

OAA News

June 2011

September 2011

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Prescriptions re: Late HIV Diagnosis in Oakland's African American & Latino Neighborhoods

By Kabir Hypolite

Director, Office of AIDS Administration

This summer Pangea Global AIDS Foundation launched the first two events of a research study to learn why Latino and African Americans test late for HIV in Oakland and to find solutions to this problem that could have an impact on late testing in other health jurisdictions. Funded by the National Institutes of Health, Pangea leads a collaboration of community based researchers including the Alameda County PHD - Office of AIDS Administration, U.C. Berkeley's School of Public Health, La Clinica and CAL-PEP.

Why focus on late HIV testing? Because individuals who test late remain out of care longer and suffer poor health outcomes. They are also more infectious to their intimate partners than treatment adherent HIV+ individuals. Therefore, if public health workers can successfully identify, link, and retain infected individuals in care sooner we can significantly improve individual health outcomes and reduce the spread of HIV virus in our communities – even in the absence of an HIV vaccine or cure.

At the National HIV Prevention Conference in Atlanta last month, both Black AIDS Institute Executive Director Phil Wilson and NMAC Executive Director Paul Kawata declared that the means to end the AIDS epidemic are within our grasp. They noted that not since the introduction of protease inhibitors has there been such a sense of possibility that health authorities can stem the rising tide of HIV infections. Yet, the vision of an end to AIDS is contingent upon many factors: healthcare funding levels, expanded HIV testing especially in high risk populations, effective client linkage to and retention in quality HIV treatment, improved client HIV treatment adherence, widespread adoption of prevention-with-positive interventions, implementation of pre- and post-exposure prophylaxis strategies, expanded syringe exchange programs, access to condoms in incarceration facilities, decriminalization of HIV policies etc...

In two community forums 40 Latinos at La Estrellita Restaurant and 70 African American longtime neighborhood residents at North Oakland Missionary Baptist Church Pangea's inquiry focused on why members of the Latino and African American community test late for HIV in Oakland. Almost immediately the psycho-socio-political-economic obstacles – otherwise known as fear, stigma, ignorance, and poverty leapt to the forefront of the discussion.

Both African American's and Latinos test late for HIV infection (Asians and whites do

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too). In both communities issues of poverty, substance abuse, stigma, and homophobia hold sway. Yet, while Pangea's research is far from over, some overlapping concerns and some startlingly different themes and emphasis also emerged from the two groups' commentary. In the Latino discussion machismo, poverty, lack of insurance, lack of awareness of resources, suspicion of government, and homophobia emerged. In the African American discussion homophobia, fear of breached confidentiality, anger, exploitation and mutual distrust, and a lack of regard for fellow community members emerged as dominate themes.

Restoration of public health funding is a key element to slaying these demons in Oakland. But in the current starved fiscal environment the "non-economic values" as Cornel West calls them – commitment, mutual respect, caring, and love – become even more critical elements of potential solutions. When layers of discrimination and internalized oppression are peeled back it

becomes clear that funding worthy programs must be combined with self-worth and respect in order to eliminate ignorance, dissipate alienation, alleviate fear, and redress stigma.

During the Black Pride and Black Power movements of the Civil Rights era African Americans experienced a renaissance of self-worth and empowerment. Cesar Chavez lead El Moviemieto that gave rise to an assertive Latino migrant workers voice in America that expanded far beyond America's farmlands. Such movements unleash resources, encourage programs and change policies. But even more fundamentally, they foster pride and hope in society's most oppressed members. The Gay Rights movement and resulting policy changes like marriage equality and programs like Ryan White are more recent examples of the fruits of social struggles. The spirit of these movements informs the current demands for social justice for people living with HIV/AIDS and must expand to include those at high risk for HIV transmission and those who do not know their HIV status.

WORLD Celebrates 20th Anniversary

By Naina Khanna

Women Organized to Respond to Life-threatening Diseases (WORLD) has been serving women living with HIV since 1991. Based in Oakland, WORLD provides peer-based emotional and practical support to HIV-positive women, including transgender women, of all ages.

Programs offered include: individual client support services, weekly support groups (Tuesday evening and Wednesday afternoon), mental health services, client retreats, and peer support specialized for pregnant and parenting clients as well as monolingual Spanish-speaking clients. "I am passionate about my work because I understand what a woman is going through," says Sharon Gambles, a WORLD peer advocate diagnosed in 1989.

