



# OAA News

**March 2011**

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**The National HIV/AIDS Strategy:  
A Synopsis – Part III**

This is the last in a three part series of the OAA Newsletter Director's Corner dedicated to the Strategy's primary goals, the third of which is focused on reducing health disparities among racial and sexual minority populations. President Obama's effort to focus and re-energize the fight against the domestic HIV pandemic is no longer in its infancy. The National HIV/AIDS Strategy and Federal Implementation Plan envisions that "the United States will become a place where new HIV infections are rare and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity or socio-economic circumstance, will have unfettered access to high quality, life-extending care, free from stigma and discrimination."

The Strategy's third primary goal is to reduce HIV-related disparities and health inequities. The first two goals are to reduce new HIV infections and to increase access to care with improved health outcomes for HIV+ individuals. This article reviews the Strategy's third goal.

**Reduce Health Disparities!**

Disparities exist among populations where "there is a significant [inconsistency] in the overall rate of disease incidence as compared to the health status of the general population." Under the Affordable Care Act disparities include "populations for which there is a significant disparity in the quality, outcomes, costs, or use of healthcare services or access to or satisfaction with such services as compared to the general population."

In addition to expanded healthcare access under the Affordable Care Act, the Strategy identifies three steps to address disparities: 1) reduce HIV-related mortality in high risk communities; 2) develop community level interventions and promote holistic health,

and 3) address stigma and discrimination. The achievement of each of these elements by 2015 will increase by 20% the proportion of HIV+ gay men, African Americans, and Latinos with undetectable viral loads.

All three populations have significantly higher HIV infection disparities than their general population counterparts. According to the CDC “gay men are 44 to 86 times more likely to become infected with HIV than heterosexual men and 40 to 77 times more likely to become infected than women.” African American males in particular “have the highest HIV diagnosis rate of any racial/ethnic group and more than seven times that for white males...” The rate for Latino males was three times that of white males. In 2006, the respective diagnosis rates nationally for African American women and Latinas exceeded that of white women by 19 times and 5 times.

The Strategy underscores the value of achieving an undetectable viral load as a key marker not only for individual health but for reduced transmissibility of HIV within hard hit communities. By adopting community level interventions that reduce HIV infection in high-risk neighborhoods and communities the Strategy acknowledges that individuals in these areas who engage in low-risk behaviors may nonetheless be at higher risk for HIV transmission simply because there is more virus around them. Therefore, reducing community viral load is necessary to reduce overall HIV transmission risk to individuals and to address health disparities in infection rates and mortality.

AIDS mortality rates are also higher among gay African American and Latino males and African American and Latinas than their white counterparts. The host of co-morbidities and social barriers requires a “holistic approach to health that addresses not only HIV prevention but also the prevention of HIV related co-

morbidities such as STDs and hepatitis B and C.”

For example, areas of East Oakland have a high viral load. OAA utilizes CDC funding through its HIV/STD Prevention Project to outreach to high-risk African American women, Latinas, and youth in East Oakland, to educate them about HIV transmission, to test for HIV/STD infection, and link HIV+ individuals to care. Our new Bay Area Network for Positive Health and Linkage Coordinator initiatives use multi-agency, peer-navigator, and public health investigation approaches to identify HIV+ individuals who are out of care and link them to care services in order to bring down community viral loads in the MSM, African American, Latino, women, youth, IDU and transgender communities.

To learn more about or to share your comments on the White House National HIV/AIDS Strategy and Federal Implementation Plan please call or email the White House Office of National AIDS Policy at: (202) 456 4533 or [AIDSpolicy@who.eop.gov](mailto:AIDSpolicy@who.eop.gov). Or visit ONAP’s website at: [www.whitehouse.gov/onap](http://www.whitehouse.gov/onap)

