take Part II of the course. Attendance at Part II of the course requires participants to physically attend a one-day training designed to enhance PCRS elicitation and investigational skills.
RESULTS: From January 2007 through April 2007, the MDCH developed course content, worked with the outside vender to make necessary modifications, and began piloting the course with four targeted health departments before going completely live.
LESSIONS LEARNED: Developing a web based course that covers the fundamentals of PCRS can be an effective tool in the HIV education training arena. Staff participation in Part I of this course helps to reinforce the goals of PCRS, while allowing for greater emphasis on investigational skills building during Part II of the face-to-face course. Continued evaluation of the course will help us to assess the full impact of this initiative on increased effectiveness of PCRS delivery.

Poster Number: 150M

Presentation Title: Reducing HIV Infection Among New Injecting Drug Users In The China-Vietnam Cross Border Project

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BACKGROUND: Assess an HIV prevention program for injecting drug users (IDUs) in the cross border area between China and Vietnam. Large scale HIV prevention programs have been effective in controlling HIV infection among IDUs in many industrialized countries. There is very little data on the community level effectiveness of large scale HIV prevention programming in developing and transitional countries.
METHODS: The project included peer educator outreach and large-scale distribution of sterile injection equipment. Serial cross-sectional surveys with HIV testing of community recruited injecting drug users were conducted at baseline and 6 months (prior to full implementation), and 6, 12, 18 and 24 months post-full implementation. Between 176 and 265 subjects participated in each survey wave in both China and Vietnam. HIV prevalence among new injectors (persons injecting drugs for < 3 years) in each survey wave was the primary outcome measure. With the assumption that all persons are HIV seronegative when they begin injecting, prevalence among new injectors is a good indicator for incident HIV infections.
RESULTS: The project was implemented on a full "public heath" scale, with 20,000 to 30,000 syringes distributed per month and contact with 70% or more of IDUs during each survey period. The percentages of new injectors among all subjects declined across each survey wave in both Ning Ming and Lang Son. HIV prevalence among new injectors fell from 18% pre-implementation to 11% at 18 months post-implementation to 0% at 30 months post-implementation in Ning Ming. HIV prevalence among new injectors fell from 28% pre-implementation to 13% at 18 months post-implementation to 5% at 30 months post-implementation in Lang Son (all $p < .01$ by chi-square test for trend).
CONCLUSIONS: Implementation of large scale outreach and syringe access programs was followed by substantial reductions in HIV infection among new injectors. Additionally there is no evidence of any increase in persons beginning to inject drugs. This project may serve as a model for large-scale HIV prevention programming for injecting drug users in China and other developing/transitional countries.

Poster Number: 165M

Presentation Title: Illinois Perinatal HIV Rapid Testing, Treatment, and Reporting: Measures of Performance

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Northwestern University, Department of Preventive Medicine, Chicago, IL; 5 CORE Center, Cook County Bureau of Health Services, Medicine, Chicago, IL; 6 Perinatal Rapid Testing Initiative in Illinois, Chicago, IL

BACKGROUND/OBJECTIVES: Research studies have demonstrated that rapid HIV testing in labor and delivery settings is possible and that nterventions initiated as late as the peripartum period can still reduce transmission by 40-50%. Our objective is to describe Illinois' statewide implementation of rapid HIV testing and treatment in labor and delivery and its impact on reducing perinatal HIV transmission in Illinois.
METHODS: We used the Perinatal Rapid Testing Implementation in Illinois initiative (PRTII) aggregate surveillance database that included 74 reports of preliminarily positve women and their infants to examine rates of mother to child HIV transmission and the performance measures of time elapsed between: 1) a mother's presentation to labor and delivery and conduction of rapid HIV test; 2) a patient's positive rapid test result and the administration of antiretroviral medication; 3) the initiation of treatment to the mother and birth of the infant; 4) birth and administration of antiretroviral medication to newborns; and 5) a positive rapid HIV test result and engagement of the Illinois Perinatal HIV Hotline. We used Wilcoxon rank sums, chi-square, and Fisher exact analyses to determine whether age, race, delivery location (rural vs. urban), hospital type (academic vs. community), maternal confirmed HIV status, and infant confirmed HIV status were significantly associated with the performance measures.
RESULTS: Over 30 months of surveillance in 132 birthing hospitals, the percentage of undocumented women rapidly HIV tested has reached 99.7% in January 2007 from 54% at the end of 2004. Of 24,143 women tested at labor and delivery, 74 women were preliminary positive and 49 were confirmed truly positive. Four infants have been confirmed positive for a transmission rate of 8.2%, although no infants have been confirmed positive since July 2005. Within one hour of presentation, 48% of HIV-undocumented patients received a rapid test. Thirty-eight percent received antiretrovirals within one hour after a preliminary positive HIV result. By 12 hours of life, over 95% of newborns had received their first dose of antiretrovirals. Seventy-two percent of cases were reported to the Hotline within one day. Community hospitals contacted the Hotline within one day significantly more frequently than academic centers (p=0.016).
CONCLUSIONS: PRTII demonstrated that perinatal HIV prevention can be effective when extended to the intrapartum period. Additionally, the rate of perinatal transmission observed for newly diagnosed pregnant women in labor (8.2%) was well below that expected for an untreated population (25%). While these results are very encouraging, continued efforts are needed to focus on timely conduct of testing, intervention, and linkage to follow-up care.

Poster Number: 139M

Presentation Title: HIV Vaccine Acceptance Among Minority Women in the Urban South

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BACKGROUND: To explore the attitudes, opinions, and concerns of minority women regarding acceptance of a potential HIV/AIDS vaccine.
METHODS: In-depth interviews were conducted with high-risk minority women (> 18 years of age) attending an urban Atlanta health clinic specializing in sexually transmitted diseases including HIV/AIDS prevention and treatment. Interviews were transcribed and content analyzed to identify common factors related to acceptance of an HIV/AIDS vaccine.
RESULTS: Nine major themes were identified. These were general acceptance of an HIV/AIDS vaccine, concerns about the vaccine, vaccine knowledge, testing and research, provider recommendation, mistrust, alternative medicine, misperceptions, and vaccine accessibility/availability. A strong theme emerged about the need for information from HIV/AIDS vaccine clinical trials, including the demographics of the studies' volunteer base, to inform decision-making about taking an HIV/AIDS vaccine in the future.
CONCLUSIONS: Although less than half of the women indicated they would receive or recommend the vaccine, most agreed that development of a vaccine was an important endeavor. The findings of this study may assist in future efforts to determine how best to promote acceptance of an HIV/AIDS vaccine to minority women should one become available.

Poster Number: 155M

Presentation Title: "It's Appaling How, Online, We Stopped Having Conversations." Focus Group Data Guided the Development of a Web-based HIV Prevention Program to Meet the Needs of Gay/Bisexual Men who use the Internet

Author(s): *Rebchook, GM[1]; Curotto, A[1]; Levine, D[2]*
1 Center for AIDS Prevention Studies/UC San Francisco, San Francisco, CA; 2 Internet Sexuality Information Services, Inc, Oakland, CA

BACKGROUND/OBJECTIVES: MSM who use the Internet to meet sex partners report high rates of unprotected sex and STDs. Most online HIV prevention efforts have been individually-oriented, and while effective, in-person community-level interventions exist, there has been little research into developing similar Internet-based programs. Our previous online research with MSM indicated that Internet-based prevention programs that involve the community and are appropriate to online culture may be well-received. This project incorporated these lessons and sought additional input from community members to develop and pilot a website designed to positively affect online social norms around safer sex and HIV prevention.
METHODS: We recruited 38 men from online venues to participate in 1 of 4 focus groups conducted throughout California. We asked participants to discuss their (1) experiences in online MSM venues; (2) suggestions about a new website designed for MSM in California; (3) reactions to some proposed features for the site; and (4) perceptions about online HIV prevention. Fifty-eight percent of participants were white, 21% Latino, 11% Black/African-American, 5% Pacific Islander, 3% Asian, and 3% Native American. Their mean age was 35 (range 22-66). Two researchers moderated the group, and one took detailed notes. The notes were analyzed by the entire team to identify emergent themes, in addition to summarizing the feedback to our direct questions. The results were then used to design the intervention website.
RESULTS: Each group consistently stated frustration about the lack of open, honest, and meaningful communication in existing online MSM venues. Participants commonly expressed a desire to communicate online with other men about shared interests and concerns, in ways not limited by the user-profile or chat formats available on most MSM websites. Participants supported several of the features we proposed and provided ideas for improvement. They expressed some interest in information about sexual health but recommended that this be not the site's primary focus. Participants hoped for an alternative to sexually-oriented sites while maintaining a strong recognition that "sex sells." They suggested a site that would represent all men in the community, including HIV-positive men discussing their experiences, and men of different ages sharing knowledge and experiences across generations in non-sexual, supportive ways.
IMPLICATIONS: We used these formative data to design a site, CaliforniaMen.net, that would address many of the needs identified by participants. The site features: (1) blogs authored by California MSM, providing a discussion forum; (2) a "Little Black Book" application to (a) organize information about one's sexual encounters, (b) define one's comfort level with risk-taking and determine when it may have been surpassed; and (c) receive STD/HIV testing reminders based on potential exposures as reported in the Little Black Book; (3) user reviews of the popular "hook-up" websites to allow men to become active commentators about their environment; (4) a Q&A feature with a prominent physician; and (5) referrals and links to online resources. Evaluation efforts are currently in progress. These include qualitative interviews with site users, as well as quantitative analysis of website traffic which, so far, has been less than anticipated.

Poster Number: 102M

Presentation Title: Integrating HIV and Hepatitis Surveillance in New Mexico

Author(s): *Foster, LN*
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ISSUE: Although there has been progress towards integrating prevention and service programs for HIV, sexually transmitted diseases, tuberculosis, and viral hepatitis, there is less integration of surveillance systems to support such programs. Surveillance provides useful information to a) target resources for populations at greatest risk and b) gauge the effectiveness of interventions. New Mexico has a unique population of minorities, injection drug users and rural communities that are affected by HIV and viral hepatitis. Underlying risk factors for these populations, including substance misuse, are also common across the state. The provision of integrated services to such high-risk populations is often a challenge if conducted without support from epidemiologic data.
SETTING: New Mexico Department of Health (NMDOH)
PROJECT: Recent funding allocated to hepatitis services stimulated interest in surveillance data; however, viral hepatitis data had been incomplete for a number of years. In late 2005, strategic planning within the Infectious Disease Epidemiology Bureau at NMDOH resulted in the grouping of hepatitis B and C with HIV/AIDS surveillance.

This created the HIV & Hepatitis Epidemiology Program (Program) whose goal was to use HIV surveillance as a model for hepatitis. The process of integrating surveillance had to address staffing, funding, routine activities, and collaboration with counterparts in prevention and service programs.
RESULTS: The Program was able to integrate existing staff: two epidemiologists and a program manager from HIV were joined by a nurse epidemiologist assigned to conduct hepatitis data collection. Due to inherent differences between HIV and hepatitis data collection systems, Program activities for HIV and hepatitis are approached independently. However, surveillance activities for each disease have begun to influence the other. Electronic lab reporting, already initiated for hepatitis, has begun to prepare HIV surveillance for the implementation of new systems such as the Enhanced HIV/AIDS Reporting System. Likewise, the standards of HIV data collection have become more stringently applied to hepatitis.Closer relationships with local public health staff have also provided more comprehensive information relevant to both HIV and hepatitis, such as modes of transmission and populations at risk. As a result of data matching, co-infection status on HIV+ persons was increased from 15% to 17%. The Program also found that providing stakeholders with comprehensive disease profiles could help target limited resources to as much of the population as possible. Such data has been used to revise the NMDOH Hepatitis Protocol for case follow up and reporting, prioritize high-risk populations, and conduct a needs assessment for HIV co-infected persons to receive hepatitis C treatment.
LESSONS LEARNED: Integrated HIV and hepatitis surveillance is an effective and efficient approach to strengthening capacity for surveillance and response to these diseases. An integrated approach can also aim to establish a well coordinated system that can maximize synergies and build on successful initiatives in prevention and services. Integration can help to 1) improve quality of HIV and hepatitis surveillance, 2) reduce barriers such as competition for funds and 3) apply consistent prevention and service policies, both of which can lead to needless duplication of effort and higher overall costs.

Poster Number: 197M

Presentation Title: Medical and Demographic Characteristics of Patients Newly Diagnosed with HIV in an Emergency Department in Western Kenya

Author(s): *Waxman, MJ[1]; Kimaiyo, SJ[2]; Mwangi, A[3]; Ongaro, N[2]; Wools-Kaloustian, KK[4]; Carter, EJ[1]*
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BACKGROUND: In an effort to comply with both national and international recommendations to augment HIV testing in clinical settings, Moi Teaching and Referral Hospital (MTRH) in Eldoret, Kenya has made HIV testing routine at several sites within the hospital. This includes their accident and emergency department (AED) which has since tested approximately 500 patients per month - and referred approximately 100 patients per month to the local HIV care program. While HIV testing in the AED appears to be effective, little is known in resource poor settings regarding how the patients referred from the AED differ from patients referred from all other sources. The AED setting may be an important venue to capture HIV positive individuals who are not tested at other testing sites.
METHODS: A case control trial was performed that determined the differences in age, gender, WHO stage, and CD4 count by patient referral source: AED vs. all other venues of referral combined (VCT, TB clinic, medical wards, PMTCT, and HIV clinic provider initiated testing site). Cases were matched by week of referral. The first 69 consecutive HIV positive patients referred from the newly implemented AED HIV testing program were used as sample group for this study. Follow-up was available for 61 of these original 69 patients.
RESULTS: In the initial sample group studied, the median CD4 count of patients referred from the AED (75 cells/mm3) was lower than the CD4 count of the patients referred from all other venues (229 cells/mm3). There were no significant differences in age, gender, and WHO stage between patients referred to HIV clinic from the AED vs. those referred from all other testing venues.
CONCLUSIONS: The newly diagnosed HIV patients referred from the AED had a lower CD4 count (mean of 75 cells/mm3) than patients referred from all other sites. Because many of the patients diagnosed with HIV in the AED are very far progressed (as demonstrated by their low CD4 count) diagnosis of these patients in the emergency department is imperative to preclude further delay of diagnosis, progression of HIV, and possible death.

Poster Number: 161M

Presentation Title: The Institute for Gay Men's Health Online Outreach Project

Author(s): *Kornegay, M*
GMHC, Manhattan, NY

ISSUE: Responding to New York City trends, which indicate a rise in HIV rates among young men who have sex with men of color (YMSMC), The Institute for Gay Men's Health at Gay Men's Health Crisis (GMHC) sought to target this high-risk sub population of MSM through innovative programs that capitalize on the benefits of Internet technology, specifically online outreach.
SETTING: The intervention takes place in an internet lab created at GMHC.
The intended audience is YMSMC between 18 and 25 years of age. Contact with clients through online outreach occurs in both: public chat rooms and forums as well as other more private means including one-to-one instant messaging and postings. Although the primary aim of the project is for men in New York City, the reach to other MSM online nation wide occurs as well.
PROJECT: GMHC's Online Outreach program has a primary goal to provide safer sex messages, HIV prevention information and referrals to HIV testing and services to YMSMC between 18 and 25 years of age. If necessary, online outreach also engage individuals in longer conversations around safer sex, harm reduction, counseling, volunteer opportunities, testing, or other issues that the client presents at the time. The internet lab has computer equipment to gain access to the web, referral guides and a phone to make or check necessary referrals. Also in order to properly document peer educators complete outreach log forms of every contact.
RESULTS: In May 2006, GMHC finalize an Online Outreach program evaluation. This evaluation consisted of interviews with staff members using and two focus groups with representatives of the target population. The evaluation also included a review and analysis of online chats over a 3-month period, online demographics and intercept surveys post contact. The finding proved to be highly favorable among target population members. Strengths included:
Program is seen as current - responsive to the way target audience communicates
The anonymity created within an online environment is valued
Free exchange of information between the client and the outreach worker
Wide range of topics ranging from testing to social support (relationships, issues being gay, etc)
Online outreach found to be useful and necessary because the target audience relies heavily on the internet as medium to gather information
LESSONS LEARNED: Yahoo groups_emerged as the least engaging format for interaction
Appeal of profiles (age, photos, etc.) is important to draw the target audience
A need for branding the project (This was done; however it was not accepted by site administrators)
A significant response from white internet users (35%)
A significant response from internet users age 30 and up (49%)

Poster Number: 186M

Presentation Title: "Coming to this Group Really Made Me See How Much I Had to Learn": Peer-Delivered Interventions in U.S. Clinical Settings Address the Prevention Needs of People Living with HIV/AIDS

Author(s): *Koester, KA; Maiorana, A; Vernon, K; Myers, J; Dawson Rose, C; Morin, SF*
University of California, San Francisco, San Francisco, CA

BACKGROUND: In the U.S., HIV prevention increasingly includes behavioral interventions designed to reach people living with HIV in clinical settings where they seek care. These interventions include some delivered by individuals with similar characteristics to patients ("peer-based interventions"), which have been used successfully to change other health behaviors. Nevertheless, interventions for people living with HIV delivered by HIV-infected peers have been understudied. In this qualitative study, we evaluated the acceptability to patients participating in peer-based interventions in clinical settings.
METHODS: We designed a comprehensive evaluation of fifteen demonstration projects funded under the Health Resources and Services Administration's (HRSA) Special Projects of National Significance (SPNS) Initiative on Prevention with HIV Infected Persons Seen in Primary Care Settings. The objectives of the qualitative evaluation component were to assess clinic staff members' and patients' perceptions of feasibility and acceptability of the interventions in order to understand intervention outcomes. For this analysis, we focused exclusively on interview data collected from patients enrolled in peer-delivered interventions. Recorded interviews were transcribed and coded to identify converging and diverging themes.
RESULTS: Patients reported feeling connected to the peers providing intervention services and an appreciation for the knowledge they gained during participation. Patients felt that peers shared similar life experiences and perceptions; they described their participation as "life-enhancing" and shared that the interventions facilitated "soul searching," which helped to alleviate the isolation experienced by many of the patients.. Patients reported that the intervention made them feel more comfortable disclosing their serostatus to sex partners and to family members. Some patients were more comfortable talking to a peer while others found it "easier" to learn from someone that has gone through and experienced issues related to HIV. Patients described a sense of surprise concerning new information learned during the intervention, particularly around condoms. For many, the opportunity to participate in

or observe a condom demonstration and to learn about the various options available e.g., female condoms, flavored condoms, was a novel and useful experience.
CONCLUSIONS: Peer-based HIV prevention interventions in clinical settings can be "powerful," educational opportunities to discuss topics that matter for patients' day to day lives as well as providing a time and place for contemplation and reflection. People living with HIV/AIDS have a clear role as advocates for prevention and are an asset in delivering prevention services in clinical settings.

Poster Number: 191M

Presentation Title: Assessing SISTA: The Results from a Formative and Process Evaluation

Author(s): *Gentry, QM[1],[2]; Smith-Bankhead, N[2]; Pyron, M[2]; Allen, F[2]; Holloway, R[2]; Ivey, S1,[3]*
1 Messages of Empowerment Productions, LLC, Atlanta, GA; 2 AID Atlanta, Atlanta, GA; 3 Georgia State University, Atlanta, GA

ISSUE: As HIV/AIDS continues to impact African American women disproportionately, sharing evaluation findings from promising programs is paramount. The purpose of this presentation is to report the 2006 formative and process evaluation findings from AID Atlanta's implementation of the CDC-funded HIV prevention program known as SISTA (Sisters Informing Sisters on Topics of AIDS). The authors focus on the methodology and protocols used for synchronizing program implementation and program evaluation as equally important activities in addressing the unmet needs among African American women at risk for HIV/AIDS.
SETTING: Through collaborative partnerships with agencies and institutions serving hard to reach African American women who are at high risk for HIV, SISTA was implemented at jails, homeless shelters, and drug abuse rehabilitation centers for women throughout the Metro-Atlanta area.
PROGRAM IMPLEMENTATION: During 2006, AID Atlanta's "SISTA-sol" staff implemented 11 cycles of SISTA. The program was designed to increase HIV risk-reduction knowledge, strengthen sexual self control, assertiveness, and communication, and increase partner adoption of norms supportive of consistent condom use. Sessions addressed ethnic and gender pride, HIV/AIDS education, assertiveness skills training, behavioral self-management training, and coping skills. SISTA was adapted or tailored based on the variations in agency or institutional settings among the collaborative partnerships.
PROGRAM EVALUATION: The formative evaluation for SISTA resulted in a conceptual model that framed the key characteristics and conditions that place hard to reach women at higher risk for HIV infection. The process evaluation examined the ways in which the core elements of SISTA were adapted and tailored based on the various settings within which SISTA was implemented. The formative and process evaluation questions for the SISTA program include: (1) What are the demographic characteristics and high risk behaviors among women at high risk for HIV and how might they benefit from the SISTA intervention? (2) What are the demographic characteristics and high risk factors among women enrolled in SISTA-sol as implemented by AID Atlanta?; (3) Given the core elements of SISTA, what are the continued unmet HIV prevention needs of program participants; (4) To what extent was the SISTA intervention appropriate for the women served? and (5) Within the context of using program evaluation for improvement, what changes are needed to more effectively deliver SISTA for more comprehensive approaches to HIV prevention services for African American women?
RESULTS: SISTA program coordinators worked collaboratively with 7 agencies serving high risk black women for HIV and implemented 11 cycles of SISTA in 2006. A total of 219 participants enrolled in the program, with 171 (78%) graduating from the program. Of the 219 participants enrolled in the program 197 (90%) completed in-take assessments that included data about their demographic and behavior risk factors. Data were analyzed to determine how well SISTA meets the needs of hard to reach and institutionalized women at higher risks for HIV.
IMPLICATIONS: Data-driven approaches to program improvements will be discussed, as well lessons learned about how to integrate program and evaluation activities. Additionally, evaluation plans for an outcome evaluation will be shared.

Poster Number: 148M

Presentation Title: Word From the Streets: Front-Line Staff From Black Community-Based Organizations (BCBOs) Views on Barriers and Facilitators of Using Evidence-Based Interventions (EBIs) for HIV Prevention with Black Men Who have Sex with Men (BMSM)

Author(s): *Foster, ML; Rebchook, G; Kegeles, SM - Michael L. Foster, EdD, MPH, Gregory Rebchook, PhD, Susan M. Kegeles, PhD*, UCSF-CAPS, San Francisco, CA.

BACKGROUND: A 2005 study found that 46% of Black men who have sex with men (BMSM) who tested for HIV were positive, compared to 21% of White MSM. Clearly, BMSM need more effective HIV prevention programs. The CDC and U.S. health departments are promoting the use by CBOs of evidence-based interventions (EBIs) for HIV prevention, but few such programs were developed specifically for BMSM. Hence, often CBOs must adapt EBIs developed for other populations for BMSM. This study focuses on front-line staffs' experience using EBIs with BMSM, and their views of factors that facilitate or impede the utilization of EBIs by BCBOs with this target population.
METHODS: Telephone interviews were conducted with front-line staff from 27 BCBOs that reported using EBIs with BMSM. CBOs varied by size, U.S. region, the EBI used, and the age range of the target population. The 75-120 minute interviews focused on the EBI used, and their views about the barriers and facilitators associated with the EBI's utilization. Extensive interview notes were taken, entered into ATLAS.ti, and coded thematically.
RESULTS: The BCBO staff expressed that barriers to using EBIs were: Resistance to implementing EBIs that were not designed specifically for Blacks because of the belief that they do not adequately account for the unique social, economic, and cultural experiences BMSM face; BCBO staff reluctance to consider alternative approaches to prevention that do not correspond with their beliefs about the best HIV prevention approaches to use with this population; and the need for more frequent trainings due to high staff turnover. Facilitators to using EBIs were: Having BCBO-wide training to bolster buy-in and strengthen understanding about how the intervention should be implemented; flexibility in implementation that allows for adaptation to the unique social norms among BMSM in the respective area; flexibility among BCBO management about how staff balanced their competing work responsibilities while implementing the EBI; creating synergy between other interventions in place at the agency and the EBI; ability to collaborate with other BCBOs experienced with the EBI, and access to effective technical assistance.
CONCLUSION: Some barriers and facilitators to implementation mentioned by front-line staff at BCBOs are similar to those all CBOs experience, whereas others are unique to BCBOs. There remains a tension among BCBOs about using EBIs that were developed with other populations and need to be adapted to BMSM's cultural and life contexts or if only EBIs developed with BMSM from the outset will be accepted. When encouraging BCBOs to implement EBIs not originally designed for BMSM, it is important for front-line staff to have the flexibility to tailor the EBI to the relevant cultural and contextual variables, while striving to retain fidelity to the EBI's theoretical underpinnings. Furthermore, even when the EBI was designed for BMSM, it is crucial that local practitioners be encouraged to infuse the intervention with their area-specific knowledge and modify the intervention accordingly, while striving to ensure that such adaptations retain fidelity to the intervention's theoretical underpinnings.

Poster Number: 178M

Presentation Title: The National African AIDS Helpline. Cultural Approach to HIV Prevention in UK

Author(s): *Wafula, GA*[1]; *Mushayi, J*[2] - Gertrude Anyango Wafula, B.Ed, Msc, PhD, Manchester University and Black Health Agency, Manchester, United Kingdom, Julian Mushayi, Msc, Black Health Agency, Manchester, United Kingdom.

ISSUE: Addressing HIV prevention and health inequality among the minority groups in England
Objectives of the preventive care and support.
Improve sexual health of African people living in England
Raise awareness about HIV transmission and prevention within the African communities
Raise awareness of the impact of HIV and AIDS within African communities
Improve access to health & related support services for those Africans living with HIV
Provide Information on HIV Testing and Sexual Health Screening
SETTING: This project is based in the Manchester North West of England and serves whole UK. The target audiences;
Africans in UK both affected and infected
Service providers working with African (including newly arrived students)
NGOs, Health professionals,
PROJECT: This project started as a pilot project and was launched in December 2000. It is funded by the Department of Health and managed by the Black Health Agency (BHA). It was born in response to increasing and disproportionate rates of HIV infections with the African and minority groups reported second largest group in UK. This service is via a phone line. Callers make free and confidential calls. The calls are answered by trained personal and in a language of preference by the caller. The project offer services in six different languages African English, French, Shona, Swahili, Luganda and Portuguese. There are varies issues of concern presented from HIV information: testing prevention, support, care, networking, legal, housing, childcare, discrimination and counselling. Available to the advisor is a database of over 2,500 contacts addressing various themes and support needed. Available to is information which is sent as literature to all target groups. The project too collaborates with other agencies in helping access various services. Publicity is an element of the project, outreach work, research, social events,

workshops and other health promotion activities. While no contact -phone line has attracted enormous responses, the use of social events, targeting community frequented areas as clubs, saloons, exotic shops and markets, and all community publicity are instrumental and continued support from the department of health.
RESULTS: The results have been progressive with an average of 3000 calls yearly. Call volume is high.There is provison for one on one support lead to a set up of one to one support for clients (HIV positive) only in manchester area. Although initially for the minority, the Local community-white are requesting the same meaning the impact has been positive.Due to the project there have been increase in imigrant communities accessing VCT and testing services.This was a humble start but is now a story to learn from. we train interns from African nations to include Ghana, Uganda and Kenya on communicationg HIV messages. This is the only cultural HIV prevention service of its own kind for Africans in England. Our experince reveal that even the basic facts about HIV prevention are not clear to many people.
LESSONS LEARNED: If the target group can identify with the message, the results are enormous. Cultural sensetive program can achieve positive change.

Poster Number: 147M

Presentation Title: Social-Network Influences in Promoting Condom Use and HIV Testing Among Filipina Commercial Sex Workers: Findings from A Quasi-Experimental Intervention Study

Author(s): *Chiao, C[1]; Morisky, DE[2]; Ksobiech, K[3]; Malow, RM[4]*
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BACKGROUND/OBJECTIVES: Female sex workers have played a major role in spreading HIV in Southeast Asia. Consistent condom use and HIV testing have been shown to reduce sexually transmitted infections (STIs) and HIV among commercial sex workers. This has led to an increased effort to promote safer sex and HIV testing among sex workers. The current study examines the effects of a multilevel Social-Action Based Theory (SABT) intervention to enhance consistent condom use and HIV testing among Filipina commercial sex workers (FCSWs).
METHODS: Four socio-demographically similar Philippine cities were randomly assigned to have FCSWs within each city receive either an SABT intervention based on: 1) peer influence only; 2) FCSWmanager influence only; 3) combined peer/manager influence; or 4) a no intervention (control condition). One outcome measure, consistent condom use, was assessed by a validated six-item scale (alpha =.82). A second outcome measure was a dichotomous self-report (yes/no) of each FCSW's HIV testing in the past six months. Regression analyses for consistent condom use and logistic regression models for HIV testing were conducted, using the pooled baseline (N=866) and follow-up (N=808) samples, and controlling for the clustering of multiple FCSWs at the same workplaces.
RESULTS: After adjusting for socio-demographic, cognitive and other variables related to HIV prevention, the combined peer/manager intervention was the only condition showing significant increases in consistent condom use ($p<0.05$). Mediational analyses determined the two significant variables related to consistent condom use were level of perceived HIV/AIDS risk, and the belief that FCSWs received emotional and instrumental support from both their managers and peers. Regarding HIV testing, no significant differences by condition group were found; however, overall the aggregate sample demonstrated a 90% increase in HIV testing from baseline to follow-up periods ($p<0.001$). FCSWs reporting regular HIV testing were significantly more likely to demonstrate higher HIV/AIDS knowledge (odds ratio [OR] = 1.21, $p<0.001$), higher HIV/AIDS perceived risk (OR = 1.09, $p<0.05$), and were more likely to engage in sexual risk reduction activities than FCSWs who did not test for HIV (OR = 1.15, $p=0.001$).
CONCLUSIONS/IMPLICATIONS: These findings suggest that it is most beneficial for sexual risk reduction interventions, particularly related to consistent condom use among FCSWs, to go beyond individual-based intervention strategies, and include others in the at-risk individual's social network. Additional research is needed to evaluate if this intervention can be adapted to be efficacious for other disadvantaged populations.

Poster Number: 182M

Presentation Title: Creating Alliances with Public Sex Venues

Author(s): *Ramsey, HA; Dreiss, K*
AustinTravis County Health and Human Services, Austin, TX

ISSUE: In Austin Texas several clients who were diagnosed with syphilis stated they had sex contacts in booths at a local adult video store. Because of the anonymous nature of the contact at these venues, there was very little that the

Disease Intervention Specialist could do regarding partner services. Previous attempts to provide onsite STD testing in adult video stores were labor intensive and had poor results as neither clients nor adult video store staff wanted to participate.
SETTING: Adult video stores in Austin/Travis County that feature private viewing rooms and booths showing pornographic movies.
PROJECT: An Austin/Travis County Health and Human Services Department (ATCHHSD) outreach worker surveyed and developed a spread sheet for all adult video stores in the area. Priority was given to those that rented pornographic movies in private booths or rooms where sex contact might take place. The outreach worker recruited store managers and staff to form a partnership with ATCHHSD to provide STD prevention information inside the store, distribute condoms and safe sex information and to offer a coupon for free STD testing at the local STD clinic.
RESULTS: Currently all 4 adult video stores that meet the criteria are collaborating with ATCHHSD. From June 2005 until present 103 individuals have taken advantage of the free coupon program and presented at the STD clinic for testing. This has resulted in 4 individuals with HIV positive tests (4% positivity rate) and 22 other STD infections that were diagnosed and treated among video store clients. By providing feedback on the success of the program to our adult video store partners, we are able to tailor specific interventions to the at-risk population in each venue. In addition, the stores have made several adult video actresses available for ATCHHSD to help in developing posters to market the coupon program to their customers.
LESSONS LEARNED: Creating partnerships with sex venues and offering their customers a service, which preserves their confidentiality, helps to develop the venue staff as advocates for STD prevention. The STD/HIV staff has gained valuable knowledge about major sex venues and profiles of clients who frequent them. This alliance with adult video stores is a cost effective method of HIV/STD prevention and case finding. By tailoring interventions specific to the special population, the health department can access a high-risk population that otherwise would be reluctant to seek testing. The results show that government and private businesses can collaborate for effective public health results.

Poster Number: 113M

Presentation Title: HIV Testing Trends for Older Adults (50 years) at CDC-Supported Sites, United States, 1995-2004

Author(s): *Stein, RR; Aranas, A; Bell, K; Duran, D; Hurst, D; Uhl, G*
CDC, Atlanta, GA

BACKGROUND: The number of older adults living with HIV/AIDS increased by 77% between 2001 and 2005, compared to a 13% increase for younger adults. This trend is expected to continue given sustained growth of the Baby Boomers and improved HIV treatment advances. Furthermore, it is estimated that in 2003 half of older adults diagnosed with HIV were also diagnosed with AIDS within a year. Despite these trends, there has been a general lack of awareness regarding prevention efforts, such as HIV testing, targeted to this population. By providing a profile of a decade of testing trends for older adults at CDC-supported sites, this study will help to identify potential gaps in testing programs for older adults.
METHODS: Using HIV tests supported by CDC funds for adults (≥50 years of age) from 1995 to 2004 in 45 project areas, we examined the following data: number of tests conducted, number of tests with positive results, and percentage of persons receiving their test results. These data represent number of tests conducted rather than number of individuals tested.
RESULTS: The number of HIV tests provided to older adults between the years 1995 and 2004 increased by 44% (from 93,019 to 133,862). The number of tests with positive results increased by 33% (from 2,011 to 2,065). The positivity rate remained relatively stable during this period varying between 1.9% and 2.2%.
Older males accounted for almost two-thirds of HIV tests and almost three-quarters of positive results. The number of HIV tests provided to older blacks and Hispanics increased by 122% and 50%, respectively. For all years, except 1995, the number of positive test results for older blacks was more than twice that for older whites or Hispanics. among those reporting male-to-male sexual contact, the number of tests increased by 53% from 1995 to 2004. From 1999 to 2004, testing among those reporting injection drug use increased by 210% (from 4,426 to 14,648), and the number of tests with positive results increased by 62% (from 348 to 565).
The percentage of tests for which results were received declined from a high of 74% in 1999 to a low of 59% in 2003 and then jumped up to 72% in 2004. Older blacks were less likely to receive their results than older adults of other races. From 1995 to 2004, only 52% of test results were received by older blacks, compared with 71% for older whites and Hispanics.
CONCLUSIONS: These results indicate that older adults are a growing segment of the population who test at CDC-supported sites, and that testing strategies should continue to be refined and targeted for this age group. These data suggest that the need for focused prevention and outreach efforts is particularly pronounced among certain sub-populations. For example, it is troubling that only 52% percent of test results were received by older blacks from 1995

to 2004. In addition, the number of HIV-positive tests among older adults who reported injection drug use during this time period increased by about 62% (from 348 to 565).

Poster Number: 193M

Presentation Title: A Supportive Model for HIV Risk Reduction in Early Adolescents (ASUMA): First Two Years of Implementation

Author(s): *Fernandez, DM; Figueroa, WI; Gómez, MA; Maysonet, J; Rios, E; Hunter, RF* - Universidad Central del Caribe, Bayamon, Puerto Rico

ISSUE: Teenagers represent one of the fastest growing groups of newly HIV-infected persons. Adolescence is a developmental period often associated with sexual debut as well as risk taking behavior. Since October 2004, we are realizing a pilot study entitled "A Supportive Model for HIV Risk Reduction in Early Adolescents - ASUMA".
SETTING: The setting of the study will be four junior schools in Puerto Rico: two publics and two privates.
PROJECT: This is a prospective study using an intervention and non-intervention group. The sample size was 173 early adolescents. These students will be follow-up by three years. Baseline and follow up self administered questionnaires have been administered to study group. The goal of this pilot project is to develop, implement and evaluate an adolescent and parent support pilot intervention to modify HIV risk behavior among early adolescents in Puerto Rico. The outcome parameters for HIV risk behavior variables will be: alcohol use, drug use and sexual activity. The theoretical framework to be used in the study establishes six main factors which influence HIV risk behavior among early adolescents. These factors are self-esteem, peer pressure, invulnerability, parent support, sensation seeking and the HIV/AIDS knowledge and attitudes they possess. The study was divided into three phases: pre-implementation, implementation and evaluation. Actually, we are in the second year of the implementation phase. Some curriculum strategies included group discussions, role-play, games, brainstorming, experiential exercises, reflections, and activities focusing on inquiry learning, problem solving and skills development related.
RESULTS: The measure instruments were developed and validated. A total of six interventions were performed based on the theoretical framework. The curriculum objectives for the intervention group included: (1) Adolescents will learn about HIV/AIDS; (2) after a knowledge and communication skills workshop given to their parents, adolescents will report an increase on parent support; (3) adolescents will develop skills to manage self-esteem; (4) adolescents will develop skills to manage peer pressure; (5) adolescents will decrease their perceive invulnerability; and (6) adolescents will learn about effects of alcohol use, drug use and sexual activity. Forty seven percent of adolescents were cases and 52.6% controls; 50.3% were males and 49.7% were females. The higher risk behavior reported by students was the use of alcohol (20.3%). Initially, almost all adolescents (98.2%) had a low HIV knowledge (less than 75%) and significant differences ($p<0.05$) were observed after controlling by HIV information source (mother and/or father) and divorced parents. After the first two years of intervention, an improvement was observed in the HIV knowledge and vulnerability perception of the intervention group ($p<0.05$), while a non significant increase was found among non-intervention adolescents.
LESSONS LEARNED: Preventive programs directed to adolescents respond to their developmental needs and should include parents. This process allow the adolescent become an active learner and interactive with the environment. This study illustrates the importance of the creation of culturally appropriate instruments and interventions with the ultimate goal of HIV/AIDS reduction. Sponsored by grant number 2G12RR03035 from NCRR a component of the NIH.

Poster Number: 131M

Presentation Title: Prevalence and Correlates of Condom Failure Among African American Teens

Author(s): *Salazar, LF ; Lang, D; DiClemente, R; Joseph, R*
- Emory University, SPH/BSHE, Atlanta, GA

BACKGROUND: Consistent, correct use of condoms has been widely recommended as a public health strategy against sexually transmitted diseases (STDs), including HIV infection. Although studies of diverse populations have focused on the consistency of condom use, relatively few studies have assessed condom failure. Given the focus of many STD/HIV prevention programs on decreasing STD incidence, data pertaining to condom failure could provide useful information for program providers and evaluators. The purpose of this study was to provide the prevalence and correlates of condom failure among a cross-sectional sample of sexually active African American teens recruited from two northeastern and two southeastern U.S. cities.
METHODS: 195 condom-using African American teens (M age = 15.43; SD= 1.07) completed a baseline interview using audio computer-assisted self-interviewing technology. The interview consisted of demographics, sexual

behaviors including condom use and condom failure in the past 3 months, STD and HIV-related knowledge, condom use self-efficacy, condom use expectancies, desire to become or get someone pregnant, use of alcohol or other substances and other potential correlates.
RESULTS: Recent condom failure was reported by 26.7%. Controlling for the frequency of engaging in protected vaginal sex, age, gender, condom-use self-efficacy, STD/HIV knowledge and perceived difficulty in performing AIDS-preventive behavior were not related to condom failure. Teens who expressed a desire to become pregnant or get someone pregnant were 4.5 times more likely to report condom failure (AOR = 4.56; P = 0.012). Teens who held positive expectancies associated with condom use were less than half as likely to report failure (AOR = .339; P = .009).
CONCLUSIONS: African American teens are at heightened risk for STDs and pregnancy. The findings from this study suggest that African American teens also experience high rates of condom failure. Program providers working with this population to prevent both STDs/HIV and teen pregnancy, in addition to teaching teens how to use condoms correctly, must emphasize the positive outcomes of using condoms while addressing the issue of why some African American teens desire to become pregnant or get a girl pregnant.

Poster Number: 111M

Presentation Title: Primary and Secondary Syphilis in the United States, 2000-2005

Author(s): ***Beltrami, J***[1] Louisiana Office of Public Health, New Orleans, LA; 2 North Carolina Department of Health and Human Services, HIV/STD Prevention and Care Branch, Raleigh, NC; 3 AIDS Alabama, Birmingham, AL

ISSUE: The southern region of the United States is in a state of emergency as HIV/AIDS and other sexually transmitted diseases are having a devastating impact. While Southern states represent 34% of the United States population, they account for 36% of persons living with AIDS and 42% of new AIDS cases in 2005. The number of persons living with AIDS has increased from 1993 to 2005 at a greater rate in the South than in any other region. In addition, from 2001 to 2005, AIDS related deaths decreased in all regions of the U.S., except the South.
SETTING: The Southern AIDS Coalition represents Alabama, Arkansas, the District of Columbia, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia.
PROJECT: The Southern AIDS Coalition (SAC) was developed in response to the rapid increase of HIV/AIDS cases in the South, as well as the high rates of poverty, poor health infrastructure, racial disparity, and startling rates of sexually transmitted diseases in the region. Shrinking resources that are desperately needed to support effective interventions and services compounds these issues. SAC is a sustained and united HIV/AIDS advocacy voice for the South. This coalition believes that by mobilizing their communities and developing a broad-based coalition of people living with HIV/AIDS, advocates, elected and appointed officials, community and government agencies, and industry partners, a comprehensive strategy to address the HIV/AIDS healthcare disparities in the South can be created and implemented.
RESULTS: The mission of SAC is to promote accessible and high quality systems of HIV and STD prevention, care, treatment, and housing throughout the South. To this end, SAC has engaged in activities directly related to recommendations outlined in the Southern AIDS Manifesto released in 2003. Calls for increased funding to the South resulted in industry releasing additional dollars for prevention efforts in the region. SAC's advocacy efforts also impacted the distribution of funding through the Ryan White Treatment Modernization Act, which ultimately benefited 10 of the 14 Southern States. SAC has also been instrumental in increasing State general funds in the Southern States for HIV related activities. In addition, the Coalition has increased opportunities for peer-to-peer technical assistance allowing successful strategies and interventions to be shared between jurisdictions. Currently, SAC is in the process of updating the Southern States Manifesto to provide a status of HIV/AIDS in the South and to update the plan for impacting the HIV epidemic in the Southern region.
LESSONS LEARNED: The development of a broad based coalition that includes people living with AIDS, community based organizations, government and industry is an effective mechanism to impact policy and funding decisions. The documentation and dissemination of barriers, recommendations, and calls to action in the Southern manifesto provided a road map for the coalition to focus their efforts. The use of media, congressional briefings, press releases, strategic partnering and meetings with key elected and government officials were all successful strategies to advance the goal of impacting the HIV epidemic in the South.

Poster Number: 181M

Presentation Title: A Puertorrican DEBI: Anthology of an Adaptation of Mpowerment for Adults MSM and the Integration other Comprehensive Services

Author(s): *Shepard-Rivas, PM* - Coai, Inc., San Juan, PR

ISSUE: In Puerto Rico MSM accounted for 21% of reported AIDS cases in males constantly up to 2006. By June 2004 only one program in the Island was targeting adults MSM and was about to close. Under AHP and PA 04064 a grant to adapt and tailor Mpowerment for MSM was granted to Coaí, Inc. on July 2004.
SETTING: An Effective Behavioral Intervention for MSM 25 to 39 years old; and Comprehensive Risk Counseling and Services (CRCS) and Counseling, Testing and Referrals (CTR) for MSM and male and transgender sex workers have been implemented in San Juan Emergency Statistical Area.
PROJECT: Aché - El Proyecto, a CDC founded project, adapted and implemented Mpowerment, an EBI developed for young gay and bisexual MSM, for MSM 25 to 39 years old. Also as part of the AHP initiative, the project integrated the program to CRCS and CTR while creating a balance between the fun part of Mpowerment and the individual level intervention (ILI). The project maintained with the new intervention and public health strategies, services for male and transgender sexworker through street outreach and MSM outreach at public sex venues.
RESULTS: Aché - El Proyecto has successfully integrated an EBI (Mpowerment) to other existing individual level interventions. Staff has adapted and tailored intervention materials to accommodate the local culture of adults MSM while maintaining core elements. Formal and informal outreach has been conducted resulting in, not only successful participation of targeted population, but also as recruitment strategy for CTR and CRCS. As of December 2006, 79 unique individuals have participated in 57 Core Group Meetings; 89 unique individuals have completed Mgroups; and 716 adults MSM have been reached throughout 68 formal outreach activities.
LESSONS LEARNED: Mpowerment Project can be effectively adapted and tailored for adults MSM in community settings. Other ILI can be integrated while maintaining the fun part of the EBI.

Poster Number: 144M

Presentation Title: Occupational Accidents and Knowledge about Universal Precaustions in Medical Interns of NEPAL

Author(s): *Joshi, SD1; Panday, K*[2] - 1 Nepal Medical College and Teaching Hospital, ktm, Nepal; 2 Community Health and Environmental Society Nepal, KTM, Nepal

ISSUE: Medical students are vulnerable to occupational accidents with body fluids, droplets, needles and other cutting devices because of their inexperience and lack of training despite their desire to do a lot. There is some information in our country regarding the frequency of such accidents in medical interns. The aim of the present study was to study the frequency and type of occupational accidents suffered by medical interns and their knowledge about the universal precautions.
METHODS: Cross-sectional study of all the medical interns working around the country healthcare centers during 2003 January to 2006 December. A randomized sample of 631 was selected (power 95%, error 5%) to this population as guided survey was applied. The survey consisted in 20 structured questions, most closed and three open, enquiring about number of occupational accidents types, what done at the moment and the knowledge of universal precautions.
RESULTS: Of all the participants, 99% had been working at least 1-year rotation as medical interns (last year medical career) including medical, surgery, gyaen & obst., pediatrics, emergency unit. The sample included the community health camp by interns also. Only 83% of interns surveyed had received anti-HBV vaccination.54% of them admitted, They had suffered at least one occupational accident with patient's exposure: 12% of these admitted had suffered occupational accidents with needles, 48% did nothing after accidents because they didn't know what should be done. Of total sample, 93% of the interns knew little or nothing about the universal precautions.
CONCLUSIONS: A very high proportional of medical interns in Nepal suffers risky occupational accidents including tuberculosis, eye infections and other in their medical practices. Most of there, young doctors do nothing to prevent themselves from occupational transmitted diseases, mainly due to lack of knowledge. Their knowledge regarding universal precaution is poor and their comments is that there should be training of safety management to all the medical professionals to prevent the chance of further infectious diseases(HIV,HepB,HepC etc.) which is very urgent for poor developing country like Nepal.

Poster Number: 187M

Presentation Title: Pilot Implementation of the L.I.F.E. Program in a Correctional Setting

Author(s): *Fukuda, H* - Massachusetts Department of Public Health, Boston, MA

ISSUE: The state affirms that incarcerated persons living with HIV/AIDS are a vulnerable population in need of specialized health services. The state administers a range of prevention, education and health services for HIV infected inmates, both during incarceration and following release. While there is strong evidence that intensive support services during incarceration and following release results in positive health outcomes for HIV infected inmates, there is limited information on the efficacy of specific interventions that may be appropriate for this population. At a national level approximately 17% of people living with HIV pass through a correctional facility in the course of a year.2 Incarceration presents a significant opportunity to identify and link to care persons with HIV infection. Additionally, HIV infected inmates may be engaged in prevention, education and risk reduction interventions that impact health care engagement and health promotion behaviors post-release.
SETTING: The intervention will be administered at multiple county houses of correction in the state. County-level prison facilities house inmates for an average sentence length of six months to two years. These facilities currently hold contracts with the state to administer HIV correctional health services to HIV infected inmates, including risk reduction counseling, medical advocacy and reintegration planning. In FY06 the program served over 250 HIV infected inmates.
PROJECT: "The L.I.F.E. Program® is a health counseling program that integrates HIV prevention, treatment, and adherence interventions. The intervention is intended to be health-enhancing for people with HIV through the triple mechanism of risk reduction, immune-boosting and adherence to health routines, including medication protocols. The program is structure and topic-driven, presenting to HIV positive people co-factors that are relevant to their lives thereby increasing program participation and retention."3 Although the curriculum has undergone extensive evaluation in community-based settings, an evaluation of the intervention with an inmate population has not been performed to date. The presentation will describe the implementation of the intervention in a Corrections setting, and will describe specific impacts for intervention participants, including risk reduction behaviors, health care engagement, and adherence to prescribed treatments both during incarceration and post-release. The intervention will be administered twice, once with a group of male inmates living with HIV/AIDS, and once with a group of female inmates living with HIV/AIDS.
RESULTS: The authors anticipate improvements in key participant outcomes relative to current program impacts, including reduced risk behavior, increased retention in medical care and substance abuse treatment, increased medications regimen adherence, and reduced recidivism. Data forthcoming fall 2007.
LESSONS LEARNED: The initiative will demonstrate the appropriateness and efficacy of the psycho-educational, group-level and peer-led intervention in a Ccorrections setting, and will describe the operational challenges of implementing a multi-session health promotion intervention in a correctional setting and strategic responses to these challenges.
Footnotes
[1]Massachusetts Public Health Association, "Correctional Health: The Missing Key To Improving the Public's Health and Safety" (October 2003) [2]Shanti San Francisco, "L.I.F.E. In Brief" (2001)

Poster Number: 200M

Presentation Title: Adding Practicality to Policy: Results from CDC's 2006 PCRS Stakeholder Consultation Meeting.

Author(s): *Berkel, C[1]; Whitfield, C[2]; Wright-Schnapp, T[2]; Gunter, D[2]; Dooley, S[2]; Hogben, M[1]*
1 CDC - Division of STD Prevention, Atlanta, GA; 2 CDC - Division of HIV/AIDS Prevention, Atlanta, GA

BACKGROUND/OBJECTIVES: The National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC), is currently revising its guidelines for HIV/STD partner services. Presently, CDC has two guidelines related to partner services, the 1998 HIV Partner Counseling and Referral Services (PCRS) Guidance (DHAP) and the 2001 STD Program Operations Guidelines for Partner Services (DSTDP). The Center recognizes a single integrated guideline document will more effectively address the needs of partner services programs at the state and local levels. It is within this context that CDC has begun the process of revising the 1998 PCRS Guidelines and integrating them with revised and updated STD partner services guidelines. To obtain stakeholder feedback on an initial draft of revised PCRS guidelines, NCHHSTP held a consultation meeting in Atlanta in November, 2006. The current paper summarizes participants' recommendations for improving PCRS guidelines.

METHODS: Seventy-two participants were invited to attend the stakeholder consultation meeting: 71 attended (from 23 states and Washington, DC). There were 11 federal employees representing different agencies and 19 state and local HIV and STD health department directors, program managers and staff members participating. Also, 3 academic research experts, 2 ethicists and 4 representatives from legal organizations. Other participants represented community-based organizations, correctional organizations, border health, advocacy groups, and training centers.
Participants convened in a single group for summary information and feedback, but were assigned to 1 of 5 breakout groups with designated topics for most of their work. Each group of 14 to 15 attendees commented on the overall draft and answered specific questions related to their respective topics. Group discussions were transcribed by external note-takers. Using Glaser's constant comparative method, we independently coded the participants' comments and discussed the findings at the end of each groups' transcript to produce an integrated set of themes.
RESULTS: Participants had many suggestions for making guidelines more useful for health departments and other providers of PCRS. Findings presented here are limited to those suggestions related to the content of PCRS guidelines. A primary suggestion was the inclusion of model programs that programs could emulate. Recognizing the paucity of evidence-based strategies, consultants recommended best practice case studies of successful programs be published until evidence-based practices can be established. A second finding was that participants wanted HIV, STD and other programs to be integrated into a client-centered, comprehensive system of care that would address clients' needs and reduce duplicated efforts. Finally, participants suggested the inclusion of provisions in the guidance to allow for cultural modification of programs to meet the needs of local communities.
CONCLUSIONS: Results presented here will be used to inform the post-consultation revisions of the PCRS guidelines, along with the revision to STD partner services. In particular, consultants and CDC staff have formed an ongoing steering committee and several writing groups to ensure consultation revisions are incorporated into the final document. We will also present areas for future research raised by meeting consultants, which may guide the development of programs of research to inform evidence-based practice.

Poster Number: 212M

Presentation Title: Evalutation of HIV Counseling, Testing and Referral;Programs in Washington DC: Challenges and Implications

Author(s): *Shahkolahi, AM; Mack-Wilson, LC; Calderon, R; Suiter, J; Moore, S*
Whitman-Walker Clinic, Washington, DC

BACKGROUND: Washington, DC is home to one of the highest HIV prevalence in the nation. According to the Washington, DC Department of Health one in 20 adults has HIV. At Whitman-Walker Clinic OraQuick Advance Rapid HIV test has been offered for free at all its Counseling, Testing and Referral programs as part of CDC and DCDOH Projects.
OBJECTIVES: To assess differences and challenges in HIV testing by population demographic and risk factors using two years data from two different CTR programs, Elizabeth Taylor Medical Center (ETMC) and Max Robinson Center (MRC), in Washington, DC.
METHODS: From January 2005 through December 2006 ETMC provided services for a population that originates mostly from Wards 1 and 2 of Washington, DC and consisted of, 77% male, 22% female, 39% Blacks (non-Hispanic /African American), 27% Latino, 35% white, 52% heterosexual and 48% MSM, 26% below 29 years, 75% above 31 years of age. During the same period MRC provided services for a population that originates from Wards 7 and 8 of Washington, DC and consisted of 63% male, 37% female, 92% Blacks (non-Hispanic /African American), 89% heterosexual, 11% MSM, 32% below 29 years of age, and 71% above 31 years of age.
RESULTS: ETMC CTR program conducted a total of 8799 rapid HIV tests of which 2.3% (200/8799) was preliminary reactive. All preliminary reactive clients were counseled and 138 were confirmed using an OraSure/Blood Western Blot test, 78% (108/138) was confirmed and 22% (12/57) was discordant (indeterminate and/or non-reactive). The other 62 clients were referred to other providers and/or refused confirmation test. 69% of HIV infected clients were MSM, 86% Male, 59% Blacks, 31% Heterosexual, 13% female, 25% white, and 13% Hispanic, 35% below 29 years of age and 55% above 31 years of age. MRC CTR program conducted a total of 1957 rapid HIV tests, of which 4.1% (80/1957) was preliminary reactive. Of the 80 preliminary reactive clients 36 were confirmed using an OraSure/Blood Western Blot test, of which 83% was confirmed (30/36) and 17% was indeterminate and/or non-reactive. The other 44 preliminary reactive clients were referred to other providers and/or refused the confirmatory test. 61% HIV infected clients were Heterosexual, 39%MSM, 61% Male, 39% Female, 98% Black, 35% below 29 years of age and 55% above 31 years of age.
CONCLUSION: The HIV infection prevalence at two sites is different. At ETMC Black, Male, MSM, and above 31 years of age were the main concern. However, at MRC Black, Male, Heterosexual, and above 31 years of age were the main concern.
IMPLICATIONS: These findings suggest that introduction of Oral Fluid HIV Rapid testing is very convenient for both CTR programs; however, there is a 17-22% discordances between preliminary test and its confirmation at both

sites. In addition efforts to promote confirmatory test on all preliminary reactive clients and more prevention should be encourages for these targeted populations.

Poster Number: 177M

Presentation Title: Preparing for Effective Behavioral Interventions: The Future of HIV Prevention

Author(s): *Lamb, L1; Hernández, CM; Soto, N; Pemberton, GC*
Carlos M. Hernández, Masters of Public Administration, Nilda Soto, Master of Social Work, Gisele C. Pemberton, Masters of Public Health, PROCEED, Inc., Elizabeth, NJ.

BACKGROUND: HIV/AIDS prevention programs across the country are implementing HIV prevention interventions with demonstrated evidence of effectiveness in reducing HIV risk behaviors or in encouraging safer behaviors. Such interventions are disseminated by the Centers for Disease Control and Prevention Diffusion of Effective Behavioral Interventions (DEBI) Project. The effective behavioral interventions are packaged and ready for replication in local settings and communities. An emerging concern is the preparedness of HIV/AIDS service organizations to implement these DEBI's with reliability and validity in their specific setting for their specific target populations. Lack of planning and preparation results in HIV/AIDS programs unsure of how best to meet the prevention, care and support needs of their clients; serious implementation issues, and recruitment and retention challenges.
METHODS: Facilitator will present and discuss planning and preparation strategies in the selection, adaptation and implementation of effective behavioral interventions. Interactive group exercises and case studies will be used to help participants think through the required organizational needs for successful implementation of a DEBI. Strategies for selecting the "right" DEBI, selecting the "right" staff to be trained on the DEBI, and transitioning from training to implementation will be discussed. Best practices in recruitment and retention will be highlighted and participants will learn to collect and analyze information about the community, including HIV/STD risk behaviors and influencing factors in order to help agencies identify target populations and appropriately tailor their intervention; identify and secure buy-in and participation from members of the target population; and learn how to use social networks for continuous recruitment and formative evaluation.
RESULTS: HIV/AIDS program staff will be more adequately prepared to select and implement the most appropriate DEBI interventions and resolve the implementation challenges that they currently face. Based on the experience of other nonprofits they will be able to anticipate barriers to implementation, and instead utilize proven strategies to facilitate the execution of the DEBI's with the target populations.
CONCLUSIONS: With careful planning and access to training and technical assistance tools, HIV/AIDS programs can successfully prepare and plan for the successful selection, adaptation and implementation of effective behavioral interventions. This is highly beneficial to clients because it treats them in a holistic manner, meets more of their needs, reduces barriers to service and provides additional reasons to seek services at HIV/AIDS programs.

Poster Number: 206M

Presentation Title: Rapid HIV Testing Training and Education for Healthcare Professionals: What Are the Results?

Author(s): *TO, K; Bernstein, M; Reyes, M; Myers, J; Morin, S*
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO, San Francisco, CA

BACKGROUND: The Pacific AIDS Education and Training Center (PAETC) held its second annual Rapid Testing Forum in spring 2006. It examined ways for PAETC staff and faculty to support expansion of rapid HIV testing in diverse care settings and to motivate healthcare professionals to help implement rapid testing through their work. Changes in knowledge among forum participants and post-forum application of knowledge and skills in their work were evaluated.
METHODS: A pre- and post-forum self-assessment evaluation questionnaire was used by 35 participants to rate their knowledge of rapid HIV testing implementation issues. A four month follow-up questionnaire was completed by 19 respondents asking whether they applied knowledge and skills from the forum to their jobs, which activities they applied, and the resulting impact of those activities. For the self-assessment ratings of knowledge and skill level, matched and paired samples t-tests were run. Mean scores for the group were calculated at pre-forum and post-forum. The follow-up data was analyzed qualitatively and categories created.
RESULTS: The mean score at pre-forum for overall combined items for the entire group of respondents in the assessment was 2.69 ("medium" level of knowledge) out of 5.00. The mean score at post-forum was 4.29 ("high"). Knowledge of rapid HIV testing implementation issues in emergency departments showed the largest improvement in rating, from "medium" (2.50) to "high" (4.25). Twenty-seven percent of participants considered themselves to be at a

high and very high level of knowledge in this topic before the forum, whereas 84% of them rated themselves at high and very high levels after the forum ($p<0.05$). To develop or plan trainings on rapid HIV testing was the forum objective that respondents said that they applied the most during the four months after attending forum. Forty-two percent of the respondents (8 of 19) said they fulfilled this objective, primarily by developing and planning trainings for staff in labor and delivery and pediatric/prenatal departments of clinics or hospitals. Most of the other training objectives were not applied at all or very small numbers of respondents applied them. Respondents primarily utilized training as the activity to carry out two of the objectives, to develop or plan trainings on rapid testing and to conduct trainings on rapid HIV testing.
CONCLUSIONS: Training by itself is insufficient for implementing rapid testing in clinical settings. Structural and policy barriers in clinical settings need to be addressed in conjunction with application of training. Implementation of forum objectives was minimal due to organizational barriers and the current lack of resources, such as unprepared lab field services; clinical lack of information on rapid testing technologies, policies, procedures, protocols and forms; and lack of clinical staff training, which prevented healthcare professionals and PAETC staff and faculty from supporting care settings in expanding rapid testing services.

Poster Number: 118M

Presentation Title: Developing A Model For HIV Prevention Intervention For Female Drug Abusing Offenders

Author(s): *Varma, DS; Hoffer, L; Callahan, C; Cottler, LB*
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BACKGROUND: The rate of HIV risk behaviors is high among female drug offenders. The traditional HIV prevention interventions have had limited success because they have not been tailored to their needs. The Deconstructing HIV Interventions for Female Offenders study (DA19199) aimed at developing a model that explains the factors that contribute to participation, compliance, and effectiveness of HIV prevention intervention programs among female drug using offenders.
METHODS: The Epidemiology and Prevention Research Group (EPRG) implemented a mixed-method protocol (DA19199) to re-interview participants previously enrolled in a NIDA-funded HIV prevention intervention trial (DA11622). Female offenders were re-contacted for enrollment in the study (n=92). To collect data on participant's attitudes and beliefs and their experience of being in the program, subjects were asked a standardized set of semi-structured, open-ended interview questions as part of a structured survey.
RESULTS: Raw digital audio recordings were transcribed, converted into a text file and entered into ATLAS.ti™, a text-based coding, retrieval and analysis software application. The coding process began with an a priori list of codes which was then augmented by the creation of new codes that emerged from the data. A final set of 203 codes were generated which were then clustered, based on their similarities and differences, under larger categories, termed 'families'. Nineteen families were organized under different headings to facilitate the retrieval of information pertaining to general themes of interest. Subsequently these family codes were grouped into four main components of the intervention program: the Process, Content, Personnel and the Services. The results indicated that the above four program components were the mediating variables that facilitated better compliance and participation in the intervention program. The model indicated that variables such as staff interactions, group assignment, pre and post test counseling sessions, and free testing for STIs had a strong positive influence, while the source of recruitment of the respondent and services such as reimbursements, condoms and transportation were found to have a positive but weak influence on motivating the respondent to complete the intervention program.
CONCLUSIONS: The study highlights in participant's own words the significance of each of four intervention components in planning and implementing a successful HIV prevention intervention program for female drug offenders. Importantly, this paper highlights how qualitative research methods can be effectively utilized to offer a detailed understanding of a participant's perspective of HIV intervention programs.

Poster Number: 142M

Presentation Title: How to Implement a Behavioral Intervention for HIV Positive Patients in a Clinic Setting

Author(s): *Mace, D* -Comprehensive Care Center, Nashville, TN

ISSUE: Researchers at CDC will soon publish a report on the implementation and evaluation of a clinic-based safer-sex intervention for HIV-positive persons - Positive Steps for HIV Patients. Unlike previous trials conducted in HIV care settings, this study examined the intervention effects at geographically diverse HIV clinics in the U.S. The study involved six HIV primary care centers in various geographic locations. This proposed presentation will describe the

operational and administrative issues relative to development, implementation and reporting from the perspective of one of the participating study sites - the Comprehensive Care Center, Nashville, TN.
Operationally, within 3 months of receipt of the grant funds from CDC, the following had to occur: Hiring study recruiter/coordinator, set up of audio-computer-assisted self interview (ACASI) kiosks, contract with and train peer counselors, collection system for Exit Surveys, provider intervention training, selection and purchase of brochures to give to patients, order, receive, get through review committee and display Positive STEPs posters in exam and waiting rooms. This presentation will discuss how the guidelines required by the grant were operationalized and provide a timeline for implementation.
SETTING: Comprehensive Care Center, Nashville Tennessee
A stand alone, non-profit (501c3), primary care center serving over 2,300 individuals living with HIV/AIDS
PROJECTt: Trained study staff at each clinic enrolled a measurement cohort, administered a baseline questionnaire, and collected baseline medical record data for each cohort participant. Medical providers then were trained to deliver a standardized behavioral intervention to all of their patients during routine medical visits.
While the proposed presentation will discuss the logistics of the study, the focus will be on administrative and operational activities that had to occur in order for a study of this magnitude to be attempted within a patient population in an active clinic site. The proposed presentation will outline the key steps of internal communication, organizational structure, operational preparedness, computer hardware/software needs, reporting mechanisms and financial considerations.
RESULTS: The result of the project was implementing and sustaining a behavioral intervention for all patients during routine medical visits. How the project was sustained following the end of the CDC grant funding will be discussed, including parts of the intervention that had to end and which parts were maintained.
LESSONS LEARNED: 1.Patients want to talk with their medical providers about secondary prevention issues. 2.Clinicians can play a pivotal role in HIV Prevention interventions by providing brief counseling and prevention messages to patients during routine medical visits. 3.Integrating the HIV prevention risk screening into a clinic practice takes time. 4.Internal communication and operational organization are vital to the success of prevention initiatives in a clinical setting

Poster Number: 112M

Presentation Title: The Use of Surveillance Data to Evaluate Concurrent HIV and AIDS Diagnoses in Houston/Harris County, TX

Author(s): *Chan, S[1]; Yang, B[1]; Mohammad, N[1]; Harms, J[2]; Wolverton, M[1]; Meyer, J[1]; Arafat, R[1]* - 1 Houston Department of Health and Human Services, Houston, TX; 2 Iowa Department of Public Health, Houston, TX

ISSUE: Late HIV diagnosis represents missed opportunities for timely initiation of care and treatment. Concurrent (within 12 months or at the same time of) HIV/AIDS diagnosis is associated with an increase in HIV-related mortality. HIV name reporting, implemented in Texas in 1999, has provided the Houston Department of Health and Human Services (HDHHS) an opportunity to describe demographic and behavioral characteristics of patients with concurrent HIV/AIDS diagnoses.
SETTINGS: HIV/AIDS surveillance program in Houston/Harris County
PROJECT: HDHHS used HIV/AIDS Reporting System (HARS) surveillance data to investigate concurrent HIV/AIDS diagnosis among four subgroups (age, race, sex, and mode of transmission). Three categories were created to illustrate the trend of concurrent HIV/AIDS diagnosis. These include 1) HIV infection only 2) concurrent HIV/AIDS diagnosis and 3) HIV diagnosis with a later AIDS diagnosis (>12 months from HIV diagnosis). Survival analyses will be performed to evaluate the mortality of the three HIV/AIDS diagnoses categories.
RESULTS: In Houston/Harris County, from 2000 to 2005, 36% of cases had concurrent HIV/AIDS diagnoses; this is slightly lower than the U.S. data reported by CDC at 39%. Subgroup analyses were performed to illustrate the trend in different group. Compared to younger age groups, older age groups had a higher percentage of concurrent diagnoses; as the age increases, the percentage of concurrent diagnosis in the age group increases. The Hispanics had the highest percentage of concurrent diagnoses versus other races. Compared to women, men had consistently higher percentage of concurrent diagnosis. The percentage of concurrent diagnoses increased among heterosexuals and decreased in the other mode of transmission groups (men who have sex with men, injection drug users, MSM/IDU and other). The possible contributing factors for the increase of concurrent diagnosis among the leading subgroups are investigated.
LESSONS LEARNED: among subgroups with concurrent HIV/AIDS diagnosis, higher proportions of cases were observed in Hispanic and male population. These groups may be diagnosed with HIV late in the disease process because of lack of care or lack of timely initiation of medical treatment. Prevention efforts may be directed to assess unmet healthcare needs in these populations with rising concurrent HIV/AIDS diagnoses.