WORLD also trains women living with and affected by HIV to understand public policy and to advocate on issues that affect their lives. "Our policy priority is to ensure that there are adequate resources and compassionate services to secure high-quality care for HIV-positive women and their loved ones," says Cynthia Carey-Grant, WORLD's Executive Director.



In addition, WORLD has a leadership role in next year's International AIDS Conference (AIDS 2012) in Washington, DC. The U.S. Positive Women's Network, a project of WORLD, is one of two U.S.-based community partner organizations. WORLD will host monthly AIDS 2012 planning meetings starting in September.

This year marks WORLD's 20th anniversary and there will be a number of upcoming events starting this fall to commemorate the organization's commitment to positive women's health and leadership. For details, please visit www.womenhiv.org or call 510-986-0340. Please note: WORLD recently moved to 449 15th Street in downtown Oakland.

Culture, sexual-risk and Latino gay men: A story of risk and resiliency

By: Gabriel R. Galindo, DrPH

As we enter into the fourth decade of the HIV/ AIDS epidemic in the United States public health professionals are still left without an evidence-based intervention specific to the needs of Latino gay and bisexual men. Challenges in creating prevention programs for Latino gay men lie in looking at sexual-risk from individual and socio-cultural levels while also considering social discrimination outcomes, which have all been linked to HIV-transmission. Designing programs, therefore, is complex and must include systems that not only connect behaviors to risk, but also celebrate cultural norms that effect one's identity development and the meaning that Latino gay men link to Latino community and gay community. In short, to create culturally relevant programs many factors that influence sexual-risk need to be considered.

The aim of the UCSF-CAPS Latino Men's Study was to use qualitative interviews to identify and describe the way in which these factors impact HIV-transmission. Recruiting men from all over the Bay Area, 36 interviews, lasting about two hours each, were conducted with Latino gay men. Interviews asked questions about sex, drugs, growing up, relationships, alcohol, religion, and cultural values.

From stories of men in this study, we found that Latino gay men shift learned cultural values (from both Latino and gay community) from one environment to another, depending on the context of a given situation – whether it be at a quinceanera, bar or bath house. The consequence of this cultural script shifting contributes to influences of sexual-risk, including: low self-esteem, loneliness,

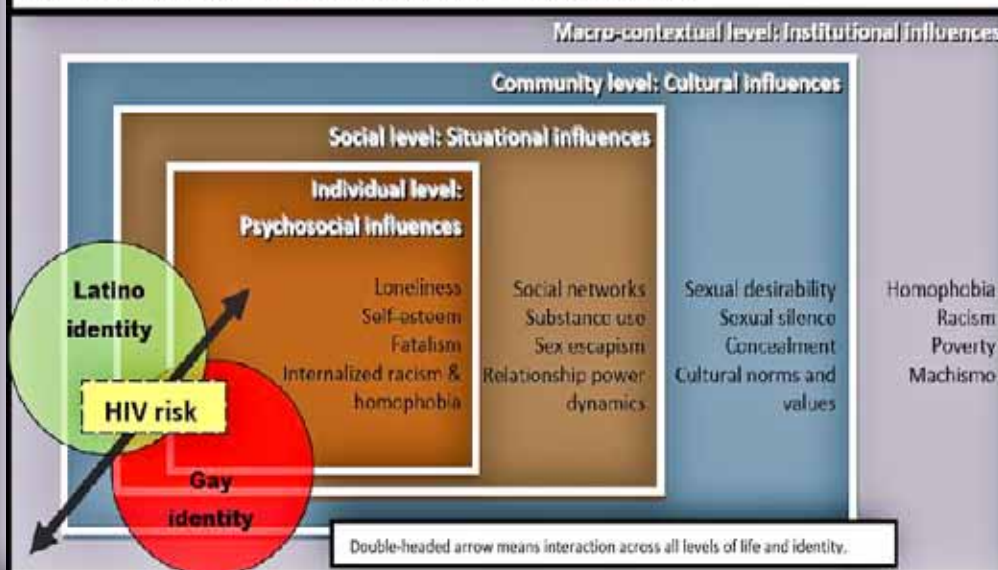
internalized oppression, skewed views of sexual desirability, imbalances in relationship power dynamics, tensions within social networks, and conflict between beliefs associated with Latino and gay cultures. Stressors noted in this study, such as the objectification of Latino men in the gay community, alcohol and substance use, HIV-related stigma, domestic violence, sexual abuse, and religiosity, can also increase sexual-risk through macro-contextual, community, social and individual levels of life (as shown in the picture below). Public health officials and social service agencies can use this information to create programs and interventions that reduce current, and prevent future, HIV health disparities among Latino gay men.

