Office of Minority Health
African Immigrant Project

National African
HIV/AIDS
Initiative Summit Reports

Office of Minority Health 20
Quality Health Care for America

OFFICE OF MINORITY HEALTH RESOURCE CENTER

OFFICE OF MINORITY HEALTH
African Immigrant Project
National African HIV/AIDS Initiative
NAHI - Summit Reports

Prepared for the
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The views, opinions, and content expressed in this publication are those of the authors and conference participants and do not necessarily reflect the views, opinions, or policies of the Office of Minority Health or the Department of Health and Human Services.

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Introduction

African Immigrant Project

Since 2006, the Office of Minority Health Resource Center (OMHRC) has undertaken an initiative to increase the organizational capacity of agencies offering HIV prevention and treatment services to African immigrants and refugees living in the United States. As expected, most African immigrant clients are new to the American healthcare system. Their understanding of healthcare options is usually limited to either acute or chronic needs and they are unsure how their families can benefit from US preventive and educational systems. Although the African immigrant community is diverse (culturally, linguistically, spiritually), there are commonalities especially in its public health needs regarding access, wellness, care, and treatment. OMHRC, therefore, undertook the African immigrant health initiative to identify and address these needs.

OMHRC's African Immigrant Initiative assists provider agencies to improve their ability in offering care and prevention services to African immigrants, HIV+ clients and other impacted persons. OMHRC was also instrumental in creating regional networks consisting of consumers, government agencies, faith-based organizations (FBOs), and community-based organizations (CBOs). These networks are meant to build community competency around HIV/AIDS information and access to care.

The program aids ¬Health Departments, faith-based organizations, community-based organizations, and AIDS service organizations (ASOs) in their efforts to assess and improve their current HIV prevention interventions that serve African immigrants and other minority communities in the United States. These efforts led to the formation of the National African HIV/AIDS Initiative (NAHI).

National African HIV/AIDS Initiative (NAHI)

In 2007, using additional support from HHS, OMHRC convened roundtables of community and faith-based organizations serving African immigrants and refugees across four US regions which resulted in the formation of a network of organizations called the National African HIV/AIDS Initiative (NAHI). This grassroots partnership was organized to improve the health outcomes among African refugees and immigrants living in the United States. Partners in the NAHI initiative included organizations such as the African Services Committee in New York, Prevention Effectiveness Consortium on Health and Education and the Alliance for Health in the African Diaspora, Inc. from Atlanta, GA., and Africans for Improved Access in Jamaica Plain, MA.

In 2007/2008 NAHI held summits in four cities: Atlanta, GA, Boston, MA, Seattle, WA, and the Washington, D.C area, respectively. The goals of these summits were to:

- Further educate stake-holders on the multiple issues surrounding HIV/AIDS in the African refugee and immigrant communities.
- Disseminate to policy makers information on HIV/AIDS among African immigrants in the United States.
- Network with stake-holders to competently respond to the public health issue of HIV/AIDS in the African community.

This report provides the proceedings and outcomes of the four NAHI regional summits. Some of the issues highlighted in the regional reports include:

- *Role of faith leaders in public health, especially HIV prevention and care*
- *Need for research and data sharing*
- *Need to address the deeply rooted HIV stigma*
- *Need for culturally responsive health education*
- *Need for culturally sensitive sex education for the youth*
- *Need to educate community on how to navigate the US health system*
- *Sharing best practices*

Agenda Forward

OMHRC is pleased to sponsor this series of meetings focusing on our African Immigrant program which was funded by the HHS Minority AIDS Initiative. We intend to continue assisting this community in their efforts..

Our approach to working with these organizations is three-fold:

- Positively influence their leadership capacities,
- Improve their organizational infrastructure and programs, and
- Create databases and resource tools to assist in the provision of services to immigrant communities.
- Share data on HIV infection and prevalence rates amongst African Immigrant populations.

The dynamics of providing health prevention information, care and educational services to immigrant populations can be challenging. As FBOs, CBOs, ASOs, and state Health Departments address public health challenges in these immigrant populations, they continue to seek our assistance in meeting their responsibilities. OMHRC through its capacity building team will be a strong partner to address these needs.

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ATLANTA
SUMMIT REPORT

Prevention Effectiveness Consortium on Health and Education
AHEAD 2007 and NAHI SUMMIT Report

November 30 - December 1, 2007
Atlanta, Georgia

Executive Summary

Prevention Effectiveness Consortium on Health and Education (PECHE-HEALTH) is a community based organization whose vision is to improve the health of economically disadvantaged communities, specifically the African refugee and immigrant communities. As part of its strategy, PECHE-HEALTH addresses health disparities by implementing health promoting interventions targeting women and youth in health and community based organizations. Among its activities was the 2007 annual Attention to Health and Education in the African Diaspora (AHEAD) conference event. AHEAD 2007 was PECHE's second annual conference. The conference was organized around the theme "Health and Faith" which attracted participants from various community and faith based organizations, universities, and community members. Through dialogue and discussions, participants shared experiences and exchanged ideas that led to a better understanding of their experiences concerning challenges of their health, for example, HIV/AIDS and other chronic diseases. The result was a concerted effort that defined possible solutions and/or interventions aimed at improving the health of economically disadvantaged communities. PECHE also hosted the National HIV/AIDS Initiative (NAHI) inaugural summit.

This report provides a summary of the proceedings of the AHEAD 2007 as well as the NAHI inaugural summit which were held over a two day period. These conferences had two main goals, (i) to commemorate the World AIDS Day and (ii) to chart the way forward in advocacy for health and wellness in the African Diaspora communities in the United States.

The conference was organized around three main sessions a) Health and faith among African immigrants, b) Health challenges of African immigrants, and c) The National African HIV/AIDS Initiative (NAHI). The first session was led by faith leaders some with extensive experiences of having successfully incorporated health interventions into their community activities. They addressed, among other things, the importance of promoting faith based organizations' capacity to take a leading role in implementing health interventions. These organizations are better placed to address health interventions in communities because of their history of working closely with these community members. The need to develop tools and activities that would encourage churches, mosques and other faith communities proactively initiate health programs was identified as a major need. . Another idea stressed was the need for a strong networking among all stakeholders such as faith based organizations, community-based organization, research institutions and government agencies. Such a network is crucial in ensuring effective sharing, dissemination and use of resources and information gathered through research.

The session brought together community activists, consumers, providers, and the researchers to discuss health challenges of African immigrants. Through presentations, participants shared challenges and problems that had made it difficult for the African immigrant community to access health services and improve outcomes. A key

recognition was that the lack of collective action was detrimental to any effort intended to address health disparities within the African immigrant community.

Participants also alluded to the need to explore strategies that increase the dialogue among African immigrants and other minority communities that have successfully established interventions that address similar challenges in their communities.

The final session was an inauguration of the National African HIV/AIDS Initiative (NAHI) summit. In addition to highlighting NAHI's background, goals, and objectives, the need for a more structured national network within the African Immigrant community was emphasized. Key issues addressed during this session were education and outreach needs, advocacy approaches and research and evaluation.

Finally, the conference was evaluated based on the following criteria: participation, proceedings, administration and outcomes. A total number of 85 participants registered for the convention. However, 55 of them attended the first day with 75 attending the second day. The overall impression of the conference proceedings was high: 95% of the respondents rated the conference excellent or very good. Most importantly, participants indicated that the breakout sessions led by panelists increased their knowledge with respect to health challenges in the African immigrant community and strategies needed to overcome them. An important recommendation from the conference evaluation was the need to reach out to all sectors of the African community. Almost all participants were interested in finding out more about NAHI and how to support NAHI efforts.

It was recommended that to effectively address health problems and challenges of economically disadvantaged communities, there is a need for a more focused vision and mobilization of needed resources. This can only be achieved through the concerted efforts of all stakeholders.

PLANNING COMMITTEE MEMBERS

Dr. Ahmed Adu-Opong, Co-Chair

Dr. Wardah Mummy Rajab-Gyagenda, Co-Chair

Dr. Ileko Mugalla, PECHE Executive Director

Dr. Hasan Danesi (PECHE)

Dr. Ismail S. Gyagenda (Mercer University)

Ms. Pauline Ngalame (ASIKE)

Dr. Dorcas Muteteke (ASIKE)

Mr. Michael Sanoh (SLAO, Inc.)

Mrs. Irene Sanoh (SLAO, Inc.)

Imam Adam Adamu (CAMUSA)

Mr. Musa Mumuni (CAMUSA)

Overview

This report provides a comprehensive appraisal of the proceedings of the AHEAD 2007/ NAHI Summit. It outlines the objectives of both events and provides a summary of the key issues highlighted in the sessions, results from participant evaluation of the summit, suggestions on the way forward, and recommendations for the future.

Introduction

WORLD AIDS DAY is a day to recommit to the fight against HIV/AIDS. In commemoration of World AIDS Day, Prevention Effectiveness Consortium on Health and Education (PECHE) joined forces with several minority serving organizations including national, community, and faith based organizations to organize and host for the second year a unique platform to promote health and disseminate public health information among Africans in the Diaspora.

Attention to Health Education in the African Diaspora (AHEAD)

Attention to Health Education in the African Diaspora (AHEAD) was developed out of PECHE's commitment to provide awareness on public health issues such as HIV/AIDS that negatively impact people of African descent in the United States. At a World AIDS Day event integrating health and African culture, AHEAD offers health education, prevention, and care information, as well as showcases African culture through health related poems, drama, and music. Its main goals are to:

1. Educate the public about health issues affecting Africans in the Diaspora,
2. Bring together organizations serving Africans in the Diaspora, and
3. Integrate health and the unique and diverse African culture.

AHEAD 2006 was held at the Georgia International Convention Center (GICC) under the theme ***"Our Health, Our Future".*** The second event was held at Mercer University, Atlanta campus, on November 30 to December 1, 2007, under the theme "***Health Issues and Faith***". The main health concerns included cancer, cardiovascular diseases, hypertension, diabetes, mental health, HIV/AIDS, sexually transmitted diseases (STDs), the role of faith leaders and their organizations in seeking solutions, and promoting active participation among the youth. This event also launched the first regional summit for the National African HIV/AIDS Initiative (NAHI).

AHEAD 2007/NAHI Summit

NAHI is a consortium founded by African immigrant community-based organizations in collaboration with local and federal government health organizations. These include: African Services Committee (ASC) New York City, NY, Department of Public Health, Seattle and King County (DPH), Lowell Community Health Center, (LCHC), Lowell, MA, Multicultural AIDS Coalition – Africans For Improved Access Program (MAC/AFIA) Boston, MA, Office of Minority Health Resource Center (OMHRC) and the Prevention Effectiveness Consortium on Health and Education (PECHE), Atlanta, GA. NAHI is geared towards the improvement of health outcomes among African refugees and immigrants living in the United States. Its main purpose is to enhance service delivery of HIV/AIDS prevention, education, and care through culturally competent advocacy, education, and research. The NAHI Summit in Atlanta was the first of four regional summits to be held in United States. The other three were scheduled to take place in Boston, Seattle, and Washington D.C. The goals of the NAHI summit were three fold:

1. Further educates takeholders on the multiple issues surrounding HIV/AIDS in the African refugee and immigrant communities
2. Disseminate to policy makers information on HIV/AIDS among African immigrants in the United States.
3. Network with stakeholders to competently respond to the public health issue of HIV/AIDS in the African community.

Session Outlay

Using the panel session plus seminar format, the first day of the summit focused on identifying health challenges and the involvement of faith based organizations in addressing health concerns in the African immigrant communities. The faith component was recognized as critical in mobilizing African refugees and immigrants because communities in the African Diaspora are heavily affiliated with faith institutions and highly respect their faith leaders. The planning committee wanted to engage these faith leaders in a dialogue to find out how they may integrate health education, prevention and care messages into their church and mosque programs. The Health challenges addressed include hypertension, cancer, mental illness, TB, and HIV/AIDS. The second day was dedicated to the NAHI initiative**.**

Participation

85 participants attended the two-day summit. These participants included health care providers, consumers, youths, journalists, community leaders and activists representing various African immigrant communities and organizations.

Sponsorship

The organizations listed below constituted sponsors and the planning committee for the AHEAD 2007/NAHI.

1. Prevention Effectiveness Consortium on Health and Education (PECHE)
2. Office of Minority Health Resource Center (OMHRC)
3. Mercer University
4. African Sisters for Information, Knowledge, and Empowerment (ASIKE)
5. Saving Lives through Alternative Options (SLAO) Inc.
6. DeKalb County Board of Health (HIV Clinic).
7. Council of African Muslims, USA Inc. (CAMUSA)
8. Georgia Southern University (Jiann-Ping Hsu College of Public Health)
9. Sister Love, Inc.
10. Uganda North America Association (UNAA), Atlanta Chapter

Volunteers

Student volunteers from Georgia Southern University (Georgia Southern), Georgia State University (GSU), and Georgia Perimeter College (GPC) helped to facilitate the logistics of the conference as well as note taking during the sessions. DeKalb County Board of Health provided free HIV testing, screening for high blood pressure and diabetes.

Summit Program

The summit program (appendix A A) included interactive panel sessions where presentations were followed by questions/comments from the audience. Breakout sessions in the afternoon focused on discussions that aimed at coming up with practical recommendations to deal with the issues that had been raised in the panel sessions. At the Friday luncheon, the Vice President of Mercer University, Dr. Richard Swindle, welcomed the guests to the beautiful campus. The guest speaker, Dr. Ahmed Adu-Opong from Georgia Southern University called upon the African immigrants to rise up to the health challenges facing our communities and rededicate ourselves to addressing the problems in collaboration with government and the civil society. On the second day of the summit, December 1, 2007, World AIDS Day, Reverend Donald L. Smith, program

coordinator of Metropolitan Interdenominational Church Technical Assistance Network (MICTAN) led a moment of silence in respect of those who had died of HIV/AIDS. Stories about relatives and friends who had succumbed to the HIV virus were shared. The following are the session highlights of the summit.

Health and Faith among African Immigrants

On the first day of the conference, November 30, 2007, participants focused first on the theme of health and faith in the African Diaspora.

Moderator: Dr. Ileko Mugalla (PECHE)

Panelists:

Imam Adam Adamu (CAMUSA)
Rev. James Solomon (Jesus People Revival Ministries (JPRM))
Rev. Donald L. Smith (MICTAN)

Session Overview

The faith based session of the AHEAD2007 and NAHI summit sought to address and capitalize on the advantages of working with faith based organizations. Faith based organizations have a membership built on spiritual needs and trust in the leadership to meet those needs. Consequently, PECHE felt that this session would bring to light many of the approaches that those in the research and mainstream organizations have missed. It was also a session aimed at addressing the need for faith based organizations to play a role in encouraging health promoting and risk reduction behaviors in the African refugee and immigrant community.

The session leaders addressed the following issues:

- The role of faith in health.
- Challenges of integrating health and faith.
- Supporting faith leaders.
- Sharing best practices.

Outstanding issues discussed during the session

- Religious leaders have a role to play in the health arena.
- All faiths should be represented in the hospital faith ministries.
- HIV stigma needs to be addressed in the church/mosque.

- Issues of economics, literacy (English language competency) and culture that limit access to health services need to be addressed.
- The church/mosque has to proactively initiate health programs in their congregations.

Outstanding issues discussed during the break out session

- Regular meetings to be held and build up to the annual AHEAD event.
- Persistent meetings with partnerships and collaborations of faith and community based organizations.
- Incorporate faith, culture and economics in the health prevention strategies for faith based organizations.
- Need to bridge the science community and the community and faith based organizations.
- Need to develop system of taking the prevention and health message into the community.

Health Challenges of African Immigrants

The second session on November 30, 2007, was on health issues in the African communities.

Moderator: Dr. Hassan Danesi (PECHE)

Panelists:

Ms. Pauline Ngalame (ASIKE)
Dr. Dorcas Muteteke (ASIKE)
Dr. Mohammed Ladan (CAMUSA)
Dr. Jane Mumma (Perimeter Institute of Clinical Research (PICR))

Session Overview

The health session aimed at addressing challenges and possibilities in the African immigrant community from different perspectives of the community activist, consumer, provider, and the researcher.

Presenters addressed health related challenges facing African immigrants from the:

- Community activist perspective.
- Provider perspective.
- Consumer perspective.
- Clinical research perspective.

Outstanding issues discussed during the session

- There is a need to identify health disparities within the African immigrant community. Our health disparities may not match disparities in other communities.
- Lack of collective action to address health disparities within the African immigrant community.

- African immigrants do not participate in clinical trials and yet they are important in directing treatment and care to communities.
- There is limited research in the African community.
- Lack of insurance due to the part-time jobs that most African immigrants do as well as their immigration status limits members from accessing health care.
- Most African immigrants are not informed of the medical opportunities at their disposal.
- Most providers have limited knowledge of cultures and beliefs of the African immigrant people.

Outstanding issues discussed during the breakout session

- There is a need to identify community/opinion leaders as potential stakeholders to reach out to people.
- African immigrants need to have a dialogue (e.g. as is in the Hispanic community) focusing on African immigrants as a whole as opposed to tribal and country level associations.
- Need for trust building between immigrants, providers, and community activists on health and immigration issues.
- Promote regional and national networking, communications, and dialogue among African based community based organizations, providers, and government officials.
- Design culturally appropriate prevention and care interventions for the community.
- Involve youths in all of the above aspects.
- There is a need to fight stigma in the community towards diseases.

The National African HIV/AIDS Initiative (NAHI)

The second day of the conference, December 1, 2007, focused on the NAHI issues.

Moderator: Dr. Ahmed Adu-Opong (Georgia Southern University)

Panelists:

Dr. Hassan Danesi (PECHE)
Mr. Jay Blackwell (OMHRC)
Ms. Margaret Korto (OMHRC)
Dr. Wardah Mummy Rajab-Gyagenda (PECHE)

Session Overview

This session highlighted the essence of the National African HIV/AIDS Initiative (NAHI), its background, its goals and objectives and the need for a more structured national health network within the African immigrant community.

Specifically, the presenters addressed the following:

- Background of the NAHI project.
- Education and outreach needs.
- Advocacy approaches for African immigrants.
- The need for data collection, research, and evaluation.

Outstanding issues discussed during the session

- Identify interest subgroups within community e.g. tribal, women groups Use country contacts, personal contacts, and organizational contacts as well as faith leaders.
- Internet contacts-blogs, listservs websites for African immigrant communities.
- Network with other minority events. Look for groups working on similar issues.
- Take responsibility to do the networking and get things organized early.
- Create a database of African based CBOs/FBOs and potential stakeholders.
- Create a database of demographic and epidemiology profiles.
- Use of media (drama, newspaper, radio, newspaper) to involve the volunteers, in National African Aids Day activities which would include, celebrities ,speakers a newsletter, and a parade .
- Find sponsors.
- Get into universities, involve the youth.
- Involving Historically Black Greek Organizations.

Outstanding issues discussed during the breakout session

- Identify regional and national community/opinion leaders as potential stakeholders to reach out to people.
- Create a centralized NAHI speaker's bureau for accessibility purposes.
- Start a regional and national African immigrant listserv.
- Start aggressive publicity on the existence of African immigrants as a minority population.
- Create a national African immigrant awareness day.
- Start an African immigrant health youth forum.
- Start an African immigrant health religious forum.
- Identify grants and knowledgeable grant writers to get resources for data collections, research, and outreach.
- Work with lobbyists to achieve goals.
- Conduct needs assessment to understand health disparities and identify experts in the community.
- Collaborate with other initiatives and stakeholders.
- Set an annual budget, flyers, ads, posters, billboards.

Overall Sessions Summary

The panel and breakout sessions provided for engaging and insightful exchanges of ideas. The key issues are summarized below for each of the sessions.

