

*Meeting of National Partners to Address HIV/AIDS in
African American Communities
September 24, 2007*



MEETING SUMMARY



MEETING OVERVIEW

On September 24, 2007 the National Alliance of State and Territorial AIDS Directors (NASTAD) convened a meeting entitled, ***Meeting of National Partners to Address HIV/AIDS in African American Communities***, in Washington, D.C. The overarching purpose of the meeting was to assemble a cross-section of leaders among public health, business, civic, media, faith-based, political, and academic institutions to increase their efforts to combat the disproportionate impact of HIV/AIDS in African American communities. NASTAD is committed to addressing the needs of racial and ethnic minority communities and recognizes that broad-based community mobilization and collaboration, comprised of a diverse range of stakeholders, is critical to ultimately achieve the goal of eliminating new HIV/AIDS infections in African American communities.

The disparities in African Americans' health and wellness in the U.S. and the daunting impact of HIV/AIDS cannot be questioned or disputed today. On March 8, 2007, the U.S. Centers for Disease Control and Prevention (CDC) released a surveillance report analyzing data from 33 states with long-term, confidential name-based HIV reporting. CDC's [Morbidity Monitoring Weekly Report \(MMWR\)](#) analysis demonstrated that HIV remains a crisis among African Americans. Blacks represented 13 percent of the population in these states, yet accounted for 51 percent of new HIV diagnoses between 2001 and 2005. The continued trajectory of HIV infection among African Americans clearly points to a community in crisis.

The ***Meeting of National Partners*** provided opportunities for participants to discuss practical and innovative strategies to address barriers and facilitators to implementing effective HIV prevention programs targeting African American communities. The meeting also:

- Provided a platform for participants to share strategies and lessons learned around the implementation of HIV/AIDS programs targeting African American communities;
- Provided opportunities for networking and collaboration among traditional and non-traditional stakeholders and encouraged participants to seize opportunities to infuse or enhance HIV messages within their own sectors;
- Increased participant awareness of technical assistance opportunities to support the implementation of HIV/AIDS initiatives targeting African American communities;
- Increased the utilization and recognition of NASTAD's African American Advisory Committee as a national source for technical assistance support and expertise;
- Supported the recommendations outlined in NASTAD's [African American Monograph](#) and [Call to Action](#); and
- Generated a range of written commitments by meeting participants to follow-up on the connections made during the meeting and explore future opportunities for partnership.

EXPLORING STRATEGIES FOR SUCCESS

Through an online questionnaire administered to participants prior to the meeting, NASTAD identified the primary challenges facing both traditional and non-traditional partners in addressing HIV/AIDS in African American communities. Although numerous challenges were identified by respondents, the following emerged as priorities: (1) Diminished urgency around the issue of HIV/AIDS ; (2) Competing priorities facing African American communities; 3) A need to address broader structural factors/barriers contributing to disproportionate rates of

HIV/AIDS infection among African American communities; and (4) Lack of culturally specific resources and prevention interventions developed by and for African Americans. The following are strategies that participants identified to help address the four primary challenges. The strategies presented are grouped in thematic categories that emerged for each challenge.

Challenge 1: Diminished urgency around the issue of HIV/AIDS

MESSAGING

- Create a “national face” of HIV/AIDS, including community members impacted by the epidemics;
- Create a platform through which family and friends, as well as persons *affected* by HIV, can share their untold stories;
- Recognize and support the need for different strategies to heighten awareness – one general strategy/message will not effectively reach diverse populations;
- Normalize HIV messages in order to reduce stigma;
- Increase the number of population based strategies and messages – a generalized social marketing campaign doesn’t work;
- Tailor messages appropriately to reach different segments within African American communities – we are not a homogenous entity.

ADDRESS HEALTH AND WELLNESS

- Emphasize the importance of wellness and holistic health - African American communities are disproportionately impacted by HIV/AIDS in addition to other chronic diseases;
- Make HIV part of an overall social marketing effort that addresses “wellness;”
- Reintroduce and reinforce the concept of wellness to African American communities.

