

OAA News

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The Brown Vs. Black Debate

by Duran Rutledge

The Brown Vs. Black debate is one in which a growing number of HIV positive Latino consumers living in and receiving services through Alameda County HIV services providers believe that there is a cultural and financial imbalance towards African Americans that adversely hinders their ability to access quality HIV care.

On one side of the Brown and Black debate are African Americans make up 13% of the overall population for Alameda County and account for almost half of new HIV infections and of those living with HIV/AIDS. As a result many within the African American community believe that a majority of the funds that are distributed through the Office of AIDS Administration (OAA) should be directed solely towards African Americans.

The other side of the Brown vs. Black debate are Latinos expressing frustrations that they are not able to access the HIV care services they need only because of the language barrier. While Latinos account for 21% of the County's population and 14% of HIV/AIDS infections their numbers continue to grow disproportionately just like those of African Americans.

The Office of AIDS Administration (OAA) has facilitated discussions and conducted focus groups with the Latino community to gain greater insights about key issues facing HIV positive Latinos that are not adequately being addressed. Some of the reoccurring and notable issues that have come out are:

- The lack of Spanish speaking Latino case managers
- The perception that African American HIV service provider staff prioritize the needs and distribute resources to African American clients over those of Latino clients and
- Latinos feeling disrespected and not acknowledged when voicing their concerns about what they believe is the lack of action taken thus far to adequately address and resolve their issues.

Alameda County like many other health jurisdictions around the country is faced with dwindling financial resources from which to serve those most impacted by HIV regardless of ethnic background. The Brown vs. Black debate seems to be symptomatic of a bigger issue, which is race. An HIV positive person's need for services should not be predicated on the division of funds nor should it pit one ethnic group against the other. Services should effectively and collaboratively meet the needs of anyone living with the virus and ensuring that those making the decisions and providing services develop systems to meet the needs of all ethnic groups who are impacted by the HIV/AIDS.

Go to the OAA FaceBook page at <http://sn.im/za36g> and weigh in on the debate.

Dr. Barbara Green-Ajufo's Work in Malawi

*By Kabir Hypolite,
Office of AIDS Administration Director
Alameda County Public Health Department*

Anyone who worked with Dr. Barbara Green-Ajufo here at the Public Health Department knows of her outspoken dedication to the cause of racial justice and healing. Friends will tell you that Dr. Green-Ajufo is one who not only speaks her mind, but she also courageously takes on big challenges. True to her own spirit, Barbara announced in March 2011, her plans to relocate to Lilongwe, Malawi and assume leadership of the Center for Disease Control's HIV Surveillance GAP program there. Having served as the County's HIV epidemiologist for nearly ten years Barbara said she was ready for a change of pace and a new challenge.

To say that Malawi presents a daunting challenge for an HIV/AIDS specialist is beyond mere understatement. Malawi's need for effective HIV interventions could not be greater. Indeed, the enormity of HIV/AIDS in Malawi is difficult to appreciate. Among Africa's poorest nations, Malawi is also one of the hardest hit by AIDS. Nearly one million of its 14 million people live with HIV/AIDS. AIDS is the number one cause of death there. The number of HIV infected adults who are too ill from AIDS to farm their own land is so great that even Malawi's agriculture based economy is adversely impacted. Food shortages and poverty are widespread. The average life expectancy has declined from 52 to just 43 years, a figure common in the European Middle Ages.

Although Malawi's leadership developed a comprehensive response to the AIDS epidemic to increase treatment access and promote prevention and education, the magnitude and intensity of the Malawian epidemic has impeded much of their efforts. Malawi lacks enough trained staff available to meet the crushing need for HIV/AIDS primary care and treatment services. According to one website, Malawi has just one doctor per 50,000 people – one of the lowest levels in the world. The National Association of Nurses in Malawi reports that four Malawian nurses are lost to the epidemic each month.



Although the number of people dying from AIDS in Malawi has decreased in recent years (51,000 in 2009 compared to 68,000 in 2001), most probably due to increased access to treatment, the rate of new infections within the population has increased over the same time period according to reports. Therefore, HIV prevention efforts need to be scaled up or the progress made in expanding treatment may be lost.