Health and Faith Session

The Health and Faith among African Immigrants session highlighted the following key issues:

1. The faith community must be engaged in health intervention programs.
2. Collaboration between scientific community, faith and community based organizations is critically needed.

3. There is an urgent need to develop a system of taking the prevention and health messages to the community.

Health challenges in the African Diaspora Session

The session on health challenges in the African Diaspora highlighted the following key issues:

1. The diverse ethnic and cultural make-up of the Africa immigrant communities poses a major challenge. It makes it difficult to design a single message that can reach a wider segment of people.
2. Lack of involvement by many community members due to stigma associated with some health issues.
3. The inability of community activists and members to involve African youth in community participation or dialogue.
4. Immigration status is a setback for consumers and providers to access or provide healthcare.

5. Stigma (towards certain diseases especially HIV/AIDS and mental health) poses a severe challenge to consumers and providers to access or provide healthcare.

NAHI Summit

The National African HIV/AIDS Initiative session highlighted the following issues:

1. There is a need from African immigrants to become naturalized citizens so that they can benefit as tax payers.
2. African immigrants should unite to form a national coalition.
3. Be pro-active and engage policy makers to benefit African immigrants.
4. There is a need for Advocacy 101 training.
5. African immigrants need to mark out niche as a basis to negotiate/advocate for recognition.
6. There is a significant data and literature gap addressing health disparities in the community.
7. Data need to be disaggregated so as to accurately capture the demographic and epidemiological profiles of the African immigrants.

Evaluation

This was the first year that a post AHEAD evaluation was conducted with participants. The total participant registration was 85. On the first day, 55 participants attended and 75 attended on day two of the summit. Below is a breakdown of the number of participants who completed the evaluation forms.

Completed Evaluations

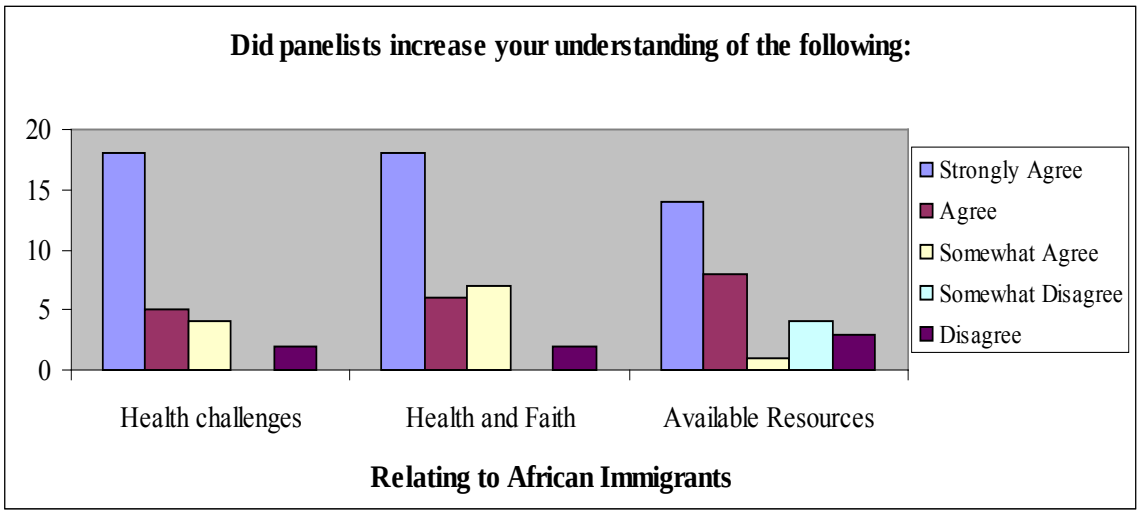
Day 1	Day 2	Overall Event evaluation (Day 2 Only)
31 (56%)	18 (24%)	19 (25%)

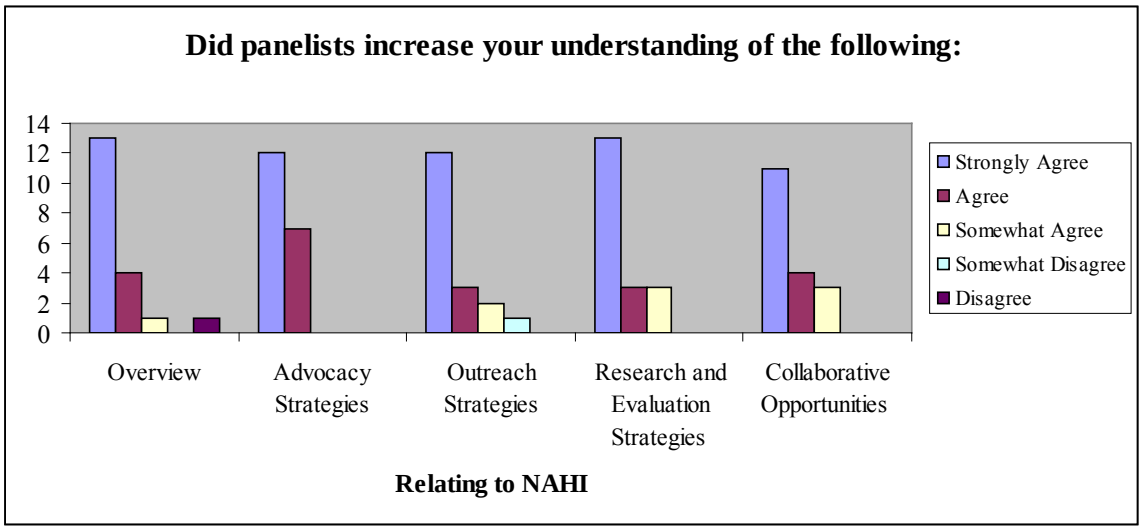
Survey respondents

All participants received a survey containing both open- and closed-ended questions ranging from 13 items (Day 1 and Day 2) to 20 items (overall event survey). Survey questions were designed to examine whether conference objectives were accomplished, evaluate participants' assessment of conference usefulness, their satisfaction in the conference and recommendations for improving conference planning.

How useful was the information?

Overall, survey respondents gave the conference a high utility with a significant number of participants indicating that the panelists increased their understanding of the health challenges facing African immigrants, available resources to meet health needs of African immigrants, gained new insights on how to integrate health and faith in the African immigrant community. Participants also indicated an increased awareness of NAHI and how to support NAHI objectives. Most participants indicated knowledge gain regarding African immigrant health challenges, the challenges and opportunities of integrating health and faith within the African immigrant context, but fewer participants acknowledged an increase in knowledge about available resources to meet the various health challenges facing African immigrants.





AHEAD 2007 also provided an opportunity for participants to learn about the National African HIV/AIDS Initiative (NAHI). Various representatives of NAHI presented background information about NAHI and outlined NAHI objectives as it relates to advocacy, education and outreach, data collection, research and evaluation and collaborative opportunities with NAHI. Findings from the evaluation illustrate that most participants strongly agreed or agreed that panelists increased their understanding in the various key areas presented by NAHI representatives, but some participants needed more information about NAHI's strategies on outreach and education, research, and evaluation and collaborative opportunities with other individuals and organizations.

Qualitative data was collected from participants to assess their perception of the quality of the workshops and recommendations for improvement. When asked what they liked best about the workshops, most participants were very pleased with the type of information shared, the way it was shared and the expertise and diversity of the panelists.

'This information was very helpful to me and my family - it is a vital and pressing topic,"

This comment was echoed by many others regarding the utility of the workshops. In addition to the type of information shared, participants also found the open discussions between the panelists and audience very engaging as expressed in the following comment

"People were very willing to share ideas; interacting with the panel and group discussions were very beneficial and interesting."

Finally participants acknowledged the diversity in the background of the participants, in subject area, focus area, and expertise also contributed to the content of the presentations.

"The 360 degree view was helpful; I liked the diversity in leadership and attendance; each presenter spoke from personal knowledge of the issue; passionate presenters with years of experience."

Recommendations for improvement

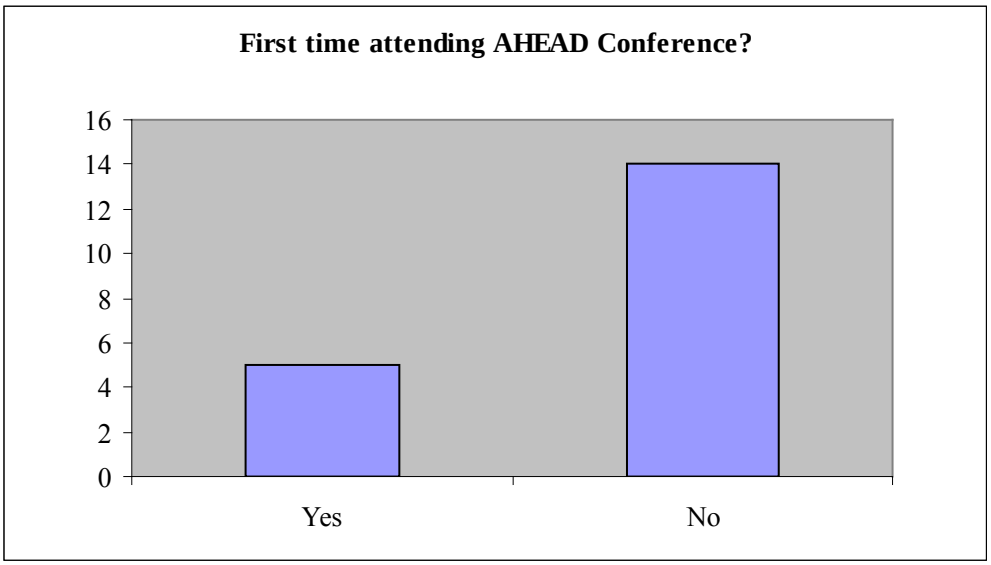
When asked for possible areas of improvement and recommendations to enhance the quality of the workshops responses were mostly focused on attendance, time management and additional topics. Most participants stressed the need for additional outreach efforts to various community leaders, youth and healthcare providers in order to ensure that the maximum number of people in need of the information disseminated at the conference have access to it.

"My belief is that many are preaching to the choir, we need to get to the people; I did not see more kids or students in the meeting; we need some of our younger generation to participate on the panel; African immigrant community leaders and organizations reaching African people should be invited."

Several participants suggested a wide range of additional topics to include such as more information about NAHI's research and evaluation strategies, available resources to integrate health and faith among African immigrants, cultural competency for providers, resources for the disabled and HIV positive individuals supplemental security income (SSI) and strategies on working with youth and other minority groups. Other recommendations included the need for better time management and more structure from the panelists and networking opportunities for participants to get to know each other.

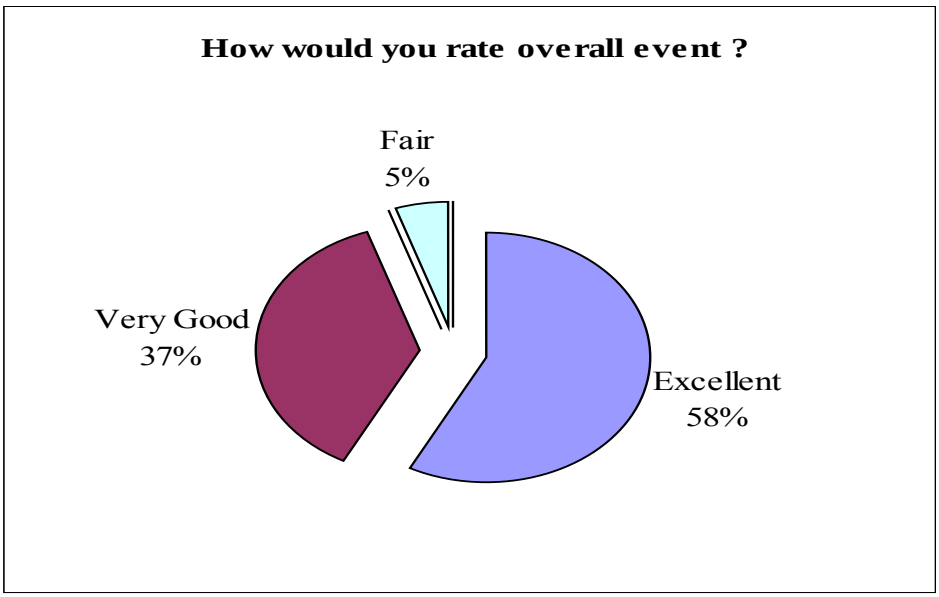
"At the beginning of the program, each person in attendance should identify who they are, where they are from, who they represent and why they are here so that we can get to know each other."

Conference Attendance



The majority of participants were previous attendees of the AHEAD conference in 2006. Most participants who stayed through the final day of the AHEAD2007 conference also attended sessions on both days of the conference.

When asked if participants would attend the 2008 AHEAD conference, all participants who completed the surveys said they would most likely or definitely attend and almost all participants indicated their interest in finding out more about NAHI and how to support NAHI's efforts.



Finally, most participants who attended the AHEAD 2007 and NAHI summit, gave a very good or excellent rating of the overall event.

The Way Forward

The summit highlighted a need for focusing our vision and resources to address the health needs of the African Diaspora communities in the United States. The session highlights should help us come up with a focused blueprint for what to do next. For example, here in Atlanta, African Immigrant community based organizations must engage the faith leaders to carry the health messages to their congregations. These organizations must also communicate with each other and collaborate on various issues. The emergence of NAHI, therefore, is welcomed and may serve to enhance this collaboration so that focused and purposeful community advocacy to the policy makers can be affected. Our voice as African immigrants must be heard by the providers and policy makers if we are to have an impact on the quality of health services that are available for our communities.

Recommendations

The following are recommendations emanating from the summit proceedings:

- The faith community must be engaged in health intervention programs.
- Collaboration between scientific community, faith and community based organizations is critically needed.
- Urgent need to take prevention and health messages to the community.
- Stigma towards certain diseases especially HIV/AIDS and mental health has to be systematically addressed in the African immigrant communities.
- There is a need to fully involve the youth in all aspects of this program.
- We need to proactively identify other stakeholders outside of the African immigrant community to partner in this effort.
- African immigrants should naturalize so they can benefit as tax payers.
- African immigrants should unite to form a national coalition.
- There is a need for Advocacy 101 training.
- Data need to be disaggregated so as to accurately capture the demographic and epidemiological profiles of the African immigrants.

NEW ENGLAND SUMMIT REPORT

February, 8, 2008
Jamaica Plain, MA

Executive Summary

The New England NAHI Summit was convened by the Multicultural AIDS Coalition (MAC) in Jamaica Plain, MA; African Services Committee (ASC) in New York, NY; and Lowell Community Health Center (LCHC) in Lowell, MA. It took place on Friday, February 8, 2008 at the Crowne Plaza Worcester - Worcester, Massachusetts from 9:00am to 4:00pm. The New England NAHI Summit brought together 131 health and social providers, consumers, academia, faith leaders, government agencies, and African immigrants and refugees to highlight NAHI goals; enhance partnerships and coordinate an action plan to address the HIV/AIDS epidemic among Africans living in Massachusetts, Connecticut, New Hampshire, Rhode Island, New York, Maine and Vermont.

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Lowell, Massachusetts

Panel 1 – Advocacy
NAHI Objective

Create a national platform that increases the availability of targeted HIV resources and promotes affirmative policy change and development.

Moderator: Ms. Amanda Lugg, Community Advocate, African Services Committee, New York

Panelists:

Ms. Cristina Velez, Esq., Attorney, HIV Law Project, New York
Dr. Frenk Guni, Principal Consultant, Complementary Health Partners, Maryland
Ms. Tione Chilambe, Director of the ACCESS Project, Cambridge Health Alliance, Massachusetts
Ms. Sombo Mweemba, Peer Educator, African Services Committee, New York

Key Points:

- The need for the African immigrant and refugee community to organize themselves with their many languages, cultures and traditions.
- Translate advocacy information into the major African languages.
- Develop resources that help AIDS service organizations provide African immigrant-friendly services.
- Pilot and model best practices in advocacy and community mobilization.
- Reverse the HIV travel and immigration ban.

Summary:

Panelists and participants engaged in a lively discussion on challenges needing to be addressed by effective advocacy tools and strategies. Many participants spoke of the difficulty of accessing and navigating healthcare in the U.S., specifically understanding health insurance programs and the need for primary care services. The African community's unfamiliarity with confidentiality laws is another barrier to engagement into HIV services. Language was seen also as a major barrier to access. Some felt that many Africans are unable to prioritize wellness due to the many hours worked and the difficulty of fitting health appointments into the 9:00am to 5:00pm paradigm. The lack of understanding of the political system and fear of deportation was also cited as a barrier to participating in advocacy efforts.

Most of the discussion, as well as questions from the audience, focused heavily on issues

related to HIV and immigration – the HIV travel ban and the HIV wavier. Educating people about HIV and its implications on immigration is a very complicated issue.

The HIV travel ban was enacted in 1987. A number of audience members were unfamiliar with the HIV travel ban that permits people living with HIV/AIDS from visiting or immigrating to the US.**

** **Since the creation of this report the travel ban for persons diagnosed with HIV/AIDS was lifted in January 2010.**

Current immigration law requiring the HIV wavier also makes it difficult for people living with HIV/AIDS to change immigration status and gain access into the US after receiving the diversity lottery. There is a perception that people are informed about the HIV wavier and that applying for the HIV wavier is a seamless process. One must demonstrate that you will not become a public charge by and have health insurance, which in most cases requires assistance from a relative living in the US.

One panelist emphasized the stigma and discrimination caused by the HIV wavier. Once a person is approved for the HIV wavier, the passport is stamped and it is indicated on the passport that this is a special waiver for someone carrying a communicable infectious disease. Hence, immediately when one leaves the US to another country, everyone knows your HIV status. It is one of the biggest impediments; once your passport has been stamped, and you go out of the US and try to come back, the stamp alone can be a denial for entry into the US.

Lastly, panelist emphasized the need to create a very strong movement that advocates for the needs of the African immigrant population in this country. This involves engaging state and federal representatives, including state HIV/AIDS bureaus. But, more importantly, it also requires African immigrants infected and affect with HIV/AIDS to organize themselves despite cultural differences, work schedules and other priorities.

As summed up by Dr. Frenk Guni, "We need a movement that advocates for the needs of the immigrant population, reminiscent of the early AIDS movement, but immigrant-specific."

Panel 2 – Education & Outreach
NAHI Objective

Facilitate a learning environment for African immigrants and refugees, service providers, and government officials (local, state, and federal) to increase knowledge of HIV prevention, education, and care disparities among the African-born population living in the US.

Moderator: Mr. Barry Callis, Director of Prevention & Education Unit, Massachusetts Department of Public Health – HIV/AIDS Bureau, Massachusetts

Panelists:

Mr. Bakary Tandia, Case Manager, African Services Committee, New York
Rev. John B. Katende, Pastor, Global Evangelical Church, Massachusetts
Mrs. Juliet Berk, Contract Manager, Massachusetts Department of Public Health – HIV/AIDS Bureau, Massachusetts
Mrs. Naima Agalab, Program Director, Refugee and Immigrant Assistance Center, Massachusetts

Key Points:

- Barriers in understanding, accessing and utilizing HIV information for African immigrants are complex and grounded in language and culture.
- HIV/AIDS is highly stigmatized and multilayered in the African immigrant community.
- There is a need to increase targeted financial and human resources for providing culturally and linguistically appropriate outreach and education strategies.
- Develop community prevention programs that train community leaders.
- Use HIV educational strategies that incorporate the African communities' way of communicating, teaching, and learning (i.e. music, proverbs, and theater).
- Engage providers in cultural competency trainings focused on providing effective HIV services to the African community.