EMPOWER FAMILIES AND COMMUNITIES

- Influence communities by increasing the number of outreach workers and encourage them to start addressing families rather than individuals;
- Increase efforts to equip parents with the skills and information needed to speak to their kids about sexual health and protection;
- Increase opportunities for African American communities to engage with each other over this issue by providing venues for education about the impact of the epidemic.

MOBILIZATION

- Issue a national call to action to engage the faith-based community in addressing rates of HIV/AIDS infection in African American communities;
- Continue partnering with “non-traditional” stakeholders and explore settings through which to effectively deliver HIV prevention messages (i.e. churches, hair salons, beauty shops, etc.);
- Increase efforts to get non traditional partners to start talking about the HIV epidemic among African American communities and encourage committed non-traditional partners to recruit one of *their* organizational peers;
- Increase efforts to mobilize community leaders.

EDUCATION

- Ensure that public policy is still at the forefront and that we continue to educate state, local, and national policy makers about the impacts of HIV/AIDS in their particular communities;
- Influence public school systems through increased networking with national and local school boards;
- Advocate for comprehensive sexuality education;
- Partner with providers to engage in education around cultural norms in African American communities;
- Increase education efforts – prevention begins *before* testing.

ACCOUNTABILITY AND IMPACT

- Increase the capacity of indigenous African American community based organizations (CBOs), as well as funding and support mechanisms to ensure their success;
- Hold organizations accountable (national, local, etc.) through increased monitoring – not PEMS, but meaningful program evaluation;
- Reframe the messages about HIV/AIDS to address the economic impacts – including a diminished workforce – to increase buy-in and support from federal partners and government (“money talks”).

Challenge 2: Competing priorities facing African American communities

Competing priorities (several of which were also identified as structural barriers) included: domestic violence, other health issues and chronic illnesses, economic disparities, education, lack of political leadership, disconnect within the Black church in terms of pitting Black men against women, poverty, and media messages and influence.

PROMOTE COMMUNITY WELLNESS

- Begin examining the areas of overlap and interconnection of negative health and psychosocial outcomes with various community groups, e.g., town hall meetings about “community wellness;”
- Increase efforts to examine, share, and acknowledge the resiliency and success occurring in the African American community to reverse a perception of doom and gloom;
- Sponsor community forums to help determine what communities view as their challenges and start infusing prevention messages into efforts to address identified challenges. Use these forums as an opportunity for various CBOs to exchange information and tools;
- Host non-specific community events (e.g., fatherhood workshop, health summit, “Take Care NY” – 10-point plan surrounding a healthy lifestyle, etc.) through which to infuse messages of HIV prevention. People are less likely to participate in an event strictly focused on HIV;
- Equip communities with increased educational tools and information (both abstinence and comprehensive sexuality education that is age and culturally appropriate).

ADDRESS HEALTH AND WELLNESS RATHER THAN HIV/AIDS

- Empower men and women to make “healthy” sex choices;
- Integrate HIV prevention messages into a broad comprehensive health care package – reframe into a perspective of wellness;
- Increased education about health and wellness needs to start early (primary education) to ensure that youth prioritize their health regardless of other external pressures when they become adults;
- Advocate for the presence of clinics in schools to ensure that youth are introduced to preventive health care at an early age;
- Address the existing tensions between various chronic illnesses by reframing to a collective approach that addresses health and quality of life;
- Increase the quality of program incentives and strive to ensure that incentives contribute to positive health outcomes (e.g., a grocery store gift card rather than a pizza party);
- Share information and messages that eroticize safer sex;
- Advocate for increased holistic health strategies, programs, and models that support not only infected individuals but also their family members.

STIGMA

- Address stigma and shame, not only around HIV, but other health issues such as cancer, annual male check-ups, etc.;
- Address stigma related to Black gay men;
- Address stigma through major HIV/AIDS events, e.g., “This is My Story” as a theme for National HIV Testing Day ensures a broad discussion pertaining to not only HIV acquisition but to other co-factors such as substance use.

GOVERNMENT RESPONSE

- Encourage local, state, and federal efforts to increase integration of HIV with other major chronic health issues;
- Increase political activism around current governmental priorities. Create messages that are clear and “condemning,” e.g., terrorism vs. healthcare or war funding = no healthcare.