Poster Number: 158M

Presentation Title: Sexual Health Xchange and LifeLube.org - Going Beyond HIV/AIDS and STDs in Addressing Gay Men's Health

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ISSUE: New strategies are needed to help gay and bisexual men and other MSM achieve better health and wellness outcomes related to HIV/AIDS, STDs, and other physical, emotional, and mental health needs.
SETTING: LifeLube.org is a website targeting gay and bisexual MSMs, 18 - 65, who reside in the U.S. and use the Internet to socialize.
PROJECT: AIDS Action Committee of Massachusetts, AIDS Foundation Chicago, and AIDS Project Los Angeles launched Sexual Health Exchange (SHX) in February 2007 to raise awareness about comprehensive sexual health among gay and bisexual MSM, especially men of color, and to expand the range of sexual health education options available to this population. SHX addresses cross-cutting social issues underlying persistent health disparities by fostering the exchange of ideas and resources relevant to the health and well-being of gay and bisexual MSM. The inaugural project of SHX, LifeLube.org, is a web portal connecting gay and bisexual MSM to culturally competent, up-to-date information on physical, mental, emotional, spiritual and sexual health.
RESULTS: SHX has monitored LifeLube.org traffic and usage patterns since its launch and recorded 1,826 visits from 70 countries between February - April. Of these, 1,492 (78%) visits were referrals, i.e visitors referred by links such as Manhunt or banners placed on other sites. Visitors averaged 4.92 page views per visit. Returning visitors comprised 18.62% of total; 730 visits lasted a minute or longer, with 153 visits lasting greater than 10 minutes. Top content accessed includes web listings, communication issues, body/sexual health and safer sex information. By December, SHX will have a much more detailed analysis of how the site is being used, including qualitative data from an online survey that is scheduled to launch in the middle of the summer.
LESSONS LEARNED: (1) Per SHX - spending a good deal of time up front determining the goals and strategies of the collaboration as well as clearly defining the roles and responsibilities of each agency and each staff person was and remains a cornerstone of our success. (2) Per LifeLube - there is strong interest among gay and bisexual men and MSM who use the internet for non-judgmental, comprehensive health information presented in a culturally competent manner. (3) Per LifeLube - SHX's relationship with the gay and bisexual men's sexual networking website Manhunt, has been critical in directing traffic. Manhunt's free LifeLube banners in its chat rooms in Boston, LA, Chicago and throughout Florida point men who are looking for sex to the important sexual health resources LifeLube offers. (4) Per LifeLube - sustainability is a challenge. The website and the blog require a substantial investment in time and creativity to keep the site fresh and dynamic. Engaging the talents and time of other gay men from across the country to help posting new content has kept the site and blog engaging, interesting and diverse in tone and perspective.

Poster Number: 207M

Presentation Title: Factors Influencing Detectable Viremia in Patients on Antiretroviral Therapy

Author(s): *Harris, B[1]; Shepherd, B[2]; Kheshti, A[1]; Sterling, T[2]; Blackwell, R[1]; Raffanti, SP[1]* - 1 Comprehensive Care Center/Vanderbilt University, Nashville, TN; 2 Vanderbilt University, Nashville, TN

BACKGROUND: Transmission of HIV is related to the frequency and type of high risk behavior and the amount of infectious particles in exposed body fluids. HIV-1 RNA plasma levels have been correlated with increased levels of HIV-1 RNA in semen and vaginal secretions. Virologic response to antiretroviral therapy has been associated with virologic and immunologic factors as well as adherence patterns of patients. Recently, reports have suggested that a significant number of HIV infected patients in established care settings continue to participate in high risk behavior. In this study we evaluated virologic, immunologic and socio-economic factors in patients with detectable HIV-1 RNA while receiving antiretroviral therapy as part of a regular comprehensive health program.
METHODS: All patients seen at the Comprehensive Care Center from 1/1/06 through 5/31/06 were eligible for the study. Patients were included if they had started their antiretroviral regimen prior to the study period and had at least one HIV-1 RNA value within 180 days of most their recent visit. 1084 patients were included in the study. Subjects were classified as having undetectable (< 50 copies/ml) or detectable viremia. Variables examined included age, race, sex, transmission category, time on therapy, CD4 count prior to current regimen, HIV-1 RNA prior to current regimen, hepatitis status, antiretroviral exposure class, mental health diagnosis, substance abuse history, prior diagnosis of AIDS, household income, housing status, education level and insurance payer source. Logistic regression

analysis was performed and a multivariable model was constructed. Statistical analysis was performed using STATA version 9.0.
RESULTS: In the univariate analysis, black race, transmission route other than men who have sex with men (MSM), mental health diagnosis, duration of antiretroviral therapy prior to current regimen, lower household income, absence of non-nucleoside reverse transcriptase inhibitor (NNRTI) in current regimen, prior AIDS diagnosis, lower CD4 count prior to the start of current regimen, homeless status and public insurance coverage were all associated with an increased likelihood of detectable viremia. A multivariable model was constructed which included black race, CD4 count prior to the start of current regimen, duration of antiretroviral therapy prior to current regimen, NNRTI exposure, prior AIDS diagnosis, mental health diagnosis, transmission route (MSM or other), housing status, household income and insurance payer source.
Adjusted Odds Ratios for Detectable Viremia: Multivariable Model Conclusions
A multivariable model identified three disease related variables as significantly associated with detectable viremia while on antiretroviral therapy. A lower CD4 count prior to starting therapy and a longer duration of antiretroviral therapy prior to the initiation of the current regimen were associated with a greater likelihood of detectable viremia. An NNRTI in the current regimen was associated with a lower likelihood of detectable viremia. This study would suggest that some segments of the population may have a greater likelihood of detectable viremia while on antiretroviral therapy. As more HIV patients are followed in established care settings, efforts should continue to focus on prevention interventions aimed at decreasing the likelihood of transmission.

Poster Number: 109M

Presentation Title: Rapid HIV and Syphilis Testing: An Improvement in Screening at an Uraban Gay Men's STD Clinic

Author(s): *Mack-Wilson, LC; Shahkolahi, AM; Border, G; Baloum, A; Norris, AL* - Whitman-Walker Clinic, Washington, DC

BACKGROUND: OraQuick Advance rapid HIV oral test and its discordant confirmatory results have been one of the challenges in HIV testing through Counseling, Testing and Referral (CTR) programs. However, blood draws are routinely being performed at STD clinics.
OBJECTIVE: To access the efficiency, workflow impact, and quality of HIV/STD testing in a Gay Men's Health and Wellness Clinic, a blood base rapid HIV and rapid plasma reagin testing (RPR) for Syphilis was implemented.
METHODS: In Whitman-Walker STD Men's Clinic, HIV and STD tests are offered confidentially, free of charge, on a walk-in basis as part of the District of Columbia Department of Health (DCDOH) and HIV/STD prevention projects. After filling out the appropriate forms and signing the consent form, the clients are taken to the phlebotomy room for collection of whole blood (purple top) and a serum sample (tiger top). The blood rapid HIV test would be initiated using OraQuick Advance and/or Trinity Biotech Uni-Gold test. The plasma separated from the sample is used to perform a RPR test. After 10 minutes the Syphilis test is completed and by then the OraQuick/Uni-Gold test is also completed. The results are reported to the prevention counselor immediately and then to the client. The remaining collected plasma is used for HIV RNA NAATS pooling test and the remaining serum is used for other confirmatory testing needed. Bdna technique was used for HIV-1 RNA nucleic acid amplification (NAATS) assays.
RESULTS: Preliminary assessment of the data collected (more than1000 HIV tests) indicated using complete blood testing had significantly increased the quality of our HIV testing by increasing the confirmation up to 100% compared to 89% when oral testing were being performed. Since blood is being drawn for HIV testing more clients get consented for syphilis test, also (11% increase). The remained plasma from the HIV negative clients used for HIV RNA NAATS POOL testing identified two new cases of acute HIV infections during the same period.
CONCLUSIONS: Whole Blood HIV testing in this STD clinic has improved time efficiency by removing a step in the screening work flow. Since both tests are performed in the in-house laboratory by a lab technician on a STAT basis, the program needs fewer staff, mainly post-test counselors. Having both HIV and Syphilis test results within 30 min gave the counselor more time to spend in HIV/STD prevention counseling. The quality of our testing improved significantly by reducing the number of discordant results for Oral OraQuick Rapid HIV testing. Most importantly, blood samples in STD clinics improved the identification of acute HIV infection by using HIV RNA NAATS POOL testing. The 10 mins Trinity Biotech Uni-Gold rapid HIV was preferred over 20 mins OraQuick Advanced rapid HIV.

Poster Number: 196M

Presentation Title: HIV Testing and Referral in U.S. Hospitals: Results from a National Survey

Author(s): *Williams Torres, G[1]; Hasnain-Wynia, R[1]; Whitmore, H[2]; Pickreign, J[2]; Stanger, JK[3] - 1* Health Research & Educational Trust, Chicago, IL; 2 NORC at the University of Chicago, Chicago, IL; 3 University of California San Francisco School of Medicine, San Francisco, CA

BACKGROUND/OBJECTIVES: CDC recommends voluntary HIV screening of patients ages 13 to 64 in healthcare settings. To implement this recommendation, education and policy efforts should address current policy and practice for HIV testing in hospitals. To date, no national study has explored how HIV testing is implemented in hospitals. Using findings from a national survey, we describe what hospitals offer HIV tests to patients, in what settings, when HIV testing is indicated, and how hospitals link to care patients with newly diagnosed HIV.
METHODS: In 2004, HRET conducted a national survey on HIV testing in hospitals. Hospitals were identified using the 2002 American Hospital Association Annual Survey Database. All general medical and surgical hospitals within the United States were eligible (N=4,497). 27.4% responded (n=1,230). We applied a finite population correction to produce more accurate variance estimates. We conducted bi-variate analysis by hospital characteristics (ownership, size, teaching status and system membership), location (census region, size of metropolitan area) and disease burden (state AIDS case rate). Chi-square tests determined statistically significant differences at the 95% confidence level.
RESULTS: Ninety-one percent of hospitals offer HIV tests. HIV testing is universally available in teaching and large hospitals, and less so in non-teaching (90%) and small hospitals (80%). Hospitals in larger metropolitan areas, the Northeast, and high AIDS burden states are most likely to offer HIV testing. A majority offer HIV tests in inpatient, employee health and emergency departments. Less than 50% offer HIV testing in labor and delivery, outpatient, and urgent care centers.
The number one indication for HIV testing in hospitals is healthcare workers after occupational exposure (over 90%), followed by provider concern (80%). Evaluation for STDs is the least likely indicator (39%). Virtually no hospital offers routine screening in any setting except for labor and delivery; 18% of hospitals report they screen patients for HIV there.
Forty-one percent of hospitals refer patients to an unaffiliated HIV or community clinic. More than one third refer patients to a hospital-based clinic or outpatient center or conduct a medical evaluation on-site, the same day. Hospitals are slightly more likely to provide primary care services, social services, and HIV counseling on-site, while drug/alcohol treatment, partner notification and referral, and infectious disease specialists are provided through referral. About one third do not provide partner notification and referral services or infectious disease specialists either on-site or through referral. One quarter do not provide case management or drug/alcohol treatment.
CONCLUSIONS/IMPLICATIONS: U.S. hospitals commonly offer HIV testing in emergency departments, inpatient settings, and employee health; however, routine HIV screening in hospitals is essentially nonexistent. The one exception is labor and delivery, but the relatively low levels indicate uneven compliance with CDC's recommendation for universal testing of pregnant women with unknown HIV status. Characteristics associated with HIV testing include a hospital's size, teaching status, and geographic location. In general, large, teaching, and metropolitan hospitals are more likely to offer HIV testing than small, non-teaching, and rural hospitals. The extent and type of HIV testing offered varies significantly from region to region.

Poster Number: 123M

Presentation Title: Community Level Interventions with the House/Ball Community in NYC

Author(s): *Urbano, L;* Ortiz, L - Gay Men's Health Crisis, New York City, NY

ISSUE: Data suggest that active participants in the House and Ball community are primarily MSM who are African-American or Latino - representing the groups at highest risk for HIV infection in New York City. Additionally, the House Ball Study indicated that 29% of men who have sex with men reported having unprotected anal intercourse at least once in the past 12 months, and 10% reported exchanging sex for money. While the majority of MSM reported that they had been tested for HIV in the past 12 months, almost three-quarters of the men who tested HIV-positive were unaware of their infection. As in the multi-city studies, data from the House Ball Study showed that African-American MSM were more likely to be HIV-positive than other MSM in the study.
SETTING: Targeted prevention programs for young men of color who sex with men in the House and Ball scene
PROJECT: Within the Institute for Gay Men's Health (IGMH) there are two projects that specifically target this population: The House of Latex Project (HOL) and Community PROMISE (Peers Reaching Out and Modeling Intervention Strategies). The House Latex is a HIV prevention program that has been in existence since 1993; it provides education and outreach support to participants in the NYC House and Ball scene. CDC funded Community

PROMISE is a community level STD/HIV prevention intervention that relies on role model stories and peers from the House and Ball Community to reach out and model intervention strategies.
RESULTS: In 2005 we conducted an evaluation of the HOL program to determine its scope and opportunities for more effectively targeting the community. Though the questions asked in the evaluation were specific to HOL as a unique intervention, many of the findings are relevant to other community-based prevention and wellness programs working with youth in the New York City House & Ball Community and ethnic minority LGBT youth populations. Community PROMISE works with the same community and is informed by a community analysis including: mapping, interviews, focus groups and information gathered from the HOL evaluation, House Ball study and other relevant resources.
LESSONS LEARNED: The data from the HOL program evaluation suggested that HOL has been effective in reaching youth and young adults between the ages 15 and 25 and also that prevention programs should work within existing social networks within the HBC may in order to get the message out. A community based intervention such as Community PROMISE offers an opportunity to change community norms and reduce HIV risk behaviors.

Poster Number: 143M

Presentation Title: Intensive Prevention Counselling on Rates of Disease Progression in Persons Living with HIV/ AIDS

Author(s): *Doyle, AR[1]; Kheshti, A[1]; Shepherd, B[2]; Barkanic, G[1]; Sterling, T[1]; Raffanti, S[1]* - 1 Comprehensive Care Center/Vanderbilt University, Nashville, TN; 2 Vanderbilt University, Nashville, TN

BACKGROUND: In 2004, the "Prevention for Positives" CDC-based initiative for secondary HIV prevention was implemented in the HIV primary care setting. Primary HIV healthcare providers were trained to incorporate HIV prevention education into standard medical care. We sought to assess the impact this training program on HIV disease progression in a large population of individuals in an urban HIV primary care setting.
METHODS: All patients seen at the Comprehensive Care Center from 8/04 through 6/05 were included in the study. Subjects were identified as having active counseling by a provider as documented in their medical record. The remainder of patients seen was identified as those who had received passive counseling alone, via signage and educational materials. Data were collected for the 10 months during which active counseling was performed by CDC-trained providers and for a follow-up period of 12 months. Primary endpoints were new sexually transmitted diseases, new AIDS defining events, changes in CD4 cell count and HIV-1 RNA plasma levels.
RESULTS: A total of 1889 patients, 78% male, 58% white and 35% black were seen in clinic during the study period. Twenty-six percent received at least one intensive counseling exposure. Of the total cohort, 63.7% were diagnosed as having past or current substance abuse, and 49% had been diagnosed with a psychiatric co-morbidity. During the study and follow up periods, there were 26 patients (1.3%) with new cases of sexually-transmitted infection and an additional 0.5% with a diagnosis of nonspecific urethritis. Additionally 123 individuals (6%) experienced a new AIDS-defining event, and 76 patients (4%) died. Actively-counseled patients were more likely to report a risk factor for HIV acquisition of MSM (OR 1.57, p=<.001), and to have a history of substance abuse (OR 1.4, p= .009) or psychiatric co-morbidity (OR 1.36, p= .012). No significant differences were seen in change in CD4 count from study entry to end of follow up, diagnoses of new AIDS-defining events during study and follow up, and laboratory-confirmed diagnoses of new sexually-transmitted infections between the actively and passively counseled groups.. Patients who received active counseling from their provider were more likely to have a lower HIV-1RNA viral load at conclusion of follow up (p= .06).
CONCLUSIONS/ IMPLICATIONS: In our study of 1889 HIV-infected individuals who were exposed to materials and counseling from the 2004 CDC-based "Prevention for Positives" initiative, individuals who received prevention messages in the form of active counseling as well as from office displays of educational material were more likely than patients exposed to educational material alone to have a decrease in HIV-1RNA viral load over the study and follow up periods.

Poster Number: 192M

Presentation Title: HIV Prevention Intervention for Female Offenders

Author(s): *Cottler, LB; Callahan, CC; Striley, CW* - Washington University School of Medicine, St. Louis, MO

ISSUE: Since 1988 the Epidemiology and Prevention Research Group (EPRG) has focused on reducing HIV risk in high-risk substance using populations. Female drug offenders represent a population at elevated risk for HIV and STDs. However, these women have traditionally been outside the reach of many prevention initiatives due to their criminal justice status.

SETTING: In 2004 the EPRG partnered with the City of St. Louis Female Drug Court to administer a randomized clinical trial to female offenders from the St. Louis Female Drug Court. The majority women in this court are charged with prostitution or demonstration (attempting to negotiate sex), and virtually all test positive for cocaine, heroin or amphetamine at enrollment.
PROJECT: This National Institute of Nursing Research funded study aims to enroll 450 women. At present, 148 female offenders have been randomized to one of two study arms: 1) a modified standard intervention (SI) including HIV and STI testing and counseling, or 2) the SI plus 40 hours of peer-partnered case management intervention (PPCMI). Termed "Sisters", women who have completed drug court requirements, participated in a former study, or who are in recovery and ready to help other women change high-risk behaviors are employed to assist women assigned to PPCMI in meeting the requirements of the drug court. A Washington University School of Medicine leased van is available to transport women to community-based services, including substance abuse treatment, AA/NA meetings, the drivers' license bureau and other local social services, as well as to organizations targeting more basic needs, including "Dress for Success", and even the grocery store. While women are being transported to the services that are assigned by the Judge or their Probation Officer, or at her own request, one of three educational DVDs is shown in the van, offering the women additional education focused on HIV/STIs and general health issues in a comfortable setting, with her "Sister" available to answer questions and provide support.
RESULTS: Data are still being collected; results will be presented based on the number of women enrolled in December. To date, women report that participation has "changed their lives" and they wonder why this type of intervention is only available now.
LESSONS LEARNED: The linkage of positive change agents with women just beginning to change seems to be an effective method for behavior change in high-risk, vulnerable populations, including female offenders. Further implications and preliminary results will be discussed.

Poster Number: 195M

Presentation Title: Facilitators and Barriers to Rapid HIV Testing in U.S. Hospitals: Results from a National Survey

Author(s): *Williams Torres, G[1]; Hasnain-Wynia, R[1]; Whitmore, H[2]; Pickreign, J[2]; Stanger, JK[3]* - 1 Health Research & Educational Trust, Chicago, IL; 2 NORC at the University of Chicago, Chicago, IL; 3 University of California San Francisco School of Medicine, San Francisco, CA

BACKGROUND / OBJECTIVES: The use of rapid HIV tests can facilitate the implementation of voluntary HIV screening in hospital settings, particularly in urgent care (UC) and emergency departments (ED), where patients are seen in short time frames and ongoing interaction between providers and patients is not common practice. To date, little is known about widespread use of rapid HIV tests in hospital settings. To assess the use of rapid HIV tests in hospital settings as well as facilitators and barriers to their use, we analyzed data from HRET's 2004 survey of hospitals in the United States on their HIV testing policies and practices.
METHODS: In 2004, HRET conducted a national survey on HIV testing in hospitals. Hospitals were identified using the 2002 American Hospital Association Annual Survey Database. All general medical and surgical hospitals within the United States were eligible (N=4,497). 27.4% responded (n=1,230). We applied a finite population correction to produce more accurate variance estimates. We conducted bi-variate analysis by hospital characteristics (ownership, size, teaching status and system membership), location (census region, size of metropolitan area) and disease burden (state AIDS case rate). Chi-square tests determined statistically significant differences at the 95% confidence level.
RESULTS: Rapid HIV tests are used in 40% of sample hospitals. Rapid test use is higher in teaching (58%), large (51%), nonprofit (44%) and system (45%) hospitals. It is lower in rural (32%), Western (26%), and hospitals in low AIDS burden states (33%). among hospitals that use rapid tests (n=519), 67% use them in employee health, 41% in the ED, 34% in labor and delivery and 31% in the inpatient setting. Hospitals use rapid tests less often than standard tests (63%). Most rapid testing occurs in the central lab (87%) not at the point of care. "Very important" reasons for using rapid tests include their accuracy (89%) and the use of their results in diagnosis and clinical care (80%). Over half of non-rapid-test users cite cost (57%), staff training for point-of-care results (54%), and staff time required (53%) and certification and training requirements (53%) as very important reasons to not use rapid tests. Top-mentioned resources required to implement rapid HIV testing include support of the laboratory (75%) and staff training and expertise (74%).
CONCLUSIONS / IMPLICATIONS: Rapid HIV test use is not pervasive in hospital settings. Hospitals that use rapid tests, use them less often than standard tests and not at the point of care. This suggests that the true benefit of rapid HIV tests_more hospital patients knowing their HIV infection status and linked to care_is not being realized. There are significant real and perceived resource and infrastructure barriers including the cost of rapid tests and staff training and time requirements that may prevent hospital environments from adopting rapid HIV testing in the short-term. Laboratory support is of utmost importance in hospital settings, primarily because of the quality assurance processes that point-of-care tests require. This clearly suggests that the laboratory can be a major facilitator or barrier to implementing rapid HIV testing more broadly.

Poster Number: 136M

Presentation Title: "It's All About Being La Senorita": Latina College Students' Perceptions of Factors Related to HIV Risk for Young Urban Hispanic Women

Author(s): *Jones, SG[1]; Malow, R[2]; Farrell, N[1]* - 1 Florida International University, Miami, FL; 2 AIDS Prevention program, Florida International University, Miami, FL

BACKGROUND: HIV/AIDS has disproportionately affected Hispanic women. SENORITAS (Student Education Needed in Order to Reduce Infection and Transmission of AIDS/HIV and STIs) is an innovative program funded by the Office on Women's Health, DHHS, designed to reduce HIV/STIs in Latina college students at an urban public university. The IMB (Information-Motivation-Behavioral) skills model guided the development, implementation and evaluation of the program.
METHODS: After IRB approval, focus groups were conducted in Spring 2004 and again in Spring 2007. A total of 7 groups were held with 27 Latina students aged 20-30. Students were asked to discuss why they thought that HIV was impacting Hispanic women, and what were current concerns/issues faced by Latina college students living in South Florida.
RESULTS: Content analysis of the focus group discussions revealed the theme of "Being La Senorita". As described by participants, this referred to the role of unmarried Latinas (Senorita) and expectations by Hispanic family members. "Being La Senorita" meant attracting a man and getting married to him (Becoming La Senora), while remaining a virgin until the wedding day. At the same time, Hispanic parents expected their sons to become sexually experienced, in order to teach their virgin brides. Because of these gender/role expectations, parents did not discuss sex or safer sex practices with the young Latinas, which could lead to confusion as to what "sex" actually was. Students discussed "Looking pretty", "Showing skin" and "South Beach & the clubs" as ways to dress and places to go to attract a male, but warned that drinking & drug use at the club scene could also lead to unsafe sex. It was typical for Hispanic men to "marry the good girl" but go out with "the bad girl" for sexual activity. For a Senorita to maintain the relationship with her man, while remaining a virgin and avoiding pregnancy, girls might unknowingly practice unsafe sex (such as anal sex). Students also noted that at times "the American way" was in conflict with Hispanic elders' expectations.
CONCLUSIONS: Findings from the focus groups reveal that traditional cultural/ethnic beliefs related to sex and gender roles may contribute to high risk sexual activity in college-age Latinas, denoting the need for tailored interventions on the college campus. These concepts/issues related to risk/protective behavior have been integrated into the SENORITAS intervention.

Poster Number: 129M

Presentation Title: Audio Computer-Assisted Risk Assessment Is Associated with Higher Self-Reported Risk Among HIV-Infected Latinos

Author(s): *Myers, JJ;* Shade, *SB; Koester, KA; Morin, SF* - University of California, San Francisco, San Francisco, CA

BACKGROUND: HIV prevention studies face challenges to assessing HIV risk behavior. Most studies show that audio computer-assisted self interviewing (ACASI) methods yield more accurate data because they reduce discomfort and social desirability bias among participants. Few studies have examined differences among Latinos in risk report by the type of interview method. This is important because Latinos are disproportionately infected with HIV and accurate risk data will contribute to better prevention programs.
METHODS: Using data from 26 HIV primary care clinics across the US, we assessed differences in reported HIV-risk behavior among Latino HIV patients (n=550) completing risk assessment by ACASI (n=386) and in face-to-face interviews (n=164). We compared reported proportions of unprotected vaginal or anal intercourse with HIV-uninfected and status-unknown partners (transmission risk behavior or TRB) in sites using ACASI and interviewer-administered methods. We also used qualitative interview data to examine issues of acceptability of both types of interview methods by participating patients.
RESULTS: Latino patients were significantly less likely to report transmission risk behavior when the sexual risk assessment was administered face-to-face by an interviewer (12% reported TRB) than when the risk assessment was completed by patients via ACASI (20% reported TRB; p=0.007). This difference held true for both men and women, for patients of all ages and sexual orientations, for patients of all educational backgrounds and regardless of clinical status (assessed by most recent CD4 t-cell count). No differences in reported risk were found for White HIV patients. In qualitative interviews, both Latino and White patients reported few problems using ACASI, and it was well accepted as a method for collecting sensitive behavioral data. Patients expressed negative feelings about the questions

asked as part of the sexual risk assessment because of their complexity and length; however, this was true regardless of the interview method.
CONCLUSIONS: ACASI methods may be more effective for yielding accurate self-reports of HIV risk among Latinos. Response burden should be considered in the design of sexual risk assessment instruments.

Poster Number: 154M

Presentation Title: SAFETALK: An Innovative Multi-component Motivational Interviewing-Based Safer Sex Program for People Living with HIV (PLWH)

Author(s): *Golin, CE[1]; Earp, JL[2]; Patel, SN[3]; Grodensky, CA[3]; Quinlivan, EB[3]; Przybyla, S[2]; Suchindran, CM[2]; Fowler, B[2]; Davis, RA[2]* - 1 UNC Chapel Hill School of Medicine, UNC Chapel Hill School of Public Health, Cecil G. Sheps Center for Health Services Research, Chapel Hill, NC; 2 UNC Chapel Hill School of Public Health, Chapel Hill, NC; 3 UNC Chapel Hill School of Medicine, Chapel Hill, NC

BACKGROUND: Motivational Interviewing (MI), a nonjudgmental, client-centered counseling approach, may be an effective means to enhance safer sex practices of people living with HIV/AIDS (PLWH). Multi-component interventions are more likely to change behavior than uni-dimensional ones.
METHODSs: We developed and tested SAFETALK, a theory-based, multi-component MI safer sex program for PLWH. The program consists of four structured MI sessions, a series of 4 CD-booklet pairs that prepare patients for each MI session and provide tailored safer sex information, and booster letters. The CD/booklet series uses patient characters, including vignettes, to model mastery over behavior change and demonstrate empathy. The sessions/booklet/CDs provide: 1) choices of safer sex topics; 2) assessment of personal relationships, sexual activities, motivation and self-efficacy for chosen behaviors; 3) values clarification; 4) consideration of pros and cons; 5) goal-setting; and 6) standardized information choices. To inform and test materials for usability and acceptability, we conducted 6 focus groups of 51 PLWH (55% male, 80% African-American, mean age 43). After being refined based on focus group input, we are now testing the effects of the SAFETALK program on patients' risky sexual behavior, self-efficacy and motivation to practice safer sex (assessed by audio-assisted computer-assisted self-interview at baseline, 4, 8, and 12 months) in a randomized, controlled trial of 490 PLWH at two clinic sites in North Carolina.
RESULTS: Focus group participants overwhelmingly recommended the program material design to includes gay and heterosexual men and women, rather than separate materials tailored to specific gender or sexual orientation. Participants reported that booklet covers, logos and introductions piqued their interest. They found the materials appealing, understandable and relevant. Participants responded most positively to: 1) nonjudgmental nature of MI; 2) values clarification; 3) safer sex topics offered; 4) the candid, clear nature of information; and 5) the CD characters. Two values most commonly cited as important were "being close to God," and "being there for my family." While exercises to rate the importance chosen topics were reported to be "easy to understand," participants found it more difficult to rate their self-efficacy. Many participants liked the sections on "Other ways to be intimate□" and "strategies for talking to partners. We enrolled 270/500 participants to date (60% male, two-thirds African American, mean age 43). At baseline 44% felt "totally" and 7% felt "not at all" motivated to practice safer sex with a main partner, but with a casual partner, 31% felt "totally" and 29% felt "not at all" motivated. Mean scores on self-efficacy to "use condoms correctly" was high (9.15 out of 10), but lower (6.73) for "doing alternate activities when condoms were unavailable and "using condoms when drunk" (6.85). By presentation, we will have interim 4-month outcomes data by study arm for approximately 300 participants
CONCLUSION: SAFETALK is an acceptable and useful multi-component program to conduct safer sex counseling among PLWH that is currently being tested in a large, randomized, controlled trial. If effective, this program, which uses CDs/booklets with MI, will offer a user-friendly, manualized "prevention with positives" program easily disseminated to other settings.

Poster Number: 169M

Presentation Title: A Prevention Intervention for HIV Positives and the Unintended Benefit after the Implementation of an Electronic Medical Record (EMR) System

Author(s): *Garcia, GP; King, JB* - Office of AIDS Programs and Policy, Los Angeles County Department of Public Health, Los Angeles, CA

ISSUE: Descriptive findings from a process evaluation highlighting the significance of a structural-level policy to implement an EMR system impacting the delivery of an HIV prevention intervention.
SETTING: A community HIV clinic for the underserved in Los Angeles

PROJECT: Process evaluation findings come from a demonstration project testing the efficacy of a clinician-led brief safer sex intervention with an in-care HIV positive patient to encourage self protection, partner protection and disclosure of HIV status. A primary measurable objective of the process evaluation is documented delivery of HIV prevention messages to the patient participants, a quality assurance activity to ensure intervention fidelity. During the operation of the demonstration study the intervention site implemented an EMR system, a change unanticipated and not a component of the protocol, which impacted the evaluation findings. The EMR system was implemented at 18-months into the conduct of the study near the conclusion of data collection.
RESULTS: The study found an unintended benefit after the implementation of the EMR system with a marked increase in documented delivery of HIV prevention messages by the clinicians. Comparing quantity of prevention messages received before the EMR system was implemented with prevention messages received after, the evaluation found an increase from 16.5% to 69.2%.
LESSONS LEARNED: Though an EMR system was unanticipated the study evaluation found a significant benefit from its implementation. The findings suggest that the EMR system reminds clinicians to initiate conversations, because of programmed prompts, more often with their patients about HIV preventative care than by reliance on conventional charting methods of patient care. Findings from this process evaluation provide a contextual understanding of the effectiveness of the study intervention spurring questions for further investigation. Next steps will be to assess if pre- and post-EMR results reveal differences in intervention outcomes such as patient comfort-level talking with clinicians about sexual practices, sex with sexual partners, and disclosure of HIV status. Additionally, the process evaluation findings underscored the importance of conducting intervention fidelity to monitor whether the intervention is delivered in the manner it was intended as a function of the protocol.

Poster Number: 190M

Presentation Title: The Cultural and Community-Level Acceptance of Antiretroviral Therapy (ART) Among Traditional Healers in South Africa

Author(s): *Shuster, JM*[1,2]*; Sterk, CE*[1]*; Frew, PM*[2] - 1 Rollins School of Public Health, Atlanta, GA; 2 The Hope Clinic of the Emory Vaccine Center, Decatur, GA

BACKGROUND: The burden of HIV/AIDS has directly impacted the healthcare system in South Africa, greatly hampering its ability to increase the provision of antiretroviral therapy (ART). A potential strategy to strengthen ART programs is through the involvement of traditional healers who can provide the necessary sustained support to patients in resource-poor regions. However, studies have shown the support for ART to be mixed among traditional healers. Their concerns were assumed to be due to political, historical and cultural factors, yet systematic research on the acceptance of ART among traditional healers is lacking. The purpose of this study was to describe the level of willingness among traditional healers to participate in the Department of Health's ART program and to identify factors that increase their understanding and support for the therapy.
METHODS: A qualitative, exploratory study was conducted among self-identified traditional healers in the Eastern Cape Province of South Africa between June and August of 2006. Twenty-five participants were identified using a list of healers who had or planned to attend an educational training on HIV/AIDS maintained by Africare, a US-based nongovernmental organization. Researchers conducted semi-structured, face-to-face qualitative interviews regarding current perceptions of biomedical treatment, barriers to collaboration with the formal healthcare system, and willingness to serve as ART treatment supporters and advocates under the Department of Health. Interviews were transcribed and thematic analysis was conducted using MAXqda, a qualitative software program. Finally, a grounded theory methodology was employed based on participants' responses.
RESULTS: Overall, the traditional healers in this study expressed a high willingness to participate in the Department of Health's ART program in addition to an interest in attending biomedical trainings. Acceptance appeared to be multidimensional. Specific external factors including potential legal repercussions for treating terminally ill patients, a competition for clients and an indigenous respect for biomedicine were identified as exerting initial pressure on participants to support a range of biomedical interventions. In addition, participants who had received previous HIV/AIDS education and those who had personal experiences with ART expressed a higher level of acceptance. Ultimately, it seemed that an ideological acceptance for this non-traditional therapy was possible through flexibility within the traditional illness paradigm.
CONCLUSIONS: Data suggested that traditional healers may in fact be willing to support and promote ART if provided adequate explanation. However, support for this biomedical intervention was contingent upon the ability of traditional healers to maintain a level of respect and agency as healthcare providers within their respective communities. By providing opportunities for traditional healers with knowledge of HIV/AIDS and ART to participate in ART programs, countries may be able to dramatically strengthen their ability to provide life-extending therapy in resource poor settings.

Poster Number: 211M

Presentation Title: A Health Center Based PwP Program in Mozambique

Author(s): *Dawson Rose, C* University of California San Francisco, San Francisco, CA

ISSUE: The CDC Advancing HIV Prevention Initiative advocates integrating HIV prevention into HIV care. This project explores how health care staff address risk behaviors among HIV-infected patients in a clinical setting in Mozambique. Prevention with Positives (PwP), a new concept in Mozambique, becomes an integral component of HIV care, especially as anti-retroviral therapy (ART) becomes available. With ART an anticipated decrease in morbidity and mortality, will result in an increasing number of Persons Living With HIV/AIDS (PLWHA) and a parallel challenge for health care staff to address prevention within the care setting. Efforts to include health care staff in the design and implementation of PwP efforts in the clinical setting of Mozambique are needed.
SETTING: As a component of HIV care, this PwP project is being integrated into a rural health center in Mozambique. Staff who interact with HIV infected patients, such as medical doctors, nurses, counselors, laboratory and pharmacy technicians, and home based providers, are being trained to assess risk and deliver prevention messages within health care encounters including counseling and testing, antenatal services and HIV primary care. The HIV prevalence rate in Namaacha District, where the facility is located, is 18.7%. The number of HIV-infected patients registered at the clinic is 349, with 79 patients currently on ART.
PROJECT: A Twinning Center partnership was established between a US partner with experience implementing PwP programs in clinical settings and a Mozambique partner to adapt a PwP program for use in a clinical setting in Mozambique and toward capacity building efforts. A participatory approach is being utilized by including staff in the development of case studies and activities to address specific risk context of rural Mozambique.
RESULTS: Key informant interviews and surveys (n=38) with health care staff indicate need and interest in PwP programming. All staff surveyed reported clinical encounters with HIV-infected patients in the preceding six months; however, none of them addressed HIV prevention outside of referring pregnant women to PMTCT services. Knowledge, comfort and skill were identified as factors that need to be addressed in order to implement a PwP program in Namaacha. Two main training sessions were organized in Namaacha Health Center: the first session trained 38 individuals divided into two groups and the second trained 13 for an intensive skills-building training using specific cases within the patient population at the Health Center.
LESSONS LEARNED: HIV care occurs in multiple locations in this setting, e.g. TB, family planning, antenatal care, and pediatrics; not only when HIV is the clinical focus. Thus, integrating PwP into HIV care in this setting identified a need to work with staff in many clinical settings. Health care staff are disseminating 3 main prevention messages that can be tailored to the context of risk in this setting. Further, there is a need for PwP programs to span Ministry of Health clinics, nongovernmental organizations supporting sites and service provision, and community-based HIV testing and home-based care services as part of the continuum of HIV care.

Poster Number: 205M

Presentation Title: Correlates of Antiretroviral Medication Use Among In-patient HIV-Positive Substance Users

Author(s): *Ibanez, GE[1] Lewis, S[1]; Simoni, J[2]; Metsch, L[3]; Del Rio, C[4]; Rodriguez, A[3]; Jayweera, D[3]; Ainger, T1 - [1] Barry University, Miami Shores, FL*; 2 University of Washington, Seattle, WA; 3 University of Miami, Miami, FL; 4 Emory University, Atlanta, GA

BACKGROUND/OBJECTIVES: The objectives of the present study are the following: (1) to describe an inpatient sample of seropositive substance users; (2) to identify individual and structural correlates of use of highly active antiretroviral therapy (HAART); and (3) to identify potential points of intervention to promote use of HAART among HIV-positive substance users.
METHODS: The H.O.P.E. (Hospital visit is an Opportunity for Prevention and Engagement) study is currently being conducted at Jackson Memorial Hospital in Miami, Florida and at Grady Hospital in Atlanta, Georgia. HOPE is a randomized controlled intervention trial targeting HIV-positive substance users who enter inpatient treatment due to HIV disease-related complications. Preliminary baseline data (n=113) which were collected between August, 2006 - April, 2007 are presented on potential correlates to use of HAART, such as demographics, psychosocial factors (HIV knowledge, social support, self-efficacy regarding adherence to HAART, empowerment), the patient-provider relationship, linkage to care (referral to case management, other help in getting into care), and structural factors (medicaid coverage, homeless status).
RESULTS: Participants are mostly African-American (94%), female (52%), and homeless (56%), with a mean age of 43. The majority of participants (78%) reported not taking HAART at the time of the interview, and 42% reported never having taken HAART. Based on univariate analyses, significant differences in current HAART use were found in experiences at the time of HIV diagnosis and housing status. Those who were referred to a case manager at the time

of diagnosis were three times more likely to be currently on HAART (12% vs. 30%, OR=3.03 [1.10, 8.30], p < .03). Participants who are homeless are less likely to be taking HAART (35% vs. 10%; OR=0.20 [0.07, 0.62], p < .01), and those who have medicaid are 6 times more likely to be on HAART (9% vs. 40%, OR = 6.67 [2.38, 18.67], p < .001). Hierarchical logistic regression analyses were subsequently conducted with demographics (education, income, gender, age) entered in Step 1, psychosocial factors (patient-provider relationship, HIV knowledge, adherence self-efficacy, social support, empowerment, psychological distress) entered in Step 2, and structural factors (insurance, homelessness, case management referral, help from someone to get into care) in the last step. Being homeless (B = 2.34, OR = 10.40 [1.39, 77.69], p < .02) and having been referred to a case manager at diagnosis (-2.66, OR = 0.07 [0.01, 0.68], p < .02) continued to be significant predictors of current HAART use even after controlling for demographics and psychosocial factors.
CONCLUSIONS: Our findings suggest low use of HAART in this sample of in-patient HIV-positive substance users. Interventions that focus on structural factors may be one promising area for intervention to promote HAART use for substance users. Specifically, interventions that address case management or linkages to care needs, homelessness, and insurance coverage needs may be effective structural interventions in promoting use of HAART among this population.

Poster Number: 221M

Presentation Title: Promoting TB / HIV Partnership

Author(s): *Perez, M1 Phillips, L[2]; Gaebler, C[3]* - 1 CDC/DTBE, St. Louis, MO; 2 CDC/DTBE, Jefferson City, MO; 3 Midwest AIDs Training and Education Center of MO, St. Louis, MO

BACKGROUND / OBJECTIVE: Patients with HIV and LTBI (latent TB infection) are at greater risk to progress to TB disease (TBD). There were 108 TBD cases diagnosed in Missouri during 2005, and 516 persons newly diagnosed as HIV Positive. Twenty-eight had an AIDS diagnosis at the time of testing. The objective of this investigation was to evaluate TB prevention and control practices among HIV primary care providers in St. Louis.
METHODS: Four methods were used to collect data: 1) match Missouri's LTBI and TBD registries with the HIV registry from 1/1/04 thru 6/31/05; 2) review 100 medical records from the Ryan White Title I Program; 3) review the pharmacy database of the Ryan White Program from 2004 thru 2006 and 4) survey TB prevention and control practices among HIV primary care physicians.
RESULTS: Registry match: Three patients matched for HIV / LTBI. Two were not tested for TBD, the third person's record was never found.
Medical record review: 82% of the charts reviewed had no record of an adequate tuberculin skin test given (64% did not receive TST and 18% were tested, but not read)
Pharmacy database review: 23 patients were prescribed INH alone during 2004 thru 2006. None were reported to the local health department. 4 received 9 months of medications, and 17 received less than 9 months.
Survey: 8 physicians, 7 responded and 1 refused. 2 of them did not report LTBI and 4 said they were not sufficiently trained in TB.
CONCLUSIONS: TB prevention and control practices among HIV primary care providers were substandard. Consequently, St. Louis is at risk for an HIV / TB outbreak. We recommend partnering with the Midwest AIDs Training and Education Center (MATEC) of Missouri in educating physicians with emphasis on reporting of LTBI and TBD, raising awareness of the ongoing threat of TB; screening for TB newly diagnosed HIV positive patients, and proper prevention and control practices. Develop new strategies to engage patients to screen for HIV as part of their annual medical check up. Evaluate all educational interventions, including improvement of TB prevention and control practices.

Poster Number: 168M

Presentation Title: Community Saturation Models for Abstinence Education: A Summary of the Weld WAITS program in Colorado

Author(s): *Mackenzie RN, JK* WAIT Training, Denver, CO

ISSUE: Heterosexual transmission accounts for a growing proportion of newly diagnosed AIDS cases, rising from 3% in 1985 to 31% in 2005. AIDS has become the sixth leading cause of death among youths between the ages of 15 and 24. Behavior change continues to be the primary way of reducing the spread of HIV. Prevention work with adolescents must reach sufficient numbers of this population to change prevailing norms of sexual behavior. Long-term maintenance of behavior change is particularly critical in this group.

SETTING: Public Middle and High School student population in Weld County, Colorado. 6 Middle Schools and 5 High Schools participating; with a total student count of 3622 in 2003-04.
PROJECT: Phase One involved a community saturation mobilization model was employed, simultaneously engaging public school faculty and administrators, faith and community youth-service providers, county human services officials, legislators, healthcare workers and parents. Presentations regarding the benefits of abstinence and healthy relationship education were delivered in a variety of settings, creating a climate of support and encouragement for the messaging. Phase Two began with certification training for teachers and youth leaders in the WAIT Training and Art of Loving Well curricula, followed by student assemblies, and scheduled classroom delivery of a 10-12 week curriculum teaching healthy relationship skills and encouraging students to commit to remaining sexually abstinent until marriage. 1052 hours of programming were delivered to a total of 3622 students during the 2003-04 school years.
RESULTS: Some of the improvements revealed by the pre- and post- surveys were as follows: a 23% increase in the number of students who believe not having sex until marriage is a realistic goal; a 15% increase in the number of students who believe they have the skills necessary to wait until marriage for sex; a 19% increase in the number who believe waiting until they are married to have sex enhances future success; and a 31% increase in the number of students who believe that, if they are already sexually active, they can return to an abstinent lifestyle. While the project does not have the data required to claim sole responsibility for changing student behavior, it is of interest to note that from 2002 through 2004, directly coinciding with the 2-phase project implementation, the Weld County teen fertility rate for 10-17 year olds dropped from 18.3% in 2002, to 14.7% in 2004.
LESSONS LEARNED: Multiple consistent messages for youth regarding the benefits of healthy relationships and the positive attributes of choosing sexual abstinence in preparation for marriage can contribute significantly to behavior change among youth at high risk for sexual activity. Targeted evaluation conducted throughout the delivery process will be beneficial to understanding the most effective programming components for replication of success.

Poster Number: 115M

Presentation Title: Using Social Marketing to Reduce HIV/AIDS Stigma: Three Year Evaluation Data

Author(s): *RUCKER, T GIPSON, J* - MY BROTHER'S KEEPER INC, RIDGELAND, MS

ISSUE: HIV/AIDS related stigma is affecting the African-American community's response to getting tested for HIV. The stigma that surrounds HIV/AIDS which includes issues of gender, homosexuality, and sexuality perpetuates testing delays which increase transmission of HIV. Implementing effective anti-stigma HIV testing campaigns are essential in reducing HIV/AIDS related stigma and emphasizing the need to get tested.
SETTING: A one-day skills building course was provided nationwide to African-American community based organizations, health departments, and stakeholders who serve African-American populations heavily affected by HIV/AIDS.
PROJECT: The social marketing skills building course is an intense comprehensive 1-day training that provides a creative and systematic process to developing anti-stigma social marketing campaigns that are designed to encourage HIV testing within the African-American community. The course identifies social marketing concepts to reduce the stigma surrounding HIV testing by identifying behavioral change methods and norms within the African-American community that influence HIV/AIDS related stigma. This roundtable will (1) discuss course description and core elements, (2) provide quantitative and qualitative data on target population, and (3) provide a review of the successes and barriers faced in conducting this skills building course over a three year period.
RESULTS: The Social Marketing skills building course has been delivered in 7 states with a total of 26 community health organizations. Initial evaluation data from the class indicates that 94.8% of the participants agreed that the curriculum provided appropriate information for implementing an anti-stigma HIV testing campaign, and 84.2% of the participants agreed that having a systemic process enhanced their ability to develop an anti-stigma HIV testing campaign. Also, 96.1% of the participants felt confident in implementing an anti-stigma HIV testing campaign, and 98.6% of the participants plan to utilize the information to develop anti-stigma materials for their organization. Data derived from 3, 6, and 9 month follow-up data indicate that 85.7% of respondents have applied the steps in the Social Marketing course. Evaluation data also suggests that 50% of respondents have developed anti-stigma campaigns.
LESSONS LEARNED: Providing African-American community-based health organizations with a systematic process to developing and implementing an anti-stigma HIV testing campaign was essential in increasing their ability to address stigma as it relates to their community. The participant's workbooks were essential in providing detailed instructions on methods to identify community norms and factors that affect behavioral change in order to develop an anti-stigma HIV testing campaign that will meet the needs of the African-American community.
LEARNING OBJECTIVES: Participants will be able to discuss components of the Social Marketing skills building course. Participants will be given quantitative and qualitative data derived from the implementation of this skills building course. Participants will be able to discuss the success and barriers in the implementation of the Social Marketing skills building course.

Poster Number: 105M

Presentation Title: Racial Differences In HIV-Testing Practices Among Child-Bearing Age Women And Pregnant Women In The US.

Author(s): *Lopez, C* Neumark, YD - Hebrew University, Jerusalem, Israel

BACKGROUND/OBJECTIVES Since 1995 the United States Public Health Service recommends voluntary prenatal HIV counseling and testing for all pregnant women, in order to lower the risk of mother-to-child transmission of HIV, through early diagnosis and treatment. However, increasing the number of Child-bearing Age Women who are tested and are aware of their HIV status continues to pose a formidable public health challenge worldwide. This study aims to determine the patterns of HIV testing and intentions to be tested among Women of Child-bearing Age and among them pregnant women in different racial/ethnic groups in the US. The role of acculturation on these outcomes is also examined among Hispanic women.
METHODS: Data from a nationally representative sample of Child-bearing Age Women (n=10931) and pregnant women (n=389) living in the US who participated in the 2000 National Health Interview Survey (NHIS) were analyzed. The two study outcomes (ever having been tested for HIV and intention to undergo testing in the next 12 months) examined among Whites, African Americans, Hispanics and Others. Weighted proportions and variances accounting for the complex sample design of the NHIS were estimated using the Taylor series linearization method.
RESULTS: Nearly half of Child-bearing Age Women (54%) and one quarter of pregnant women (24%) reported never having undergone an HIV test (excluding blood donations). A large proportion of Child-bearing Age Women (90%) and pregnant women (80%) expressed negative future HIV testing intentions. among pregnant women 20% of the sample never underwent testing and expressed no intention to do so in the near future. Pregnant women were nearly 3-times more likely to have been tested than non-pregnant women (OR= 2.89, 95%C.I. 1.7-4.9) and 2-times more likely to have the intention to practice an HIV test in the next 12 months than non-pregnant women (OR= 2.24, 95%C.I. 1.6-3.1). among Child-bearing Age Women, Hispanics (OR= 1.39, 95%C.I. 1.1-1.7), Whites (OR= 1.68, 95%C.I. 1.4-2.0) and Others (OR= 2.29, 95%C.I. 1.6-3.2) were more likely than African Americans to never have undergone an HIV test. White Child-bearing Age Women (OR= 3.67, 95%C.I. 2.7-4.9) and Others Child-bearing Age Women (OR= 3.09, 95%C.I. 1.7-5.6) were more likely than African American Child-bearing Age Women to express negative testing intentions. These racial differences were not significant for pregnant women. among Child-bearing Age Hispanic Women, less acculturated women were more likely to never have been tested (OR= 1.40, 95%C.I. 1.0-1.9).
CONCLUSIONS: In spite of the recommendation that all women receive voluntary HIV counseling and testing as part of routine prenatal care, an important proportion of child-bearing age women and pregnant women remain untested, and have no intention of doing so in the near future. Given the recent upturn in the rates of AIDS and other perinatal transmitted infections among adult and adolescent Hispanic women, recognition of HIV testing barriers is essential for the refinement of current strategies that aim to increase testing among racial/ethnic minorities.

Poster Number: 145M

Presentation Title: Systematic Review of Abstinence-Only and Abstinence-Plus Program Interventions to Prevent HIV Transmission

Author(s): *Operario, D1*; *Underhill, K[2]; Montgomery, P[1]*
1 University of Oxford, Oxford, United Kingdom; 2 Yale University, New Haven, CT

BACKGROUND: Programs to promote sexual abstinence are often considered the best means for preventing HIV. Such programs may use abstinence-only approaches to discourage all sexual activity outside of marriage without encouraging condom use or other prevention strategies, or abstinence-plus approaches which primarily discourage sexual activity outside of marriage but secondarily provide information about condom use and other prevention messages.
METHODS: We conducted independent systematic reviews of evaluations for abstinence-only and abstinence-plus interventions to prevent HIV, conducted in any high-income country. We followed the guidelines of the Cochrane Collaboration. We included randomized and quasi-randomized controlled trials, identified through 30 electronic databases published as of February 2007.
RESULTS: We identified 13 abstinence-only trials enrolling 15940 participants; compared to controls, we found no consistent effects of abstinence-only programs on self-reported HIV-relevant behavioral outcomes. We identified 39 abstinence-plus trials enrolling 19819 participants, of which 23 trials reported protective effects on self-reported HIV-relevant behavioral outcomes; no abstinence-plus trials reported adverse effects.

CONCLUSIONS: Evidence suggests promising outcomes associated with abstinence-plus programs, but does not consistently support current abstinence-only programs. Methodological limitations were observed, including unclear reporting, inconsistent outcomes, and weak trial designs.

Poster Number: 198M

Presentation Title: Implementation of Routine, Voluntary HIV Testing at a Large, Multi-site Substance Abuse Treatment Program

Author(s): *Jeffers, A; Kaswan, D; Bartlett, V; Fieldman, N*
Albert Einstein College of Medicine, Bronx, NY

ISSUE: Residents of Bronx County in New York City have been disproportionately affected by the HIV virus, accounting for 21% of New York City's diagnosed HIV/AIDS cases through 2005. Injection drug use is a risk factor in 49% of these cases and heterosexual transmission in 15%. Substance abuse treatment programs are key to successful HIV prevention and treatment efforts, serving many people who are living with or at risk for HIV due to their drug use and sexual practices. With approximately 25% of persons infected with HIV nationwide undiagnosed, the CDC now officially advises all health care providers to test everyone aged 13 to 64 for HIV infection. To address this recommendation, we implemented a routine, voluntary HIV testing program at our large, urban substance abuse treatment program.
SETTING: The Division of Substance Abuse (DoSA) of the Albert Einstein College of Medicine (AECOM) treats over 3,400 current and former substance users at nine community-based clinics in the Bronx. Services provided to this underserved population include opioid pharmacotherapy, counseling, vocational, mental health, and medical services including HIV and Hepatitis C care. As part of our HIV program, blood and Orasure testing was offered using an "opt-in" strategy. For the year 2006, a total of 662 tests were administered.
PROJECT: On July 9, 2007, DoSA began offering voluntary HIV testing at all intake and/or annual physical examinations. At the time of blood draw the patient is offered HIV testing in an "opt-out" format. Patients who refuse testing are referred to a "Health Care Coordinator," who conducts a comprehensive HIV risk assessment addressing HIV knowledge, sexual and drug use histories, domestic violence, housing, mental health and encourages testing.
RESULTS: Between August 1st and August 31st, 2007, DoSA tested 161 (69%) patients at their intake or annual physical, with 72 (31%) patients refusing testing. Fifty-six HIV risk assessments were conducted; 52 were the result of an initial refusal, one resulted from a staff referral, and three were conducted at a patient's request. Eighteen (32%) patients receiving HIV risk assessments then agreed to test. The primary reasons reported for refusing testing by the remaining 38 patients were the following: 9 (24%) were already diagnosed HIV positive, 2 (5%) refused to test without monetary compensation, 13 (34%) reported being recently tested at a different site and 21 (55%) reported that they did not believe they were at risk for infection. No new HIV infections were diagnosed during this time.
Lessons Learned: A majority of patients will agree to be tested for HIV when offered as part of their routine annual exam. DoSA has already more than doubled the rate of HIV testing from 2006. With multidisciplinary involvement in the planning process and buy-in by the involved staff, implementation of routine, voluntary testing is feasible and cost-effective.
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TUESDAY, DECEMBER 4, 2007
Poster Abstracts
10:00 AM – 5:00 PM

Poster Number: 163T

Presentation Title: VIBES: A Group-Level Behavioral Intervention for African-American Young Men Who have Sex with Men

Author(s): *Erdman, JM*
Champaign-Urbana Public Health District, Urbana, IL

ISSUE: There is a critical need for effective behavioral-based HIV prevention programming for young, African-American Men Who Have Sex with Men. The VIBES Program Model attempts to address this need with a group prevention curriculum that combines cultural empowerment with universal, skills-based HIV prevention methods.
SETTING: This program model is most appropriate for community settings serving 18-24 year-old, young, African-American MSM. This program was piloted in East St. Louis, Illinois, a small, urban community with significant YMSM HIV seropositivity rates.
PROJECT: The VIBES (Very Informed Brothers Engaged for Survival) Project is a six-session group prevention behavioral intervention that was tested with young, African-American MSM (18-24) in East St. Louis, IL. The six sessions have been tailored to meet the holistic HIV prevention needs of African-American YMSM and include the following core elements: health/hygiene; self-esteem; decision-making; spirituality; HIV knowledge; condom use and negotiation; assertiveness skills; and life goals setting.
RESULTS: Changes in knowledge, attitudes, beliefs and behaviors related to sexual and drug-use practices were signficant in the cohort of the pilot project that received the VIBES experimental intervention. Condom use alone in this group increased 200 percent compared to pre-intervention levels.
LESSONS LEARNED: The Project Developers will discuss all lessons learned from the piloting of this project and its subsequent diffusion to provider agencies. Recruiting, incentives, formative research, group facilitation and universal skills-building concepts will be discussed.

Poster Number: 124T

Presentation Title: Evaluation of CD8+ T-cell and Antibody Responses FollowingTransient Increased Viraemia in Sootty Mangabeys Infected with Live, Attenuated Simian Immunodeficiency Virus

Author(s): *umurhurhu, a* infirmary medical dignostic centre, lagos, Nigeria

In vivo depletion of CD8+ T cells results in an increase in viral load in sooty mangabeys chronically infected with simian immunodeficiency virus (SIVmac239nef). Here, the cellular and humoral immune responses associated with this transient period of enhanced viraemia in mangabeys infected with SIVmac239nef were characterized. Fourteen days after in vivo CD8+ T-cell depletion, two of six mangabeys experienced a 1-2 log10 increase in anti-gp130 and p27 antibody titres and a three- to fivefold increase in gamma interferon-secreting SIV-specific CD8+ T cells. Three other mangabeys had modest or no increase in anti-gp130 antibodies and significantly lower titres of anti-p27 antibodies, with minimal induction of functional CD8+ T cells. Four of the five CD8-depleted mangabeys experienced an increase in neutralizing antibody titres to SIVmac239. Induction of SIV-specific immune responses was associated with increases in CD8+ T-cell proliferation and fluctuations in the levels of signal-joint T-cell receptor excision circles in peripheral blood cells. Five months after CD8+ T-cell depletion, only the two high-responding mangabeys were protected from intravenous challenge with pathogenic SIV, whilst the remaining animals were unable to control replication of the challenge virus. Together, these findings suggest that a transient period of enhanced antigenaemia during chronic SIV infection may serve to augment virus-specific immunity in some, but not all, mangabeys. These findings have relevance for induction of human immunodeficiency virus (HIV)-specific immune responses during prophylactic and therapeutic vaccination and for immunological evaluation of structured treatment interruptions in patients chronically infected with HIV-1.

Poster Number: 130T

Presentation Title: Challenges To Public Health Communication: The HIV/AIDS Prevention and Control Campaign In Kapchorwa

Author(s): *NAIGAMBI, ED* The Uganda Association Of Women Lawyers, Kampala, Uganda

TOPIC: Challenges to effective public health communication: the HIV/AIDS prevention and Control campaign in Kapchorwa
KEY ISSUES: Behavioural change, Health communication campaigns, Risk behaviour, self-efficacy
PROBLEM STATEMENT: With 95% coverage of the target audience, the number of people in Uganda who knew about HIV/AIDS was big (UBOS, 2001: 167; Garbus and Marseille, 2003: 11; McKee, et al., 2004; MoH, 2005: 38). Projections however indicated that the epidemic had relentlessly continued to take its toll on the population (ILO, 2004). This study sought to establish the extent to which communication was an effective tool for HIV prevention and control among adolescents in Kapchorwa district.
OBJECTIVE: The researcher set out to assess the relationships between health communication and the contributory factors that researchers deemed crucial to adolescent health behaviour.
SPECIFIC OBJECTIVES: 1) To establish the contributory factors to adolescent risk behaviour 2) To ascertain the relationship between health communication and adolescent risk behaviour in Kapchorwa 3) To establish the relationship between self efficacy and health communication among adolescents in Kapchorwa 4) To recommend the possible approaches to effective health communication among Sabiny adolescents
HYPOTHESIS: Sex education is strongly associated with health protective behaviour
THEORETICAL APPROACH: Using Albert Bandura's Social Cognitive Theory, this study examined the relationship between sex education and health protective behaviour among adolescents in Kapchorwa. 280 respondents participated in the study.
Quantitative data was analysed using SPSS statistical software. Variables were cross tabulated and presented in percentage distributions. Continuous variables were categorised, summarised as categorical variables and cross tabulated and tested using multivariate test to establish the significance of their relationships.
The study examined the relationship between sex education and health protective behaviour among adolescents in Kapchorwa and found that self efficacy is strongly associated to knowledge of health risk behaviour. The study revealed that dissemination of information about recent scientific discoveries on HIV/AIDS management has led to a belief in living positively with HIV among people. Empirical data revealed that most adolescents would advise an HIV positive colleague to stay in school. It was further revealed that irrespective of whether one feels vulnerable or not adolescents consider it necessary to ascertain their HIV status in relation to their personal health goals. Considering poverty as a factor in HIV spread it was established from respondents knowledgeable on HIV that they would not encourage their female colleagues to engage in risk behaviours in exchange for favours. The study established that among respondents circumcision was perceived to be an agent of HIV transmission. This could explain the success in the sustained campaign against female circumcision by the REACH program.
This study confirms that knowledge about risky health practices is a major factor in determining individual behaviour. Owing to the great enthusiasm for sex education in schools this study recommends the development, and regular update of an area specific syllabus. In conclusion the study recommends a multiplicity rather than a single health communication approach as the most appropriate for Kapchorwa.

Poster Number: 116T

Presentation Title: Increases in HIV/AIDS Diagnoses at the United States-Mexico Border, 2001-2005

Author(s): *Espinoza, L Hall, H; Hu, S*
Centers for Disease Control and Prevention, Atlanta, GA

BACKGROUND: The population at the United States (U.S.)-Mexico border has experienced tremendous growth, more than double the U.S. national average. Movements of populations in this region have contributed to increased incidence of certain infectious diseases, such as tuberculosis. Few studies have reported on HIV/AIDS diagnoses in this region.
METHODS: We used information on persons diagnosed with HIV/AIDS during 2001-2005 and aged >12 years (n=5,617) reported to the Centers for Disease Control and Prevention for 45 counties (defined by the U.S. Department of Health and Human Services, Health Resources and Services Administration) at the U.S.-Mexico border. We estimated the annual percent change in HIV/AIDS diagnoses and rates with Poisson regression and examined the characteristics of persons with HIV/AIDS. Analyses were adjusted for reporting delays and redistribution of unknown HIV transmission categories.

RESULTS: Overall, 48% of persons diagnosed with HIV/AIDS in the border counties were Hispanic; 40% non-Hispanic white; and 9% non-Hispanic black. During 2001-2005, the annual number of HIV/AIDS diagnoses increased 4.5% (95% confidence interval [CI] =1.4, 7.8). Increases were observed among men (3.9%, CI=0.5, 7.4), particularly among men who have sex with men, (6.6%, CI=2.3, 11.0). among women, HIV/AIDS diagnoses increased among those exposed through high-risk heterosexual contact (12.8%, CI =2.5, 24.2). Although the overall number of HIV/AIDS diagnoses increased, the annual rate of HIV/AIDS cases per 100,000 population did not significantly change.
CONCLUSIONS: The number of HIV/AIDS diagnoses at the U.S.-Mexico border has increased, adding to the burden of disease in a poor and medically underserved region. To decrease the incidence of HIV disease it will be necessary to support the link between prevention and testing services with care and treatment and develop prevention and education programs specific to this region.