Summary:

Most barriers and challenges were alluded to during the previous panel and discussion. However, panelists re-emphasized that the African community is not homogeneous. There are a lot of differences in culture and ethnic conflict or politics that make it a

challenge to conduct effective outreach. Not only are there many difference languages and dialects, but also most African immigrants do not use English, French, or Spanish as their primary language of communication. Therefore providing education materials in a linguistically appropriate manner is complex. Also, there is a chronic lack of information and resources available as well as knowledge of accessing the resources available.

HIV/AIDS is highly stigmatized and multilayered in the African immigrant community. With the lack of medicine in Africa and the painful images of people dying of AIDS in Africa, most African immigrants refer to HIV/AIDS as a death sentence. Also, HIV/AIDS is association with sexual behaviors. In most African cultures sex is private and not discussed openly, which presents a challenge in talking about HIV to the community. The issue of immigration creates a fear in the community because undocumented Africans are unsure of the HIV services available and people are under the perception that being HIV positive will result in deportation.

Developing practical and effective strategies to outreach and education the African community is a work in progress. The African community living in the US is a newly identified population seeing an increase in HIV infection. Hence, strategies that adhere to cultural preferences are minimal, plus resources allocated to address the HIV needs of African immigrants are very limited. However, panelists agreed that most of the approaches have to be rooted in relationship building and trust.

Effective strategies used in New York and Massachusetts were presented by panelists. In Massachusetts, the Lowell Community Health Center (LCHC) and Multicultural AIDS Coalition (MAC) – Africans for Improved Access (AFIA) Program have collaborated to form the Sub-Saharan African Faith Collaborative (SSA FB Collaborative). In terms of working with community leaders, including faith leaders, one panelist stated the need to train the leaders first so that they will have the heart to accept those living with HIV/AIDS. In the SSA FB Collaborative, African faith organizations are trained on HIV and various HIV services that can be provide through the faith organizations. Then, LCHC and AFIA work with leaders of the faith organization to implement the HIV service and achieve self-sufficiency.

In addition, AFIA has also developed individual, group, and community level interventions for African men and women at risk or infected with HIV. Each intervention meets people where they are. Through these programs, outreach and education is taken to people's houses, social/civic organizations, faith organizations, and African community events. The Lowell Community Health Center (LCHC) has also instituted an African Health Advisory Board, where the African community can discuss and recommend matters to LCHC management. To address stigma, AFIA uses Social Networks to educate the community and link people to services through their peers/friends. In community events, the AFIA program implements an HIV 101 raffle. This strategy de-stigmatizes HIV/AIDS by asking questions about HIV in a crowd setting.

African Services Committee (ASC) in New York has similar initiatives. ASC works with African associations, faith communities, African hair salons, and African businesses to provide targeted outreach to African immigrants. Outreach at community events

including targeting health fairs and providing HIV testing along with other health screenings, has proven to also work in New York. ASC has seen clients (undocumented and documented) empowered by participating in advocacy trips to City Hall.

Panelists also focused on the human resources needed to conduct effective outreach and education, and engage the community into services. Working with the African community is a 24 hour job, which doesn't fit into the normal Monday to Friday, 8am to 5pm day. One has to be very visible in the community meaning attending baby showers, weddings, funerals, independence/national day celebrations, and other community events. The community wants to identify with you first before you can make an impact with them. Based on this discussion, the panelists emphasized the need for the parent organization and senior management to support efforts in reaching the African community. Providing cultural competency to staff is critical in being able to effectively serve the African community.

In doing this work it is imperative to use communication strategies which the communities identify. Using metaphors or proverbs engages the African community in a non-directive manner. The use of media, music, and theater has also shown success in Massachusetts. The African resettlement agency, such as Refugee and Immigrant Assistance Center (RIAC) uses a video, *In Our House: An African Story*, to educate the Somali community during community events and group level interventions. *In Our House: An African Story* tells the journey of an African immigrant family dealing with HIV/AIDS in the US. It also discusses issues related to African youth, homosexuality, and intergenerational differences. Panelists also acknowledged the need to empower community members through access to ESL classes and other services so that they are able to navigate the system by themselves.

One participant questioned the engagement of Africans living with HIV in the Summit and on the various panels. This was an assumption that leads to bigger questions about disclosure in the African community. It was noted that there are Africans living with HIV involved in the planning of the Summit and panelists on the various panels. Because HIV stigma is so significant and those living with HIV fear isolation from family and friends, Africans living with HIV are still silenced.

Panel 3 - Data Collection, Research, & Evaluation NAHI Objective

Development and implementation of culturally competent data collection, research and evaluation mechanisms that accurately reflect the HIV epidemic in the African-born population living in the US

Moderator: Mr. Kevin Cranston, MDiv, Director, Massachusetts Department of Public Health – HIV/AIDS Bureau, Massachusetts

Panelists:

Mr. Amadou Diagne, Senior Medical Science Liaison, Gilead Sciences, Inc., Pennsylvania
Dr. Hugo Kamya, Professor, Simmons College School of Social Work, Massachusetts
Mr. James Murphy, Director, Massachusetts Department of Public Health – HIV Surveillance Program
Ms. Sergut Wolde-Yohannes, Coordinator, Massachusetts Department of Public Health - Refugee and Immigrant Health

Key Points:

- Surveillance programs: collect HIV/AIDS data on Africans living in the US
- Community participatory approaches are most effective in research and evaluation of prevention and education needs in the African immigrant community.
- Culturally competent tools and strategies are necessary to accurate collect client level data and capture the realities of HIV in the African immigrant community.
- Advocacy efforts are necessary to engage government entities and other funders in allocating resources for effective research and evaluation in the African community.

Summary:

The panel began by speaking on the epidemiology profile of HIV/AIDS in their respective cities and states, including data reflecting the rates of HIV/AIDS in the African immigrant community. Massachusetts reported that during 2003 to 2005, 50% of new HIV diagnoses within the Black population were non-US born. Of these new diagnoses among the Black non-US born population, 36% are from Sub-Saharan Africa. The panel

agreed that, overall, the African community living in the US is experiencing high rates of HIV/AIDS.

The challenge is identifying the states that collect and report on data depicting the HIV/AIDS rates of the African community living in the US. States are not required to collect data based on origin or ethnic background. Because of this, it becomes necessary for advocacy efforts to focus on having state and federal mandates to collect non-US born HIV/AIDS data according to country of origin.

Panelists acknowledged the difficulty in collecting data on the client level. Talking about sex is seen as private and secretive; hence during risk assessments or intakes, clients are less likely to be open. Other data collection issues as they relate to prevention and care focused on not accurately capturing possible infection from female circumcision and social/cultural factors, such as polygamy and distance between couples.

Following discussions centered on research. A question was posed as to what degree we were correctly capturing the effects of prevention and care programs in the African immigrant population? Research in the African community should consider (1) Methodology and (2) cultural competence. The methods of collection data should be mixed, including qualitative and quantitative data. It was also stressed that researchers must be trained in cultural competency otherwise valuable information will not be forthcoming and therefore lost.

One participant expressed concern about that lack of engaging with smaller populations, such as Maine. Maine is experiencing an increase number of African refugees being resettled and there is a need to capture information on these populations. Again, this spoke to the differences among states, even within the same region.

One panelist stated, "Data drives policy." So, it is imperative for the community to start talking about HIV/AIDS among Africans living in the US, collect the data, and facilitate research. This will build a case for government entities and other funders to allocate appropriate funding to address the prevention, education and care needs of African immigrants.

The Way Forward

Facilitator: Agnes Lubega, Contact Manager, DPH – HIV/AIDS Bureau, MA.

The Way Forward session was an opportunity for participants to give feedback on four major questions.

Participants were divided into four groups to answer the questions, including tying in the information and experiences shared during the panel discussions. Summarized below are answers to the questions.

1. What resources (e.g. human resources, knowledge and HIV services) are available in your state/communities specifically for Africans?
    - Hepatitis/Tuberculosis videos and brochures available in various languages.
    - NAHI may take advantage of colleagues/friends that are part of the community NAHI wants to access and reach.
    - MGH Disparities Center's information on health/wellness available in translated versions.
    - AIDS Institute in New York that could provide Technical Assistance/interpretation for medical profession.
    - VOLAGS in Rhode Island for refugees/recently arrived immigrants living with HIV. Linkage to care. There is a similar agency in New York.
    - Lynn, Massachusetts exclusively works with recently arrives Somalis, connects to care services.
    - Massachusetts Alliance of Portuguese Speakers (MAPS)–Portuguese translation.
    - New York State (NYS) Refugee Health goals to integrate into US medical system. Assess feasibility/effectiveness of referrals.
    - Find/Access concentrated neighborhoods.
    - Getting into local churches plus congregations.
    - Mutual assistance agencies.
    - Community support groups.
    - Identification of rationale behind geographical placement of specific communities.
    - Bureau of Refugee/Immigration affairs in New York. Website for translation services. MA, RI.
    - Outreach opportunities plus materials specific to Refugee/Immigration.
2. What challenges do you encounter in your state/communities when providing HIV prevention, education and care needs?

- Reaching out to people (e.g. working, do not want to meet others, immigration status).
- Denial.
- Old African traditions/customs.
- Religious beliefs.
- Afraid to get tested.
- People do not want to be known as HIV+.
- Lack of funding/time.
- Lack of frontline staff, language, staff for individual to relate to.
- Changing roles in the generations- communication between young and old.
- Being inexperienced, unable to use present models and adopting to African community.
- Resources require having an evidence based model and how to adapt these to the African communities.
- Lack of a place for individuals to share their stories.
- Influence of older generations to keep things private and not to talk.
- Lack of commitment from government, state, federal-funding, policy makers
- What the community thinks is a problem and the agencies thinks is the problem is not in sync.
- Not really a partnership.
- Gender differences/funding.
- Education/materials to which they can understand and relate to.
- Not feeling like they belong to.
- Fear, stigma.
- Issues with the health care system.
- Confidentiality/privacy from the aspect of the interpreters not keeping information private.
- Not enough sharing of success stories.
- Utilizing culturally competent care.
- Utilizing strengths modules from communities.

3. What successful strategies have you utilized in your state/communities to engage Africans in HIV prevention, education and care?

- Integrating other services.
- Using community leaders to champion HIV prevention.
- Hiring/Utilizing African staff that has multiple language capacities to work in the communities.
- Use local leaders.
- Ensure media is used in prevention efforts.
- Identified community centers that most Africans access care from and bringing the care providers to work with us.
- Challenging and support community leaders.
- Cultural competency for non African service providers.

- Youth empowerment that is inclusive of leadership enterprise.
- Ensure education/materials get to the main stream.
- Cultural identification.
- Women who braid-outreach to them.
- Peer education.

4. Recommendations for next steps for NAHI (including topics not discussed today)
   - Steps to reach immigrants before they come to the U.S.
   - Funding education & prevention in Africa.
   - NAHI should encourage its members to collaborate with centers/hospitals that serve African immigrants but have no African leadership.
   - Provide cultural competency trainings to non-Africans.
   - Work with organizations that serve new immigrants. Education should happen when they first arrive (include info in the welcome packets).
   - Utilize resources used by international organizations (Family Health International FHI, PSI, etc.) to reach immigrants.
   - Trainings that encourage providers/immigrants to become comfortable talking about sex.
   - Trainings on consensus building skills for organizations here in the U.S.
   - Creating a database or log of all the services in the area for specific African communities, like a resource guide, as a way of sharing information/connecting to other agencies working with the same groups and as a way of identifying gaps in services. What communities are present but missed out among other services?
   - To advocate for more services, NAHI should start with regional services and then build nationally.

Commitment Cards

The Planning Committee wanted to ensure that interested participants were able to continue in the development of NAHI's goal and objectives. The Commitment Cards had the option to engage in future NAHI efforts as an individual and/or representing their agency. Those who were interested also had the opportunity to sign up on the NAHI mailing list and/or workgroup that represented each NAHI objective. Out of the 131 participants, 68 submitted the Commitment Card. Participants who completed the Commitment Card also included other areas for workgroups, such as international efforts and immigration law.

NAHI Workgroup	Number of People Signed-Up
Advocacy	21
Data Collection, Evaluation & Research	12
Education & Outreach	22

Evaluation

The following summary and data were collected from the participants' evaluation and commitment cards. Out of the 131 attendees, one hundred and twelve (112) participants completed the evaluation, which is an 85.5% response rate. Participants were asked on the evaluation form to rate how the panelists increased their participants' understanding in the various topics covered regarding the goals and objectives of NAHI. The following is a summary of the outcome:

Evaluation Question	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	No Response	Total
Overall goal of NAHI	52 (46%)	52 (46%)	4 (4%)	2 (2%)	1 (1%)	1 (1%)	112 (100%)
Advocacy Objective of NAHI	46 (41%)	54 (48%)	10 (9%)	0	2 (2%)	0	112 (100%)
Education/Outreach Objective of NAHI	47 (42%)	54 (48%)	9 (8%)	0	1 (1%)	1 (1%)	112 (100%)
Data Collection, Research, & Evaluation	36 (32%)	53 (47%)	13 (12%)	0	1 (1%)	9 (8%)	(100%)
Awareness of challenges/barriers in HIV prevention & education targeting African immigrants	54 (48%)	43 (38%)	6 (5%)	2 (2%)	2 (2%)	5 (5%)	112 (100%)

The evaluation indicates that most participants either strongly agreed or agreed that the summit increased their understanding of the overall goal of NAHI; and NAHI's objectives about Advocacy, Education and Outreach, Data Collection Research and Evaluation, and Awareness about the challenges/barriers in HIV prevention and education targeting the African immigrant community. The overall sense, based on these evaluations is that the summit was a great success. Several participants gave the impression that such a conference, seeking specifically to address how to better meet the needs of the African immigrant population. Surrounding HIV/AIDS has been long overdue.?? Since the panelists sought to address many of these concerns, most participants left with very beneficial information.

Most comments regarding "what did you like the best about the summit?" focused on the relevance of the information and the set up which allowed for wider participation. Some of the comments included:

- "Very well organized, panels were well put together, thoughtful and culturally competent."
- "Opportunity to be with participants, share knowledge & experience."
- "The wide variety of topics covered and the panel mode of presentation allowed people to attend all sessions without having to choose between any competing presentations."
- "Good mix of speakers from government, NGOs and research, giving diverse views."

- “An eye opener as to how far we really need to go as providers to truly begin to identify and start to effectively connect African immigrants to healthcare.”
- “For the first time I began to understand some of the reasons for privacy among African clients—survivors of war and being private is all about safety.”
  “It offered excellent format, entertainment, location, Q & A session, and collaboration between states.”
- “It went beyond the usual clinical P &E topics and addressed barriers like immigration.”
- Some of the things participants liked least, and will therefore need improvement included:
- “Not enough time for participant questions and contributions.”
- “The apparent lack of youth representation”
- “Better time control on panelists—some took too long and not enough time for others.”
- “The answer to hire an African worker as the only solution to better work with Africans was not sufficient or practical.”
- “The lunch hour presenter should have been reallocated and leave the lunch time for networking instead.”
- “NOT enough time to cover all important topics/questions/discussions—two days would have been better.”
- About improving the sharing of information, participants had the following suggestions:
- “Create a NAHI Website.”
- “Form working committees for each objective that should disseminate progress information.”
- “Mass mail/list serve, or newsletter—to have continued flow of information.”
- “Hold frequent but shorter events such as local breakfast meetings or evening talks.”
- “Advertise through HIV prevention community planning groups in each state.”
- “Ground the summit locally by inviting local leaders—congress, senate—for continuing support.”
- “Market NAHI by meeting people and groups and telling them what it is all about—people don’t know.”

The following are some of the other topics that participants suggested as being of interest to them and the work they do in serving the African immigrant population:

- “Strategies for working effectively with the youth.”
- “Tension between Cultural Respect and social change needed for behavior change, necessary to address HIV/AIDS.”
- “Refugees, Asylees and Torture Survivors”
- “Transportation, and medical interpretation training.”
- “Economic development/poverty alleviation, and domestic violence.”
- “Cultural competency issues.”

- “How to involve consumers in the policy making process about HIV/AIDS.”
- “Getting comfortable talking about sex, HIV/AIDS.”
- “Children and Adolescents living with HIV.”
- “Gender dynamics, domestic violence and HIV.”
- “Battling stigma associated with HIV.”
- “Building local community leadership.”
- “Faith-based strategies for HIV prevention & Education—success and challenges.”
- “Use of role models in HIV education.”
- “Delegation of African youth (12-25 yrs) to articulate their concerns and ideas about this issue.”
- “Immigration-specific workshops to help consumers.”
- “The role of individuals in the work you are doing—how they can volunteer.”
- “HIV transmission among African immigrants.”
- “Other ways of making connections with the African community.”
- “Address difference between barriers facing immigrant groups and refugee groups.”

Reflections on the Day

The New England NAHI planning committee met after the conference to reflect on the planning process, attendance, speakers/panelist, and overall logistics. It was also an opportunity to review participants' feedback on the evaluation form.

The overall sense from the participants' verbal comments suggested that the conference was an exceptionally upbeat experience. Some of the positive feedback stated that a conference focusing distinctively on the HIV/AIDS needs of Sub-Saharan African immigrant and refugee was done at an opportune time.

The New England NAHI planning committee was very pleased with the outcome of the Summit. Attendees included all stakeholders - community members, consumers, various community based organizations, AIDS service organizations, and government agencies. Many expressed excitement about moving forward with a plan of action and continuing efforts after the Summit.

The Planning Committee acknowledged that there was not enough time for the Advocacy Panel because the Summit started late due to weather conditions and panelists not being on time. It was also agreed that the Advocacy Panel should have been the last panel presented because of the nature of the discussion and the need to mobilize the African community to address the issues discussed on the Education & Outreach Panel and the Data Collection, Evaluation & Research Panel.

As far as the planning process, the Committee felt it was very successful especially given that the planning committee members work in different states and agencies. In coordinating the cross-state efforts, it was a huge benefit to hire the conference coordinator, Pat Dance & Associates. However, to improve the planning process for future events, the Committee recommends that the moderators meet with the panelists before the day of the event to clarify roles, questions, and process. For follow-up the New England NAHI Planning Committee agreed to:

1. Set-up a NAHI listserv.
2. Send thank you letters to funders, participants, and partner organizations.
3. Develop a plan for using the commitment cards.
4. Within a year, develop a NAHI strategic plan.

SEATTLE
SUMMIT REPORT

"Creating Community Dialogues and Partnerships for Healing, Advocacy and Change"

FRIDAY, AUGUST 22, 2008
SEATTLE, WA

Executive Summary

This report describes the NAHI summit organized by the Seattle/Pacific Northwest NAHI. On Friday, August 22, 2008, centered on the theme Creating Community Dialogues and Partnership for Healing, Advocacy, and Change, local community CBO and FBO representatives, and representatives from the City, County, and the State came together to discuss a partnership that will improve health outcomes of Africans living in the US. Representation and participation was strong from each group as the Seattle NAHI Summit provided a forum for interactive, interdisciplinary dialogue.

Main points discussed included these needs:

- Understand the complexity of HIV/AIDS, start '*talking*' about sex and deconstruct the myth around sex and HIV to initiate deeper conversation and dialogue

- Identify what is lacking, challenges, and what can be done. There is lack of data on immigrants, so what can we do with existing HIV/AIDS data of African immigrants and refugees residing in King County?

- Develop a holistic view and approach of HIV/AIDS prevention and intervention, which includes immigrant status; immigration law and on HIV positive refugees and immigrants; health care; domestic violence and abuse;

- The approach should be "to meet people where they are."

- How can we create a space to communicate across cultures, languages, age, and gender as Africans?

- How to strengthen a process that empowers individuals and communities to take ownership and lead HIV research, education, advocacy, outreach, and decision making processes

- There is a need to build a coalition and learning spaces across communities, service giving agencies, and policy makers to coordinate priorities, programs and funds

- HIV/AIDS is a borderless issue and addressing HIV/AIDS is a process that demands higher investments in terms of time, energy, and funds, hence the need to create a national forum to generate more resources and increase communities' and government/state/city action for change.