ENGAGEMENT AND DISSEMINATION OF INFORMATION

- Engage youth with language and images that they can understand and relate to, as well as increasing opportunities for them to learn from the older generations within their communities;
- Use annual meetings of non-traditional partners as opportunities to disseminate HIV resources and information.

Challenge 3: A need to address broader structural factors/barriers contributing to disproportionate rates of HIV/AIDS infection among African American communities (e.g., education, poverty, socio-economics, racism, class, access to care, etc.)

PUBLIC HEALTH WORKFORCE

- Increase efforts by health departments to ensure that their staff, particularly senior-level staff, reflect the communities which they are serving;

- Reexamine HIV prevention in relation to the public health paradigm and consider opportunities to reframe our current approach. Examine lessons learned from other fields within public health that can be translated;
- Advocate for the development of “guiding principles” for the public health workforce that recognize the need for competence/understanding of cultural norms and values;
- Develop comprehensive trainings and/or retrain public health workers on cultural norms.

PROVIDERS AND ISSUES OF CARE AND TREATMENT

- Encourage providers to discuss with their African American patients annual screenings for the five most prevalent chronic illnesses impacting their communities and use this as an opportunity to test for HIV (reestablish the importance of preventative care and regular check-ups);
- Advocate that all doctors, not just HIV/AIDS clinicians, receive basic training in HIV treatment (CME units);
- Increase efforts to provide training and technical assistance to providers to enhance their ability to effectively engage African American clients.

STRATEGIC PARTNERSHIPS AND FUNDING

- Partner with departments of corrections;
- Increase collaboration of public and private resources (bidirectional referrals);
- Increase efforts to demonstrate the importance of health to educators to ensure that information about HIV and other health issues are shared in school settings;
- Advocate for increased structural links between existing agencies (e.g., federal, state, local or maternal health, HIV, viral hepatitis, STD, etc.) and place increased emphasis on accountability and outcome evaluation;
- Increase efforts by health departments to inform the community about condom distribution programs (provide condoms in a broader range of venues);
- Increase efforts by health departments to allocate funding to African American communities;
- Increase funding provided to African American CBOs providing services to African American clients.

ADDRESS THE NEEDS OF BLACK MEN

- Develop more sexual health and wellness programs targeting heterosexual African American men;
- Increase efforts to address and analyze the needs of African American men and establish “friendly” services for them.

EMPOWER FAMILIES AND COMMUNITIES

- Develop programs and centers that promote the Black family;
- Conduct needs assessment to examine the barriers of African American communities in accessing health care and sharing this information;
- Analyze research that addresses community barriers in realizing positive health outcomes. Potentially use this information to help retool Community Planning Group (CPG) /Prevention Planning Group (PPG) efforts.

Challenge 4: Lack of culturally specific resources and prevention interventions developed by and for African Americans

SUPPORT BLACK RESEARCHERS AND AFRICAN AMERICANS IN PUBLIC HEALTH WORKFORCE

- Increased efforts to recruit African American youth into public health, including targeted recruiting for internships (health departments, CBOs, etc.);
- Increase the capacity of Black researchers to access and secure grants;
- Encourage CDC to include more African American researchers as principal investigators in its pilot studies and list of Diffusion of Effective Behavioral Interventions (DEBIs);
- Increase the capacity of indigenous organizations to effectively monitor and evaluate their programs.

CAPITALIZE ON THE STRENGTH OF BLACK FAMILIES

- Increase the availability of family-focused models and programs (African Americans tend to be very family centered);
- Examine structural models that focus on strengthening families, which could be modified and tailored in various communities (e.g., Fullilove at Columbia University).

TOOLS AND INTERVENTIONS

- Develop a comprehensive list of tools from interconnected disciplines to both share information and provide models for replication (e.g., substance abuse, mental health, corrections);
- Develop tools for organizations to help them identify and address structural barriers;
- Increase the number of interventions that address decision-making and risk-taking from an intergenerational approach (bilateral exchange of information and wisdom between elders and youth);
- Increase the number of DEBIs that specifically target African American communities (health departments, NASTAD, and other national partners must continue conveying this importance to CDC);
- Develop tools and interventions that address the pervasive homophobia in African American communities and seek to normalize Black gay men and their lives.