Poster Number: 125T

Presentation Title: Intentional Sexual Abstinence Among Homeless or Unstably Housed Persons Living with HIV

Author(s): *Courtenay-Quirk, CE[1]; Zhang, J[2]; Wolitski, RJ[1]*
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BACKGROUND: Few studies have examined intentional sexual abstinence among adults. In a sample of homeless/unstably housed persons living with HIV/AIDS (PLWHA), we describe: 1) the rate of; 2) self-reported reasons for; and 3) factors associated with intentional sexual abstinence.
METHODS: Baseline data were analyzed from a larger study on the effects of housing on the health of homeless/unstably housed PLWHA. Participants were recruited from housing agencies in Baltimore, Chicago, and Los Angeles.
RESULTS: Of 644 participants, 20% (n = 125) intentionally abstained in the past 90 days; 12% (n = 78) abstained for ≥1 year. Top reasons were: 1) 'not interested' (n = 78); 2) did 'not want to infect someone' (n = 46); and 3) did not have a partner (n = 37). In a multiple logistic regression, 90-day abstinence was less likely among persons who: were in a primary relationship (OR = 0.17, 95% CI = 0.10, 0.31), experienced sexual abuse (OR = 0.53, 95% CI = 0.32, 0.89), and reported higher perceived health (OR = 0.98, 95% CI = 0.96, 1.00). Compared to women, non-MSM (OR = 0.42, 95% CI = 0.22, 0.78) and MSM (OR = 0.36, 95% CI = 0.20, 0.65) were less likely to abstain.
CONCLUSIONS: Some homeless/unstably housed PLWHA intentionally abstained from sex. However, this may not reflect life-long decisions. Better understanding of motivations to abstain and how abstinence decisions change over time may improve the ability of programs serving PLWHA to address this issue in a manner that supports sustainable HIV risk-reduction.

Poster Number: 160T

Presentation Title: HIV Testing Trends for Older Adults (≥50 years) at CDC-Supported Sites, United States, 1995-2004

Author(s): *Stein, R[1]; Aranas, A[1]; Bell, K[2]; Duran, D[1]; Hurst, D[1]; Uhl, G[1]*
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BACKGROUND: The number of older adults living with HIV/AIDS increased by 77% between 2001 and 2005, compared to a 13% increase for younger adults. This trend is expected to continue given sustained growth of Baby Boomers and improved HIV treatment advances. Furthermore, it is estimated that in 2003 half of older adults diagnosed with HIV were also diagnosed with AIDS within a year. Despite these trends, there has been a general lack of awareness regarding prevention efforts, such as HIV testing, targeted to this population. By providing a profile of a decade of testing trends for older adults at CDC-supported sites, this study will help HIV prevention researchers, evaluators, and service providers identify potential gaps in testing programs for older adults.
METHODS: Using HIV tests supported by CDC funds for adults (≥50 years of age) from 1995 to 2004 in 45 project areas, we examined the following data: number of tests conducted, number of HIV tests with positive results, and percentage of persons receiving their HIV test results. These data represent number of HIV tests conducted rather than number of individuals tested.
RESULTS: The number of HIV tests provided to older adults between 1995 and 2004 increased by 44% (from 93,019 to 133,862). The number of tests with positive results increased by 33% (from 2,011 to 2,675). The positivity rate remained relatively stable during this period and varied between 1.9% and 2.2%.
Older males accounted for almost two-thirds of HIV tests and almost three-quarters of positive results. The number of HIV tests provided to older blacks and Hispanics increased by 122% and 50%, respectively. For all years except

1995, the number of positive test results for older blacks was more than twice that for older whites or Hispanics. among those reporting male-to-male sexual contact, the number of tests increased by 53% from 1995 to 2004. From 1995 to 2004, testing among those reporting injection drug use increased by 210% (from 4,726 to 14,648), and the number of tests with positive results increased by 62% (from 348 to 565). The percentage of tests for which results were received declined from a high of 74% in 1999 to a low of 59% in 2001, and then jumped to 72% in 2004. Older blacks were less likely to receive their results than older adults of other races. From 1995 to 2004, only 52% of test results were received by older blacks, compared with 71% for older whites and Hispanics.
CONCLUSIONS: Results indicate older adults are a growing segment of the population who test at CDC-supported sites, and that testing strategies should continue to be refined and targeted for this group. These data suggest that the need for focused testing efforts is particularly pronounced among certain sub-populations. For example, it is troubling that just 52% percent of test results were received by older blacks from 1995 to 2004. In addition, the number of positive tests results among people who reported injection drug use during this time period increased by 62% (from 348 to 565).

Poster Number: 168T

Presentation Title: A Decade of Annual Teen Summits: Houston Holistic Approach to Adolescent Health Education and Risk Reduction

Author(s): *Kweekeh, FA*[1]; *Padgett, D*[2]*; Mitchell, N*[2]
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ISSUE: Adolescents have a number of issues that affect decisions they make concerning healthy behavior. This stage of growth and development can be traumatic for some adolescents. They face negative peer pressure. They receive misinformation from peers and media about sex, drugs and life in general. Other levels of conflict occur with parents and school authorities, and inability to cope with sexuality issues. Creating a forum for youth to exchange experiences and allow peers to give factual information has had positive impact.
SETTING: These summits were implemented in the City of Houston and Harris County located in the State of Texas. Summits are held in school facilities and Funplex, an entertainment venue, on Saturdays requiring large numbers of volunteers. The Youth Task Force and the Houston Independent School District are the organizer of the summit. 97.9 The Box did remote broadcasting from Funplex 2005 and 2006.
Project: For a decade the Bureau of HIV/STD Prevention of the Houston Department of Health and Human Services (HDHHS) along with collaborating agencies that provide services for youth, have annually hosted the Teen Summit. The Teen Summit's theme was usually the same as the World AIDS Day theme.
There are approximately 300 to 350 students, teachers and parents in attendance. Topics for discussions include: 1). HIV/STD, 2) drug prevention, 3) family planning, 4) dating and violence, 5) nutrition, and 6)avoiding gangs. Teens from high schools facilitate and co-facilitate the discussions and each teen was expected to attend three 30 to 45 minute sessions. At the end of the discussion period, an evaluation was completed by each participant. Other activities included poster, essay, talent and quilt competitions, which are judged by the participants. The winning poster design was used on the t-shirt for the next Teen Summit and prizes were given to each winner.
RESULTS: Collaborating efforts have been sustained amongst the Youth Task Force and there is great networking. Youth have returned to participate in the Summit as long as they are in junior and secondary high schools and teachers have found the Summit useful for providing exposure to other programs and services for their students. Peer educators from three high schools have expressed motivation to continue helping peers because of the opportunity given to facilitate at the Summit. Some schools that had not started HIV/STD education have initiated such classes because of the teachers' experience at the Summit.
LESSONS LEARNED: It is important to ensure that parents and teachers be a part of the planning and implementation of such programs because their resources and input could assist in sustaining such interventions. It takes advance planning to ensure that participants experience a fun, well organized and adolescent- friendly intervention. It is important to be innovative and change the format from time to time, using information from participants' evaluations.Feedback from 2005 evaluation indicated that the involvement of 97.9 The Box should be repeated at the next Summit. 97.9 The Box participated in 2006 and the number of participants increased significantly.

Poster Number: 172T

Presentation Title: HIV/AIDS Prevention Peer Education Among Injecting Drug Users, A KPYA-FH Joint Project with UNICEF Iran Office

Author(s): *Nobahar, V* ; *Matlabi, E; Jalali, F*
KPYA Federation of Youth Health, Mashhad, Iran (Islamic Republic of)

ISSUE: Specifically among IDUs target group, the sharing of contaminated drug injecting equipment and drug preparations is a highly efficient means of spreading HIV.
SETTING: KPYA Federation of Youth Health (NGO) through the project of "Mashhad Community Based HIV/AIDS Prevention" supported by UNICEF Iran Office, conducted HIV/AIDS Prevention Peer Education among IDUs in Mashhad, North Eastern of Iran.
PROJECT: We prepared PE Protocol including procedures, content, reporting, monitoring, evaluation, incentives, retention, and other system variables. After call for action, we selected 5 IDUs through interview and trained them with a 2-days workshop. They were going to the ruins, places for group injection (blood sharing) and some in Drop In Centers and train their peers by talking with and distributing pamphlets, sterile syringes and condoms. The monitoring was being done by writing a daily and weekly report, going with another peer educator and asking from some trainees. We had also three PE group sessions by movie display titled "AIDS Borne" then the peer educators were answering to the questions which other IDUs asked in the session.
RESULTS: 587 IDUs have been trained effectively since they changed their injection behaviour as well as referring to DIC to exchange syringe/ start MMT increased about 54 percent.
LESSONS LEARNED: The training IDUs as peer educators is very difficult since drawing their interest in education of their peers is not simple. PE helps us reach to IDUs easily and condust the prevention program. PE helps IDUs referr to DIC center and have a safer injection.

Poster Number: 194T

Presentation Title: Facilitating Access To Services II (FACTS II)

Author(s): *Wint, K* OCHD/OMH, Orlando, FL

ISSUE: Despite notable progress in imporving the health status of Floridians, disparities persist in the health status of Blacks, Hispanics, native Americans, and Asian/Pacific Islanders when compared to the population as a whole.
SETTING: Churches with predominantly black congregations within the Metropolitan Statistical Area (Orange, Osceola, Lake, and Seminole Counties).
PROJECT: Faith Based Initiative
The Orange County Health Department's Office of Minority Health (OMH) worked in conjunction with the African American Council of Christian Clergy (AACCC) to provide ministerial health summits. Every other month a host pastor would be selected and a health seminar would be coordinated at his/her church. OMH would work to find a sponsor to provide dinner and the educational session. The host pastor would work towards inviting other pastors and their respective congregations.
RESULTS: 3 health summits to date with a 4th scheduled during the month of
May.
November: New Bethel Baptist Church (host)
Center of Change presented on Colorectal Cancer
January: EBON Temple (host)
Center for Multicultural Wellness and Prevention on Breast Cancer
March: New Covenant Baptist Church (host)
Office of Minority Health - Black Church week of prayer for the Healing
of HIV/AIDS leadership institute - Pernessa Seele of the Balm in
Gilead was the opening Key note speaker
May: St. Mark AME Church (host)
Presentation will be on Cardiovascular disease.
LESSONS LEARNED: The partnership between the County Health Department and the local Churches is a phenomenal one. Clergy has a lot of influence over their congregations so it is vital that we educate the Clergy about the health disparities that they in turn can more effectively deal with the health issues and educate their congregations.

Poster Number: 156T

Presentation Title: Mobilizing Community Resources For HIV Prevention Efforts: Parents As Alternative Prevention Resources.

Author(s): *Alicea, S* ; *Messam, T; Elwyn, L; McKay, M*
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OBJECTIVES: This study aims to test the impact of a community delivered, evidence-based intervention targeting youth sexual risk intentions and behavioral outcomes. Specifically, this study examines the impact of an already tested and empirically supported youth HIV prevention program delivered by community members, rather than professional health educators.
METHODS: Parent and community facilitators received standard preparation and training of Be Proud! Be Responsible! (BPBR) curriculum (Jemmott, Jemmott & Fong, 1998), a CDC certified "program that works," developed specifically for minority youth. The intervention consists of 8 highly structured one-hour modules that are administered by trained facilitators who use intervention manuals. Since the training, HIV community educators have delivered the program to a random sample of 209 6th and 7th graders from five Bronx schools. Youth complete assessments measuring sexual risk intention and behavior pre and post intervention. Recruitment efforts are ongoing.
RESULTS: Preliminary analyses used paired sample t tests on composite scale means to assess changes in youth attitudes and knowledge with data collected at baseline and at post intervention. Results reveal that youth reported a significant increase in knowledge about HIV/AIDS and STDs ($t=6.87$, $p < .001$) and knowledge about pregnancy ($t=6.29$, $p < .001$). Youth intention to abstain from sex also increased ($t=1.99$, $p < .05$) as did their comfort in discussing sexual concerns with a boyfriend or girlfriend ($t=3.39$, $p < .001$). In addition, youth reported an increased tolerance toward peers with AIDS ($t=4.19$, $p < .001$) and an increase in self esteem ($t=3.67$, $p < .001$).
IMPLICATIONS: The Jemmotts' study effects suggest that characteristics of the facilitator (e.g. race, gender, adult peer, etc.) do not impact outcome. Thus, their findings paved the way for examining community parents as potential facilitators. Preliminary results from this current study suggest that in the hands of trained community members the BPBR program remains effective, and as such, offers a new direction for intervention work within communities. Training urban parents to deliver evidence-based prevention services offers the opportunity to assist over burdened urban schools in ensuring that health education and health risk prevention programs can be offered and are not rejected by the community.

Poster Number: 136T

Presentation Title: Drug Use and Risky Sexual Behavior in a Sample of Urban HIV-Positive Latino MSM

Author(s): *Echeverry, JJ* ; *Poppen, PJ; Zea, MC; Reisen, CA; Bianchi, FT*
George Washington University, Washington, DC

BACKGROUND: The research on drug use and risky sexual behavior has typically not examined HIV-positive Latino MSM. It is important to know about drugs used by these men, as well as whether drug use and sexual behaviors are related. The current study examined prevalence of drug use (including club drug use), and also the associations of drug use with risky sexual behavior in a sample of HIV-positive Latino MSM.
METHODS: In three east coast cities (Washington, New York, and Boston), 301 seropositive Latino MSM were surveyed, using Audio Computer-Assisted Self-Interviewing technology, in English or Spanish. Inclusion criteria were: biological male, Latino/Hispanic, 18 or older, HIV-positive, and having had sex with men. We asked about use of specific drugs in the last 6 months. We created variables "Any Drug Use" (at least one drug was selected) and "Any Club Drug Use" (at least one of crystal methamphetamine, ecstasy/MDMA, hallucinogens, and "poppers"). From sex behavior questions, we created dichotomous variables of whether the participant had ever had unprotected anal sex with his most recent partner and whether there was any unprotected anal sex with any partner in the past 12 months.
RESULTS: The analyses were restricted to those participants who reported sex with men in the last 6 months ($n=275$). 38% reported use of at least one drug, with pot/marijuana the most common at 27%. 18% reported use of at least one club drug. Nearly half reported unprotected anal sex in the past year.
In multivariate models, we controlled for age, income, and education to see whether drug use (model one, any drug; model two, any club drug) was associated with unprotected anal sex (most recent partner, then 12 months). Use of any drug was not associated with sex with most recent partner, but was associated with unprotected sex in 12 months. Use of any club drug was associated with both unprotected sex variables. Moreover, when use of Viagra was included in the models, both club drug use and Viagra were independently predictive of unprotected sex in 12 months.
CONCLUSIONS: Results of this study demonstrated first, that nearly 40% of HIV-positive Latino MSM reported use of some drugs in the past 6 months, and second, that there were associations between drug use, especially club

drug use, and unprotected anal sex. Moreover, we also found that Viagra was associated with unprotected sex. The data on prevalence of drug use are important because they provide information about relatively high levels of substance use in a sample that is HIV-positive. The association between drug use and risky sexual behavior has important implications for the focus of preventions, because use of club drugs, especially in combination with Viagra, may place partners of HIV-positive men at risk for HIV. Further research needs to be done to establish, in Latino and other samples, the specific contexts in which drug use is associated with unprotected sex, and how other factors such as seroconcordance with partner and sexual role mitigate the drug use - sexual behavior relationship.

Poster Number: 213T

Presentation Title: Progression of HIV Infection to AIDS Most Commonly Results from Late Diagnosis or Lack of Medical Care After HIV Diagnosis

Author(s): *Selik, RM* CDC, Atlanta, GA

BACKGROUND: In the era of highly active antiretroviral therapy, if optimal and timely medical therapy were provided to all HIV-infected persons, progression to AIDS within a year after diagnosis of HIV infection would be rare, but it is still common. To learn why, I examined data from medical records of AIDS cases among persons more than 13 years old reported to CDC from the health departments of Florida, Louisiana, Maryland, New Jersey, and New York City.
METHODS: Records for care received in the health department's jurisdiction within 12 months before an AIDS diagnosis in 2000 were abstracted from a geographically stratified random sample of AIDS cases reported to each of the 5 health departments. I investigated risk factors for delay of diagnosis of HIV infection until ≤ 1 month before AIDS diagnosis. among cases with > 1 month between HIV and AIDS diagnoses, I searched for risk factors for absence of antiretroviral therapy (ART). Multiple logistic regression models included as possible risk factors age, sex, race/ethnicity, health insurance, drug abuse, alcohol abuse, mental illness, homelessness, incarceration, and language barriers. I used SUDAAN software to account for the stratified sampling design.
RESULTS: Of the 2073 cases in the initial sample, medical records were found for 1522, of which 1254 had dates of diagnosis of both HIV infection and AIDS known. Multiplying the number in each geographic stratum by the corresponding sampling weight yielded an estimate of 9694 cases with known diagnosis dates. Of these, 89.2% received no ART earlier than 1 month before the AIDS diagnosis, including 51.6% with AIDS diagnosed ≤ 1 month after the diagnosis of HIV infection and another 30.6% with an HIV-to-AIDS interval > 1 month but no records found of receipt of any medical care for HIV (e.g., ART, CD4 lymphocyte counts, viral load measurements) before AIDS diagnosis. Much smaller proportions of cases had no ART during the 12 months before AIDS because of the patient's fear of adverse effects (4.8%), the physician's expectation of non-adherence (2.6%), or previous adverse effects (0.4%). Having HIV infection diagnosed ≤ 1 month before AIDS diagnosis was more common if age at HIV diagnosis was older than the median of 38 years (60%) than if younger (42%) (relative risk = 1.4 [95% CI: 1.2-1.7]). In addition to age, other risk factors (e.g., homelessness, incarceration, lack of health insurance, black non-Hispanic race/ethnicity) were found by multiple logistic regression to be associated with late HIV diagnosis or lack of ART before AIDS, but the proportion of AIDS cases with these adverse outcomes was large even among cases without the risk factors.
CONCLUSIONS: About half the HIV infection cases that progressed to AIDS in 2000 did so because HIV infection was diagnosed too late for ART to prevent AIDS, and most of the remainder progressed to AIDS because of apparent lack of care (CD4 counts, viral load tests, ART) after HIV infection diagnosis. Prevention of progression to AIDS will require earlier HIV infection diagnosis, followed by prompt linkage to appropriate care.

Poster Number: 186T

Presentation Title: An Evaluation of "Going Public" -- A Rapid Behavioral Assessment of Releasing News of a Cluster of 4 Individuals with Highly Similar Multiclass Drug Resistant (MDR) HIV: Project Swift

Author(s): *Buskin, SE[1]; Lansky, A[2]; Kahle, EM1; Barash, EA[1]; Bushan, KJ[2]; Sullivan, PS[2]*
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BACKGROUND: In 01/07, we identified 4 HIV-infected antiretroviral drug-naïve men in Seattle whose HIV strains were genetically related and resistant to 16 of 18 antiretrovirals tested. They were diagnosed with HIV 12/05 to 12/06; all used methamphetamine and had sex with multiple anonymous male partners. In 2/07, the local health department issued a press release describing the multiclass-drug-resistant (MDR) HIV cases, explaining that MDR-HIV may be difficult to treat, and recommending routine HIV testing for MSM. The press release was widely covered by local newspapers, radio, and television. We evaluated the impact of the press release among MSM in the Seattle area.

METHODS: We administered a survey approximately two weeks after the press release at venues where MSM congregated, including bars, bathhouses, HIV clinics, community events, and a coffee house. Eligible participants were: men who had sex with men in the past year, ≥ 18 years old, and residents of western Washington State. The survey included questions on (1) awareness and recall of media coverage and key messages; (2) attitudes on the importance of the health department releasing information on MDR-HIV; (3) sexual behaviors and methamphetamine use in the past 30 days and intent to engage in these behaviors in the next 30 days; and (4) HIV testing history and future intent to test.
RESULTS: Of 662 men approached, 425 (64%) agreed to the initial intercept. Of these, 332 (78%) were eligible to participate and of these 325 (98%) completed the survey. Subjects were recruited from bars (78%), bathhouses (10%) and other venues (11%); most were 25-44 years old (71%) and White (70%). HIV-infection was reported by 13%; 4% had never been tested for HIV. Of 283 respondents not known to be HIV-infected, 67% had an HIV test in the past year and 34% intended to test in the next 30 days. Overall, 98% believed it was important for the health department to report on MDR-HIV; 96% believed MDR-HIV was a serious problem; 57% had heard about the cluster in the media; and 87% of those remembered at least one key media message. Methamphetamine use during sex (by self or partner) in the past 30 days was reported by 5%; 3% stated they were very likely to use methamphetamine in the next 30 days (29 and 10% respectively for HIV-infected, X2 $p<.05$). Unprotected sexual intercourse with a partner with serodiscordant or unknown HIV status was reported by 7%; 6% reported the intent to do so in the next 30 days. Exposure to the news release was not significantly associated with intent to use methamphetamine, engage in risky sex, or test for HIV.
CONCLUSIONS: The majority of MSM had heard the news reports about MDR-HIV, remembered key points of the story, and supported the health department's reporting news of MDR-HIV via the media. Although few MSM engaged in activities likely to transmit HIV or used methamphetamine, neither of these risk behaviors nor intent to test for HIV were significantly associated with exposure to MDR news.

Poster Number: 171T

Presentation Title: A Framework for Developing a Comprehensive Search Strategy for Systematic Reviews and Evidence-based Recommendations

Author(s): *DeLuca, JB*; *Mullins, MM; Lyles, C; Crepaz, N; Kay, L*; HIV/AIDS Prevention Research Synthesis Team Centers for Disease Control and Prevention, Atlanta, GA

ISSUE: As the HIV/AIDS prevention field moves toward evidence-based practice, it becomes ever more critical to conduct systematic reviews of research literature to guide programmatic activities, policy-making decisions, and future research. Conducting systematic reviews for HIV prevention requires a thorough examination of the HIV/AIDS and STD behavioral, social, and policy research literature. As a result, the validity of the systematic review findings and recommendations is in part a function of the quality of the systematic search of the HIV literature. Therefore, a carefully thought out and organized plan for developing and testing a comprehensive search strategy should be followed.
SETTING: Atlanta, GA; Prevention Research Branch, Division of HIV/AIDS Prevention, Centers for Disease Control and Prevention
PROJECT: The HIV/AIDS Prevention Research Synthesis (PRS) Project was initiated by the CDC's Division of HIV/AIDS Prevention to translate the cumulative scientific literature into evidence-based recommendations to inform and guide programmatic activities, policy, and future research. PRS activities include maintaining a cumulative comprehensive database of all HIV/AIDS or STD behavioral prevention research, conducting systematic reviews, identifying factors associated with intervention effectiveness, and identifying evidence-based interventions. All of these activities rely on a comprehensive search of the literature that uses various approaches to ensure the quality of the search.
RESULTS: Using automated and manual search components, the PRS search strategy retrieved 16,254 HIV/AIDS/STD prevention focused articles for the years 1988-2004. The automated search found 92% and the manual search contributed 8% of the articles reporting on HIV/AIDS or STD interventions with behavior/biologic outcomes. among the automated search citations, 48% were found only in one database (20% MEDLINE, 17% PsycINFO, 8% EMBASE, 2% Sociological Abstracts).
LESSONS LEARNED: A comprehensive base of literature requires searching multiple databases and various methods of manual searching in order to locate all relevant citations. Understanding the project needs, the limitations of different electronic databases, and the various methods for refining a search is critical to planning an effective and comprehensive search strategy.

Poster Number: 211T

Presentation Title: HIV Prevention and Testing Campaign for the General Public: "Get Real, Get Tested." HIV Testing and Education Outreach Campaign in North Carolina

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ISSUE: In recent years, North Carolina has averaged about 1,800 new HIV reports annually, which is up from the number of cases reported in the late 1990s. Approximately 30 percent of the individuals newly reported each year with HIV disease also represent new AIDS cases. This significant proportion of late diagnoses (i.e., AIDS) indicates the need for increased HIV testing, education and early referral to care in North Carolina.
SETTING: "Get Real., Get Tested." testing and education and outreach events have been held in Raleigh, Durham and Fayetteville, North Carolina. Several other cities communities around the state will sponsor be targeted by "Get Real. , Get Tested." targeted outreach events testing campaigns throughout 2007.
PROJECT: The general campaign, which is Phase I, consists of a series of educational announcements, which will run statewide on multiple television stations for one year. Phase II, a targeted campaign, will be conducted, concurrent with the general campaign, throughout the state. Partnering with local community based organizations and local health departments;The HIV/STD Prevention and Care Branch will select several different communities in the state, based on reported morbidity rates risk levels and morbidity rates, in which to conduct intensified and, targeted testing.
RESULTS: The targeted outreach campaign has been to three cities in North Carolina. The first event was held in Fayetteville in December 2006. During the Fayetteville event, over 300 people were tested and eight positives were identified. Three of those were previous positives; our state DIS Disease Intervention Specialists (DIS) workers followed up with them to make sure they were in care. The five new positives were counseled and then referred to a physician and a care program. The second events were held included Raleigh and Durham in February 2007. During these events, over 200 people were tested . and Two positives were identified in Raleigh and two positives were identified in Durham.Testing events will occur in eight other communities by December 2007.
LESSONS LEARNED: Providing a combination of intense general and targeted education, outreach and testing has proven to be an effective method in reaching the general publicfor identifying persons living with HIV/AIDS and getting them referred to care as early as possible.

Poster Number: 222T

Presentation Title: An Evaluation of State Priorities, Guidelines and Funding for Infectious Disease Services in Substance Abuse Treatment Programs

Author(s): *Kritz, S*[1] ; *Brown, LS, Jr.*[1]; *Goldsmith, RJ*[2]; *Bini, EJ*[3]; *Robinson, J*[4]; *Alderson, D5; Rotrosen, J*[3]
[1] Addiction Research and Treatment Corporation, Brooklyn, NY; [2] Cincinnati VA Medical Center, Cincinnati, OH; [3] VA NY Harbor Healthcare System, New York, NY; [4] Nathan Kline Institute, Orangeburg, NY; [5] NYS Psychiatric Institute, New York, NY

BACKGROUND: This survey study emphasized the perspective of state substance abuse and health departments in relationship to the treatment programs within their jurisdiction for three infection groups: HIV/AIDS, hepatitis C virus and sexually transmitted infections.
METHODS: State substance abuse and health departments were compared regarding priorities, written guidelines and availability of funding for 8 selected services for the 3 infections (24 comparisons). In addition, clarity of guidelines and availability of funding for the 8 services, as reported by administrators and clinicians at treatment programs offering these services were compared with guidelines and funding as reported by the states.
RESULTS: Surveys were received from 48 states and DC (96%) representing 46 substance abuse and 42 health departments. The response rate from treatment program administrators and clinicians was 269 (84%) and 1723 (78%), respectively. There was general agreement between states and the two departments within the states regarding priorities and availability of funding (19 of 24 comparisons). In those states that had guidelines for infection-related services, clarity of program guidelines for the same services, as expressed by treatment program administrators and clinicians, was significantly greater than in states without infection-related guidelines. For funding, treatment program administrators indicated less availability than the states for all 24 comparisons, 19 of which were statistically significant.
CONCLUSIONS: While states appear generally to have their priorities, guidelines and funding in place, the mosaic that constitutes the healthcare delivery system may be too complex for the treatment programs to access most efficiently.

Poster Number: 223T

Presentation Title: Disparities in Health Services for Addiction-related Infections in Substance Abuse Treatment Programs

Author(s): *Brown, LS, Jr.*[1]; *Kritz, S*[1]; *Bini, EJ*[2]; *Robinson, J*[3]; *Alderson, D*[4]; *Rotrosen, J*[2]
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BACKGROUND: The availability of infection-related health services in treatment programs serving women and non-white populations has not been investigated despite the proven infection-related benefits of substance abuse treatment. We investigated the differences in availability of infection-related services between programs with and without addiction services tailored for women and non-white populations.
METHODS: In a cross-sectional, descriptive design, administrators from 269 treatment programs within the National Drug Abuse Treatment Clinical Trials Network provided program characteristics, availability of 21 infection-related services, and presence or absence of 8 barriers to providing these services.
RESULTS: Compared to treatment programs without addiction services tailored for any special population, treatment programs providing addiction services designed for at least one special population were more likely to provide HIV-related education (94% versus 85%, $p = 0.05$) and patient counseling (76% versus 60%, $p = 0.03$), and were more likely to include outpatient addiction services (86% versus 57%, $p<0.001$) and outreach and support services (92% versus 70%, $p=0.01$) despite funding, health insurance, and patient acceptance barriers.
CONCLUSIONS: Tailoring addiction treatment and reducing barriers to infection-related health care provide opportunities to reduce the burdens and disparities associated with these infections.

Poster Number: 189T

Presentation Title: Perspectives in DEBI Research Translation - Is the Gap Between Researchers and Practitioners Growing or Shrinking?

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ISSUE: During the last several years, CDC's Diffusion of Effective Behavioral Intervention (DEBI) program has been embraced by many state and national partners, including researchers, HIV prevention providers, funders, and capacity building providers. This national diffusion effort is complex and multifaceted, and requires a wide array of individuals and organizations to work effectively together for successful outcomes. Most emphasis to date has been on technology transfer efforts of moving efficacious research to program settings, with less emphasis on adoption, adaptation, and effectiveness studies to better determine what happens when evidence-based-interventions (EBIs) are implemented in practice. We are learning what factors facilitate-- and impede-- the successful transfer of EBIs into programs. These issues, as well as "real-world" implementation factors must be critically examined as they can better inform research, and result in interventions that are designed to be widely adopted and implemented in practice settings.
This group oral session will examine key HIV research translation efforts from the perspectives of the researcher, funder, implementing agency, and trainer/technical assistance provider. Each speaker will address the above issues, and respond to a set of questions regarding their DEBI experience, as described below.
KEY POINTS: Speakers will take 15 minutes to discuss the following questions:
1) Briefly describe a past experience in working with a researcher/community agency/funder (Note - researcher will describe an experience with a community agency and vice versa; funder will describe background in funding local agencies to conduct DEBIs; trainer/TA provider will describe training/TA needs of agencies implementing DEBIs.) 2) What was your greatest challenge in this regard? 3) What was a significant success? 4) What was the most important lesson you learned during your collaborative experience? 5) How have you applied those lessons to your current work? 6) What suggestions do you have for fellow researchers/prevention providers/funders?
IMPLICATIONS: The sharing of multiple perspectives from different partners involved in national EBI diffusion efforts will provide insight for all participants about the importance of a) increasing communication efforts and b) understanding the various challenges experienced at multiple levels. Moderator will engage the speakers and audience in a discussion to identify next steps needed to further research translation efforts, including recommendations for effectiveness studies and increasing the involvement of agencies that are implementing DEBIs. Recommendations will be available on the California STD/HIV Prevention Training Center website for participants to access after the session.

Poster Number: 209T

Presentation Title: Title: HIV Prevention Resources and Accessibility Among Adolescents: Service Providers' Perspectives

Author(s): *Eke, AN*[1]; *Henny, KD*[1]; *Wilkes, AL*[2]
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BACKGROUND: Recent surveillance data indicate that African-American adolescents are disproportionately impacted by HIV and STD infections. Adolescent children of substance-abusing parents are particularly at risk since they have greater opportunity for engaging HIV-related risk behaviors. In addition to modifying individual behaviors, it is important to engage community resources to facilitate adolescent risk reduction efforts. Community service providers are essential partners in providing these needed services to adolescents. However the perspectives of the providers are often not examined when assessing the service needs of adolescents. The purpose of this qualitative research was to determine provider perspectives on HIV prevention resources accessible to African-American adolescents whose mothers use crack.
METHODS: The qualitative data for this study were obtained, between 2003 and 2005, from community service providers in two North Carolina communities as part of the larger Partnership for Adolescent Wellness Study (PAWS). Data were collected using face-to-face semi-structured interviews addressing individual and environmental issues; community resources; and service accessibility related to HIV prevention among the adolescents in the communities. Interviews were audio-taped and transcribed for analysis. Multiple coders identified related themes that addressed topics of the study.
RESULTS: Twenty-four interviews were audio-taped and transcribed for evaluation. One-third of the providers offered HIV/STDs and reproductive health services. Providers reported multiple individual and environmental issues facing the adolescents including substance use (46%), gang involvement (42%), and lack of parental monitoring (38%). Fiscal constraints were reported as one of the barriers to providing prevention services to adolescents. Providers identified lack of transportation, community awareness, and parental "buy-in" as barriers to adolescents accessing available services. The majority (54%) of the providers assist adolescents in accessing services by making home visits using their vehicles to transport clients from their homes to the agency or offering them bus or taxi fare.
CONCLUSIONS: These findings suggest that contextual issues limit HIV prevention efforts targeting African-American adolescents. Service providers need resources including adequate funding to improve community-level HIV prevention and other relevant services targeting high risk adolescents, and to increase their capacity to address the contextual factors influencing HIV risk behaviors among adolescents.

Poster Number: 105T

Presentation Title: Performance of Laboratories Using the Bayer ADVIA HIV 1/2/O Assay

Author(s): *Neal, SW*; *Cross, GD*
CDC, Atlanta, GA

BACKGROUND: among the stated goals of the CDC Model Performance Evaluation Program (MPEP) is to ensure public confidence in the reliability of HIV testing and the safety of the nation's blood supply by providing an ongoing assessment of laboratories that provide HIV testing, and evaluating the analytic accuracy in the performance of those laboratory tests. The Bayer ADVIA Centaur HIV 1/O/2 Assay (ADVIA) was recently approved by the FDA (May 2006) for use in qualitative determination of HIV antibodies. Performance evaluation data for clinical laboratories using this test for patient screening has not been available. Data from laboratories participating in the January 2007 MPEP for HIV antibody were analyzed to compare testing performance of laboratories using the newly released ADVIA test with laboratories using other HIV antibody immunoassay screening methods. The majority (98.0%) of the laboratories using the ADVIA test kit have been enrolled in the MPEP for several shipment periods.
METHODS: Six member performance evaluation (PE) panels containing two HIV-antibody-negative and four HIV-antibody-positive plasma samples were sent to MPEP participant laboratories in January 2007. Of 724 laboratories receiving PE panels, 636 (87.8%) provided HIV antibody screening test results. Of those providing results, 51 (8.0%) used the ADVIA test kit. The laboratories using the ADVIA test kit were primarily hospitals (49.0%) and independent laboratories (45.1%). In comparison, the distribution of laboratories using the other screening methods is 36.9% hospitals and 17.6% independent laboratories.
RESULTS: The performance of laboratories using the recently FDA-approved ADVIA test kit was not comparable to those laboratories using other HIV antibody immunoassay screening methods. The false-negative rate (FNR) for laboratories using ADVIA was 2.5%, compared with 0.8% FNR for all testing methods combined (more than 3 times higher). The false-positive rate (FPR) for laboratories using ADVIA was 2.0%, compared with a 1.5% FPR for all testing methods combined (1.33 times higher).

CONCLUSIONS: The ADVIA Centaur had been in routine use for diagnostic screening for HIV antibodies for less than six months before being used to test these survey samples. Therefore, the number of false-positive and false-negative results may be due to the lack of familiarity with the instrumentation, the method, and/or limitations of this test. More data will be required before definitive conclusions can be drawn about the performance of laboratories using this new technology.

Poster Number: 138T

Presentation Title: Partnering with African-American Faith Communities: A Model for HIV Testing and Linkage with Care in a High-Risk Population, Atlanta, Georgia, 2007

Author(s): *Holt, WL, Jr*[1]; *Whiters, DL*[2]; *Burnett, MJ*[3]; *Evans, CH*[4]; *Santibanez, S*[1]; *Thompson, D*[5]
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ISSUE: The prevalence of HIV/AIDS among homeless people ranges from 3%-20% with some subgroups having much higher burdens of disease. Homeless substance users who are unaware of their HIV status can transmit HIV to others through illicit sex or injection drug use. People that are aware that they are HIV infected are more likely to change high-risk behaviors than those who are unaware of their status. Rapid HIV Testing and the use of incentives can help to identify HIV-infected individuals in this population.
SETTING: Grassroots Rapid HIV Testing initiative for homeless substance users in Atlanta, GA, inner-city neighborhoods.
PROJECT: This National Black HIV/AIDS Awareness Day grassroots initiative had three primary objectives: 1) To provide HIV testing for a minimum of 1,000 homeless substance users and link them with addictive disorder treatment services, peer-led addiction recovery support services, and HIV care as needed; 2) To engage Atlanta's African-American faith leaders around HIV-infection and substance use; and 3) To build a coalition of committed partners including faith-based/community organizations to reduce HIV-infection and substance use among Atlanta's most vulnerable populations.
RESULTS: On Tuesday, February 6, we used the OraQuick ADVANCE 20-minute rapid test to provide HIV testing for 1,105 individuals, most of whom were homeless substance users. Testing sites included three African-American churches and four homeless shelters. Three transit tokens (MARTA) were given to each participant as an incentive. Eighty-two (7%) individuals were found to be HIV-infected; and 44 (4%) self-reported learning for the first time that they were HIV-infected. Of those 39 were previously aware that they were HIV-infected, almost none were currently receiving HIV care and/or drug treatment services. On Wednesday, February 7, we held a symposium for African-American clergy to highlight the HIV programs being provided by Atlanta's African-American churches and to discuss challenges that prohibit other churches from being involved in HIV prevention and care.
On Thursday, February 8, thirty-three (77%) of the 43 individuals who were newly-diagnosed with HIV received a $25 incentive to participate in a two-hour interactive session with Atlanta-based HIV care providers, in order to link them with HIV care. This included an additional 11 individuals who were previously aware of their HIV-positive status but are not currently receiving care for their HIV-infection. The session was held at the site of one of our faith-based partners
LESSONS LEARNED: This model involves the development of multi-sector grassroots collaborations, community outreach, Rapid HIV Testing, and use of incentives. We were able to provide HIV testing for a high-risk population and link HIV-infected persons with addictive disorder treatment, HIV care and social services. Additional studies are needed to determine whether this high-volume, high-yield model can be applied in other venues and locations.

Poster Number: 129T

Presentation Title: Acculturation and Cultural Adaptability Among African American, Asian/ Pacific Islander (API), and Latino Men Who have Sex with Men (MSM) Living in Los Angeles

Author(s): *Ayala, G*[1]; *Paul, JP*[2]; *Choi, KH*[2]
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BACKGROUND: Acculturation, as a social factor, has been shown to have predictive value in health outcomes research. The conceptual utility of acculturation as conventionally defined is somewhat challenged by examining the experiences of MSM of color who are managing their identities, participation in, and sense of belonging to multiple communities (e.g., ethnic communities, mainstream gay community, mainstream L.A. life, and specific social networks of other MSM of color).

METHODS: From July 2005 to July 2006, we conducted 6 focus group discussions and 35 in-depth interviews with 29 African American, 28 API, and 28 Latino MSM (aged 18+) in Los Angeles. Study participants were asked about their experiences of being African American, Latino, API and gay or bisexual in Los Angeles. Transcribed interviews were coded and analyzed for themes.
RESULTS: Respondents discussed the challenges and rewards of being gay in communities of color and being African American, API or Latino in the gay community. These discussions included descriptions of social norms and cultural expectations that impact them in the different communities in which they are a member. Respondents showed considerable variation in their capacity to maneuver through and participate in these different communities. Specifically, many respondents expressed frustration over trying to fit into the mainstream gay and people of color communities, while others proudly shared the comfort and ease with which they moved between multiple social worlds. This adaptability to various social venues seemed based on a number of factors, including respondents' comfort level with "different-ness" as well as their shared identity, sense of social and cultural connectedness, and level of interaction with others within a given community.
CONCLUSIONS: Findings from the qualitative data collected support the use of more complex, multi-directional, and multi-dimensional definitions of acculturation. In this sense, acculturation has the potential for being a useful conceptual lens with which to better understand the experiences of African American, API, and Latino MSM who navigate issues of identity, community affiliation, and adaptability across multiple communities on a day-to-day basis. More research is needed to determine whether social adaptability has a protective effect against negative health outcomes including the risk for HIV infection.

Poster Number: 178T

Presentation Title: An Intervention to Help CBOs Achieve Greater Fidelity to an Evidence-based HIV Prevention Model

Author(s): *Rebchook, GM*[1]*; Kegeles, SM*[1]*; Pollack, LM*[1]*; Huebner, DM*[2]; the TRIP Research Team
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BACKGROUND: The CDC and other funders are encouraging CBOs to adopt evidence-based HIV prevention interventions, including the Mpowerment Project (MP), a community-level program for young gay/bisexual men ages 18-29. The MP is included in CDC's Diffusion of Effective Behavioral Interventions Project. While some funding exists to implement these programs, there has been scant research regarding what approaches can help organizations implement them with fidelity to the original models. This presentation describes how the original MP researchers intervened with CBOs to help them effectively replicate its implementation.
METHODS: In order to study how an intervention directed at an organization can affect program fidelity, we are conducting a longitudinal study of MP's implementation with 72 CBOs. This project will determine if there is a relationship between fidelity and use of the Mpowerment Project Technology Exchange System (MPTES) which includes: technical assistance (TA), training, and replication materials. We conducted semi-structured interviews with 1-5 people from each agency at four time points (baseline-before TA was provided, 6, 12, and 24 month follow-up). We have conducted 532 interviews with 329 individuals from agencies implementing MP. During the interviews, agencies reported their fidelity to each of the MP's core elements, and these data were used to compute a self-reported fidelity score. Additionally, we created externally-rated fidelity scores by having 3 research team members review TA notes and qualitative data from the interviews to independently rate each agency's overall program fidelity on a 10-point scale. To determine the reliability of these externally-rated fidelity scores, we randomly selected 26 rating periods and found that the 3 raters were within 1 point of each other 73% of the time, and within 2 points of each other 100% of the time.
RESULTS: Utilization of the MPTES was assessed by reviewing our records and asking respondents how many times they used each MPTES component. These variables were subjected to a factor analysis, which yielded two strong uncorrelated factors: the Materials Utilization Scale (including the use of all replication materials) and the Interactive TA Scale (including all TA activities). We computed Pearson correlations to assess the relationship between these scales and both externally-rated fidelity and self-reported fidelity. As indicated in the table below, Materials Utilization and Interactive TA were related to both fidelity scores at different times in the study. The 24 month follow-up is close to completion.
CONCLUSIONS: These findings indicate that there is a relationship between utilization of technology exchange services and program fidelity. It appears that during initial program implementation, materials help CBOs implement MP with fidelity, but then after agencies have learned "the basics" from the materials, the interactive TA becomes more important. Our findings suggest that materials alone are insufficient to help agencies maintain fidelity over time, and that interactive TA is necessary to help agencies retain fidelity to the original intervention's theoretical underpinnings and methods, while tailoring it to each community's unique characteristics.

Poster Number: 205T

Presentation Title: Costs and Effectiveness of HIV Counseling and Rapid Testing in Outreach Settings

Author(s): *Shrestha, RK*[1]; Clark, HA[1]; Sansom, SL[1]; Song, B[1]; Buckendahl, H[2]; Calhoun, CB[3]; Hutchinson, A[1]; Heffelfinger, J[1]
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BACKGROUND: Of the estimated one million people in the United States living with HIV/AIDS, 25-30% are unaware of their infection. Many of these individuals do not get tested until late in their infection, and those tested often do not return for their test results. In 2003, as part of the Advancing HIV Prevention initiative, CDC funded community-based organizations (CBOs) to provide rapid HIV testing and counseling services to populations at risk for HIV infection. CBOs offered rapid testing in community clinics and a variety of outreach venues, including public parks, bars and night clubs, health fairs, and homeless shelters. We conducted a cost analysis of HIV counseling and rapid testing performed in mobile vans or outreach settings by two CBOs, one in Kansas City, Missouri (MO), and one in Detroit, Michigan (MI).
METHODS: From May 2004 through March 2006, CBOs in Kansas City and Detroit performed 703 and 976 HIV rapid tests on average per year, respectively; everyone who was tested received pre-test and post-test counseling. We examined the average annual costs and outcomes of providing counseling and testing at both CBOs. Outcomes included the number of HIV tests performed, HIV-positive test results, and newly-diagnosed HIV cases identified by each CBO. We collected program costs, including those attributable to staff time, training, travel, recruitment, supplies, test kits, equipment, office space and facilities, the purchase and operation of mobile vans, and administrative overhead. Costs are expressed in US 2006 dollars.
RESULTS: Table: Annual average outcomes and costs of voluntary HIV counseling and rapid testing in outreach settings, Kansas City, MO and Detroit, MI
*Variable cost included program costs attributable to counseling, rapid testing, test kits, and non-durable goods, and excluded fixed costs attributable to program administration, training, travel, and durable goods.
CONCLUSIONS: Offering HIV counseling and rapid testing in outreach settings was feasible and led to the diagnosis of HIV infection among persons previously unaware of their infection. Variations in cost per person newly-diagnosed with HIV between the two CBOs were largely due to differences in HIV seropositivity rates. Our estimates are similar to costs that have been reported for HIV testing offered in publicly funded HIV testing sites with similar or lower rates of HIV seroprevalence. The cost and effectiveness of HIV testing in outreach settings should be evaluated on a case-by-case basis.

Poster Number: 208T

Presentation Title: Novel Delivery System for Microbicides

Author(s): *Shihata, AA*
Scripps Institution of Medicine and Science., Del Mar, CA

BACKGROUND: The AIDS pandemic is the worst health crisis in human history. With no cure or vaccine in site, a huge effort is required for prevention. Despite all our efforts to promote the condom, the AIDS pandemic continues to spread unchecked particularly in women. Unfortunately microbicides, Nonoxynol-9, Cellulose Sulphate, and even Lemon juice increased the risk of HIV transmission when compared to placebo. Cellulose Sulphate Microbicide is the third large-scale clinical trial that, not only failed but also did increase the risk for HIV transmission when compared to the placebo. It would appear that any minimal cumulative irritation by microbicides, to cervical cells, would increase the invasion of HIV.
OBJECTIVE: A) To shield the cervix -the main portal of entry to the STIs/HIV- from the invasion of these microorganisms and from the deleterious effects of microbicides B) To store and deliver the microbicide for a prolonged time only on the vaginal side, to meet the HIV virus head on as soon as it is deposited into the vagina.
METHODS: "The FemCap is the newest latex-free cervical barrier approved in Europe and United States. The FemCap covers and protects the cervix -the portal of entry for bacteria and viruses- and the site of chemokine receptors for the HIV virus (CCR-5 and CXCR-4). The FemCap is designed with a unique delivery system that stores and delivers the microbicide on the vaginal side. ACIDFORM microbicide has a unique bioadhesive and acid buffering properties that maintains, and preserves the vaginal ecology and yet kills most of the STIs microorganisms including the HIV. Ten adult women applied ACIDFORM mixed with Gentian violet dye into FemCap's delivery system, and inserted the FemCap into their vaginas. The cervix and vagina of all women were photographed before, during, and 6 hours after removal of the FemCap that was loaded with ACIDFORM mixed with Gentian violet.

RESULTS: NO staining was detected over the cervix, of all women. All the vaginal walls however were very lightly coated with the Gentian violet stains. The bulk of the Acidform/Gentian violet came out with the FemCap device.
CONCLUSION/IMPLICATION: This preliminary research has demonstrated that when the ACIDFORM or any Microbicide is applied into the storage groove (delivery system) of the FemCap, that faces the vaginal opening, the Microbicides would be delivered on the vaginal side only. This would spare the cervix (the portal of entry to HIV virus) from the deleterious irritation of the Microbicide. This not only ensures protection to the cervix but also cause immediate and sustained contact of the microbicide with the HIV upon deposition into the vagina. Microbicide distribution study will be conducted using the FemCap and MRI, with a phallic object to simulate intercourse to verify this concept.

Poster Number: 170T

Presentation Title: The Action of One; The Partnership of Two; The Power of Many: Partnership for Health (PfH): A Brief Safer-Sex Intervention for HIV Outpatient Clinics

Author(s): *Casillas, D; Henry, L; Belzle, T*
UT Southwestern Medical Center at Dallas, Dallas, TX

ISSUE: The spread of HIV is the greatest public health challenge that we currently face. Two groups of people really understand how devastating this disease is: people living with HIV and their medical providers. In fact, research has shown that most people with HIV in the United States do not engage in high risk sexual behavior that would put themselves at risk of other STDs or others at risk of HIV. For those who do providers have a unique opportunity to educate their patients and to support them in maintaining safer sexual practices.
SETTING: PfH was implemented in 6 HIV outpatient clinics in California by 75 primary care providers and 100 support staff with about 9,000 patients.
Project: PfH emphasizes the importance of a patient-provider team approach to help patients stay as healthy as possible. Providers discuss the partnership concept and provide a gain- or loss-framed risk reduction message. Providers also discuss safer-sex goals and risk reduction behaviors. The counseling is brief (3-5 minutes) and is given at each visit.
RESULTS: In the clinics that introduced a provider safer sex counseling program that used loss-gain framed messages the PfH study showed that the level of unprotected anal or vaginal sex decreased by approximately 38% among patients who had multiple partners
LESSONS LEARNED: The PfH program is designed to help health care providers counsel their HIV positive patients about safer sex and disclosure. Listening, understanding, and non-judgmental counseling from a concerned provider can help the patient make safer choices in their sexual behaviors as well as support the patient in living with this difficult disease. UT Southwestern's Capacity Building Assistance Center (CBAC), in collaboration with the CDC, provides training and technical assistance on Partnership for Health to help clinics integrate this evidence-based HIV prevention intervention into medical care settings that serve people living with HIV.

Poster Number: 146T

Presentation Title: More Choices, Safer Sex: Helping Providers Promote the Female Condom

Author(s): *Shapiro, DA[1]; Battles, HB[1]; Scavone, LM[2]; Skill, LJ[2]; Tesoriero, JM[1]; Cotroneo, RA[1]; Rowe, KA[1]; Exner, TM[3]*
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ISSUE: The proportion of AIDS cases among women has nearly tripled in New York State since 1986 and heterosexual intercourse accounts for 70% of HIV diagnoses in women. The female condom (FC) is the only woman-initiated, physical barrier method available. Despite documented high rates of acceptability and efficacy in protecting against HIV and unintended pregnancy, adoption and usage of the FC remain low. Provider bias (e.g., agency policy and widespread counseling practices) may impede FC interest and use. Given recent research indicating that the number of protected sex acts increases when couples have access to both male and female condoms, addressing provider preconceptions and actions around FC use is increasingly important.
SETTING: Agency directors and counselors from approximately 60 NYS agencies that provide risk-reduction counseling to heterosexual women will receive a multi-level intervention to promote FC use.
PROJECT: This project represents the first state-wide, multi-level structural FC intervention in the U.S. All agencies enrolled in the project receive a basic intervention of free FCs for 1 year and a 1/2-day training for agency directors.

Agencies enrolled in the enhanced intervention arm (30 agencies by project completion) additionally receive counselor training, monthly technical support to reinforce training, and a "toolkit" of promotional materials for consumers and tools for agency staff. The 1-day counselor training is an interactive program that provides participants with information and the skills necessary to promote the use of the FC as a prevention method with their clients. The toolkit includes an anatomically correct, silicone pelvic model designed for female condom demonstration. It is the only known pelvic model that can simulate FC insertion and use difficulties.
RESULTS: Fifty percent of directors surveyed at baseline reported that low client interest is a barrier to providing FC services in their agency. To date, 12 agency/program directors from 8 agencies have been trained. In addition, 22 risk-reduction counselors have been trained from 4 agencies (with approximately 165 more counselors to be trained in 2007-2008). In an anonymous post-training survey, 100% of counselors strongly agreed with the statement that this training will help them do their job better. When participants were asked an open-ended question as to what they liked most about the training, 33% specifically mentioned the opportunity for hands-on practice.
LESSONS LEARNED: Information gained at agency director trainings indicate that directors are motivated to promote the FC when provided with up-to-date FC information, resources, and a rationale for doing so. A 1-day counselor training on FC need, efficacy, and partner negotiation strategies assists counselors (even those with a self-described high level of FC knowledge) with FC promotion to clients. Availability of an anatomically correct pelvic model helps counselors develop FC use-related skills that can be passed on to clients.
This presentation will include information from the developers of the structural FC intervention, the trainers who deliver the counselor training, and the program evaluators. We will provide an overview of FC research and adoption, a brief example of the counselor training including a pelvic model demonstration, and current evaluation results.

Poster Number: 103T

Presentation Title: Trends in the Number of Psychiatric Hospitalizations Among HIV-infected Women of Reproductive Age in the United States, 1994 vs. 2004

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BACKGROUND/OBJECTIVES: Psychiatric illnesses and alcohol/substance abuse commonly co-occur with HIV infection. This "triple diagnosis" has emerged as a clinical problem resulting in a unique and complex set of medical and psychosocial challenges including poor adherence to medical treatment. To date, no study has examined co-occurring substance abuse and psychiatric disorders especially among HIV-infected women compared to uninfected women.
METHODS: Hospital discharge data were obtained from the 1994-2004 Healthcare Cost and Utilization Project (HCUP) Nationwide Inpatient Sample (NIS). Multivariate logistic regression was used to examine trends in hospitalizations for psychiatric diagnoses among non pregnant HIV infected women 15-44 years.
RESULTS: In 2004, there were an estimated 49,229 hospitalizations of non-pregnant HIV-infected women, compared to 65,539 such hospitalizations in 1994 (a 25% decrease). Overall, psychiatric hospitalizations in this population increased 29% from 9,995 in 1994 to 12,895 in 2004. After adjusting for demographics and alcohol/substance abuse, HIV-infected women in 2004 were more likely to be hospitalized for depression/mood disorders compared to HIV-infected women in 1994 (Odds Ratio [OR]: 3.49; 95% confidence interval [CI]: 1.68-7.22). No significant change was found in the number of hospitalizations for adjustment, anxiety, personality and psychotic disorders. However, there was a significant association of alcohol/substance abuse with all psychiatric conditions.
CONCLUSIONS: These findings demonstrate a marked increase in the number of mental health hospitalizations of HIV-infected women in the last ten years, particularly for depression/mood disorders. As HIV-infected women live longer, these results highlight the need for targeted public health interventions for mental health issues in this population.

Poster Number: 216T

Presentation Title: Prevention Case Management: Barriers to Enrollment

Author(s): *De La Rosa, A* ; *Sanchez, JA*
Parkland Health & Hospital System, Dallas, TX

ISSUE: According to the Texas HIV/STD Surveillance Report, Dallas County had 9,816 cases of chlamydia, 5,037 cases of gonorrhea, and 1,064 cases of syphilis in 2005. These statistics reflect a high prevalence of high- risk

behaviors associated with HIV transmission. Thus, indicating a strong need for HIV preventive services. In addition, the continuous increase in the numbers of infected women, MSM, substance abuse rates, the over-representation of African Americans, and the continuous increase in the number of Hispanics within the "people living with HIV and AIDS" population indicate a strong need for the Prevention Case Management services.
SETTING: The Parkland's HIV Services Department serves the twelve counties in the Dallas Eligible Metropolitan Area/Health Services Delivery Area (EMA/HSDA). Prevention Case Management (PCM) services are offered at the Parkland HIV Clinic and three Community Oriented Primary Care sites.
PROJECT: Prevention Case Management (PCM) program was developed and implemented in June of 2003. It is an individual level intervention to help HIV positive and negative persons who are at high risk for HIV transmission or acquisition to reduce risk behaviors and address the psychosocial and medical needs that contribute to risk behavior or poor health outcomes. The program is funded through Texas Department of State Health Services. Prevention Case Management services are available at four different Parkland sites where there is a strong need for HIV preventive services. The goals of this program to reduce high risk behaviors are: 1. Offer specialized case management services to persons with multiple and complex HIV risk-reduction needs. 2. Provide individualized, multiple sessions of HIV risk-reduction counseling to help initiate and maintain behavior changes. 3. Assess the risk of other sexually transmitted infections (STIs) and ensure appropriate diagnosis and adequate treatment. 4. Facilitate referrals services for client's medical and psychosocial needs that affect their health and ability to change HIV related risk taking behaviors.
RESULTS: The success of Parkland's PCM program is reflected in the number of clients screened and referred to the Parkland's PCM Program. For example, in 2006, 660 clients were screened and 440 clients were referred to PCM.
LESSONS LEARNED: The identified barriers to enrollment in the Prevention Case Management Program include:

- Client hesitant to discuss intimate details of sexual behavior
- -Client resistance to behavior change
- -Low number of referrals (7%) from medical providers
- -Work schedules

The implications for PCM Service Delivery:

1. Raise awareness of medical providers about the importance of referring clients at risk to PCM through the development and implementation of policies such as the following:
   - Referring all newly HIV diagnosed and those recently diagnosed with a sexually transmitted disease to PCM for assessment;
   - Anyone that reports to clinical staff he/she is engaging in unprotected sex;
   - All disconcordant couples.
2. Build rapport and trust with client to encourage easier disclosure of sexual activity.
3. Motivate and support clients to make necessary behavior changes.
4. Change the hours of the clinic to meet the needs of clients who are working.

Poster Number: 162T

Presentation Title: Reinforcing Youths' Access to Condome by Automatic Distributor for HIV Prevention: The Pilot Experience in Cameroon

Author(s): *SOSTHENE, SF*[1]; *LABELLE, KO*[1]; *MIREN, B*[2]
[1] *IRESCO,* Yaounde, Cameroon; [2] UNFPA, Yaounde, Cameroon

BACKGROUND: Due to the difficulties faced by the youths in terms of access to condoms through ordinary marketing channel, the UNFPA with the financial support of the UNAIDS and the collaboration of the National Committee of Aids Control, launched a project in march 2006. This consisted in installing automatic distributors of condoms in Yaounde and Douala. Six months after the launching of the project, a monitoring study was carried out by IRESCO.
The study aimed at exploring and analyzing the attitudes of the youths, towards the automatic distributors of condoms.
METHODOLOGY: The sample for the quantitative aspect included 80 youths recruited among a population of those aged between 15 to 24 years, located in Douala and Yaounde, within an area of 2 km radius from the points where the distributors were installed. The qualitative investigations were conducted with two groups of youths composed respectively of 10 girls and 10 boys. Individual interviews and focus group discussions were conducted, using respectively a questionnaire and an interview guide. The data were analyzed using ‘’epi info’’, ‘’spss’’ software and content analysis technique for qualitative aspects.
RESULTS: The supply of condoms using automatic distributors is an initiative generally accepted by the youths not withstanding their gender, age, religion, level of instruction or residence. About 95% of the informants stated that the sale of condoms through automatic distributors is a good project as far as HIV prevention in the youthful milieu is concerned. This positive perception is justified by the relative advantages of the automatic distributors, especially the

lack of interaction with a seller, and the permanent availability of condoms in the machine. However, some respondents remarked that, although the innovation bears many advantages, it can lead to reinforcement of sexual disorder among the youths. Since having easy access to condoms, could lead those who were ashamed to buy condoms in the stores and who consequently dwelled in abstinence, could now be engaged in high-risk intercourse and therefore exposed to HIV infection. Moreover, some youths face difficulties in the usage of the said technology. In fact, about 10% of the youths interviewed stated that they ignored how to use the distributors. The distance between the residence and the site, where the distributors are installed seem to influence the accessibility of distributors. For the majority (75%) of the youths located at a distance which corresponds to more than 30 minutes treck from the distributors, declared that they have never used the said technology because of the distance.
CONCLUSION: This study showed that the resistance to innovation by the population is not an absolute principle. It is instead a hypothesis that can be accepted . Based on the favorable attitude of the youths at the early stage of the ongoing project of automatic distributors, implemented , it can be said that, the sale of condoms through automatic distributors, can be a way to overcome the psycho-social barriers related to the interaction between the seller and the consumer, despite the controversy that this implies.

Poster Number: 204T

Presentation Title: Recommendations for Case Management Collaboration and Coordination in Federally Funded HIV/AIDS Programs

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ISSUE: Uncoordinated systems of case management can inhibit client access to services, can cause overlap in service provision and create system inefficiencies that negatively impact both clients and the agencies that serve them.
SETTING: This national project focused on HIV/AIDS case management services funded by six federal agencies: the Centers for Disease Control and Prevention (CDC), the Centers for Medicare and Medicaid Services (CMS), the Health Resources and Services Administration (HRSA), the Department of Housing and Urban Development/Housing Opportunities for Persons with AIDS (HUD/HOPWA), the National Institutes of Health/National Institute on Drug Abuse (NIH/NIDA) and the Substance Abuse and Mental Health Services Administration (SAMHSA).
PROJECT: The purpose of the project was to examine the barriers to case management collaboration and coordination and to recommend strategies for improvement. A federal HIV/AIDS case management workgroup completed a literature review; conducted assessments and discussions with HIV/AIDS case managers and providers; identified major issues for incorporation into the recommendations; conducted site visits to case management programs with demonstrated success in collaborative efforts; and developed recommendations with which all six federal agencies concurred.
RESULTS: The project identified core case management functions applicable to all federally funded HIV/AIDS case management services. The project recommends that agencies and jurisdictions: cross-train case management staff, develop basic standards for case management, conduct regular case conferences and meetings, formalize linkages through MOUs or contracts, designate staff to serve in a liaison role, just to name a few. The recommendations are aimed at those entities that operate or support federally-funded HIV/AIDS case management programs.
LESSONS LEARNED: The project concluded that support for effective collaboration and coordination in the delivery of case management services across federal funding streams can achieve sustained and enduring benefits for clients, providers and funders of HIV/AIDS prevention, care and treatment programs.

Poster Number: 139T

Presentation Title: Predictors of Methamphetamine use Among Out-of-Treatment IDUs

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BACKGROUND: This study examines differences between injectors of methamphetamine (MA) and injectors of other drugs.
METHODS: From 2004 through 2006, 439 injection drug users (IDUs) were recruited through street outreach in Denver, Colorado. Of those, 122 (28%) were primarily injecting MA and 317 (72%) were not injecting MA but were injecting another drug (heroin or cocaine).
RESULTS: We found significant differences between the two groups on several demographic and HIV risk variables. MA injectors tended to be younger, White, better educated, and self-identify as gay, lesbian or bisexual. MA injectors also reported significantly more injection- and sex-related HIV risk behaviors. In logistic regression analysis, being

younger, being White, having unprotected sex, and being gay, lesbian or bisexual predicted MA injection over injection of other drugs.
CONCLUSIONS: This study may assist other research in identifying predictors of MA injection, which may lead to HCV and HIV transmission.

Poster Number: 115T

Presentation Title: HIV/AIDS Among Foreign-born Persons in 33 States in The United States, 2001-2005

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BACKGROUND: According to the U.S. Census, foreign-born persons (FBP) increased to 12.4% of the U.S. population in 2005. FBP are more likely to be older, non-white, married, transient, living below federal poverty levels, and without employer-based health insurance compared to U.S.-born persons. Recent reports indicate an increasing number of HIV/AIDS cases among this population.
METHODS: We analyzed HIV/AIDS cases with a reported country or continent of birth in 33 states with long-term confidential name-based HIV reporting during 2001-2005. FBP were defined as those persons born outside the U.S. Persons born in Puerto Rico or U.S. dependencies were removed from analysis. Twenty-one percent (N=38,356) of total cases were among persons with unknown or missing country of birth, and were excluded from analysis. We compared percentage distributions of demographic characteristics and HIV transmission risks between HIV-infected FBP and U.S.-born persons. Rates per 100,000 population were calculated for 2005 diagnoses among FBP and U.S.-born persons in the 33 states, after adjustments for missing country or continent of birth (24.2% of cases). Data were adjusted for reporting delays and redistribution of unknown HIV transmission categories.
RESULTS: From the 33 states, 144,652 persons were diagnosed with HIV/AIDS in 2001-2005 and reported with a country or continent of birth; 14.5% (N=21,011) were FBP. The estimated number of HIV/AIDS diagnoses among FBP increased from 4,034 cases (12.3% of 2001 diagnoses) to 4,541 (16.2% of 2005 diagnoses). Concurrently, the estimated number of HIV/AIDS diagnoses for U.S.-born persons declined from 28,689 cases to 23,472 cases. By 2005, the adjusted rate of HIV/AIDS diagnosis was 31.2 per 100,000 FBP compared to 19.1 per 100,000 U.S.-born persons. Distribution of demographic and HIV risk characteristics for reported HIV/AIDS cases differed by place of birth. Of the total HIV/AIDS diagnoses during the period 2001-2005, 46.5% of FBP were Hispanic compared to 11.1% of U.S.-born persons; 44.0% of FBP were non-Hispanic black compared to 53.2% of U.S.-born persons. The percentage of HIV cases exposed through high-risk heterosexual contact was higher among FBP compared to U.S.-born persons (46.0% versus 32.4%). Male-to-male sexual contact was reported in 38.2% of HIV-infected FBP compared to 45.3% among U.S.-born persons. HIV exposure through injection drug use was lower among FBP compared to U.S.-born for both men (11.4% versus 14.7%) and women (11.6% versus 22.1%). All differences depicted are statistically significant ($p < 0.0001$).
CONCLUSION: FBP represent an increasing proportion of both the U.S. population and HIV diagnoses. Moreover, our analysis found the rate of HIV diagnosis in FBP to be higher than the rate in U.S.-born persons. Many evidence-based HIV prevention and care programs focus their efforts on particular demographic and HIV risk groups irrespective of place of birth. However, the cultural and language barriers experienced by foreign-born persons may affect their health status and access to relevant services. Tailoring HIV prevention, testing and treatment programs to address these differences among FBP may reduce HIV transmission and increase access to HIV testing and care.