- There is a need to bridge the gap between the government and providers. Communities need to prioritize HIV/AIDS education but from a holistic approach

At the end of the summit, participants agreed on the importance of a partnership that will efficiently respond to the HIV/AIDS need among African Immigrants by providing quality HIV/AIDS prevention, care and advocacy supports. The partnership will also support research and evaluation services through collection of viable data.

Seattle/Pacific Northwest Regional Summit Planning Committee

Ms. Tina Abdul Aziz, Health Educator, Center for Multicultural Health

Mr. Mohamed Aden Ali, MPH, M.S., Public Health Activist

Mr. Joseph Ayele, D.C., Director of Seattle Affordable Health Services

Mr. Solomon Berhe, HIV/AIDS Community Activist

Ms. Donna R. Bland, Community Health Worker, Neighborhood House –Project HANDLE

Ms. Marci Brajcich, MSW Graduate Student Intern, University of Washington

Mr. Longondo "Das" Eteni, MD, MPH, Co-Founder, Africa Against AIDS

Mr. Yemane Gebremicael, Strategic Advisor, Office of Policy and Management, City of Seattle

Ms. Stella Gran-O'Donnell, MSW, MPH, HIV/AIDS Regional Resource Consultant, US DHHS – Office of Public Health & Science, Office of HIV/AIDS Policy, Region X

Mr. Mohamed Sheik Hassan, MBA, Director, Seattle's Somali Banadir Cultural and Education Center

Ms. Ahoua Koné, JD, MPH; Co-Founder, Seattle Immigration & Family Law Group

Ms. Lyungai Mbilinyi, MPH, PhD, CWAA Board Member and Tanzanian Community

Ms. Farhiya Mohamed, Board Vice President, African Communities Network

Ms. G. Katie Mitchell, BA, Project Manager, Neighborhood House –
Project HANDLE (HIV/AIDS Network Development and Life Skills Experience)

Ms. Tigist Negash, BA, DV Advocate, Refugee Women's Alliance; Graduate Student, School of Social Work, University of Washington

Mr. Michael Neguse, Community Crime Prevention Coordinator, Seattle Neighborhood Group

Ms. Agnes Oswaha, Co-Founder, Hearts of Health Angels for Sudan, Graduate Student, School of Social Work, University of Washington

Mr. Eskinder Sarka, MNPL, Executive Director, Horn of Africa Services

Ms. Aster S. Tecle, MSW, PhC.

Mr. Solomon Tsegaselassie, HIV Testing/Counselor, Center for Multicultural Health

Program Agenda

8:30 - 9:00am Registration & Continental Breakfast

9:00 – 9:10amWelcome Dr. Longondo "Das" Eteni, Founder, Africa Against AIDS..

RADM Patrick O'Carroll, MD, MPH
Regional Health Administrator, Asst Surgeon General
US DHHS Office of Public Health & Science, Region X.

9:10 – 9:30amOverview of (NAHI) Mrs. Margaret Korto, Capacity Development Specialist US DHHS - Office of Minority Health Resource Center.

National Data: Foreign-Born Africans and HIV/AIDS
Roxanne Pieper Kerani, Epidemiologist, Public Health – Seattle & King County.

9:30 – 9:55am **Panel 1: Resettlement and Provision of Services in Seattle/King County**
Co-Moderator(s): Mr. Eskinder Sarka, Executive Director, Horn of Africa Services; and Ms. Farhiya Mohamed, Board Vice President, African Communities Network.

Panelists:
Mr. Bob Johnson, International Rescue Committee
Mr. Yemane Gebremicael, Senior Policy Advisor - Immigrant and Refugee Planner, City of Seattle Mayor's Office.
Ms. Ahoua Kone, JD, Co-Founder, Seattle Immigration & Family Law Group.
Mr. Mohamed S. Hassan, Director, Seattle's Somali Banadir Cultural and Education Center; Community Jobs Program Director, TRAC Associates.

9:55- 11:15 am **Panel 2: Research, Data Collection, and Evaluation**
Co-Moderator(s): Drs. Lyungai Mbilinyi, Board Member, Center for Wellbeing for Africans in America (CWAA) Board Member; and Longondo "Das" Eteni, Founder, Africa Againist AIDS.

Panelists:

Mr. Jim Kent, Senior Epidemiologist, Public Health – Seattle & King County.

9:55- 11:15 am	**Panel 2: Research, Data Collection, and Evaluation** Mr. Solomon Tsegaselassie, HIV Prevention Counselor, Center for Multicultural Health. Dr. Ann Kurth, CNM, RN, Associate Professor, Behavioral Nursing and Health Systems and Dept. of Global Health. Mr. Steve Wakefield, Director, Fred Hutchinson Cancer Research Center's Legacy Project; Advisory Board Co-Chair, University of Washington Center for AIDS Research Ms. Katie Mitchell, Project Manager, Neighborhood House, Project HANDLE. Dr. Bob Wood, Director, HIV/AIDS Control Program, Public Health – Seattle & King County.
11:15-11:25 am	**BREAK**
11:25 – 12:35pm	**Panel 3: Advocacy** Co-Moderator(s): Mr. Mohamed S. Hassan and Ms. Agnes Oswaha, Co-Founder, Hearts of Angels Health for Sudan; Graduate Student, School of Social Work, University of Washington. Panelists: Ms. Karol Brown, JD, Partner, Global Law Partners Mr. Matt Adams, JD, Legal Director, Northwest Immigrant Rights Project. Ms. Harriet Dumba, Co-Founder, Hearts of Angels Health for Sudan, Co-Founder. Mr. David Lee, WA State Training Manger, Northwest AIDS Education and Training Center; Vice President, Governor's Advisory Council on HIV/AIDS. Mr. Solomon Berhe, Community HIV/AIDS Activist.
12:35 – 1:15pm	**Lunch & Keynote Presentation** Ms. Karen Matsuda, MN, RN, Deputy Regional Health Administrator, US DHHS Office of Public Health & Science, Region X. Mr. Christopher Bates, Acting Director US DHHS - Office of HIV/AIDS Policy.

1:15 – 2:25pm	**Panel 4: Education and Outreach** Co-Moderator(s): Ms. Katie Mitchell and Dr. Joseph Ayele, Director, Seattle Affordable Health Services. Panelists: Ms. Donna Bland, Community Health Worker/HIV Testing Counselor, Neighborhood House – Project HANDLE Ms. Tina Abdul-Aziz, Health Educator, Center for Multicultural Health. Mr. Wilson M. Njeri, Youth Chairman, Kenyan Community International Church. Mr. Mohamed Ali, Public Health Educator, University of Washington. Ms. Latanya Horace, Co-Chair, Black Leadership Council on AIDS.
1:15 – 2:25pm	**Panel 4: Education and Outreach** Mr. Ephraim Gebremariam, Medhanialem Ethiopian Evangelical Church.
2:25 – 2:35 pm	**BREAK**
2:35 – 3:35 pm	**BREAKOUT SESSIONS – Select One** **SESSION #1: Research, Data Collection, and Evaluation** Co-Moderator(s): Drs. Lyungai Mbilinyi and Longondo "Das" Eteni. **SESSION #2: Advocacy** Co-Moderator(s): Mr. Mohamed S. Hassan and Ms. Agnes Oswaha. **SESSION #3: Education and Outreach** Co-Moderator(s): Ms. Katie Mitchell and Dr. Joseph Ayele.
3:35 – 3:45 pm	**BREAK**
3:45 – 4:15 pm	**Moving Forward…** Co-Moderator(s): Mrs. Margaret Korto and Dr. Longondo "Das" Eteni.
4:20 – 4:30 pm	**Evaluation & Closing** Moderator: Dr. Longondo "Das" Eteni.

Participant Demographics and Affiliations

Total Number of Participants: N=85

PARTICIPANT DEMOGRAPHICS

City/State	**N=85**
Seattle/WA	42
Everett/WA	1
Olympia/WA	2
Federal Way/WA	1
Kent/WA	1
Ellensburg/WA	1
WA State	2
Portland/OR	1
Total	**51**

ORGANIZATION/AGENCY/PROFESSIONAL AFFILIATION

HIV Provider	13
Community Member/Representative Includes: Community Outreach/Educator/Prevention Education; Community Health Worker; Community Member; Advocate/Community Leader; Activist	11
Government Agency	8
Academics & Researchers including HIV Researchers	6
HIV Provider/CBO	2
HIV Provider/Government Agency	3
Other: Student	1
Other: Social Work	1
Other: None/Nothing Listed	3
None/Nothing Listed	5

Panel Sessions

Overview

The theme of the Seattle/Pacific Northwest NAHI Summit was "Creating Dialogues" and facilitating "Partnerships" at various levels, throughout the local community, with stakeholders at the City, County, and State levels, throughout Region X, and with the National African HIV Initiative Summit Planning team, OHAP and others. Representation and participation were strong from each group as the Seattle NAHI Summit provided a forum for interactive, interdisciplinary dialogue.

The recurring themes were unmistakable as references to opening the dialogue on HIV, youth, cultural competency/fluency, faith-based initiatives, and community engagement were constant.

The summit agenda featured four panel sessions:

1. **African Immigrants and Refugees**
   A panel comprised of African community leaders who provided context and background regarding the history of the African community in Seattle/Pacific Northwest (resettlement and provision of services over time).

2. **Research, Data Collection, and Evaluation**
   Panelists represented Seattle/King County Public Health (STD Control Program), University of Washington (Epidemiology, Global Health, and Center for AIDS Research), Project Handle/Neighborhood House (HIV prevention and education), Washington State Governor's Advisory Council on HIV/AIDS, and Seattle's Center for Multicultural Health.

3. **Advocacy**
   Panelists included the legal director from the Northwest Immigrant Rights Project, a community HIV/AIDS activist who is HIV-positive, two local community activists from Southern Sudan, an immigration lawyer from Global Law Partners, and a social worker serving as the Washington State Training Manager for Northwest AIDS Education Training Center who is also a member of the Washington State Governor's Advisory Council on HIV/AIDS.

4. **Education and Outreach**
   Panelists included community outreach workers from Seattle's Center for Multicultural Health, People of Color Against AIDS Network (POCAAN), Project Handle/Neighborhood House (HIV prevention and education), the youth chairman from the Kenyan International Church in Seattle, and a representative from the Medhanialem Ethiopian Evangelical Church.

Panel Sessions and Discussions
Panel 1: Research, Data Collection, and Evaluation

- **Roxanne Pieper Kerani, MPH, PhD.** an epidemiologist with Public Health – Seattle and King County's STD Control Program shared her national data which underscored the high incidence of African women affected by HIV. Also of interest is the problem of missing country of origin in data collection such that in some areas, classifying HIV cases among foreign-born blacks as occurring in African Americans dramatically alters the epidemiologic picture of HIV (Kerani, 2008). According to Ms. Kerani, country of birth should be consistently included in local and national analyses on HIV surveillance data.

- **Jim Kent, Senior Epidemiologist at Public Health** – Seattle/King County's STD Control Program shared 2008 data indicating that foreign born blacks have a higher incidence of HIV than African American blacks in Seattle/King County. Mr. Kent emphasized the need for culturally competent care as the key to improving prevention and treatment.

- **Solomon Tsegaselassie** – HIV program coordinator, health educator, and HIV prevention counselor at Seattle's Center for Multicultural Health works with the African Immigrant Community in Seattle/King County. Mr. Tsegaselassis discussed how stigma surrounding HIV presents tremendous obstacles to developing capacity in the community as there is an absence of open dialogue. Mr.Tsegaselassis emphasized the need for community leaders and parents to engage with youth about HIV prevention. Currently, Mr.Tsegaselassis is involved with a series of youth workshops taking place within the African faith-based community. Another innovative program is the Community Advisory council which is intended to provide leadership within communities to build capacity and problem solving. This includes Kenyan, Ethiopian, Eritrean, and Somali communities. These councils had already started and are now including active community members who participated in the Seattle NAHI summit.

- **G. Katie Mitchell** – Project Manager, Project Handle (HIV prevention/education) Emphasizing the importance of research and community partnership, Ms. Mitchell cited a 2006 SAMSHA grant Project Handle received to conduct interviews with 1700 women in Seattle's East African community. To encourage participation and improve cultural fluency, Ms. Mitchell's team changed protocol by designing the surveys utilizing community input.

- **Ann Kurth, PhD, CNM, RN** – Associate Professor Bi-behavioral Nursing and Health Systems, University of Washington – *Sexual Concurrency Communication for HIV Prevention among African-American and African-Born Populations*
    - Ann Kurth has recently received funding for this study which is based on sexual network dynamics and HIV transmission. The aim of the study is

develop HIV prevention messages that convey the importance of sexual network dynamics in King County.

- **Steve Wakefield** Co-Chair, University of Washington's Center for AIDS Research emphasized the importance of community-based, participatory research that is available and useful to the community. He underscored the value of opening the dialogue within communities and families and creating a "safe" place to discuss HIV (church, home, among friends and family).

Summary of Discussion: Research, Data Collection, and Evaluation

Participants came up with key issues pertaining to research in terms of what data is available and what needs to be studied to avoid duplication and also to start doing something with available data. Issues around research methods in an area that is stigmatized and how the research participants or subjects are represented were a critical point of discussion. Men having sex with men (MSM) was identified as a new area for future study. The main points were:

- Research methods: Survey's low response versus participatory approach – what works best to address an issue if stigma is attached to it?
- A critical look into how immigrants are represented in research.
- How can personal disclosure be encouraged in research?
- How to ensure safety and confidentiality – 'blind data.'
- Respect of research participants – are researchers and HIV advocates themselves free from stigma?
- How can MSM be disclosed, accepted, and ensure their rights?
- There is a need for data on HIV positive individuals in detention centers
- Pre-natal test as core HIV prevention and education because pregnant women accept HIV test.
- Assess community training needs.
- There is a need for more funds to involve communities, develop capacities, and conduct research.

Panel 2: Advocacy

- **Matt Adams** Legal Director, Northwest Immigrant Rights Project and **Karol Brown,** Partner, Global Law Partners provided background information and an update on the recently repealed HIV-Immigrant travel ban and residency implications for those who are HIV positive. There has been much confusion around the implications of this legislation, so audience members were able to ask questions and clarify issues such as deportation. Immigrants who already have residency status would not be deported if they were newly diagnosed, but immigrants applying for residency status are unlikely to be approved if they are HIV positive.

- **Harriet Dumba**, Co-founder Hearts of Angels for Health – Sudan, a community activist in Seattle, echoed the recurring theme of the need for cultural competence, and emphasized the importance of representation from immigrant communities in HIV/AIDS policy.

- **Solomon Berhe** a community HIV/AIDS activist, originally from Ethiopia, provided a powerful testimonial about his experience disclosing his diagnosis and living with HIV. He spoke of the need to remove the secrecy and open the dialogue particularly within faith-based organizations.

- **David Lee**, MSW, MPH, LCSW Washington State Training Manager for Northwest AIDS Education Training Center and a member of the Washington State Governor's Advisory Council on HIV/AIDS (GACHA), provided a summary of key findings from the 2007 report entitled, HIV in the Black Communities of King County Forum (September 18, 2007). Key points: community members aren't seeking services because of language barriers, including lack of information written in appropriate language, fear of deportation, fear of stigma and loss of social support, not hearing about HIV from their physicians, or being offered routine HIV testing, and lack of appreciation that HIV is a problem in the U.S. as well as Africa.

Summary of Discussions: Advocacy

The discussions focused on "what needs to be done" to create ways in which communities, HIV positive individuals and service giving institutions could be reached, followed by core questions that should be addressed in the future that include:

- What systems are there for African immigrants and refugees? What can Human Services do? How can both community and institutional levels speak to what is on the ground?
- There is a need for a thorough assessment of Human Services.
- How existing data on HIV/AIDS amongst African immigrants and refugees in King County could be used for planning and policy purposes that help advocates

call for a holistic approach to health, facilitate access to HIV test, treatment and care, etc.

- Focus on making HIV/AIDS and African immigrants central issues for policy makers.
- Building 'trust' as key to research and advocacy to increase community participation.
- How can African immigrant and refugee communities know their rights and make use of public benefits?
- How can immigration laws and provisions that ban HIV positive immigrants entry to the U.S. be addressed.
- There is a need to look for and learn from sustainable, cheap, affordable and rapid testing processes from international experiences

Panel 3: Education and Outreach

Tina Abdulaziz, Health educator for Seattle's Center for Multicultural Health, spoke of the challenges that face the outreach effort. These include the need for more community engagement in HIV prevention particularly from community leaders as they have the status and the influence to make change, particularly in immigrant communities. As a community outreach worker, Ms. Abdulaziz emphasized the need for increased funding and for public health and community to work together.

Wilson M Njeri, Youth Chairman at the Kenyan Community International Church in Seattle continued the theme of encouraging open dialogue, particularly with youth. He discussed the importance of recognizing that not talking about HIV is reinforced by fear, and that the church should be a place to alleviate fear.

Latanya Horace, Black Leadership Council on AIDS illustrated the commonalities between African Americans and African Immigrants: health issues (high incidence of HIV, diabetes, etc.), lack of preventive health care, high incidence of domestic violence, and challenges communicating with youth. Ms. Horace emphasized the need for peer advocacy and cited examples of how this succeeded within the African American community. Ms. Horace's message was the common struggle and how coalition building will strengthen, not divide.

Donna Bland, Certified HIV Tester and Counselor (Project Handle) has worked in HIV prevention and education in Seattle for 12 years. She emphasized a youth focus and a need for increased funding. Her message regarding cultural competence was clear, "the community needs outreach workers who look like them," who will make them feel comfortable.

Ms. Bland also spoke of the community's responsibility to open the dialogue, particularly with kids - to read what they're reading, to listen to their music, and not be afraid to engage.

Ms. Bland's advice: " When talking to kids about HIV, meet them where they're at." The impact of poverty on women and how that may lead to prostitution and transmission of HIV was also highlighted.

Ms. Bland echoed Latanya Horace's message regarding the importance of African Americans and African Immigrants to stand together in the fight against HIV/AIDS.

Summary of Discussions: Education and Outreach

The main point discussed in this panel was to come up with innovative ways of education and out reach that direct us towards concrete solutions. Use of technical innovations, religious sites and/or leaders, and expanding interest groups around HIV/AIDS were focused including:

- Basic principle should be " meeting communities and individuals where they are at."
- How can the "dialogue" about sex and HIV address the fear constructed around HIV/AIDS?
- Design how NAHI can help African immigrants and refugees know about HIV/AIDS, available resources and services, and create a safe space to talk about sex and HIV while embracing their culture.
- Address barriers on a single bases while situating them within a broader context.
- How/do we address the impacts (isolation, abandonment, discrimination, denial, ...) and/or challenge existing barriers (language, cultural + attitude to health care, social, political, economic, religious, ...)?
- Target faith based institutions, schools, and parents, and women and youth for education and outreach to raise the level of concern as a priority issue amongst immigrants
- Reaching African youth through technical innovations.
- Build rapport amongst HIV positive individuals, and communities (women/girls to women/girls; women/girls to men/boys; men/boys to men/boys; men/boys to women/girls; parents to children).
- Learn from other NAHI experiences, communities and agencies
- Identify and involve gate keepers, such as elders and church leaders, as cultural brokers.
- Develop support communities and groups of interest around HIV/AIDS
- What does 'cultural competency' mean in practice? Maybe we can replace it with 'cultural fluency.'
- Identify community training needs: leadership skills, capacity building, and technical expertise in HIV.