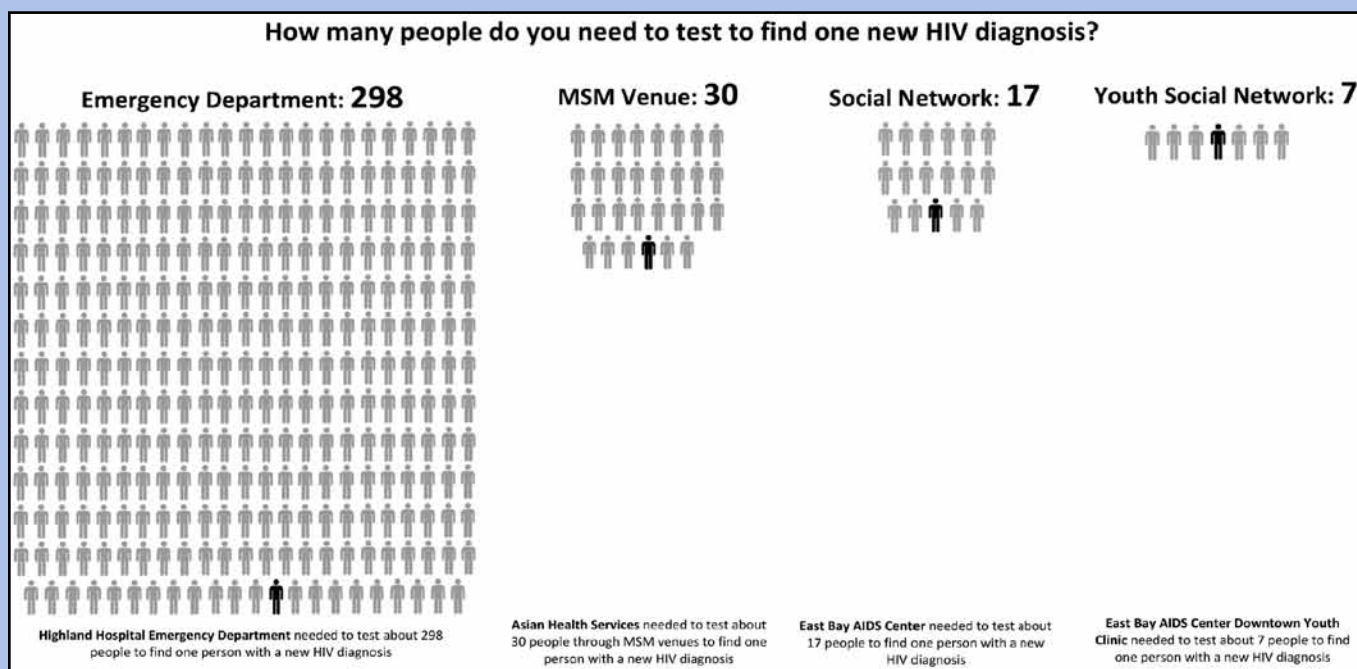


## The Power of Social Network Testing by Damon Francis and Sophy Wong

When HIV spread through southern Africa the virus traveled with truckers and sex workers along a road from Mombasa on the east coast of Kenya through multiple countries on its way to South Africa. Knowing the network of roads meant knowing where HIV might pop up next. Like networks of roads, social networks determine the paths HIV can travel from one person to the next person or one community to the next community.

Nobody knows the networks HIV uses to spread better than people living with HIV/AIDS. When they reach out to others in their own social networks to help them get tested (and get into care if they are positive), their expertise translates into more lives saved.

This picture tells the story of HIV testing in Alameda County. We need to test 298 people in the emergency room at Highland to find one person with HIV. At Downtown Youth Clinic, when people living with HIV/AIDS bring in friends and partners to get tested, we only need to test 7 people to find one new person living with HIV.



In our current climate, with tight budgets squeezing HIV prevention and care programs everywhere, social network testing does more with less by relying on our most important resource: the collective power of people living with HIV/AIDS.

For more information on how to start an HIV social network testing program, see the overview from the Centers for Disease Control:

<http://www.cdc.gov/hiv/resources/guidelines/snt/overview.htm>

and the guidelines on implementation:

<http://www.cdc.gov/hiv/resources/guidelines/snt/index.htm>

## Will Biomedical Intervention Models Dominate the Future of HIV Prevention?

In the world of HIV Prevention, much attention has been given lately to strategies known as biomedical interventions. These include Test and Treat, and Pre-Exposure Prophylaxis (PreP). Test and treat includes testing to find as many positive cases as possible then start them on treatment to reduce the community's overall viral load which would then reduce the transmission of the virus. Part of this model includes starting HIV positive individuals on medications sooner than has previously been the practice. The PreP model introduces HIV treatment to HIV high-risk negative individuals, along with other prevention messages, to reduce the transmission of disease.