For example, interventions that tackle low levels of body-image and sexual desirability as a result of objectification of Latino men on a community-level will benefit a person's self-esteem on an individual-level. Or, building community networks on a social-level by reducing HIV- stigma, will increase levels of self-esteem and decrease loneliness on an individual-level. Future work with Latino gay men should use this understanding to look at influences of culture and sexual-risk across different levels of a person's life.

Currently HIV funding is shifting towards biomedical approaches in prevention and treatment. In this era of beefed up "test and treat" efforts, advanced HIV combination therapy, pre-exposure prophylaxis (PrEP), and the "medicalization" of HIV prevention services, now — more than ever— it is critical to fully describe

sexual risk and resiliency factors of Latino gay and bisexual men in order to develop culturally relevant interventions that improve our health and well-being. This study is but one small step in accomplishing that goal.

Model of Sexual-risk based on a Dynamic Ecological Framework



In this picture circles of identity are the result of learned behaviors and beliefs associated with Latino and gay cultures. When these identities collide, sexual-risk goes up. When these identities complement each other, sexual-resiliency emerges – it all depends on the environment (level) that the person is in.

BIG news for the Downtown Youth Clinic!

by Yamini Bhatnagar

Through its innovative work with youth and HIV, the Downtown Youth Clinic (DYC) has contributed substantially to the improvement of Bay Area public health and raised the bar for youth-specific health care, HIV care and prevention, and innovative leadership nationally.

The DYC has received three great honors recently. We have been awarded the 'Sylvester Flowers Innovative Leadership Award in Public Health.' We were commended for the following aspects of our program: "DYC has positioned itself as a broader clinic, offering testing and treatment of sexually transmitted diseases; it has created a welcoming environment by establishing a youth-specific waiting room; it has eliminated insurance requirements; it has streamlined communication systems by making peer advocates serve as the primary points of contact for clients; and it has empowered youth by giving clients control of their disease management."

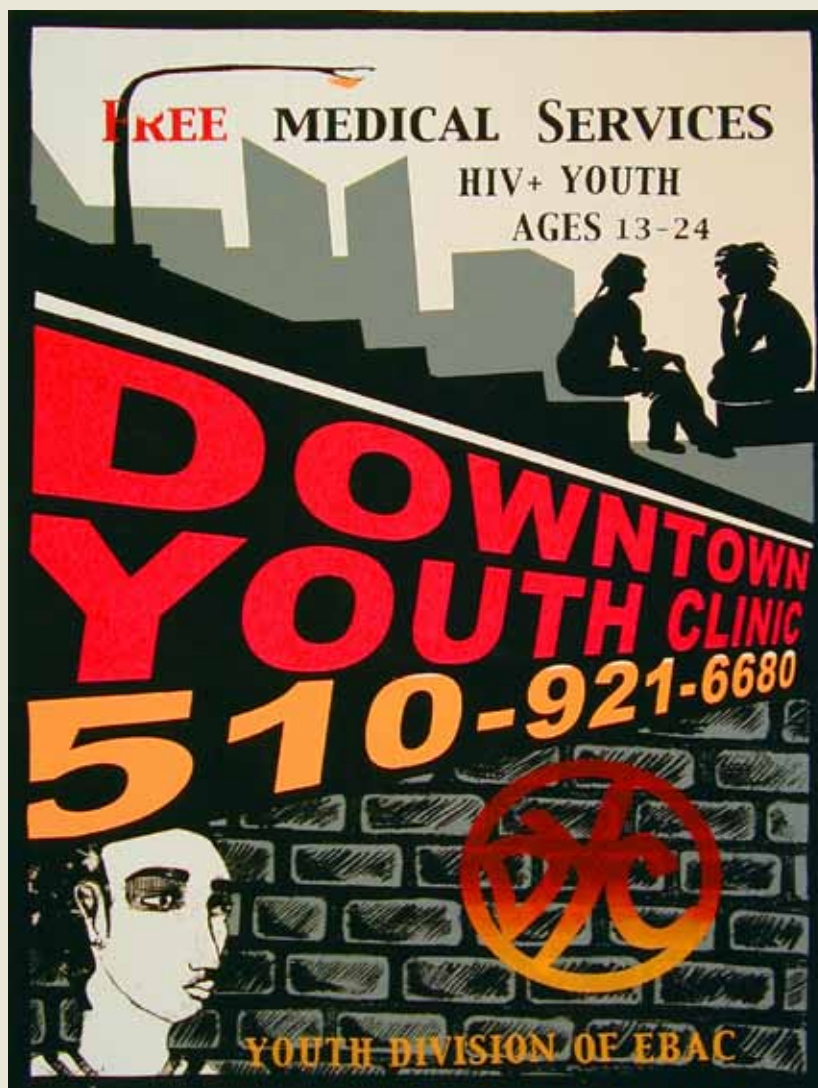
We were selected to present on our Social Network Testing program at the 2011 National HIV Prevention Conference. This year's conference was held in Atlanta from August 14th to August 17th. Some of the findings we shared included: (i) DYC's social network HIV testing program led to a much higher percentage of newly diagnosed people compared to other types of testing. (ii) The large proportion of newly diagnosed people suggests there is a large number of HIV-positive youth unaware of their status in our community. (iii) All patients who tested