Poster Number: 133T

Presentation Title: Humanizing Pedagogy Through HIV and AIDS Prevention: Transforming Teacher Knowledge

Author(s): *Sileo, TW*[1]; *Michael-Bandele, M*[2]; *Brooks Hooks, MY*[3]; *Mitchell, JM*[4]
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ISSUE: The global scientific community strives to develop a vaccine for HIV/AIDS, yet, safe behavior, is the sole effective prevention strategy agreed upon across geographic and professional boundaries. This universal truth presents a powerful opportunity for teacher educators and teachers to promote HIV/AIDS prevention. It can act as a driving force that compels educators to serve as practitioners of knowledge, and community agents of students' health and wellbeing. Lack of knowledgeable teachers who care about HIV/AIDS prevention is a primary concern. Therefore, teacher education must heighten educators' understanding about health conditions that affect learning and influence behavior so they may implement programs designed to deter students' HIV-risk behaviors.

SETTING: Current trends indicate HIV/AIDS will be the leading infectious killer within 20 years. In the US, 40,000 people are identified with the disease annually. HIV/AIDS is spreading among all adolescents and young adults, but most notably within African American and Hispanic populations, which constitute 57% of cumulative HIV/AIDS cases since onset of the epidemic. At the end of 2004, about 455,983 Americans were living with HIV/AIDS, of whom 30% are Caucasian, 53% are African American, 16% are Hispanic, and 1% collectively, are Asian Pacific Islander Americans and American Indians/Alaska Natives.
PROJECT: AACTE housed a 10-year initiative, Build a Future Without AIDS (1995-2005), funded by the Centers for Disease Control and Prevention (CDC). During the last four years of project operation, a panel of teacher educators and health science scholars met to (a) identify a core knowledge base and skills that frame HIV/AIDS education, and (b) integrate prevention efforts within teacher preparation.
RESULTS: Scholarly deliberations, in the context of consensus building, resulted in a report that focused on what teachers should know regarding HIV/AIDS prevention and a text entitled, Humanizing Pedagogy Through HIV and AIDS Prevention: Transforming Teacher Knowledge. The knowledge base and text consider (a) historical, social, economic, and political circumstances of HIV/AIDS and their impact on academic and social learning; (b) biologic, immunologic, and general health science information about HIV/AIDS; (c) values of diversity to humankind and its power to democratize teaching and learning; (d) global HIV/AIDS prevention efforts; and (e) educators' contributions as change agents in community settings. The book reflects the vigor of intellectual engagement and connects HIV/AIDS prevention with issues that influence teaching and learning.
LESSONS LEARNED: The need for HIV/AIDS prevention provides a conceptual platform upon which to explore change in teacher education and empower revised outcomes for teachers and learners. All educators must develop knowledge, skills, and dispositions about HIV/AIDS and, thus, safeguard a population of youth and young adults against infection. Teacher education affords a unique opportunity to integrate HIV/AIDS knowledge and prevention skills into professional development programs, as bases for designing and implementing exemplary practices to stem spread of the pandemic.

Poster Number: 173T

Presentation Title: CDC's Consumer-Targeted Health Communications

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ISSUE: CDC's HIV/AIDS communications have been primarily with professional partners who then communicate to consumers. However, consumers have always turned to CDC for information on HIV/AIDS, even if the information was not provided expressly for them. Recent reports show that the general public makes most of the 550,000 annual calls to CDC's HIV/AIDS hotline, as discerned from the questions that were asked (e.g., How is HIV transmitted?). Similarly, DHAP's Website received over 11,000,000 hits and almost 200,000 searches in 2006, most seeking similar basic information on HIV/AIDS.
One of CDC's 6 strategic directions contained in its Futures Initiative states that "CDC will be a customer-centric organization. CDC's primary customers are the people whose health we are working to protect." Therefore, DHAP has been analyzing the data collected from communication channels to craft communications that will meet the general public's needs.
SETTING: Data come from DHAP's key communication channels: the CDC HIV/AIDS Website, the National HIV Prevention Network, the CDC-INFO HIV/AIDS hotline, and DHAP conference exhibiting. Intended audiences include persons who perceive themselves to be at risk for HIV; those who do not think they are at risk, but whom may be; and those infected with HIV.
PROJECT: We analyzed data collected through regular reports from all of DHAP's key communication channels (see above) and drew conclusions about what consumers want to know and how they like to receive this information. We are using these conclusions to guide development of communications plans and content.
RESULTS: Analyses have shown that 25 years into the HIV/AIDS epidemic, consumers still ask basic questions, such as, "Can I get HIV from a toilet seat?" Many CDC materials are written at an educational level exceeding that of CDC's target audience. Our presentation includes top questions from the public, most-requested materials, analysis of target audience reading levels, and efforts to segment audiences.
LESSONS LEARNED: • CDC may overestimate the reading level of consumers who request CDC materials and the level of knowledge the general public has about how HIV is transmitted, prevented, and treated. • Segmenting audiences can have unintended consequences. For example, when online content is separated into "professional" and "general public" audiences, each audience still wants to see what is written for the other audience, e.g., physicians want to read what their patients are reading in addition to the more detailed information provided for them. • Easy-to-read information is not easy to write, especially for low-literacy or non-native English-speaking audiences. Time and resources need to be built into processes to fully define the audience, determine the best messages and channels to reach the audience, and then to test materials to ensure they meet the needs of the target audience. Additionally,

education efforts need to be ongoing throughout CDC on the importance of plain language and audience-specific materials. • We need more ways to measure what people want to know about HIV from the CDC, including increased collaboration with public health partners who may have additional data and knowledge to share.

Poster Number: 206T

Presentation Title: Ethical and Regulatory Considerations in Studies that use Respondent-driven Sampling (RDS) with Injection Drug Users (IDUs)

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BACKGROUND: RDS has been used since the mid-1990s in research studies with IDUs for its scientific and practical advantages. Studies that use RDS build on the social network structure of participants in achieving their sample size by inviting current participants to recruit a maximum of three peers to be subsequent participants and recruiters. Often study participants invite their sex and injection partners to participate in the study. In addition, many HIV-related studies that use RDS offer HIV testing and return the results to participants, or collect data on HIV status through behavioral surveys, allowing investigators to learn about discordant partnerships. There is no official guidance on these practices, although they have ethical ramifications. Accordingly, it is important to review the ethical considerations and regulatory requirements for (1) remuneration for time and effort associated with participant-driven recruitment, and for (2) investigators' potential responsibility for notifying participants of their HIV discordant sex and injection partnerships.
METHODS: We identified and reviewed the seven articles describing four HIV prevention studies that used RDS to recruit IDUs during 1995 - 2006, and summarized the relevant scientific, ethical, and regulatory findings and arguments for remuneration for participant-driven recruitment and for using different options for informing study participants of their HIV-discordant partnerships.
RESULTS: Arguments against monetary remuneration for participant-driven recruitment include concerns about use of remuneration payments to buy drugs, subversion of altruistic motivations for study participation, bartering of referral coupons, and peers' coercion to barter coupons or to surrender remuneration payments. These arguments are not supported by the literature. In contrast, remuneration for time and effort for participant-driven recruitment does not seem to coerce potential recruits to visit study sites or to consider participation. Remuneration payment shows respect for participants' judgment to use the money to meet personal needs. Arguments for investigators' potential obligations for informing participants of their HIV-discordant partnerships show the tension between protecting participants' confidentiality and protecting the overall health of networks and communities and highlight the difference between the role of investigators and the role of health care providers. There are several procedures that may free investigators of potential responsibilities, but may not be ethically sufficient. The procedures include de-identifying the data after mapping the network structure and calculating the weights necessary for development of population estimates, and sharing positive HIV test results with state and local health departments. It seems ethical, however, to suggest that investigators ask participants during informed consent if and how they would like to be informed of their discordant partnerships and offer them training in partner communication, disclosure of HIV status, and risk reduction behaviors. We suggest a check list of ethics-related variables for systematic reporting in studies that use RDS.
CONCLUSIONS: Clarifying investigators' obligations to participants and their partners in studies that use RDS is important for research sponsors, members of institutional review boards (IRBs), investigators, and participants. Our review is intended to stimulate a dialogue between investigators and IRBs as use of RDS increases in research studies.

Poster Number: 110T

Presentation Title: Sexual Risk Factors: How Reliable Are They?

Author(s): *Shacham, E*; *Cottler, L*
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BACKGROUND: HIV prevention efforts continue to rely on risk assessments that are based on self-reported behaviors, which is continually considered limitations in research due to a barrage of factors such as memory error, social desirability, and poor questions.
METHODS: As part of a multi-site NIDA-funded (DA14854-01) nosological study of club drugs, test-retest measures were collected of the revised version of the Risk Behavior Assessment for Club Drugs ([RBA-CD] NIDA, 1993). The purpose of this study was to assess the reliability of sexual risk behavior measures by gender among a

multi-site study of club drug users. Data were collected through structured interviews in St. Louis, Miami, and Sydney, Australia among club drug users in 2002-2005. Eligible participants had used ecstasy at least 5 times throughout their life, including once within the past 12 months and were at least 15 years old. Data analyses were conducted with SAS (version 9.0) and STATA (version 8.0). Descriptive statistics were conducted to provide the prevalence rates of sexual behaviors as well as drug dependence diagnoses based on the Substance Abuse Module (Cottler et al., 1989). Test-retest reliability analyses were conducted in two ways; Kappa coefficients were conducted for the dichotomous items and Intraclass Correlation Coefficients (ICC) were conducted for the continuous variables. Z tests were conducted to assess significance of reliability coefficients between genders.
RESULTS: A total of 603 participants completed the RBA at two time points. High proportions of this sample of club drug users met criteria for lifetime DSM-IV dependence diagnoses for alcohol, cocaine, cannabis, and ecstasy across the three study sites. The mean number of female sex partners for men was 24.8 (SD = 76.4) and for females with their male sex partners was 12.7 (SD = 15.7). Reliability for all 51 items of the sexual activity section of the RBA ranged from a 0.23-1.00, with 36 of those items resulting in moderate to high reliability (0.55-1.00). There were very little significant differences in reliability between gender. Items with lower reliability included those that queried the determinants of condom use (0.45-0.82) and items about behaviors and attitudes while using drugs (0.23-0.87).
CONCLUSIONS: Reliability of reports of sexual activities seem to be highest when referring to initiation of specific behaviors, although this may not be a way to best assess current levels of risk. Further methodological research is needed to continue improving the psychometric quality of the instruments that assess HIV risk behaviors.

Poster Number: 221T

Presentation Title: Michigan Prison HIV Peer Education Program

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ISSUE: The Michigan Department of Community Health (MDCH) in cooperation with the Michigan Department of Corrections (MDOC), instituted a education program to increase HIV/AIDS/STD/TB and Hepatitis B & C knowledge among newly arriving prisoners at the two MDOC reception centers.
SETTING: The first HIV Peer Education Program was initiated in 1990 at the Reception & Guidance Center (R&GC) in Jackson, MI. Since that time, the orientation process for incoming prisoners and has been expanded to the Scott Correctional Facility (SCF) in Plymouth, MI.
PROJECT: Prisoners submit applications to become a Peer Educator. Prisoners must meet certain criteria established by MDCH in cooperation with MDOC. Πεερ εδυχατορσ αρε τραινεδ ονερ α φινε δαψ περιοδ βψ ΜΔΧΗ. Τραινινγ χονσιστσ of βασιχ ΑΙΔΣ 101, ΣΤΔ[[Unsupported Character - Symbol Font ']]σ, τυβερχυλοσισ ανδ Ηεπατιτισ Β & Χ, ρισκ ρεδυχτιον, βεηανιορ μοδιφιχατιον, υνιερσαλ πρεχαυτιονσ, ανδ πρισον αδμινιστρατινε πολιχψ ανδ προχεδυρεσ. Peer Educators are given the responsibility of providing all incoming prisoners information about HIV/AIDS, STD's, TB and Hepatitis B & C. Program goals include increasing the level of HIV/AIDS/STD/TB and Hepatitis B & C knowledge, and risk reduction information. Secondly, provide information so they can access current HIV/AIDS/STD/TB and Hepatitis B & C prevention policy, educational literature, and community referral information. The remaining goal is reducing the incidence of HIV/AIDS/STD/TB and Hepatitis B & C infection within MDOC, and their sex and needle-sharing partner(s) once they are released from prison. At the conclusion of the orientation, provided a "Fact Sheet" consisting of selected information and information on universal precaution, safeguards against infection, disease prevention, and an informational brochure entitled, "It's the Law" which outlines the legal responsibilities for those individuals who are infected with HIV. A pre test is administered prior to orientation to determine their level of HIV/AIDS knowledge. Once they complete the orientation, administered a post test to access level of new knowledge. Periodic evaluations of test results indicate a consistent increase in HIV/AIDS knowledge and prevention. Prison policy requires all incoming prisoners be tested for HIV and Syphilis, under Michigan Complied Law 791.267 of 1988. Prisoners may request additional HIV testing every six months while incarcerated. MDOC does not allow prisoners to possess any form of barrier methods such as condoms, or dental dams for fear that they may be conveying inappropriate behavior(s); may increase the risk of sexual assaults; and possibly may be used as a weapon.
RESULT: (Quantifiable Results in Summary Form) Period January 1990 through December 2006, the number of prisoners receiving the MDOC mandatory educational program is 243,978. Post test results administered to prisoners suggest that the Peer Program has met its first and second objective to increase prisoner knowledge base of HIV, TB, and hepatitis B and C. Prisoners also have greater access to disease prevention information. Determining whether the incidence of HIV among prisoners and their at-risk partners is reduced is pending.

Poster Number: 128T

Presentation Title: Transactional Sexual Networking by Adolescent Girls at Oil Locations in Nigeria: Findings and Implications for Community Women in the Times of AIDS

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ISSUE: STDs including HIV/AIDS affect both man and woman, but it's physiological effects, social consequences and gender-related abuse, are particularly more severe for women especially those in the developing world. Early coital debut, polygyny and socially condoned male promiscuity all increase the risk of acquiring infection. The Nigerian adolescents lack proper reproductive health information, are faced with negative peer pressure and are often subjects of sexual violence. Traditional gender role behavior makes women to lack economic opportunities and sex becomes an important economic commodity. This survival strategy is one of the factors responsible for increase in sexual networking as the nation's economy takes a decreasing trend luring more adolescent girls into transactional sexual networking for survival. Adolescent Transactional Sex Workers (ATSWs), community girls and settlers at oil location are more vulnerable to HIV/AIDS in the face of sexual network with Field-Based Oil Workers (FBOW) at oil locations. This interaction which are both focus and diffuse results in immeasurable social, economic psychological and medical consequences for women. Field-Based Oil Workers have a stable income, have poor access to health information and extremely mobile; spending long periods away from their usual partner and are therefore exposed to high-risk sexual behavior.
SETTING: Oil and Gas Location and its surrounding Communities including Barges, Oil Rigs, Flow Stations and Oil Tank Farms. Targeted audience include Adolescent Transactional Sex Workers, Community Women and Field-based Oil and Gas Workers
PROJECT: A pre-program Key informant interviews and Focus group discussion amongst ATSW and FBOW at Oil Locations revealed poor awareness, misconceptions and doubts about HIV/AIDS. There was a high level of sexual networking (focus and diffuse), multi-partnered sex with its attended multi-agents STDs. Condom use was low and most have a poor risk perception. Some of the ATSWs at the focus group discussion identified poverty, peer pressure, polygamy, and highly mobile clients amongst factors facilitating sexual networking at Oil locations. A workplace-based AIDS education Program was initiated for these subsets to increase awareness and to provide a basis for safer sex practice at these locations.
RESULTS: Seventy-eight percent of TSWs were adolescents and young single mothers; 46% were students of higher institutions and 13% of ATSWs were community youths. Majorities were professionals and immigrants with the "locals" forming a minority. They migrate by following the oil rigs, alternates by "crew changing" and use boats, canoes and motorcycles for transportation. The misconception that adolescent girl is "fresh", more seductive and less likely to be infected with the HIV virus seems to be the single motivator for the FBOW's preference for ATSWs at the Oil locations in Nigeria.
LESSONS LEARNED: Adolescent Transactional sex workers and their clients at Oil locations in Nigeria belong to a high-risk group for STDS and HIV/AIDS. The implications of this sexual networking for women residing around Oil locations and in the larger community are quite enormous. The Oil and Gas exploration industries need to target a Workplace-based AIDS Prevention Program at both their employees and their host communities.

Poster Number: 132T

Presentation Title: HIV Risk Assessment Among Female College Students: A Case Study of an HBCU

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BACKGROUND/OBJECTIVES: The risk of HIV/AIDS epidemic has continued to increase among young African American females. According to the Centers for Disease Control and Prevention (2004), 64% of the women living with AIDS are African Americans, and African American adolescent and young adults accounted for 55% of all HIV infections reported among people between 13-24 years of age. This study aimed to assess HIV risk factors among African American college females.
METHODS: Using the theory of gender and power we examined factors that place female African American college students at risk of HIV infection and ways to minimize the risks. The theory examined the exposures and social /behavioral risk factors that increase women's vulnerability for acquiring HIV. This qualitative study used a case study exploratory design to conduct an in-depth interview with three female students attending a historically black college in an urban city in Southeastern U.S. Narrative analysis was used to identify themes by reviewing the transcribed data, coding selected sections of the transcripts and examining them to identify common and unique themes.

RESULTS: Data showed several cultural and behavioral factors influence sexual behaviors among African American college females. These factors were categorized into the following themes: (1) Insecurity and low self-esteem; the low number of eligible males lead to a sense of insecurity among female students and some of them consent to sex in order to keep their relationships; (2) Stereotype, stigma and shame; these have negative influence on HIV testing. African American females are thought to be strong and available for the family. Therefore fear of test results if positive, and having to depend on others for care are barriers towards testing; (3) The pop culture and Black celebrities; African American students are influenced by what Black celebrities do, most Black celebrities do not use condoms in the movies, this encourages risky behavior particularly among students who are academically stressed or free from parental guide. Some of the themes that encourage safer sexual behaviors are (1) Respect for parents, family and religious leaders; the belief in, and respect for family and religious leaders are protective factors for African American college females to practice abstinence or safe sex. Personal belief or perceived "un-preparedness for baggage" also inhibits some risky behaviors. (2) Cost and trust; inexpensive routine testing was identified as a facilitator for testing. Trust and privacy at the College Health Centers, and treating HIV as a societal problem were also important factors to encourage testing.
CONCLUSIONS/IMPLICATIONS: Results from the study provides valuable information on factors related to risky and protective behaviors relevant to African American college females. Findings have implications on developing culturally relevant HIV preventive intervention programs addressing stereotypes and self esteems among the students. HIV prevention efforts should take advantage of strengths of African American cultural values and related protective beliefs such as positive influences of family and religious leaders, and address unique barriers African American college females may face such as the imbalance of gender ratio and power.

Poster Number: 108T

Presentation Title: North Carolina 2006 MSM Rapid Behavioral Assessment

Author(s): *Buie, MS* NC DHHS, Raleigh, NC

BACKGROUND: Little is known about the HIV risk behaviors among men who have sex with men (MSM) living in NC, making it difficult for the health department and local Community Based Organizations (CBOs) to target and evaluate HIV prevention activities. To address this deficiency of HIV behavioral data from people at high risk for HIV infection in NC, the NC HIV/STD Prevention & Care Branch in collaboration with the CDC and volunteers from local CBOs and health departments collected behavioral data from MSM attending the Charlotte Black Gay Pride and the NC Pride Festival and Parade in 2006.
METHODS: Men attending Pride events in NC were systematically sampled and recruited for participation in an anonymous 10 minute survey and answers were entered directly into handheld computers. Eligible men were asked about demographics, sexual behavior, drug and alcohol use, HIV testing, STD diagnoses, receipt of prevention services, PREP and PEP, attitudes about circumcision and, being "out".
RESULTS: Four hundred seventy three (473) men consented to participate in the survey. Of the 360 men who had at least one male sex partner during the preceding 12 months; 180 (50%) reported having unprotected anal intercourse (UAI) and 55 (15%) reporting having UAI with multiple partners. The median number of male sex partners in the past 12 months was 2.0 (Range: 1-200). Thirty seven percent met their partners at a bar or club and 35% met over the internet. Seven percent of men surveyed had not been tested for HIV; 8% of men surveyed had been diagnosed with a sexually transmitted disease in the 12 months prior; the majority of those with a history of STDs had syphilis. In the year prior to the survey, 76% of men surveyed received free condoms, 44% received information about ways to protect themselves from getting HIV. Twenty-nine percent of men reported using non-injection drugs in the year prior to the survey; 9% used drugs before sex at least half of the time; 25% drank alcohol before or during sex at least half of the time. The most common non-injection drugs used were marijuana (76%), cocaine (14%), poppers (14%), pain relievers (10%), downers (7%), crack (6%), and crystal meth (5%). Less than 1% reported injecting drugs in the past year.
CONCLUSIONS: In 2006, MSM activity accounted for 51% of all new HIV reports (including MSM/IDU) in NC. This represents a 28% increase in overall MSM reports from 2002 to 2006 (40%-51%). Recent outbreaks of syphilis among MSM in NC also indicate a resurgence of unprotected sex in this population. Although the majority of men surveyed had recently been exposed to prevention messages and services, additional emphasis on routine HIV testing for sexually active MSM and interventions that promote interpersonal skills and encourage open discussion and disclosure of HIV status are needed. among MSM surveyed, the Internet and bars or clubs were the most popular places to meet partners and these venues provide appropriate places for HIV prevention education and intervention.

Poster Number: 183T

Presentation Title: Current Research on DEBI's Adaptation: Facilitators, Barriers and Strategies to Translating Evidence Based Interventions into Practice

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BACKGROUND: The dissemination/translation of HIV research in practice settings is a critical aspect of delivering optimal HIV prevention programs. To better understand this process, the California STD/HIV Prevention Training Center (CA PTC) received funding through the University-wide AIDS Research Program (UARP) to conduct a study to document implementation of the Diffusion of Effective Behavioral Interventions (DEBIs) in six community-based agencies. Using a CDC-developed model (ADAPT), our goals were to understand how assessment, preparation and implementation of DEBIs are conducted by agencies; identify barriers and facilitators to maintaining DEBI core elements through implementation; and document strategies agencies use to address DEBI implementation challenges in practice settings.
METHODS: Qualitative in-depth interviews were conducted with 6 Executive Directors (ED) and 12 staff (implementers) of six Community-Based Organizations (CBO) funded to conduct one of 3 DEBIs : Safety Counts, Healthy Relationships or Many Men Many Voices. Interviews lasted from 90 -120 minutes and were recorded using an audio recorder, transcribed and then coded using Nvivo 7. Descriptive analysis was used to examine participant demographic and background characteristics. Thematic analysis focused on elaborating the basic constructs specified in the ADAPT model as well as identification of new constructs that arose during analysis. Once themes were identified, comparative analysis was performed, examining similarities and differences across concepts, individuals and agencies.
RESULTS: Study participants had worked in HIV/AIDS programs from 4-21 years. Many agencies had multiple sites, served 2,500 - 22,000 clients and offered care and prevention services. Decisions to select a particular DEBI were based primarily on matching a DEBI population with an agency's priority population, rather than conducting a formalized assessment. Concerns for securing funding to continue services was a factor in choosing to implement a DEBI. Barriers to implementation included 'low client retention' and 'staff turnover'; facilitators included 'the ability of appropriate staff to attend DEBI training in a timely manner', and history of serving the population receiving the DEBI. 'Clearly defined and agreed upon expectations', and 'an understanding of how a DEBI could or could not be adapted', consistent communication, and relationship building among CBOs and funders also affected the barriers, facilitators and strategies identified. Research findings suggest some agencies that have "successfully" adapted a DEBI may be integrating it into an already existing program (e.g. ongoing support groups, case management programs), suggesting potential re-invention of the original EBI.
CONCLUSIONS: The ADAPT framework is a useful tool for understanding the process of disseminating DEBIs, although it does not identify factors of communication that may affect successful adoption/implementation of DEBIs. Our data suggest there is a lack of understanding regarding how to implement DEBIs with fidelity, or what changes in implementation may result in re-invention; in these cases evaluation is strongly recommended.

Poster Number: 113T

Presentation Title: Estimating the Size of HIV Risk Populations in Washington State

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BACKGROUND: Evaluating the representativeness of HIV surveillance data is essential for understanding current trends in the epidemic and identifying gaps in HIV prevention and care services. We define representativeness as the proportion of all cases of HIV infection that have been diagnosed and reported to public health. One widely accepted national estimate suggests that only 75% of those infected with HIV are aware of their infection status. We have good evidence to support our hypothesis that the representativeness of HIV surveillance data in Washington State is considerably higher than national data suggest.
METHODS: We limited our analysis to four main risk populations: men who have sex with men (MSM), injection drug users (IDU), MSM/IDU, and high-risk heterosexuals. To construct model parameters, we obtained data from a variety of demographic and behavioral surveys such as the Behavioral Risk Factor Surveillance Survey, the WA State HIV Knowledge, Attitude and Behavior Survey, the General Social Survey, the California Health Interview Survey, and the National Survey of Drug Use and Health. We also used core and supplemental HIV surveillance data including those data taken from needs assessments and HIV seroprevalence studies. Geographic distribution was based on living within vs. outside King County (Seattle). In order to calculate what proportion of each population is

actually at risk for HIV infection, we created additional parameters based on four key events or risk behaviors: (1) recent diagnosis with an STD (2) recent unprotected sex with a casual partner (3) recent exchange of money or drugs for sex needle and (4) recent sharing of drug injection equipment. We then employed a combination of simple component and statistical modeling techniques to estimate the size of each risk population.
RESULTS: Based on an estimated prevalence of 3.2% (range: 2.5-3.9%), there are approximately 75,000 adult and adolescent MSM living in Washington State, 4-5,000 of whom are IDU. HIV seroprevalence among MSM and MSM/IDU is approximately 10% and 19%, respectively. Just over 32,000 (non-MSM) IDU reside in Washington (0.4-0.8% of the general population), 3.5% of whom are HIV-positive. High-risk heterosexuals number roughly 400,000, 0.3% of whom are infected with HIV.
CONCLUSIONS: These findings support our view that a high proportion (85-90%) of HIV-infected persons in Washington have received a diagnosis, and that most of those cases have been reported to public health. Also, the results are in keeping with similar estimates published by Public Health-Seattle & King County. We are therefore increasingly confident that core HIV surveillance data for Washington State accurately reflect the size and direction of the local epidemic. These estimates will be continually refined as additional data become available, such as those being collected by both the National HIV Behavioral Surveillance and the HIV Incidence Surveillance programs.

Poster Number: 176T

Presentation Title: Considerations when Implementing a DEBI model in a Rural Area: Challenges, Solutions and Successes of Vermont CBOs/ASOs

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BACKGROUND: As a result of CDC's emphasis on implementing HIV prevention interventions with evidence of effectiveness, the state of Vermont HIV/AIDS program recommended that grantees consider interventions from CDC's DEBI (Diffusion of Effective Behavioral Interventions) program for the last funding cycle. The majority of grantees did apply for and receive funding to implement these interventions. While these models have shown evidence of effectiveness in original research, none of them were evaluated in rural areas, and few are designed to be carried out with limited resources. During the nearly 2 and a half years that Vermont CBOs/ASOs have been implementing DEBI models, there has been continued conversation around the challenges, and brainstorming around possible modifications in order to make these programs that come "in a box" more effective when implemented out of their original context. In order to get a more comprehensive picture of how DEBI models are working when implemented by low resource, rural agencies, a qualitative interview was conducted with each grantee and data was analyzed.
METHODS: During the first half of 2007, seven CBOs/ASOs (100% of organizations funded with CDC or state funds to implement DEBI models in Vermont) were interviewed about their implementation of eleven DEBI models (some of which were no longer being implemented). The interview consisted of a one-hour phone or face-to-face conversation during which the following questions were asked: 1) Think about what challenges you have had implementing your evidence based intervention(s) during this funding cycle. What has been your greatest challenge? 2) What changes did you have to make and/or solutions did you develop in order to address this challenge? 3) Are there other changes you have had to make and/or solutions you have had to develop in order to make your EBI work (think specifically in terms of making the intervention work in a rural area)? 4) What has been your greatest success in implementing your evidence based intervention? The qualitative data for each question was then summarized and analyzed in order to examine major themes.
RESULTS: among greatest challenges identified, the majority focused on either challenges with the “fit” of the intervention and the target population due to population type, size, diversity, risk behaviors, venue etc. or challenges with accessing the target population/ getting the target population connected to the intervention due to populations being small, diffuse and disenfranchised. The majority of solutions consisted of changes to model, time frame, group makeup, groundwork, TA of interventions and changes to recruitment, targeting, marketing, transportation issues of clients. The majority of successes relate to enthusiasm/interest of clients towards programming, and fostering of awareness of HIV in the community.
CONCLUSIONS: Data from these qualitative interviews help to highlight common challenges and possible solutions when implementing a DEBI model, especially within a rural area. Organizations contemplating or already implementing DEBI models may find some of these solutions applicable to their circumstances. Although Vermont CBOs/ASOs have encountered challenges making DEBI models work as originally designed, changes have led to considerable successes thus far.

Poster Number: 119T

Presentation Title: Prevalence of Ignorance about HIV Infection and Use of Condoms in the Rural Indian Population.

Author(s): *Gnanaraj, J* Kingstown Medical College, Ratho Mill, Saint Vincent and the Grenadines

BACKGROUND: India has a population of 1.1 billion people _ one sixth of the world's population _ and is home to perhaps one of every eight people with HIV infection. More than 70% of Indian population lives in rural areas where illiteracy rate is high and access to health care is poor. Due to a poor health infrastructure, high levels of poverty and ignorance, these communities are highly vulnerable to various health problems, especially, communicable diseases including HIV/AIDS. In this study we assessed the knowledge of these rural population regarding the HIV infection, its mode of transmission, protective effect of condoms and the use of condoms in this rural population.
METHODS: We did a cross sectional survey of adult men and women aged 16 years to 60 years in three adjacent villages. A total of 6756 adults from 3 villages agreed to take part in the study. Knowledge about HIV infection, modes of transmission, and method of contraception used, number of sexual partners was assessed using prepared questionnaire in the local language.
RESULTS: Of the total 6756 participants 3978 were men and 2778 were women. The study revealed only 1.9% of men used condoms during sex, 4.5% of men had undergone vasectomy and 46.5% of women had sterilization for family planning. Only 1% of the study population had knowledge about HIV infection and its modes of transmission. Another important finding is that only 1% of the study population was aware of the fact that use of condoms during sex can prevent transmission of HIV.
CONCLUSION: Our study shows that the prevalence of ignorance about HIV infection and its modes of transmission are very high in the rural population. Also the awareness about the protective effect of condoms against HIV transmission is low among the rural Indian population where the predominant method of contraception is female sterilization to prevent the population surge. We conclude that in rural areas with high illiteracy rate where condom usage rate is low there is a dire need for education regarding condom's protective effects against HIV transmission. Also people should be encouraged to use condoms rather than sterilization techniques for birth control as it can also prevent the transmission of HIV. This will have a global impact because one sixth of world's population lives in India.

Poster Number: 157T

Presentation Title: Peer Education Program in Relation to Adolescent Sexual and Reproductive Health in Uganda

Author(s): *Nkurayija, JJ* Infectious Diseases Institute, Kampala, Uganda

INTRODUCTION: Every day 15.000 young people worldwide become infected with HIV the virus that leads to AIDS. 60% of them are aged between 15-24 years (Jackson Hellen, 2002)
Young people are the most critical age group to reach for HIV prevention, about half the population in developing countries is aged 15 years and under.
Biological, social and economic pressures encourage young people to have sex. These factors combine to make a highly dangerous mix for HIV transmission and for reproductive health as a whole.
Over the years, emphasis has been put on adults and children HIV/AIDS programmes. Little has been done for the youth. The global HIV/AIDS trends indicate a shift to address the needs of young people and to involve them in the new strategies to combat this epidemic
RESEARCH QUESTION: •What are the possible avenues that could lead to increase in uptake of peer education programmes and services
METHOD OF INVESTIGATION: In data collection, the study employed methods such as random sampling, the questionnaire.
Random sampling was chosen because of the nature of its anonymous responses. The researcher sampled 150 young people, males and females. Epinfo data base, was designed for data entry and analysis according to the valuables created.
RESULTS: The10-14(41.4%) had the highest subjects, 15-19(40%) had the moderate subject and 20-24(18.6%) had the least subjects. The female 58% had the highest subjects who respond to the study than the male 42%. The out-school had 57%, the in-school 43%.The radio was the highest source of information on ASRH issues(26%),peers(22.6%)and parents(20.6%),Peers educator 9.6% and counselor 8.6%,youth centers 2.6%,Others (10%).The knowledge levels on ASRH,21.6% body changes,13.6% HIV/AIDS,8.9% pregnancy,10% life skills and contraceptives respectively,7% STD and sexual affairs,6% relationships,5.3% abstainance,3.3% abortion,2% drugs and alcohol and 5.3% know nothing .Whom adolescents talk to, friends/peers 25.3% while counselor and peer educators 20%, mother 12.7% and father 2.5%,others 19.5%. Involvement in relationship 42% Yes and 58% No and

34.6% had sex and 65.3% never had sex. Sexual problems, fear 42.5%,7.6% pregnancy, 7.6% STD, 3.8% drop out of school and abdominal pain 3.8%,nothing 34.7%.
CONCLUSIONS: Provide sex education, through the peer education to young people since there are comfortable dealing with fellow peers .Parents should be at the fore front of sexual education and this entails a complete change of cultural practices. Females engage in relationship earlier than males because females seek means of living & fears to be abandoned in case there are refused hence making them vulnerable to risks.
Advocacy interventions to emphasis promotions of better life options among young people through strengthening practical skills and knowledge that promotes health thinking as well as problem solving and decision making skills. Social-economical issues, if not well attended to can have both immediate and long term implications on the future of the individuals as well as the social and economic conditions of the country.

Poster Number: 159T

Presentation Title: Newspaper Coverage of Older Adults and HIV/AIDS: Frames of an Invisible At-Risk Population

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BACKGROUND: Infection rates among adults over the age of 50 has increased and now represents between 11-15% of all new infections. This would suggest the importance of identifying how and through what channels older adults are receiving (mis)information, if any, regarding HIV transmission risks. As newspapers offer one medium through which information could be provided to this age group and those in contact with them, a content analysis was performed to determine what frames, salient schema, or overarching organizational mental shortcuts are present in newspaper coverage of older adults and HIV/AIDS.
METHODS: Articles were selected from major, urban newspapers between 1989 and 2005 that contained the search terms of "elderly" and "HIV" and/or "AIDS". The yield was 129 articles after reliability testing. Article contents were then coded using an apriori categorical scheme generated from multiple sources organized by thematic frames. Coding was used to determine the presence of HIV risk behavior information, stigma construction, or coverage that may indicate negative associations with the virus.
Coding also included assessment of the article's dominant frame (overarching tone and direction of the article). Sources and exemplars over the age of 50 who were HIV positive were compared with available data from the CDC and US Census to determine if they accurately represented the affected population.
RESULTS: There was a significant difference between articles containing sources or exemplars over the age of 50 with regards to risk factors, such as erectile dysfunction medication ($p < .001$), multiple partners ($p < .05$), stigmatized non-disclosure ($p < .05$), prostitution ($p < .01$), unsafe sex ($p < .01$), and lack of information ($p < .05$). A significant difference was found between articles with sources over and under the age of 50 with regard to the stigma framing devices of non-disclosure and blame ($p < .05$). The health frame (e.g., health-related focus of article) was the most frequently employed, with the sociological frame (e.g., support, discrimination, or educational focus) being the second most used. Sources and exemplars were overwhelmingly straight, single females.
CONCLUSION: If information can impact behavior, newspapers provide a channel through which to educate older adults who may not know they are at risk. Although this somewhat limited coverage of older adults and HIV/AIDS addressed a number of issues, the sources and exemplars accurately represented only a fragment of the older adult population. Likewise, HIV risk and health information more frequently reflected stereotypical issues related to older adults (such as erectile dysfunction medication), while spending little time on other concerns, such as intravenous (IV) drug use. The coverage of stigma was restricted to reports by sources of non-disclosure and the placement of blame and responsibility for infection. News coverage of issues related to older adults and HIV/AIDS could be one area that would benefit from further attention to destigmatizing the virus and fostering awareness of this unique population. News coverage could both heighten older adults' awareness of HIV and bring attention to the plight of older adults already living with the virus.

Poster Number: 199T

Presentation Title: HIVConnect.net, a Web site Developed to Connect all Sectors of the HIV Community Online in A Social Networking Environment.

Author(s): *Adelson, S*[1]; Bull, S[2]
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ISSUES: The Internet continues to grow in popularity as a social environment, and individuals regularly use the medium to share information about health, including HIV. However, we recognize there are few mechanisms to link various entities involved in HIV prevention to these individuals, including Organizations (CBOs, ASOs) and other

care providers in clinic settings. Organizations often work in a vacuum with limited resources and little contact with other organizations. They may also struggle to reach potential clients. Persons newly diagnosed with HIV face stigma and barriers to services. Long term survivors have often lost motivation to engage with organizations, and in rural areas service providers are often physically inaccessible. Clients that receive services are often isolated from each other even when they receive services from the same organization.
SETTING: Stephan Adelson, the previous general manger of a website called Manhunt.net created a nonprofit titled Internet Interventions Incorporated. The goal of the nonprofit company is to develop products that unitize the internet and other technologies, to enhance communication between clients and organizations.
PROJECT: Built under the premise that the internet is the ideal setting for connecting all aspects of the HIV community and that communication online contains less barriers (personal and physical) than in person communication. The website HIVConnect.net was developed as a social network to connect clients with clients, organizations with organizations, and clients with organizations. The site contains a library of current articles related to HIV/AIDS, blogs, pictures, and personal profiles. The site invites organizations, researchers, doctors, HIV-positive individuals, family/friends of HIV-positive individuals, and others in the HIV field to join and interact with each other in a social environment.
RESULTS: The website HIVConnect.net was launched March 1st. As of April 14th there are 401 members (148 organizations, 192 HIV-positive people, and 61 family/friends). In an effort to enhance and improve relationships between organizations and their priority populations, HIVConnect.net creates an 'online' social networking website. The website serves as a social platform connecting organizations worldwide, allowing them to compare programs, learn new methods, share information, and communicate in a social environment. The site has members from Australia, Belgium, Canada, China, Ghana, India, Indonesia, Ireland, Kenya, Malawi, Malaysia, Nigeria, Hew Zealand, Scotland, South Africa, Sudan, Spain, Switzerland, Thailand, Uganda, United Kingdom and the United States.
LESSONS LEARNED: Creating an online social network that connects all segments of the HIV health community is needed, desired, and working. A website has no physical boundaries, allows for a more convenient way to communicate, socialize, and share experience.
OBJECTIVE: 1) Make participants aware of the site 2) Provide participants with a basic understanding of the functionality of the site 3) Obtain feedback from participants on the future functions and features of the site

Poster Number: 150T

Presentation Title: Knowledge and Perceptions of Routine HIV Screening in Medical Settings Within an Urban, Community-Based Population in Washington, DC

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BACKGROUND: In 2006, CDC issued recommendations for routine HIV testing in medical settings. In an urban, non-clinical population, we assessed the perceptions of routine screening for HIV as part of medical care.
METHODS: From January to April 2007, a community-based sample of heterosexuals aged 18-50 was recruited from low income, high AIDS prevalence neighborhoods in Washington, DC using respondent driving sampling (RDS) for the National HIV Behavioral Surveillance study. Participants completed a behavioral survey and were asked about whether HIV screening should be automatic when seeing a health care profession and in the emergency room. Preliminary percentages are reported and are unadjusted for RDS recruitment.
RESULTS: Of 121 eligible participants, median age was 42 (IQR: 33-47), 56% were female, 23.1% were married, 32.2% were employed, and 46.2% earned less than $5,000 annually. 90.0% had been previously screened for HIV in their lifetime. The majority (62.0%) reported that they thought they needed to ask their health care provider to be screened for HIV, yet 68.6% felt that testing for HIV should be included with routine screening for other diseases as part of a regular medical exam; similarly, 64.7% felt that HIV testing should be automatic whenever a person gets medical care. Seventy-eight percent reported that they prefer to be tested for HIV during visits with their doctor, while only 41.4% agreed the emergency room was a good location for HIV screening.
CONCLUSIONS: Preliminary data suggest that the majority of study participants recruited from low-income, high AIDS prevalence neighborhoods support routine screening for HIV when receiving care from medical providers. However, less than half supported testing in the emergency room. These preliminary data suggest that routinization of HIV screening at medical facilities with the exception of emergency rooms would be acceptable to high-risk populations.

Poster Number: 202T

Presentation Title: Assessment of Patient Acceptance of the New Centers for Disease Control and Prevention Recommendations for Routine HIV Testing in the Emergency Department

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BACKGROUND/OBJECTIVES: The Centers for Disease Control and Prevention (CDC) recently released revised recommendations for HIV testing in health-care settings, calling for the performance of routine opt-out HIV screening, the integration of informed consent for HIV testing into the general consent for medical care, and the uncoupling of prevention counseling and testing. It is unclear, however, whether patients will understand opt-out screening or be satisfied with integration of the consent for HIV testing into the general medical consent and the uncoupling of counseling from testing. The objective of this study was to evaluate patients' attitudes regarding the CDC's revised recommendations in an urban emergency department (ED) setting.
METHODS: This was a prospective survey study performed in the ED of an urban, inner-city, public safety-net hospital. The approximate annual ED census is 55,000 patients and an approximate undiagnosed HIV seroprevalence ranges from 0.7% to 3.5%. A standardized survey instrument was developed and piloted, and was then implemented using trained research assistants. A convenience sample of adult patients (≥ 18 years) who were awake, alert, and agreed to participate in the study were included.
RESULTS: Three hundred ten patients were sampled from all hours of the day between February 17, 2007 and April 15, 2007. The median age was 39 (IQR: 28 - 49; range: 18 - 86) years, 62% were male, 44% were Caucasian, 29% were Hispanic, 20% were African-American, and 7% represented another race or ethnicity. When asked if the ED provided free rapid HIV testing during their visit unless declined (i.e., opt-out screening), 80% (95% CI: 75% - 84%) would have agreed to be tested. When asked if the patient could have received free rapid HIV testing during their visit (i.e., opt-in screening), 82% (95% CI: 77% - 86%) would have agreed to be tested (absolute difference: -2%, 95% CI: -8% - +4%). Explanation of the opt-out screening process was required in 14% (95% CI: 10% - 18%), whereas explanation of the opt-in screening process was only required in 2% (95% CI: 1% - 4%) (absolute difference: 12%, 95% CI: 7% - 16%). When asked if the patient's physician recommended an HIV test during their ED visit, 94% (95% CI: 91% - 96%) would have agreed to be tested. When asked if consent for HIV testing needs to be separate from consent for general medical care, 52% (95% CI: 46% - 58%) agreed. When asked if counseling was necessary before performing an HIV test, 36% (95% CI: 31% - 42%) agreed, and when asked if counseling was necessary after receiving a negative HIV test result, 37% (95% CI: 31% - 43%) agreed.
CONCLUSIONS: A large proportion of ED patients appear willing to be screened for HIV infection in accordance with the CDC's revised recommendations for HIV testing in healthcare settings. Similar proportions were willing to be tested when using opt-out or opt-in screening strategies, however, a significantly greater proportion required explanation of opt-out screening.

Poster Number: 111T

Presentation Title: HIV-Infected Individuals Without Hospital-Associated Missed Opportunities for Earlier HIV Diagnosis - South Carolina, 2001 to 2005

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BACKGROUND: Transmission of HIV continues to be a problem even after years of research and prevention efforts. Many individuals are diagnosed late and remain unaware of their HIV status because they are not being offered testing in as many varied settings as possible. The new recommendations for routine HIV screening will improve case identification in healthcare settings, but will still miss those individuals who are not accessing healthcare services. The objective of this study was to determine the characteristics of HIV-infected residents of South Carolina (SC) who did not access hospital or free medical clinic healthcare services in the years preceding their diagnosis.
METHODS: SC residents diagnosed with HIV infection between January 2001 and December 2005 were matched with the statewide hospital discharge reporting database using several identifying variables: name, date of birth, gender, race/ethnicity. Healthcare data were collected from 63 emergency departments, 60 inpatient and 60 outpatient facilities, and 19 free medical clinics around the state. The main outcome was not accessing healthcare services in the years prior to an HIV diagnosis (no prior visits) vs. those accessing healthcare services (prior visits). Late testers were

defined as persons who had a diagnosis of AIDS within one year of a first positive HIV test vs. those who had received only a diagnosis of HIV during follow-up. Other covariates included race/ethnicity, gender, mode of exposure, and age. Associations were analyzed using multiple logistic regression models, and adjusted odds ratios (OR) and 95% confidence intervals (CI) are reported.
RESULTS: Of the 4,221 individuals diagnosed with HIV from 2001 to 2005, there were 1,167 (27.7%) individuals who did not access healthcare services in the years prior to their HIV diagnosis and 3,054 (72.3%) who did have prior healthcare encounters. From logistic regression analyses, there was no association between late testing and having no prior healthcare encounters (OR = 0.89; 95% CI = 0.77, 1.04). The following characteristics were positively associated with having no prior healthcare visits: male gender (OR = 1.762; 95%CI = 1.47, 2.11) and Hispanic ethnicity (OR = 4.65; 95%CI = 3.13, 6.89). Blacks (OR = 0.68; 95%CI = 0.58, 0.81), heterosexuals (OR = 0.65; 95%CI = 0.54, 0.78), and those aged 20 - 29 years (OR = 0.82; 95%CI = 0.69, 0.98) were more likely to have accessed hospital or free clinic services in the years preceding their diagnosis.
CONCLUSIONS: In SC, approximately 30% of HIV-infected individuals did not access hospital or free clinic healthcare services in the years prior to their HIV diagnosis. This is a cause for concern, because these individuals would be missed even with implementation of routine screening in acute care settings. Because of the lack of perceived risk and many infected individuals remaining healthy until late in the course of their disease, other strategies are needed to identify and test these people early. Such community-based screening and outreach interventions should focus especially on certain subsets of the SC population.

Poster Number: 220T

Presentation Title: Integrating Chemical Health, HIV and Hepatitis Prevention in Treatment Settings: Effective Collaboration, best Practice Programming, Achieving Results and Lessons Learned.

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ISSUE: The HIV/AIDS prevalence rate for Minneapolis was 586.0 per 100,000, or 46%; for St. Paul, 252.8 (15%); and for the Twin Cities suburbs, 67.3 (27%) [2003]. MDH received over 2,400 reports of newly identified hepatitis C-positive persons in 2003, most of who are chronically infected. In a 2003 health education prevention survey of 106 HIV-positive Minnesotans, 57% of all persons interviewed believed that substance use / abuse played a role in their becoming HIV-positive, and 50% said that their drug and alcohol use affects their safe sex practices.Communities of color, specifically African Americans, African-born, American Indians and Latinos, comprise an increasingly disproportionate share of HIV and AIDS cases. These populations are at highest risk of chemical dependence, substance abuse, as well as HIV and Hepatitis infection. Significant work has been done assessing the needs of communities of color, substance users, and reentry populations, all of which points to a need for an integrated, culturally competent approach to HIV, Hepatitis, substance abuse prevention and treatment.
SETTING: Twin Cities HOPE (Health through Outreach Prevention & Education) serves: Minneapolis - St. Paul, Minnesota (Hennepin County) addressing Substance Abuse, HIV/AIDS, and Hepatitis prevention by strategically targeting: correctional facilities, treatment centers and culturally specific agencies.
PROJECT: Recovery Resource Center (RRC), a division of RESOURCE, Inc. in collaboration with Minnesota AIDS Project (MAP) and Access Works (AW) implemented an integrated community-based substance abuse, HIV, and Hepatitis prevention program, Twin Cities HOPE (Health through Outreach & Prevention Education). This integrated prevention program utilizes the expertise of three organizations with demonstrated cultural competency in substance abuse (RRC), HIV/AIDS (MAP), IDUs & Hepatitis (AW), and reentry populations (RRC). Twin Cities HOPE serves all individuals, however, emphasis is on reaching African American and American Indian populations most disproportionately impacted by Substance Abuse, HIV/AIDS, and Hepatitis. Point of entry is focused on providing grass roots health fairs in non-traditional health settings and chemical treatment centers.
RESULTS: The Twin Cities HOPE program in partnership with Minnesota AIDS Project, Access Works! and in collaboration with community partners organized a monthly grass-roots health fair at Recovery Resource Center, a chemical treatment center. The monthly health fair has been supported by a SAMHSA TWINRIX demomonstration project. Participants of the health fair received presentations on risk factors associated with HIV/AIDS, Hepatitis, and chemical health. Participants then had the option to obtain Hepatitis screenings, Hepatitis A & B vaccinations, Hepatitis C testing and rapid HIV same day testing. To date (11 months), 656 doses of Twinrix have been administered to 433 unduplicated individuals: 1st dose to 433 people, 2nd dose to 184 people and 3rd dose to 25 people.
LESSONS LEARNED: Providing an integrated Chemical Health, HIV/AIDS and Hepatitis prevention program within a chemical treatment setting is an effective method in reaching high-risk populations. Building partnerships with organizations that have experience in reaching the target population and developing a Participant Advisory board

has been effective in identifying persons at-risk, improving prevention outcomes and in increasing opportunities for & access to substance abuse, HIV/AIDS and Hepatitis prevention.

Poster Number: 198T

Presentation Title: A Needs Assessment of the Prevention Service Needs of Native Americans in Baltimore, Maryland.

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BACKGROUND: Planning and implementation of community-based prevention programs for small minority groups requires a thorough assessment of community resources and the target population's needs, strengths, and challenges as they relate to HIV/AIDS. A needs assessment was conducted in 2005-2006 to determine the HIV/AIDS, substance abuse, and hepatitis prevention needs of Native Americans living in Baltimore, Maryland. Native Americans represent less than 1% of the population in Baltimore, a city which has been a major hotbed of HIV/AIDS since the beginning of the epidemic.
METHODS: We used a community-based participatory approach to gain an in-depth understanding of local Native American health service needs. Institutional partners, stakeholders, and key informants embedded in the local Native American community were consulted at each stage of the research process. We utilized a range of complementary methodologies including community surveys, focus groups, community resource analysis, and both qualitative and quantitative observation in city neighborhoods with clusters of Native Americans.
RESULTS: Many Native Americans living in Baltimore face socioeconomic and environmental challenges which impact their risk for HIV transmission. Culturally-rooted shame and guilt for participating in socially deviant behaviors serve as a barrier against seeking services. The fragmentation of Native American communities in Baltimore and the resultant collapse of traditional culture and support systems were seen as contributing to a growing level of HIV risk behaviors in the population. The mainstream HIV/AIDS service system was seen as unresponsive to Native Americans.
CONCLUSIONS/IMPLICATIONS: Certain Native American cultural values can be viewed as having inherent protective properties from the development of health risk behavior. However, the loss of cultural and community cohesion among some segments of the American Indian population in Baltimore have inoculated many from this protection. Working closely with the community in the planning and needs assessment phases helped to build trust and raise awareness of HIV in this small at-risk community. The information was used to design a culturally-appropriate prevention intervention.

Poster Number: 153T

Presentation Title: Building Organizational Capacity through Understanding the Relevance of Culture for Medical Promotion Efforts.

Author(s): *Forbes, AL* A. L. Forbes Consulting Services, Boston, MA

ISSUE: Due to socioeconomic and historical disparities African Americans and members of other cultural groups have experienced health disparities that, "can mean earlier deaths, decreased quality of life, loss of economic opportunities, and perceptions of injustice." (CDC MMWR, 2005). Cultural filters include the historical and current discriminatory social practices that disenfranchise the members of populations at-risk for acquiring or transmitting HIV/STIs and other medical conditions. The culture that an individuals identifies with provides a filter "the rules, or framework, that guide(s) us as we negotiate our way through our daily activities of life" (Elliot, 2006, p 12). It is critical that programs understand and factor the cultural filters that impact an individual's perspective and decision-making process into their prevention and care planning activities. Furthermore, the theory of Oppression and Domination also indicates that the cultural filter of the provider should also be examined to identify potential service barriers, e.g. ageism, racism, sexism and homophobia.
APPROACH: Research indicates that individuals from various cultures and subcultures have been disproportionately impacted by HIV/STIs e.g. African Americans, Latinos, women, GBLT and youth. To effectively reach and impact cultures and subcultures, program developers and service providers need to understand the impact of culture and strive to increase the collective cultural competency of the organization and personnel. Efforts to increase competency is an ongoing and continual endeavor for organizations and service providers to build their capacity to disseminate culturally appropriate bio psychosocial interventions among diverse cultures.

ACTIVITY: The workshop is intended to raise the overall awareness of service providers, organizations and personnel to increase their ability to understand the cultural filters that individuals use to make decisions about accessing bio psychosocial services. Through an interactive process participants will identify personal and organizational challenges to cross cultural service access and provision.
RESULTS: Former workshop participants report increased understanding of culture as representing is a broader based of diverse group history, language and shared experiences. Through the increased recognition of how members of various cultures filter data to make bio psychosocial decisions, organizations and service providers can develop and embrace culturally affirming worldviews, increasing their capacity to connect with and service at-risk individuals, who are disproportionately impacted by health disparities.

Poster Number: 200T

Presentation Title: Program Manager, GLBTQ Initiatives

Author(s): *Brown, AA* ; *Scott, T*
Advocates for Youth, Washington, DC

ISSUE: Many community based organizations are developing online HIV interventions to reach populations which are hard to reach, such as gay, lesbian, bisexual, transgender, and questioning/queer youth (GLBTQ) and young women of color (YWOC). The internet allows for greater exposure to information. Young people, are utilizing the internet for a tool for social networking and to collect information that relates to their sexual and reproductive health, and overall well-being.
SETTING: Internet websites.
PROJECT: Advocates for Youth has been successfully providing online interventions via peer education programs for YWOC and GLBTQ youth for the past 10 years. YouthResource and My Sistahs interventions are grounded in the Health Belief Model - (Fishman summarizing Bandura (1986, 1989, 1991, page 3 in Developing Effective Behavior Change Interventions, Fishbein M, University of Illinois). The goal of both of the websites is to offer support and current and accurate information on sexuality, relationship issues, communication with parents, HIV/STI and pregnancy prevention, general development, self-image, experiencing oppression, culture and activism. My Sistahs, a website for YWOC, and YouthResource, a website for GLBTQ youth, have a combined total of 17 peer educators that provide appropriate advice in answering questions from their peers about issues like those mentioned above. Online peer educators are recruited from across the country based on their experience with peer education, HIV prevention, their familiarity with the internet and their reflection of the population visiting the site. Online peer educators complete a three-day online training and are brought together for a weekend long training on internet intervention strategies. Advocates works with peer educators on a daily basis to answer questions from young people visiting the site, and consults regularly with peer educators about priorities for the development of the sites.
RESULTS: By actively involving peer educators in the development of the website as well as through consistent feedback and rewarding work, Advocates for Youth has retained and actively involved a majority of the peer educators working for the site over time, while providing a mechanism that is culturally appropriate for reaching out to two segments of the youth population that are most hard to reach. Peer educators respond to 75-100 questions per month from young people visiting the site, and have contributed to 15-20 features per year for the websites which have an average of 89,000 unique visitors per month.
LESSONS LEARNED: Through online peer education, Advocates for Youth has learned that a successful online volunteer program will provide multiple opportunities to serve youth on a variety of levels from simple administrative tasks to larger intervention goals by increasing the knowledge levels of both, peer educators and their peers. Advocates has learned that consistent, clear communication online and offline with staff and with volunteers keeps peer educators motivated and willing to be involved despite the potential isolation working online entails. At the 2007 NHPC, Advocates will share its strategies for creating online interventions among youth, which creates an extremely effective cadre of youth peer educators that serve as experts in adolescent sexual and reproductive health.

Poster Number: 134T

Presentation Title: Amigos II--HIV/AIDS Prevention Program in Tucson, Arizona

Author(s): *Gibson, JM* Pima Prevention Partnership, Tucson, AZ

ISSUE: Injection drug use in the Latino community is a major contributor to high HIV/AIDS prevalence rates. In Tucson, the second most frequently reported behavior associated with emergent HIV infection is injection drug use and the second highest HIV/AIDS infection rate is among Latinos/Hispanics.

SETTING: In the center of the nation's largest drug corridor, Tucson has become a conduit for drug smugglers moving products out of Mexico and into the western U.S. The target population of the Amigos II program is Latino intravenous drug users (IDUs) and non-IDUs, other IDUs and non-IDUs, and their sex partners. As of 2005, Latinos accounted for over 40% of Tucson's population. Between 2000 and 2005, 15.3% of emergent HIV/AIDS cases in Pima County were associated with injection drug use. In 2005, Latinos represented 29% of the Pima County population, but accounted for 33.6% of emergent HIV/AIDS infections between 2001 and 2005.
PROJECT: Amigos II is an enhanced continuation of a previously CSAT-funded program, Amigos Apoyando Amigos. Amigos II is an HIV prevention program which provides intensive outreach, primary health services, HIV/STD testing, substance abuse services and referral, and community education for both the target population and community members. Outreach takes place at methadone clinics, behavioral health clinics, homeless relief facilities, and other places identified as potential places to reach the target population. Amigos II staff provide a series of classes at a substance abuse treatment center on several topics. As part of the medical services, Amigos II provides HIV testing and counseling to its clients and other services, such as vaccinations and tuberculosis skin tests. Several surveys, including the CSAT GPRA, are given to participants at intake, 6 months, and at 12 month (discharge) time periods.
RESULTS: Based on the data collected from Amigos II clients, there was a 42% decrease from intake to discharge in participants who currently use intravenous drugs ($p<0.001$). There was a related decrease in the sharing of injection drugs and paraphernalia. Additionally, there were increases in the percentage of clients who reported getting their needles from a needle exchange program and of clients who reported cleaning their needles and syringes before use. There was also a statistically significant decrease ($p<0.006$) in the number of participants who used heroin, methamphetamine, cocaine, and crack. among those reporting continued illegal drug use, there was a 9% decrease in the frequency of use ($p<0.001$). The percentage of clients who have ever been tested for HIV/AIDS increased from intake to discharge, as did the percentage of HIV positive clients who have received or who are currently receiving treatment.
LESSONS LEARNED: Amigos II is a dynamic program serving a hard-to-reach population. It introduces new outreach locations and finds new ways to recruit and retain program participants. Peer leaders and previous drug users individually help each client in class exercises or with interviews and are able to relate to the participants of the program. Through varied, innovative methods, Amigos II has had a significant impact on reducing drug use and improving protective behaviors among its clients.

Poster Number: 215T

Presentation Title: Multimedia Hepatitis C Prevention Program for Hispanic HIV Infected Individuals; First Pre and Post Evaluation

Author(s): *Mayor, AM*[1]; *Fernández, DM*[1]; *Colón, HM*[2]; *Hunter-Mellado, RF*[1]
[1] Puerto Rico Comprehensive Center for the Study of HIV,Universidad Central del Caribe, School of Medicine, Bayamón, Puerto Rico; [2] Center for Study of Addiction, Universidad Central del Caribe, School of Medicine, Bayamón, Puerto Rico

ISSUE: The Human Immunodeficiency Virus (HIV) infection profile has dramatically changed over the past two decades. With the introduction of highly active antiretroviral therapy, AIDS related opportunistic conditions decreased while chronic conditions, including Hepatitis C virus (HCV) infection, became primary factors for disease prognosis among HIV infected individuals. The HIV/HCV co-infection rate among injecting drug users (IDUs) in Puerto Rico is estimated to be greater than 50%.
SETTING: Puerto Rico has one of the highest prevalence of HIV/AIDS in the US and HCV co-infection has emerged as a major public health problem on the island.
PROJECT: A multimedia educational intervention, based on the Health Beliefs Model and the Social Cognitive Theory was developed and implemented to reduce HCV associated risk behaviors and ultimately, the rate of co-infection among IDUs. The educational and preventive intervention consists of four computer based sessions targeting the increase in: 1) HCV knowledge, 2) HCV susceptibility perception and disease severity, 3) HCV protective measures efficacy perception and 4) risk reduction self-efficacy perception.
RESULTS: A total of 56 participants were recruited and participated in the intervention during the first year of the study. A 52 item questionnaire, administered pre and post (8 weeks at follow up) intervention, measured changes in HCV co-infection knowledge. All participants were injecting drug users and 83% were men. The mean age of the study group was 41.6 ± 9.2 years and the mean educational level was 9th grade. The mean average for correct answers was significantly higher in the post than in the pre intervention evaluation (68% vs.73%, $p=0.023$). An incremental increase in the knowledge of the liver's importance to the digestive process was observed after the intervention. However, the liver pharmacokinetic importance decreased significantly after the intervention. At the end of the intervention all participants agreed that hepatitis was a liver damage caused by different etiologies. Remarkably, over 92% of the participants at baseline reported that HCV is principally in the blood and spreads by contact with

contaminated blood during the injecting drug process and remained constant after the intervention. Knowledge of other HCV risk behaviors, including sharing paraphernalia for sniffing cocaine and sharing razors, increased after the intervention. Additionally, knowledge of some HCV clinical manifestations and complications of HIV/HCV co-infection treatment improved after the intervention. Consequently, the percentage of participants who reported injecting drug use in the previous month decreased after the intervention (26.8% vs. 17.9%, $p<0.05$).
LESSONS LEARNED: Despite the low educational level of the group, the program was well received by HIV-infected IDUs and suggests that a multimedia educational HCV prevention intervention is an effective means of information dissemination. This new technology kept the participants' attention and interest, while increasing the HIV/HCV co-infection knowledge. Subsequent studies will evaluate the efficacy of this intervention, investigating changes in knowledge and risk behaviors among HIV-infected individuals. This work was funded by RCMI grant number 1U54RR01950701 and G12RR03035.

Poster Number: 195T

Presentation Title: Using Distance Learning as a Tool for Capacity-Building

Author(s): *Saintil Phildor, D ; O'Brian, J*
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ISSUE: Nationally, the CDC and state health departments fund various organizations to implement DEBI interventions. After organizational staff is trained, they may have questions around implementation, adaptation, and the intervention theoretical framework. Given budget limitations, capacity-building assistance providers must develop a system for providing assistance that is effective yet does not use too many financial resources
SETTING: Online/ phone - Attendees were program managers and agency staff implementing or planning to implement the Street Smart intervention
PROJECT: The Center for Evidence Based Interventions (CEBI) is a CDC-funded national provider of capacity-building assistance. We offer training and individualized technical assistance to facilitate effective implementation of evidence-based interventions. The primary focus of CEBI is working with organizations targeting high-risk youth, including racial/ethnic minorities and LGBTQ communities. Agencies interested in being trained on the intervention Street Smart must complete a 3.5 day Training of Facilitators (TOF). Following the TOF, CEBI maintains communication with the agencies using a tool called the virtual classroom. CEBI offers all TOF participants two virtual classrooms following training. The virtual classroom is a web-based interactive forum that provides opportunities for additional learning and allows participants to exchange ideas, share tips for success, and cope with intervention challenges. The first classroom is an opportunity to reconnect with fellow TOF attendees and discuss any updates, concerns, or questions about the Street Smart program. The second virtual classroom is open to organizations that have received training in the past 3-4 months and entails in-depth examination of a specific implementation, adaptation, or evaluation topic.
RESULTS: CEBI has offered 9 Virtual classrooms from March 2006 through March 2007 with a total of 34 attendees. Each participant in the classroom is asked to complete an on-line survey following the discussion. Below are some of the results: 44% of participants have participated in a web-based forum before
96% of participants would participate in another VC. 97.5% agreed- The VC provided a forum to build collaboration and support implementation of Street Smart with fidelity. 77% agreed- The VC gave opportunities to share lessons learned to enhance my successful implementation of Street Smart. Virtual classrooms are a useful tool for providing CBA to organizations nationally.
LESSONS LEARNED: TOF participants are eager to here from each other and share their experiences. In addition to discussing a specific topic, time should be allotted to share lessons learned and current progress on the intervention. Access and availability of technology varies by agency. CBA providers should be prepared and flexible to integrate agencies that may not have online access into the virtual classroom discussion. Providing staff an opportunity to practice logging on the virtual classroom prior to the actual session time is key to minimize errors and provide individual assistance. Communication can be difficult without visual stimulus. Facilitators need to be sure to keep participants engaged in the discussion by providing numerous opportunities for input and feedback.

Poster Number: 107T

Presentation Title: No Differences in Sexual and Needle-sharing Behaviors Between Low Income IDUs Who Use Syringe Exchange Programs and Those Who Do Not Use Syringe Exchange Programs in Los Angeles County.