ADVOCATE TO FEDERAL PARTNERS

- Coordinate or advocate for a meeting of National Institutes of Health (NIH), Substance Abuse and Mental Health Services Administration (SAMSHA), Council of State Epidemiologists (CSTE), and Association of State and Territorial Health Officials (ASTHO) to review efforts to address African American communities (gaps, needs, opportunities);
- Health departments, NASTAD, and other national partners must continue conveying the importance of flexibility in implementation of homegrown interventions and DEBIs to CDC;
- Increase promotion of training opportunities across public health disciplines (e.g., mental health, domestic violence);
- Collaborate with SAMSHA to advocate for increased resources and programming to address trauma.

STRATEGIES TO ENGAGE NON-TRADITIONAL PARTNERS

Participants were divided into three groups and asked to identify strategies to help HIV/AIDS organizations collaborate more effectively with non-traditional partners. The following responses emerged as primary recommendations.

- Articulate and clearly demonstrate to partners how issues of poverty, HIV, diabetes, etc. are interconnected and impact the same communities;
- Approach partners from a syndemic orientation, demonstrating how many different health and social issues are interrelated and impact the same communities;
- Change to a functional model rather than a “programmatic model,”(i.e., public health practitioners/providers working to address overlapping chronic illnesses rather than focusing exclusively on their respective focus areas together);
- Ensure that partnerships are mutually beneficial. Articulate goals and anticipated outcomes of partnerships for both you and the non traditional partner;
- Develop regional corridor collaborations, such as an “I-95 collaboration” (e.g., NY, NJ, MA, CT, etc.);
- Include persons with “name recognition” as an incentive for others to partner with your organization (even the concept of an honorary celebrity chair has influence);
- Articulate a clear endpoint and build in check points to assess whether partnership is fulfilling goals. Action and benchmarks yield productivity;
- Emphasize the immediate wins of partnership, including increased opportunities to share information with broader audiences, increased access to training and tools, etc.;
- Expand pool of grant recipients by introducing funding opportunities to a broader range of community organizations. Health departments could expand beyond the scope of HIV, STD, reproductive health, etc.;
- Reexamine past and current partnerships to determine the value of these partnerships and the potential utility of introducing new partners into preexisting relationships;
- Increase opportunities for non-traditional partners to weigh-in on the project early on, including agenda development, logistics, etc.

MEETING FOLLOW-UP AND NEXT STEPS

NASTAD developed the follow-up plan below to both help participants benchmark their activities and shape the development and purpose of a planned 2008 reconvene meeting of national partners.

Three Months: Conduct a conference call with meeting participants to determine their progress on the commitments made during the September 2007 meeting. All participants were asked to identify prospective partners and determine the first step(s) in developing their relationship and exploring opportunities for collaboration on issues of HIV/AIDS in African American communities.

Six Months: Conduct individual calls with meeting participants to determine progress made since the September 2007 meeting and to further explore technical assistance needs.

10 Months: Begin gathering feedback from participants in the September 2007 meeting to start crafting effective messages around health and wellness in African American communities.

12 Months: Conduct a follow-up meeting with both participants of the September 2007 meetings and newly identified non-traditional partners. The follow-up meeting will serve the dual purposes of: (1) providing participants an opportunity to network with a diverse range of stakeholders; and (2) facilitating the development of common messages around health and wellness in African American communities that can be utilized by a broad range of partners in various venues.

Appendix A



Meeting of National Partners to Address HIV/AIDS in African American Communities

September 24, 2007
444 North Capitol Street, NW, Room 233
Washington, D.C.

