HIV/AIDS and African American Women:

A Consultation Supporting CDC's Heightened National Response to the HIV/AIDS Crisis among African Americans

Meeting Report

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of HIV/AIDS Prevention
2007

About This Report

This report summarizes a consultation which focused on HIV/AIDS among African American women. The consultation held June 20–21, 2007, in Atlanta, Georgia, was organized by the Prevention Partnership Office within the Division of HIV/AIDS Prevention at the Centers for Disease Control and Prevention. This report is available at http://www.cdc.gov/hiv/topics/aa. Members of the public and stakeholders are invited to read the document and submit their views via hnr@cdc.gov. The public's feedback on the suggestions presented in this report will be useful in formulating new strategies to address the HIV/AIDS crisis affecting African American women.

Suggested Citation

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Executive Summary

Women of color are especially affected by HIV infection and AIDS. African American women make up only 12% of the female population in the United States, yet they account for 66% of new HIV infections. In 2004, HIV infection was the leading cause of death for African American women aged 25–34 years and the third leading cause of death for African American women aged 35–44 years. In 2005, the rate of AIDS diagnoses for African American women was 20 times the rate for White women. HIV/AIDS-related conditions are now the leading cause of death for African American women aged 25-34 years. The reasons for increased AIDS incidence and deaths among African American women are complex.

To develop comprehensive strategies to reach African American women most in need, the Centers for Disease Control and Prevention's Division of HIV/AIDS Prevention held a meeting in June 2007 titled *HIV/AIDS and African American Women: A Consultation Supporting CDC's Heightened National Response to the HIV/AIDS Crisis Among African Americans.* This consultation was guided by four main areas of focus: 1) expanding the reach for prevention services, 2) increasing opportunities for diagnosing and treating HIV, 3) developing new, effective prevention interventions, and 4) mobilizing broader community action. These areas had been identified earlier in the CDC action plan titled *A Heightened National Response to the HIV/AIDS Crisis among African Americans*.

The consultation gave participants the opportunity to share their collective knowledge and skills and generate suggestions for HIV prevention strategies for underserved African American women most affected by HIV/AIDS. Meeting participants identified a number of cross-cutting issues in African American women's lives that places these women at risk for HIV; the participants questioned what can be done to give young African American women the skills they need to reduce risk; and participants provided suggestions on how public health agencies and a range of community-based and stakeholder organizations could assess and manage the HIV/AIDS crisis among African American women.

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Background

New HIV infections and HIV/AIDS-related deaths disproportionately affect African American women (1, 2), despite advances in HIV treatment and declines in HIV infections among other risk groups. Women of color are especially affected by HIV infection and AIDS. African American women make up only 12% of the female population in the United States, yet they account for 66% of new HIV infections (6). In 2004, HIV infection was 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 (3). In 2005, the rate of AIDS diagnoses for African American women was 20 times the rate for White women (6). HIV/AIDS-related conditions are now the leading cause of death for African American women aged 25-34 years (7).

Recent CDC data show that the main risk factors for most HIV/AIDS diagnoses among African Americans females are high-risk heterosexual contact (80%) followed by injection drug use (18%); and as with all racial and ethnic groups, African Americans at higher risk for HIV are those who are unaware of their partner's risk factors, have other sexually transmitted diseases (STDs), and have unprotected anal and vaginal intercourse (6, 8). Injection drug use is a risk factor for African American women, but it is less of a risk factor for them than for White and Hispanic women. In 2004, an estimated 17% of African American women with AIDS reported that they used injection drugs compared with 31% of White women with AIDS and 21% of Hispanic women with AIDS (9).

The reasons for increased AIDS incidence and deaths among African American women are complex (1, 10). Among the reasons for increased incidence are: There are disproportionately high HIV infection rates among African American women, large numbers of African American women at risk for AIDS, and African American women might benefit less from antiretroviral therapy than other groups because they have greater difficulties with access to care and adherence to treatment than other women (1, 2, 11, 12).