Author(s): *Sey, KA; Bingham, TA*
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BACKGROUND: Between 120,000 and 190,000 injection drug users (IDU) are estimated to reside in Los Angeles County (LAC). Recent data from syringe exchange programs (SEP) operating in LAC suggest that approximately 12,000 IDUs access SEPs each year. The objectives of this analysis are to describe a sample of IDUs in Los Angeles County and to compare sexual and needle-sharing behaviors between those using SEPs and those who do not use SEPs.
METHODS: Between June and December 2005, a convenience sample of 544 IDUs was recruited to complete a survey on HIV risk behaviors and exposure to HIV prevention programs. The survey assessed participants' demographics, sexual behavior, injection and non-injection drug use, HIV testing behavior and exposure to and use of HIV prevention services. Persons who reported receiving clean needles from a syringe exchange program in the previous 12 months were defined as SEP users. Chi square, ANOVA, and logistic regression were used to compare the HIV risk behaviors of SEP users and non-users.
RESULTS: Participants were largely Black or Latino (68%), male (72%), heterosexually identified (86%), 30 to 49 years old (76%), earning less than $15,000 annually (81%), non-college graduates (97%) and heroin injectors (96%). Three hundred and seventy-six (69%) participants reported having used SEP in the previous 12 months. Sexual and needle-sharing behaviors revealed opportunities for the transmission of HIV/STDs in both groups. Male SEP users reported an average of 2.7 female sex partners in the previous 12 months compared with 3.6 among male non-SEP users. Females in both groups reported an average of 3.5 male sex partners in the previous 12 months. In both groups, less than 18% of both males and females reported condom use during vaginal sex with their most recent casual partner. Similar proportions of SEP users and non-users reported needle sharing (71% vs. 66%, $p=0.29$) in the previous 12 months. A greater proportion of SEP users had tested for HIV at least once within the previous 2 years (83% vs. 72%, $p=0.005$). Self-reported HIV prevalence was lower in SEP users (1.6% vs. 2.4, $p=0.5$) but this difference was not statistically significant. Compared with non-SEP users, a significantly higher proportion of SEP users (70% vs. 37%, $p<0.0001$) reported having received free condoms in the past 12 months; however only 20% of SEP users and 18% of non-SEP users reported a one-on-one conversation about HIV prevention with an outreach worker.
CONCLUSIONS: Although HIV testing and exposure to basic HIV prevention services was higher among SEP users, they did not show marked differences in HIV risk behaviors such as needle sharing and unprotected sex when compared with non-SEP users. This data underscores the need for more comprehensive and effective HIV prevention delivered through SEP.

Poster Number: 148T

Presentation Title: Peer Education vs Adult Education: Improvements in Knowledge, Attitudes, and Beliefs about HIV/AIDS

Author(s): *Gillan, W ; Naquin, MR*
Southeastern Louisiana University, Hammond, LA

ISSUE: There are few studies that compare the effects of youth peer education with education received from adults on HIV knowledge, attitudes, and beliefs.
SETTING: Youth from across Louisiana responded to an invitation to become Louisiana Department of Education "peer educators." These youth were then trained in 16 hours of intensive HIV/AIDS content along with methods to teach HIV/AIDS prevention. This training was led by expert adults who work in community based or school settings and who had extensive experience with youth.
Trained youth peer educators then planned and conducted youth prevention institutes in retreat-type settings. These trainings were usually conducted in remote facilities where participants were also housed and fed over a three day period.
PROJECT: Advertisements were sent to schools across Louisiana inviting any interested teenage student to attend a "Youth Institute." Trained youth peer educators designed and implemented four three day "institutes." Each session throughout the three day period were led by peer educators. Information covered included HIV/AIDS information and prevention strategies, decision making, STI information and prevention, pregnancy prevention, condom negotiation, and advocacy skills. Pre and post test assessments measured participant's HIV knowledge, attitudes, and beliefs. Similar, but separate Louisiana youth also participated in a three day "Youth Summit" which was conducted by a

young adult who had extensive experience leading a general risk reduction session over a three day period. This session was also conducted at a remote facility in a retreat-type style where all participants were housed and fed onsite. Topics covered included self-esteem, drug abuse prevention, HIV/AIDS information and prevention, decision making, and advocacy skills. Similar pre and post test assessments were conducted to measure participant's HIV knowledge, attitudes, and beliefs.
RESULTS: Significant positive shifts occurred in HIV knowledge and attitudes in the peer-led education institutes where no changes occurred in HIV knowledge, attitudes, or beliefs in the adult-led session. Both groups had similar age, sex, and racial make-ups.
LESSONS LEARNED: Trained youth peer educators enhance knowledge assimilation and encourage positive attitude changes among similar youth in a group training event. Knowledgeable and experienced adult trainers may not guarantee content knowledge transfer within youth program participants. Funds used to adequately train youth peer educators may facilitate the acquisition of positive behavior change among youth participants.

Poster Number: 184T

Presentation Title: Just As We Are (Tal Como Somos): A Film to Address Stigmatization of Gender Non-conformity and HIV/AIDS Among Latinos

Author(s): *Ramirez-Valles, J*[1]; *McCray, J*[2]; *Kuhns, LM*[1]
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ISSUE: Stigma regarding homosexuality (and gender non-conformity, more generally) may be particularly prevalent in Latino communities. This stigma has been linked to negative health outcomes, including sexual risk behavior, among those who are stigmatized. Furthermore, this stigma co-exists and is reinforced by stigmatization of HIV/AIDS. However, most efforts to address stigmatization are aimed at gay, bisexual and transgender (GBT) individuals (the stigmatized), whereas very few interventions target the source of stigma (those who stigmatize). In addition, educational tools to address stigmatization among Latinos are lacking.
SETTING: This project is a joint effort of public health research scientists and multimedia specialists to transfer stigma-related research findings to an educational film format. The film is based on primary research with Latino GBT individuals conducted in Chicago and San Francisco between 2000-2005.
PROJECT: The purpose of this project was to produce and test an educational documentary film to decrease stigma towards gender non-conformity and HIV/AIDS as a means to prevent HIV-risk behaviors among Latino GBT. The primary audience for the film is Latino adults (a shorter version has been developed for youth, ages 14-24). In the first phase of the project, an assessment was performed to determine the feasibility of the transfer of stigma-related research findings to film. In phase two, potential film participants were identified, interviewed, and a final group selected for participation in film production.
RESULTS: The educational documentary film, "Tal Como Somos," (Just the Way We Are) has been developed to address stigmatization of gender non-conformity and HIV/AIDS in the Latino community. The film will be disseminated through television broadcast, educational distribution and community-based educational outreach. The film features several Latino gay and bisexual men and one transgender woman in four cities (Chicago, IL., New York, NY., San Francisco, CA., and Washington, D.C.) who tell their stories of struggle with family, school, religion, and HIV/AIDS.
LESSONS LEARNED: This session will include a presentation of the film followed by discussion with research staff and the film producer/director. The film is bilingual, English and Spanish, with subtitles, 70 minutes in length, and includes a discussion guide. This educational documentary film will serve as a resource to combat stigmatization of homosexuality, gender non-conformity, and HIV/AIDS in Latino communities. The film may be used in schools and community settings as an educational tool and to aid on-going efforts to reduce stigmatization.

Poster Number: 218T

Presentation Title: Current and Former Injectors Talk About Hepatitis

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[1] New York State Department of Health, AIDS Institute, Menands, NY; [2] New York State Department of Health, AIDS Institute, Albany, NY; [3] State University of New York at Albany, School of Public Health, Rensselaer, NY

ISSUE: Injection drug use (IDU) is the single largest risk factor for hepatitis C virus (HCV) transmission, the second largest risk factor for hepatitis B virus (HBV) transmission and a significant risk for hepatitis A virus (HAV). Despite this, many IDUs are not screened and/or vaccinated for hepatitis, and most HCV+ IDUs are not medically evaluated for HCV treatment. In 2004, the Centers for Disease Control and Prevention funded the Viral Hepatitis Integration

Project (VHIP), a five-year project to develop and enhance hepatitis-related services for IDUs in methadone maintenance treatment programs (MMTP) and syringe exchange programs (SEPs) operating in New York City. One component of VHIP involves the conduct of focus groups with IDUs to assess familiarity, perception, use, and satisfaction with hepatitis-related services created or enhanced through the VHIP.
SETTING: A multi-clinic MMTP and two SEPs in New York City.
PROJECT: Three focus groups were conducted in 2006. Each group had 10-12 participants, was audio recorded, approximately two hours in duration, and included refreshments. Participants were offered subway passes for their participation.
RESULTS: Group 1: Clients from both SEPs (HCV status unknown): Half had received first vaccination for HAV and HBV and screening for HCV through VHIP and were very satisfied with services, support and assistance of hepatitis coordinators at both SEPs; Hepatitis coordinators were the sole source for hepatitis information; Lack of (social) support and (stable) housing discouraged active IDUs from seeking diagnosis and evaluation for treatment. Group 2: HCV + clients from both SEPs: Vast majority had not received HCV treatment; hepatitis coordinators were primary source for information about HCV, Medicaid, support services; Fear, homelessness, depression, misinformation about drug use, liver biopsies, interferon's interaction with methadone and HIV treatments, long waiting times for referral appointments discouraged seeking HCV treatment; Incentives, peer outreach, informative persons would help get people tested and treated. Group 3: HCV+ participants from multi-clinic MMTP: Majority vaccinated and tested for HCV and received hepatitis services through MMTP. Majority felt hopeless, disbelief and some had suicidal thoughts when first diagnosed; Satisfaction with HCV treatment received at MMTP; most physicians outside drug treatment knew little about HCV, dealing with addiction, hardships that participants face daily.
LESSONS LEARNED: Clients proximity to HCV services, wait times, experience and trust of medical providers, knowledge and perception of HCV, support and stability in living arrangements greatly influences whether IDUs get tested, diagnosed, evaluated and receive treatment. Recommendations stemming from focus groups include: Provide accurate information about HCV transmission, liver biopsy, treatment; ensure client understands hepatitis diagnosis, availability and treatment options, follow-through with referrals to care. Help stabilize chaotic lives (housing, food, social support, mental health); provide access to addiction services, Medicaid, HCV testing, evaluation and treatment; focus on immediate challenges. Offer incentives (subway passes, money, food) to encourage HCV testing and evaluation for treatment. Integrate hepatitis services where active and former IDUs receive other services; disseminate hepatitis information, provide hepatitis education in clinical and addiction settings.

Poster Number: 188T

Presentation Title: Need for Smoking Cessation Interventions Among Smokers Who are HIV Positive

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BACKGROUND: People living with HIV/AIDS (PLWHA) are living longer, healthier lives due to effective antiretroviral therapy. A growing body of research shows a decrease in HIV-related deaths and an increase in deaths attributed to non-HIV related conditions. Tobacco smoking appears to be a major risk factor for serious illness and death among PLWHA. Recent studies have indicated that smokers with HIV disease are at a greater risk than non-smokers for developing a variety of serious medical conditions. Limited, small scale studies strongly suggest that PLWHA have a much higher prevalence of cigarette smoking. The primary objective of this study was to establish a baseline of tobacco smoking prevalence among PLWHA in care in New York State (NYS) and investigate their knowledge of smoking risks and their smoking cessation efforts.
METHODS: A random sample of 1094 PLWHA receiving care at 15 different adult HIV clinics throughout NYS completed a self-administered survey in spring, 2005.
RESULTS: Surveys were completed by 1094 (89%) of the targeted 1228 sample. Most (62%) of participants were male and African American (54%) or Hispanic (29%) and had a high school degree or less (63%) with a mean age of 45. The sample exhibited imperfect knowledge of the risk associated with smoking, correctly answering just 63% of smoking risk questions. Current cigarette smoking prevalence was 59%, while an additional 25% reported past use. There was an inverse relationship between education and cigarette smoking. among current smokers, white males smoke more cigarettes than other groups. Learning ones HIV status did not appear to impact the overall frequency of cigarette smoking, as 49% reported no change in their smoking behavior, 23% reported smoking more and 29% reported smoking less. Regarding smoking cessation, 75% of current smokers were interested in quitting and 81% reported being advised to quit by a health professional. More concrete smoking cessation strategies were less commonly reported: 41% had been prescribed nicotine replacement therapy; 17% were advised to choose a quit date; 16% were referred to a smoking cessation program; 15% were given self help materials, 9% were scheduled for a follow-up progress appointment and 6% were referred to a telephone quit line.

CONCLUSIONS: The present study confirms that smoking among PLWHA in NYS is alarmingly high, three times greater than the general population. Encouragingly, most of the participants expressed an interest in quitting. Little information exists on what clinical providers are doing to address the smoking rates among PLWHA. Changing behavior among clinicians can be as difficult as changing patient behavior. In a health care environment that is increasingly focused on productivity and cost-cutting, smoking cessation among PLWHA might not be a priority. In this study, although 81% of the PLWHA reported that a health professional had advised them to quit smoking, only 41% of participants were prescribed nicotine replacement therapy and even less were referred to other smoking cessation strategies. Given the serious morbidity and mortality implications for PLWHA, effective smoking cessation interventions need to be incorporated in HIV clinics today.

Poster Number: 203T

Presentation Title: From Research to Roll-out: Preparing for New HIV Prevention Strategies

Author(s): *Lee, E*[1]; *Broder, G*[2]; *Le Blanc, M*[3]
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ISSUE: Currently researchers are testing a wide variety of new strategies for HIV prevention including male circumcision, cervical barriers, pre-exposure prophylaxis, microbicides and vaccines. While the need for new HIV prevention tools is great, the process to introduce new strategies into communities can be a challenging one - particularly for service providers who do not always have the opportunities to keep abreast of research developments. However communities and service providers must be aware of and understand the results from advance-staged clinical trials of new HIV prevention strategies if they are to accept implement and utilize new strategies to their fullest potential.
SETTING: While HIV prevention research is currently underway in many countries around the world, the implications of this research must be understood at the local, state and national levels if policy-makers, service providers, AIDS activists and communities are to benefit from any new HIV prevention strategy.
PROJECT: HIV prevention research advocates working at local, national and international levels for a variety of new strategies (microbicides, vaccines, and others) have been working to prepare communities, activists, service providers and policy-makers for the challenges of implementing new HIV prevention strategies, and of integrating them into existing programs as part of a comprehensive response to HIV/AIDS.
RESULTS: Key public concerns and questions have been raised and discussed through a variety of community forums. Key concerns include: understanding research, community involvement, trial participant safety, understanding clinical trial results, access, guidance for implementation, and understanding complex concepts including partial efficacy, disease modulation and reduction of infectiousness.
LESSONS LEARNED: By engaging with communities, service providers, activists, policy-makers and others consistently and proactively, plans for implementing new HIV prevention strategies can be informed by the concerns and priorities of those who would provide access to new strategies or would use the new strategies.

Poster Number: 164T

Presentation Title: HIV Vaccine Acceptability Among South African Youth

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BACKGROUND: Developing and disseminating effective HIV vaccines to prevent HIV infection is a primary scientific and public health objective. However, little is known about HIV vaccine acceptability, and barriers and motivators to uptake of future HIV vaccines in the high prevalence setting of South Africa_particularly among youth, who are likely to be targeted in early dissemination efforts.
METHODS: To identify barriers and motivators regarding future HIV vaccine uptake, we conducted a total of six focus group discussions with South African youth aged 18-24 years old in 2007. Four groups with women (n=25) and two groups with men (n=17) were conducted at an inner-city public health clinic in Johannesburg, South Africa. We used an inductive framework approach to identify key motivators and barriers to hypothetical HIV vaccine uptake, as well as to explore the relationship between HIV vaccine availability and sexual risk behavior.
RESULTS: The mean age of focus group participants was 21.5 years with the majority (28%) being Zulu speaking. Half (51%) of participants were students, 34% were employed part or full time and 15% were unemployed. Fifty eight percent of participants had a high school education or less. The vast majority of participants were not married (95%), half (49%) reported more than one sexual partner in the past 3 months, and 38% had never been tested for HIV.

Overall HIV vaccine acceptability was high in both female and male groups. Barriers to HIV vaccine uptake included concern that HIV testing would be required before vaccination; linkage of vaccination to stereotypes about risky sexual behavior and resulting stigma from family and community; mistrust of the health care system in terms of the stated efficacy of the vaccination; lack of perceived susceptibility to HIV infection; partner attitudes towards vaccination; fear that childhood HIV vaccination may lead to early age of first sexual intercourse; and the use of traditional African healing methods as HIV prevention. Motivators for vaccine uptake included the perception that HIV is a serious problem in South African communities; that non-sexual modes of HIV transmission would also be prevented through vaccination; and the potential for government to mandate HIV vaccination programs. Participants expressed concern that sexual risk behaviors would increase among those who receive an HIV vaccine. Female participants expressed that with a vaccine available there would be nothing to keep men in monogamous and "moral" relationships. Male participants were concerned about earlier age of sexual activity and pregnancy in teenage populations. Both male and female participants urged that HIV vaccines should be offered in conjunction with contraception.
CONCLUSIONS: Participants identified several key barriers to future HIV vaccine uptake that may help to plan for dissemination efforts targeting youth in South Africa. HIV testing concerns that arise in the setting of vaccination, as well as the role of HIV stigma, mistrust of the health care system, and concerns about sexual disinhibition should be further explored when developing HIV vaccine dissemination strategies and policy in South Africa.

Poster Number: 161T

Presentation Title: Condom Misuse and Failure Among a Cohort of STD Clinic Attendees

Author(s): *Margolis, AD*[1]; *Warner, L*[1]; *O'Donnell, L*[2]; *Rietmeijer, CA*[3]; *Malotte, CK*[4]; *Klausner, J*[5]; and the Safe City Study Group
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BACKGROUND/OBJECTIVES: Condoms remain an effective tool for the prevention of sexually transmitted infections, including HIV, when used consistently and correctly. However, condom misuse (e.g. put on after initiating sex or removed before completing sex), and condom failure (e.g. breakage or slippage) are events that can reduce the effectiveness of condoms. This analysis describes the prevalence and correlates of condom misuse and failure among a cohort of STD clinic patients.
METHODS: Persons attending STI clinics in 3 cities (Denver, Long Beach, and San Francisco) between December 2003 and August 2005 were enrolled into a controlled study evaluating the effects of a theory-based 23-minute soap-opera style video modeling couples overcoming barriers to safer sexual behaviors. This analysis includes behaviors reported during the ACASI baseline assessment. Two separate multivariable logistic regression analyses, restricted to condom users, were performed to identify correlates of condom misuse and failure at baseline. Odds ratios (ORs) and 95% confidence intervals (CIs) were adjusted for site, age, gender, race/ethnicity, and frequency of condom use.
RESULTS: 1609 participants completed the baseline assessment and were included in analyses. The mean age of participants was 30 years (SD 9.2). Sixty-five percent were male, and about half were either African American (25%) or Latino (23%). Most were heterosexual (83%), and 15% were men who had sex with men. More than half (59%) reported having multiple sexual partners during the previous three months. Slightly more than a quarter (27%) reported sex with only casual partners, 37% with only a main partner, and 36% with both main and casual partners. Seventy percent of participants (n=1107) reported using condoms during the previous three months; and most (77%) used condoms inconsistently. Of condom users, 41% reported condom misuse, 32% condom failure, and 56% one or the other event ≥1 time. Condom misuse was encountered during 16% of all protected vaginal and anal sex acts, and condom failure during 7%. In multivariable analyses, condom failure was significantly more likely among heterosexual men (OR, 2.5; 95% CI 1.49-4.03) compared to men who had sex with men, and among African American participants (OR, 1.7; 95% CI, 1.09-2.69). Condom misuse was significantly more likely among inconsistent condom users (OR, 2.1; 95% CI, 1.50-2.84) compared with consistent users, and among women (OR, 1.4; 95% CI, 1.04-1.76). Condom misuse was also strongly correlated with reporting of condom failure (OR, 1.9; 95% CI, 1.47-2.54).
CONCLUSIONS: A significant proportion of participants reported condom misuse or failure during a three month reporting period. Condom misuse was a more frequent occurrence relative to condom failure, and appears to be occurring among individuals at most risk for infection (i.e. inconsistent condom users). Results suggest that STD clinic patients may benefit from condom skills training exercises, and that clinicians should assure that patients know how to use condoms correctly.

Poster Number: 126T

Presentation Title: Lifetime History of HIV Testing is Lower Among South Chinatown Residents in Chicago Than other Community Neighborhoods.

Author(s): *Magee, MJ[1]; Allgood, KL[2]; Krishnan, SR[1]; Shah, AM[2]; Christiansen, D[3]; Liu, H[1]*
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BACKGROUND: Late HIV testing may be an indicator of low awareness and poor access to services. Nationally, the percentage of Asians and Pacific Islanders (API) who develop AIDS within a year of the first HIV test is higher than of any other racial/ethic group. In 2004, nearly a third of Chicago API HIV cases progressed to AIDS within one year. We examine demographics and local HIV testing practices among Chinatown neighborhood residents. Additionally, we compare levels of lifetime HIV testing in Chinatown to such practices in six Chicago community areas (CA).
METHODS: A comprehensive on-going community health survey was conducted in South Chinatown Chicago during 2006-2007. Random Census block sampling identified households and individuals eligible for the study: participants were age 18 years or older, self-identified as Asian, and provided consent. Bi-lingual interviewers completed face-to-face questionnaires at participants' residences in Cantonese, Mandarin or English. Chinatown HIV testing practices were compared to data collected from six non-API majority Chicago CA during 2002-2003 using identical methods.
RESULTS: To date, 120 adults were surveyed in Chinatown. Most participants were female (62%) and the median age was 49 years; the majority were born in China (84%), and on average lived in Chinatown for 7 years. Nearly half of the participants lacked any knowledge of HIV and AIDS. Only 17 (14%) had received an HIV test in their lifetime; however, 4% knew someone in Chinatown with HIV and 49% were sexually active. among Chinatown participants, history of an HIV test did not differ significantly by sex, age, years living in Chinatown, or sexual activity status. Previous survey data from 1,699 participants in six non-API majority CA demonstrated lifetime HIV testing from 41%-77%. Within the six CA, 36% of Mexicans, 62% of non-Hispanic Whites, 68% of non-Hispanic Blacks, and 69% of Puerto Ricans reported ever receiving an HIV test.
CONCLUSIONS: Chicago South Chinatown residents report low levels of HIV testing. Moreover, a high percent of Chicago API progress from HIV to AIDS within one year. Infrequent testing may result from a lack of HIV services targeted at API, continued stigma regarding HIV infection, and a low perception of risk. Resources should be targeted at developing culturally competent and accessible HIV testing services, expanding educational programs, and promoting ethnic specific awareness campaigns for Asian populations in Chicago.

Poster Number: 217T

Presentation Title: Collaborative Community Services Assessments (CCSA's) in Houston, TX and Los Angeles, CA: Strategies to Strengthen the Continuum of Care and to use Prevention and Care Dollars More Efficiently

Author(s): *Janson, MA[1]; Thomas, AY[2]; Kim, JH[3]; Mesta, JH[4]; Prudhomme, S[5]*
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ISSUE: HIV Prevention and HIV/AIDS Care Community Planning have historically been distinct processes, with very little overlap. There are great opportunities to improve HIV Prevention and Care Services through collaborative planning.
SETTING: Houston/ Harris County in Texas and Los Angeles/ LA County in California are currently conducting CCSA's.
PROJECT: Houston and Harris County began their CCSA process in 2006 by collaboratively designing client surveys and by creating a single, integrated survey for providers. In 2007, they are assisting and advising one another in the administration of the client survey. They are also outlining a single HIV Prevention and HIV/AIDS Care Plan for Houston/ Harris County, to be released in January 2009. Los Angeles County also began its CCSA process in 2006, integrating the care and prevention assessments into one CCSA that was administered in clinic and field settings for 10 weeks in the spring of 2007.
RESULTS: Some services are not distinctly care or prevention, such as prevention services for People Living with HIV/AIDS (PLWHA), service linkages for the newly- diagnosed, and post-exposure prophylaxis (PEP). As such, gaps and duplication of services can only be adequately addressed when Prevention and Care plan together. In addition to addressing gaps and duplication, planning together could strengthen referral networks for clients who test positive for HIV while accessing HIV prevention services.
LESSONS LEARNED: Conducting a Collaborative Community Services Assessment is a viable option for CDC-funded jurisdictions to fulfill their obligations in spirit and action to a community planning process. In the process,

they can obtain data uniquely suited to improving the continuum of care and they can do it more efficiently than in the past.

Poster Number: 214T

Presentation Title: Promoting Earlier HIV Testing: Findings from a Needs Assessment with Persons Who Tested Late for HIV in San Francisco, CA

Author(s): *Nolan, C*[1]; Crisostomo, *A*[1]; *Decker, M*[1]; *Burns, G*[2]; *Rhodes, P*[2]; *Coan, D*[3]; *Loughran, E*[3]; *Packer, T*[3]
[1] Harder+Company Community Research, San Francisco, CA; [2] HIV Prevention Planning Council, San Francisco, CA; [3] San Francisco Department of Public Health, San Francisco, CA

BACKGROUND: An estimated one-quarter of individuals living with HIV in the US are unaware of their infection. Many of these individuals may not find out their status until late in the course of HIV infection. The Centers for Disease Control and Prevention (CDC) estimates that 40% of HIV infections diagnosed in 2004 progressed to AIDS within 12 months after HIV diagnosis. Late testing results in missed opportunities for both treating and preventing HIV. To identify strategies for promoting earlier testing, we conducted a needs assessment with individuals who test late in the course of HIV infection.
METHODS: In addition to reviewing local AIDS case registry data, we conducted semi-structured interviews with 25 individuals identified as having tested late for HIV. Two focus groups were held in order to explore differences in risk perception among those interviewed. These methods stand in contrast to the majority of studies to date which have used HIV/AIDS surveillance data.
RESULTS: Individuals who test late for HIV were represented among a variety of ethnicities, genders, ages, and risk groups. Some participants believed themselves to be at high risk for HIV prior to learning their positive status, while others considered themselves low risk. This latter group included many heterosexually-identified participants. Prior HIV testing patterns varied, with some individuals having never tested in the past, and others having tested multiple times. Primary factors resulting in participants' first known positive HIV test included illness, encouragement from friends, and concerns about a partners' status. More than half of participants reported they would have agreed to HIV testing offered during a regular health care visit. However, many did not have health insurance when they tested positive for HIV.
CONCLUSIONS: Strategies for promoting earlier HIV testing identified through this needs assessment include social networks-based strategies and those that promote self-disclosure; prevention messages emphasizing the ability to lead a healthy life with HIV; prevention messages tailored to those who do perceive themselves to be at risk for HIV; incentives to encourage HIV testing among high-risk substance users; and structural interventions that reduce the need for people to seek testing on their own. In addition, more research regarding the effectiveness of routine testing in health care settings is needed, as well as the proportion of individuals testing late for HIV due to rapid HIV progression.

Poster Number: 127T

Presentation Title: Results from a Qualitative Study of Sexual and Drug Use Behaviors Among Long-Haul Truck Drivers and Commercial Contacts in New Mexico, USA

Author(s): *McCree, D*[1]; *Cosgrove, S*[1]; *Stratford, D*[1]; *Jenison, SA*[2]; *Valway, S*[2]; *Keller, N*[2]; *Vega, J*[2]
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BACKGROUND: Although long-haul truck drivers and their commercial sex contacts (CCs) have been implicated in the spread of sexually transmitted diseases (STDs) in the developing world, little is known about the STI risk behaviors of these populations in the U.S. This two phase (qualitative and quantitative) study examined STD/HIV risk behaviors and the environment in which these behaviors occur among long-haul truckers and their CCs in New Mexico. Data reported here are from the qualitative phase (Phase 1).
METHODS: Phase 1 included face-to-face unstructured qualitative interviews conducted at truck stops and health department facilities to solicit information on sexual behavior, condom and illicit drug use, and best recruitment locations and strategies for the target populations. These data were used to inform the development of Phase 2. Phase 2 included anonymous interviews using a standardized quantitative instrument that collected information on demographics, driving experience, STI knowledge and beliefs, STI history, drug use, condom use and sexual behavior; participants also received screening for HIV, hepatitis B and C, syphilis, Chlamydia and gonorrhea.
RESULTS: Thirty-three truckers (30 men, 3 women) and 14 CCs (11 women, 3 men) completed Phase 1 interviews. These data are presented as anecdotal evidence due to the structure of the interviews. Key issues identified were inconsistent condom use (especially in relation to drug use), intravenous drug use, exchange of sex for drugs,

increasing demand for male sex workers among both female and male truckers, a need for STI/HIV education, and lack of access to health care for both truckers and CCs. Truckers reported availability and demand for CCs and drugs at many truck stops nationwide; none of the truckers interviewed, however, admitted using CCs. CCs reported multiple partners within and outside the trucking community. Participants reported a variety of methods that were used for establishing contact and soliciting drugs and sex, including CB radios, cell phones and the use of "liaisons." Data from Phase 1 were incorporated in the design for Phase 2; 652 truckers and 41 CCs completed Phase 2. Results from Phase 2 regarding sexual behavior and drug use were generally consistent with the Phase 1 results.
CONCLUSIONS: Study findings suggest risky sexual behaviors and drug use in these populations that could facilitate STD/HIV transmission. Additional studies are needed to further assess risk, inform the design of prevention interventions, and determine the best methods for providing STD/HIV and other medical services to this population.

Poster Number: 207T

Presentation Title: Complementarity in Descriptions of Biosocial Phenomena and the Schism Between Preventionists and Moralists

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Biosocial systems are dual-natured phenomena. A full description of dual-natured phenomenon requires two mutually exclusive (complementary) concepts. Preventionists and moralists use complementary descriptions of HIV/AIDS epidemic, sexual behavior and drug addiction. That is why they do not understand each other. The "compromise" may be defined as taking into consideration both types of descriptions. The compromise determines approximate values of complementary sets of parameters somewhere between their extreme alternative or complementary descriptions. A compromise is reached within the framework of the complex interplay of complementary descriptions and currently existing norms and generates new social norms and new intersectoral partnerships. The existing schism between preventionists and moralists concerning HIV/AIDS and similar issues is a result of uncertainty of complementary descriptions of complex biosocial systems and should be resolved through compromises which may vary in different countries.

Poster Number: 102T

Presentation Title: Optimum Care and Prevention of Mother to Child HIV Transmission in New York State: 2003 and 2004

Author(s): *Pulver, WP[1]; Smith, L[1]; Warren, B[2]; Birkhead, G[2]*
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BACKGROUND: Since the introduction of universal screening of infants for HIV in February 1997, New York State (NYS) has made tremendous strides in the reduction of the MTCT rate from 10.9% in 1997 to 2.6% in 2004. Elimination of residual transmission requires assessment of the level of prenatal, intrapartum and post partum care for the prevention of MTCT.
METHODS: All infants born in NYS are tested for HIV antibodies via the newborn screening program. Prenatal, labor and infant chart reviews are conducted on HIV-exposed infants by the NYS Department of Health as part of programmatic monitoring. Data collected includes maternal antiretroviral treatment (ARV), demographics, substance use, and neonatal ARV. For this analysis mother-infant pairs were considered to have received 'optimum' care if there had been > 4 prenatal care visits and if '3-arm' ARV had been received (maternal antepartum and intrapartum ARV and infant neonatal ARV).
RESULTS: Of 1,380 birth events with HIV exposure identified from January 2003 through December 2004, chart abstraction data sufficient to complete analysis was available for 1,101. Black and Hispanic women accounted for 89% of the study cohort, 647 (58.8%) were black, and 337 (30.6%) were Hispanic. Substance use was noted in 194 (17.6%) of the cohort. Twenty-five percent of the cohort was > 35 years of age. More than 98% of the cohort received at least one arm of ARV, with 85% receiving all three arms. 'Optimum' care was documented for 861 (78.2%) and 240 were classified as not having received 'optimum' care. among these 240 cases, there were 18 events in which the mother had a negative prenatal HIV test, and therefore, was not identified as infected until after delivery (i.e. acute maternal HIV infection). In 48 (20.0%) of the 240 non-optimal care cases there were no prenatal care visits. Exposure to at least 1 arm of ARV occurred in 224 (93.3%) of these cases; in 46 (19.2%) only the neonate received ARV. Stepwise logistic regression assessing race, region of state, maternal age, birth facility positive exposure volume and substance use indicated that those with less than 'optimum' care were more likely to be substance users (OR=3.59,

95% CI 2.53-5.08), women >35 years old (OR= 1.48, 95% CI 1.05-2.09), and black (OR=1.43, 95% CI=1.03-1.98). Less favorable outcomes were seen in those without 'optimum' care, including increased pre-term deliveries, smaller infants, and increased HIV transmission (6.2% vs 0.7% in those with 'optimum' care).
CONCLUSIONS: Provision of optimum prenatal care for all women remains a challenge. In this study cohort giving birth in NYS in 2003-4, 78% of HIV-infected women had at least 4 prenatal visits and all 3 arms of ARV therapy. The relationship of race/ethnicity and age to inadequate care will require further study. Expanding initiatives to reach and provide treatment to pregnant women who use illegal substances are needed to reduce MTCT to its lowest biological limit.

Poster Number: 191T

Presentation Title: Translating Research into Practice: Real World Adaptations of an Evidence Based Community Level HIV Prevention Intervention for Young MSM (YMSM).

Author(s): *Tebbetts, SJ*
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BACKGROUND: Considerable effort has been made to encourage community-based organizations (CBOs) to adopt evidence based HIV prevention interventions. Because the Mpowerment Project (MP) is one in a small group of evidence based interventions targeting MSM and the only program specifically developed for YMSM, an increasing number of agencies are adopting the intervention to target MSM in their communities. In a longitudinal, collaborative study with 72 CBOs implementing the MP, we have been examining how the agencies have tailored and adapted the intervention's core elements.
METHODS: Semi-structured telephone interviews lasting 40-120 minutes were conducted with 1-5 people from each CBO at baseline, 6, 12, and 24 months. We have conducted 532 interviews with 329 individuals from agencies implementing MP. We asked participants open-ended questions about how each core element was being implemented and they were prompted to describe in detail any adaptation of a core element and why it was modified. All responses were typed up, near verbatim as much as possible, and then were entered into a database. The adaptations have been discussed at monthly data analysis meetings, and adaptations to core elements have been summarized
RESULTS: The MP was developed for 18-29 year old YMSM and was meant to reach men of all ethnicities together. It is now being used on youth and men who have sex with men, who may or may not identify as gay or bisexual, ranging from 13 - 60 years of age, of specific ethnic groups (Black, Latino, Asian/Pacific Islander, Native American) and from rural to very urban locales. CBOs are actively adapting the MP's core elements to address the needs of their target populations, their organizational resources, and their geographic location. This presentation will describe common adaptations to each core element and the rationale for the changes. The following table shows examples of how core elements have been tailored and adapted.
CONCLUSIONS: Some adaptations to the MP adhere to the model's guiding principles and theoretical framework and are within the MP's fidelity parameters. Such adaptations may increase the MP's effectiveness for certain target populations, such as introducing role plays for the M-groups that closely mirror men's experiences, thus making the M-groups more personally relevant. Other adaptations, however, are more drastic and may work against efforts to implement the MP with fidelity and may "mutate" the model into a different intervention. For example, some coordinators conduct all publicity regarding the intervention via Internet rather than going to bars, cafes and STI/HIV testing sites, thus possibly reducing the likelihood of reaching all segments of the young MSM community. With this in mind, training approaches, replication materials, and technical assistance should include more examples of how the MP can be successfully tailored and adapted in ways that retain fidelity to the intervention while making it culturally and geographically appropriate, acknowledging the use of fewer resources than in the original intervention. Additional outcome monitoring and evaluation may be necessary to assess the effectiveness of adaptations that fall beyond the parameters of the original model.

Poster Number: 114T

Presentation Title: A Comparison of Geomasking Algorithms for Mapping HIV Infections when Geocoded Case Locations Are Available

Author(s): *Miller, WC[1]; Allshouse, WB[1]; Fitch, MK1; Serre, ML[1]; Hampton, K[1]; Gesink Law, D[2]; Leone, PA[1]*
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BACKGROUND/OBJECTIVES: As GIS use has become more influential in public health research, the demand for higher spatial resolution of sensitive health data has increased. However, enhancing resolution can encroach on patient confidentiality. Current available methods include tradeoffs with regard to these criteria. In order to mask the

address location of individuals with HIV, we examine a geomasking technique, which is referred to as "Donut Geomasking." In donut geomasking each geocoded address is relocated in a random direction by at least a minimum distance, but less than a maximum distance, while retaining the address in its original census block group. This method makes it impossible for a case to be randomly assigned to its original location. This method should be effective, especially for protecting the locations of HIV cases in rural areas.
METHODS: Households were simulated to create block groups with differing population densities. We compared the donut geomask to the established methods of aggregation and simple random perturbation to assess retention of spatial resolution and protection of confidentiality. For aggregation, the geocoded location of a case was moved to the centroid of their respective census block group. The outer radius for the simple random perturbation and the inner and outer radii for the donut geomask were calculated using the population density of the census block group. Two metrics were used to evaluate the different methods: (1) the percentage of cases where “minimum confidentiality” was compromised and (2) the change in spatial resolution.
RESULTS: Simple random perturbation correctly identified 9-18% more of the true high rate areas than the donut geomask, however the donut geomask only compromised confidentiality 2-6% of the time compared to 11-51% for simple random perturbation. The range of percentages result from the size of the radii used, which reflect the minimum and maximum protection levels chosen. This illustrates the tradeoff between protecting patient confidentiality and identifying outbreaks of HIV infection. Predictably, aggregation was the best method for protecting the patient’s location, but was the worst in maintaining spatial resolution.
CONCLUSIONS: It is important to use spatial epidemiological methods to identify clusters of HIV outbreaks. This allows one to target prevention strategies to areas and populations which need them most. However, when one has access to geocoded HIV data, it is essential to preserve patients’ confidentiality. Historically, these data have been aggregated to centroids of politically-defined regions. This method destroys clustering of cases and inhibits one’s ability to identify outbreaks at the microscale level. While simple random perturbation avoids this, it allows for the possibility that patients are moved close to their actual location. In less populated areas, this can be particularly problematic. Therefore, when data are highly sensitive in nature, the donut method should be considered optimal for geomasking.

Poster Number: 190T

Presentation Title: Sexy Harm Reduction: Utlizing Harm Reduction to Address Sexual Risk Among Drug-Users

Author(s): *McAdoo, L*
AIDS Action Committee, Boston, MA

ISSUE: Far too often, prevention counselors hear substance users say "this is the first time I've talked about this" when discussing their sexual behaviors. Even substance users who are receiving services (e.g. needle exchange, treatment, medical care) often report never having been asked about their sexual practices. It is as if many providers do not view many drug users as sexual beings. Yet, sexual risk may be a greater risk for infection (HIV, Hep B) for this population and their sex partners than needlesharing.
SETTING: Agency/counseling offices, outreach vans and anyplace that offers a private place to talk.
PROJECT: Harm Reduction is a proven approach to working with substance users to lesson their harm related to their use. The principles and practices of Harm Reduction are equally effective when working with clients to lesson their harm related to their sexual activities. This session will focus on the importance of discussing sexual risk with drug users in a sexually-charged society where condoms are not seen as sexy and can, in some situations, be impractical. We will discuss and demonstrate applying Harm Reduction principles to high-risk sexual behaviors by giving an example of applying this framework to a case study. We will also explore the use of the "Stages of Change" to assess where a client is in relation to sexual behavior change as well as look at some of the specific skills and qualities needed to make appropriate inquiries about a client's behaviors
RESULTS: Open and frank discussions of sexual risk and realistic, doable options for lowering risk are identified in partnership with the client.
LESSONS LEARNED: That despite the enourmous risk that sexual behaviors pose to drug-using clients, this issue is far too often not addressed or is considered secondary to their needle-sharing risk which often poseses less of a risk than their sexual behaviors.

Poster Number: 106T

Presentation Title: Legal Syringe Purchase Activities and Population Estimates of Suburban Injection Drug Users (IDUs) in Long Island, New York (NY)

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BACKGROUND: HIV prevention for IDUs has proved challenging. Nonetheless, successful prevention efforts for IDUs have been built upon: 1) education and outreach 2) targeted, sustained HIV testing initiatives and 3) systematic distribution of sterile syringes. Recent research suggests that methods 1 and 2 have reached the saturation point; further reductions in HIV incidence may require renewed emphasis on syringe availability. The NY Expanded Syringe Access Demonstration Program (ESAP) allows legal sale of small quantities of non-prescription syringes by pharmacies and certain other providers. This study assesses the characteristics of an IDU population outside New York City with particular attention to syringe purchase.
METHODS: In 2005, residents of Long Island, NY were surveyed using respondent driven sampling (RDS). RDS is a chain referral methodology based on the premise that peers are effective recruiters for "hidden" populations. All respondents age >18 years who injected in the past 12 months were eligible for interview with a standardized questionnaire. RDSAT (RDS Analysis Tool) software was used to calculate unbiased population and precision estimates through a weighting process that compensates for non-random participant selection.
RESULTS: Final sample size was 482. By self-report 46% were black, 26% white, 17% Hispanic, and 7% other race/ethnicity. Heroin, the modal injection drug of choice, was used by 90% of participants; 60% reported injecting at least daily. IDU population estimates (with 95% CI) showed a race/ethnicity distribution similar to the sample (+2%). Other demographics included: male 55% (49-60), female 40% (35-46); age 18-29 years 5% (3-8), age 30-39 years 36% (29-41), age 40-49 years 31% (26-36), age 50+ years 24% (19-29); and annual household income <$10K 30% (25-36). The following population estimates are based on injection practices the year prior to interview. Sixteen percent (12-20) engaged in needle sharing, while 66% (61-72) "always" used new sterile needles from various sources. Syringes were purchased from ESAP pharmacies by 63% (57-69). Usage patterns suggested that blacks were less likely to use ESAP (60%, CI 52-69) than whites (79%, CI 69-88); utilization of ESAP by Hispanics did not differ significantly from either (64%, CI 49-77). Individuals with <$10K annual income were also less likely to use ESAP compared to individuals with incomes >$10K (51%, CI 39-61 vs. 73%, CI 66-80). No differences were observed by gender, age, or injection frequency. Approximately 1 in 4 IDUs (28%) exhibited concurrent safe acquisition behavior and safe needle use (obtained needles exclusively from ESAP with no sharing).
CONCLUSIONS: RDS is an effective methodology for recruiting members of "hidden" populations and elucidating population characteristics that enhance prevention planning. This analysis provides the first population estimates of legalized syringe purchase by suburban IDUs in the NY Metropolitan region of Long Island. Safer needle use through widespread ESAP utilization allows 1 in 4 IDUs (28%) to eliminate the risk of blood-borne pathogens via injection; many others have decreased their risk. Differential ESAP access by income and race suggests missed opportunities for harm reduction; development of multivariate techniques for RDS analysis is needed to explore the complete range of interaction effects.

Poster Number: 179T

Presentation Title: Healthy Relationships: Selecting Culturally-Appropriate Movie-Quality Clips

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ISSUE: Healthy Relationships (HR) leads the nation as the most effective and frequently implemented risk-reduction intervention for people living with HIV/AIDS. It uses movie-quality clips to generate group discussion around and practice of the five coping skills that are delivered throughout its five sessions. The clips also serve as a mechanism to draw interest and assist with participant retention by offering an appealing twist to group-level interventions, which are typically didactic or educational in nature. However, the selection and use of up-to-date and culturally relevant movie-quality clips remains the most challenging aspect of implementing HR. Challenged by the time, resources, and capacity needed to select appropriate up-to-date clips for culturally diverse groups, facilitators resort to using clips that may not always meet the needs of the participants or the intervention's design.
SETTING: Groups are delivered in secure locations throughout the US by CBOs, FBOs, ASOs, and health departments with men and women living with HIV/AIDS.
PROJECT: Healthy Relationships (HR) is a five-session, video-based, small-group level intervention for men and women living with HIV/AIDS. UT Southwestern Medical Center's Technology Transfer Team (3T) has worked with

researchers, CDC, other training centers, and frontline providers to create the HR replication package, design and deliver training, and provide capacity building assistance (CBA) since 2003. We developed new and on-going relationships with organizations nationwide to learn how the training and CBA services we provide can best address the skills, resources, and capacity necessary to select up-to-date and culturally-appropriate movie-quality clips.
RESULTS: From 2002 to the present, 3T has led the technology transfer process of HR through replication, implementation, training, and CBA in the US. 3T has worked very closely with researchers, CDC, agencies, and other training centers to ensure that HR is implemented with fidelity to its Core Elements to guarantee similar results to those of the original research.
Throughout the technology transfer process, from 2002 to the present, 3T has increased its knowledge and skills for choosing effective, culturally-appropriate HR clips for any population. From the first design of the "Clip Essence Tables" to the development of an ever-growing database of potential clips, 3T has formalized the criteria for clip selection and provided 186 agencies with the tools, training, and CBA to ensure that HR is implemented with fidelity to its Core Elements. Currently, 3T has identified over 85 new potential HR clips and provide CBA to 23 agencies implementing HR, including The Gay and Lesbian Community Center of South Florida's PALS Project (PALS).
LESSONS LEARNED: Selecting culturally-appropriate and up-to-date clips for HR is a crucial element in successfully implementing this intervention for people living with HIV/AIDS. Representatives from 3T and PALS will share expertise in how agencies can overcome the challenges they face when selecting HR clips. 3T will present specialized training, selection tools, potential clip options, and capacity building for the clip selection process.

Poster Number: 158T

Presentation Title: Making Evidence Based Decisions to Inform Your Recruitment Strategies.

Author(s): *Nuno, M; Chion, M; del Pino, H; Rodriguez, C*
AIDS Project Los Angeles, Los Angeles, CA

ISSUE: Program staff implementing Effective Behavioral Interventions face challenges using evidence to inform their strategies in recruiting clients into their HIV prevention programs. This results in not reaching their target population, poor retention of those they do reach, and poor program outcomes.
SETTING: Community Based Organizations (CBO) implementing HIV prevention programs of Latino/a in the USA. This information is also beneficial to program staff from CBOs and CBA providers.
PROJECT: AIDS Project Los Angeles has been providing capacity building trainings on recruitment to CBOs implementing HIV prevention interventions for Latinos/as. Over the last year, APLA collected information during these trainings on the recruitment practices from 9 recruitment trainings and 150 program participants. Most of the participants attended APLA trainings because they were having problems reaching their target population, struggling with retention, and therefore have difficulty meeting their program outcomes. Based on the qualitative data collected during the trainings, APLA is currently conducting key informant interviews to assess recruitment and retention improvements seen in their organizations.
RESULTS: From May 2006 to April 2007, 150 HIV prevention providers attended APLA recruitment trainings. The major challenge participants faced was to use evidence to develop their recruitment plans instead of making assumptions based on anecdotal information. Other challenges were segmenting the target population to develop an effective recruitment plan; knowledge of the four recruitment methods (outreach, internal and external referrals, and social marketing); confusion between using social marketing strategies for intervention purposes versus recruitment messages; and having a recruitment evaluation/quality assurance plan in place to improve recruitment activities based on evidence.
APLA will present the preliminary findings from the current key informant follow-up interviews.
LESSONS LEARNED: Development of a comprehensive recruitment plan is necessary to successfully implement an Effective Behavioral Intervention. Making changes to the recruitment plan based on evidence is necessary due to changes in funding, shifts in the target population, and fluctuations in staffing. It is important that not only agency management but also funders prioritize recruitment capacity building and trainings for HIV prevention implementation.

Poster Number: 166T

Presentation Title: Integrating Behavior Change Theory and HIV Prevention Practice: An Evaluation of AID Atlanta's Prevention Case Management Program

Author(s): *Gentry, QM*[1,2]; *Smith-Bankhead, N*[2]; *Moore, N*[2]; *Haynes, S*[2]; *Raphael, H*[2]; *Ivey, S*[1,3] - *Quinn M. Gentry,* MBA, PHD, Messages of Empowerment Productions, LLC, Atlanta, GA AID Atlanta, Atlanta, GA,, Neena Smith-Bankhead, MS, Nashwandre Moore, MS, Symphony Haynes, MS, Holloway Raphael, MS, AID Atlanta, Atlanta, GA, Symeon Ivey, Messages of Empowerment Productions, LLC, Atlanta, GA Georgia State University, Atlanta, GA.

ISSUE: Both public and private funders of HIV prevention efforts have increased their expectations for resource accountability and enhanced program implementation standards. This presentation will highlight AID Atlanta's efforts towards creating an evaluation framework for its prevention case management program by bridging the gap between behavior change theory and HIV prevention practices. HIV prevention programs tasked to evaluate their efforts with limited time, funding, and expertise will benefit from this study.
SETTING: AID Atlanta's prevention case management program known as REDI (Reinforcing Education and Developing Independence) is implemented at the agency's mid-town Atlanta office, as well as through collaborative partnerships with other institutions serving individuals at high risk for HIV or in need of HIV prevention for positives.
PROGRAM IMPLEMENTATION: The REDI program is based on the stages of change theory aimed at engaging and empowering high risk individuals to change behaviors that increase their chances for primary and secondary HIV infection. Based on intake assessments and individual motivational interviews, HIV prevention sessions are planned to meet unique client needs.
PROGRAM EVALUATION: A cost-effective and sustainable program evaluation database was built to analyze the REDI program's effectiveness. Specifically, the database tracks data that answer evaluation questions such as: (1) What are the demographic characteristics and high risk behaviors among individuals at high risk for HIV?; (2) What evidence is there that each individual was serviced using the core elements of REDI?; (3) To what extent was REDI appropriate for diverse sub-populations served? and (4) Within the context of using program evaluation for improvement, what changes are needed to increase the effectiveness of REDI as an HIV prevention intervention program.
PRELIMINARY FINDINGS: In 2006, AID Atlanta served 123 clients in its REDI prevention case management program. Intake and encounter data were completed for 86 (70%) of the 123 clients enrolled in REDI. Preliminary process findings indicate that the REDI program staff served 60 HIV positive and 63 HIV negative individuals. As intensity and duration of prevention case management are key indicators of success, early findings indicate that 3 prevention case managers each engaged approximately 13 clients per month; with an average total program monthly caseload of 40 clients. Additionally, linkages to services were quantified as 284 total referrals made on behalf of clients. There were 54 clients documented as "discharged" either due to program completion or drop out.
LESSONS LEARNED: Program coordinators must have access to behavior change theory training in a way that integrates their program activities to evidence-based interventions. Effective communication and relationship building is key to reaching and retaining high risk individuals in the REDI program. Creating an environment of personal empowerment to progress through the stages of change increases individual success rates. Finally, the REDI program remains limited in long-term success (maintenance stage of change) because the communities and institutions where the program is implemented lack resources to systemically assist individuals with unmet needs related to domestic violence, mental health illnesses, chronic unemployment, drug abuse treatment, criminal records, medical conditions, and homelessness.

Poster Number: 181T

Presentation Title: Microfinance and HIV/AIDS Prevention & Treatment

Author(s): *Tangie, TL, 70s*
African Action on AIDS(AAA) / African Regional Youth Initiative (ARYI), Yaounde, Cameroon

ISSUE: Poverty is a major factor that exposes Africans, mostly females and youth to HIV infection; poverty makes the HIV infected persons to develop AIDS faster and die rather faster than the rich. Poverty is the mother to most HV/AIDS cases and death in Africa. Experiences gathered helped us to develop the method of HIV/AIDS Prevention through microfinance structures, mostly in rural and suburban areas, which empower people financially.
SETTING: We signed a convention in 2003 with a microfinance institution, Microfinance and Development (MIFED), which controls village micro-credit unions in 157 villages in Cameroon. This resulted from the fact that some creditors died of preventable illnesses like AIDS or were weakened by infections like HIV and they were not able to pay back their debts. We developed a policy of "building health before building wealth", so that loans can be repaid, and income generated goes to household needs and not in hospitals. More time should be spent at work and

not on the sick bed; a credit union can only function in a healthy society; we had to bring about health in these villages and rural communities.
PROJECT: These stable villages' credit unions coordinated by MIFED were well organised entry ports to these villages. Sensitisations were organised there, thereafter training sessions were organised for the management committee of the credit unions and selected influential adults and youth in the villages. These trained persons became the focal points of their respective villages. Apart of some topics arising during the training sessions, the main topics were based on understanding HIV and AIDS such as: Transmission, Prevention, Identification, Testing, Counselling, treatment; caring of the human body and its organs, basic corporal and environmental hygiene and sanitation; condom use; counselling and treatment; sites for tests like CD4 Count, Viral Load etc; The Immune System as the defence system of the body and its composition, its importance in HIV transmission, prevention and treatment etc.
RESULT: Total savings increased; debt reimbursement increased; credit union expanded because people understood how to prevent certain illnesses just by practices good hygiene. More time was spent on income generating activities and not in the hospital. The number of voluntary AIDS screening increased, HIV+ persons were sent to the provincial hospitals for further testing and prescription of ARV as they case was. Other villages solicited our training programme.
LESSON LEARNED: When people are well knowledgeable about an enemy, they can easily face and fight it. Local people were initially left out from HIV/AIDS trainings because they were considered not intelligent enough to understand complex HIV/AIDS issues. Taught about HIV/AIDS in simple language, they now know the enemy and can now fight it properly. Micro credit brings people together; using stable influential institutions in rural areas we were able to enlighten these people. Proper information is a key factor in HIV/AIDS Prevention; well knowledgeable people now take the responsibility to fight against HIV/AIDS in their communities. Proper hygiene is a prime factor to HIV/AIDS Prevention.

Poster Number: 165T

Presentation Title: Knowledge About HIV/AIDS and Willingness to Participate in New Preventive Technologies Trials (NPT) Among a Nigerian Refugee Population

Author(s): *Akinyemi, OO*
University College Hospital, Ibadan, Nigeria

BACKGROUND/OBJECTIVES: Refugees in Nigeria unlike refugees in some other countries are not restricted to camps but rather interact freely with the general population. It is known that refugees act as a reservoir of sexually transmitted infections and HIV/AIDS within any population because of their vulnerable nature. This study was designed to assess their knowledge about HIV/AIDS and their willingness to participate in NPT trials.
METHODS: The subjects were recruited by simple random technique utilizing a list of camp inhabitants. The study was conducted utilizing standardized questionnaires with 37 structured questions administered by trained assistants. Two hundred and fifty two questionnaires administered randomly were analyzed using SPSS version 11.
RESULTS: One hundred and twenty nine of the 252 respondents (51.2%) were females. The mean age was 27.7years. The larger percentage (60.7%) comprised of Liberians. Sierra-Leoneans constituted 30.7% of respondents. Other nationalities represented were Cameroonians, Congolese, Ghanaians, Ivorian and Sudanese. Majority of the respondents (88.1%) had at least some secondary school education while 48.8% had lived in the refugee camp for 5 or more years prior to the survey. Most respondents with at least a secondary school education believed that HIV/AIDS can be cured using local herbs (p=0.021). Twenty- three (69.7%) of those who had used an illicit drug in the past one month were willing to subject themselves to clinical trials for HIV vaccine (p= 0.06). Eighty-five respondents (45%) with less than secondary school education had never heard of microbicides compared with those (55%) who had a tertiary education or its equivalent (p=0.04).
CONCLUSION: More still needs to be done in educating this vulnerable group about this scourge and also increasing awareness about NPT if we are to reduce the spread of HIV/AIDS among the refugees.

Poster Number: 140T

Presentation Title: Social Support and Knowledge of HIV Services Among Non-injecting Drug Users

Author(s): *White, K*[1,2]; *Fuller, CM*[1,2]*; Ompad, DC*[1]*; Vlahov, D*[1]
[1] New York Academy of Medicine, New York, NY; [2] Columbia University, New York, NY

BACKGROUND/OBJECTIVES: Previous reports suggest that the expansion of prevention and intervention programs targeting injecting drug users (IDUs), namely increased sterile syringe access, has contributed to the decline of HIV prevalence. However, the HIV prevalence among non-injecting drug users (NIDUs) has remained unchanged

and intervention programs seeking to reduce transmission and increase access to HIV care and services has been limited. While prior studies among IDUs have noted the importance of social support in risk reduction and access to services, data on NIDUs remains sparse. This study seeks to examine the relationship between social support and knowledge of HIV services among NIDUs.
METHODS: Street-recruited young adult non-injecting heroin, crack, and/or cocaine users underwent interviewer-administered questionnaires regarding sociodemographic characteristics and functional forms of social support, specifically, emotional, financial, informational and instrumental support (2000-2003). Multiple logistic regression models were used to investigate the relationship between social support and knowledge of HIV services in one's community.
RESULTS: Of 383 participants (32% female, median age: 32, 98% African American or Latino), 68.4% reported knowledge of HIV services. Knowledge of HIV services was significantly associated with older age, higher income, having health insurance, homosexual identity, prison history, and knowledge of mental health services. Daily crack use was negatively associated with knowledge of HIV services. After adjustment, only having a source of emotional support, (AOR 2.3; 95% CI: 1.1-5.1) and someone to go to for advice about HIV prevention services (AOR 2.5; 95% CI 1.1-5.6) were independently associated with knowledge of HIV services.
CONCLUSIONS: These findings indicate that specific forms of social support may play an important role in the knowledge of HIV services amongst NIDUs. The role of social support merits attention among this understudied population and may inform intervention research designed to promote awareness, early access to HIV/AIDS services, and risk reduction targeting NIDUs.

Poster Number: 219T

Presentation Title: HIV Rapid Testing Expansion In Philadelphia

Author(s): *Spencer, SB*[1]; Acosta, D[2]; Cella, J[3] - [1] *Susan B. Spencer*, Inc, *Wyndmoor, PA*; [2] Philadelphia Department of Health, Philadelphia, PA; [3] AIDS Activites Cordinating Office-Philadelphia Dept of Health, Philadelphia, PA

ISSUE: With the advent of HIV rapid testing, the ability of providers to expand testing into at risk communities has expanded as well. Successful programs involve program collaboration with other systems serving at risk populations, and a coordinated approach to testing which best utilizes the varying strengths of providers matched with at risk populations for successful service integration.
SETTING: The AIDS Activities Coordinating Office (AACO) of the City of Philadelphia Department of Health received additional funding from the State to implement City wide rapid testing.
PROJECT: Multiple testing was developed using a variety of methods such as mobile testing, targeted testing events, and mapping to reach at risk populations, Testing was expanded via partnerships to homeless shelters, the Salvation Army, faith based organizations, City Health Centers, probation and parole offices, prison and emergency rooms at local hospitals. Efforts were made to expand the capacity of providers to offer testing thru training, general and individualized technical assistance, expanded staff time, and on-site consultations to further develop capacity. CTR providers were matched with sites requesting testing based on need and populations served.
RESULTS: From September 2006-June 2007 testing was expanded significantly across the City of Philadelphia (data for this project will be available at the time of the presentation). Of equal importance are the partnerships with other systems which have been established which have continued to expand.
LESSONS LEARNED: Rather than a blanketed approach to testing (everyone gets tested) it is important to continue a focus on at risk populations and areas where there is a high seroprevalence rate. For these efforts to be successful, the ability to provide central coordination is essential. At the conclusion of this project we will have more information to better direct testing efforts as we move forward.

Poster Number: 192T

Presentation Title: A Web-Based Approach for Capacity Building Assistance

Author(s): *Minaya, J*[1]; *Phields, M*[1]; *Taveras, S*[1]; *Mitchell, R*[2] - [1] Centers for Disease Control and Prevention, Atlanta, GA; [2] Northrop Grumman (CDC Contractor), Atlanta, GA

ISSUE: Nationwide, the CDC Capacity Building Branch (CBB) is responsible for ensuring the HIV prevention capacity of health departments and community based organizations (CBO). The growing demand for capacity building assistance (CBA) warrants a more efficient way to manage requests for CBA. To address the needs of health departments and CBOs for CBA, a web-based system, the CBA Request Information System (CRIS), was developed.
SETTING: In addition to CDC staff, 65 health departments, approximately 142 directly-funded CBOs, and 32 CBA providers are current users of the CRIS.

PROJECT: The CRIS application was designed, developed, and deployed by the CDC and completed its first year of implementation in October 2006. Once a request is submitted, CBB employs a triage process to review and assign each request to the appropriate CBA provider who then fulfills the request with an action plan and CBA service delivery. Automated CRIS e-mails are used to notify all parties of the status of the CBA request. CRIS users can immediately view, comment on, or request additional details for their CBA request. CBA recipients and providers alike can log-on to CRIS and track the progress of their request on-line. Monitoring and evaluation components of CRIS have resulted in modifications to CRIS to improve usability and increase tracking and accountability of CBA service delivery.
RESULTS: Prior to the CRIS, CBA requests were not easily quantified. During the first year of the CRIS (10/31/05 - 10/31/06), over 500 CBA requests from CDC grantees were submitted. Over 600 current users from health departments, CBOs, and provider organizations have used CRIS to manage and/or fulfill CBA requests. The CRIS has improved access to and timely delivery of CBA services for health departments and CBOs, with supervision by CDC staff. For example, once a request has been triaged, there is a 48 - hour turn around period for contacting recipients. The CRIS is now the primary method used by CDC grantees to request CBA and has revolutionized the way CBA is requested and managed. CRIS has improved the communication among CBA providers, health departments, CBOs, and CDC staff in the delivery of effective CBA.
LESSONS LEARNED: Providing a web-based approach for submitting, managing, and fulfilling CBA requests is a highly effective and efficient method for addressing the capacity building needs of health departments and CBOs. CRIS has improved the timeliness and accuracy of CBA service delivery and accountability for providers and recipients.

Poster Number: 180T

Presentation Title: Participant-Driven Capacity Building: Exploring a Skills-building Training Model for HIV Prevention Programs Implementation

Author(s): *del Pino, H; Nuño, M; Chion, M; Márquez, O; Rodríguez, C* - AIDS Project Los Angeles, Los Angeles, CA

ISSUE: Training/workshop is one method to provide capacity-building assistance to implement HIV prevention programs. Trainings draw a cross-section of participants: from highly skilled to those who lack core competencies, from those who are enthusiastic to those compelled to attend. Participants face barriers for engaging in trainings and hence trainers must help participants overcome these obstacles. AIDS Project Los Angeles found that participants are not always motivated but obligated to attend; unmotivated audiences rarely participate; and they do not always implement the acquired knowledge and skills to improve their services. Hence the need to develop a participant-driven training model.
SETTING: CBA providers, trainers, and community-based organizations implementing HIV prevention programs for Latino/as. This information is beneficial for anyone that provides trainings and technical assistance and for organizations that send their staff to various DEBI trainings.
PROJECT: APLA has developed a participant-centered model of training and capacity building. This model was developed based on identified barriers and facilitating factors. among the barriers: lack of motivation, lack or poor basic knowledge, and low self-efficacy. among the facilitator factors: participant's experience, management support, and high self-efficacy. APLA's training model is based on four components: a) Develop a standard of appropriate training materials, b) Plan enough time to elicit development of desired skills, c) Know your audience (in advance and during the training), and d) Versatile trainers (to motivate the audience, to tailor the content and to deliver it).
RESULTS: Acción Mutua has provided trainings across the country, thus this model results from lessons learned in Los Angeles, San Francisco, Portland, Seattle, Anchorage, and New York. Careful analysis and review of client satisfaction forms suggested important ways to adapt the trainings we offered and develop a participant-driven training model. Since then clients have reported 80% or higher satisfaction for trainings, e.g., Focus Group, Recruitment, Program Evaluation, Group Facilitation.
APLA will present case studies to illustrate a participant-centered model of training and capacity building. We will discuss strategies for gathering information on the audience both before and during the training; discuss barriers to motivation for participants and strategies to overcome these; initiate conversations about ideal trainers and proper preparation for trainers; finally, we will review strategies to produce superior trainings materials, e.g., participant manuals, tech bulletins.
LESSONS LEARNED: Our findings confirm the association between key participant features and successful implementation of trainings. It is important to factor into the presentation each person's level of expertise, knowledge of core competencies, and motivation for being at the training. Our findings support the important role of ongoing formation for facilitators, like knowing how to identify and overcome individual barriers and how to adapt the training to the needs of participants at that particular training_ as opposed to "adapting" the training to participants in a generic sense. Finally, the importance of providing superior materials to participants cannot be overstated. This includes

developing materials that have immediate use beyond the training, e.g., guides, worksheets. The materials must function as a source of motivation for participants to engage in the learning process.

Poster Number: 182T

Presentation Title: "Translating Street Smart in Partnership With its Consumers and End-users: Technology Exchange as an Iterative Process"

Author(s): *Rodriguez, CL; Ayal, G; Chion, M; Nuno, M; Marquez, O* - AIDS Project Los Angeles, Los Angeles, CA

ISSUE: Nowadays there is a high need to use evidence based (EBI) interventions, but also to understand the "translation" process of some HIV prevention models into a community-based context. To date relatively few research studies have been conducted on the process of translating evidence-based interventions for implementation in community-based organizations (CBOs) that serve MSM, particularly MSM of color. This paper addresses a four-step plan of trainings and Technical Assistance needed to facilitate the adoption of the evidence-based intervention "Street Smart," an intervention originally designed for homeless and runaway youth, adapted for Latino YMSM.
SETTING: This study was done in collaboration with community-based organizations serving young Latino MSM in Los Angeles County. This information is beneficial to organizations wanting to implement evidence-based interventions in terms of not only how to adapt EBIs but also the specific type of technical assistance need to facilitate the adaptation process) how Technical Assistance can facilitate this process.
PROJECT: We document a comprehensive plan of trainings and Technical Assistance needed to facilitate the adoption of evidence-based intervention. This iterative model of adaptation seeks ongoing consumer (members of the target population) and staff (end-users of the intervention) input. Interviews with consumers and staff at adopting agencies suggested important ways to adapt the intervention in terms of content and pedagogy.
The adaptation followed a four-step plan that included an opportunity to systematically solicit feedback from potential consumers of the intervention to be adopted (Kelly, Heckman et al., 2000). The process included the following steps:
1. Systematic solicitation of feedback from potential consumers - young Latino gay men - through the use of focus groups;
2. Facilitated program planning discussions with staff from each of the adopting agencies about consumer input, Street Smarts core elements, and goodness of fit issues followed by a session-by-session adaptation process using the intervention's original curriculum;
3. Joint training and individualized technical assistance delivered to the prevention staff from each of the adopting agencies on the implementation of the adapted intervention (discussed elsewhere); and
4. Process evaluation with a focus on consumer satisfaction and staff perspectives recorded during informant interviews.