While both have shown some measure of success in the effort to reduce the rates of transmission, there are some concerns and vocal opposition to these biomedical models. Many feel both of these interventions are “experimental” and have not yet been completely studied to prove the effectiveness and/or measure the negative impact of these medications on those who take them. This is especially concerning to African American, Latino and Native Americans who, through experience, are wary of medical experimentation.

Other concerns with the biomedical interventions revolve around the (at least perceived) loss of individual care and consideration of the person as a whole. Opponents note the motivation for

starting an individual on treatment is no longer about maintaining the health of the person, but the health of the community. They are asking services to “treat the person, not the virus.”

There is growing concern that these and other prevention models are still too focused on the disease model and giving messages about what people are doing wrong and putting themselves at risk. Some advocates feel prevention strategies must include acknowledging and integrating the experience of pleasure and sex as positive messages in order to fully

engage people to genuinely adopt risk-reducing behavior change.

With fewer dollars available for HIV prevention, there is a trend toward using the available funds to produce immediate measurable responses, and even medical outcomes, to prevention activities. This trend serves to move us toward the biomedical interventions and away from the Evidence Based Behavior Change Interventions (also known as DEBI's or EBI's), some of which aim to change community norms and attitudes towards testing and safer sex practices.

We are interested in hearing your opinions on HIV prevention. Please send your comments to [opinions@officeofaids.org](mailto:opinions@officeofaids.org).

## Reconnecting to Care

The Alameda County Office of AIDS Administration has a new program to locate HIV positive individuals who are lost to care, or have not yet been linked to care. The program will work directly with the client to address their barriers which keep them out of care, in hopes of reconnecting them into primary care.

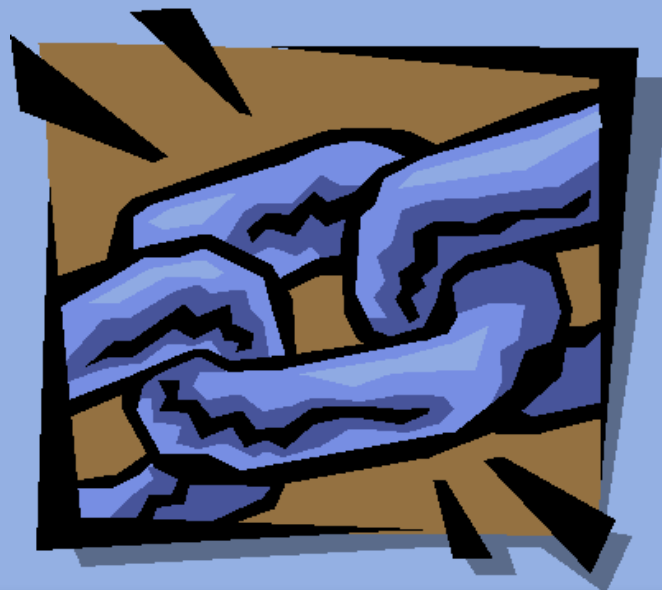
We are using two approaches for outreach to people living with HIV who have not had recent blood work or may not be getting needed medications.

The first approach is through the OAA's new Linkage Coordinator who begins reaching out to HIV providers. The Linkage Counselor develops relationships with HIV providers others who work with HIV+ individuals to elicit the referrals of clients who may have fallen out of care. The Linkage Coordinator uses any information available from the referring provider to find them and confidentially offer them individualized linkage resources. These can include finding transportation vouchers, finding a different provider and dealing with insurance barriers. The goal of the Linkage Coordinator is to identify the main barrier to care for each client and assist the client in connecting them to primary care.