Clearly, Dr. Green-Ajufo joins international efforts to address the shortage of trained medical staff in Malawi at a critical time. Among her duties, she will provide data analysis and design behavioral surveys to promote behavioral change in Malawi's overwhelmingly rural society. The country's maternal child HIV transmission prevention programs will receive special focus. Unlike Alameda County where prenatal HIV transmission and HIV incidence among children and infants is rare; there are one million orphaned children in Malawi. Half of those orphaned lost their parents to AIDS and many of the children are HIV infected according to government and charitable websites. Dr. Green-Ajufo's work will dovetail with UNICEF's programs in South Central Africa that place children center stage in the fight against AIDS. The "Unite for Children, Unite against AIDS" initiative uses a framework of "4 P's" to identify the most urgent areas:

- Prevention of mother-to-child transmission through testing and treatment of pregnant women;
- Provide pediatric HIV/AIDS treatment;
- Prevent infection among young people; and
- Protect and support children affected by HIV/AIDS

HIV is still a taboo subject in Malawi and discrimination is common. As a result, few people living with HIV make their status known, many have difficulty discussing the subject with their families, and some support groups do not meet openly. Fear of AIDS commonly prevents people from getting tested, seeking treatment, or even providing support and care for those infected.

Barbara, as your journey in Malawi begins, you and the people of Malawi will be in our thoughts and hearts.

Barriers to Care Workshop

by *Geogia Schreiber*

At the Annual East Bay HIV Update Conference this month, the OAA Linkage to Care program co-facilitated a panel called "Linkage to Care: Coordination is Key."

Our goal was to educate the diverse audience about our individual efforts to link out of care clients back into medical and non-medical care for HIV/AIDS. The facilitators began by giving short overviews of our organization's efforts. Then, so people could better understand the challenges involved in locating clients, identifying barriers to care, and linkage, we asked the large group to break into smaller ones, each taking a case study to read and discuss.

The case studies were composite scenarios from common issues that we all have encountered in our different capacities working with clients. Each came with a variety of challenges and strengths that would inform a different approach to helping them. This illustrated what we have found in our linkage efforts: people often have several reasons they are out of care, some of which may call for comparatively easy solution, such as helping someone reschedule and reminding them of their appointment, and some barriers are more complex and nuanced.

Linking people into care for HIV has proved to be a slow and complex process. There are barriers both on an individual level, such as mental health, addiction, stigma, and competing lifestyle obligations, as well as barriers on an institutional level, such as how a person's Medi-Cal can be discontinued when they spend some time in jail. These barriers make it difficult to reconnect to medical care once the person gets out.

Recognizing the clients' strengths is a key to remaining focused on the objective of providing individualized, useful support to out of care clients. For example, if people have strong social support, a good past relationship with a clinic staff, or a history of self-determination, these tools can help maintain future adherence. Another key to success in linkage is collaboration between clients, clinic staff, HIV Peer Navigators and Wellness Navigators and the Public Health Department. If we form a strong network, we will minimize the risk of our clients slipping through the cracks in the first place.



Safe-N-Sound

by *Pamela Casey and Shelley Stinson*

Since August 2009, the Office of AIDS Administration has been a collaborative partner with McCullum Youth Court to assist with providing first time youth offenders HIV prevention education and risk reduction skills building through its Safe-N-Sound Program. McCullum's youth program serves first time offenders, under the age of 18, by providing them an alternative to serving time in juvenile hall. Many of the youth are engaging in high risk sexual behaviors due to a lack of understanding of risk reduction skills, condom negotiation skills, and inaccurate information regarding HIV and STD transmission.

Shelley Stinson, HIV Prevention Coordinator, with the help of Felicia Bridges, Intern, has been providing HIV/STD prevention education and HIV testing to the youth who enter the program. She says that the Safe-N-Sound collaboration presents an opportunity to engage a population of youth that is often overlooked. Many youth are educated about HIV from peers, and thus are misinformed. Additionally, the HIV information provided within the school system is not comprehensive enough to assist youth with navigating real-life situations.

Through the Safe-N-Sound Project, sexual education needs of the youth are addressed through a four-week series of two hour classes to help the youth make wiser health choices. Post-test results revealed that 80% of the youth increased their knowledge of HIV following this class series. The youth also produced HIV/STD risk reduction videos for their peers to post on YouTube. Shelley notes "Many of the youth hate being in class on first day, but on the last day, they don't want to leave." She is actively seeking additional funding to continue the Safe-N-Sound project.