RESULTS: The findings from this study also support the important role of ongoing consumer input plays in the technology exchange process. We found that additional factors may facilitate or hinder the successful integration of evidence-based interventions. Such factors include staff tenure, the degree of alignment between adopting agency staff and members of the target population on HIV prevention needs, and staff's theories about prevention.
LESSONS LEARNED: Understanding the adaptation/translation process of an EBI is necessary for the success of implementing an HIV prevention program. This may include the involvement and commitment of management, front line staff and representative of funding sources to include clients input in the adaptation process.

Poster Number: 143T

Presentation Title: Implementing Rapid HIV Testing in California Labor and Delivery Settings: Using Data to Inform Training and Technical Assistance Interventions (Part 1)

Author(s): *Sarnquist, C[1]; Brockmann, K[2]; Ritieni, A[2]; Maldonado, Y[1]* - [1] Stanford University, Stanford, CA; [2] CA DHS, Office of AIDS, Sacramento, CA

BACKGROUND/OBJECTIVES: Currently in California, only about 20% of labor and delivery hospitals offer rapid HIV testing in labor and delivery despite CDC and ACOG recommendations of universal offer to women lacking a previous test result. In order to effectively implement interventions aimed at increasing the number of facilities offering such testing, it is important to understand how often such testing is necessary and what implementation barriers exist.
METHODS: A survey of all 260 California birthing hospitals was performed. Survey topics included testing documentation rates, existence of protocols around testing, reasons for lack of rapid HIV testing, and others. Surveys were sent to the head labor and delivery nurse or nurse manager at each facility. 205 facilities responded, for a 78.8% response rate.

RESULTS: About 54% of facilities reported that prenatal care records are missing greater than 90% of the time, and even when records are available, HIV test documentation was only reported about 55% of the time. Furthermore, only about a third (37%) of hospitals reported that they have a written protocol in place for managing women lacking a documented HIV test.
Many barriers to universal test offer were cited by facilities not offering such testing. The major barriers were "Rapid HIV test kits not available in Labor and Delivery" (cited by 103/158 facilities, 65.2%), "Insufficient training on providing HIV test results and treatment" (92/158, 58.2%) and "Insufficient training on how to offer and explain HIV testing" (91/158, 57.6%).
CONCLUSIONS/IMPLICATIONS: Given the high level of women presenting to labor and delivery without a test record, rapid testing can be an important opportunity to further prevent perinatal HIV transmission and help women learn their own status. Although obstacles to implementing testing exist, the major identified barriers in this study are amenable to interventions such as providing technical assistance to ensure availability of test kits and providing staff training around testing and treatment.

Poster Number: 175T

Presentation Title: Quality Assurance: It's 1 a.m. Do you Know Where Your Outreach Worker Is?

Author(s): *Gaucher, MJ -* Massachusetts Department of Public Health, Boston, MA

ISSUE: Outreach is one of the most important and fundamental services an agency can provide, yet because outreach services often take place outside of the office, it is difficult to gauge the quality of the interaction taking place and the content of the message being shared. This workshop will present an outreach quality assurance model to assess outreach efforts and offer suggestions on how findings can be used to enhance outreach programming.
SETTING: The outreach assessment model was utilized throughout the state of Massachusetts in both rural and urban areas in various neighborhoods and bars frequented by high risk individuals.
PROJECT: The outreach assessment model is a three-tier process intended to assess and improve outreach services The first tier involves training community members as quality assurance testers (similar to secret shoppers) and sending them into communities to locate outreach workers and engage them in risk conversations. The second tier consists of unannounced visits by funder staff to accompany outreach workers in the field to assess outreach efforts, message content, and delivery. The third tier is comprised of a knowledge assessment given to all outreach workers to ascertain knowledge regarding HIV, STIs, and hepatitis C. These results, reviewed together support the development of action plans to enhance outreach training programs and subsequent services.
RESULTS: Notable deficiencies were noted in the coverage of critical outreach sites among several agencies
Selected skills limitations among outreach staff were identified
Tailoring training materials to needs of outreach staff improved outcomes
Feedback provides outreach workers and their supervisors with critical information on outreach strategy and message delivery to improve services.
LESSONS LEARNED: An outreach quality assurance initiative may require substantial time investment, but not large financial investment. Quality assurance initiatives will improve the quality of services provided by informing training and technical assistance needs. The development of clear and specific protocols on how to conduct quality assurance initiative including how to provide constructive feedback to agencies should be established prior to implementing initiative. Community agencies often do not have the resources to have their own quality assurance processes in place.

Poster Number: 109T

Presentation Title: Recruitment of Male Sexual Partners by Minority Women: Barriers and Recommendations

Author(s): *Hurwitz, EJ[1]; Driscoll, M[1]; Santana, MC[2]; Reed, E[3]; Raj, A[4] - 1* Massachusetts Department of Public Health; HIV/AIDS Bureau, Boston, MA; [2] Boston University School of Medicine, Women's Health Unit, Boston, MA; [3] Harvard University School of Public Health, Boston, MA; [4] Boston University School of Public Health, Boston, MA

BACKGROUND: Engaging male sexual partners of women at heterosexual risk for HIV research and prevention can be challenging. To identify effective approaches and potential barriers, focus groups and in-depth interviews were conducted. This work was designed to inform the Partner Study, a sub-study of National HIV Behavioral Surveillance (NHBS) which recruits African American and Hispanic/Latina women through social networks or in venues; participating women recruit male sexual partners.

METHODS: Focus groups were conducted with African American women (2 groups of 8) and Latinas (1 English-language group of 5, 2 Spanish-language groups of 5 and 4, respectively) recruited through community-based organizations. Women were asked to recruit a male sex partner for a subsequent focus group; in-depth interviews (n=2) were substituted to accommodate low attendance. A separate group was conducted with men directly recruited through a barber shop (1 group of 8). $25 incentives were provided to participants; additionally, $10 was offered to women who successfully recruited a male partner.
RESULTS: Focus group findings emphasized: building interviewer-subject trust; coaching women to navigate conversations with partners; highlighting the altruism of study participation; and incorporating male peers. Confidentiality and the provision of incentives were identified as essential. When requested to invite male partners to participate in a focus group, some women declined due to domestic violence concerns, gender-power dynamics, or fear of partner suspicion. These concerns were echoed in group discussions, underscored by a sense that men would distrust the confidentiality of survey and test results. Only one African American and one Latina woman successfully recruited a male partner.
CONCLUSIONS: Findings were similar across focus groups and may provide insight to others trying to target heterosexual couples. To be successful, this approach should engage community collaboration. In addition, women fearing partner violence should be coached to consider not participating. Because of the methodology, evaluation of unsuccessful recruitment attempts remains an opportunity for future study.

Poster Number: 155T

Presentation Title: AIDS online International: Developing an International Model for AIDS Education, Prevention, and Behavioral Research

Author(s): *Jenkins, SK -* Purdue University North Central, Westville, IN

BACKGROUND/OBJECTIVE: Worldwide, over 4 million new HIV infections occur each year and 40% of these new infections are among young adults ages 15-24. Because the rate of new HIV infections among teens and college-aged students is a global crisis, an international AIDS education and prevention model is needed to help increase awareness and decrease the rate of HIV infections among young adults. We have developed an online HIV/AIDS course to study the impact of AIDS distance education on the knowledge, attitudes, beliefs, and behavioral practices of college students with an objective to develop the course into an international model for HIV/AIDS education, prevention, and behavioral Research.
METHODS: The AIDS online course was initially offered the Spring semester of 2006 as a 3-credit hour science elective which is now in its third semester at Purdue University North Central (Westville, IN). Recruitment for the course involved dissemination of flyers sent to faculty and students through campus email. The course ran through WebCT and consisted of weekly online quizzes, online exams, discussion board activities, online animations, and videos to support the learning objectives of the course. Embedded into the online delivery of the course, course material, and the assessments are activities designed to reflect two theories: The Health Belief Model and Social Cognitive Theory. Finally, to assess the success and effectiveness of the course, a 100-question pre and post online survey is administered through the online survey tool, Surveymonkey. The survey is used to assess the knowledge, attitudes, beliefs, and behavioral practices of the course participants.
RESULTS: During the first semester that the course was offered, 20 students enrolled into the course and during the following semester 37 enrolled. Thus, on a campus of approximately 3,500 students, 57 students completed the course and the online survey. Student ages ranged from 20-49 and 70% of the students were between the ages of 20-34. Approximately, 92% of the students were Caucasian, 4% Hispanic and 4% other. Twenty-four percent of the course participants were male. Preliminary analysis of the data suggests that students who take this AIDS online course are more likely to discuss the topic of HIV prevention with their peers, see themselves at risk for HIV infection, and reduce “risky” behavior. In addition, students’ knowledge about HIV prevention, HIV testing and treatment increased by 30 to 50%.
CONCLUSIONS: The implementation of an online college-credit HIV/AIDS course proved to be an effective method to education college students about HIV/AIDS. The course not only provides HIV awareness and education, but also provides an “online” research tool for gathering information regarding the belief systems and behavioral practices of college students. International collaborations are now being established to help set the course up at universities at specific locations around the world, and are especially targeting Historically Black Colleges and Universities (HBCUs) and universities in South Africa. In the Spring of 2008, the course will be launched as AIDS Online International with an aim to enroll 1000 to 2000 students into one online course on HIV/AIDS education and prevention.

Poster Number: 187T

Presentation Title: Beyond Fear: Developing and Integrating an Effective and Culturally Sensitive HIV/AIDS/STD Harm Reduction Program for Incarcerated Populations

Author(s): *O'Neill, D* - Beyond Fear Program, Hartford, CT

The assumptions that shape conventional HIV prevention programs in correctional settings also render them problematic. Understanding the attitudes, health beliefs, priorities, and practices within the diverse inmate populations is critical to the development, and delivery systems of effective prevention education. In the Beyond Fear Program, members of the inmate community take an active role in the development and planning of the curriculum.
HIV/ AIDS educators, work with the inmate population, which can be classified as "at-risk" because of such factors such as their drug use history; probable engagement in risky behaviors associated with injection/ other drug use, unprotected sex and criminality. Beyond Fear education and intervention strategies address prisoner's perceptions, concerns, beliefs, and fears about the disease. Education-group-based methods of creating dialogue with participants have provided a very real assessment of the factual concerns as well as the rumors, myths and unsubstantiated beliefs held by clients.
A group of 10 to 20 inmates meets for a series of six sessions, an hour and a half in length, over a period of six weeks. Groups are open to male and female clients, adult and youth and both positive and negative individuals are also welcome. Community and health fairs for inmates and detention staff educate not only those mentioned but also the community at large and family members about HIV/AIDS. Beyond Fear's objectives and educational materials are adapted from the American Red Cross HIV Educators Curriculum and Riker's Island Educational Curriculum.
The Intervention Goals are to decrease behavioral risks and to maintain safe sexual behaviors. HIV/AIDS/ STD prevention goals are integrated with special emphasis placed on the influence of inmate participation in educational curriculum especially using inmate artwork, poetry, and stories; in order to address and empower those whom are incarcerated to care for themselves, during incarceration as well as afterwards.
Beyond Fear also publishes a newsletter; has produced three Beyond Fear videos, a number of risk reduction program booklets, a HIV-prevention poetry C.D. named "One Vision, Many Voices," and several prevention education calendars. The program also participates in community and correctional health fairs and collaborates with CPA Prison Arts Program, CPA Washington Street Juvenile Girls Detention Center, CPA Young Offender Program, UCONN Managed Health Care, D.O.C., various city health departments, and various statewide school systems. In 2003, Beyond Fear also published a study featured in the Journal of Applied Social Psychology called "HIV-Related Behaviors among Prison Inmates." (Bryant, Ruiz, O'Neill, 2003.)
For this program, we will place extra focus on the following:
1.)Description of the inmate educator multi faceted curriculum workbook
2.)Beyond Fear Correctional intake packet
3.)Beyond Fear Correctional, discharge packet

Poster Number: 169T

Presentation Title: Strengthening Indigenous Models of Prevention: The Role of Community Action Groups

Author(s): *Nakai, A*[1]*; Drobnik, A*[2] - 1 National Native American AIDS Prevention Center, Denver, CO; [2] Northern Plains Tribal Epidemiology Center, Rapid City, SD

BACKGROUND/OBJECTIVES: Twenty years into the HIV epidemic, Native communities (AI/AN/NH) are increasingly at risk for HIV infection. Currently, Native communities experience the third highest rate of infection and experience disproportionate rates of social co-factors contributing to HIV risk. Native people with HIV/AIDS have a lower life expectancy and continue to face serious barriers in access to care.
Despite the documented HIV prevention needs in Native communities, a gap continues in the development of evidence based practices that are specific to Native cultures. Struggling to adapt the DEBI models, Native programs must often struggle through layers of western scientific and bureaucratic language in order to develop interventions that fit the cultural needs of their region.
OBJECTIVES: 1) Discuss the social and cultural issues that contribute to HIV risk in Native communities; 2) Demonstrate the application of principles of Participatory Action Research to HIV prevention through the use of regional Community Action/Advisory Groups; 3) Share lesson learned in the strengthening of culture-specific prevention models through a panel discussion of programs that serve rural Native communities.
METHODS: Towards the end of developing culturally-relevant models of prevention, the National Native American AIDS Prevention Center (NNAAPC) has coordinated a network of six partner organizations to strengthen and develop HIV prevention efforts in their regions. Through the use of Community Action/Advisory Groups, these partner programs have been developing regionally based prevention models that meet the specific needs of rural Native communities.

RESULTS: Applying principles of Participatory Action Research (PAR), NNAAPC has identified core elements of effective HIV prevention models developed for Native communities. Gathering core elements and lessons learned in the development of regionally-based prevention models, NNAAPC has been working with our regional partner organizations on the documentation of an Indigenous Model of Prevention based on the core elements and outcomes of regional programs.
CONCLUSIONS: In order for prevention interventions to be effective in Native communities, these interventions need to be based on the core cultural values and practices of the region. This is particularly true in rural areas, where Indigenous health practices and leadership are a primary element of health planning and prevention efforts. The facilitation of Community Action Groups is an effective way of engaging Indigenous health leadership to develop culturally-relevant prevention practices

Poster Number: 174T

Presentation Title: Youth and Community Responses to Mass Media on HIV/ AIDS Intervention

Author(s): *Joshi, SD[1]; BK, sK[2]; Sukla, A[3]* - [1] Nepal Medical College and Teaching Hospital, ktm, Nepal; [2] Community Health and Environmental Society Nepal, KTM, Nepal; [3] All India Institute of Medical Sciences, New Delhi, India

ISSUE: Young people are at the centre of global HIV/ADIS epidemic. Media plays a constructive role in preventing the future spread of HIV/AIDS epidemic if information is presented accurately without sensation and with greater frequency. This is a crucial to Nepal because the only access to HIV/AIDS information for many people is the media. The purpose of this on going study is to get insight into the way in the community are reporting on HIV/AIDS, to understand and disseminate the right unto date information about HIV/AIDS among youth and adolescent.
PROJECT: A representative sample of 972 adolescent students and youth (521 male & 451 female)
Were given the entertainment in education (through slides, articles, web based & drama)
And a follow up by interviewed and written test about HIV/AIDS was conducted in 2002-06. After collection the qualitative and quantitative data obtained from questionnaire survey were edited, coded and entered into EPI info programme.
RESULTS: The analyzed data shown 61% don't know the right information and have stigma and discrimination, 29% know about HIV/AIDS and want to help them, 10% want to know
Before this mass media programme. All of the participants got the right and update information about HIV/AIDS.
LESSON Learned: Due to poverty, illiteracy, gender inequality and lack of resources for awareness HIV/AIDS is increasing among healthy people. Mass media education is the powerful tool to prevent these diseases. This makes young people including HIV/AIDS and teaching them skills such as abstain for sex and delay the first sexual experience and be faithful to one partner, consistently use a latex condom properly and talk freely about HIV/AIDS. Conflict resolution, critical thinking, life skills, decision making and communication, improves their self confidence and ability to make informed choices such as postponing sex until they mature. Parents, families, community, national policy are critical in guiding and supporting young people to make safe choices about their health and well being. Studies has shown from mass media that consistent , positive , emotional connection with caring adult help young people feel safe and secure , allowing them to develop the resiliency needed to manage the changes in their lives without social stigma and discrimination.

Poster Number: 147T

Presentation Title: Community-based Partner Counseling and Referral Services in Massachusetts: Informing Current Models

Author(s): *Driscoll, M[1]; Cranston, K[1]; Meehan, T[1]; Briggs, P[2]; Novak, D[2]; Morrill, A[3]* - [1] Massachusetts Department of Public Health, HIV/AIDS Bureau, Boston, MA; [2] Massachusetts Department of Public Health, Division of STD Prevention, Boston, MA; [3] Capacities, Inc., Watertown, MA

ISSUE: Partner Counseling and Referral Services (PCRS), a voluntary, free of charge, confidential, client-centered service, is offered to address the ongoing problem of late entry into care, to improve services for HIV+ individuals and their partners and to assist them into care. National interest focuses on existing PCRS models. Massachusetts Department of Public Health's (MDPH) HIV/AIDS Bureau (HAB) and the Bureau of Communicable Diseases Control Division of STD Prevention collaborated to pilot a promising new model of PCRS located in community-based settings to identify new cases of HIV infection and assist with partner elicitation and notification.
SETTING: The MDPH piloted this project in two phases. Phase I was offered to clients notified of their HIV+ status within the past year at two contracted Counseling, Testing and Referral (CTR) sites. This service was delivered

through existing case management services. Phase II was modified to offer PCRS through counseling and testing services rather than case management, and expanded to include 6 sites representing 42% of all positive tests in Massachusetts in 2006.
PROJECT: During Phase I, HIV+ clients engaged in ongoing case management were invited into the pilot and upon accepting PCRS, informed consent was obtained. Clients completed intake with a PCRS counselor and were offered notification options for sexual and drug-using partners. These options included self-notification, counselor notification, or the assistance of the MDPH Division of STD Prevention's Disease Intervention Specialists (DIS) for field notifications. Notified partners were provided with referral services as needed.
Evaluation from Phase I led to critical revisions of PCRS delivery in Phase II in which services were delivered at an earlier point of intervention with a structured frame. This frame emphasized 8 key components customized to client needs: client engagement, options overview, informed consent, partner elicitation, service planning, partner notification, referral (CTR, medical care, PCRS) and follow-up (self-notification and partner referral). Partner notification options were also modified to include self-notification, assisted notification with a provider, and provider/DIS notification.
RESULTS: During Phase I, 7 HIV+ clients accepted PCRS and identified 17 partners. Of these partners, 7 agreed to test and 2 were newly diagnosed as HIV+. Phase II is continuing with client enrollment in order to rigorously test the PCRS delivery revisions.
LESSONS LEARNED: Client-centered services delivery continues to be integral in assisting newly identified HIV+ clients and their partners into care. The PCRS pilot in Massachusetts has demonstrated that alternative methods for delivery can be effective. By engaging clients at an earlier point of intervention and incorporating multiple notification options, this innovative approach enhances comprehensive prevention and care services.

Poster Number: 167T

Presentation Title: Three Heads are Better Than One: Utilizing Multi-Level Partnerships to Create Tools and Measure Client Level Outcomes of Evidence-Based Interventions

Author(s): *Peterson, AS[1]; Lapinski-LaFaive, M[2]; Randall, LM[3]* - [1] Michigan Department of Community Health, Detroit, MI; [2] Michigan State University, East Lansing, MI; [3] Michigan Department of Community Health, Lansing, MI

ISSUE: By definition proven-effective evidence-based interventions (EBIs) have documented positive behavioral outcomes, However, tools to measure changes in influencing factors are not consistently available or applied to these interventions in their replication. As EBIs are replicated, longitudinal measurement of behavior change is difficult at best. For this reason, it is important to measure immediate outcomes (i.e., self-efficacy, outcome expectations, perceived risk, and severity), to 1) inform interventionists as to the impact of their services on participants, and 2) to guide intervention refinement.
SETTING: Community-based organizations (CBOs) in Michigan that have implemented multi-session evidence-based interventions.
PROJECT: MDCH collaborated with community partners to develop measures of immediate outcomes that are clearly related to the intended outcomes of the intervention as well as relevant and understandable to target community participants. Outcome monitoring tools include measures of behavioral outcomes and also measure immediate intervention outcomes including changes in knowledge, self-efficacy, behavioral intentions, outcome expectations, and gender and ethnic pride. Data are analyzed by the state health department and interpreted in partnership with implementing agencies. Findings document program outcomes and guide program refinement and improvement.
RESULTS: 1) The MDCH is able to document the effectiveness of funded interventions and provide information to guide program refinement. 2) As active partners in development of monitoring tools, CBOs take ownership and responsibility for data collection. 3) CBO capacity in program evaluation is increased through their participation in tool development and data interpretation. 4) CBOs are quick to institute program refinements because they are anxious to see positive outcomes in the data and are partners in all steps of the evaluation process.
LESSONS LEARNED: Partnering with front-line service providers has resulted in improved measurement of outcomes, data driven program refinements, and ultimately, interventions that maximize the likelihood of client behavior changes.

Poster Number: 225T

Presentation Title: Life Guard: Prevention Material Distribution Network in Non-Stigmatizing Settings

Author(s): *Lawson, A*[1]; *Dekker, D*[1]; *Rocha, N*[2] - [1] Whitman-Walker Clinic, Washington, DC; [2] Department of Health- HIV/AIDS Administration, Washington, DC

ISSUE: The rate of new US HIV infections yearly remains steady at about 40,000 cases annually according to the CDC. 1 out of 20 people in the District of Columbia is estimated to be infected with HIV. Wards 5, 7, and 8 have the highest rates of new HIV infections. Prevention materials including condoms, personal lubricant, information about how to use a condom, as well as information about HIV related services are not readily accessible in these areas. The limited prevention materials that are available tend to be located in HIV related settings, settings which typically have high levels of stigma attached to them. Consequently, prevention materials are not reaching the hands of the individuals at highest risk for HIV infection.
SETTING: This project was implemented in wards 7 and 8 in Washington DC, wards of the city with the highest poverty levels, greatest percentage of persons of color and with limited access to healthcare services for these residents. The target population of the project is residents of wards 7 and 8.
PROJECT: The Life Guard project distributes Life Guard packets out of two businesses open 24 hours a day in wards 7 and 8. Each packet contains two condoms, information about how to use a condom and contact information for local community services related to the social determinants of HIV. Services listed include: youth empowerment, HIV prevention, addiction treatment, harm reduction (including needle exchange, domestic violence protection and support), mental health and STI treatment. The locations were identified with the following criteria: open 24 hours a day/7 days per week and accessible by people of all ages. Locations that were also identified as "community hubs" were given preference.
RESULTS: Since November 2006, Life Guard has distributed 9,892 packets out of the two distribution sites. Life Guard collects real-time data on how many packets are taken from each site. In the first few months of project implementation, between 100 and 150 packets were being taken on a daily basis. Although a slight dip was seen around the December holidays, a steady growth back to the original consumption level has been seen since January of 2007.
LESSONS LEARNED: Distributing prevention materials out of non-stigmatizing settings is an effective way to target prevention materials to areas with the highest rates of new HIV infections. Traditional approaches to distributing prevention materials out of health related settings is not placing the materials into the hands of those most at risk for HIV infection. The steady growth of the number of packets being taken from the distribution sites demonstrates that more people are hearing about the project and are accessing much needed prevention materials.

Presentation Number: 141T

Presentation Title: Implementing Rapid HIV Testing in California Labor and Delivery Settings: Training and Technical Assistance (Part 3)

Author(s): *Brockmann, K*[1]; Qongqo, M[2] - [1] CA DPH, Office of AIDS, Sacramento, CA; [2] California Department of Public Health, Sacramento, CA

ISSUE: Perinatal HIV transmission, though very low, is still a problem in California and nationally. Providing women with an undocumented HIV status the opportunity to receive a rapid HIV test in L&D, and treatment to those who are preliminarily positive, can diminish the chance of mother to child HIV transmission by half. This testing also provides women the opportunity to learn their HIV status.
SETTING: Labor and delivery services of hospitals are usually complex, fast-paced settings within rigidly structured hospital systems. While all L&D services want to provide to their patients excellent care that meets community quality standards, it can be difficult change systems in order to implement new practices.
PROJECT: The Rapid HIV Testing in Labor and Delivery (RTLD) is funded for 3 years (2006-2008) to provide capacity building, technical assistance, and training to assist California's 260 L&D hospitals with implementation of this important HIV prevention method.
RESULTS: In the first full year of the project (2006), approximately 30 hospitals began RTLD. 30 other hospitals had already been providing some level of RTLD. It is expected that another 75 hospitals will begin RTLD during 2007 and hoped that the another 75 hospitals will begin RTLD in 2008.
LESSONS LEARNED: The release of new HIV testing regulations from the CDC in September 2006 increased interest among hospitals for RTLD. Staff members of L&D units, especially nursing staff, are enthusiastic about implementing this test. However, during training and technical assistance meetings, the RTLD Project staff have encountered the following issues: 1) While some of the L&D staff may want to provide RTLD, other hospital services essential to implementation (i.e., lab, pharmacy) may be less willing to cooperate or be unable to accommodate 24

hour availability of their respective services , 2) L&D staff are willing to provide RTLD to women who present to L&D with no prenatal care, but feel it is unrealistic to test all women with an undocumented HIV status at L&D, 3) Individual staff within L&D feel that HIV is not a problem in their hospital, community, county, etc., 4) Some hospital staff do not want to provide RTLD unless it is a legal mandate, 5) Some L&D providers feel unable to give preliminarily positive HIV test results, and 6) laboratory and L&D staff are concerned with what is perceived to be a low (50%) positive predictive value of rapid HIV testing in low-prevalence populations such as pregnant women. The RTLD Project is finding that L&D services and their hospitals must be approached individually. A city or county wide training may be useful to create interest, but RTLD implementation requires training and technical assistance tailored to each hospital.

Poster Number: 142T

Presentation Title: Implementing Rapid HIV Testing in California Labor and Delivery Settings: Training and Technical Assistance (Part 4)

Author(s): *Bernstein, M; Dawson-Rose, C* - Pacific AIDS Education and Training Center, San Francisco, CA

ISSUE: Major barriers to implementing rapid HIV testing in labor and delivery hospitals in California included the need for training on how to conduct HIV tests, provide test results and refer for HIV treatment, as needed. The Pacific AIDS Education and Training Center (PAETC) has been tasked with providing training, technical assistance and capacity building activities to hospital administrators and staff to assist in implementation efforts.
SETTING/PROJECT: In response to California's size, geographic and population diversity, and number of hospitals, which provide labor and delivery care (N=260); PAETC developed a collaborative approach with its local sites to provide training and technical assistance. Regional teams, consisting of nurses, physicians and project staff, were charged with this implementation process. In the first year, PAETC faculty and staff established working relationships with 49 Labor and Delivery hospitals.
RESULTS: Project staff conducted interviews and needs assessments with 49 hospitals. PAETC devised a continuum to categorize hospitals implementation: 1 indicates that rapid testing in labor and delivery has been implemented and being offered to women who present to labor without a documented HIV test and 5 indicates that rapid HIV is not currently available in this hospital setting. PAETC discovered various levels of acceptance and resistance to implementing rapid HIV tests in labor and delivery. Despite ACOG and CDC guidelines, resistance from medical and nursing staff, administrators and lab personnel continue to be a barrier to implementation. Training and technical assistance has ranged from assisting with protocol and procedures development to working with staff to challenge the stigma of HIV infection that continues within the healthcare setting.
LESSONS LEARNED: Incidents in a hospital where a missed opportunity for testing or perinatal exposure occur provide an opening to discuss the importance and need for rapid HIV testing in labor an delivery. Labor and delivery staffs have identified difficulties with record transfer of HIV test results from prenatal care providers, with misinformation regarding the legality of sharing HIV test results with hospital staff. Fear of giving positive test results remains a concern for nursing and medical staff. In some locations a readiness and willingness on the part of some staff to implement HIV testing conflicts with other staff that express strong feelings that HIV is not a problem in their patient population. Linkage to HIV care for women with a positive preliminary test is often overlooked and seen as external to the labor and delivery department responsibilities. Knowledge and credibility in the perinatal field among project staff is important, perhaps more so than HIV care expertise. Given the number of women presenting to labor and delivery without a documented HIV test, rapid testing can be an important opportunity to prevent HIV transmission and help women learn their own status. Although obstacles to implementing testing exist, the major identified barriers to implementation are amenable to interventions, such as technical assistance to ensure availability of test kits and staff training regarding HIV testing and treatment.

Poster Number: 196T

Presentation Title: HIV Discordant Follow-up: An Evolving Process

Author(s): *Salaru, G[1]; Martin, EG[1]; Paul, SM[2]; Berezny, L[2]; Wolski, M[2]; Vega, I[2]; Cadoff, EM[1]* - [1] RWJMS, New Brunswick, NJ; [2] New Jersey Department of Health and Senior Services, Trenton, NJ

ISSUE: Rapid HIV testing methodology has greatly improved the 'time to result' for the average client being screened, and has reduced the 'lost to follow-up' rate from 35% to less than 1%. However, discordant results (positive rapid tests which do not confirm by Western Blot) create considerable anxiety and ordinarily involve long delays until final resolution. Distinguishing between exiting the HIV antibody window and a real false positive is an important distinction in clients engaging in high risk behaviors.

SETTING: In 2004, based on the original OraQuick Post-Marketing Survey, the CDC recommended that follow-up antibody testing be performed one month after initial discordant result was obtained. In New Jersey, follow-up testing at one month included HIV 1/2 EIA with Western Blot if positive, and nucleic acid testing for both DNA and RNA HIV viral load. Patients who tested negative at the one month follow-up were deemed real false positives. The major disadvantage of this approach is the failure of patients to return one month after the initial test.
PROJECT: In order to improve on follow-up, the NJ Notification Assistance Program (NAP) was used to augment the outreach efforts of the testing sites. NAP had been used to reach confirmed positives who did not return for referral to care and treatment. NAP now reaches out to clients with discordant results who did not return for follow-up testing. NAP re-enforces the importance of the follow-up and often obtains oral fluid for OraSure EIA and fluid Western Blot determination. A new protocol for testing preliminary positive clients was recently introduced. In addition to blood for Western Blot, we are now also collecting additional specimens for follow-up testing. If the Western blot result is discordant, the additional plasma is immediately sent for nucleic acid testing. All tests are complete by the time the client returns for the confirmatory test results. This eliminates the one-month waiting period, and provides much-desired final disposition to the patients. A true positive client exiting the window period is detected up to three weeks earlier, and a false positive is resolved without the emotional duress implied by a four week wait. Resources required for outreach to clients who fail to return for testing are also greatly reduced. Because specimens are only sent if the results are discordant the cost impact on the program is marginal and off-set by significant labor saving costs.
RESULTS: Despite efforts of counselors to have clients return for follow-up, only about half of clients with discordant results returned for follow-up testing. In 2006, NAP outreach workers were responsible for 19% of the successful follow-up testing. But the number of clients who do not return for testing continues to increase. The first preliminary positive client under our newest protocol has had all results available, including nucleic acid testing, within ten days.
LESSONS LEARNED: Outreach efforts for resolving discordant results continue to be frustrated by clients not returning for follow-up. Revised protocols can allow for more effective and timely resolution of discordant results.

Poster Number: 104T

Presentation Title: Characteristics of Non-Hispanic Black Tuberculosis Patients with Reported HIV Infection.

Author(s): *Magee, E; Marks, S; Robison, V; Wallace, RM* - Centers for Disease Control and Prevention, Atlanta, GA

BACKGROUND/OBJECTIVES: Both HIV/AIDS and tuberculosis (TB) are having a devastating impact on the non-Hispanic black community. Non-Hispanic blacks comprise only 12% of the United States population but account for 49% of all new HIV/AIDS diagnoses and 28% of TB patients in 2005. We describe the characteristics of non-Hispanic black TB patients who have HIV disease.
METHODS: Data from the National TB Surveillance System database of non-Hispanic blacks with active TB disease were analyzed for 1993-2005. HIV status was analyzed, excluding California data because the state only shares with CDC the results of AIDS and TB registry matches.
RESULTS: During 1993-2005, reported HIV status among black TB patients increased from 44% in 1993 to 79% in 2005. Twenty-one percent of patients had unknown HIV status in 2005; 10% were not offered HIV testing, 5% refused HIV testing, 6% had otherwise unknown results. Patients cared for exclusively in the private sector were more likely to have unknown HIV status, compared with those who received any care in the public sector [Risk Ratio (RR) 1.7, confidence interval (CI) 1.4-2.1]. TB/HIV co-morbidity was estimated at 18% for all TB patients and 22% of those having known HIV status. Patients with TB/HIV co-morbidity were more likely to be males than females (RR 1.4, CI 1.2-1.6), aged 25-44 years vs. others (RR 2.2, CI 1.9-2.5), injection drug users vs. others (RR 2.7, CI 2.2-3.5), non-injection drug users vs. others (RR 1.9, CI 1.7-2.3), alcohol abusers vs. others (RR 1.3, CI 1.1-1.5), homeless persons vs. others (RR 2.1, CI 1.8-2.5), or correctional inmates vs. others (RR 1.4, CI 1.1-1.8).
CONCLUSIONS: To accelerate the decline in TB among non-Hispanic blacks and reduce the deadly consequences of co-infection with HIV, intensive efforts will be required to strengthen surveillance for HIV-TB, in order to target prevention efforts at groups at highest risk.

Poster Number: 118T

Presentation Title: HIV Vaccine Acceptability Among Multi-Ethnic Groups at Risk for HIV Infection

Author(s): *Cunningham, WE[1]; Newman, P[2]; Duan, N[3]; Lee, J[1]; Rudy, E[4]; Boscardin, J[1]; Nakazono, T[1]; Shoptaw, S[1]; Diamant, A[1]* - [1] UCLA, Los Angeles, CA; [2] University of Toronto, Centre for Applied Social Research, Toronto, Ontario, Canada, ON, Canada; [3] New York State Psychiatric Institute (NYSPI) & Columbia University, New York, NY; [4] Los Angeles County Department of Health, Div. of Sexually Transmitted Diseases, Los Angeles, CA

BACKGROUND: HIV vaccines to prevent HIV infection hold great promise for controlling the epidemic, but early vaccines are likely to be only partially efficacious. We examined whether diverse groups at risk will be likely to accept HIV vaccines, and the vaccine characteristics associated with vaccine acceptability.
METHODS: We conducted a representative, probability sample survey of 978 participants across 36 venues in 3 categories (public STD clinics [n=333], Needle Exchange Programs [n=315], and HIV Prevention Clinics serving Latino communities [n=330]). Of the 978, 952 (97%) completed the questions on HIV vaccine acceptability. Face-to-face interviews were administered using a questionnaire programmed on laptop computers. We assessed hypothetical HIV vaccine acceptability using conjoint analysis, a multi-attribute stated preference method; each participant rated hypothetical vaccines on a 7-point Likert-type scale. This method incorporates a fractional factorial experimental design to construct eight hypothetical HIV vaccines, each with 7 dichotomous attributes: efficacy (99% vs. 50%), side effects (none vs. minor), cost ($10 vs. $250), duration of protection (10 years vs. 1 year), types of protection (cross-clade vs. single-clade), doses (1 vs. 4), and route of administration (oral vs. injection). We estimated the impact of each attribute on vaccine acceptability by using ANOVA for repeated measures within individuals, then aggregating across individuals.
RESULTS: Overall 48% were Latino, 21% African-American, 19% white; 24% answered the interview in Spanish, 40% were women, and 30% had less than high school degree education. Over 30% reported using methamphetamines, cocaine, and/or opiates; 17% reported MSM behavior. Acceptability of 8 hypothetical HIV vaccines ranged from 87.9 (SD=21.6) to 30.8 (SD=32.1) on a 0-100 scale; mean = 54.9 (SD 19.5). Efficacy had the greatest impact on acceptability (27.5, 95% CI = 25.5 - 29.5; p<.0001), followed by side effects (12.7, 95% CI =11.0 - 14.4; p<.0001), cost (9.9, 95% CI = 8.3 - 11.5; p<.0001) and duration of protection (7.3, 95% CI = 6.0 - 8.6; p<.0001).
CONCLUSIONS: The modest overall acceptability of HIV vaccines combined with marked variation depending on vaccine characteristics suggests obstacles to future HIV vaccine dissemination. Understanding factors associated with HIV vaccine acceptability in diverse populations will be essential for efforts designed to ensure broad HIV vaccine uptake.

Poster Number: 135T

Presentation Title: Crystal Methamphetamine and other Drug Among in Gay and Bisexual Men in New York City from 2002-2006

Author(s): *Bimbi, DS[1]; Tomassilli, J[1]; Golub, SA[2]; Parsons, JT[1]*
[1] Center for HIV/AIDS Educational Studies and Training (CHEST), Hunter College, City University of NY, New York, NY; [2] Queens College, City University of New York, New York, NY

BACKGROUND: Reported increases in crystal methamphetamine use among urban gay and bisexual men have become a concern to many. Data from annual surveys examining illicit drug use among these men in New York City will be presented to examine rates of use and trends over time.
METHODS: Data on 5,861 gay and bisexual men were collected through the Sex and Love Project between 2002 and 2006 (N ranged from 1,057 - 1,301). Surveys were collected at two major gay community events held each fall in New York City. Questions on use of recreational drugs in the prior three months included annually.
RESULTS: The sample was diverse with 62.5% being Caucasian, 15.0% Latino, 10.7% African American, and 6.2% Asian/Pacific Islander. Men were an average of 37.5 years old (SD = 11.3, Range 18 - 90). Most men were gay identified (92.9%); 11.7% reported being HIV+.
Crystal meth use among HIV+ men was low in 2002 (12.1%) when cocaine use was at its highest (23.1%), then peaked in 2003/2004 (23.6% and 21.9%) while cocaine use was lowest in 2004 (9.4%), and as crystal meth use decreased over the final 2 years, bottoming out in 2006 (8.0%) while cocaine use increased (15.2% in 2006). This inverse pattern was not observed in HIV-/unknown men as their crystal meth use peaked in 2003 (11.2%) and then steadily decreased in the following years with the lowest rate of use in 2006 (3.9%) while concurrent rates of cocaine use did not significantly change. HIV-/unknown men's use of ecstasy steadily decreased over the years (from 13.5% to 6.7%) while HIV+ men's use was stable from 2002-2005 (ranging 12.8% - 15.2%) dropping of in 2006 (4.0%). Usage of ketamine and GHB by HIV-/unknown men has declined, with ketamine dropping steadily from 7.4% in 2002 to 2.3% in 2006, while GHB held steady in 2002/2003 averaging 4.2% then dropped to an average of 2.4% for

2004 - 2006. In HIV+ men rates of ketamine and GHB use peaked in 2003 (14.4% and 13.4%), dropping their lowest level in 2006 (3.2% and 4.0%). Marijuana and poppers for both HIV-/unknown and HIV+ men were the most common recently used drugs across years; HIV-/unknown men's use declined slightly (29.6% in 2002 to 22.2% in 2006), while HIV+ men's use stayed constant. For both groups of men popper use remained constant as well.
IMPLICATIONS: While use of ecstasy, ketamine, and GHB has declined over the last 5 years, the use of marijuana and poppers has stayed relatively constant. HIV-/unknown men's use of crystal meth as declined over the past 4 years while their use of cocaine remained steady. among HIV+ men, the highest rates of crystal meth use were accompanied by the lowest rates of cocaine use. Recent trends seem to indicate among HIV+ men declines in crystal methamphetamine use correspond with rising rates of cocaine use. Findings indicate recent public information campaigns about crystal methamphetamine in the gay community may be effective, however general substance use awareness campaigns and programs may be needed.

Poster Number: 224T

Presentation Title: Lessons Learned from a Review of Technical Assistance Needs and Trends from HIV Programs Serving African-American Women

Author(s): *O'Bryant, K*[1]*; Ramirez, V*[1]*; Lee-Ougo, W*[1]*; Thompson, D*[2] - [1] The MayaTech Corporation, Silver Spring, MD; [2] Center for Substance Abuse Treatment, Rockville, MD

ISSUE: African-American women experience HIV/AIDS at disproportionate rates compared to other women in the United States. In 2004, African-American women accounted for 62% of HIV infections and 64% of AIDS diagnoses among women. Substance abuse accounted for almost one-quarter of those AIDS cases. Programs providing substance abuse and HIV services to African-American women must utilize approaches that are culture and gender relevant to address the needs of this at-risk population effectively. Effective approaches require specialized skills for staff delivering services to clients. As a result, technical assistance (TA) has become an integral component in strengthening the capacity of service providers to implement relevant, effective, and comprehensive services.
SETTING: The projects included in this presentation are SAMHSA's Minority AIDS Initiative-funded programs targeting over 10,000 African-American women across 29 states, DC, and the U.S. Virgin Islands.
PROJECT: Systematic data abstraction of annual reports and technical assistance requests submitted by 87 projects providing substance abuse treatment and HIV services to African-American women was conducted to determine program design, services provided, populations targeted, challenges to service provision and stated technical assistance needs. Analysis of these data provided an illustration of TA trends for service provision enhancement to African-American substance abusing women who are infected with or at-risk for HIV.
RESULTS: The sample shows that over a quarter of programs serving Black women experience significant challenges in their capacity to implement client treatment and service goals. Nearly half of these challenges were client engagement related. The remaining requests were organizational development- and/or services delivery-related.
LESSONS LEARNED: Black women infected with or at-risk for HIV who receive substance abuse treatment services from public-funded programs often present with complex needs which service provider organizations may lack capacity to address. Technical assistance can enhance service capacity in one or more specific service delivery areas. Further research is needed to determine highly effective strategies for engaging African-American women in need of substance abuse and HIV treatment services.

Poster Number: 154T

Presentation Title: Raw Cut Productions - A Peer-Based Capacity Building HIV Prevention Online Video Production Intervention

Author(s): *Koll, G* - Gay Men's Health Crisis, New York, NY

ISSUE: Current epidemiological data shows high HIV prevalence among gay men and other men who have sex with men (MSM), particularly amongst African American and Latino communities. Serving this population demands innovative and culturally relevant HIV prevention strategies, especially as more and more MSM's of color are using the Internet to meet potential sex partners.
SETTING: Raw Cut Productions [www.rawcutproductions.com] runs its workshop series in New York City, although the online reach of PSA's is beyond any borders.
PROJECT: Members of the online community of young men who have sex with men of color (YMSMC) in the New York City area are recruited from selected internet hookup sites to attend a 6-session workshop at the Gay Men's Health Crisis. In the workshop, participants gain knowledge of HIV, discuss issues pertaining to sexual health, and learn the techniques for creating effective HIV prevention messages in the form of short videos or public service

announcements (PSA's). In the latter part of the training, participants develop and create a PSA as a group. The PSA is then made available on the Raw Cut Productions website as well on collaborating web sites. Besides the online implementation, these videos are distributed to community based organizations (CBO's), gay social venues, film conferences, media outlets, and to general members of the target population.
RESULTS: From its inception in early 2005 through April 2007, 7 PSAs were created by 14 participants in 3 workshop series. The PSAs were viewed by over 100,000 online users, via television in over 300,000 households, and by over 400 patrons in miscellaneous venues including film festivals and CBO's. Results from evaluation efforts such as interviews, focus groups, and comments submitted by online users, indicate that this intervention is very favorable.
LESSONS LEARNED: Strengths include: an overwhelmingly positive program experience for participants (e.g. hands-on learning, useful HIV information, beneficial psychosocial discussions, sense of ownership of project); advantages to recruiting members of the target population; online video viewed as a very powerful communications medium; an economical way to reach many people with HIV messaging; capacity building and increased self-efficacy around message creation. Challenges include: the workshop is somewhat resource intensive (time, staffing, equipment, expertise); a short time to complete a vast amount of learning and work; high level of commitment and attendance required by participants.

Poster Number: 145T

Presentation Title: Making Sure Research is Used: Community-Generated Recommendations for Disseminating Research

Author(s): *DeCarlo, P*[1]; Hunt, C[1]; Fernández-Peña, J[2]; CAPS Community Advisory Board; Goldstein, E[3] - [1] Center for AIDS Prevention Studies (CAPS), San Francisco, CA; [2] San Francisco State University, San Francisco, CA; [3] Clinical Translational Science Institute, UCSF, San Francisco, CA

ISSUE: HIV research, no matter how innovative, will never make a difference in the epidemic unless it is disseminated in an appropriate and timely manner to the people and organizations providing HIV services. Yet many researchers are not trained, rewarded or supported to disseminate research findings beyond academic journals.
SETTING: The Community Advisory Board (CAB) of the Center for AIDS Prevention Studies (CAPS), University of California San Francisco, has encouraged and guided CAPS researchers in expanding their dissemination efforts to better reach CBOs, policymakers and community stakeholders.
PROJECT: The CAPS CAB drew from their own experiences and interviewed researchers and CBOs to develop "Recommendations for Research Dissemination" (Recommendations). The CAB found several barriers to successful dissemination such as: lack of time and money, little consideration of non-traditional dissemination during faculty promotions, government funders' restrictions on publishing, and lack of knowledge regarding dissemination to CBOs. While acknowledging these concerns, the CAPS CAB agreed that researchers should adhere to some minimum requirements for dissemination. (caps.ucsf.edu/projects/collaboration/dissemination.php)
RESULTS: The Recommendations provide guidelines on the audience, content and methods for disseminating HIV prevention research. To support researchers, the Recommendations also provide sample grant language, proposed timelines and examples of effective dissemination. Recommendations include:
Overall: Include a plan for dissemination in the original research study grant to ensure that it is funded and accomplished.
Audience: Report back to study participants and the CBOs who helped with recruitment.
Content: Disseminate data before the end of a study, including: basic descriptions of studies, recruitment, demographics, baseline data, instruments and interesting findings. Also, report on positive, negative and null findings. CBOs and other researchers can learn from research "failures."
Methods: Disseminate through websites, conferences, CBO in-services, newsletters, community forums, press releases, mail and e-mail.
LESSONS LEARNED: These Recommendations are unique in that they come from a community perspective and encourage researchers to go beyond traditional academic dissemination methods. Using CABs and other community resources can help researchers ensure their findings are delivered to the most useful audiences. The CAPS CAB is in the process of disseminating these Recommendations to CBOs, researchers, university training programs and funders.

Poster Number: 101T

Presentation Title: Surveillance Do's and Don'ts: False Positive HIV Western Blots in Pregnant Women

Author(s): *Chan, S; Harms, J; Yang, B; Mohammad, N; Meyer, J; Wolverton, M*; *Arafat, R* - Houston Department of Health and Human Services, Houston, TX

ISSUE: Guidelines from the CDC recommend that all pregnant women be offered voluntary HIV counseling, testing and referral. As a result, more pregnant women are being screened for the presence of antibodies to HIV. At the same time false positive and ambiguous Western Blots have increased, a phenomenon linked to women during pregnancy. False positive and ambiguous test results present a challenge to HIV/AIDS surveillance personnel who must confirm that a pregnant woman whose first positive HIV test result occurs during pregnancy is truly infected.
SETTING: HIV/AIDS surveillance program in Houston/Harris County
PROJECT: In Houston/Harris County, thorough HIV/AIDS surveillance investigations were performed on pregnant women. Using data from the HIV/AIDS reporting system (HARS), the surveillance staff identified women first diagnosed with HIV during pregnancy or at labor and delivery. At or after labor and delivery, the positive HIV status based on Western Blot of a select number of women reverts to negative. Staff documented 10 cases with false positive Western Blots. The characteristics of these women are analyzed.
RESULTS: From 2002 to 2006, Houston HIV surveillance observed 206 pregnant women diagnosed with HIV infection. among these, 72% were Blacks, 22% were Hispanics and 5% were Caucasian. Their average age at HIV diagnosis was 26 years with a range of 15 to 42 years. 51% of the women reported heterosexual contacts, 5% reported injection drug use as the HIV mode of transmission and 44% had no risk identified.
A reactive ELISA screening test on pregnant women along with a positive Western blot may not be enough to confirm diagnosis of infection. Throughout the course of name reporting for HIV and specifically during the time period 2002-2006 lab tests have been reported to HDHHS on pregnant females with both screening and confirmatory test results received as positive. There have been a few instances where the Western blot test result after birth of the infant(s) is no longer positive as initially reported. We will present scenarios on 10 cases where these women's infectious status changes and reverts to WB negative at or after labor and delivery.
LESSONS LEARNED: As the number of women being screened has increased, the proportion of false-positive and ambiguous (indeterminate) Western Blot test results has increased and the positive predictive value (an assessment of the reliability of positive tests) of the standard HIV test as used during pregnancy has decreased. To avoid misinforming patients about their HIV status, physicians should be alert to the possibility of false-positive or ambiguous HIV test results and know how to verify an ambiguous or positive result. Many factors have been documented to cause false-positive for ELISA; there may be cross-reacting antibodies to make the WB positive. To safeguard reporting pregnant women whose HIV status is ambiguous, the HDHHS HIV surveillance program has implemented additional guidelines to further investigate and verify the reportability of these individuals. We would like to share these experiences with other HIV surveillance units and expand the surveillance activities to include measures to exclude cases with a false positive diagnosis.

Poster Number: 185T

Presentation Title: The CDC's "Tiers of Evidence" Framework for Classifying HIV Behavioral Interventions Based on Level of Evidence

Author(s): *Lyles, C; Glassman, M; Collins, C; Herbst, J; Kay, L; Crepaz, N; Duncan, T; Whittier, D* - Centers for Disease Control and Prevention, Atlanta, GA

ISSUE: In order to have the greatest chance of reducing HIV transmission, HIV prevention programs must be based on the best scientific evidence that is available. CDC's Division of HIV/AIDS Prevention (DHAP) works with grantees to encourage the selection and implementation of evidence-based behavioral interventions (EBIs) - that is, interventions scientifically proven to be efficacious - with the goal of maximizing the use of EBIs in prevention efforts throughout the U.S.
SETTING: CDC's DHAP currently requires directly-funded community-based organizations (CBOs) to implement EBIs and encourages health departments (HDs) to fund prevention programs with evidence of demonstrated or probable outcome effectiveness without providing any specific guidance on how to interpret or implement these criteria. HDs and CBOs with flexibility in their programmatic activities seek guidance from CDC regarding how to identify and prioritize EBIs to help guide their decision making process.
PROJECT: A DHAP workgroup, consisting of scientists from the research, evaluation, capacity building, and program branches, developed the "Tiers of Evidence" framework for classifying HIV behavioral interventions based on their type and strength of evidence for reducing HIV risk.

RESULTS: The "Tiers of Evidence" framework consists of four tiers. The first two tiers - best-evidence (tier 1) and promising-evidence (tier 2) interventions - are evidence-based interventions (EBIs), which have direct empirical evidence demonstrating efficacy. Criteria for tiers 1 and 2 include elements such as a comparison group, significant and positive intervention effects, and other elements related to follow-up and retention. Interventions in tiers 3 and 4 are based on strong behavioral change theory, formative research, and basic program monitoring, but do not have direct empirical evidence. Tier 3 interventions must also show significantly positive outcome monitoring results.
LESSONS LEARNED: The development of the "Tiers of Evidence" framework responds to the HDs and CBOs requests for guidance on identifying, prioritizing, and selecting HIV behavioral interventions. The framework provides clear standards for classifying interventions based on their level of evidence for reducing HIV risk and helps to understand where an intervention fits relative to other HIV prevention interventions. It can help with program planning by providing a basis for prioritizing and selecting interventions with the highest level of evidence. Other considerations for selection would be the availability of an intervention package and training materials and meeting the particular communities' needs. A broad array of EBIs addressing the needs of diverse populations at risk is clearly needed. Not all research developed interventions have been successful, many gaps still remain, and some locally-developed interventions targeting high risk populations may work despite the lack of empirical evidence. This framework provides clear benchmarks for building the scientific evidence for untested interventions. HDs are encouraged to support program monitoring and evaluation for untested interventions to provide the opportunity for movement into a higher tier. In summary, this framework should be used to guide the decision-making process towards selecting interventions with stronger evidence and should help local, state, and national agencies assess and improve their portfolio of prevention efforts throughout the U.S.

Poster Number: 149T

Presentation Title: Changes in HIV Testing Rates Following the Integrating of Prenatal HIV Testing into Routine Prenatal Nursing Care

Author(s): *Cohan, D*[1]; Sarnquist, *C*[2]*; Gomez, E*[1]*; Feakins, C*[1]*; Maldonado, Y*[2] *- Cohan, D*[1]*; Sarnquist, C*[2]*; Gomez, E*[1]*; Feakins, C*[1]*; Maldonado, Y*[2]
[1] UC San Francisco, San Francisco, CA; [2] Stanford University, Stanford, CA

BACKGROUND/OBJECTIVES: HIV testing is increasingly being integrated into routine medical practice. In many cases, nursing staff are being asked to assume counseling and testing (C&T) duties that were previously the responsibility of dedicated C&T staff. This study compares HIV testing rates at a large, urban prenatal care center before and after the funding for C&T staff was ended.
METHODS: Data from several existing prenatal care, labor and delivery, and pediatric datasets were utilized, capturing every woman who received prenatal care at this clinic from 2001-2006 (n=3942). The analysis compares the change in percentage of woman receiving an HIV test from a period when dedicated C&T staff were available to a period when nursing staff took over C&T responsibilities.
RESULTS: The women in this study were primarily Hispanic (~60%) and between the ages of 20-29 (~55%), although 11% of the births were to teenagers. Many women began prenatal care in the 1st trimester (~45%), with ~29% beginning in the 2nd trimester and another ~25% not receiving care until the 3rd trimester. During the period when C&T staff were available, 30.5% of women received at least one HIV test. That percentage increased significantly to 56.8% when funding for C&T staff was cut and the nursing staff took over these duties ($p<0.001$).
CONCLUSIONS: The results of this study suggest that making HIV testing a routine part of prenatal care may increase testing rates. Therefore, while it is important to ensure that women can still make informed decisions about testing, routinizing this process may help both decrease perinatal HIV transmission and increase the number of women who are aware of their HIV status.

Poster Number: 210T

Presentation Title: Acceptance of Routine Rapid HIV Testing in a Primary Care Setting

Author(s): *Simmons, EM*[1,2]; *Flanigan, TP*[3]*; Clarke, J*[1]*; Hitt, R*[4]*; Roberts, M*[1]*; Eaton, C*[1]*; Carpenter, CC*[3] - [1] Brown Univ Ctr for Prim Care & Prevention at MHRI, Pawtucket, RI; [2] Brown University, Providence, R[1]; [3] Lifespan/Miriam Hospital/Brown University, Providence, RI; [4] SSTAR, Fall River, MA

BACKGROUND: Over a quarter of the one million people in the United States who are HIV infected are unaware of their status. Knowing one's positive HIV status leads to a decrease in HIV risk behavior. Primary care providers deliver the majority of outpatient health care in America. Routine testing for HIV in the primary care setting has the

potential to decrease the number of persons who are unaware of their status. This study sought to determine the attitudes of patients towards and the feasibility of point-of-care HIV testing in primary care.
METHODS: Community health center patients aged 18 to 50 were recruited in the clinics' waiting room by research assistants. After the 37 item low literacy questionnaire measuring demographics, knowledge and beliefs, risk factors, previous HIV testing history and willingness to be tested was completed, patients were offered the option of taking an immediately available, free HIV rapid test by the study doctor. Eighty percent (241/305) completed the questionnaire and twenty percent (49/241) underwent on-site rapid testing with the OraQuick Advance HIV 1/2 rapid testing kit. Associations between test acceptance and survey responses were examined using logistic regression with rapid HIV testing serving as the outcome variable of interest.
RESULTS: The mean age of the patients was 35 years. Over half (63 %) were female, 29% self-described themselves as Hispanic or black. Less than half (45 %) were partnered. Twenty-two percent did not have health insurance and 70% had a high school equivalent education or greater. Seventy-two percent of the patients considered themselves to be at some risk for HIV acquisition. Although 36% stated they would be willing to be HIV tested, if offered, on the day of the survey, only 20% accepted testing. Minorities were less likely to have been previously tested on the recommendation of their doctor (p= .04). Those patients who had never tested for HIV were more likely to perceive themselves at lower risk, although 53% reported risk factors. There were eleven first time testers (11/49) in the study. Latinos were more likely than African-Americans and Whites to accept HIV testing (p=.04) and to be first time testers (p=.02). Rapid test accepters were older, more likely to have been previously tested, have a higher number of risk factors, have a higher number of sexual partners, and have significant others with higher numbers of partners. One heterosexual male, who tested negative two years earlier, had a confirmed positive HIV test result.
CONCLUSIONS: Results suggest that rapid testing for HIV in the primary care setting is both feasible and acceptable to patients. It may also be important in helping to identify those who are unaware of their risk for HIV. Given the patients' stated interest in routine HIV testing and its continued high incidence, routine testing for HIV, including rapid testing, seems to have a critical role in reducing the impact of HIV/AIDS in the United States.

Poster Number: 123T

Presentation Title: African American Clergy & Premarital Counseling: A Pathway to Prevention

Author(s): *Cummings-Aholou, TM -* University of Georgia, Athens, GA

BACKGROUND: African American premartial couples are faced with two social dilemnas: escalating rates of divorce and the sexual transmission of HIV/AIDS. Increasingly, premarital counseling has become a prerequisite for couples, espeically those planning to marry within the church. This prerequiisite presents an opportunity for clergy to critically and objectively engage couples in dialogue about important interpersonal concerns that could impact their marriage. Although there is empirical evidence that supports the fact that religious organizations are a key resource to couples preparing for marriage, little is known about the extent to which HIV/AIDS education and prevention is integrated into these settings. The purpose of this study was to explore whether African American clergy, through the venue of premarital counseling, can serve as an agent in promoting sexual health dialogue and HIV testing for couples prior to marriage.
METHODS: An exploratory descriptive qualitative research design using a social construction and symbolic interaction theoretical framework was utilized for the present study. Data were collected through semistructured individual interviews with 7 African American clergy in a southeastern metropolitan area. Interviews were transcribed and analyzed using an inductive thematic analytical approach.
RESULTS: The preliminary results from this study revealed several salient themes that emerged from the data: Promoting Disclosure, Encouraging Sexual Activity Dialogue, Encouraging Sexual Health Dialogue, and HIV Testing dialogue. Prior participation in an HIV educational seminar along with their awareness about current HIV/AIDS trends in the African American community were also relevant to these findings.
CONCLUSIONS & IMPLICATIONS: The implications of this research are significant on multiple levels. Increased communication about sexual health and the significance of STD/HIV testing are recognized as important HIV prevention strategies. However, with the elimination of blood tests requirements before marriage in most states, it is imperative that couples are encouraged to implement these HIV prevention strategies prior to marriage. Another implication pertains to the engagement of the African American faith community in HIV prevention efforts. While some clergy are polarized by debates regarding abstinence until marriage or safe sex practices, recommending couples to engage in sexual health dialogue and HIV testing, in a non-judgmental manner is a neutral prevention strategy that can be employed universally. Furthermore, while the study was conducted with clergy, it can also be applied to clinical and lay counselors who conduct premarital counseling with couples as well.
The last implication that this study presents is the opportunity for premarital counselors to intervene at the couple-level. A significant number of HIV interventions are gender-specific and/or focus on one partner. This can be problematic, particularly in regards to gender-power issues where negotiations are necessary. However, this approach

allows clergy and/or premarital counselors to serve as a mediator in promoting and encouraging these important HIV prevention strategies.

Poster Number: 193T

Presentation Title: Development of a Local Capacity Building and Training Unit: Houston's Perspective

Author(s): *Wiley, CP; Agee, G; Hall, HH* -Houston Department of Health and Human Services, Houston, TX

ISSUE: The Houston Department of Health and Human Services (HDHHS) Bureau of HIV/STD Prevention reorganized in 2006. Within the new structure, a Capacity Building, Planning and Evaluation Unit was developed.
SETTING: Houston Department of Health and Human Services; Houston, TX
Division of Disease Prevention and Control / Bureau of HIV/STD Prevention
PROJECT: In this newly created unit, 5 positions were created, including 1) Training Administrator (1 vacancy), 2) Senior Trainer (2 vacancies), and 3) Senior Health Planner (2 vacancies). The core functions of each are as follows: 1) Training Administer: Confers with management to assess training needs and problems; Determines training policies and procedures; Supervises and conducts supervisory employee training; Maintains contacts with other companies, training organizations and associations for keeping abreast of new training developments; Selects, trains and supervises training staff personnel; 2) Senior Trainer: Determines instructional outlines in accordance with department policies; Conducts general or specialized training sessions; Develops training manuals, reference libraries, testing and evaluation procedures, multimedia visual aids and other instructional materials; and 3) Senior Health Planner: Provides staffing and planning assistance for the development and maintenance of the HIV Prevention Community Planning Group; Develops the Houston Area HIV/STD Prevention Comprehensive Plan with key professionals and community planning partners; Develops evaluation techniques used in planning various HIV/STD Prevention services; Establishes and maintains liaison with providers of HIV/STD services and other planning activities.
RESULTS: The unit began preparing training staff by sending them through 'Train the Trainer' courses. A Training Assessment Tool was developed and disseminated for all stakeholders including Bureau staff, Houston HIV Prevention Community Planning Group (CPG) members and community-based organization (CBO) staff. The Unit worked together to complete a DEBI Needs Assessment for Houston to ensure that the Academy for Educational Development (AED) was able to properly provide training assistance to HDHHS. Trainings already scheduled and/or conducted by the HDHHS in 2007 include VOICES/VOCES, Protocol-Based Counseling, SISTA, Safety Counts, Real AIDS Prevention Project (RAPP) and Community Promise. The HDHHS plans to bring Many Men, Many Voices (3MV) and Project RESPECT to Houston with AED. The HDHHS also plans to have our training staff become co-trainers and/or master trainers for VOICES/VOCES and POL. The HDHHS developed a training calendar that is accessible via internet and intranet listing all trainings available to our staff, community partners and stakeholders at no cost. In addition to HDHHS-funded providers, training and/or capacity building has been provided for directly-funded Department of State Health Services (DSHS) providers and directly-funded Centers for Disease Control and Prevention (CDC) providers in Houston.
LESSONS LEARNED: Upon the completion of the assessment tool, trainings were prioritized and scheduled to meet the needs of stakeholders. We provided local training for all HDHHS-funded evidence-based interventions. Based on the assessment tool and input from community partners, we knew which trainings were needed in our jurisdiction to provide quality HIV Prevention and were able to provide those.
HDHHS staff and funded CBO staff as well as CPG members have first preference for training; however, no one is turned away.

Poster Number: 122T

Presentation Title: African American and Latino Participation in HIV Vaccine Trials

Author(s): *Arreola, SG -* HIV Research Section, San Francisco Department of Public Health, San Francisco, CA

BACKGROUND/OBJECTIVES: African Americans and Latinos are underrepresented in HIV vaccine research even though they have the highest prevalence and incidence rates of HIV in the United States. Although there are some indications as to why African Americans and Latinos may not participate in clinical research, we have limited knowledge on approaches for increasing their participation in HIV vaccine trials. The objective of the present study was to examine hypothetical motivators and barriers of HIV-vaccine trial participation among African Americans and Latinos who have never been recruited for HIV vaccine trials; and examine reasons for enrollment acceptance or refusal among African Americans and Latinos who were recruited to participate in an HIV-vaccine trial.

METHODS: To develop an initial qualitative interview guide, consultations with 33 African American and Latino community leaders were undertaken. Fifty-one audio recorded individual interviews were conducted in English or Spanish with African American and Latino men and women, 18 to 50 years of age, residing in the San Francisco Bay Area: 36 with non-recruited participants and 15 with recruited participants. Interviews were transcribed and coded for major themes related to study objectives.
RESULTS: Barriers and motivators of HIV vaccine participation among those not-recruited for and HIV vaccine trial centered around three major themes: cultural competency (e.g., fluency in the participant's language, avoidance of scientific terms, recognition that family concerns are primary and benefits go beyond the individual); knowledge of HIV research and vaccines; stigma; and HIV vaccine specific fears (e.g., vaccine causes HIV). Reasons for enrollment centered on altruism (e.g., wanting to help stop AIDS for future generations) and personal connection (e.g., having witnessed the suffering or death of one or more people close to the respondent).
CONCLUSION: Themes identified in interviews with participants who had never been recruited for HIV vaccine trials indicated that lack of cultural competency among researchers, comprehension and perceptions about safety may account for limited participation of African Americans and Latinos in HIV vaccine trials. However, results of the interviews with those who were recruited (and many who enrolled) suggested altruism and personal connection may override some of these barriers. These findings suggest that recruitment campaigns should focus on group cohesion using language that is relevant to African Americans and Latinos; address misinformation, stigma and specific HIV vaccine fears; and encourage a sense of altruism while making the connection to HIV personal.