Race and ethnicity, alone, are not risk factors for HIV infection. Poverty and other social and structural influences are associated with higher HIV/AIDS incidence among African Americans (13). African American women at high risk for HIV often sustain the brunt of racism, discrimination, poverty, and sexual abuse. These social determinants may be influencing factors which can contribute to their decreased ability to protect themselves against this devastating disease.

These compelling data demonstrate the need to convene diverse stakeholders in order to discuss, identify, and develop comprehensive strategies to reach African American women most in need.

In March 2007, CDC's Division of HIV/AIDS Prevention announced an action plan to respond to the major health crisis of HIV/AIDS among African Americans. This action plan, titled *A Heightened National Response to the HIV/AIDS Crisis among African Americans*, focuses on four

main areas: 1) expanding the reach for prevention services, 2) increasing opportunities for diagnosing and treating HIV, 3) developing new, effective prevention interventions, and 4) mobilizing broader community action (14). The HIV/AIDS and African American Women Consultation convened by the CDC and held in Atlanta, Georgia on June 20-21, 2007, was guided by these four main areas. The consultation gave participants the opportunity to share their collective knowledge and skills. Participants included stakeholders from academia, state and local health departments, community-based service providers, and others with expertise regarding African American women's historic, cultural, economic and health issues and in serving African American women (for a list of participants, see Appendix A). Most importantly, the consultation generated ideas and thoughts for prevention strategies to better meet the needs of underserved African American women affected by HIV/AIDS.

Meeting Goals and Objectives

The overarching goals of the consultation were to identify possible HIV prevention strategies for underserved African American women most affected by HIV/AIDS and to develop strategies aligned with the *Heightened National Response* action strategies that would address the HIV/AIDS crisis among African American women. To achieve those goals, participants aimed to meet the stated objectives within each of the following four focus areas outlined in the CDC action plan:

Focus Area 1. Expanding the reach for prevention services
Objective: To identify strategies to expand prevention services for African American women at risk for HIV/AIDS.

Focus Area 2. Increasing opportunities for diagnosing and treating HIV
Objective: To increase African American women's knowledge of HIV status and linkages to treatment.

Focus Area 3. Developing new, effective prevention interventions
Objective: To increase research on effective ways to reduce risk behaviors that lead to HIV infection in African American women.

Focus Area 4. Mobilizing broader community action
Objective: To increase community action for greater awareness, communication, and HIV testing for African American women.

Process

Individuals were invited to participate in the consultation after they had been identified and recommended by stakeholder groups, professional organizations, and CDC staff.

Dr. Kevin Fenton, Ms. Janet Cleveland, and Dr. George Roberts addressed the participants and provided overviews and updates on the HIV/AIDS crisis among African American women, CDC's *Heightened National Response* action strategies, and the vision for CDC's overall response to the crisis and outcomes of programmatic efforts. In addition, the following individuals addressed the participants and provided information on the epidemiological, social, economic, and co-morbidity factors associated with the HIV/AIDS crisis among African American women:

Dr. Madeline Sutton, Division of HIV/AIDS Prevention, CDC
"The HIV/AIDS Epidemic and Black Americans"
Dr. Monica Sweeny, New York City Department of Health and Mental Hygiene
"**Social issues and Economic Factors of the Epidemic"**
Mr. David Johnson, Division of STD Prevention, CDC
"Can You Hear Me Now? Linking STIs and HIV infection"
Ms. Hope King, Division of Viral Hepatitis, CDC
"Viral Hepatitis Prevention: Overview & Integration Projects"
Ms. Danni Lentine, Division of HIV/AIDS Prevention, CDC
"Triple Stigma: Race, HIV, and Drug Use"
Dr. Nick DeLuca, Division of TB Prevention, CDC
"Stop TB in the African-American Community"
Ms. Frances Ashe-Goins, Office of Women's Health, U.S. Department of Health and Human Services
"The Model Mentorship Program for Strengthening Organizational Capacity"

Meeting participants were assigned to four groups, each addressing a different focus area from the *Heightened National Response* action strategies. They then discussed the key factors contributing to the HIV/AIDS crisis among African American women and systematically identified and categorized areas for consideration and suggested priorities for their focus area (for a detailed summary of their discussions, see the Discussion Matrix beginning on page 10).