EVALUATION

	STRONGLY AGREE 1	AGREE 2	SOME WHAT AGREE 3	SOME WHAT DISAGREE 4	STRONGLY DISAGREE 5	TOTALS	AVG RATING
1. Increased understanding about NAHI's Overall Goal	28	14	6	1	1	50	**1.596**
2. Increased understanding of Advocacy Objective	27	17	6	-	1	51	**1.65**
3. Increased understanding of Education and Outreach Objective	29	13	8	-	1	51	**1.6**
4. Increased understanding of Research, Data Collection, and Evaluation Objective	26	18	4	1	1	50	**1.66**
5. Increased awareness of Challenges/Barriers in HIV Prevention and Education for African refugees and Immigrants	30	17	2	1	1	51	**1.55**
TOTALS	**140**	**79**	**26**	**3**	**5**		

The Way Forward

Margaret Korto and Christopher Bates led a dynamic session that integrated all of the panel sessions. Focusing on the recurring themes of opening the dialogue, targeting youth, cultural competency/fluency, faith-based initiatives, and community engagement, it was noted that talking about sex should be normalized and that those who feel comfortable have the responsibility to talk to the youth and the communities.

There was a discussion on who takes the responsibility of educating youth about HIV, the parents or schools? Mr. Bates responded to this by emphasizing that sex education is the responsibility of parents, not schools. Or, if communities feel strongly enough about school involvement in HIV prevention education, they need to organize and put pressure on school boards. A community member indicated that culturally, it would be unthinkable for an African immigrant to discuss HIV with the schools. It was marked that community organizing and coalition building is central for change.

An audience member suggested using a multi-faith working group as a tool to "re-position" sex as "clean" in an effort to open dialogue. This idea was strongly supported by participants. Christopher Bates encouraged the idea promising that he would send a delegate from Washington if Seattle puts together such a multi-faith working group.

An audience member inquired about the Black AIDS report, Mr. Bates general thoughts, and the issue of unpaid volunteers in the fight against AIDS: Mr. Bates emphasized the need for advocacy to make substantive changes to AIDS policy. Regarding unpaid volunteers, Mr. Bates explained that federal funds are allocated to various organizations, but the Federal government can't dictate how funds are distributed.

Acknowledgements

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Contributors and Supporters

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Office of Women's Health, Region X

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In-Kind Donations

Kitu Kizuri Magazine

Noah's Bagels – University Village, Seattle, WA

Puget Sound Consumers Co-op (PCC) - View Ridge, Seattle, WA

Starbucks Coffee Company - Seattle, WA

US Dept. of Health and Human Services
Office of Public Health & Science, Region X

WASHINGTON, DC SUMMIT REPORT

September 11-13, 2008
Rockville, MD 20850

Executive Summary

This report provides a summary of the proceedings from the NAHI Washington, DC summit. The main objectives of the Washington, DC, regional summit were to (i) provide a forum for the previous regional summits to present their reports, and (ii) provide an opportunity for the Washington, DC, community and stakeholders to support the NAHI goals.

Topics discussed at the summit included (i) outreach initiatives that could help identify similarities within the African immigrant community as a starting point in addressing HIV/AIDS issues, (ii) advocacy issues regarding information dissemination on HIV/AIDS and how to navigate the US healthcare system, (iii) importance of HIV surveillance to subgroup African immigrant HIV/AIDS data, (iv) research initiatives, (v) program evaluation, (vi) sex education for the African immigrant youth, (vii) showcasing programs that have worked among African immigrant communities, (viii) reports from other regional NAHI summits, (ix) results from different community based research, and (x) the way forward / next steps for the community.

The Washington, DC, regional summit was sponsored by the Office of Minority Health Resource Center (OMHRC) in collaboration with the National Minority AIDS Education and Training Center (NMAETEC), Howard University College of Medicine, Montgomery College AIDS Awareness Resource Center, and Takoma Park/Silver Spring Continental Africans in Montgomery County.

Summit participants represented several community based organizations (CBOs), non-governmental organizations (NGOs), faith based organizations (FBOs), national agencies, universities, business entities, health care agencies and, state and federal agencies. The table below illustrates attendance breakdown by agency category.

AGENCY CATEGORY	COUNT
CBOs / NGOs	14
National Agencies	11
Universities	11
Businesses	11
Health Care Agencies	7
State Government Agencies	5
Federal Government Agencies	3
Faith-Based Organizations	2

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Overview

This report provides a summary of the proceedings from the NAHI Washington, DC summit. The main objectives of the summit were to (i) provide a forum for the previous regional summits to present their reports, and (ii) provide an opportunity for the community and stakeholders to support the NAHI goals.

Summit Program

The focal point for the Washington, DC, summit was to bring together community organizations, leaders, policy makers, researchers, and other stakeholders to address health issues relevant to the African immigrant and refugee communities living in the United States of America.

This three-day summit program included a plenary, panel discussions, breakout, and question-and-answer sessions. Activities to forge the way forward and draft recommendations were also conducted.

The first day of the summit dwelled on outreach initiatives that could help to identify similarities within the African immigrant communities as a starting point in addressing HIV/AIDS issues. This argument was based on the fact that Africans speak different languages and dialects at home, and there is the assumption in the general community that all Africans speak English, Spanish, or French. This assumption makes providing culturally and linguistically appropriate materials for the community more complex. Advocacy issues regarding information dissemination on (i) HIV/AIDS and immigration status and (ii) how to navigate the US healthcare system were emphasized. This was deemed important especially among agencies working with the African immigrant communities in the country.

The second day of the summit highlighted the importance of HIV surveillance programs that will disaggregate African immigrant HIV/AIDS data from that of the other black communities in the United States. This was considered to be significant for policy making. This session also highlighted the need for supplementary research initiatives and program evaluation for the African immigrant community. The day was heightened by health issues pertaining to the African immigrant youth. Both panelists and the participants focused on the apparent lack of sex education to youth by their parents and the community at large.

The third and last day of the summit showcased best practices of programs that have worked among African immigrant communities in different parts of the United States. Reports from previously held regional NAHI summits were presented as well as relevant findings from different community based research. Summit participants also brain-stormed and made suggestions on how to forge a way forward for action on health issues affecting the African immigrant community.

Education and Outreach Panel

The morning session, on day one of the summit, was centered on education and outreach efforts among the African refugee and immigrant communities.

Moderator: Dr. Ismail S. Gyagenda, Professor - Mercer University

Panelists:

Dr. Kwaku Laast, physician executive - Johnson Health Center
Ms. Chioma Nnaji, program manager - Multicultural AIDS Coalition
Mr. Dave Moktoi, award winning comedian and HIV consultant
Dr Chamberlain Diala, vice president – Academy for Educational Development
Dr. Sharon Morrison, professor at University of North Carolina

Key Points:

- Spoke about diversity among Africans – but also have commonalities.
- Cultural behaviors among African immigrants are same as those in Africa.
- There is a need for African immigrants to learn how to network.
- False sense of security among Africans in the US that HIV is no longer an issue.
- HIV has serious stigma – comedy can help fight stigma.
- Need to use proverbs in HIV messaging targeting the African population.

Challenges:

- Strategizing and communicating
- Funding – identifying partners, networks.,
- No opportunities for partnering?
- Identifying HIV materials that are culturally appropriate.
- Tailored messages for target groups.
- Talking about sex.

Summary:

The panelists spoke about the African community as a diverse group of people with different cultures and languages. However, emphasis was put on the similarities within the community which can be a starting point in addressing the issues of HIV/AIDS. Africans speak different languages and dialects in their homes, and there is the assumption in the general community that all Africans speak English, Spanish, or French. This assumption makes providing culturally and linguistically appropriate materials for the community complex.

HIV/AIDS stigma is multilayered within the African community both abroad and here in the US. Most Africans still associate an HIV/AIDS diagnosis with a death sentence. HIV related stigma in the African community is strongly influenced by negative experiences of HIV in Africa where medical care is limited. There is a strong association between HIV and death. Medications are not so available in most countries, so the moment you are associated with HIV then you are considered "dead." Many cultures contain stories teaching avoidance of the dead and dying. It is important that those working in healthcare, treating, testing, or counseling Africans be aware of the high levels of stigma in the African community.

As documented, most HIV/AIDS diagnoses within the African community are associated with heterosexual sex. Likewise, even the appearance of immorality becomes a barrier to frank discussions and testing. Since sex is considered private between two people in the African community, outreach workers find it hard to get clients to even talk about sex.

The issue of immigration was identified as another barrier against testing, counseling, and even accessing care. Documented and undocumented Africans fear deportation, some believe that an HIV/AIDS diagnosis can be grounds for deportation. More education about the immigration process is needed for the community. Many professionals working with African immigrants need additional training, including current healthcare workers. Dr. Goulda of the National Minority AIDS Education Training Center

(NMAETC) said, "There is a need to address stigma among clinicians." This year the NMAETC is producing their cultural competency manual on Africans and needs African clinicians to help with this effort.

Effective, practical, culturally appropriate materials need to be developed to assist in outreach efforts that educate the African community. NAHI was able to provide examples of agencies across the country that are working to build and support African communities across the United States. The agencies NAHI worked with include the African Services Corporation in New York, Lowell Community Center in Massachusetts, Multicultural AIDS Coalition in Boston, AIDS Care Group in Pennsylvania, and African Advocates Against AIDS in North Carolina.

Mrs. Angela Ogbolu, editor and chief of Kitu-Kizuri magazine, talked about the need to have a forum where African women can address their health issues. She talked about the various women featured in her magazine who were in the community working to help HIV positive women in the US.

Keynote Address - I

Christopher Bates, Director, HHS Office of HIV/AIDS Policy (OHAP) was the luncheon keynote speaker. Mr. Bates provided a brief overview of the Minority AIDS Initiative, which was a principal funder of NAHI. Mr. Bates said his office wants to advance HIV Prevention Policy for all communities and populations in the US, which is core to responding to the epidemic by making HIV testing routine in an effort to help fight stigma. He stressed the need for clinicians and those who work with the public in health to become comfortable talking about sex. Clinical settings need to be prepared to have conversations about HIV/AIDS and the various testing methods including rapid HIV testing methods.

Mr. Bates addressed the need for outreach to pregnant women with limited or no access to care. Mr. Bates office is working on a new A-B-C Policy which he hopes will be drafted by November 2008, this will be an important strategy for prevention. He encouraged the African healthcare workers to advocate for themselves and their constituency to participate in clinical trials. Mr. Bates spoke on the importance of the Minority AIDS Initiative Funding and Advocacy within the minority communities. He emphasized the need for indigenous providers serving respective communities, "multicultural" representation of diverse faces in CBOs and ASO's. What is needed is "cultural fluency" not competency. "Cultural fluency" focuses on understanding, appreciating and working with differences within a culture or community.

Advocacy Panel

The afternoon session, on day one of the summit, was centered on advocacy strategies.

Moderator: Dr. Hassan Danesi, Prevention Manager - AHADI

Panelist:

Ms. Evelyn Joe, CEO - Continental African Group of Montgomery County
Ms. Tiguida Kaba, Executive Director - African Family Health Organization
Ms. Amanda Lugg, Community Advocate - African Services Committee
Ms. Carin Siltz, CEO - African Advocates Against AIDS of North Carolina

Key Points:

- Lifting Travel Ban**.
- Lack of organization in African community.
- Lack of translation of advocacy materials in major African languages.
- Modeling advocacy programs that have worked in other communities.

Summary:

Fear of deportation was one of the issues brought up; Carin Siltz of the African Advocates Against AIDS talked about the lack of information on HIV and Immigration. She highlighted the need to provide advocacy training to agencies working with the African communities around the country. Negotiating and accessing the US healthcare system was identified as very difficult and cumbersome for the community especially for HIV/AIDS patients.

**** Since the creation of this report the travel ban for persons diagnosed with HIV/AIDS was lifted in January 2010.**

Keynote Address - II

Ms. Mirtha Beadle (Deputy Director, Office of Minority Health, OPHS/OS), provided the keynote address on the second day of the summit. Her address focused on the impact of policy on immigrant populations. Ms. Beadle defined what policy is, its development ,and use. She talked about what policy means in the government sector, private sector, groups and to individuals. She explained the need for those working in the African community to be aware of the fact that without a policy in place to address their issues no

change will come. She explained the issue attention cycle, and urged the community to organize, expect results, and communicate the results. Details of her presentation can be found in Appendix DC-C.

Data Collection, Evaluation, and Research Panel

The morning session, on day two of the summit, was centered on data collection, evaluation, and research programs in the African immigrant community.

Moderator:Dr Chamberlain Diala, Vice president – AED

Panelist:

Dr. Jose Arbelaez, Maryland Dept. HIV/AIDS Division
Dr. Emmanuel Koku, - Department of Culture & Communication, Drexel
Mr. Thierry Ekon Amegona, New York City Department of Health & Mental Hygiene, NY
Ms. Juliet Berk, contract manager - HIV/AIDS Bureau of MA Dept. of Health
Dr. Ijeoma Otigbuo, professor of biology, Montgomery College

Key Points:

- The need for HIV surveillance programs to start separating African HIV/AIDS data from other black communities.
- Health departments need to work with community to produce tools and strategies necessary to collect client level data.
- Researchers need avenues to publish their work with the African community.
- Government entities and funders need to be engaged in allocating funding specifically for work to be done in the African communities in the US.
- Need for more community participation in research.

Summary:

The Deputy Director of the Office of Minority Health provided needed information on policy. She highlighted the need for the African community to start collecting data in order to create/inform policies. She also acknowledged the fact that African data is most often "bunched" with African American data.

The panel consisted of epidemiologists, evaluators, and researchers. Dr. Arbelaez provided documentation on the limited data on African HIV/AIDS patients covering Washington, DC, Maryland, and Virginia. These limited data were however alarming, showing high incidences of HIV among Africans in the metro area. A passionate

discussion ensued on why the data collection sections of health departments need to start collecting data on Africans. The National Association of State and Territorial AIDS Directors (NASTAD), which works with the health departments around the country, wants to work with the Office of Minority Health Resource Center to see what can be done to change data collection methods and practices among health departments.

Dr. Thomas presented on the need for evaluation of projects. She provided definition of the different types of evaluation and the frameworks. Dr. Thomas encouraged researchers and those working within the community to start addressing the service gaps, funding realities, roadblocks and encouraged the sharing and publishing of research. Dr. Cranston from the Massachusetts Department of Health, HIV/AIDS Bureau addressed the need for the community to be involved in successful implementation of programs. Dr. Cranston highlighted the work being done in Massachusetts and how management needs to work closely with community representatives to make this work.

Panelists talked about the lack of uniform data collection across states and how difficult it is to identify which states did or did not collect separate data on the client level. Outreach workers in the audience talked about the difficulty in asking about sex during risk assessment intake and assessments because that might just stop the process.

There was a huge debate about whether polygamy played a part in the high incidence rates. Two researchers on opposite sides of this debate made it very interesting but also it highlighted the difficulty of identifying all the possible infection venues.

Dr. Morrison and Dr. Ijeoma, addressed the need for researchers in the African communities in the US to use mythological and cultural competency together in order to accurately capture information needed on this population.

There was a suggestion from the audience to engage the refugee populations resettled around the US and start collecting their data since they also makeup the African population here in the US. As was mentioned throughout this summit we need data, without it nothing is going to happen.

African Youth and HIV/AIDS

The afternoon session, on day two of the summit, focused on the plight of the African youth and the resultant health challenges of the HIV/AIDS epidemic.

Moderator: Ms. Margaret Korto, Capacity Building Specialist - OMHRC

Presenter: Dr. Ijeoma Otigbuo

Key Points:

Dr. Ijeoma Otigbuo presented on the issues facing African youth. There was to be an HIV/AIDS positive African youth who canceled at the last minute. Once a gain, a primary issue addressed in this section was the stringent stigma associated with HIV/AIDS within the African community. Dr Otigbuo addressed the lack of sex education to youth by parents. There was a lively and passionate discussion on the taboo of sex within African families. Panelist with PhDs including Dr. Otigbuo spoke about how hard it is for even them to approach the word "sex" with their children. Dr Koku, a researcher at Drexel, confessed this was the first time he had been involved in talking about sex in public and needed help with talking to his young children about sex. Most of the audience, 38 and over, spoke about how hard it is for them to address private body parts by their names or even aloud, while the younger African generation felt comfortable talking about sex.

If well-educated people who work in the HIV/AIDS can't talk about sex to their own children then there is a lot of work that needs to be done in the African community. How can we make talking about sex culturally okay? Perhaps, this is a debate for next time.

Report Back

Day three of the summit focused on report back from the regional summits that were previously held. Report was first presented by NAHI - Atlanta, GA; followed by NAHI - New England; and NAHI - Seattle, WA respectively. Please see Appendices DC-D and DC-E, for detailed presentation.

Rare Report from Atlanta, GA

Atlanta was one of the cites funded by the Office of Minority Health to conduct a community based research using the Rapid Assessment Report and Evaluation (RARE) technique. Wardah Mummy Rajab-Gyagenda, PhD, presented relevant findings from this project. Please see appendix DC-F for a detailed presentation.

Community Research Report from Seattle, WA

Dr. Longondo "Das" Eteni, director of AFRICA AGAINST AIDS also presented findings for The African Immigrant Project (2002-2003) in Seattle/King County. Please see appendix DC-G for a detailed presentation.

The Way Forward

The summit provided participants with an opportunity to brain-storm and make suggestions on how to forge a way forward for action on health issues affecting the African immigrant community. Action steps were derived mainly from presentations on (i) data collection, research, and evaluation, (ii) advocacy initiatives, and (iii) education and out reach efforts. A summary of suggested action steps are out lined in the table below.

Action Steps

Data Concerns

12 Month Action Steps	Other Points
Start conversations & advocacy with the Census Bureau and national state & local data repositories • Data clarity • Disaggregate data	**Disaggregation & dissemination of data**
Needs assessment or Capacity building for all levels of program evaluation	**Lack of Program Level Data**
Identifying/Networking dissemination of best practices/models for designs and methods	**Inappropriate designs and methods**

Advocacy

12 Month Action Steps	Other Points
Accessing the Healthcare System (information)	**Education needs are very real**
Lack of Representation	**BRTA/LRTA (small business owners)** • **business responses** • **Africans on CPG/RW planning bodies** • **Invite state legislative delegates to NAHI**
The need for "Advocacy 101" in the African communities	• **Involve community leaders** • **Assess review of existing curricula** • **Workshop/annual health fairs vs advocacy** • **Meeting w/ AA leaders**

Education & Outreach

12 Month Action Steps	Other Points
Addressing ignorance, stigma, culture	• **Produce information, competent materials. Use of media & technology.** • **Using modalities to include comedy, music, etc.** • **Offer workshops seminars on stigma (providers & community members)** • **Create national network for African Immigrants living with HIV** • **Identify partner with minority serving agencies across the US** • **Identify/target small and developing organizations** • **Offer training for clients/providers, CBOs, FBOs, regarding cultural competency** • **Partner, train & strategize with Faith Leaders to have them more engaged with HIV issues** • **Increase use, information & participation of Clinical Trials** • **Youth need to be re-targeted with appropriate outreach modalities/messages (PSA, and TV/radio stations & channels = BET, TV One, etc)** • **Create toll free hotline for African Immigrants about HIV (1-800-342-AIDS) in languages, etc** • **Consider creating a yearly National HIV/AIDS Immigrant Awareness Day with logo, activities, etc. possibly have CDC publicize the event)**

Conclusion

HIV-related stigma and discrimination severely hamper efforts to effectively fight the HIV and AIDS epidemic. Fear of discrimination often prevents people from seeking treatment for AIDS or from admitting their HIV status publicly. People with (or suspected of having) HIV may fear being turned away from healthcare services and employment, or refused entry to a foreign country. In some cases, they may be evicted from home by their families and rejected by their friends and colleagues. The stigma attached to HIV/AIDS can extend to the next generation, placing an emotional burden on those left behind.