Daniel Ramos Rides to LA for the Cause

by Daniel Ramos and Lorenzo Hinojosa

Many of us know Daniel Ramos from his work and advocacy for youth at the Downtown Youth Center, or his term as a co-chair of the Community Collaborative Planning Council. This month Daniel participated in the LifeCycle bike ride from San Francisco to Los Angeles to raise funds and increase awareness about HIV/AIDS especially in the GLBT community. Below is a brief interview with Daniel about his participation in the event.

What motivated you to do this?

Ever since I moved to the Bay Area from San Antonio, Texas six years ago, I heard about this ride and have wanted to participate. This year I was finally able to make it happen. My motivation for participating in this ride I derive from my personal experience with HIV. I was 19 years old when I received an HIV diagnosis and at that point thought my life was over. I had my ups and downs with falling out of medical care. After about three years of self-exploration and healing, I got into medical care with an amazing group of people at the David Powell Clinic in Austin Texas and have been in care ever since. After I graduated from the University of Texas at Austin, I decided that I wanted to work with youth who were impacted by the same issues that I was in the hopes that I could provide support for others during a very dark time in their lives. Since I moved out to Oakland and began working with HIV positive youth at the Downtown Youth Clinic, I have taken on bringing light to the shadows of shame and fear surrounding HIV and have worked to raise awareness about life after an HIV diagnosis. By working with amazingly brilliant and fierce HIV+ youth at the DYC and by participating in this ride, I hope to diminish the stigma associated with HIV. We are all HIV positive-Todos somos VIH positivos.

How long have you been doing this?

This is my first year participating in the AIDS LifeCycle. I have been training for this ride for the past three months but have been mentally preparing for it longer than that.

Is it hard?

I am a novice when it comes to cycling as a sport. I have ridden a bicycle as long as I can remember but only for pleasure or commuting reasons. This ride has broadened my understanding and knowledge about cycling as a sport. I have been reading a

lot about bicycles and nutrition plans and have visited many bike shops in the area to learn about what type of bicycle would be the best fit for me and for this event. In general, my preparation for the ride has been quite fun. At times, it is hard to get used to a new training schedule, like getting up early for rides, eating well and getting an appropriate amount of rest.

Another aspect that has been a bit of a challenge is fundraising for this event. As difficult as it may be to ask people for donations in economically challenging times, I have been very pleased and humbled by the willingness of people to lend their support to raising awareness about this ride and supporting my fundraising activities. For example, my mother along with some really good friends of ours in San Antonio put together a fundraiser at a local San Antonio Southside cantina and over \$800 dollars was raised by selling tickets for a drawing of prizes that many people donated to this cause. Other friends of mine have posted the link to my donation page on their Facebook personal pages.

How long does it take you to complete the course?

The AIDS LifeCycle begins on Sunday, June 5th and will end on Saturday, June 11th. We will be riding from San Francisco to Los Angeles. Everyday we will be riding a daily average of 76 miles. Currently, it takes me about 5 hours to ride a little over 60 miles. The longest mileage day on the ride is Day 2 with a whopping total of 106.1 miles from Santa Cruz to King City.



Lost in Translation

by Lorenzo, Hinojosa

In the past few months there have been grassroots advocacy efforts by monolingual Spanish-speaking clients to address their needs and concerns. The clients have cited unequal services such as having to wait longer for appointments, inability to communicate with receptionists in person and over the phone. One of the main points in their advocacy has been to request bilingual Spanish-speaking case managers.

The reaction by some has been to point to the underutilized Translation Services as a remedy to the situation. Unfortunately, services such as Medical Case Management, Mental Health Services and Substance Abuse Treatment services cannot be provided through the use of a telephone interpretation service. The nature of the service requires the providers to develop relationships with the clients that cannot be achieved through an interpreter.

While some agencies argue that the percentage of their non-English speaking clientele does not justify the addition of a bilingual case manager, the client's response is that the percentage of Latino clients will increase if they are able to receive appropriate services at the agency. The situation is further complicated by the fact that bilingual providers are more difficult to hire due to their desirability in the marketplace.

In addition to their stated need for bilingual case managers, the clients also note their ongoing need for providers to use the telephone translation services. Many agencies use bilingual



staff on hand to perform the translation during client visits. However, the clients have voiced confidentiality concerns with this practice. They are not comfortable talking about very private matters with a non-medical employee at an agency. Unfortunately, the clients sometimes resort to bringing family members to translate for them in order to maintain some control over their information.