Participants were asked to address the following questions for their focus group:

Focus Area 1. Expanding the reach for prevention services

- What can be done to ensure that African American women receive appropriate and effective prevention services?

Focus Area 2. Increasing opportunities for diagnosing and treating HIV

- How we can increase the numbers of African American women who receive HIV testing?
- What can be done to make sure that HIV-infected African American women are linked to effective prevention, treatment and care services?

Focus Area 3. Developing new, effective prevention interventions

- What additional research questions and strategies should be considered in developing effective interventions for African American women?
- How can community-based service providers contribute to the development of effective risk-reduction interventions for African American women?

Focus Area 4. Mobilizing broader community action

- How can we increase community support for HIV testing, diagnosis, and treatment?
- What is the role of African American women's organizations in addressing the HIV prevention needs of African American women?

In accordance with Dr. Fenton's charge to the group to consider co-factors, co-morbidities, and the need to consolidate prevention efforts and strategies, the meeting agenda was modified to facilitate a large group discussion to identify and recommend salient strategies for addressing the HIV/AIDS crisis among African American women across a broad spectrum (for the complete meeting agenda, see Appendix B). The following question was asked of the larger group:

- What are the co-morbidities for HIV and how do they affect African American women?

Participant Observations

Participants identified current activities, some of which supported by the CDC that are now in place to help African American women (for a summary of participant identified *Current Activities*, see the Discussion Matrix, page 11). Participants also developed a list of areas for consideration, which are activities that could be undertaken to address HIV/AIDS among African American women. For example, participants suggested that HIV prevention activities could be integrated into services provided by women's organizations; and, that HIV tests could be done when women come in for their annual Pap tests, that more qualitative studies are needed to develop new interventions, and that educational classes should be offered to teach parents how to talk to their children about sex (for a summary of *Areas for Consideration*, see the Discussion Matrix, page 11).

When asked to provide suggestions and identify priorities, the participants contributed many. The participants developed more than 60 suggestions and priority actions reflecting their extensive knowledge and experiences. For example, participants suggested that differences in urban vs. rural implications for HIV/AIDS services must be studied, try new ways to deliver messages about HIV risk that do not focus on the stigma associated with the source of infection, identify what drives behavior, and mobilize women with HIV to teach other women about prevention (for a summary of all *Suggested Priorities*, see the Discussion Matrix, page 12).

After identifying current activities, areas for consideration, and suggested priorities, participants began to draft other suggestions to reduce the burden of HIV/AIDS among African American women. These observations provide suggestions on how to prevent transmission of infection and provide details on the specific framework within which regulatory bodies, local public health agencies, and a range of community-based and stakeholder organizations could assess and manage the HIV/AIDS crisis among African American women (for a summary of all *Other Participant Suggestions*, see the Discussion Matrix, page 13).

While it can not be guaranteed that all participant suggestions will be implemented, the cross-cutting issues and observations provided by the participant during discussion of co-morbidities for HIV and

how do they affect African American women s provides the CDC with valuable insight of what may need to be considered when strengthening public health efforts to reduce HIV/AIDS among African American women (for a summary of *Participant Issues and Observations*, see the Discussion Matrix, page 14). Some of the participant suggestions are complex and must be corroborated by a systematic review of the literature, and phase-in time will be needed to allow efficient, effective implementation and evaluation of these activities. However, by involving members of the community and following the key areas identified in the *Heightened National Response* action strategies, we can make strides toward reducing the high rates of HIV/AIDS among African American women.