Denial goes hand in hand with discrimination, with many people continuing to deny that HIV exists in their communities. Today, HIV/AIDS threatens the welfare and wellbeing of people throughout the world. Combating stigma and discrimination against people who are affected by HIV/AIDS is vital in the process of preventing and controlling the global epidemic.

So how can progress be made in overcoming this stigma and discrimination? How can we change people's attitudes towards AIDS? A certain amount can be achieved through the legal process. HIV postive immigrants sometimes lack knowledge of their rights in society. They need to be educated, so they are able to challenge the discrimination, stigma, and denial that they meet. Institutional and other monitoring mechanisms can enforce the rights of people living with AIDS (PLWHA) and provide powerful means of mitigating the worst effects of discrimination and stigma.

However, no policy or laws alone can combat HIV/AIDS related discrimination. The fear and prejudice that lie at the core of the HIV/AIDS discrimination need to be tackled at the community and national levels. A more enabling environment needs to be created to increase the visibility of people with HIV/AIDS as a 'normal' part of any society. The presence of treatment makes this task easier; where there is hope, people are less afraid of AIDS; they are more willing to be tested for HIV, to disclose their status, and to seek care if necessary. In the future, the task is to confront the fear-based messages and biased social attitudes, in order to reduce the discrimination and stigma of people who are living with HIV or AIDS.

Appendix AA
ATLANTA SUMMIT PROGRAM

ATTENTION TO HEALTH EDUCATION IN THE AFRICAN DIASPORA

NATIONAL AFRICAN HIV/AIDS INITIATIVE

"Health Issues and Faith"

PROGRAM

SESSION	TIME	LOCATION
DAY ONE		
Registration & Breakfast	8:00am - 9:00am	LOBBY
Welcome and Networking Session	9:00am - 9:30am	Auditorium
Panel I: Health challenges of African immigrants Community Activist Perspective Provider Perspective Consumer Perspective Researcher Perspective	9:45am - 11:00am	Auditorium
Panel II: Health and faith among African immigrants Role of faith in health Challenges of integrating health and faith Supporting faith leaders Sharing best practices	11:15am - 12:30pm	Auditorium
Lunch & Keynote Address: 12:40pm - 2:15pm		
Breakout Sessions Infectious / Chronic diseases Role of faith in health	2:25pm - 3:25pm	Room 1 Room 2
Report back	3:30pm - 4:15pm	Auditorium
DAY TWO		
Registration & Breakfast	8:00am - 9:30am	LOBBY
Panel I: The National African HIV/AIDS Initiative Overview & Background Advocacy Education and outreach Data collection, research, and evaluation	9:45am - 11:30am	Auditorium
Lunch & Keynote Address: 12:00pm - 1:45pm		
Breakout Sessions Collaboration/Networking Resources Advocacy strategies	2:00pm - 3:00pm	Room 1 Room 2 Room 3
Report back	3:30pm - 4:15pm	Auditorium
Closing Ceremony		
SCREENING & TESTING ALL DAY		

Mercer University
3001 Mercer University Drive

Atlanta, GA 30341-4155

November 30 - December 1, 2007

Appendix NE-A

BIOGRAPHIES

Moderators, Panelists, and Luncheon Speaker

Data Collection, Research & Evaluation Moderator: Kevin Cranston
Panelists: James Murphy, Amadou Diagne, Sergut Wolde-Yohannes, Dr. Hugo Kamya, Thierry Ekon

Kevin Cranston is the Director of the Massachusetts Department of Public Health (MDPH) HIV/AIDS Bureau, and was formerly Deputy Director for Policy and Programs and Director of AIDS Prevention and Education at MDPH, as well as the AIDS/HIV Program Director at the Massachusetts Department of Education. Prior to government work, Kevin was an adolescent HIV prevention specialist at the Boston Children's Hospital, where he helped initiate the Boston Street Youth Outreach Project. He also helped found the Boston Alliance of Gay and Lesbian Youth (BAGLY). Kevin holds a Master of Divinity degree from Harvard Divinity School where he served as a visiting lecturer for four years. He was the immediate past Chair of the National Alliance of State and Territorial AIDS Directors (NASTAD) and serves as a technical assistant through NASTAD's Global AIDS Technical Assistance Program having worked with the national AIDS control programs of the Federal Republics of Nigeria and Brazil and the Eastern Cape Province of South Africa.

Amadou Diagne completed one year of studies at the School of Medicine and Pharmacy of the University of Dakar in Senegal (West Africa), before transferring to the University of Wisconsin-Madison where he graduated with B.Sc. degrees in Bacteriology and Nutrition. He later joined the Epstein-Barr Virus (EBV) research group of the Mc Ardle Laboratory for Cancer Research at the University of Wisconsin-Madison, working as a Research Specialist.

In 1986, Amadou co-founded the UCLA AIDS Institute Virology Laboratory which he ran until 1996. While at UCLA, he collaborated with the AIDS Clinical Trials Group (ACTG) on several projects including the standardization of quantitative culture techniques to measure viral load (VL) and the evaluation of experimental treatments on VL in HIV/AIDS patients as well. He also helped develop techniques for studying viral Pathogenesis and tropism, while setting up training programs in basic virology laboratory techniques for post-doctoral and graduate students at the UCLA School of Medicine.

Amadou has co-authored several peer-reviewed papers published in journals such as Nature, AIDS, Journal of Infectious Diseases and the New England Journal of Medicine. He has also given oral and poster presentations at National, Regional and International

HIV/AIDS conferences. In addition he is responsible for the isolation of JRCSF and

JRFL; dual tropic HIV viruses that have been characterized and are widely used in HIV research today. Amadou has been a Medical Scientist specializing in HIV since 1999.

In 2003, Amadou joined the Medical Affairs' Team of Gilead Sciences as a Medical Scientist covering the Northeast, Mid-Atlantic and Central regions working on HIV / AIDS and Hepatitis B. Amadou is the recipient of Awards from the Right Foundation and The Faith Community Partnership of Philadelphia/Wilmington for services to the HIV/AIDS Community. He is on the Medical Advisory board of MANNA, a Philadelphia-based ASO and the Board of Directors of SACAIDS a New York based ASO.

Thierry Amegnona Ekon is a native of Togo, West Africa with extensive experience in domestic and international HIV prevention, care, treatment and Sexual Reproductive Health (SRH). In the late 80's, in West Africa, he contributed to numerous IPPF funded STIs' Prevention Projects as a community organizer and translator. Mr. Ekon immigrated to the United States in 1989. After completing a graduate degree (international development) at Clark University, Worcester, MA he was hired by Community Healthlink as an AIDS Housing HIV Case Manager, and became the director of that program. Afterwards, he joined the AIDS Bureau of the Massachusetts Department of Public Health (MDPH) as an AIDS Contract Manager. He co-led the effort to create and publish the first comprehensive quality improvement/standards of care for AIDS residential programs in MA.

Following five years at the AIDS Bureau of the MDPH, Mr. Ekon joined Planned Parenthood of New York City as Senior Program Officer for Africa. In this position, he helped integrate HIV prevention in the agency's work in Africa and successfully obtained funding for new HIV programs in the region. In Central Africa, Mr. Ekon established a multi-country, UN-funded initiative to build and reinforce gender equity and HIV prevention for youth. In Zambia and South Africa, he provided technical assistance to Community Based Organizations (CBOs) to acquire their own financial support.

Mr. Ekon is the HIV Prevention Coordinator for the New York City Department of Health and Mental Hygiene to expand programs to the most disenfranchised areas of Harlem, New York City. His work includes partnering with New York City Housing Authority (NYCHA) to bring HIV testing and prevention to their residential complexes. He has also prepared a gap analysis to respond to program needs in Harlem, and supervised the institution of new systems for condom distribution. He is currently

working on a research project to assess the impact of HIV on Africans and ways to better reach this community. He is also conducting a community survey to assess HIV testing capacity in Harlem.

Sergut Wolde-Yohannes is a graduate of Boston University School of Public Health and School of Education. She is a Public Health Practitioner, Researcher and Educator.

Currently, she is the Regional Coordinator of the Boston Regional Office of Refugee and Immigrant Health Program (RIHP) at Massachusetts Department of Public Health.

Before joining RIHP, Sergut worked as Director of Programs at Refugee and Immigrant Assistance Center (RIAC), a community-based non-profit organization that provides resettlement, social and health services to refugees and immigrants in Greater Boston,

North Shore and West Massachusetts. She also has worked at the New England Research Institutes, Inc. (NERI), a private public health research firm as Associate Research Scientist and at Boston University School of Public Health as a lecturer and Research Fellow/Research Data Analyst. She has served as co-principal investigator, Program Evaluator and Project Director on many local, national and international programs including HIV/AIDS, domestic violence, intimate partner violence (IPV), substance abuse and female genital mutilation. She was also a recipient of ASPH/CDC/ATSDR Fellowship as part of her graduate studies and served as a Joel Kleinman Memorial Research Fellow at the National Center for Health Statistics, Women and Children Health Branch, Hyatsville, MD. Since 1991, Sergut has been involved in refugee health issues and travels to provide reproductive health and cultural orientation workshops to African refugees and cross-cultural competency training to social and health care providers.

James Murphy has been working as an HIV/AIDS epidemiologist since 1993. He is currently the Director of the HIV/AIDS and STD Surveillance for the Massachusetts Department of Public Health in the Bureau of Communicable Disease Control. He was previously an HIV/AIDS epidemiologist with the Chicago Department of Public Health from 1994 until May 2001. He was the Director of the Office of HIV/AIDS Surveillance for the Chicago Department of Public Health from July 1997 until May 2001. He has presented on topics in HIV/AIDS epidemiology at numerous local, state and national conferences in the past and has published original research in several peer-reviewed professional journals. He is currently a government appointed member of the Massachusetts HIV Prevention Planning Group.

Mr. Murphy earned a Masters degree in Public Health from the Boston University School of Medicine and Public Health with concentrations in the areas of Epidemiology & Biostatistics and Health Behavior, Health Promotion, & Disease Prevention in 1991. He earned a Bachelors degree in Biological Sciences from the University of Chicago in 1987.

Hugo Kamya, Ph.D. is Associate Professor at Simmons College teaching in the Practice Sequence and the Doctoral Program. He has taught at Boston College, Boston University and the Family Institute of Cambridge and is one of the founding members of the Boston Institute for Culturally Accountable Practices (BICAP). His background combines the practice and training in psychology, social work and theology. His interests include collaborative family services to children living in HIV-affected families, trauma, immigration, spirituality, narrative and group work. He has conducted research with immigrants, HIV/AIDS and spirituality. He is the recipient of the Economic and Social Justice Award from the American Family Therapy Academy for his work with

unaccompanied minors from the Sudan. Over the years, he has facilitated bilateral citizen exchanges between the U.S. and Uganda through his interests in international social work.

Advocacy Moderator: Amanda Lugg
Panelists: Sombo Mweemba, Tione Chilambe, Dr. Frenk Guni, and Cristine Velez

Amanda Lugg was born in London England of Ugandan and British parentage. Amanda grew up in the Middle East and first moved to the US in 1985. Amanda moved from California to New York City 1993 where she began her work in HIV/AIDS with the AIDS food program, "God's Love We Deliver" and later at Gay Men's Health Crisis, the oldest and largest community-based AIDS service organization in the country. In 1999 Amanda began her work with the African immigrant community as the HIV Housing Coordinator at African Services Committee in Harlem. African Services Committee (ASC) is a 25 year-old nonprofit organization based in Harlem, dedicated to improving the health and self-sufficiency of the African community in New York City. In 2001 ASC opened the first of four free voluntary HIV testing centers in Ethiopia.

In 2002 Amanda moved to the position of Community Advocate and as the program coordinator for the Independent Living Skills Program Amanda works to integrate direct service with community mobilization and policy advocacy to address issues of immigration, health disparities, access to care, and the global AIDS crisis at the local, national and international level.

Amanda is a member of the direct action group ACT UP New York, a diverse, non-partisan group of individuals united in anger and committed to direct action to end the AIDS crisis. She also serves as a board member for Health GAP (Global Access Project) an organization of U.S.-based AIDS and human rights activists, people living with HIV/AIDS, public health experts, fair trade advocates and concerned individuals who campaign against policies of neglect and avarice that deny treatment to millions and fuel the spread of HIV. Health GAP is dedicated to eliminating barriers to global access to affordable life-sustaining medicines for people living with HIV/AIDS as key to a comprehensive strategy to confront and ultimately stop the AIDS pandemic. We believe that the human right to life and to health must prevail over the pharmaceutical industry's excessive profits and expanding patent rights.

Cristina Velez is a staff attorney at HIV Law Project, where she represents immigrants living with HIV/AIDS. Prior to joining HIV Law Project, Cristina worked for a private immigration law firm, where she engaged in family immigration, removal defense, and asylum work on behalf of undocumented immigrants. She is a member of the Civil Rights Committee of the New York City Bar Association.

Cristina is a graduate of Oberlin College and Cornell Law School.

Sombo Mweemba is a peer counselor at African Services. She works across our client

programs using her personal experiences, extensive language skills and knowledge of HIV treatment to help clients deal with a positive diagnosis, access services and manage their care. She facilitates daily workshops for the Independent Living Skills program and coordinates African Service's Women's Advocacy Group. This project aims to ensure health care access for African Women immigrants at risk for HIV through education, community mobilization, communications and Advocacy, and to reduce discrimination against and build leadership among HIV- positive African immigrant women. She brings to her Advocacy work previous experience in community organizing and local politics in Zambia, her home country. Sombo settled in the U.S. in 2003 and is interested in pursuing a degree in social work.

She is a Board Member of Smart University and Also a Steering Committee member for the Center for Women and HIV Advocacy, a program of the HIV Law Project. Sombo hopes to return to Zambia in the future to continue working in HIV/AIDS. In addition to English, Sombo speaks Luvale, Nyanja, Tonga, and Bemba.

Tione Chilambe is currently the Director of The ACCESS Team, a SAMHSA Mental Health Access grant for HIV positive individuals under the Cambridge Health Alliance. Cambridge Health Alliance (CHA) is an innovative, award-winning health system that provides high quality care in Cambridge, Somerville, and Boston's metro-north communities.

Prior to doing so she attended the University of Malawi-Chancellor College for her undergraduate studies and also attended Boston University's School of Public Health. Tione worked for the Department of Public Health prior to going to Cambridge Cares about AIDS. While working with the African Community Health Initiative (currently called AFIA) under the Multicultural AIDS Coalition, she also speaks to various colleges and organizations educating audiences about the AIDS pandemic. Tione, born and raised in Malawi, in Sub-Saharan African believes that " Social justice and human rights is crucial to public health and social development." Tione says her goal in life is to "spend my career doing more international public health work."

Frenk Guni is a renowned expert on HIV/AIDS, epidemiology and public health. He is the 2003 recipient of the Jonathan Mann Global Award for Health and Human Rights. He is also the recipient of the 2002 International Award for Leadership in HIV/AIDS Programming. As the former Executive Director of the Zimbabwe National Network for People Living with HIV/AIDS, he co-founded and led the largest network of people living with HIV/AIDS in the world. Prior to his work in Zimbabwe, Guni was the clinical care and youth program coordinator for the Midlands AIDS Service Organization supported by the Canadian International Development Agency, As a program manager for the International Federation of Red Cross and Red Crescent Societies, Guni was responsible for providing healthcare and clinical logistics, and administering disaster preparedness, mitigation and relief in their Africa Regional Program.

Guni is committed to issues involving people living with HIV/AIDS worldwide. He is

widely recognized as an HIV/AIDS consultant and has provided services for UNAIDS, World Health Organization (WHO), the Organization of African Unity, US Department of Health and Human Services, USAID, Emory University Faculties of Public Health and Medicine, Indiana University Faculty of Medicine, Private Agencies Collaborating Together (PACT), Academy for Education and Development (AED), The Synergy Project, The Futures Group, where he assisted with planning and policy development related to HIV/AIDS, human rights and stigma-related issues. He provided services for Doctors Concerned about AIDS, Global Council on Foundations, US. State Department, The Global Fund for TB, Malaria and HIV/AIDS and, Georgetown University's Institute for Health Policy where he worked with U.S. Health Resources and Services Administration (HRSA) to identify roles and strategies for people living with HIV/AIDS to develop responses to HIV/AIDS-related stigma and discrimination

Guni was Field Director for films depicting the impact of AIDS on individuals and families in Zimbabwe including "What shall we do "Todii" a piece funded by UNDP, and "Death by Denial" directed by Ed Bradley, CBS News: 60 minutes.

Guni was a founding executive board member for the National AIDS Council of Zimbabwe, continues to serve as a board member for Global Network of People living with HIV/AIDS (GNP+), Network of African People living with HIV/AIDS (NAP+) and the Open Society Institute. He is a member of the International AIDS Society (IAS) and serves as an eminent advisor for Action Aid on Public Health and HIV/AIDS Policy.

Guni has written several manuals on HIV/AIDS-related stigma and discrimination, human rights and leadership development for people living with HIV/AIDS. With more than 18 years of public health experience, Guni is formally trained in community medicine, public health and sociology. He operates as an independent consultant for the Department of Health and Human Services and the National Institutes of Health. He is the immediate past Director for International Programs for the National Association of People with AIDS (NAPWA-US.) Guni currently resides in the Washington Metropolitan area.

Education & Outreach Moderator: Barry Callis
Panelists: Rev. John B. Katende, Imam Souleimane Konate, Bakary Tandia, and Juliet Berk

Barry Callis is a Social Worker and the Director of the AIDS Prevention and Education Unit, HIV/AIDS Bureau for the Massachusetts Department of Public Health. His interests included the role of intersecting risks of mental health, sexual assault/domestic violence, resident status and substance use in understanding how to help people and communities protect themselves and create informed responses to HIV, STDs and HCV infections.

Rev. John Baker Katende was born in 1958 and raised in Kisozi, a village in the outskirts of Kampala, Uganda. The son of a small landowner, John went to Kisozi Primary School after which he went to Duhaga Secondary School in Hoima. From there

he went to Reformed Bible College in Grand Rapids, Michigan, USA. He is also a graduate of Calvin College and Seminary also in Grand Rapids Michigan.

John worked as a social worker in Nairobi Kenya working with African Vineyard, an organization dedicated to addressing various needs of people. From there he went back to Uganda and worked as a Farm Manager at Kitalya Tea Estate where he cultivated his managerial skills. He also worked as a social worker with Africa Foundation where he contributed greatly to the well being of disadvantaged children. He later worked with the Presbyterian Church as a pastor. It was during this time that he launched his career as an evangelist when he was sent by the Presbyterian Church to Eastern Uganda to lead evangelism campaigns in that part of the country. For eight years he served as an evangelist in Mbale Uganda. After accomplishing his goals, John came back to Kampala and served with Back to God Evangelistic Association as Coordinator of Evangelism.

Apart from evangelism, John was also among the first and strongest proponents of a serious crusade against HIV/AIDS in Uganda. While at Back to God Evangelistic Association, he championed the struggle against the disease contributing to the tremendous and drastic fall in new HIV/AIDS cases. Against all odds and obstacles, John refused to part with his belief; that people must live with dignity in a violent world. Because of his compassion, dedication, and altruistic drive, many lives have been changed and saved.

Bakary Tandia works as both an HIV case manager and policy advocate at African Services Committee. As a case manager, he assists clients newly diagnosed with HIV in accessing healthcare, housing and supportive services that enable them to regain their health and build productive lives. In this role, he facilitates a weekly support group that is culturally and linguistically appropriate for people from across the African Diaspora who are living with HIV.