The OAA's second approach is through the training and support of Peer Navigators, community members living with HIV who work within their personal spheres to educate and help other people living with HIV to reconnect to primary care. In late January of 2011, a group of six men and one transgender woman

attended a three day training that included basic information about HIV, transmission and how HIV medications work, as well as communication skills. They created their own individual approaches to locating, outreaching and educating community members and acquaintances. Sometimes this included encouraging people to get HIV testing. The goal of the Peer Navigators is to support and encourage their peers to attend at least one primary care check up.

The Peer Navigators and the Linkage Coordinator will also make presentations to community groups in order to spread the word about our program and the services available to individuals needing resources that will support them to stay in care. We will consider it a success if we can serve clients in any way, not only in medical linkage, but others such as housing resources, medical insurance, or drug and alcohol treatment programs if those are needs the client sees as having the highest priority in their lives.



## Statewide Latinos Meet in Oakland

Over thirty HIV program directors, community leaders, academic and community researchers, public and private sector partners and reproductive and sexual health experts met for two days in downtown Oakland to discuss and develop a new roadmap for addressing HIV in the Latino community statewide. The purpose of the meeting was to develop a strategic blue print plan to improve the access to education, screening and care for Latino/a individuals at risk for and infected with the Human Immunodeficiency Virus (HIV), a major health problem in California and a leading cause of death and chronic disabling diseases around the world. The meeting was organized by staff from La Clinica de la Raza, Get Screened Oakland, Latino Commission on AIDS with support from the Flowers Heritage Foundation.

“If there was ever a time when we can change the course of HIV, it is now,” said Angel Fabian, HIV Program Supervisor at La Clinica de la Raza, “we need action now before the numbers grow beyond our capacity to respond. We know how HIV is transmitted, we know who is at greatest risk for HIV infection and we have successfully developed new and home-grown interventions that we did not have a decade ago. We can apply many of the lessons learned from our community leaders throughout the state of California to significantly accelerate the progress in bringing transmission rates down and bringing newly infected men and women into care.”

Participants in the meeting were Tri-City Health Center, Alameda Office of AIDS Administration,

Downtown Youth Clinic, SalvaSIDA, Bay Area National Latino AIDS Awareness Day, Mission Neighborhood Health Center, San Francisco AIDS Foundation, AGUILAS, Center for AIDS Prevention Studies, Bienestar Human Services, Tibotec, Los Angeles Latino Task Force, Planned Parenthood LA, National Council of La Raza, National Association of State and Territory AIDS Directors, Latino Commission on AIDS, CA State Office of AIDS, and Congresswoman Barbara Lee’s office.

As a result of this meeting a clear sense of urgency necessitates holding accountable local, regional, state and federal entities for addressing HIV/AIDS in the Latino Community in California and promoting research focused on structural and homegrown interventions. A follow up meeting is scheduled for May in Los Angeles.

“We are 30 years into this epidemic and...It is time to be less polite and more aggressive about the inaction and need for immediate infusion of funding,” said Eduardo Morales, Ph.D. Distinguished Professor of psychology at Alliant International University as well as founder and executive director of AGUILAS, an HIV prevention program for Latino gay/bisexual men in San Francisco. “I don’t think coming across as patient and reasonable is a good approach. This has not worked. We must create a strategic plan and road map that firmly addresses the true scope of the problem in our community statewide.”



PLWHA Highlight on

## Ramon Eli

**B**orn in Lynwood, Ca and raised in Long Beach, Ca., Ramon was diagnosed with HIV+ in 2008. As expected, he was devastated when he got the news. He immediately sought out medical care and a support group that helped him cope with the issues he had to face being HIV positive.

Ramon has lived in a few major US cities over the years including Atlanta and DC, and has some very marketable skills acquired while working in restaurant management, the banking industry and in collections and account management. He reupholsters furniture and does home decorating as a hobby, and would like to go back to school to learn medical billing and to learn Spanish. He developed an interest in peer advocacy after deciding to disclose his HIV status to his immediate family and close friends. In fact, he was recently accepted into the AIDS Alliance Peer Advocacy (ASCEND) Leadership training program, scheduled for the end of March in San Diego.