Discussion Matrix

HIV/AIDS and African American Women: A Consultation Supporting CDC's Heightened National Response to the HIV/AIDS Crisis among African Americans — June 20-21, 2007, Atlanta, Georgia

	Focus Area 1. Expanding the reach for prevention services	***Focus Area 2. Increasing opportunities for diagnosing and treating HIV***	***Focus Area 3. Developing new, effective prevention interventions***	***Focus Area 4. Mobilizing broader community action***
Current Activities **(Note: Some of these activities are currently supported by the CDC.)**	Outreach (HERR, after-school programs)	Mass testing events, and church community and college testing	Sisters Informing Sisters on the Topic of AIDS (SISTA) modifications to educate both HIV-infected and HIV-negative	6-week educational series about HIV for newly diagnosed African American women
	Social support services (i.e. housing, food, transportation)	Mass media communications	SISTA modifications for commercial sex workers and incarcerated women	Prenatal care activities
	Testing, treatment, and care (accessibility and availability)	Observance days	Call-in roundtable discussions	Why Women Cry Conference
	Support groups (tailoring to population)	Seeking political advocacy	National program focusing on men talking to women ("I take responsibility for the women in my life")	Encourage Women Living with HIV to provide HIV info to incarcerated women
	Partner services	Ryan White Title 4	UCHAPS social marketing campaign Social Network Model	Diverse funders supporting HIV Prevention for African American women
		Normalized testing for pregnant women		Reaching Out Sisters Educating Sisters (ROSES)
		Rapid testing		Celebrating Your Tomorrows
		Connected testing with other STDs		Faith-Based Health Day The Living Room, The Bedroom and The Den

	Focus Area 1. Expanding the reach for prevention service	***Focus Area 2. Increasing opportunities for diagnosing and treating HIV***	***Focus Area 3. Developing new, effective prevention interventions***	***Focus Area 4. Mobilizing broader community action***
Areas for Consideration	Redefine risk (i.e. , individual vs. structural, alternative construction, cultural competence)	Reinstitutionalize peer health advocacy and support programs for women	Seek input from the target audience	Develop new HIV prevention curriculum for grade schools
	Involve youth and create more opportunities for meaningful input to improve communication re: HIV risk "Knowledge does not equal behavior change."	Check to determine if states are supportive in preventing and treating HIV, and develop report card on various indicators; encourage national health care	Conduct qualitative studies	Create new HIV prevention messages for African American women
	Improve understanding of male partner behavior	Expedite data collection and dissemination	Connect issues outside of HIV that affect HIV	Create programs that include gender risk awareness for African American women
	Broaden discussions about risk and sex	Prison testing and support	Structural and behavioral interventions	Educational classes to help parents talk to kids about sex
	Assess resilience	Preventive education and support of young people	Kaffe Klatsch discussions Positive messages ("Protect yourself, respect yourself")	Activities focusing on young girls
	Interventions aimed at mixed gender	Offer HIV testing when women come for Pap tests; test new babies for HIV; emergency room testing	Mental health in the Black community	Research on female condoms and microbicides
	Comprehensive human growth and development for girls	Offer mental health services and therapy for women who are newly HIV-infected	Recognize relationships	
	Reduce stigma to improve perception of risk	Educate providers on importance of HIV testing	Healthy discussions around sexuality	
	Integrate HIV prevention in all women service organizations		Intervention that helps men and women discuss sexuality	
	Address structural risk factors in Requests for Applications (RFAs)			
	Involve faith communities			