As policy advocate, Mr. Tandia works to raise awareness of public health and human rights issues in the African community and to empower newcomers to understand and protect their rights as immigrants. He has extensive experience in community organizing, coalition work and building strategic partnerships across diverse communities. He advocates on behalf of African immigrants by participating in public hearings and lobbying trips to City Hall, Albany, and Washington, D.C. and with elected officials and policymakers. He is a frequent media commentator and has presented at numerous local and international forums and conferences, including the historic immigration rally in New York City in 2006 and the World Conference on Racism in Durban, South Africa where he was a member of the African NGOs coordinating committee.

Originally from Mauritania, Mr. Tandia is a human rights activist in the movement against slavery and racial discrimination. He is also the executive director of the Forum for African Immigrant Associations, and organization begun under the auspices of

African Services, and serves on the board of the New York Immigration Coalition. He was recipient of the 2005 New American Leaders Fellowship Program jointly sponsored by Coro Leadership Center and The New York Immigration Coalition and was a

participant in the Hamburg-New York 2007 integration Xchange 2007, a program jointly sponsored through DCS by the U.S. State Department and the Koeberg Foundation, Germany.

Mr. Tandia was featured for his significant contributions to human, immigrants and health rights by New York Daily News on October 24. 2007. Trained as a criminologist at the University of Abidjan, Ivory Coast, Tandia speaks French, Soninke, and Pulaar, in addition to English.

Juliet Berk was born and raised in Zimbabwe, Southern Africa; Juliet Berk has always envisioned a better world for her family, community and self and has more than seventeen years of community development experience in different capacities. Recently, Ms. Berk joined the MDPH/HIV/AIDS Bureau. Before this, she worked for the Lowell Community Health Center (LCHC) Coordinating HIV Counseling, Testing and Referral Services. At LCHC, she initiated and strengthened the African Outreach program and gave structure to the HIV department's Counseling and Testing and Referral Services. Juliet Berk's desire to reach and educate the African community in particular and the immigrant community in general about HIV/AIDS have seen her being awarded numerous recognitions. During her tenure at LCHC as an HIV outreach educator, LCHC has seen a significant increase in the number of African- born clients utilizing the Health Center services, testing for HIV and getting into care. Mrs. Berk has also served as a Sub-Saharan African HIV Specialist Consultant for the Multicultural AIDS Coalition.

Juliet Berk is enthusiastically involved in the African community and actively works with African organizations in Lowell. In addition, Mrs. Berk serves on the Board of One Lowell, a grassroots social justice Community Based Organization in Lowell.

Juliet Berk holds a Master of Science Degree in International Community Economic Development from Southern New Hampshire University, NH; she is a recent fellow in the CDC/ASPH Institute of HIV Prevention Leadership Atlanta GA, also a graduate from the post graduate certificate program in Community Health and Community Health Center Management from Suffolk University/ Mass League of Community Health Centers. She has conducted numerous trainings and presentations on Cultural Competency. She is also a member of the planning committee for this 2008 NAHI summit.

Imam Souleimane Konate is currently the Imam of the Masjid Aqsa Mosque in New York City, a position he has held since 1996. His congregation of 1500 includes a large West African ImmigrantGroup.

Born in Lakota Ivory Coast, Imam Konate studied Islamic Studies at AL AZHAR University in Cairo, Egypt between 1979 and 1983. Imam Konate went on to earn a

master's degree in Communications in 1990 from King SAUD University in Riyadh Saudi Arabia.

After moving to the United States, Imam Konate founded the 'Council of African Imams

in America in 2000. He currently serves as the Council's General Secretary. Imam Konate co-founded the Harlem Islamic Leadership Council of which he currently serves as vice president.

Biography on Christopher H. Bates

In August 2002, Christopher H. Bates was appointed Acting Director for the Department of Health and Human Services - Office of HIV/AIDS Policy. He is a Senior Health Program Analyst, who also served as the National Director for a departmental initiative known as the Rapid Assessment Response and Evaluation (RARE). Before joining OHAP, in 1998, Christopher worked as a consultant with the John Snow, Inc., conducting a feasibility study on the integration of STD, HIV, and drug abuse services for a proposed national demonstration project. From 1997 through 1998 he served as interim Director of the city of Philadelphia HIV Commission.

From 1991 through 1997, Christopher was the Executive Director of the D.C. Comprehensive AIDS Resources and CARE Consortium. The Consortium is an Alliance of local organizations and institutions that provide HIV/AIDS services and education in the District of Columbia. Before 1991, Christopher enjoyed a successful 11 year career in various management positions with the District of Columbia government.

Over the past 20 years, Mr. Bates has served on numerous national and local Boards and Commissions. Christopher is a founding member of the DC Primary Care Association. He also served as a member of the Board of the Washington Consortium of Agencies, a six-year member of the Executive Committee of the Metropolitan Washington Ryan White Title Planning Council, a member of the Mayor's Health Policy Advisory Committee and a past Chair of the Mayor's AIDS Advisory Committee. Christopher is a graduate of the University of Michigan, and received a MPA from Southeastern University.

Appendix NE-B
ACKNOWLEDGEMENTS

Acknowledgments

This event could not have been possible without the hard work and dedication of several federal, state, local, and community partners. We thank the moderators, panelists, and presenters for sharing their experiences and expertise focusing on the HIV prevention, education, and care needs of Africans living in the United States. The New England NAHI Planning Committee would also like to acknowledge the commitment and collaboration of the following:

New England Partner Organizations:
African Services Center (ASC), New York, NY
Lowell Community Health Center (LCHC), Lowell, MA
Multicultural AIDS Coalition (MAC) – Africans For Improved Access (AFIA) Program, Jamaica Plain, MA

Funders:
Massachusetts Department of Public Health (MDPH) – HIV/AIDS Bureau (HAB)
Office of Minority Health Resource Center (OMHRC)
New England AIDS Education and Training Center (NEAETC)

Conference Coordinator:
Patricia Dance & Associates

African Food Caterer:
Karibu Catering

Videographer:
Abiodun Shobowale, GAIN TV, Inc.

Photographer:
Kara Delahunt Photography

African Entertainment:
Jama Jigi – Sidi Mohamed "Joh" Camara, Band Leader

Appendix NE-C
PROGRESS REPORT (February 1, 2008)

MEMORANDUM

Please find attached a progress report for the New England Regional NAHI Summit that will be held on Friday, February 8th from 9am to 4pm in Worcester, Massachusetts. The report includes updated information, as of Friday, February 1, 2008, on the following items:

- Summit Participants
- Panels and Panelists
- Program Schedule
- Budget

The Planning Committee appreciates your continued support and collaboration in ensuring a successful event. The mission of the National African HIV Initiative (NAHI) is to address the unique HIV prevention, education, and care needs of Africans in New England and across the United States. With your help, the Summit, planned for Friday, February 8th, will be the first critical step in bringing together all regional stakeholders to coordinate a complete and comprehensive plan of action.

Sincerely,

The New England Regional NAHI Planning Committee

Juliet Berk – MDPH HIV/AIDS Bureau, Boston, MA
Amanda Lugg - African Services Committee (ASC), New York, NY
Victoria Nayiga – Lowell Community Health Center (LCHC), Lowell, MA
Chioma Nnaji - MAC – Africans For Improved Access (AFIA) Program, Boston, MA

Summit Participants

The Planning Committee implemented four outreach strategies to inform individuals and organizations about the Summit and encourage participation.

1. Personal contacts
2. Email listserv(s)

3. On Monday, December 17, 2007, the Planning Committee mailed out 260 NAHI invitations to individuals and organizations in Massachusetts, Connecticut, New Hampshire, Rhode Island, New York, Maine and Vermont. Using a temp, invitees also received a follow-up phone call on Wednesday, January 16, 2008.

4. The Director of the MDPH - HIV/AIDS Bureau, Kevin Cranston, and Director of Prevention and Education at the MDPH, Barry Callis, volunteered to forward letters to colleagues in the New England states, including New York, and other MDPH-funded programs.

The Planning Committee anticipated registration from at least 100 people. However, after the letter forwarded by Kevin Cranston and Barry Callis, registration exceeded expectations and budget allocations. To date, 171 individuals (including panelists and presenters) have registered for the Summit. The breakout by state is listed below.

NEW YORK: 14
MAINE: 3
VERMONT: 2
MARYLAND/WASHINGTON: 2
MASSACHUSETTS: 144
NEW HAMPSHIRE: 1
RHODE ISLAND: 2
CONNECTICUT: 2
PENNSYLVANIA: 1

The Planning Committee believes that it is critical to have a sizeable representation of all states at the Summit to ensure a comprehensive discussion. As a result, the Planning Committee will personally contact, during the week on Monday, February 4th, individuals and organizations in Connecticut, New Hampshire, Rhode Island, New York, Maine and Vermont.

Panels and Panelists

The following individuals have been confirmed for each panel. The panels will address the NAHI objectives.
Advocacy Objective: Create a national platform that increases the availability of targeted HIV resources and promotes affirmative policy change and development

Panelists: Ms. Amanda Lugg (Moderator), Ms. Sombo Mweemba, Ms. Tione Chilambe, Dr. Frenk Guni, and Ms. Cristine Velez, Esq.

Education & Outreach Objective: Facilitate a learning environment for African immigrants and refugees, service providers, and government officials (local, state, and federal) to increase knowledge of HIV prevention, education and care disparities among the African-born population living in the US.

Panelists: Mr. Barry Callis (Moderator), Rev. John B. Katende, Imam Souleimane Konate, Mrs. Juliet Berk, and Mr. Bakary Tandia

Data Collection, Research, & Evaluation Objective: Development and implementation of culturally competent data collection, research and evaluation mechanisms that accurately reflect the HIV epidemic in the African-born population living in the US

Panelists: Mr. Kevin Cranston (Moderator), Mr. James Murphy, Mr. Amadou Diagne, Ms. Sergut Wolde-Yohannes, Dr. Hugo Kamya, and Mr. Thierry Ekon

Program Schedule

The program schedule, with details, is listed below. The Planning Committee meets weekly via conference call and emails daily to finalize logistics for each activity.

8:30.am Registration & Continental Breakfast

Jama Jigi
African Musical Selection

Welcome

Ms. Chioma Nnaji, Program Manager
Multicultural AIDS Coalition – Africans For Improved Access (AFIA) Program

Mr. Kevin Cranston, MDiv, Director
MDPH - HIV/AIDS Bureau

Overview of the National African HIV Initiative (NAHI)

Mrs. Margaret Korto, Capacity Development Specialist
Office of Minority Health Resource Center

Panel 1: Advocacy

Moderator: Ms. Amanda Lugg, Community Advocate
African Services Committee

10:45a Break

Panel 2: Education & Outreach

Moderator: Mr. Barry Callis, Director of Prevention and Education
MDPH – HIV/AIDS Bureau

12:00p Lunch & Presentation

Mr. Christopher Bates, Acting Director
DHHS - Office of HIV/AIDS Policy

Panel 3: Data Collection, Evaluation, and Research

Moderator: Mr. Kevin Cranston, MDiv, Director
MDPH - HIV/AIDS Bureau

The Way Forward

Moderator: Ms. Agnes Lubega, Contract Manager
MDPH - HIV/AIDS Bureau

3:30pm Evaluation & Closing

Budget

The New England Regional NAHI Summit is funded by the Office of Minority Health Resource Center (OMHRC), the Massachusetts Department of Public Health (MDPH) - HIV/AIDS Bureau (HAB), and the New England AIDS Education and Training Center (NEAETC).

Appendix NE-D
EVALUATION FORM

EVALUATION FORM

National African HIV Initiative (NAHI) - New England Regional Summit
Friday, February 8, 2008

City/State: _____

Check all that apply:

☐ HIV Provider ☐ Other Provider, please list: _____ ☐ Consumer ☐ Government Agency

Other, please list: _____

Please rate the Summit **Please check only one response**	**Strongly Agree** **1**	**Agree** **2**	**Somewhat Agree** **3**	**Somewhat Disagree** **4**	**Disagree** **5**
1. The panelists increased my understanding about the overall goal of the National African HIV Initiative	☐	☐	☐	☐	☐
2. The panelists increased my understanding about the advocacy objective of the National African HIV Initiative	☐	☐	☐	☐	☐
3. The panelists increased my understanding about the education and outreach objective of the National African HIV Initiative	☐	☐	☐	☐	☐
4. The panelists increased my understanding about the data collection, research and evaluation objective of the National African HIV Initiative	☐	☐	☐	☐	☐
5. The panelists increased my awareness about the challenges/barriers in HIV prevention and education targeting African immigrants	☐	☐	☐	☐	☐

Please turn over ⟶

6. What did you like the best about the Summit?

7. What did you like least about the Summit?

8. How can we improve sharing information about the goals and objectives of NAHI?

9. What other topics are you interested in?

Upon leaving, please submit evaluation at the registration table and receive a small beaded AIDS ribbon made by South African women living with HIV in appreciation of your participation.
Thank You!

Appendix NE-E
COMMITEMNT CARD

COMMITMENT CARD

National African HIV Initiative (NAHI) – New England Regional Summit

Name: _____ Organization (if applies): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E mail: _____

I am interested in participating in NAHI in the following way (check all that apply):

□ As an individual □ As an organization

____ I would like to be kept on the NAHI mailing list

____ I would like to join a NAHI working group

□ Advocacy □ Education & Outreach □ Data Collection, Research & Evaluation

____ Other: _____

Thank You!

Appendix DC-A
BIOGRAPHIES

Autobiography of Keynote Speakers

Mirtha Beadle

Mirtha Beadle is the Deputy Director of the Office of Minority Health. Ms. Beadle serves as principal advisor to the Deputy Assistant Secretary for Minority Health in planning, developing, and implementing policies, programs, and activities to achieve the Secretary's goals for improving the health of racial and ethnic minorities, eliminating health disparities, and improving coordination of the U.S. Department of Health and Human Services' (HHS) efforts related to minority health. She is also responsible for strategic planning, evaluation efforts, Congressional and White House Initiative reports, and overseeing the OMH budget, operations, and programs.

Prior to joining OMH, Ms. Beadle served as a Senior Policy Specialist in the Office of the Executive Secretariat, Immediate Office of the Secretary, HHS. Ms. Beadle ensured that policy determinations and communications related to the work of the Centers for Disease Control and Prevention, Agency for Toxic Substances and Disease Registry, Indian Health Service, Agency for Healthcare Research and Quality, and Substance Abuse and Mental Health Services Administration supported the Secretary's priorities. She also served as Team Leader for the Prevention and Health Services Team that had comparable responsibilities for the Administration on Aging, Administration for Children and Families, Health Resources and Services Administration, nine staff divisions within the Office of the Secretary, and activities related to Congressional reports, the HHS budget, and regulations. Ms. Beadle coordinated senior level briefings for the Secretary and Deputy Secretary and staffed the Deputy Secretary, Deputy Chief of Staff, and senior HHS officials on key matters pertaining to minority health, health disparities, disease prevention, health promotion, select agents and related bioterrorism activities (Patriot Act provisions), occupational safety and health, the Synar Amendment (youth tobacco control), HIV/AIDS, and special initiatives.

Ms. Beadle previously served as Deputy Director of the Special Projects of National Significance Program, the research and development arm of the Ryan White CARE Act. She had operational and program responsibilities related the development, evaluation, and replication of projects addressing emerging issues faced by people affected by HIV/AIDS. She oversaw the national technical evaluation centers that were responsible

for conducting cross-site evaluations and served as Program Editor for Innovations, an HIV/AIDS publication.

Ms. Beadle has extensive federal grants experience, overseeing development, implementation, and management of grant programs and has served in other notable positions during her federal and state public health career including in the areas of bone marrow donation, emergency medical services, and trauma care systems. While working for the Michigan Department of Public Health she served as Project Manager for the Emergency Medical Services (EMS) for Children Grant Program, awarded by HHS and implemented in collaboration with the University of Michigan, several hospitals, and EMS medical control authorities and educators throughout the state. She concurrently served as the State Emergency Medical Services Training and Education Coordinator. Her focus on children and racial and ethnic minorities was shaped by her first civil service position as a Child Care Worker for a state psychiatric hospital for children and adolescents.

Ms. Beadle emigrated from Cuba at a young age and holds a Master of Public Administration from Western Michigan University and a Bachelor of Science in Management Systems from the College of Technology at Andrews University.

Christopher H. Bates

Christopher Bates, is the acting director Office of HIV/AIDS Policy, U.S. Department of Health and Human Services, Washington, DC

He is a senior health program and policy analyst with more than 20 years of experience in public health and HIV/AIDS issues, Christopher Bates has served in the U.S. Department of Health and Human Services' Office of HIV/AIDS Policy (OHAP) for a decade. He was appointed as the Acting Director of OHAP in 2002. In this capacity, he advises the Assistant Secretary for Health on department-wide matters pertaining to HIV/AIDS education, prevention, testing, care and treatment, and research. His office administers the Congressionally-appropriated funds for the Minority AIDS Initiative as well as the Leadership Campaign on AIDS, the National HIV Testing Mobilization Campaign, and a variety of new media activities designed to better educate the public about HIV/AIDS. He has been a member of the U.S. Delegation to the last five International AIDS Conferences.

Before joining OHAP, Christopher worked as a consultant with the John Snow, Inc., conducting a feasibility study on the integration of STD, HIV, and drug abuse services for a proposed national demonstration project. He brings to his work a solid grounding in community-based work, having served as the interim Director of the city of Philadelphia

HIV Commission in 1997-98. Prior to that Christopher was the Executive Director of the D.C. Comprehensive AIDS Resources and CARE Consortium, an alliance of local organizations and institutions that provide HIV/AIDS services and education in the District of Columbia. Christopher has also served in a variety of management positions in the District of Columbia. His experiences also include an appointment with the Carter White House and service as a congressional staffer for the US House of Representatives.

Over the past 20 years, Christopher has served on numerous national and local boards and commissions. Christopher is a founding member of the DC Primary Care Association. He also served as a member of the Board of the Washington Consortium of Agencies, a six-year member of the Executive Committee of the Metropolitan Washington Ryan White Title Planning Council, a member of the Mayor's Health Policy Advisory Committee and a past Chair of the Mayor's AIDS Advisory Committee. Christopher is a graduate of the University of Michigan, and received and MPA from Southeastern University.

Autobiography of Presenters

NAHI DC Advocacy Panelists (September 11th 1:45pm-3:45pm)

Moderator: Dr. Hassan Danesi

Evelyn Joe: Ms. Joe is the founder of an International, Dual Language Immersion Charter School Program Model. An accountant, entrepreneur, freelance writer, political strategist and public speaker, she combines her executive management, strategic development and international relations skills to effectively work across communities, ideological persuasions and leaders regardless of their politics. These attributes have earned Ms. Joe a reputation as an independent mind who shapes rather than follow prescribed agendas.

One of her prioritized calling is to enhance indigenous participation for self-reliant development by using indigenous African solutions for African solutions. She is also vested in the incorporation of African perspectives and contextual realities in US-Africa policies. Toward this end, Ms Joe founded the Continental African Community, USA to increase public awareness of the neglected problems in the underserved community through outreach and actions that transcend religion, ethnicity and nationality. Ms Joe is the chairperson of NAACP's Committee on African Affairs in Montgomery County Maryland. She can be reached at msjoe21st@aol.com.