He was one of seven individuals that participated in an Office of AIDS Administration peer training pilot project in February. This project provided training in HIV101 and communication skills so that they could connect out-of-care individuals to care. Ramon took the initiative to hold an HIV awareness event at his apartment complex community room. He solicited the help of



others to provide an educational talk, showed a DVD about HIV care and disclosure, offered FREE HIV testing after the event, and provided safe sex supplies to an audience of about 25. Wow!! Among all his other skills he is also a great event planner!

Ramon advises anyone that is living with HIV/AIDS to learn as much as they can about the disease, and to network with friends and others who have gone through it. One recommendation he has for our current system of care is to offer support groups for family members of those living with HIV/AIDS. He feels that those affected are hit just as hard as those infected, especially those that have experienced the loss of a loved one due to AIDS.

Ramon's quote: "I have faced my fears of changes, by embarking on a new journey which we call The Cycle of Life !! God has given me a new pair of shoes on this go around to be the best that I can be. That is all we can do!"



### The new 2011 HIV Positive Resources Pocket Guide is now available.

The OAA produces the Pocket Guide for clients as a handy single sheet, printed on both sides, with more than 70 programs listed in 18 service categories.

Contact the OAA Front Desk @ 268-7630 to obtain copies of the Pocket Guide for your clients. It is also available on-line at

[www.officeofaids.org](http://www.officeofaids.org)

## **From Waverly Street to Fremont** **By Ron Chavez, Co-Founder, Grupo Fremont VIP**

**G**rowing up on Waverly Street on the west side of Tucson, being with family, going to my grandparents house up the street, and eating delicious Mexican chorizo was my beginning. Being the second born of five children and seeing my dad work two or three jobs to maintain the household gave me my strong work ethic. My mom stayed home and gave us tons of nurturing and a strong spiritual belief. My maternal grandfather would call me “Gordo” or “Fats” in a loving way as I was a chunky kid.

As I look back on my life, I can see now that things happen for a reason. Being diagnosed with HIV in the summer of 1987 happened for a reason. After years of denial, shame, anger, disappointment and negativity I finally came to the realization to accept my journey.

I disclosed to my Family in 1995 about my HIV status. Those were the most difficult days in my life. At that point, my family had a good idea that I was gay, but we had never talked about it until later that year. Being honest with myself, my family and others was a positive turning point in my life.

In 2004 my dear mom passed away suddenly from a stroke. She accepted me totally until the end. My dad is 93 and I visit him often in Tucson. He is also there for me daily by telephone. My three brothers and my only sister have also supported me 100% as have many relatives and friends.

After working for the County of Alameda for ten years as assistant public guardian and social worker. I left in 1987 to work in Sacramento for the State of California where I worked as a licensing program analyst and substance abuse program analyst. I retired in 1995 and returned to Fremont.

In the year 2000 I met Antonio and our friendship grew. He is happy and his outgoing personality always makes me feel good. His jokes and his lively way helped me not think of being HIV positive 24/7. Antonio believes in enjoying each day and not worrying. His philosophy of enjoying the “NOW” helped me move forward!

After much thought and advice, Antonio and I formed a small committee in January 2003 to explore the idea of beginning a support group for Spanish-Speaking persons living with HIV/AIDS. In February 2003 we held our first group meeting in my home and this was the beginning of “Grupo Fremont VIP”.

We are grateful to the many clients, committed providers, sponsors and others who have helped us continue our work. The collaboration, support and love of many have given us the strength and hope to go forward. I believe together we can end the AIDS epidemic.



### **Grupo Fremont VIP**

Provider for Spanish Speaking persons with  
HIV/AIDS

Intake interview required prior to attending  
group meetings

Support Groups, Educational Forums, Peer  
Counseling, Peer Advocacy,  
Information & Referral, Retreats, Social  
Activities and Prevention Events

Contact:  
Antonio Osuna 510/943-2557 or  
Ron Chavez 510/593-1045  
ron94538@yahoo.com



## Black AIDS Awareness Day Event



The Office of AIDS Administration hosted its 5th Annual Black HIV/AIDS Awareness Day on Saturday, February 12th with a flash back Old Skool 70s party held at Dorsey's Locker in Oakland. Some attendees wore their 70s outfits and enjoyed the DJ's mix of retro sounds and the Blacksploitation films playing on the television monitors.