positive were African American or Latino, a sign that social network testing could potentially help reduce HIV-related ethnic disparities.

Additionally, the DYC has been chosen to present an abstract titled "What's all the HYPE about?- Integrating HIV+ Youth Peer Educators & Innovative Technologies into HIV Prevention Work" at the 2011 United States Conference on AIDS. USCA will take place in Chicago, in November. This workshop will cover the following themes: i) strategies to increase HIV+ youth's acceptance of their diagnosis and motivate them towards action & advocacy through an HIV+ youth specific model of psychosocial support activities; ii) develop techniques to enhance professional, computer literacy and public speaking skills of HIV+ youth; iii) how to guide HIV+ youth in crafting blog entries that

engage readers while providing themselves the space to explore and express their personal perspectives on or related to living with HIV; iv) how to negotiate and utilize personal social networks and social network technology (Facebook, Twitter & YouTube) to enhance prevention programs; v) how to develop a text messaging intervention to engage youth in HIV prevention.

The East Bay AIDS Center's Downtown Youth Clinic will continue to look for opportunities to share information from our experience working with youth around treatment, prevention and testing issues.



Expanded Testing in Alameda County

by Lorenzo Hinojosa

The Alameda County Office of AIDS Administration has awarded just under one million dollars to screen over 100,000 residents for HIV in medical settings within the county. This funding previously funded HIV screenings at Highland Hospital and Summit Hospital Emergency Rooms. For the 2011-2013 funding, the Centers for Disease Control and Prevention (CDC) expanded the target populations to include Latinos and MSMs in addition to the original target of African Americans.

Due to delays in funding and changes in the program, the previous partners were unable to participate in the current collaboration. Fortunately, the county was able to partner with several agencies to create opportunities for Alameda County residents to be screened for HIV.

We are very glad to be partnering with Corizon Health to screen inmates at Santa Rita Jail and Glen Dyer Detention Facility. This is the first time we have been able to bring testing to this extent at the county jail system. Corizon was previously known as Prison Health Services before their recent merge.

Another new partner in this collaboration will be Planned Parenthood Marmonte. As some of you may know, the area's previous Planned Parenthood franchise, Golden Gate, has been out of business for the past several years. Planned Parenthood Marmonte is in the process of expanding services in the area. They currently have clinics in Newark and Hayward and will soon be opening clinics in Oakland in the Fruitvale and West Oakland areas.



The program will also provide screenings at four area methadone clinics through Casa Segura/HEPPAC, another of our partners. HEPPAC will be coordinating the screenings at the four clinics and provide capacity assistance to enable each clinic to maintain the testing on their own by the second year.

Our final testing partner will be La Clinica de la Raza, who will provide screening at two of their family planning clinics as well as three school based clinics in the county.

We are also excited to have the East Bay AIDS Education and Training Center as our collaborator to assist all of the partners with building testing capacity as well as data collection and management. The agency has an existing relationship with Corizon that we feel will provide essential assistance in the development of the testing program.

An important factor in the development of these testing programs is their ability to continue after the two and a half year funding ends. Towards this end, this testing will be performed with existing staff. The funding will not pay for staff to perform the testing. Also, each agency must be able to perform third party billing for as many of these testing services as possible. This will mean charging insurance and Medi-Cal whenever possible.