	Focus Area 1. Expanding the reach for prevention services	***Focus Area 2. Increasing opportunities for diagnosing and treating HIV***	***Focus Area 3. Developing new, effective prevention interventions***	***Focus Area 4. Mobilizing broader community action***
Participant Suggested Priorities	Sustainability of funds	Testing events for young people; finding HIV-infected people and those at highest risk	Identifying what is driving the behavior (Biggest fear is imminent death)	Linking HIV prevention services to mental health and substance abuse
	Redefining risk for HIV	Redefining "high risk"	Providers offering insight, entry into the community	Expanding HIV prevention messages to African American women
	Tailoring outreach services	Designing a new framework for delivering messages about risk, without stigma on source of infection	Identifying population to be reached Identifying the intervention.	Diversifying resources to support new activities
	Increasing youth involvement/church programs	Increasing awareness of psychological risk factors	Taking harm reduction approach	Creating more sustainable funding
	Increasing understanding of urban vs. rural implications for services	Making treatment attractive	Professionally analyzing community-based data already being collected	Mobilizing women living w/HIV to teach other women
	Community-based organization (CBO) partnership and evaluation capacity	Involving HIV-infected people in decisions	Community-based providers include CBOs, elected officials, ministers, other gatekeepers.	Flexible funding with more integrative approach
	Dissemination of lessons learned	Increasing awareness of children with AIDS who are now in college	Responding to social isolation, protect anonymity; still give women an opportunity to talk.	Targeting new money from new partners
		Educating people to ask for testing		
		Substance abuse treatment		

	Focus Area 1. Expanding the reach for prevention services	***Focus Area 2. Increasing opportunities for diagnosing and treating HIV***	***Focus Area 3. Developing new, effective prevention interventions***	***Focus Area 4. Mobilizing broader community action***
Other Participant Suggestions	Sustain funds to ensure level of service	Ensure funding is proportionate to need	Support community-based organizations	Design Interventions to support prevention messages that work after 5pm
	Conduct research to redefine risks (structural factors, "alternative construction," African American women are not monolithic, partner behavior)	Conduct needs assessment to look at what has been done and what needs to be addressed	Develop online registry of community-based organization interventions that are known to work	Recognize impact of Class Issues on African American Women
	Increase comprehensive youth involvement in design and delivery of services	Ensure higher level accountability	Move beyond behavioral interventions – Diffuse Effective Structural Interventions (DESI)	Create HIV prevention curricula for diverse groups
	Conduct research to increase understanding of urban vs. rural implications for prevention services (community norms)	Improve AIDS education in school, including prevention and treatment	Develop tools that can be used in different environments and locations to get good, rich data around behaviors and interventions	Include the needs of substance users and street workers
	Assess individual level resilience ("How do some youth make it out [i.e., not get infected?]")	Educate providers that STI testing should be integrated into total care	Educate healthcare providers Develop national, wholesale, widespread marketing program Build capacity to increase acceptance of good homegrown interventions	Reevaluate the needs of women who have sex with women and lesbians
	Support locally tailored outreach services	Address structural barriers — transportation, childcare, etc.	Community involvement from beginning to end, equal partners drive research questions	Provide funding without taking money from existing programs
	Develop CBO evaluation capacity to improve reporting of successes and RFA development	Develop new HIV tests — surgical swabs, dental testing, etc.	Develop comprehensive systematic research agenda for and about Black women	Recognize need for cross-community interventions
	Develop national campaign for women and girls	Ensure compassionate care for marginalized black women	Identify African American researchers who have perhaps not been heard	Support programs that do not have a direct focus on HIV but can effect reduction of risk.