Informational cards have been distributed to monolingual clients explaining to them and their provider the client's right to have their provider use the telephone interpretation service. The telephone translation service is available to all Ryan White service providers. Unfortunately, the power dynamic between providers and some clients does not allow many clients to advocate for themselves in those situations. As a result, the telephone translation service remains underutilized in spite of the ongoing need.

While there are no easy solutions to the barriers around service access for monolingual Spanish-speaking clients, an increased awareness to their actual challenges can be the first step towards addressing their needs.

Community Empowerment at McClymonds High School

One Hundred Black Men's Community Empowerment Project drew 300 West Oakland residents to McClymonds High School on Saturday, June 11, 2011, for health screenings including HIV testing provided CAL-PEP. OAA Director Kabir Hypolite coordinated Alameda County PHD's participation in the Community Empowerment Project. In addition to the OAA, participating Public Health divisions and units included the Urban Male Health Initiative, Sexually Transmissible Disease, Emergency Preparedness, Public Health Nursing, Emergency Medical Services, and Oral Health as well as event sponsorship. The event also offered blood pressure screenings, financial literacy trainings for college and high school students, HIV/STD screening, nutrition, obesity, and healthy cooking information, a solar power exhibit, performers, reading circles, interactive

robotics displays, kids activities and line dancing. Corporate sponsors included Wells Fargo, Scholastic Books, Jamba Juice, the Red Cross and the Bay Area Black Nurses Association among others.



Loren Jones

With the HIV/AIDS epidemic entering into its 30th year, Loren Jones has been one of the survivors. She endured even when in the early 1980s, African American heterosexual women were not even on the radar for HIV/AIDS care and treatment. Loren has been HIV positive for the last 27 years and has had more than her share of life's ups and downs. Through it all, she not only survived, but has used her life as a teaching tool to educate other women with HIV/AIDS.

The oldest of six children, Loren grew up in North Philadelphia. Things were not always easy for her and her family. Her mother died when Loren was only 17, which led to a string of events including several years of homelessness.

Things changed for Loren when she became involved with WORLD (Women Organized to Respond to Life-Threatening Diseases), an organization dedicated to helping women living with, and at risk for HIV/AIDS. Loren was one of the original participants and founding members of WORLD. Her work with this organization led to her induction into the Alameda County Board of Supervisors' Women's Hall of Fame in 1997. She says



that this honor serves as something for her to constantly live up to.

In addition to her many tasks at WORLD, Loren also works as a peer educator, where she is able to pull from her training as a nurse to help educate other HIV-positive women about HIV/AIDS to promote health literacy. She is an active member of the Collaborative Community Planning Council, and serves on many of the Council's subcommittees to advocate for improving the lives of women and others affected by HIV/AIDS.

In 2008, Loren was one of 28 HIV positive women who founded the Positive Women's Network, a project dedicated to ensuring the human rights of women all over the world living with HIV/AIDS.

Loren is the proud mother of two college-educated daughters who she taught to realize their own potential. She is also very proud to be a grandmother for the first time.

OAA Part B RFP Awards

by Duran Rutledge

The OAA had a great response to its recent Request for Proposals for Ryan White Part B Care funding for fiscal year 2011/12.

Twenty applications from 8 local HIV/AIDS services agencies were received for the combined \$725,406 of available funding for the provision of Ambulatory Care (7 applications received), Medical Case Management (8 applications received) and Mental Health received (5 applications received).

Applicants were required to submit a separate application for each service category if they planned to applying for funding under multiple service categories. Each application was reviewed by three separate review panelist made up of members of the PLWHA community, specialists in the HIV field as well as health professionals. Three scores were combined and then averaged out to make up the final application score. The applicants receiving the highest combined averaged scores were recommended to the OAA Director for funding..

The applicants funded for services are:

Outpatient/Ambulatory Care

- Alameda County Medical Center

Medical Case Management

- Alameda County Medical Center
- Life Long Medical Center
- Tri-City Health Center

Mental Health.

- Alameda County Medical Center

Notification letters were sent out to all applicants who applied and contract negotiations will begin immediately with the funded applicants to meet the July 1, 2011 contract start date.