By the end of the contract, we hope to have tested well over 100,000 local residents who may not otherwise have known their HIV status. In future newsletter articles, we will provide a more in depth look at each of the testing partners involved and update the status of the program.

Cal-PEP Hiring HIV + Peer Advocates



Desired skills:

- Knowledge of basic HIV/AIDS information
- Open to working with people of color; demonstrate sensitivity towards women, gay men, lesbians, transgender and the homeless population
- Knowledge of general office practices and procedures
- Knowledge of written communications formats
- Ability to maintain confidentiality
- Willing to openly disclose HIV status

Duties:

- Provide youth advocacy
- Conduct street outreach
- Participate on HIV positive panels
- Co-facilitate HIV/STD educational workshops at alternative school sites, Juvenile Justice Center, group homes and other youth organizations
- Able to blog and post to forum's on the HYPECHAT website
- Attend meetings and trainings as assigned
- Performs other duties as assigned by management

For more information, contact Lania Watkins at 874-7850, ext. 212 or Lisa Ryan at ext. 211

Have We Forgotten About the Seriousness of HIV?

by Duran Rutledge



In the U.S., anyone 30 years of age or younger has grown up during a time in which HIV has always been a part of the backdrop of their lives and yet 13-29 year olds make up 23% of all new HIV infections occurring annually in the U.S.

Those of us who were around during the 1970s (the 40 plus group) can remember a time when HIV wasn't a part of the fabric of the world as we now know it. Then came the 1980s and like a tsunami HIV thrust itself into the consciousness of the world with such force that it was impossible to escape the flood of media cover as well as the reoccurring loss of loved ones and friends dying from the disease at a heart and soul numbing pace. There was such a heightened and frenzied fear

“...that blind spot that keeps us believing that HIV only happens to someone else and not to us...”

and ignorance surrounding around HIV in its earlier days that people sought refuge in the belief that HIV was only a “white gay man's disease” that less attention was paid to those other (black, brown, yellow or red) men and women who weren't white gay men but were also becoming infected.

In the 1990s, HIV was no longer the lead story bombarding the nightly news. The 90s would also be a time when effective antiviral HIV medications would be introduced and the tidal wave of HIV related deaths would start to shift and more people began living with the virus than dying from it.

Flash forward to 2011 and we are stunned if someone doesn't

have a cell phone or a Facebook account and yet we aren't stunned that there are people who still believe that HIV can be transmitted by sitting on the same toilet seat as someone who is infected or from drinking from the same cup.

Somehow after 30 years the topic of HIV still remains for many an awkward and uncomfortable subject which may prevent many of us from having an open and frank discussion around HIV, with ourselves, those under and over 30 that could help to educate and prevent the tide of new HIV infections from occurring annually.

Somehow being able to turn one's head just far enough past our peripheral vision to that blind spot that keeps us believing that HIV only happens to someone else and not to us helps keep HIV alive and thriving in our communities. According to the CDC, at some point in their lifetimes, 1 in 16 African American men will be diagnosed with HIV infection, as will 1 in 30 African American women. Latinos represent 15% of the US population and an estimated 17% of new infections annually. Men who have sex with men (gay, bisexual, non-gay identified) account for more 53% of all new HIV infections in the US each year, as well as nearly half (48%) of people living with HIV.

And, while more people each year in the U.S. are living with HIV, than dying from it, there is still an estimated 56,000 new infections occur annually.

So, once again have we forgotten the serious of HIV? Tell us what you think. Leave us a message on our Facebook page and let us know what you think.

Visit our Facebook page at: <http://sn.im/za36g>

Edward Johnson

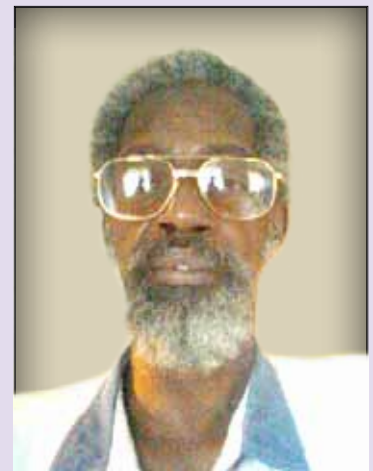
by Pamela Casey

Besides being a member of the Community Collaborative Planning Council and two of its committees, Edward C Johnson is a big brother and an uncle of several nieces and nephews. He is also a father of two daughters, one who graduated from San Jose State and the other from Howard University.