	Cross-cutting issues and observations arising from a discussion of co-morbidities
Participant Issues	We seem to be attacking things once and awhile. We get the funding for injection drug users and the numbers for injection drug users went down quite a bit and then we ignored it. Trauma in African American women's lives. Just by being a survivor puts me at high risk. We don't talk about most of the things that put us at risk for HIV. What is secrecy and why the secret? We were told you don't share your information with other people, so we don't discuss that. Shame, stigma and some level of guilt. With co-morbidities don't forget about young people, young women whose numbers of STDs are significantly higher than other races. Why are young women not getting screened and treated for different sexually transmitted infections? Younger women playing out sexual experiences. We talk about a lot of reasons why we have sex. How do you decide who you're going to have sex with or how to select a partner. And in today's society you need a skill set different from older generations. We have incarcerated men, drug use men, etc. How are we preparing today's women with these issues?
Participant Observations	No clear focus on nontraditional partners and how they would be aligned back to the people who do the work. Money is given to health departments, and they're supposed to see about those funds. They have nurses and then nurses cannot leave the building. The rates of HIV go up in those communities and they say well we have money in those places. But we cannot go out into the community. There needs to be something written into the Requests for Proposals (RFPs) to mandate them to work with CBOs. After 10 years of work with my local health department, a woman finally came in and did screening. In 1 month, she tested 45 people and of the 45, 25 were infected with an STD and they could have been out infecting others. One of the barriers is we keep funding the same people who do lousy jobs. There are some health departments that don't do it good and aren't partnering. Is that really the best way to get money to the people? So now we've got the testing. Who's paying the bill for the medicine? We need health care for these disenfranchised folks. Who is going to pay the bills? There's not many youth at the table. There's a huge separation between the seasoned workers and the younger ones coming into the fold. There should be youth liaisons because young black women connect better with other young black women. Health departments differ in what they can do and what they are responsible for, and it pays for the CBOs to know who is doing what and we can only do so much. We have asked the states to have an African American AIDS physician in the state. We would like to do the job, but we get pieces of people who are there but no support from the state. Our media has a lot of impact on what is seen when it comes to African Americans. We have the power to sanction the media and control what they send out. We need to do something about that. We're not going to progress as long as we're constantly in battle with the media. When we were working with young people we want people to wait before having sex and they were listening. But that's when we had sex education in school. But we changed streams. We all have our own values, views, etc. We're all over the continuum of knowledge. The men here come from a different paradigm. We need to acknowledge why we need men to talk from their roles and their perspectives. The human papillomavirus (HPV) message came out that got a lot of response. How can we take a fresh approached to those messages and couple them with HIV and herpes? We have conferences for African American women that never get recognized and they applaud themselves for media hits, but it's not the media hits that should be applauded but the people in those programs who are generating that interest.

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Additional Resources

CDC. Racial/ethnic disparities in diagnoses of HIV/AIDS — 33 states, 2001–2004. MMWR 2006;55:9:121–5.

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Appendix A: Final Participant Directory

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Atlanta, Georgia
June 20–21, 2007

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Glenda Clare, PhD Research Associate NDRI - Institute for Community Based Research	**Bambi Gaddist, DrPH** Executive Director South Carolina HIV/AIDS Council	**Hope King, MSPH** Centers for Disease Control and Prevention
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Final Participant Directory (cont.)

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Patricia Nalls Founder/Executive Director The Women's Collective	**Kimberleigh Smith, MPA** Director, Women's Institute Gay Men's Health Crisis	**Catherine Wyatt-Morley** W.O.M.E.N.
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Amna Osman ExecutiveDirector Wellness AIDS Services, Inc	**Ivy Turnbull, MA, EdM** Executive Director KCHC-AFFECT	
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Appendix B: Agenda

HIV/AIDS and African American Women:
A Consultation Supporting CDC's Heightened National
Response to the HIV/AIDS Crisis among African Americans

Wednesday, June 20, 2007 **DAY 1**

7:30am – 9:00am	Registration
9:00am – 9:15am	Welcome and Introductions Jacqueline Coleman Moderator
9:15am – 9:30am	HIV/AIDS and African American Women: Consultation purpose, goals, and objectives. Janet Cleveland Deputy Director for Prevention Programs Division of HIV/AIDS Prevention
9:30am – 10:00am	CDC's Heightened National Response to the HIV/AIDS crisis among African Americans. George Roberts Associate Director for Prevention Partnerships Division of HIV/AIDS Prevention
10:00am – 10:50pm	Intersection of Risk: Panel discussion on the epidemiology and social and economic risks of HIV/AIDS. Madeline Sutton Division of HIV/AIDS Prevention Monica Sweeny New York City Department of Health and Mental Hygiene
10:50am -11:00am	Charge for Breakout Sessions
11:00am -11:15am	Break

Wednesday, June 20, 2007 (cont.)