Poster Number: 131T

Presentation Title: Focus Group Discussions of Women, Sexuality, and HIV Among African American Men Attending a Historically Black University in the Southeast

Author(s): *Laborde, DJ BRANNOCK, K - O.R.AN.E., DURHAM, NC*

BACKGROUND/OBJECTIVES: There is a need to develop culturally appropriate ways for addressing the HIV prevention and testing needs among female students attending Historically Black Colleges and Universities (HBCUs). Because black women predominantly contract HIV/AIDS from their heterosexual partners, there is also a need to learn more about the sexual behavior and attitudes of black men. Focus group discussions (FGDs) can be used to gain insight on the culture, perceptions, and concerns male students have about HIV testing which can assist in developing strategies for addressing challenges in promoting HIV testing among HBCU student populations. Our objectives are to identify the attitudes of black men toward women, sexual behaviors, and HIV prevention.
METHODS: As part of an Office of Women's Health-funded peer-led HIV prevention program targeting minority women attending HBCUs, we conducted two FGDs with black men: ages 18-24, and age 25+. We recruited heterosexual black men through student word of mouth and campus advertising. Two peer black male students were trained to moderate the discussions and take standardized observation notes. We developed and pilot-tested a FGD guide and revised our methods according to student input. Focus groups were audiotaped, transcribed verbatim, and coded. We conducted thematic analyses to identify recurring issues related to 1) men's attitudes toward women, 2) men's sexual behaviors, and 3) HIV prevention.
RESULTS: We have completed the first round of FGD. Men freely discussed the social, family, and campus environment that influence sexual behaviors and HIV testing. Men discussed the impact the media has on black men's attitudes toward women, how peer pressure affects sexual initiation and the need for black men to seek more preventive health care. We will complete more focus groups and conduct further analyses using the same methodology.
CONCLUSION: Men attending HBCUs responded well to our student-led FGD recruitment. There is need to provide young black men with venues to discuss relationship issues and educate them about gender issues and HIV prevention. This information is the basis of further research to identify how best to stimulate open dialogue, provide gender and culturally sensitive outreach, and increase HIV risk reduction behaviors among students attending HBCU.

Poster Number: 197T

Presentation Title: PalmIT: Using Technology to Improve Prevention Programs through Streamlined Data Collection

Author(s): *Facente, S*[1] *Gluth, D*[2]*; Dowling, T*[1]*; Rodriguez, M*[1]*; Sheon, N*[3] - [1] San Francisco Department of Public Health, San Francisco, CA; 2 Magnet, San Francisco, CA; 3 UCSF Center for AIDS Prevention Studies, San Francisco, CA

ISSUE: HIV prevention programs in the US are usually required to collect large amounts of demographic and program evaluation data from clients and staff. This is especially true for HIV CTR programs. In 2005, CTR providers in San Francisco recognized a need for a system that reduced the data burden on counselors and clients. In early 2006, an electronic method of CTR data collection called PalmIT began in pilot form. PalmIT automates data collection, improving the quality of data and allowing clients more privacy in answering personal questions. Additionally, PalmIT improves the quality of counseling sessions by freeing counselors from interfering data collection requirements.
SETTING: PalmIT was developed through a collaboration between the San Francisco Department of Public Health, Magnet, a gay men's community organization in the Castro district of San Francisco, and the UCSF Center for AIDS Prevention Studies. The PalmIT system was piloted at Magnet and is in the process of a larger-scale roll-out through CTR programs in San Francisco. However, this system is adaptable not only to other types of individual client-level HIV prevention interventions, but also can be modified for programs anywhere in the US.
PROJECT: PalmIT uses Questionnaire Development Software (QDS) and Microsoft Access to create a client self-administered survey version of the demographics, sexual and drug risk history that is routinely collected from CTR clients at the time of an HIV testing session. When a client presents at the CTR site for an HIV test, s/he is asked to complete this private survey on a handheld computer or a touchscreen kiosk before being seen by a counselor. The counselor then electronically completes the lab slip for the HIV test, and enters a brief amount of administrative information before the device is ready for use by another client. At the end of each testing shift, the devices are synced to a main data computer, and data is uploaded weekly to the local health department.
RESULTS: Since February of 2006, 89% of clients reported that it was "very easy" to use the system and 90% of clients said that the survey length was "just right." 55% said they were specifically "more likely" to come back to Magnet as a result of the system. In addition to these findings, other benefits have been successful invoicing for testing with the California State system, increased counselor satisfaction, and a previously unknown flexibility with survey questions. Real-time CTR data analysis generated a need for further questioning about things like partner notification and substance use. Within hours, the survey was updated to ask new questions that would allow for a greater understanding of new trends for HIV risk in the client population.
LESSONS LEARNED: The dramatic success of PalmIT demonstrates not only the need to reduce the client-level paperwork burden on counselors and clients, but also that using technology to streamline data collection is feasible and cuts costs dramatically over the long term. Now that the pilot phase has concluded, roll-out to other CTR sites is quickly successful.

Poster Number: 152T

Presentation Title: Routine HIV Testing in Community-Based Clinics: Lessons Learned from Project 1

Author(s): *Osorio, S Merrick, R* - Los Angeles County, Office of AIDS Programs and Policy, Los Angeles, CA

ISSUE: During the period of September 2003-June 2006, Los Angeles County, Office of AIDS Programs and Policy (OAPP) participated in the Advancing HIV Prevention Initiative, Project 1, routinely offering HIV testing as part of regular medical care services. Preliminary findings from this demonstration project support the HIV counseling and testing guidelines, released by the Centers for Disease Control (CDC) on September 22, 2006. This presentation will highlight key considerations for implementing routine HIV testing in healthcare settings.
SETTING: Counseling staff provided HIV rapid testing at three community-based health clinics and one hospital in Los Angeles County between September 2003-June 2006. Client demographics varied greatly from clinic to clinic. Overall, 66.6% were Latino, 19.0% African American, 9.1% Caucasian, 2.96% Asian, 0.11% Native American, and 1.5% responded other, did not answer at all or did not know their ethnicity. Over 60% identified as female, 38.6% identified as male, 0.3% identified as transgender (male to female), less than 0.1% identified as transgender (female to male) and 1.8% responded other, did not answer at all or did not know how to identify. The average age of the clients that participated in this project was 35.3 years.
PROJECT: Levels of routinization of HIV testing varied by site, but generally, patients were either referred by a health care provider or notified of the service by testing counselors while waiting to see a health care provider. HIV

testing was conducted during the patients wait period before being seen by the provider. In most cases, clinic staff were able to ensure that patients did not miss their appointment time while being tested.
RESULTS: Approximately 10,000 rapid HIV tests were conducted during the duration of the demonstration project. Intervention sites had an overall positivity rate of 1.73% while all other OAPP - funded HIV test sites averaged a positivity rate of 1%. Intervention sites increased the number of tests and positivity rates compared to the year prior to the implementation of Project 1. Patient acceptance rate of testing was greater than 90%.
LESSONS LEARNED: Health care provider buy-in is critical to the success of routine HIV testing.
Patients are more likely to acquiesce to testing if a provider recommends doing so.
Routine testing provides access to some patients who might never have previously tested.

Poster Number: 201T

Presentation Title: Intimate Partner Violence, HIV, and Substance Abuse: A Deadly Triangle

Author(s): *Kalokhe, AS[1] Khoury, NM[1]; Cardenas, GA[2]; Sullivan, T[1]; Bell, CE[1]; Kuper, T[2]; Gooden, L[2]; Paranjape, A[3]; Metsch, LR[2]; del Rio, C[1]* - [1] Emory University School of Medicine, Atlanta, GA; 2 Miami University School of Medicine, Miami, FL; [3] Temple University School of Medicine, Philadelphia, PA

BACKGROUND/OBJECTIVES: A correlation between HIV infection, intimate partner violence (IPV), and substance abuse has been noted. However, little research has examined IPV and subsequent resource utilization patterns among HIV-positive, crack users. To direct preventive, treatment, and support programs targeting this largely underserved and understudied population, we assessed IPV prevalence, resource utilization patterns, and barriers to care among hospitalized, HIV-positive, crack users in Atlanta and Miami.
METHODS: From December 2006-March 2007, we recruited sexually active, HIV-positive, crack cocaine users from inpatient services at Grady Memorial Hospital in Atlanta, GA and Jackson Memorial Hospital in Miami, FL. Patients were screened for physical, emotional, and sexual intimate partner violence using 5 validated questions. We then asked those who screened positive for IPV about their resource utilization and barriers to utilizing services available in the community.
RESULTS: Of the 43 participants questioned, 29 (67%) screened positive for IPV. Of the various forms of IPV, 67% reported having their partners throw, break, or punch things, 63% percent reported being threatened with violence, 54% reported feeling controlled by their partner, 42% reported being beaten, physically attacked, or physically abused, and 28% reported being sexually attacked, raped, or sexually abused. Those who experienced IPV utilized the ER (33%) and 911 (24%) most commonly after the violent incident. Other less commonly used resources included: family and friends (21%), mental health counseling (15%), IPV hotlines (6%), IPV support groups (6%), shelters (6%), walk-in clinics (6%), primary care physicians (6%), legal assistance (3%), and spiritual counseling (3%). Forty percent reported never using support services after experiencing IPV. The most common barriers cited in utilizing IPV resources were unwillingness to deal with the problem (48%), fear of their partners finding out (26%), belief that current available resources would not have been helpful in their respective situations (13%), and lack of knowledge that supportive services existed (9%). Only 46% of patients felt comfortable discussing relationship violence with their doctors or nurses.
CONCLUSIONS/IMPLICATIONS: Our preliminary data suggests a high prevalence of IPV among HIV-infected, crack-users in the inner-city. Screening for IPV should become routine practice as part of the evaluation of HIV-infected persons. Moreover, screening should be provider-initiated to help overcome patient insecurity in openly discussing partner violence. Support services should be concentrated in emergency departments and 911 communications centers, given their high frequency of use at the time of IPV incidents. Efforts should focus on making less frequently utilized services more accessible and beneficial for this population. Patients belonging to these high-risk communities should be further educated regarding the importance of addressing violence in their relationships and the utility of resources available to them.

Poster Number: 120T

Presentation Title: Stigma and Social Support Among HIV-Positive African Americans

Author(s): *Galvan, FH Bing, EG; Davis, E; Banks, D - Charles R*. Drew University of Medicine and Science, Los Angeles, CA

BACKGROUND: More African Americans believe that there is a lot of discrimination against people living with HIV in the U.S. today compared to Latinos and Whites. Perceptions of HIV-related stigma can have negative consequences for HIV prevention. However, social support from others could protect individuals from the effects of

perceived HIV stigma. This study examined whether social support was associated with perceived stigma among HIV-positive African Americans.
METHODS: A convenience sample of HIV-positive African American men and women in Los Angeles was recruited from agencies serving this population. Participants were administered a questionnaire which included the HIV Stigma Scale (Berger et al., 2001), the Multidimensional Scale of Perceived Social Support (Zimet, 1990) and a measure for current clinical depression based on the Structured Clinical Interview for DSM-IV-TR, Research Version (First et al., 2002).
RESULTS: 281 HIV-positive African Americans participated in the study. With a possible range of 40 signifying very low perceived HIV stigma and 160 signifying very high perceived stigma, the mean score for perceived stigma was 101, with a sample range of 49 to 156. Thirty-two percent met the criteria for clinical depression. Comparable levels of perceived social support were reported for a significant other (mean = 18.7), family (mean=19.2) and friends (mean=20.0), out of a possible range for each of 4, signifying low social support, and 28, signifying high social support.
Significant negative bivariate associations with perceived HIV stigma were found for perceived social support from family ($b = -0.39$, $p < 0.05$), perceived social support from friends ($b = -0.66$, $p < 0.000$), income (compared to those with the lowest income, those with the highest income reported less perceived stigma [$b = -6.61$, $p < 0.05$]) and education (compared to those with the lowest education, the group with the highest education reported less perceived stigma [$b = -10.4$, $p < 0.000$]). A significant positive bivariate association with perceived HIV stigma was found for clinical depression ($b = 12.4$, $p < 0.000$). In multivariate analysis, the only variables associated with perceived stigma reaching statistical significance were clinical depression ($b = 10.9$, $p < 0.000$) and education, with those in the highest educational level reporting less perceived stigma ($b = -8.81$, $p < 0.01$) compared to those in lowest education level.
CONCLUSIONS: Although perceived social support from either family or friends was initially found to be inversely associated with perceived HIV stigma among HIV-positive African Americans, other factors were more important when examining perceived stigma. The current presence of clinical depression and more education were found to be independently associated with perceived stigma after controlling for the presence of other variables. This study demonstrates the importance of treating depression as a way of decreasing the perception of HIV stigma. More information is needed to identify ways of combating HIV stigma affecting African Americans, a population disproportionately affected by HIV.

Poster Number: 151T

Presentation Title: Revised Recommendations for HIV Testing in Health Care Settings: Statuts of Implemenation by Health Departments

Author(s): *Randall, LM Jorstad, C* - National Alliance of State and Territorial AIDS Directors, Washington, DC

ISSUE: HIV screening in health care settings has been recommended by the U.S. Centers for Disease Control and Prevention (CDC) as an important strategy for increasing the number of individuals who know their HIV status. The National Alliance and State and Territorial AIDS Directors (NASTAD) undertook a survey to assess the extent to which health departments have already implemented HIV screening efforts in health care settings and the relative impact that the CDC's Revised Recommendations for HIV Testing of Adults, Adolescents and Pregnant Women in Health Care Settings have or will influence health department efforts to implement HIV screening in health care settings.
SETTING: HIV screening efforts implemented in health care settings and supported by state and city health departments.
PROJECT: NASTAD conducted a survey among all 65 state, territorial and city health departments funded by the CDC for HIV prevention efforts. The survey addressed three key areas: the legal and regulatory environment for HIV testing, particularly as related to informed consent and counseling associated with HIV testing; current health department efforts around supporting HIV screening in health care settings; and future plans regarding implementation of HIV screening. The extent to which the CDC Recommendations have or will influence health department efforts to implement HIV screening was specifically examined.
RESULTS: Fifty-five jurisdictions responded to the survey, representing an 85% response rate. Six of ten health departments indicated statutory or regulatory requirements for written informed consent. Nearly one half of jurisdictions reported that testing without counseling is permitted by statute or regulation in some or all circumstances. among respondents, 64% reported having already implemented HIV screening on one or more health care settings, primarily traditional public health settings such as sexually transmitted disease clinics. Fewer than one-third of respondents indicated supporting HIV screening in clinical settings such as emergency departments. Three quarters of health departments indicated that they intend to continue/expand current screening efforts or are currently planning how and whether to adopt the CDC Recommendations. Emergency departments were cited by 28% of respondents as a priority venue for expansion of screening. Financing for screening efforts was identified as a key

challenge to implementation by more than eight of ten respondents. Provider buy-in was also cited as a key challenge by 35% of respondents.
LESSONS LEARNED: Health departments see value in HIV screening programs in health care settings and are using this as one strategy to optimize the effectiveness of their prevention efforts, and many have supported screening efforts for several years. Health departments have successfully implemented screening programs without changing statutes regarding informed consent or counseling, suggesting that technical assistance and provider education and training are important strategies to facilitate implementation. Funding is a key concern among health departments who depend heavily on federal HIV prevention funding to support these efforts and has important implications for expansion of screening efforts as well as long term sustainability of these programs.

Poster Number: 212T

Presentation Title: HIV Testing Promotional Strategies: An Analysis if A Structural population Based Capacity Building Assistance Curriculum.

Author(s): *Rucker, T;* Gipson, J – My Brother's Keeper INC, Ridgeland, MS

ISSUE: The development of new tests for HIV that are simple, rapid, and provide HIV results in 20 minutes has created new prospects for promoting and marketing HIV testing and counseling services. These as well as other new developments call for new strategies and interventions to increase access to testing in African American communities that include the use of carefully planned social marketing, media, promotional and evaluation strategies when targeting specific minority populations heavily affected by HIV/AIDS.
SETTING: Because HIV testing in the African American community is a major challenge, a one day, intensive skills building training course was developed and provided nationwide to African-American community-based organizations, health departments, and stakeholders.
PROJECT: My Brother's Keeper Inc. has developed a "HIV Testing: Promotional Strategies" skills building course that is designed to increase access to and utilization of HIV testing services by focusing on the development of promotional strategies. Teaching strategies for the course included the use of lecture, group activities, and group discussion. This roundtable will (1) discuss course description and core elements, (2) provide quantitative and qualitative data on target population, and (3) provide a review of the successes and barriers faced in conducting this skills building course over a three year period.
RESULTS: The "HIV Testing: Promotional Strategies" skills building course has been delivered in 8 states to a total of 30 community health organizations. Initial evaluation data from the course showed that 98.9% of the participants had knowledge of how to plan an HIV testing event, and 96.6% felt confident in planning an HIV testing event. Initial data also 95.5% of the participants plan to utilize the information obtained from the course, and 96.6% of participants can apply the steps learned in the course. Data derived from 3, 6, and 9 month follow-up data indicate that 96.3 of the respondents have put the information from this skills building course to good use. Additionally, 47.2% reported to have developed their own promotional events.
LESSONS LEARNED: Providing organizations with a systematic approach to planning, organizing and implementing more productive HIV testing events has implications for targeting prevention efforts, service integration and ensuring non-duplication of services. The participant's take-away workbook has served as an important tool to enhance learning. Developing promotional strategies that are specifically geared to African Americans is crucial to the success of a HIV testing event in the community. Policy implications of this session involve the complexities in the wide variance of laws, policies and procedures that govern the mechanisms and venues for HIV testing.
LEARNING OBJECTIVES: Participants will be able to discuss strategic processes necessary for the promotion of an HIV testing event that is structured and population-based.
Participants will be able to discuss evaluation data derived from the implementation of the HIV Testing Promotional Strategies skills Building course.
Participants will be able to discuss lessons learned from a three year analysis of this skills building course.

Poster Number: 137T

Presentation Title: Methamphetamine Use Among Newly Diagnosed HIV Patients in Los Angeles County

Author(s): *Chien, M Stirland, A; Guerry, S; Aynalem, G; Samson, J; Cheng, K; Kerndt, PR* - Los Angeles County Department of Public Health, STD Program, Los Angeles, CA

BACKGROUND: Methamphetamine use lowers sexual inhibitions leading to behaviors that may increase risk of HIV infection. Previous studies have reported increased risk of HIV transmission among MSM (men who have sex with men) who use methamphetamines compared to those who do not. Directing preventive services towards this

population may decrease incident infections. We examined the association between methamphetamine use and self-reported newly diagnosed HIV infection among MSM and non-MSM presenting at twelve public sexually transmitted disease clinics in Los Angeles County.
METHODS: Subjects were all Los Angeles County STD clinic patients receiving HIV testing and who reported no prior HIV positive tests between May 18 and Dec 31, 2006. Routine STD/HIV risk factor data on previous HIV testing history, sexual practices, and drug use in the last 12 months was collected through interviewer administered intake forms. Persons were considered newly diagnosed with HIV if they had a confirmed HIV test plus a self report indicating no prior HIV test or a prior negative test.
RESULTS: A total of 6,782 patients screened for HIV provided information on previous HIV testing. Of these, 6,592 (97.1%) indicated either no previous HIV test or a previous negative HIV test. among these HIV testers with no known HIV, 8.2% were MSM. There were a total of 50 cases (0.76%) of confirmed HIV with 34 (66.7%) being among MSM. among non-MSM (n=6,095), the proportion of methamphetamine use among HIV infected (n=17) and non-HIV infected patients (n=6,035) was 5.9% and 3.3%, respectively (OR=1.8, 95% CI=0.2, 13.6). In contrast, among MSM, the proportion of methamphetamine use among HIV infected (n=34) and non-HIV infected MSM (n=510) was 26.4% and 5.1% (OR=5.9, 95%CI=2.4, 14.3).
CONCLUSIONS: There was a significant association between methamphetamine use in the past 12 months and HIV status among MSM testing at public STD clinics in Los Angeles County. No similar association was observed for non-MSM patients. MSM with a new diagnosis of HIV were 6 times more likely to have reported methamphetamine use in the past year compared with MSM testing negative for HIV. MSM who use methamphetamines present a high risk population for targeted intervention.

Poster Number: 144T

Presentation Title: Antiretrovirals as Topical Microbicides and Pre-Exposure Prophylaxis: What's in the Pipeline?

Author(s): *Boyce, LM1 Finley, BM2; Plescia, CJ2; des Vignes, F2; Harrison, PF2* - 1 Alliance for Microbicide Development, Silver Spring, DC; 2 Alliance for Microbicide Development, Silver Spring, MD

BACKGROUND/OBJECTIVES: New prevention methods are urgently needed to reduce the number of new HIV infections that occur worldwide each year. Researchers are now investigating whether antiretroviral (ARV) drugs formulated as topical microbicides and pre-exposure prophylaxis (PrEP) are safe and effective in reducing the risk of HIV infection. The purpose of this poster is to provide information on the latest advances in the research and development (R&D) pipeline of such ARV-based candidates. A description of ongoing, planned, and recently concluded studies assessing their acceptability, safety, and/or effectiveness in preventing HIV infection will be presented.
METHODS: Antiretroviral drug candidates in clinical development for the prevention of HIV as of November 2007 will be systematically identified using the Alliance for Microbicide Development's Microbicide Research and Development Database. Additional information on candidates in clinical and preclinical development will be collected through a systematic review of publicly available clinical trials data, scientific literature, conference abstracts, and meeting reports. Developers and trial sponsors will be contacted to obtain preliminary or unpublished information, when available, and to validate the review.
RESULTS: More than 20 clinical trials are planned or underway to investigate the HIV prevention potential of ARV-based candidates, including Tenofovir gel, Tenofovir Disoproxil Fumarate (TDF), and Emtricitabine/TDF (Truvada). The pipeline of ARV-based candidates ready to move into effectiveness trials is particularly robust. Current candidates in the clinical and preclinical pipeline have diverse mechanisms, including nucleoside analogue reverse transcriptase inhibitors (NRTIs), no nucleoside reverse transcriptase inhibitors (NNRTIs), and entry inhibitors. Several trials are designed to examine the safety and effectiveness of oral ARV-based candidates in special populations, including couples, injection drug users, and HIV positive and negative men and women. Investigators are also studying candidates with a variety of delivery methods, including sustained released technologies, which offer the promise of use independent of coitus. New formulations may allow for once-daily or even monthly application.
CONCLUSION: From this analysis, areas of emphasis for future research can be identified.

Poster Number: 117T

Presentation Title: Stated barriers to HIV testing Among Black Americans

Author(s): *Ghiselli, ME*
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OBJECTIVES: Barriers to HIV testing are a major problem in HIV/AIDS prevention. Delays in testing lengthen the time seropositive people remain untreated. This, in turn, can reduce the effects of early Highly Active Antiretroviral Therapy on opportunistic infections and quality of life issues. Despite the advantages of early diagnosis, many people still cannot learn their status because of considerable social and logistic barriers. This study investigates the barriers to HIV testing among Black Americans, who are disproportionately affected by the epidemic. There were four aims: (1) to estimate the percentage of Black Americans who delayed testing; (2) to identify the primary reasons stated for delaying testing; (3) to examine the association between reasons for delaying testing and participants' serostatus; and (4) to examine the association between reasons for delaying testing and injection drug use (IDU).
METHODS: Face-to-face interviews were conducted in the greater Philadelphia area between December 2001 and January 2003. Participants were recruited from high HIV prevalence neighborhoods. In all, 895 Black Americans were interviewed using a street intercept methodology. High-risk was defined as a combination of IDU and/or engaging in sexual risk behavior. After answering demographic and risk behavior questions, participants were asked if they had ever been tested for HIV. Participants who delayed testing at least once in their lifetime were asked to indicate reasons for doing so.
RESULTS: Twenty three percent of eligible participants (n = 202) reported ever having delayed HIV testing. The four main reasons identified were fear (e.g., of HIV, needles), structural barriers (e.g., time, transportation, clinic), personal attributions (e.g., health, laziness) and risk reduction (e.g., practicing safe sex). No significant differences in reasons by serostatus or IDU were found. However, injection drug users on welfare were significantly less likely to report fear as their reason for delaying testing, compared to non-welfare injection drug users (OR = 0.339; 95% CI: 0.120 - 0.953).
CONCLUSION: Delayed HIV testing remains a significant problem, affecting almost one in four Black Americans. To increase HIV testing in this population, interventions to address fear of HIV, structural barriers, personal attributions, and risk reduction should be considered. Fear, compounded with socio-economic factors (welfare support) and high-risk behaviors (IDU), appears to be the main barrier. Paradoxically, many injection drug users on welfare may be worried about more immediate survival needs (e.g., stable housing), and therefore were less likely to name fear of HIV as a reason for not getting tested. Future interventions may benefit by including training on applying for welfare assistance in order to ease the immediate economic burden that was so prevalent in this sample.

Poster Number: 112T

Presentation Title: The emerging target of Puerto Rican HIV/AIDS patients: The profile Elderly vs. Non-Elderly HIV infected patients.

Author(s): *Baez-Feliciano, DV; Quintana, R; Fernandez-Santos, DM; Gomez, MA; Velazquez, M; Rios-Olivares, E; Hunter-Mellado, RF*
Universidad Central del Caribe, Bayamon, Puerto Rico

BACKGROUND/OBJECTIVES: During the last two decades an increment of elderly Puerto Rican HIV infected patients has been observed. In 2005, 10.9% of the newly reported AIDS cases in Puerto Rico were older than 50 years (AIDS Surveillance Office Puerto Rico, 2006). In this study we assess the sociodemographic, clinical features and mortality differences between elderly HIV patients (50 year or older) as compared to the non-elderly HIV patients (before age 50).
METHODS: This is a cross-sectional study of 3,508 HIV/AIDS patients enrolled between 1992 and 2005 at the Retrovirus Research Center of the Universidad Central del Caribe (UCC) School of Medicine. The non-elderly HIV infected patients were diagnosed before the age of 50 years and the elderly group were diagnosed with HIV at 50 years of age or older. The variables of study were sociodemographic, risky behavior and lifestyle issues, clinical parameters and mortality data. Descriptive analyses, differences in proportions (Fisher's exact test / Chi-square test (x^2)) and survival analyses (Kaplan-Meier and Long Rank test) performed to compare elderly and non-elderly groups. The significance statistical level was established at 0.05.
RESULTS: Our sample consisted of 3,508 individuals, 10.1% of them where 50 years of age or older at study entry and 7.7% were diagnosed with HIV infection after their 50th birthday. A significant increase in the proportion of newly diagnosed elderly patients between 1998-2005 as compared to 1992-1997 was seen (10.5% vs. 6.2%) ($p<0.001$). Elderly HIV patients had a lower educational level (80% vs. 65.9%), lower use of intravenous drugs (24% vs. 56.3%), higher heterosexual contacts (52.0% vs. 26.6%), having partner (34.6% vs. 29.1%) and self-reported

higher alcohol consumption than the non-elderly group (23.2 % vs. 13.5%) ($p<0.05$). No differences were seen in the elderly group when compared with the non-elderly group in terms of gender, employment status or living with family. A higher proportion of elderly group had AIDS diagnosed at first contact in our healthcare facilities (58.7% vs. 49.7%), a higher number had a CD4+ T-cell counts/mm of <200 (53.1% vs. 48.1%) and a history esophageal candidiasis (18.2% vs. 15.1%) ($p<0.05$). A higher prevalence of chronic co-morbid conditions was found among elderly than non-elderly group with diabetes mellitus (14.0% vs. 4.0%), cardiovascular diseases (21.0% vs. 5.3%) and renal insufficiency (5.5% vs. 3.8%) ($p<0.05$). No differences were seen in the use of HAART therapy. The elderly group had a slightly higher mortality experience than non-elderly group (50.2% vs. 47.5%). No survival differences were seen among study groups.

CONCLUSIONS: We conclude that the elderly population with HIV/AIDS followed in our facilities has a different profile in terms of sociodemographic, lifestyle issues and clinical scenario as compared to the non-elderly group. A better understanding of these epidemiological features is essential for physicians, health providers and educators to develop implement and evaluate preventive interventions programs directed to elderly population. This study was sponsored by Grant Number 2G12RR03035 from the National Center for Health Resources (NCRR) a component of the National Institutes of Health.

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de la Cruz, Mario	A20-2	12/04/07 at 3:30 PM	BAKER
Deli, Keran	D10-3	12/03/07 at 10:30 AM	IB NORTH
DeLisle, Susan	G16-2	12/03/07 at 10:30 AM	RB VI
DeMarco, Rosanna	C03-3	12/03/07 at 1:30 PM	CAIRO
Des Jarlais, Don	C17-5	12/04/07 at 10:30 AM	HONG KONG
Des Jarlais, Don	B10-1	12/05/07 at 8:00 AM	A707
Diallo, Dazon	D05-2	12/04/07 at 1:30 PM	RB VI
Diaz, Rafael	A18-3	12/04/07 at 1:30 PM	VANCOUVER/MONTREAL
Dieffenbach, Carl	A23-1	12/03/07 at 1:30 PM	REGENCY BALLROOM V
Dittus, Patricia	C11-4	12/05/07 at 8:00 AM	SINGAPORE/MANILA
Do, Tri	A25-2	12/04/07 at 10:30 AM	CAIRO
Doshi, Sonal	B09-5	12/03/07 at 3:30 PM	RB V
Drobnik, Ann	D22-4	12/05/07 at 8:00 AM	RB V
Dunham, Michael	D08-4	12/05/07 at 8:00 AM	A705
Duran, Denise	B15-1	12/03/07 at 3:30 PM	HANOVER E
Eckert, Valorie	B09-2	12/03/07 at 3:30 PM	RB V
Eke, Agatha	A21-2	12/03/07 at 3:30 PM	RB VI
Erwin, Kathleen	A18-1	12/04/07 at 1:30 PM	VANCOUVER/MONTREAL
Fallon, Stephen	F14-1	12/03/07 at 10:30 PM	COURTLAND
Fasula, Amy	C11-1	12/03/07 at 3:30 PM	SINGAPORE/MANILA
Fenton, Kevin	G01-1	12/03/07 at 1:30 PM	SINGAPORE/MANILA
Fenton, Kevin	G16-2	12/03/07 at 10:30 AM	RB VI
Fernandez, Elena	F02-1	12/03/07 at 10:30 AM	BAKER
Fields, Sheldon	C01-2	12/03/07 at 10:30 AM	RB V
Fisher, Celia	E11-3	12/03/07 at 3:30 PM	HANOVER F/G
Fisher, Holly	A09-3	12/04/07 at 10:30 AM	HANOVER E
Fleming-Hampton, Jaqualine	D16-4	12/04/07 at 1:30 PM	IB NORTH
Floyd, Donovan	G15-1	12/04/07 at 1:30 PM	RB V
Floyd, Donovan	E04-4	12/05/07 at 8:00 AM	IB SOUTH
Forbes, Alfred	D08-3	12/05/07 at 8:00 AM	A705

Presenting Author Index – Oral (Continued)

Forbes, Anna	E13-1	12/05/07 at 8:00 AM	HONG KONG
Fowler, Jane	D02-3	12/03/07 at 1:30 PM	HANOVER C
Frasca, Timothy	E11-2	12/03/07 at 3:30 PM	HANOVER F/G
Fraze, Jami	D04-2	12/03/07 at 3:30 PM	HONG KONG
Freeman, Robert	C17-4	12/04/07 at 10:30 AM	HONG KONG
French, Patrick	E09-3	12/04/07 at 3:30 PM	IB NORTH
Friedman, Samuel	B05-4	12/03/07 at 10:30 AM	HANOVER F/G
Friedman, Samuel	A20-4	12/04/07 at 3:30 PM	BAKER
Fronberg, Rebecca	B06-5	12/04/07 at 1:30 PM	HANOVER F/G
Frye, Theresa	G08-1	12/04/07 at 10:30 AM	INMAN
Futterman, Donna	F01-1	12/03/07 at 1:30 PM	VANCOUVER/MONTREAL
Gaddist, Bambi	A15-2	12/04/07 at 10:30 AM	HANOVER F/G
Maiorana, Andre	D11-4	12/04/07 at 3:30 PM	VANCOUVER/MONTREAL
Gaffney, Stuart	A17-1	12/04/07 at 3:30 PM	IB SOUTH
Gardner, Cherri	D19-4	12/04/07 at 3:30 PM	HANOVER F/G
Gardner, Lytt	C12-3	12/03/07 at 10:30 AM	IB SOUTH
Gentry, Quinn	D06-2	12/04/07 at 3:30 PM	RB V
Gindi, Renee	B03-4	12/04/07 at 10:30 AM	HANOVER D
Glick, Nancy	D14-3	12/04/07 at 10:30 AM	BAKER
Goodenow, Carol	A21-1	12/03/07 at 3:30 PM	RB VI
Granato, Laura	G07-2	12/04/07 at 3:30 PM	SINGAPORE/MANILA
Green, Bernadette	G02-2	12/04/07 at 10:30 AM	SINGAPORE/MANILA
Grigoryan, Anna	B10-3	12/05/07 at 8:00 AM	A707
Grossman, Cynthia	C13-4	12/04/07 at 3:30 PM	A703
Grov, Christian	A14-3	12/03/07 at 10:30 AM	VANCOUVER/MONTREAL
Grov, Christian	E06-1	12/03/07 at 3:30 PM	IB NORTH
Gruber, DeAnn	F03-3	12/04/07 at 10:30 AM	A707
Gulati, Harnik	A19-2	12/03/07 at 1:30 PM	BAKER
Hackett Jr, John	B11-1	12/03/07 at 10:30 AM	HANOVER D
Halkitis, Perry	E03-3	12/03/07 at 10:30 AM	CAIRO
Hall, Christopher	G11-1	12/03/07 at 3:30 PM	SINGAPORE/MANILA
Hall, Henry	E02-2	12/03/07 at 3:30 PM	HANOVER C
Hamilton, Elizabeth	B13-4	12/05/07 at 8:00 AM	CAIRO
Hanna, David	B15-4	12/03/07 at 3:30 PM	HANOVER E
Hansen, Nathan	C13-3	12/04/07 at 3:30 PM	A703
Harawa, Nina	A18-2	12/04/07 at 1:30 PM	VANCOUVER/MONTREAL
Harris, Gardenia	A02-3	12/04/07 at 1:30 PM	SINGAPORE/MANILA
Harris-McCoy, Kimberly	B07-2	12/03/07 at 3:30 PM	DUNWOODY
Harshbarger, Camilla	D26-1	12/04/07 at 3:30 PM	A707
Hart, Trevor	A08-4	12/05/07 at 8:00 AM	HANOVER C
Hazel, Daphne	G10-3	12/05/07 at 8:00 AM	BAKER
Heckman, Timothy	C13-2	12/04/07 at 3:30 PM	A703
Heffelfinger, James	C06-1	12/03/07 at 1:30 PM	HANOVER F/G
Helms, Donna	B06-1	12/04/07 at 1:30 PM	HANOVER F/G
Henny, Kirk	A10-2	12/04/07 at 3:30 PM	HANOVER D
Henry, Louis	D12-4	12/04/07 at 10:30 AM	COURTLAND
Hergenrather, Kenneth	D28-1	12/04/07 at 10:30 AM	DUNWOODY
Hernandez, Angela	B08-4	12/04/07 at 10:30 AM	A703
Hernandez, Maria Teresa	B01-3	12/04/07 at 3:30 PM	A705
Hidalgo, Julia	F12-2	12/04/07 at 1:30 PM	COURTLAND
Hill, Mark	C08-1	12/03/07 at 3:30 PM	VANCOUVER/MONTREAL
Hillier, Sharon	A23-2	12/03/07 at 1:30 PM	REGENCY BALLROOM V
Hirshfield, Sabina	A10-3	12/04/07 at 3:30 PM	HANOVER D
Hirshfield, Sabina	B02-2	12/04/07 at 10:30 AM	A705
Hoff, Colleen	A16-2	12/04/07 at 3:30 PM	A706
Hoke, Kimberly	D01-2	12/03/07 at 10:30 AM	HANOVER C
Holliday, Christopher	A03-3	12/03/07 at 1:30 PM	COURTLAND 110
Holtgrave, David	E05-3	12/04/07 at 1:30 PM	INMAN
Hopkins, Emily	F06-4	12/04/07 at 1:30 PM	DUNWOODY
Horton, Michelle	A19-3	12/03/07 at 1:30 PM	BAKER

Presenting Author Index – Oral (Continued)

Hou, Su-I	B04-5	12/04/07 at 3:30 PM	HANOVER C
Hu, Yunyin	B13-3	12/05/07 at 8:00 AM	CAIRO
Hudson, Sharon	A05-2	12/03/07 at 3:30 PM	IB SOUTH
Hudson, Sharon	A16-1	12/04/07 at 3:30 PM	A706
Huebner, David	C05-2	12/04/07 at 1:30 PM	HANOVER D
Huebner, David	E13-2	12/05/07 at 8:00 AM	HONG KONG
Husnik, Marla	A16-3	12/04/07 at 3:30 PM	A706
Inungu, Joseph	E03-1	12/03/07 at 10:30 AM	CAIRO
Janneh, Mariama	B14-3	12/03/07 at 1:30 PM	INMAN
Jenckes, Mollie	F09-2	12/05/07 at 8:00 AM	A706
Jenckes, Mollie	F09-4	12/05/07 at 8:00 AM	A706
Jenness, Samuel	B13-2	12/05/07 at 8:00 AM	CAIRO
Jones, Kenneth	C02-2	12/04/07 at 10:30 AM	IB SOUTH
Jordahl, Lori	G12-2	12/04/07 at 3:30 PM	DUNWOODY
Julie, Davids	C18-2	12/05/07 at 8:00 AM	INMAN
Kachur, Rachel	G12-3	12/04/07 at 3:30 PM	DUNWOODY
Karagon, James	D20-3	12/03/07 at 1:30 PM	IB NORTH
Kay, Linda	C03-4	12/03/07 at 1:30 PM	CAIRO
Kegeles, Susan	F04-3	12/05/07 at 8:00 AM	VANCOUVER/MONTREAL
Kegeles, Susan	D07-5	12/04/07 at 10:30 AM	IB NORTH
Kern, Dave	E09-1	12/04/07 at 3:30 PM	IB NORTH
Kern, Nancy	E10-4	12/05/07 at 8:00 AM	HANOVER F/G
Kerndt, Peter	C20-4	12/05/07 at 8:00 AM	A703
Kerr, Zachary	D15-2	12/03/07 at 3:30 PM	CAIRO
Kershaw, Douglas	B10-4	12/05/07 at 8:00 AM	A707
Kidder, Daniel	B08-3	12/04/07 at 10:30 AM	A703
Kidder, Daniel	A10-1	12/04/07 at 3:30 PM	HANOVER D
Kim, Evelyn	A04-1	12/04/07 at 1:30 PM	HANOVER E
Kim, Evelyn	A04-4	12/04/07 at 1:30 PM	HANOVER E
Kim, MeeLee	G07-1	12/04/07 at 3:30 PM	SINGAPORE/MANILA
King, Hope	G03-3	12/03/07 at 3:30 PM	INMAN
King, Ronald	C05-1	12/04/07 at 1:30 PM	HANOVER D
Klausner, Jefferey	B11-3	12/03/07 at 10:30 AM	HANOVER D
Klausner, Jeffrey	F08-4	12/04/07 at 3:30 PM	INMAN
Klein, Susan	F08-3	12/04/07 at 3:30 PM	INMAN
Klosinski, Lee	C08-2	12/03/07 at 3:30 PM	VANCOUVER/MONTREAL
Koenig, Linda	A21-3	12/03/07 at 3:30 PM	RB VI
Fix, Alan	A23-4	12/03/07 at 1:30 PM	REGENCY BALLROOM V
Kurth, Ann	C04-1	12/05/07 at 8:00 AM	DUNWOODY
Kurth, Ann	F09-1	12/05/07 at 8:00 AM	A706
Kurtz, Steven	C17-2	12/04/07 at 10:30 AM	HONG KONG
Langer, Adam	B12-2	12/04/07 at 1:30 PM	HONG KONG
Lansky, Amy	B02-1	12/04/07 at 10:30 AM	A705
LaPollo, Archana	C11-2	12/05/07 at 8:00 AM	SINGAPORE/MANILA
Laqueur, Peter	E04-1	12/05/07 at 8:00 AM	IB SOUTH
Lauby, Jennifer	D05-4	12/04/07 at 1:30 PM	RB VI
Lazarus, Margery	A17-2	12/04/07 at 3:30 PM	IB SOUTH
LeBlanc, Marc-André	C14-5	12/03/07 at 10:30 AM	HANOVER E
Lemay, Helen	D22-1	12/05/07 at 8:00 AM	RB V
Lemos, Diana	F04-4	12/05/07 at 8:00 AM	VANCOUVER/MONTREAL
Leonard, Amy	A20-3	12/04/07 at 3:30 PM	BAKER
Levine, Deb	D15-1	12/03/07 at 3:30 PM	CAIRO
Levine, Deborah	E12-1	12/05/07 at 8:00 AM	COURTLAND
Lewis, Nina	D13-3	12/03/07 at 1:30 PM	IB SOUTH
Linley, Laurie	B08-1	12/04/07 at 10:30 AM	A703
Lucas, Basil	D05-3	12/04/07 at 1:30 PM	RB VI
Lytle, Charles	G11-3	12/03/07 at 3:30 PM	SINGAPORE/MANILA
Mack-Wilson, Larry	A04-2	12/04/07 at 1:30 PM	HANOVER E
Magis Rodriguez, Carlos	B01-4	12/04/07 at 3:30 PM	A705

Presenting Author Index – Oral (Continued)

Magnus, Manya	F12-1	12/04/07 at 1:30 PM	COURTLAND
Magnus, Manya	B04-3	12/04/07 at 3:30 PM	HANOVER C
Malys, Gary	D09-3	12/03/07 at 3:30 PM	BAKER
Mansergh, Gordon	G15-4	12/04/07 at 1:30 PM	RB V
Marquez, Carina	A05-3	12/03/07 at 3:30 PM	IB SOUTH
Marshall, Jennifer	G08-2	12/04/07 at 10:30 AM	INMAN
Martinez-Donate, Ana	A17-3	12/04/07 at 3:30 PM	IB SOUTH
Mayer, Kenneth	E04-2	12/05/07 at 8:00 AM	IB SOUTH
Mayer, Kenneth	B06-2	12/04/07 at 1:30 PM	HANOVER F/G
Mayer, Kenneth	B04-4	12/04/07 at 3:30 PM	HANOVER C
Mayers, Janet	C18-1	12/05/07 at 8:00 AM	INMAN
Mbajah, Joy	E12-4	12/05/07 at 8:00 AM	COURTLAND
McDavid, Kathleen	B03-1	12/04/07 at 10:30 AM	HANOVER D
McGrath, Peter	D07-2	12/04/07 at 10:30 AM	IB NORTH
Melton, Dan	D15-3	12/03/07 at 3:30 PM	CAIRO
Menon-Johansson, Anatole	E04-3	12/05/07 at 8:00 AM	IB SOUTH
Menon-Johansson, Anatole	E01-1	12/04/07 at 3:30 PM	HANOVER E
Merchant, Roland	F06-2	12/04/07 at 1:30 PM	DUNWOODY
Merchant, Roland	B15-3	12/03/07 at 3:30 PM	HANOVER E
Metsch, Lisa	B10-2	12/05/07 at 8:00 AM	A707
Metsch, Lisa	F09-3	12/05/07 at 8:00 AM	A706
Millett, Greg	C01-4	12/03/07 at 10:30 AM	RB V
Millett, Greg	A03-1	12/03/07 at 1:30 PM	COURTLAND 110
Mimiaga, Matthew	C15-1	12/03/07 at 10:30 AM	SPRING
Mitts, Beau	D09-1	12/03/07 at 3:30 PM	BAKER
Modica, Cheryl	F13-5	12/03/07 at 3:30 PM	COURTLAND
Modica, Cheryl	F13-1	12/03/07 at 3:30 PM	COURTLAND
Moore, Shennod	D12-1	12/04/07 at 10:30 AM	COURTLAND
Moore, Trent	A06-2	12/04/07 at 3:30 PM	CAIRO
Morgan, Ximena	D20-2	12/03/07 at 1:30 PM	IB NORTH
Morrison, Sharon	D14-5	12/04/07 at 10:30 AM	BAKER
Moskowitz, David	A08-1	12/05/07 at 8:00 AM	HANOVER C
Mulatu, Mesfin	A06-3	12/04/07 at 3:30 PM	CAIRO
Mulkey, Carrie	G03-2	12/03/07 at 3:30 PM	INMAN
Munroe, Alelia	C10-1	12/03/07 at 3:30 PM	HANOVER D
Mutchler, Matt	A06-4	12/04/07 at 3:30 PM	CAIRO
Muthambi, Benjamin	B13-5	12/05/07 at 8:00 AM	CAIRO
Mysoor, Sapna	D22-2	12/05/07 at 8:00 AM	RB V
Navejas, Michael Navejas	C15-4	12/03/07 at 10:30 AM	SPRING
Neumann, Mary	C03-2	12/03/07 at 1:30 PM	CAIRO
Nwachukwu, Immaculata	E10-2	12/05/07 at 8:00 AM	HANOVER F/G
Ohira, Stacia	G05-1	12/04/07 at 1:30 PM	BAKER
Olszewski, Yolanda	C10-3	12/03/07 at 3:30 PM	HANOVER D
Orenstein, Fern	G12-4	12/04/07 at 3:30 PM	DUNWOODY
Ouellet, Lawrence	B06-3	12/04/07 at 1:30 PM	HANOVER F/G
Painter, Thomas	D05-1	12/04/07 at 1:30 PM	RB VI
Park, Jan	C14-3	12/03/07 at 10:30 AM	HANOVER E
Patel, Shilpa	A09-1	12/04/07 at 10:30 AM	HANOVER E
Paul, Jay	A03-2	12/03/07 at 1:30 PM	COURTLAND 110
Perez-Jimenez, David	D11-5	12/04/07 at 3:30 PM	VANCOUVER/MONTREAL
Peterson, Amy	D06-4	12/04/07 at 3:30 PM	RB V
Phields, Miriam	D03-3	12/04/07 at 10:30 AM	VANCOUVER/MONTREAL
Phields, Miriam	D02-1	12/03/07 at 1:30 PM	HANOVER C
Phill, Rhonda	D10-1	12/03/07 at 10:30 AM	IB NORTH
Pieniazek, Danuta	B14-4	12/03/07 at 1:30 PM	INMAN
Poe, Jonathon	B02-3	12/04/07 at 10:30 AM	A705
Poteat, Tonia	D01-4	12/03/07 at 10:30 AM	HANOVER C
Prachand, Nikhil	E01-3	12/04/07 at 3:30 PM	HANOVER E
Prejean, Joseph	B08-5	12/04/07 at 10:30 AM	A703
Prosser, Adria	B15-5	12/03/07 at 3:30 PM	HANOVER E

Presenting Author Index – Oral (Continued)

Purcell, David	A04-3	12/04/07 at 1:30 PM	HANOVER E
Purcell de Ogenio, Antonio	G02-4	12/04/07 at 10:30 AM	SINGAPORE/MANILA
Pyeatt, Marilyn	D07-1	12/04/07 at 10:30 AM	IB NORTH
Qongqo, Mandisa	G08-3	12/04/07 at 10:30 AM	INMAN
Raleigh, Kathleen	D06-3	12/04/07 at 3:30 PM	RB V
Raminani, Sudha	C01-3	12/03/07 at 10:30 AM	RB V
Randall, Liisa	C04-2	12/05/07 at 8:00 AM	DUNWOODY
Reback, Cathy	A20-1	12/04/07 at 3:30 PM	BAKER
Reback, Cathy	A18-4	12/04/07 at 1:30 PM	VANCOUVER/MONTREAL
Reilley, Brigg	B18-1	12/03/07 at 1:30 PM	DUNWOODY
Remien, Robert	C20-2	12/05/07 at 8:00 AM	A703
Rice, Dana	B18-3	12/03/07 at 1:30 PM	DUNWOODY
Richardson-Moore, April	G12-1	12/04/07 at 3:30 PM	DUNWOODY
Rintamaki, Lance	F07-2	12/03/07 at 1:30 PM	HONG KONG
Rintamaki, Lance	F07-4	12/03/07 at 1:30 PM	HONG KONG
Robertson, Candace	G05-3	12/04/07 at 1:30 PM	BAKER
Robinson, Billy	B12-3	12/04/07 at 1:30 PM	HONG KONG
Robinson-Lynch, Joy	E10-3	12/05/07 at 8:00 AM	HANOVER F/G
Rodriguez, Leandro	D08-2	12/05/07 at 8:00 AM	A705
Rogers, Perdietha	G08-4	12/04/07 at 10:30 AM	INMAN
Roland, Eric	C17-3	12/04/07 at 10:30 AM	HONG KONG
Romer, Daniel	C08-3	12/03/07 at 3:30 PM	VANCOUVER/MONTREAL
Rosenberg, Nora	D12-2	12/04/07 at 10:30 AM	COURTLAND
Rotheram-Borus, Mary Jane	D19-3	12/04/07 at 3:30 PM	HANOVER F/G
Rowland, Barbara	F13-3	12/03/07 at 3:30 PM	COURTLAND
Rucker, T'juan	D22-3	12/05/07 at 8:00 AM	RB V
Rudd, Casey	D23-4	12/03/07 at 1:30 PM	HANOVER E
Rudolph, Abby	C17-1	12/04/07 at 10:30 AM	HONG KONG
Rumpler, Mark	D23-3	12/03/07 at 1:30 PM	HANOVER E
Rumptz, Maureen	D23-1	12/03/07 at 1:30 PM	HANOVER E
Rzewnicki, Donna	C05-3	12/04/07 at 1:30 PM	HANOVER D
Sabatini, Midge	D15-4	12/03/07 at 3:30 PM	CAIRO
Safford, Lauretta	F03-4	12/04/07 at 10:30 AM	A707
Safren, Steven	C13-1	12/04/07 at 3:30 PM	A703
San Antonio-Gaddy, Mara	G05-2	12/04/07 at 1:30 PM	BAKER
Sanchez, Melissa	B01-2	12/04/07 at 3:30 PM	A705
Sansom, Stephanie	C14-1	12/03/07 at 10:30 AM	HANOVER E
Sarnquist, Clea	D02-2	12/03/07 at 1:30 PM	HANOVER C
Sasso, Vanessa	D14-1	12/04/07 at 10:30 AM	BAKER
Satcher, Anna	B07-4	12/03/07 at 3:30 PM	DUNWOODY
Scalco, Beth	E07-2	12/04/07 at 10:30 AM	HANOVER C
Scalco, M.	B16-2	12/03/07 at 1:30 PM	HANOVER D
Schady, Felicia	E09-2	12/04/07 at 3:30 PM	IB NORTH
Schaffer, Tonia	D01-3	12/03/07 at 10:30 AM	HANOVER C
Schilling, Kathryn	B09-1	12/03/07 at 3:30 PM	RB V
Scott, Greg	B16-1	12/03/07 at 1:30 PM	HANOVER D
Shade, Starley	D13-1	12/03/07 at 1:30 PM	IB SOUTH
Shade, Starley	D12-3	12/04/07 at 10:30 AM	COURTLAND
Shahkolahi, Akabar	B06-4	12/04/07 at 1:30 PM	HANOVER F/G
Sharpe, Tanya	D18-3	12/03/07 at 10:30 AM	SINGAPORE/MANILA
Sias Jr., Lorenzo	F14-2	12/03/07 at 10:30 AM	COURTLAND
Simmons, Pat	C05-4	12/04/07 at 1:30 PM	HANOVER D
Simpson, Yaa	B03-2	12/04/07 at 10:30 AM	HANOVER D
Smith, Bryce	D06-1	12/04/07 at 3:30 PM	RB V
Smith, Carla-Dillard	A17-4	12/04/07 at 3:30 PM	IB SOUTH
Smith, Dawn	C16-1	12/04/07 at 3:30 PM	HONG KONG
Underwood,Nyisha	D03-1	12/04/07 at 10:30 AM	VANCOUVER/MONTREAL
Smith, Justin	A15-1	12/04/07 at 10:30 AM	HANOVER F/G
Smith, Kimberleigh	E03-2	12/03/07 at 10:30 AM	CAIRO
Smith, Michelle	C07-1	12/04/07 at 1:30 PM	CAIRO

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Spencer, Susan	G02-1	12/04/07 at 10:30 AM	SINGAPORE/MANILA
Spikes, Pilgrim	C12-1	12/03/07 at 10:30 AM	IB SOUTH
Spoeth, Shelly	C09-1	12/04/07 at 3:30 PM	COURTLAND
Springer, Sandra	F03-1	12/04/07 at 10:30 AM	A707
Stallworth, Precious	G15-2	12/04/07 at 1:30 PM	RB V
Statton, Anne	C10-4	12/03/07 at 3:30 PM	HANOVER D
Stenger, Mark	B05-3	12/03/07 at 10:30 AM	HANOVER F/G
Steward, Wayne	C20-1	12/05/07 at 8:00 AM	A703
Steward, Wayne	F07-3	12/03/07 at 1:30 PM	HONG KONG
Stockman, Jamila	A02-2	12/04/07 at 1:30 PM	SINGAPORE/MANILA
Stopka, Thomas	B01-1	12/04/07 at 3:30 PM	A705
Sturdivant, Aprylle	G10-4	12/05/07 at 8:00 AM	BAKER
Sutton, Madeline	D14-4	12/04/07 at 10:30 AM	BAKER
Swayzer III, Robert	D20-1	12/03/07 at 1:30 PM	IB NORTH
Sy, Francisco	D27-1	12/05/07 at 8:00 AM	IB NORTH
Tabidze, Irina	B05-2	12/03/07 at 10:30 AM	HANOVER F/G
Tarbet, Sheila	D03-4	12/04/07 at 10:30 AM	VANCOUVER/MONTREAL
Terry, Mika	C08-4	12/03/07 at 3:30 PM	VANCOUVER/MONTREAL
Thomas, Franda	F08-2	12/04/07 at 3:30 PM	INMAN
Thomas, Franda	E11-1	12/03/07 at 3:30 PM	HANOVER F/G
Thomas, Peter	C07-2	12/04/07 at 1:30 PM	CAIRO
Tierney, Steven	E06-2	12/04/07 at 1:30 PM	IB NORTH
Tierney, Steven	G15-3	12/04/07 at 1:30 PM	RB V
Tiller, Sarah	C12-2	12/03/07 at 10:30 AM	IB SOUTH
Tobias, Carol	F08-5	12/04/07 at 3:30 PM	INMAN
Tomaszewski, Evelyn	G09-4	12/03/07 at 10:30 AM	DUNWOODY
Tomlinson, Hank	E10-5	12/05/07 at 8:00 AM	HANOVER F/G
Tyrell, Carol	D16-2	12/04/07 at 1:30 PM	IB NORTH
Underwood, Nyisha	G09-1	12/03/07 at 10:30 AM	DUNWOODY
Vail, Rona	B11-4	12/03/07 at 10:30 AM	HANOVER D
Van Sluytman, Laurens	A15-3	12/04/07 at 10:30 AM	HANOVER F/G
Vaughan, Marla	D04-4	12/03/07 at 3:30 PM	HONG KONG
Vincent, Tim	F14-3	12/03/07 at 10:30 AM	COURTLAND
Voetsch, Andrew	F07-1	12/03/07 at 1:30 PM	HONG KONG
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Washington, Shakira	A09-4	12/04/07 at 10:30 AM	HANOVER E
Washington-Flood, Carmi	D16-3	12/04/07 at 1:30 PM	IB NORTH
Webb, Candace	D08-1	12/05/07 at 8:00 AM	A705
West, Tiffany	B07-3	12/03/07 at 3:30 PM	DUNWOODY
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Whitmore, Suzanne	B09-3	12/03/07 at 3:30 PM	RB V
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William Torres, Gretchen	B18-2	12/03/07 at 1:30 PM	DUNWOODY
Williams, Carlton	D16-1	12/04/07 at 1:30 PM	IB NORTH
Williams, Kim	G10-1	12/05/07 at 8:00 AM	BAKER
Wilson, Patrick	E12-2	12/05/07 at 8:00 AM	COURTLAND
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Wohlfeiler, Dan	E08-1	12/03/07 at 10:30 AM	HONG KONG
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Woods, William	E08-2	12/03/07 at 10:30 AM	HONG KONG
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Ye, Jiali	B07-1	12/03/07 at 3:30 PM	DUNWOODY
Young, Toni	E03-4	12/03/07 at 10:30 AM	CAIRO
Zuniga, Maria	C11-2	12/05/07 at 8:00 AM	SINGAPORE/MANILA

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D07-4	Adams, Judy	Making DEBIs Work: Ohio's Implementation Experience	12/04/07	10:30 AM
D14-2	Agee, Geynille	Training and Implementation for Protocol-Based Counseling (PBC) in Houston: An Evidence-Based CTR Intervention	12/04/07	10:30 AM
F13-4	Akakabota, Bolanle	Moving to Routine HIV Screening Within Primary Care: the Experience of Six Community Health Centers as Pilots for a National Rollout (4 of 4)	12/03/07	3:30 PM
B04-2	Allgood, Kristi	Who Knows Their Results?: Self-Report vs. Chart Audit HIV Viral Loads and CD4 Counts and Characteristics of Knowing Results	12/04/07	3:30 PM
F12-3	Allison, Susannah	Secondary Prevention Among Adolescents: Current Knowledge and Intervention Studies Within the Adolescent Trials Network	12/04/07	1:30 PM
A25-1	Alvez, Christian	Part 1 of 3 (MATH) Study: Capacity Development for a Community-Academic Consortium Study of HIV infection Among Asian and Pacific Islander Men Who have Sex with Men in Seven U.S. Cities	12/04/07	10:30 AM
B12-4	An, Qian	Estimating the Lifetime Risk of a Diagnosis of the Human Immunodeficiency Virus (HIV) Infection in 33 States, 2003-2004.	12/04/07	1:30 PM
C04-4	Anaya, Henry	Improving HIV Screening with Nurse-Initiated HIV Rapid Testing and Streamlined Counseling	12/05/07	8:00 AM
D19-1	Arnold, Elizabeth	Common Factios in HIV Prevention Programs with Runaway and Homeless Adolescents	12/04/07	3:30 PM
D20-4	Arnold, Elizabeth	Strengths-Based HIV Prevention with Runaway Youth	12/03/07	1:30 PM
C20-3	Atkinson, J.	Psychiatric Context of Acute HIV Infection in Six US Cities: Part 3 of 4 on Findings from the NIMH Multi-Site Acute HIV Infection Study	12/05/07	8:00 AM
A13-3	Ayala, George	Sources and Types of Homophobia Experienced by African American, Asian/Pacific Islander (API), and Latino Men Who have Sex with Men (MSM) Living in Los Angeles	12/05/07	8:00 AM
C10-2	Ayala, Laurie	Creating a Safety Net for HIV Exposed infants in Illinois (Part 1 of 3): The 24/7 Perinatal Hotline	12/03/07	3:30 PM
A21-4	Bachanas, Pamela	Sexual Behavior, Substance Use, and HIV Knowledge Among Perinatally HIV-Infected and HIV-Exposed Uninfected Youth	12/03/07	3:30 PM

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G11-2	Bailey, Marlon	Opportunities for Effective HIV Prevention Interventions in Difficult to Reach MSM Communities	12/03/07	3:30 PM
A25-3	Bangi, Audrey	Part 3 of 3 (MATH Study): Evaluating the Effectiveness of an Academic-community Research Consortium Model used in a pilot study of HIV among Asian and Pacific Islander MSM	12/04/07	10:30 AM
G09-3	Basta, Tania	Sexual Risk Taking and Psychological Distress: Implications for HIV-Related Mental Health Providers to Deliver Prevention Messages	12/03/07	10:30 AM
G01-1	Bates, Christopher	Federal Leadership Summit on Service Integration and Program Collaboration	12/03/07	1:30 PM
E01-2	Battles, Haven	How do Pharmacist Attitudes Affect the Sale of Non-Prescription Syringes?	12/04/07	3:30 PM
C18-3	Beckwith, Curt	HIV Risk Behavior Pre- and Post-HIV Testing in Jail: A Preliminary Analysis of Recruitment and Baseline Characteristics of Jail Participants	12/05/07	8:00 AM
A19-1	Bell, Chrissy	Using Artistic Media to Educate Youth About HIV/AIDS	12/03/07	1:30 PM
B03-3	Benbow, Nanette	Comparison of Imputation Strategies to Reclassify Individuals with No Identified Risk, Chicago, 2004-2005	12/04/07	10:30 AM
B05-1	Benbow, Nanette	Matching Syphilis and HIV Registries in Chicago: Benefits to HIV Case Ascertainment and Syphilis Elimination	12/03/07	10:30 AM
A08-2	Berg, Rigmor	Barebacking Among MSM Internet Users: Psychosocial and Experiential Correlates	12/05/07	8:00 AM
B13-1	Bertolli, Jeanne	The Never In Care Pilot Surveillance System: Describing Persons Diagnosed with HIV Infection Who Have Never Received HIV Care	12/05/07	8:00 AM
F04-1	Best-Ross, Janine	Project Access (Adolescents Connecting Care to Engage Strive and Succeed): A Transition Plan for Youth and Young Adults who are Transitioning from Adolescent Care to Adult Care	12/05/07	8:00 AM
A14-2	Bimbi, David	Sexual Behaviors Among HIV-Positive Men over 50	12/03/07	10:30 AM
E12-3	Bingham, Trista	Socially Contextualized HIV Research for Healthy Communities	12/05/07	8:00 AM
D04-1	Blanchard, Jeff	Formative Evaluation: A Key Methodology for Successful Implementation of Effective Behavioral Interventions	12/03/07	3:30 PM

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C02-1	Bost, Debra	Adapting the Popular Opinion Leader Intervention for Young Black Men Who have Sex with Men: Focusing on Peer Norms, Culture, and Social Stigma	12/04/07	10:30 AM
D03-2	Bowleg, Lisa	"A Break from the Everyday Life of Living with HIV": The Role of Peer Support for Women with HIV/AIDS	12/04/07	10:30 AM
C14-4	Boyce, Latifa	The Microbicide Field's Changing Terrain: A Vaginal & Rectal Pipeline Update	12/03/07	10:30 AM
C04-3	Boyett, Brian	Integrated HIV Testing in Three Emergency Departments, 2004-2006	12/05/07	8:00 AM
C01-1	Bradford, Judith	Recruitment Methods and Yield in Community Research with African American Men Who have Sex with Men	12/03/07	10:30 AM
A11-1	Brady, Stephen	HIV Prevention with the Mentally Ill: Motivation-Skills	12/03/07	10:30 AM
F01-3	Branson, Bernard	Strategies to Implement the CDC Testing Guidelines	12/03/07	1:30 PM
E10-1	Brener, Nancy	HIV Prevention Policies and Programs in Schools--United States, 2006	12/05/07	8:00 AM
A06-1	Broz, Dita	Lifetime Correlates of Prevalent HIV, Hepatitis B, and Hepatitis C Infections Among Young non-injecting Heroin users in Chicago	12/04/07	3:30 PM
E09-4	Bruce, Diana	Meeting the needs of HIV-Positive Youth	12/05/07	8:00 AM
B14-2	Buchacz, Kate	HIV Incidence Among Men Diagnosed with Primary or Secondary Syphilis in Atlanta, San Francisco, and Los Angeles, 2004 - 2005.	12/03/07	1:30 PM
D04-5	Burke, Ryan	Is the NYC Condom meeting New Yorkers' needs?	12/03/07	3:30 PM
D18-2	Burnside, Martha	"Community Based Prevention; An Application of the Community Readiness Model"	12/03/07	10:30 AM
F06-1	Burr, Carolyn	Engaging Hospitals in Routine HIV Testing: Strategic Planning for Implementation in Labor and Delivery and Emergency Departments	12/04/07	1:30 PM
E05-2	Calderon, Yvette	High Volume, Rapid HIV Testing in an Urban ED	12/04/07	1:30 PM
B12-1	Campsmith, Michael	Update on Comprehensive HIV/AIDS Surveillance Activities in the United States	12/04/07	1:30 PM
B14-1	Carey, James	Risk Factors For Recent HIV Infection Among Seattle-Area Men Who have Sex with Men	12/03/07	1:30 PM