Tiguida Kaba: Tiguida Kaba has extensive experience as the African Outreach Coordinator for the City of Philadelphia. She currently serves the African community as

a member of The AIDS Care Group, in Chester, Pennsylvania. She is the Founder and Executive Director of AFAHO (African Family Health Organization), a Ryan White Part

D funded agency through the Circle of Care. Tiguida serves as a consultant for the Family Planning Council in Philadelphia and many other diverse health care providers. Tiguida and her agency AFAHO in cooperation with Dr. Ellen Foley/University of Pennsylvania in a Circle of Care funded research study conducted the very first Needs Assessment within the HIV Positive African Refugee Population in Philadelphia. Tiguida holds certification as a Medical & Legal Interpreter. Tiguida received training in Social Work in Senegal and serves as Correspondence Secretary at University of Pennsylvania Outpatient Department. She speaks six different languages including French and several African languages. Her main objective is to develop and implement programs that will educate the African and Caribbean communities about health and social issues that impact their physical & emotional well-being. ***HIV and the African Immigrant Woman: A Cultural Care Initiative,*** The 2004 United States Conference on AIDS, Philadelphia, PA., The 7th Annual Ryan White Care Act Grantee Conference, Washington DC, 2004, and The Philadelphia EMA/Title I Provider Meeting, 2004.

Carin Siltz: Carin studied Journalism, Communication and Public Relations at The Faculty University of Science and Technique of Information, in Kinshasa Congo, 1995-1999. Carin's motivation for this fight is because, at the age of 13, she lost both her parents to the HIV/AIDS virus. She is the founder and Exec. Director of African Advocates against AIDS Inc., which was established and developed in order to outreach to the African community in the North Carolina Wake County. Carin's organization develops strategies, to develop monthly outreaches in conjunction with the Board of Directors. She coordinates and delegates authority to a staff team of seven.

Carin plans and coordinates conferences and events that educate and promote public awareness on HIV/AIDS. Her organization has conducted a city-wide marketing strategy in order to promote conferences such as " Church and the Fight against AIDS" and "Mothers in the Fight against AIDS." She collaborates and works extensively with corporate businesses and nonprofit organizations in order to sponsor conferences and educational events.

Amanda Lugg: Amanda Lugg is the Community Advocate of African Services Committee (ASC), a community-based organization founded in New York City in 1981. Today, it is the oldest and largest African health services organization in the United States. Based in Harlem, African Services provides health, housing, legal and social support services to over 10,000 newcomers each year. Its programs address the needs of recent immigrants, refugees and asylum seekers affected by war, poverty and the AIDS pandemic. In 2003, African Services took its knowledge of HIV/AIDS care for African communities in New York City to the frontlines of the global pandemic and now operates four HIV testing and care centers in Ethiopia.

As the Community Advocate, Amanda works to integrate direct service with immigrant mobilization and advocacy to address issues of immigration, access to healthcare, and the

global AIDS crisis at the local, national and international level. Prior to joining African Services in 2000, Amanda began her work in HIV/AIDS as the Volunteer Manager with

God's Love We Deliver and as the Community Organizer at Gay Men's Health Crises, both of New York City. Amanda is an active board member of Health GAP (Global Access Project), a US based organization dedicated to eliminating barriers to global access to affordable life-sustaining medicines for people living with HIV/AIDS as well as a founding member of the National African HIV Initiative.

Magnus A. Azuine: Dr. Magnus A. Azuine holds a faculty appointment in the Johns Hopkins Bloomberg School of Public Health as an Assistant Scientist in the Department of Mental Health, Drug Investigations, Violence and Environmental Studies Laboratory. He is also a Visiting Scientist, Department of Pharmaceutical Sciences, Howard University, Washington DC. Dr. Azuine earned his Bachelor's degree in Biology from the Panjab University, India, and his Master's Degree in Life Sciences from Sardar Patel

University, India. He earned his Ph.D. from the Cancer Research Institute, University of Bombay, India and a postdoctoral training from the Institute for Pharmacy, Free University, Berlin, Germany. He is completing an MPH degree from the George Washington University (GWU) and Graduate Certificate (CHAS) in HIV/AIDS Studies from the GWU/AIDS Institute, Washington DC. He has served extensively as a Research Scientist, first at the National Institute for Medical Research, Lagos, Nigeria and later the National Institute for Pharmaceutical Research and Development, Abuja, Nigeria. He also worked as Adjunct Professor of Biology, Instructor at various institutions. He served as a Research Associate in the Department of Biochemistry, Cell and Molecular Biology, the George Washington University, Washington DC. Dr. Azuine also held a joint appointment as a Health Scientist and Chairman, Research Safety Committee, Veterans Affairs Medical Center, Washington DC and Member, National Radiation Safety Committee, USA. He has published extensively in international scientific journals and made contributions to many books. He is the author of the book Cancer and Ethnobotany of Nigeria (Shaker Verlag, 1998). Dr. Azuine is an Alexander von Humboldt Research Fellowship Award recipient, holds membership in many professional societies, and has been involved in community and philanthropic organization since 1981.

Angela Ogbolu: Angela Ogbolu is the founder and publisher of Kitu Kizuri Magazine. Kitu Kizuri is the leading publication that highlights the accomplishments of African men and women in the Diaspora. Critics have hailed Kitu Kizuri as a magazine of substance and the first to effectively address the issues that affect the African community. Since launching, Kitu Kizuri magazine boasts an impressive subscriber database and is a staple publication for all who work with African immigrants. Kitu Kizuri magazine is available in Barnes and Noble and was recently named one of the Best Magazines of 2007 by the prestigious library journal. In her own words, Angela tells us what motivated her to start the publication:

"For a long time I had been searching for a magazine that would speak to African women and address the cultural issues and conflicts we face, while celebrating our accomplishments". African women in North America on a daily basis overcome and sometimes succumb to the challenges of straddling the cultures of two vastly different continents. Wherever African women gather, some of the questions raised in hushed conversations are: How do I raise my children to be African? How can I discipline my child? How do I overcome the stigma of divorce, HIV or domestic abuse? How can my African values become a plus in the corporate world? How should I deal with racism? What is wrong with my sexuality? Should we redefine the terms of marriage? At the core of all these questions is culture and the tug of war that takes place between the traditional and the modern as the African woman charts her destiny and that of generations to come.

We decided to launch Kitu Kizuri to take these conversations public; to draw from the experiences of women in North America who represent every corner of Africa; to share their own stories of success and failure; to share our beauty and complexity; to unabashedly discuss issues that will jostle our very cores while at the same time, acknowledging the importance of our heritage."

Angela Ogbolu was born and raised in Nairobi, Kenya and received her bachelor's degree in Finance and International Business from the University of Notre Dame. She is married to Chukwudi Ogbolu who is originally from Nigeria and together they have two children. She resides in Northeast Pennsylvania and has a thorough grasp of the day to day issues affecting African women at all levels in society within the US

NAHIDC Outreach and Education Panelists (September 11th 9:45am 11:45am)
Moderator: Ismail S. Gyagenda, PhD

Dr. Kweku Laast: Dr. Laast is originally from Ghana and is the physician executive of the Johnson Health Center serving central Virginia. Prior to this position, he was the executive medical director of a community-based sickle cell and HIV/AIDS organization in North Carolina. During this period, he also served as Principal Investigator and co-director of a $1.8 million Federal grant on community based sickle cell disease programming. Dr. Laast was a Public Health Physician consultant to the North Carolina Office of Minority Health and worked with many community-based organizations, and state public health policy and program development issues. He authored the first North Carolina state report about the health of African immigrants and hosted a forum on African Health challenges in the U.S. He also helped secure the first Federal funds in North Carolina to address HIV/AIDS in the African community. Dr. Laast first published a directory of Ghanaian physicians in Ghana, USA and Canada, and, along with the Ambassador of Ghana and others co-hosted a conference in Washington DC on Ghana's Health. He remains involved in a number of health and medical projects in West Africa. Dr. Laast received his Bachelors degree from the University of Notre Dame, Indiana, and his Masters in Public Health from the University of North Carolina in Chapel Hill. He

attended the East Carolina School of Medicine and completed his Residency at the Johns Hopkins Medical Center in Baltimore.

Dave Montoi: Dave K. Moktoi is an Award-winning comedian who has been a luminary on the entertainment scene for many years. He has worked as an HIV consultant for several international organizations such as WHO, UNAIDS, UNDP, UNESCO producing informative, educational and entertaining materials. His short film "Sugar Daddy" was a landmark in HIV/AIDS prevention initiatives in Cameroon, and was acclaimed at numerous festivals. He is a proud Member of the World Association of Non-Governmental Organizations based in New York City, and an Ambassador for Peace with the International Federation For World Peace. He is also a Freelance Translator/Interpreter for French & German he is the Director of The Other African Picture Productions at Montgomery College where he currently serves as an Adjunct Professor.

Chioma Nnaji: Has been the Program manager of *Multicultural AIDS Coalition (MAC) since* May 2003 Chioma plans, implements, and manages a $250,000 state-funded program providing HIV prevention and education services to Sub-Saharan African (SSA) immigrants, including overseeing two subcontracts with grassroots SSA organizations. She recruits, manages and trains a corps of HIV peer outreach workers (Health System Navigators) from diverse cultural and linguistic African backgrounds. Chioma was instrumental in a Curriculum design and instruction development of - *In Our House: An African Story* to decrease HIV-related stigma among Sub-Saharan Africans immigrants and refugees living in the United States and *Taller de Salud Visual* to increase the health literacy of HIV(+) Latino/a clients in the areas of (1) understanding HIV/AIDS (2) treatment adherence and (3) patient-doctor relationship.

Dr. Chamberlain Diala: Chamberlain Diala, Ph.D., is Vice President of the Academy for Educational Development (AED) in Washington DC and the Director of the Center for Applied Behavioral and Evaluation Research (CABER). Dr. Diala has over 14 years of experience with health program development, design, implementation, management, monitoring and evaluation in domestic and international settings. Dr. Diala has directed the development, design, and implementation of large-scale evaluations for the Substance Abuse Mental Health Services Administration, Fogarty International Center and other national organizations. Currently, Dr. Diala provides technical guidance to CABER's staff on a variety of applied research and evaluation projects. He also provides management and technical oversight in the fields of health, nutrition, population, and environment. Dr. Diala combines his expertise with that of AED's support services, to ensure that work on these contracts is completed on time and on budget, and that it meets the highest technical standards. Dr. Diala is a health services researcher with a Ph.D. in Health Policy and Management from Johns Hopkins University School of Hygiene and Public Health. He has continuing evaluation, research and program interests in health disparities, HIV prevention and treatment, mental health, substance abuse, minority youth leadership development and community economic development.

Dr. Sharon Morrison: Dr. Morrison is currently an Associate Professor in the Department of Public Health Education at the University of North Carolina at Greensboro (UNCG). Dr. Morrison's research and practice has been focused around two major topics: 1) understanding and addressing socio-cultural and structural factors influencing on HIV spread, prevention and care among immigrant women in the US and women in developing countries and, 2) outreach/interventions for cultural adaptation and sustaining health of new and recent immigrants and refugee populations (including African immigrants) in North Carolina. Her work has been published in the *International Quarterly of Community Health Education*, the *International Electronic Journal of Health Education*, the *Journal of Immigrant and Minority Health, and Practicing Anthropology.*

Dr. Morrison is a Research Fellow with the Center for New North Carolinians at UNCG, and a member of the American Public Health Association, the Society for Public Health Education and the Society for Applied Anthropology. She received her PhD from the Department of Health Education & Behavior at the University of Florida along with a minor in Medical Anthropology, and the Graduate Certificate in Latin American and Caribbean Studies. She also has a BS in Biology (Barry University), and an MS in Public Health (University of North Carolina at Chapel Hill).

Data, Research and Evaluation Panelist (September 12th 9:45am – 12:00pm)

Dr. Emmanuel Koku: Dr. Koku is a professor of sociology in the Department of Culture and Communication at Drexel University, Philadelphia. He is a graduate of the University of Ghana (Legon - Ghana), Queen's University (Canada), and the University of Toronto (Canada). His research interests are Social Network Analysis, Social Epidemiology, Sociology of Health and Research Methods/Social Statistics. Before entering academia, Dr. Koku worked as a research consultant for Toronto Public Health (sexual health unit) where he analyzed barriers to sexual health services among underserved immigrant populations, efficacy of HIV prevention/harm reduction programs for new immigrant women, and the role of interpersonal and sexual networks in the spread of HIV. Dr. Koku's current research examines the lived-experiences of African immigrants living with HIV in US, as well as professional and informal networks of academic researchers and policy makers.

Thierry Amegona Ekon: Mr. Thierry Amegona Ekon is a native of Togo, West Africa who has extensive experience in domestic and international HIV prevention, care, treatment and Sexual Reproductive Health (SRH). In the late 80's, in West Africa, he contributed to numerous IPPF funded STIs' Prevention Projects as a community organizer and translator. Mr. Ekon immigrated to the United States in 1989. After completing his interdisciplinary graduate degree (with a focus in international development) at Clark University, Worcester, MA, he was hired by Community Health link as an AIDS Housing HIV case manager, and ultimately became the director of that program. Afterwards, he joined the AIDS Bureau of the Massachusetts Department of Public Health (MDPH) as AIDS Contract Manager. He co-led the effort to create and publish the first comprehensive quality improvement/standards of care for AIDS

residential programs in MA. Following five years at the AIDS Bureau of the MDPH, Mr. Ekon joined Planned Parenthood of New York City as Senior Program Officer for Africa. In this position, he helped integrate HIV prevention in the agency's work in Africa and successfully obtained funding for new HIV programs in the region.

Mr. Ekon made numerous missions to the continent including travel to Central Africa to establish a major multi-country UN- funded initiative to build and reinforce gender equity and HIV prevention for youth. In Zambia and South Africa, he also organized and provided technical assistance to Community Based Organizations (CBOs) to acquire their own financial support. Mr. Ekon currently works as an HIV Prevention Coordinator for the New York City Department of Health and Mental Hygiene to expand programs to the most disenfranchised areas of Harlem, New York City. His work includes partnering with New York City Housing Authority (NYCHA) to bring HIV testing and prevention to their residential complexes. He has also prepared a gap analysis to respond to program needs in Harlem, and supervised the institution of new systems for condom distribution. He is currently working on a research project to assess the impact of HIV on Africans and ways to better reach this community. He is also working on a community survey analysis to assess HIV testing capacity in Harlem.

Dr. Thomas: Dr. Thomas is an independent consultant in health services planning, research and evaluation with additional expertise in health economics, project management and cost-benefit and cost-effectiveness analyses. Dr. Thomas has more than a decade of experience in health services and public health program evaluation, including HIV/AIDS programs, maternal and child health programs, and community planning. She has also provided technical assistance to state and local health departments and other clients in her areas of expertise. In the past, Dr. Thomas has worked for various non-profit, academic, and research organizations including AED, Apt Associates, RAND Corporation and UCLA School of Public Health. She holds a Ph.D. in Health Services Planning and Evaluation with a minor in Economics from Cornell University. Fluent in French, Dr. Thomas has lived and traveled extensively in Africa, Latin America and the Caribbean.

Dr. Ijeoma (E.J) Otigbuo: Dr. Ijeoma earned a Bachelor of Science Degree in Biology from Boston College, a Master of Science Degree in Cytogenetic from New York University, and a Doctor of Philosophy degree in Medical Parasitological from University of Toronto/ University of Lagos. Post-graduate studies at North Eastern University and University of Maryland consist of the following Courses: Drug metabolism, Toxicology, and Disease Control, and Clinical and Pathogenic Microbiology, respectively. She has taught a variety of courses at various levels, and in different disciplines as follows: College level microbiology, Clinical Parasitological, General Biology, Anatomy and Physiology, Early childhood education, Physiological Psychology, Medical terminology.

Dr. Otigbuo is credited with numerous publications in reputable scientific journals; the most recent was published in August 2004 in the London journal of Tropical Medicine and Hygiene. She has presented in various conferences and workshops in the US and

abroad. Dr Otigbuo is a recipient of the NISOID award for excellence in teaching, and was Chair of Biology, Physical Education and Health Sciences from 2001 to 2004, during which time she attended and graduated from Chair Academy. She is also the founder and

Director of the AIDS Awareness Resource Center at Montgomery College, the Biology club of Montgomery College, and has designed the Biotechnology and Diversity Summer Camp for area youth, and has served as the Montgomery College Coordinator for the Howard University Center of Excellence Program for Pre-pharmacy students and the Co-Chair for international Education. Dr. Otigbuo has written and won some grants and recently authored a microbiology textbook and lab manual. She is currently involved in a college-wide grant initiative with Discovery communications Incorporated and working on publishing her fourth book.

Appendix DC-B
SUMMIT PROGRAM

Day One Thursday, September 11, 2008

NAHI Day One Agenda Moderator: Goulda A. Downer, PhD, RD, LN, CNS (NMAETC)	
Event Time	**Event Description**
8:30am - 9:20am	Registration & Continental Breakfast African Musical Selection
9:00am - 9:20am	Welcome: Dr. Carneiro, Director Office of Minority Health Resource Center Project Director Mr. Jay Blackwell, Director of Capacity Development Team Office of Minority Health Resource Center
9:20am - 9:30am	Overview of the National African HIV Initiative (NAHI) Mrs. Margaret Korto, Capacity Development Specialist
9:45am – 11:45am	Panel: Education & Outreach Moderator: Ishmael Gyagenda, PhD Professor, Mercer University Panelist: Dr Laast, Dr. Diala, Chioma Nnaji, Dave Moktoi, Dr Morrison
12:00 – 12:15pm	Angela Ogbolu Editor in Chief of Kitu –Kizuri The Voice of the African Woman
12::15pm - 1:15pm 1:00pm – 1:30pm	Lunch Keynote Speaker Mr. Christopher Bates Acting Director, DHHS - Office of HIV/AIDS Policy
1:45pm - 3:45pm	Panel: Advocacy Panel Moderator- Dr Hassan Denasi Panelist: Amanda Lugg, Evelyn Joe, Tiguida Kaba, Carin Siltz

Day Two Friday, September 12, 2008

NAHI Day two Agenda Moderator: Chioma Nnaji, Africans For Improved Access (AFIA) Program Multicultural AIDS Coalition (MAC)	
Event Time	**Event Description**
8:30am - 9:30am	Registration & Continental Breakfast
9:00am - 9:20am	Ms. LaJoy Mosby Deputy Director Office of Minority Health Resource Center Mr. Blake Crawford Director, Division of Information & Education Office of Minority Health, OPHS/OS
9:20am - 9:40am	Impact of Policy on Immigrant Populations Ms. Mirtha Beadle Deputy Director Office of Minority Health, OPHS/OS
9:45am -12:00pm	Panel: Data Collection, Evaluation, and Research Moderator: Dr. Chamberlain Diala Panelist: Dr. Jose Arbelaez, Juliet Berk, Thierry Amegona, Dr. Emmanuel Koku, Dr Ijeoma Otigbuo
12:00pm - 12:30pm	Kevin Cranston, MDiv Director, HIV/AIDS Bureau Massachusetts Department of Public Health
12:35pm - 1:35pm 1:30pm – 2:00pm	Lunch Keynote: Magnus A. Azuine, Ph.D., MPH., CHAS. Assistant Scientist Johns Hopkins University, Bloomberg School of Public Health
2:10pm - 4:10pm	Youth in the African Community and HIV/AIDS Moderator: Dr. Ijeoma Otigbuo Panelist:

Day Three Saturday, September 13, 2008

NAHI Day three Agenda Moderator: Evonne Bennett (Office of Minority Health Resource Center)	
Event Time	**Event Description**
8:30am - 9:45am	Registration & Continental Breakfast Report backs Report back from NAHI in other Regions Atlanta , New England NAHI, Seattle
9:45 am – 10:30	RARE Reports from Atlanta and Seattle, WA
10:30am-1:00pm	Showcase programs that have worked in Boston , Pennsylvania , North Carolina
1:00pm – 1:20pm 1:00pm – 2:30pm	Sheila McKinney, MA Senior Program Manager Measurement & Evaluation National Minority AIDS Education and Training Center (NMAETC) Lunch / Closing remarks Margaret Korto / Mummy Rajab
2:30 – 4:00pm	Networking: NAHI regional and national committee members meeting

National African HIV/AIDS Initiative Summit Reports