He grew up in the rough streets of New York City. With all that was going on around him, he developed an interest in photography at the age of 13. Later, he began working as a mechanic in a steam plant.

He moved to California in 1977, and lived for 18 years in East Palo Alto. He eventually worked his way up to a power plant operator at Stanford University. He further developed his interest in photography capturing shots of landscapes and people up and down the California coast. His favorite places are Monterrey, L.A. and San Diego.

Being positive for over 20 years, Edward says that HIV/AIDS is not the death sentence that it used to be. He believes that there is no excuse for anyone to throw their life away or to waste away. He encourages people to keep on living; to work, get in school, and to "better yourself". He wants to study photography, which he says brings some sanity to his life. His goal is to get back in the work force and maybe get into some aspect of that business. The OAA appreciates Edward for all the time he has served on the Planning Council.



Asian Health Services

STRIKE A POSE

Cora Wen

Patty Hirota-Cohen

Toni Mar

Yoko Yoshikawa

Donna Fong

Miko Armon

Anthony Williams

Ken Todoki

YOGATHON 2011

A benefit for Asian Health Services HIV/AIDS Prevention & Awareness.

Join us on **Saturday, October 8th** Everyone is welcome!

Tel: 810.986.6830 x371 Email: testing@ahscho.org

The poster has a white background with a colorful, torn-edge border in shades of purple, green, and red. In the center is a black silhouette of a person in a yoga pose (Cobra pose). Surrounding this central figure are eight small, square portrait photos of diverse individuals, each with their name written next to it. The text is arranged around the central image, with the title 'STRIKE A POSE' at the top and 'YOGATHON 2011' at the bottom. At the very bottom, there is information about the event's purpose, date, and contact details.

Better treatments and health outcomes are leading many to consider returning to the workforce or school for themselves or their clients.



WORKING POSITIVE:

A Discussion of Back to Work and/or School Issues

Topics include

- **Affect on benefits such as Social Security and Disability**
- **Stigma and Discrimination Issues**
- **Health Related Issues**
- **Logistics**

Presenters include:

- **Positive Resources**
- **East Bay Community Law Center**
- **California Department of Rehabilitation**
- **Merritt College**



Thursday, November 10, 2011

9 am to 4 pm

California Endowment – Lake Merritt Room

1111 Broadway, 7th Floor

Oakland, California

Continental Breakfast and lunch provided

RSVP **required** no later than
November 7, 2011

Office of AIDS Administration
(510) 268-7630



OAA News Briefs

- Part A Mid-Year Reports are due by October 5, 2011 12 noon.
- Part B First Quarter Reports are due by October 28, 2011.
- OAA Community Service Awards and World AIDS Day Celebration on December 1, 2011.
- Deadline for Part A budget adjustments is December 31, 2011.
- Careware Consent Form Training September 28, 2011 at OAA.
- Anyone interested in becoming a member of the Community Collaborative Planning Council should contact Patricia Sweetwine at Patricia.Sweetwine@comcast.net or visit www.hivccpc.org.

Why the Free Bird Flies Away

Never a soul ever told why a bird flies away,
When the cage door unlocks and opens wide
That had confined its songs and fettered its soul inside.
Though our beloved Dunbar explained why the caged bird sings,
He never told us why, once freed, it strains its fallow wings -
Lifted by the hope its freedom brings and flies without delay.
Away from the stifle it leaves behind, soars where ever it may.

No more prayers that the next day of light - hurry - to appear.
That the sun seeming to set too slowly might - speedily - reappear.
No more the blight of lowness that infested its spirit each day,
While each day of its songs that lowness prolongs it did curse away.

The poet never told us why the freed bird trembles like you - like me.
As it hopes to have found a place abound
On a branch so high of the tallest Baobab Tree.
He never told us why the freed bird
Soars up high, heaven bound -
Ahhh! Just to do, just to feel and to affirm that it is truly free.
He never told us why the caged bird,
Once freed, simply flies away.
Of this, then, there was no word.
Only that it beats its wings against the cage
And that it sings to vent its rage.
But now we know, that the caged bird
Although it sings, once freed, must fly away!

James Lee Brooks, III Painter/Poet/Muralist
based in Atlanta Georgia

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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