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F06-3	Carey, Michael	Improving HIV Rapid Testing Rates Among STD Clinic Patients: A Randomized Controlled Trial Evaluating Stage-based Behavioral Counseling and a DVD-based Informational Intervention	12/04/07	1:30 PM
D01-1	Carlon, Alfonso	Addressing HIV Prevention Education at Minority Educational Institutions-HBCUs and HSIs	12/03/07	10:30 AM
D13-2	Carr, Carey	An Ecological Approach to Addressing HIV/AIDS in the African American Community	12/03/07	1:30 PM
B11-2	Carrascal, Alvaro	Acute HIV Infection Surveillance in an Upstate New York STD Clinic	12/03/07	10:30 AM
G05-4	Carrel, Jack	Wholistic Outreach in Louisiana: Adaptation of a Brazilian Model	12/04/07	1:30 PM
G09-2	Carrel, Jack	When Knowledge is Just Not Enough: Developing a Recalcitrant Policy for HIV Positive Persons	12/03/07	10:30 AM
F08-1	Carrel, Jack	Building A Referral Follow-up Protocol	12/04/07	3:30 PM
B08-2	Castel, Amanda	Rapid Testing of Central Detention Facility Inmates during a City-wide HIV Screening Campaign, Washington, DC, 2007	12/04/07	10:30 AM
B15-2	Castel, Amanda	Preliminary Positive HIV Testing Results from a City-wide HIV Screening Campaign, Washington, DC, 2006-2007	12/03/07	3:30 PM
C14-2	Charania, Mahnaz	The Effectiveness of Condom Distribution Programs: A Systematic Review, 1988-2006	12/03/07	10:30 AM
C12-4	Charles, Abby	PROSPER! Prevention with Positives - Adapting Healthy Relationships to African American Women in Washington, DC	12/03/07	10:30 AM
C15-3	Chiasson, Mary Ann	Increased HIV Disclosure and HIV Testing After an Online Intervention for Men Who have Sex with Men (MSM)	12/03/07	10:30 AM
D11-1	Chion, Miguel	Addressing Mental Health Needs of HIV+ MSM, Key for a Successful CRCS Intervention	12/04/07	3:30 PM
A13-2	Choi, Kyung-Hee	Experiences of Racism Among African American, Asian/ Pacific Islander (API), and Latino Men Who have Sex with Men (MSM) Living in Los Angeles	12/05/07	8:00 AM

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A13-1	Choi, Kyung-Hee	How Do U.S. Ethnic Minority Men Who have Sex with Men (MSM) Manage Racism and Homophobia?	12/05/07	8:00 AM
D23-2	Christos-Rodgers, Jyaphia	Targetting a Key Exposure category: Serving IDUs around Louisiana	12/03/07	1:30 PM
F06-5	Cohen, Deborah	HIV Testing Attitudes and Practices Among Clinicians in the Era of Updated CDC Recommendations	12/04/07	1:30 PM
F13-2	Coleman, James	Moving to Routine HIV Screening Within Primary Care: the Experience of Six Community Health Centers as Pilots for a National Rollout (2 of 4)	12/03/07	3:30 PM
D07-3	Collins, Charles	The DEBI Model for the Dissemination of Effective Behavioral Interventions into HIV Prevention Practice	12/04/07	10:30 AM
D09-2	Collins, Charles	National Dissemination of Evidence-based Behavioral Interventions into HIV Prevention Practice	12/03/07	3:30 PM
E07-1	Colomb, Mark	Securing Funds through Legislative Compassion: The Story of the Mississippi AIDS Advocacy Coalition	12/04/07	10:30 AM
G10-2	Colomb, Mark	African American Men, HIV and the Relationship to Other Health Care Disparities	12/05/07	8:00 AM
D11-2	Conklin, Jane	Health Department Support of Prevention for Positives Programming in Clinical Settings: Michigan Department of Community Health's Experience with Capacity Development and Replication of Partnership for Health	12/04/07	3:30 PM
A12-1	Cooke, Vanessa	The Impact of Underage Drinking and the Risk of HIV Among African Americans	12/05/07	8:00 AM
A14-1	Corneille, Maya	HIV Prevention Across the Life Span: Age and HIV Preventive Attitudes, Behaviors, and Efficacy	12/03/07	10:30 AM
G03-1	Cotroneo, Richard	Say It Like It's One Word: HIV, STDs and Viral Hepatitis	12/03/07	3:30 PM
F03-2	Craw, Jason	Part 1 of 3: Linking Recently Diagnosed HIV-Infected Persons to Medical Care using a Brief Case Management Intervention in non-research Settings	12/04/07	10:30 AM
B04-1	Crepaz, Nicole	Estimated Prevalence of Unprotected Sex in HIV-positive MSM Who Are Aware of Their Serostatus in the United States: A Meta-analysis	12/04/07	3:30 PM
C03-1	Crepaz, Nicole	The Efficacy of Behavioral Interventions in Reducing HIV Risk Sex Behaviors and Incident STD Among African-American Women in The U.S.: A Meta-analysis	12/03/07	1:30 PM

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C15-2	Curotto, Alberto	Boosting the Quality of Gay/Bi Men's Online Communication to Promote Healthy Community Norms: A Web-Based, HIV-Prevention Intervention	12/03/07	10:30 AM
D04-3	Dahlgren, Christine	Evaluating the Spectrum of HIV Prevention and Testing Services: Using Data to Enhance the Continuity of Care for Californians Accessing Publicly Funded Services	12/03/07	3:30 PM
G10-5	Dan, Corinna	Chicago Integrates HIV Prevention and Hepatitis 2007: One Model for Success	12/05/07	8:00 AM
E02-3	Danesi, Hassan	Community Advisory Boards and Policy: Success by Process.	12/03/07	3:30 PM
A08-3	Darbes, Lynae	Partner-Provided Social Support Influences Choice of Risk Reduction Strategies in Gay Male Couples	12/05/07	8:00 AM
D18-1	Darrow, William	Summative Evaluation of a Community Mobilization Project Designed to Eliminate Disparities in HIV Disease	12/03/07	10:30 AM
A13-4	Darrow, William	Extent and Effects of AIDS-related Stigma Among African American, Haitian, Afro-Caribbean, and Hispanic Young Adults Living in High AIDS Incidence Areas	12/05/07	8:00 AM
E02-1	David, Julie	Prevention Justice Partnerships: A Model for Community Prevention Advocacy	12/03/07	3:30 PM
A09-2	Davis, Rebecca	Acknowledging the Role Of Stress And Coping for HIV Prevention Programs Targeting PLWHA	12/04/07	10:30 AM
D11-3	Davis Ellwein, Sally	Prevention with Positives: Sexual Risk Behavior and Drug Use Outcomes from a Specialist Model	12/04/07	3:30 PM
F02-2	Dawson, Alvin	Mental Health & HIV Disease: The Pain Behind the Mask	12/03/07	10:30 AM
F09-5	Dawson Rose, Carol	Alcohol and Drug Use are Associated With Risk of Transmitting HIV Among Patients Seen in Clinical Care Settings.	12/05/07	8:00 AM
A20-2	de la Cruz, Mario	Implementing the Youth Action Research Model: An Innovative approach utilizing Youth Peers to Study HIV Risk Among YMSM of Color in Urban Settings	12/04/07	3:30 PM
D10-3	Deli, Keran	Using a Social Networks Strategy to Recruit Adolescents for HIV Prevention Interventions	12/03/07	10:30 AM

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C03-3	DeMarco, Rosanna	HIV Prevention Efficacy in Inner City Women at Risk or Living with HIV: The Use of the film Women's Voices Women's Lives© on Safe Sex Behaviors, Intentions, and Silencing the Self	12/03/07	1:30 PM
C17-5	Des Jarlais, Don	Syringe exchange in the US: An incomplete success story	12/04/07	10:30 AM
B10-1	Des Jarlais, Don	Herpes Simplex Virus-2 And HIV Among Non-Injecting Drug Users In New York City	12/05/07	8:00 AM
D05-2	Diallo, Dazon	[Innovative Intervention Project Group Oral Session, Part 2 of 4:] Building Community-Based Organization (CBO) Capacity to Evaluate the Healthy Love Workshop (HLW), an Innovative HIV Prevention Intervention for African American Women	12/04/07	1:30 PM
A18-3	Diaz, Rafael	Part 3 of 4.Community Collaborative Prevention Intervention Research Among MSM at High Risk for HIV Infection	12/04/07	1:30 PM
A23-1	Dieffenbach, Carl	An Overview Of Biomedical Intervention Research and Methods	12/03/07	1:30 PM
C11-4	Dittus, Patricia	Perceptions of Parental Monitoring of Adolescents' Whereabouts and of the Nature of Adolescent Activities: Associations with Adolescent Sexual Risk Behavior	12/05/07	8:00 AM
A25-2	Do, Tri	Part 2 of 3 (MATH Study): Pilot Findings from a Collaborative Study of HIV Among Asian and Pacific Islander MSM	12/04/07	10:30 AM
B09-5	Doshi, Sonal	The Prevalence of HIV Testing Among High School Students - United States, 2005	12/03/07	3:30 PM
D22-4	Drobnik, Ann	Working with a Regional Coalition to Improve STD and HIV/AIDS Prevention and Control in Northern Plains Tribal Communities	12/05/07	8:00 AM
D08-4	Dunham, Michael	Engaging African American Communities to Develop Capacity and Maximize Prevention	12/05/07	8:00 AM
B15-1	Duran, Denise	HIV Testing Trends by Geographic Regions at CDC-supported Sites in the U.S., 2000-2004	12/03/07	3:30 PM
B09-2	Eckert, Valorie	The Relationship between Recent STI Diagnoses and HIV Positivity Among non-IDU Women Accessing HIV Counseling and Testing in California	12/03/07	3:30 PM

Oral Presenters by Presentation Number, Title, Day and Time (Continued)

A21-2	Eke, Agatha	Neighborhood and Community Predictors of Sexual and Drug Risk Behaviors Among African American Adolescents whose Mothers use Crack Cocaine	12/03/07	3:30 PM
A18-1	Erwin, Kathleen	Part 1 of 4: Community Collaborative Prevention Intervention Research Among MSM at High Risk for HIV Infection	12/04/07	1:30 PM
F14-1	Fallon, Stephen	I'll Have to Get Back to You on That: Tools Every Prevention Educator Needs to Maintain Credibility and Motivate Behavioral Change	12/03/07	10:30 AM
C11-1	Fasula, Amy	Barriers and Facilitators to Maternal Communication with Preadolescents about Age-Relevant Sexual Topics	12/05/07	8:00 AM
G01-1	Fenton, Kevin	Federal Leadership Summit on Service Integration and Program Collaboration	12/03/07	1:30 PM
G16-2	Fenton, Kevin	Program Collaboration and Service Integration: NCHHSTP Leadership Perspectives on developing and implementing a new national priority	12/03/07	10:30 AM
F02-1	Fernandez, Elena	The Role of Mental Health in HIV Prevention	12/03/07	10:30 AM
C01-2	Fields, Sheldon	Young Men Young Voices: The Next Evolution in HIV Prevention for Young Men of Color who have sex with Men.	12/03/07	10:30 AM
E11-3	Fisher, Celia	Consultation on Research Initiatives:HIV Testing and Counseling in the African American Community	12/03/07	3:30 PM
A09-3	Fisher, Holly	Exploring Social Networks in Communities of Color: Associations Among HIV Status, Personal Characteristics, and Network Structure	12/04/07	10:30 AM
D16-4	Fleming-Hampton, Jaqualine	The Development of Cultural Competent Media (DVD) to Assist African American Clergy in Heightening a Faith-Based Response to HIV: An Innovative Capacity Building Assistance Project	12/04/07	1:30 PM
G15-1	Floyd, Donovan	Crystal It's Not Just for White Boys Anymore. The Proliferation of Crystal Methamphetamine into the, MSM, Black and Hispanic communities in Miami and Miami Beach.	12/04/07	1:30 PM
E04-4	Floyd, Donovan	Life in Our Skin – The Duality of Same Gender Loving Gay Bi Down Low Men of Color	12/05/07	8:00 AM
D08-3	Forbes, Alfred	Building the Capacity of Community Based Organizations to Develop and Sustain Effective Health Interventions.	12/05/07	8:00 AM
E13-1	Forbes, Anna	It's All About Context: Risk is Shaped by Real Life so Prevention Must be, Too	12/05/07	8:00 AM

Oral Presenters by Presentation Number, Title, Day and Time (Continued)

D02-3	Fowler, Jane	HIV Wisdom for Older Women: A Prevention Program	12/03/07	1:30 PM
E11-2	Frasca, Timothy	HIV Prevention Among New Latino Communities in the Deep South	12/03/07	3:30 PM
D04-2	Fraze, Jami	Using an Evaluability Assessment to Plan Evaluation	12/03/07	3:30 PM
C17-4	Freeman, Robert	Finding What Works in HIV Risk Reduction Interventions with Alcohol Users: Observations Based on a Systematic Review of the Literature, 1996-2007	12/04/07	10:30 AM
E09-3	French, Patrick	Responding to an Evolving Epidemic: Identifying the HIV Prevention Needs of Gay Men and other Men Who have Sex with Men (MSM)	12/04/07	3:30 PM
B05-4	Friedman, Samuel	The Relative Prevalence of Different STIs in HIV-discordant Sexual Partnerships: Data from a Risk Network Study in a High-risk New York Neighborhood	12/03/07	10:30 AM
A20-4	Friedman, Samuel	Positive Deviance Control-case Life History: A Method to Study Successful Avoidance of Infection	12/04/07	3:30 PM
B06-5	Fronberg, Rebecca	Rapid Behavioral Assessments at Gay Pride Events in Utah: Opportunity for Testing and Guide for Prevention Efforts in a 'Low Prevalence' State.	12/04/07	1:30 PM
G08-1	Frye, Theresa	Adaptations from Recovering Voices: Stage I of an HIV Prevention Study for Pregnant, African-American Substance Using Women	12/04/07	10:30 AM
F01-1	Futterman, Donna	ACTS for HIV Testing: An evidenced based system to implement routine testing in clinical settings	12/03/07	1:30 PM
A15-2	Gaddist, Bambi	Living in the South: Health and Sexual Histories of HIV+ and HIV- African-American MSM Living in a Southern State	12/04/07	10:30 AM
D11-4	Maiorana, Andre	Modes of Delivery and Acceptability of Prevention with Positives Interventions part of the Health Resources and Services Administration (HRSA) Special Projects of National Significance (SPNS) HIV Prevention in Clinical Settings Initiative	12/04/07	3:30 PM
A17-1	Gaffney, Stuart	Part 1 of 4: Understanding HIV Risk in Prison Among Heterosexually-Identified African American Men Who have Sex with Men	12/04/07	3:30 PM
D19-4	Gardner, Cherri	The New DEBI - Focus on Youth with ImPACT: An Effective HIV Prevention for African American Youth	12/04/07	3:30 PM

Oral Presenters by Presentation Number, Title, Day and Time (Continued)

C12-3	Gardner, Lytt	Results of a Twelve-month, Multi-site, Clinic-based Behavioral Intervention: Positive STEPS for HIV patients	12/03/07	10:30 AM
D06-2	Gentry, Quinn	Results from an Evaluability Assessment of AID Atlanta's HIV Prevention Programs	12/04/07	3:30 PM
B03-4	Gindi, Renee	Identification of Distinct Transmission Risk Classes Among Patients Receiving Counseling in the HIV Clinic Setting.	12/04/07	10:30 AM
D14-3	Glick, Nancy	Routine Offering of HIV Testing at Two Primary Care Sites – Chicago, Illinois, April 2005 - August 2006	12/04/07	10:30 AM
A21-1	Goodenow, Carol	Protective and Risk Factors for HIV-Related Behavior Among Adolescent MSM	12/03/07	3:30 PM
G07-2	Granato, Laura	Linking HIV Prevention and Delinquency Prevention in Gang-Involved Girls	12/04/07	3:30 PM
G02-2	Green, Bernadette	Maximizing Screening and Linkages to Care Opportunities in High Risk Populations: Integrated Counseling, Testing, Vaccination and Referral Programs	12/04/07	10:30 AM
B10-3	Grigoryan, Anna	Factors Associated with Late HIV Diagnosis Among Injection Drug Users in 33 U.S. States, 2001-2004	12/05/07	8:00 AM
C13-4	Grossman, Cynthia	HIV and Mental Illness: Intervention and Prevention Priorites	12/04/07	3:30 PM
A14-3	Grov, Christian	Substance use and Symptoms of Depression Among Older HIV Positive Gay and Bisexual Men: Implications for Research and Intervention	12/03/07	10:30 AM
E06-1	Grov, Christian	Getting Clear about Crystal: Unsafe Sex, Crystal Methamphetamine, and the (dis)connection Between the Two	12/03/07	3:30 PM
F03-3	Gruber, DeAnn	Part 2 of 3: Linking Newly Diagnosed Persons to HIV Medical Care: Perspectives of Referring Providers	12/04/07	10:30 AM
A19-2	Gulati, Harnik	Comparison of Characteristics and Behaviors between MSM Actively using the Internet for Sex in Seattle, WA and MSM not Actively Using the Internet for Sex	12/03/07	1:30 PM
B11-1	Hackett Jr, John	Examination of the Relationship Between HIV-1 p24 Antigen Sensitivity and RNA Viral Load for the ARCHITECT® HIV Ag/Ab Combination Assay	12/03/07	10:30 AM
E03-3	Halkitis, Perry	Assessing Supportive and Case Management Services in the Lives of HIV-positive New York	12/03/07	10:30 AM

Oral Presenters by Presentation Number, Title, Day and Time (Continued)

G11-1	Hall, Christopher	STD Checkup.org and STD-Prevent: Implementing Complementary Interventions to Enhance STD Screening Among Men Who have Sex with Men in California	12/03/07	3:30 PM
E02-2	Hall, Henry	HIV/STD Planning and Implementation through Community Groups	12/03/07	3:30 PM
B13-4	Hamilton, Elizabeth	A Look at the Association Between Having Been Born in a Country Other than the US and Being in Care for HIV/AIDS in Michigan	12/05/07	8:00 AM
B15-4	Hanna, David	Do Most Positive HIV-1 Western Blot Tests in New York City Diagnose New Cases?	12/03/07	3:30 PM
C13-3	Hansen, Nathan	Change in Sexual Risk Behavior Following a Group Intervention for Sexual Trauma in People Living with HIV (Part 3 of 4 group oral: HIV and Mental Illness: Intervention and Prevention Priorities)	12/04/07	3:30 PM
A18-2	Harawa, Nina	Part 2 of 4: Community Collaborative Prevention Intervention Research Among MSM at High Risk for HIV Infection	12/04/07	1:30 PM
A02-3	Harris, Gardenia	Midlife African American Women Discuss How Their Spiritual and Religious Beliefs Impact Their Ability to Protect Themselves from HIV	12/04/07	1:30 PM
B07-2	Harris-McCoy, Kimberly	HIV Incidence Surveillance in Philadelphia, 2006	12/03/07	3:30 PM
D26-1	Harshbarger, Camilla	Selecting Effective Behavioral Interventions for HIV Prevention Programs in the Community	12/04/07	3:30 PM
A08-4	Hart, Trevor	Psychological Distress Among HIV-Positive and HIV-Negative Men Who have Sex with Men	12/05/07	8:00 AM
G10-3	Hazel, Daphne	Capturing the Minds, Bodies and Souls of Injecting Drug Users and Other Substance Users: The Essence of Client Recruitment, Retention and the Integration of Prevention Services within a Street Based Model Program	12/05/07	8:00 AM
C13-2	Heckman, Timothy	Interventions to Reduce Psychological Distress in Rural Persons Living with HIV/AIDS: Results from Two Randomized Clinical Trials (Part 2 of 4, group oral: HIV and Mental Illness: Intervention and Prevention Priorities)	12/04/07	3:30 PM
C06-1	Heffelfinger, James	Reducing Barriers to Early Diagnosis of and Care for HIV infection: Lessons Learned from the Advancing HIV Prevention (AHP) Demonstration Projects, 2003-2007	12/03/07	1:30 PM

Oral Presenters by Presentation Number, Title, Day and Time (Continued)

B06-1	Helms, Donna	Trends in HIV Testing Among MSM in U.S. STD Clinics and the Association of Longer Inter-test Interval with Newly Diagnosed HIV	12/04/07	1:30 PM
A10-2	Henny, Kirk	Physical and Sexual Abuse Among Homeless and Unstably Housed Adults Living with HIV: Prevalence and Associated Risks	12/04/07	3:30 PM
D12-4	Henry, Louis	Answering the Call of Providers Delivering Prevention Services with People Living with HIV/AIDS	12/04/07	10:30 AM
D28-1	Hergenrather, Kenneth	HIV Prevention with Persons with Disabilities	12/04/07	10:30 AM
B08-4	Hernandez, Angela	HIV/AIDS Diagnoses Among Incarcerated Persons in 33 States, 2001-2005	12/04/07	10:30 AM
B01-3	Hernandez, Maria Teresa	Migration and HIV Risk (Part 3 of 4) - Vulnerability of Mexican Male Migrants Who Have Sex with Sex Workers: Findings of the California-Mexico Epidemiological Surveillance Pilot (CMESP)	12/04/07	3:30 PM
F12-2	Hidalgo, Julia	Unique Challenges in Identifying and Engaging HIV+ Adolescent Males of Color who Have Sex with Males and Engaging Them in Care: Lessons Learned From a Multi-Site Initiative	12/04/07	1:30 PM
C08-1	Hill, Mark	You Know Different: A Youth HIV Testing Social Marketing Campaign	12/03/07	3:30 PM
A23-2	Hillier, Sharon	An Overview of Microbicides	12/03/07	1:30 PM
A10-3	Hirshfield, Sabina	Characteristics Associated with Depressive Symptoms in an Online Sample of Men Who have Sex with Men (MSM)---United States and Canada	12/04/07	3:30 PM
B02-2	Hirshfield, Sabina	HIV Risk Among MSM with New Male Partners Varies by Type of Online Recruitment Site	12/04/07	10:30 AM
A16-2	Hoff, Colleen	Relationship Dynamics Associated with Sexual Risk for HIV Among Gay Male Couples	12/04/07	3:30 PM
D01-2	Hoke, Kimberly	Project Commit to Prevent HIV/STD Transmission in North Carolina's Historically Black Colleges & Universities	12/03/07	10:30 AM
A03-3	Holliday, Christopher	Risky Sexual Behavior Among African-American Men Who have Sex with Men: The Effects of Peer Norms for Condom Use on Risky Sexual Behavior as Moderated by Socio-Demographic, Socio-Contextual, and Health-Related Variables	12/03/07	1:30 PM

Oral Presenters by Presentation Number, Title, Day and Time (Continued)

E05-3	Holtgrave, David	An Overview of the State of the HIV Prevention Cost-Effectiveness Literature	12/04/07	1:30 PM
F06-4	Hopkins, Emily	Characteristics used by Physicians to Identify Patients for HIV Testing in the Emergency Department as Part of a Diagnostic Testing Model	12/04/07	1:30 PM
A19-3	Horton, Michelle	HIV Prevention Using Media Arts to Increase Rates of HIV Testing Among Young MSM and MSM/W of Color.	12/03/07	1:30 PM
B04-5	Hou, Su-I	HIV-related behaviors Among Black Students Attending Historically Black Colleges and Universities (HBCUs) Versus White Students Attending a Traditionally White Institution (TWI)	12/04/07	3:30 PM
B13-3	Hu, Yunyin	Using Laboratory Surveillance Data to Estimate the Number of HIV Positive Persons Not Under Care in Los Angeles County	12/05/07	8:00 AM
A05-2	Hudson, Sharon	Crystal Methamphetamine: Qualitative Interviews with Young Men Who have Sex with Men	12/03/07	3:30 PM
A16-1	Hudson, Sharon	Return To Sexual Abstinence Among Young Men Who have Sex with Men	12/04/07	3:30 PM
C05-2	Huebner, David	Rapid vs. Standard Voluntary Counseling and Testing (VCT) in a Bathhouse: What's Gained, Lost?	12/04/07	1:30 PM
E13-2	Huebner, David	Program Review Interferes with Community Based Organizations' (CBOs) ability to Implement Evidence-Based Interventions for Men Who have Sex with Men (MSM)	12/05/07	8:00 AM
A16-3	Husnik, Marla	Patterns of Sexual Risk Behaviors and Partner-types as Predictors for HIV Among Men Who have Sex with Men	12/04/07	3:30 PM
E03-1	Inungu, Joseph	HIV Testing Among Women in the United States.	12/03/07	10:30 AM
B14-3	Janneh, Mariama	Implementing Variant Atypical Resistant HIV Surveillance in Texas: Lessons Learned from an Early Implementation Pilot Site	12/03/07	1:30 PM
F09-2	Jenckes, Mollie	Prevention with Positives: Reported Barriers to Risk Reduction	12/05/07	8:00 AM
F09-4	Jenckes, Mollie	Readiness of HIV+ Patients to Change Sexual Risk Behaviors:	12/05/07	8:00 AM
B13-2	Jenness, Samuel	Barriers to HIV Medical Care Among Adults Newly Diagnosed with HIV in New York City	12/05/07	8:00 AM

Oral Presenters by Presentation Number, Title, Day and Time (Continued)

C02-2	Jones, Kenneth	Who Benefited Most from an Effective Peer-based Community-Level HIV Prevention Intervention Adapted for Young Black Men Who have Sex with Men?	12/04/07	10:30 AM
G12-2	Jordahl, Lori	To Tell or not to Tell…Promoting Partner Notification	12/04/07	3:30 PM
C18-2	Julie, Davids	Sex, Drugs, and Incarceration: The Role of Prisons in HIV Risk and Transmission	12/05/07	8:00 AM
G12-3	Kachur, Rachel	Best practices for Internet-based HIV & STD prevention: An overview of the National Guidelines for Internet-based STD/HIV Prevention	12/04/07	3:30 PM
D20-3	Karagon, James	Urban Leadership: Reducing the Risks of HIV/AIDS Through Academic Community Service Learning	12/03/07	1:30 PM
C03-4	Kay, Linda	Couple-focused HIV Prevention Interventions: A Systematic Review, 1988 - 2006	12/03/07	1:30 PM
F04-3	Kegeles, Susan	Young Black MSM's Concerns about HIV Testing and Obtaining Treatment: The Importance of Hope, Support, and Faith	12/05/07	8:00 AM
D07-5	Kegeles, Susan	Factors that Influence Successful Implementation of an Evidence-Based Intervention, the Mpowerment Project, by Community Based Organizations (CBOs)	12/04/07	10:30 AM
E09-1	Kern, Dave	The Creation of a National HIV Prevention Agenda	12/04/07	3:30 PM
E10-4	Kern, Nancy	Strengthening Public and Community Partnerships to Benefit LGBT Youth in Public Schools	12/05/07	8:00 AM
C20-4	Kerndt, Peter	Strategies used and lessons learned in the detection of acutely HIV infected individuals in six US cities. Findings from the NIMH Multi-Site Acute HIV Infection Study.	12/05/07	8:00 AM
D15-2	Kerr, Zachary	Targeting At-Risk Men Who have Sex with Men in Gay Internet Chat Rooms: Establishing a Groundwork for Reaching, Educating, and Empowering Central Ohio's MSM Communities	12/03/07	3:30 PM
B10-4	Kershaw, Douglas	Implementing Respondent Driven Sampling to Reach Injecting Drug Users in Two Texas Cities: Lessons Learned	12/05/07	8:00 AM
B08-3	Kidder, Daniel	Factors Associated With Detectable Viral Load in Homeless or Unstably Housed Adults Living with HIV	12/04/07	10:30 AM

Oral Presenters by Presentation Number, Title, Day and Time (Continued)

A10-1	Kidder, Daniel	Associations of Risky Drug Use and Sex Behaviors with Poorer Mental Health in Homeless or Unstably Housed People Living with HIV	12/04/07	3:30 PM
A04-1	Kim, Evelyn	Injection Drug Use, Sexual Risk and Partnerships Among Young Injection Drug Users in Los Angeles	12/04/07	1:30 PM
A04-4	Kim, Evelyn	Injection Drug User Partnerships: Dual Risk for Disease Transmission	12/04/07	1:30 PM
G07-1	Kim, MeeLee	Lessons Learned From Three Community-Based Organizations In Their Implementation Of Evidence-Based HIV And Substance Abuse Prevention Programs With Minority Youth And Young Adults	12/04/07	3:30 PM
G03-3	King, Hope	Integration into HIV Programs: The Role of HIV/Viral Hepatitis/STD	12/03/07	3:30 PM
C05-1	King, Ronald	Integrating Community Guides, Social Networking, and Volunteer Providers into a rural CTR Outreach Program.	12/04/07	1:30 PM
B11-3	Klausner, Jefferey	Oral Fluid Specimens for the Detection of Acute HIV Infection	12/03/07	10:30 AM
F08-4	Klausner, Jeffrey	Monitoring Entry into Primary Care for Newly Diagnosed HIV-Infected Persons: San Francisco, 2006	12/04/07	3:30 PM
F08-3	Klein, Susan	A Bridge for HIV-HCV Co-Infected Inmates Released to the Community: The New York State Hepatitis C Continuity Program	12/04/07	3:30 PM
C08-2	Klosinski, Lee	Thinking Outside the Binder: Intervention Design and Marketing Matters	12/03/07	3:30 PM
A21-3	Koenig, Linda	All Grown Up: Sexual Transmission Risk Behaviors and Prevention Needs of Youth with Perinatally Acquired HIV Infection in Three U.S. Cities	12/03/07	3:30 PM
A23-4	Fix, Alan	An Overview of HIV Vaccines and PAVE-100	12/03/07	1:30 PM
C04-1	Kurth, Ann	Usability and Acceptability of a Computer Tool to Support HIV Testing in Emergency Care Settings.	12/05/07	8:00 AM
F09-1	Kurth, Ann	Computer Counseling to Support Antiretroviral Therapy Adherence and HIV Transmission Risk Reduction: Baseline and Six-month Follow-up	12/05/07	8:00 AM
C17-2	Kurtz, Steven	The Preliminary Field Trial of a New Intervention for Substance using MSM	12/04/07	10:30 AM

Oral Presenters by Presentation Number, Title, Day and Time (Continued)

B12-2	Langer, Adam	Analysis of Single-Site National HIV Behavioral Surveillance System Data for Men Who have Sex with Men: Implications for Local HIV Prevention Activities - Newark, New Jersey, 2003-2005	12/04/07	1:30 PM
B02-1	Lansky, Amy	Online Recruitment and Survey of MSM: A Comparison of Three Methods	12/04/07	10:30 AM
C11-3	LaPollo, Archana	Evaluation of the Preventing AIDS Through Live Movement and Sound (PALMS) HIV Prevention Intervention for High-Risk Adolescents	12/05/07	8:00 AM
E04-1	Laqueur, Peter	A Policy Level Approach to Addressing HIV/AIDS Prevention and Care Issues for Gay Men/MSM	12/05/07	8:00 AM
D05-4	Lauby, Jennifer	[Innovative Intervention Project Group Oral Session, Part 4 of 4:] Collection of Process Data to Improve the Delivery of Preventing AIDS through Live Movement and Sound (PALMS), a Theater-Based Intervention for High-Risk Adolescents	12/04/07	1:30 PM
A17-2	Lazarus, Margery	Part 2 of 4: Situational Gay Identity, Sexual Silence, and HIV Prevention Among Latino MSM	12/04/07	3:30 PM
C14-5	LeBlanc, Marc-André	International Lubricant Use Patterns for Anal Intercourse	12/03/07	10:30 AM
D22-1	Lemay, Helen	Aids Service Center NYC, Peer Education, and University Collaboration	12/05/07	8:00 AM
F04-4	Lemos, Diana	Sources of Support for Youth during the First Year Following an HIV Diagnosis	12/05/07	8:00 AM
A20-3	Leonard, Amy	Words from HIV+ Youth: Insights for Secondary Prevention	12/04/07	3:30 PM
D15-1	Levine, Deb	CaliforniaMen.net: The Development of an Online Structural HIV Prevention Intervention for MSM	12/03/07	3:30 PM
E12-1	Levine, Deborah	NBLCA Leadership Mobilization Model	12/05/07	8:00 AM
D13-3	Lewis, Nina	HIV Prevention Community Planning in 2007 in Columbus, Ohio	12/03/07	1:30 PM
B08-1	Linley, Laurie	HIV/AIDS Diagnoses Among Persons Fifty Years and Older in 33 States, 2001-2005	12/04/07	10:30 AM

Oral Presenters by Presentation Number, Title, Day and Time (Continued)

D05-3	Lucas, Basil	[Innovative Intervention Project Group Oral Session, Part 3 of 4:] Recruitment and Retention of Black Men Who have Sex with Men (MSM) in an HIV/STD Prevention Intervention: the Many Men, Many Voices (3MV) Evaluation Project	12/04/07	1:30 PM
G11-3	Lytle, Charles	Integrating STD Prevention into an Effective HIV Community-level Intervention for MSM - Voices from the Community	12/03/07	3:30 PM
A04-2	Mack-Wilson, Larry	Evaluation of a Pilot Rapid HIV Testing Outreach Initiative in Washington D.C. of Injection Drug Users	12/04/07	1:30 PM
B01-4	Magis Rodriguez, Carlos	Migration and HIV Risk (Part 4 of 4) - Surveillance in Mexico: Behavior and HIV/AIDS Knowledge in Communities that Migrate to the U.S.	12/04/07	3:30 PM
F12-1	Magnus, Manya	Hard to Reach HIV+ Adolescent Males of Color who Have Sex with Males: Demographic, Behavioral, and Clinical Characteristics	12/04/07	1:30 PM
B04-3	Magnus, Manya	Associations Between Routine HIV Screening And Unprotected Sex: HIV-Negative Results Not Associated With Increase In Risk Taking	12/04/07	3:30 PM
D09-3	Malys, Gary	Sustaining HIV Prevention Capacity Through Performance Management	12/03/07	3:30 PM
G15-4	Mansergh, Gordon	CDC-Related Activities Addressing Meth Use and Sexual Risk Reduction	12/04/07	1:30 PM
A05-3	Marquez, Carina	Trends and Current Prevalence of Methamphetamine use and Sexual Activity Among HIV-infected Patients in Care-San Francisco, 2004-2006	12/03/07	3:30 PM
G08-2	Marshall, Jennifer	Lessons From the Field: Integrating HIV Prevention Intervention and Testing into a Reproductive Health Care Setting in Memphis, TN	12/04/07	10:30 AM
A17-3	Martinez-Donate, Ana	Assessing Exposure and Responses to a Social Marketing Intervention Targeted at Heterosexually-identified Latino Men Who have Sex with Men: The Hombres Sanos Campaign	12/04/07	3:30 PM
E04-2	Mayer, Kenneth	HIV-Infected Men Who have Sex with Men's Attitudes about Discussing Safer Sex with Their Medical Providers: Opportunities and Challenges	12/05/07	8:00 AM

Oral Presenters by Presentation Number, Title, Day and Time (Continued)

B06-2	Mayer, Kenneth	HIV and Sexually Transmitted Infection (STI) Screening in a Providence Bathhouse: Opportunities for Education, Prevention and Improving Men's Health	12/04/07	1:30 PM
B04-4	Mayer, Kenneth	Ongoing Risk Taking and New Sexually Transmitted Infections Among HIV-Infected Men Who have Sex with Men (MSM) in Care: Implications for Prevention	12/04/07	3:30 PM
C18-1	Mayers, Janet	Part 1 of 4: Understanding HIV Risk in Prison Among Heterosexually-Identified African American Men Who have Sex with Men	12/05/07	8:00 AM
E12-4	Mbajah, Joy	Why We Can't Wait: State and Local Health Departments Response to HIV/AIDS Among African Americans.	12/05/07	8:00 AM
B03-1	McDavid, Kathleen	Presumed Heterosexual Contact: Moving Forward in HIV Surveillance Risk Factor Classification	12/04/07	10:30 AM
D07-2	McGrath, Peter	Developing Strategic Training Plans to Successfully Implement Evidence-based behavioral Interventions	12/04/07	10:30 AM
D15-3	Melton, Dan	Online Outreach Practices and Methods to Increase Referrals, Testing and Behavior Change	12/03/07	3:30 PM
E04-3	Menon-Johansson, Anatole	MSM discrimination and AIDS prevention in the USA	12/05/07	8:00 AM
E01-1	Menon-Johansson, Anatole	The Impact of Syringe Exchange Program Authorization Laws on AIDS Prevention in the USA	12/04/07	3:30 PM
F06-2	Merchant, Roland	Does Willingness to Undergo Rapid HIV Testing in the Emergency Department vary by Patient Demography and History of HIV Testing?	12/04/07	1:30 PM
B15-3	Merchant, Roland	HIV Diagnostic Testing in US Emergency Departments, 1993-2004	12/03/07	3:30 PM
B10-2	Metsch, Lisa	Serosorting Practices Among Injection Drug Users (IDUs) in South Florida	12/05/07	8:00 AM
F09-3	Metsch, Lisa	HIV Primary Care Providers' Discussion of Alcohol Use with their HIV-Positive Patients	12/05/07	8:00 AM
C01-4	Millett, Greg	Circumcision Status and HIV Infection Among Black and Latino Men Who have Sex with Men in Three U.S. Cities	12/03/07	10:30 AM
A03-1	Millett, Greg	Black-White Disparities in HIV Infection Among Men Who have Sex with Men: A Meta-Analytic Examination of HIV Risk Behaviors	12/03/07	1:30 PM

Oral Presenters by Presentation Number, Title, Day and Time (Continued)

C15-1	Mimiaga, Matthew	Differences in Internet Partner Notification Acceptability Among Men Who have Sex with Men by HIV Serostatus and STI History	12/03/07	10:30 AM
D09-1	Mitts, Beau	Creating HIV/STD Prevention Standards to Improve Quality Management Activities: A Houston Perspective	12/03/07	3:30 PM
F13-5	Modica, Cheryl	Challenges and Successes: Real-time Experience Implementing Routine HIV Screening Within Primary Health Care Centers	12/03/07	3:30 PM
F13-1	Modica, Cheryl	Moving to Routine HIV Screening Within Primary Care: the Experience of Six Community Health Centers as Pilots for a National Rollout (1 of 4)	12/03/07	3:30 PM
D12-1	Moore, Shennod	Intergrating Peer-Driven Positive Prevention into an HIV Physician Office	12/04/07	10:30 AM
A06-2	Moore, Trent	Non-Prescribed Use of Viagra and Other PDE-5 Inhibitors and HIV-Related Behavioral Risks Among HIV-Positive Men	12/04/07	3:30 PM
D20-2	Morgan, Ximena	Latino Youth in Action: An HIV Prevention and LEadership Program for Inner City Latino Youth	12/03/07	1:30 PM
D14-5	Morrison, Sharon	North Carolina's HIV Prevention Counseling, Testing, and Referral Services Training Program and its Impact on Providers Serving Ethnically Diverse Clients	12/04/07	10:30 AM
A08-1	Moskowitz, David	The Role of Vengeance in HIV-positive and HIV-negative MSM	12/05/07	8:00 AM
A06-3	Mulatu, Mesfin	Racial/Ethnic Disparities in Relationships between the Type of Substance Used and HIV Risk Behaviors Among Youth with Substance Use Disorders	12/04/07	3:30 PM
G03-2	Mulkey, Carrie	Strengthening HIV Prevention: Increasing Impact Through Integration and Collaboration	12/03/07	3:30 PM
C10-1	Munroe, Alelia	Perinatal HIV Prevention: The Successful Implementation of Protocol 076 in a Comprehensive Medical Clinic Setting	12/03/07	3:30 PM
A06-4	Mutchler, Matt	Sex-Drugs and Psychosocial Correlates of Condom Use Among Young African American, Latino, and Multiracial Men Who have Sex with Men in Los Angeles and New York	12/04/07	3:30 PM
B13-5	Muthambi, Benjamin	Unmet Need for HIV-related Primary Medical Care Services Among Enrollees of Publicly-Funded Medical Assistance and AIDS Drug Assistance Programs in Pennsylvania, 2003	12/05/07	8:00 AM

Oral Presenters by Presentation Number, Title, Day and Time (Continued)

D22-2	Mysoor, Sapna	Building Dynamic Coalitions at a Local Level: Challenges and Lessons Learned	12/05/07	8:00 AM
C15-4	Navejas, Michael	Participation in online HIV prevention among Men Who have Sex with Men (MSM) who use the internet to meet sex partners in New York City	12/03/07	10:30 AM
C03-2	Neumann, Mary	Results of an Effectiveness Trial to Evaluate a Replication of the VOICES/VOCES HIV Prevention Intervention	12/03/07	1:30 PM
E10-2	Nwachukwu, Immaculata	Prevention Policies for Young Nigerian Girls	12/05/07	8:00 AM
G05-1	Ohira, Stacia	HIV/HEP C Testing/Prevention For Serious, Violent and Sex Offenders in a Prison Setting	12/04/07	1:30 PM
C10-3	Olszewski, Yolanda	Creating a Safety Net for HIV Exposed infants in Illinois (Part 2 of 3): Statewide Implementation of Perinatal Rapid HIV Testing	12/03/07	3:30 PM
G12-4	Orenstein, Fern	Building Local Health Department HIV Program Capacity: Promising Practices for Conducting HIV Field Notification and Partner Services	12/04/07	3:30 PM
B06-3	Ouellet, Lawrence	Sexual Risk Practices and Sexually Transmitted Infections Among Bisexual, Drug-using, Low-income Men in Chicago	12/04/07	1:30 PM
D05-1	Painter, Thomas	[Innovative Intervention Project Group Oral Session, Part 1 of 4:] Building Capacity of Community-Based Organizations (CBOs) to Evaluate their Locally-developed HIV Prevention Interventions for High-Risk Minority Populations: Lessons Learned from the “Innovative Interventions” Project	12/04/07	1:30 PM
C14-3	Park, Jan	Good Things in Small Packages: New York City's Branded Condom Campaign	12/03/07	10:30 AM
A09-1	Patel, Shilpa	Understanding the Relationship between Beliefs about the Risk of HIV Transmission and Reported Condom Use Among People Living with HIV/AIDS (PLWHA)	12/04/07	10:30 AM
A03-2	Paul, Jay	Internet Sex Ads for MSM and Partner Selection Criteria: The Potency of Race/Ethnicity Online	12/03/07	1:30 PM
D11-5	Perez-Jimenez, David	Impact of a Group-Based HIV Prevention Intervention with HIV Discordant Heterosexual Couples: Results from a Qualitative Evaluation	12/04/07	3:30 PM

Oral Presenters by Presentation Number, Title, Day and Time (Continued)

D06-4	Peterson, Amy	Three Heads are Better Than One: Utilizing Multi-Level Partnerships to Create Tools and Measure Client Level Outcomes of Evidence-Based Interventions	12/04/07	3:30 PM
D03-3	Phields, Miriam	SISTA, SiHLE and WiLLOW: A Continuum of HIV Prevention Services for African American Women	12/04/07	10:30 AM
D02-1	Phields, Miriam	Adapting SISTA for Latinas/Hispanic Women	12/03/07	1:30 PM
D10-1	Phill, Rhonda	Challenges in Implementing HIV Prevention for Positives Initiatives with Adolescents and Young Adults: Lessons Learned and Barriers Crossed	12/03/07	10:30 AM
B14-4	Pieniazek, Danuta	Frequency and Mutation Patterns of Phylogenetically-linked Drug Resistant Strains Among Drug-naïve Persons Newly Diagnosed with HIV1-infection, United States, March 2003-October 2006	12/03/07	1:30 PM
B02-3	Poe, Jonathon	MSM, the Internet and Respondent Driven Sampling: The Dallas Web-based HIV Behavioral Surveillance Pilot	12/04/07	10:30 AM
D01-4	Poteat, Tonia	HIV Transmission and Prevention Counseling Trainings: Building Capacity for HIV Prevention at Historically Black Colleges and Universities	12/03/07	10:30 AM
E01-3	Prachand, Nikhil	Identifying Gaps in Knowledge and Utilization of New Syringe Access Legislation Among Injection Drug Users in Chicago	12/04/07	3:30 PM
B08-5	Prejean, Joseph	Birth-year Cohort Analysis of HIV/AIDS Diagnoses Among MSM in 33 States, 2001-2005	12/04/07	10:30 AM
B15-5	Prosser, Adria	Comparison of HIV Diagnoses and HIV Tests Among MSM Aged 15-24, 12 States, 2001-2004	12/03/07	3:30 PM
A04-3	Purcell, David	Syndemics Among HIV-Positive IDUs: Associations of Interrelated Psychosocial Problems with HIV Risk Behaviors and Health Care Behaviors	12/04/07	1:30 PM
G02-4	Purcell de Ogenio, Antonio	Increase in Rates of Syphilis Screening following a Change in Protocols for RAPID HIV Testing in Commercial Sex Venues	12/04/07	10:30 AM
D07-1	Pyeatt, Marilyn	Using Task Analysis to Document “Home-grown” Interventions	12/04/07	10:30 AM

Oral Presenters by Presentation Number, Title, Day and Time (Continued)

G08-3	Qongqo, Mandisa	The Black Infant Health Programme: Perinatal HIV Prevention for African American Pregnant Women	12/04/07	10:30 AM
D06-3	Raleigh, Kathleen	Preliminary Results from the Community-Based Organization Behavioral Outcomes Project for VOICES/VOCES (CBOP-VOICES)	12/04/07	3:30 PM
C01-3	Raminani, Sudha	Results of a CDC Funded Multi-site EBI Adaptation Project for Adult HIV+ Men of Color who have Sex with Men.	12/03/07	10:30 AM
C04-2	Randall, Liisa	Routine HIV Testing in Clinical Settings in Michigan: A Tool to Enhance the Effectiveness of Case Finding Efforts	12/05/07	8:00 AM
A20-1	Reback, Cathy	Social and Sexual Meanings Among Heterosexually Identified Men Who have Sex with Men and/or Preoperative Transgender Women	12/04/07	3:30 PM
A18-4	Reback, Cathy	Part 4 of 4: Community Collaborative Prevention Intervention Research Among MSM at High Risk for HIV Infection	12/04/07	1:30 PM
B18-1	Reilley, Brigg	Prenatal HIV Screening: Ongoing Challenges and Lessons Learned	12/03/07	1:30 PM
C20-2	Remien, Robert	Provider Prevention Opportunity during Acute HIV Infection: Part 2 of 4 on Findings from the NIMH Multi-Site Acute HIV Infection Study	12/05/07	8:00 AM
B18-3	Rice, Dana	Design and Implementation of a Rapid HIV Screening Program in a Large County Jail	12/03/07	1:30 PM
G12-1	Richardson-Moore, April	NYSDOH Anonymous HIV Counseling and Testing HIV Partner Notification Successes	12/04/07	3:30 PM
F07-2	Rintamaki, Lance	Critical Conversations Regarding HIV Treatment Adherence	12/03/07	1:30 PM
F07-4	Rintamaki, Lance	HIV Ally Presentation Strategies for Healthcare Personnel	12/03/07	1:30 PM
G05-3	Robertson, Candace	Domestic Violence Agencies and HIV Prevention and Testing: Knowledge, Attitudes and a Training Curriculum	12/04/07	1:30 PM
B12-3	Robinson, Billy	Use of Spatial Analysis Methods to Identify Clusters of HIV Prevalence	12/04/07	1:30 PM
E10-3	Robinson-Lynch, Joy	From Paradigm to Genuine Engagement: Listening to Sex Educators on HIV Prevention	12/05/07	8:00 AM
D08-2	Rodriguez, Leandro	The Use of Coaching as an Innovative Capacity Building Strategy	12/05/07	8:00 AM

Oral Presenters by Presentation Number, Title, Day and Time (Continued)

G08-4	Rogers, Perdietha	Development of a Substance Use Treatment Provider Network for High Risk Pregnant Women	12/04/07	10:30 AM
C17-3	Roland, Eric	Buying Clean Needles: Houston's Enhanced Syringe Access Program	12/04/07	10:30 AM
C08-3	Romer, Daniel	Using Mass Media and Community-based Programs to Reduce HIV Risk in African American Adolescents	12/03/07	3:30 PM
D12-2	Rosenberg, Nora	Adapting an Evidence-Based Positive Prevention Intervention for African HIV Clinics	12/04/07	10:30 AM
D19-3	Rotheram-Borus, Mary Jane	Using a Market Model to Develop and Adapt Evidence-Based Interventions	12/04/07	3:30 PM
F13-3	Rowland, Barbara	Moving to Routine HIV Screening Within Primary Care: the Experience of Six Community Health Centers as Pilots for a National Rollout (3 of 4)	12/03/07	3:30 PM
D22-3	Rucker, T'juan	Lessons fron the Field: A Three Year Assessment of Community Based Organizations' Acceptability of the Coalition Development CBA Training.	12/05/07	8:00 AM
D23-4	Rudd, Casey	Taking It to the System and Population	12/03/07	1:30 PM
C17-1	Rudolph, Abby	Improving Access to Drug Treatment and Social Services for Injection Drug Users (IDUs) through a Pharmacy Syringe Access Program in New York City	12/04/07	10:30 AM
D23-3	Rumpler, Mark	Gay Men and Meth: A Peer-Based Approach	12/03/07	1:30 PM
D23-1	Rumptz, Maureen	Development of a Peer Education Model Designed to Reduce HIV Risk Among Methamphetamine Injection Drug Users	12/03/07	1:30 PM
C05-3	Rzewnicki, Donna	Working Around the Barriers: Connecting with the Latino Community	12/04/07	1:30 PM
D15-4	Sabatini, Midge	Thrive e-Academy: Online Professional Development for Rhode Island Teachers of Health	12/03/07	3:30 PM
F03-4	Safford, Lauretta	Part 3 of 3: Linking Newly Diagnosed Persons to HIV Medical Care: Client Perspectives	12/04/07	10:30 AM
C13-1	Safren, Steven	Mental Health Concerns are Common Among Sexually Risky MSM in Primary and Secondary Prevention Studies (Part 1 of 4, group oral: HIV and Mental Illness: Intervention and Prevention Priorities)	12/04/07	3:30 PM

Oral Presenters by Presentation Number, Title, Day and Time (Continued)

G05-2	San Antonio-Gaddy, Mara	HIV and STD Partner Notification with Rapid HIV Testing in the Field	12/04/07	1:30 PM
B01-2	Sanchez, Melissa	Migration and HIV Risk (Part 2 of 4) - The California-Mexico Epidemiological Surveillance Pilot: Estimates of HIV and STI Prevalence Among Mexican Migrants in California	12/04/07	3:30 PM
C14-1	Sansom, Stephanie	The Effect of Infant Circumcision on a U.S. Male's Lifetime Risk of HIV Infection by Race and Ethnicity	12/03/07	10:30 AM
D02-2	Sarnquist, Clea	Implementing Rapid HIV Testing in California Labor and Delivery Settings: Using Data to Inform Training and Technical Assistance Interventions (Part 2)	12/03/07	1:30 PM
D14-1	Sasso, Vanessa	Use of Social Networks Project (SNP) as a Recruitment Strategy for HIV Counseling, Testing and Referral (CTR) Services to Enhance and Increase the HIV Seropositivity Rate at Boston Medical Center (BMC)	12/04/07	10:30 AM
B07-4	Satcher, Anna	Disparities in Diagnoses of HIV/AIDS Among Foreign-Born and US-Born Non-Hispanic Blacks, 33 States, 2001-2005	12/03/07	3:30 PM
E07-2	Scalco, Beth	The Southern AIDS Coalition: A Unique Collaborative in Response to the Raging HIV Epidemic in the South	12/04/07	10:30 AM
B16-2	Scalco, M.	Responding to a Disaster: Lessons Learned in Areas of HIV Prevention and Surveillance	12/03/07	1:30 PM
E09-2	Schady, Felicia	Strategies, Tools and Programs for HIV Prevention in Correctional Settings	12/04/07	3:30 PM
D01-3	Schaffer, Tonia	Minority Education Institution (MEI) Initiative - Student Peer-Led Prevention Interventions	12/03/07	10:30 AM
B09-1	Schilling, Kathryn	HIV Testing Among Women in the United States.	12/03/07	3:30 PM
B16-1	Scott, Greg	Integrating Ethnography and Epidemiology to Assess the Feasibility of Conducting HIV Surveillance and Community Capacity Building in Post-Hurricane Katrina New Orleans	12/03/07	1:30 PM
D13-1	Shade, Starley	HIV Prevention Services in California Are Well Targeted to the Geography of the Epidemic	12/03/07	1:30 PM
D12-3	Shade, Starley	Tailoring of "Prevention with Positives" interventions in clinical care settings	12/04/07	10:30 AM
B06-4	Shahkolahi, Akabar	HIV AND STD Screening and Diagnosis Among Men Who have Sex with Men (MSM) Attending and Urban Gay Men's CLINIC	12/04/07	1:30 PM

Oral Presenters by Presentation Number, Title, Day and Time (Continued)

D18-3	Sharpe, Tanya	The Use of Epidemiologic and Other Data in Selecting Behavioral HIV Prevention Interventions for African American Women	12/03/07	10:30 AM
F14-2	Sias Jr., Lorenzo	Training HIV+ Persons as Primary Prevention Workers	12/03/07	10:30 AM
C05-4	Simmons, Pat	Acute Infection Screening and Prevention, Preliminary Demographics of Persons with Primary HIV Infection	12/04/07	1:30 PM
B03-2	Simpson, Yaa	Chicago HIV/AIDS Surveillance Data and the Analysis of Multiple Risk Exposure Categories	12/04/07	10:30 AM
D06-1	Smith, Bryce	Preliminary Results from the Community-Based Organization Behavioral Outcomes Project for Healthy Relationships (CBOP-HR)	12/04/07	3:30 PM
A17-4	Smith, Carla-Dillard	The Bruthas Project: Towards the Development of an HIV Testing and Prevention Counseling Program for Heterosexual-Identified African American MSM (AA Het-MSM)	12/04/07	3:30 PM
C16-1	Smith, Dawn	Prevention with Negatives: If PrEP works, How Could it be Implemented in the US?	12/04/07	3:30 PM
D03-1	Underwood, Nyisha	The NIA Project (Part 2 of 2) - CAL-PEP's SISTA Project: HIV Prevention for Very High-Risk African-American Women	12/04/07	10:30 AM
A15-1	Smith, Justin	Emerging Perspectives on the “Down Low” from Young Black Men Who have Sex with Men in the South	12/04/07	10:30 AM
E03-2	Smith, Kimberleigh	Women and HIV - Beyond the Behavioral	12/03/07	10:30 AM
C07-1	Smith, Michelle	Implementing Rapid HIV Testing at Historically Black Colleges and Universities	12/04/07	1:30 PM
G02-1	Spencer, Susan	The Development of an HIV Rapid Testing Program in Philadelphia Jail	12/04/07	10:30 AM
C12-1	Spikes, Pilgrim	Prevention Case Management/ Comprehensive Risk Counseling and Services: Outcome of a Cross-Site Program Evaluation	12/03/07	10:30 AM
C09-1	Spoeth, Shelly	Utilizing Social Marketing to Increase HIV Testing in African American Women: Lessons from CDC’s Take Charge. Take the Test. Campaign	12/04/07	3:30 PM
F03-1	Springer, Sandra	Seamless Linkages to Care: A Collaborative Approach to Linking Newly Diagnosed Positives	12/04/07	10:30 AM
G15-2	Stallworth, Precious	Methamphetamine Use and HIV/STD Risk at Los Angeles Gay and Lesbian Center Sexual Health Program	12/04/07	1:30 PM

Oral Presenters by Presentation Number, Title, Day and Time (Continued)

C10-4	Statton, Anne	Creating a Safety Net for HIV exposed infants in Illinois (Part 3 of 3): The Role of Enhanced Case Management	12/03/07	3:30 PM
B05-3	Stenger, Mark	Trends in Neisseria Gonorrhoeae Incidence Among HIV-Positive Men in Washington State, 1996 - 2005	12/03/07	10:30 AM
C20-1	Steward, Wayne	A Move Toward Serosorting Following Acute HIV Diagnosis: Part 1 of 4 on Findings from the NIMH Multi-Site Acute HIV Infection Study	12/05/07	8:00 AM
F07-3	Steward, Wayne	HIV Prevention Fatalism is Associated with Less Frequent Delivery of Prevention with Positives Counseling Among Providers in Publicly-Funded Clinics	12/03/07	1:30 PM
A02-2	Stockman, Jamila	Sexual Violence and Influence of Relationship to Perpetrator On High-Risk Sexual Behaviors in a Community-Based Sample of African American Women	12/04/07	1:30 PM
B01-1	Stopka, Thomas	Migration and HIV Risk (Part 1 of 4) - HIV/AIDS along the U.S.-Mexico Border: Findings from A Multi-state, Binational Epidemiologic Profile	12/04/07	3:30 PM
G10-4	Sturdivant, Aprylle	Behavioral Interventions and HIV Testing with Incarcerated Persons	12/05/07	8:00 AM
D14-4	Sutton, Madeline	Access and Availability of HIV Testing and Treatment Services in U. S. Southern Rural Counties	12/04/07	10:30 AM
D20-1	Swayzer III, Robert	Addressing the HIV Prevention Needs of School Age Youth: Challenges and Successes	12/03/07	1:30 PM
D27-1	Sy, Francisco	Ensuring Sustainability of HIV Prevention Programs through Public and Private Partnerships	12/05/07	8:00 AM
B05-2	Tabidze, Irina	HIV Infections Among Men Who have Sex with Men diagnosed with Primary and Secondary Syphilis - Chicago, 2005-2006	12/03/07	10:30 AM
D03-4	Tarbet, Sheila	A Community-Based HIV/AIDS & Substance Abuse Prevention Project for African-American Women: The Perinatal Council Model & Evidence of Effectiveness	12/04/07	10:30 AM
C08-4	Terry, Mika	Urban Incentive-Based HIV/AIDS Testing and Prevention: The Use of Social Marketing and Networking	12/03/07	3:30 PM
F08-2	Thomas, Franda	Barriers and Opportunities for HIV Prevention in Correctional Settings: Aligning Statewide Systems from Prisons to the Community.	12/04/07	3:30 PM

Oral Presenters by Presentation Number, Title, Day and Time (Continued)

E11-1	Thomas, Franda	Latino Outreach in Louisiana Post Katrina: Not the Same Old Story	12/03/07	3:30 PM
C07-2	Thomas, Peter	Implementing Rapid HIV Testing at Historically Black Colleges and Universities	12/04/07	1:30 PM
E06-2	Tierney, Steven	Crystal Methamphetimine: Battles Won and Lessons Learned.	12/04/07	1:30 PM
G15-3	Tierney, Steven	Crystal Methamphetimine: Battles Won and Lessons Learned.	12/04/07	1:30 PM
C12-2	Tiller, Sarah	Voices of People Living with HIV: Findings from Project Safe-Talk a Motivational Interviewing Based Safe Sex Program.	12/03/07	10:30 AM
F08-5	Tobias, Carol	In Their Own Voice: Patient Experiences Connecting to Care	12/04/07	3:30 PM
G09-4	Tomaszewski, Evelyn	Working with Multiple Diagnosed Clients with HIV/AIDS: Promoting Medication Adherence through Use of the ADHERE Model	12/03/07	10:30 AM
E10-5	Tomlinson, Hank	Improving School Environments for LGBTQ Youth as an HIV Prevention Strategy: Reports from Seattle, Los Angeles, and the American Psychological Association	12/05/07	8:00 AM
D16-2	Tyrell, Carol	Progress in Engaging Faith Communities in HIV Prevention	12/04/07	1:30 PM
G09-1	Underwood, Nyisha	THE NIA Project (Part 1 of 2): A Culturally Competent Model of Integrated Service Provisions for HIgh-Risk HIV Positive and Negative African-Americans	12/03/07	10:30 AM
B11-4	Vail, Rona	HIV seroconverters at the Callen-Lorde Community Health Center	12/03/07	10:30 AM
A15-3	Van Sluytman, Laurens	Multiple Oppressions: A Qualitative Inquiry into Coping Strategies Among Black Men Who have Sex with Men (BMSM) in NYC	12/04/07	10:30 AM
D04-4	Vaughan, Marla	A Collaborative Approach to HIV Prevention Monitoring and Evaluation: Developing a Standardized Set of HIV Prevention Data Variables	12/03/07	3:30 PM
F14-3	Vincent, Tim	Provider Challenges and Successes in Conducting Effective Prevention with Positives (PWP) Work: Results of a Statewide Needs Assessment	12/03/07	10:30 AM
F07-1	Voetsch, Andrew	Disclosure Of Sexual Identity To Health Care Providers Among Sexually Active Men Who have Sex with Men Attending Gay Pride Events In The United States, 2006	12/03/07	1:30 PM

Oral Presenters by Presentation Number, Title, Day and Time (Continued)

G02-3	Vora, Shalini	HIV Testing for Asian and Pacific Islanders in a clinic setting to identify people living with HIV	12/04/07	10:30 AM
E11-4	Wafula, Gertrude	Gender, Knowledge, Risk Perception and Sexual Practise in Relation HIV/AIDS Among the Luo Community in Rural Kisumu, Kenya.	12/03/07	3:30 PM
A23-3	Wakefield, Steven	Pave 100, recent Biomedical News and The Community	12/03/07	1:30 PM
G07-3	Walston, Kelvin	Pointing African Americans Towards Health (PAATH) - HIV and SAP Prevention for High Risk African American Youth	12/04/07	3:30 PM
D19-2	Warzynski, Cara	Title: Project SKIPP (Saving Kids through Integrated Intervention Programming)	12/04/07	3:30 PM
A09-4	Washington, Shakira	Assessing Behavioral HIV Risk Factors Among Black Women who Report Recent Sex Partners with a History of Incarceration: Implications for Targeted HIV Prevention Interventions	12/04/07	10:30 AM
D16-3	Washington-Flood, Carmi	A Unique Strength: Faith Communities Responding to the Call to Action	12/04/07	1:30 PM
D08-1	Webb, Candace	The Girls 4 HOPE (Health, Opportunities, Prevention & Education) Capacity Building Assistance Program for Community-Based Organizations	12/05/07	8:00 AM
B07-3	West, Tiffany	Reasons for Obtaining HIV Testing during a City-wide HIV Screening Campaign, Washington, D.C., 2006-7	12/03/07	3:30 PM
A24-1	Wheeler, Darrell	Brothers y Hermanos: Findings from a Multi-Site Collaborative Study of HIV Risk Among Black and Latino MSM and Implications for Future HIV Interventions	12/04/07	10:30 AM
F01-2	White, Douglas	Successful Implementation of Routine HIV Testing in Emergency Departments	12/03/07	1:30 PM
B09-4	Whitmore, Suzanne	Outcomes of Missed Opportunities for Perinatal HIV Prevention, 1999-2003, Enhanced Perinatal Surveillance (EPS) Project, 24 Sites in the United States	12/03/07	3:30 PM
B09-3	Whitmore, Suzanne	Characteristics of HIV-Infected Pregnant Non-Hispanic Black Women Delivering Live Infants, Enhanced Perinatal Surveillance (EPS) Project, 24 Sites, 1999-2003	12/03/07	3:30 PM
D10-2	Wilderson, Dina	Housing as a Tool to Reduce HIV Risk for Homeless Youth	12/03/07	10:30 AM
B18-2	William Torres, Gretchen	HIV Testing in Emergency Departments: A Practical Guide	12/03/07	1:30 PM

Oral Presenters by Presentation Number, Title, Day and Time (Continued)

D16-1	Williams, Carlton	Involving Faith-Based Organizations to Address HIV/AIDS	12/04/07	1:30 PM
G10-1	Williams, Kim	The Rural Context: Barriers, Current Prevention and Care Strategies, and Recommendations for Young Women's Access to HIV/AIDS and STD Services	12/05/07	8:00 AM
E12-2	Wilson, Patrick	Public Health Responses to the HIV Epidemic Among BMSM: Examplars and Next Steps for Prevention	12/05/07	8:00 AM
A02-4	Wilton, Leo	The Influence of Body Image on HIV Sexual Risk Behavior in Black Gay and Bisexual Men: Implications for HIV Prevention	12/04/07	1:30 PM
E08-1	Wohlfeiler, Dan	The Venues Project: Reducing Human Immunodeficiency Virus (HIV) and Sexually Transmitted Infections in Bathhouses, Sex Clubs, Internet Sites, and Circuit Parties	12/03/07	10:30 AM
B02-4	Wolitski, Richard	Looking for "Love" on the Internet: A Comparison of Gay-Identified and Non-Gay-Identified Men Who have Sex with Men	12/04/07	10:30 AM
E08-2	Woods, William	HIV/STI Testing Programs in Bathhouses: Canada and U.S. Comparison	12/03/07	10:30 AM
A03-4	Wright, Pierre	HIV/AIDS Knowledge, Attitudes and Behaviors Among African-American Students Attending Historically Black Colleges and Universities	12/03/07	1:30 PM
B07-1	Ye, Jiali	Factors Associated with HIV Testing Among African Americans in the United States: Analysis of the 2005 National Health Interview Survey	12/03/07	3:30 PM
E03-4	Young, Toni	The Exchange Network: "Developing Grassroots Action for Black Women"	12/03/07	10:30 AM
C11-2	Zuniga, Maria	A Peer Education & Empowerment Curriculum to Reduce Transmission of HIV and STI's in High-Risk Youth	12/05/07	8:00 AM