11:15am – 12:30pm	Concurrent Breakout Session #1 Participants meet in pre-assigned color-coded tracks, to discuss key issues related to the impact of HIV/AIDS on African American women. Every participant will have the opportunity to engage in dialogue for each of the four focus areas in preassigned groups. Expanding the reach of prevention services Jo Valentine Division of STD Prevention Increasing opportunities for diagnosing and treating HIV Andrea Kelly Division of HIV/AIDS Prevention Developing new, effective prevention interventions Kellye McKenzie NASTAD Mobilizing broader community action Rhondette Jones Division of HIV/AIDS Prevention
12:30pm – 1:45pm	Lunch On Your Own
1:45pm – 2:15pm	HIV/AIDS and African American Women: Remarks from the Director Kevin Fenton Director National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
2:15pm – 2:30pm	Break
2:30pm – 3:45pm	Concurrent Breakout Session #2 Expanding the reach of prevention services Jo Valentine Division of STD Prevention Increasing opportunities for diagnosing and treating HIV Andrea Kelly Division of HIV/AIDS Prevention

Wednesday, June 20, 2007 (cont.)

	Developing new, effective prevention interventions Kellye McKenzie NASTAD
	Mobilizing broader community action Rhondette Jones Division of HIV/AIDS Prevention
3:45pm – 4:15pm	Breakout Session 1 and 2 Reports
4:15pm – 4:30pm	Participant Reflections
4:30pm	Adjourn

Thursday, June 21, 2007 **DAY 2**

9:00am – 9:15am	Opening Remarks Jacqueline Coleman Moderator
9:15am – 10:30am	Co-Morbidities for HIV: Viral Hepatitis, STD, TB, and Substance Abuse Hope King Division of Viral Hepatitis
	Roxanne Barrow Division of STD Prevention
	Cornelia White Division of TB Elimination
	Danni Lentine Division of HIV/AIDS Prevention
10:30am – 11:00am	Tailoring HIV/AIDS programs for African American Women and Girls
	Frances Ashe—Goins Deputy Director of Policy and Program
	Department of Health and Human Services Office of Women's Health

Thursday, June 21, 2007 (cont.)

11:00am -11:15am	Break
11:15am – 12:30pm	Concurrent Breakout Session #3
	Expanding the reach of prevention services Jo Valentine Division of STD Prevention
	Increasing opportunities for diagnosing and treating HIV Andrea Kelly Division of HIV/AIDS Prevention
	Developing new, effective prevention interventions Kellye McKenzie NASTAD
	Mobilizing broader community action Rhondette Jones Division of HIV/AIDS Prevention
12:30 am – 1:30 pm	Lunch On Your Own
1:30pm – 2:45pm	Concurrent Breakout Session #4
	Expanding the reach of prevention services Jo Valentine Division of STD Prevention
	Increasing opportunities for diagnosing and treating HIV Andrea Kelly Division of HIV/AIDS Prevention
	Developing new, effective prevention interventions Kellye McKenzie NASTAD
	Mobilizing broader community action Rhondette Jones Division of HIV/AIDS Prevention
2:45pm – 3:00pm	Break
3:00pm – 3:30pm	Breakout Session 3 and 4 Reports

Thursday, June 21, 2007 (cont.)

3:30pm – 3:50pm	Participant Reflections
3:50pm – 4:00pm	Concluding Remarks Michelle Rose National HIV/AIDS Partnership Coordinator Janet Cleveland Deputy Director for Prevention Programs Division of HIV/AIDS Prevention
4:00pm	Adjourn