AGENDA

8:30am – 9:00am	Breakfast
9:00am – 9:30am	Welcome and Introductions <ul style="list-style-type: none">• Overview of NASTAD priorities• Review meeting agenda and meeting purpose• Review guiding principles
9:30am – 9:45am	Overview of NASTAD’s African American Advisory Committee (AAAC)
9:45am – 11:00am	Exploring Strategies for Success <ul style="list-style-type: none">• Participants explore strategies to address the common challenges facing non-traditional partners trying to implement HIV prevention activities (<i>4 sets of small group discussion with sharing out among the large group</i>)
11:00am – 11:15am	Break
11:15pm – 12:00pm	Federal Initiatives Supporting Community Mobilization <ul style="list-style-type: none">• CDC to provide an overview of their efforts surrounding the <i>Heightened National Response</i>, focusing specifically on the mobilization of broader community action (followed by Q/A)
12:00pm – 1:00pm	Networking Lunch
1:00pm – 2:30pm	Breakout Discussion I <ul style="list-style-type: none">• Participants are placed in “like” groups to discuss current activities and share strategies for addressing specific populations/issues (<i>3 small groups</i>)
2:30pm – 3:30pm	Breakout Discussion II <ul style="list-style-type: none">• Participants engage in a series of pre-assigned conversations to address their existing needs

3:30pm – 4:15pm

Defining Collaboration and Commitment

- Participant to identify at least one new partner and begin conversation about opportunities for collaboration
- Participants to complete action item cards that capture their next steps after the meeting
- Next Steps

4:15pm – 4:30pm

Closing

- AAAC provides review of the days activities
- Participant reflections of the day

Appendix B



Meeting of National Partners to Address HIV/AIDS in African American Communities September 24, 2007 Washington, D.C.

Meeting Evaluation

A self-administered evaluation survey was completed by participants at the end of the meeting. The evaluation results are presented below.

1. Please rate the quality of each of the sessions listed below.

	Mean Score	Excellent 4	Good 3	Fair 2	Poor 1
Overview of NASTAD's African American Advisory Committee (n=15)	3.6	9	6	0	0
Exploring Strategies for Success (n=15)	3.7	10	5	0	0
Federal Initiatives Supporting Community Mobilization (n=15)	3.5	7	8	0	0
Breakout Discussion I – “Like Groups” (n=15)	3.7	10	5	0	0
Breakout Discussion II – “Speed Dating” (n/a – session was cancelled)	n/a	n/a	n/a	n/a	n/a
Defining Collaboration and Commitment (n=10)	3.8	8	2	0	0

2. Please rate the overall quality of the meeting. (n=14)

Mean Score	Excellent 4	Good 3	Fair 2	Poor 1
3.6	8	6		

3. How will this meeting help your organization more effectively implement HIV/AIDS programs and services targeting African American communities?

- Just physically face to face meet these people. Did not know them at all. So very, very glad I came!
- The networking was really beneficial and hearing needs/objections of other organizations.
- To determine, define collaborations.
- To collaborate with national partners and other state representatives. To get additional information about programs currently implemented.
- Great networking.
- Clearly identified the needs of CBOs.
- The support provided by the participants. The resources and network utilization obtained through my attendance here.
- Not sure yet - health department connection untapped.
- Coming together to share information

4. What did you like most about the meeting?

- New partners.
- Small group discussions.
- Networking.
- Engagement of the partners.
- New collaborations.
- The interactions and hands on contact with all participants.
- Breakout groups.
- Sharing with partners – on challenges and resources. Round table and platform on creative ways to work with health department. Meeting community partners.
- The small group discussion had broad participation and provided opportunity to gain knowledge of partner organizations.
- The comfort and support level and invaluable information obtained.
- Networking - us with us.
- Seeing and meeting different people from the HIV area.
- Collaboration.

5. What did you like least about the meeting?

- N/A
- Formal lecture.
- Nothing, I miss doing the speed dating.
- Nothing.
- None.
- Small room.
- Not enough time to learn about partnering challenges.

6a. Do you want to participate in a follow-up meeting of this group next year?
(n=14)

Yes = 100% No = 0%

b. If yes, what other issues related to HIV prevention among African American communities would you like addressed and/or types of stakeholders would you like to see participate?

- Business organizations.
- Update on collaborations (those most effective) and advocacy.
- Community and faith leaders.
- Funding – federal, private sectors for new pilot AA specific initiatives.
- More examples of how to work with other HIV and non-HIV partners.

7. What else do you want to tell us?

- Nothing.
- Thank you for bringing us all together.
- Thank you!!! Thank you!!!! Thank you!!!
- Thanks.
- Great Job.



**Meeting of National Partners to Address HIV/AIDS in African American Communities
Washington, D.C.
Monday, September 24, 2007**

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