Comedian Shang Forbes kept the party jumping with Name That Tune and a costume contest, with the grand prize being an Apple iPod Shuffle with wireless headphones. The party was complete with a Soul Train Scramble board and

a lucky couple took home the Good Vibrations gift bag after unscrambling M-A-S-T-U-R-B-A-T-I-O-N.

CAL-PEP provided HIV testing and gave away free drink tokens to the first 20 people tested. Get Screened Oakland provided their support along with a host of donations from Miss Jessie's Hair Care, Black Enterprise Magazine, Good Vibrations, Marcus Books, KISS 98.1 FM, and POZ Magazine.

This step back into the past was created to bring awareness to African Americans 35 and older who seem to be missing HIV/AIDS messages, but who nonetheless share the risk of contracting HIV/AIDS. As Oakland is still in a state of emergency, efforts like these seek to educate more people on how to reduce their HIV/AIDS risk. This was the fourth year that the Black HIV/AIDS Awareness Day event was held at Dorsey's Locker. Adding the theme "Remembering the Good Times before HIV/AIDS" helped to generate a new crowd and new ears to the event, HIV testing and awareness.

## Women and Girls HIV/AIDS Awareness Day Event

On Thursday, March 10, 2011, OAA and AIDS Healthcare Foundation hosted an event for National Women and Girls HIV/AIDS Awareness Day at Z Café in Oakland. The theme of this event was to begin conversations about the link between HIV transmission and sexual abuse and incest.

Filmmaker and AIDS activist Dedoceo Habi created a video highlighting the sexual abuse/incest issue and how we, as a community, can come together to put an end to this horrible truth. The video is posted on YouTube and can be viewed at <http://www.youtube.com/watch?v=R6DJPJ3IIm4>.



Dr. Derethia DuVal facilitated a healing discussion with event participants relative to sexual abuse/incest and how they can use their power to heal and not be victims for life. We successfully reached 40 women several of whom agreed to be interviewed to provide feedback about their experience and the impact the event had upon them. Special thanks to Cal-PEP for providing HIV Testing services, WORLD, CAPS for providing useful resources, Crystal Felder for volunteering, and Office of Women's Health for fiscal support.



# Pangaea

Global AIDS Foundation

The Pangaea Global AIDS Foundation has relocated its international headquarters to 472 Ninth Street in downtown Oakland. Since its creation in 2001, Pangaea has become a leading global non-profit technical cooperation agency dedicated to improving the health and well-being of people around the world most affected by HIV – particularly girls and women, men who have sex with men, and injection drug users.

Pangaea currently supports country-led programs in China, Zimbabwe and Tanzania and is also leading international efforts to bring affordable gold-standard new HIV treatments to the poorest around the world. Closer to home, Pangaea will be working with Oakland's HIV

programs in the coming months to support the city improve access to HIV testing and care. We have been awarded a research project from the National Institutes of Health, Office of AIDS Research to explore reasons for late testing and delayed entry into care – a major challenge for the community.

Pangaea works in partnership with a range of organizations, including the Bill and Melinda Gates Foundation, the U.S. Government, the United Nations, and many local Bay Area corporations and individuals. For more information about Pangaea visit [www.pgaf.org](http://www.pgaf.org).



## OAA News Briefs

- Ryan White Part A Year-End Reports are due by Friday, April 8, 2011.
- RFP for Prevention and Testing is expected to be released in April, 2011.
- RFP for Ryan White Part B Ambulatory Care and Medical Case Management is expected to be released in April 2011.
- Deadline for Prevention budget revisions is Friday, April 29, 2011.
- The March Planning Council meeting is scheduled for Wednesday, March 23, 2011 at 1000 Broadway, Suite 5000A Oakland California. For more information on the CCPC, visit [www.HIVCCPC.org](http://www.HIVCCPC.org).

## 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](mailto:Lorenzo.Hinojosa@acgov.org)

For a subscription to the OAA Quarterly Newsletter, please send email to [Lorenzo.Hinojosa@acgov.org](mailto:Lorenzo.Hinojosa@acgov.org)



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