Partner Services

by Lorenzo Hinojosa

The program to provide assistance to HIV positive clients disclosing their status to their partners has been through several name changes in recent years. They were previously known as Partner Counseling and Referral Services (PCRS) and California Disclosure Assistance Program (CDAP).

By whatever name, the program continues to serve clients in need of this service. Many, if not most clients who test positive may need to disclose their status to their current or previous partners. Needless to say, this can be a very difficult task in light of the possible violent and/or life-changing consequences.

The service works with the client at whatever level they accept services. Many clients feel the need to disclose to their partners and just need to discuss their situation with a counselor and develop a plan for the disclosure.

Some clients feel more comfortable bringing their partners into the clinic, or other location, to disclose their status to the partner in the presence of a provider who can provide emotional

support, answer questions and offer HIV testing on the spot.

Finally, some clients are concerned enough to want their partners notified without their identity revealed. There are many reasons for using this option. As an example, a client may feel the partner may not keep the original client's status private from others.

Although this service is initially offered to clients when they test positive for HIV, the effort is to let the clients know that this service is available at any time. HIV positive persons are sexual beings and they may have new partners to whom they wish to disclose their status to. Care providers are essential in assuring clients are able to access these services when needed.

Partner Services are directly related to Social Networks Testing. The HIV positive clients are encouraged to inform their partners and bring them in for testing. In this manner, testing and risk management become available to people who may not otherwise access these services and reach pockets of infection that continue to propagate the disproportionate impact of HIV in our community.

If you are interested in becoming a Partner Services provider at your agency, please contact us at info@officeofaids.org for a more information.

Free Statewide Unmet Need Training in Oakland

The Alameda County Office of AIDS Administration is collaborating with Washington D.C. based AIDS Alliance for Children Youth and Families to conduct a free, four day training in Oakland to promote peer-based tools and strategies that address the unmet needs of HIV+ individuals not in care. The training is scheduled for August 8-11, 2011 and will train 30-40 peers from across California.

For more information please contact Telisa L. Lloyd, Community Program Manager at: tlloyd@aids-alliance.org

Or visit AIDS Alliance for Children, Youth & Families at www.aids-alliance.org.



Let Your Voice Be Heard!

The Community Collaborative Planning Council is holding two Town Hall Meetings to receive input from consumers, providers and the community at large on the HIV care needs in Alameda County.

The town halls meetings are part of the council process to set priorities and allocate funding for HIV care services during the fiscal year 2012 to 2013.

Your input is essential in these important decisions so please plan to attend and voice you opinions as well.

The meetings will take place at:

North County

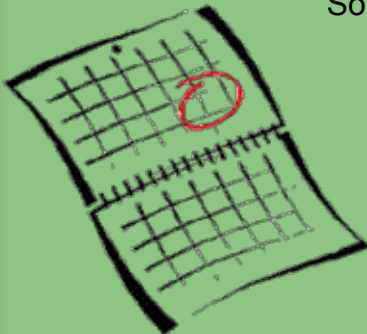
Wednesday, June 22, 2011
12 PM to 8 PM
West Oakland Senior Center
1724 Adeline Street
Oakland California
(Public Comments at 12 PM)

South County

Thursday July 28, 2011
10 AM to 6 PM
Castro Valley Library
Chabot Room
3600 Norbridge Ave.
Castro Valley California
(Public Comments at 10 AM)

Food will be served at both events.

For more information, contact Patricia Sweetwine at (510) 326-3476 or patriciasweetwine@comcast.net



OAA News Briefs



- Prevention End-of-Year reports are due by July 15th end of day.
- Ryan White Part A agency expenditures will be reviewed for possible reallocation to assure all funds are used. Please submit invoices on time.
- OAA offices will be closed on Monday July 4th for the holiday.

Article or Announcement Submissions

The Office of AIDS Administration encourages community members to submit articles relevant to HIV/AIDS in Alameda County

- Approximately 250 words (one double spaced page)
- Include contact information
- Submit by email only
- Submit as word document or in the body of email
- Due to space constraints, not all submitted articles may be published.
- For more specific guidelines, contact Lorenzo Hinojosa at Lorenzo.Hinojosa@acgov.org

For a subscription to the OAA Quarterly Newsletter, please send email to Lorenzo.Hinojosa@acgov.org



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